



# 2021 SEMIANNUAL REPORT

JULY 1, 2021—DECEMBER 31, 2021

WEST VIRGINIA  
Department of



Office of Drug Control Policy

WV Office of Drug Control Policy

Dr. Matthew Q. Christiansen, Director  
December 31, 2021



STATE OF WEST VIRGINIA  
DEPARTMENT OF HEALTH AND HUMAN RESOURCES  
**A MESSAGE FROM THE CABINET SECRETARY**

As Cabinet Secretary of the West Virginia Department of Health and Human Resources (DHHR), I am again pleased to present the Office of Drug Control Policy (ODCP) Semiannual Report.

ODCP has initiated and participated in numerous and diverse activities from July 1, 2021 to December 31, 2021 focused on addressing the addiction crisis. In addition, ODCP continues to support new and ongoing activities and use strategic goals to combat our State's substance use disorder (SUD) crisis.

This year has brought a sense of hope in battling the worldwide COVID-19 pandemic, however, despite our continued efforts, we are still facing a destructive and lasting epidemic of addiction. In collaboration with others, DHHR is committed to doing everything possible to end this epidemic.

This report highlights what West Virginia has achieved, builds upon the incredible work so many are doing, and maps the course forward to address further the convergence of issues caused by SUD in West Virginia.

Our focus continues to be saving the lives of our fellow West Virginians. Our State deserves nothing less.

Sincerely,

Bill J. Crouch  
Cabinet Secretary

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## OFFICE OF DRUG CONTROL POLICY STAFF



### **Dr. Matt Christiansen, Director**

Dr. Matthew Christiansen plans and directs West Virginia's efforts in combating the opioid epidemic. He was appointed to this position in October 2020 by Governor Jim Justice.

Dr. Christiansen also serves as Associate Professor in the Marshall University Joan C. Edwards School of Medicine, Department of Family and Community Health where he practices primary care and addiction medicine. Prior to his appointment to the ODCP, Dr. Christiansen was active in treatment of addiction/dependence across the lifespan. He has lectured throughout the region on addiction issues from a public health and primary care perspective.

Dr. Christiansen earned his Medical Doctorate and Master of Public Health degrees from Marshall University.



### **Rachel Thaxton, Assistant Director**

In April 2019, Rachel Thaxton was appointed as the Assistant Director of the ODCP. In her role, Rachel assists in the planning and direction of West Virginia's efforts in combatting the substance use epidemic.

Prior to joining the ODCP, Rachel served as Director of Development for Recovery Point West Virginia. She also led the development and initial operations of Recovery Point Charleston as Program Director. Recovery Point Charleston is a 100-bed residential recovery program for women, established in 2016 as the first of its kind in West Virginia. During her time as Program Director, she assisted in the creation of the Recovery Point Charleston Apartments, a 24-unit apartment building that provides safe and affordable housing for individuals with substance use disorder. Her past experience also includes serving as Support Team Leader at Harmony House, housing individuals chronically experiencing homelessness and providing case management and wraparound care.

Rachel holds a Bachelor and a Master of Arts degree from West Virginia University. Her educational background is in Elementary Education and has allowed her to devote several years as a Kindergarten teacher in Kanawha County, West Virginia.



### **Dora Radford, Executive Assistant to the Director**

In April 2018, Dora Radford became Executive Assistant to the ODCP Director. Prior to joining the ODCP, she was employed in the private sector as a senior paralegal. In addition to her work in the legal field, she served as assistant for a private mental health care provider.

Dora provides administrative support to the Director by using her experience working in the mental health field and providing paralegal support in multiple medical cases involving detailed case records.

Her experience has given her comprehensive knowledge of managing and scheduling multiple projects, deadlines, and document control. In addition, Dora's knowledge of administrative and government

processes as well as facility and medical standards of care and treatment has also been an asset to the ODCP.



**Gary Krushansky, Strategic Planner**

Lieutenant Colonel (Retired) Gary D. Krushansky serves as Strategic Planner for the West Virginia National Guard, Liaison to the ODCP and Law Enforcement Assisted Diversion Coordinator for the state of West Virginia and the ODCP.

Gary has served 27 years active military duty for the West Virginia National Guard. Prior to joining DHHR, Gary served in key positions as Battalion Commander for Critical Infrastructure Protection West Virginia Joint Integration Training and Education Center, Administrative Officer for the 1092<sup>nd</sup> Engineer Battalion, and three years as Strategic Planner where he served as the steering committee member in drafting the 2014-17 West Virginia Army National Guard strategic plan.

Gary holds an Executive Master of Business Administration degree from the University of Charleston. His accomplishments include a Special Forces Tab and leadership and military awards.



**Justin Smith, Data Program Manager**

Justin Smith, a native of Grantsville, West Virginia, has a background in law enforcement. Justin is a graduate of the West Virginia State Police Academy, 136<sup>th</sup> Basic Officers Class and has served as a deputy and chief deputy with the Calhoun County Sheriff's Department.

Previously, Justin facilitated the deployment of the West Virginia Clearance for Access: Registry and Employment Screening (WV CARES) program to long-term care providers in West Virginia, and most recently, the deployment of the Overdose Detection and Mapping Application Program (ODMAP) to law enforcement agencies across the state.



**Jessica Smith, Prevention Program Manager**

Jessica Smith is the Prevention Program Manager with the ODCP. She focuses on the coordination and implementation of prevention and stigma reduction work across the state.

Jessica was previously employed as a field employee for the Centers for Disease Control and Prevention Foundation contracted to the West Virginia Department of Health and Human Resources (DHHR), Bureau for Public Health to implement prevention work in West Virginia's emergency departments. Jessica also spent several years as the Communication Director for the Kentucky Academy of Family Physicians.

She holds a Master of Arts in Communication Studies from Marshall University and a Master of Science in Health Care Administration.



**Heather McDaniel, Special Projects Program Manager**

Heather McDaniel oversees special projects that enhance West Virginia’s drug control policy and provides program oversight and coordination for West Virginia’s drug epidemic early intervention response for the ODCP. Heather formally held the position of Treatment and Recovery Program Manager for the ODCP.

Prior to coming to the ODCP, Heather was the Director of Helpline Services for First Choice Services where she managed 50 staff members and eight helplines related to substance use, behavioral health, suicide prevention, and tobacco cessation. Earlier in her career, she was the Director of Tobacco Cessation Services for beBetter Health where she managed the Tobacco Quitline for West Virginia and the corporate health and wellness programs offered by beBetter Health.

Heather earned a Bachelor of Arts in Psychology from West Virginia State University and has worked in the addiction field for over 10 years.



**Steven A. Koehler, Epidemiologist**

Steven A. Koehler, MPH., Ph.D., is with the Office of Maternal, Child & Family in DHHR's Bureau for Public Health, and serves as the epidemiologist for the ODCP. His role is to assess emergency medical services, emergency room, and medical examiner data related to drug overdose events. He also serves as the Director of Forensic Medical Investigation, LLC as an expert witness and consultant. Dr. Koehler was the former Chief Forensic Epidemiologists at the Allegheny County Medical Examiner’s Office in Pittsburgh, Pennsylvania.

He earned a B.S in Biology and Psychology from Washington and Jefferson College, an MPH in Public Health, and a Ph.D. in Forensic Epidemiology from the University of Pittsburgh Graduate School of Public Health.



**Dina Williams, COSSAP Program Manager**

In December 2021, Dina became the Comprehensive Opioid, Stimulant, and Substance Abuse (COSSAP) Program Manager for ODCP. In her role, she will oversee the COSSAP grant to develop intervention and diversion programs in West Virginia.

Prior to joining the ODCP, Dina served as Criminal Justice Specialist II, for The West Virginia Department of Homeland Security-Justice and Community Services (JCS). Dina currently serves on the Sentencing Commission Subcommittee of the Governor’s Committee on Crime, Delinquency, and Correction. This subcommittee is tasked with gathering and analyzing data and providing recommendations to the legislature concerning corrections statutes. Dina also serves on the Substance Use Disorder Commission formed from a collective of coalitions to gather and analyze aggregate data for prevention of SUD. She is certified by University of Cincinnati Corrections Institute as a Community Programs Checklist (CPC) accessor.

Dina holds a Regent Bachelor of Arts, a Master of Science, and a Master of Public Administration from West Virginia State University. She began her Doctor of Public Administration at Liberty University, and currently working towards her doctorate at Northcentral University.



**Sheila Reynolds, Programmer Analyst**

In November 2021, Sheila Reynolds was employed as the Programmer Analyst for the ODCP. In her role, she analyzes data from multiple sources for the Overdose Data Dashboard that houses legislatively mandated data reported to the ODCP. She also makes regular updates to the Treatment and Recovery Resource Map which houses vital resources for communities across West Virginia.

Sheila comes to the ODCP with 25+ years of experience from the healthcare IT field. Her prior experience includes work as a statistician for the Department of Agriculture.

She earned her BS in Computer Information Systems from the West Virginia University Institute of Technology in Beckley.

## PREFACE



As the pandemic has fluctuated over the past year in West Virginia, one thing has remained constant - the underlying turmoil and societal anxiety associated with how the next variant will impact our lives. As unemployment, housing instability, and school and work furloughs became a reality for many West Virginians, people began to look for alternatives to cope with their stress and anxiety. Addiction thrives where this uncertainty exists. Substance use provides the illusion of control and well-being for a short period of time before it ultimately takes over and exacerbates the problem it was used to address in the first place – whether that be loneliness, boredom, anxiety, or depression. People without the disease of addiction will never fully understand what it is like to be addicted and thank goodness for that. Hopefully they will never know what it is like to have a compulsion to use a substance so strong it overwhelms their better judgement, their ability to care for their kids, or their ability to pay the next mortgage or rent payment.

As we continue to build out the backbone of an equitable, evidence-based care continuum for substance use disorder across West Virginia, we must focus on providing stability in an unstable world. For some people that stability may be continued employment, access to addiction treatment, participation at their place of worship, temporary rent assistance, or food aid. Each of these speaks to the fact that if people are struggling with their basic emotional, spiritual, physical, and financial necessities, then we will never be able to fully grapple with the depths of the addiction epidemic. Addiction is about so much more than just substance use, and helping people find their reason to *BE* is our best path out.

While we are still coping with the down-stream effects of the prescription pills that were directed to West Virginia, it is important to remember that this is a marathon and not a sprint. The addiction epidemic continues to evolve. As fentanyl related deaths began to rise, the ODCP and partner organizations acted decisively to blunt the impact. The ODCP coordinated more aggressive naloxone distribution than ever, built out more timely data dissemination tools on the ODCP dashboard to allow community members better access to state data, and coordinated a series of actions across our hardest hit counties to educate the community and provide access to treatment resources. West Virginia has long struggled with addiction, but as you will see in this document we are at the forefront of developing many “first-in-the-nation” innovations and strategies to respond proactively and head-on. As this crisis progresses, we must keep innovating to open new doors for our family members and friends with addiction.

From a policy standpoint, the priority must be to provide stability for people in recovery or not-yet-in-recovery and to keep pushing for evidence-based, proven options across the spectrum, such as harm reduction services, medication assisted treatment, abstinence based therapeutic community programs, recovery residences, and other treatment programs. Our citizens deserve nothing less. One of the most significant things we can do to help our allies with substance use disorder is to provide a level of stability in an unstable world.



## KEY ACCOMPLISHMENTS and UPDATES

### Governor's Council on Substance Abuse Prevention and Treatment

#### Virtual Town Hall Meetings

Over the last year, the ODCP and the Governor's Council on Substance Abuse Prevention and Treatment (Council) have overseen implementation of the West Virginia 2021 Substance Use Response Implementation Plan (Plan).

The purpose of the virtual Town Hall Meetings was to provide an overview of year two progress and solicit feedback regarding updates to the plan for year three. Each Town Hall Meeting focused on a section of the Plan. Feedback documented during these virtual sessions is reported back to the Council subcommittees to review in January 2022.

2022 Plan Section	Town Hall Meeting Date	Registered	Attended
Prevention	November 9, 2021	274	214
Community Engagement and Supports	November 16, 2021	260	188
Health Systems	November 18, 2021	203	113
Treatment, Recovery and Research	November 23, 2021	254	158
Courts and Justice-Involved Populations	November 30, 2021	214	123
Public Education	December 7, 2021	212	125
Law Enforcement	December 9, 2021	189	85
Recovery Community	December 14, 2021	268	141

#### Recovery Community Subcommittee Finalized Strategic Plan

The ODCP and the Council understand that people in recovery from SUD play a critical role in addressing the epidemic of substance use in West Virginia. The Recovery Community subcommittee finalized a new focus section for the West Virginia Substance Use Response Plan and presented it to the Council in July 2021 where it was approved for publication.

#### Pregnant and Parenting Women (PPW) Subcommittee

The PPW subcommittee is has been developed to implement a comprehensive statewide plan to provide optimal care for the PPW population and their infants. The PPW subcommittee will provide specific recommendations to support the maternal-fetal dyad and their families from the pre-pregnancy time period through pregnancy, delivery, and the post-partum periods. Dr. Stefan Maxwell from Charleston Area Medical Center Health Systems has been appointed as the PPW subcommittee chair.

#### Recovery Corps

Recovery Corps is a project launched by the Council in response to action items in the Community Engagement & Supports section of the 2020-2022 West Virginia Substance Use Response Plan:

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**Goal 3:** Increase employment opportunities for individuals experiencing or in recovery for SUD through supported through supported employment and apprenticeships.

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**Strategy 6:** Replicate the Work Progress Administration/Civilian Conservation Corps (WPA)/(CCC) model of employment for public works projects.

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**KPI 1:** By December 31, 2021, explore feasibility of replicating a WPA or CCC type model to employ individuals in recovery for public works services.

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There have been two meetings to explore the feasibility of this project and bring together workforce development program leaders to brainstorm and design key concepts. The next meeting is planned for early 2022 where the group will explore possible funding sources and opportunities for collaboration and synergy.

## Prevention

### **Strategic Prevention Framework for Prescription Drugs (SPF-Rx)**

SPF-Rx and Substance Abuse Block Grant sponsors funded Drug Take Back Activities to decrease potential diversion of prescription medication. West Virginia collected 5,019 pounds of medication during its October 2021 Drug Take Back Day. The total collection for 2021 was 107,980 pounds. It is important to note that not all medications collected are controlled substances.

The SPF-Rx grant also funded a four-part series titled, Framing for Impact: Evidence-Based Strategies for Effective Communications in July 2021. The FrameWorks Institute provided the training for prevention stakeholders.

### **Partnership for Success (PFS)**

Through the PFS discretionary grant, Youth Focus Listening sessions were held throughout the state with high-risk and disparate youth population in the summer of 2021. Topics discussed with youth included services, supports, and ways to engage and empower youth. A report of the key findings and recommendations is in the final stages of approval and will be made available to the public and key stakeholders in January 2022.

### **Prevention Teams**

Prevention Teams are comprised of members from the Prevention Subcommittee of the Council. These teams are led by the BBH and the ODCP to fulfill the requirements of the Prevention section of the Plan. Each team is responsible for one goal in this section of and have completed various prevention initiatives:

- Hosted a variety of trainings, including:
  - Prevention Ethics and Prevention Credentialing
  - A six-part training series with the Frameworks Institute on how to message prevention and use data to reach stakeholders was hosted by The Prevention Team
  - Co-Prescribing Naloxone Conference

- Building Bridges Conference with over 60 individuals working in the prevention field across the state. The purpose of this event was to identify mentors and connect them to prevention coalitions.
- Developed and disseminated a Guidebook on Prevention Dos and Don'ts developed
- Through the Collegiate Partnerships for Success initiative, the teams started a podcast run by Student Leaders called "The Change We Seek: A Podcast from a Prevention Perspective". The students are also reviewing websites for Stigma Free language and providing a seal of approval that the site is Stigma Free.
- Working to increase prevention advocacy and will be holding a Prevention Day at the Legislature on January 12, 2021.
- The Prevention Team is working to increase prevention through its partnership on the WV Department of Education's new AWARE programs and will also work to increase prevention through 27 new Expanded School Mental Health sites through a recent Announcement of Funding Availability from the BBH.

### **Community Anti-Drug Coalitions of America (CADCA) In Action**

Community Connections, Inc., in partnership with the BBH, is offering an opportunity for coalitions statewide to improve local conditions and engage communities with methods learned at CADCA's National Coalition Academies through the new initiative, CADCA In Action. CADCA In Action is a unique program allowing coalitions statewide to address issues within their communities using CADCA's strategies for environmental change.

Interested coalitions will submit project plans that include a description of local conditions, project cost estimates, and photos. Coalitions may be awarded up to \$5,000, 1-to-1 cash match, for their community projects and multiple projects will be considered. Projects could include improvements to community areas, community clean up, murals, opioid use reduction programs, prevention, outreach, etc.

### **West Virginia College Initiative to Address Alcohol and Other Drugs**

The West Virginia Collegiate Initiative to Advance Healthy Campus Communities (WVCIA) was chartered in 2008 as a membership-based organization to proactively address SUD, violence, and mental health issues among college students. Over the past 14 years, WVCIA has successfully led efforts to promote healthy campus environments through education, advocacy, and evidence-based practices. Funding partners include the BBH, and the Governor's Highway Safety Program.

To continue building a strong prevention response continuum, the WVCIA Executive Committee launched a strategic planning process in May 2021 to develop a goal-driven roadmap for growth and sustainability. Members of the Executive Team participated in two facilitated planning sessions. An issue-based approach within an Appreciative Inquiry framework guided strategic thinking, conversations, and planning, which resulted in a new three-year plan.

There are more than 20 institutions involved and a list is being compiled now to document those higher education institutions that are full members as part of their Strategic Plan.

## Gamechangers Launch



The Game Changers initiative focuses on building school environments that curb student drug use by implementing, monitoring, and sustaining Game Changers' student peer leadership programs. Paid coaches assigned to each school will work with school counselors, teachers, and the Prevention Team at the Hazelden Betty Ford Foundation to educate and counsel students and provide resources for those facing or at risk of

addiction. The goal is to keep healthy kids healthy, providing them with the information and skills they need to make their own best choices about alcohol and other drugs throughout the growing years and beyond.

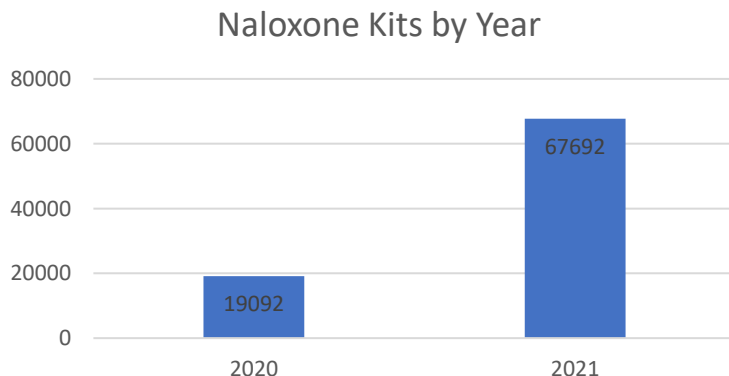
The program is the first of its kind and results from a service agreement between West Virginia Game Changers and the world-renowned Hazelden Betty Ford Foundation. Game Changers is a student-powered, substance misuse prevention movement connecting West Virginia students and the educators who care about them through a coordinated, comprehensive prevention education program.

The Game Changers In-School Prevention Program will be implemented in three Harrison County Schools starting in the fall of 2022 including Lincoln High School, Lincoln Middle School, and Big Elm Elementary School. West Virginia Game Changers plans to offer the program to all West Virginia elementary, middle, and high schools by the fall of 2027.

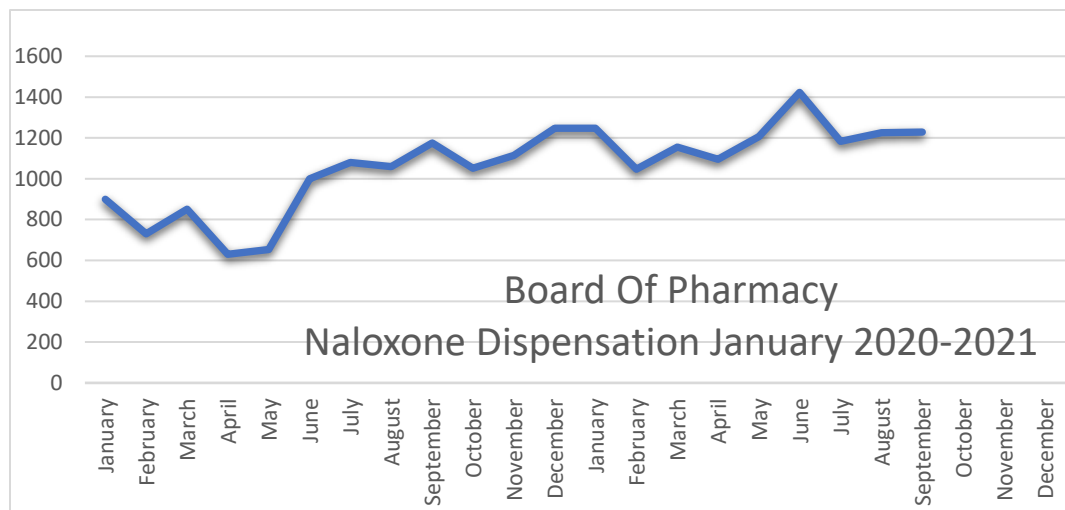
## Overdose Reversal

### Naloxone Distribution

Naloxone is a lifesaving, overdose reversal medication the state has helped distribute with SOR funding. As a result of the increasing overdose fatality rates, naloxone distribution for use at the community level has significantly exceeded all previous years. Through a partnership between the BBH and the University of Charleston, naloxone is available upon request to community groups to disseminate to high-risk populations and their loved ones. The graph below shows the sharp increase in naloxone purchased with State Opioid Response Grant (SOR) funding through the University of Charleston.

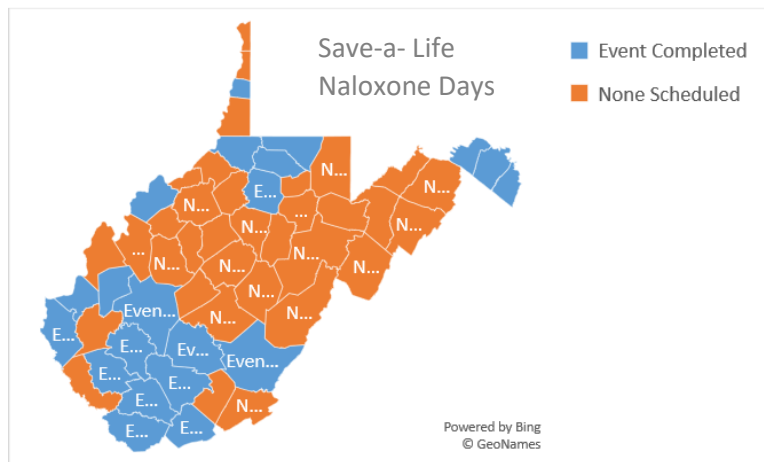


Overdose deaths nationally increased 22.7 percent from May 2020 to May 2021. In West Virginia, that number grew by 41.9 percent. The effects of COVID and a significant increase in Fentanyl in the drug supply are credited for this alarming trend. Fentanyl shows a nearly 87% increase in causation of overdose death from 2019 to 2020.



**Save-a-Life Naloxone Days**

Save-a-Life Naloxone Days have been held in 21 counties in West Virginia over the past year. These events are a proactive approach to disseminating naloxone more broadly while also combatting stigma that is deeply rooted in many WV communities. Save-a-Life Day events involve a high level of organization and teamwork at the local level. Organizers set up multiple sites in their county and call on hundreds of volunteers to contribute. Nearly 5,000 naloxone kits were distributed during these events in 2021.



**Free Online Naloxone Training for West Virginia Residents**

The West Virginia Drug Intervention Institute (WV DII) offers no cost online naloxone training for any West Virginia resident who would like to be prepared to help in the event of an opioid overdose. The training includes:

- How to properly use Naloxone
- How to recognize the symptoms of an overdose
- Using Naloxone to reverse an overdose
- A dose of Naloxone for use in an overdose situation

This training can be found here: <https://wvdii.thinkific.com/courses/naloxone-training>.

### **The ONE WV Program**



The ONE WV Program is a replication of North Dakota State University School of Pharmacy's ONE Program. ONE (Opioid and Naloxone Education) is an innovative approach to screen and educate patients who receive prescribed opioid medications at participating community pharmacies. The purpose of this project is to educate West Virginians about the dangers of opioids in the home and prevent overdose deaths.

The ONE WV Program will reach over 10,000 patients with opioid prescriptions in one year. With the help of over 20 independent pharmacies (identified by Fruth and Community Pharmacy Enhanced Services Network) the ONE WV Program will operate in over five West Virginia counties. Pharmacists will utilize an opioid screening tool to determine if naloxone should be dispensed with the opioid prescription along with counseling, including an opioid risk survey, discussion about naloxone, and medication disposal. Based on the results of the opioid risk survey, patients may be provided free naloxone. Medication disposal kits will also be offered at the time each opioid prescription is filled.

### **Pharmacy Pilot Program - Medicaid alerts for naloxone co-dispensing**

A Pharmacy Pilot Program on naloxone education was launched with Medicaid Drug Utilization Review changes to encourage pharmacies to offer naloxone to patients. Pharmacists are prompted to dispense naloxone with a drug utilization alert in the following three circumstances:

1. An incoming opioid prescription has a Morphine MilliEquivalents over 50,
2. A patient is filling any type of medication assisted treatment (MAT) prescription, or
3. A member is filling a benzodiazepine or a sedative hypnotic and has a current prescription for an opioid.

### **Expanded Naloxone Standing Order**

West Virginia issued a statewide standing order for the distribution of naloxone by eligible recipient organizations for opioid overdose prevention. This standing order was issued to ensure that residents of West Virginia who are at risk of experiencing an opioid-related overdose, or who are family members, friends, or other persons, in a position to assist a person at risk of an opioid-related overdose, are able to obtain naloxone.

This standing order also allows organizations to distribute naloxone to eligible persons who have completed naloxone counseling and training that has been approved by the DHHR in accordance with

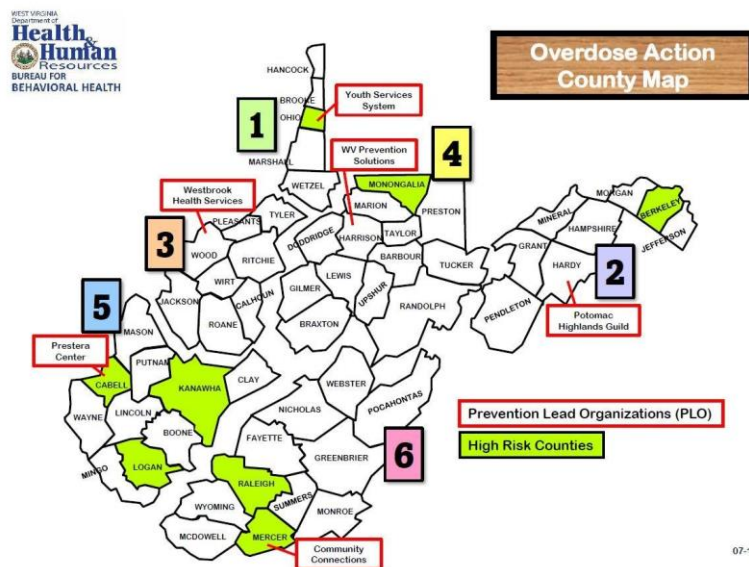
the standing order. This expansion has now been amended to cover all formulations of naloxone, including higher dose formulations.

### **ODCP First Responders Comprehensive Addiction and Recovery Act (FR-CARA) NALO**

The NALO grant is funded by SAMHSA to allow first responders and members of other key community sectors to administer naloxone. Grantees also train and provide resources to first responders and members of other key community sectors at the local level on carrying and administering Naloxone. Grantees further establish processes, protocols, and mechanisms for referral to appropriate treatment and recovery communities which may include an outreach coordinator or quick response team (QRT) to connect individuals receiving opioid overdose reversal drugs to follow-up services. Wayne and Mason County QRTs have both been recently funded by NALO and are operated by Marshall University. The NALO grant has provided 2,160 naloxone kits to first responders around the state since January 2021.

### **Action Counties**

Analysis of overdose fatality data led to the identification of several counties in West Virginia with higher overdoses and overdose fatalities. These counties were designated informally as “Action Counties.” The Action Counties are Berkeley, Cabell, Kanawha, Logan, Monongalia, Mercer, Ohio, and Raleigh. All Action Counties are monitored for overdose activity and changes in causal substances regularly. The following are some of the targeted actions taken to reduce overdoses in these counties:



### **ODCP Regional Coordinators**

The ODCP has improved drug overdose surveillance through the development of the Overdose Data Dashboard, utilization of the Overdose Detection Mapping Application Program (ODMAP), and the creation of a Weekly Overdose Response Collaborative. The purpose of these positions is to take data from the state level to inform and strengthen the local response in individual counties. This approach builds upon West Virginia’s efforts to access complete and timely data while providing support to state and community professionals to inform the scope of the epidemic and assist in targeting prevention and response efforts.

The ODCP Regional Coordinators will report directly to the Prevention Lead Organization (PLO) in their region and the Director of the ODCP. For more information on the ODCP Regional Coordinators see Appendix C.

### **Public Service Announcements (PSAs)**

Action County Promotion, September 6 - 30, 2021

The DHHR, Office of Communications scheduled 50 social media posts for the ODCP during September 2021 to highlight information and efforts targeting Action Counties, Cabell and Kanawha. DHHR has 60,618 followers on Facebook and 7,027 followers on Twitter, and the posts were distributed evenly between these two accounts. Facebook followers tend to be West Virginia residents and recipients of DHHR services. News media outlets comprise the bulk of Twitter followers.

These PSAs cover topics such as:

- Naloxone access
- On-demand treatment access
- The Good Samaritan Law
- Signs of an Overdose
- Save-a-Life Days
- MOUD access

PSA Data highlights:

- Through Facebook, the posts had 59,602 views generating 124 reactions, comments, or shares.
- The Facebook post with the highest number of views (4,017) was on September 27, highlighting MOUD, while the highest number of reactions, comments, or shares (21) was overdose signs and QR codes on September 7.
- Through Twitter, the posts generated 11,393 impressions.
- The tweet with the highest number of impressions (1,430) and engagements (27) was on September 14 and featured overdose signs and QR codes.

Kanawha and Putnam counties were the target Action Counties for the first round of PSAs. Berkeley and Ohio counties are being targeted for round 2 which started in December 2021. The DHHR is boosting these posts to better reach high risk populations in those Action Counties.

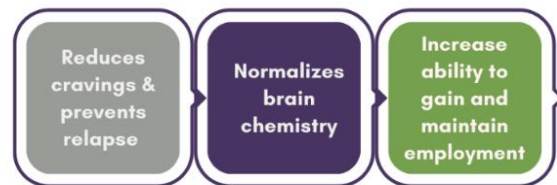
Did you know **Medication for Opioid Use Disorder (MOUD)** can help you or your loved one sustain recovery?



Combination of behavior therapy and medication to treat Substance Use Disorder (SUD) increases treatment success.

The FDA has approved three types of MOUD.

If you or someone you care about has an opioid use disorder, ask a provider about available MOUD options and about naloxone, an overdose reversal medication.



### Weekly Overdose Response Collaborative (WORC)

The purpose of assembling this team is to compile, discuss, and establish actionable overdose (fatal and non-fatal) data on a regular basis to inform local entities and ODCP Regional Coordinators to respond promptly. These meetings use a constant improvement process to determine next steps and ways to improve data collection and program implementation. Long-term goals include incorporating a public facing dashboard and action alerts to key stakeholders.



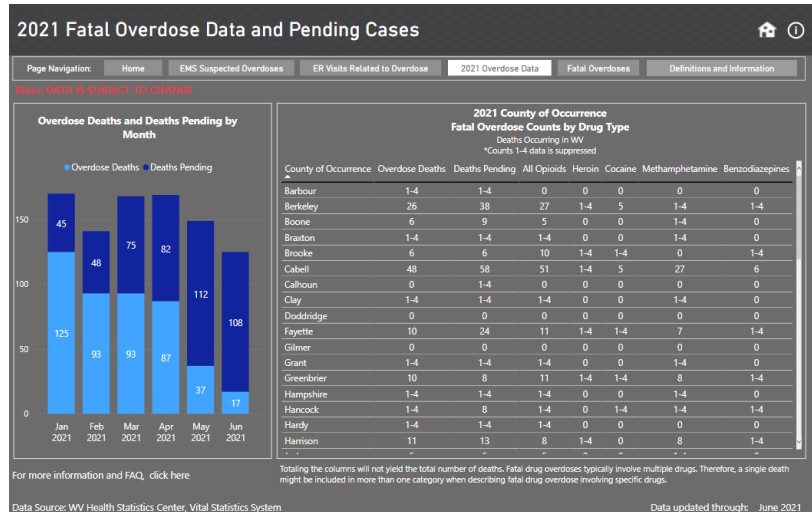
## Overdose Data Dashboard

The ODCP dashboard, in collaboration with the West Virginia Health Statistics Center, Vital Statistics system, has been updated to include suspected overdose fatalities on a pending basis, as investigations conclude, this display is updated to reflect the change in number of confirmed overdose fatalities.

## Overdose Detection Mapping Application Program (ODMAP)

There are 120 agencies in West Virginia with ODMAP access. From local EMS and Law Enforcement to the West Virginia State Police (WVSP) and federal agencies based in West Virginia, access to report and analyze real-time suspected overdose data helps to keep QRTs and public health organizations informed of spike activity statewide and overdose activity locally through the ODMAP spike alert framework.

A new statewide data vendor has been contracted for the West Virginia Office of Emergency Medical Services (OEMS) and integration into ODMAP is underway. The single vendor system should simplify the data collection/analysis process and allow for OEMS and ODMAP data integration in near real time, creating a comprehensive suspected overdose GIS mapping display to aid with prevention and interdiction efforts



## Interventions & Diversion

### QLA Project and Advisory Committee

The ODCP and the West Virginia Division of Corrections and Rehabilitation were awarded a \$6 Million Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP) grant from the United States Department of Justice, Bureau for Justice Assistance to establish the QLA Early Intervention Program. QLA stand for Quick Response Team, LEAD, and Angel Project.

Department of Justice and Community Services has analyzed data points around overdose fatalities and arrest records using a cross section of that data DJCS has determined that this funding will be used to expand the services of QRT, LEAD, and the Angel Project to the areas with the highest need for services, which include McDowell, Mercer, and Wyoming counties as well as Berkeley, Cabell, Kanawha, Monongalia, Raleigh, and Wood counties. To provide oversight to the QLA Early Intervention Program a QLA Advisory Committee is comprised of decision makers and subject matter experts in their respective fields. The committee's task is to spread awareness of the QLA programs and provide insight into program and process improvements.

After delays due to COVID-19, Cordata training, a comprehensive data platform provider that is currently used for tracking QRT data in West Virginia, is being adapted for the LEAD teams. The evaluator for the COSSAP grant will soon be meeting with the teams at the county level and is hoping to work with the WVSP to finalize their implementation plan.

### **Sobriety Treatment and Recovery Teams (START) Pilot**

During the month of October, the START program received their first six families into the program. Presteria is in the final phases of hiring START program staff for Kanawha County. One of the two dyads are going through training and is expected to begin receiving family referrals for the program by the end of January 2022. New for 2021 START has expanded to cover Mercer, Fayette, and Raleigh counties. Proctored through DHHR's Bureau for Social Services, (formally known as the Bureau for Children and Families) FMRS Health Systems, Inc., and Southern Highlands, the START program is currently hiring case managers and family mentors within the expansion areas. Dependent upon the recovery from COVID-19 and applicant response the programs are anticipated to begin employee training by the end of 2021 and receiving referrals by the mid-2022.

### **Law Enforcement Assisted Diversion (LEAD)**

Great progress has been made with the LEAD program over the second half of 2021. LEAD has expanded from being managed through five Comprehensive Behavioral Health Centers (CBHC) with the addition of three additional CBHC (United Summit Center, Berkeley County Commission, and Valley Health) to encompasses 34 counties throughout West Virginia, including Tyler, Pleasants, Wood, Ritchie, Wirt, Calhoun, Roane, Jackson, Mason, Cabell, Wayne, Lincoln, Putnam Kanawha, Clay, Boone, Fayette, Raleigh, Summers, Monroe, McDowell, Mercer, Wyoming, Nicholas, Pocahontas, Webster and Greenbrier, Gilmer, Braxton, Monongalia, Marion, Taylor, Preston, and Berkeley. Efforts are being made to expand LEAD to three additional counties: Ohio, Logan, and Mingo counties and include two additional CBHCs in by the end of 2022. Although the onset of COVID-19 has forced isolation and social distancing for most of 2020 and beginning of 2021, through the third quarter of 2021 the LEAD program has diverted over 451 individuals away from incarceration and the judicial system and into treatment with a cost savings to the sponsored counties and taxpayers.

### **Centers for Disease Control and Prevention (CDC) Overdose Data to Action Grant (OD2A)**

The ODCP is partnered with DHHR's Bureau for Public Health on the implementation of CDC's Overdose to Action (OD2A) grant. The purposes of the OD2A grant are to advance the understanding of the opioid epidemic and improve prevention and response initiatives. Examples of projects that fall under the OD2A grant are

#### ***Reverse the Cycle***

The ODCP is partnering with Mosaic Group, Marshall University School of Medicine, and West Virginia University (WVU) School of Public Health to bring Mosaic Group's proven Reverse the Cycle (RTC) Comprehensive Emergency Department Substance Use Response Program to 16 hospitals across the state. RTC integrates the hospital Screening, Brief Intervention, and Referral to Treatment (SBIRT) model; the Opioid Overdose Survivors Outreach Program; and the MAT Initiation in the Emergency Department program, each of which rely heavily on a team of Peer Recovery Support Specialists (PRSS).

Reverse the Cycle has been successfully implemented in two hospitals in West Virginia (Mon Health Medical Center and Stonewall Jackson Memorial Hospital). These were launched as part of Mosaic Group's CDC grant. The present initiative is being funded by ODCP's CDC grant, OD2A. To date, Mosaic Group has partnered with Marshall University School of Medicine to implement the program in eight hospitals in the southern region of the state and WVU School of Public Health to implement in eight hospitals in the northern region (see below).

Northern Region:

1. Wheeling Hospital partnered with Northwood Health Systems
2. Camden Clark Medical Center partnered with Westbrook Health
3. United Hospital Center partnered with United Summit Center
4. Grant Memorial Hospital partnered with Potomac Highlands Guild
5. Potomac Valley Hospital partnered with Potomac Highlands Guild
6. Preston Memorial Hospital launched, with no partnering behavioral health system.
7. Reynolds Memorial Hospital in planning, with no partnering behavioral health system
8. Wetzel County Hospital in planning, with no partnering behavioral health system

Southern Region:

1. Welch Community Hospital partnered with Southern Highlands
2. Raleigh General Hospital partnered with FMRS Health Systems
3. Saint Mary's Medical Center partnered with Marshall Health
4. Cabell Huntington Hospital partnered with Recovery Point
5. Logan Area Medical Center partnered with Southern Regional Day Report Center
6. Boone Memorial Hospital partnered with Brighter Futures
7. Beckley Appalachian Regional Hospital
8. Summers County Appalachian Regional Hospital in the planning stages

***Levels of Care***

The Levels of Care Program for ED access to treatment and recovery was established to encourage ED-based peer recovery specialists and ED-initiated MAT in hospitals across West Virginia. A statewide approach is being developed that is loosely based on Rhode Island's Levels of Care model. The goal of this project is to incorporate a comprehensive approach in the EDs to help people with SUD connect with the treatment they need.

Berkeley Medical Center has been awarded \$150,000 through SOR to implement the Project Engage model in their facility. The Project Engage model focuses on expanding the capacity of hospitals to treat those with SUD. Funding began September 30, 2021. The Berkeley team virtually meets with ODCP staff bi-weekly for progress reports and technical assistance. They have finalized the initial staff survey to be distributed hospital-wide by the end of the year. The survey will determine staff attitude and perception towards SUD in order to identify barriers and gaps to the implementation of the Project Engage model.



thrive. The primary objective of the WVRPCF is to provide services that stabilize families experiencing SUD so that as a family unit, they can provide children with support to overcome the impacts of trauma, assist parents as they recover from SUD, and reduce adverse outcomes in children impacted by parents with SUD. The Regional Partnership Grant started enrolling families in October 2020. The grant has served 39 families in Kanawha, Boone, Raleigh, and Wyoming Counties through July 2021 by using the wraparound process.

### **Harm Reduction Programs (HRPs)**

HRPs decrease OUD deaths and morbidity related to SUD, increase access to Evidence-Based Treatment, and decrease unmet treatment needs. There are currently 12-community based HRPs that are licensed by the Office of Health Facilities Licensure and Certification (OHFLAC) in the state of West Virginia. HRPs are effective components to more comprehensive and integrated harm reduction initiatives for injection drug users, substantially reducing their risk of getting and transmitting diseases like HIV, viral hepatitis, and other bloodborne infections.



### **HALO**

Identified as a complimentary package to the Angel Initiative is the HALO program. Possessing the same core goals of placing people suffering with SUD into “zero repercussion” treatment facilities. The HALO program provides a second avenue of treatment entry through medical providers and pharmacies. As individuals visit their primary care physicians, local medical treatment facilities, or their neighborhood pharmacist they enter a “zero repercussion” “fast track” to one of many regional comprehensive treatment centers. After completing a brief questionnaire to assist with their diagnosis and recovery plan, the volunteer has the option to self-transport or be shuttled to a more detailed

definitive care center. Since last reporting period the ODCP has partnered with First Choice Services and Marshall University School of Pharmacy to begin the pharmacy pilot program in Cabell County. Proof of concept and test calls have been made to the hotline with positive results. The pharmacy HALO program began diverting high risk individuals in October 2021. Participating members of the HALO program can be identified by their window stickers, posters, or informational trifolds placed throughout the office or provided upon receipt of their prescriptions.

## [Treatment & Recovery](#)

### **Teen Courts**

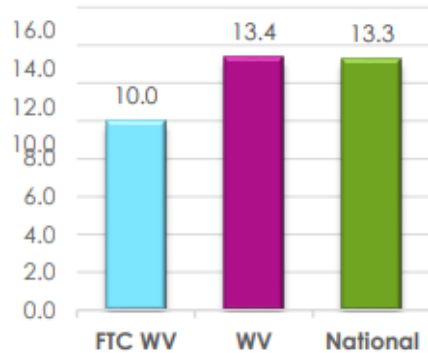
Teen Court is a unique “second chance” justice program for youth between the ages of 11 and 18 who are alleged to have committed a status offense or an act of delinquency which would be a misdemeanor if committed by an adult. Upon successful completion of the program charges against the defendant are dismissed. In addition to the obvious benefit of interrupting a developing pattern of inappropriate behavior, the Teen Court program helps to reinforce self-esteem, provide motivation for self-improvement, and promote a healthy attitude toward authority. Teen Court addresses responsibility for one’s behavior and accountability to one’s community and peers and enhances respect for the judicial

process. Each participant in Teen Court, whether a defendant, juror, bailiff, teen attorney, or adult volunteer, is involved in a positive and meaningful way.

### Family Treatment Courts

Since its inception the family treatment courts (FTC) have referred 299 participants with an acceptance rate of 65%. Participants in FTCs are mostly white, female (68%), ages 30-39. The average graduate is in the program for 368 days and graduation rates are currently at 50%. Participants discharged from the FTC program before graduation are usually in the first milestone (54%) for program noncompliance (40%). FTC's have a low positive drug screen rate of only 17% with some courts are low as 3%. All FTC participants must enter treatment and they spend an average of 78 days in at least one substance use or mental health treatment program. To date, FTC participants have completed 146 treatment programs. FTCs have served a total of 287 children. The children spend an average 324 days out of the home before reaching reunification.

### Time To Permanency/Reunification in Months



Currently the FTCs in WV achieve reunification in abuse and neglect cases three months (20%) faster than the national and state average of permanency. FTC foster care re-entry is only 8%.

\*Above is a comparison of reunification versus permanency time frames. National and state data was unavailable for reunification.

### Treatment and Recovery Resource Map

To make locating SUD resources a streamlined process, the ODCP maintains an interactive map of treatment and recovery resources on their website. This innovative tool allows for an easy search of resources by county, program type, gender, and by the American Society of Addiction Medicine (ASAM) level of care. Each listing features the program type, center name, county of location, and phone number. The ODCP also hosts a treatment and recovery resource map that identifies veteran's and youth services in West Virginia. An expansion of the map featuring more social services, such as where to locate evidence-based programs, food banks, etc., is also being added.

### West Virginia Peer Recovery Support Specialist (PRSS)

SOR funding is being used to assist individuals with PRSS certification fees through the West Virginia Certification Board for Addiction and Prevention Professionals (WVCBAPP) to increase the numbers of certified PRSS and retain current certified PRSS in the field in West Virginia.

Beginning October 1, 2022, BMS will require the WVCBAPP Peer Recovery certification as credentials for all existing and new PRSS to be reimbursed for PRSS services. BMS will terminate its own certification process on September 30, 2022 and only those individuals possessing the WVCBAPP's Peer Recovery certification on October 1, 2022 will be eligible for reimbursement.

In December 2020, there were 895 PRSS certified by BMS for potential reimbursement under its SUD waiver. In the first half of 2021, the number of BMS certified PRSS has grown from 1,184 to 1,382 at the end of 2021. The number of PRSS certified through the WVCBAPP has grown as well. In July 2021 there were 195 credentialed PRSS and there are now 261.

### ***PRSS in Courts***

This SOR funded program offers peer recovery support services for individuals participating in FTC Programs. FTC is an alternative to regular Dependency Court for parents who need access to drug and alcohol treatment, judicial monitoring of their sobriety, and individualized services to support the families involved in the child welfare system.

### ***PRSS in Jails***

SOR grant funds were used to implement the Peer Recovery Support Services in Regional Jails. Peer Recovery Support Specialists assist incarcerated individuals with an OUD in developing a recovery plan, counseling, MOUD treatment, and post-incarceration social services, including housing and transportation. The goal is to incorporate Peer Recovery Support Specialists and recovery services in 10 West Virginia regional jails. Currently there are seven PRSSs that are actively working within the jails.

## **MOHRE Project**

The ODCP and Yale University School of Medicine are working on a project called the Multisite Opioid and HIV Response Endeavor or MOHRE.

The goals of MOHRE are to:

- Increase medication-assisted therapies to treat OUD
- Prevent new HIV and hepatitis C virus (HCV) infections
- Improve engagement in HIV and HCV care in those already infected
- Integrate HIV prevention and treatment into services
- Treat OUD
- Guide policies associated with improving access to medications to treat OUD

The ODCP and Yale University School of Medicine partnership are working with four West Virginia hospitals: Thomas Health, Southern Highlands Consortium, Charleston Area Medical Center (CAMC), and Mildred Mitchell-Bateman Hospital.

Additional work is being done to enhance bridging opportunities between state hospitals and licensed behavioral health facilities to reduce readmission rates and no-show rates.

The ODCP and Yale University School of Medicine are also working to increase low-barrier access to medications for opioid use disorder (MOUD) in Huntington and Morgantown through local partnerships with QRTs, harm reduction programs, Public Health Departments, and MOUD access points.

A survey has been sent to the program coordinators of all West Virginia residency programs about the extent to which MOUD is being taught in their program curriculums. The goal of this project is to increase the number of United States Drug Enforcement Agency X-waivered physicians post residency.

## **CHES Health Connection App**

Throughout the COVID-19 pandemic innovative strategies were employed to reach a broader audience of individuals in recovery. This included the expansion of supportive services to the collegiate recovery sphere and the implementation of marketing strategies appropriate to the audience. The CHES, WVU, and DHHR Team have developed Specific, Measurable, Achievable, Realistic and Time-Bound (SMART) objectives for the September 2021 to September 2022 grant cycle.

The project goal is to increase statewide active enrollment in the CHES Health Connections app across the provider and patient community in West Virginia and to increase awareness, knowledge, access, and use of OUD and stimulant prevention, treatment, and recovery services.

From July 2021 to December 2021 the following occurred related to the CHES Health Connection App:

- On October 21, 2021 CHES held an informational session and question and answer with West Virginia SUD providers.
- The CHES and WVU team are partnering with select enrolled providers to pilot an enrollment kiosk in their facilities to help clients enroll in the application.
- As of December 2, 2021, there were 4,834 clients enrolled in the CHES app, an increase from October where 4,709 clients were enrolled.

### **DynamiCare App**

In May 2020, BMS approved the launch of a six-month pilot test of the DynamiCare Health app. The DynamiCare Health app is an evidence-based and award-winning program shown to substantially improve engagement in treatment and reduction in substance use. Over the course of the six-month pilot implementation, the expected value of rewards to patients would be about \$100 per patient per month. The DynamiCare app package includes:

- Contingency management using a specialized limited use smart debit card;
- Substance use testing by means of instant oral swabs and breathalyzers;
- Self-guided cognitive behavioral therapy lessons; and,
- Peer support services offered via telehealth.

Since launching in November, the DynamiCare pilot has enrolled a total of ten members in the program. All referrals have been from either New River or Marshall PROACT. WVU Center for Hope and Healing and Southern Highlands will be starting the referral process next. DynamiCare staff has visited all four provider locations and are working to engage their members.

### **Stimulant Use Disorder Response – TRUST Pilot**

TRUST is an integrated, evidence-based, multi-component program for the treatment of individuals with stimulant use disorders. The contents of this program include the following strategies:

1. Motivational incentives (based on contingency management research)
2. Elements of cognitive behavioral therapy
3. Elements of community reinforcement approach
4. Motivational Interviewing skills
5. Physical exercise
6. Self-help (12-step, moderation management) program participation encouraged

The grantee organizations began implementation of the TRUST protocol in January 2021, with the bi-weekly calls providing an opportunity to share information and get feedback from the trainers and

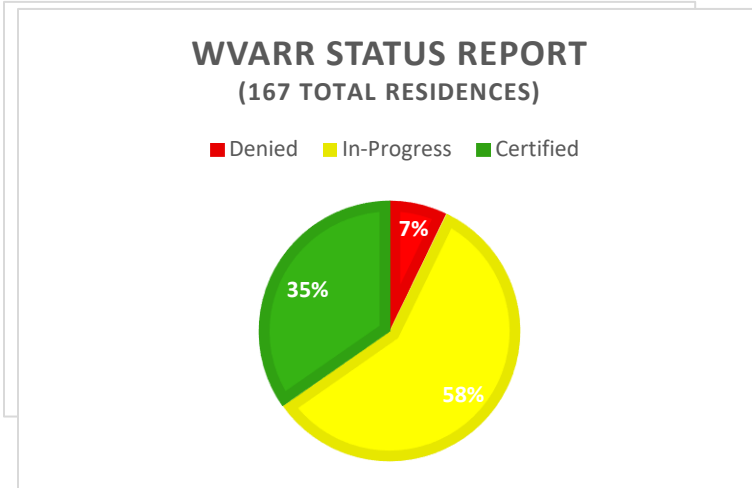


transitioning into monthly calls. The pilot sites agreed to begin training other providers when they gain competency in practice and training.

Early results of the TRUST pilot programs are promising, indicating improved retention in treatment and less positive drug screens.

### West Virginia Alliance of Recovery Residences, Inc.

The [West Virginia Alliance of Recovery Residences, Inc.](#) (WVARR) has implemented a certification process for West Virginia recovery residences based on nationally recognized best-practice standards and ethical principles developed by the National Alliance of Recovery Residences (NARR). The



certification process includes an administrative review, structured interview, on-site inspection of each individual residence, a quality improvement phase for applicants to make any required changes or modifications, and post-certification compliance checks. The WVARR staff provides training and technical support through each stage of the certification process. There are currently 58 WVARR-certified residences in West Virginia with a total of 1,050 recovery

beds. An additional 167 residences have initiated the certification process. A total of 12 residences have been denied certification. You can view the full list of WVARR-certified residences here <https://wvarr.org/certified-program-list/>. In addition to certification, WVARR [investigates complaints](#) about certified residences; provides training and technical support to residence operators, behavioral health professionals, stakeholders, and community members; facilitates data collection and outcomes tracking among recovery residence operations; and advocates for quality recovery housing in West Virginia and across the country.

### Collegiate Recovery Programs

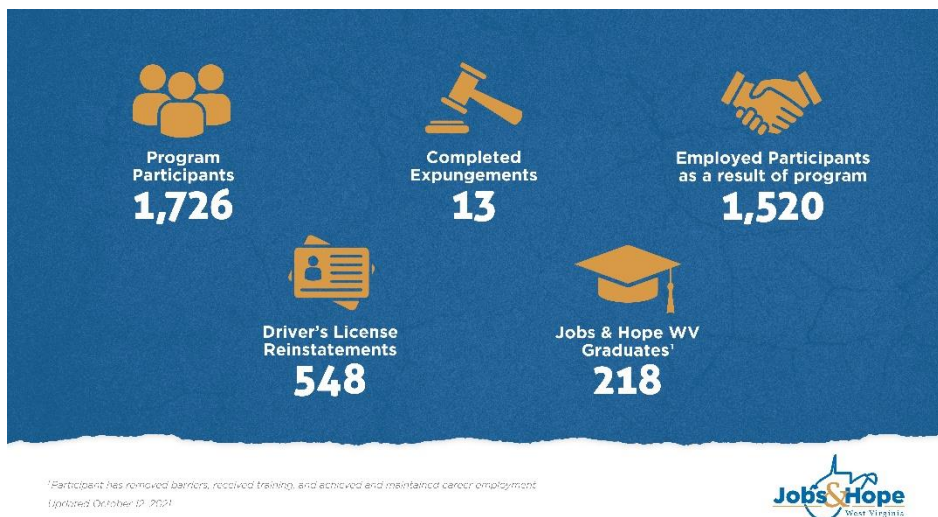
Collegiate Recovery Programs (CRP) have been supported by the ODCP since 2018. These programs provide supportive environments within campus culture that reinforce the decision to engage in a lifestyle of recovery from substance use. There are six funded CRPs working with the ODCP: West Virginia University, Marshall University, BridgeValley Community and Technical College, West Virginia State University, Concord University, and WVU Tech. The ODCP hosts regular meetings with the CRPs and the West Virginia Collegiate Recovery Network, which is supported through SOR funding allocated from the BBH.

The ODCP also participates on the Higher Education SUD Continuum of Care Collaborative. The purpose of the West Virginia Higher Education SUD Continuum of Care Collaborative is to increase communication, partnership, and collaboration to improve access to evidence informed/based practices across the continuum of care (prevention, early intervention, treatment, recovery) services for higher

education stakeholders (students, faculty, staff, administrators, government partners, legislators, policy makers).

### **Jobs & Hope WV**

The Jobs & Hope WV (Jobs & Hope) program began in August 2019 and offers support through a statewide collaboration of agencies that provide West Virginians with linked services and the opportunity to obtain career training and ultimately secure meaningful employment. Jobs & Hope West Virginia was established by Governor Jim Justice and the West Virginia Legislature. The ODCP has been instrumental in the implementation and works exhaustively on addressing program expansion and continuation. West Virginia is believed to be the first state to take this unique, overarching approach.



When Jobs & Hope was created, the legislature allocated funding to the West Virginia Department of Education and to the DHHR. The ODCP has managed the DHHR allocation since the program began. This funding is used to identify and address barriers to training, education, long-term recovery, and ultimately career employment. The following are all Jobs & Hope funded initiatives through the ODCP:

#### ***Creating Recovery Employment AFA***

Through a partnership between the ODCP, Jobs & Hope, the West Virginia Small Business Development Center (WVSBDC), and the Department of Commerce, a funding opportunity is being released in 2022 to develop regional/local recovery-owned or operated businesses; increase employment opportunities for individuals in recovery from SUD through supported employment, on-the-job training, and apprenticeships; and encourage development and promotion of social enterprises. Specifically, it will provide individuals with SUD a supportive environment to gain work experience and transferable skills thus leading to lasting career employment in West Virginia. This AFA is targeted specifically for the employment of individuals participating in the Jobs & Hope WV program.

#### ***Tattoo Removal***

One of the major barriers encountered by our Jobs & Hope participants has been facial tattoos or tattoos in locations that are not easily covered or that employers may find offensive. The ODCP has set aside a portion of funding to allow qualifying participants the opportunity to have these tattoos removed.

### ***Good News Mountaineer Garage (GNMG)***

The GNMG has provided Jobs & Hope with 50 cars dedicated to participants for the past two years. That agreement will continue with Jobs & Hope funding allocated to the DHHR and will increase to 75 cars in year three. The ODCP and Jobs & Hope are also working with GNMG to designate one car in each of its two locations in West Virginia for participants to use to take their driver's test.

### ***Statewide Transportation System***

The ODCP has contracted with ModivCare Inc. for a statewide transportation system specifically for Jobs & Hope participants. This service offers on-demand rides around the clock for Jobs & Hope participants. This allows for individuals to have reliable transportation while going to training and educational opportunities and while employed until they've secured personal transportation.

### ***Drug Screening***

Drug screening is a service that many employers have implemented to keep the workplace safe for all employees. The ODCP has contracted with a company to provide this service, free of charge, to all Jobs & Hope participants. This provides an extra layer of accountability without the extra cost for employers.

### ***Childcare***

Childcare can be a significant barrier for parents entering the workforce. Childcare costs are prohibitive and do not allow for people to "work their way up" in a company. There is a great service offered by the State called Child Care Resource & Referral (CCR&R) that supplements childcare costs for individuals who meet certain requirements. Those requirements include 20 hours of a school or work activity, appropriate documentation, and income guidelines. For many, this is a viable option, but others fall through the cracks. Jobs & Hope is committed to extend that CCR&R program for all eligible participants in the program. This will allow employees to be consistent and reliable in their employment routine.

### ***Dental and vision services***

Participants of Jobs & Hope are eligible for dental and vision services through the Pre-Employment program. Each participant qualifies for up to \$3,000 in dental work, their first eye exam, and first pair of glasses.

### ***Jobs & Hope PRSS***

PRSSs are teamed with Transition Agents to work on the Jobs and Hope initiative. This PRSS will work with Transition Agents to develop and maintain collaborative relationships with all agency partners to assist the participant in overcoming barriers in the development of education and employment goals that match the participant's skills, interests, and experience.

## **ATLAS (Addiction Treatment Locator Analysis and Survey)**



The ODCP coordinated an application on behalf of West Virginia and was chosen as one of six pilot states to partner with Shatterproof, a national nonprofit organization dedicated to ending the devastation of addiction, on the development and implementation of a quality-of-care measurement system for SUD treatment programs. The website, [www.treatmentatlas.org](http://www.treatmentatlas.org), launched July 21, 2020.

The ODCP and the BBH have committed funding for year two continuation of ATLAS implementation in West Virginia. The focus for year two is the integration of ATLAS into preexisting state resources and the marketing of this unique tool for West Virginians. The provider survey data collection period is open until January 28, 2022. Updated information will be available on the website in July 2022.

### **Corrections & Reentry**

The Division of Corrections and Rehabilitation (DCR) SOR program of access to treatment provides the three United States Food and Drug Administration approved medications for the treatment of OUDs, naloxone, PRSS services, and case management services in all 10 regional jails. The goal of this collaboration is to provide continuity of care, reduce overdoses, and reduce recidivism for individuals in the correctional system with an SUD.

- DCR continues to offer verified MAT options upon intake at all 10 jails
- Vivitrol is made available to all offenders upon release
- DCR contracts with Primecare, Wexford, and PSIMED to provide mental health services
- Getting Over Addicted Lifestyles Successfully (GOALS) programs, a residential program inside the jail that lasts six to nine months depending on participant progress. Participants are sentenced to the program instead of prison and are typically released upon successful completion. GOALS are now located in Eastern, Western, and Northern jails, with expansion to at least one additional jail soon
- DCR offers Thinking for a Change, Community Benefit Inventory Social Accountability (CBISA), Residential Substance Abuse Treatment (RSAT), and Nonviolent Parole offender SUD program
- SMART Recovery will be offered in all jails in the coming weeks. Staff were trained in SMART Recovery, but due to COVID, have not been able to start classes. All substance abuse therapists will be trained in the SMART – Inside Out version to implement in the jails
- Parenting Inside Out training is in progress and the program will be implemented soon in the GOALS units and at Lakin prison
- Vivitrol is now available for participants of GOALS and RSAT for the duration of the program.
- Sublocade is offered at Western Regional Jail (WRJ) and South-Central Regional Jail (SCRJ) as a Pilot program
- Narcan given to offenders leaving WRJ and Northern Regional Jail as a Pilot program

Since the Medicaid expansion, DCR has implemented a standardized process in all jails and court systems to ensure that all eligible inmates have been offered the opportunity for Medicaid enrollment or have a plan to ensure private insurance coverage prior to release. DCR has case managers in 8 (2 positions posted) of the 10 regional jails that work with offenders, prior to release, using best evidence that supports successful transitions from detention to community by promoting care coordination for MAT, therapeutic programming, and Medicaid benefits upon release.

### **SUD 1115 Waiver (2018-2022)**

West Virginia’s SUD 1115 Waiver provides coverage for more SUD service continuum and the residential bed capacity continues to rise. Ongoing evaluation of the 1115 Waiver includes its impact on access to MAT.

As of December 2021, BMS (West Virginia Medicaid) has approved 1,294 treatment beds (687 coed, 299 female, and 254 male), a 103 bed increase since our last report in July 2021.

- 391 Level 3.1 beds (+46)
- 8 Level 3.3 beds (+8)
- 650 Level 3.5 beds (+48)
- 246 Level 3.7 beds (195 community-based; 36 hospital-based) (+102)

### County Recovery and Empowerment Pilot

Pursuant to W. Va. Code §16-5T-6, effective March 7, 2018, the ODCP established two community overdose response demonstration pilot projects in Wyoming county and in Berkeley and Jefferson counties. Full summaries of those pilot projects are submitted at the end of each year by the ODCP. The ODCP has continued support of the demonstration pilot project in both locations through 2022. These projects will conclude in July 2022.

### Recovery Month 2021

During the month of September, National Recovery Month, the ODCP and local leaders coordinated the 2<sup>nd</sup> West Virginia Recovery Month campaign uniting hundreds of individuals and organizations to share the remarkable progress West Virginia is making in addressing SUD.

The month-long “Recovery is for Everyone” campaign consolidated success stories and recovery resources into a statewide social media campaign consisting of daily messages highlighting resources, trainings, and events. Posts garnering the most interest included:

- An informational post about PROACT in Huntington, West Virginia
- The ODCP Treatment and Recovery Resource Map A Transportation Infographic highlighting resources in West Virginia

### Families Strong

The BBH has partnered with the Mosaic Group to implement the Families Strong program. The purpose this program is to provide ongoing support for family members of those struggling with SUD. Families Strong was adapted from an evidence-based, mental health

**RECOVERY MONTH** Healthy Connections and the WV Office of Drug Control Policy partnered for National Recovery Month 2021.

**DURING THE MONTH OF SEPTEMBER,**

**17K REACHED**  
during Recovery Month 2021.

**1,750+ ENGAGEMENTS**  
combined through post likes, comments, shares, and other engagements among our three platforms.

**500+ ATTENDEES**  
at the Glow Run for Recovery 5K -- West Virginia's largest event celebrating National Recovery Month.

**120+ POSTS**  
were shared on various social platforms during the month of September, highlighting organizations and events happening across the state.

**#RECOVERYMONTHWV**

professional-led model to be more accessible and sustainable by using a peer-led support group approach. This support is provided through focused discussions and activities about:

- Self-care
- Positive self-talk
- Self-empowerment
- Increased social support
- Alumni connections

Each session is nine weeks with a maximum of 12 people in each group. Groups are led by two peers, family members that have successfully completed the program. Participants of groups meet weekly for two hours and are given homework to complete for the topic of the week through MosaicU.

## Trainings and Technical Assistance

### **Stimulant Summit**

The Stimulant Use Disorder Task Force held a virtual summit on December 16, 2021. The target audience were physicians, nurse practitioners, physician assistants, clinicians, therapists, case managers, peer recovery coaches, and others who work with individuals affected by stimulant use disorders. The half day event was attended by a total of 341 people.

The Summit Objectives were to:

- Expand knowledge around evidence-based practice (EBP) for stimulant use disorders.
- Increase awareness of lessons learned by subject matter experts as well as strategies they have used to address barriers to EBP for stimulant use disorders.
- Increase clinical knowledge and access to effective treatment options available to individuals with polysubstance use disorders.

### **West Virginia State Police Education**

The purpose of the WVSP Behavioral Health Training Initiative (WVBHTI) is to provide education and training on SUD and mental health challenges to state and local law enforcement as they relate to law enforcement engagement with these populations throughout the state. This knowledge will assist law enforcement officers in providing appropriate interventions with individuals experiencing a behavioral health challenge. The WVBHTI will provide specialized and comprehensive training to officers who respond to incidents involving a behavioral health component. When law enforcement officers participate in standardized training with qualified and effective trainers, they are better able to understand behavioral health disorders and challenges and their impact on individuals, families, and communities. Through effective training, officers learn to recognize when a behavioral health challenge is present, intervention techniques, community resources, and disposition options.

### **Hazelden Betty Ford Foundation COR-12 Expansion**

The Hazelden Betty Ford Foundation (Hazelden) was engaged to share its Comprehensive Opioid Response with the Twelve Steps (COR-12) model of treatment that is centered around embracing the multiple pathways of recovery. The COR-12 model is a person-centered approach to the treatment of OUD that utilizes the best science along with the enduring lived experience of recovery. Hazelden

experts also shared their experiences and lessons learned through training and technical assistance on the integration of medication-assisted recovery utilizing the COR-12 model. Consultation services with Presteria and Westbrook included agency interviews, plan development, and coaching. Trainings included evidence-based practices and manualized curriculum in support of the COR-12 model. Expansion opportunities for the COR-12 model to two additional behavioral health centers were identified. Work with Hazelden will continue through 2022 with Presteria and Westbrook assisting in the training of FMRS and Southern Highlands.

### Recovery Friendly Employer Toolkit Module Additions

The Creating Opportunities for Recovery Employment (CORE) program through Marshall University partnered with the West Virginia Chamber of Commerce and Jobs & Hope to develop a Recovery Friendly Employer Toolkit.

- Module 1 - The Impact of Opioids, Marijuana and Other Drugs on the Workplace: It's NOT business as usual (WORKING TITLE)
- Module 2 - Legally-Sound Drug-Free Workplace Program: What am I allowed (or not allowed) to do?
- Module 3 - Crafting a Policy That Is Right for YOUR Business Operations and Culture
- Module 4 - The WHY, WHEN & HOWs of Workplace Drug Testing
- Module 5 - Responding to an Employee's Harmful Use of Drugs
- Module 6 - Expanding Access to a Productive, Employable Workforce by Supporting Employees in Recovery

This toolkit gives employers resources to foster a supportive environment that encourages the success of their employees in recovery.

This toolkit is complete and will be posted to the West Virginia Chamber of Commerce website. The learning modules contained in the employer toolkit can be found in the graphic on the left.

The ODCP is working with CORE and Jobs & Hope to add two additional modules to the existing toolkit. These modules are for employees who are in recovery from an SUD and include the following:

- 1) Navigating my Recovery at Work
- 2) Dose of Recovery

### SUD and Stigma Trainings

The ODCP, in partnership with the BCF, has provided more than 30 trainings for Child Protective Service (CPS) workers from all regions of West Virginia. Prior to COVID-19, the ODCP staff travelled to local DHHR offices and conducted in-person trainings. These trainings have been continued through 2021 on a quarterly basis and now take place on the Zoom platform. Each training is two hours and covers the science of addiction, resources for prevention, early intervention, overdose reversal, treatment and recovery, and identifying and reducing stigma. Continuing Education Units are offered to participants who attend the SUD and Stigma training.

In 2021, trainings have expanded to a wider audience that includes workforce development boards, West Virginia Birth to Three (Birth to Three) supervisors, and Birth to Three home visitation staff. This training is available to any groups or individuals that are interested in learning more about SUD and stigma. It was recently confirmed that quarterly trainings with CPS will continue throughout 2022.

### Newsletter

The ODCP Bimonthly Newsletter (Newsletter) is utilized as a platform to inform the public and various stakeholders on new SUD response initiatives, new resources, success stories, and to provide updates on current programs. The Newsletter also highlights partnerships and encourages the promotion of

trainings and educational opportunities. To date, nine Newsletter issues were published with themes ranging from COVID-19 response to data sources to stigma. In 2021, there were five Newsletter issues released. The distribution of the Newsletter continues to grow as subscriber requests increase. Past Newsletter issues may be found here: [ODCP Newsletters](#).



### **Educational Handouts**

Educational Handouts have been developed by the ODCP to share with the general public about four topics, including legislation, that are commonly misunderstood and underutilized. Those four topics include:

- Patient Brokering
- The Good Samaritan Law
- Involuntary Commitment Process for SUD
- Treatment Beds vs. Recovery Beds

These handouts can be found in Appendix D.



## UNDER DEVELOPMENT

### **Recovery Community Organizations (RCOs)**

Across the country, RCOs are being developed to make it possible for those struggling with an SUD to find lasting recovery. RCOs are independent, non-profit led and governed by people in recovery, family members, friends, and allies. They mobilize resources within and outside the recovery community and give those in recovery a voice.

The ODCP and the BBH will contract with Faces & Voices of Recovery (FaVoR) which operates the national RCO credentialing agency, The Association of Recovery Community Organizations (ARCO). When the contract with FaVoR is in place, the ODCP and BBH plan to release an AFA to develop a network of RCOs in West Virginia. RCOs increase the visibility of the recovery community and engage in activities including 1) policy and advocacy activities, 2) recovery-focused community education and outreach programs. and 3) peer recovery support services.

### **Overdose Fatality Review Team Pilots**

The development of fatality review teams is underway. Fatality review teams will investigate a descendant's historical contact with social services, corrections, treatment, etc. The purpose of these teams is to pinpoint areas within the system where linkages to treatment might be improved for those suffering with SUD.

### **The Angel Initiative**

During the 2020 regular legislative session, the passage of W. Va. Senate Bill 838 created the Angel Initiative. Modeled after a successful program in Kentucky, this proactive approach allows the WVSP to refer people to treatment when they present to a State Police Post seeking assistance for SUD. Now codified in W.Va. Code §15-2-55, the the Angel Initiative provides that a person who is voluntarily seeking assistance throughout this program, shall not be placed under arrest, shall not be prosecuted for the possession of any controlled substance or drug paraphernalia surrendered to the WVSP, and shall be promptly referred to a community mental health center, medical provider, or other entity for substance use treatment. This will allow for increased access to treatment, decreased overdoses and fatalities, and a reduction in the fear of arrest and incarceration for those seeking help.

### **Peer Training Hub**

The BBH seeks to expand the workforce capacity of those trained, seeking training, employed, or seeking employment as Peer Recovery Support Specialist or Recovery Coach in West Virginia.

The BBH is initiating a peer workforce training hub that the peer workforce may use to access training provider schedules, facilitate training request in local communities, and access technical assistance and other resources related to the peer workforce such as credentialing information, and other related workforce topics.

#### ***PRSS Train the Trainer***

To reinforce the PRSS workforce in West Virginia the BBH and the ODCP will identify and train up to 20 peer support curriculum facilitators by hosting Train the Trainer events. This training will provide logistical support to the selected trainers to facilitate or co-facilitate two peer support curriculum trainings per year including recruitment of participants.

## **9-8-8**

West Virginia is working to transition the state's call center providing West Virginians local access to the National Suicide Prevention Lifeline (1-800-273-8255) to a national three-digit (9-8-8) format. This initiative is projected to launch in 2022.

First Choice Services, which became the state's sole National Suicide Prevention Lifeline call center in 2017, is also the call center for several complementary lines supporting youth and adult mental health. Call agents are cross trained on these multiple lines, so callers get connected with the services they need regardless of the line they initially contact, for example:

- The state's 24/7 mental health and substance use helpline, 888-HELP4WV, which links people of all ages with behavioral health services and children and youth up to age 21 with mobile crisis response and stabilization services
- A 24/7 SAMHSA/FEMA-funded Crisis Counseling Program line for pandemic-related stress
- The Help304 Emotional Strengthline
- WV211, to help people locate social services in their communities
- Jobs & Hope WV, to link West Virginians in recovery with opportunities to obtain career training and meaningful employment
- The Problem Gambling Network of WV, a 24/7 helpline for referrals to gambling addiction specialists and support groups
- The Tobacco Quitline

## **Pay for Performance**

Addiction is a chronic disease that requires long-term care and often involves multiple relapses before sustained remission. Like other chronic diseases such as diabetes or hypertension, providers can successfully treat addiction with the proper medications, therapy, and counseling. With the appropriate treatment, success becomes much more likely. The current fee-for-service system drives payment for services and not long-term outcomes, which makes it difficult to incentivize long term recovery outcomes. With this in mind, the ODCP has engaged with behavioral health providers, BMS, and Managed Care Organizations (MCOs) to adjust the payment model to reimburse based on their success in delivering positive long-term outcomes. Under this new model, incentives for care will be progressively moved towards payment for quality care resulting in long-term recovery being the biggest financial motivator, ensuring programs continually improve outcomes for individuals suffering from addiction.

## CONCLUSION

It is an honor to present the impressive efforts on behalf of many state agencies, community partners, non-profit organizations, and individuals to the legislature in addressing SUD and addiction in West Virginia. As this year has progressed, it remains clear that we have much work to do. Despite the uncertainty caused by COVID-19 and the rise of deadly fentanyl in the drug supply, it remains true that we have proven, evidence-based treatment options for the citizens of our state. We must double down on meeting people where they are at with harm reduction strategies, move them into treatment, and then into long term recovery. I am continually inspired by those that I work with every day who have tread that path before and have emerged stronger on the other side and I remain steadfastly convinced that recovery for individuals and for our state, with the right supports, is not only possible, but probable.

**Dr. Matt Christiansen, ODCP Director**

## Appendix A

### WEST VIRGINIA GOVERNOR'S COUNCIL ON SUBSTANCE ABUSE PREVENTION AND TREATMENT

#### **Chair:**

Brian Gallagher, Marshall University School of Pharmacy

#### **Ex-Officio Members:**

Dr. Ayne Amjad, State Health Officer and DHHR Commissioner for the Bureau for Public Health

Linda Boyd, School of Osteopathic Medicine

Bill J. Crouch, Cabinet Secretary, West Virginia Department of Health and Human Resources

The Honorable Michael Maroney, Chair of the Senate Health and Human Resources Committee

Dr. Clay Marsh, West Virginia University School of Medicine

Dr. Allen Mock, Chief Medical Examiner

Christina Mullins, Commissioner, DHHR's Bureau for Behavioral Health

Melanie Purkey, Superintendent, West Virginia Department of Education

The Honorable Matthew Rohrbach, Chair of the House Health and Human Resources Committee

Jeff S. Sandy, Cabinet Secretary, West Virginia Department of Homeland Security

Dr. Joseph Shapiro, Marshall University Joan C. Edwards School of Medicine

The Honorable Judge William Thompson, U.S. Attorney's Office for the Southern District of West Virginia

#### **Members:**

Dr. James Becker, Marshall University Joan C. Edwards School of Medicine

Dr. James Berry, Chestnut Ridge Center

Brigadier General Bill Crane, West Virginia National Guard

Kathy D'Antoni, Department of Education

Jonathan Dower, West Virginia Sober Living

Dr. Emma Eggleston, West Virginia University

Betsy Steinfeld Jividen, Division of Corrections and Rehabilitation

Dr. Michael Kilkenny, Cabell-Huntington Health Department

Dr. Stefan Maxell, Charleston Area Medical Center

Dr. Garrett Moran, West Virginia University

Chad Napier, AHIDTA

Lyn O'Connell, Marshall University Joan Edwards School of Medicine

Dr. Stephen Petrany, Marshall University Joan C. Edwards School of Medicine

Thomas Plymale, Wayne County Prosecuting Attorney

Amy Saunders, Marshall University Center for Excellence and Recovery

Stephanne Thornton, Public Defender's Office

Kimberly Barber Tieman, Benedum Foundation

## Appendix B

### WEST VIRGINIA GOVERNOR’S COUNCIL ON SUBSTANCE ABUSE PREVENTION AND TREATMENT SUBCOMMITTEES

**Steering Committee:** Provides vision, oversight, guidance, and direction to various subcommittees and external organizations critical to the development of the West Virginia 2020-2022 Substance Use Response Plan. Approves criteria that is specific, measurable, attainable, relevant, and time-based (SMART).

Chair: Brian Gallagher  
Members: Dr. Garrett Moran  
Dr. Matthew Christiansen  
DHHR Cabinet Secretary Bill J. Crouch  
Major General Bill Crane  
Commissioner Christina Mullins  
Dr. Stephen Petraný

**Implementation:** Publishes a comprehensive strategic plan incorporating a broad spectrum of constituents and agencies. Compiles, tracks, and maintains quantifiable data measuring disposition of strategic plan benchmarks. Provides the interface between community partners and state agencies as necessary and appropriate. Makes recommendations and facilitates implementation of The Council’s recommendations.

Chair: Dr. Matthew Christiansen  
Members: Dr. Garrett Moran  
Commissioner Christina Mullins  
Lyn O’Connell  
Deborah Koester  
Brian Gallagher  
Drema Mace

**Law Enforcement:** Develops SMART actions to define SUD success. Promotes relevant programs, including, but not limited to, LEAD and QRTs. Works with sister subcommittees to align initiatives, provides input to improve state policy and advises the Council of emerging Techniques, Tactics and Procedures (TTP) that may impact strategic initiatives. Develops the portion of the strategic plan related to law enforcement activities, advises regarding implementation, and serves as subject matter experts in aiding local implementation and adoption of recommendations.

Chair: Chad Napier  
Members: Adam Crawford  
Chief Jake Hunt  
Chief Shawn Schwertfeger  
Samantha Walls  
Melody Stotler

**Health Systems:** Develops SMART actions among hospitals, emergency medical services, health departments, and outpatient health care providers to define SUD success. Provides “downstream” analysis and recommends policy change as related to the innerworkings and networks of health care providers. Develops the portion of the strategic plan related to health systems and providers, advises regarding implementation, and serves as subject matter experts in aiding local implementation and adoption of recommendations.

Chair: Dr. Michael Kilkenny and Dr. Emma Eggleston  
Members: Dr. Ayne Amjad  
Sherri Ferrell  
Nathan Fiore  
Jim Kranz  
Taucha Miller  
Jan Radar

**Court Systems and Justice Involved Population (including re-entry):** Develops SMART action plans that define SUD success. Makes recommendations and innovations assisting misdemeanor and certain non-violent felony offenders along a pathway to recovery (Jobs & Hope). Implements best practices and policy changes that streamline legislation and positively impact SUD. Develops the portion of the strategic plan related to the court system and reentry activities, advises regarding implementation, and serves as subject matter experts in aiding local implementation and adoption of recommendations.

Chair: Commissioner Betsy Jividen and Stephanie Thornton  
Members: Stephanie Bond  
Jack Luikart  
Tom Plymale  
Judge James Rowe  
Brandon Steel

**Recovery, Treatment and Research:** Develops SMART action plans among recovery and treatment facilities that define SUD success. Provides empirical data that helps to outline the trends and problems of SUD in West Virginia. Advises the Council and government officials on recommended policy changes. Promotes MAT and other evidenced-based activities, supports drug free families and addresses Neonatal Abstinence Syndrome. Develops the portion of the strategic plan related to recovery, treatment and research activities, advises regarding implementation, and serves as subject matter experts in aiding local implementation and adoption of recommendations. Offers advice and assistance and directs relevant research activities concerning SUD.

Chair: Dr. James Becker  
Members: Dr. Frank Angotti  
Dr. James Berry  
Jorge Cortina  
Garrett Moran  
Rebecca Roth  
Rebecca Roth  
Senator John Unger

**Community Engagement and Supports (housing, employment, etc.):** Develops SMART action plans pertinent to local community involvement that define SUD success. Includes Small Business Administration, local mentors, schools, youth groups, associations, National Guard affiliates, faith-based organizations, business, industry, and labor organizations. Advises regarding anti-stigma campaigns. Provides recommendations on best practices to help communities and local groups organize and combat SUD in their communities. Develops the portion of the strategic plan related to community engagement, housing, employment and related matters, advises regarding implementation, and serves as subject matter experts in aiding local implementation and adoption of recommendations.

Chair: Kimberly Tieman  
Members: Mike Clowser  
Dr. Emma Eggleston  
Deb Koester  
Robert Plymale  
Steve Roberts  
Amy Saunders  
Ashley Shaw

**Prevention:** Develops SMART action plans pertinent to the prevention of SUD. Recommends methods and materials to educate communities, schools, and organizations about alcohol, tobacco, and SUD. Provides advice regarding media and social media prevention campaign. Develops the portion of the strategic plan related to prevention activities, advises regarding implementation, and serves as subject matter experts in aiding local implementation and adoption of recommendations.

Chairs: Melanie Purkey and Amy Saunders  
Members: Tahnee Bryant  
Dr. Tammy Collins  
Lori Garrett-Bumba  
Stephanie Hayes  
Nancy Hoffman  
James Kerrigan  
Jenny Lancaster  
Greg Puckett  
Elizabeth Shahan  
Nikki Tennis

**Public Education:** Coordinate actions between those working in prevention and education across the state concerning such tasks as developing a statewide anti-stigma campaign, creating an online repository for stigma and educational trainings, and creating a statewide curriculum for stigma trainers. Develop the portion of the strategic plan related to public education and stigma as well as assisting with the implementation of Council recommendations in local communities.

Chair: Lyn O'Connell  
Members: Emily Birckhead  
Susan Bissett  
Greg Puckett  
Jay Phillips

Jennie Hill  
Crystal Welch  
Jenny Lancaster  
Carolyn Canini  
Ashley Murphy  
Amy Saunders  
Amy Snodgrass  
Tahnee Bryant  
Paige Mathias  
Michele Hermann  
Kimberly Chiaramonte  
Shanon Wright  
Keigan Abel  
Sarah Barton  
Tony Young  
Amanda Morgan  
Marcus Hopkins  
Beth McGinty  
Sarah White  
Sara Whaley

**Recovery Community Subcommittee:** The ODCP and the Council understand that people in recovery from SUD play a critical role in addressing the epidemic of substance use and misuse in West Virginia. Therefore, the Council has convened a subcommittee comprised of people in recovery from an SUD to provide meaningful input and represent the recovery community at-large. The Recovery Subcommittee is inclusive, diverse, and representative of the larger recovery community across the state. Each of the seven regions designated by legislation for the Ryan Brown Fund are represented with at least one person serving their respective region.

Chair: Jon Dower  
Members: JoAnna Vance  
Raj Masih  
Kevin Knowles  
Greg Perry  
Joe Deegan  
Marc Jackson  
Nick Cochran  
Deidra Gravely  
Nic Webb



## Appendix C

### ODCP REGIONAL COORDINATORS

#### **Region 1 Action County: Ohio**



Martha Polinsky is the Region 1 ODCP Regional Coordinator. She is foremost the mother of a college age daughter whom she adores. She is committed to her own long-term recovery of 30 years which has motivated and guided her career path. She earned her BA in Psychology from Ohio University and her Master of Arts in Teaching from Muskingum College. She relies heavily on her professional and personal experiences in her current position of ODCP Regional Coordinator.

Martha's previous work experience since 2007 includes 10 years as a substance abuse prevention coalition leader, several years as the Assistant Director of a residential treatment facility and several years as an outreach coordinator for a medical withdrawal management service.

Martha is passionate about her past and present work across the continuum of care. Her favorite part of her work is networking and making connections with community members. She endeavors to creatively construct alliances and partnerships, to fill gaps, decrease barriers, and strengthen relationships. Her end goal is nothing more than lowering the pain and suffering caused by SUD of even one person. Her own life is proof that treatment works, recovery happens (and can be maintained), and life can be enjoyed. Martha loves travel, her family, her cats, and the beauty that surrounds us. Martha can be reached at [mpolinsky@ysswv.com](mailto:mpolinsky@ysswv.com).

#### **Region 2 Action County: Berkeley**



Raj Masih is the Lead ODCP Regional Coordinator. He works for the Potomac Highlands Guild, in the eight counties of Region 2. He has worked in substance use prevention since 2015 on multiple BBH programs. He has a Master's of Public Health, and is a Fellow of the Royal Society for Public Health. Raj has presented research in SUD at numerous international conferences. He is a member of the Recovery Subcommittee of the Governor's Council on Substance Abuse Prevention and Treatment. He is a Board member of the West Virginia Clinical Translational Sciences Institute and WV Local Health, Inc. Raj lives with his wife Barbie Masih in Petersburg located in Grant County of the Eastern Panhandle. Most importantly, he is a person in

long-term recovery from a substance use disorder. Raj can be reached at [rajm@potomachighlandsguild.com](mailto:rajm@potomachighlandsguild.com).



Stephanie Stout is the ODCP Regional Coordinator of Region 2. She resides in Martinsburg, West Virginia. For over five years she has worked tirelessly to provide recovery resources to her community and others throughout West Virginia. Stephanie brings a plethora of connections and insight to her position. She previously worked as the Recovery Services Coordinator of the Berkeley County Recovery Resource Center. She assisted in the implementation of recovery coaches in the emergency department, providers offices, and the harm reduction program of Berkeley County.

She is certified nationally as a Peer Recovery Support Specialist (PRSS). She is a CCAR certified trainer for ethics, professionalism, and the recovery coach academy. She serves on the Board of Directors for the West Virginia Association of Recovery Resource Centers. She also serves on the WVARR board. As a person in recovery, Stephanie continues to stay highly involved in advocacy for those that have a mental health or SUD and is always willing to help others find a pathway to recovery. Stephanie can be reached at [stephanie.stout@potomachhighlandsguild.com](mailto:stephanie.stout@potomachhighlandsguild.com).

#### **Region 4**

#### **Action County: Monongalia**



Ruthanne is the ODCP Regional Coordinator for Monongalia County in Region 4. In her role she receives data from the state level to inform and strengthen the local responses in Monongalia County. This approach builds upon West Virginia's efforts to access complete and timely data while providing support to community professionals, informing as to the scope of SUD and assisting in targeting prevention and response efforts.

Ruthanne obtained her Master's Degree in Music Therapy from the University of Miami in 2018, focusing her Master's clinical research on the role of musical triggers in SUD. She joined the prevention community of West Virginia to focus her work and efforts in prevention closer to home. Ruthanne can be reached at [ruthanne@wvpreventionsolutions.org](mailto:ruthanne@wvpreventionsolutions.org).



Jill Poe serves as the ODCP Regional Coordinator for Monongalia County in Region 4. She works for West Virginia Prevention Solutions.

An experienced coach and educator, Jill has more than 30 years of hands-on knowledge and know-how in helping organizations and individuals perform with higher efficiency and productivity. A licensed instructor for 100x Leader, 5 Voices and Digital Age Team Leader workshops and training, she is a certified coach who has consulted with groups and individuals across various sectors in improving their communication awareness and performance. She spent 23 years as college basketball coach, leading teams to conference titles and the NCAA tournament.

A native West Virginian who resides in Marion County, she is a graduate of University High School and West Virginia University. She received her master's degree in organizational leadership from Charleston Southern University, where she was recognized as BB&T emerging leader and a member of Sigma Beta

Delta honorary as the top graduate student in the College of Business. Jill can be reached at [jill@wvpreventionsolutions.org](mailto:jill@wvpreventionsolutions.org).

**Region 5**  
**Action Counties: Cabell and Kanawha**



Joseph "Joey" Lee Justice, Jr. has been on the Regional Prevention Staff with Pretera since the COVID-19 pandemic began. Joey has recently transitioned into the ODCP Regional Coordinator role at Pretera. Joey previously worked for Vance Family Services as a Case Manager.

Born and raised in Logan, West Virginia, Joey believes that every West Virginian is unique and has a special story to tell. "West Virginia has always been the first to respond in a time of need whether that be a humanitarian effort or war effort. We take care of our own because that is who we are. I believe West Virginians will continue with that spirit of freedom and resiliency in working towards a solution to fight the opioid crisis in our state." Joey has experience working with individuals with an SUD, youth, individuals with suicidal ideations, and the homeless population to name a few. One of the most fulfilling achievements in Joey's professional career has been overseeing an effort to have vape detectors installed in high schools and middle schools across Region 5 which covers 10 counties. Joey currently sits on the Board of Directors for the Logan Family Resource Network; a group that aims to reduce childhood poverty and strengthen families in the community by being a positive resource.

Joey graduated from Marshall University with a Bachelor's Degree in Criminal Justice and Criminology. Joey is currently enrolled at Concord University, pursuing a Master of Social Work Degree. Joey's research interest lies in the complexity of trauma across the life span and the therapeutic response. Joey is a member of Aracoma 99 Ancient Free and Accepted Masons, Beni Kedem Shriners, Logan Shrine Club, and the Logan Independent Order of Odd Fellows. Joey resides in Logan with his wife Alex, and their daughter Harper. Joey can be reached at [joseph.justice@pretera.org](mailto:joseph.justice@pretera.org)

**Region 5**  
**Action Counties: Cabell and Kanawha**



Christina Adkins is the ODCP Regional Coordinator for Cabell and Kanawha Counties in Region 5. She is a native of Logan County, currently living in Huntington WV. Previously Christina worked as a CES II (community engagement specialist) with Pretera working with at risk people focusing on mental illness, addiction, and homelessness.

She gained her Bachelor's degree at Marshall University getting a Regents degree with minors in business and psychology. She is currently finishing her Master's degree at Marshall University in Sociology. Christina has been a GA/TA in her department and taught her first freshman class at MU this year. Christina can be reached at [christina.adkins@pretera.org](mailto:christina.adkins@pretera.org).

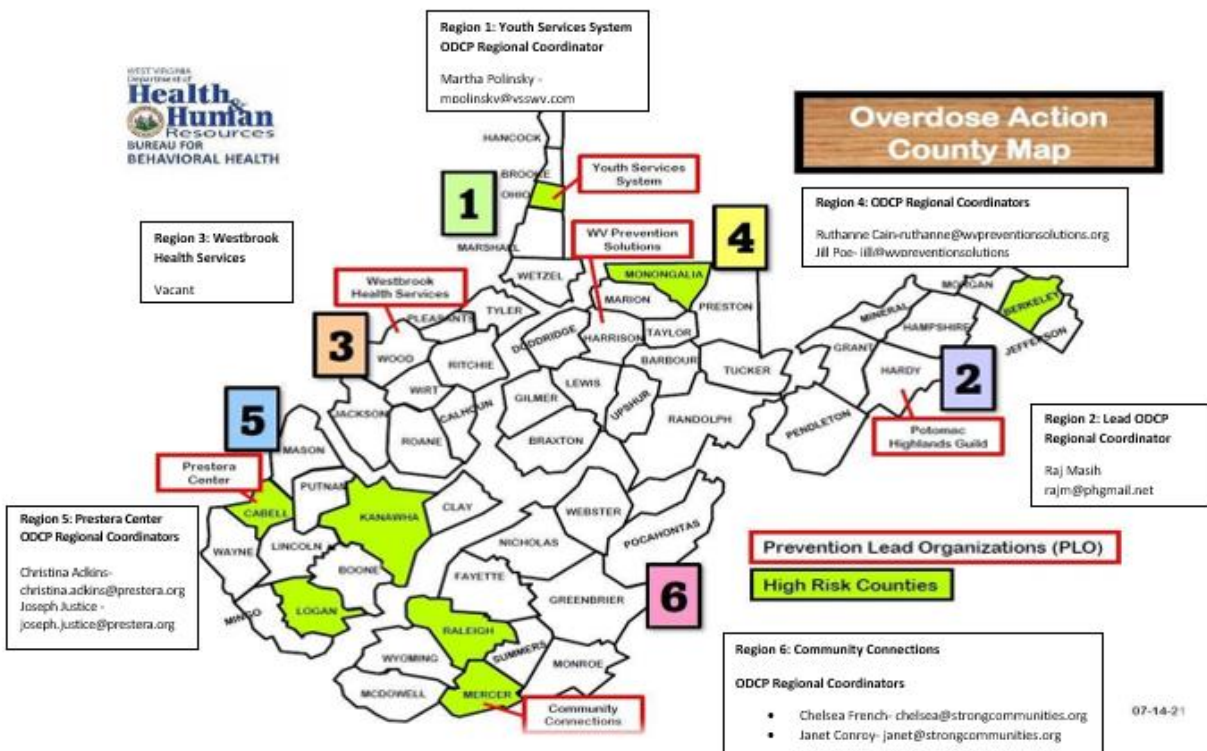
## Region 6 Action Counties: Mercer, Raleigh, Fayette



Chelsea serves as the ODCP Regional Coordinator for Region 6. Chelsea’s goal is to educate and promote prevention resources between local coalitions in the community to help reduce gaps in SUD and mental health continuum of care.

Chelsea previously held a clinical and administrative position in a community behavioral health and substance use treatment program. She helped develop the regions first QRT and LEAD Program to help combat the opioid epidemic in Southern West Virginia.

Chelsea holds a Bachelor’s Degree in Social Work from Concord University and is a southern West Virginia Native. She currently resides with her family in Princeton, West Virginia. Chelsea can be reached at [chelsea@strongcommunities.org](mailto:chelsea@strongcommunities.org).



# Appendix D

## Educational Handouts



### THE PATIENT BROKERING ACT

W. Va. Code §16-62-1 et seq.

#### SUMMARY

Patient brokering is an illegal practice used by some rehabilitation facilities to pay a third party to procure patients. When at their most vulnerable, people with substance use disorder and their families believe the facility is acting in their best interests, when in reality, they may only be motivated by financial gain.

#### What it prohibits:

A person, including a health care provider or health care facility cannot offer, pay, solicit, or receive any incentive to encourage the referral, acceptance, or acknowledgment of treatment of a patient to or from a health care provider or health care facility.

#### What are the exceptions?

- Payments, compensation, or financial arrangements within a group practice, so long as it is not to or from a third party.
- Payments for professional consultation services.
- Commissions, fees, or other payment lawfully paid to insurance agents.
- Payments by a health insurer, a health care purchasing group, or the Medicare or Medicaid program to provide health, mental health, or substance abuse goods or services under a health benefit plan.
- Insurance advertising and promotional gifts.
- Commissions or fees paid to a person or entity providing a referral service to nurses who provide health care services.
- Payments by a health care provider or health care facility to a health, mental health, or substance abuse information service that provides information upon request and without charge to consumers about providers (i.e., HELP4WV).
- Payments made by an assisted living facility to an individual employed by the assisted living facility, or with whom the facility contracts to provide marketing services for the facility.
- Payments made to a resident of an assisted living facility who refers a friend, family members, or other individuals with whom the resident has a personal relationship.
- Payment practices authorized by 42 U.S.C. §1320a-7b(b)(3).

#### What are the penalties for violating the Act?

- Less than 10 patients:
  - Imprisoned one to five years
  - Fined up to \$50,000
- More than 10 patients:
  - Imprisoned two to five years
  - Fined up to \$100,000

dhhr.wv.gov/office-of-drug-control-policy

The information contained in this handout is for general purposes and does not constitute legal advice. Individuals should contact their attorney regarding legal matters.



### GOOD SAMARITAN LAW

Alcohol and Drug Prevention and Clemency Act

W. Va. Code §16-47-1 et seq.

#### What does this law do?

When a person sees another person experiencing what reasonably appears to be an overdose, if they quickly seek medical help, they may not be held criminally responsible for:

- Buying, obtaining through misrepresentation, possessing, or consuming alcohol by a person who is underage;
- Possessing controlled substances;
- Public intoxication; or
- Unlawfully drinking in a public place or in a private vehicle.

#### Who does this law apply to and when?

To receive limited immunity under this law, a person must:

- Believe the person in need of medical assistance is experiencing an overdose;
- Quickly seek medical care from a licensed, registered, or certified healthcare professionals acting within their scope of practice who can provide care under this law;
- Remain with the person who has overdosed until medical service providers arrive;
- Identify themselves to authorities if asked to do so;
- Cooperate with authorities, including by providing information; or
- **Immunity may also apply to the person experiencing the overdose event if they complete SUD treatment approved by the court.**

#### Exceptions:

- The law does not provide immunity for criminal penalties related to knowingly selling alcohol to an underage person and does not provide immunity for civil lawsuits related to violations of West Virginia laws.

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### INVOLUNTARY COMMITMENT FOR SUBSTANCE USE DISORDER IN WV

W. VA. CODE §27-5-2

Who can submit the application?	Any adult (unless individual to be examined is incarcerated).
Why submit?	The person who may be involuntarily committed has a substance use disorder (SUD) and because of his or her substance use disorder is likely to cause serious harm to himself, herself, or to others if allowed to remain at liberty while awaiting examination.
How do you submit an application?	<ul style="list-style-type: none"> <li>• Complete the form: <a href="https://www.courts.wv.gov/lowercourts/mental/hygiene/inv_c.pdf">https://www.courts.wv.gov/lowercourts/mental/hygiene/inv_c.pdf</a>.</li> <li>• File with the circuit court, magistrate court, or a mental hygiene commissioner in the county where the individual to be examined resides or in which he or she may be found.</li> </ul>
What happens after the application is submitted?	<ul style="list-style-type: none"> <li>• The judge or mental hygiene commissioner will enter a detention order to obtain the individual for an examination.</li> <li>• Probable cause and evidence of an SUD must be established or the matter will be dismissed. Therefore, the court will hold a probable cause hearing.</li> </ul>
What happens if the court finds probable cause?	<ul style="list-style-type: none"> <li>• Admission to mental health facility for examination until final commitment proceedings.</li> <li>• Voluntary treatment agreement if outpatient treatment is viable.</li> </ul>
How can an individual get a voluntary treatment agreement?	A voluntary treatment agreement must be in writing and approved by the individual, their counsel, and the court. If the court finds that appropriate outpatient services are available, the individual may be released to outpatient treatment.
How long?	Up to 6 months, except, if the person has previously been involuntarily committed in the last two years, the voluntary treatment agreement may be for up to two years.
What happens if the individual violates the voluntary treatment agreement?	Violation is evidence that outpatient treatment is insufficient, the judge may order involuntary hospitalization.

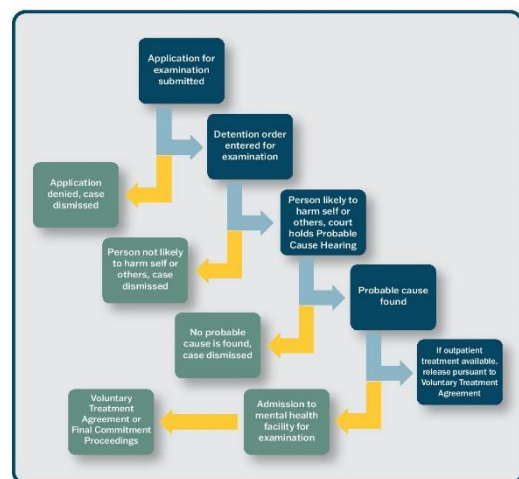
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### INVOLUNTARY COMMITMENT PROCESS



W. VA. CODE §27-5-2



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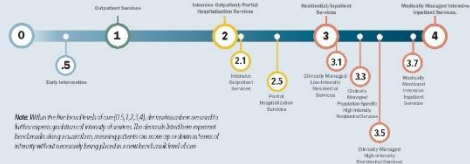
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## TREATMENT BEDS VS. RECOVERY BEDS

TREATMENT BEDS	RECOVERY BEDS
	
<b>Clinical</b> <ul style="list-style-type: none"> <li>• Accepts and bills insurance</li> <li>• Physicians, nurses, counselors, case managers on site</li> </ul>	<b>Home-like setting</b> <ul style="list-style-type: none"> <li>• Residents pay rent</li> <li>• Clinical services are not offered on site</li> </ul>
<b>Short-term and based on medical necessity</b>	<b>Long-term based on an individual's needs/recovery capital</b>
<b>Withdrawal management and stabilization</b>	<b>Learning how to sustain recovery outside of a residential treatment facility. Residents are able to work, leave for meetings, etc.</b>
<b>Intense, monitored 24/7, vital checks, more restrictive in rules, unable to leave for work, etc.</b>	<b>Peer run, or peers along with credentialed staff</b>
<b>Licensed by the state</b>	<b>Voluntary certification through West Virginia Alliance of Recovery Residences but no state licensing, offers four levels of support (see chart on the following page)</b>
<b>WVU Center for Hope and Healing, Prester's Pinecrest Program, Westbrook's Amity Program</b>	<b>Recovery Point, Life House, Res of Hope</b>

## TREATMENT

### Reflecting a Continuum of Care



## RECOVERY

RECOVERY RESIDENCE LEVELS OF SUPPORT				
	LEVEL 1 Peer-Run	LEVEL 2 Monitored	LEVEL 3 Supervised	LEVEL 4 Service Provider
<b>ADMINISTRATION</b>	<ul style="list-style-type: none"> <li>• Nonconfrontational</li> <li>• Manual or policies and procedures</li> </ul>	<ul style="list-style-type: none"> <li>• House manager or senior resident</li> <li>• Policy and procedures</li> </ul>	<ul style="list-style-type: none"> <li>• Organizational hierarchy</li> <li>• Administrative oversight for service providers</li> <li>• Policy and procedures</li> <li>• Licensing varies from state to state</li> </ul>	<ul style="list-style-type: none"> <li>• Director, organizational hierarchy</li> <li>• Clinical and administrative supervision</li> <li>• Policy and procedures</li> <li>• Licensing varies from state to state</li> </ul>
<b>SERVICES</b>	<ul style="list-style-type: none"> <li>• Drug screening</li> <li>• House meetings</li> <li>• Self-help meetings encouraged</li> </ul>	<ul style="list-style-type: none"> <li>• House rules provide structure</li> <li>• Peer run groups</li> <li>• Drug screening</li> <li>• House meetings</li> <li>• Involvement in self-help and/or treatment services</li> </ul>	<ul style="list-style-type: none"> <li>• Life skills development emphasis</li> <li>• Clinical services utilized in outside community</li> <li>• Service hours provided in-house</li> </ul>	<ul style="list-style-type: none"> <li>• Clinical services and programming are provided in-house</li> <li>• Life skills development</li> </ul>
<b>RESIDENCES</b>	<ul style="list-style-type: none"> <li>• Generally single family residences</li> </ul>	<ul style="list-style-type: none"> <li>• Primarily single family residences</li> <li>• Possibly apartments or other dwelling types</li> </ul>	<ul style="list-style-type: none"> <li>• Homes - all types of residential settings</li> </ul>	<ul style="list-style-type: none"> <li>• All types - often a step down phase within care continuum of a treatment center</li> <li>• May be a more institutional environment</li> </ul>
<b>STAFF</b>	<ul style="list-style-type: none"> <li>• No paid positions within the residence</li> <li>• Perhaps an overseeing office</li> </ul>	<ul style="list-style-type: none"> <li>• At least 1 compensated position</li> </ul>	<ul style="list-style-type: none"> <li>• Facility manager</li> <li>• Certified staff or case managers</li> </ul>	<ul style="list-style-type: none"> <li>• Dedicated staff</li> </ul>