

# 2024 PRIORITIES AND IMPLEMENTATION PLAN



WEST VIRGINIA DEPARTMENT OF  
**HUMAN  
SERVICES**

Office of Drug Control Policy

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## INTRODUCTION

Substance use disorders (SUD), including tobacco use, are catastrophic, not only to those who suffer from them, but to the very fabric of our society. Substance use disorders continue to have a significant and costly impact on the health, well-being, and economy of West Virginia. They are linked to overdose deaths, 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 ongoing 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 lead to ongoing discrimination against those who wrestle with it and significantly add to the magnitude of the problem. Existing challenges keep people from seeking care, delay entry into treatment, and create barriers to regaining stability in life (i.e., securing stable jobs, long-term housing, etc.). Due to the complex and far-reaching consequences of this continuing epidemic, it remains vital to update the State's Substance Use Response Plan (Plan) annually using a multi-agency, multi-sector, collaborative approach with subject matter experts from across the state to address the highest priority issues to improve outcomes and save lives.

The Governor's Council on Substance Abuse Prevention and Treatment (Council) is charged with leading 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 each year. The following elements outline the Plan established by the Council. The West Virginia 2024 State Substance Use Response Plan will:

- Implement cessation strategies to address youth tobacco and vaping.
- Increase prevention efforts through community education and a statewide stigma-free messaging campaign.
- Increase capacity of recovery housing, transportation for prevention, treatment, and recovery services, and employment opportunities and job retention.
- Increase access to effective, evidence-based treatment and recovery services for all individuals, justice-involved persons, and pregnant and parenting women.
- Reduce risk of infectious diseases associated with substance use disorders.
- Continue to build and strengthen the behavioral health workforce to expand treatment services.
- Prepare law enforcement officers to respond to overdose events and improve enforcement of drug-related laws.
- Strengthen how law enforcement and first responders address children's exposure to violence and trauma.
- Promote knowledge of alternative sentencing for individuals with substance use disorder.
- Monitor to assure Plan goals are achieved.

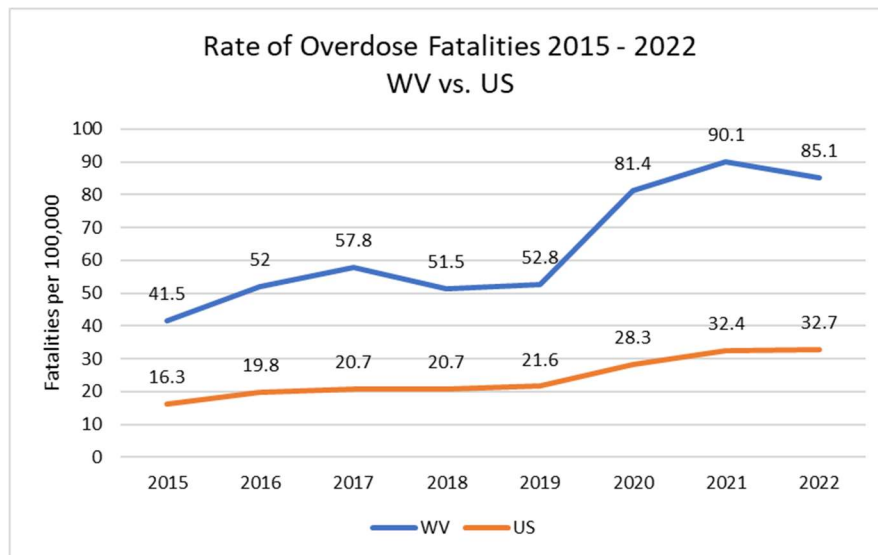
This document describes the current substance use environment in West Virginia, highlights the activities and initiatives already underway, and presents the plan framework, including the goals, strategies, and key performance indicators that will be implemented over the next year. The Plan framework represents a coordinated and integrated approach that encompasses prevention; community engagement and supports; treatment; integrated health systems; court

systems and justice-involved populations; law enforcement; public education; and pregnant and parenting women.

As the Plan is implemented, true success will continue to 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 ongoing 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 requires a "whole community" approach. 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 agency and community-level processes to do the same.

## BACKGROUND

No state has been as profoundly affected by the substance use epidemic as West Virginia, which continues to have the highest age-adjusted drug overdose death rates in the nation. In 2022, the West Virginia Health Statistics Center provisionally reported 1,357 overdose deaths in West Virginia. The drug overdose death rate in West Virginia has increased from a rate of 51.5 per 100,000 in 2018, to 85.1 per 100,000 in 2022, far exceeding the national average of 32.7 per 100,000.



NCHS Data Brief, Number 457, December 2022. (2015-2021; Provisional 2022 for WV and US from CDC Wonder.

WV OCME data

The substance use epidemic in West Virginia also continues to increase 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 increased risk for infection with HIV. The Centers for Disease Control and Prevention (CDC) 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. If undiagnosed or untreated, HIV can lead to a range of infections and other health complications. Yet, linked to 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 multi-generational epidemic. Families suffer, emotional scars are endemic, and trauma is rampant among first responders, loved ones, and the affected individuals themselves. Willing employers continue to encounter challenges in hiring a qualified workforce. Meeting transportation needs remains a major barrier.

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. 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%. In more recent years, the preponderance of youth who use tobacco or vaping has skyrocketed.

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 for opioid use disorder (MOUD) is increasing and inpatient substance use treatment availability is being markedly expanded through Ryan Brown, State Opioid Response, and the expansion of the 1115 Medicaid waiver. 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.

Yet, there is more needed to curb the current drug overdose deaths that continue to occur in the state and an urgency to save the lives of West Virginians. This Plan represents a comprehensive, multi-sector approach to addressing the state’s substance use epidemic.

## APPROACH

The Council was formed in 2018 and quickly saw the need to expand the focus from Prevention, Treatment, and Recovery to other areas that are affected by substance use disorder. Eight subcommittees have been formed and each is chaired by Council members. The focus areas are Prevention; Community Engagement and Supports; Health Systems, Treatment, Recovery and Research; Courts and Justice-Involved Populations; Law Enforcement; Public Education; Recovery Community; and Pregnant and Parenting Women. Subcommittee chairs identify subject matter experts from across the state to participate in planning, implementation, and evaluation of efforts to make improvements in each of the Plan focus areas. In all, more than 100 partners participate in the subcommittees. Additionally, the chairs work with the Office of Drug Control Policy, state agencies, and additional subject matter experts.

### FRAMEWORK FOR THE WEST VIRGINIA SUBSTANCE USE RESPONSE PLAN



The pages that follow present each of the subcommittee plans, including goals and strategies. Annually, virtual Town Hall Meetings are held to collect data from the public, community, and state partners. In 2023, five Town Hall Meetings were held in August and September. Data collected from the meetings was used by each of the Subcommittees to inform development of the 2024 Plan. 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 also create tactics that outline the actions necessary to meet the key performance indicators, and local communities are invited to do the same.

Given the critical importance of addressing stigma as a cross-cutting issue throughout all sections of the Plan, a subcommittee was established to address Public Education and remains comprised of subject matter experts that support all areas of the Plan. The 2023 Town Hall Meetings also identified the need for a new Subcommittee to be developed in 2024 to focus on the needs of youth and substance use in the state. Altogether, this Plan provides a comprehensive approach and is the "roadmap" that will guide West Virginia's response to the substance use and opioid epidemic over the next year.

## 2022 ACCOMPLISHMENTS

### PREVENTION

- During Prevention Day at the Legislature (2022), key prevention information was disseminated by regional prevention leads to more than 50% of their delegates.
- One to two prevention mentors were identified in each prevention region across the state to connect them to ongoing virtual prevention collaborative workspace to support their work.
- Partners collaborated to identify a cross-section of two to four prevention champions, including legislators from each region in the state, and introduced them at the prevention summit.
- Three to four prevention training sessions were provided, including an annual statewide prevention summit.
- Partnership readiness was assessed by using a validated survey instrument that enabled ongoing assessment and partnership development.
- Surveyed members to ensure every aspect of prevention was represented by participating partners.
- Established designated prevention coalitions and expectations that were added to funding announcements.
- Annually worked with partners and prevention organizations to schedule and host Prevention Day and activities at the Legislature.
- Examined how coalitions were funded at the coalition/county level and created a set of recommendations to expand and diversify funding strategies for support.
- Launched the state-level clearinghouse.
- The Prevention Steering Team and Goal Workgroup released a guidance document that included recommended prevention interventions for universal, selected, and indicated populations.
- Developed a data sharing process for local, regional, and statewide needs assessments and other relevant data.
- The Prevention Steering Team and Goal Workgroup provided data to update statewide and regional prevention profiles.
- Reviewed survey data from the prevention lead organizations and schools, examined gaps, and looked for areas to build relationships and activities.
- The Prevention Steering Team and Goal Workgroup implemented targeted messages quarterly to identify selected audiences.
- Continued to implement the 2021-2024 West Virginia Tobacco Use Reduction Plan.
- Continued to disseminate and promote the West Virginia Division of Tobacco Prevention E-cigarette and Youth Vaping Toolkit in all 55 counties.
- Promoted and utilized cessation programs with youth rather than punitive approaches that included: 1) education on diversion options; 2) training; and 3) evidence-based prevention interventions.

### COMMUNITY ENGAGEMENT AND SUPPORTS

- A partnership to collaborate with the West Virginia Small Business Development Center was established to offer workshops, training, and mentors for small businesses.
- The number of recovery residences that were medication-assisted treatment accessible (offering all forms of medication-assisted treatment) increased by an additional 20%.

- The West Virginia Alliance of Recovery Residences was engaged to complete certification processes of recovery residences by an additional 20% in West Virginia.
- At least one virtual training session was conducted and recorded on how to use the mapping and planning tool of emerging and/or evidence-based practices in West Virginia.
- A virtual training on how to locate local grant opportunities and previously funded foundation and Federal grants (i.e., Centers for Disease Control and Prevention, Substance Abuse Mental Health Services, etc.) was conducted and recorded in West Virginia.
- Continued to identify and analyze best practices of successful recovery housing in other states and increased training statewide in West Virginia by 25%.
- Increased recovery-owned and operated businesses in West Virginia by 10%.
- Conducted a think tank to develop strategies on how to leverage Jobs & Hope, CORE, and HIREWV as a comprehensive, integrated system for assisting individuals in recovery to obtain and retain jobs.
- Conducted an annual update of the assessment of current recovery housing.
- Created a layered map to demonstrate the capacity of treatment, transitional, recovery, and reentry housing across the state. The map incorporated various factors such as overdose and overdose death rates, levels of care offered through recovery housing, etc., to understand gaps and prioritize needs.
- Continued to convene the Recovery Transportation Task Team to research transportation models (including payment strategies/structures such as Medicaid coverage for transportation to recovery housing in West Virginia), documented best practices and working models, and developed a plan that included recommendations to replicate selected models across West Virginia.
- Gathered information from transportation models such as ridesharing (Huntington pilot project, faith-based organizations, etc.) to explore feasibility (including funding needed) to expand into at least two more counties.
- Expanded selected transportation models into at least two more counties.
- Explored existing funding options to support the employment of individuals in recovery for repairs, renovations, and upkeep for high-quality recovery residences.
- Documented at least three entrepreneurial and social enterprise models in the state.
- Developed a set of indicators to designate and measure recovery-supportive businesses across the state.
- Established a Task Team that focused on employment retention to explore, document models/approaches, and make recommendations on how to improve retention among individuals in recovery from substance use disorder in West Virginia.
- Continued to support and update at least annually the mapping and planning tool ([dhr.wv.gov/office-of-drug-control-policy/help/Pages/default.aspx](http://dhr.wv.gov/office-of-drug-control-policy/help/Pages/default.aspx)) of emerging and/or evidence-based practices to be shared with communities.
- Continued to gather information to develop and document a search and compilation process and shared emerging and evidence-based programs and practices with prevention, treatment, and recovery providers and updated annually.
- Continued to share resources such as the City of Solutions and other developed community resources from across the state on the ODCP website.

## **HEALTH SYSTEMS**

- All 48 local health departments in West Virginia have access to naloxone to distribute in their respective public health jurisdictions.
- A sustainability plan for naloxone funding and availability was developed for the state.



- Ongoing technical assistance and support is being provided to West Virginia's 39 Quick Response Teams through monthly, virtual peer networking meetings and 1:1 support as needed.
- Advanced processes that enabled access to naloxone upon discharge from health care facilities.
- Advanced availability of naloxone for distribution by Quick Response Teams for the duration of the plan.
- Continued to identify and implement additional strategies to distribute naloxone in local communities (i.e., food banks).
- ODCP provided ongoing technical assistance and support to ACTION counties (counties with the highest overdose death rates) to establish immediate steps to save lives throughout the duration of the plan.
- Supported existing Quick Response Teams throughout the duration of the plan through monthly, virtual peer networking meetings.
- Under the direction of ODCP, it continued to operationalize a statewide data collection system and dashboard that was updated within 72 hours after receiving relevant data.
- Continued to offer resources and support on how to access the use of the dashboard and interpret the data it contained to support community response.
- Established a pilot of up to three communities using Fatality Review Teams as an approach to data use that strengthened local response.
- Continued to support at least two hospital systems in addressing substance use disorder for all patients using a facility-wide model that included the integration of universal screening, medication-assisted treatment initiation, and coordinated care transition.
- Continued to support at least ten hospital emergency departments in developing clinical pathways for medication-assisted treatment and transition to substance use disorder care.
- Continued to enhance inpatient and outpatient efforts for screening for substance use disorders, associated comorbidities (hepatitis, HIV, etc.), and timely and effective transitions to treatment wherever those with substance use disorder were in contact with the health care system.
- Continued to support the public dashboard to display trends and critical incidents that enabled local communities to be responsive.
- Continued to expand mobile treatment options to all West Virginia Department of Human Services behavioral health regions, including underserved areas.
- Supported communities undertaking new licensure of their harm reduction program through the provision of funding, technical assistance, and quality improvement efforts.
- Decreased harm from injection drug use in all existing harm reduction programs through an increase in naloxone distribution, linkages to treatment, and best practices for harm reduction programs.
- Continued to support cross-state multi-sector forums (i.e., KY, OH, MD, WV) to share lessons learned and advance best practices in implementing evidence-based harm reduction services.
- Continued to integrate screening for infectious diseases into key entry points for care related to substance use disorder via a standard screening panel and clinical protocols.
- Continued to advance the capacity to rapidly expand community testing services for HIV/hepatitis C virus and investigate, track, and manage identified cases.
- Continued to work with community health centers and health care providers to increase by 20% the number of sites with capacity to provide HIV and hepatitis C treatment in the primary care setting.

- Continued to increase primary care provider knowledge of and capacity to provide Pre-Exposure Prophylaxis (PrEP) for HIV prevention for high-risk individuals.

### **TREATMENT, RECOVERY, AND RESEARCH**

- The strategic plan that enables telehealth to be used for substance use disorder treatment and recovery services across the state were updated.
- Continued efforts to expand medication-assisted treatment availability in all counties using direct treatment or telehealth.
- Active planning continued towards implementation of at least one model that promotes recovery and integrates substance use disorder treatment with the health care delivery system.
- Pilots focused on improving retention in treatment and recovery through innovative, evidence-based strategies.
- Full implementation of the ATLAS Quality Initiative (Shatterproof) was continued.
- Educational opportunities were offered to providers on effective clinical applications to care for individuals using stimulants.
- The ECHO program continued to support providers on education of stimulants and treatment/recovery management.
- Appropriate recovery support system models were defined for the state.
- Standardized training continued to be offered to peer recovery support specialists.
- Peer support educational programs continued to be offered.
- Recommendations on how to effectively provide ongoing support for peer recovery support specialists were implemented.
- Family treatment courts continued to be expanded and supported in counties, as appropriate.
- Evidence-based approaches continued to be developed and implemented to train providers in implementing treatment with clinical supervision, ensuring implementation with fidelity.
- Continued to provide education to 1,000 future and current practitioners about substance use disorder, including education to meet medication-assisted treatment waiver requirements.
- Continued the Steven M. Thompson Physician Corps Loan Repayment Program each semester to help at least 40 clinicians per year.
- Continued to work with the various graduate school programs in social work, counseling, and psychology to increase the number of students entering the substance use disorder field.

### **LAW ENFORCEMENT**

- Incentives were provided to law enforcement to adopt successful diversion programs.
- Law Enforcement Assisted Diversion (LEAD) programs in local communities were increased by 10%.
- The online tool for public reporting of suspicious activity (i.e., potential drug dealings and drug diversion activity) continues to be available.
- Offered training on Handle with Care and Handle with Care protocols to at least 400 law enforcement officers.
- Provided at least two training events per year (virtual or in-person) for law enforcement that included naloxone administration, self-care, harm reduction, stigma reduction, and models for responding to overdoses.
- Continued to work with state agencies and local health departments to ensure that all law enforcement agencies had an adequate naloxone supply.

- Established strategies to increase public awareness of how to report suspicious activities and metrics to monitor effectiveness (i.e., number of communities where reporting occurred, number of suspicious activities reported, etc.).
- Continued to inform all local law enforcement agencies and first responders that entering overdose data into the Overdose Detection Mapping Application Program within 72 hours of overdose was state required.
- Continued notifying state and local law enforcement of overdose events and apparent drug routes identifiable via the Overdose Detection Mapping Application Program.
- Offered training on Handle with Care and its protocols to at least 200 emergency services personnel.
- Monitored law enforcement referrals and use of Handle with Care quarterly to identify opportunities for continued improvements, additional support needed, etc.

## **COURT SYSTEMS AND JUSTICE-INVOLVED POPULATIONS**

- Processes and protocols continued to be developed, including an annual gap analysis to document and close gaps related to enabling access to substance use disorder medication-assisted treatment (all three U.S. Food and Drug Administration approved medications) and recovery services in all jails, prisons, treatment courts (i.e., family, drug, veterans, etc.), and day report centers.
- Processes and protocols continued to be developed, including an annual gap analysis to document and close gaps in enabling access to therapeutic programming such as cognitive behavioral therapy, mindfulness, and other established effective programs for justice-involved populations in all jails, prisons, treatment courts, and day report centers.
- Established and implemented a process to identify and understand barriers to the expungement filing process through an information gathering process (i.e., key informant interviews, focus groups, etc.).
- Continued to support a standardized process in all jails, prisons, and treatment court systems to ensure that all eligible inmates were offered the opportunity for Medicaid enrollment or had a plan to ensure private insurance coverage prior to release.
- Continued to provide information and education to judges (i.e., fall conference) and/or other identified key stakeholders on substance use disorder medication-assisted treatment (all three U.S. Food and Drug Administration approved medications) and recovery services.
- Continued to work with WorkForce West Virginia, Jobs & Hope West Virginia, and Creating Opportunities for Recovery Employment to implement an "Employer Assistance User Guide" for businesses hiring individuals with a criminal justice history.

## **PUBLIC EDUCATION**

- A learning portal (such as [www.SUDLearn.com](http://www.SUDLearn.com)) was identified to serve as a centralized repository for stigma-related learning resources throughout the state.
- An evidence-based framework was developed to guide, adapt, and measure all stigma related marketing campaigns.
- An Action Group was convened monthly, consisting of experts in stigma reduction/awareness, evidence-based research, curriculum development, training, and outreach.
- Continued to build a detailed list of all previously existing stigma reduction curriculum/trainings, including how to access, cost, length, resulting certification, corresponding evaluation/research, trainer credentials, and target populations.

- Collaborated with other subcommittees on priority population trainings to ensure they met the needs of those communities and had experts from those areas reviewing the material.
- Continued the literature review for stigma awareness evidence to help identify critical information, gaps, and target audiences, with a written summary of findings and/or recommendations.
- Established a detailed public directory on the Stigma Free WV website of the content and scope of past stigma reduction communication campaigns within the state that could be searched by topics covered and population served.
- Public Education Subcommittee members reported monthly at Subcommittee meetings on new messaging activities and provided monthly report outs/updates for ongoing public messaging campaigns.
- Developed one overarching stigma reduction training or framework that allowed for additional material to address priority populations, stories of lived experience, and additional substance use disorder/mental health education topics.
- Linked all stigma marketing campaigns to Stigma Free WV.
- Public Education Subcommittee members developed new targeted campaigns for three target populations that are not currently being reached.

## **RECOVERY COMMUNITY**

- Partnerships continued to be established with Faces and Voices of Recovery to explore the deployment and operations of a Recovery Community Organization, including a pilot program with technical assistance and evaluation.
- The development of recommended funding mechanisms to operationalize and sustain the Recovery Community Organization state-sponsored program was explored with the goal of strategic expansion into all seven regions of the state.
- Review of the state naloxone standing order was performed to ensure distribution with education to the pharmacist and key stakeholders (i.e., college campuses, schools, homeless shelter organizations, etc.).
- A written plan was developed to replicate, improve, and expand the use of the blended model statewide, utilizing existing reimbursement codes for community health workers to support Family Peer Recovery Support Specialists.
- A written plan was developed to strategically place naloxone dispensing machines in one county in each Ryan Brown region.
- Partnered with the West Virginia Department of Human Services (DoHS), Bureau for Medical Services (BMS) to determine the feasibility of increasing reimbursement rates for clients using a family code modifier.
- Collaborated with Sequential Intercept Mapping (SIM) trainers from Marshall University to develop a white paper describing how SIM could be used to assist communities in identifying resources and gaps in services at each intercept and developing local strategic action plans.
- Invited key stakeholders to each meeting of the Recovery Community Subcommittee for updates, sharing of information, and the development of shared goals.
- Continued to research models of existing Recovery Community Organizations in New Hampshire, Florida, and Vermont and developed a white paper with recommendations (including funding mechanisms) for a state-sponsored certification proposal/program.

## 2023 ACCOMPLISHMENTS

### PREVENTION

- Identified one to two prevention mentors per region across the state to connect them to the ongoing virtual prevention collaborative workspace.
- Quarterly meetings occurred between mentors, coalitions, and key stakeholders with mentees, providing workforce training and skill development (e.g., grant writing).
- The Prevention Steering Team and Goal Workgroup released a guidance document that included recommended prevention interventions for universal, selected, and indicated populations.
- Information on any available current state strategic and/or regional plans was disseminated through the Help & Hope WV website.
- Education/training opportunities on evidence-based prevention/interventions were posted on Help & Hope WV.
- The prevention lead organizations convened quarterly to gather and review existing organizations, training, education needs, credentialing required for the workforce, and resources needed for an online, statewide Prevention Resource Warehouse.
- Partners were worked with to identify a cross-section of two to four prevention champions, including legislators, from each region in the state, and these champions were introduced at the next prevention summit/conference.
- The Prevention Steering Team and Goal Workgroup implemented targeted messages quarterly to selected audiences.
- The Prevention Steering Team and Goal Workgroup hosted one to two stakeholder meetings in each region to develop media messages and inform dissemination on platforms.
- The SPF Rx model, community input, non-stigmatizing language, and data-driven decision-making were continued to be used to inform media marketing by creating a checklist tool that assisted stakeholders in meeting the requirements of best practices in a standardized manner.

### COMMUNITY ENGAGEMENT & SUPPORTS

- Two educational opportunities were offered on recovery housing for community stakeholders and partners across the state, including but not limited to West Virginia Alliance of Recovery Residences (WVARR) tools/resources and levels of care.
- Virtual and in-person training courses were held with 25 employers across the state to facilitate a recovery-friendly workplace.
- A recovery-friendly workplace work group was established and is now meeting quarterly to implement a statewide recovery-friendly workplace initiative.
- Continued to identify and analyze best practices of successful recovery housing in other states.
- Held a statewide conference for housing operators, staff, and community stakeholders that offered different tracks, scholarships, hands-on learning, and certificates of completion.
- Assessed the funding needs of recovery residences in West Virginia and identified current funding available for recovery residences.
- Established a written plan to collaborate with Jobs & Hope West Virginia, Creating Opportunities for Recovery Employment, and WV HIRE to sustain workforce programs.
- The number of recovery residences offering multiple pathways, including all forms of medication-assisted treatment, was increased by an additional 20%, and these were displayed on a map.

- Training statewide in West Virginia increased by 25%.
- Monthly meetings were held to identify and document recovery-friendly workplace models in Kentucky, Ohio, and New Hampshire.

### **TREATMENT, HEALTH SYSTEMS, AND RESEARCH**

- Work was continued with community health centers and health care providers to increase by 20% the number of sites with capacity to provide HIV and hepatitis C treatment in the primary care setting.
- Efforts were maintained to establish processes in four communities for implementing treatment on demand, including treatment from the emergency department following overdose or for individuals presenting with a primary/secondary opioid use disorder/substance use disorder diagnosis in an acute or other setting. This was in line with the Health Systems for Project Engage initiatives.
- Active planning towards the implementation of at least one model that promotes recovery and integrates substance use disorder treatment with the health care delivery system was demonstrated.
- Support was provided for pilots focused on improving retention in treatment and recovery through innovative, evidence-based strategies.
- Education was provided to 1,000 future and current practitioners about substance use disorders, including education necessary to meet medication-assisted treatment waiver requirements.

### **COURT SYSTEMS AND JUSTICE-INVOLVED POPULATIONS**

- The Community Engagement Subcommittee collaborated with the Community Engagement and Supports Subcommittee to address gaps and barriers to employment for individuals with a substance use and criminal justice history.
- Explored how other states addressed criminal record expungement for specific offenses directly linked to substance use disorder across various jurisdictions within the state and pertaining to particular child abuse and neglect offenses.
- Promoted awareness of incentives available to employers for hiring someone with a criminal justice background.
- Support was continued for the expansion of LEAD and other diversion opportunities that promoted treatment instead of incarceration without treatment.
- Opportunities were identified to link employees with a criminal justice history to job-readiness services for employment.

### **LAW ENFORCEMENT**

- Offered training on Handle With Care and its protocols to at least 400 law enforcement officers.
- Provided at least two training events this year (virtual or in person) for law enforcement that included naloxone administration, self-care, harm reduction, stigma reduction, and models for responding to overdoses.
- Offered training on Handle With Care and its protocols to at least 200 personnel who interacted with law enforcement, including emergency medical services, 911, social workers, mental health providers, victim advocates, teachers, and school staff.
- All local law enforcement agencies and first responders were continually informed that entering overdose data into the Overdose Detection Mapping Application Program within 72 hours of an overdose was a state requirement, and the number of trainings provided was reported.

- State and local law enforcement were consistently notified of overdose events and apparent drug routes identifiable via the Overdose Detection Mapping Application Program.
- Law enforcement referrals and the use of Handle with Care were maintained quarterly to identify opportunities for continued improvements, additional support needed, etc.

#### **PUBLIC EDUCATION**

- Identified five key personnel in organizations that supported the target populations identified in the 2021 survey.
- Developed a written strategic plan for three to five years for state messaging with a group of select key stakeholders, including those with lived experience.

#### **PREGNANT AND PARENTING WOMEN**

- Collaboration was undertaken with the housing workgroup to understand data collected from the most recently conducted statewide recovery housing survey.
- Using assessment data, a map was developed to identify gaps and needs across West Virginia, which aided in making recommendations for increasing capacity.

## 2024 FOCUS AREAS

### PREVENTION

In the words of Benjamin Franklin, "An ounce of prevention is worth a pound of cure." West Virginia, recognizing the urgency of curbing substance use disorders at their roots, channels substantial resources into the Prevention Subcommittee's mission. Focused on reducing Adverse Childhood Experiences (ACEs) and improving social determinants of health, the subcommittee collaborates with diverse partners to implement evidence-based prevention efforts.

**Goal 1: Increase prevention efforts across the state to decrease youth tobacco use and vaping of other substances.**

Strategy 1: Increase the number of youth receiving evidence-based prevention practices (i.e., CATCH My Breath) regarding tobacco and vaping. (DoHS BBH)

Strategy 2: Educate key stakeholders on best practice and policy regarding youth tobacco and vaping use. (DoHS BBH)

**Goal 2: Implement a unified, state-level, stigma-free prevention messaging campaign(s) to build awareness. (DoHS Bureau for Behavioral Health)**

Strategy 1: Develop a standardized prevention messaging campaign(s) to reach communities and schools across the state using informed stakeholder input. (DoHS BBH)

Strategy 2: Select community prevention groups to develop up to 12 different prevention messaging themes that address community needs and inclusive populations of focus. (DoHS BBH)

Strategy 3: Develop a communications plan for dissemination.

**Goal 3: Increase community education about the availability of prevention across the lifespan.**



Strategy 1: Promote prevention websites and social media platforms (i.e., Help & Hope WV, Prevention First, Stigma Free WV) (DoHS BBH).

Strategy 2: Promote statewide prevention conferences, trainings, and town halls.

## COMMUNITY ENGAGEMENT AND SUPPORTS

Communities and regions across West Virginia are actively mobilizing to combat the substance use disorder crisis and reduce stigma by increasing the availability and accessibility of treatment and recovery supports. The Community Engagement and Supports Subcommittee focuses on empowering individuals in recovery, enabling them to integrate into recovery networks, develop employment skills, secure housing, and address transportation needs for successful community reentry.

### HOUSING

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

Strategy 1: Advocate for long-term funding to help strengthen and grow all levels and types of recovery housing in West Virginia where it is needed. (ODCP, DoHS BBH, WVARR)

Strategy 2: Facilitate ongoing training and technical assistance for current and future recovery residence operators and staff. (ODCP, DoHS BBH, WVARR)

Strategy 3: Facilitate the development and improvement of the utilization of recovery residences in a strong viable continuum of support for people in recovery. (ODCP, DoHS BBH, WVARR)

### TRANSPORTATION

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

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

### EMPLOYMENT

#### Goal 3: Increase employment opportunities and job retention for individuals in recovery for substance use disorders through supported employment,

apprenticeships, and programs such as Jobs & Hope West Virginia. (CORE, REACH, Jobs & Hope WV)

Strategy 1: Assist businesses to employ individuals in recovery.

Strategy 2: Provide individuals in recovery with access to resources to assist with small-business creation. (CORE, Jobs & Hope WV)

Strategy 3: Sustain existing programs that assist individuals in recovery from substance use disorder to obtain employment, including Jobs & Hope WV, Creating Opportunities for Recovery Employment (CORE), and Restore, Empower, and Attain Connections with Hope (REACH). (ODCP, CORE, Jobs & Hope WV, REACH)

## TREATMENT, HEALTH SYSTEMS, AND RESEARCH

In the dynamic landscape of substance use disorders, the Treatment, Health Systems, and Research Subcommittee emerges as a pivotal component of the state plan in addressing the diverse needs of individuals seeking care within West Virginia's hospitals and health care facilities. The complexity of substance use disorders, often intertwined with behavioral health and medical conditions, requires innovative approaches beyond existing care models. By advocating for team-based approaches within integrated care systems that offer comprehensive, holistic care, and leveraging technology effectively, we aim to enhance our response to the substance use disorder crisis. The strain on treatment and recovery resources, exacerbated by the crisis, has also underscored the need for actionable research. This subcommittee recognizes the importance of innovative state and local efforts in providing effective treatment and is committed to new knowledge that can advance strategies that combat emerging trends.

**Goal 1: Reduce fatal and nonfatal overdoses by improving access and integration of early intervention and treatment for substance use disorder in outpatient and residential facilities and in the community.**

Strategy 1: Develop recommendations for health care providers, state agency partners, and leaders around the state to address barriers to treatment location.

**Goal 2: Reduce the risk of infectious diseases associated with substance use disorder.**

Strategy 1: Develop recommendations for health care providers, state agency partners, and leaders around the state to integrate screening and rapid access more fully to treatment of infectious diseases for individuals seeking substance use disorder treatment.

**Goal 3: Increase the health professional workforce to treat people with substance use disorders.**

Strategy 1: Increase the number of treatment providers who offer evidence-based care to treat people who use multiple substances.

Strategy 2: Provide education about substance use disorder (including stigma) to providers and staff in hospitals, urgent cares, and primary care practices.

## COURT SYSTEMS AND JUSTICE-INVOLVED POPULATIONS

Amidst the surge in West Virginia's incarcerated population, fueled by the substance use disorder crisis, the Court Systems and Justice-Involved Populations Subcommittee emerges as a catalyst for change. Analyzing data from the West Virginia Division of Corrections and Rehabilitation, the subcommittee identifies the elevated risk of recidivism among individuals with substance use disorders, highlighting the urgent need for targeted interventions. Leveraging the criminal justice system as a platform, the subcommittee has explored strategies for criminal record expungement related to substance use disorders and child abuse and neglect offenses across diverse jurisdictions.

### **Goal 1: Provide criminal justice-involved and civil child abuse and neglect-involved persons access to evaluation and effective treatment for SUD.**

Strategy 1: Address gaps in access to medication-assisted treatment across the West Virginia criminal justice system and in the community for justice-impacted citizens upon release and re-entry. (WV DCR)

Strategy 2: Promote knowledge of available alternative sentencing resources as a list of options to increase substance use disorder treatment instead of incarceration without treatment by providing information across judicial circuits. (Court Systems)

Strategy 3: Increase information among judges, magistrates, courts, and law enforcement to reduce stigma of MAT/MOUD for persons involved in the criminal justice and child abuse and neglect systems. (Court Systems)

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

Strategy 1: Address gaps and barriers to expunging criminal records for certain offenses directly related to substance use disorder when there are convictions across multiple circuits. (Legal Aid, Jobs & Hope WV)

Strategy 2: Address gaps in accessing transportation for treatment and services for justice-impacted persons and persons with child abuse and neglect filings.

## LAW ENFORCEMENT

In response to the escalating substance use disorder crisis, the Law Enforcement Subcommittee plays a crucial role in West Virginia's holistic approach. With law enforcement resources strained and prison populations reaching historic highs, the subcommittee focuses on pivotal strategies, including expanding pathways from law enforcement to treatment and recovery and providing essential tools and training.

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

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

### **Goal 2: Provide law enforcement with analytical tools, techniques, resources, and policies to improve the enforcement of drug laws.**

Strategy 1: 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.

### **Goal 3: Strengthen use and implementation of strategies among law enforcement and first responders to address incidence and prevalence of children's exposure to violence/trauma.**

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

## **PUBLIC EDUCATION**

Addressing the substance use epidemic in West Virginia requires dismantling the pervasive stigma that obstructs understanding, fuels negative perceptions, and hinders access to treatment. Stigma, prevalent across all sectors, including education and health care, poses a significant public health challenge, contributing to overdose fatalities, infectious diseases, incarceration rates, and hindering the recovery process. In response, the Public Education Subcommittee is dedicated to reshaping perceptions and fostering a more informed society.

### **Goal 1: Dissemination of the subcommittee-developed training and database from 2023-2024.**

Strategy 1: Disseminate the public education training and StigmaFreeWV database of trainings through the prevention lead organizations and other community groups.

### **Goal 2: Identify, integrate, and develop a consistent statewide messaging, communication, marketing, and outreach campaign to address stigma.**

Strategy 1: Support the State Opioid Response (SOR) office as a committee of experts to provide feedback on the marketing campaigns.

Strategy 2: Develop methods to integrate stigma-free campaigns and education into West Virginia communities through beatification projects, collaboration with schools and higher education, the PLOs and community coalitions, and personal stories of recovery and home both in-person and online.

### **Goal 3: Collaborate with prevention subcommittee and prevention coalitions to develop strategies for prevention and stigma-free messages targeting youth.**

Strategy 1: Develop collaborative strategies to reduce duplication and improve scope and reach of educational services across the subcommittees.

## RECOVERY COMMUNITY

Recovery embodies a holistic process of healing and growth, encompassing not just abstinence but also rebuilding lives, relationships, and communities. The Recovery Community Subcommittee recognizes that recovery is essential to addressing substance use disorders. For the Council, fostering recovery is a cornerstone in combating the substance use epidemic, emphasizing the need for comprehensive support systems.

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

Strategy 2: Empower consumers with the autonomy to determine their recovery pathway through an informed consent process that prioritizes person-centered care.

**Goal 2: Identify, develop, and expand evidenced-based support systems for families of individuals experiencing substance use disorder and collateral consequences.**

Strategy 1: In collaboration with ODCP, the recovery subcommittee will engage behavioral health providers for a more robust family service program.

**Goal 3: Engage associations, coalitions, and innovative agencies to improve cross-sectional collaboration in West Virginia.**

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



## PREGNANT AND PARENTING WOMEN

The formation of the Pregnant and Parenting Subcommittee within the Governor's Council on Substance Abuse Prevention and Treatment responds to the urgent need to address the alarming rates of neonatal abstinence syndrome and substance use disorder among pregnant women in West Virginia. This epidemic necessitates a focused effort to create a safer and healthier space for women seeking treatment and recovery resources for both them and their children.

### **Goal 1: Promote prevention, treatment, and care coordination for pregnant and parenting women.**

Strategy 1: Increase standardized screening to identify pregnant and parenting women with SUD.

Strategy 2: Increase capacity to provide treatment and recovery support across West Virginia (for all substances) for pregnant and parenting women, including those who experience a return to use.

Strategy 3: Develop and implement a campaign to educate providers, key stakeholders, and communities (pregnant and parenting women) on the risks of alcohol use during pregnancy (especially the third trimester) to address current rates of fetal alcohol exposure.

## Appendix A: 2024 Subcommittee Chairs

The following individuals will serve as subcommittee chair/co-chairs for the 2024 Plan.

### **Prevention**

Co-Chair: Amy Saunders, Marshall University

Co-Chair: Melanie Purkey, WV Department of Education

### **Community Engagement and Supports (Housing, Transportation, Employment)**

Chair: Vacant

### **Treatment, Health Systems, and Research**

Chair: Dr. James B. Becker, Marshall University

Co-Chair: Dr. Michael Kilkenny, Cabell-Huntington Health Department

### **Court Systems and Justice-Involved Populations**

Chair: Stephanie Thornton, Public Defender Corporation and Resource Center

### **Law Enforcement**

Chair: Chief Shawn Schwertfeger, Wheeling Police Department

### **Public Education**

Chair: Dr. Lyn O'Connell, Marshall University

### **Recovery Community**

Chair: Amber Blankenship, REACH Initiative

### **Pregnant and Parenting Women**

Chair: Dr. Stefan Maxwell, Charleston Area Medical Center