



**West Virginia  
Office of Drug Control Policy  
2022 Priorities and Implementation Plan**

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



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## Overview of 2022 Implementation Activities by Goals, Strategies, Key Performance Indicators (KPI) and Responsible Agency/Agencies

### PREVENTION

For additional background on primary prevention and the West Virginia Prevention Plan, please see Appendix A.

**Goal 1: Increase, sustain, and align investments in prevention (including strengthening the prevention workforce and advocating for policy reforms).**

**Strategy 1: Coordinate talking points across systems for legislators/policymakers at state and local levels.**

- KPI 1: By February 28, 2022, disseminate key prevention information during Prevention Legislative Day with each regional prevention lead reaching out to 50% of their delegates.
- KPI 2: By December 31, 2022, and annually, work with partners and prevention organizations to schedule and host Prevention Day and activities at the Legislature.

**Strategy 2: Increase support for prevention advocacy and policy change, workforce training, and credentialing.**

- KPI 1: Through December 31, 2022, the prevention lead organizations will convene quarterly to gather and review existing organizations, trainings and education needs, credentialing required for the workforce, and resources needed for an online, statewide Prevention Resource Warehouse.
- KPI 2: Through December 31, 2022, continue to identify one to two prevention mentors per region across the state to connect them to the ongoing virtual prevention collaborative workspace.
- KPI 3: By December 31, 2022, mentors, coalitions, and key stakeholders will have met quarterly with mentees, to provide workforce training and skill development (i.e., grant writing).
- KPI 4: Through December 31, 2022, work with partners to identify a cross-section of two to four prevention champions, including legislators, from each region in the state and introduce at next prevention summit/conference.

**Strategy 3: Examine a consistent updated method for coalition funding distribution.**

- KPI 1: By July 31, 2022, examine approaches and strategies from other states for local coalition support and publish a white paper on the findings.
- KPI 2: By December 31, 2022, examine how coalitions are funded at the coalition/county level and create a set of recommendations to expand and diversify funding strategies for support.

**Strategy 4: Establish cross-system training opportunities (three to four annually) related to prevention.**

- KPI 1: Through December 31, 2022, provide three to four prevention training sessions, including one annual statewide prevention summit or conference.

**Goal 2: Maximize cross systems planning, collaboration, and integration.**

**Strategy 1: Inform and shape prevention policy and practices by building upon research, proven models, and other meaningful data.**

KPI 2: By December 31, 2022, and annually thereafter, offer two trainings on current proven prevention models to partners across the state.

**Strategy 2: Formalize an infrastructure of prevention stakeholders (Prevention Steering Team) consisting of state organizations, local nonprofits, behavioral health organizations, prevention lead organizations, coalitions, West Virginia Department of Education, and others from across systems to lead integration of prevention efforts, mobilize resources, enhance communication, and set the expectation that collaboration is the norm.**

KPI 1: By July 30, 2022, survey members to ensure every aspect of prevention is represented by participating partners.

KPI 2: By December 31, 2022, develop a set of guiding principles to encourage and facilitate collaboration across systems.

**Strategy 3: Clarify the roles of community-based coalitions to create stronger linkages, maximize funding, and increase understanding and access to a continuum of prevention programs.**

KPI 1: By December 31, 2022, establish designated prevention coalitions and expectations that are add to funding announcements.

**Strategy 4: Create the foundation for a state-level clearinghouse of promising practices, tools, and win-win opportunities to support research and collaborative learning processes.**

KPI 1: By December 31, 2022, launch the state-level clearinghouse.

**Goal 3: Improve data collection, integration, and use at the regional and local levels to track progress and promote shared accountability.**

**Strategy 1: Data will be used to develop and utilize evidence-based resources and needed prevention programming based on regional needs to improve multi-agency data sharing.**

KPI 1: By December 15, 2022, the Prevention Steering Team and Goal Workgroup will release a guidance document that includes recommended prevention interventions for universal, selected, and indicated populations.

**Strategy 2: Improve multi-agency data sharing and accessibility.**

KPI 1: By March 30, 2022, the Prevention Steering Team and Goal Workgroup will review and evaluate available data.

KPI 2: By June 30, 2022, develop a data sharing process for local, regional, and statewide needs assessments and other relevant data.

KPI 3: By December 15, 2022, the Prevention Steering Team and Goal Workgroup will provide data to update statewide and regional prevention profiles.

KPI 4: By December 31, 2022, review survey data from the prevention lead organizations and schools, examine gaps, and look for areas to build relationships and activities.

KPI 5: By December 31, 2022, assess partnership readiness by using a validated survey instrument that enables ongoing assessment, partnership development, and partnership development.

**Goal 4: Align strategic communications, awareness, and education using the following principles: Individual and community acceptability, data-driven, best or promising practices, and culturally relevant and inclusive.**

**Strategy 3: Develop prevention messaging that targets the social ecological model (individual, interpersonal, organizational, community, public policy) and can be customized for local campaigns, coalitions, and audiences (i.e., youth versus law enforcement).**

KPI 1: By December 31, 2022, the Prevention Steering Team and Goal Workgroup will implement targeted messages quarterly to identified selected audiences.

**Strategy 4: Develop standardized communication designed to reach populations identified to be at increased risk by hosting stakeholder meetings with populations of focus to develop and disseminate messaging. Selected media channels need to be accessible to priority populations (i.e., TikTok and YouTube versus billboards and newspapers).**

KPI 1: By December 31, 2022, the Prevention Steering Team and Goal Workgroup will continue to host one to two stakeholder meetings in each region to develop media messages and inform dissemination on platforms.

KPI 2: Through December 31, 2022, continue to use the SPF Rx model, community input, non-stigmatizing language and data-driven decision making to inform media marketing by creating a checklist tool that will assist stakeholders in meeting requirements of best practices in a standardized manner.

**Goal 5: Monitor opioid prescriptions and distribution.**

**Strategy 1: Ensure health professionals in training have appropriate knowledge to reduce inappropriate prescribing of opioid medications for pain.**

KPI 1: By December 31, 2022, develop a data collection process to demonstrate ongoing training occurring for all pre-med, pharmacy, and health professions students in West Virginia on appropriate prescribing practices, medication-assisted treatment, naloxone administration, prescribing and co-distribution, and stigma prior to career entry.

**Strategy 2: Continue to conduct public health surveillance with the Prescription Drug Monitoring Program (PDMP) data and publicly disseminate timely epidemiological analyses for use in surveillance, early warning, evaluation, and prevention.**

KPI 1: By December 31, 2022, increase provider education that results in increased knowledge and number of providers trained annually in order to increase uptake of evidence-based prescribing guidelines in practice (i.e., West Virginia Safe and Effective Management of Pain Program).

KPI 2: By December 31, 2022, make naloxone available at the community level, including campuses and schools, to promote educational messages on the benefits of naloxone (i.e., among youth, seniors, and the public).

**Goal 6. Enhance West Virginia's evidence-based cessation and prevention efforts for tobacco and other nicotine delivery devices/systems through the West Virginia Tobacco Use Reduction Plan.**

**Strategy 1: Implement evidence-based prevention and cessation programs for tobacco and other electronic nicotine delivery systems in accordance with the existing West Virginia Tobacco Use Reduction Plan.**

KPI 1: By December 31, 2022, continue to implement the 2021-2024 West Virginia Tobacco Use Reduction Plan.

KPI 2: By December 31, 2022, continue to disseminate and promote the West Virginia Division of Tobacco Prevention E-Cigarette and Youth Vaping Toolkit

in all 55 counties.

KPI 3: By December 31, 2022, promote and utilize cessation programs with youth rather than punitive approaches that include: 1) education on diversion options; 2) training; and 3) evidence-based prevention interventions.

## COMMUNITY ENGAGEMENT AND SUPPORTS

### HOUSING

#### **Goal 1: Increase capacity of recovery housing in West Virginia.**

**Strategy 1: Create and sustain a system of assessing recovery housing capacity and quality to make funding recommendations and expand resources statewide.**

KPI 2: By December 31, 2022, conduct an annual update of the assessment of current recovery housing.

KPI 3: By December 31, 2022, create a layered map to demonstrate capacity of treatment, transitional, recovery, and re-entry housing across the state. The map will incorporate various factors such as overdose and overdose death rates, levels of care offered through recovery housing, etc. to understand gaps and prioritize needs.

**Strategy 2: Provide training, funding, and resources to increase the capacity and appropriate use of recovery housing in West Virginia.**

KPI 1: By December 31, 2022, increase the number of recovery residences that are medication-assisted treatment accessible (offering all forms of medication-assisted treatment) by an additional 20%.

KPI 2: By December 31, 2022, continue to identify and analyze best practices of successful recovery housing in other states and increase trainings statewide in West Virginia by 25%.

KPI 3: By December 31, 2022, continue to increase the number of recovery residences to support multiple pathways of recovery by an additional 10%.

KPI 4: By December 31, 2022, offer two educational opportunities on housing for community stakeholders and partners across the state, to include but not be limited to West Virginia Alliance of Recovery Residences tools, resources, and levels of care.

KPI 5: By December 31, 2022, hold a statewide conference for housing operators, staff, and community stakeholders that offers different tracks, scholarships, hands-on learning, and certificates of completion.

KPI 6: By December 31, 2022, develop a white paper that includes, but is not limited to, how recovery housing is funded in West Virginia, sustainability of funding to support recovery housing, current barriers and challenges, and sustainability of staff.

**Strategy 3: Develop and implement a certification process that will assure quality and consistency of recovery housing and the services provided.**

KPI 1: Through December 31, 2022, continue to engage the West Virginia Alliance of Recovery Residences to complete certification processes of recovery residences by an additional 20% in West Virginia.

### TRANSPORTATION

#### **Goal 2: Increase availability of transportation in order to access prevention, early intervention, treatment, and recovery services.**

**Strategy 1: Explore innovative models of transportation for individuals with substance use disorder. Based on what is learned about these models and feasibility of addressing existing barriers develop innovative strategies that enable individuals with a substance use disorder to regain the ability to independently transport.**



- KPI 1: Through December 31, 2022, continue to convene the Recovery Transportation Task Team to research transportation models (including payment strategies/ structures such as Medicaid coverage for transportation to recovery housing in West Virginia), document best practices and working models, and develop a plan that includes recommendations to replicate selected models across West Virginia.
- KPI 2: By December 31, 2022, gather information from transportation models such as ridesharing (Huntington pilot project, faith-based organizations, etc.) to explore feasibility (including funding needed) to expand into at least two more counties.
- KPI 3: If feasible, expand selected transportation models into at least two more counties by December 31, 2022.
- KPI 4: By December 31, 2022, continue to engage treatment and recovery programs to develop internal transportation programs in each region of the state.
- KPI 5: Through December 31, 2022, continue to research transportation models across the country, document best practices and working models in a final report.
- KPI 6: By October 31, 2022, develop a written plan that includes recommendations to expand scalable, sustainable selected transportation models and strategies across West Virginia, which may include development of additional tools and resources, mobile apps, a peer recovery specialist network, and/or other volunteer transport networks.
- KPI 7: By December 31, 2022, participate in the Housing conference by offering a track on transportation.

## EMPLOYMENT

**Goal 3: Increase employment opportunities and job retention for individuals in recovery for substance use disorders through supported employment, apprenticeships, and programs such as Jobs & Hope West Virginia.**

**Strategy 2: Encourage development of a cohesive system to address and promote social enterprises.**

- KPI 1: By December 31, 2022, document at least three entrepreneurial and social enterprise models in the state.

**Strategy 3: Assist businesses to employ individuals in recovery.**

- KPI 2: By December 31, 2022, develop a partnership to collaborate with the West Virginia Small Business Development Center or others on workshops, trainings, and mentors for small businesses, leveraging their existing offerings.
- KPI 3: By December 31, 2022, hold virtual and/or in person regional workshops across the state with at least six chambers to disseminate and train businesses on use of the recently developed “Employer Toolkit” ([Drug Responsible Workplace - Substance Misuse Toolkit | West Virginia Chamber of Commerce \(wvchamber.com\)](https://www.wvchamber.com)).

**Strategy 4: Develop regional/local recovery-owned and operated businesses.**

- KPI 2: By December 31, 2022, increase recovery-owned and operated businesses in West Virginia by 10%.

**Strategy 5: Assist the recovery community in linking with employment.**

- KPI 1: By December 31, 2022, and annually, partner with transition agents and business chambers to develop a state listing of recovery-supportive businesses using the indicators developed.



- KPI 2: By December 31, 2022, document existing apprenticeship programs that engage and employ individuals in recovery.
- KPI 3: By December 31, 2022, add an employment page on the Office of Drug Control Policy webpage to connect individuals to workforce opportunities, WorkForce West Virginia, Workforce Development Boards, and other employment resources.
- KPI 4: By March 31, 2022, develop a set of indicators to designate and measure recovery supportive businesses across the state.

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

- KPI 2: By December 31, 2022, develop a strategic plan (including funding and sustainability strategies) to replicate a WPA, CCC or recovery corp type model to employ individuals in recovery for public works services.

**Strategy 9: Sustain existing programs that assist individuals in recovery from substance use disorder to obtain employment, including Jobs & Hope, Creating Opportunities for Recovery Employment (CORE), and HIRE-WV.**

- KPI 1: By May 1, 2022, conduct a Think Tank to develop strategies on how to leverage Jobs & Hope, CORE, and HIRE-WV as a comprehensive, integrated system for assisting individuals in recovery to obtain and retain jobs.
- KPI 2: By October 1, 2022, develop a written strategic plan that includes a framework, goals/objectives, timeline, and the resources/funding needed for a comprehensive, integrated system for assisting individuals in recovery to obtain and retain jobs.

**Strategy 10: Improve employment retention for individuals in recovery from substance use disorder.**

- KPI 1: By December 31, 2022, establish a Task Team that is focused on employment retention to explore, document models/approaches, and make recommendations on how to improve retention among individuals in recovery from substance use disorder in West Virginia.

## COMMUNITY ENGAGEMENT AND SUPPORTS

**Goal 4: Support the organization of communities to address the substance use disorder crisis by developing a strategy to pool resources, share ideas and best practices, avoid redundancies, and eliminate gaps.**

**Strategy 1: Develop a mapping and planning tool to maximize resources and disseminate emerging and evidence-based practices to communities with unmet needs related to developing integrated systems for substance use care.**

- KPI 1: Through December 31, 2022, continue to support and update at least annually the mapping and planning tool (<https://dhhr.wv.gov/office-of-drug-control-policy/help/Pages/default.aspx>) of emerging and/or evidence-based practices to be shared with communities.
- KPI 2: Through December 31, 2022, continue to gather information to develop and document a search and compilation process and share emerging and evidence-based programs and practices with prevention, treatment, and recovery providers and update annually.
- KPI 3: By December 31, 2022, establish a Task Team (or identify an existing group) to promote activities and share tools, resources, and emerging/evidence-based programs and practices with communities and stakeholders across the state.

KPI 4: By December 31, 2022, conduct and record at least one virtual training sessions on how to use the mapping and planning tool of emerging and/or evidence-based practices in West Virginia.

**Strategy 2: Connect successful applicants for funding and connect their communities to other communities.**

KPI 1: By September 30, 2022, develop a platform to document successful emerging or evidence-based programs to connect individuals and communities to working models and/or services.

KPI 2: By April 30, 2022, conduct and record a virtual training on how to locate local grant opportunities and previously funded foundation and Federal grants (i.e., Centers for Disease Control and Prevention, Substance Abuse Mental Health Services, etc.) in West Virginia.

**Strategy 3: Utilize the promising or evidence-based practices in WV, such as Huntington City of Solutions Guidebook and other evidence-based practice guides for community organizing.**

KPI 1: By December 31, 2022, continue to share resources such as the City of Solutions and other developed community resources from across the state on the Office of Drug Control Policy website.

KPI 2: By December 31, 2022, annually update the Huntington City of Solutions Guidebook.

## HEALTH SYSTEMS

### Goal 1: Reduce fatal and nonfatal overdoses.

**Strategy 1: Provide broad access to naloxone across the state for those who need it including, but not limited to, first responders, local health departments, quick response teams, and treatment programs (medication-assisted treatment and detox).**

- KPI 1: Through December 31, 2022, continue to advance processes that enable access to naloxone upon discharge from healthcare facilities.
- KPI 2: Over the course of the plan, 50% of local health departments will have access to naloxone to distribute by December 31, 2020; 75% by December 31, 2021; and 95% by December 31, 2022.
- KPI 3: Advance availability of naloxone for distribution by Quick Response Teams for the duration of the plan.
- KPI 4: Through December 31, 2022, continue to identify and implement additional strategies to distribute naloxone in local communities (i.e., food banks).
- KPI 5: By December 31, 2022, establish and support a sustainability plan for naloxone funding for the duration of the plan.
- KPI 6: The Office of Drug Control Policy will provide ongoing technical assistance and support to ACTION counties (counties with highest overdose death rates) to establish immediate steps to save lives throughout the duration of the plan.

**Strategy 2: Increase resources and support for expansion of Quick Response Teams in local communities across the state.**

- KPI 2: Support existing Quick Response Teams throughout the duration of the plan through monthly, virtual peer networking meetings.

**Strategy 3: Utilize data to strengthen community responses by gathering, sharing, and disseminating data on fatal and nonfatal overdoses with local communities and providing technical assistance on utilization of data at the community level.**

- KPI 1: Through December 31, 2022, and under the direction of the Office of Drug Control Policy, continue to operationalize a statewide data collection system and dashboard that is updated within 72 hours after receiving relevant data.
- KPI 2: Through December 31, 2022, continue to offer resources and support on how to access use of the dashboard and interpret the data it contains to support community response.
- KPI 3: By December 31, 2022, establish a pilot of up to three communities using Fatality Review Teams as an approach to data use that strengthens local response.

### Goal 2: Expand points of access to substance use disorder treatment through health care system integration.

**Strategy 1: Promote improved access to substance use disorder treatment through a coordinated approach with healthcare system facilities.**

- KPI 1: Through December 31, 2022, continue to support at least two hospital systems in addressing substance use disorder for all patients using a facility-wide model that includes the integration of universal screening, medication-assisted treatment initiation, and coordinated care transition.
- KPI 2: Through December 31, 2022, continue to support at least ten hospital emergency departments in developing clinical pathways for medication-assisted treatment and transition to substance use disorder care.

KPI 3: Through December 31, 2022, continue to enhance inpatient and outpatient efforts for screening for substance use disorders, associated comorbidities (hepatitis, HIV, etc.), and timely and effective transitions to treatment wherever those with substance use disorder are in contact with the health care system.

**Strategy 2: Develop a response system statewide through permissible data sharing to quickly identify trends and critical overdose incidents for rapid community response.**

KPI 1: For the duration of the plan continue to support the public dashboard to display trends and critical incidents that enable local communities to be responsive.

**Strategy 3: Address barriers to treatment by expanding digital therapeutics, mobile service delivery, and telehealth.**

KPI 1: By December 31, 2022, continue to expand mobile treatment options to all Department of Health and Human Resources behavioral health regions, including underserved areas.

KPI 2: By December 31, 2022, continue to increase integration and use of digital therapeutics and telehealth in treatment approaches.

**Goal 3: Reduce the risk of infectious diseases associated with substance use disorder.**

**Strategy 1: Increase understanding of harm reduction and stigma and increase cross-sector partnerships in the design, implementation, and evaluation of comprehensive, evidence-based harm reduction programs.**

KPI 1: Support communities undertaking new licensure of their harm reduction program through provision of funding, technical assistance, and quality improvement efforts throughout the duration of the plan.

KPI 2: Decrease harm from injection drug use in all existing harm reduction programs through increase in naloxone distribution, linkages to treatment, and best practices for harm reduction programs throughout the duration of the plan.

KPI 3: Convene partners doing work to reduce health and cost burdens of infectious diseases through cumulative harm reduction strategies, vaccinations, and syringe services for lessons learned and to establish appropriate next steps for the duration of the plan.

KPI 4: Through December 31, 2022, continue to develop a set of best practices for all local health departments to adopt and implement to help reduce syringe litter to prevent harm to first responders and community residents throughout the duration of the plan.

KPI 5: Through December 31, 2022, continue to support cross-state multi-sector forums (i.e., KY, OH, MD, WV) to share lessons learned and advance best practices in implementing evidence-based harm reduction services.

KPI 6: Through December 31, 2022, continue to build capacity and conduct local harm reduction program assessments in ten programs aimed at supporting quality improvement and providing technical assistance that maximizes program effectiveness and reduces stigma through education.

**Strategy 2: Increase screening and rapid access to treatment of infectious diseases associated with substance use disorders (i.e., hepatitis C, HIV, hepatitis B, sexually transmitted diseases, endocarditis, abscesses, etc.) at any entry point for substance use disorder treatment.**

KPI 1: Through December 31, 2022, continue to integrate screening for infectious diseases into key entry points for care related to substance use disorder via a standard screening panel and clinical protocols.

- KPI 2: Through December 31, 2022, continue to advance capacity to rapidly expand community testing services for HIV/hepatitis C virus and investigate, track, and manage identified cases.
- KPI 3: Through December 31, 2021, continue to work with community health centers and healthcare providers to increase by 20% the number of sites with capacity to provide HIV and hepatitis C treatment in the primary care setting.
- KPI 4: Through December 31, 2021, continue to increase primary care provider knowledge of and capacity to provide Pre-Exposure Prophylaxis (PrEP) for HIV prevention for high risk individuals.
- KPI 5: By December 31, 2022, develop a plan that expands Medicaid coverage of hepatitis C treatment to decrease community transmission.

**Strategy 3: Develop and implement a statewide West Virginia Hepatitis C Elimination Plan.**

- KPI 1: By July 31, 2022, conduct a comprehensive, multi-sector strategic planning process that results in a written, multi-year, West Virginia Hepatitis C Elimination Plan.
- KPI 2: By July 31, 2022, develop the Year 1 Strategic Action Plan for the West Virginia Hepatitis C Elimination Plan.

## TREATMENT, RECOVERY AND RESEARCH

**Goal 1: Improve access to effective treatment for substance use disorder in outpatient and residential facilities.**

**Strategy 1: Increase the number of treatment providers who offer evidence-based practices and programs to save lives for individuals with substance use disorders.**

- KPI 1: By December 31, 2022, conduct an annual needs assessment and gap analysis of treatment and recovery services, and resources, by county.
- KPI 2: By December 31, 2022, annually update a strategic plan that enables telehealth to be used for substance use disorder treatment and recovery services across the state.
- KPI 3: Through December 31, 2022, continue efforts to expand medication-assisted treatment availability in all counties using direct treatment or telehealth.
- KPI 4: Through December 31, 2022, continue implementation of an annual educational program on substance use disorder that addresses the identified clinical needs of providers and clinicians.
- KPI 5: Through December 31, 2022, continue efforts to establish processes in four communities to implement treatment on demand (i.e., treatment from the emergency department following overdose or anyone presenting with a primary/second opioid use disorder/substance use disorder diagnosis in an acute or other setting). Also see Health Systems for Project Engage efforts.
- KPI 6: Through December 31, 2022, continue to demonstrate active planning towards implementation of at least one model that promotes recovery and integrates substance use disorder treatment with the healthcare delivery system.
- KPI 7: Through December 31, 2022, continue to support pilots focused on improving retention in treatment and recovery through innovative, evidence-based strategies.
- KPI 8: Continue to support full implementation of the Atlas Quality Initiative (Shatterproof) in West Virginia throughout the duration of the plan.

**Strategy 2: Implement a comprehensive model that addresses recovery and strengthens funding for pregnant and parenting women and their families.**

- KPI 1: Continue to expand implementation of home visiting services with existing Drug Free Moms and Babies programs throughout the duration of the plan.
- KPI 2: Through the Maternal Opioid Misuse (MOMs) Centers for Medicare and Medicaid Services funded model, continue to expand Drug Free Moms and Babies affiliated home visiting to all counties in West Virginia throughout the duration of the plan.
- KPI 3: Continue to expand residential and outpatient treatment capacity for pregnant and parenting women through the Maternal Opioid Misuse (MOM) model throughout the duration of the plan.
- KPI 4: Through December 31, 2022, continue to support implementation of at least three evidence-based projects for parents with substance use disorder who are engaged in the child welfare system.
- KPI 5: Through December 31, 2022, continue to expand and support family treatment courts in counties, as appropriate.

**Goal 2: Increase the health professional workforce to treat people with substance use disorder.**

**Strategy 1: Improve client and provider education about substance use disorder, including stigma, in the treatment setting.**

KPI 1: By December 31, 2022, continue to increase the number of providers obtaining waivers by 20% each year.

**Strategy 2: Develop clinical expertise to treat people who use multiple substances, especially stimulants.**

KPI 1: Through December 31, 2022, continue to develop and implement evidence-based approaches to train providers to implement treatment with clinical supervision to ensure implementation with fidelity.

KPI 2: Through December 31, 2022, continue to disseminate and educate providers on effective clinical applications to care for individuals using stimulants.

KPI 3: Through December 31, 2022, continue to use the ECHO program to support providers on education of stimulants and treatment/recovery management.

**Strategy 3: Provide education about substance use disorder to providers in hospitals, urgent cares, and primary care practices.**

KPI 1: Through December 31, 2022, continue to provide education to 1,000 future and current practitioners about substance use disorder, including education to meet medication-assisted treatment waiver requirements.

**Strategy 4: Increase the number of clinical providers in the state to meet the demand of people needing treatment for substance use disorder.**

KPI 1: Through December 31, 2022, continue the Steven M. Thompson Physician Corps Loan Repayment Program each semester to help at least 40 clinicians per year.

KPI 2: Through December 31, 2022, continue to work with the various graduate school programs in social work, counseling, and psychology to increase the number of students entering into the substance use disorder field.

**Goal 3: Implement recovery support systems throughout West Virginia.**

**Strategy 1: Define and operationalize a recovery support system model for West Virginia.**

KPI 1: Through December 31, 2022, continue efforts to define appropriate recovery support system models.

KPI 2: Through December 31, 2022, continue to support pilots of at least two different models of community-based recovery support systems.

**Strategy 2: Foster the addition of peer recovery supports in health care and substance use disorder treatment settings.**

KPI 1: Through December 31, 2022, continue to develop, implement, and evaluate standardized training for peer recovery support specialists.

KPI 2: Implement and support new and existing peer support programs throughout the duration of the plan.

KPI 3: Throughout the duration of the plan, support recommendations on how to effectively provide ongoing support for peer recovery support specialists.

**Goal 4: Conduct relevant research, evaluation, and dissemination of the comparative effectiveness of various approaches to addressing the substance use disorder crisis.**

**Strategy 1: Work with universities and research institutions to study the effectiveness of various interventions for combatting the substance use disorder crisis across the spectrum from prevention to sustained recovery.**



- KPI 1: Through December 31, 2022, continue work to establish a “Research Think Tank” as a standing group that meets regularly under the Office of Drug Control Policy. The Think Tank will identify current as well as future needs and priorities for research on substance use disorders in West Virginia by developing a “Research Agenda” and will include subject matter experts (i.e., Johns Hopkins) for technical assistance.
- KPI 2: Annually through the duration of the plan, analyze existing evaluation efforts to determine future actions and areas that need strengthening (Governor’s Council).

## COURTS AND JUSTICE INVOLVED POPULATIONS

**Goal 1: Provide access to effective treatment for individuals with substance use disorder in the criminal justice and civil child abuse/neglect systems.**

**Strategy 1: Provide access across the West Virginia criminal justice system to substance use disorder treatment that offers medication-assisted treatment, therapeutic programming, and facilitates transition to the community upon release.**

- KPI 1: Through December 31, 2022, continue to develop processes and protocols, including an annual gap analysis, to document and close gaps related to enabling access to substance use disorder medication assisted treatment (all three U.S. Food and Drug Administration approved medications) and recovery services, in all jails, prisons, and through treatment courts (i.e., family, drug, veterans, etc.) and day report centers.
- KPI 2: Through December 31, 2022, continue to develop processes and protocols, including an annual gap analysis, to document and close gaps to enable access to therapeutic programming such as cognitive behavioral therapy, mindfulness, and other established effective programs for justice-involved populations in all jails, prisons, treatment courts, and day report centers.
- KPI 3: Through December 31, 2022, continue to support a standardized process in all jails, prisons, and treatment 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.
- KPI 4: Through December 31, 2022, continue to support processes using best evidence currently in place to enable successful transitions from jails and prisons to community by promoting care coordination for medication-assisted treatment, therapeutic programming, and Medicaid benefits upon release that integrates efforts with the treatment, recovery, and research subcommittee.
- KPI 5: Through December 31, 2022, continue to provide information and education to judges (i.e., fall conference) and/or other identified key stakeholders on substance use disorder medication assisted treatment (all three U.S. Food and Drug Administration approved medications) and recovery services.

**Goal 2: Construct pathways to employment, housing, transportation, health, and behavioral health services for individuals with substance use disorders and criminal records.**

**Strategy 1: Develop alternative sentencing options in West Virginia.**

- KPI 1: Through December 31, 2022, continue to implement Getting Over Addicted Lifestyles Successfully (GOALS) in all regional jail facilities as appropriate.
- KPI 2: Through December 31, 2022, continue to expand treatment courts, including drug treatment courts, family treatment courts, etc. across the state, in accordance with legislative directives.
- KPI 3: Through December 31, 2022, provide support to jails, prisons, treatment courts, day report centers, and public defender offices to offer alternative pathways such as peers in jails and with public defender offices for a shared, collaborative approach and to decrease overdose risk upon release.

**Strategy 2: Develop policies and procedures for expunging criminal records for certain offenses directly related to substance use disorder.**

- KPI 1: Through December 31, 2022, continue to notify offices handling criminal record files across levels of government and the State Bar, informing them about recent

changes to state expungement laws and the necessity of accurate recordkeeping that reflects expunged crimes.

KPI 2: By December 31, 2022, work with the Supreme Court to provide more easily understood forms on the website to support the above process.

KPI 3: By December 31, 2022 establish and implement a process to identify and understand barriers to the expungement filing process through an information gathering process (i.e., key informant interviews, focus groups, etc.).

**Strategy 3: Develop support for an employer assistance program for hiring of individuals with a criminal justice history.**

KPI 1: Through December 31, 2022, continue to work with WorkForce West Virginia, Jobs & Hope West Virginia, and Creating Opportunities for Recovery Employment to implement an “Employer Assistance User Guide” for businesses hiring individuals with a criminal justice history.

KPI 2: By December 31, 2022, establish and implement an ongoing process to reflect progress, update lessons learned, and document continued challenges.

## LAW ENFORCEMENT

### **Goal 1: Equip and train law enforcement agencies to respond to overdoses.**

#### **Strategy 1: Provide education and training on naloxone, self-care, harm reduction principles, stigma, and models for responding to overdoses to all law enforcement officers.**

KPI 1: By December 31, 2022, provide at least two training events per year (virtual on in person) for law enforcement that includes naloxone administration, self-care, harm reduction, stigma reduction, and models for responding to overdoses.

KPI 2: Through December 31, 2022, convene a workgroup that will be focused on coordinating/planning trainings, review of evaluations following trainings, and tracking of number trained.

#### **Strategy 4: Ensure that law enforcement agencies have access to naloxone.**

KPI 2: Through December 31, 2022, continue to work with state agencies and local health departments to ensure that all law enforcement agencies have adequate naloxone supply.

### **Goal 2: Expand pathways from law enforcement to treatment and recovery.**

#### **Strategy 1: Engage with community members after overdose and/or with substance use disorder to foster early intervention for treatment and recovery.**

KPI 1: Through December 31, 2022, continue to expand Quick Response Teams in West Virginia's 55 counties based on an assessment of where additional Teams are needed and when a point of moving to maintenance of ongoing support will be reached.

KPI 2: By June 30, 2022, conduct an assessment and gap analysis of where additional Quick Response Teams are needed in West Virginia and when a point of moving to maintenance of ongoing support will be reached.

#### **Strategy 2: Expand pathways to treatment and recovery through innovative diversion models such as the Addiction Recovery Initiative and Kentucky State Police Angel Initiative.**

KPI 1: Through December 31, 2022, continue to provide annual training for law enforcement entities on innovative models for diversion, identification, and de-escalation for individuals with substance use disorder.

KPI 2: Through December 31, 2022, continue to provide incentives to law enforcement to adopt successful diversion programs.

KPI 3: Continue to increase Law Enforcement Assisted Diversion (LEAD) programs in local communities by 10% annually.

KPI 4: By December 31, 2022, conduct an assessment and gap analysis of where additional LEAD programs are needed in West Virginia and when a point of moving to maintenance of ongoing support will be reached.

### **Goal 3: Provide law enforcement with analytical tools, techniques, resources, and policies to improve the enforcement of drug laws.**

#### **Strategy 1: Improve interagency communication between law enforcement, the West Virginia Board of Pharmacy, and the West Virginia Prescription Drug Monitoring Program.**

KPI 3: Through December 31, 2022, continue to implement the online tool for public reporting of suspicious activity (i.e., potential drug deals and drug diversion activity).

KPI 4: By December 31, 2022, establish strategies to increase public awareness of how to report suspicious activities and metrics to monitor effectiveness (i.e., number of communities where reporting occurred, number of suspicious activities reported, etc.).

**Strategy 2: Enhance sentences for drug offenders who commit violent crimes with a firearm (i.e., currently a misdemeanor offense in some instances).**

KPI 1: By December 31, 2022, support the passage of a law which would increase sentences for drug-related violent crimes involving a firearm (regular state legislative session of 2021).

**Strategy 3: Utilize the Overdose Detection Mapping Application Program to identify drug trafficking routes across state lines and encourage local law enforcement to enter overdose data, as required by law.**

KPI 1: Through December 31, 2022, continue to inform all local law enforcement agencies and first responders that entering overdose data into the Overdose Detection Mapping Application Program within 72 hours of overdose is state required.

KPI 2: Through December 31, 2022, continue notifying state and local law enforcement of overdose events and apparent drug routes identifiable via the Overdose Detection Mapping Application Program.

**Goal 4: Strengthen the use and implementation of strategies among law enforcement and first responders to address the incidence and prevalence of children's exposure to violence and trauma.**

**Strategy 1: Support and expand the Handle with Care program to all first responders in all 55 counties of West Virginia.**

KPI 1: By December 31, 2022, offer training on [Handle With Care](#) and Handle With Care protocols to at least 400 law enforcement officers.

KPI 2: By December 31, 2022, offer training on Handle With Care and Handle With Care protocols to at least 200 emergency services personnel.

KPI 3: Through December 31, 2022, monitor law enforcement referrals and use of Handle with Care quarterly to identify opportunities for continued improvements, additional supports needed, etc.

## Public Education

**Goal 1. Develop and compile the educational framework and trainers to address stigma across the state and in target populations.**

**Strategy 1. Develop a comprehensive public database for stigma reduction training/education/curriculum.**

- KPI 1: Through December 31, 2022, continue to build a detailed list of all currently existing stigma reduction curriculum/trainings including how to access, cost, length, resulting certification, corresponding evaluation/research, trainer credentials, and target populations.
- KPI 2: Through December 31, 2022, continue to convene an Action Group monthly that has stigma reduction/awareness expertise in evidence-based research, curriculum development, training, and outreach.
- KPI 3: By December 31, 2022, utilize identified gaps from year one and continue to identify new gaps with regard to priority populations (i.e., healthcare, first responders, media, behavioral health, faith community, legislature, and legal system), trainers, capacity, and regional limitations for curriculum development.
- KPI 4: By December 31, 2022, collaborate with other subcommittees on priority population trainings to ensure they are meeting the needs of those communities and have experts from those areas reviewing the material.
- KPI 5: Through February 28, 2022, continue to conduct ongoing research that supports selection of trainings/educational opportunities to address gaps in stigma awareness/reduction in West Virginia.
- KPI 6: By September 31, 2022, develop one overarching stigma reduction training or framework that allows for additional material to address priority populations, stories of lived experience, and additional substance use disorder/mental health education topics.
- KPI 7: By December 31, 2022, integrate review of current initiatives and selected new trainings to develop a public repository of peer reviewed training/educational resources. This will include an evaluation of the degree to which each existing initiative aligns with the evidence-based guiding principles for stigma reduction, ensures peer reviewed trainings for each target population, and identifies necessary trainers and steps to ensure fidelity to trainings.
- KPI 8: By December 31, 2022, share the outcome of this process and the public directory with key stakeholders engaged with the Office of Drug Control Policy by sharing the curriculum and online repository for feedback.

**Strategy 2: Develop the necessary trainer infrastructure.**

- KPI 1: By December 31, 2022, develop a standard process for trainers on the overarching stigma reduction training (Goal1, Strategy 2, KPI 6) to ensure fidelity to the curriculum.
- KPI 2: By December 31, 2022, connect with existing organizations that engaged in stigma reduction campaigns so they can nominate ten suitable individuals to be trainers.
- KPI 3: By December 31, 2022, identify and recruit at least one trainer within each priority population to go through the standard training process.
- KPI 4: By December 31, 2022, develop a written dissemination plan for training of prevention lead organizations across the state.

- KPI 5: By December 31, 2022, partner with at least three professional schools, colleges, universities, and high school programs to integrate trainings that build on existing partnerships such as those with the Marshall Journalism School and State Opioid Response funding to the medical schools.

**Goal 2. Develop a sustainable online repository/database of educational trainings.**

**Strategy 1. Create a series of online modules using the developed curriculum for the general public and specific stakeholders.**

- KPI 2: By December 31, 2022, identify a learning portal (such as [www.SUDLearn.com](http://www.SUDLearn.com)) that can serve as a centralized repository for stigma related learning resources throughout the state.
- KPI 3: Through December 31, 2022, continue literature review for stigma awareness evidence to help identify critical information, gaps, and target audiences with written summary of findings and/or recommendations.
- KPI 5: By October 1, 2022, develop a comprehensive written plan for online learning that includes proven tools such as interactive e-learns and webinars, innovative modalities, such as micro learning, chatbots, voice technology, gamification, and includes incentives, such as free continuing education credits, for completion of learning activities.
- KPI 7: By November 1, 2022, as part of the learning platform, deploy a “coach and share” module where experts can answer questions and make learning recommendations, community members can share new resources and knowledge, and all participants can receive rapid response technical assistance.

**Goal 3: Identify, integrate, and develop a consistent statewide messaging, communication, marketing, and outreach campaign to address stigma.**

**Strategy 1. Identify current marketing campaigns and future checks-and-balances.**

- KPI 2: By December 31, 2022, develop an evidence-based framework to guide, adapt, and/or measure all marketing campaigns against. Guidelines should align with the training guidelines developed and approved by the Public Education Subcommittee in January 2022 and with Johns Hopkins Stigma Lab’s guiding principles for evidence-based stigma reduction.
- KPI 3: By December 31, 2022, establish a detailed public directory on the Stigma Free WV website of the content and scope of current stigma reduction communication campaigns within the state that can be searched by topics covered and population served.
- KPI 4: By December 31, 2022, link all stigma marketing campaigns to Stigma Free WV.
- KPI 5: By December 31, 2022, the Action Group will identify methods for utilizing state and federal funding to support and disseminate the evidence-based framework for stigma messaging.
- KPI 6: By December 31, 2022, post the evidence-based framework guide statewide along with methods for validating or checking future campaigns on [Stigma Free WV](#)

**Strategy 2: Expand coordination of evidence-based public messaging campaigns in West Virginia and improve engagement with priority populations.**

- KPI 1: Through December 31, 2022, Public Education Subcommittee members will report out monthly at Subcommittee meetings on new messaging activities and provide monthly report outs/updates for ongoing public messaging campaigns.



- KPI 2: Through December 31, 2022, a written process will be established for Public Education Subcommittee members to submit their public messaging campaign plans for feedback.
- KPI 3: By December 31, 2022, Public Education Subcommittee members will develop new targeted campaigns for three target populations not currently being reached.
- KPI 4: By December 31, 2022, compile current research and reporting to the Public Education Subcommittee from ongoing campaigns to develop a lessons-learned document to improve future campaigns.
- KPI 5: Through December 31, 2022, the Public Education Subcommittee will identify two new methods (marketing or social media) to target the state's SOR funded stigma campaign's key population of focus.
- KPI 6: By December 31, 2022, annually update evaluation recommendations that include best practices and account for realistic expectations, for marketing campaigns including pre and post testing, focus groups, and behavior change metrics.
- KPI 7: By December 31, 2022, if available, collect and store summary evaluation data from existing marketing campaigns after their conclusion along with the information on Stigma Free WV.
- KPI 8: By December 31, 2022, utilize research from KPI 8 to improve recommendations for current campaigns and strategies while continuing to update evidence-based state framework.
- KPI 9: By December 31, 2022, the Public Education Subcommittee will annually re-evaluate the current list of target populations to ensure that campaigns are addressing the broader community and adapting to ongoing messaging needs and developments in the community.

**Strategy 3: Develop experiential campaigns and more targeted support efforts for communities to support ongoing education and stigma awareness/reduction marketing campaigns.**

- KPI 1: By December 31, 2022, establish a detailed public directory of currently or previously existing stigma reduction efforts using experiential campaigns in the state.
- KPI 2: By December 31, 2022, the Action Group will evaluate current experiential campaign strategies alongside broader curriculum evaluation, decide what populations should be covered, and choose which methods from existing initiatives will be used.
- KPI 3: By December 31, 2022, the Action Group will develop a way to evaluate effectiveness including measuring initial and follow up levels of stigma within the target populations who receive experiential campaigns.
- KPI 4: Through December 31, 2022, utilize evaluation techniques to expand the initiatives to a new group within the original population (i.e., new hospitals if providers are the target population), or apply the initiative to a new population while being informed by the previous year's work.
- KPI 5: By December 31, 2022, annually reevaluate and expand the experiential campaigns to target the new populations/communities with improved strategies.

## RECOVERY COMMUNITY

**Goal 1: Ensure equitable access to the full continuum of care for individuals with substance use disorder who are in recovery, including entry into treatment, transition out of treatment and transition into the workforce with continued support (i.e., detox, inpatient, recovery residence, peer recovery support specialists, and independent living with structured housing).**

**Strategy 1: Address care for individuals who do not qualify for Medicaid and/or are underinsured.**

KPI 1: Through December 31, 2022, continue to assess the current West Virginia Client/Patient Assistance Fund for effectiveness and possible expansion that results in a written summary with recommendations, if needed.

KPI 2: By December 31, 2022, create a statewide directory of programs that offers assistance for care coverage.

KPI 3: By December 31, 2022, develop and implement training to increase awareness among partners on available financial resources to help individuals who do not qualify for Medicaid and/or are underinsured.

**Strategy 2: Develop strategies that allow patients to be afforded informed consent with emphasis on patient-centered care.**

KPI 1: Through December 31, 2022, continue to explore models used by other states that assure individuals entering treatment are informed of all treatment options, as well as the risks versus benefits of various treatment options.

KPI 2: By December 31, 2022, develop a West Virginia model that includes a standard written consent and tools/resources for use by treatment and recovery facilities statewide.

**Strategy 3: Support continued expansion and diversification of outreach methods and peer integration using best practices statewide to reach individuals not currently being engaged in care (i.e., Quick Response Teams).**

KPI 1: Through December 31, 2022, continue to create a plan and model for a "recovery response team" to conduct outreach to those who have left treatment/recovery programs and referrals that are not related to overdose events.

KPI 3: By December 31, 2022, develop a standardized set of policies and best practices for outreach as a toolkit.

KPI 4: Through December 31, 2022, continue to assess feasibility and sustainability for expansion of peer recovery supports to non-traditional settings (i.e., domestic violence shelters, homeless agencies/shelters, learning centers, libraries, emergency rooms/departments, foster care, home visitation programs, law enforcement stations, schools, rural health centers, child protective services non-profits).

**Strategy 4: Explore the development of a state funded Recovery Community Organization System.**

KPI 1: Through December 31, 2022, continue to research models of existing Recovery Community Organizations in New Hampshire, Florida and Vermont and develop a white paper with recommendations (including funding mechanisms) for a state-sponsored certification proposal/program.

- KPI 2: Through December 31, 2022, continue to establish partnerships with Faces and Voices of Recovery to explore the development and operations of a Recovery Community Organization, including a pilot program with technical assistance and evaluation.
- KPI 3: By December 31, 2022, through the Recovery Community Organization, provide education via 2-3 trainings on recovery capital and “telling stories/sharing successes” to increase understanding, support, and encouragement of the treatment and recovery community.
- KPI 4: By December 31, 2022, explore development of recommended funding mechanisms to operationalize and sustain the Recovery Community Organization state-sponsored program with the goal of strategic expansion into all 7 regions.

**Goal 2: Ensure long-term sustainability and development of the substance use disorder infrastructure in West Virginia, including prevention, early intervention, treatment, and recovery, by effectively utilizing resources and/or diversifying funding sources.**

**Strategy 1: Align payment with quality versus quantity so that it is value-based.**

- KPI 1: By December 31, 2022, convene a group that includes funders to develop strategic direction and promote practices and policies that broadly address sustainability and result in recommendations, including accountability of providers system wide.
- KPI 2: By December 31, 2022, examine other state models to understand how rates in West Virginia can be commensurate with surrounding states.

**Strategy 2: Identify alternative payment models and funding streams for continuity of services of the continuum of care for substance use disorder.**

- KPI 1: By December 31, 2022, identify other providers, payers, or states that currently have alternative payment models.

**Goal 3: Develop and expand evidenced-based support systems for families using Community Reinforcement and Family Training and the Strengthening Families Program.**

**Strategy 1: Build on a model that includes peer recovery specialists and family support workers.**

- KPI 1: By December 31, 2022, develop a written plan to replicate, improve and expand use of the blended model statewide using existing reimbursement codes for community health workers to support Family Peer Recovery Support Specialists.
- KPI 2: By December 31, 2022, conduct ongoing data collection and evaluation to understand and effectively replicate the model based on promising, emerging and best practices.

**Strategy 2: Engage behavioral health providers for a more robust family services program including integration of at least one didactic services weekend at residential levels of care per month.**

- KPI 1: By December 31, 2022, partner with DHHR’s Bureau for Medical Services to determine feasibility of increased reimbursement rates for clients using a family code modifier.
- KPI 2: By December 31, 2022, conduct a proof of concept initiative to demonstrate value, savings, and effectiveness of the reimbursement model.

KPI 3: By December 31, 2022, explore the development of policy to enhance flexibility of service codes that include family members.

**Goal 4: Strengthen morbidity and mortality prevention through naloxone distribution.**

**Strategy 1: Expand naloxone distribution and access.**

- KPI 1: Through December 31, 2021, continue to review and amend state naloxone standing order as needed to expand distribution with education to pharmacist and key stakeholders (i.e., college campuses, schools, homeless shelter organizations, etc.). Under 18 distribution needs to be discussed.
- KPI 2: Through December 31, 2022, continue to explore policy development that would require providers to assure co-prescribing naloxone with each opioid prescription written as a best practice.
- KPI 3: By December 31, 2022, develop a written plan to strategically place naloxone dispensing machines in one county in each Ryan Brown region.
- KPI 4: By December 31, 2023, strategically place naloxone dispensing machines in one county in each Ryan Brown region.
- KPI 5: By December 31, 2022, work with the Courts and Justice-Involved Populations Subcommittee and the Division of Correction and Rehabilitation to support development of appropriate policies that assure naloxone distribution upon release for justice-involved populations with substance use disorder.

**Strategy 2: Improve data collection and dissemination to expedite overdose response (i.e., through Overdose Detection Mapping Application Program (ODMAP) and DHHR's Office of the Chief Medical Examiner).**

- KPI 1: Through December 31, 2022, continue to create process map that enables identification of gaps and barriers to facilitate work with regulatory agencies to improve data collection, dissemination, and use.
- KPI 2: Through December 31, 2022, continue to vet the process map with weekly overdose data action teams for feedback.
- KPI 3: Through December 31, 2022, continue to implement improvement strategies for coordination of data sharing from DHHR's Office of the Chief Medical Examiner to Quick Response Teams, Office of Drug Control Policy, to the dashboard, etc.
- KPI 4: By December 31, 2022, explore establishing exceptions to HIPAA 42CFR on data sharing among agencies that would enable more effective use of data to inform communication.

**Goal 5: Assure consistency, efficiency, and effectiveness of reentry procedures and policies to ensure adequate pathways to substance use disorder treatment and recovery support.**

**Strategy 1: Collaborate with Courts & Justice Involved Populations subcommittee on associated goals, strategies and KPIs.**

- KPI 1: Through December 31, 2022, continue to establish regular meetings with Courts & Justice Involved Populations subcommittee with the Recovery subcommittee to identify opportunities for collaboration and synergy.
- KPI 2: By December 31, 2022, develop and implement a written action plan that supports areas of collaboration and synergy that are identified.

**Strategy 2: Strengthen integration of Jobs & Hope into processes with correctional facilities prior to and after release.**

- KPI 1: Through December 31, 2022, continue to conduct an assessment to determine how effectively existing processes are working and identify any areas for improvement, including information collected from Jobs & Hope Transition Agents, as well as correctional facility staff.
- KPI 2: By December 31, 2022, map the existing process of Jobs & Hope referrals for individuals following release, develop the “ideal” or future state process, and establish a written action plan to close gaps and move toward the future process.

**Strategy 3: Integrate Sequential Intercept Mapping into community-based efforts to improve communication and coordination across the continuum of care.**

- KPI 2: By December 31, 2022, collaborate with Sequential Intercept Mapping trainers at Marshall University, Courts and Justice-Involved Population Subcommittee, Office of Drug Control Policy, and people with lived experience to conduct a pilot in the county with the highest rate of overdose fatalities after release from incarceration and juvenile justice facilities to increase understanding in the development of effective systems of care that bridge criminal justice, behavioral health, and substance use disorder.
- KPI 1: By December 31, 2022, collaborate with SIM trainers from MU to develop a white paper describing how Sequential Intercept Mapping can be used to assist communities to identify resources and gaps in services at each intercept and develop local strategic action plans.

**Goal 6: Engage associations/coalitions to improve cross-sectional collaboration in West Virginia.**

**Strategy 1: Engage professional associations and coalitions focused on substance use disorder to establish and strengthen strategic partnerships that can influence outcomes for individuals with substance use disorder.**

- KPI 1: By December 31, 2022, invite key stakeholders to each meeting of the Recovery Community Subcommittee for updates, sharing of information, and development of shared goals.
- KPI 2: By December 31, 2022, work with all stakeholder groups towards development of a document that reflects shared alignment of goals that is updated annually and shared with local and state elected officials.
- KPI 3: By December 31, 2022, leverage the partnerships and expertise of the collective strategic partnerships to serve as a resource for the Governor’s Council.

## Appendix A 2021 Town Hall Meeting Summary

A key step in the development of the Implementation Plan each year is to release the draft plan for the following year for public comment. Public comments are collected through Town Hall Meetings held for each plan section, as well as a public facing, web-based survey. The intent is to enable any stakeholder or resident of West Virginia to review the plan and provide feedback. All comments are provided in their entirety to each subcommittee and are used in preparation of the final plan that is released in January each year.

In 2021, a total of 8 Town Hall Meetings (THMs) were conducted from November 9, 2021 to December 14, 2021. A total of 1,147 individuals participated in the Town Hall Meetings to provide feedback on the draft 2022 State Substance Use Response Implementation Plan. All Town Hall Meetings were conducted virtually. The topic of each meeting represented a different section of the Plan; however, the format was consistent. A brief overview of the 2022 Plan was provided followed by a breakout session and report out upon return from breakouts. A special thank you is in order for the many facilitators who support the Town Hall Meetings. Facilitators completed a training prior to November 9, 2021 provided facilitation for breakout sessions, and provided a written report using a 'Facilitator's Guide'. At the conclusion of each meeting, a survey link was provided in the chat box for purposes of evaluation and all attendees encouraged to provide feedback to understand what worked well and what could be improved (Appendix C). In addition, a web-based survey was made available to the public for comment on the 2022 Plan from October 26, 2021 to December 16, 2021 with a total of 24 respondents. A summary of the Town Hall Meeting schedule and attendance is presented in the table below. All information collected through Town Hall Meetings and the online survey was provided to each Subcommittee for use in the development of the final 2022 State Substance Use Response Implementation Plan.

Town Hall Meeting Topic	Town Hall Meeting Date	No. Registered	No. Attended
Prevention	November 9, 2021	274	214
Community Engagement and Supports	November 16, 2021	286	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	189	85
Law Enforcement	December 9, 2021	212	125
Recovery Community	December 14, 2021	268	141
	<b>T</b>	<b>1,900</b>	<b>1,147</b>

## **Appendix B**

### **Primary Prevention**

The WV Strategic Prevention Plan was developed using a shared risk and protective factors framework. Risk factors are associated with a higher likelihood of a negative outcome, while protective factors counter an individual's risk and help counter negative outcomes. These factors can be variable or fixed, cumulative, and they can exist in multiple contexts, such as in a community. This framework provides an inclusive foundation for all types of prevention (including substance use disorders, delinquency, suicide, mental health disorders, child abuse and neglect, problem gambling, sexual assault and intimate partner violence, bullying, etc.) to work collaboratively across many service systems. This is possible because many risk and/or protective factors influence multiple areas of a person's development across their lifespan. For example, risk factors such as poverty and family dysfunction can contribute to the development of obesity, heart disease, high blood pressure, and mental or substance use disorders.

The essence of prevention practice is to decrease risk and increase protection by creating positive individual and community change. It is possible to reduce risk factors and increase protective factors at the individual, family, school, community and society levels. Understanding shared risk and protective factors helps to identify appropriate interventions and methods to build protective factors and can enhance shared messaging efforts to maximize prevention efforts on multiple public health concerns. Working in collaboration with communities around shared risk and protective factors for co-occurring issues is an effective way to stretch limited funding, strengthen partnerships, and increase reach of services.

In addition, the plan uses the social determinants of health (SDOH), which are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks, to guide the work. These conditions are environmental level risk and protective factors that influence a person's health and economic opportunity. For example, generational poverty, income level, and low priority on education can often span generations and although difficult to change, make a fundamental difference in people's quality of life when improved. Prevention is one tool to help individuals improve their community and family environments.

Finally, the plan uses primary prevention as its foundation. Primary prevention is prevention work that happens upstream prior to a negative outcome such as a behavioral health diagnosis or experiencing violence.

The WV Strategic Prevention Plan seeks to promote positive health behaviors for West Virginians through promotion, awareness, education, problem identification and referral, information dissemination, and implementation of evidence-based programs and practices.