



**West Virginia
2020-2022 Substance Use Response Plan
1st Quarter Report for the Period of
January 1, 2020 to March 31, 2020**

Governor's Council on Substance Abuse Prevention and Treatment

April 12, 2020



Introduction

The purpose of this report is to update the Governor's Council on Substance Abuse Prevention and Treatment, key stakeholders, and communities on progress in implementing the West Virginia 2020-2022 Substance Use Response Plan. The content of the report will change from quarter to quarter as new initiatives are started and others currently in progress are advanced or completed. This report is not meant to be a complete description of the work being performed but serves as a tool and mechanism by which the Governor's Council can monitor progress in each of the goal areas.

The report is organized by the following seven strategic areas presented in the West Virginia 2020-2022 Substance Use Response Plan.

- Prevention
- Community Engagement and Supports
- Health Systems
- Treatment, Recovery, and Research
- Courts and Justice-Involved Populations
- Law Enforcement
- Community Education

This report has two sections:

- **Initiatives and Status at a Glance** is a snapshot of the current status of each key performance indicators (KPI). The status reflects whether any changes in activities, scope, resources or timelines have occurred since Council was last updated on the project.
- **Key Initiatives and Agency Highlights** are brief updates or summaries of key initiatives found in the plan, highlighting their contribution to the Strategic Plan implementation for the quarter. Due to COVID-19, these reports are not included in this first quarterly report but will be included in future reports when possible as we move into the recovery phase of the pandemic.

This document is one means for the Governor's Council members and the WV DHHR, Office of Drug Control Policy to demonstrate their commitment to accountability, sustainability, and willingness to assure this plan is advanced in order to systematically address the substance use disorder crisis in West Virginia. As noted in the Strategic Plan for 2020 to 2022, true success in implementing this plan 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 substance use epidemic. The use of a common framework will enhance the likelihood of aligning efforts, leveraging one another's work, minimizing gaps, and communicating collective progress. Addressing this epidemic in West Virginia clearly requires a "whole of community" effort. This shared commitment is at the center of the relationship between Council, state agencies and the community and enables us to work together to make the vision outlined in the Plan a reality. The State Plan, in its entirety, may be accessed at [West Virginia 2020-2022 State Substance Use Plan](#).

Executive Summary

Purpose

Quarterly reports are prepared to update the Governor's Council, key stakeholders, and communities on the progress being made towards achieving what is presented in the West Virginia 2020-2022 Substance Use Response Plan. In addition, this reporting process facilitates an important dialogue on initiatives and issues of importance.

Background

During this quarter, changes to the initiation of some key performance indicators were required as West Virginia was faced with the COVID-19 pandemic. The pandemic is like nothing we have seen in public health and healthcare in more than 100 years and has required commitment and collaboration of nearly all state agencies and key stakeholders of the Plan in order to effectively respond to promote and protect the public's health during disease spread and outbreaks. However, as the Plan was released on January 20, 2020 many activities for many KPIs were already being implemented and it is of critical importance to convey the work that is occurring to address an epidemic within a pandemic in West Virginia. Individuals with substance use disorders continue to be a priority with awareness of their vulnerability and needs that must continue to be addressed. Therefore, the Plan was reviewed in its entirety for this first quarter report as planned.

For this report, given the tremendous demands on many agencies and individuals, status is reported for each Key Performance Indicator as Not Started, In Progress, In Progress – Behind, or Complete. The intent is to continue to advance the reporting process such that the reporting status may look differently in future quarterly reports. A key area which will be further developed and included in quarterly reports once West Virginia is in the recovery phase of the COVID-19 pandemic is additional detailed reporting on key initiatives for WV DHHR Bureaus and other State agencies through 'Key Initiatives and Agency Highlights' reports. These reports will provide a meaningful overview of the accomplishments, progress, and emerging issues that may be encountered.

Over time, quarterly reports will continue to have a strong focus on the indicators and metrics established by the key performance indicators which are time-framed and measurable.

Implementation of the Plan for the 1st quarter (January to March 2020) has resulted in:

32 of 68 (47%) of Year 1 KPIs are now in progress
4 (6%) of Year 1 KPIs are completed

Initiatives and Status at a Glance

Prevention

Goal 1: Prevent substance use disorder and enhance resiliency.

Strategy 1	Implement evidence-based practices and programs and frameworks that promote prevention, foster resiliency, and address stigma .	Status (Not Started, In Progress, In Progress – Behind, Complete)
KPI 1	By March 2020, all local prevention lead organizations/coalitions will receive training and technical assistance and conduct community needs assessments to develop implementation plans based on identified gaps.	In Progress - Behind
KPI 2	By March 2020, utilize the West Virginia Department of Education ReClaimWV initiative (in collaboration with prevention lead organizations and school-based mental health) as a foundation to disseminate and promote recommended, evidence-based prevention education materials, resources, training, and technical assistance to all West Virginia schools.	In Progress
KPI 3	By December 2020, identify and foster development and implementation of effective youth empowerment and leadership programs/models.	In Progress
KPI 4	By December 2020, begin implementation of evidence-based West Virginia Expanded School Mental Health (ESMH) in all 55 counties using a phased-in process.	In Progress

Goal 2: Monitor opioid prescriptions and distribution.

Strategy 2	Continue to conduct public health surveillance with the West Virginia Prescription Drug Monitoring Program, the Controlled Substance Automated Prescription Program (CSAPP) data and publicly disseminate timely epidemiological analyses for use in surveillance, early warning, evaluation and prevention.	Status (Not Started, In Progress, In Progress – Behind, Complete)
KPI 1	Increase uptake of evidence-based prescribing guidelines (i.e., West Virginia Safe & Effective Management of Pain Program) by 10% per year.	Not Started

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

Strategy 1	Implement evidence-based prevention and cessation programs for tobacco and other nicotine delivery devices/systems in accordance with the existing West Virginia Tobacco Use Reduction State Plan .	Status (Not Started, In Progress, In Progress – Behind, Complete)
KPI 1	By December 31, 2020, implement the 2017-2020 Tobacco Use Reduction State Plan.	In Progress
KPI 2	By July 1, 2020, create the 2021-2024 updated Tobacco Use Reduction State Plan.	In Progress

Community Engagement and Supports

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

Strategy 1	Create and sustain a system of assessing recovery housing capacity and quality to make funding recommendations and expand resources statewide.	Status (Not Started, In Progress, In Progress – Behind, Complete)
KPI 1	By December 31, 2020, conduct a statewide assessment of 100% of current recovery housing across the state to identify geographic areas of greatest need and resources for medication-assisted treatment accessible recovery housing.	In Progress
Strategy 3	Develop and implement a certification process that will assure quality and consistency of recovery housing and the services provided.	
KPI 1	By December 31, 2020, engage the West Virginia Alliance of Recovery Residences to complete a certification process in 25% of the recovery residences in West Virginia.	In Progress

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

Strategy 1	Explore innovative models of transportation for individuals with substance use disorder. Based on what is learned about these models and feasibility of addressing existing barriers, develop innovative strategies that enable individuals with substance use disorders to regain the ability to independently transport.	Status (Not Started, In Progress, In Progress – Behind, Complete)
KPI 1	By December 31, 2020, establish a Recovery Transportation Task Team to research transportation models across the country, document best practices and working models, and develop a plan that includes recommendations to replicate selected models across West Virginia.	Not Started

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

Strategy 3	Assist businesses to employ individuals in recovery.	Status (Not Started, In Progress, In Progress – Behind, Complete)
KPI 1	By December 31, 2020, develop a toolkit for employers to address barriers/needs for employer education in utilizing those in recovery in the workforce.	Not Started
Strategy 4	Develop regional recovery-owned and operated businesses.	
KPI 1	Increase regional recovery-owned and operated businesses by 10% annually throughout the duration of the plan.	Not Started
Strategy 8	Employ individuals in recovery on public works projects such as construction, rehabilitative housing, tearing down dilapidated structures, renovating existing structures, and other areas of the construction trade.	
KPI 1	By December 31, 2020, establish a Recovery to Work Task Team to provide guidance, eliminate barriers, and develop construction-based employment opportunities for individuals in recovery.	Not Started

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

Strategy 1	Develop a mapping and planning tool to maximize resources and disseminate emerging and evidence-based practices to communities with unmet needs related to developing integrated systems for addiction care.	Status (Not Started, In Progress, In Progress – Behind, Complete)
KPI1	By December 31, 2020, develop a mapping and planning tool of emerging and/or evidence-based practices to be shared with communities.	Not Started
KPI2	By December 31, 2020, gather information to develop a search and compilation process and share emerging and evidence-based practices with prevention, treatment and recovery providers.	Not Started
Strategy 2	Connect successful applicants for funding and their communities to other communities.	
KPI1	By September 30, 2020, develop a platform to document successful emerging or evidence-based programs to connect individuals and communities to working models and/or services.	Not Started

Health Systems

Goal 1: Reduce fatal and nonfatal overdoses.

Strategy 1	Provide broad access to naloxone across the state for those who need it, including first responders, local health departments, Quick Response Teams, and treatment programs (medication-assisted treatment and detox).	Status (Not Started, In Progress, In Progress – Behind, Complete)
KPI 2	Over the course of the plan, 50% of local health departments will have access to naloxone to distribute by December 31, 2020, 75% by December 31, 2021, and 95% by December 31, 2022.	In Progress
KPI 3	By July 1, 2020, advance availability of naloxone for distribution to all Quick Response Teams.	In Progress
Strategy 2	Increase resources and support for expansion of Quick Response Teams in local communities across the state.	
KPI 1	By April 1, 2020, expand Quick Response Teams to 25 of 55 counties.	In Progress
KPI 2	Support existing Quick Response Teams throughout the duration of the plan.	In Progress

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

Strategy 1	Promote improved access to substance use disorder treatment through a coordinated approach with health care system facilities.	Status (Not Started, In Progress, In Progress – Behind, Complete)
KPI 1	By December 31, 2020, support at least two hospitals in addressing substance use disorder for all patients using a facility-wide model that includes the integration of universal screening, medication-assisted treatment initiation, and coordinated care transition.	Not Started
KPI 2	By December 31, 2020, support at least 10 hospital emergency departments in developing clinical pathways for medication-assisted treatment and transition to substance use disorder care.	In Progress
Strategy 2	Develop a response system statewide through permissible data sharing to quickly identify trends and critical overdose incidents to enable rapid community responses.	
KPI 1	By April 1, 2020, develop a public dashboard to display trends and critical incidents that enable local communities to be responsive.	Complete

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

Strategy 1	Increase understanding of harm reduction and stigma and increase cross-sector partnerships in the design, implementation, and evaluation of comprehensive, evidence-based harm reduction programs.	Status (Not Started, In Progress, In Progress – Behind, Complete)
KPI 1	By December 31, 2020, support five communities undertaking new cross-sector planning and implementation of private or public sector harm reduction services through provision of funding, technical assistance, and quality improvement efforts throughout the duration of the plan.	Not Started
KPI 2	Decrease harm from injection drug use in all existing harm reduction programs through the increase in naloxone distribution, linkages to treatment, and best practices for harm reduction programs throughout the duration of the plan.	In Progress
KPI 3	Reduce health and cost burdens of infectious diseases through cumulative harm reduction strategies, vaccinations, and syringe services throughout the duration of the plan.	In Progress
KPI 4	By December 31, 2020, develop a set of best practices for all local health departments to implement that help reduce syringe litter to prevent harm to first responders and community residents throughout the duration of the plan.	Not Started
KPI 6	By December 31, 2020, build the capacity to provide local harm reduction program assessments in 10 programs aimed at supporting quality improvement and providing technical assistance that maximizes program effectiveness and reduces stigma through education.	Not Started

Treatment, Recovery, and Research

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

Strategy 1	Increase the number of treatment providers who offer evidence-based practices and programs to save lives for individuals with substance use disorders.	Status (Not Started, In Progress, In Progress – Behind, Complete)
KPI 1	By March 31, 2020, complete a needs assessment and gap analysis of treatment and recovery services and resources by county.	In Progress
KPI 2	By July 1, 2020, complete a strategic planning process that will enable telehealth to be used for substance use disorder treatment and recovery services across the state.	Not Started
KPI 3	By December 31, 2020, expand medication-assisted treatment availability to all counties using direct treatment or telehealth.	In Progress
KPI 4	By December 31, 2020, implement an annual educational program addressing the identified clinical needs of providers and clinicians.	Not Started
KPI 5	By September 30, 2020, establish processes in four communities to implement treatment on demand.	In Progress
KPI 7	By July 1, 2020, improve treatment engagement by 20% beginning at the initial assessment stage and continuing throughout the treatment continuum.	In Progress
KPI 8	By September 30, 2020, fully implement the Atlas Quality Initiative (Shatterproof) in West Virginia.	In Progress
Strategy 2	Implement a comprehensive model that addresses recovery and strengthens funding for pregnant and parenting women and their families.	
KPI 1	By March 1, 2020, implement home visiting services with the existing Drug Free Moms and Babies programs.	In Progress
KPI 2	By July 1, 2020, expand Drug Free Moms and Babies affiliated home visiting programs to all DHHR regions in West Virginia.	In Progress
KPI 3	By July 1, 2020, expand residential and outpatient treatment capacity for pregnant and parenting women in all regions of the state.	In Progress

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

Strategy 3	Provide education about substance use disorder to providers in hospitals, urgent cares, and primary care practices.	Status (Not Started, In Progress, In Progress – Behind, Complete)
KPI 1	By December 31, 2020, provide education to 1,000 future and current practitioners about substance use disorder, including education to meet medication-assisted treatment waiver requirements.	In Progress
Strategy 4	Increase the number of clinical providers in the state to meet the needs of people needing treatment for substance use disorder.	
KPI 1	Continue loan repayment programs each semester to help at least 40 clinicians per year.	In Progress

Goal 3: Implement recovery support systems throughout West Virginia.

Strategy 1	Define and operationalize a recovery support system model for West Virginia.	Status (Not Started, In Progress, In Progress – Behind, Complete)
KPI 1	By July 1, 2020, define appropriate recovery support system models.	Not Started
Strategy 2	Foster the addition of peer recovery supports in health care and substance use disorder treatment settings.	
KPI 1	By September 1, 2020, develop standardized training for peer recovery support specialists.	In Progress
KPI 2	Implement and support new and existing peer support programs throughout the duration of the Plan.	In Progress
KPI 3	By July 1, 2020, develop recommendations on how to effectively provide ongoing support for peer recovery support specialists.	In Progress

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

Strategy 1	Work with universities and research institutions to study the effectiveness of various interventions for combatting the substance use disorder crisis across the spectrum from prevention to sustained recovery.	Status (Not Started, In Progress, In Progress – Behind, Complete)
KPI 1	By September 30, 2020, solicit ideas for research from each of the Council Subcommittees concerning their respective areas of Plan expertise.	Not Started
KPI 2	By July 1, 2020 analyze existing evaluation efforts to determine future actions and areas that need strengthening.	Not Started

Court Systems and Justice-Involved Populations

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

Strategy 1	Provide access across the West Virginia criminal justice system to substance use disorder treatment that offers medication-assisted treatment, therapeutic programming, and facilitates transition into the community upon release.	Status (Not Started, In Progress, In Progress – Behind, Complete)
KPI 3	By July 31, 2020, establish a standardized process that is implemented in all jails and court systems to ensure that all eligible inmates have been offered the opportunity for Medicaid enrollment or have a plan to ensure private insurance coverage prior to release.	Complete
KPI 4	By July 31, 2020, establish a standardized process using best evidence that supports successful transitions from detention to community by promoting care coordination for medication-assisted treatment, therapeutic programming, and Medicaid benefits upon release.	In Progress

Law Enforcement

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

Strategy 4	Ensure that law enforcement agencies have access to naloxone.	Status (Not Started, In Progress, In Progress – Behind Complete)
KPI 1	By December 31, 2020 offer training to law enforcement officers on how to respond to an overdose, including administration of naloxone.	Not Started
KPI 2	By December 31, 2020 work with state agencies and local health departments to ensure law enforcement agencies have adequate naloxone supplies.	Not Started

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

Strategy 1	Engage with community members after overdose and/or with substance use disorder to foster early intervention for treatment and recovery.	Status (Not Started, In Progress, In Progress – Behind, Complete)
KPI 1	By April 1, 2020, expand Quick Response Teams to 25 of 55 counties.	In Progress
Strategy 2	Expand pathways to treatment and recovery through innovative diversion models such as Law Enforcement Assisted Diversion , the Police-Assisted Addiction and Recovery Initiative , and the Kentucky State Police Angel Initiative .	
KPI 1	By December 31, 2020, provide annual training for law enforcement entities on innovative models for diversion and identification and de-escalation of individuals suffering with substance use disorders.	Not Started
KPI 2	By December 31, 2020, provide incentives to law enforcement to adopt successful diversion programs.	Not Started
KPI 3	Increase Law Enforcement Assisted Diversion (LEAD) programs in local communities by 10% annually.	Not Started
Strategy 4	Develop strategic partnerships to mitigate minor offenses to reduce legal and logistical barriers to treatment and recovery.	
KPI 1	By December 31, 2020, allow circuit court judges to issue provisional driver's licenses to individuals with a suspended license that are actively enrolled in diversion programs.	Not Started
KPI 2	By December 31, 2020, allow prosecutors to expunge minor offenses once actively enrolled in substance use disorder treatment.	Not Started

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

Strategy 1	Improve interagency communication between law enforcement, the Board of Pharmacy, and the West Virginia Prescription Drug Monitoring Program.	Status (Not Started, In Progress, In Progress – Behind, Complete)
KPI 1	By December 31, 2020, facilitate monthly meetings among law enforcement, the Board of Pharmacy, and the West Virginia Prescription Drug Monitoring Program to spotlight suspicious practices.	In Progress
Strategy 3	Utilize the Overdose Detection Mapping Application Program to identify drug trafficking routes across state lines and encourage local law enforcement to enter overdose data, as required by law.	
KPI 1	By December 31, 2020, inform all local law enforcement agencies and other first responders that entering overdose data into the Overdose Detection Mapping Application Program within 72 hours of overdose is required by state law.	In Progress
KPI 2	By December 31, 2020, begin notifying state and local law enforcement of overdose events and apparent drug routes identifiable via the Overdose Detection Mapping Application Program.	Not Started

Public Education

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

Strategy 1	Implement development of a short-term action plan (12 month) to address stigma reduction by February 1, 2020.	Status (Not Started, In Progress, In Progress – Behind, Complete)
KPI 1	Establish an Action Team to lead activities by January 30, 2020.	Complete
KPI 2	Research successful messaging in anti-stigma campaigns around the country and adapt them to the culture and needs of West Virginia specifically and Appalachia generally by February 28, 2020.	Complete
KPI 3	Develop and implement a media/social media campaign that emphasizes the combined principles of treatment and the basic causes of substance use disorder by April 1, 2020.	In Progress
KPI 4	Implement a statewide stigma reduction training curriculum to be used by the Prevention Lead Organizations and other identified groups to train targeted audiences by April 1, 2020.	Not Started
KPI 5	Implement at least four training sessions for journalists and media personnel on how to use language to cover issues related to substance use disorder by September 1, 2020.	Not Started
KPI 6	Educate at least 10,000 people about stigma and substance use disorders by December 31, 2020.	Not Started

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

Strategy 1	Thoroughly conduct evaluation for activities undertaken in the first year for effectiveness, to make any necessary modifications and inform plan development for years two and three of the Plan.	Status (Not Started, In Progress, In Progress – Behind, Complete)
KPI 1	Develop and implement a written data collection and evaluation plan to enable ongoing assessment of all Goal 1 activities by April 1, 2020.	Not Started
KPI 2	Conduct data collection and evaluation activities in accordance with above plan from April 1, 2020 to December 31, 2020.	Not Started
KPI 3	By March 31, 2021, complete a written evaluation report of activities undertaken in 2020.	Not Started