# 2024 Quarter One Progress Report

West Virginia Substance Use Response



Office of Drug Control Policy

April 2024

## **Table of Contents**

Introduction	2
Executive Summary	3
Quarterly Progress Reports	4
Prevention4	
Community Engagement and Supports7	
Treatment, Health Systems, and Research10	
Court Systems and Justice-Involved Populations	
Law Enforcement15	
Public Education17	
Recovery Community	
Pregnant and Parenting Women20	
Appendix A: Accomplishments	22
Quarter 1 Accomplishments	
Quarter 2 Accomplishments	
Quarter 3 Accomplishments	
Quarter 4 Accomplishments24	

#### Introduction

The purpose of this report is to update the Governor's Council on Substance Abuse Prevention and Treatment, key stakeholders, and communities on the progress of the 2024 Substance Use Response Plan implementation. This report serves as a tool and mechanism by which the Governor's Council can monitor progress in each of the Plan areas, including the current status of each key performance indicator (KPI). The report is organized by the following eight strategic areas of the West Virginia 2024 Substance Use Response Plan.

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

This document is one means for the Governor's Council members and the West Virginia Department of Human Services (DoHS), Office of Drug Control Policy (ODCP) to demonstrate their commitment to continued accountability, sustainability, and willingness to assure this Plan is advanced in order to systematically address the substance use disorder crisis in West Virginia and achieve the intended outcomes. True success in implementing this Plan continues to require integrated efforts at every jurisdictional level and across sectors. This work in West Virginia will not be achieved by any one agency, entity, or jurisdiction alone. As such, the Council continues to offer 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 enhances 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 with a shared commitment at the center of the relationship between the Council, State agencies, and local communities. The 2024 Action Plan in its entirety, is available on the ODCP website.

### **Executive Summary**

#### **Purpose**

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	Q2 Progress	Q3 Progress	Q4 Progress
KPIs Completed	7			
KPIs In Progress	44			
Not Started	38			
Not Reported	0			
Plan Under Revision	16			
KPIs Completed or In	51/105 (48%)			
Progress at End of quarter				

## **Quarterly Progress Reports**

### **Prevention**

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

		Q1 Progress	Q2 Progress	Q3 Progress	Q4 Progress	Comments
Strategy 1	Increase the number of youth receiving evidence-based prevention practices (i.e., CATCH My Breath) regarding tobacco and vaping.					
KPI 1	Through December 31, 2024, offer at least two sessions for stakeholders (prevention lead officers, coalition leaders, schools) to utilize the West Virginia Department of Human Services, Bureau for Behavioral Health Clearinghouse (Clearinghouse) to select recommended interventions and programs for populations of focus (Home - Bureau for Behavioral Health Clearinghouse (helpandhopewv.org).	25%				Two Catch my Breath training sessions hosted for WV school teachers and staff, WV Division of Tobacco.
KPI 2	Through December 31, 2024, track the number of persons that utilize the Clearinghouse.	25%				996 users at end of Q1.
KPI 3	Through December 31, 2024, work with the West Virginia Division of Tobacco and West Virginia Department of Education to track the number of schools and youth participating in tobacco/vaping evidence-based programs.	25%				BBH 19 schools- 2188 students Catch My Breath alonehowever almost all schools offer at least one EBP that addresses substance use which includes tobacco use.

Strategy 2	Educate key stakeholders on best practice and policy regarding youth tobacco and vaping use.			WV Division of Tobacco Prevention tracking middle school students 3,443 middle school students trained in Catch My Breath curriculum and at least one teacher that is trained in 34 counties.
KPI 1	By December 31, 2024, offer at least two sessions on advocacy, policies, and evidence-based practice.	100%		In March 2024, the Coalition for Tobacco Free WV (CTFWV), gave legislative update/ education presentations to WV Sanitarian Association, the Governors Tobacco Prevention Task Force, and to the participants of the Coalition for Tobacco Free WV meeting.  Throughout the month of March 2024, provided TA on zoning ordinances for smoke/vape shops to the City of Morgantown and Putnam Wellness Coalition's Vaping task team.  Information was shared with legislators during session on tobacco/vaping numbers in WV and T21.  Marshall and WVHIA offered 2 advocacy training – one to youth leaders and one to other preventionist.
KPI 2	Through December 31, 2024, develop an information brief with data and recommendations.	100%		Researched status of WV county and municipal laws on youth tobacco possession laws in effect. Info fact sheet on tobacco was developed with recommendations to legislators and given out on Prevention Day.

### Goal 2: Implement a unified, state-level, stigma-free prevention messaging campaign(s) to build awareness.

		Q1 Progress	Q2 Progress	Q3 Progress	Q4 Progress	Comments
Strategy 1	Develop a standardized prevention messaging campaign(s) to reach communities and schools across the state using informed stakeholder input.					
KPI 1	Through December 31, 2024, track the prevention messages developed with the prevention messaging workgroup.	0%				Under development
KPI 2	Through December 31, 2024, track the number of people reached by the prevention messages.	0%				Under development
Strategy 2	Select community prevention groups to develop up to 12 different prevention messaging themes that address community needs and inclusive populations of focus.					
KPI 1	By March 31, 2024, select at least 12 organizations to develop messages.	100%				
KPI 2	Through December 31, 2024, track the number of people reached by the prevention messages.	0%				Prevention messaging website with messages and toolkits under development.
Strategy 3	Develop a communications plan for dissemination.					
KPI 1	By February 29, 2024, host a stakeholder meeting to develop the plan with launch dates.	0%				Meeting will be held in April.
KPI 2	By March 4, 2024, launch the communication plan at West Virginia Prevention Day.	0%				Plan began but not final.

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

		Q1 Progress	Q2 Progress	Q3 Progress	Q4 Progress	Comments
KPI 1	Through December 31, 2024, track the number of people reached.	25%				2,356 users
Strategy 2	Promote statewide prevention conferences, trainings, and town halls.					
KPI 1	Through December 31, 2024, track the number of educational events held.	25%				Events/trainings tracked on Help and Hope.
KPI 2	Through December 31, 2024, track the number of participants that attend.	0%				

## **Community Engagement and Supports**

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

		Q1 Progress	Q2 Progress	Q3 Progress	Q4 Progress	Comments
Strategy 1	Advocate for long-term funding to help strengthen and grow all levels and types of recovery housing in West Virginia where it is needed.					
KPI 1	By February 1, 2024, submit recommended strategies to Community Engagement cochairs on how certified recovery residences may be sustainably funded.	30%				A sub-work group has been established and met once.
KPI 2	By March 31, 2024, work with WVARR, ODCP and BBH to determine funding needed to support the sustainability of existing certified recovery residences by March 31, 2024.	30%				See above
KPI 3	Through December 31, 2024, collaborate with ODCP and BBH to identify funding needed IN FY 2025 for the development of new recovery housing residences to meet capacity needs in West Virginia.	0%				
KPI 4	By July 1, 2024, establish a work group that includes representatives from ODCP, BBH, WVARR, and recovery residence operators, and meets monthly, to determine the capacity needs for all types of recovery housing.	0%				
KPI 5	By December 31, 2024, increase the number of certified recovery residences by 15%.	0%				

KPI 6	By December 31, 2024, increase the number of certified recovery residence beds by 20%.	0%		
Strategy 2	Facilitate ongoing training and technical assistance for current and future recovery residence operators and staff.			
KPI 1	By September 1, 2024, conduct the second annual conference for recovery residence operators and staff, in collaboration with WVARR, ODCP, and BBH.	0%		
KPI 2	By April 30, 2024, implement monthly promotion of the availability of technical assistance and resources (i.e., toolkits) for recovery residence operators and staff through multiple partners and outlets, including social media.	0%		
KPI 3	By July 1, 2024, partnered with WVARR and the Fletcher Group to assure development, implementation, and evaluation of a coaching/mentoring process for new and existing recovery residence operators.	0%		
Strategy 3	Facilitate the development and improvement of the utilization of recovery residences in a strong viable continuum of support for people in recovery.			
KPI 1	By March 31, 2024, develop recommendations for strategies that promote comprehensive, uniform data collection processes among recovery housing residences.	60%		Recommendations can be finalized in April.
KPI 2	By July 1, 2024, conduct outreach and data collection among residential treatment providers and payers (i.e., MCOs), to identify barriers, perceptions, and opportunities to strengthen linkages with recovery residences.	0%		

KPI 3 By October 1, develop a summarizes the data correcommendations base					
---	--	--	--	--	--

## Goal 3: Increase availability of transportation in order to access prevention, early intervention, treatment, and recovery services.

		Q1 Progress	Q2 Progress	Q3 Progress	Q4 Progress	Comments
Strategy 1	Explore innovative models of transportation for individuals with substance use disorder. Based on what is learned about these models and feasibility of addressing existing barriers develop innovative strategies that enable individuals with a substance use disorder to regain the ability to independently transport.					
KPI 1	By June 2024, continue to document written plan with best practices and working models	25%				
KPI 2	By March 2024, document the funding needs and recommendations of each expansion and share with the Office of Drug Control Policy and Council.	0%				

Goal 5: Increase employment opportunities and job retention for individuals in recovery for substance use disorders through supported employment, apprenticeships, and programs such as Jobs & Hope West Virginia.

		Q1 Progress	Q2 Progress	Q3 Progress	Q4 Progress	Comments
Strategy 1	Assist businesses to employ individuals in recovery.					
KPI 1	By December 31, 2024, host virtual and in- person training with 25 employers across the state to facilitate recovery friendly workplaces and participate in recovery-supportive assessment.	50%				Plans underway to begin coordinating this by June 2024.
KPI 2	By December 31, 2024, secure 100 WV employer businesses as a part of the statewide employer designation including recovery-supportive and justice-involved populations.	50%				Statewide designation has not launched.
KPI 3	By December 31, 2024, host two statewide employment focused events to strengthen workforce participation and employer recruitment efforts.	10%				
Strategy 2	Provide individuals in recovery with access to resources to assist with small-business creation.					
KPI 1	By December 31, 2024, identify resources and organizations that provide resources to individuals in West Virginia.	25%				Attended a conference to identify organizations and resources.
KPI 2	By December 31, 2024, host two small business creation workshops.	50%				Plans are underway to begin this May 2024.
Strategy 3	Sustain existing programs that assist individuals in recovery from substance use disorder to obtain employment,					

	including Jobs & Hope, Creating Opportunities for Recovery Employment (CORE), and Restore, Empower & Attain Connections with Hope (REACH). (ODCP, CORE, Jobs & Hope, REACH)			
KPI 1	By March 30, 2024, meet bi-annually to revise and review existing plans to increase collaboration and funding among workforce programs.	50%		Ashley will reach out to others to revise and review the existing plan.
KPI 2	By December 31, 2024, secure funding to ensure the continuation and expansion of existing workforce programs.	15%		

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

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

		Q1 Progress	Q2 Progress	Q3 Progress	Q4 Progress	Comments
Strategy 6	Address barriers to treatment by expanding co-location of services, digital therapeutics, mobile service delivery, and telehealth.					
KPI 1	By June 30, 2024, identify promising and best practices where co-location of services are offered in the State, including location and summary of services/approach, and document in an issue brief.	Plan Under Revision				
KPI 2	By August 31, 2024, develop recommendations, and resources needed, for expanding co-location of services, digital therapeutics, mobile service delivery, and telehealth.	Plan Under Revision				

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

		Q1 Progress	Q2 Progress	Q3 Progress	Q4 Progress	Comments
Strategy 1	Increase screening and rapid access to treatment of infectious diseases associated with substance use disorders (e.g., hepatitis C, HIV,					

	hepatitis B, sexually transmitted diseases, endocarditis, abscesses, etc.) at any entry point for substance use disorder treatment.			
KPI 1	Through December 31, 2024, continue to integrate screening for infectious diseases into key entry points for care related to substance use disorder via a standard screening panel and clinical protocols.	Plan Under Revision		
KPI 2	Through December 31, 2024, continue to advance capacity to rapidly expand community testing services for HIV/ hepatitis C virus and investigate, track, and manage identified cases.	Plan Under Revision		
KPI 3	Through December 31, 2024, continue to work with community health centers and healthcare providers to increase by 20% the number of sites with capacity to provide HIV and hepatitis C treatment in the primary care setting.	Plan Under Revision		
KPI 4	Through December 31, 2024, continue to increase primary care provider knowledge of and capacity to provide Pre-Exposure Prophylaxis (PrEP) for HIV prevention for high-risk individuals.	Plan Under Revision		
KPI 5	Through December 31, 2024, continue to assess Medicaid coverage of hepatitis C treatment to decrease community transmission and provide recommendations if needed.	Plan Under Revision		

### Goal 3: Increase the health professional workforce to treat people with substance use disorder.

		Q1 Progress	Q2 Progress	Q3 Progress	Q4 Progress	Comments
Strategy 1	Increase the number of treatment providers who offer evidence-based practices and programs and have expertise to treat people who use multiple substances and stimulants, to save lives of individuals with substance use disorders.					
KPI 1	By December 31, 2024, conduct an annual needs assessment and gap analysis of treatment and recovery services, and resources, by county.	Plan Under Revision				
KPI 2	By December 31, 2024, annually update a strategic plan that enables telehealth to be used for substance use disorder treatment and recovery services across the State.	Plan Under Revision				
KPI 3	Through December 31, 2024, continue efforts to expand medication-assisted treatment availability in all counties using direct treatment or telehealth.	Plan Under Revision				
KPI 4	Through December 31, 2024, continue implementation of an annual educational program on substance use disorder that addresses the identified clinical needs of providers and clinicians.	Plan Under Revision				

KPI 5	Through December 31, 2024, continue efforts to establish processes in four communities to implement treatment on demand (i.e., treatment from the emergency department following overdose or anyone presenting with a primary/second opioid use disorder/substance use disorder diagnosis in an acute or other setting). Also see Health Systems for Project Engage efforts.	Plan Under Revision		
KPI 6	Through December 31, 2024, continue to demonstrate active planning towards implementation of at least one model that promotes recovery and integrates substance use disorder treatment with the healthcare delivery system.	Plan Under Revision		
KPI 7	Through December 31, 2024, continue to support pilots focused on improving retention in treatment and recovery through innovative, evidence-based strategies.	Plan Under Revision		
KPI 8	Through December 31, 2024, continue to support full implementation of the Atlas Quality Initiative (Shatterproof) in West Virginia throughout the duration of the Plan.	Plan Under Revision		
Strategy 4	Provide education about substance use disorder (including stigma) to providers and staff in hospitals, urgent cares, and primary care practices.			

Blue = Complete Green = On Target Yellow = Falling Behind Red = Far Behind Gray = Not Started

KPI 1 Through December 31, 2024, continue to provide education to 1,000 future and current practitioners about substance use disorder, including education to meet medication-assisted treatment waiver requirements.	Plan Under Revision
---	---------------------------

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

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

		Q1 Progress	Q2 Progress	Q3 Progress	Q4 Progress	Comments
Strategy 1	Address gaps in access to medication- assisted treatment across the West Virginia criminal justice system and in the community for justice-impacted citizens upon release and re-entry.					
KPI 1	By June 30, 2024, and bi-annually after, determine the number of persons incarcerated in regional jails self-reporting a SUD.	0%				
KPI 2	By June 30, 2024, based on Strategy 1, KPI 1, determine costs associated with expanding MAT/MOUD injections in regional jails versus prison.	In Progress on Time				
KPI 3	By March 31, 2024, identify gaps and barriers to treatment access for returning citizens on MAT/MOUD where services offered in jails and prisons do not match the community-based treatment offerings upon release in the community.	100%				Gaps are identified; in the process of making a map.
KPI 4	By June 30, 2024, identify and implement strategies to close gaps preventing post-release MAT/MOUD prescriptions for returning citizens from being filled timely in communities.	In Progress on Time				Reentry Navigators (REACH – 60 volunteer navigators; two staff navigators with two to be added; grant funding if approved would add more); Courts have PRSS navigators (have four PRSS; one PRSS/Sup.; one new PRSS to be added/hired; grant funding if approved would add more).

Strategy 2	Promote knowledge of available alternative sentencing resources as a list of options to increase substance use disorder treatment instead of incarceration without treatment by providing information across judicial circuits.			
KPI 1	By March 31, 2024, create a list or map of substance use treatment providers and LEAD programs operational within each judicial circuit to provide judges and magistrates for alternative sentencing consideration.	100%		Map made; Stephanie sent to Magistrates, Magistrate assistants, Circuit judges, family court judges (and three phone calls from individuals came to Krush/LEAD as a result).
KPI 2	By October 31, 2024, provide information to judges, magistrates, and courts about the differences in treatment offerings between outpatient, inpatient, and sober living.	0%		
KPI 3	By December 31, 2024, identify an algorithm to appropriately screen justice-involved persons with SUD into levels of treatment, and provide this tool to judges, magistrates, and courts.	0%		
KPI 4	By September 30, 2024, develop a resource guide based on work in two Jail Bill counties to replicate and expand in two additional counties to pilot and gain additional data.	0%		
Strategy 3	Increase information among judges, magistrates, courts, and law enforcement to reduce stigma of MAT/MOUD for persons involved in the criminal justice and child abuse and neglect systems.			

KPI 1	By June 30, 2024, partner with the Law Enforcement Subcommittee to determine information sharing needed among law enforcement to reduce stigma.	In Progress on Time		Meeting with LE Subcommittee Chair held 4/9/24; future collaborative meeting in coming weeks.
KPI 2	By December 31, 2024, partner with the Public Education Subcommittee to promote stigma-reduction campaign for the courts and judiciary.	Not Started		

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

		Q1 Progress	Q2 Progress	Q3 Progress	Q4 Progress	Comments
Strategy 1	Address gaps and barriers to expunging criminal records for certain offenses directly related to substance use disorder when there are convictions across multiple circuits.					
KPI 1	By September 30, 2024, support the work of Legal Aid of WV and Jobs and Hope to determine a pathway for expungement for eligible substance-related convictions when convictions exist in two or more separate judicial circuits.	0%				
Strategy 2	Address gaps in accessing transportation for treatment and services for justice-impacted persons and persons with child abuse and neglect filings.					
KPI 1	By June 30, 2024, partner with the Community Engagement and Supports	0%				

Blue = Complete Green = On Target Yellow = Falling Behind Red = Far Behind Gray = Not Started

	Subcommittee to identify existing gaps and work to address transportation needs of justice-involved persons and persons with child abuse and neglect filings working on reunification.			
KPI 2	By December 31, 2024, create a local list of transportation resources available to justice-involved persons and persons with child abuse and neglect filings working on reunification.	0%		

## **Law Enforcement**

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

		Q1 Progress	Q2 Progress	Q3 Progress	Q4 Progress	Comments
Strategy 1	Provide education and training on naloxone, self-care, harm reduction principles, stigma, and models for responding to overdoses to all law enforcement officers.					
KPI 1	By December 31, 2024, provide at least two training events per year (virtual and inperson) for law enforcement that includes naloxone administration, self-care, harm reduction, stigma reduction, and models for responding to overdoses.	In Progress on Time				Justin is able to collect naloxone training numbers from contact at OEMS; Help4WV website may enable tracking of these measures, as well.
KPI 2	Through December 31, 2024, convene a workgroup that will be focused on coordinating/planning trainings and tracking of number trained.	In Progress on Time				Workgroup members have been identified. Meeting will occur in the coming weeks.

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

		Q1 Progress	Q2 Progress	Q3 Progress	Q4 Progress	Comments
Strategy 1	Utilize the Overdose Detection Mapping Application Program to identify drug trafficking routes across state lines and encourage local law enforcement to enter overdose data, as required by law.					
KPI 1	Through December 31, 2024, continue to inform all local law enforcement agencies and first responders that entering overdose data into the Overdose Detection Mapping Application Program within 72 hours of overdose is state required and report the number of trainings provided.	0%				
KPI 2	Through December 31, 2024, continue notifying state and local law enforcement of overdose events and apparent drug routes identifiable via the Overdose Detection Mapping Application Program and report the number of notifications provided per month	In Progress On Time				Efforts to promote awareness are ongoing.

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

		Q1 Progress	Q2 Progress	Q3 Progress	Q4 Progress	Comments
Strategy 1	Support and expand the Handle with Care program to all first responders in all 55 counties of West Virginia.					
KPI 1	By December 31, 2024, offer training on Handle With Care and Handle With Care protocols to at least 400 law enforcement officers.	In Progress on Time				The Handle With Care Conference is currently being planned for October.
KPI 2	By December 31, 2024, offer training on Handle With Care and Handle With Care protocols to at least 200 personnel who interact with law enforcement to include emergency medical services, 911, social workers, mental health providers, victim advocates, teachers, and school staff.	In Progress on Time				The Handle With Care Conference will include different tracks for various professionals to train.
KPI 3	Through December 31, 2024, maintain law enforcement referrals and use of Handle with Care that are reported quarterly to identify opportunities for continued improvements, additional supports needed, etc.	In Progress on Time				Counties are monitored on reporting frequency.

### **Public Education**

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

		Q1 Progress	Q2 Progress	Q3 Progress	Q4 Progress	Comments
Strategy 1	Disseminate the public education training and StigmaFreeWV database of trainings through the prevention lead organizations and other community groups.					
KPI 1	By May 31, 2024, train each PLO on the new public education training, as is required by their state SOW.	50%				First training hosted.
KPI 2	By December 31, 2024, utilize the state media campaign, recovery organizations, prevention lead organizations, ODCP office, and Marshall's training center to direct people to the training database on StigmaFreeWV.	25%				First Training hosted.
KPI 3	By December 31, 2024, integrate interviews and training clips into the state marketing campaign to address stigma.	80%				Most interviews have been completed and edited.
KPI 4	By December 31, 2024, record trainings for each of the key populations including video interviews to be housed, along with targeted resources on the StigmaFreeWV website.	10%				First training was recovered.

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

		Q1 Progress	Q2 Progress	Q3 Progress	Q4 Progress	Comments
Strategy 1	Support the SOR office as a committee of experts to provide feedback on the marketing campaigns.					
KPI 1	By December 31, 2024, a small group of subcommittee members will work to help maintain the state strategic plan for that antistigma brand and campaign.	100%				
KPI 2	By December 31, 2024, the overarching state stigma campaign will be supported through coordinate efforts in each region including the Breakthrough campaign.	25%				Four murals have been completed.
KPI 3	By December 31, 2024, collaborate with the Recovery subcommittee and other subcommittees with direct experience on campaign development.	50%				Cross attending meetings.
Strategy 2	Develop methods to integrate stigma-free campaigns and education into WV communities through beatification projects, collaboration with schools and higher education, the PLOs and community coalitions, and personal stories of recovery and home both in-person and online.					
KPI 1	By December 31, 2024, develop a coordinated method of disseminating the interviews conducted in 2022 on social media and with the key populations identified.	0%				Dependent on the state SOR office.

KPI 2	By September 30, 2024, hold five community mural days for the Breakthrough Campaign.	40%		Four murals have been completed.
KPI 3	By October 31, 2024, identify three communities in need of targeted stigma interventions at the community level and provide TA to their community on implementation or strategy development.	100%		Three target populations and communities have been identified.

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

		Q1 Progress	Q2 Progress	Q3 Progress	Q4 Progress	Comments
Strategy 1	Develop collaborative strategies to reduce duplication and improve scope and reach of educational services across the subcommittees.					
KPI 1	By December 31, 2024, identify targeted messaging that incorporates mental health and AOD for youth.	10%				Initial meeting and workgroup.
KPI 2	By December 31, 2024, integrate stigma-free messaging around Naloxone and laws.	10%				
KPI 3	By December 31, 2024, develop a toolkit for having "frank conversations" with youth focused on the intersection of SDOH, justice, incarceration, discrimination, SUD, stigma, MH, and harm reduction (safe use, testing) with resources for how to help a friend or family member.	0%				

KPI 4	By December 31, 2024, expand current stigma training to include youth focused videos and interviews. Include the history/development of the epidemic. Integrate marijuana/THC overdoses. This includes youth centric stories of reunification.	0%			
	of reunification.				

### **Recovery Community**

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

		Q1 Progress	Q2 Progress	Q3 Progress	Q4 Progress	Comments
Strategy 1	Empower consumers with the autonomy to determine their recovery pathway through an informed consent process that prioritizes person-centered care.					
KPI 1	By March 31, 2024, adopt a West Virginia model that includes a standard written consent and statewide tools/resources for use by treatment and recovery facilities.	80%				
KPI 2	By June 30, 2024, develop an MOU between DoHS's Bureau for Medical Services (BMS), the Recovery Subcommittee, and MCOs to incorporate education and training in treatment and recovery facilities. The implementation would be evidenced by an MOU between BMS, the Recovery Subcommittee, and MCOs of their	98%				

	commitment to implementation via contract language.			
KPI 3	By December 31, 2024, Recovery Subcommittee will work with DoHS (or designated successor) to mandate written consent be used as a requirement of all contracts and funding awards.	0%		
KPI 4	By December 31, 2025, Recovery Subcommittee will ask ODCP to evaluate processes and policies to provide individuals with all treatment options upon admission (i.e., strengths/weaknesses, medications for SUD, abstinence, harm reduction strategies, faith- based, contingency management, etc. offered by a facility) and provide a written report to the Recovery Subcommittee.	0%		
KPI 5	By December 31, 2025, the Recovery Subcommittee will develop a consumer survey as an appendix to funding awards offered by DoHS (or designated successor) to determine the effectiveness of client autonomy and prioritization of person-centered care. DoHS (or designated successor) will provide the Recovery Subcommittee with an executive summary of outcome data.	0%		

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

		Q1 Progress	Q2 Progress	Q3 Progress	Q4 Progress	Comments
Strategy 1	In collaboration with WV's ODCP, the recovery subcommittee will engage behavioral health providers for a more robust family service program.					
KPI 1	By April 1, 2024, the recovery subcommittee will schedule a meeting with officials from the Office of Drug Control Policy to discuss the current involvement of families in the treatment process (both residential and outpatient levels of care) and opportunities for improving family involvement with the consent of individuals experiencing substance use disorders. Including reviewing Chapters 503 & 504 of the BMS code to determine current family services requirements.	10%				
KPI 2	By December 31, 2024, the recovery subcommittee will work with ODCP to develop a strategic plan to improve family support services across the continuum of care. This process would include conversations with the BMS, OFHLAC, WV First Foundation, and MCOs.	0%				
KPI 3	By July 1, 2025, increase professionals trained to deliver family support services evidenced by quarterly trainings facilitated across the state.	0%				

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

		Q1 Progress	Q2 Progress	Q3 Progress	Q4 Progress	Comments
Strategy 1	Engage professional associations and coalitions focused on substance use disorder to establish and strengthen strategic partnerships that can influence outcomes for individuals with substance use disorder.					
KPI 1	By January 31, 2024, the Recovery Subcommittee will identify a list of community partners, associations, and coalitions to regularly invite to Recovery Subcommittee Meetings.	5%				
KPI 2	By March 31, 2024, the Recovery Subcommittee Chair will invite the Executive Director of the WV First Foundation to a recovery subcommittee meeting to share an overview of our section of the plan and to request regular updates on WV First Foundation progress and outcomes from funded initiatives.	5%				
KPI 3	By December 31, 2024, leverage the partnerships and expertise of the collective strategic partnerships to serve as a resource for the Governor's Council.	10%				
KPI 4	By March 31, 2024, the Recovery Subcommittee will meet with the Bureau for Behavioral Health, Office of Drug Control Policy, and West Virginia Department of Health's (DH) Bureau for Public Health to encourage Announcements of Funding	0%				

Blue = Complete Green = On Target Yellow = Falling Behind Red = Far Behind Gray = Not Started

Availability that require cross-sectional collaboration.						
--	--	--	--	--	--	--

<sup>\*</sup>Data pending Recovery Community Subcommittee approval

## **Pregnant and Parenting Women**

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

		Q1 Progress	Q2 Progress	Q3 Progress	Q4 Progress	Comments
Strategy 1	Increase standardized screening to identify pregnant and parenting women with SUD.					
KPI 1	By June 30, 2024, develop and conduct a survey for OB/GYN providers on their PRSI usage and to identify barriers to completion of the PRSI in their practices.	In Progress on Time				Discussions held with Sharon Hill (OMCFH) for PRSI revision
KPI 2	By August 31, 2024, develop recommendations based on survey findings.	0%				Awaiting survey findings
Strategy 2	Increase capacity to provide treatment and recovery support across West Virginia (for all substances) for pregnant and parenting women, including those who experience a return to use.					
KPI 1	By June 30, 2024, conduct key informant interviews with the residential housing facilities that serve pregnant and parenting women.	0%				Will convene with Housing workgroup for progress
KPI 2	By August 31, 2024, develop recommendations based on survey findings.	0%				
KPI 3	By June 30, 2024, conduct regional, virtual listening sessions statewide to understand what is working well and where there are gaps related to infants and families exposed to methamphetamine and other polysubstance use.	In Progress on Time				Planning has commenced, finalizing dates and facilitator questions

KPI 4	By August 31, 2024, develop recommendations based on listening session findings.	0%		
Strategy 3	Develop and implement a campaign to educate providers, key stakeholders, and communities (PPW) on the risks of alcohol use during pregnancy (especially the third trimester) to address current rates of fetal alcohol exposure.			
KPI 1	By June 30, 2024, identify potential funding sources to support an educational campaign.	In Progress on Time		Contact with WV First Foundation has been initiated
KPI 2	By August 31, 2024, disseminate an issue brief to providers on the incidence of infants exposed to alcohol in the last four to six weeks of pregnancy.	In Progress on Time		WV Perinatal Partnership is creating a brochure on alcohol use to educate providers

### Appendix A: Accomplishments

#### **Quarter 1 Accomplishments**

During the first quarter of 2024, a total of five KPIs were completed. Once complete these KPIs are often ongoing but may also provide the foundation for advancing work of a subsequent KPI as a next step. The section below highlights accomplishments for KPIs measured at 100% at the end of Quarter 1 (January 1, 2024, to March 31, 2024).

#### **PREVENTION**

- Offered at least two sessions on advocacy, policies, and evidence-based practice.
- Developed an information brief with data and recommendations.
- Selected at least 12 organizations to develop messages.

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

- Identified gaps and barriers to treatment access for returning citizens on MAT/MOUD where services offered in jails and prisons did not match the community-based treatment offerings upon release in the community.
- Created a map of substance use treatment providers and LEAD programs operational within each judicial circuit to provide judges and magistrates with options for alternative sentencing consideration.

#### **PUBLIC EDUCATION**

- A small group of subcommittee members worked to help maintain the state strategic plan for that anti-stigma brand and campaign.
- Identified three communities in need of targeted stigma interventions at the community level and provided TA to their community on implementation or strategy development.