



West Virginia 2020-2022 Substance Use Response Plan

Governor's Council on Substance Abuse Prevention and Treatment

January 20, 2020





STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
OFFICE OF DRUG CONTROL POLICY

Bill J. Crouch
Cabinet Secretary

Robert H. Hansen
Director

January 20, 2020

Re: West Virginia 2020-2022 Substance Use Response Plan

Friends and fellow West Virginians,

As Director of the Office of Drug Control Policy of the West Virginia Department of Health and Human Resources (DHHR), and Chair of the Governor's Council on Substance Abuse Prevention and Treatment (Council), and, pursuant to W.Va. Code §16-5T-1, et seq., we are pleased to present the West Virginia 2020-2022 Substance Use Response Plan (Plan).

This document provides important background on the State's many initiatives that have been accomplished to date as well as the strategic goals that set our course to combat the substance use disorder crisis for the coming years. An annual review process will ensure our strategies and objectives remain current and on target. A one-year Implementation Plan for the Office of Drug Control Policy is included in the attachments.

DHHR has carefully and consistently worked to manage this crisis, but these efforts are much bigger than one agency. When creating the Council, the Governor had the foresight to expand the scope of this effort by appointing members from a wide variety of state agencies as well as other key entities and constituencies. Partnerships with the legislative branch, judicial branch, federal agencies, other state agencies, local governments, community advocates, private sector partners and families across West Virginia are all vital to solving this most perplexing of issues. This plan reflects the work, insights and recommendations of a wide sector of thought leaders.

All told, the Council, ex-officio members and subcommittees represent a myriad of organizations and are composed of over 70 of our best and brightest minds on substance use disorder. These individuals are listed by name in Appendix B. We want to extend a heartfelt thanks to all of these participants who selflessly volunteered hours of their own time to craft this plan and to our advisors from the Johns Hopkins School of Public Health and the Pew Charitable Trusts who have provided invaluable guidance at no cost to our state. This has truly been a team effort.

This is a public health crisis, an economic crisis and a social services crisis for our state. It is not a problem that will be fixed easily or quickly. However, West Virginians are resilient, and we will not be defeated. The Council will continue to bring together both public and private stakeholders to attack the epidemic on all fronts so that West Virginia will recover.

Sincerely,



Robert H. Hansen
Director



Brian Gallagher
Chair, Governor's Council on Substance
Abuse Prevention and Treatment

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Introduction

Substance use disorders, including tobacco use, are catastrophic not only to those who suffer from them, but to the very fabric of our entire society. Substance use disorders have had a significant and costly impact on the health, well-being, and economy of West Virginia. They are linked not only to overdose deaths, but to increased crime rates, child abuse and neglect, Neonatal Abstinence Syndrome, infectious and chronic diseases, and accidental injuries. The substance use epidemic in West Virginia has negatively affected individuals and families, presented new challenges to health care and behavioral health systems, and significantly impacted the economic vitality of the state. Common misunderstandings and beliefs around the disease of addiction, leading to discrimination against those who wrestle with it, have significantly added to the magnitude of the problem and its economic impact. Existing challenges keep people from seeking care, delay entry into treatment and recovery, and create unnecessary barriers to regaining stability in life (i.e., securing stable jobs, housing, etc.). Due to the complex and far-reaching consequences of this epidemic, it is not only necessary, but vital, to update the State's Response Plan (Plan) using a multi-sector, collaborative approach with subject matter experts from across the state.

The Governor's Council on Substance Abuse Prevention and Treatment is charged to lead the statewide effort to combat substance use disorders across the spectrum from prevention efforts to supporting long term recovery. Such work includes establishing strategic direction across sectors through a state-level plan. The following elements outline the Plan established by the Council. The West Virginia 2020-2022 Substance Use Response Plan will:

- Promote strategies to implement evidence-based prevention methods in schools and local communities
- Strive for West Virginians to have prompt access to treatment and support options that suit individuals' needs
- Support housing, transportation, employment and other supports for those in recovery
- Connect the justice-involved population with substance use disorder services and help promote positive behaviors, facilitate community reentry, and reduce recidivism
- Promote, measure, and track prevention, treatment, and recovery outcomes
- Provide public education that is based on the best available evidence of what is most effective in addressing stigma
- Monitor ongoing initiatives to confirm Plan goals are achieved

This document describes the current substance use environment in West Virginia, highlights the significant scope of existing activities and initiatives already underway, and presents a strategic framework, including the goals, strategies, and key performance indicators for each section of the framework that will avoid duplication of effort and address the current gaps and needs over the next three years. The Plan framework represents a coordinated and integrated approach that encompasses prevention; community engagement and supports; integrated health systems; treatment, recovery and research; court systems and justice-involved populations; law enforcement; and public education.

As the Plan is implemented, true success will require integrated efforts at every jurisdictional level and across sectors. It will not be achieved by any one agency, entity, or jurisdiction alone. As such, the Council offers the Plan as a common framework to other sectors and organizations engaged in addressing West Virginia's substance use epidemic. The use of a common framework will enhance the likelihood of aligning efforts, leveraging one another's work, minimizing gaps, and communicating collective progress. Addressing this epidemic in West Virginia clearly requires a "whole of community" effort. As next steps

will include a more detailed implementation plan and specific tactics to achieve each of the goals in this Plan, the Council invites other jurisdictions and entities to use this framework to develop processes to do the same.

Background

No state has been as profoundly affected by the substance use epidemic as West Virginia. For several years, West Virginia has led the nation in age-adjusted drug overdose death rates. From 2014 to 2017, the drug overdose death rate in West Virginia increased from a rate of 35.5 per 100,000 to 57.8 per 100,000, far exceeding any other state in the nation.¹ The substance use epidemic in West Virginia also increases other related health risks such as infectious diseases, liver disease and Neonatal Abstinence Syndrome (a condition in which babies withdraw from opioids they were exposed to during pregnancy). Substance use, particularly intravenous drug use, increases the risk of infectious diseases including hepatitis, human immunodeficiency virus (HIV), and endocarditis (infection of the heart valves). Nationally, West Virginia ranks first for rates of hepatitis B and hepatitis C, both of which can lead to severe liver disease. Risk factors for hepatitis also increase risk for infection with HIV. The Centers for Disease Control and Prevention has identified 220 counties in the U.S. as “at risk” for HIV and/or hepatitis C outbreaks resulting from the substance use epidemic. West Virginia counties alone make up 28 (14%) of the nation’s 220 top “at-risk” counties, and in recent years the state has seen HIV clusters emerge.² If undiagnosed or untreated, HIV can lead to a range of infections and other health complications. Yet, linked into ongoing care, most individuals with HIV can now lead long and healthy lives. In addition, new preventive measures such as pre-exposure prophylaxis (HIV PrEP) are now available for those at risk.

There is hardly a family in West Virginia who has not been directly and profoundly impacted by this epidemic. The state’s foster care system is strained with substance use disorder now being a multi-generational problem and challenge. Families suffer, emotional scars are endemic, and trauma is rampant among first responders, loved ones, and the affected individuals themselves. Willing employers are unable to hire a qualified work force, meeting transportation needs is a major challenge, and individuals are unable to support their families while law enforcement and the justice system are operating at capacity. The whole of society is at risk and suffering.

Beyond these effects, West Virginia’s future generations are at significant risk of becoming the substance use epidemic of tomorrow if effective strategies are not implemented. Substance use in pregnancy is a major factor contributing to poor health outcomes for mothers and babies in the state. In 2018 approximately one in five women (21%) smoked during pregnancy and an even greater number (26%) were exposed to second-hand smoke in the home.³ In addition to the impact on exposed infants, the health toll on children and families is enormous. The number of children in foster care at any given time has increased from 4,129 in September 2011 to 6,895 in September 2019, an increase of 67%.⁴

The substance use epidemic is also an economic problem costing the state an estimated \$8.8 billion a year, at least one-eighth of the state’s total economy. Cost is based on spending on health care and substance use treatment, criminal justice costs, societal burden of fatal overdoses, and lost worker productivity.⁵ This translates to a per capita economic burden of \$4,793 per resident, higher than anywhere else in the nation. The economic impact of productivity loss for non-fatal substance use disorders has a reported cost of \$316 million dollars and 1,206 jobs to the state, while the economic impact of productivity loss due to overdose fatalities carries an additional cost of \$322 million and 5,905 jobs. The impact is also seen in a 12% economic drag on the state’s Gross Domestic Product (GDP), more than double that of the next highest state of Maryland where substance use disorder related costs

consumed 5.4% of its GDP. Overall, this crisis has caused a void in West Virginia’s economy of nearly \$1 billion.

Given all the above, much is being done to address the state’s substance use epidemic. The swift, strategic response of recent years is seeing early successes and holds much promise as evidenced by the “Accomplishments to Date” included in this Plan (Appendix A). Specific to opiates, the availability of evidence-based treatments such as medication-assisted treatment is increasing and inpatient substance use treatment availability is being markedly expanded through Ryan Brown funding. New loan repayment programs for education and training of behavioral health therapists and health care providers are supporting expansion of a trained and available workforce to support the state’s response to the substance use epidemic. Harm reduction programs and quick response teams are engaging with individuals who otherwise rarely access care, resulting in decreased risk of infectious disease and overdose and increased referrals to substance use treatment and recovery. Holistic approaches such as one-stop resource centers, Expanded School Mental Health pilots, and [Jobs & Hope West Virginia](#) (a novel integrated effort to support individuals in recovery as they return to the workforce or receive training) are emerging. Family treatment courts, Drug Free Moms and Babies programs, expanded home visitation efforts, and child welfare reform programs strive to address the issue of substance use in the context of family. Law enforcement initiatives are also providing new pathways for treatment and recovery.

To further strengthen these efforts, West Virginia seeks to create a comprehensive, updated statewide strategic plan with a sustainable infrastructure and approach to curb increasing overdose deaths and blunt the wide-ranging impact to all segments of society adversely affected by this scourge. West Virginia is a resource-challenged state, so employing proven, evidence-based practices is vitally important to enable us to efficiently and effectively deploy our efforts in the most prudent fashion. This Plan represents an innovative, statewide, integrated systems response to the health and economic impacts associated with the substance use epidemic, building upon evidence-based and successful, emerging practices.

Approach

To comprehensively address substance use through the strategic planning process depicted in the diagram below, subcommittees led by Council members were established for the following focus priority areas: Prevention, Community Engagement and Supports, Health Systems, Treatment, Recovery and Research, Courts and Justice-Involved Populations, Law Enforcement, and Public Education. Chairs subsequently engaged additional subject matter experts from across the state to establish subcommittees from March to November 2019 to develop the goals, strategies, and key performance indicators presented in this Plan (Appendix B). Subcommittees also met together to present their plans, which enabled cross-committee collaboration, engagement, and feedback. Throughout the planning process, as cross-cutting issues such as the need for a plan for Public Education to address stigma were identified, they were shared with the Implementation Subcommittee.

The pages that follow present each of the subcommittee plans and comprise the framework of the Plan, including the goals, strategies, and key performance indicators (KPIs). The Council and subcommittees identified the overarching goals followed by strategies to achieve those goals. Eight regional meetings were then conducted across the state with policy makers, the public, and those in recovery to prioritize the strategies and obtain invaluable feedback. With this information, the subcommittees then created SMART key performance indicators to define success for each strategy. Using the framework established in the Plan, state agencies will create the tactics that outline the actions necessary to meet the key performance indicators, and local communities are invited to do the same. In addition, based in part on

the public comment received to establish priorities of greatest need, the Office of Drug Control Policy has also established a “2020 Priorities and Implementation Plan” to be undertaken over the next year (Appendix C). Given the critical importance of addressing stigma as a cross-cutting issue throughout all sections of the Plan, a committee will be established to address Public Education and will be comprised of subject matter experts and representatives from each of the six areas of the Plan, becoming a seventh focus area of the Plan framework. Altogether, this Plan provides a comprehensive approach and “roadmap” that will guide West Virginia’s response to the substance use and opioid epidemic over the next three years.

Framework for the West Virginia 2020-2022 Substance Use Response Plan



Recommendations

Prevention

“An ounce of prevention is worth a pound of cure,” Benjamin Franklin said. While West Virginia is devoting substantial resources to helping its citizens in the throes of substance use disorder, the state must stem the circumstances that lead to substance use disorder by reducing [Adverse Childhood Experiences](#) (ACEs) (i.e., all types of abuse, neglect, and other potentially traumatic experiences that occur to people under the age of 18 with lasting impacts into adulthood) and improve the [social determinants of health](#) (i.e., conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect health and quality of life). The consequences of the use of tobacco and electronic nicotine delivery systems are also well known to West Virginians, yet residents continue to use these in alarming numbers. Tobacco use is the number one preventable cause of premature death and disease. West Virginia will aggressively continue to address these problems by implementing evidence-based [prevention](#) efforts with partners across the state—public and private, state and local—to improve the wellness and futures of our children, youth, adults, and families.

Goal 1: Prevent substance use disorder and enhance resiliency.

Strategy 1	Implement evidence-based practices and programs and frameworks that promote prevention, foster resiliency, and address stigma .	Year 1 2020	Year 2 2021	Year 3 2022
KPI 1	By March 2020 all local prevention lead organizations/coalitions will receive training and technical assistance and conduct community needs assessments to develop implementation plans based on identified gaps.	X		
KPI 2	By March 2020 utilize the West Virginia Department of Education ReClaimWV initiative (in collaboration with prevention lead organizations and school-based mental health) as a foundation to disseminate and promote recommended, evidence-based prevention education materials, resources, training, and technical assistance to all West Virginia schools.	X		
KPI 3	By December 2020 identify and foster development and implementation of effective youth empowerment and leadership programs/models.	X		
KPI 4	By December 2020 begin implementation of evidence-based West Virginia Expanded School Mental Health (ESMH) in all 55 counties using a phased-in process.	X		
KPI 5	By December 31, 2020 implement evidence-based practices to address children with or at risk of Adverse Childhood Experiences involving a collaborative effort of state agencies and community organizations.		X	
KPI 6	By December 31, 2020 expand and promote comprehensive programs, including life skills training and supportive services, to prevent substance use among pregnant and postpartum women.		X	
KPI 7	By December 31, 2021 engage local communities across the state, including chambers of commerce, business leaders, faith-based networks, and youth-focused programs in prevention education and promotion of community-based social engagement.		X	

Goal 2: Monitor opioid prescriptions and distribution.

Strategy 1	Ensure health professionals in training have appropriate knowledge to reduce inappropriate prescribing of opioid medications for pain.	Year 1 2020	Year 2 2021	Year 3 2022
KPI 1	By December 31, 2022 establish and implement curriculum for all pre-med, pharmacy, and health professions students in West Virginia on appropriate prescribing practices, medication-assisted treatment, naloxone administration, and stigma prior to career entry.			X
Strategy 2	Continue to conduct public health surveillance with the West Virginia Prescription Drug Monitoring Program, the Controlled Substance Automated Prescription Program (CSAPP) data and publicly disseminate timely epidemiological analyses for use in surveillance, early warning, evaluation and prevention.	Year 1 2020	Year 2 2021	Year 3 2022
KPI 1	Increase uptake of evidence-based prescribing guidelines (i.e., West Virginia Safe & Effective Management of Pain Program) by 10% per year.	X	X	X
KPI 2	By December 31, 2021 adopt and implement recommendations of the West Virginia Legislature’s Pain Management Consortium in ongoing monitoring and best practices and ensure that people who need these medications are able to obtain them.		X	

Goal 3: 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 State Plan.

Strategy 1	Implement evidence-based prevention and cessation programs for tobacco and other nicotine delivery devices/systems in accordance with the existing West Virginia Tobacco Use Reduction State Plan .	Year 1 2020	Year 2 2021	Year 3 2022
KPI 1	By December 31, 2020 implement the 2017-2020 Tobacco Use Reduction State Plan.	X		
KPI 2	By July 1, 2020 create the 2021-2024 updated Tobacco Use Reduction State Plan.	X		
KPI 3	By January 1, 2021 implement the 2021-2024 Tobacco Use Reduction State Plan.		X	

Community Engagement and Supports

Communities and regions across the state have mobilized to combat the substance use disorder crisis and [stigma](#) by working to increase availability of, and access to, treatment and [recovery support](#). These essential supports for individuals allow West Virginians in [recovery](#) to enter into recovery networks and build employment skills, find housing, and address transportation needs for successful community reentry.

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.	Year 1 2020	Year 2 2021	Year 3 2022
KPI 1	By December 31, 2020 conduct a statewide assessment of 100% of current recovery housing across the state to identify geographic areas of greatest need and resources for medication-assisted treatment accessible recovery housing.	X		
Strategy 2	Provide training, funding, and resources to increase the capacity of recovery housing in West Virginia.	Year 1 2020	Year 2 2021	Year 3 2022
KPI 1	By December 31, 2022 increase the number of recovery residences that are medication-assisted treatment accessible by 20%.			X
KPI 2	By December 31, 2021 identify and analyze best practices of successful recovery housing in other states and increase trainings statewide in West Virginia by 25%.		X	
Strategy 3	Develop and implement a certification process that will assure quality and consistency of recovery housing and the services provided.	Year 1 2020	Year 2 2021	Year 3 2022
KPI 1	By December 31, 2020 engage the West Virginia Alliance of Recovery Residences to complete a certification process in 25% of the recovery residences in West Virginia.	X		

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 substance use disorders to regain the ability to independently transport.	Year 1 2020	Year 2 2021	Year 3 2022
KPI 1	By December 31, 2020 establish a Recovery Transportation Task Team to research transportation models across the country, document best practices and working models, and develop a plan that includes recommendations to replicate selected models across West Virginia.	X		
KPI 2	By December 31, 2021 gather information from the pilot ride-sharing program to expand into five more counties with the expansion options, including use of individuals in long-term recovery to provide transportation.		X	
KPI 3	By December 31, 2021 engage treatment programs to develop internal transportation programs in each region of the state.		X	
KPI 4	By December 31, 2021 expand faith-based transportation initiatives to four sites.		X	
Strategy 2	Create a bundled payment option for medication-assisted treatment that includes transportation.	Year 1 2020	Year 2 2021	Year 3 2022
KPI 1	By December 31, 2022 work with DHHR's Bureau for Medical Services to explore options for a pilot bundled payment option and define a payment model for appropriate compensation for medication-assisted treatment that includes transportation to and from treatment services.			X

Goal 3: Increase employment opportunities for individuals experiencing or in recovery for substance use disorders through supported employment and apprenticeships.

Strategy 1	Support jobs creation through existing opportunities that also support recovery housing.	Year 1 2020	Year 2 2021	Year 3 2022
KPI 1	By December 31, 2021 create a funding stream to support employment of individuals in recovery for repairs, renovations, and upkeep for high quality recovery residences.		X	
Strategy 2	Encourage development of a cohesive system to address and promote social enterprises.	Year 1 2020	Year 2 2021	Year 3 2022
KPI 1	By December 31, 2021 significantly advance the creation of entrepreneurial and social enterprise incubation hubs in the state.		X	
Strategy 3	Assist businesses to employ individuals in recovery.	Year 1 2020	Year 2 2021	Year 3 2022
KPI 1	By December 31, 2020 develop a toolkit for employers to address barriers/needs for employer education in utilizing those in recovery in the workforce.	X		
KPI 2	By December 31, 2021 develop a partnership and collaborate with the West Virginia Small Business Development Center on workshops, trainings, and mentors for small businesses.		X	
Strategy 4	Develop regional recovery-owned and operated businesses.	Year 1 2020	Year 2 2021	Year 3 2022
KPI 1	Increase regional recovery-owned and operated businesses by 10% annually throughout the duration of the plan.	X	X	X
Strategy 5	Assist the recovery community in linking with employment.	Year 1 2020	Year 2 2021	Year 3 2022
KPI 1	By December 31, 2021 and annually develop a state listing of recovery-accessible businesses.		X	X
KPI 2	By December 31, 2020 pilot at least one apprenticeship program to engage and employ individuals in recovery.		X	
KPI 3	By December 31, 2021 create a website or hub to connect individuals to workforce opportunities, WorkForce West Virginia , Workforce Development Boards , etc.		X	
Strategy 6	Replicate the Work Progress Administration/Civilian Conservation Corps (WPA)/(CCC) model of employment for public works projects.	Year 1 2020	Year 2 2021	Year 3 2022
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.		X	
Strategy 7	Train interested individuals in recovery for societal needs (i.e., Meals on Wheels, eldercare, food preparation).	Year 1 2020	Year 2 2021	Year 3 2022
KPI 1	By December 31, 2021 explore organizations with a mission to feed or care for people that would implement jobs programs for individuals in recovery.		X	

KPI 2	By December 31, 2021 collaborate with local health departments to provide ServSafe Training certifications in the hospitality industries.		X	
Strategy 8	Employ individuals in recovery on public works projects such as construction, rehabilitative housing, tearing down dilapidated structures, renovating existing structures, and other areas of the construction trade.	Year 1 2020	Year 2 2021	Year 3 2022
KPI 1	By December 31, 2020 establish a Recovery to Work Task Team to provide guidance, eliminate barriers, and develop construction-based employment opportunities for individuals in recovery.	X		
KPI 2	By December 31, 2021 determine if the recovery community wishes to proceed.		X	
KPI 3	By December 31, 2022 generate at least 200 construction trade jobs in West Virginia for people in recovery and make referrals to Jobs & Hope West Virginia transition agents for training and education.			X

Goal 4: Support the organization of communities to combat 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 addiction care.	Year 1 2020	Year 2 2021	Year 3 2022
KPI1	By December 31, 2020 develop a mapping and planning tool of emerging and/or evidence-based practices to be shared with communities.	X		
KPI2	By December 31, 2020 gather information to develop a search and compilation process and share emerging and evidence-based practices with prevention, treatment and recovery providers.	X		
Strategy 2	Connect successful applicants for funding and their communities to other communities.	Year 1 2020	Year 2 2021	Year 3 2022
KPI1	By September 30, 2020 develop a platform to document successful emerging or evidence-based programs to connect individuals and communities to working models and/or services.	X		
Strategy 3	Utilize the Huntington City of Solutions Guidebook for community organizing.	Year 1 2020	Year 2 2021	Year 3 2022
KPI1	By December 31, 2021 share the City of Solutions resources across the state.		X	
KPI2	Update the Huntington City of Solutions Guidebook semi-annually beginning April 1, 2021.		X	X

Health Systems

Substance use disorders affect individuals of all ages and demographics seeking care in West Virginia hospitals and health care system facilities. While there are models for providing care for people who have complex substance use disorders and other behavioral health and/or medical conditions, additional approaches are needed. Establishing team approaches fostered by integrated care systems and supported by the effective use of technology will help to further address the substance use disorder crisis in West Virginia.

Goal 1: Reduce fatal and nonfatal overdoses.

Strategy 1	Provide broad access to naloxone across the state for those who need it, including first responders, local health departments, Quick Response Teams, and treatment programs (medication-assisted treatment and detox).	Year 1 2020	Year 2 2021	Year 3 2022
KPI 1	By January 1, 2021 advance processes that enable access to naloxone upon discharge from health care facilities.		X	
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.	X	X	X
KPI 3	By July 1, 2020 advance availability of naloxone for distribution to all Quick Response Teams.	X		
Strategy 2	Increase resources and support for expansion of Quick Response Teams in local communities across the state.	Year 1 2020	Year 2 2021	Year 3 2022
KPI 1	By April 1, 2020 expand Quick Response Teams to 25 of 55 counties.	X		
KPI 2	Support existing Quick Response Teams throughout the duration of the plan.	X	X	X
Strategy 3	Utilize data to strengthen community responses by gathering, sharing, and dissemination data on fatal and nonfatal overdoses with local communities and providing technical assistance on utilization of data at the community level.	Year 1 2020	Year 2 2021	Year 3 2022
KPI 1	By January 1, 2021 and under the direction of the Office of Drug Control Policy , operationalize a statewide data collection system and dashboard that is updated within 72 hours after receiving relevant data.		X	
KPI 2	By June 1, 2021 conduct a series of three webinars on how to access use of the dashboard and interpret the data it contains to support community response.		X	
KPI 3	By December 31, 2021, establish a pilot of three communities using Fatality Review Teams as an approach to data use that strengthen local response.		X	

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 health care system facilities.	Year 1 2020	Year 2 2021	Year 3 2022
KPI 1	By December 31, 2020 support at least two hospitals 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.	X		
KPI 2	By December 31, 2020 support at least 10 hospital emergency departments in developing clinical pathways for medication-assisted treatment and transition to substance use disorder care.	X		
KPI 3	By December 31, 2021 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.		X	
KPI 4	By December 31, 2022 work with Federally Qualified Health Centers, licensed behavioral health centers, urgent care centers, and other outpatient clinical settings to expand points of access to substance use disorder treatment.			X
KPI 5	By December 31, 2022 explore treatment models for individuals with complex health issues and substance use disorders in less intensive care settings than as hospital inpatients.			X
KPI 6	By December 31, 2022 ensure availability of comprehensive reproductive health care services for individuals with substance use disorders.			X
KPI 7	By December 31, 2022 educate legislators, community leaders, and providers on the evidence-base and need for on-demand substance use disorder treatment.			X
Strategy 2	Develop a response system statewide through permissible data sharing to quickly identify trends and critical overdose incidents to enable rapid community responses.	Year 1 2020	Year 2 2021	Year 3 2022
KPI 1	By April 1, 2020 develop a public dashboard to display trends and critical incidents that enable local communities to be responsive.	X		
Strategy 3	Address barriers to treatment by expanding digital therapeutics, mobile service delivery and telehealth.	Year 1 2020	Year 2 2021	Year 3 2022
KPI 1	By December 31, 2021 expand mobile treatment options to all DHHR behavioral health regions, including underserved areas.		X	
KPI 2	By December 31, 2021 increase integration and use of digital therapeutics and telehealth in treatment approaches.		X	

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.	Year 1 2020	Year 2 2021	Year 3 2022
KPI 1	By December 31, 2020 support five communities undertaking new cross-sector planning and implementation of private or public sector harm reduction services through provision of funding, technical assistance, and quality improvement efforts throughout the duration of the plan.	X	X	X
KPI 2	Decrease harm from injection drug use in all existing harm reduction programs through the increase in naloxone distribution, linkages to treatment, and best practices for harm reduction programs throughout the duration of the plan.	X	X	X
KPI 3	Reduce health and cost burdens of infectious diseases through cumulative harm reduction strategies, vaccinations, and syringe services throughout the duration of the plan.	X	X	X
KPI 4	By December 31, 2020 develop a set of best practices for all local health departments to implement that help reduce syringe litter to prevent harm to first responders and community residents throughout the duration of the plan.	X	X	X
KPI 5	By December 13, 2021 support a cross-state (OH, WV, KY) multi-sector forum to share lessons learned and advance best practices in implementing evidence-based harm reduction services.		X	
KPI 6	By December 31, 2020 build the capacity to provide local harm reduction program assessments in 10 programs aimed at supporting quality improvement and providing technical assistance that maximizes program effectiveness and reduces stigma through education.	X		
Strategy 2	Increase screening and rapid access to treatment of infectious diseases associated with substance use disorders (e.g., hepatitis C , HIV , hepatitis B , sexually transmitted diseases , endocarditis , abscesses , etc.) at any entry point for substance use disorder treatment.	Year 1 2020	Year 2 2021	Year 3 2022
KPI 1	By December 31, 2021 integrate screening for infectious diseases into key entry points for care related to substance use disorder via a standard screening panel and clinical protocols.		X	
KPI 2	By December 31, 2021 advance capacity to rapidly expand community testing services for HIV/hepatitis C virus and investigate, track, and manage identified cases.		X	

KPI 3	By December 31, 2021 work with Federally Qualified Health Centers to increase by 20% the number of sites with capacity to provide HIV and hepatitis C treatment in the primary care setting.		X	
KPI 4	By December 31, 2021 increase primary care provider knowledge of and capacity to provide Pre-Exposure Prophylaxis (PrEP) for HIV prevention for high risk individuals.		X	
KPI 5	By December 31, 2021 develop a plan that expands Medicaid coverage of hepatitis C treatment to decrease community transmission.		X	

Treatment, Recovery, and Research

The substance use disorder crisis has strained treatment and recovery resources in West Virginia and placed a high demand on actionable research. Though the influx of federal grant dollars for [State Opioid Response](#) has helped combat the crisis, the resurgence of stimulants threatens to further strain the system. Innovative state and local efforts have shown promise for [effective treatment](#) combatting these trends.

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.	Year 1 2020	Year 2 2021	Year 3 2022
KPI 1	By March 31, 2020 complete a needs assessment and gap analysis of treatment and recovery service and resources by county.	X		
KPI 2	By July 1, 2020 complete a strategic planning process that will enable telehealth to be used for substance use disorder treatment and recovery services across the state.	X		
KPI 3	By December 31, 2020 expand medication-assisted treatment availability to all counties using direct treatment or telehealth.	X		
KPI 4	By December 31, 2020 implement an annual educational program addressing the identified clinical needs of providers and clinicians.	X		
KPI 5	By September 30, 2020 establish processes in four communities to implement treatment on demand.	X		
KPI 6	By March 30, 2021 actively plan and implement at least one model that promotes recovery and integrates substance use disorder treatment with the health care delivery system.		X	
KPI 7	By July 1, 2020 improve treatment engagement by 20% beginning at the initial assessment stage and continuing throughout the treatment continuum.	X		
KPI 8	By September 30, 2020 fully implement the Atlas Quality Initiative (Shatterproof) in West Virginia.	X		
Strategy 2	Implement a comprehensive model that addresses recovery and strengthens funding for pregnant and parenting women and their families.	Year 1 2020	Year 2 2021	Year 3 2022
KPI 1	By March 1, 2020 implement home visiting services with the existing Drug Free Moms and Babies programs.	X		
KPI 2	By July 1, 2020 expand Drug Free Moms and Babies affiliated home visiting programs to all DHHR regions in West Virginia.	X		
KPI 3	By July 1, 2020 expand residential and outpatient treatment capacity for pregnant and parenting women in all regions of the state.	X		

KPI 4	By July 1, 2020 implement at least three evidence-based projects for parents with substance use disorder who are engaged in the child welfare system.	X		
KPI 5	By January 1, 2020 expand Family Treatment Drug Courts from four to ten counties in West Virginia.	X		

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.	Year 1 2020	Year 2 2021	Year 3 2022
KPI 1	Increase the number of providers obtaining waivers by 20% each year in 2021 and 2022.		X	X
Strategy 2	Develop clinical expertise to treat people who use multiple substances, especially stimulants.	Year 1 2020	Year 2 2021	Year 3 2022
KPI 1	By December 31, 2021 develop evidence-based approaches to train providers to implement treatment with clinical supervision to ensure implementation with fidelity.		X	
KPI 2	By July 1, 2021 begin to disseminate and educate providers on effective clinical applications to care for individuals using stimulants.		X	
Strategy 3	Provide education about substance use disorder to providers in hospitals, urgent cares, and primary care practices.	Year 1 2020	Year 2 2021	Year 3 2022
KPI 1	By December 31, 2020 provide education to 1,000 future and current practitioners about substance use disorder, including education to meet medication-assisted treatment waiver requirements.	X		
Strategy 4	Increase the number of clinical providers in the state to meet the needs of people needing treatment for substance use disorder.	Year 1 2020	Year 2 2021	Year 3 2022
KPI 1	Continue loan repayment programs each semester to help at least 40 clinicians per year.	X	X	X
KPI 2	By July 1, 2021 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.		X	

Goal 3: Implement recovery support systems throughout West Virginia.

Strategy 1	Define and operationalize a recovery support system model for West Virginia.	Year 1 2020	Year 2 2021	Year 3 2022
KPI 1	By July 1, 2020 define appropriate recovery support system models.	X		
KPI 2	By July 1, 2021 pilot at least two different models of community-based recovery support systems.		X	
KPI 3	By July 1, 2022 further implement effective models statewide to additional sites.			X
Strategy 2	Foster the addition of peer recovery supports in health care and substance use disorder treatment settings.	Year 1 2020	Year 2 2021	Year 3 2022
KPI 1	By September 1, 2020 develop standardized training for peer recovery support specialists.	X		
KPI 2	Implement and support new and existing peer support programs throughout the duration of the Plan.	X	X	X
KPI 3	By July 1, 2020 develop recommendations on how to effectively provide ongoing support for peer recovery support specialists.	X		
KPI 4	By July 1, 2022 explore reimbursement strategies and professional development opportunities for peer recovery support specialists that reflect the development of a career ladder.			X

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.	Year 1 2020	Year 2 2021	Year 3 2022
KPI 1	By September 30, 2020 solicit ideas for research from each of the Council Subcommittees concerning their respective areas of Plan expertise.	X		
KPI 2	By July 1, 2020 analyze existing evaluation efforts to determine future actions and areas that need strengthening.	X		
KPI 3	By July 1, 2022 begin disseminating relevant research by the Office of Drug Control Policy to health systems, providers, local health departments, and other relevant partners.			X
KPI 4	By March 1, 2022 develop HIPAA-compliant approaches for data sharing between partners to strengthen research and evaluation.			X

Court Systems and Justice-Involved Populations

West Virginia’s incarcerated population has risen dramatically as a result of the state’s substance use disorder crisis. Analysis of internal [West Virginia Division of Corrections and Rehabilitation](#) data reveals that those with substance use disorders are at higher risk of recidivism than the general justice-involved population. The criminal justice system offers a foundation and opportunities to build from for individuals who are incarcerated with substance use disorders to access treatment and recovery services, thus reducing their likelihood of future substance use and drug-related offense.

Goal 1: Provide access to effective treatment for individuals with substance use disorders in the criminal justice system.

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 into the community upon release.	Year 1 2020	Year 2 2021	Year 3 2022
KPI 1	By December 31, 2021 develop processes and protocols to enable access to substance use disorder medication assisted treatment (all three FDA approved medications) and recovery services in all jails, courts, and day report centers.		X	
KPI 2	By December 31, 2021 develop processes and protocols that enable access to therapeutic programming such as cognitive behavioral therapy, mindfulness, and other established effective programs for justice-involved populations in all jails, courts, and day report centers.		X	
KPI 3	By July 31, 2020 establish a standardized process that is implemented 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.	X		
KPI 4	By July 31, 2020 establish a standardized process using best evidence that supports successful transitions from detention to community by promoting care coordination for medication-assisted treatment, therapeutic programming, and Medicaid benefits upon release.	X		

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.	Year 1 2020	Year 2 2021	Year 3 2022
KPI 1	By December 31, 2022 implement the “Getting Over Addicted Lifestyles Successfully” (GOALS) Program in all regional jail facilities as appropriate.			X
KPI 2	By December 31, 2022 expand drug treatment courts where needed and feasible.			X
Strategy 2	Develop policies and procedures for expunging criminal records for certain offenses directly related to substance use disorder.	Year 1 2020	Year 2 2021	Year 3 2022
KPI 1	By December 31, 2021 notify offices handling criminal record files, across levels of government, and to the State Bar, informing them about recent changes to state expungement laws and the necessity of accurate recordkeeping that reflects expunged crimes.		X	
Strategy 3	Develop support for an employer assistance program for hiring of individuals with a criminal justice history.	Year 1 2020	Year 2 2021	Year 3 2022
KPI 1	By December 31, 2021 work with Work Force WV and Jobs & Hope West Virginia to develop an “Employer Assistance User Guide” for businesses hiring individuals with a criminal justice history.		X	
Strategy 4	By December 31, 2021 provide re-entry and re-integration related legal services (i.e., expungement, driver’s license, etc.) through the West Virginia State Bar Association in all regions of the state.	Year 1 2020	Year 2 2021	Year 3 2022
KPI 1	By December 31, 2021 identify and implement new opportunities to incentivize pro bono legal services for justice-involved individuals.		X	
KPI 2	By December 31, 2021 provide legal services prior to and upon release to support re-entry and re-integration for justice-involved individuals.		X	

Law Enforcement

In recent years, the substance use disorder crisis has strained law enforcement resources across the state and driven prison and jail populations to historic highs. Nationally, drug-related arrests have also risen steadily for several decades. Law enforcement is often the first point of contact for individuals struggling with substance use disorder and/or those experiencing an overdose. Therefore, strategies that include law enforcement, such as expanding pathways from law enforcement to treatment and recovery, providing law enforcement with tools and resources, and training law enforcement to respond to overdoses, are critical facets of a holistic response to the substance use disorder crisis in West Virginia.

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, and stigma to all law enforcement officers.	Year 1 2020	Year 2 2021	Year 3 2022
KPI 1	By December 31, 2021 implement training on naloxone administration, self-care, harm reduction, and stigma reduction as part of the State Police Academy curriculum.		X	
KPI 2	By December 31, 2022 provide training on law enforcement's role in responding to medical emergencies (based on passage of new legislation).			X
Strategy 2	Expand the Huntington model for overdose response.	Year 1 2020	Year 2 2021	Year 3 2022
KPI 1	By December 31, 2021 develop and implement training about the Huntington approach to overdose response, where law enforcement is the second priority responder to the scene after EMS as the first responder.		X	
Strategy 3	Clarify law enforcement's role in responding to medical emergencies.	Year 1 2020	Year 2 2021	Year 3 2022
KPI 1	By December 31, 2021 support passage of a law which would define law enforcement's role when responding to an actual or suspected overdose.		X	
Strategy 4	Ensure that law enforcement agencies have access to naloxone.	Year 1 2020	Year 2 2021	Year 3 2022
KPI 1	By December 31, 2020 offer training to law enforcement officers on how to respond to an overdose, including administration of naloxone.	X		
KPI 2	By December 31, 2020 work with state agencies and local health departments to ensure law enforcement agencies have adequate naloxone supplies.	X		

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.	Year 1 2020	Year 2 2021	Year 3 2022
KPI 1	By April 1, 2020 expand Quick Response Teams to 25 of 55 counties.	X		
Strategy 2	Expand pathways to treatment and recovery through innovative diversion models such as Law Enforcement Assisted Diversion, the Police-Assisted Addiction and Recovery Initiative, and the Kentucky State Police Angel Initiative.	Year 1 2020	Year 2 2021	Year 3 2022
KPI 1	By December 31, 2020 provide annual training for law enforcement entities on innovative models for diversion and identification and de-escalation of individuals suffering with substance use disorders.	X		
KPI 2	By December 31, 2020 provide incentives to law enforcement to adopt successful diversion programs.	X		
KPI 3	Increase Law Enforcement Assisted Diversion (LEAD) programs in local communities by 10% annually.	X	X	X
Strategy 3	Implement models characterized by “zero repercussions” and timely, efficient transition to care by law enforcement for individuals with substance use disorder.	Year 1 2020	Year 2 2021	Year 3 2022
KPI 1	By December 2021 implement state policy to facilitate all self-admitting patients into treatment facilities and reduce charges where appropriate.		X	
Strategy 4	Develop strategic partnerships to mitigate minor offenses to reduce legal and logistical barriers to treatment and recovery.	Year 1 2020	Year 2 2021	Year 3 2022
KPI 1	By December 31, 2020 allow circuit court judges to issue provisional driver’s licenses to individuals with a suspended license that are actively enrolled in diversion programs.	X		
KPI 2	By December 31, 2020 allow prosecutors to expunge minor offenses once actively enrolled in substance use disorder treatment.	X		

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 Board of Pharmacy, and the West Virginia Prescription Drug Monitoring Program.	Year 1 2020	Year 2 2021	Year 3 2022
KPI 1	By December 31, 2020 facilitate monthly meetings among law enforcement, the Board of Pharmacy, and the West Virginia Prescription Drug Monitoring Program to spotlight suspicious practices.	X		
KPI 2	By December 31, 2021 create an online tool that enables the public to anonymously report suspicious activity.		X	
KPI 3	By March 31, 2021 implement the online tool for public reporting of suspicious activity (i.e., potential drug deals and drug diversion activity).		X	
Strategy 2	Enhance sentences for drug offenders who commit violent crimes with a firearm (currently a misdemeanor offense in some instances).	Year 1 2020	Year 2 2021	Year 3 2022
KPI 1	By December 31, 2021 support the passage of a law which would increase sentences for drug-related violent crimes involving a firearm (regular state legislative session of 2021).		S	
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.	Year 1 2020	Year 2 2021	Year 3 2022
KPI 1	By December 31, 2020 inform all local law enforcement agencies and other first responders that entering overdose data into the Overdose Detection Mapping Application Program within 72 hours of overdose is required by state law.	X		
KPI 2	By December 31, 2020 begin notifying state and local law enforcement of overdose events and apparent drug routes identifiable via the Overdose Detection Mapping Application Program.	X		
KPI 3	By December 31, 2021 create an area on the Office of Drug Control Policy data dashboard to share law enforcement data that can be used to inform patrol strategies.		X	

Public Education

One of the largest obstacles facing West Virginians today as we combat the substance use epidemic is our own understanding of substance use and addiction. The concept of stigma describes the powerful negative perceptions commonly associated with substance use and addiction. Stigma has the potential to negatively affect a person’s self-esteem, damage one’s relationship with loved ones, and can prevent those suffering from addiction from accessing treatment. Stigma exists in our state and hinders our collective ability to effectively prevent people from entering the path of substance misuse, reduce harm among those with a substance use disorder and prevent people from getting the treatment they need to recover. In West Virginia, stigma exists in all sectors of our society, including within the educational and health care fields. Consequently, stigma is a significant public health issue that contributes to West Virginia’s high rate of overdose fatalities, infectious diseases, incarceration rates, and recovery.

Critical to West Virginia’s fight to address substance use disorders is operating from fact and not misperceptions as different types of stigma lead to discrimination and exclusion of people who can benefit from quality treatment and support. Addressing this issue head on, in concert with goals, strategies, and key performance indicators in this Plan and the Office of Drug Control Policy 2020 Implementation Plan is essential for our state. It is intended for the impact of these activities to be cross-cutting and based on the best available evidence of what is most effective in addressing stigma, with the potential to influence all outcomes of the 2020-2022 Substance Use Response Plan.

Goal 1. Implement an ongoing coordinated campaign and initiative to educate West Virginians about the nature of substance use disorders and the potential for improving the same, including but not limited to, improved understanding of the disease and the potential for prevention, early intervention, treatment, and recovery supports.

Strategy 1	Implement development of a short-term action plan (12 month) to address stigma reduction by February 1, 2020.	Year 1 2020	Year 2 2021	Year 3 2022
KPI 1	Establish an Action Team to lead activities by January 30, 2020.	X		
KPI 2	Research successful messaging in anti-stigma campaigns around the country and adapt them to the culture and needs of West Virginia specifically and Appalachia generally by February 28, 2020.	X		
KPI 3	Develop and implement a media/social media campaign that emphasizes the combined principles of treatment and the basic causes of substance use disorder by April 1, 2020.	X		
KPI 4	Implement a statewide stigma reduction training curriculum to be used by the Prevention Lead Organizations and other identified groups to train targeted audiences by April 1, 2020.	X		
KPI 5	Implement at least four training sessions for journalists and media personnel on how to use language to cover issues related to substance use disorder by September 1, 2020.	X		
KPI 6	Educate at least 10,000 people about stigma and substance use disorders by December 31, 2020.	X		

Goal 2: Create a three-year strategic plan for stigma reduction.

Strategy 1	Thoroughly conduct evaluation for activities undertaken in the first year for effectiveness, to make any necessary modifications and inform plan development for years two and three of the Plan.	Year 1 2020	Year 2 2021	Year 3 2022
KPI 1	Develop and implement a written data collection and evaluation plan to enable ongoing assessment of all Goal 1 activities by April 1, 2020.	X		
KPI 2	Conduct data collection and evaluation activities in accordance with above plan from April 1, 2020 to December 31, 2020.	X		
KPI 3	By March 31, 2021 complete a written evaluation report of activities undertaken in 2020.	X		
Strategy 2	Review evaluation of 2020 activities to address stigma and formulate an updated strategic plan to further address stigma throughout the duration of the West Virginia 2020-2022 Substance Use Response Plan.	Year 1 2020	Year 2 2021	Year 3 2022
KPI 1	Conduct a two-day in-person strategic planning meeting with Council members and key stakeholders in April 2021.		X	
KPI 2	Update goals, strategies, and key performance indicators for 2021-2022 to address stigma with approval of Council by June 2021.		X	
KPI 3	Develop implementation plan and data collection/evaluation plan on updated stigma activities by July 2021.		X	

**Appendix A
Accomplishments**

Appendix A: ACCOMPLISHMENTS

West Virginia Department of Health and Human Resources Accomplishments

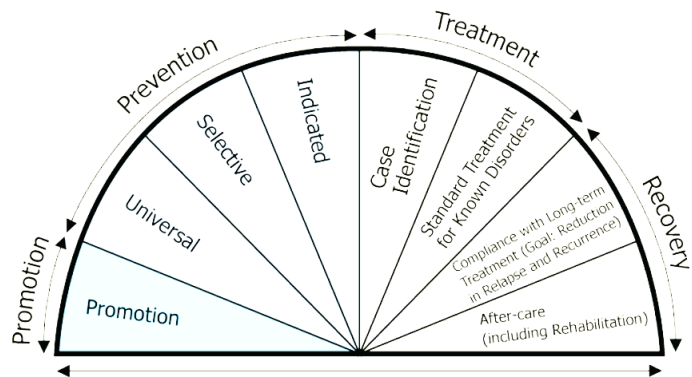
While substance misuse in West Virginia has negatively impacted individuals, families, health care and justice systems, workforce capacity, and economic vitality, much work is being done to combat those effects and prevent future substance misuse. Since the West Virginia Drug Control Policy Act passed in 2017 creating the Office of Drug Control Policy (ODCP), West Virginia has secured millions of dollars in opioid response grants. These federal funds, supplemented with state allocations, have allowed West Virginia to expand access of naloxone, medication-assisted treatment (MAT), peer support services, and workforce development opportunities. These accomplishments span the full continuum of care – from prevention and early intervention, to treatment and recovery.

The ODCP has been active in the planning, implementing, and expansion of many effective and evidence-based programs in the state. In many cases, the ODCP works closely with other state agencies to identify service gaps and ensure that collaboration is kept at the forefront of each new project. In an effort to coordinate all resources, the ODCP offers guidance and oversight for state-funded programs that address substance use disorder. The ODCP cannot be successful without the work of others, including all DHHR bureaus and agencies along with community-based providers. Those who have been affected either directly or indirectly by substance use disorder (SUD) also serve a critical role in the advisement of effective strategies moving forward.

Highlights of DHHR coordinated accomplishment to address the SUD crisis follow:

Governor’s Initiatives

- County Recovery and Empowerment Pilot
- These projects were evaluated, selected and funded by the ODCP. The pilots began the summer of 2019 in Wyoming and Berkeley/Jefferson counties and created partnerships between the ODCP, Marshall and West Virginia Universities and the funded communities to strengthen the SUD continuum of care in each of these counties.
- [Jobs & Hope West Virginia](#) offers support through a statewide collaboration of agencies that provide West Virginians 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 start-up of this project and continues to work exhaustively on addressing program expansion and continuation. We believe West Virginia is the first state to take this unique, overarching approach.

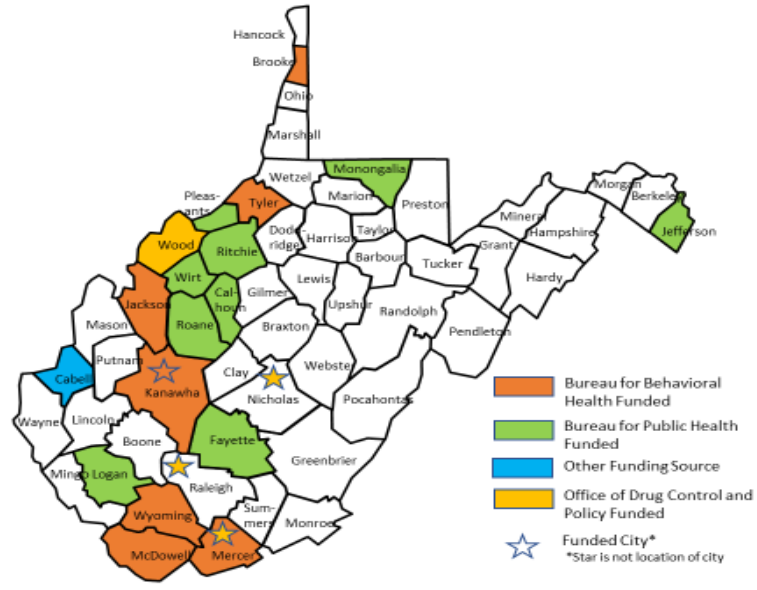


- There are 12 transition agents working with participants in the seven WorkForce WV regions.
- 500+ referrals have been made with over 400 active participants.
- Peer Recovery Support Specialists have joined the Jobs & Hope West Virginia teams and will be placed in each region by 2020 using funding granted from DHHR.
- Solutions for transportation, childcare, drug screening, and recovery residence barriers are being added.

Examples of the State's Prevention/Early Intervention Initiatives

- State fiscal year 2020 Healthy Lifestyles funding has been dedicated to tobacco prevention and education, with nearly 90% of tobacco related allocation directed to state and community services, such as the cessation Quitline and youth prevention.
- The West Virginia Department of Education and local education agencies throughout the state are increasing capacity for more effective substance misuse prevention efforts in West Virginia schools.
- Distribution of naloxone (a medication used to reverse an opioid overdose) via pharmacies more than doubled from 2017 to 2018. A similar increase is expected from 2018 to 2019.
- Programs for emergency-department (ED) access to treatment and recovery have been established through ED-based peer recovery specialists and ED-initiated MAT in 10 locations across the state. A statewide approach is being developed loosely based on Rhode Island's Level of Care.
- Beginning October 1, 2019, the West Virginia Birth Score Program will narrow the intrauterine substance exposure (IUSE) definition to deliver more precise data.
- Funding from the SPF RX and Substance Abuse Block grant sponsors drug Take Back activities to decrease potential diversion. Two drug Take Back Days occurred in the past year with 13 counties participating. A total of 296.7 pounds of medication were collected during these events; however, it is important to note that not all medications collected are controlled substances. An additional 539.2 pounds of medications have been collected at permanent drop boxes and over 5,000 Drug Deactivation Kits have also been distributed.
- Additional activities implemented with SPF RX and Substance Abuse Block grant monies include media campaigns. The estimated total number of individuals reached using both direct and indirect metrics is over three million, with some individuals reached multiple times. Examples include, but are not limited to, radio campaigns in Tucker and Randolph counties, social media posts, and a sponsored WVU basketball game.
- Help & Hope WV includes a Bureau for Behavioral Health supported website and social media sites that shares resources, events, and education information related to the drug crisis in West Virginia.
- One of the largest barriers to treatment that is faced is stigma. In an effort to address this in the state, Stigma Free WV was developed to share information to break down this barrier. Additionally, trainings are sponsored by multiple funding sources. State Opioid Response funding is being used to develop and implement a statewide marketing campaign to address stigma related to MAT.
- The number of Expanded School Mental Health Programs is being increased. These programs are crucial in providing all levels of prevention and intervention within the school, from prevention to as needed counseling.

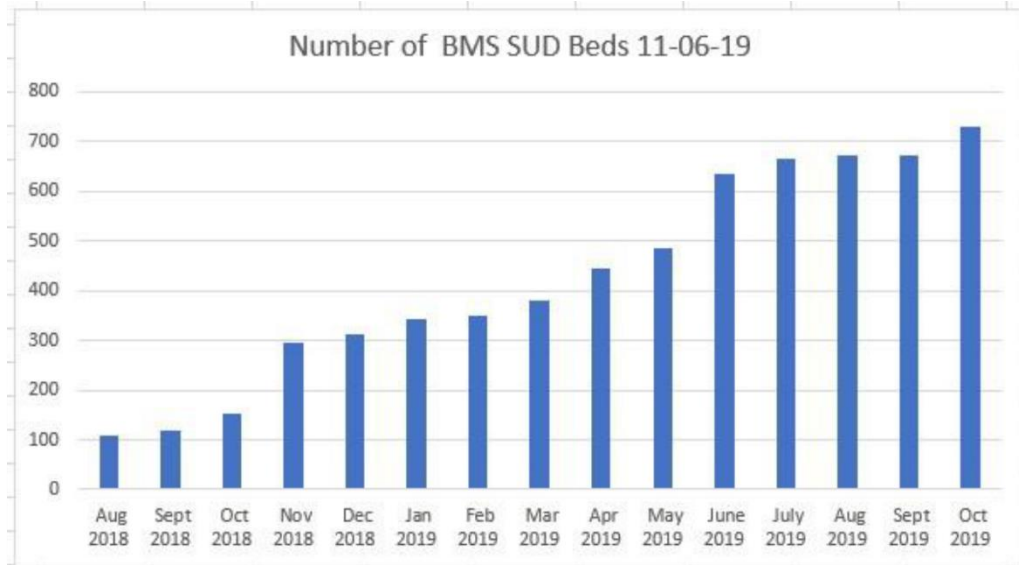
- Quick Response Teams (QRTs) are typically composed of an emergency medical or health professional, law enforcement officer, peer recovery support specialist, and a substance use treatment or recovery provider who contacts individuals within 24-72 hours of an overdose to connect them to treatment and other services. QRTs have grown from covering 17 counties to 20 counties in West Virginia. One team in Kanawha County and one team in Mercer County are city-based bringing the QRT team total to 22. Data from the upcoming Overdose Dashboard will be used to drive decisions on QRT placement around the state.



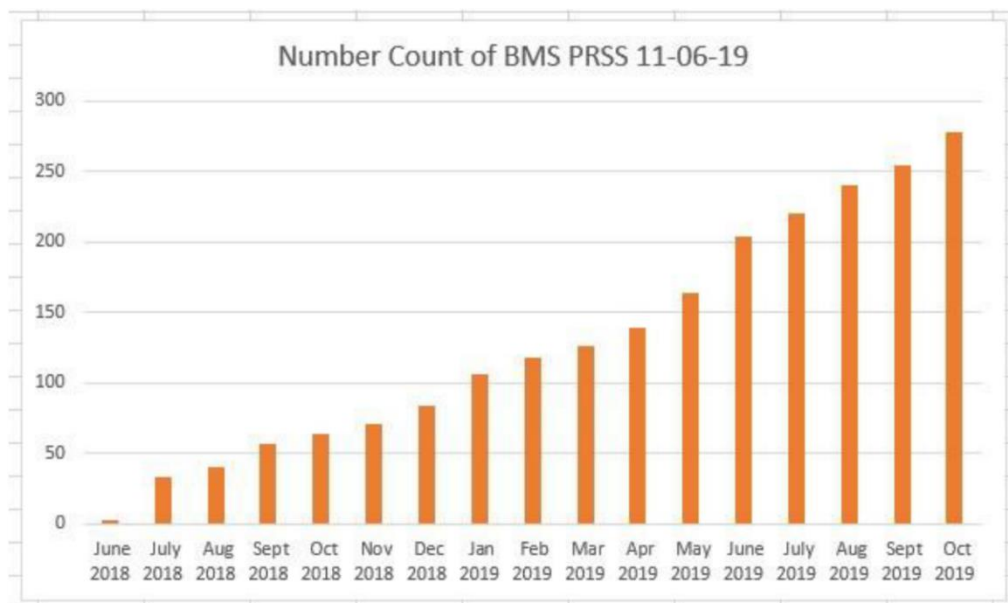
- Currently, 63.96% of all fatal overdoses in 2018 occurred in counties with a QRT that is either planned or currently operating. With the exception of Cabell County, which has a federal grant to fund its QRT, all teams are funded through DHHR’s Bureau for Behavioral Health, Bureau for Public Health and the ODCP. Expansion of QRTs has been a priority of the ODCP. The ODCP funded four teams and coordinates activities on use of funds to support all teams statewide.
- Law Enforcement Assisted Diversion (LEAD) programs divert adults with a substance use disorder or co-occurring disorder (substance use disorder and mental health issues) from the criminal justice system to community-based treatment services. LEAD is operational in 15 counties including Calhoun, Greenbrier, Jackson, McDowell, Mercer, Nicholas, Pleasants, Raleigh, Randolph, Ritchie, Roane, Tyler, Wirt, Wood, and Wyoming.
- [Children’s Mobile Crisis Response and Stabilization Teams](#) help children and youths who are experiencing emotional or behavioral crises by interrupting the immediate crisis and ensuring youth and their families in crisis are both safe and supported.
- Overdose Reversal initiatives involve naloxone dispensing through pharmacies and have more than doubled from 2017 to 2018. A similar increase is expected from 2018 to 2019. The ODCP is working closely with DHHR’s Bureau for Public Health and Bureau for Behavioral Health to coordinate the use of carryover funds from the State Targeted Response to the Opioid Crisis (STR) and Prevent Prescription Drug/Opioid Overdose-Related Deaths (PDO) SAMHSA grants that were allocated to the University of Charleston for statewide distribution of naloxone to high risk individuals.
- Right from the Start is a statewide program that helps West Virginia mothers and their babies lead healthier lives by offering home visitation services by a Designated Care Coordinator (registered nurse or licensed social worker). Services are free and support mothers, their new babies and families by helping create a safe, nurturing home. The Designated Care Coordinators discuss questions and concerns and help participants find the resources they need to be successful.

Highlights of Treatment and Recovery Initiatives

- Across the state, 200 new treatment beds have been made available, with 350 beds still under development through Ryan Brown funding. Five Ryan Brown-funded treatment programs offering residential treatment services are now operational in the state. The Medicaid SUD Waiver has also expanded access to treatment with an additional 133 beds available beyond the Ryan Brown beds and the 319 beds at the state’s regional Comprehensive Behavioral Health Centers.



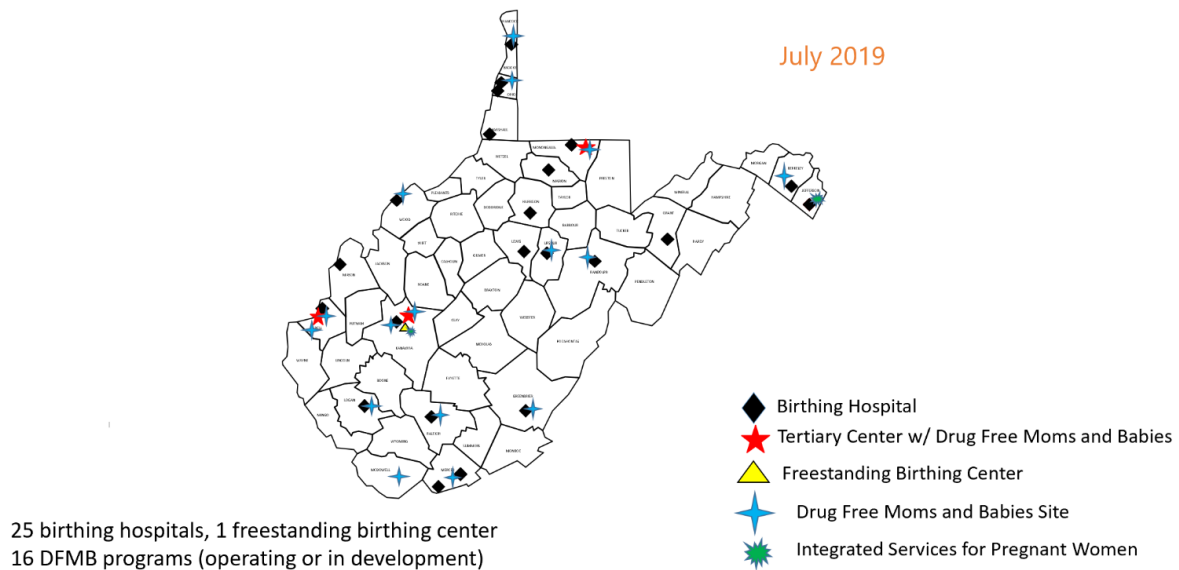
- Recovery housing provides safe, healthy, and substance-free living environments that support individuals in recovery from substance use disorder. West Virginia Alliance of Recovery Residences, Inc. will establish the first statewide recovery community organization to ensure that national recovery residence standards are consistent across the state and will serve all recovery residences seeking certification throughout West Virginia with advocacy, training, start-up assistance, compliance issues, accreditation offerings and data collection.
- The number and capacity of Peer Recovery Support Specialists (PRSS) has increased through training and skill development. There are currently 329 Peer Recovery Support Specialists certified by Medicaid for potential reimbursement under its SUD waiver. The growth is illustrated in the graph below.



- Fourteen grants for treatment and 14 grants for peer recovery support services have been awarded to increase access to and expansion of MAT in settings including outpatient specialty clinics (hub and spoke initiatives), obstetrics practices (Drug Free Moms and Babies programs), and emergency departments (Project Engage).
- Approximately 3,340 individuals received peer support services between May 2018 and April 2019.
- A 20-bed correctional unit has been established to serve the needs of justice-involved populations in the state. This unit has been designated as an alternative to a court-ordered prison term for individuals with SUDs who choose to participate in long-term MAT programs.
- Access to treatment and recovery has increased in West Virginia's 10 regional jails through expansion of Peer Recovery Support Specialists, MAT availability, and community re-entry support through State Opioid Response (SOR) federal funding from SAMHSA.
- Coordination of services strengthened between the West Virginia Women, Infants and Children (WIC) Program and treatment centers.
- Drug Free Moms and Babies programs have expanded to 12 programs located regionally throughout the state. There is now a program in the catchment area of 50% of the birthing facilities in the state.
- Access has increased to existing treatment providers by extending the reach of the Comprehensive Opioid Addiction Treatment (COAT) model via a hub and spoke strategy.
- The West Virginia Public Transit Authority (WVPTA) will use SOR funding to offer after-hours transportation and deviated routes to individuals in treatment.
- SOR Access to Treatment Funds are being used to help address financial barriers to MAT for individuals who are underinsured or uninsured.
- The Bureau for Public Health has worked with local, state, and academic partners, to respond to and reduce individual and community effects of disease outbreaks associated with substance use disorder (hepatitis A, HIV, etc.). Prevention efforts including vaccination, testing, early identification, and linkage to care are all emphasized.
- Collegiate Recovery Programs are located at West Virginia University, Marshall University, West Virginia State University, Fairmont State University, and BridgeValley Community and Technical College. These programs provide supportive environments within campus culture that reinforce the decision to engage in a lifestyle of recovery from substance use.
- Access to comprehensive reproductive health services including Long-Acting Reversible Contraception.
- Immediate postpartum long-acting reversible contraceptives (LARC) in corrections program makes available either placement of a subdermal implant in the immediate postpartum period before hospital discharge, or placement of an intrauterine device (IUD) in the delivery room after placental delivery.
- Family Planning in Harm Reduction Sites provide access to quality health care to help women, men, and couples achieve their desired number and spacing of children and increases the likelihood that those children are born healthy. Family Planning sites include:
 - Beckley – Raleigh County Health Department
 - Berkeley - Morgan Board of Health
 - Brooke County Health Department
 - Fayette County Health Department
 - Greenbrier County Health Department
 - Hampshire County Health Department
 - Harrison-Clarksburg Health Department
 - Marion County Health Department
 - Milan Puskar Health Right, Inc.
 - WV Health Right, Inc.

- The Drug Free Moms and Babies Project is a comprehensive and integrative medical and behavioral health program for pregnant and postpartum women. This project supports healthy baby outcomes by providing prevention, early intervention, addiction treatment, and recovery support services. As of June 2019, there were 718 women enrolled at 12 project sites:
 - CAMC Women and Children’s: Baby First
 - Davis Medical Center: Substance Use in Pregnancy: Treatment for Two
 - Greenbrier Physicians: Drug Free Mother/Baby Program
 - Marshall Health: Healthy Connections/River Valley CARES Family Navigators
 - Thomas Memorial: Pregnancy Connections
 - Tug River Health Association: Drug Free Mother/Baby Program
 - Valley Health Systems: MAT Maternal Care Program
 - Weirton Medical Center: The Perinatal Recovery Program
 - WVU Medicine Ruby Memorial Hospital: ACE Program
 - Wheeling Hospital: Perinatal Transition Program
 - Logan Regional Medical Center, Logan
 - St. Joseph’s Hospital, Buchanan
 - Raleigh County (Raleigh General Hospital)
 - Mercer County (Bluefield Regional Medical Center and Princeton Community Hospital)
 - Camden Clark Medical Center, Parkersburg

West Virginia Birthing Facilities and Drug Free Moms and Babies Sites



- Neonatal Abstinence Syndrome (NAS) Program Expansion provides funds for NAS program expansion. Infants with NAS often require longer hospital stays to monitor and treat symptoms. Pharmacological treatment and medical supervision may be indicated by medical assessment. Lily’s Place in Huntington received funding to further expand observational, therapeutic, and pharmacological care to infants who were substance exposed prenatally.
- Family Treatment Courts are being piloted in Ohio, Boone, and Raleigh counties. The goal of these pilots is to keep families intact while parents address their substance use disorders.

- The ODCP and the Bureau for Behavioral Health coordinated an application on behalf of West Virginia, and was chosen as one of five 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. This quality measurement system is called ATLAS (Addiction Treatment Locator, Analysis, and Standards Tool).



Examples of Workforce Development Initiatives

- DHHR has provided funding to train over 700 professionals and peer recovery coaches on effective MAT practice. Training was focused on pregnant and postpartum women and their children, opioid overdose survivors, and hospital emergency departments.
- Student Therapist Loan Repayment (STLR) is a loan forgiveness program focused on addressing the need to recruit early-career therapists who have graduated or will graduate with their counseling, social work, or psychology master's degrees between May 2018 through August 2020 to work in the SUD field in West Virginia. The project is a collaboration between the ODCP, Bureau for Behavioral Health, and Bureau for Public Health. STLR includes a two-year service commitment in West Virginia and prioritizes individuals in recovery and individuals whose lives have been affected by the crisis in their families and communities. The STLR application process closed in early November 2019, with awardees announced by December 31, 2019. Initial response to this program has been extremely positive.
- The Governor and the West Virginia State Legislature provided funding for DHHR's Office of the Chief Medical Examiner to permanently address staffing shortages, strengthen the ability to recruit and employ qualified forensic pathologists, and further long-term efforts to meet the national standard of completion of 90% of cases within 90 days.
- The Jobs & Hope West Virginia program has been established to help people in recovery get training, education, and assistance in gaining employment. The initial response to this initiative has been very powerful thus far.

Examples of Capacity Development (from Data to Make Decision about Workforce to Meet Needs)

- The West Virginia Office of Laboratory Services within DHHR's Bureau for Public Health is expanding its state laboratory equipment and workforce to enable more rapid response to HIV clusters.
- The Office of Epidemiology and Prevention Services within DHHR's Bureau for Public Health is integrating data related to infectious disease consequences substance use (HIV, STIs, etc.) into systems that will support more robust and timely case management.
- Methodologies for post-mortem toxicology detection of substances and the analogs associated with synthetic opioid production are being improved to ensure capabilities for detection keep pace with illicit markets and substances introduced in local communities.
- Collaboration has been established between DHHR's Vital Statistics and DHHR's Office of the Chief Medical Examiner to improve data quality and minimize delays in determining causes of death.
- Collaboration has been established between the West Virginia Board of Pharmacy (WVBOP), West Virginia's Prescription Drug Monitoring Program (PDMP) authority, and the data analytics team embedded within DHHR's Bureau for Public Health.
- An updated vulnerability assessment to overdose and to rapid spread of HIV/hepatitis C has been undertaken by DHHR's Bureau for Public Health to support community and guide prevention.

- DHHR's State Office of Rural Health has collaborated with the West Virginia Rural Health Association to expand the Association's data portal to include information about the state's health care workforce.
- To increase workforce capacity of those already practicing in the state and to increase the number of providers in the state, DHHR's Bureau for Behavioral Health has partnered with the three state medical schools on a large initiative that includes workforce development, increasing buprenorphine waived doctors, and eventually increasing the number of students who enter behavioral health careers.
- DHHR's Bureau for Public Health and its partners continue to build stronger systems for identifying and responding to infectious disease consequences of substance use (hepatitis, HIV, STIs, etc.) and for prevention of the same.
- DHHR's Bureau for Behavioral Health funds 45 partner organizations across the state to support the work of peer recovery support specialists. In 2018, more than 2,300 individuals were served by peer workers through these programs.

West Virginia Department of Military Affairs and Public Safety (DMAPS) Accomplishments

The West Virginia Department of Military Affairs and Public Safety has taken the lead in many different avenues to fight the substance use epidemic in West Virginia and to provide unique programs and techniques to fight recidivism. Below are ten achievements among countless other accomplishments to address the substance use epidemic in West Virginia.

- The Governor authorized the purchase of body scanners for all prison and jails. Since its inception drug fatalities and overdoses have decreased significantly.
- The Department of Corrections and Rehabilitations has implemented numerous programs to reduce the introduction of drugs into the inmate population, including scanning of mail, validation of legal mail, increased investigations of employees suspected of smuggling contraband into correction facilities with federal partners, and elimination of book shipments which have been substituted with electronic books.
- The West Virginia State Police has performed and assisted in the prosecution of over 150 high level narcotics investigations. These investigations reached the suppliers of narcotics from New York to California with over \$2 million in forfeitures. One investigation for example closed down a source of funding for illegal drugs in Southern West Virginia that exceeded over \$1 million in drug purchases from the theft of stolen mine equipment and precious metals.
- The Department of Corrections and Rehabilitations and the West Virginia State Police have provided the DEA 360 program to more than 100,000 West Virginia K to 12th grade children and children in the custody of Juvenile Services.
- The West Virginia State Police have significantly reduced delays in Forensic Laboratory drug testing to strengthen the fight on illegal drugs.
- The West Virginia Intelligence Fusion Center has provided over 140 days of onsite analyst assistance and support for task force officers of the Huntington Police Department and Ona Drug Task Force.
- The Department of Corrections and Rehabilitations and the West Virginia State Police sponsored the Marshall University School of Pharmacy to provide naloxone training for all of Department of Military Affairs and Public Safety employees.

- The Department of Corrections and Rehabilitations with the support of West Virginia’s judges, prosecutors, and defense attorneys developed and implemented a world-class incarcerated drug rehabilitation program that results in financial savings for West Virginia counties and the state.
- The Department of Corrections and Rehabilitations developed and implemented over 250 inmate education and training programs to help all inmates find meaningful jobs upon release.
- Full and complete cooperation with all state and federal partners.

Marshall University Accomplishments

Marshall University has rapidly expanded efforts in the past three years in leading comprehensive, coordinated efforts to respond to substance use at local community and regional levels. In 2016, under the leadership of President Gilbert, Marshall University announced the formation of the Substance Use Recovery Coalition to find holistic, evidence-based solutions to the addiction problem and its negative effects on the community and the state. More recently, Marshall established a Center of Excellence (COE) for Recovery to address the systemic, complex issues related to substance misuse, SUDs, and behavioral health within the state. The Division of Addiction Sciences within the Department of Family and Community Health at the Joan C. Edwards School of Medicine is also leading local, regional, and state efforts in treatment services, community-based collaborative approaches, and developing new educational opportunities, training, and research to create new knowledge. Marshall faculty and staff from many disciplines, in collaboration with multiple community partners, have established effective solutions to address the crisis.

Examples demonstrating the breadth and depth of initiatives undertaken by Marshall University include:

Creating Opportunities for Recovery Employment (CORE) is a large-scale, integrated systems approach to establish a system of infrastructure and resources that enables sustainable employment opportunities for individuals in substance use treatment and recovery, and pregnant and parenting women in substance use recovery, in a 12-county region of southern and southwestern West Virginia. CORE utilizes specialized community health workers with expertise in supporting those in addiction recovery, addiction treatment through abstinence based or MAT and job engagement specialists to assist individuals in recovery and treatment to obtain job seeking skills and employment, provide support and resources to businesses, and is supporting the development of new social enterprises across southern West Virginia.

Great Rivers Regional System for Addiction Care has laid the foundation for an innovative, regional, systems-level approach to reduce overdoses and overdose deaths, increase treatment and treatment retention, and enhance public health education to save lives and improve health outcomes in the Great Rivers Region of Cabell, Jackson, Kanawha, and Putnam counties. Comprised of more than 150 partners the Great Rivers Regional System is developing a comprehensive, coordinated “System for Addiction Care” for individuals with SUD, focused on prevention, early intervention, treatment, and recovery support through system components of QRTs, PROACT, Project Engage, harm reduction, naloxone education, and distribution, and prevention education.

Marshall University Collegiate Recovery Program provides supportive services to students with SUDs who wish to attain a higher education degree. Marshall University is the proud recipient of four grants, as well a donor gift, to develop collegiate recovery on campus. Marshall is one of five institutions that received funding from DHHR’s Bureau for Behavioral Health during the summer of 2018 to establish recovery efforts among its student population. Marshall recovery program offers SMART recovery

support groups and Recovery Ally trainings. Marshall is currently working on renovations for a new recovery space for students.

Neonatal Therapeutic Unit (NTU) is a therapeutic program for infants who have been exposed prenatally to substances. This dedicated unit in Cabell Huntington Hospital is one of the first newborn units of its kind. Associate Professor of Pediatrics, Sean Loudin, M.D., serves as medical director. Four additional Marshall neonatologists and a number of primary care physicians care for drug-exposed infants in the NTU.

PROACT was opened in 2018 through the collaboration of Marshall Health at the Joan C. Edwards School of Medicine, Valley Health, Cabell Huntington Hospital, St. Mary's Medical Center, and Thomas Health. PROACT is a coordinated effort of the medical community to provide comprehensive assessment, education, intervention, and treatment in a single accessible service hub to adults suffering from SUD. PROACT provides services that include clinical assessments, MAT, peer recovery supports, individual and group therapy, spiritual support, career placement and career readiness training.

Project Hope for Women & Children was developed by the Division of Addiction Sciences in the Department of Family and Community Health at the Joan C. Edwards School of Medicine in partnership with the Huntington City Mission to bridge the gap in the continuum of care for pregnant women and women with children who struggle to access higher levels of care for SUD. Project Hope is a comprehensive, person-centered, residential treatment facility that provides onsite peer and residential support, life skills training, and mental health services. Women can bring children up to the age of 12 and programing seeks to nurture the essential bonds of parenthood while participating in a positive recovery environment.

Regional Partnership to Increase the Well-Being of and Permanency Outcomes of Children (RPG) is a regional partnership between Prester Center, Children's Home Society, and Marshall University that provides intensive wraparound services and other related support services to children affected by substance use and their families without cost to the families. In addition, the regional partnership is working to improve system's capacity by increasing workforce and workforce training in family interventions. The RPG program provides clinical services in Cabell, Wayne, and Lincoln Counties. The first RPG is only one of eight programs in the nation. Through a quasi-experimental design, Marshall is studying the outcomes of the project to inform services within the state.

Screening, Brief Intervention, and Referral to Treatment (SBIRT) is an evidence-based approach focused on early intervention and treatment of individuals at risk for developing an SUD. SBIRT promotes universal screening of all individuals to identify use, early risks, and misuse in order to intervene appropriately. Marshall's SBIRT program is multi-disciplinary program comprised of seven departments and two professional schools. The funded program from SAMHSA ended in the fall of 2019 and assisted Marshall in training over 4,500 individuals. SBIRT and motivational interviewing training is available upon request.

The **Southern WV Collegiate Peer Recovery Network** is joint venture between the Alliance for Economic Development of Southern West Virginia, DHHR, three behavioral health centers and seven institutions of higher education. The program is working to establish peer recovery programs on campuses throughout southern West Virginia in order to assist those in recovery as they work toward degree attainment.

WV Time 4 Kids is a collaborative program through the Department of Social Work, the School Psychology and the Psychology Department, and the counseling department and funded by the Department of

Justice. The program provides intervention and training to teachers and students in four local schools to address trauma by teaching the students mindfulness and other coping strategies.

West Virginia Department of Education Accomplishments

The West Virginia Department of Education created ReClaimWV, a collaborative initiative involving state agencies, higher education, and other organizations to provide various levels of support for all PreK-12 students as well as to our educators, families, and community members relating to substance misuse, trauma, and mental health needs.

Although several efforts are underway with ReClaimWV, a few of the major focus areas are:

- Ongoing training and technical assistance to school districts, families, and communities on evidence-based strategies and resources related to behavior, trauma, SUD prevention, social-emotional mental health, relationship building, and compassion fatigue.
- Toolkit, Resource Booklet, and website (www.wvde.us/reclaimwv) that include a variety of resources related to awareness, prevention, and intervention associated with trauma, substance misuse, and mental health for educators, families, students, and communities.
- Funding to counties in addressing the behavior and social-emotional, mental health needs of all students.
- Pilot of six schools in Kanawha County implementing Expanded School Mental Health along with Positive Behavior Interventions and Supports.
- Multi-agency, collaborative efforts to foster empowerment, resiliency, leadership, and advocacy among youth.

West Virginia National Guard (WVNG) Accomplishments

- **Jobs & Hope West Virginia:** The WVNG played a significant role in the development of and initial training for the Governor's Jobs and Hope program. This year, two grader operator courses were held at Camp Dawson where twelve personnel graduated with industry level certification and interviewed for open positions in West Virginia.
- **Counter Drug Task Force:** The WVNG Counterdrug Task Force flew more than 693 hours in 2019 supporting counter narcotics missions, which facilitated law enforcement officials in eradicating and seizing illegal drugs and assets valued at over \$1 billion.
- **Drug Demand Reduction:** The West Virginia National Guard Drug Prevention program supported 70,314 students in 18 counties and 54 schools. The Common Ground program helps instilling leadership, civic duty, self-esteem, positive choices, and drug awareness through engagement and mentorship activities such as community events and book readings.
- **Future Leaders:** The WVNG - Recruiting and Retention Battalion launched the Future Leaders Program in 2019 with more than 500 cadets enrolled across 12 schools in five counties. The program has created 15 full-time positions, primarily filled by prior service and current military members.
- **Law Enforcement Support:** WVNG criminal analysts contributed over 5,200 man-hours of investigative case and analysis support to 6 separate agencies/task forces in multiple locations. Their collective efforts resulted in 1,175 arrests and the seizure and/or eradication of 10.70 pounds of amphetamines, 1 pound of crack cocaine, 7.97 pounds of heroin/fentanyl, 158.73 pounds of

Methamphetamines, 28.74 pounds of Marijuana (plus 23 uncultivated plants), 20.66 grams of Opium (plus 604 doses/units), 31 pounds of THC Oil (plus 736 doses/units), \$220,500 in cash, and 20 firearms.

- **Mountaineer ChalleNGe Academy:** The Mountaineer ChalleNGe Academy has graduated 4,663 West Virginia teens since 1993 and has provided 1,704 high school diplomas for at-risk youth in West Virginia.

West Virginia School of Osteopathic Medicine Accomplishments

The West Virginia School of Osteopathic Medicine has:

- Developed and trained across the state curriculum to inform professionals on the provisions of recent legislation related to opioid prescribing from the SB273 - Opioid Reduction Act with a total of 219 participants including Physicians, Pharmacy, Physician Assistants, Nurses, Dentistry, Veterinarians, and others. The sessions were recorded for future use.
- Provided 19 continuing medical education (CME) opportunities for physicians statewide including Opioid Use Disorder; Medication Assisted Treatment (MAT) and Neonatal Abstinence Syndrome, Addiction 101, Comprehensive Pain Management, MAT, Pain Management and Opioids, State Opioid Response Initiative Medication Assisted Treatment: An Essential Tool for Managing Our Opioid Epidemic, Motivational Interviewing: Enhancing Patient Motivation through Behavior Change Conversation, A New Approach to Managing and Assessing Pain, Non-Medication Approach to Substance Use Disorder, Assumptive Medicine, Community Health and Harm Reduction, Caught in the Opioid Epidemic, and Culinary Medicine.
- Encouraged referral pathways to non-pharmacologic treatment of pain. Four six-week workshops have been held on Stanford University licensed Chronic Pain Self-Management Program (CPSMP) across multiple counties reaching a total of thirty-five attendees. A CPSMP Leader training was conducted creating eight more leaders to help lead workshops.
- Planned and coordinated a learning collaborative on Behavioral Health Workforce Shortage which was held on August 8 and 9, 2019. Participants included representatives from 11 West Virginia colleges and universities, DHHR, West Virginia Higher Education Policy Commission, Recovery Point of West Virginia, and the West Virginia Behavioral Healthcare Providers Association to network and establish an infrastructure to create measurable goals and objectives. Attendees worked together to identify barriers and devise strategies to improve the availability of behavioral health professionals in the state.
- Utilized the WVSOM Robert C. Byrd Rural Health Center as a rotation site for medical students statewide interested in non-pharmacological treatment of pain with 35 students completing acupuncture and 28 students completing rotating for Osteopathic Manipulative Medicine (OMM) during a 9-month period.
- Six \$5,000 scholarships have been provided to medical students who served in an area of West Virginia with a high substance use overdose rate and completed the MAT training, totaling \$30,000.
- A four speaker series for medical personnel was established in collaboration with Charleston Area Medical Center with keynote speakers discussing “A Multidisciplinary Approach to Substance Use Disorder” for a total of 280 in attendance including nurses, pharmacist, PhDs, physicians, licensed counselors, social workers, and others.
- Coordinated with Community Connections Inc. to pair with WVSOM Education Coordinator and presented Narcan/MAT training at seven WVSOM campus sites across West Virginia. Narcan certification given to 180 attendees. Twenty Narcan kits distributed to each site totaling 140 kits.

- Developed additional curriculum for Opioid educational series for 1st and 2nd year medical students at WVSOM.
- Created toolkits for 8 counties/regions of the state so far this year and are scheduled to complete 8 more.
- Made provisions to provide National Acupuncture Detoxification Association (NADA) training to health professionals through three sessions with a total of 86 attendees from 19 counties across West Virginia. Six people have completed all their certification requirements and are currently Acupuncture Detoxification Specialists (ADS).

West Virginia University Accomplishments

- West Virginia University's (WVU) Department of Behavioral Medicine and Psychiatry has been providing comprehensive addiction treatment services for more than 15 years. **COAT (Comprehensive Opioid Addiction Treatment)** is an outpatient, group-based treatment program for opioid use disorder using MAT. The program has served over 2,500 patients since 2005, averaging 33 months in treatment. COAT is a step-based program dependent on the individual's place in recovery and involves a medical group run concurrently with a psychotherapy/psychoeducation group, individual therapy and requirements for participation in weekly community support (i.e., 12-step programs). The **COAT Hub and Spoke expansion** has worked to help implement opioid treatment that is based on WVU's COAT model to clinics across the state. There are now three other hubs and ten spokes located in health and behavioral health centers across the state and serving more than 500 patients every month.
- **Telehealth delivery of the Comprehensive Opioid Addiction Treatment (COAT) program to rural underserved areas.** WVU's Department of Behavioral Medicine and Psychiatry is using telepsychiatry to serve remote, rural regions that have limited access to psychiatric treatment services. The service reaches McDowell and Mercer counties through the Southern Highlands Mental Health Center and to the Randolph County region through Appalachian Mental Health. These services provide a comprehensive treatment approach to opioid addiction by requiring therapy services at the rural site, medication management services via tele in a group setting, and support group participation.
- The WVU Medicine **Center for Hope and Healing** located in Morgantown provides patient-centered care that involves individual and group therapy, as well as medical management, including medication-assisted treatment. The treatment facility provides 12 beds for detoxification and 30 beds for substance use disorder residential care up to 28 days. The program delivers essential forms of care in one central location led by physicians specializing in addiction medicine and psychiatry.
- With funding from DHHR and the **SAMHSA SOR** Grant, WVU, in close collaboration with Marshall University, the West Virginia school for Osteopathic Medicine, and the Charleston Area Medical Center, has worked aggressively to expand the availability of well-trained professionals able to treat addiction to opioids and other substances. Some key accomplishments in this area include:
 - **A nearly 37% increase in the number of physicians, nurse practitioners, and physician assistants** who have been trained and received the SAMHSA/DEA waiver that enables them to prescribe buprenorphine for the treatment of opioid use disorder. Nearly 240 prescribers have participated in training sessions organized with SOR funding this year.
 - **Twelve departments at WVU have revised and updated their curricula** and training procedures to feature state-of-the-art information on addiction and its treatment.
 - The Social Work Departments at both WVU and Marshall jointly created the **STAR (Strengthening Training for Addiction Recovery) Scholars Program** to provide scholarships for addiction studies

in the scholar's program. WVU has also worked to increase support for the Collegiate Recovery Program and expanded the addiction minor for undergraduate students.

- WVU graduated its first Addiction Medicine Fellow and is currently training two more.
- Organized and provided trainings around the state on MAT, Parent Child Interaction Therapy, and the Collaborative Care Model.
- The West Virginia Clinical and Translations Science Institute (WVCTSI) continues to expand its **Extension for Community Healthcare Outcomes (ECHO)** program to broaden use of MAT, a combination of behavioral therapy and medication to treat individuals with SUD. This collaborative project between WVCTSI, funding partners [UniCare Health Plan of West Virginia](#), the [West Virginia Primary Care Association](#), [Cabin Creek Health Systems](#), [West Virginia University](#), and [Project ECHO](#), utilizes a hub and spoke knowledge-sharing network to connect rural healthcare providers with substance use specialists at WVU. These healthcare providers connect to no-cost, bi-weekly sessions to present cases and participate on topics relevant to addiction treatment, including chronic pain management, MAT, hepatitis C, and general psychiatry. Recently, the WVCTSI ECHO program became a superhub organization that can train, support, and grow hubs within the ECHO model.
- The [WVU Rockefeller Neuroscience Institute \(RNI\)](#) and **WVU Medicine**, launched a first-in-the-U.S. clinical trial using deep brain stimulation for patients suffering from treatment-resistant opioid use disorder. DBS, or brain pacemaker surgery, involves implantation of tiny electrodes into specific brain areas to regulate the structures involved in addiction and behavioral self-control. This study will also investigate the mechanism of the addiction in the brain. The U.S. Food and Drug Administration has approved DBS for treating patients with Parkinson's disease, essential tremor, dystonia, epilepsy, and obsessive-compulsive disorder. The RNI team routinely uses DBS to treat patients with these disorders.
- **WV PEERS (Peers: Enhanced Education, Recovery and Survival)** specialists have engaged hundreds of individuals with SUD/ODU in Monongalia County and surrounding areas, and linked many to local treatment, recovery, harm reduction, and social services programs and resources. Conceptualized and initiated through a partnership of WVU Health Sciences and West Virginia Sober Living, Inc., WV PEERS has become a model for community level provision of peer recovery support services. WV PEERS has worked with partners including the J.W. Ruby Hospital Emergency Department, the Milan Puskar Health Right harm reduction program, the Monongalia County Health Department, and other Monongalia County programs and services.
- The **WVU School of Nursing** is one of 37 healthcare educational programs across the country (WVU Physicians of Charleston is another) working with American Academy of Addiction Psychiatry (AAP), Yale University, and the American College of Academic Addiction Medicine to pilot a program to provide a foundational level of training in preventing and treating SUD for multidisciplinary healthcare professionals (medicine, nursing, physician assistants, social work, pharmacy, and public health).

Workforce West Virginia Accomplishments

Workforce West Virginia (WorkForce) provides job placement services to individuals seeking full and part time employment. WorkForce is an active partner with Jobs & Hope West Virginia. In addition to referring individuals to the program, changes were made to WorkForce's statewide data management system to collect detailed information such as barriers and employment/training goals for Jobs & Hope West Virginia participants. WorkForce designated local office staff to provide intensive job placement services to Jobs & Hope West Virginia participants once they are job ready. To assist with job placement, WorkForce provides employers information about state and federal tax credit, federal bonding and will reimburse employers the cost of wages and benefits when hiring Job & Hope West Virginia participants.

Appendix B
Governor's Council on Substance Abuse Prevention and Treatment and Subcommittees

Governor's Council

Chair:

Brian Gallagher, Joan C. Edwards School of Medicine at Marshall University and Marshall University School of Pharmacy

Robert Hansen, DHHR, Office of Drug Control Policy Director, Council Chief of Staff

Ex-Officio Members:

Dr. Craig Boisvert, School of Osteopathic Medicine

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

Dean Clay Marsh, West Virginia University School of Medicine

Dr. Allen Mock, Chief Medical Examiner

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

Jeff S. Sandy, Cabinet Secretary, West Virginia Department of Military Affairs and Public Safety

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

Dr. Catherine Slemp, State Health Officer and Commissioner of DHHR's Bureau for Public Health

Michael Stuart, U.S. Attorney, Southern District

Diana Whitlock, West Virginia Department of Education

Members:

Dr. James Becker, Joan C. Edwards School of Medicine at Marshall University and Medical Director, DHHR's Bureau for Medical Services

Dr. James Berry, Chestnut Ridge Center, West Virginia University

Matt Boggs, Alkermes

KC Bohrer, Morgan County Sheriff

Dean Jeffrey Coben, West Virginia University School of Public Health

The Honorable Jordan Hill, West Virginia House of Delegates

Major General James Hoyer, Adjutant General

Betsy Steinfeld Jividen, West Virginia Division of Corrections and Rehabilitation

Dr. Michael Kilkenny, Cabell-Huntington Health Department

The Honorable Michael Maroney, West Virginia Senate

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

Thomas Plymale, Wayne County Prosecuting Attorney

Amy Saunders, Marshall University Center for Excellence and Recovery

Kim Barber Tieman, Benedum Foundation

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. Conducts meetings, creates agendas, and approves timelines to synchronize efforts among Council members. Approves criteria that is specific, measurable, attainable, relevant, and time-based (SMART).

Chair: Brian Gallagher
Members: Dr. Jeffrey Coben
DHHR Cabinet Secretary Bill J. Crouch
Robert Hansen
Major General James Hoyer
Christina Mullins
Dr. Stephen Petraney

Community Engagement and Supports (Housing, Employment, Transportation, and Community Organizing): 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 community engagement, housing, employment, and transportation; advises regarding implementation; and serves as subject matter experts in aiding local implementation and adoption of recommendations.

Chair: Kimberly Tieman
Members: Matthew Boggs
Michael Clowser
Kathy D'Antoni
Dr. Emma Eggleston
General James Hoyer
Dr. Deborah Koester
Steve Roberts
Amy Saunders

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 West Virginia). 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: Betsy Jividen
Members: Kenneth Burner
Stephanie Bond
Sean (Corky) Hammers
Joseph Kiger

Jack Luikhart
Thomas Plymale
The Honorable James Rowe

Health Systems: Develops SMART actions among hospitals, emergency medical services, local health departments, and outpatient health care providers to define substance use disorder success. Provides "downstream" analysis and recommends policy change related to innerworkings and networks of health care providers. Develops the portion of the Plan related to health systems and providers, advises regarding implementation and serves as subject matter experts.

Chair: Dr. Michael Kilkenny
Members: Dr. Emma Eggleston
Kevin Fowler
Michael Goff
Kevin Knowles
Jan Rader
Dr. Cathy Slemp

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 Council recommendations.

Chair: Robert Hansen
Members: Brian Gallagher
Dr. Deborah Koester
Garrett Moran
Christina Mullins
Dr. Lyn O'Connell
Dr. Cathy Slemp

Law Enforcement: Develops SMART actions to define SUD success. Promotes relevant programs including, but not limited to, LEAD and QRTs. Works with other subcommittees to align initiatives, provides input to improve state policy and advises 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: Sheriff KC Bohrer
Members: Steven Redding
Dean Olack
Calvin Lease
Melody Stotler

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: Dr. Jeffrey Coben and Diana Whitlock
Members: Dr. James Becker
Bob Boone
Kathy D'Antoni
Brian Gallagher
Robert Hansen
Jack Luikhart
Amy Saunders
Dr. Catherine Slemm
Nikki Tennis
Misti Todorovich
Senator John Unger
Dr. Alfgeir Kristjansson

Treatment, Recovery, and Research: Develops SMART action plans among recovery and treatment facilities that define SUD success. Provides empirical data to outline trends and problems in West Virginia. Advises Council and government officials on recommended policy changes. Promotes MAT and other evidenced-based activities. Develops the portion of the strategic plan related to treatment, recovery, and research activities; advises regarding implementation; and serves as subject matter experts in aiding implementation.

Chair: Dr. James Becker
Members: Frank Angotti
Dr. James Berry
Matthew Boggs
Dr. Jeffrey Coben
Jorge Cortina
Dr. Stephen Petrany
Rebecca Roth
Dr. Catherine Slemm
Senator John Unger

Appendix C
Office of Drug Control Policy 2020 Priorities and Implementation Plan



**West Virginia
Office of Drug Control Policy
2020 Priorities and Implementation Plan**

**Governor's Council on Substance Abuse Prevention and Treatment
January 20, 2020**



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Purpose

The role of the Office of Drug Control Policy is to provide oversight and guidance as the West Virginia 2020-2022 Substance Use Response Plan is presented to the West Virginia State Legislature and subsequently implemented in West Virginia. The purpose of this document is to provide an overview of the Goals, Strategies and Key Performance Indicators that have been prioritized for implementation in 2020 by the Governor’s Council on Substance Abuse Prevention and Treatment and the Office of Drug Control Policy.

Background

The West Virginia Drug Control Policy Act, passed in 2017, created the Office of Drug Control Policy (ODCP) within the West Virginia Department of Health and Human Resources (DHHR). ODCP is tasked with leading the statewide response to the substance use disorder crisis in West Virginia by developing strategies related to the prevention, treatment, and reduction of substance abuse use disorder. One of ODCP’s chief responsibilities, as defined in West Virginia Code (W.Va. Code §16-5T-2), is to develop a strategic plan to reduce the prevalence of drug, alcohol abuse, and tobacco use.

The Governor’s Council on Substance Abuse Prevention and Treatment (Council) works closely with ODCP and is comprised of subject matter experts from multiple disciplines who provide guidance and recommendations for addressing the substance use disorder crisis in West Virginia. The Council and its subcommittees include more than 70 members with representatives from the public, private, academic and nonprofit sectors. Members include but are not limited to agencies such as the DHHR, West Virginia Department of Education, West Virginia Judicial System, West Virginia Department of Military Affairs and Public Safety, West Virginia Legislature, West Virginia Chamber of Commerce, West Virginia National Guard, The Benedum Foundation, West Virginia University, Marshall University, West Virginia School of Osteopathic Medicine, and the U.S. Department of Justice. In addition, The Pew Charitable Trusts and Johns Hopkins Bloomberg School of Public Health provided invaluable consultation.

To comprehensively address substance use in the State of West Virginia, the Council established subcommittees in seven priority areas with Council members as Chairs. Priority areas include Prevention, Community Engagement and Supports, Health Systems, Treatment, Recovery and Research, Courts and Justice-Involved Populations, Law Enforcement, and Public Education. Chairs subsequently engaged additional subject matter experts from across the state from March to July 2019 to develop a three year plan (2020-2022) that sets the state’s goals, strategies, and key performance indicators to address substance use in West Virginia. As a part of the overall process, eight regional meetings were held across the state to gain public comment and establish priorities and cross-cutting issues, such as stigma, that should be addressed. An Implementation Subcommittee and a Public Education Subcommittee were also established, both of which are led by the ODCP Director.

On December 18, 2019, the Council met to conduct a final review and approved the State Plan pending minor revisions. It is important to note that as the West Virginia 2020-2022 Substance Use Response Plan is implemented, true success will require integrated efforts at every jurisdictional level and across sectors. It will not be achieved by any one agency, entity, or jurisdiction alone. As such, the Council offers the State Plan, and the ODCP offers this 2020 Implementation Plan, as a common framework to other sectors and organizations engaged in addressing the substance use epidemic across the state. The use of a common framework will enhance the likelihood of aligning efforts, leveraging one another’s work, minimizing redundancies, closing gaps, and communicating collective progress. Addressing this epidemic in West Virginia clearly requires a “whole of community” effort. Next steps will include a more detailed

implementation plan with specific tactics to achieve each of the goals in this Plan. The Council invites other jurisdictions and entities to use this framework to develop processes to do the same.

2020 High Impact Activities

The following High impact Activities will be implemented in 2020 across West Virginia:

- Broad education and distribution of **naloxone** to save lives
- Increase in **treatment access** points
- **Sustained and successful recovery** through Jobs & Hope West Virginia (employment) and other recovery supports (housing, transportation and building community infrastructure for response)
- **Public education**

Office of Drug Control Policy – 2020 Key Priorities for Implementation

The following outline presents the Office of Drug Control Policy 2020 Key Priorities for Implementation by goal, strategy, key performance indicators, and the agency or agencies responsible for each. It is important to note that these priorities are a subset of all activities to be implemented in the full 2020-2022 State Substance Use Response Plan over the next three years, thus only a selected set of strategies and key performance indicators appear (i.e. Strategy 1 and Strategy 3). The following abbreviations are used to denote the lead agency and/or agencies leading implementation: DHHR’s Bureau for Behavioral Health (BBH); DHHR’s Bureau for Children and Families (BCF); DHHR’s Bureau for Public Health (BPH); Department of Education (DoE); Department of Military Affairs and Public Safety (DMAPS); Lead Prevention Organizations (LPO); Marshall University (MU); DHHR’s Bureau for Medical Services (Medicaid) (BMS); DHHR’s Office of Drug Control Policy (ODCP); and West Virginia University (WVU).

Overview of 2020 Implementation Activities by Goals, Strategies, Key Performance Indicators (KPI) and Responsible Agency/Agencies

PREVENTION

Goal 1: Prevent substance use disorder and enhance resiliency.

Strategy 1: Implement evidence-based programs and frameworks that promote prevention, foster resiliency, and address stigma.

- KPI 1: By March 2020 all local lead prevention organizations/coalitions will receive training and technical assistance and conduct community needs assessments to develop implementation plans based on identified gaps. (BBH)
- KPI 2: By March 2020 utilize the West Virginia Department of Education’s ReClaimWV initiative (in collaboration with lead prevention organizations and school-based mental health) as a foundation to disseminate and promote recommended, evidence-based prevention education materials, resources, training, and technical assistance in all West Virginia schools. (DoE)
- KPI 3: By December 2020 identify and foster development and implementation of effective youth empowerment and leadership programs/models to foster resiliency. (BBH, DoE, LPO)
- KPI 4: By December 2020 begin implementation of evidence-based Expanded School Mental Health (ESMH) in all 55 counties using a phased-in process. (BBH)

Goal 2: Monitor opioid prescriptions and distribution.

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: Increase uptake of evidence-based prescribing guidelines (i.e., West Virginia Safe and Effective Management of Pain Program) by 10% per year. (ODCP)

Goal 3: Enhance West Virginia’s evidence-based cessation and prevention efforts for tobacco and other nicotine delivery devices/systems through the Tobacco Use Reduction State Plan.

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

KPI 1: By December 31, 2020 implement the 2017-2020 Tobacco Use Reduction State Plan. (BPH)

KPI 2: By July 1, 2020 create the 2021-2024 updated Tobacco Use Reduction State Plan. (BPH)

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 1: By December 31, 2020 conduct a statewide assessment of all housing across the state to identify geographic areas of greatest need and resources for medication-assisted treatment accessible recovery housing. (BBH)

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

KPI 1: By December 31, 2020 engage the West Virginia Alliance of Recovery Residences to complete a certification process in 25% of the recovery residences in West Virginia. (BBH, ODCP)

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 substance use disorders to regain the ability to independently transport.

KPI 1: By December 31, 2020 establish a Recovery Transportation Task Team to research transportation models across the country, document best practices and working models, and develop a plan that includes recommendations to replicate selected models across West Virginia. (BBH, ODCP)

EMPLOYMENT

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

Strategy 3: Assist businesses to employ individuals in recovery.

KPI 1: By December 31, 2020 develop a toolkit for employers to address

barriers/needs for education in utilizing those in recovery in the workforce.
(DoE, ODCP)

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

KPI 1: Increase regional/local recovery-owned and operated businesses by 10% annually throughout the duration of the plan. (ODCP)

Strategy 8: Employ individuals in recovery to work in public works projects such as construction of rehabilitative housing, tearing down dilapidated structures, renovating existing structures, and other areas of the construction trade.

KPI 1: By December 31, 2020 establish a Recovery to Work Task Team to provide guidance, eliminate barriers, and develop construction-based employment options for individuals in recovery. (ODCP)

COMMUNITY ENGAGEMENT AND SUPPORTS

Goal 4: Support the organization of communities to combat 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: By December 31, 2020 develop a mapping and planning tool of emerging and/or evidence-based practices to be shared with communities. (BBH, ODCP)

KPI 2: By December 31, 2020 gather information to develop a search and compilation process and share emerging and evidence-based practices with prevention, treatment, and recovery providers. (BBH, ODCP)

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

KPI 1: By September 30, 2020 develop a platform to document successful emerging or evidence-based programs to connect individuals and communities to working models and/or services. (BBH, ODCP)

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 first responders, local health departments, quick response teams, and treatment programs (medication-assisted treatment and detox).

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. (BBH, BPH, ODCP)

KPI 3: By July 1, 2020 advance availability of naloxone for distribution by Quick Response Teams. (BBH, BPH, ODCP)

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

KPI 1: By April 1, 2020 expand Quick Response Teams to 25 of 55 counties. (BBH, BPH, ODCP)

KPI 2: Support existing Quick Response Teams throughout the duration of the plan. (BBH, BPH, ODCP)

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 health care system facilities.

KPI 1: By December 31, 2020 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. (ODCP)

KPI 2: By December 31, 2020 support at least 10 hospital emergency departments in developing clinical pathways for medication-assisted treatment and transition to substance use disorder care. (BBH, BPH, MU, ODCP, WVU)

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: By April 1, 2020 develop a public dashboard to display trends and critical incidents that enable local communities to be responsive. (ODCP)

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: By December 31, 2020 support five communities undertaking new cross-sector planning and implementation of private or public sector harm reduction services through provision of funding, technical assistance, and quality improvement efforts throughout the duration of the plan. (BPH, ODCP)

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. (BPH, ODCP)

KPI 3: Reduce health and cost burdens of infectious diseases through cumulative harm reduction strategies, vaccinations, and syringe services throughout the duration of the plan. (BPH, ODCP)

KPI 4: By December 31, 2020 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. (BPH, ODCP)

KPI 6: By December 31, 2020 build capacity and conduct local harm reduction program assessments in 10 programs aimed at supporting quality improvement and providing technical assistance that maximizes program effectiveness and reduces stigma through education. (BPH, ODCP)

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 that offer evidence-based practices and programs to save lives for individuals with substance use disorders.

KPI 1: By March 31, 2020 complete a needs assessment and gap analysis of treatment and recovery services and resources by county. (BBH, ODCP)

KPI 2: By July 1, 2020 complete a strategic planning process that will enable

telehealth to be used for substance use disorder treatment and recovery services across the state. (BBH, ODCP)

KPI 3: By December 31, 2020 expand medication-assisted treatment availability to all counties using direct treatment or telehealth. (BBH, ODCP)

KPI 4: By December 31, 2020 implement an annual educational program addressing the identified clinical needs of providers and clinicians. (BBH, BPH, BMS, ODCP)

KPI 5: By September 30, 2020 establish processes in four communities to implement treatment on demand. (BBH, BMS, ODCP)

KPI 7: By July 1, 2020 improve treatment engagement by 20% beginning at the initial assessment stage and continuing throughout the treatment continuum. (BBH, BMS, ODCP)

KPI 8: By September 30, 2020 implement the Atlas Quality Initiative. (BBH, BMS, ODCP)

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

KPI 1: By March 1, 2020 substantially implement home visiting services with existing Drug Free Moms and Babies programs. (BBH, BPH, ODCP)

KPI 2: By July 1, 2020 expand Drug Free Moms and Babies affiliated home visiting programs to all counties in West Virginia. (BBH, BPH, ODCP)

KPI 3: By September 30, 2020 expand residential and outpatient treatment capacity for pregnant and parenting women through the Maternal Opioid Misuse (MOM) model. (BBH, BCF, ODCP)

KPI 4: By July 1, 2020 implement at least three evidence-based projects for parents with substance use disorder who are engaged in the child welfare system. (BBH, BCF, ODCP)

KPI 5: By January 1, 2020 expand family treatment courts from four to eight counties. (BCF, ODCP, West Virginia Supreme Court)

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

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

KPI 1: By December 31, 2020 provide education to 1,000 future and current practitioners about substance use disorder, including education to meet medication-assisted treatment waiver requirements. (MU, WVU)

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: Continue the Steven M. Thompson Physician Corps Loan Repayment Program each semester to help at least 40 clinicians per year. (BBH, BPH, ODCP)

Goal 3: Implement recovery support systems throughout West Virginia.

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

KPI 1: By July 1, 2020 define appropriate recovery support system models. (BBH, ODCP)

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

KPI 1: By September 1, 2020 develop standardized training for peer recovery support specialists. (BBH)

KPI 2: Implement and support new and existing peer support programs throughout

the duration of the plan. (BBH)
KPI 3: By July 1, 2020 develop recommendations on how to effectively provide ongoing support for peer recovery support specialists. (BBH)

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: By September 30, 2020 solicit ideas for research from each of the Council Subcommittees concerning their respective areas of Plan expertise. (Governor's Council)

KPI 2: By July 1, 2020 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 disorders in the criminal justice system.

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 3: By July 31, 2020 establish a standardized process that is implemented 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. (DMAPS, BMS)

KPI 4: By July 31, 2020 establish a standardized process using best evidence that supports successful transitions from detention to community by promoting care coordination for medication-assisted treatment, therapeutic programming, and Medicaid benefits upon release. (BBH, DMAPS, ODCP)

LAW ENFORCEMENT

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

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

KPI 1: By December 31, 2020 offer training to at least 400 law enforcement officers on how to respond to an overdose, including administration of naloxone. (BPH, DMAPS, ODCP)

KPI 2: By December 31, 2020 work with state agencies and local health departments to ensure all law enforcement agencies have adequate naloxone supplies. (BPH, DMAPS, ODCP)

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: By April 1, 2020 expand Quick Response Teams to 25 of West Virginia's 55 counties. (BBH, BPH, ODCP)

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: By December 31, 2020 provide annual training for law enforcement entities on

- innovative models for diversion, identification, and de-escalation of individuals suffering with substance use disorders. (DMAPS, ODCP)
- KPI 2: By December 31, 2020 provide incentives to law enforcement to adopt successful diversion programs. (DMAPS, ODCP)
- KPI 3: Increase Law Enforcement Assisted Diversion (LEAD) programs in local communities by 10% annually. (DMAPS, ODCP)

Strategy 4: Develop strategic partnerships to mitigate minor offenses to reduce legal and logistical barriers to treatment and recovery.

- KPI 1: By December 31, 2020 allow circuit court judges to issue provisional driver's licenses to individuals with a suspended license that are actively enrolled in diversion programs. (Governor's Council)
- KPI 2: By December 31, 2020 allow prosecutors to expunge minor offenses once actively enrolled in substance use disorder treatment. (Governor's Council)

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, Board of Pharmacy, and the West Virginia Prescription Drug Monitoring Program.

- KPI 1: By December 31, 2020 facilitate monthly meetings among law enforcement, the Board of Pharmacy, and the West Virginia Prescription Drug Monitoring Program to spotlight suspicious practices. (ODCP)

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: By December 31, 2020 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. (DMAPS, ODCP)
- KPI 2: By December 31, 2020 begin notifying state and local law enforcement of overdose events and apparent drug routes identifiable via the Overdose Detection Mapping Application Program. (DMAPS, ODCP)

Public Education

One of the largest obstacles facing West Virginians today as we combat the substance use epidemic is our own understanding of substance use. The concept of stigma describes the powerful negative perceptions commonly associated with substance use. Stigma has the potential to negatively affect a person's self-esteem, damage one's relationship with loved ones, and can prevent those suffering from substance use disorder from accessing treatment. Stigma exists in our state and hinders our collective ability to effectively prevent people from entering the path of substance misuse, reduce harm among those with a substance use disorder, and prevent people from getting the treatment they need to recover. In West Virginia, stigma exists in all sectors of our society, including within the educational and health care fields. Consequently, stigma is a significant public health issue that contributes to West Virginia's high rate of overdose fatalities, infectious diseases, incarceration rates, and impacts the potential for successful recovery.

Critical to West Virginia's fight to address substance use disorders is operating from fact and not misperceptions as different types of stigma lead to discrimination and exclusion of people who can benefit

from quality treatment and support. Addressing this issue head on, in concert with goals, strategies, and key performance indicators in the West Virginia 2020-2022 State Substance Use Response Plan and the Office of Drug Control Policy 2020 Implementation Plan is essential for our state. It is intended that the impact of these activities will be cross-cutting and based on the best available evidence of what is most effective in addressing stigma, with the potential to influence all sections and outcomes of the 2020-2022 Substance Use Response Plan.

Goal 1. Implement an ongoing coordinated campaign and initiative to educate West Virginians about the nature of substance use disorders and the potential for improving the same, including but not limited to, improved understanding of the disease and the potential for prevention, early intervention, treatment, and recovery supports.

Strategy 1. Implement development of a short-term action plan (12 month) to address stigma reduction by February 1, 2020.

KPI 1: Establish an Action Team to lead activities by January 30, 2020.

KPI 2: Research successful messaging in anti-stigma campaigns around the country and adapt them to the culture and needs of West Virginia specifically and Appalachia generally by February 28, 2020.

KPI 3: Develop and implement a media/social media campaign that emphasizes the combined principles of treatment and the basics causes of substance use disorder by April 1, 2020.

KPI 4: Implement a statewide stigma reduction training curriculum to be used by the Prevention Lead Organizations and other identified groups to train targeted audiences by April 1, 2020.

KPI 5: Implement at least four training sessions for journalists and media personnel on how to use language to cover issues related to substance use disorder by September 1, 2020.

KPI 6: Educate at least 10,000 people about stigma and substance use disorders by December 31, 2020.

Goal 2. Create a three-year strategic plan for stigma reduction.

Strategy 1. Thoroughly conduct evaluation for activities undertaken in the first year for effectiveness, to make any necessary modifications, and inform three-year plan development.

KPI 1: Develop and implement a written data collection and evaluation plan to enable ongoing assessment of all Goal 1 activities by April 1, 2020.

KPI 2: Conduct data collection and evaluation activities in accordance with above plan from April 1, 2020 to December 31, 2020.

KPI 3: By March 31, 2021 complete a written evaluation report of activities undertaken in 2020.

Implementation

The Office of Drug Control Policy 2020 Implementation Plan provides a framework of recommended priority actions that will be implemented in the coming year toward achieving the stated goals. It is also part of a larger West Virginia 2020-2022 Substance Use Response Plan that will be implemented over the next three years.

A multi-disciplinary Implementation Subcommittee has been established as part of the Governor's Council to provide support to the Council and Office of Drug Control Policy on implementation strategies throughout the duration of this three-year plan, including these Key Priorities (Appendix A). The Subcommittee is comprised of content experts from across the state. The Implementation Subcommittee will meet regularly and provide regular written updates and recommendations to the Governor's Council.

It cannot be emphasized enough that these Key Priorities for Implementation not only provide a framework for state agencies over the next three years, but serve as a call to action for all organizations and individuals to become engaged in the identified goals, strategies, and key performance indicators in their own communities as part of West Virginia Substance Use Response.

Monitoring, Evaluation, and Sustainability

The Office of Drug Control Policy has established a Performance Management System to document, monitor, and track progress on goals, strategies, and key performance indicators in an ongoing manner and to enable formal reporting on a quarterly basis. Reporting by agencies will be conducted using a web-based format. Review of progress of each key performance indicator will enable identification of areas where targets are not met to allow for quality improvement methodologies to be used to assure performance metrics are achieved. It will also enable identification of successes which can be communicated, shared, and built upon throughout the remainder of plan implementation. Quarterly reports will be presented to the Governor's Council to keep it apprised of progress.

Appendix D
References

References

1. Centers for Disease Control and Prevention (2017). Drug overdose death data. Retrieved from <https://www.cdc.gov/drugoverdose/data/statedeaths.html>.
2. Centers for Disease Control and Prevention (2018). Vulnerable Counties and Jurisdictions Experiencing or At-Risk of Outbreaks. Retrieved from <https://www.cdc.gov/pwid/vulnerable-counties-data.html>.
3. West Virginia Department of Health and Human Resources, Bureau for Public Health, Office of Maternal Child and Family Health (2019).
4. West Virginia Department of Health and Human Resources (2019). Vulnerable families: A Public Health Analysis of WV Children in Foster Care 2017 (A Preview).
5. American Enterprise Institute. (2018). The geographic variation in the cost of the opioid crisis. Retrieved from <http://www.aei.org/publication/the-geographic-variation-in-the-cost-of-the-opioid-crisis/>.