



2021 ODCP SEMI-ANNUAL REPORT

JANUARY 1 – JUNE 30



STATE OF WEST VIRGINIA

DEPARTMENT OF HEALTH AND HUMAN RESOURCES

A MESSAGE FROM THE CABINET SECRETARY

As Cabinet Secretary of the West Virginia Department of Health and Human Resources (DHHR), I am again pleased to present the Office of Drug Control Policy (ODCP) Semiannual Report.

This report details ODCP's activities from January 1, 2021, to June 30, 2021. ODCP continues to support new and ongoing initiatives and make use of strategic goals to combat the substance use disorder (SUD) crisis in our state.

Though this year has brought a sense of hope in battling the worldwide pandemic, we are still facing an epidemic that is destructive and lasting despite our continued efforts. DHHR is committed to doing everything it can, in collaboration with partners, to end this epidemic.

This report highlights what West Virginia has achieved, builds upon the incredible work so many are doing, and maps the course forward to address further the convergence of issues caused by SUD in West Virginia.

Our focus is on saving the lives of West Virginians. Our state deserves nothing less.

Sincerely,

Bill J. Crouch
Cabinet Secretary

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OFFICE OF DRUG CONTROL POLICY STAFF

Dr. Matt Christiansen, Director



Dr. Matthew Christiansen, ODCP Director, plans and directs West Virginia's efforts in combating the opioid epidemic. He was appointed to this position in October 2020 by Governor Jim Justice.

Dr. Christiansen also serves as Associate Professor in the Marshall University Joan C. Edwards School of Medicine, Department of Family and Community Health where he practices primary care and addiction medicine. Prior to his appointment to the ODCP, Dr. Christiansen was active in treatment of addiction/dependence across the lifespan. He has lectured across the tri-state area on addiction issues from a public health and primary care perspective.

Dr. Christiansen earned his medical degree and Master of Public Health degree from Marshall University.

Rachel Thaxton, Assistant Director



Rachel Thaxton was named Assistant Director of the ODCP in April 2019. Prior to joining ODCP, Rachel served as Director of Development and Program Director for Recovery Point West Virginia. Her past experience includes serving as Support Team Leader at Harmony House.

Rachel holds bachelor's and master's degrees from West Virginia University.

Dora Radford, Executive Assistant to the Director



Dora Radford became Executive Assistant to the Director in April 2018. Prior to joining 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 understanding of administrative and government processes as well as facility and medical standards of care and treatment is an asset to the ODCP.

Gary Krushansky, Strategic Planner



Lieutenant Colonel (Retired) Gary D. Krushansky serves as Strategic Planner for the West Virginia National Guard, Liaison to ODCP and Law Enforcement Assisted Diversion Coordinator for the State of West Virginia and ODCP.

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

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

Justin Smith, Data Program Manager



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

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

Heather McDaniel, Special Projects Program Manager



Heather McDaniel oversees special projects that enhance West Virginia’s drug control policy and provides program oversight and coordination for West Virginia’s drug epidemic early intervention response for ODCP. Heather formerly held the position of Treatment and Recovery Program Manager for the ODCP.

Prior to coming to the ODCP, Heather was the Director of Helpline Services for First Choice Services where she managed 50 staff members and eight helplines related to substance use, behavioral health, suicide prevention, and tobacco cessation. Earlier in her career, she was the Director of Tobacco Cessation Services for beBetter Health where she managed the Tobacco Quitline for West Virginia and the corporate health and wellness programs offered by beBetter Health.

Heather earned a Bachelor of Arts in Psychology from West Virginia State University and has worked in the addiction field for over 10 years.

Jessica Smith, Prevention Program Manager



Jessica Smith is the ODCP Prevention Program Manager. 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 DHHR’s Bureau for Public Health 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 Master of Arts in Communication Studies and a Master of Science in Health Care Administration from Marshall University.

Logan Feingold, VISTA Worker



Logan Feingold is the Opioid Response VISTA for ODCP, focusing on assisting with the response to the opioid epidemic in West Virginia in areas such as stigma reduction and levels of care.

After interning with the Peace Corps and studying abroad in college, Logan graduated from the College of William & Mary with a Bachelor of Arts in Government with a minor in History in May 2020.

Steven A. Koehler, Epidemiologist



Steven A. Koehler, MPH, Ph.D., is with the Office of Maternal, Child & Family Health in DHHR's Bureau for Public Health, and serves as the epidemiologist for ODCP. His role is to assess emergency medical services, emergency room, and medical examiner data related to drug overdose events. He also serves as the Director of Forensic Medical Investigation, LLC as an expert witness and consultant. Dr. Koehler was the former Chief Forensic Epidemiologist at the Allegheny County Medical Examiner’s Office in Pittsburgh, Pennsylvania. He earned a B.S in Biology and Psychology from Washington and Jefferson College, an MPH in Public Health and a Ph.D. in Forensic Epidemiology

from the University of Pittsburgh Graduate School of Public Health.

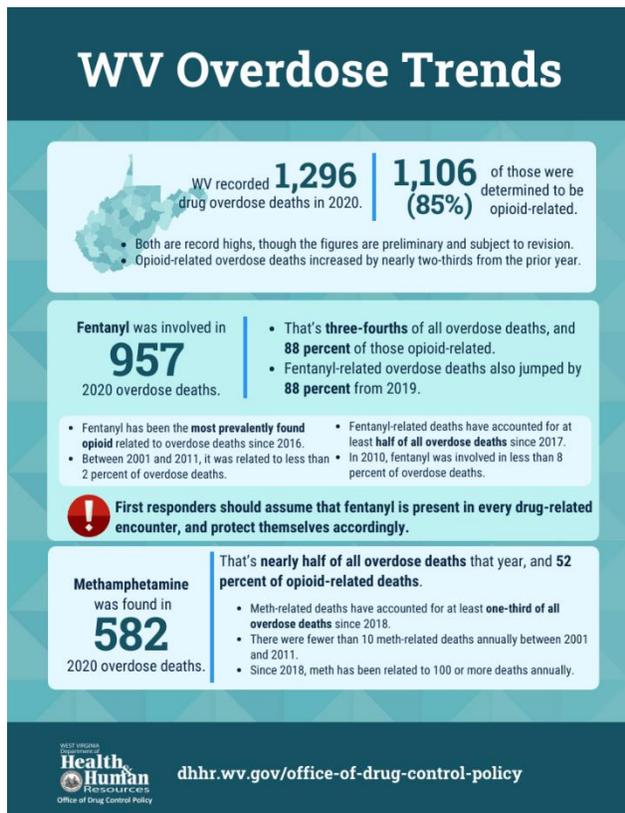


Carma Clute, Accountant Auditor

Carma Clute is the Finance Manager for the ODCP. She manages the funding and processing of grant agreements. She has been with DHHR for 10 years. She started her career with the Bureau for Behavioral Health before moving to the ODCP, where she held several different grant and accounting positions within the Bureau. Carma obtained her bachelor’s degree in Accounting from West Virginia State University.

PREFACE

As vaccinations for COVID-19 continue to roll out and the world begins its return to pre-COVID routines, West Virginians are faced with the effects of extended isolation on behavioral and mental health. These effects have specifically impacted individuals with substance use disorders causing a substantial increase in overdose fatalities during the quarantine months of 2020 extending into 2021.



Based on preliminary data, West Virginia saw a staggering 45% percent increase in fatal overdoses from 2019 to 2020. While COVID-19 precautions assisted in reducing the number of pandemic-related casualties, they left a vulnerable population in need of extra care. As data was analyzed, a disturbing trend was uncovered - fentanyl showed a nearly 87% increase in overdose death causation from 2019 to 2020. Fentanyl is a powerful synthetic opioid analgesic that is similar to morphine but is 50 to 100 times more potent. Even a small amount can cause an overdose and death.

To combat these statistics, the ODCP implemented efforts around effective and evidence-based interventions critical in saving lives. Naloxone distribution, always a priority, became even more urgent. The Standing Order for Naloxone Prescription for Overdose Prevention was expanded to allow greater naloxone distribution to West Virginians at risk or in contact with

individuals who are at risk of a fatal overdose. As a result, more targeted naloxone distribution in high need areas was possible. Partnerships with local coalitions, community organizations, area health care facilities, and Quick Response Teams were utilized to increase distribution efforts. Timely access to treatment and recovery support was prioritized with additional focus given to expanding response efforts in hospitals and bridging patients to community care. Additionally, the number of Quick Response Teams increased and efforts to incorporate diversion programs such as Law Enforcement Assisted Diversion (LEAD) into mainstream law enforcement tactics has grown. With the understanding that stigma is a major barrier to treatment, efforts to address this expanded through the development of an action group to address gaps in education and develop targeted trainings.

Although COVID-19 created many challenges, West Virginia demonstrated a resiliency and determination to address the needs of all its residents. The willingness to explore new methods of communication and execute evidence-based practices in order to save lives makes the Mountain State a true leader in perseverance and innovation. While the development of several COVID-19 vaccines has given the world and West Virginia hope against this pandemic, there is also hope against the opioid epidemic through the tireless work highlighted by this document.

KEY ACCOMPLISHMENTS AND UPDATES

Newsletter

The ODCP Bimonthly Newsletter is utilized as a platform to inform the public and various stakeholders on new SUD response initiatives, new resources, success stories, and to provide updates on current programs. The newsletter also highlights partnerships and encourages the promotion of trainings and educational opportunities. To date, there have been seven issues published with themes ranging from COVID-19 response to data sources to stigma. Distribution continues to grow as subscriber requests increase. Past issues may be found here:

<https://us19.campaign-archive.com/home/?u=4d43ab6de365ac0427481fe33&id=aae267e9ea>.

Governor’s Council on Substance Abuse Prevention and Treatment

West Virginia 2020 -2022 Substance Use Response Plan Year 1 Report

The Year 1 Report provides an update to the Governor’s Council on Substance Abuse Prevention and Treatment (Council), key stakeholders, and communities on progress for the first year (2020) of implementing the West Virginia 2020-2022 Substance Use Response Plan. The report is not meant to be a complete description of the work being performed but serves as a mechanism by which the Council can monitor progress in each of the focus areas. The report provides the status of each Key Performance Indicator (KPI) that was implemented in Year 1. The report reflects progress in implementation from January 20, 2020 through December 31, 2020. The report is organized by the following seven strategic areas presented in the West Virginia 2020-2022 Substance Use Response Plan:

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

2020 Year-End Progress	
KPIs Completed	38 (56%)
KPIs In Progress	22 (32%)
Not Started	8 (12%)
KPIs Completed or In Progress	59 (87%)

New Strategic Areas in 2021:

1. Recovery Community
2. Pregnant and Postpartum Women (PPW)

The report is a means for the Governor’s Council members and the ODCP to demonstrate their commitment to accountability, sustainability, and willingness to assure this plan is advanced to systematically address the SUD crisis in West Virginia and achieve the intended outcomes. The Year One Report can be found on the ODCP website.

West Virginia 2020 -2022 Substance Use Response Plan Year 2 Action Plan

The first year of the plan was implemented in 2020, with significant achievements despite the COVID-19 pandemic. In 2021, ODCP anticipates further success as it continues to address SUD in West Virginia through the Year 2 Action Plan. It is important to note that as the West Virginia 2020- 2022 Substance Use Response Plan continues to be implemented, true success will require integrated efforts at every jurisdictional level and across all sectors. It will not be achieved by any one agency, entity, or jurisdiction alone. As such, the Council offers the Year 2 Action Plan as a common framework to other sectors and organizations engaged in addressing the substance use epidemic across the state. The use of a common framework will continue to enhance the likelihood of aligning efforts, leveraging one another's work, minimizing redundancies, and communicating collective progress.

The following "High Impact Activities" will be continued in 2021 across West Virginia, with each subcommittee adding an additional high impact activity from the plan which will be separately reported as a component of each 2021 quarterly progress report.

- Broad education and distribution of naloxone to save lives
- Increase in treatment access points
- Strengthen transitions of care for persons with SUD
- Sustained and successful recovery through Jobs & Hope West Virginia (employment) and other recovery supports (housing, transportation, and building community infrastructure for response)
- Public education and stigma reduction

Prevention Strategic Plan

The Prevention Strategic Plan was further developed, completed, and published in the Year 2 Action Plan of the West Virginia 2020-2022 Substance Use Response Plan. There were six planning sessions throughout 2020, involving more than 30 representatives of prevention stakeholders preceded by internal planning sessions. The Prevention Strategic Plan is a statewide plan to address all identified prevention needs and circumvent goals and strategies to achieve prevention first outcomes.

Recovery Community Subcommittee & Strategic Plan

ODCP and the Council understand that people in recovery from substance use disorders play a critical role in addressing the epidemic of substance use in West Virginia. Therefore, the Council has convened a subcommittee comprised of people in recovery from a SUD to provide meaningful input and represent the recovery community at-large. The Recovery Community 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. This subcommittee will finalize a new focus section for the West Virginia Substance Use Response Plan and present it to the Council in July 2021.

Formalized Public Education Subcommittee & Strategic Plan

In 2021, the Council formalized the Public Education Workgroup as an official subcommittee. The subcommittee is focused on addressing three goals: promote education, reduce negative beliefs (stigma), and promote treatment and recovery for substance use disorders. The subcommittee has taken an

inventory of current training and educational opportunities across the state to develop an online repository and to identify any gaps, such as communities or populations that are not being targeted, lack of access to training in a particular region, lack of evidence-based or validated training on a topic, or lack of resources for training including trainers or associated costs. The subcommittee is then tasked with promoting available training and identifying sustainable methods for addressing these gaps. The subcommittee is also focused on ensuring integrated and consistent statewide messaging when it comes to media, marketing, outreach, and educational campaigns.

A statewide public education/stigma reduction assessment survey was developed and disseminated to all prevention-focused organizations including the Prevention Lead Organizations (PLOs), Partnerships for Success (PFS), various coalitions, universities, and community outlets. The survey sought to identify all stigma trainings that have been conducted in the state and by whom, in addition to future trainings and curriculums. The results provided a needs assessment for stigma reduction and public education across the state in order to unify efforts, reduce duplication, and fill gaps related to stigma awareness. The results of the survey were used in the development of a three-year stigma reduction/public education strategic plan. This plan will be published in the Year 2 Action Plan of the West Virginia 2020-2022 Substance Use Response Plan.

Stigma Training Database

The stigma training database was developed as a directory which displays all educational trainings that address stigma offered across the state. The Council's Public Education Subcommittee is working to further enhance this directory into a centralized location where people can see what trainings are being performed across the state.

Pregnant and Postpartum Women (PPW) Subcommittee

The PPW committee is being developed to implement a comprehensive statewide plan to provide optimal care for the PPW population and their infants. This includes specific recommendations to support the maternal-fetal dyad and their families from the pre-pregnancy time period through pregnancy, delivery, and the post-partum periods.

Prevention

Prevention/Early Intervention Updates from DHHR's Bureau for Behavioral Health (BBH)

- Funding from the Strategic Prevention Framework for Prescription Drugs (SPF-Rx) and Substance Abuse Block Grant sponsors drug take back activities to decrease potential diversion. West Virginia collected 5,660 pounds of medication during its April 24, 2021 Drug Take Back Day; however, it is important to note that not all medications collected are controlled substances.
- The SPF-Rx grant is working to update the current stigma training to adapt it toward West Virginia's culture and healthcare providers. The SPF-Rx grant is funding Frameworks for technical assistance for positive social norms messaging regarding prescription drug overdose prevention.
- SPF-Rx is currently developing a Prescriber/Dispenser Training for co-prescribing naloxone as well as a guidance document that will utilize guidance from the Substance Abuse and Mental Health Services

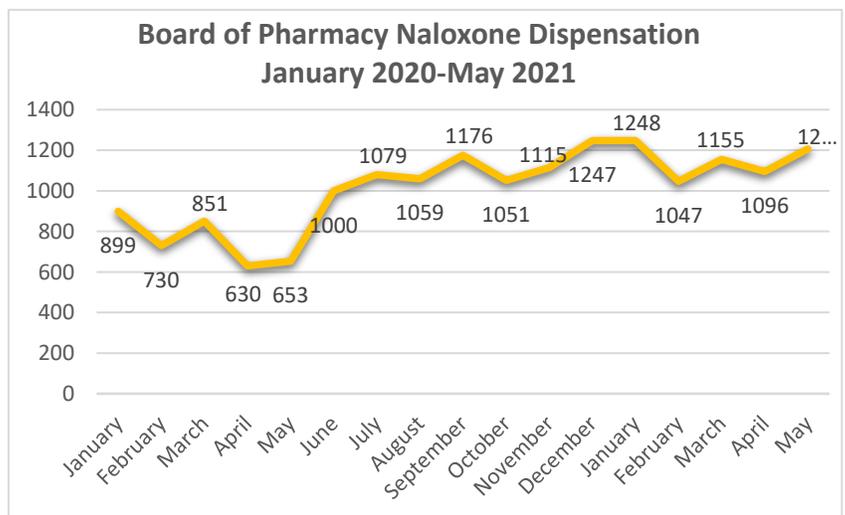
Administration (SAMHSA) and the United States Surgeon General’s recommendations that will be finalized by August 2021.

- Nine additional Expanded School Mental Health (ESMH) sites were awarded through an Announcement of Funding Availability (AFA) process with BBH. This brings the total of ESMH sites funded through BBH to 54 schools. With the addition of nine school sites funded through the West Virginia Department of Education’s Project Aware, there are currently 63 ESMH sites in the state.
- In January 2021, BBH partnered with the Division of Tobacco for a Communities of Practice project focusing on cessation and tobacco prevention on college campuses and recovery homes.
- Youth Focus Listening sessions will be held throughout the state with high-risk youth and disparate youth population in summer 2021. Topics to discuss with youth include input regarding services, supports, and ways to engage and empower youth.
- In January 2021, BBH team members participated in the launch and continued implementation of the Governor’s Suicide Prevention Challenge Team, addressing suicide among service members and their families. A care provider summit is being planned for fall 2021 as well as a suicide prevention conference.

Overdose Reversal

Expansion of Naloxone Standing Order

West Virginia issued a statewide Standing Order for the distribution of naloxone by eligible recipient organizations for opioid overdose prevention to ensure that residents of West Virginia who are at risk of experiencing an opioid-related overdose, or who are family members, friends, or other persons in a position to assist a person at risk of an opioid-related overdose, are able to obtain naloxone. The Standing Order also allows organizations to distribute naloxone to eligible persons who have completed naloxone counseling and training that has been approved by DHHR.



Save-a-Life Naloxone Days

In September 2020, during National Recovery Month, the first Save-a-Life Naloxone Day was held in Kanawha and Putnam counties. This event was a success with 17 distribution sites, more than 100 volunteers, and over 1,000 naloxone kits disbursed.

The response prompted other counties in West Virginia to plan naloxone distribution days. As of June 30, 2021, Cabell, Fayette, Greenbrier, Logan, Raleigh, and Wood counties held distribution events where more than 3,000 naloxone kits were dispensed. A large event is planned for September 1, 2021 involving 15 counties including Berkeley, Cabell, Harrison, Jefferson, Kanawha, Logan, Marion, Mercer, Monongalia,

Ohio, Wayne, Putnam, Boone, Morgan, & Wetzel. Earlier this year, Raleigh, Fayette, Greenbrier, and Wood Counties.

Naloxone Distribution Toolkits

Naloxone distribution toolkits have been developed for emergency departments (ED), pharmacists, providers, and other organizations. Each toolkit was developed with the intent of centralizing all information and resources needed to distribute naloxone in West Virginia. Toolkits include policies and procedures, protocol for naloxone distribution, a copy of the state issued standing order, brochures, kit labels, standing order template, counseling checklist, naloxone distribution forms, reporting forms, distribution agreement, and naloxone product verification form. Toolkits can be found here: <https://dhr.wv.gov/office-of-drug-control-policy/news/Pages/Naloxone-Distribution-Toolkit.aspx>.

Overdose Quick Sheet

OPIOID OVERDOSE PREVENTION

- Have you noticed a friend, coworker and/or family member acting differently?
- Are they less motivated or angry?
- Have they stopped spending time with you?
- Are they avoiding eye contact?
- Have they stopped taking care of themselves?

If you answered YES to any of the questions above, they may be at risk of an **overdose**.

There is **HOPE!**
Treatment works!

To find treatment options, scan here:

SAVE A LIFE CARRY NALOXONE

Naloxone is like a fire extinguisher - you should have it but hope to never use it.

Find where to get naloxone here:

Or have naloxone mailed directly to you:

For immediate help call:
1 - 844 - HELP4WV

WEST VIRGINIA
Health Resources
Human Resources (844) **HELP 4 WV**
Office of Drug Control Policy

ODCP developed an overdose identification and prevention quick sheet. Libraries were identified as a target location for this information as they are places frequented by individuals who have an SUD, are experiencing homelessness, have issues with mental health, or any combination of these. The quick sheet distributed to libraries statewide by the West Virginia Library Commission.

This quick sheet was also distributed to food banks, homeless shelters, and medication-assisted treatment (MAT) programs, and will be shared with Quick Response Teams, emergency rooms, etc.

This is not naloxone training, but a quick guide on how to identify those that would need an intervention and then subsequent information on how to get it to them.

Interventions & Diversion

QLA Project and Advisory Committee

ODCP and the West Virginia Division of Corrections and Rehabilitation were awarded a \$6 million COSSAP (Comprehensive Opioid, Stimulant, and Substance Abuse Program) grant from the United States Department of Justice, Bureau for Justice Assistance to establish the QLA (Quick Response Team, LEAD, and Angel Project) Early Intervention Program.

The QLA advisory committee provides oversight and guidance to the program and is comprised of decision-makers and subject matter experts for their respective fields. The advisory committee’s task is

to spread awareness of the QLA programs and provide insight into program and process improvement. The next advisory committee meeting is planned for September 2021.

Subgrantee awards have been given to the following entities for the work they will do as part of the COSSAP grant: Cabell County EMS, Berkeley County Commission, Southern Highlands Community Mental Health Center, Prestera Center, Valley Healthcare System, FMRS Health Systems, Westbrook Health Services, Marshall University Research Corporation, and the West Virginia State Police.

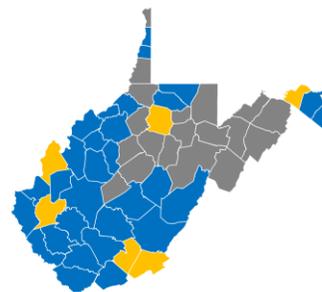
The Angel Initiative

During the 2020 regular legislative session, the passage of Senate Bill 838 created the Angel Initiative. Modeled after a successful program in Kentucky, this proactive approach allows West Virginia State Police to refer people to treatment when they present to a State Police post seeking assistance for SUD. As defined in W.Va. Code §15-2-55, a person who is voluntarily seeking assistance through this program shall not be placed under arrest, shall not be prosecuted for the possession of any controlled substance or drug paraphernalia surrendered to the State Police, and shall be promptly referred to a community mental health center, medical provider, or other entity for substance use treatment. The Angel Initiative will allow for increased access to treatment, decreased overdoses and fatalities, and a reduction in the fear of arrest and incarceration for those seeking help.

Quick Response Teams (QRTs)

QRTs are teams of professionals who contact people within 24-72 hours of an overdose to connect them to treatment and other services. Eleven QRTs began activity in 2020 despite the COVID-19 pandemic, and QRTs in Harrison, Lincoln, Mason, Monroe, Morgan, and Summers counties are in various stages of development. In 2021, seven new QRTs were established with Jackson and Putnam counties being the most recent additions. With the addition of these counties, the entire southern half of the state will be covered by functioning QRTs. QRTs now cover a total of 30 counties in West Virginia.

- No Active QRT
- Active QRT
- QRT Under Development



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Law Enforcement Assisted Diversion (LEAD)

LEAD is a pre-booking diversion program aimed at diverting low-level criminal offenders from incarceration and into treatment centers so that they can receive definitive care for an underlying SUD. LEAD is managed through five comprehensive behavioral health centers and encompasses 27 counties throughout West Virginia: Boone, Cabell, Calhoun, Clay, Fayette, Greenbrier, Jackson, Kanawha, Lincoln, Mason, McDowell, Mercer, Monroe, Nicholas, Pleasants, Pocahontas, Putnam, Raleigh, Ritchie, Roane, Summers, Tyler, Wayne, Webster, Wirt, Wood, and Wyoming. Nine of these counties have been added since December 2020. With recent grant approval, LEAD will expand to Berkeley, Braxton, Gilmer, Logan, Mingo, Monongalia, Mingo, and Ohio counties and include four new comprehensive behavioral health centers by the end of 2021. During the first quarter of 2021, the LEAD program has diverted over 157

individuals from incarceration and the judicial system and into treatment, which has also resulted in a significant cost savings to the counties and taxpayers.

Action Counties

11% of counties (8) account for 58% of the total overdose burden:

Berkeley, Cabell, Kanawha, Logan, Mercer, Monongalia, Ohio, and Raleigh

Initial analysis of overdose fatality data led to the identification of several counties in West Virginia with higher overdoses and overdose fatalities. These counties were designated informally as “Action Counties.” Under this designation, regular meetings are scheduled to discuss strategies to reduce overdose fatalities.

The action counties are Berkeley, Cabell, Kanawha, Logan, Monongalia, Mercer, Ohio, and Raleigh. All action counties are monitored for overdose activity and changes in causal substances regularly. QRTs have either been established in these counties or are under development.

The Overdose Detection and Mapping Application Program (ODMAP) provides spatial information and a visualization of overdose activity to guide outreach and interdiction operations to areas of concentrated activity. Public health officials, treatment providers, and QRT personnel offer insight into immediate concerns and barriers to be addressed. Key agencies are identified to facilitate treatment and expedite referrals to QRTs. Early action items identified for focus have included QRT deployment, developing coordination with adjacent counties, increase naloxone availability, preventative outreach to the adolescent population, developing relationships with first responders and service providers, and establishing memorandums of understanding to enable information sharing and referrals to QRTs for outreach to SUD patients. ODCP Regional Coordinators are being established in action counties in partnership with BBH and State Opioid Response Grant (SOR) funding. More information about ODCP Regional Coordinators can be found in the “Under Development” section of this document.

Centers for Disease Control Overdose to Action Grant (OD2A)

ODCP partnered with DHHR’s Bureau for Public Health (BPH) on implementation of the Centers for Disease Control and Prevention’s (CDC) Overdose to Action grant. The purpose of this grant is to advance the understanding of the opioid epidemic and improve prevention and response initiatives. The Levels of Care program and the Reverse the Cycle initiative are examples of projects that fall under the OD2A grant.

Levels of Care Program

The Levels of Care Program for ED access to treatment and recovery was established to encourage ED-based peer recovery specialists and ED-initiated MAT in hospitals across West Virginia. A statewide approach is being developed that is loosely based on Rhode Island’s Levels of Care model. The goal of this project is to incorporate a comprehensive approach in the EDs to help people with SUD connect with the treatment they need. The first advisory meeting was held in October 2020 to introduce the concept and begin the development of the guidelines. An internal group was formed to write the first draft of guidelines. The draft document will be reviewed at the second advisory meeting on July 28, 2021.

Reverse the Cycle

ODCP is partnering with Mosaic Group, Marshall University School of Medicine, and West Virginia University School of Public Health to bring Mosaic Group's proven Reverse the Cycle (RTC) Comprehensive Emergency Department Substance Use Response Program to 10 hospitals across the state. Mosaic Group, a national health care consulting agency based in Baltimore, Maryland, developed the Reverse the Cycle model in 2013 to address the burgeoning SUD epidemic and its impact on hospitals.

Reverse the Cycle integrates the hospital Screening, Brief Intervention, and Referral to Treatment (SBIRT) model; the Opioid Overdose Survivors Outreach Program (OSOP); and the MAT Initiation in the ED program. Each rely heavily on a team of peer recovery coaches (PRCs.) The following descriptions offer a summary of these three components.

- SBIRT: All ED patients are screened for high-risk alcohol, illicit drug, and prescription drug misuse. Brief motivational interviewing-based interventions provided by PRCs precede highly facilitated referrals to treatment for motivated patients.
- OSOP: OSOP provides intensive community-based recovery support and harm reduction for ED patients surviving an opioid overdose, with the goal of preventing subsequent overdoses and linking as many patients as possible to lifesaving substance abuse treatment.
- MAT Initiation in the ED: ED patients screening positive for opioid use are provided a brief intervention per the above SBIRT protocol. Individuals who are motivated for and agree to treatment are referred to the ED clinical team triggering the new MAT initiation protocol. Patients meeting clinical criteria are provided one initial dose of buprenorphine in the ED and PRCs support patients in being "fast-tracked" to a network of community-based MAT providers that partner with the hospital for same day or next day continued MAT.

Reverse the Cycle has been successfully implemented in 49 hospitals across the country, including two in West Virginia (Mon Health Medical Center and Stonewall Jackson Memorial Hospital) that were launched as part of Mosaic Group's CDC grant. The present initiative is being funded by ODCP's CDC grant, *Overdose to Action*. Mosaic Group is partnering with Marshall University School of Medicine to implement the program in five hospitals in the southern region of the state and WVU School of Public Health to implement in five hospitals in the northern region (see below).

Northern Region:

1. Wheeling Hospital partnered with Northside Health Systems
2. Camden Clark Medical Center partnered with Westbrook Health
3. United Hospital Center partnered with United Summit Center
4. Grant Memorial Hospital partnered with Potomac Highlands Guild
5. Potomac Valley Hospital partnered with Potomac Highlands Guild

Southern Region:

1. Welch Community Hospital partnered with Southern Highlands
2. Raleigh General Hospital partnered with FMRS Health Systems
3. Saint Mary's Medical Center partnered with Marshall Health
4. Cabell Huntington Hospital partnered with Recovery Point
5. Plateau Medical Center partnered with Marshall Health

Treatment and Recovery

Same Day Prescribing of Buprenorphine Guidance

ODCP developed and released guidance regarding immediate access for initiation of medication for opioid use disorder (MOUD) in a registered office-based medication assisted treatment (OBMAT) program. This guidance clarifies the guidelines to allow for immediate access to buprenorphine so that someone can get treatment when they are ready. The guidance document can be found here: <https://dhhr.wv.gov/office-of-drug-control-policy/news/Pages/MOUD-Guidelines.aspx>.

Hospital Expansion for SUD Response AFA

Berkley Medical Center has been awarded \$131,748 through SOR to implement the Project Engage model in their facility. The Project Engage model focuses on expanding the capacity of hospitals to treat those with substance use disorder (SUD). The model allows for screening, rapid treatment of withdrawal, inpatient initiation of MOUD, addiction medicine consultation, and, as an alternative approach, referral to community-based care. Treating patients during an in-patient stay for their primary diagnosis (i.e., the reason for hospital admission) but also for any identified secondary conditions, including SUD, is a key component of the Project Engage Model.

Project Engage originally originated at Christiana Healthcare in Delaware and was implemented in Huntington, West Virginia in 2017 as a joint effort between Cabell Huntington Hospital and St. Mary's Medical Center. The purpose was to unify policies and protocols to increase likelihood that patients with SUD will be prepared for and choose long-term treatment upon discharge, with implementation beginning in the inpatient setting, mother-baby unit, and/or ED. Following Huntington's expansion of Project Engage into the ED, Christina Care followed suit.

The purpose of this AFA was to provide start-up funding for strategic planning toward readiness for implementation of the Project Engage model in a hospital to provide individuals with SUD access to the continuum of care upon contact with the hospital system at any point of entry. Funding will begin September 30, 2021 and run until September 29, 2022.

Recovery Friendly Employer Toolkit Launch

The Creating Opportunities for Recovery Employment (CORE) program through Marshall University partnered with the West Virginia Chamber of Commerce and Jobs & Hope West Virginia to develop a Recovery Friendly Employer Toolkit.

This toolkit gives employers resources to foster a supportive environment that encourages the success of their employees in recovery and will be posted to the West Virginia Chamber of

- Module 1 - The Impact of Opioids, Marijuana and Other Drugs on the Workplace: It's NOT business as usual (WORKING TITLE)
- Module 2 - Legally-Sound Drug-Free Workplace Program: What am I allowed (or not allowed) to do?
- Module 3 - Crafting a Policy That Is Right for YOUR Business Operations and Culture
- Module 4 - The WHY, WHEN & HOWs of Workplace Drug Testing
- Module 5 - Responding to an Employee's Harmful Use of Drugs
- Module 6 - Expanding Access to a Productive, Employable Workforce by Supporting Employees in Recovery

Commerce website. The learning modules contained in the employer toolkit can be found in the graphic on the right.

Treatment and Recovery Resource Map

To make locating SUD resources a streamlined process, the ODCP maintains an interactive map of treatment and recovery resources on their website. This innovative tool allows for an easy search of resources by county, program type, gender, and by the American Society of Addiction Medicine (ASAM) level of care. Each listing features the program type, center name, county of location, and phone number.

This map is kept up to date in sections such as the QRT, where new QRTs are currently being added. An expansion of the map featuring more social services such as where to locate 12-step group meetings and food banks is also being added.

Building on what has already been developed, the ODCP launched a treatment and recovery resource map that identifies services for veterans and another that identifies youth services in West Virginia. This map has the same features as the original resource map but allows users to easily search for programs that are specifically targeted to these populations.

West Virginia Peer Recovery Support Services (PRSS)

SOR funding is being used to assist individuals with PRSS certification fees through the West Virginia Certification Board for Addiction and Prevention Professionals (WVCBAPP) to increase the numbers and retain current certified PRSS in West Virginia.

Beginning October 1, 2022, DHHR's Bureau for Medical Services (BMS) will require the WVCBAPP Peer Recovery certification as credentials for all existing and new PRSS to be reimbursed for PRSS services. BMS will terminate its own certification process on September 30, 2022 and only those individuals possessing the WVCBAPP's Peer Recovery certification on October 1, 2022 will be eligible for reimbursement.

In December 2020, there were 895 PRSS certified by BMS for potential reimbursement under its SUD waiver. In 2021 that number has grown to 1,184 BMS-certified PRSS. Currently, there are only 195 PRSS certified through the WVCBAPP, making this supportive service crucial for the future of peer services in West Virginia.

Families Strong

BBH has partnered with the Mosaic Group to implement the Families Strong program. The purpose this program is to provide ongoing support for family members of those struggling with SUD. Families Strong was adapted from an evidence-based, mental health professional-led model to be more accessible and sustainable by using a peer-led support group approach. This support is provided through focused discussions and activities about:

- Self-care
- Positive self-talk
- Self-empowerment
- Increased social support
- Alumni connections

Each session is nine weeks with a maximum of 12 people in each group. Groups are led by two peers, who are family members that have successfully completed the program. The groups meet weekly for two hours and are given homework to complete for the topic of the week through MosaicU.

MOHRE Project

ODCP and Yale University School of Medicine are working on a project called the Multisite Opioid and HIV Response Endeavor or MOHRE.

The goals of MOHRE are to:

- Increase medication-assisted therapies to treat opioid use disorder (OUD)
- Prevent new HIV and hepatitis C virus (HCV) infections
- Improve engagement in HIV and HCV care in those already infected
- Integrate HIV prevention and treatment into services
- Treat OUD
- Guide policies associated with improving access to medications to treat OUD

The ODCP and Yale University School of Medicine partnership is working with four West Virginia hospitals: Thomas Health, Southern Highlands Consortium, Charleston Area Medical Center (CAMC), and Mildred Mitchell-Bateman Hospital.

The project goals for CAMC include addressing the needs of individuals with OUD who present to ED, increasing the number of buprenorphine inductions in the ED, creating a strong referral pathway between the ED and community MAT clinics, and increasing provider buy-in by removing barriers to buprenorphine induction for physicians who do not hold a DEA X-Waiver. Recent conversations with Thomas Health have led to the agreement that Yale will assist with gaining administrative support to treat OUD in the ED. Stigma against MOUD amongst providers and patients is a major barrier. At Southern Highlands, Yale has assisted in the development of a script to use when discussing MAT with their clients, which they call the “357” as they use it on days 3, 5 and 7 from when the client was admitted. Lastly, Mildred Mitchell-Bateman Hospital is in discussions with telehealth service providers with the hope of partnering to treat patients in rural areas.

CHES Health Connection App

Throughout the COVID-19 pandemic, innovative implementation strategies were employed to reach a broader audience of individuals in recovery, including the expansion of supportive services to the collegiate recovery sphere, and the implementation of marketing strategies appropriate to the audience.

Quality improvement activities are underway to help with the success of CHES in West Virginia. The efforts include the development of Specific, Measurable, Achievable, Realistic, and Time-Bound (SMART) objectives for the CHES, WVU, and DHHR team to complete over the next year (September 2021 to September 2022). Review of current providers enrolled in the paid portion of CHES, identification to barriers that limit participation with CHES for both providers and individuals in recovery, reduction of barriers for utilization, and increasing utilization of the Brief Additions Monitoring Survey to guide treatment are goals for the future of the Connections app.

From January 2021 to June 2021:

- Informational session for West Virginia PRSS was held on May 26, 2021; there were 94 attendees.
- A Year in Review for all SUD professionals was held on June 15, 2021; there were 64 attendees.
- There are 34 providers actively using the app with their patients; some of the active providers have multiple sites and thus achieve wider coverage throughout West Virginia.
- Patients sent an average of 2,240 messages on the app per month.
- Between the provider enrollment and public utilization, as of June 23, 2021, there are 652 patients actively using CHESS.
- Of those using the app, the average age is 26-40, and 56 percent are female.
- 833 e-therapy licenses have been used.

DynamiCare Contingency Management App

BMS approved moving forward with a six-month pilot test of the DynamiCare Health Contingency Management app¹ in May 2020. The DynamiCare Health app is an evidence-based and award-winning program shown to substantially improve engagement in treatment and reduction in substance use. Over the course of the six-month pilot implementation, the expected value of rewards to patients would be about \$100 per patient per month. The DynamiCare app package includes:

- Contingency management using a specialized limited use smart debit card;
- Substance use testing by means of instant oral swabs and breathalyzers;
- Self-guided cognitive behavioral therapy lessons; and,
- Peer support services offered via telehealth.

The app will be used to provide a six-month course of contingency management treatment to a total of 90 Medicaid members for stimulant use disorder. Over the past year there have been several planning sessions to work out the details of the proposed pilot test.

- All three Medicaid managed care organizations have agreed to participate and are finalizing contracts with DynamiCare Health.
- A total of four treatment programs have agreed to participate. They are the Comprehensive Opioid Addiction Treatment (COAT) program at WVU; the Provider Response Organization for Addiction Care and Treatment (PROACT) program at Marshall Health; Southern Highlands Community Mental Health Center; and New River Health Center.
- Detailed protocols have been drafted for the design of the pilot test and for a formative evaluation to assess the fit of the DynamiCare Health app in several different treatment settings in West Virginia.
- The three external pilot sites have agreed to have the WVU Institutional Review Board (IRB) serve at the IRB of record. A human subjects research approval request has been submitted to the WVU IRB and is pending.

¹ For additional information about the DynamiCare Health app, see: [DynamiCare Health | Technology for Substance Use Recovery](#). Cited May 26, 2021.

- An additional planning session is being scheduled, with hope that the actual pilot test may begin soon afterwards. One additional technical detail remains to be resolved between the managed care organizations and BMS.

Stimulant Use Disorder Response – TRUST Pilot

TRUST (Treatment of Users of Stimulants) is an integrated, evidence-based, multi-component program for the treatment of individuals with stimulant use disorders. The contents of this program will include the following strategies:

1. Motivational incentives (based on contingency management research)
2. Elements of cognitive behavioral therapy (CBT)
3. Elements of community reinforcement approach
4. Motivational Interviewing skills
5. Physical exercise
6. Encouraging self-help program participation (12-step, moderation management)

Dr. Richard Rawson, a Professor Emeritus at the UCLA Department of Psychiatry and a Research Professor at the Vermont Center for Behavior and Health at the University of Vermont, is spearheading this pilot. Dr. Rawson conducted numerous clinical trials on pharmacological and psychosocial/behavioral addiction treatments for the treatment of individuals with cocaine and methamphetamine disorders. He was a member of the Federal Methamphetamine Advisory Group to Attorney General Janet Reno (1996-2000) and represented the US at numerous international meetings on methamphetamine. He has led addiction research and training projects for the United Nations, the World Health Organization and the U.S. State Department, exporting science-based knowledge to many parts of the world. Dr. Rawson has published 3 books, 40 book chapters, and over 250 peer-reviewed articles and has conducted over 1,000 workshops, paper presentations, and training sessions.

Dr. Rawson started his work with WV in 2019 and has provided numerous trainings for West Virginia providers on treatment of stimulant use disorder, identified specialty care behavioral health providers with significant experience as the ideal participants for this pilot. The key staff for the pilot are the counselors and other behavioral health clinicians of the selected behavioral health facilities. Six provider organizations were chosen through an application and review process, with Partnership of African American Churches (PAAC) participating as an observer, to receive intensive mentoring sessions with Dr. Rawson and his colleague Al Hasson:

- Burlington United Methodist Family Services
- FMRS
- Marshall/PROACT
- Prestera
- Seneca
- Northwood

Dr. Rawson and Al Hasson have provided individual introductory calls with each grantee organization and eight 2-hour intensive Training of Trainer sessions. The grantee organizations began implementation of the TRUST protocol in January 2021, with the bi-weekly calls providing an opportunity to share

information and get feedback from the trainers and transitioning into monthly calls. The pilot sites agreed to begin training other providers when they gain competency in practice and training.

Crisis Stabilization Unit (CSU) Pilot Project

The purpose of the CSU pilot project is to demonstrate quality improvement in outcomes from CSU locations by providing additional resources and guidance. This project provides grants to improve access to naloxone, reduce incidences of people leaving the CSU against medical advice, and improve connections to the next level of care at CSU discharge.

These grants were to be specific to individuals with an SUD diagnosis receiving services in participating CSUs. As a result of issues regarding response to the COVID-19 pandemic, the grants were expanded to cover individuals served in participating CSUs with an SUD diagnosis, a Serious Mental Illness (SMI) diagnosis, or co-occurring SUD and SMI diagnoses.

These grants were issued for the pilot project period April 1, 2020 – September 30, 2020 and were extended for a year due to COVID-19.

Data from the grant period will be collected and analyzed to determine the need for continuance of resources. Additionally, this pilot project assisted all locations to remain open at a time when many short-term programs were temporarily closing due to COVID-19 precautions.

West Virginia Alliance of Recovery Residences, Inc.

The [West Virginia Alliance of Recovery Residences, Inc. \(WVARR\)](https://wvarr.org) 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 (NARR). The certification process includes an administrative review, structured interview, on-site inspection of each individual residence, a quality improvement phase for applicants to make any required changes or modifications, and post-certification compliance checks. WVARR staff provides training and technical support through each stage of the certification process. There are currently 31 WVARR-certified residences in West Virginia, which include 161 beds for women and 267 beds for men. An additional 28 programs with 94 residences have initiated the certification process. The full list of WVARR-certified residences is available at <https://wvarr.org/certified-program-list/>. In addition to certification, WVARR investigates complaints about certified residences; provides training and technical support to residence operators, behavioral health professionals, stakeholders, and community members; facilitates data collection and outcomes tracking among recovery residence operations; and advocates for quality recovery housing in West Virginia and across the country.

Collegiate Recovery Programs

Collegiate Recovery Programs (CRP) have been supported by ODCP since 2018. These programs provide supportive environments within campus culture that reinforce the decision to engage in a lifestyle of recovery from substance use. There are currently six funded CRPs working with the ODCP: West Virginia University, Marshall University, BridgeValley Community and Technical College, West Virginia State University, Concord University, and WVU Tech. ODCP hosts regular meetings with the CRPs and the West Virginia Collegiate Recovery Network, which is supported through SOR funding allocated from the BBH.

ODCP also participates on the Higher Education SUD Continuum of Care Collaborative. The purpose of the West Virginia Higher Education SUD Continuum of Care Collaborative is to increase communication, partnership, and collaboration to improve access to evidence informed/based practices across the continuum of care (prevention, early intervention, treatment, recovery) services for higher education stakeholders (students, faculty, staff, administrators, government partners, legislators, policy makers).

Sobriety Treatment and Recovery Teams (START) Pilot

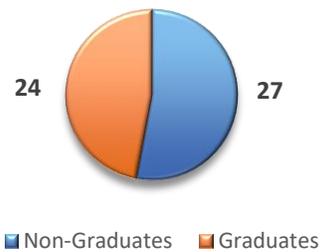
The Sobriety Treatment and Recovery Teams (START) is a child welfare-led intervention program intended to transform the system of care within and between child welfare agencies and SUD treatment providers. The broad goals of START are to keep children safely with their parents whenever possible and to promote parental recovery and their capacity to care for their children. An AFA was released and awarded to Prester Center to pilot the first START program in Kanawha and Putnam Counties. Prester is in the final phases of hiring program staff and is expected to begin receiving family referrals for the program by November 2021.

New for 2021, START has expanded to cover Mercer, Fayette, and Raleigh counties. Proctored through DHHR’s Bureau for Children and Families (BCF), FMRS, and Southern Highlands, the program is currently in the process of hiring case managers and family mentors within the expansion areas. Dependent upon COVID-19 recovery and applicant response, the programs are anticipated to begin employee training in July 2021 and start seeing referrals by the end of 2021.

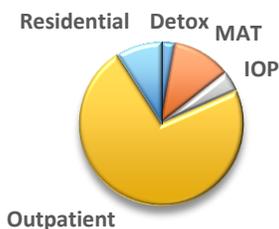
Family Treatment Courts

Since December 2020, Family Treatment Courts (FTCs) have expanded from serving six counties to 12 West Virginia counties: Braxton, Boone, Calhoun, Fayette, Logan, McDowell, Nicholas, Ohio, Randolph, Roane, Wetzel, and Wood. Since September 1, 2019, there have been 189 participants accepted with an average number of 215 days in the program. Thirty-two percent of the participants in FTC have been male and 68 percent were female. Since the beginning of the program, 168 children have been served, with a total of 62 children reunited with their family. There have been 24 graduations and 35 graduates from FTCs in West Virginia.

Total Discharges



Treatment Programs Attended



■ Detox ■ MAT ■ IOP ■ Outpatient ■ Residential

FTC participants can enroll and complete multiple treatment services during the reporting period. Since September 2019, nine participants utilized detox, 45 utilized MAT, 280 participated in outpatient services, 14 participated in intensive outpatient (IOP) services, and 34 have been in short- or long-term residential care. All treatment team members have been trained by The Center for Children and Family Futures as well as by the Administrative Office within the WV Division of Probation Services.

Jobs & Hope West Virginia

The Jobs & Hope West Virginia program, established by Governor Jim Justice and the West Virginia Legislature, began in August 2019 and offers support through a statewide collaboration of agencies that provide West Virginians with linked services and the opportunity to obtain career training and ultimately secure meaningful employment. ODCP



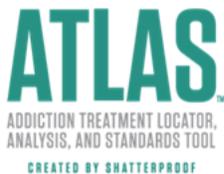
¹ Participant has removed barriers, received training, and achieved and maintained career employment
Updated June 1, 2021



has been instrumental in the implementation and works exhaustively to address program expansion and continuation. West Virginia is believed to be the first state to take this unique, overarching approach.

- There are 21 Transition Agents working with participants in the seven WorkForce WV regions covering all 55 counties.
- Solutions for transportation, childcare, drug screening, dental/vision, expungement, and recovery residence barriers have been added through ODCP guidance and funding allocated to DHHR.

ATLAS (Addiction Treatment Locator Analysis and Survey)



ODCP coordinated an application on behalf of West Virginia and was chosen as one of six pilot states to partner with Shatterproof, a national nonprofit organization dedicated to ending the devastation of addiction, on the development and implementation of a quality-of-care measurement system for SUD treatment programs. The website, www.treatmentatlas.org, launched July 21, 2020.

ODCP and BBH have committed funding for continued ATLAS implementation in West Virginia. The focus for year two is the integration of ATLAS into preexisting state resources and the marketing of this unique tool for West Virginians.

Corrections and Reentry

The WV Division of Corrections and Rehabilitation (DCR) SOR program of access to treatment provides three U.S. Food and Drug Administration (FDA) approved medications, contingency management, naloxone, PRSS services, and case management services in all 10 regional jails. The goal of this collaboration is to provide continuity of care, reduce overdoses, and reduce recidivism for individuals in the correctional system with an SUD.

- DCR continues to offer verified MAT options upon intake at all 10 regional jails.
- Vivitrol is made available to all offenders upon release.

- DCR contracts with Primecare, Wexford, and PSIMED to provide mental health services.
- GOALS programs are now located in eastern, western, and northern regional jails.
- DCR offers Thinking for a Change and CBISA and plan.
- SMART Recovery will be offered in all regional jails in the coming weeks.

Since Medicaid expansion, DCR has implemented a standardized process in all regional jails and court systems to ensure that all eligible inmates have been offered the opportunity for Medicaid enrollment or have a plan to ensure private insurance coverage prior to release. DCR has case managers in nine of the 10 regional jails that work with offenders, prior to release, using best evidence that supports successful transitions from detention to community by promoting care coordination for MAT, therapeutic programming, and Medicaid benefits upon release.

DHHR Highlights of Treatment and Recovery Initiatives

- SAMHSA First Responders-Comprehensive Addition and Recovery Act (SAMHSA FR-CARA) grant has provided 1,054 naloxone kits to first responders around the state since January 2021.
- Under West Virginia’s SUD 1115 Waiver (2018-2022), which provides coverage for SUD service continuum, the residential bed capacity continues to rise. Ongoing evaluation of the 1115 Waiver includes its impact on access to MAT.
 - As of June 2021, BMS has approved 1,192 treatment beds (651 coed, 287 female, and 254 male), a 102 bed increase since January 2021.
 - November 2020:
 - 345 Level 3.1 beds (+116)
 - 602 Level 3.5 beds (+152)
 - 144 Level 3.7 beds (108 community-based; 36 hospital-based) (+36)
 - June 2020:
 - 362 Level 3.1 beds (+17)
 - 8 Level 3.3 beds (+8)
 - 612 Level 3.5 beds (+10)
 - 210 Level 3.7 beds (174 community-based; 36 hospital-based) (+66)
- ODCP has awarded grants through the Ryan Brown Addiction Prevention and Recovery Fund and Jobs & Hope West Virginia funding for new recovery residence capacity, specifically for programs that allow for and facilitate access to three FDA-approved forms of MAT.
- Naloxone has been provided to a wide variety of programs and agencies that serve a high-risk population for overdose throughout the state. The Prescription Drug Overdose (PDO) grant has provided 10,572 kits to local health departments and other community agencies with the capacity to distribute in targeted high-risk counties. Through the State’s Targeted Response (STR) to the Opioid Epidemic grant, 10,760 kits have been provided to MAT programs, Crisis Stabilization programs (CSUs), EDs, Harm Reduction Programs, and QRTs throughout high-risk counties in the state.
- ODCP established a naloxone workgroup in 2019 with membership from DHHR’s BPH and BBH, community partners, and others to help guide the naloxone distribution through the various funding sources. The work of this group included the development of the Naloxone Toolkit that can now be found on the ODCP website: <https://dhhr.wv.gov/office-of-drug-control-policy/news/Pages/Naloxone-Distribution-Toolkit.aspx>.
- Bright Heart Health is supported by BBH with SOR funding to provide 24/7 telehealth and MAT services for SUD. Services are offered through a smart phone, tablet, or laptop with internet access and audio and visual capabilities. Bright Heart Health accepts Medicaid, Medicaid HMOs, and

Highmark Blue Cross Blue Shield. Services provided by Bright Heart Health include MAT, group therapy, individual therapy, and drug screening.

County Recovery and Empowerment Pilot

Pursuant to W. Va. Code §16-5T-6, effective March 7, 2018, ODCP established two community overdose response demonstration pilot projects (Wyoming County and in Berkeley and Jefferson counties). Full summaries of those pilot projects are submitted at the end of each year by ODCP. ODCP will continue to support of the demonstration pilot project in both locations through 2022.

Trainings

Clinical Guidance Training for Treating Pregnant and Postpartum Women (PPW) with Opioid Use Disorder (OUD) and Their Infants

DHHR, SAMHSA, West Virginia Perinatal Partnership, Marshall Family Medicine, and WVU Health Affairs partnered to provide clinical guidance training for treating PPW with OUD and their infants.

The clinical guidance training provided comprehensive, evidence-based information and highlighted West Virginia's successful approaches for caring for the mother with OUD and her child. This interactive training aimed to help healthcare professionals and patients determine the most clinically appropriate action for a particular situation and to inform individualized treatment decisions.

Key take-aways:

- a. Recognize the importance of treating OUD in pregnancy for both mother and infant.
- b. Appropriate treatment plans for OUD in the mother and fetus.
- c. Neonatal abstinence syndrome in the infant during peripartum and postpartum period.

Substance Use Disorder (SUD) and Stigma Trainings

ODCP, in partnership with BCF, has provided more than 30 trainings for Child Protective Service workers from all regions of West Virginia. Prior to COVID-19, ODCP staff travelled to local DHHR offices and conducted in-person trainings. These trainings have been continued through 2021 on a quarterly basis and now take place on the Zoom platform. Each training is two hours and covers the science of addiction, resources for prevention, early intervention, overdose reversal, treatment and recovery, and identifying and reducing stigma. Continuing Education Units (CEUs) are offered to participants who attend the SUD and stigma training.

In 2021, trainings have expanded to a wider audience that includes workforce development boards, birth to three supervisors, and birth to three home visitation staff. This training is available to any group or individual that is interested in learning more about SUD and stigma.

Hazelden Betty Ford Foundation

The Hazelden Betty Ford Foundation (Hazelden) was engaged to share its Comprehensive Opioid Response with the Twelve Steps (COR-12) model of treatment that is centered around embracing the multiple pathways of recovery. The COR-12 model is a person-centered approach to the treatment of OUD

that utilizes the best of science along with the enduring lived experience of recovery. Hazelden experts also share their experiences and lessons learned through training and technical assistance on the integration of medication-assisted recovery utilizing the COR-12 model. Consultation services include agency interviews, plan development, and coaching. Trainings include evidence-based practices and manualized curriculum in support of the COR-12 model. Potential expansion opportunities for the COR-12 model were identified and work with Hazelden will continue through 2022.

Recovery Community Organizations (RCOs) Webinar

Across the country, RCOs are being developed to make it possible for those struggling with SUD to find lasting recovery. RCOs are independent, non-profit led and governed by people in recovery, family members, friends, and allies. They mobilize resources within and outside the recovery community and give those in recovery a voice.

To date, West Virginia is one of the few states that does not currently operate a credentialed RCO. The ODCP has established a partnership with Faces & Voices of Recovery (FaVoR) which operates the national RCO credentialing agency, The Association of Recovery Community Organizations (ARCO).

In partnership with FaVoR, ODCP presented a webinar to discuss the national landscape of RCOs, including the RCO development process, standards and best practices, and sustainability. RCOs have emerged as a critical component to providing the safety net of recovery support throughout rural and urban communities across the nation. RCOs increase the visibility of the recovery community and engage in activities including 1) policy and advocacy activities; 2) recovery-focused community education and outreach programs; and 3) peer recovery support services.

WVPRSS Conference

Advancing Peer Services in West Virginia | June 22 -24, 2021

During this free three-day virtual event, registrants learned more about the role of peer recovery support services specialists from national and locally recognized speakers. Intervention skills were enhanced by practicing methods and developing skills necessary to coach others. More information about ethical guidelines and boundaries for peer specialists was presented. This conference challenged peers to explore the complex issues associated with building and working in a peer recovery system. New partnerships and liaisons were encouraged to reinforce continuity of care.

UNDER DEVELOPMENT

Stimulant Use Disorder Task Force

The Stimulant Use Disorder Task Force is a group of individuals established to work on the common goals of understanding, treating, and reducing the increasing occurrence of stimulant use disorder in West Virginia. In 2018, a sharp increase in methamphetamine-related deaths was noted: more than one-third of overdose deaths (36%) in 2018 involved methamphetamine. This task force will work collaboratively to locate, research, and share evidence-based practices and monitor ongoing initiatives around the treatment of stimulant use disorder.

Stimulant Summit

The Stimulant Use Disorder Task Force is planning a virtual conference to address the growing need for quality stimulant use disorder treatment. At this conference information will be shared to help programs break down barriers, real and perceived, to treatment of stimulant use disorders. The target audience for this conference will be therapists, prescribers, and administrative professionals. This conference is in the early stages of development.

Quick Response Team (QRT) Data Dashboard

QRT data is collected in the Cordata database. QRTs report new cases, interactions, referrals, connections to treatment, and other case activity. ODCP is working with Cordata to develop a reporting protocol and dashboard that can be displayed on the ODCP website.

Fatality Review Teams

The development of fatality review teams is underway. Fatality review teams will investigate a descendant's historical contact with social services, corrections, treatment, etc. The purpose of these teams is to pinpoint areas within the system where linkages to treatment might be improved for those suffering with SUD.

Overdose Data Action Team

The purpose of assembling this team is to compile, discuss, and establish actionable overdose (fatal and non-fatal) actions on a regular basis to be able to inform local entities to respond promptly. These meetings will use a constant improvement process to determine next steps and ways to improve data collection and program implementation. Long-term goals include incorporating a public facing dashboard and action alerts to key stakeholders.

Mandatory Co-Prescribing of Naloxone in OBMATs and OTPs

A draft policy is being developed in partnership with the BMS on Medicaid expectations for outpatient treatment programs and office-based MAT programs to co-prescribe naloxone. This policy will be out for public comment in 2021.

9-8-8

West Virginia is working to transition the state's call center providing West Virginians local access to the National Suicide Prevention Lifeline (1-800-273-8255) to a national three-digit (9-8-8) format. First Choice Services, which became the state's sole National Suicide Prevention Lifeline call center in 2017, is also the call center for several complementary lines supporting youth and adult mental health. Call agents are cross trained on these multiple lines, allowing callers to be connected to the services they need regardless of the line they initially contact. For example:

- The state's 24/7 mental health and substance use helpline, 888-HELP4WV, links people of all ages with behavioral health services and children and youth up to age 21 with mobile crisis response and stabilization services
- A 24/7 SAMHSA/FEMA-funded Crisis Counseling Program line for pandemic-related stress
- The Help304 Emotional Strengthline
- WV211 helps people locate social services in their communities
- Jobs & Hope West Virginia links West Virginians in recovery with opportunities to obtain career training and meaningful employment
- The Problem Gambling Network of West Virginia, a 24/7 helpline for referrals to gambling addiction specialists and support groups
- The Tobacco Quitline

Naloxone Map

A map of naloxone access sites is being developed and will be available on the ODCP website.

ODCP Regional Coordinators

ODCP has partnered with BBH to establish SOR funded ODCP Regional Coordinators in the eight action counties of West Virginia. These Coordinators will work closely with state leaders and regional stakeholders in an effort to enhance collaboration and decrease overdose numbers.



HALO

The HALO initiative is a complimentary program to the Angel Initiative. This initiative has the same core goals of diverting people with an SUD into treatment and recovery programs. HALO provides access points through medical providers and pharmacies. After completing a brief questionnaire to assist with their diagnosis and recovery plan, the individual has the option to self-transport or be shuttled to a more detailed definitive care center. Participating HALO members can be identified by their window stickers, posters, or informational trifolds placed throughout the office or provided upon receipt of their prescriptions.

CONCLUSION

The efforts detailed in this report highlight the commitment of the State of West Virginia and her people in tackling this terrible affliction. As we emerge from the COVID-19 pandemic, it is clear that we have not come out unscathed. Many of our fellow West Virginians continue to use substances at higher rates and the substances on the street are more deadly than ever. We have to continue to push forward in our efforts of getting these drugs off the street, avoiding preventable deaths, getting people into treatment, and incorporating them back with their families and into the workplace. There is no doubt that countless lives have been saved by all the activities detailed in this report, but there is still much work to do.

Dr. Matt Christiansen, ODCP Director

Appendix A

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

Chair:

Brian Gallagher, Marshall University School of Pharmacy

Ex-Officio Members:

Dr. Craig Boisvert, School of Osteopathic Medicine

Bill J. Crouch, Cabinet Secretary, West Virginia Department of Health and Human Resources

Dr. Clay Marsh, West Virginia University School of Medicine

Dr. Allen Mock, Chief Medical Examiner

Christina Mullins, Commissioner, DHHR's Bureau for Behavioral Health

Melanie Purkey, Superintendent, West Virginia Department of Education

Jeff S. Sandy, Cabinet Secretary, West Virginia Department of Homeland Security

Dr. Joseph Shapiro, Marshall University Joan C. Edwards School of Medicine

Dr. Ayne Amjad, State Health Officer and Commissioner for DHHR's Bureau for Public Health

U.S. Attorney's Office (*Vacant*)

Members:

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

Dr. James Berry, Chestnut Ridge Center

Matt Boggs, Ryker Douglas, Inc

KC Bohrer, Morgan County Sheriff

Major General Bill Crane, West Virginia National Guard

Betsy Steinfeld Jividen, Division of Corrections and Rehabilitation

Dr. Michael Kilkenny, Cabell-Huntington Health Department

The Honorable Michael Maroney, West Virginia Senate

Dr. Garrett Moran, West Virginia University

Chad Napier, Appalachian High Intensity Drug Trafficking Area

The Honorable Jeffrey Pack, West Virginia House of Delegates

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, Public Defender's Office

Kim Barber Tieman, Benedum Foundation

Appendix B

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

Steering Committee: Provides vision, oversight, guidance, and direction to various subcommittees and external organizations critical to the development of the West Virginia 2020-2022 Substance Use Response Plan. Approves criteria that is specific, measurable, attainable, relevant, and time-based (SMART).

Chair: Brian Gallagher
Members: Dr. Garrett Moran
Dr. Matthew Christiansen
DHHR Cabinet Secretary Bill J. Crouch
Major General Bill Crane
Commissioner Christina Mullins
Dr. Stephen Petraný

Implementation: Publishes a comprehensive strategic plan incorporating a broad spectrum of constituents and agencies. Compiles, tracks, and maintains quantifiable data measuring disposition of strategic plan benchmarks. Provides the interface between community partners and state agencies as necessary and appropriate. Makes recommendations and facilitates implementation of Council recommendations.

Chair: Dr. Matthew Christiansen
Members: Dr. Garrett Moran
Commissioner Christina Mullins
Lyn O’Connell
Deborah Koester
Brian Gallagher
Drema Mace

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

Chair: Chad Napier
Members: Sheriff KC Bohrer
Steven Redding
Dean Olack
Calvin Lease
Melody Stotler

Health Systems: Develops SMART actions among hospitals, emergency medical services, health departments, and outpatient health care providers to define SUD success. Provides “downstream” analysis and recommends policy change as related to the innerworkings and networks of health care providers. Develops the portion of the strategic plan related to health systems and providers, advises regarding implementation, and serves as subject matter experts in aiding local implementation and adoption of recommendations.

Chair: Dr. Michael Kilkenny
Members: Jan Rader
Kevin Fowler
Dr. Emma Eggleston
Michael Goff
Kevin Knowles

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: Commissioner Betsy Jividen
Members: Thomas Plymale
Jack Luikhart
Joseph Kiger
Sean (Corky) Hammers
The Honorable James Rowe
Stephanie Bond

Recovery, Treatment, and Research: Develops SMART action plans among recovery and treatment facilities that define SUD success. Provides empirical data that helps to outline the trends and problems of SUD in West Virginia. Advises Council and government officials on recommended policy changes. Promotes MAT and other evidenced-based activities, supports drug free families and addresses Neonatal Abstinence Syndrome. Develops the portion of the strategic plan related to recovery, 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
Members: Dr. James Berry
Dr. Stephen Petrany
Dr. Garrett Moran
Matthew Boggs
Jorge Cortina
Frank Angotti
Rebecca Roth
Senator John Unger

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. Advises 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: Amy Saunders
Deborah Koester
Matthew Boggs
Kathy D'Antoni
Major General Bill Crane
Steve Roberts
Michael Clowser
Dr. Emma Eggleston

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: Dr. Garrett Moran
Members: Brian Gallagher
Amy Saunders
Kathy D'Antoni
Dr. James Becker
Jack Luikhart
Nikki Tennis
Misti Todorovich
Jack Sparks
Bob Boone
Senator John Unger
Dr. Alfgeir Kristjansson

Recovery Community Subcommittee: The Council has convened a subcommittee comprised of people in recovery from a substance use disorder 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: Matt Boggs
Members: Rachel Thaxton
JoAnna Vance
Cliff Massey
Raj Masih
Kevin Knowles
Greg Perry
Joe Deegan
Jon Dower
Marc Jackson
Nick Cochran
Deidra Gravely
Nic Webb