SEMIANNUAL REPORT
A MESSAGE FROM THE CABINET SECRETARY

As Cabinet Secretary of the West Virginia Department of Health and Human Resources (DHHR), I am pleased to present the Office of Drug Control Policy Semiannual Report for calendar year 2019 required by West Virginia Code §16-5T-2(20).

This document provides important background on the Office of Drug Control Policy’s ongoing initiatives and strategic goals to combat the substance use disorder crisis for the coming years.

The Department has carefully and consistently worked to manage this crisis, but these efforts are much bigger than any one agency. Partnerships with the Legislative branch, Judicial branch, federal agencies, other state agencies, local government and community advocates, private sector partners, people in recovery, and families across West Virginia are all vital to solving this most perplexing of issues. This drug crisis has devastated West Virginia and is deteriorating the lives and well-being of our friends and loved ones. West Virginians are a resilient people and we will not be defeated. The Department will continue to do everything it can, in collaboration with others, to end this epidemic. This report highlights what West Virginia can achieve, builds upon the incredible work so many are doing, and maps a course toward further addressing the convergence of issues caused by substance use disorder in West Virginia.

Our focus will now be on prevention and producing more specific outcomes. West Virginia deserves nothing less than solutions.

Sincerely,

Bill J. Crouch
Cabinet Secretary
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OFFICE OF DRUG CONTROL POLICY STAFF

Robert “Bob” Hansen

Robert “Bob” Hansen, Executive Director of DHHR’s Office of Drug Control Policy, plans and directs West Virginia’s efforts in combating the opioid epidemic. He was appointed to this position in December 2018 by Governor Jim Justice. Bob also serves as the Director of Addiction Services for Marshall Health.

Early in his career, Bob served as Director of DHHR’s Office of Behavioral Health Services. He then became President and CEO of Prestera Center for Mental Health Services, Inc. of Huntington, West Virginia.

Bob has served as a governing board member of Mildred Mitchell-Bateman Hospital and President of the Behavioral Health Care Providers Association of West Virginia. He earned a B.A. from Marietta College, and an M.S. in Rehabilitation Counseling from Syracuse University.

Rachel Thaxton, Assistant Director

Rachel Thaxton was named Assistant Director of DHHR’s Office of Drug Control Policy in April 2019.

Prior to joining the 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.

Gary Krushansky, Strategic Planner

Lieutenant Colonel (Retired) Gary D. Krushansky, serves as Strategic Planner for the West Virginia National Guard, Liaison to DHHR’s Office of Drug Control Policy and LEAD Coordinator for the state of West Virginia and the ODCP.

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

Gary holds an Executive Master’s in Business Administration degree from the University of Charleston. His accomplishments include a Special Forces Tab and leadership and military awards.
Dora Radford, Executive Assistant to the Director

Dora Radford began as Executive Assistant to the Director in April of 2018. Prior to joining the ODCP, she was employed in the private sector as a senior paralegal. In addition to her work in the legal field, she served as assistant for a private mental health care provider.

Dora provides administrative support to the Director by using her experience working in the mental health field and providing paralegal support in multiple medical cases involving detailed case records.

Her experience has given her detailed knowledge of managing scheduling, multiple projects, deadlines and document control along with knowledge of administrative and government processes and facility and medical standards of care and treatment.
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 of DHHR’s Bureau for Behavioral Health
Steven L. Paine, Superintendent, West Virginia Department of Education
Jeff S. Sandy, Cabinet Secretary, West Virginia Department of Military Affairs and Public Safety
Dr. Joseph Shapiro, Marshall University Joan C. Edwards School of Medicine
Dr. Catherine Slomp, State Health Officer and Commissioner of DHHR’s Bureau for Public Health
Michael Stuart, U.S. Attorney, Southern District

Members:
Dr. James Becker, Marshall University Joan C. Edwards School of Medicine
Dr. James Berry, Chestnut Ridge Center
Matt Boggs, Alkermes Pharmaceuticals
KC Bohrer, Morgan County Sheriff
Dr. Jeffrey Coben, West Virginia University School of Public Health
The Honorable Jordan Hill, West Virginia House of Delegates
Major General James Hoyer, Adjutant General
Betsy Steinfeldt Jividen, Division of Corrections and Rehabilitation
Dr. Michael Kilkenny, Cabell/Huntington Health Department
The Honorable Michael Maroney, West Virginia Senate
Dr. Stephen Petranik, Marshall University Joan C. Edwards School of Medicine
Thomas Plymale, Wayne County Prosecuting Attorney
Amy Saunders, Marshall University Center for Excellence and Recovery
Kim Barber Tieman, Benedum Foundation
GOVERNOR’S COUNCIL SUBCOMMITTEES

Steering Committee: Provides vision, oversight, guidance and direction to various subcommittees and external organizations critical to the development of the WV Substance Use Response Plan. Conducts meetings, creates agendas and approves timelines to synchronize efforts among Council members. Approves criteria that is specific, measurable, attainable, relevant, and time-based (SMART).

Chair: Brian Gallagher  
Members: Dr. Jeffrey Coben  
Robert Hansen  
Christina Mullins  
Major General James Hoyer  
Dr. Stephen Petranay  
DHHR Cabinet Secretary Bill J. Crouch

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: Robert Hansen  
Members: Garrett Moran  
Christina Mullins  
Lyn O’Connell  
Deborah Koester  
Brian Gallagher

Law Enforcement: Develops SMART actions to define substance use disorder (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 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: Sheriff KC Bohrer  
Members: 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
Dr. Cathy Slemp
Kevin Fowler
Dr. Emma Eggleston
Michael Goff
Kevin Knowles

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

Chair: Betsy Jividen
Members: Thomas Plymale
Jack Luikhart
Kenneth Burner
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 Petraney
Dr. Jeffrey Coben
Matthew Boggis
Dr. Catherine Slemp
Jorge Cortina
Frank Angotti
Rebecca Roth
Senator John Unger
**Community Engagement and Supports (Housing, Employment, etc.):** 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  
General James Hoyer  
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 campaign. 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. Jeffrey Coben and Diana Whitlock  
**Members:** Brian Gallagher  
Robert Hansen  
Dr. Catherine Slemp  
Amy Saunders  
Kathy D’Antoni  
Dr. James Becker  
Jack Luikhart  
Nikki Tennis  
Misti Todorovich  
Jack Sparks  
Bob Boone  
Senator John Unger  
Dr. Alfeir Kristjansson
PREFACE

In 2017, West Virginia developed an Opioid Response Plan to address key topics related to substance use disorder from prevention to treatment and recovery. Due to the recommendations in this plan, West Virginia Legislators passed House Bill 2620, the West Virginia Drug Control Policy Act. This Act established the Office of Drug Control Policy within the West Virginia Department of Health and Human Resources to improve drug overdose surveillance and help strengthen the state’s response. The Act created a central repository that will store drug overdose information, making drug overdoses a notifiable condition and placing limits on opioid prescribing. The repository is aimed at building upon West Virginia’s efforts to access and make available complete and timely data for action, providing support to state and community professionals, portraying the scope of the epidemic and helping target prevention and response efforts.

The ODCP Director serves under the direction of the DHHR Cabinet Secretary and operates directly out of the Secretary’s office. The Director is charged with leading development of West Virginia’s drug control policy, including all programs and services related to prevention, treatment, recovery, and reduction of substance use disorder, in coordination with Department Bureaus and other state agencies.

In December of 2018, Governor Jim Justice announced the formation of the Governor’s Council on Substance Abuse Prevention and Treatment. The Office of Drug Control Policy (ODCP) is tasked with providing administrative support and resources to the Council. The Governor’s Council acts as an advisory committee to the ODCP in the state’s ongoing initiatives to combat substance use.

Fatal Drug Overdoses, 2009-2018

Note: Data from 2017 and 2018 are preliminary and subject to change.
Source: WV Health Statistics Center, Vital Statistics System.

In 2018, 894 drug overdose deaths occurred in West Virginia, which is down from 1,017 in 2017. The 2018 data is preliminary, and the number of overdose deaths is expected to increase (though remain lower than 2017) as the manner and cause of death are determined for deaths that are pending. Of the 894 drug overdose deaths in 2018, 729 of them (82%) involved an opioid (prescription and/or illicit). While much good work is being done, there is still a long road ahead.
KEY ACCOMPLISHMENTS

While substance misuse in West Virginia has negatively impacted both individuals and families, health care and justice systems, workforce capacity and economic vitality – much work is being done to combat those effects and prevent future misuse. Since the West Virginia Drug Control Policy Act passed in 2017 creating the Office of Drug Control Policy, West Virginia has secured millions of dollars in opioid response grants. These federal funds, supplemented with state allocations, have allowed West Virginia to expand access to naloxone, medication-assisted treatment (MAT), peer support services, and workforce development opportunities. These accomplishments span the full continuum of care – from prevention and early intervention, to treatment and recovery.

The Office of Drug Control Policy has been active in the planning, implementing, and expansion of many effective and evidence-based programs in the state. In many cases, the ODPC works closely with other state agencies to identify service gaps and ensure that collaboration is kept at the forefront of each new project. In an effort to coordinate all resources, the ODPC offers guidance and oversight for all state-funded programs that address substance use disorder. The ODPC cannot be successful without the work of others, including all state bureaus and agencies along with community-based providers. Those who have been affected either directly or indirectly by SUD also serve a critical role in the advisement of effective strategies moving forward.

THE FOLLOWING IS A LIST OF PROGRAMS THAT HAVE BEEN FINANCIALLY SUPPORTED BY THE ODPC:

Collegiate Recovery Programs ($98,400.00)
Collegiate Recovery Programs are located at West Virginia University, Marshall University, West Virginia State University, Fairmont State University, and BridgeValley Community and Technical College. These programs provide supportive environments within campus culture that reinforce the decision to engage in a lifestyle of recovery from substance use.

Quick Response Teams (QRT) ($765,731.00)
QRTs are typically composed of an emergency medical or health professional, law enforcement officer, peer recovery support specialist, and a substance use treatment or recovery provider who contact individuals within 24-72 hours of an overdose to connect them to treatment and other services. QRTs have grown from covering 17 counties to 20 counties in West Virginia. One team in Kanawha County and one team in Mercer County are city-based bringing the QRT team total to 22. Data from the upcoming Overdose Dashboard will be used to drive decisions on QRT placement around the state. Currently, 63.96% of all fatal overdoses in 2018 occurred in counties with a QRT that is either planned or currently operating. With the exception of Cabell County, which has a federal grant to fund its QRT, all teams are funded through DHHR’s Bureau for Behavioral Health, Bureau for Public
Health and the ODGP. Expansion of QRTs has been a priority of the ODGP. The ODGP funded four teams and coordinates activities on use of funds to support all teams statewide.

**Law Enforcement Assisted Diversion (LEAD) ($530,000.00)**

LEAD programs divert adults with a substance use disorder or co-occurring disorder (substance use disorder and mental health issues) from the criminal justice system to community-based treatment services. LEAD is operational in 15 counties including Calhoun, Greenbrier, Jackson, McDowell, Mercer, Nicholas, Pleasants, Raleigh, Randolph, Ritchie, Roane, Tyler, Wirt, Wood and Wyoming.

**Family Planning in Harm Reduction Sites ($264,727.00)**

This program provides access to quality health care to help women, men, and couples achieve their desired number and spacing of children and increases the likelihood that those children are born healthy. Family Planning sites include:

- Beckley – Raleigh County Health Department
- Berkeley Morgan Board of Health
- Brooke County Health Department
- Fayette County Health Department
- Greenbrier County Health Department
- Hampshire County Health Department
- Harrison Clarksburg Health Department
- Marion County Health Department
- Milan Puskar Health Right, Inc.
- WV Health Right, Inc.

**Voluntary Long-Acting Reversible Contraception in Corrections ($500,000.00)**

Immediate postpartum long-acting reversible contraceptives (LARC) in corrections program makes available either placement of a subdermal implant in the immediate postpartum period before hospital discharge, or placement of an intrauterine device (IUD) in the delivery room after placental delivery.

**Children’s Mobile Crisis Response and Stabilization ($750,000.00)**

Children’s Mobile Response and Stabilization Teams help children and youths who are experiencing emotional or behavioral crises by interrupting the immediate crisis and ensuring youth and their families in crisis are both safe and supported.

**County Recovery and Empowerment Pilot ($3,998,446.00)**

These projects were evaluated, selected and funded by the ODGP. The pilots began this summer in Wyoming and Berkeley/Jefferson counties and created partnerships between DHHR’s Office of Drug Control Policy, Marshall and West Virginia Universities and the funded communities to strengthen the SUD continuum of care in each of these counties.
Drug Free Moms and Babies Project ($500,000.00)
The Drug Free Moms and Babies (DFMB) Project is a comprehensive and integrative medical and behavioral health program for pregnant and postpartum women. This project supports healthy baby outcomes by providing prevention, early intervention, addiction treatment, and recovery support services. As of June 2019, there were 718 women enrolled at ten project sites. The sites are as follows:

- CAMC Women and Children’s: Baby First
- Davis Medical Center: Substance Use in Pregnancy: Treatment for Two
- Greenbrier Physicians: Drug Free Mother/Baby Program
- Marshall Health: Healthy Connections/River Valley CARES Family Navigators
- Thomas Memorial: Pregnancy Connections
- Tug River Health Association: Drug Free Mother/Baby Program
- Valley Health Systems: MAT Maternal Care Program
- Weirton Medical Center: The Perinatal Recovery Program
- WVU Medicine Ruby Memorial Hospital: ACE Program
- Wheeling Hospital: Perinatal Transition Program
- Logan Regional Medical Center, Logan
- St. Joseph’s Hospital, Buchanan
- Raleigh County (Raleigh General Hospital)
- Mercer County (Bluefield Regional Medical Center and Princeton Community Hospital)
- Camden Clark Medical Center, Parkersburg

Student Therapist Loan Repayment (STLR) ($500,000.00)
STLR is a loan forgiveness program focused on addressing the need to recruit early-career therapists who have graduated or will graduate with their counseling, social work, or psychology master’s degrees between May 2018 through August 2020 to work in the SUD field in West Virginia. The project is a collaboration between DHHR’s ODCP, Bureau for Behavioral Health, and Bureau for Public Health. STLR includes a two-year service commitment in WV and prioritizes individuals in recovery and individuals whose lives have been affected by the crisis in their families and communities. The STLR application
process closed in early November 2019, with awardees anticipated to be announced before the end of 2019. Initial response to this program has been extremely positive.

**Recovery Residences ($140,000.00)**
Recovery housing provides safe, healthy, and substance-free living environments that support individuals in recovery from substance use disorder. West Virginia Alliance of Recovery Residences, Inc. will establish the first statewide recovery community organization to ensure that national recovery residence standards are consistent across the state and will serve all recovery residences seeking certification throughout West Virginia with advocacy, training, start-up assistance, compliance issues, accreditation offerings and data collection.

**Overdose Reversal ($908,713.66)**
Naloxone dispensing through pharmacies has more than doubled from 2017 to 2018. A similar increase is expected from 2018 to 2019. The ODCP is working closely with DHHR’s Bureau for Public Health and Bureau for Behavioral Health to coordinate the use of these carryover funds from the State Targeted Response to the Opioid Crisis (STR) and Prevent Prescription Drug/Opioid Overdose-Related Deaths (PDO) SAMHSA grants that were allocated to the University of Charleston for statewide distribution of naloxone to high risk individuals.

**Neonatal Abstinence Syndrome (NAS) Program Expansion ($150,000.00)**
The ODCP provided funds for NAS program expansion. Infants with NAS often require longer hospital stays to monitor and treat symptoms. Pharmacological treatment and medical supervision may be indicated by medical assessment. Lily’s Place in Huntington received funding to further expand observational, therapeutic, and pharmacological care to infants who were substance exposed prenatally.

**Family Treatment Courts ($339,599.00)**
Family Treatment Courts are being piloted in Ohio, Boone, and Raleigh counties. The goal of these pilots is to keep families intact while parents address their substance use disorders.

**Right from the Start Program (1,500,000.00)**
Right from the Start (RFTS) is a statewide program that helps West Virginia mothers and their babies lead healthier lives by offering home visitation services by a Designated Care Coordinator (registered nurse or licensed social worker). Services are free and support mothers, their new babies and families by helping create a safe, nurturing home. The Designated Care Coordinators discuss questions and concerns and help participants find the resources they need to be successful.

**THE FOLLOWING ARE HIGHLIGHTS OF STATE COORDINATED EFFORTS TO ADDRESS THE DRUG CRISIS:**

**Jobs & Hope West Virginia** offers support through a statewide collaboration of agencies that provide West Virginians linked services and the opportunity to obtain career training and ultimately secure meaningful employment. Jobs & Hope West Virginia was established by Governor Jim Justice and the West Virginia Legislature. The ODCP has been instrumental in the start-up of this project and continues to work exhaustively on addressing program expansion and continuation. We believe West Virginia is the first state to take this unique, overarching approach.
There are 12 Transition Agents working with participants in the seven WorkForce WV regions.
- 500+ referrals have been made with over 400 active participants.
- Peer Recovery Support Specialists have joined the Jobs & Hope West Virginia teams and will be placed in each region by 2020 using funding granted from DHHR.
- Solutions for transportation, child-care, drug screening, and recovery residence barriers are being added.

**ATLAS (Addiction Treatment Locator Analysis and Survey)**

The ODCP coordinated an application on behalf of West Virginia, and was chosen as one of five 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.

**Prevention/Early Intervention Initiatives**

- State fiscal year 2020 Healthy Lifestyles funding has been dedicated to tobacco prevention and education, with nearly 90% of tobacco related allocation directed to such state and community services, such as the cessation Quitline, and youth prevention.
- The West Virginia Department of Education and local education agencies throughout the state are increasing capacity for more effective substance misuse prevention efforts in West Virginia schools.
- Distribution of naloxone (a medication used to reverse an opioid overdose) via pharmacies more than doubled from 2017 to 2018. A similar increase is expected from 2018 to 2019.
- Beginning October 1, 2019, the West Virginia Birth Score Program will narrow the intrauterine substance exposure (IUSE) definition to deliver more precise data.
- Funding from the SPF RX and Substance Abuse Block grant goes to sponsor drug take back activities to decrease potential diversion. Two drug Take Back Fays occurred in the past year with 13 counties participating. A total of 296.7 pounds of medication were collected during these events; however, it is important to note that not all medications collected are controlled substances. An additional 539.2 pounds of medications have been collected at permanent drop boxes and over 5,000 Drug Deactivation Kits have also been distributed.
- Additional activities implemented with SPF RX and Substance Abuse Block grant monies include media campaigns. The estimated total number of individuals reached using both direct and indirect metrics is over three million, with some individuals reached multiple times. Examples include but are not limited to radio campaigns in Tucker and Randolph counties, social media posts, and a sponsored WVU basketball game.
- Help & Hope WV includes a Bureau for Behavioral Health supported website and social media sites that shares resources, events, and education information related to the drug crisis in West Virginia.
- The number of Expanded School Mental Health Programs is being increased. These programs are crucial in providing all levels of prevention and intervention within the school, from prevention to as needed counseling.

**Highlights of Treatment and Recovery Initiatives**

- Across the state, 200 new treatment beds have been made available, with 350 beds still under development through Ryan Brown funding. Five Ryan Brown-funded treatment programs offering residential treatment services are now operational in the state. The Medicaid SUD Waiver has also expanded access to treatment with an additional 133 beds available beyond the Ryan Brown beds and the 319 beds at the state’s regional Comprehensive Behavioral Health Centers.
• Grants for treatment (14) and peer recovery support services (14) have been awarded to increase access to and expansion of MAT in settings including: outpatient specialty clinics (Hub and Spoke initiatives), obstetrics practices (Drug Free Moms and Babies programs), and emergency departments (Project Engage).
• The number and capacity of Peer Recovery Support Specialists (PRSS) has increased through training and skill development. There are currently 274 Peer Recovery Support Specialists certified by Medicaid for potential reimbursement under its SUD waiver. The growth is illustrated in the graph below.

Number Count of BMS PRSS 11-06-19

• Approximately 3,340 individuals received peer support services between May 2018 and April 2019.
• A 20-bed correctional unit has been established to serve the needs of justice-involved populations in the state. This unit has been designated as an alternative to a court-ordered prison term for individuals with substance use disorders who choose to participate in long-term MAT programs.
• Access to treatment and recovery has increased in West Virginia’s ten regional jails through expansion of Peer Recovery Support Specialists (PRSS), MAT availability, and community re-entry support through State Opioid Response (SOR) federal funding from SAMHSA.
• Coordination of services strengthened between the West Virginia Women, Infants and Children (WIC) Program and treatment centers.
• Drug Free Mom and Baby Programs have expanded to 12 programs located regionally throughout the state. There is now a program in the catchment area of 50% of the birthing facilities in the state.
• Access has increased to existing treatment providers by extending the reach of the Comprehensive Opioid Addiction Treatment (COAT) model via a hub and spoke strategy.
• The West Virginia Public Transit Authority (WVPTA) will use SOR funding to offer after-hours transportation and deviated routes to individuals in treatment.
• SOR Access to Treatment Funds are being used to help address financial barriers to MAT for individuals who are underinsured or uninsured.
• The Bureau for Public Health has worked with local, state, and academic partners, to respond to and reduce individual and community effects of disease outbreaks associated with substance use...
disorder (Hepatitis A, HIV, etc.). Prevention efforts including vaccination, testing, early identification, and linkage to care are all emphasized.

Workforce Development Initiatives

- DHHR has provided funding to train over 700 professionals and peer recovery coaches on effective MAT practice. Training was focused on pregnant and postpartum women and their children, opioid overdose survivors, and hospital emergency departments.
- The Statewide Therapist Loan Repayment (STLR) Project was created to recruit and retain new counseling, psychology, and/or social work master’s level therapists, and enhance statewide capacity. The program began accepting applications in mid-September 2019. The applications were due by November 4, 2019. The total number of anticipated awards is approximately 25. The number of applications to date – more than 100 – clearly demonstrates that people want to stay in this state to address the drug crisis.
- The Governor and the West Virginia State Legislature provided funding for the Office of the Chief Medical Examiner to permanently address staffing shortages, strengthen the ability to recruit and employ qualified forensic pathologists, and further long-term efforts to meet the national standard of completion of 90% of cases within 90 days.
- The Jobs & Hope West Virginia program has been established to help people in recovery get training, education, and assistance in gaining employment. This initial response to this initiative has been very powerful thus far with over 380 referrals in just the first two months.

Capacity Development (from Data to Make Decision about Workforce to Meet Needs)

- The West Virginia Office of Laboratory Services, Bureau for Public Health is expanding its state laboratory equipment and workforce to enable more rapid response to HIV clusters.
- The Office of Epidemiology and Prevention Services, Bureau for Public Health is integrating data related to infectious disease consequences substance use (HIV, STIs, etc.) into systems that will support more robust and timely case management.
- Methodologies for post-mortem toxicology detection of substances and the analogs associated with synthetic opioid production are being improved to ensure capabilities for detection keep pace with illicit markets and substances introduced in local communities.
- Collaboration has been established between Vital Statistics and the Office of the Chief Medical Examiner to improve data quality and minimize delays in determining causes of death.
- Collaboration has been established between the West Virginia Board of Pharmacy (WVBOP), West Virginia’s Prescription Drug Monitoring Program (PDMP) authority, with the data analytics team embedded within DHHR’s Bureau for Public Health.
- An updated vulnerability assessment to overdose and to rapid spread of HIV/hepatitis C has been undertaken by the Bureau for Public Health to support community and guide prevention.
- The State Office of Rural Health has collaborated with the West Virginia Rural Health Association to expand the Association’s data portal to include information about the state’s health care workforce.
- To increase workforce capacity, both of those already practicing in the state and to increase the number of providers in the state, DHHR’s Bureau for Behavioral Health has partnered with the three state medical schools on a large initiative that includes workforce development, increasing buprenorphine waivered doctors, and eventually increasing the number of students who enter behavioral health careers.
• The Bureau for Public Health and partners continue to build stronger systems for identifying and responding to infectious disease consequences of substance use (hepatitis, HIV, STIs, etc.) and for prevention of the same.

• The Bureau for Behavioral Health funds 45 partner organizations across the state to support the work of peer recovery support specialists. In 2018, more than 2,300 individuals were served by peer workers through these programs.
2019 Substance Use Response Strategic Plan
The Governor’s Council on Substance Abuse Prevention and Treatment is helping the ODCP develop a statewide strategic plan to address the substance use disorder crisis. The Plan is slated to be complete and ready for implementation by January 2020. The Council and its subcommittees are comprised of more than 70 subject matter experts, with representatives from the public, private, academic and nonprofit sectors. Below is a partial listing of some of the organizations represented:
- WV DHHR
- WV Department of Education
- WV Department of Military Affairs and Public Safety
- West Virginia Legislature
- WV Chamber of Commerce
- The Benedum Foundation
- Johns Hopkins School of Public Health
- Marshall University
- West Virginia University
- U.S. Department of Justice
- Pew Charitable Trust
START Pilot
The Sobriety Treatment and Recovery Teams Model is a child welfare led intervention that has been shown, when implemented with fidelity, to improve outcomes for both parents and children affected by child maltreatment and parental substance use disorders. It is specifically designed to transform the system-of-care within and between child welfare agencies and substance use disorder treatment providers. It also engages the judicial system and other family serving agencies. The broad goals of START are to keep children safely with their parents whenever possible and to promote parental recovery and capacity to care for their children. A pilot of this initiative will begin in Kanawha County in 2020. An Announcement of Funding Availability (AFA) is forthcoming.

National Governor’s Association (NGA) Project – Expanding Access to MAT for Justice Involved Populations
The NGA Project is being piloted in the regional jail system in West Virginia. This program will make MAT induction and continuation available in every jail and prison in West Virginia.

Levels of Care Program
The Levels of Care Program for Emergency Department (ED) access to treatment and recovery has been established through Emergency Department-based peer recovery specialists and ED-initiated medication-assisted treatment (MAT) in ten locations across the state. 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 emergency departments to help people with SUD connect with the treatment they need.

Overdose Dashboard
The ODCP is now receiving 95% of West Virginia’s Emergency Department (ED) data for suspected overdoses. This has been accomplished through two mechanisms: (1) leveraging a deidentified data surveillance system in the DHHR’s Bureau for Public Health and (2) establishing a data agreement with the West Virginia Hospital Association to receive additional data. The ODCP has gained access to the Washington Baltimore High Intensity Drug Trafficking Administration Overdose Data Mapping Application Program in order to access law enforcement data from their reporting platform, which will allow the ODCP to receive suspected overdose data to inform a coordinated response to threats. The goal is to engage with communities on drug spikes and trends so they can develop and implement action plans to address the issues/needs. The Overdose Dashboard will be publicly accessible on the ODCP webpage by early 2020.
**CDC Overdose to Action Grant**
The Office of Drug Control Policy is partnering with the DHHR’s Bureau for Public Health on implementation of the U.S. Centers for Disease Control and Prevention’s Overdose to Action grant. The purpose of this grant is to advance the understanding of the opioid epidemic and improve prevention and response initiatives.

**Stigma Reduction**
One of the largest barriers to treatment is stigma. In an effort to help address this in the state, Stigma Free WV was developed with federal grant funds to the DHHR’s Bureau for Behavioral Health to share information about SUD to break down this barrier. Additionally, more content for Stigma Free WV and trainings to address stigma are sponsored by multiple funding sources. State Opioid Response (SOR) funding is being used to develop and implement a statewide marketing campaign to address stigma related to medication-assisted treatment (MAT).

**Family Treatment Court Expansion**
In 2020, the ODCP will be funding the expansion of Family Treatment Courts in West Virginia. This will be in addition to the three pilots already operationalized in Boone, Ohio and Raleigh counties.

**Jobs & Hope West Virginia expansion of services**
Statewide transportation, childcare, and dental and vision services will be offered for Jobs & Hope West Virginia participants beginning in 2020. The ODCP has worked diligently with several DHHR bureaus to provide these essential services to reduce barriers to education, training, and career employment. To date, the Jobs & Hope West Virginia program has more than 400 participants and is a crucial part of moving West Virginia forward in the fight against substance use disorders. This program offers individuals from any region of the state the resources they need to be successful, reliable, and productive members of society and their family.
STATUTORY REQUIREMENTS

The West Virginia Drug Control Policy Act, passed in 2017, created the Office of Drug Control Policy (ODCP) within West Virginia’s Department of Health and Human Resources. The ODCP is tasked with leading the statewide response to the substance use disorder crisis by developing strategies related to the prevention, treatment, and reduction of substance use disorder.

The Office is meeting these expectations through the development of a data dashboard, expanding statewide overdose surveillance, the creation of innovative treatment and recovery programs, collaboration with workforce development initiatives for people with substance use disorders, and the drafting of a new statewide strategic plan, among other initiatives.

Please see the list below of statutory responsibilities laid out in West Virginia Code §16-5T-2 for the ODCP along with the ODCP response to the same:

(a) The Office of Drug Control Policy is created within the Department of Health and Human Resources under the direction of the Secretary and supervision of the State Health Officer.

(b) The Office of Drug Control Policy shall create a state drug control policy in coordination with the bureaus of the Department and other state agencies. This policy shall include all programs which are related to the prevention, treatment and reduction of substance abuse use disorder.

(c) The Office of Drug Control Policy shall:

(1) Develop a strategic plan to reduce the prevalence of drug and alcohol abuse and smoking by at least ten percent by July 1, 2018.

   A strategic plan was created by the leadership of the ODCP in 2018 with the purpose of reducing the prevalence of drug and alcohol abuse and smoking by 10 percent. With the appointment of new leadership in December of 2018 and the creation of the Governor’s Council on Substance Abuse Prevention and Treatment in early 2019, a new, comprehensive strategic plan is in development for 2020-2023. This plan will be introduced during the January 2020 Legislative session. Please see the section on strategic planning in the “Under Development” located on page 18 section of this report.

(2) Monitor, coordinate and oversee the collection of data and issues related to drug, alcohol and tobacco access, substance use disorder policies and smoking cessation and prevention and their impact on state and local programs.

   The ODCP in conjunction with the Office of Management Information Systems (OMIS) is currently developing an Overdose Dashboard that can provide emergency room and emergency medical services suspected overdose data in a matter of days. The ODCP works closely with the Bureau for Public Health and the Bureau for Behavioral Health to gather data from universities, community-based resources, and regional contacts, related to drug, alcohol, tobacco access, substance use disorder policies, and smoking
cessation and prevention. The ODPC holds a monthly group meeting to collaborate on initiatives that impact state and local programs.

(3) Make policy recommendations to executive branch agencies that work with alcohol and substance use disorder issues, and smoking cessation and prevention to ensure the greatest efficiency and consistency in practices will be applied to all efforts undertaken by the administration.

The ODPC is addressing this requirement through regular interactions with state agencies, as well as the forthcoming strategic plan. The ODCP holds a standing monthly meeting to collaborate and communicate with all bureaus under the DHHR Cabinet Secretary’s purview. There is also a standing weekly Director’s meeting that is held for emergent and critical issues to be addressed that engages stakeholders throughout DHHR. The ODCP also actively supports, helps guide, and participates in multiple external efforts and initiatives through other sectors (e.g., Family Treatment Court initiative) and with community initiatives (pilot community interventions, etc.)

(4) Identify existing resources and prevention activities in each community that advocate or implement emerging best practice and evidence-based programs for the full substance use disorder continuum of drug and alcohol abuse education and prevention, including smoking cessation or prevention, early intervention, treatment and recovery.

The ODCP communicates with local providers about community initiatives on a regular and ongoing basis to promote best practices. A Prevention Program Manager is being hired for the ODCP to further coordinate the state’s prevention efforts. The ODCP works closely with the West Virginia Department of Education on its strategic plan to address the substance use epidemic, Reclaim WV. The ODCP also coordinates with the Bureau for Behavioral Health which funds Prevention Lead Organizations (PLOs) in each region of the state. These PLOs are integral in the coordination of efforts, identification of local resources through county prevention coalitions, and dissemination of information around evidence-based practices.

(5) Encourage coordination among public and private, state and local, agencies, organizations and service providers and monitor related programs.

The ODCP links providers and community groups together to share lessons learned and best practices, including regional pilot programs. The ODCP is constantly working with communities to foster collaboration. The Director of the ODCP has been travelling the state to meet with organizations, service providers, and community leaders to establish open communication, increase awareness of other related programming, and encourage the coordination of efforts.

(6) Act as the referral source of information, using existing information clearinghouse resources within the Department of Health and Human Resources, relating to emerging best practice and evidence-based substance use disorder prevention, cessation, treatment and recovery programs, and youth tobacco access, smoking cessation and prevention. The Office of Drug Control Policy will identify gaps in information referral sources.
The ODCP is currently working with the Bureau for Behavioral Health to improve its referral sources and is working with the Governor’s Council on Substance Abuse Prevention and Treatment to identify and expand the implementation of best practices. The ODCP is working with several entities that serve as information referral sources to improve the quality and quantity of the information being disseminated.

(7) Apply for grant opportunities for existing programs.

As one of the offices housed within the DHHR, the ODCP regularly collaborates with other bureaus and agencies within the department to apply for federal funds for SUD initiatives. The ODCP has helped pull in over $40 million in State Opioid Response grant funding, as well as several million from other sources.

(8) Observe programs in other states.

The ODCP communicates with other states frequently to identify innovative, effective strategies. The ODCP has recently interacted with Georgia, Pennsylvania, Rhode Island and Vermont. The ODCP has taken teams to visit programs in other states and facilitated expert training and presentation from providers in other states here in West Virginia.

(9) Make recommendations and provide training, technical assistance and consultation to local service providers.

The ODCP consults with local providers, including recent visits to providers in multiple regions of the state. The ODCP has partnered with the Bureau for Behavioral Health to provide several trainings for providers statewide including the following:

In September, Dr. Richard Rawson visited from Vermont to share his expertise with current data on the escalating use of methamphetamine and the current evidence-based practices (EBPs) that are effective for treating persons for methamphetamine dependence.

In October 2019, several presenters from Pennsylvania including Dr. Lou Baxter, nationally recognized for his illustrious career in addiction medicine, participated in a training to discuss best practices in withdrawal management and detox protocols.

(10) Review existing research on programs related to substance use disorder prevention and treatment and smoking cessation and prevention and provide for an examination of the prescribing and treatment history, including court-ordered treatment or treatment within the criminal justice system, of persons in the state who suffered fatal or nonfatal opiate overdoses.

The ODCP frequently reviews substance use disorder research as part of the strategic planning process and works with the Governor’s Council subcommittee that is devoted to treatment, recovery, and research.

(11) Establish a mechanism to coordinate the distribution of funds to support any local prevention, treatment and education program based on the strategic plan that could encourage smoking cessation and prevention through efficient, effective and research-based strategies;
The ODCP is supportive of the Bureau for Public Health’s smoking cessation and prevention plan and initiatives. State fiscal year 2020 Healthy Lifestyles funding has been dedicated to tobacco prevention and education, with nearly 90 percent of that allocation directed to sustain state and local programs, especially the cessation/Quitline, and to strengthen youth prevention.

(12) Establish a mechanism to coordinate the distribution of funds to support a local program based on the strategic plan that could encourage substance use prevention, early intervention, treatment and recovery through efficient, effective and research-based strategies.

The ODCP works through existing channels within DHHR to distribute funds to other programs, such as the Community Overdose Response Demonstration Pilot Projects. Please see the “Key Accomplishments” section of this report starting on page 10, for a breakdown of the distribution of funds.

(13) Oversee a school-based initiative that links schools with community-based agencies and health departments to implement school-based antidrug and anti-tobacco programs.

Through its collaboration with state agencies and the development of the new strategic plan, the ODCP is helping promote various school-based prevention initiatives.

The ODCP is supportive of Expanded School Mental Health (ESMH), a jointly sponsored effort of the West Virginia Department of Education and the DHHR. ESMH refers to programs that build on core services typically provided by schools. ESMH is a framework that includes the full continuum of prevention, early intervention and treatment; serves all students; and emphasizes shared responsibility between schools and community mental health provider.

The ODCP has been instrumental in establishing a steering committee to work specifically on school-based prevention initiatives to be implemented in 2020.

(14) Coordinate media campaigns designed to demonstrate the negative impact of substance use disorder, smoking and the increased risk of tobacco addiction and the development of other diseases.

Prevention-based media campaigns are underway, led by ODCP partners such as Help & Hope WV and Prevention First.

A stigma reduction campaign is also underway in collaboration with the Bureau for Public Health and the Bureau for Behavioral Health. Stigma is identified as one of the most prohibitive factors for people who need treatment or recovery, or both.

(15) Review Drug Enforcement Agency and the West Virginia scheduling of controlled substances and recommend changes that should be made based on data analysis.

The ODCP communicates frequently with the Board of Pharmacy, the Prescription Drug Monitoring Program, and others to monitor emerging trends in drug use.

(16) Develop recommendations to improve communication between health care providers and their patients about the risks and benefits of opioid therapy for acute pain, improve the safety and effectiveness of pain treatment and reduce the risks associated with long-term opioid therapy, including opioid use disorder and overdose.
The ODCP supported the creation of Opioid Prescribing Guidelines and will be working with the Legislative Pain Management Consortium to review best practices.

(17) Develop and implement a program to collect data on fatal and nonfatal drug overdoses, caused by abuse and misuse of prescription and illicit drugs from law enforcement agencies, emergency medical services, health care facilities and the Office of the Chief Medical Examiner.

    The ODCP is expanding the use of the Overdose Detection Mapping Application Program (ODMAP) to improve statewide overdose surveillance and data, developing a dashboard to make the timeliest overdose information available to researchers and the public.

(18) Develop and implement a program that requires the collection of data on the dispensing and use of an opioid antagonist from law enforcement agencies, emergency medical services, health care facilities, the Office of the Chief Medical Examiner and other entities as required by the office.

    The ODMAP reporting tools along with data collected from first responders as referenced above also require data about the dispensing and use of an opioid antagonist.

(19) Develop a program that provides assessment of persons who have been administered an opioid antagonist.

    The ODCP is utilizing its overdose surveillance tools to identify commonalities among people who have experienced an overdose and are exploring points of entry and exit from the treatment system.

(20) Report semi-annually to the Joint Committee on Health on the status of the Office of Drug Control Policy.

(d) Notwithstanding any other provision of this code to the contrary, and to facilitate the collection of data and issues, the Office of Drug Control Policy may exchange necessary data and information with the bureaus within the Department, the Department of Military Affairs and Public Safety, the Department of Administration, the Administrator of Courts, the Poison Control Center, and the Board of Pharmacy. The data and information may include data from the Controlled Substance Monitoring Program; the all-payer claims database; the criminal offender record information database; and the court activity record information.

(e) Prior to July 1, 2018, the office shall develop a plan to expand the number of treatment beds in locations throughout the state which the office determines to be the highest priority for serving the needs of the citizens of the state.

    Overall state bed capacity has increased in recent years. The ODCP is currently developing a formula to assess the state’s bed capacity needs. When all Ryan Brown funded facilities are complete, there will be more than 950 treatment and recovery beds in West Virginia. These treatment and recovery beds are for people on multiple
pathways of recovery from SUD. In the graph below the number of beds from August 2018 to present is illustrated.
CONCLUSION

The year 2019 was productive for the Office of Drug Control Policy (ODCP), and for the newly created Governor’s Council on Substance Abuse Prevention and Treatment. The success of the ODCP is dependent upon working collaboratively with DHHR bureaus, various state agencies, and the many community entities and residents who want to make a difference in addressing the substance use epidemic West Virginia is facing.

While progress is steady, the solutions being implemented now and new solutions yet to be developed need time to show success. Persistence and determination to push forward will enable West Virginia to move past this crisis for a better tomorrow.