

2023 Year-End Semiannual Report

July 1, 2023 - December 31, 2023



WEST VIRGINIA DEPARTMENT OF
**HUMAN
SERVICES**

Office of Drug Control Policy

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SEMIANNUAL REPORT EXECUTIVE SUMMARY

In 2023, the West Virginia Department of Human Services (DoHS), formerly a part of the West Virginia Department of Health and Human Resources (DHHR), Office of Drug Control Policy (ODCP) continued to develop, implement, and oversee strategic programming to combat substance use disorder (SUD) within the state. The SUD epidemic requires adaptive responses to its ever-changing needs. These responses must meet people where they are through innovative and collaborative efforts from federal, state, and local levels. ODCP strives to work alongside partners to identify gaps, facilitate engagement, and create effective solutions together.

As a facet of state government, ODCP paves the way for innovation and evidence-based practice to better serve individuals with SUD in West Virginia. Through a continuum of care approach ([Appendix A](#)), treatment options are available for everyone. However, ODCP recognizes the need for treatment education and stigma reduction to reduce overdoses. Through the development of an informed consent document to guide patients on available treatment options, social media and community awareness campaigns, and providing Addiction 101 training to both direct and indirect personnel, ODCP has placed priority on information sharing.

Prevention

Prevention reduces the likelihood that a disease or disorder will affect an individual by interrupting or slowing down its progress. To “prevent” an occurrence is to stop it from happening in the first place. Unlike intervention and treatment, it can be difficult to track the total impact of prevention strategies. When a prevention strategy is effective, there is no indicator of how that strategy directly or indirectly diverted an individual from risky behavior. We can, however, identify populations at high risk and focus evidence-based prevention strategies accordingly.

DoHS's Bureau for Behavioral Health (BBH), Office of Children, Youth, and Families has been an integral partner for prevention strategies in the state. Their Evidence-Based Prevention Program Clearinghouse website hosts and rates more than 80 programs and has had 9,044 views since its launch in June. They have also worked with the Hope in Action Alliance to facilitate six listening sessions that allowed open discussions for community needs. Continuing to focus heavily on prevention in youth, additional efforts were given to increase awareness with marijuana, alcohol, and fentanyl.

[Appendix C](#) highlights the key collaborative prevention efforts in the state.

Intervention

ODCP works diligently to create and expand techniques to motivate individuals to seek treatment. Those techniques must be catered to the individual and circumstance. As such, a variety of interventions must be available at different points of contact. Through partnerships with the West Virginia State Police, county police, comprehensive behavioral health centers, and Child Protective Services (CPS), diversion programs have deescalated moments of fear and apprehension to moments of concern and compassion that led to treatment rather than incarceration. These moments have also produced a willingness in the community to see faces rather than numbers.

Because one loss is too many, expanding access to overdose reversal medication remains a priority. Through continuous education and stigma reduction outreach, reception to naloxone continues to improve not just in our state but across Appalachia in response to our efforts. By utilizing data to direct response efforts, West Virginia can continue to "Be the One" to save lives.

To explore the latest intervention strategies, refer to [Appendix D](#).

Treatment

There is a treatment for everyone. West Virginia currently has 1,714 treatment beds licensed with the Office of Health Facility Licensure and Certification (OHFLAC). ODCP is committed to creating opportunities for treatment and to provide equitable services that permit individuals to succeed in their recovery. By utilizing the continuum of care model, individuals with SUD can find the support and resources to re-engage with their community and most importantly, their families.

Through the efforts of hospitals across the state, expansion of both inpatient and outpatient care for SUD has permitted more patients to be universally screened for SUD, connected with a Peer Recovery Support Specialist, and referred to treatment with the inclusion of medications

for opioid use disorder (MOUD) as a viable treatment option. The West Virginia Division of Corrections and Rehabilitation has also worked with ODCP to increase access to MOUD and improve re-entry programs.

[Appendix F](#) provides additional information regarding improvements to treatment access.

Recovery

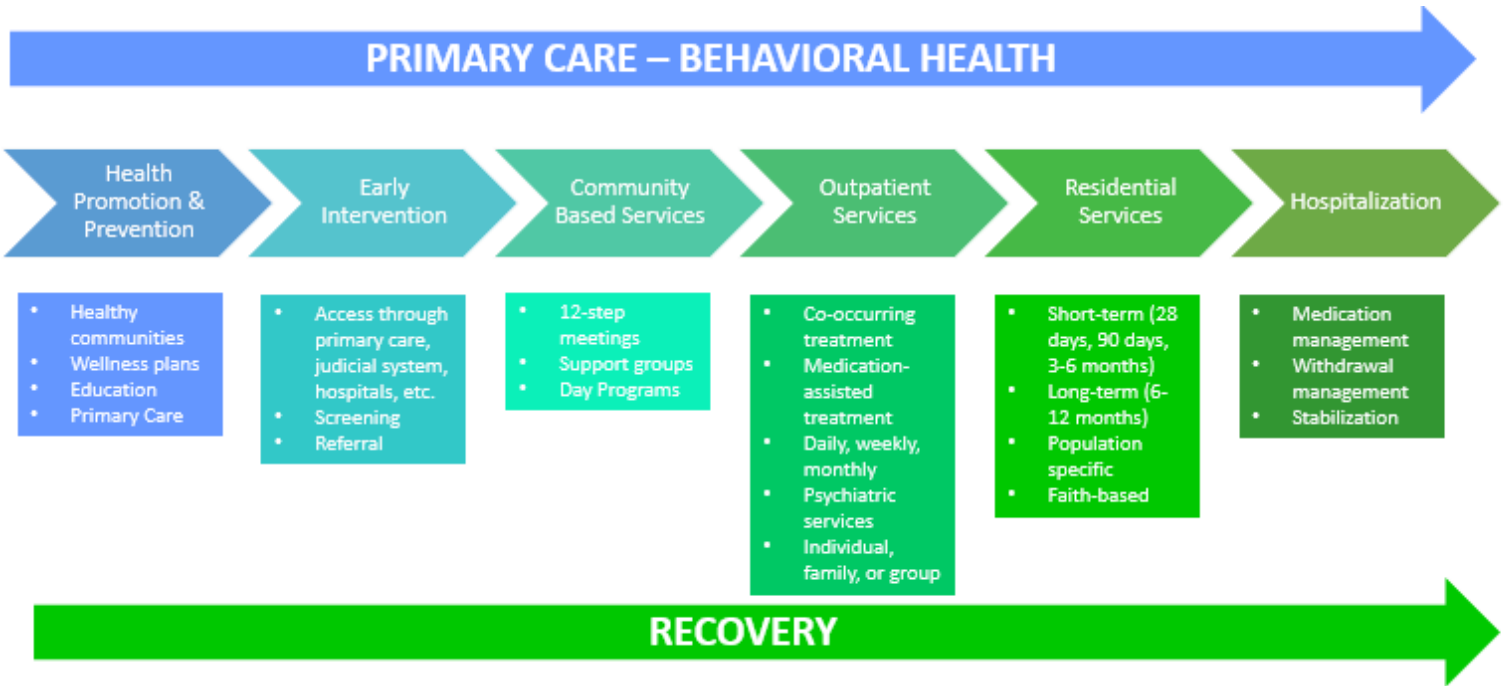
People do recover. While it may look different for everyone, it is obtainable for anyone at any time. In West Virginia, there are 1,597 beds certified by the West Virginia Alliance of Recovery Residences (WVARR).

Collegiate Recovery programs continue to provide vital support and resources to individuals pursuing recovery while in higher education. Recovery is not exclusive to housing needs but also includes transportation and job stability. With 1,455 program participants, Jobs and Hope West Virginia continues to address barriers that can inhibit individuals from pursuing recovery and maintain their recovery through employment placement, skill development, and education.

[Appendix F](#) displays important recent updates provided by ODCP regarding Recovery.

APPENDIX A

CONTINUUM OF CARE



APPENDIX B

EDUCATION

Stigma Trainings

ODCP recognizes that certain professionals come into contact with SUD more frequently than others and require additional education in order to create situational awareness. ODCP has continued its relationship with CPS and provided quarterly stigma training to 69 CPS workers. In August, ODCP collaborated with the West Virginia Division of Corrections and Rehabilitation to provide Addiction 101 training to all jail unit managers and all prison associate wardens. ODCP regularly attends training at the West Virginia State Police barracks to train new cadets before they begin their formal careers as law enforcement officers throughout West Virginia.



Additionally, DoHS's Bureau for Behavioral Health's State Opioid Response (SOR) office is working on the First Responders - Comprehensive Addiction and Recovery Act (FR-CARA) that will



provide first responders with a series of three trainings focused on compassion fatigue and stigma. The statement of work is being developed through Saint Joseph's University in Pennsylvania.

Resource Development

Fact Sheets

ODCP routinely develops informational handouts on addiction policy, harm reduction strategies, and popular substances. The handouts serve to create awareness and improve understanding around new topics. ODCP is frequently asked by community partners to develop factsheets for

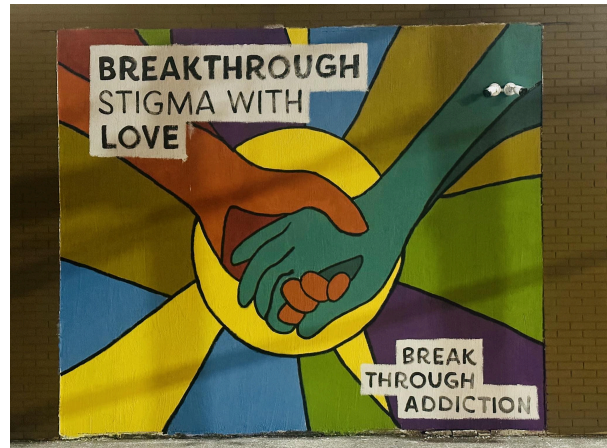
the website and to be distributed at tabling events. [Fact sheets](#) can be viewed on the ODCP website¹.

Social Media Campaigns

National Recovery Month was recognized in September via a nationwide social media campaign to spread awareness around the dangers of illicit substances. Regional events occurred throughout the month. ODCP partnered with Healthy Connections to create awareness around SUD via Facebook, Instagram, and Twitter accounts.

SOR Anti-Stigma Campaign

The State Opioid Response (SOR) office staff are implementing a statewide stigma reduction campaign to increase awareness around SUD and promote avenues to recovery and treatment. The campaign titled “Breakthrough Addiction” strives to assist communities across the state to identify how they can do just that. Mountain Craft recently filmed a mural that went up in Beckley, West Virginia at the Day Report Center. Film footage of the project was



taken and used to make the first commercial for the campaign. A second mural is in the planning process and is set to be painted on a wall at Cafe Appalachia in South Charleston, West Virginia. Discussions for a third location are being made.

ODCP Outcomes Dashboard Progress

ODCP has contracted with West Virginia University Health Affairs Institute to develop an ODCP data dashboard that provides updates specified in HB 3306 by assessing all data elements for SOR programs, creating an inventory of program outcomes, conducting a crosswalk of data elements with intended outcomes, and completing an assessment of data strengths and gaps to inform the work.

The outcome of this work will include a report of findings to ODCP on the outlined activities, a feasibility assessment of the merit and cost of conducting this assessment for all programs relevant for HB 3306 reporting, and a plan to implement the work for all those same programs.

¹ <https://dhhr.wv.gov/office-of-drug-control-policy/news/Pages/Legislative-Briefs.aspx>

Nalox(ONE)

The Nalox(ONE) WV project was launched on April 4, 2022, through a partnership with the ODCP, BBH, the West Virginia Drug Intervention Institute (WVDII), Fruth Pharmacy, PursueCareRx, and the Community Pharmacy Enhanced Services Network West Virginia. The Nalox(ONE) program educates West Virginians about the danger of opioids in the home and resources to prevent overdose deaths. The program also assists pharmacists in educating patients about the dangers of opioids, how to administer naloxone, and proper disposal of medications. Seventeen individual pharmacies across West Virginia opted to participate in the NaloxONE program. To date, 153 doses of naloxone have been distributed via this program.

APPENDIX C

PREVENTION

Primary Prevention

Regional Coalition Listening Sessions

In a collaborative effort with Hope in Action Alliance and the Prevention Lead Organizations, listening sessions with community coalitions were held in October and November. Hope in Action's Executive Director, Mary Newlon, facilitated the six regional listening sessions. The listening sessions provided space for coalitions to openly discuss challenges and assess community needs.

The common needs from every region included:

- Additional funding for programming and hiring a full-time coordinator.
- Support to increase visibility in communities and engage new members.
- Creative fundraising strategies to obtain donations from other sectors.

Bureau for Behavioral Health (BBH) Evidence-Based Program (EBP) Clearinghouse

The Office of Children, Youth, and Families launched the BBH Evidence-Based Program Clearinghouse in June 2023. To date the clearinghouse, <https://clearinghouse.helpandhopewv.org> has 9,044 views and 1,420 unique users. Additionally, a clearinghouse tutorial transcript, presentation slides, video, and frequently asked questions (FAQ) have been developed. Currently there have been over 80 prevention and treatment programs reviewed and rated. The clearinghouse subject matter experts are reviewing data on an additional 11 programs. The clearinghouse is intended to give West Virginia service providers and stakeholders an array of evidence-based options for program implementation. The review process was derived through a collaborative partnership of diverse West Virginia professionals with experience in behavioral healthcare and substance use prevention with significant input from the statewide community of providers and stakeholders.

Johnny's Ambassadors Event

Laura Stack, founder of Johnny's Ambassadors, traveled to Charleston to provide two presentations on the dangers of teen marijuana use on November 8, 2023. This was made possible through a collaborative effort between BBH's Office of Children, Youth, and Families and the Central Prevention Training and Technical Assistance Center (PTTC). The PTTC is federally funded through the Substance Abuse Mental Health Services Administration (SAMHSA) to provide training and technical assistance on primary prevention to states. Johnny's

Ambassadors was founded to educate parents, teens, and communities around the dangers of today's high-THC marijuana on adolescent brain development, psychosis, and suicide. A total of 46 individuals attended in-person and 255 individuals attended virtually.

Inaugural Programs of Excellence

This year marked the inaugural presentation of the West Virginia Alcohol Beverage Control Administration's (WVABCA) Programs of Excellence award. On October 11th, six regional prevention coalitions were presented this esteemed award for their work in substance use prevention. Each coalition was given time to share with attendees the work their coalition does to promote substance use prevention in their county or region. The coalitions receiving this award were: WATCH Youth Program, Morgan County Partnership, Calhoun County Family Resource Network, Bright Futures, Logan County Prevention Coalition, and Camp Mariposa.

GameChanger

GameChanger continues to make remarkable progress with its Opioid and Substance Misuse and Fentanyl Prevention Initiative. The Drug Prevention Education Program, developed in conjunction with the Hazelden Betty Ford Foundation, is now in 55 schools covering 18 counties in West Virginia, with requests from additional schools to take part in the 2024-2025 academic school year. After several requested meetings with representatives from the governors of Kentucky and Tennessee, GameChanger will be launching pilot programs in both states in 2024-2025.

The GameChanger documentary, "One Pill Can Kill," has received several national and international awards for addressing the deadly fentanyl issue. The 34-minute film, which was released to middle and high schools in West Virginia at no cost along with a Parent Tool Kit, is available free of charge at www.gamechangerusa.org. A re-release is planned for the spring of 2024 and will now include a Teacher Lesson Plan Book.

In addition, GameChanger in conjunction with the State of West Virginia is now working with a New York City Production Firm along with experts on children's programming to produce a documentary for grades 3-5 titled, You Have What It Takes. Production will begin in January and the documentary along with a Parent Tool Kit and Teacher Lesson Plan Book will be released to West Virginia Schools in the Fall of 2024.

Don't Keep Rx Around

Don't Keep Rx Around is a curriculum and public health campaign that utilizes evidence-based practices to teach medication safety to students and families throughout West Virginia. This year, 60% of counties have agreed to implement the program in their schools. Expansion of the program to include grades first through second will be available at the end of 2023, with expansion to grades third through fifth being ready in late January 2024.

Overdose Prevention

CravAlert

CravAlert is funded to assess the feasibility of using a wearable arm strap for remote patient monitoring. This assessment will determine effectiveness in individuals with Opioid Use Disorder or those experiencing chronic pain exacerbations while also determining the effectiveness of peer recovery support specialist brief interventions in improving patient outcomes. The study aims to enroll no fewer than 100 participants within the first six months and ensures compliance with HIPAA regulations and relevant data privacy standards. Service activities include provision of services at specified locations, development of a comprehensive screening process, setting personalized goals with patients, maintaining ongoing communication, and conducting remote orientation sessions. Regular reviews of patient-reported data are conducted and immediate support during critical moments is offered. Evidence-based techniques are shared to navigate strong cravings effectively. Educational materials and refresher training sessions are also provided. The program is anticipated to begin in February 2024.

Regional Drug Control Coordinators

Regional Drug Control Coordinators play a pivotal role as a proactive early warning system for overdoses in high-risk areas. This approach goes beyond mere identification; it involves a strategic linkage to vital resources such as MOUD programs, harm reduction initiatives, and the targeted distribution of Naloxone and fentanyl test strips. This program uses real-time data to drive active overdose response efforts for those at most risk for overdose.

Regional Drug Control Coordinators have distributed more than 25,000 doses of Naloxone and 20,000 fentanyl test strips since January 2022. The distribution is not indiscriminate; it is a targeted effort focusing on priority populations in the action counties of West Virginia. In the realm of digital outreach, the Regional Coordinators have disseminated over two million digital messages. These messages serve as a beacon of information, educating the community about naloxone resources and treatment options for Opioid Use Disorder. What sets this outreach apart is the use of geofencing technology, strategically deployed to enhance effectiveness in vulnerable areas, bringing critical information to those who are most in need.

Collaboration is a cornerstone of the Regional Drug Control Coordinators' approach. They work hand-in-hand with law enforcement agencies, drawing upon technical assistance from entities such as Washington Baltimore High Intensity Drug Trafficking Areas (HIDTA), Appalachian HIDTA, and others. Through these collaborations, major source hubs of drug trafficking into the West Virginia action counties have been meticulously identified. Cities like Pittsburgh, Cleveland, Columbus, Baltimore, Frederick, and Washington, among others, emerge as critical nodes in the web of drug trafficking. National recognition underscores the significance of the Regional Drug Control Coordinators' efforts. Research on the ODCP Novel Predictive Modeling and Targeted

Outreach Interventions has been presented at esteemed conferences such as the Association for Medical Education and Research in Substance Abuse (AMERSA) National Conference in Boston and the Rx and Illicit Drug Summit in Atlanta 2023. These presentations not only showcase innovative approaches but also contribute to collective knowledge in the dynamic field of overdose prevention.

One of the most groundbreaking aspects of the Regional Drug Control Coordinators' work is the development and implementation of functional overdose predictive models. These models, operational in Ohio, Berkeley, Wood, and Cabell counties, leverage data and predictive analytics to identify areas at high risk of overdose spikes. This proactive approach enables the Regional Coordinators to respond swiftly to potential overdose incidents, effectively coordinating efforts to reduce overdoses. In real-time, the Regional Drug Control Coordinators actively respond to overdose spikes, utilizing data from the Overdose Detection Mapping Application Program (ODMAP) and overdose predictive modeling.

In the ongoing commitment to combat overdoses, Regional Drug Control Coordinators have extended their efforts beyond predictive modeling and real-time response to actively distribute naloxone and other essential harm reduction services. These coordinated endeavors focus on areas identified by functional overdose predictive models, including Ohio, Berkeley, Wood, and Cabell counties. Leveraging data and predictive analytics, the models identify regions at heightened risk of overdose spikes, enabling the Regional Drug Control Coordinators to proactively allocate resources for potential incidents.

I-81 Workgroup

Several states have expressed interest in recreating the West Virginia Predictive Model, piloted in Berkeley County, that utilizes a correlation between overdose death data and drug trafficking trend identification to predict areas of potential overdose threats. During a meeting of Virginia, Tennessee, and West Virginia Overdose Response Strategy Public Health Analysts convened around a spike of overdoses in these states along the I-81 Corridor, a notorious drug trafficking route dubbed the 'Heroin Highway', the predictive modeling work in West Virginia was first explained and the work group was officially formed.

The I-81 Workgroup has initiated an information sharing system that crosses state borders. The goal of the workgroup is to use occurrences near I-81 to identify drug trends and interrupt potential drug overdoses. Utilizing ODMAP, and working with Washington/Baltimore HIDTA, new features have been added which include the ability to see spikes around the U.S., as well as the creation of new regional alerts for areas along the I-81 Corridor.

Overdose Response Strategy (ORS)

In 2015, the Office of National Drug Control Policy announced an unprecedented partnership among regional High Intensity Drug Trafficking Area programs to address the growing heroin threat facing those communities through public health and law enforcement partnerships. This program is known as the Overdose Response Strategy (ORS). The goal of the ORS is to foster a collaborative network of public health and public safety professionals to address the drug epidemic from multiple perspectives. It includes all 50 states, as well as Puerto Rico and the U.S. Virgin Islands. Primary personnel charged with the execution of the ORS Mission are a Drug Intelligence Officer and a Public Health Analyst in each state. The Public Health Analyst for West Virginia is embedded within the Office of Drug Control Policy.

APPENDIX D

INTERVENTION

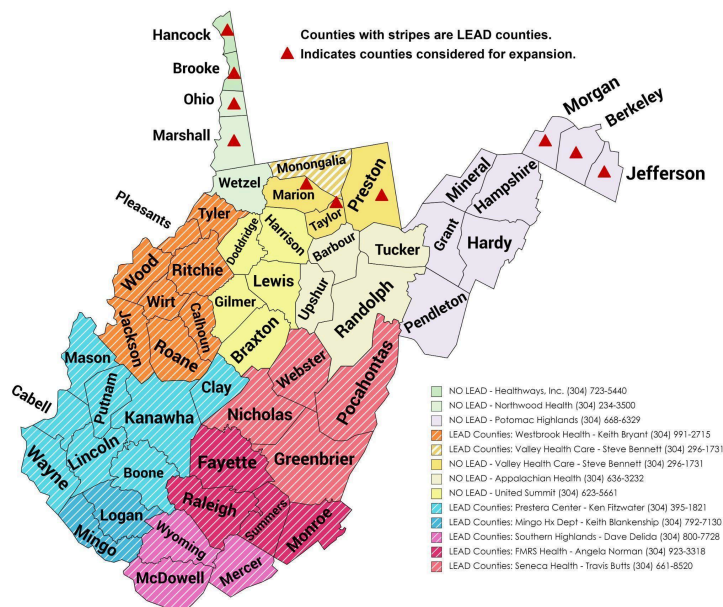
Diversion

The Angel Initiative

During the 2020 regular legislative session, the passage of West Virginia Senate Bill 838 created the Angel Initiative. Now codified at W. Va. Code §15-2-55, the West Virginia Angel Initiative is a confidential program offered by the West Virginia State Police that will allow those with SUD to surrender illegal controlled substances without prosecution or arrest and get quick access to treatment. This initiative will allow for “fast-tracked” access to treatment, decreased overdoses and fatalities, and a reduction in the fear of arrest and incarceration for those seeking help. ODCP is currently working with the new representative, Sgt. Kevin Williams, to begin training on the Angel Initiative for all troopers statewide. Sgt. Williams is now certified as a trainer for MHFA (Mental health First Aid). We have assisted 8 persons enter treatment and currently have 2 continuing in the process. Since July, the State Police have had three dispatchers complete Crisis Intervention Team (CIT) dispatcher training with continued education planned for all troopers. Two outreach’s have been conducted with one individual having completed Mental Health First Aid instructor Training. The State Police is continuing to network with other Quick Response Teams and organizations.



LEAD



Law Enforcement Assisted Diversion (LEAD) is a robust and coordinated community system of response that replaces the traditional pipeline of incarceration and punishment with coordinated effort between multiple local agencies from law enforcement, prosecuting attorneys, public defenders, case managers, and community stakeholders. LEAD has

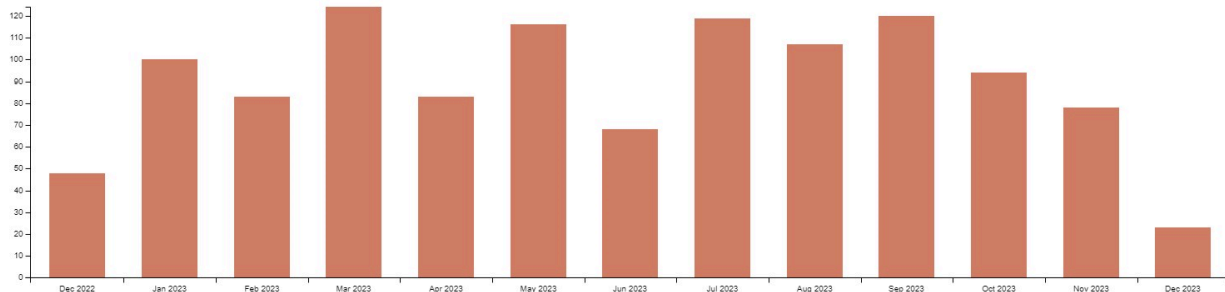
expanded from being managed through five Comprehensive Behavioral Health Centers (CBHC) with the addition of two CBHC, Mingo County Health Department and Valley Health, to encompasses 30 counties throughout West Virginia. Efforts are being made to expand LEAD to Ohio, Marion, Taylor, Preston, and Berkeley counties and include two additional comprehensive behavioral health centers for 2024. From year to date for 2023, the LEAD program has received over 1,111 referrals with a connection to service average of 8.5 days. The number of referrals and cause of referrals can be seen in the graphs. These connections save counties \$24,576 daily on the cost of

incarceration. Learn more about the program on ODCP's website².

Referral Reasons



Referral Count by Month



Police and Peers (PNP)



Police and Peers (PNP) is a SAMHSA-funded grant program aimed at sharing the workload placed on law enforcement when responding to a nonviolent, non-law enforcement-specific incident. The concept of PNP is to pair an embedded or co-responding Peer Recovery Support Specialist (PRSS) with law enforcement to assist with the social service needs aspect encountered during a response. Currently there are seven participating agencies: Fayette County Sheriff, Fayetteville Police Department, Oakhill Police Department, St. Albans Police Department, Nitro Police Department, Morgantown Police Department, and Gauley Bridge Police Department.

The Fayetteville Police Department, Morgantown Police Department, and Logan County Sheriff are actively implementing the PNP program. Since program start-up earlier in early 2023, PNP

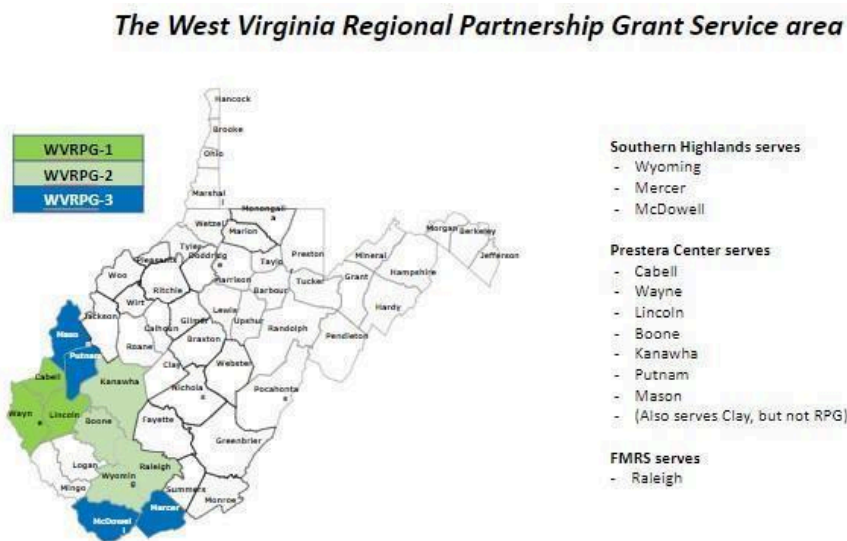
² <https://dhhr.wv.gov/office-of-drug-control-policy/programs/Documents/Lead%20Flyer%20V3.pdf>

staff has distributed 363 naloxone kits and 238 fentanyl test strips. The PRSSs has referred 32 individuals to treatment and four have initiated MOUD.

Early program success has created interest in other local law enforcement agencies creating the potential to expand to additional agencies to reach entire counties. Learn more about the PNP program on ODCP’s website³.

Sobriety Treatment and Recovery Teams (START) & Regional Partnership Grant (RPG)

The Sobriety Treatment and Recovery Teams (START) is a specialized child welfare service delivery model that has been shown to improve outcomes for children and families affected by parental substance use and child maltreatment. START was implemented from September 2021 to mid-2023. After extensive analysis of the outcomes associated with both child welfare wraparound programs, a decision has been made to discontinue START and expand on the Regional Partnership Grant model.



RPG supports interagency collaborations and integration of programs, services, and activities designed to increase the well-being, improve the permanency, and enhance the safety of children who are in, or at risk of, out-of-home placements as the

result of a parent or caregiver’s SUD. RPG has been implemented since May 2018.

The wraparound approach has proven successful in West Virginia, with over 1,000 families being served at the time of this report. Through this process both the wraparound facilitator and the CPS case worker jointly visit families to introduce the process and finalize the safety plan. Coordination of services in community and in-house at the Community-Based Mental Health Center (CBMHC) increases the effectiveness of the program. Although the program is completely voluntary, SUD assessment and treatment is encouraged.

³ <https://dhhr.wv.gov/office-of-drug-control-policy/programs/Documents/PNP%20Flyer%20V7%20%281%29.pdf>

Overdose Reversals

Save-a-Life Day

This annual event, held on September 14, 2023, saw an outstanding distribution of free naloxone, an opioid reversal medication, throughout West Virginia and across the Appalachian region. This year, BBH provided \$600,000 worth of naloxone in West Virginia and distributed 29,438 doses to community organizations and individuals across the state. When combined with events in the 12 other states that comprise Appalachia, more than 45,000 naloxone doses were distributed throughout the region as part of National Recovery Month. BBH has provided naloxone for the event every year since its inception in 2020. The first annual Save a Life Day was organized by ODCP, in partnership with Solutions Oriented Addiction Response (SOAR) of West Virginia, in two participating counties. In 2022, all 55 West Virginia counties participated, and the 2023 event expanded to include Alabama, Georgia, Kentucky, Maryland, Mississippi, New York, North Carolina, Ohio, Pennsylvania, South Carolina, Tennessee, Virginia, and West Virginia.

Be the One

In collaboration with the West Virginia Collegiate Recovery Network, this program continues to grow and provide crucial education to college students about medication safety, fentanyl, naloxone, and how to be an ally to those in recovery. This school year, the program has expanded to include the following six additional campuses in West Virginia:

1. Glenville State University
2. Bluefield State College
3. Fairmont State University
4. Shepherd University
5. Northern Community and Technical College
6. Mount West Community and Technical College

Naloxone Vending Machine Pilot

The Naloxone Vending Machine Pilot Program addresses the urgent need to enhance access to naloxone, a critical medication for countering opioid overdoses. The West Virginia Board of Pharmacy's initiative to authorize up to 15 sites, spanning health departments, hospitals, jails, and behavioral health centers, signifies a strategic move to position these life-saving resources where they are most needed.

The emphasis on stringent monitoring, stocking, and maintenance protocols, including indoor visibility and floor security, underscores the commitment to the reliability and security of vending machines. Naming specific individuals responsible for maintenance and a weekly evaluation mechanism demonstrates a meticulous approach to ensuring the functionality of these machines, contributing to their effectiveness in emergencies.

In a noteworthy demonstration of support, West Virginia Sober Living in Morgantown, West Virginia, provided the inaugural naloxone vending machine in the pilot program. This underscores the collaboration between public and private entities, signaling a united front against the opioid crisis. Ultimately, this pilot program is not only a significant step toward increasing naloxone accessibility but also a comprehensive strategy in safeguarding communities, with potential life-saving implications that extend beyond the immediate implementation.

By strategically placing naloxone vending machines in key locations, this pilot program aims to reduce the strain on emergency services, hospitalizations, and criminal justice proceedings associated with opioid-related incidents. The proactive distribution of naloxone can prevent fatal overdoses, leading to decreased reliance on costly emergency medical responses.

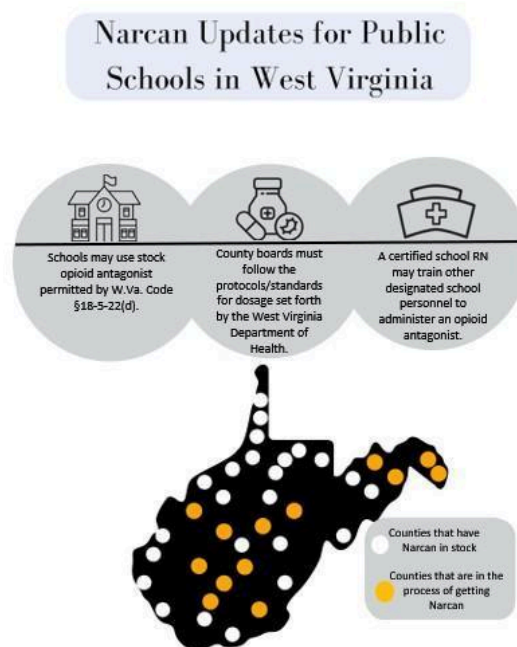
ONEbox

The ONEbox is an emergency opioid overdose reversal kit designed to promote safety by assuring that individuals have lifesaving, on-demand training when and where they need it. Thirty-three counties in West Virginia have opted to receive ONEboxes for their schools and 586 ONEboxes have been distributed to schools. Along with schools, 28 counties have opted to place ONEboxes inside their public libraries with 70 ONEboxes being deployed to libraries. Over 7500 total ONEboxes have been distributed with more than 100 reported lives saved.

Naloxone in Public Schools

The Naloxone Guide for School Nurses is a crucial resource developed in response to the opioid epidemic affecting West Virginia. It provides comprehensive information and protocols for the emergency use of naloxone in school settings, emphasizing the importance of training school nurses and designated personnel in administering naloxone to address opioid overdoses, particularly among youth.

The collaboration with the West Virginia Department of Education (WVDE) and the West Virginia School Nurses Board is essential in ensuring the dissemination of this guide to school nurses, enabling them to effectively respond to opioid overdoses in schools. By equipping school nurses with the necessary knowledge and resources, the guide aims to mitigate the impact of the opioid epidemic on students and contribute to saving lives.



CORA Program and Appalachian Cryptid Pilot

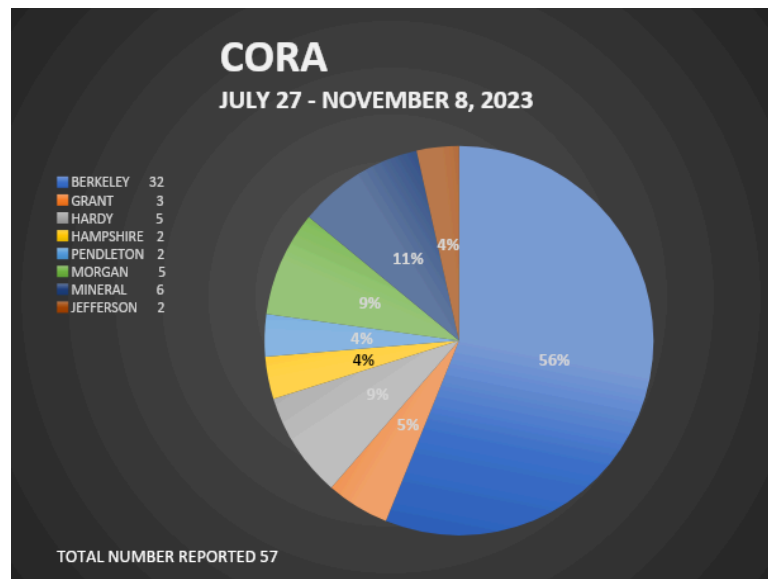
The Comprehensive Opioid Response Assessment (CORA) Program, launched on July 27, 2023, focuses on collecting precise data on Naloxone administrations outside of emergency medical services. The Help & Hope WV website post-survey introduces participants to cryptids, encouraging their identification on Naloxone boxes. The Appalachian Cryptid Community-Driven Unreported Overdose Response Initiative employs cultural integration, anonymous surveys, and expanded marketing to tackle the crisis. Naloxone boxes create community identity and an online hub offers culturally sensitive information, with a crowd-sourced, anonymous survey accessible through QR codes.



CORA identified 41 individuals in key regions, including Berkeley, Grant, Hampshire, Hardy, Jefferson, Mineral, Morgan, and Pendleton counties with general outreach and marketing. Demographic trends indicate a majority of Naloxone recipients are aged 25 to 50, highlighting the need for targeted interventions.

The project will begin the pilot in January 2024 in Regions II and VI, with Region II collecting data in specified counties and Region VI preparing to incorporate cryptid imaging for enhanced user engagement. After a 90-day pilot in Regions II and VI, evaluate success and plans for implementation in the remaining four regions and their respective counties, informed by lessons learned.

The primary goal of both the CORA program and the Appalachian Cryptid Community-Driven Unreported Overdose Response Initiative is to empower the community by understanding the prevalence of unreported overdoses. This valuable data serves as a foundation for targeted prevention outreach efforts, enabling a more precise allocation of resources and interventions. Armed with insights into the demographic trends and geographic concentrations of Naloxone administrations, these programs aspire to tailor their strategies to address the unique needs of each community, fostering a proactive and community-specific response to combat the opioid epidemic effectively.



Data-Driven Response

Quick Response Teams

Quick Response Teams (QRTs) are teams of professionals who contact people within 24 to 72 hours of an overdose to connect them to evidence-based treatment and other services. There are now 35 counties covered by QRTs in West Virginia. QRTs rely heavily on data from emergency responders in order to reach their target population. ODCP, in partnership with SOR, planned the first WV Quick Response Team (QRT) Summit at Charleston Embassy Suites on November 6, 2023. This summit provided a great opportunity to gather and discuss programmatic comprehensive issues, i.e., deflection, diversion, prevention, treatment, interdiction, recovery, and harm reduction.

Washington-Baltimore High Intensity Drug Trafficking Area Overdose Data Mapping Application Program (ODMAP)

Washington-Baltimore High Intensity Drug Trafficking Area Overdose Data Mapping Application Program (ODMAP) Collaboration with the West Virginia Office of Shared Services Management and Information Services (MIS), Washington Baltimore High Intensity Drug Trafficking Area (HIDTA), Office of Emergency Medical Services (OEMS), and the ODCP has led to the development of an Advanced Protocol Interface (API) that enables the sharing of EMS suspected overdose data with ODMAP. This integration has resulted in a 24-hour data collection system for overdose incidents in West Virginia and provides a comprehensive, near real-time, and visually mapped representation of overdose activity. By analyzing the data, Regional Drug Control Coordinators have developed ODCP Novel Predictive Modeling and Targeted Outreach Interventions to identify likely sources for illicit substances, including fentanyl, entering and circulating within West Virginia. ODMAP's spike alerts are utilized to monitor these sentinel cities and proactively inform ODCP Regional Coordinators, state and local OEMS, as well as QRT personnel about potential increases in overdose activity. Spike alerts can be set up to notify an agency via email if the total overdoses in an area exceed a predetermined threshold within a 24-hour period.

In West Virginia, ODMAP has made significant progress with the involvement of 130 agencies, an increase of six agencies since July 2023, and a total of 453 users, an increase of 13 users since July 2023.



**OVERDOSE
SPIKE ALERT**

Overdose **SPIKE ALERT** detected by ODMAP for **CABELL COUNTY** and surrounding areas. Alert in effect for 24 hours through **JULY 3, 2023**

- ⚠ Be aware of a possible increase in overdoses in your area.
- ⚠ Protect your loved ones; spread the word and carry naloxone.
- ⚠ Test supply with fentanyl test strips and never use alone.
- ⚠ Contact 1-844-HELP-4-WV for treatment information.



Contact Help & Hope WV for additional resources.
www.HelpandHopeWV.org/spike



This message is brought to you by the West Virginia Office of Drug Control Policy



**OVERDOSE
SPIKE NOTICE**

Overdose **SPIKE NOTICE** predicted through ODMAP for **CABELL COUNTY** and surrounding areas. Notice in effect for 24 hours through **JULY 3, 2023**

- ⚠ Be aware of a possible increase in overdoses in your area.
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- ⚠ Test supply with fentanyl test strips and never use alone.
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www.HelpandHopeWV.org/spike



This message is brought to you by the West Virginia Office of Drug Control Policy



**OVERDOSE
SPIKE EMERGENCY**

Overdose **SPIKE EMERGENCY** detected by ODMAP for **CABELL COUNTY** and surrounding areas. Emergency in effect for 24 hours through **JULY 3, 2023**

- ⚠ Be aware of a possible increase in overdoses in your area.
- ⚠ Protect your loved ones; spread the word and carry naloxone.
- ⚠ Test supply with fentanyl test strips and never use alone.
- ⚠ Contact 1-844-HELP-4-WV for treatment information.



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APPENDIX E

TREATMENT

Correction and Reentry Policies

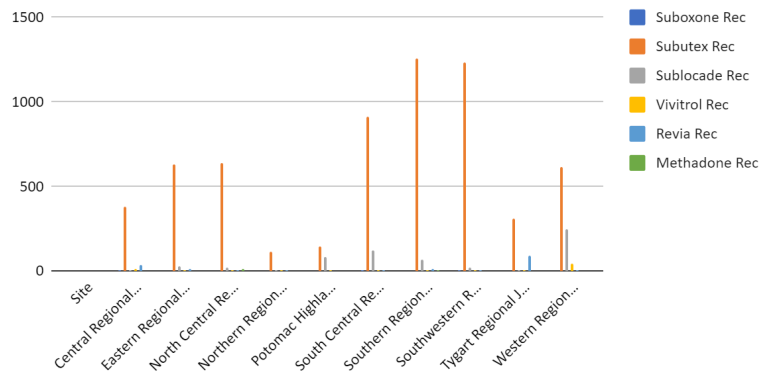
The goal of this collaboration is to provide continuity of care and to reduce overdoses and recidivism for individuals in the correctional system with an SUD. ODCP hosts a monthly meeting with BBH State Opioid Response team, Marshall University, and the West Virginia Division of Corrections and Rehabilitation (DCR) to discuss current SUD activities within the correctional system.

As of 2023, all 21 facilities are REM certified. All prisons and jails are REM certified, with the exclusion of juvenile facilities, since MOUD is not in the juvenile centers. West Virginia remains in the top two nationwide for community follow-up post-incarceration.

CHES Health Connections App

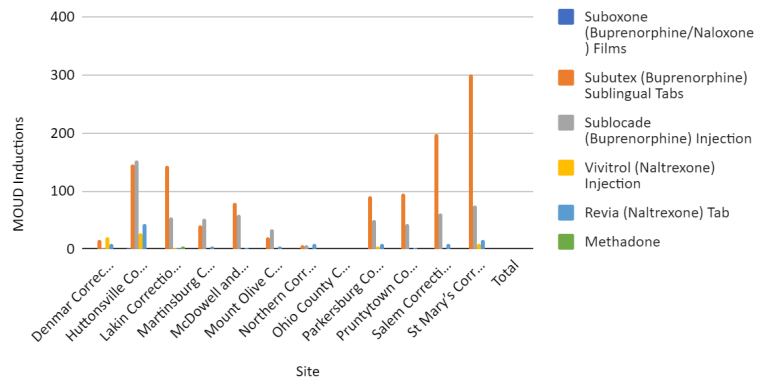
The Connections app from CHES Health is an engaging, evidence-based solution proven to improve treatment and long-term recovery outcomes for individuals with SUD. Since the Chess Health Connections app was released, providers and clients have embraced this new and innovative way to stay connected to others in recovery. The State Opioid Response Medical Services grant funds the CHES Connections app statewide implementation. This project was implemented in the first half of 2020. The table below depicts engagement with the app since January 2023.

MOUD IN JAILS



WV MOUD IN PRISONS

August 2023-December 2023



2023 CHESS Health Engagement Data

	January	February	March	April	May	June	July	August	September	October	November
Cumulative # unique clients onboarded	3,388	3,485	3,585	3,637	3,793	3,853	3,928	3,988	4,037	4,109	4,173
Cumulative # college students	92	95	97	97	109	116	122	124	126	127	130
Cumulative # public entity clients	1,901	1,969	2,010	2,018	2,089	2,148	2,170	2,182	2,205	2,221	2,230
Cumulative # clients enrolled	5,253	5,383	5,541	5,617	5,881	5,963	6,067	6,160	6,262	6,367	6,474
# Clients active	428	463	462	351	527	462	450	467	429	424	421

Hospital Programs

Project Engage Expansion

Berkeley Medical Center was awarded \$150,000 through SOR funding to implement the Project Engage model in their facility. The Project Engage model focuses on expanding the capacity of hospitals to treat those with SUD to include SUD protocols in the EMR, access to a PRSS on the inpatient floors, universal screening, MOUD induction, and referral to care post discharge. The model was launched in January and was piloted on the telemetry floor. Its quick success allowed it to be expanded to the intensive care unit and then to obstetrics. The model has now successfully been launched in all units.

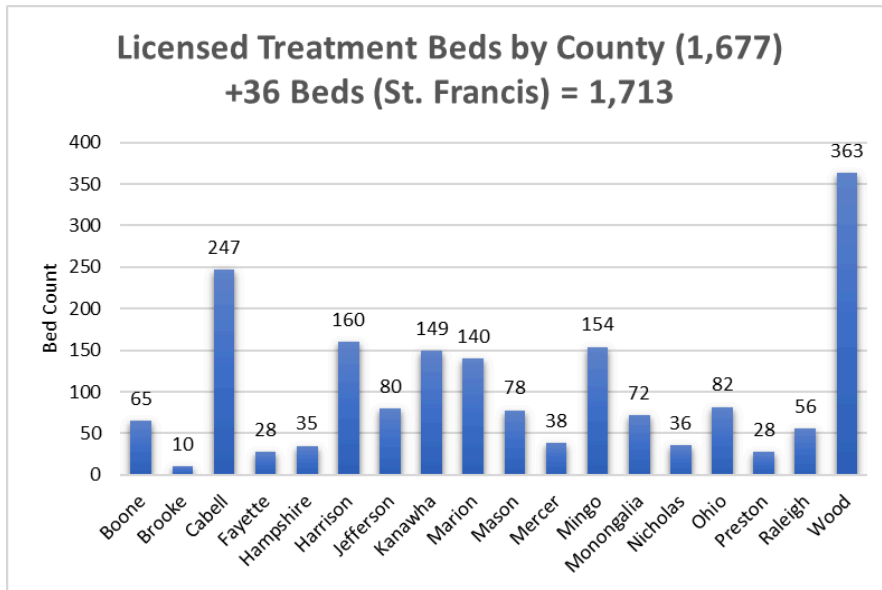
West Virginia Hospital Association Opioid Response Initiative

The ODCP, in partnership with the West Virginia Hospital Association, collaborated on an Opioid Response Initiative to achieve evidence-based addiction treatment in hospitals. The initiative for hospital-based access to treatment and recovery was established to encourage universal screening, ED-based peer recovery specialists and ED-initiated MOUD in hospitals across West Virginia. Standardized metrics for SUD response was developed by the Levels of Care advisory board and adopted by the West Virginia Hospital Association to be used as the 2023-2024 topic for their Commitment to Excellence Honors Program. The objectives of the Honors Program are to reward successful efforts to develop and promote quality improvement activities, inspire hospitals to be leaders in improving the health of West Virginians, and to raise awareness of nationally accepted standards of care that are proven to enhance patient outcomes. Level 1- Engagement highlights hospitals that are in the process of planning for the implementation of education, screening, intervention, and Naloxone distribution and Level 2- Implementation highlights hospitals that have instituted best practices.

The Honors Program released the SUD topic in January and ended 2023 with 29 hospitals completing Level 2 engagement.

Treatment Bed Capacity

Under West Virginia’s SUD 1115 Waiver (2018-2022), which provides coverage for the SUD service continuum, residential bed capacity continues to rise. ODCP and BBH have awarded grants through the Ryan Brown Addiction Prevention and Recovery Fund and Jobs & Hope West Virginia funding for new recovery residence capacity, specifically for programs that allow for and facilitate access to all three U.S. Food and Drug Administration (FDA) approved forms of MOUD.



Treatment Courts

Family Treatment Courts

There are 13 Family Treatment Courts in West Virginia covering 16 counties including Boone, Fayette, Logan, McDowell, Ohio, Nicholas, Randolph, Roane, Calhoun, Wetzel, Tyler, Marshall, Kanawha, Raleigh, Putnam, and Wood.

Juvenile Drug Courts

Juvenile drug courts seek to divert non-violent juvenile offenders who exhibit behavior affected by alcohol or SUD away from the traditional court process to an individualized treatment process.

Adult Drug Courts

Adult drug courts seek to achieve a reduction in recidivism and SUD among early offenders to increase the likelihood of rehabilitation through intense treatment, mandatory periodic drug testing, community supervision, appropriate sanctions, and other services involving rehabilitation, all of which are supervised by a judicial officer.

FAMILY TREATMENT COURTS



473 OUT OF 763
Admitted from referrals

672

Dependents served since October 2019

176

Graduates since October 2019

PHYSICAL REUNIFICATIONS

242

Dependents reunified since October 2019

306.8

Overall average days to reunification

LEGAL REUNIFICATIONS

266

Dependents achieving permanency since October 2019

464.5

Overall average days in permanency

JUVENILE DRUG COURTS



2,707 OUT OF 3,919
Admitted from referrals

1,208

Graduates in reporting period

ADULT DRUG COURTS



4,172 OUT OF 6,791
Admitted from referrals

1,823

Graduates in reporting period

Treatment of Users of Stimulants (TRUST)

The Treatment of Users of Stimulants (TRUST) Pilot is an evidenced-based program for the treatment of stimulant use disorder. West Virginia TRUST 3.0 continues to build on lessons learned during the COVID-19 pandemic, particularly about ways to be responsive to addressing change during challenging times. TRUST 3.0 is being led by Dr. Rick Rawson, Associate Director of the University of California Integrated Substance Abuse Programs and Professor-in-Residence at the Department of Psychiatry, and Al Hasson, clinic administrator for the New Life Clinic's Opioid Treatment Program in California. An initial introduction and in-person portion early on in

the training has been provided in order to ensure commitment and expertise, and engage, retain, and fully train key providers.

TRUST Year 1	TRUST Year 2	TRUST Year 3
Burlington FMRS Health Systems Northwood Health Systems Prestera PROACT Seneca Health Services	Envision Medical Care Keep Your Faith Corporation, Inc. New Beginnings Southern Highlands CMHC Westbrook Health Services Valley Health Care	Community Care of WV FMRS Health Systems Prestera WV Sober Living

On June 15th, an Introduction to TRUST and Logistics session was held. There have been two half-day TRUST Educational Sessions held in June and TRUST Interactive Practice Sessions were held on July 26th and 27th. Ending in March 2024, Dr. Rick Rawson and Al Hasson will hold a monthly supervision session to support the clinical programs at each provider site. In addition, the project added a formal Train the Trainer process to solidify the expertise of the two mentors who have been involved with TRUST in West Virginia from the first cohort. The subject matter experts will assist in a more intensive supervision process with the trainers while also engaging them in the monthly clinical support in West Virginia for other providers. The two mentors have not only been providers selected in the first cohort (2020-2021) and engaged their own agencies in developing TRUST programs, but they have been assisting in oversight with Cohorts 2 (2022-2023) and 3 (2023-2024) throughout the projects. The hope is to create an ongoing training model in West Virginia.

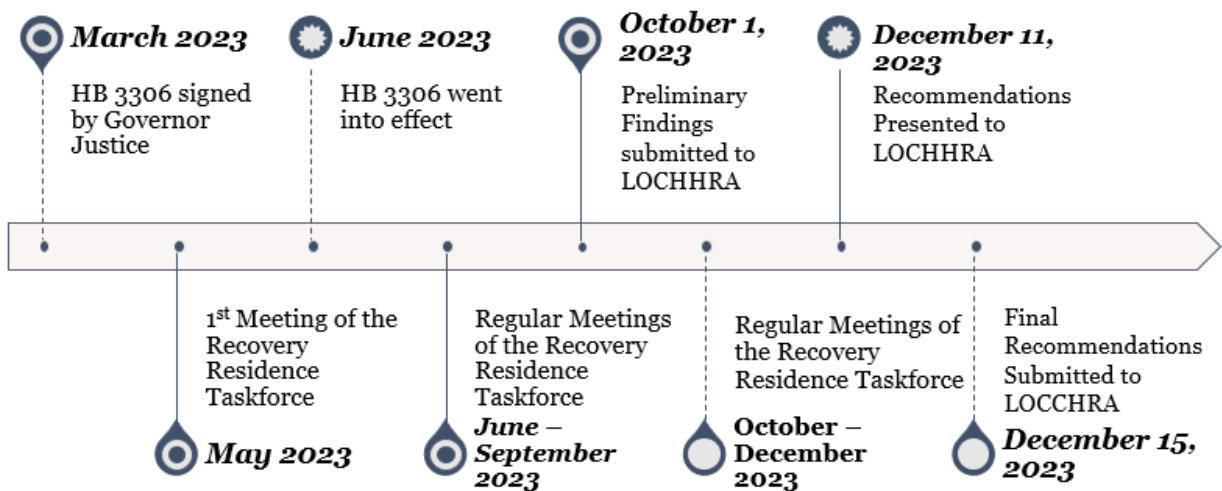
APPENDIX F

RECOVERY

Recovery Residences Taskforce

House Bill 3306 (2023) amended W. Va. Code §16-5T-2(c)(20) to have the Office of Drug Control Policy create a “Sober Living Home/Recovery Residence Task Force” (Task Force). The Task Force looked at “insurance fraud, human trafficking, success of programs, and any other relevant issues.”

Starting in May 2023, the Task Force met at least monthly to discuss these issues and recommendations. The Task Force hosted speakers from other states, reviewed existing state law surrounding recovery residences, and examined laws from other states.



The [full document](#) with findings and recommendations can be found on the ODCP website⁴.

Certification of Recovery Residences

West Virginia Alliance of Recovery Residences (WVARR) was created by W. Va. Senate Bill 1012 (2019 1st Ex. Sess.) and has implemented a certification process for West Virginia recovery residences based on nationally recognized best-practice standards and ethical principles developed by the National Alliance of Recovery Residences. WVARR staff provides training and technical support through each stage of the certification process. You can view the full list of WVARR-certified residences at WVARR’s website [here](#).

- Total Residences currently in process: 217

⁴ <https://dhhr.wv.gov/office-of-drug-control-policy/news/Pages/Recovery-Residence-Task-Force.aspx>

- Total (non-Oxford) residences currently operating in West Virginia: 228
- Percent engagement: 95%
- Percent certified of total residences: 50%
- Percent of certified engaged residences: 53%
- Certified Residences: 115
- Total certified beds: 1,597
- Beds for Women: 541
- Beds for Women with Children: 74
- Beds for Men: 929
- Coed Beds: 125

Collegiate Recovery Programs and Collegiate Recovery Network of Peers

The Collegiate Recovery Programs (CRPs) are supportive environments within the campus that reinforce the decision to engage in a lifestyle of recovery from an SUD. This is a physical location on campus where students in recovery can go as a safe space. They host activities including SMART meetings and 12 step fellowship meetings, yoga, meditation, social events, among others. They also plan outings for students in recovery and have sober tailgates. Most of the schools offer scholarships for students in recovery as well.

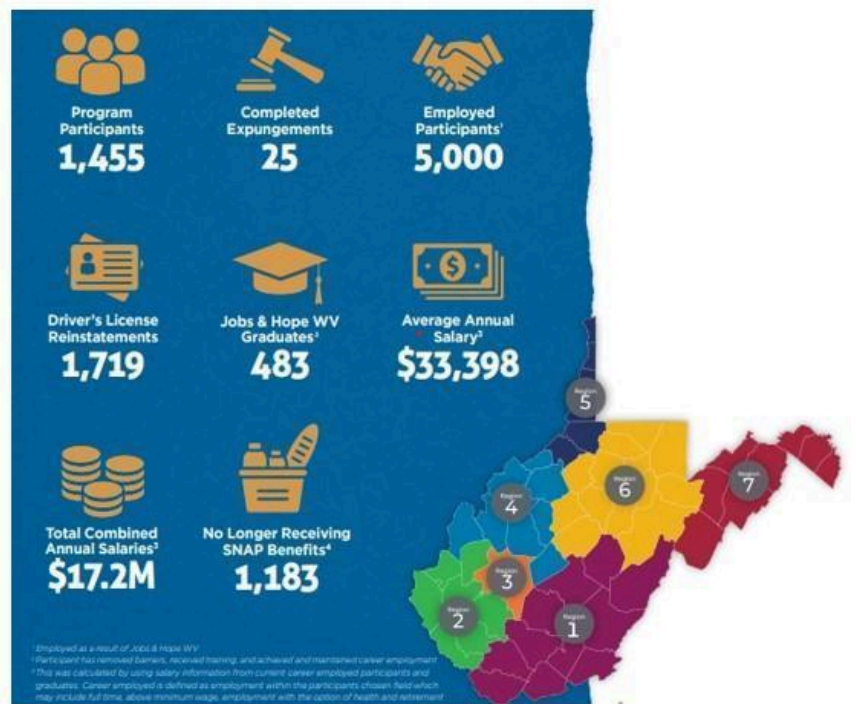
- WVU
- Marshall
- WVU Tech
- Concord
- WVSU
- Bridge Valley CT



The West Virginia Collegiate Program and Collegiate Recovery Network (WVCRN) is an innovative partnership, offering peer recovery support services on nine higher education campuses. This project is supported by federal State Opioid Response funding, which originates from the federal Substance Abuse and Mental Health Services Administration. This year, WVCRN partnered with the West Virginia Bureau for Public Health to implement the Hepatitis C Medication, Testing, and Treatment Project to provide resources and referrals regarding HCV and HIV education, testing, and treatment to prevent transmission. Learn more at <https://www.wvcollegiaterecovery.com/hcvprojec>.

Jobs & Hope West Virginia

Jobs & Hope West Virginia is the state’s comprehensive response to the SUD crisis. Established by Governor Jim Justice and the West Virginia Legislature, this program offers support through a statewide collaboration of agencies that provide West Virginians in recovery the opportunity to obtain career training and to ultimately secure meaningful employment. ODCP provides recovery support services and funding to eliminate barriers for Jobs & Hope West Virginia participants. Jobs & Hope West Virginia has placed 23 transition agents throughout the state. These individuals have a broad range of expertise and knowledge of peer recovery and support services available in their region, as well as workforce, career technical and higher education resources. Programs through Jobs & Hope West Virginia are available to all West Virginians who have a barrier to career employment and who are education and career ready.



APPENDIX G

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

Members:

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

Dr. James Berry, Chestnut Ridge Center

Major General Bill Crane, Adjutant General

Kathy D'Antoni, Department of Education, Retired

Jonathan Dower, West Virginia Sober Living

Dr. Emma Eggleston, West Virginia University

Dr. Michael Kilkenny, Cabell-Huntington Health Department

Dr. Stefan Maxwell, Charleston Area Medical Center

Dr. Garrett Moran, West Virginia University, Retired

Chad Napier, AHIDTA

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

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

Thomas Plymale, Wayne County Prosecuting Attorney

Amy Saunders, Marshall University Center for Excellence and Recovery

Beverly Sharp, WV REACH Initiative

Stephanne Thornton, West Virginia Judicial and Lawyer Assistance Program

Kimberly Barber Tieman, Benedum Foundation

Brian Gallagher, Chief of Government Relations and Health Care Policy and Director of Pharmacy Service, Marshall Health

Ex-Officio Members:

Dr. Matthew Christiansen, State Health Officer and Commissioner, DHHR's Bureau for Public Health

Dr. Sherri Young, Cabinet Secretary

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

Dr. Clay Marsh, West Virginia University School of Medicine

Dr. Allen Mock, Chief Medical Examiner

Dawn P. Frohna, Commissioner, DoHs Bureau for Behavioral Health

Melanie Purkey, Superintendent, West Virginia Department of Education

Linda Boyd, WV School for Osteopathic Medicine

The Honorable Amy Summers, West Virginia House of Delegates

Dr. David Gozal, Vice President of Health Affairs Dean

Mark Sorsaia, Cabinet Secretary, West Virginia Department of Homeland Security, Marshall
University Joan C. Edwards School of Medicine

The Honorable Judge William Thompson, U.S. Attorney, United States Court for the Southern
District of West Virginia

APPENDIX H

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

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

Chair: Chad Napier

Members: Adam Crawford

Andrea Darr

Chief Jake Hunt

Chief Shawn Schwertfeger

Treatment, Health Systems, and Research: Develops SMART actions among hospitals, emergency medical services, health departments, and outpatient health care providers to define SUD success. Provides “downstream” analysis and recommends policy change as related to the inner workings and networks of health care providers. Provides empirical data that helps to outline the trends and problems of SUD 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 and research activities, advises implementation, and serves as subject matter experts in aiding local implementation and adoption of recommendations. Offers advice and assistance and directs relevant research activities concerning SUD.

Chair: Dr. James Becker, Dr. Michael Kilkenny and Dr. Emma Eggleston

Members: Larresca Barker

Dr. James Berry

Jorge Cortina

Sherri Ferrell

Nathan Fiore

Angie Gray
Michael Goff
Jim Kranz
Dr. Leigh Ann Levine
Garrett Moran
Rebecca Roth

Court Systems and Justice Involved Population (including re-entry): Develops SMART action plans that define SUD success. Makes recommendations to assist 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 implementation, and serves as subject matter experts in aiding local implementation and adoption of recommendations.

Chair: Betsy Jividen and Stephanie Thornton
Members: Amber Blankenship
Stephanie Bond
Sam Hess
Jack Luikart
Tom Plymale
Judge James Rowe

Community Engagement and Supports (housing, employment, transportation): 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 anti-stigma campaigns. Provides recommendations on best practices to help communities and local groups organize and combat SUD in their communities. Develops the portion of the strategic plan related to community engagement, housing, employment and related matters, advises implementation, and serves as subject matter experts in aiding local implementation and adoption of recommendations.

Chair: Kimberly Tieman
Members: Mike Clowser
Dr. Emma Eggleston
Bob Hansen
Deb Harris

Deb Koester
Robert Plymale
Steve Roberts
Amy Saunders
Ashley Shaw

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

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

Public Education: Coordinate actions between those working in prevention and education across the state to develop a statewide anti-stigma campaign, create an online repository for stigma and educational training, and create a statewide curriculum for stigma trainers. Develop the portion of the strategic plan related to public education and stigma as well as assisting with the implementation of council recommendations in local communities.

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

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

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

Chair: Jon Dower
Members: Amber Blankenship
Joe Deegan
Francisca Gray
Raj Masih
Phil Shimer
Stephanie Stout
JoAnna Vance

Pregnant and Parenting Women: Develops SMART action plans pertinent to pregnant and parenting women and families with a substance use disorder. Develops the portion of the strategic plan as it pertains to prevention, early intervention, treatment, and recovery support for women and families with SUD. Serves as subject matter experts, providing empirical data that helps to outline the trends and problems of SUD for this target population in West Virginia and advises Council and government officials on recommended policy changes.

Chair: Dr. Stefan Maxwell

Members: Janine Breyel

Sandra Cline

Rebecca Crowder

Dr. Juddson Lindley

Nikki Lyttle

Kristy Richardson

Dr. Cody Smith

Amy Tolliver

Randy Venable

APPENDIX I

WEST VIRGINIA 2023 PRIORITIES AND IMPLEMENTATION PLAN UPDATE

The West Virginia 2023 Priorities and Implementation Plan is a continuation of the West Virginia 2020-2022 Substance Use Response Plan. This document indicates the 2023 goals and strategies for implementation of priority response initiatives to address SUD within West Virginia communities. The report is organized by the following eight strategic areas of the West Virginia 2023 Substance Use Response Plan. Of note is that a new Pregnant and Parenting Women Subcommittee began the first full year of implementation in January 2023 and the Health Systems and Treatment, Recovery and Research Subcommittees have combined.

- Prevention
- Community Engagement & Supports
- Treatment, Health Systems, and Research
- Courts & Justice-Involved Populations
- Law Enforcement
- Public Education
- Recovery Subcommittee
- Pregnant and Parenting Women

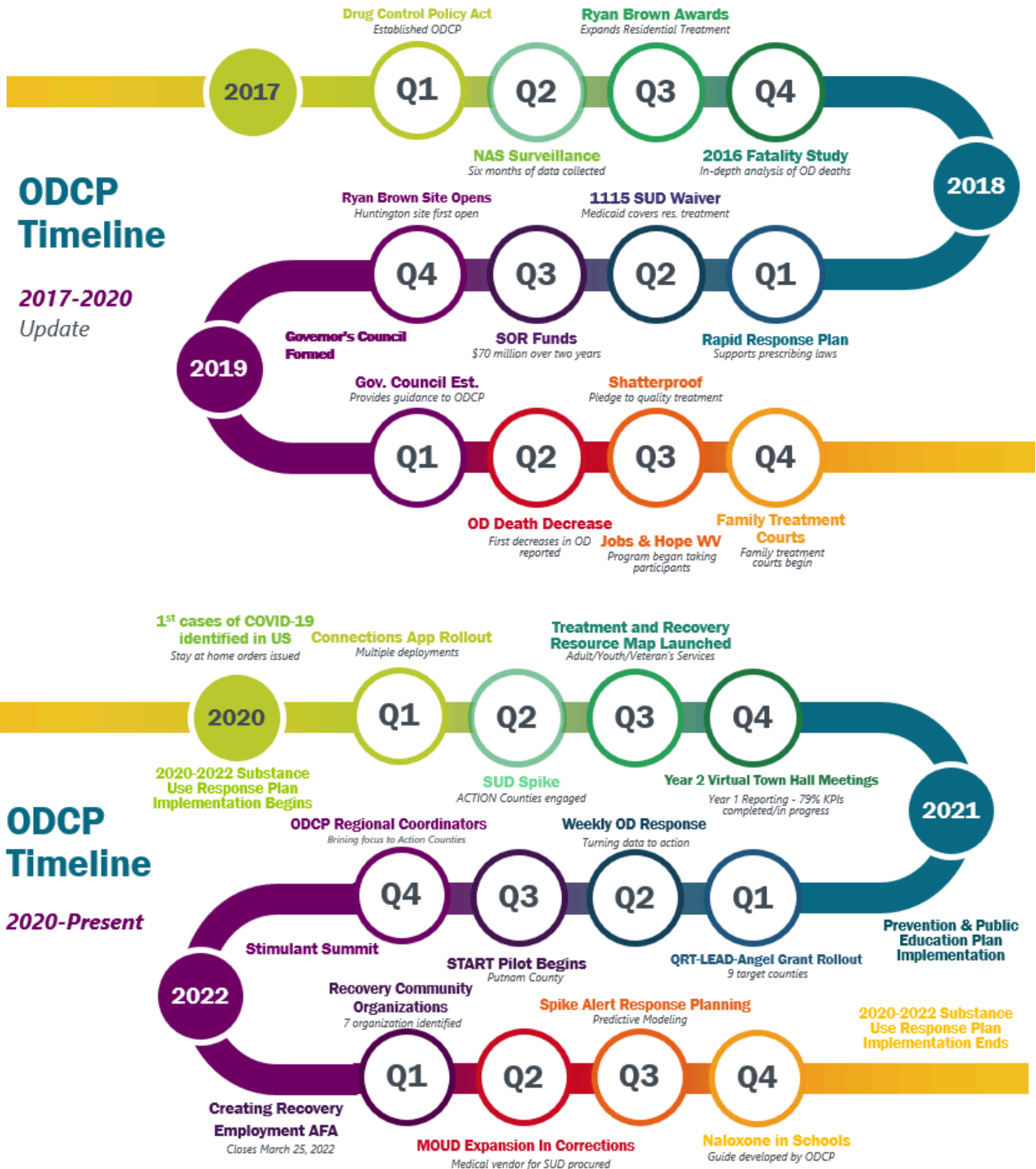
Implementation of the 2023 Action Plan resulted in the following for the 79 Key Performance Indicators (KPIs) being implemented, monitored, and reported. Of note is that the total KPIs may vary from quarter to quarter as Subcommittees add or remove KPIs during implementation.

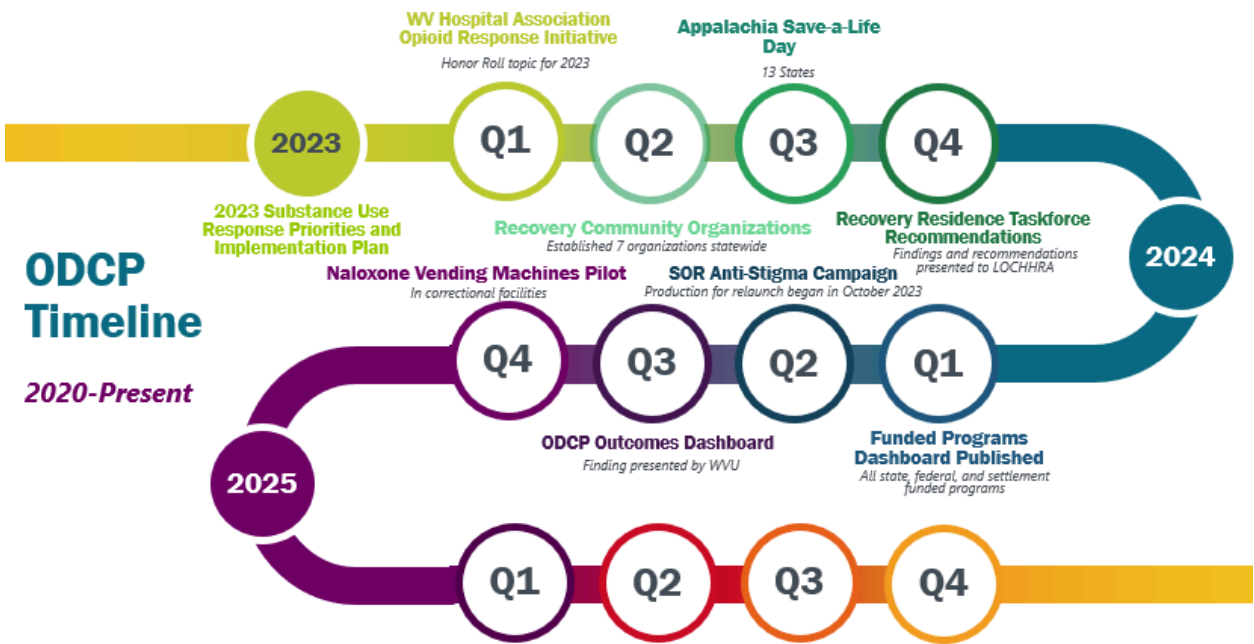
	Q1 Progress
KPIs Completed	3 (4.0)
KPIs In Progress	39 (49%)
Not Started	37 (47%)
Not Reported	0
KPIs Completed or In Progress at end of quarter	42

The 2023 Action Plan in its entirety, is available on the Office of Drug Control Policy website, dhr.wv.gov/office-of-drug-control-policy.

APPENDIX J

ODCP TIMELINE





APPENDIX K

ODCP STAFF

Rachel Thaxton, Interim Director



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

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

Rachel holds bachelor’s and master’s degrees from West Virginia University. Her educational background is in Elementary Education and she spent several years as a Kindergarten teacher in Kanawha County, WV.

Dora Radford, Executive Assistant to the Director



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

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

Her experience has given her detailed knowledge of managing and scheduling multiple projects, deadlines, and document control. In addition, Dora’s knowledge of administrative and government processes as well as facility and medical standards of care and treatment has also been an asset to the ODCP.

Gary Krushansky, Strategic Planner



Lieutenant Colonel (Retired) Gary D. Krushansky serves as a liaison for the West Virginia National Guard as a Strategic Planner to the ODCP. He also acts as the LEAD Coordinator for the state of West Virginia.

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

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

Justin Smith, Data Program Manager



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

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

Jessica Smith, Outreach and Education Program Manager



Jessica Smith is the Outreach and Education Policy Program Manager with the ODCP. She focuses on the coordination and implementation of prevention and stigma reduction work across the state. Jessica was previously employed as a field employee for the Centers for Disease Control and Prevention Foundation contracted to the West Virginia Department of Health (DH), Bureau for Public Health (BPH) to implement prevention work in West Virginia's emergency departments. Jessica also spent several years as the Communication Director for the Kentucky Academy of Family Physicians.

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

Dina Williams, COSSAP Program Manager



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

Prior to joining ODCP, Dina served as Criminal Justice Specialist II, for The WV Department of Homeland Security-Justice and Community Services (JCS). Dina currently serves on the Sentencing Commission Subcommittee of the Governor’s Committee on Crime, Delinquency, and Correction. This subcommittee is tasked with gathering and analyzing data and providing recommendations to the legislature concerning corrections statutes. Dina also serves on the SUD Commission formed from a collective of coalitions to gather and analyze aggregate data for prevention of SUD. She is certified by University of Cincinnati Corrections Institute as a Community Programs Checklist (CPC) accessor. Dina holds a Regent Bachelor of Arts, a Master of Science, and a Master of Public Administration from West Virginia State University. She began her Doctor of Public Administration at Liberty University and is currently working towards her doctorate at Northcentral University.

Jostin Holmes, Prevention, Treatment, and Recovery Policy Program Manager



Jostin Holmes became the Prevention, Treatment, and Recovery Policy Program Manager of the ODCP in February 2022.

Prior to joining the ODCP, Jostin served as a substance abuse therapist for recovery residences throughout Kanawha and Cabell counties. Jostin also was a treatment supervisor with Pretera Center overseeing residential treatment centers in Kanawha County. This position fostered skills in client management and vital intervention methods in early recovery. Jostin previously served as the director of short-term recovery residences in which he created and implemented evidence-based treatment methods in startup programming. This created opportunities to create treatment process and procedure plans to establish successful recovery environments for those with SUD.

Jostin obtained a Bachelor of Science in Psychology and a Master of Arts in Clinical Mental Health Counseling from Liberty University. He is licensed as a Professional Counselor. He has extensive experience in the treatment of substance use and trauma related disorders.

Sheila Reynolds, Programmer Analyst



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

Sheila comes to the ODCP with more than 25 years of experience in the healthcare IT field. Her prior experience includes work as a statistician for the Department of Agriculture. She earned her Bachelor of Science in Computer Information Systems from WVU Tech in Beckley.