

SEMI-ANNUAL REPORT

January 1, 2024 – June 30, 2024



**WEST VIRGINIA OFFICE OF
DRUG CONTROL POLICY**
West Virginia Department of Human Services

Office of Drug Control Policy

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Table of Contents

.....	1
Table of Contents	2
SEMIANNUAL REPORT EXECUTIVE SUMMARY	3
APPENDIX A	7
CONTINUUM OF CARE	7
APPENDIX B	8
EDUCATION.....	8
APPENDIX C	11
PREVENTION	11
APPENDIX D	18
INTERVENTION	18
APPENDIX E	27
TREATMENT	27
APPENDIX F	32
RECOVERY.....	32
APPENDIX G	35
WEST VIRGINIA GOVERNOR’S COUNCIL ON SUBSTANCE ABUSE PREVENTION AND TREATMENT	35
APPENDIX H	37
WEST VIRGINIA GOVERNOR’S COUNCIL ON SUBSTANCE ABUSE PREVENTION AND TREATMENT SUBCOMMITTEES	37
APPENDIX I	42
WEST VIRGINIA 2024 PRIORITIES AND IMPLEMENTATION PLAN UPDATE	42
APPENDIX J	44
ODCP TIMELINE	44
APPENDIX K	46
ODCP STAFF	46



SEMIANNUAL REPORT EXECUTIVE SUMMARY

In 2024, the West Virginia Department of Human Services (DoHS), Office of Drug Control Policy (ODCP) continued in its mission to develop and enhance initiatives to combat substance use disorder (SUD) statewide. The SUD crisis requires adaptable strategies that connect with individuals through creative efforts from federal, state, and local entities. ODCP collaborates with partners to identify gaps, promote engagement, and develop effective solutions. Combating SUD is crucial in West Virginia, where the epidemic has deeply affected communities, leading to significant public health and economic challenges. Addressing SUD not only improves the quality of life for individuals but also strengthens the social and economic fabric of the state. Effective intervention and support can reduce crime rates, decrease healthcare costs, and rebuild families and communities by renewing hope and healing throughout the state.

As a crucial component of state government, ODCP fosters policy, innovation, and evidence-based practices to improve the lives of individuals with SUD in West Virginia. By employing a continuum of care approach ([Appendix A](#)), various treatment options are accessible to all who need them. This ensures that individuals receive the appropriate level of care at each stage of their recovery journey, from initial intervention to long-term support. ODCP also focuses on preventative measures, educational programs, and community outreach to address the root causes of substance use and reduce the stigma associated with seeking help. Through partnerships with healthcare providers, law enforcement, and community organizations, ODCP aims to create a comprehensive support network that empowers individuals to pursue recovery and be successful.

Prevention

Prevention strategies are crucial for reducing the incidence of diseases and disorders, particularly among youth, by intervening early to halt or slow their progression. The primary goal is to prevent these health issues from occurring in the first place, which can lead to significant long-term benefits. Unlike interventions or treatments, which yield more immediate and measurable outcomes, the impact of primary prevention efforts in youth can shape lifelong health behaviors and outcomes.

Identifying high-risk populations such as youth and implementing evidence-based primary prevention measures are essential steps in mitigating health risks. This includes addressing specific risk factors for substance misuse and mental health challenges. By promoting healthy behaviors and providing education early on, prevention strategies can effectively enhance overall well-being from an early age.

Effective prevention includes education on SUD, ensuring access to naloxone, and promoting safe prescribing practices. By integrating these prevention efforts into educational curricula, community programs, and public health initiatives, West Virginia can achieve sustainable improvements in health outcomes and foster thriving communities for future generations.

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

Intervention

ODCP is committed to developing and expanding a diverse array of strategies aimed at motivating individuals to seek treatment, customizing interventions to fit each individual's unique circumstances. This comprehensive approach involves making various intervention options readily available across different points of contact. Through strategic partnerships with key stakeholders such as the West Virginia State Police, county police departments, comprehensive behavioral health centers, and Child Protective Services (CPS), diversion programs have successfully transformed moments of fear and apprehension into compassionate opportunities for intervention. These initiatives prioritize guiding individuals towards treatment rather than incarceration, thereby fostering a community ethos that values empathy and support over punitive measures.

Effective intervention strategies play a crucial role in addressing substance use disorders and related issues. By implementing evidence-based interventions and fostering collaborative efforts as seen with the Cryptid project, ODCP has not only reduced the stigma associated with seeking help but also increased access to essential services for those in need. Moreover, these

efforts have helped shift public perception towards viewing individuals affected by addiction as community members deserving of compassion and assistance, rather than mere statistics.

ODCP continues to prioritize expanding access to overdose reversal medications. This proactive approach underscores the belief that every life saved through timely intervention represents a significant step towards overcoming the opioid crisis and promoting healthier communities across West Virginia.

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

Treatment

West Virginia supports 1,713 licensed treatment beds through the Office of Health Facility Licensure and Certification (OHFLAC), ensuring that comprehensive treatment options are available to meet the diverse needs of individuals seeking recovery. The addition of Healthcare Enablement and Access Link (HEAL) will not only identify where beds are located but their current availability. ODCP is dedicated to fostering inclusive opportunities for treatment, aiming to provide equitable services that empower individuals to achieve lasting recovery. Through the implementation of a continuum of care model, individuals with a SUD can access the support and resources necessary to reintegrate into their communities and strengthen familial bonds. This holistic approach not only addresses immediate treatment needs but also emphasizes sustained recovery and community re-engagement.

Across the state, hospitals have played a pivotal role in expanding both inpatient and outpatient care for SUD. This expansion has facilitated universal screening for SUD among patients, facilitated connections with Peer Recovery Support Specialists, and ensured seamless referrals to treatment, including the option of Medications for Opioid Use Disorder (MOUD). Collaborative efforts between the West Virginia Division of Corrections and Rehabilitation and ODCP have further bolstered access to MOUD within correctional facilities and enhanced re-entry programs. These initiatives aim not only to mitigate the impact of substance use within incarcerated populations but also to support successful transitions back into the community, reducing recidivism and promoting long-term recovery.

By continually enhancing treatment options, expanding access to supportive services, and fostering community partnerships, West Virginia remains committed to empowering individuals on their recovery journeys.

Refer to [Appendix E](#) for treatment programming.

Recovery

Recovery is a universal possibility, accessible to anyone at any stage of their journey. In West Virginia, this belief is supported by 1,431 certified beds provided through the West Virginia Alliance of Recovery Residences (WVARR) and the new transitional hub, offering crucial support for individuals seeking stability and healing in structured environments.

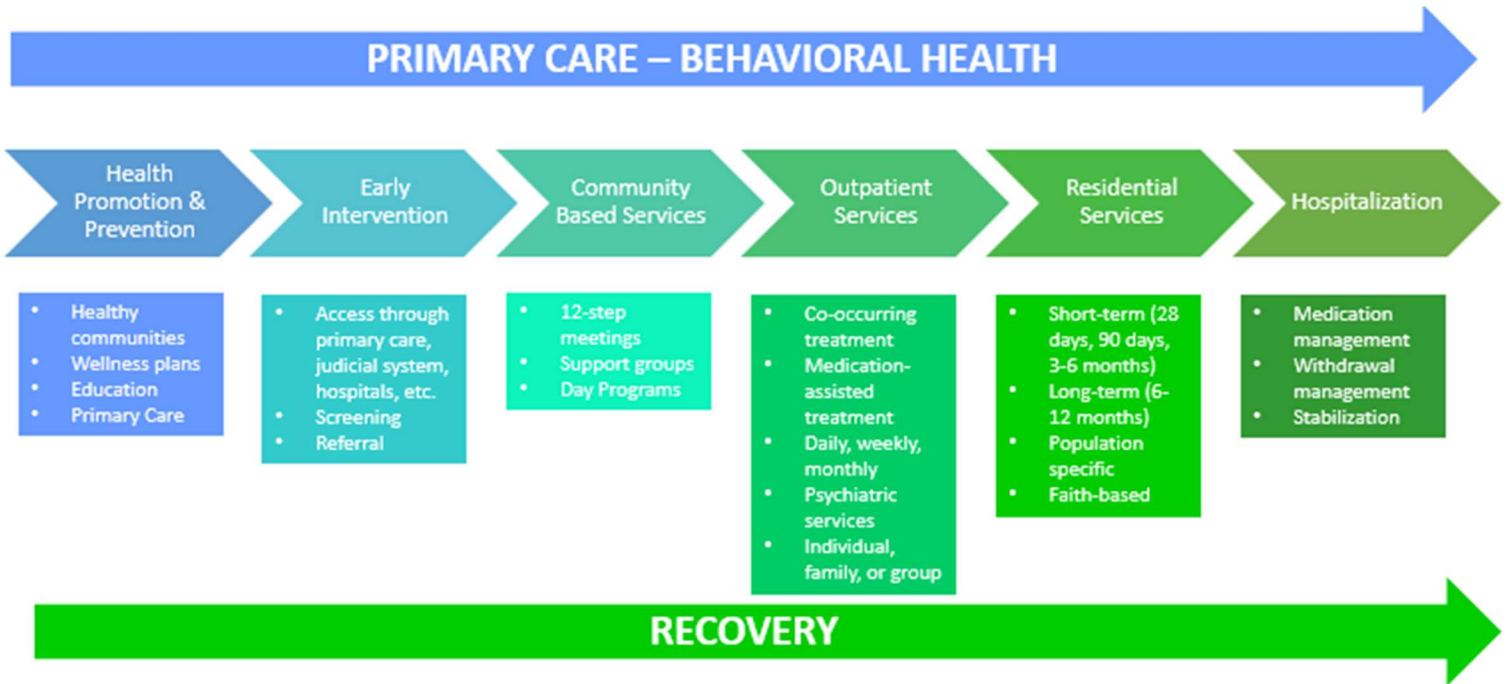
Collegiate Recovery programs are instrumental in supporting students pursuing higher education while navigating the challenges of recovery. These programs go beyond providing housing, offering essential resources such as transportation assistance and job stability initiatives. Meanwhile, Jobs and Hope West Virginia is making significant strides with 1,455 program participants, addressing barriers that can hinder individuals from entering and maintaining recovery. Through initiatives focused on employment placement, skill development, and educational support, this program empowers individuals to build fulfilling lives beyond addiction.

These efforts reflect West Virginia's dedication to fostering environments where recovery is not only achievable but actively supported through comprehensive, community-driven initiatives. By addressing diverse needs and promoting holistic approaches to recovery, the state continues to empower individuals to reclaim their futures and thrive.

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

APPENDIX A

CONTINUUM OF CARE



APPENDIX B

EDUCATION

Stigma Training

The Public Education Subcommittee of the Governor's Council in conjunction with DoHS's Bureau for Behavioral Health (BBH) SPF-RX project and State Opioid Response (SOR) updated its statewide SUD stigma training curriculum. Funding for this training was provided by BBH with federal Substance Abuse Mental Health Services Administration (SAMHSA) grants. This training is an update of the 2018 Addressing Stigma training and the 2018 Addressing Stigma Presentation that was developed by Jay Otto with the Montana State University Center for Health and Safety Culture for BBH.

The training objectives focus the stigma and discrimination conversation through an Appalachian lens. The evidence-based training now titled, "Challenging Stigma: Supporting Individuals through Education and Empathy," has expanded to include three presentation modules that can be delivered independently or together in a single training:

- Module 1: Understanding Mental Health, Substance Use, and Key Concepts
- Module 2: Defining Stigma
- Module 3: Reducing Stigma

In addition to the three modules, a resource section and a case study section are included to provide more in-depth discussion on the drivers of stigma, stigma practices, stigma experiences, outcomes related to stigma, and topics for further discussion. These are optional and allow participants to further explore the concepts through lived experience.

A virtual train-the-trainer session was held in May and an in-person train-the-trainer session was held in June 2024 at Marshall University where all six of the state prevention lead organizations (PLOs) were trained. Feedback from the participants is being reviewed and applied to the curriculum for final approval. Once approved, the Challenging Stigma training will be available for request on [Stigma Free WV](#).

SOR Statewide Anti-Stigma Campaign

SOR is 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. Currently, work is being done to replace the former campaign’s website, Back to Life, with Breakthrough Addiction. The website will be updated with the new messaging taglines. While Breakthrough Addiction is the overarching message, there will be sub messages to educate communities on how they can achieve breakthroughs such as Breakthrough Addiction with Family, or Breakthrough Addiction with Community.

Over the past year, several murals have been painted in areas across the state including Beckley, West Virginia Day Report Center and the Recovery Point Bluefield facility. Film footage of the murals was taken and used to make the commercials for the campaign. Other murals are in the planning process and set to be painted in other locations in West Virginia.

Mockups of the creative assets are being reviewed. If approved, these can be used in the following examples: as a banner for the website, billboards, pharmacy shopping bags, social media, directory signage, sky banner signage, and outfield signage. Additionally, television and radio commercials are being reviewed. Currently there is one for the first mural painting and a second video involving the social enterprise, Café Appalachia.

ODCP Outcomes Dashboard Progress

ODCP has contracted with West Virginia University Health Affairs Institute (WVUHAI) to inform the development of the ODCP Outcomes Dashboard. This project is funded by the Office of National Drug Control policy and allows ODCP to carry out work specified in HB 3306 (2023 RS). In the first phase of development, WVUHAI was able to assess all data elements for SOR programs, create an inventory of program outcomes, conduct a crosswalk of data elements with intended outcomes, and complete an assessment of data strengths and gaps to inform the work.

In phase two, WVUHAI will identify variables with the potential to be used in a prevention-focused, outcomes-based dashboard. Examples of potential variables include tobacco use, desire to quit smoking in the next six months (MATCH), trends for the prescription Suboxone, number of times opioids prescribed (Medicaid Claims), and fentanyl strip distribution (SOR). The variables will be reviewed, and a limited number will be selected for use in wireframe construction, with a recommendation from WVUHAI to first focus on filling any identified gaps in HB 3306 that can be filled with available data. The intent of phase two is to conceptualize and actualize a process that can be replicated for data variables included in all grants.

Law Enforcement Liaison

ODCP has provided funding to recruit a Law Enforcement Liaison who has a background in, not only, the law enforcement aspect of handling substance use disorder (SUD), but also the associated legal challenges, how best to overcome barriers with stigma among constituents, and developing meaningful engagement with diverse communities.

The Law Enforcement Liaison will help educate law enforcement, first responders, and correctional staff on overdose reversal, emerging drug trends and testing equipment, stigma awareness and reduction, and emotional intelligence. Overarching outcomes of the position are to facilitate positive change among law enforcement communities and implement long lasting solutions to the SUD epidemic through buy-in and policy change.

APPENDIX C

PREVENTION

SAMHSA asks WV to share Prevention Success Story

SAMHSA reached out to BBH in spring 2024 requesting West Virginia share the success its experienced with the recent T21 passage/Synar, BBH Evidence Based Prevention Clearinghouse, and Prevention Day at the Legislature. BBH representatives Elliott Birkhead, Tahnee Bryant, Jo Anne McNemar, and Patty Hughes met with the SAMHSA Division of Prevention program staff to share highlights. SAMHSA will be sharing this out with other states. Additionally, the National Association of State Alcohol and Drug Abuse Directors (NASADAD) also contacted BBH regarding West Virginia sharing efforts taken to help with the passage of Tobacco 21 (T21) this legislative session. NASADAD is writing a brief for SAMHSA and will be using West Virginia's success with T21 as an environmental strategy.

Prevention Day at the Legislature

BBH and partners; Marshall University School of Excellence, Prevention First Alliance and West Virginia Hope in Action Alliance hosted Prevention Day at the Legislature on March 4, 2024. This year's theme was "Year of the Coalition." The day included 68 exhibitors, 10 virtual exhibitors, 12 live interviews with providers, 196 live stream views, 15 West Virginia Prevention videos, and 227 recording of video views. Prevention Day brought communities together to talk about the importance of prevention, speak to legislators about prevention in their communities, and share with one another and others about efforts being made to prevent negative issues impacting West Virginia. Youth attending the day helped distribute "treat bags" to legislators which contained the state apple and informational brief regarding youth vaping rates related to need for T21 passage and information on the impact on West Virginia. To see more about the event and watch the videos, visit helpandhopewv.org/preventionday/.

Prevention Lead Organizations

Community Connections and WV Prevention Solutions partnered with WV Hope in Action Alliance in May, to provide a communications workshop for community coalitions. This interactive workshop helped coalitions develop a comprehensive communications plan.

Prester Centered offered Substance Abuse Prevention Skills Training (SAPST) and Prevention Ethics in June. SAPST introduces the fundamentals of substance use prevention based on the current knowledge and practice in the field. This training is designed to prepare practitioners to

reduce the likelihood of substance use and promote well-being among individuals, and within families, workplaces, schools and communities.

Primary Prevention

GameChanger

A record number of over 650 people attended the GameChanger Prevention Education Program Dinner on May 22, 2024, at The Greenbrier Resort. This event supports the work of GameChanger in the following prevention initiatives:

One Pill Can Kill, The GameChanger produced film, will be distributed along with a teacher lesson plan in all West Virginia middle and high Schools to satisfy the requirements of Laken’s Law. The Los Angeles produced film is the winner of over 15 national and international awards for films in the Prevention Education Category. A parent tool kit will also be sent home to parents, grandparents and guardians, to provide direction on how to address the opioid and substance misuse and fentanyl crisis.

The GameChanger Prevention Education Initiative will be implemented in additional elementary, middle, and high schools this fall adding to the list of 12 pilot schools which will be entering the third year and an additional 40 schools entering the second year. Overall, GameChanger is currently in 17 West Virginia counties: Berkeley, Boone, Doddridge, Fayette, Harrison, Kanawha, Logan, Marion, Marshall, Mason, Mineral, Monongalia, Morgan, Ohio, Ritchie, Summers, and Wood.

Don’t Keep RX Around Medication Safety Program

Don’t Keep Rx Around is a curriculum and public health campaign that utilizes evidenced based practices to teach medication safety to students and their families. Designed with West Virginia early learning standards, national wellness, and health standards, this program is rooted in evidence-based prevention and public health theory. This important lesson could be lifesaving for our children.

- To date, 60% of WV counties participate in Don’t Keep Rx Around within their schools.
- Don’t Keep Rx Around is now available nationally via national PBS learning media at www.pbslearningmedia.org/resource/dont-keep-rex-around-video/medication-safety-program/.
- Expansion of the program this fall to include all elementary aged children.
- Interactive, hands on, learning kits coming this fall for middle and high school aged children.

Catch My Breath

E-cigarette use, or vaping, among youth has been a public health concern since 2015, with West Virginia being especially hard-hit by this epidemic. In response, West Virginia's Clear Future (WVCF) delivers the evidence-based [Catch My Breath](#) vaping prevention curriculum to middle school students across the state. WVCF is led by the West Virginia Department of Health (DH), Division of Tobacco Prevention, in partnership with the American Lung Association, Partners in Health Network, and the West Virginia Alliance for Creative Health Solutions, Inc.

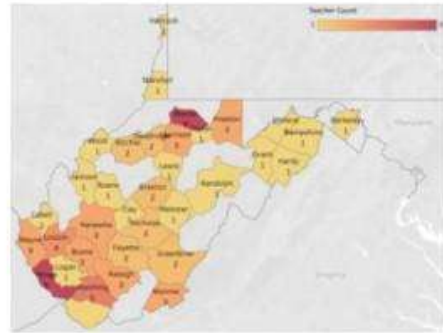
WVCF began with the 2023-2024 school year. The primary goal was to have a trained teacher in at least every middle school in each county throughout the state of West Virginia. As of June, there are 32 schools across 21 counties participating. To evaluate the program's effectiveness, students complete pre-surveys and post-surveys before and after completing the four session curriculum, while teachers provide feedback through evaluation forms.

- 82.0% of students feel confident using refusal skills from the program.
- 87.0% are less likely to vape after participating in the program.
- 87.8% learned a lot about e-cigarettes through the program.
- 90.0% believe all middle and high school students should go through CATCH My Breath.
- 85.4% understand e-cigarette advertising better because of the program.

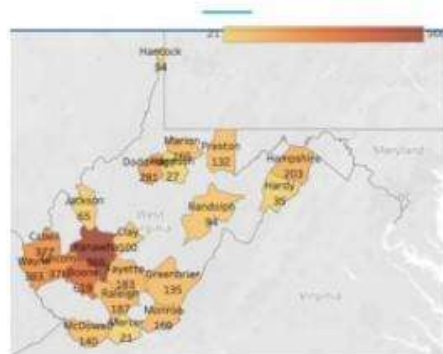
The next phase of this project is to focus on expansion by having all a trained teacher in all middle schools for the 2024-2025 school year.

Family Planning

ODCP and DH's Bureau for Public Health (BPH) designed a grant to provide funding for clinic service sites and support the expansion of the site's ability to provide family planning services



Counties with at least one trained teacher as of 6/10/2024.



Counties with middle schoolers who have started instruction as of 6/10/2024.

to participants of the harm reduction clinics. The grant assists clinical service sites in pairing harm reduction services with voluntary family planning services to individuals of reproductive age who are seeking to prevent or achieve pregnancy.

The ODCP-FP Grant subrecipients are selected based on proposals from clinical service sites that agreed to implement voluntary family planning services to participants of the harm reduction clinics. Subrecipients are required to sign a written agency agreement stating they will comply with state regulations. Each subrecipient is required to complete a statement of work which ensures program activities are in accordance with the State's proposed ODCP-FP Grant work plan and priorities. Subrecipients include:

1. Cabell-Huntington Health Department
2. Fayette County Health Department
3. Grafton-Taylor County Health Department
4. Greenbrier County Health Department
5. Lewis County Health Department
6. Mingo County Health Department
7. West Virginia Division of Corrections and Rehabilitation
8. WV Health Right, Inc.

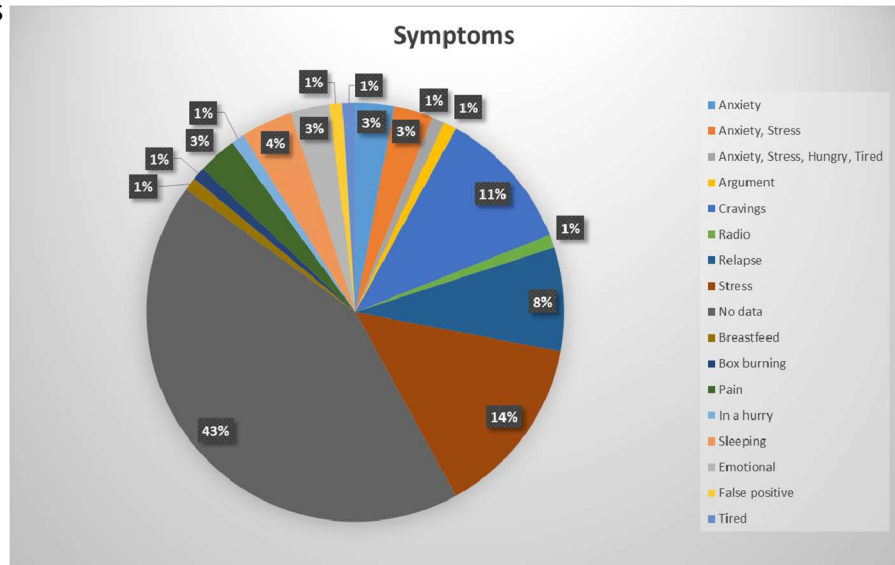
Overdose Prevention

CravAlert

The CravAlert remote patient monitoring system, implemented by the Potomac Highlands Guild through the assistance of ODCP, aims to evaluate the feasibility and safety of using wearable technology combined with remote monitoring and just-in-time peer recovery coach interventions for individuals in early recovery from substance use disorders. This mid-year report outlines the preliminary findings and observations from the pilot project, which currently involves 37 patients from WV Region 2 (see image below) with 18 patients being monitored for alerts. The CravAlert system uses a wearable bio patch device designed to capture and transmit critical physiological data indicative of various states of autonomic dysfunction. The data monitored includes:

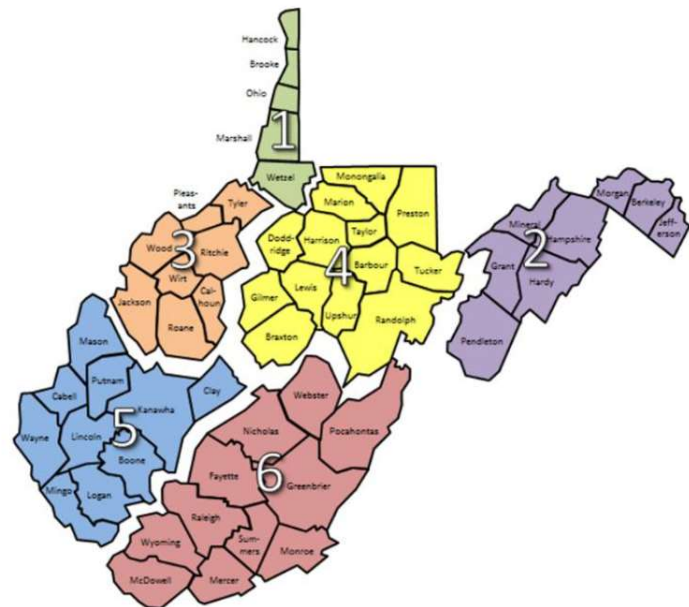
- Heart Rate Variability (HRV)
- Heart Rate (HR)
- Respiratory Rate (RR)
- GPS Location
- Skin Surface Temperature

These parameters are monitored in real-time to identify sentinel events suggestive of cravings, anxiety, depression, stress, potential relapse, and overdose. Recognizing that the precursors to overdose often manifest as significant drug cravings or psychological distress, the system is geared towards early intervention. The bio patch streams data via Bluetooth to a cell phone provided to each participant. This data is then transmitted to a cloud-based analytics engine, which employs machine learning



algorithms to establish a baseline for each patient's physiological norms. Deviations from these norms, which suggest potential decompensation, trigger alerts that are sent directly to the peer recovery coach assigned to the patient.

Upon receiving an alert, peer recovery coaches engage with patients through phone calls, leveraging their lived experiences and employing motivational interviewing techniques. These interactions aim to support patients during crises and, if necessary, refer them to higher levels of care. The response rate by peer recovery coaches has been exemplary, with a 100% response rate to alerts. Six relapses have been recorded among the monitored participants, indicating a strong initial efficacy of the intervention protocol.



The CravAlert program was selected for recognition and was presented at this year's annual 2024 ARHE/ARS/AAPG conference in San Diego this past July.

Regional Drug Control Coordinators

The Regional Drug Control Coordinators have been instrumental in serving as an early warning system for overdoses in high-risk areas. Since January 2022, they have distributed over 40,000 doses of Naloxone and 40,000 fentanyl test strips, and have recently started distributing xylazine test strips, focusing on priority populations in West Virginia's action counties. Their efforts have gained national recognition, with research on their Novel Predictive Modeling and Targeted Outreach Interventions presented at prestigious conferences.

Region 1 has seen substantial progress from October 2023 to May 2024, with notable increases in Narcan distribution and fentanyl test strip outreach. Predictive modeling and real-time responses have been crucial in identifying and addressing high-risk areas for overdose spikes. This proactive approach has led to more efficient resource allocation and better outcomes for the communities served.

Region 2 has demonstrated significant advancements, particularly through participation in conferences, extensive distribution of NARCAN kits and fentanyl test strips, and successful outreach efforts. A pivotal achievement in Region 2 has been the success of the CORA pilot program, which focuses on anonymous overdose reporting using QR codes. This program is set to expand to all regions throughout the summer and fall of 2024. Additionally, Region 2 has made strides in coordinating with law enforcement to streamline protocols for linking individuals to treatment and resources.

Region 3 has engaged with various stakeholders, conducting numerous events, meetings, and outreach efforts. They have implemented predictive spike alert responses and Naloxone training, emphasizing the importance of collaboration with local organizations. The region has also seen success in enhancing community partnerships and addressing the needs of vulnerable populations through targeted interventions.

Region 6 has achieved considerable milestones, including the successful Save-A-Life Day event, where over 1,600 Narcan kits were distributed and the introduction of Lambi for youth prevention. The region has also made strides in coordinating efforts to open warming centers for the homeless population and participating in the CORA pilot program. The CORA initiative has shown promise and will be expanded across all regions. Region 6 has also been active in training law enforcement officers on proper investigation techniques for drug poisonings and de-stigmatizing overdose scenes.

Throughout these regions, the coordinators have continued to distribute vital resources, conduct outreach, and provide training to law enforcement and community partners. Their data-driven approach, combined with collaboration with organizations like HIDTA and Appalachian HIDTA, ensures that resources are effectively allocated to reduce the incidence of

overdoses in vulnerable areas. This comprehensive and coordinated effort highlights the program's dedication to combating the opioid crisis through targeted interventions, collaboration, and proactive harm reduction strategies.

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 (PHA) for West Virginia is embedded within the Office of Drug Control Policy. The PHA has contributed to the Office of Drug Control Policy's mission by supporting activities such as recent Legislative Briefings and the 2024 Xylazine Summit held in Martinsburg, West Virginia in March by providing data visualizations, a Buprenorphine Diversion Survey completed in conjunction with Marshall University, and reports such as the annual Felony Arrest Notification Report outlining felony drug arrest information in West Virginia. The PHA also supports Drug Control Policy Regional Coordinators in their mission to decrease drug overdose deaths in their areas of responsibility.

The PHA also contributes to the mission of the Overdose Response Strategy by introducing public safety data and personnel to relevant public safety partners and relaying necessary public health information and resources to public safety and High Intensity Drug Trafficking Area partners as appropriate.

APPENDIX D

INTERVENTION

Diversion

The Angel Initiative

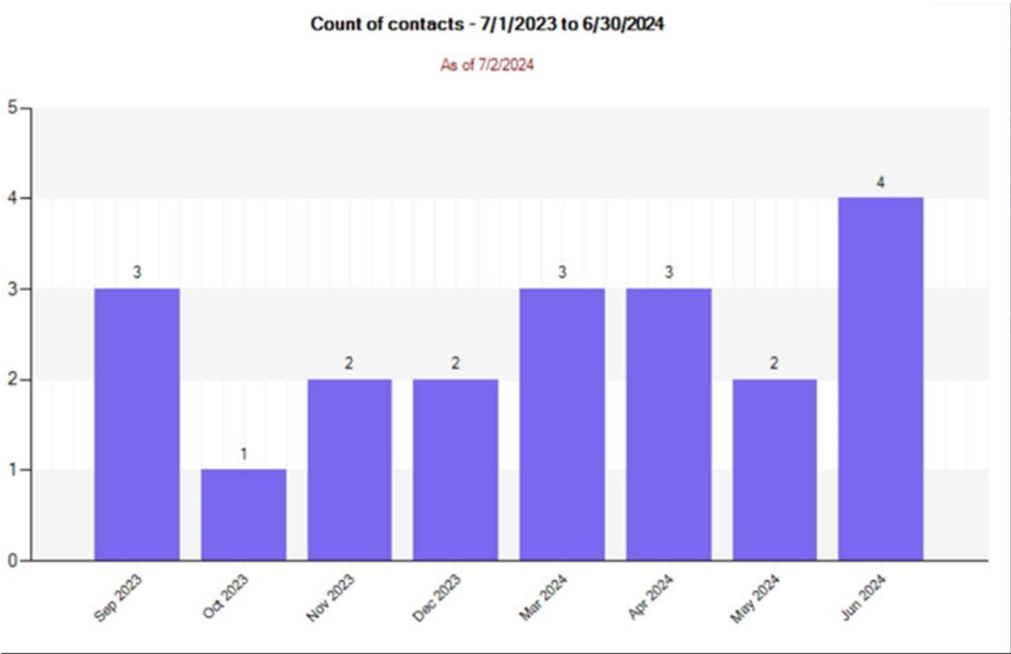
The Angel Initiative is a joint effort between West Virginia State Police (WVSP) in collaboration and ODCP to establish an SUD referral program. In W.Va. Code §15-2-55, the Angel Initiative is a proactive approach offering an alternative to individuals with SUD. Under this initiative, anyone with a SUD can present at WVSP detachments to get help entering an addiction treatment center. No arrests, no prosecution, no questions asked. The Initiative allows WVSP to refer people to treatment when they present to any State Police post/detachment seeking assistance for their SUD, without fear of prosecution for possession of illegal substances or paraphernalia. The troopers also provide these services during their tours of duty, guiding people as needed.

In July 2023, Sergeant Kevin Williams WVSP, was assigned as the new Angel Initiative Coordinator. Since then, troopers in all seven COSSAP counties of service (Kanawha, Mercer, McDowell, Wyoming, Raleigh, Monongalia, and Wood) have been trained in its procedure. In 2024, Help4WV began assisting Sgt Kevin Williams in facilitating Angel Initiative training to troopers as part of their in-service hours. This was completed over a 16-week period and served to educate troopers on how to use Angel Initiative and the resources available to them through the partnership with Help4WV and First Choice Services.

Sgt. Williams has also partnered with First Choice Services to utilize it as a data repository and for referrals to services. Help4WV is the referral partner working with the ODCP and WVSP to provide the Angel Initiative program a dedicated direct line to Help4WV. Between July 1, 2023, and June 30, 2024, HELP4WV fielded a total of 20 inquiries under the Angel Initiative. All 11 of the SUD treatment requests were secured beds at treatment facilities and transportation provided when needed. One of the two behavioral health calls secured a treatment bed.

Seeking Treatment for SUD	Treatment for Behavioral Health	Peer Warmline Call	Seeking Education on SUD and Behavioral Health Treatment	Follow-up on Active Cases	Total HELP4WV Inquiries Fielded Under Angel Initiative
11	2	1	3	3	20

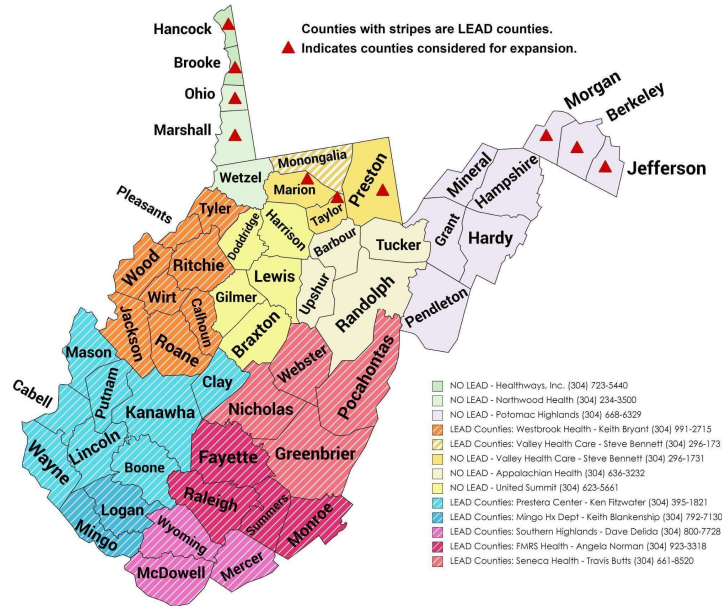
First Choice Services has provided a redesign of the Angel Initiative logo, and upon approval by the WVSP of these changes, they have also committed to assisting in the design of outreach materials. Additionally, First Choice Services worked to streamline the extensive documentation troopers were required to complete. Once approved, First Choice Services hope to revisit the option of an online submission to further improve the referral process for troopers.



Law Enforcement Assisted Diversion (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 CBHCs, Mingo County Health Department and Valley Health, to encompass 30

counties throughout West Virginia. From January 2024, the LEAD program has received 682 referrals with a connection to service average of 8.5 days. These connections save counties \$24,576 daily on the cost of incarceration. Learn more about the program on ODCP's website¹.



Lead Program Outcomes	10-1-2020 to 6-30-2024	1-1-24 to 6-30-24
Referrals	2,508	682
Client Interactions	1,698	93
Individuals Connected to Service	569	211

Police and Peers (PNP)

The Police and Peers (PNP) program has shown considerable success throughout the second year of implementation, enabling participating police departments to allocate more time to enforcing local and state laws. Officers utilizing PRSS expertise report satisfaction with the process, noting the assurance that individuals engaged by PRSSs receive quality care. Many individuals involved in police interactions, who were then connected to PRSS, did not have chargeable offenses or pending legal consequences, yet the PRSSs were still able to provide valuable referrals and connections to services.

¹ <https://dhhr.wv.gov/office-of-drug-control-policy/programs/Documents/Lead%20Flyer%20V3.pdf>

The program has established robust relationships with local Quick Response Teams (QRT) and Law Enforcement Assisted Diversion (LEAD) teams, as well as numerous community partners offering a wide range of resources. These relationships have been instrumental in providing quick access to healthcare, triage services, medications, social services, behavioral health treatment, employment opportunities, transportation, and more. Each client's needs are consistently evaluated to provide a customized action plan.

The Police and Peers program received recognition at this year's RX Summit in Atlanta, Georgia, in April 2024. The program has also assisted organizations in North Carolina and Missouri for startup programming.

PNP Program Outcomes	January 1st, 2024 - June 13th, 2024
Referrals to Treatment	120
Connected Individuals to Detox Programs	43
Connected to In-Patient Treatment Centers	56
Medication for Opioid Use Disorder (MOUD) Clinics	5
Outpatient Services	4
Housing Assistance	16
Transportation Services	25
Clothing & Basic Needs	61
Employment Resources	8
Narcan Kits Distributed	262
Fentanyl Test Strips Distributed	780
Law Enforcement Callouts	36

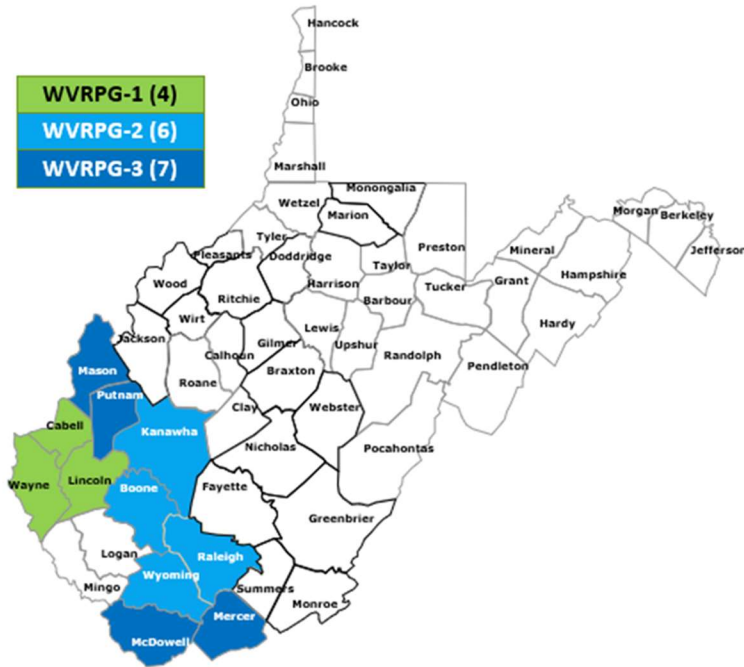
Additionally, West Virginia Sober Living has created an in-depth policy manual for the PnP program to assist with similar programs both in and out of state. This manual has been recognized by SAMHSA as a roadmap for similar funded programs nationwide.

Regional Partnership Grant (RPG)

The Regional Partnership Grant (RPG) model 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.



Current County Wrap Phase:

	Active Cases	Phase I-Engagement	Phase II-Plan Dev.	Phase III-Implement	Phase IV-Transition
Cabell	2	0	0	2	0
Lincoln	4	1	1	1	1
Wayne	14	2	1	10	1

Current County Information

	Referred	Active	Pending	Not Enrolled	Complete/Closed	Incomplete/Closed
Cabell	5	2	0	1	1	1
Lincoln	8	4	3	0	0	1
Wayne	16	14	0	0	1	1

Overdose Reversals

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.

Outcomes for the 2023-2024 school year were:

- 86 students throughout West Virginia completed the Smart Rx U train the trainer course.
- 699 students throughout West Virginia received education on medication safety through an online medication safety program.
- 1,110 completed the recovery Ally training (362 online, 748 in person).
- 4,025 students completed naloxone and overdose reversal training.
- 52 students completed the Safer-U.
- Students from 27 West Virginia counties, two Ohio counties, one Virginia county, one Pennsylvania county, and one student from Argentina participated in the training.

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-four counties in West Virginia have opted to receive ONEboxes for their schools and 603 ONEboxes have been distributed to schools. Along with schools, 31 counties have opted to place ONEboxes inside their public libraries with 70 ONEboxes being deployed to libraries. Over 10,000 total ONEboxes have been distributed with more than 200 reported lives saved.

CORA Program and Appalachian Cryptid Pilot

The CORA Program and Cryptids Project in West Virginia innovatively merges local folklore of cryptids with public health initiatives, particularly focusing on opioid overdose prevention. It is a pilot project of ODCP, BBH/SOR Future Generations University, Potomac Highlands Guild, and Community Connections that captures unreported overdoses and community naloxone administration through a novel QR code system in West Virginia.

Through strategic partnerships and youth engagement, the project has expanded its impact across multiple regions, leveraging the cultural significance of cryptid legends like the Mothman, Flatwoods Monster, Sheepsquatch, Vegetable Man, Wampus Cat, and Bigfoot to promote community health and safety. The CORA/Cryptids Project integrates West Virginia's rich folklore of cryptids with opioid overdose prevention strategies, resonating culturally and engaging communities effectively. Youth groups, notably the Petersburg High School Band

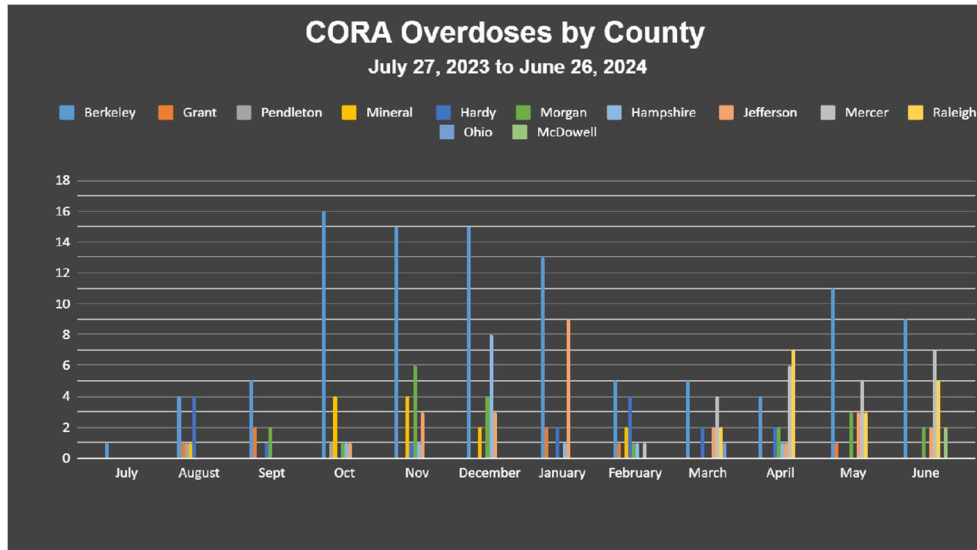
Members, played a crucial role in distributing QR code stickers across eight counties in Region 2, fostering community ownership and responsibility. Coalition members and local stakeholders facilitated the strategic placement of QR code stickers, ensuring comprehensive coverage and effective outreach.

Preliminary data between July 2023 and February 2024 revealed significant engagement with the project's anonymous reporting system, capturing 142 overdoses, and enhancing



surveillance and response capabilities. Over 1,000 QR code stickers distributed across eight counties in Region 2 have increased community awareness of overdose prevention resources.

The CORA/Cryptids Project is actively planning collaborations with colleges and universities across West Virginia to integrate its messaging with campus mascots. By incorporating CORA initiatives into collegiate settings, the project aims to expand its reach among young adults, promoting health awareness and overdose prevention within higher education communities. In addition to opioid overdose prevention, the project is expanding its focus to include mental health and suicide awareness. Utilizing QR code stickers for 988 mental health resources, CORA/Cryptids aim to provide communities with accessible information and support services, fostering a holistic approach to public health and well-being.



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. In West Virginia, ODMAP has made significant progress with the involvement of 134 agencies, an increase of four agencies since January or 2024, and a total of 465 users, an increase of 12 users since January of 2024.

ODMAP has also expanded available data to include a naloxone saturation layer. Naloxone saturation examines the amount of available naloxone in a community needed to reduce overdose death rates. For the ODMAP naloxone saturation layer, naloxone saturation is defined as the minimum number of naloxone kits distributed per 100,000 population per month required to observe a decrease in the overdose death rate for a given jurisdiction. This minimum naloxone distribution rate is determined by using regression modeling which studies the relationship between annual naloxone kit distribution and overdose deaths at the county level.

In addition to the saturation layer ODMAP now includes a layer mapping OTC naloxone sales. The over-the-counter (OTC) layer will provide ODMAP users with opioid overdose reversal medication sales data including a range of the most recent number of units sold monthly and average cost per unit. Using this layer in conjunction with the naloxone saturation layer and suspected overdose events as well as in-state naloxone community distribution efforts will further support agencies in developing comprehensive prevention and response strategies such as targeted naloxone distribution to high-risk areas and individuals.

APPENDIX E

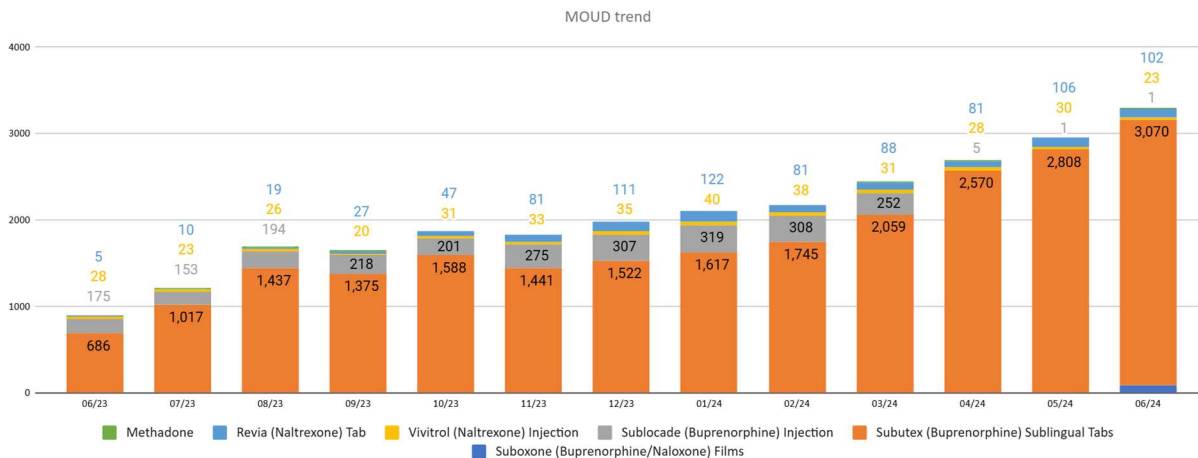
TREATMENT

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 juvenile centers. Additionally, GOALS (Getting Over Addicted Lifestyles) Units are in Western Regional Jail, South Central Regional Jail, Central Regional Jail, and now Southern Regional Jail.

- DCR has provided 74 sublocade injections from January to June 2024.
- DCR has provided 37 vivitrol injections.
- DCR has provided 997 buprenorphine (subutex) from January to June 2024.
- DCR provided MOUD to 35 individuals from January to June who were released with 12 participants prescribed subutex, one vivitrol, and 22 sublocade.



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.

CHES Health	Jan-24	Feb-24	Mar-24	Apr-24	May-24
Cumulative # unique clients onboarded	4,284	4,408	4,481	4,554	4,608
Cumulative # college students	139	143	146	147	148
Cumulative # public entity clients	2,278	2,293	2,298	2,306	2,310
Cumulative # clients enrolled	6,648	6,993	7,111	7,214	7,312
# Clients active	407	452	437	450	404

Project Engage Expansion

In January 2023, Berkeley Medical Center launched Project Engage—an innovative initiative to expand and strengthen existing Emergency Department based Addiction Services—ensuring accessibility for patients across all hospital units. This comprehensive endeavor equipped unit staff with specialized training, integrated peer recovery support, implemented clinical protocols, and fostered a culture of harm reduction. Through these measures, the project sought to strengthen addiction care by leveraging lived experiences, enhancing clinical practices, and addressing societal stigmas. Since the inception of Project Engage, the PRSS has made 120 consults. Additionally, the case manager nurse provided the following services:

- Assisted an obstetrics (OB) nurse and student through the clinical opiate withdrawal scale (COWS) screening with a patient. This was the first time the OB nurse had completed a COWS screening).
- Assisted with the process to initiate buprenorphine for this OB patient. Connected and advised the doctor, nurses, and the consulting doctor to coordinate care.
- PRSS obtained OP MOUD appointment for the OB patient.
- Met with the neonatal intensive care unit (NICU) doctor concerning neonatal abstinence syndrome (NAS) rates and creating a referral system, in collaboration with OB docs, for early pregnancy initiation of buprenorphine.

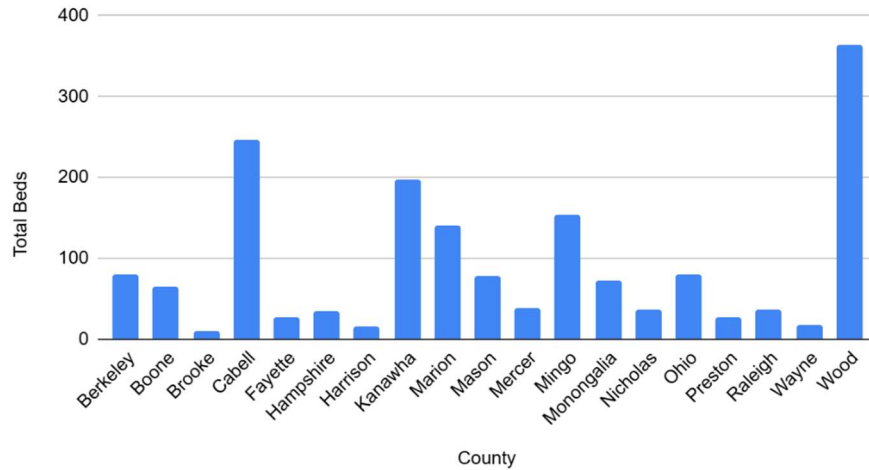
- Met another pediatrician during the above OB patients' case, he is interested, and wants to be involved with us and the NICU doctor.
- In June another OB patient was placed in long term treatment 5 days after delivery. Transported from the OB floor to the treatment facility.
- Patient initiated on buprenorphine during hospital stay and linked to OP MOUD, in Hardy, County at discharge.
- A patient who had surgery due to a motorcycle accident was given fentanyl test strips, harm reduction strategies, and outpatient MOUD resources. The patient was being prescribed opioids, for pain after surgery, and not a candidate to initiate Buprenorphine at that time.

In 2024, Berkeley Medical Center was awarded additional funds to continue this program and to serve as a peer to expand to additional hospitals. Seeing a gap that Project Engage could fill, Thomas Memorial Hospital in Charleston, West Virginia was identified as the next facility for program expansion and has received a grant award to begin process planning with implementation expected by the end of 2024.

Treatment Bed Availability Survey

In response to community needs, ODCP developed and implemented a bed availability survey. This process simplifies and promotes access to treatment for SUD by surveying treatment providers to gather data on bed types and availability. This information is compiled into a centralized spreadsheet accessible statewide, helping individuals and professionals quickly find available beds that match specific needs.

Total Beds vs. County



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 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. As of June 2024, there are 1,722 treatment beds in West Virginia.

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 substance use disorders 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 substance use disorder 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



532 OUT OF 876
Accepted from referrals

809

Dependents served since October 2019

201

Graduates since October 2019

PHYSICAL REUNIFICATIONS

336

Dependents reunified since October 2019

317

Overall average days to reunification

LEGAL REUNIFICATIONS

274

Dependents achieving permanency since October 2019

399

Overall average days in permanency

JUVENILE DRUG COURTS



2,836 OUT OF 4,056
Accepted from referrals

1,271

Graduates in reporting period

ADULT DRUG COURTS



4,330 OUT OF 7,035
Accepted from referrals

1,919

Graduates in reporting period

Treatment of Users of Stimulants (TRUST)

Over the course of the initial TRUST training series, two individuals were unanimously selected as being exemplary models to serve as trainers in the West Virginia TRUST train-the-trainer (ToT) program-Wanda Wyatt, SUD Coordinator, Seneca Health Services, and Jeremy Sagun, Program Manager of SUD Services, Northwood Health Systems. Ms. Wyatt and Mr. Segun were present and participated in the initial TRUST training series, and successfully implemented TRUST in their respective organizations. Since that time both have assisted Dr. Richard Rawson and Albert Hasson (TRUST co-developers) in training two additional TRUST cohorts.

They have implemented the intervention, co-trained the materials for the last three years, and attended weekly train-the-trainer meetings to review the TRUST curriculum slides (13 meetings in total from December 14, 2023, through March 21, 2024) with TRUST co-developer, Albert Hasson. They are prepared to participate as trainers in the next TRUST Training Series.

Included in the ToT is the revised Therapist Manual and the Patient Workbook recently published by the Pacific Southwest Addiction Technology Transfer Center at the University of California, Los Angeles as well as eight slide decks with presenter notes.

APPENDIX F

RECOVERY

Treatment Transition Hub AFA

The Treatment Transition Hub, funded by the Ryan Brown Addiction Prevention and Recovery Fund and supported by BBH and ODCP, represents a critical initiative aimed at enhancing services for individuals at high risk of fatal and non-fatal overdose. This report provides an overview of the progress and developments made in establishing the Treatment Transition Hub to date.

The Ryan Brown Addiction Prevention and Recovery Fund has allocated one-time funding for the acquisition, construction, and/or renovation costs necessary for the Recovery Transition Hub. The Recovery Transition Hub is designed as a 24-hour facility offering temporary housing for individuals transitioning into and out of residential treatment and recovery services, irrespective of their discharge status. Beyond temporary housing, the Hub serves as a safety net, diverting individuals from regional jail, and law enforcement diversion, and offering services such as:

- Screening and assessment for mental health/SUD services
- Recovery case management
- Medication management
- Crisis intervention
- Authorization for placement into care facilities
- Application assistance for Medicaid benefits
- Consultation/care coordination for complex situations

The establishment of the Treatment Transition Hub addresses the urgent need for temporary housing solutions for individuals actively seeking treatment and recovery from substance use disorder (SUD). The initiative responds to significant variations in wait times for mental health patients in emergency departments, particularly underscoring the critical need in West Virginia.

Aligned with the "all pathways" approach to recovery, the Treatment Transition Hub emphasizes the personal journey of individuals recovering from mental health and substance use conditions. Peer Recovery Support Services (PRSS) play a pivotal role within the Hub, reflecting a collaborative vision supported by evidence-based practices.

ODCP and BBH released an Announcement of Funding Availability (AFA) in June 2024 statewide.

Certification of Recovery Residences

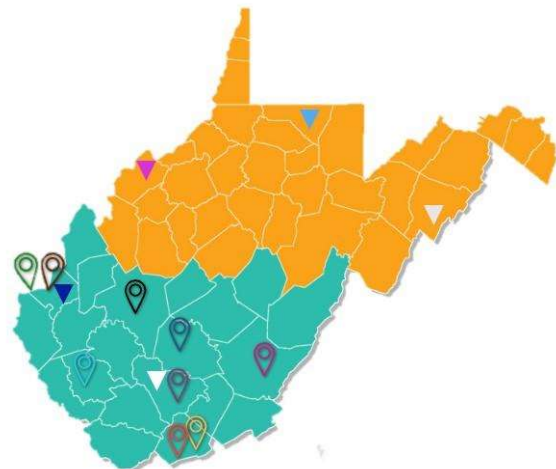
West Virginia Alliance of Recovery Residences (WVARR) was created by W. Va. Senate Bill 1012 (2019 1st Ex. Sess.) and has implemented a certification process for West Virginia recovery residences based on nationally recognized best-practice standards and ethical principles developed by the National Alliance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

Total Residences currently in process	Total (non-Oxford) residences currently operating in WV	Percent engagement	Total certified beds	Beds for Women	Beds for Women with Children	Beds for Men
226	235	97%	1431	496	74	736

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.

- West Virginia School of Osteopathic Medicine
- West Virginia State University
- Marshall University
- Concord University
- Southern Western University Community & Technical College
- Bridge Valley Community & Technical College
- Eastern West Virginia Community & Technical College
- Mountwest Community & Technical College
- West Virginia University Parkersburg
- West Virginia University
- Bluefield State University

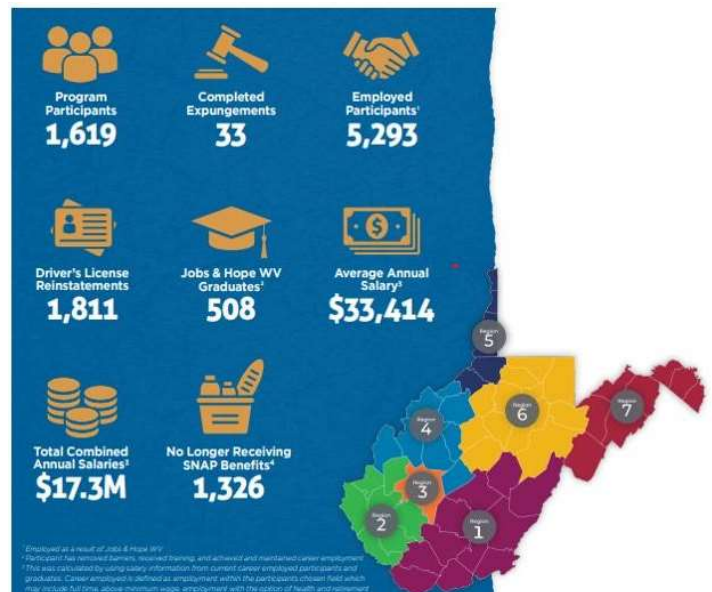


- New River Community & Technical College
- West Virginia Collegiate Recovery Network
- West Virginia University Tech

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 developed a [free online course](#) to equip participants with the knowledge of what xylazine is and how to navigate xylazine-related risk in West Virginia. Additionally, Collegiate Recovery Week was celebrated on campuses across the state with tabling events, mental health first aid training, mindful recovery activities, and Naloxone training.

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
Dr. Michael Kilkenny, Cabell-Huntington Health Department
Dr. Stefan Maxwell, Charleston Area Medical Center
Dr. Garrett Moran, West Virginia University, Retired
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
Stephanne Thornton, West Virginia Judicial and Lawyer Assistance Program
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, DH's Bureau for Public Health
Dr. Sherri Young, DH 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
Nicholas Stuchell, Interim Commissioner, DoHS's Bureau for Behavioral Health
Stephanie Hayes, 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

This subcommittee is committed to promoting relevant programs, including but not limited to: Law Enforcement Assisted Diversion and Quick Response Teams. Members collaborate with other subcommittees to align initiatives, provide input to improve state policy, and advise the full Council of emerging Techniques, Tactics and Procedures (TTP) that may impact strategic initiatives. They develop and report on the portion of the strategic plan related to law enforcement activities, advise regarding implementation, and serve as subject matter experts in aiding local implementation and adoption of recommendations.

Chair: Chief Shawn Schwertfeger

Members: Adam Crawford

Andrea Darr

Chief Jake Hunt

Treatment, Health Systems, and Research

This subcommittee recommends policy change as related to the inner workings and networks of health care providers. They provide 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 regarding 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

Develops SMART action plans that define SUD success. Makes recommendations and innovations assisting misdemeanor and certain non-violent felony offenders along a pathway to recovery (Jobs & Hope West Virginia). Implements best practices and policy changes that streamline legislation and positively impact SUD. Develops the portion of the strategic plan related to the court system and reentry activities, advises regarding implementation, and serves as subject matter experts in aiding local implementation and adoption of recommendations.

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

Community Engagement and Supports

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. Advice regarding anti-stigma campaigns. Provides recommendations on best practices to help communities and local groups organize and combat SUD in their communities. Develops the portion of the strategic plan related to community engagement, housing, employment and related matters, advises regarding 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 regarding 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 concerning such tasks as developing a statewide anti-stigma campaign, creating an online repository for stigma and educational training, and creating 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 substance use disorder. Develops the portion of the strategic plan related 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 2024 PRIORITIES AND IMPLEMENTATION PLAN UPDATE

The West Virginia 2024 Priorities and Implementation Plan is a continuation of the West Virginia 2020-2022 Substance Use Response Plan and the 2023 Priorities and Implementation Plan. This document indicates the 2024 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.

1. Prevention
2. Community Engagement & Supports
3. Treatment, Health Systems, and Research
4. Courts & Justice-Involved Populations
5. Law Enforcement
6. Public Education
7. Recovery Subcommittee
8. Pregnant and Parenting Women

This 2024 Quarter 1 Progress Report was prepared to update the Governor’s Council, key stakeholders, and communities on the progress being made towards achieving the goals set forth to address substance use in the State. In addition, this reporting process facilitates an opportunity for important dialogue about the initiatives and strategic direction being undertaken.

The 2024 Plan was designed such that each Subcommittee identified the highest priority Goals, Strategies, and KPIs to focus on this year. Progress towards completion for each key performance indicator (KPI) was measured as “Completed,” “In Progress/On Target,” “In Progress/Falling Behind,” “In Progress/Far Behind,” or “Not Started” with a percentage of the work complete documenting progress each quarter. This report presents the 2024 Quarter 1 status for each KPI as of March 31, 2024. Measurements demonstrate both transparency and a commitment to communicating progress. Subsequently, the Plan continues to have a strong focus on the indicators and metrics established through the key performance indicators, which are time-framed and measurable.

Implementation of the 2024 Action Plan resulted in the following for the 105 KPIs being implemented, monitored, and reported. Of note is that total KPIs may vary from quarter to

quarter as Subcommittees add or remove KPIs during implementation. A summary of 2024 accomplishments each quarter is provided in Appendix A.

	Q1 Progress
KPIs Completed	5
KPIs In Progress	24
Not Started	34
Not Reported	42
KPIs Completed or In Progress at End of quarter	29 (28%)

The 2024 Action Plan in its entirety, is available on the Office of Drug Control Policy website, dhr.wv.gov/office-of-drug-control-policy.

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 allowed her to spend 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.

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 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 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.