



2023 SEMIANNUAL REPORT

January 1, 2023 through June 30, 2023



**WEST VIRGINIA OFFICE OF
DRUG CONTROL POLICY**
WV Department of Health & Human Resources

WV Office of Drug Control Policy

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July 1, 2023

Table of Contents

SEMIANNUAL REPORT EXECUTIVE SUMMARY	4
APPENDIX A	7
CONTINUUM OF CARE	7
APPENDIX B	8
EDUCATION	8
Stigma Trainings	8
Resource Development	8
Community Partners	8
County Snapshots	8
Regional Data Profiles	8
Fact Sheets	9
Social Media Campaigns	9
Bureau for Behavioral Health (BBH) Evidence-Based Program (EBP) Clearinghouse	10
Olweus Bullying Prevention	10
Prevention Summit	11
APPENDIX C	12
INTERVENTION	12
Data-Driven Response	12
Quick Response Teams	12
ODCP Regional Coordinators	12
Washington-Baltimore High Intensity Drug Trafficking Area Overdose Data Mapping Application Program (ODMAP)	14
Diversion	15
The Angel Initiative	15
LEAD	16
Police and Peers (PNP)	16
Sobriety Treatment and Recovery Teams (START) & Regional Partnership Grant (RPG)	17
Overdose Reversals	19
Naloxone Guide for School Nurses	19
Naloxone Guide for Emergency Shelters	19
ONEbox	19
HALO	20
NaloxONE	20
APPENDIX D	20

TREATMENT	20
Correction and Reentry Policies	20
CHES Health Connections App	22
DyamiCare Contingency Management Pilot	22
Hospital Programs	23
Project Engage Expansion	23
Reverse the Cycle	24
West Virginia Hospital Association Opioid Response Initiative	24
Treatment Bed Capacity	25
Treatment Courts	25
Family Treatment Courts	25
Juvenile Drug Courts	25
Adult Drug Courts	25
Treatment of Users of Stimulants (TRUST)	26
APPENDIX E	27
RECOVERY	27
Certification of Recovery Residences	27
Collegiate Recovery Programs	27
Collegiate Recovery Network of Peers	28
Recovery Community Organizations	28
Peer Recovery Support Specialists (PRSS)	29
Jobs & Hope WV	29
APPENDIX H	30
WEST VIRGINIA GOVERNOR'S COUNCIL ON SUBSTANCE ABUSE PREVENTION AND TREATMENT	30
APPENDIX I	32
WEST VIRGINIA GOVERNOR'S COUNCIL ON SUBSTANCE ABUSE PREVENTION AND TREATMENT SUBCOMMITTEES	32
APPENDIX F	37
WEST VIRGINIA 2023 PRIORITIES AND IMPLEMENTATION PLAN UPDATE	37
APPENDIX G	38
ODCP TIMELINE	38
APPENDIX H	40
ODCP STAFF	40

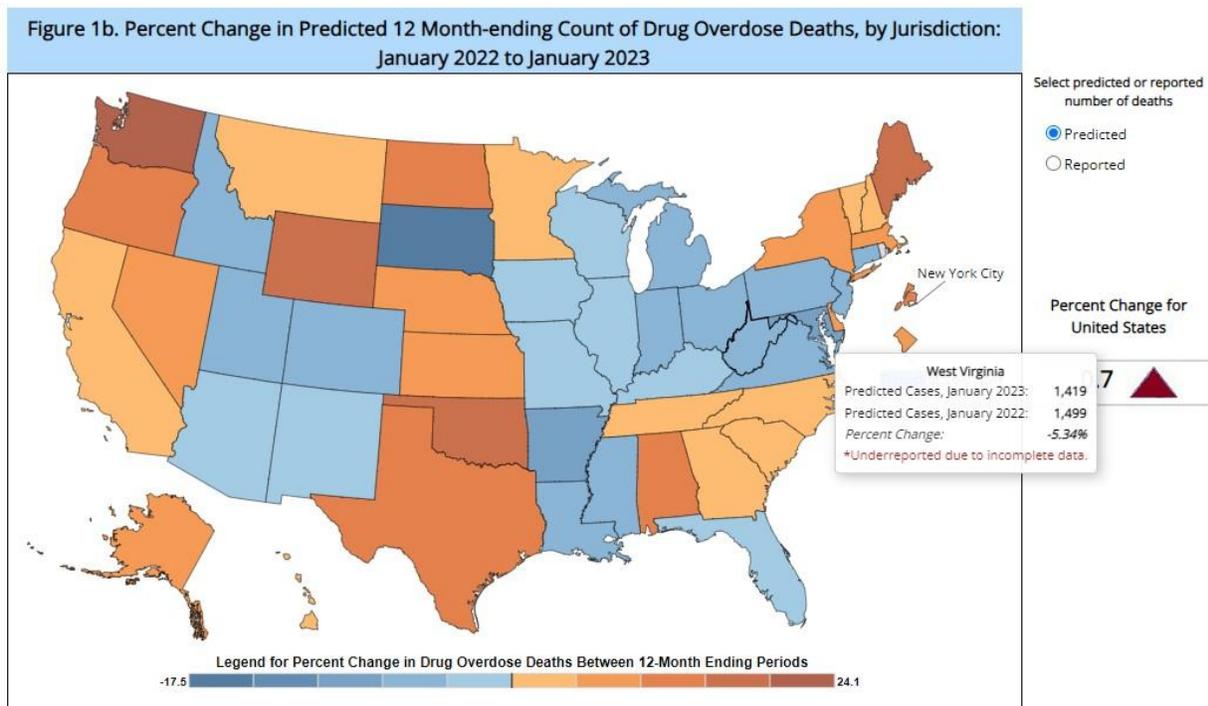


**WEST VIRGINIA OFFICE OF
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WV Department of Health & Human Resources

SEMIANNUAL REPORT EXECUTIVE SUMMARY

The West Virginia Department of Health and Human Resources (DHHR), Office of Drug Control Policy (ODCP) leads with resilience to eradicate the fatal overdose epidemic within the State. One life lost is too many. With the rise of illicit substances including fentanyl and recently xylazine, this epidemic is dynamic and requires strategies that adapt accordingly. By understanding the need, ODCP is able to use data to address gaps in substance use disorder (SUD) care, improve harm reduction, and create protective factors within communities.

As part of a multidisciplinary and comprehensive unit within state government, ODCP works alongside community and state partners to proactively address the epidemic. According to provisional data from the Centers for Disease Control and Prevention (CDC), National Center for



Health Statistics,¹ West Virginia continues to be one of 22 states in the nation predicted to see a decline in overdose fatalities in 2023.

Through innovation and collaboration, ODCP prioritizes people-first policy and evidence-based practices to meet its purpose to save lives. Through a continuum of care approach ([Appendix A](#)), various treatment and recovery pathways are available to optimize personal success. ODCP provides SUD education and supports specialized programming within the continuum to ensure that every individual engaged has the opportunity to recover. Through the prevention, intervention, and treatment efforts of the State, recovery is happening every day.

Prevention

Prevention strategies can reduce the impact of SUD by reducing risk factors and strengthening protective factors. Education is a key component to both factors. Recognizing the need to increase stigma awareness surrounding SUD and concurrently educate the populace on evidence-based treatment practices, ODCP continuously assesses information gaps. By addressing what individuals do not know or understand fully about SUD, it allows education to bridge the gap between treatment resistance to recovery acceptance. ODCP diligently works with community coalitions, recovery advocates, and state partners to provide training, resources, and programming to keep that bridge of engagement maintained.

The DHHR Bureau for Behavioral Health (BBH) Office of Children, Youth, and Families has been an integral partner for prevention strategies in the State. Their launch of the Evidence-Based Prevention Program Clearinghouse website along with regional and county data profiles provides the tools to implement and maintain prevention programming in schools and communities.

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

Intervention

ODCP is tasked with the coordination and collection of data to provide a foundation for intervention efforts. By aligning efforts under a data driven approach, efforts to address the epidemic can be done with synergy and with more effectiveness. Timely data and a focus on outcomes provides a common purpose for SUD programming. Supporting and expanding community assets is a vital component to intervening before an overdose occurs. ODCP's partnership with the West Virginia State Police and various county police departments has created unique opportunities to meet individuals where they are, divert them to treatment, and

¹ <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>

reunify families. In order for those goals to be achieved, access to overdose reversal medication remains a top priority for all ages.

To explore the latest intervention strategies, refer to [Appendix C](#).

Treatment

Addiction is treatable. ODCP is committed to improving the quality of life of West Virginians through the right service to the right person at the right time. The continuum of care allows for the mitigation of risk through prevention, intervention, and treatment. ODCP and our partners recognize that the most acute and chronic conditions require a corresponding level of care, support, and services. ODCP strives to create and support programs that connect as many individuals to their treatment needs as possible. Access to treatment has improved with the addition of 183 treatment beds since the last reporting period. Additionally, progress has been made to improve access to evidence-based treatment in West Virginia hospitals with improved screening, increased access to peer recovery support specialists, and the dispensing of medication for opioid use disorder (MOUD). The West Virginia Division of Corrections and rehabilitation has worked with ODCP to increase access to MOUD and to improve re-entry programs.

[Appendix D](#) provides additional information regarding improvements to treatment access.

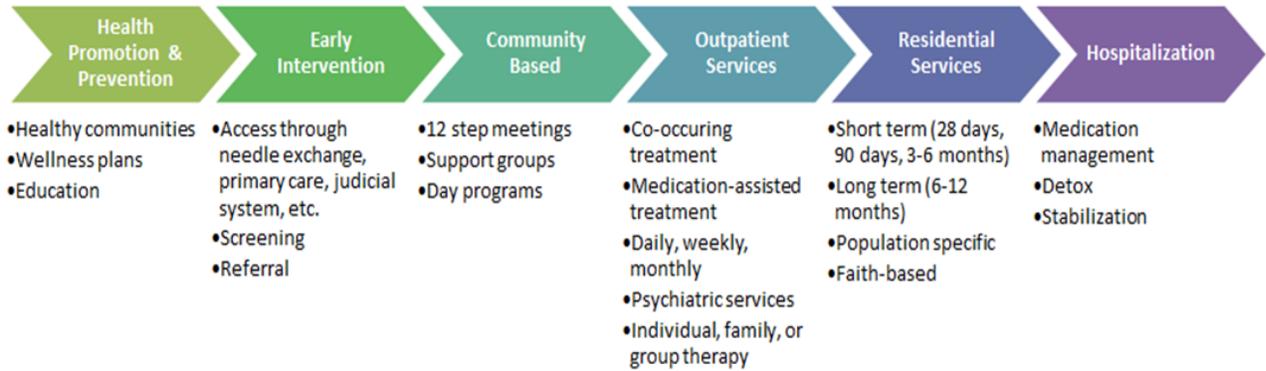
Recovery

People do recover. Collegiate recovery programs continue to provide an avenue for recovery for youth in West Virginia. West Virginia Collegiate Recovery Network continues to provide peer recovery support specialists on higher education campuses. West Virginia currently has 1,576 treatment beds registered with the DHHR's Bureau for Medical Services (BMS) and 1,551 recovery beds certified by the West Virginia Alliance of Recovery Residences (WVARR). WVARR has also seen an increase in the number of recovery residences and recovery engagement.

[Appendix E](#) displays important recent updates provided by ODCP regarding Recovery.

APPENDIX A

CONTINUUM OF CARE



APPENDIX B

EDUCATION

Stigma Trainings

ODCP recognizes that certain professionals come into contact with SUD more frequently than others and require additional education in order to create situational awareness. ODCP has continued its relationship with Child Protective Services to provide quarterly stigma and naloxone training. In May, ODCP collaborated with the West Virginia Division of Corrections and Rehabilitation to provide Addiction 101 training to 35 SUD therapists. Additional presentations were given at the Family Court Judges' Education Conference, James Madison High School, and the ODCP Regional Coordinator Meeting.

Resource Development

Community Partners

West Virginia University Health Affairs requested the development of a poster that would allow organizations to inform the public that Naloxone was on site. The peer recovery support specialists with the West Virginia Reentry Council hands out resource bags to individuals released from facilities. A bag insert was developed to reinforce availability and access to Naloxone.

County Snapshots

In 2022, it was determined that county breakdowns of community assets and county intervention data for SUD was needed to provide community and state partners an "at a glance" comparison of the successes and the needs within each county. These county snapshots were continued in 2023 and can be found on ODCP's website².



Naloxone can help temporarily reverse an opioid overdose.

RECOGNIZE SIGNS OF AN OPIOID OVERDOSE

- Can't wake the person up
- Body is very limp
- Breathing is slow, shallow, erratic, or has stopped
- Skin is pale, cold, and/or clammy
- Deep snoring or gurgling sounds
- Pupils are very small
- Fingernails or lips are blue or purple
- Heartbeat is slow or stopped

IF YOU SUSPECT AN OVERDOSE



To learn more about opioids and naloxone, visit: dhhr.wv.gov/Office-of-Drug-Control-Policy

correctional treatment

² <https://dhhr.wv.gov/office-of-drug-control-policy/news/Pages/County%20Snapshots.aspx>

Regional Data Profiles

BBH's Office of Children, Youth, and Families funded Regional Data Profiles through their Partnership for Success grant. The profiles were completed by Marshall's Center of Excellence and Recovery and launched at Prevention Day at the Legislature with staff from Marshall University Center of Excellence and Recovery providing a detailed "Data Walk" for individuals attending. Data selected for inclusion in the profiles are related to the social determinants of health as well as risk and protective factors related to behavioral health. The data included in each of the six regional profiles (which includes county level data as well) can begin to help communities understand the problems they are working to improve as well as the impact of the work that has already been done. The data included can also inform important planning, programming, and policy decisions. The information included in these profiles is not a complete picture of all the factors facing youth and families in West Virginia. However, it is the most up-to-date data available at the time of release for county and regional levels.

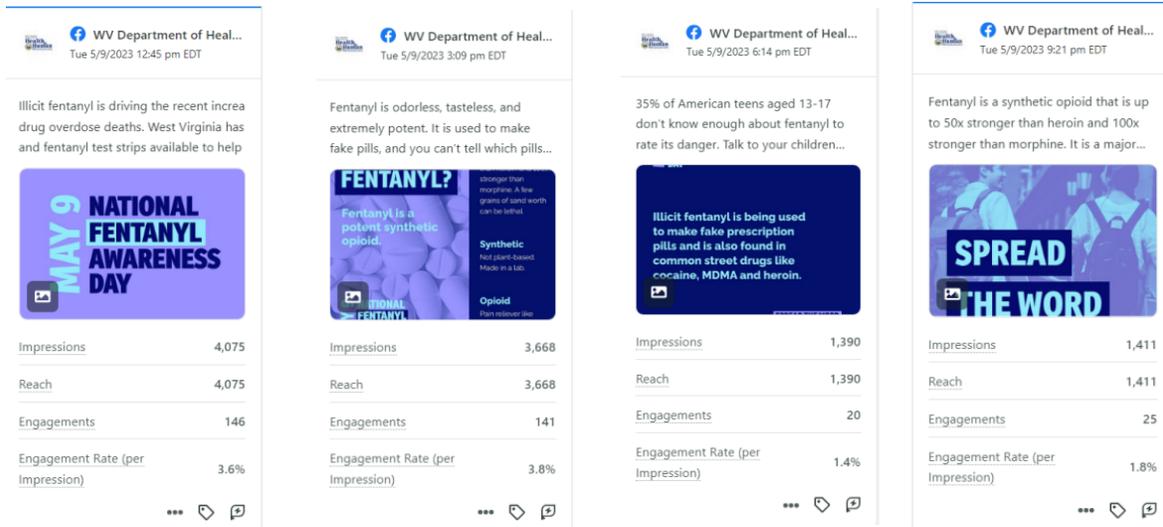
Fact Sheets

The ODCP routinely develops informational handouts on addiction policy, harm reduction strategies, and popular substances. The handouts serve to create awareness and improve understanding around new topics. ODCP is frequently asked by community partners to develop factsheets for the website and to be distributed at tabling events. Fact sheets can be viewed on ODCP's website³.

Social Media Campaigns

National Fentanyl Awareness was recognized on May 9th via a nationwide social media campaign to spread awareness around the dangers of the substance. ODCP participated in the campaign by adopting the national social media kit and reposting the information on DHHR's facebook, instagram, and twitter accounts.

³ <https://dhhr.wv.gov/office-of-drug-control-policy/news/Pages/Legislative-Briefs.aspx>



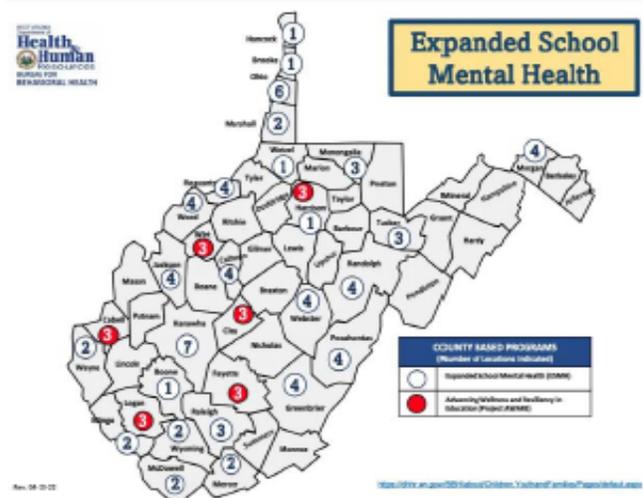
Bureau for Behavioral Health (BBH) Evidence-Based Program (EBP) Clearinghouse

The Office of Children, Youth, and Families launched the EBP Clearinghouse (clearinghouse) website, <https://clearinghouse.helpandhopewv.org/>, in June 2023. The clearinghouse aims to provide agencies and practitioners with valuable information regarding the level of effectiveness for various programs and interventions. The purpose of the clearinghouse is to ensure that children, youth, and young adults in West Virginia receive culturally appropriate, evidence-based practices, treatment, and recovery services in their homes, schools, and communities. The ultimate goal of the clearinghouse is to enhance the health and well-being of families and communities in West Virginia by ensuring the provision of high-quality mental health services. The BBH Clearinghouse utilizes a thorough review process to ensure each program and practice submitted to the clearinghouse receives a rating commensurate with standards established by the clearinghouse. The clearinghouse is intended to give West Virginia service providers and stakeholders an array of evidence-based options for program implementation. The review process was derived through a collaborative partnership of diverse West Virginia professionals with experience in behavioral healthcare and substance use prevention with significant input from the statewide community of providers and stakeholders. Individuals and/or providers can also request a program review via a link on the website <https://clearinghouse.helpandhopewv.org/request-program-review/>.



Olweus Bullying Prevention

The BBH, Office of Children, Youth, and Families contracted with Marshall University School Health Technical Assistance Center, Division of Community Health, School of Medicine (MUSHTAC) to make the Olweus Bullying Prevention program available to all West Virginia schools implementing Expanded School Mental Health (ESMH) grants (see map for ESMH sites in West Virginia). The Olweus Program is a comprehensive approach that includes schoolwide, classroom, individual, and community components. The program is focused on long-term change that creates a safe and positive school climate. Becoming an Olweus trainer consultant is an involved process that typically takes from 12-24 months. Potential trainers submit applications to the U.S. developers at Clemson University. Successful applicants participate in a hybrid learning series consisting of multiple days of in-person training, online instructor facilitated sessions, online independent sessions, and twelve months of national coaching support. Upon completion of at least two training courses, submission of reports and twelve months of coaching support



provided to at least two schools, provisionally certified trainers can become fully certified trainers.

Currently there are 19 schools who have committed to training and implementation and at least three more schools have met with representatives to determine if this program will address their needs. Of those 19 , Marshall University School Health Technical Assistance Center currently has 10 signed school agreements to implement the program and nine additional schools with agreements pending board signature. Multiple schools have begun the training and implementation process in earnest.

Prevention Summit

BBH hosted their second Prioritizing Prevention in West Virginia 2023 Virtual Summit on February 7, 2023. The event registered 649 individuals and featured educator, Dan Shutes, of social media fame and Dr. Patrice Harris as keynote speakers. Mr. Shutes presented on Prioritizing Mental Health in the Classroom and Dr. Harris spoke on Connecting the Dots between the brain and body. Reflecting prevention’s motto “Nothing for us Without Us,” this year’s summit also featured a Youth Panel with various high school and college youth participating and speaking regarding prevention efforts and what works with youth in relation to prevention. To access video of the 2023 West Virginia Prevention Summit, visit <https://vimeo.com/showcase/10491533>.

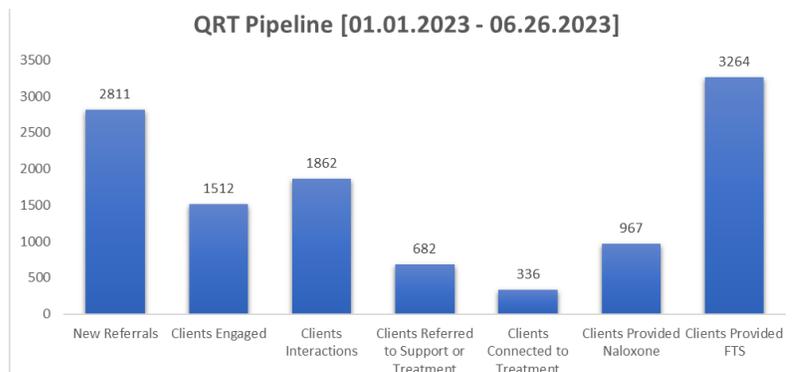
APPENDIX C

INTERVENTION

Data-Driven Response

Quick Response Teams

QRTs are teams of professionals who contact people within 24-72 hours of an overdose to connect them to evidence-based treatment and other services. There are now 35 counties covered by QRTs in West Virginia. QRTs rely heavily on data from emergency responders in order to reach their target population.



ODCP Regional Coordinators

Regional Coordinators serve as an early warning system, identifying individuals at risk of overdose, potential witnesses to overdoses, and community stakeholders. They provide targeted linkages to MOUD programs, harm reduction resources, naloxone distribution, and fentanyl test strip distribution and training. These targeted interventions contribute to preventing overdose incidents and promoting access to life-saving resources.

To combat overdoses, Regional Coordinators have distributed over 14,000 doses of Naloxone and over 15,000 fentanyl test strips to priority populations in the action counties (see chart for a list of West Virginia action counties). These efforts have been instrumental in preventing fatal overdoses and empowering individuals to make informed decisions about their substance use. Regional Coordinators have also disseminated over two million digital messages about naloxone resources and treatment options for opioid use disorder (OUD). Through geofencing around especially vulnerable areas, this digital outreach has significantly increased awareness and access to critical resources among the target populations in the action counties.

ODCP RC IMPACT JUNE 2022-JUNE 2023			
	Action County	Narcan	Fentanyl Test Strips
Region 1	Ohio	277	118
Region 2	Berkeley	2,668	5,484
Region 3	Wood	876	2,575
Region 4	Mon	5,027	2,762
Region 5	Cabell	1,184	930
	Kanawha	788	1,054
	Logan	951	575
Region 6	Mercer & Raleigh	2,260	1,959
Total Distribution		14,031	15,457

The ODCP Regional Coordinators have collaborated with law enforcement agencies and received technical assistance from Washington Baltimore HIDTA, Appalachian HIDTA, and others to identify source hubs of drug trafficking into the West Virginia Action counties. Through ongoing discussions, it has been determined that the following cities act as major sources of drug trafficking:

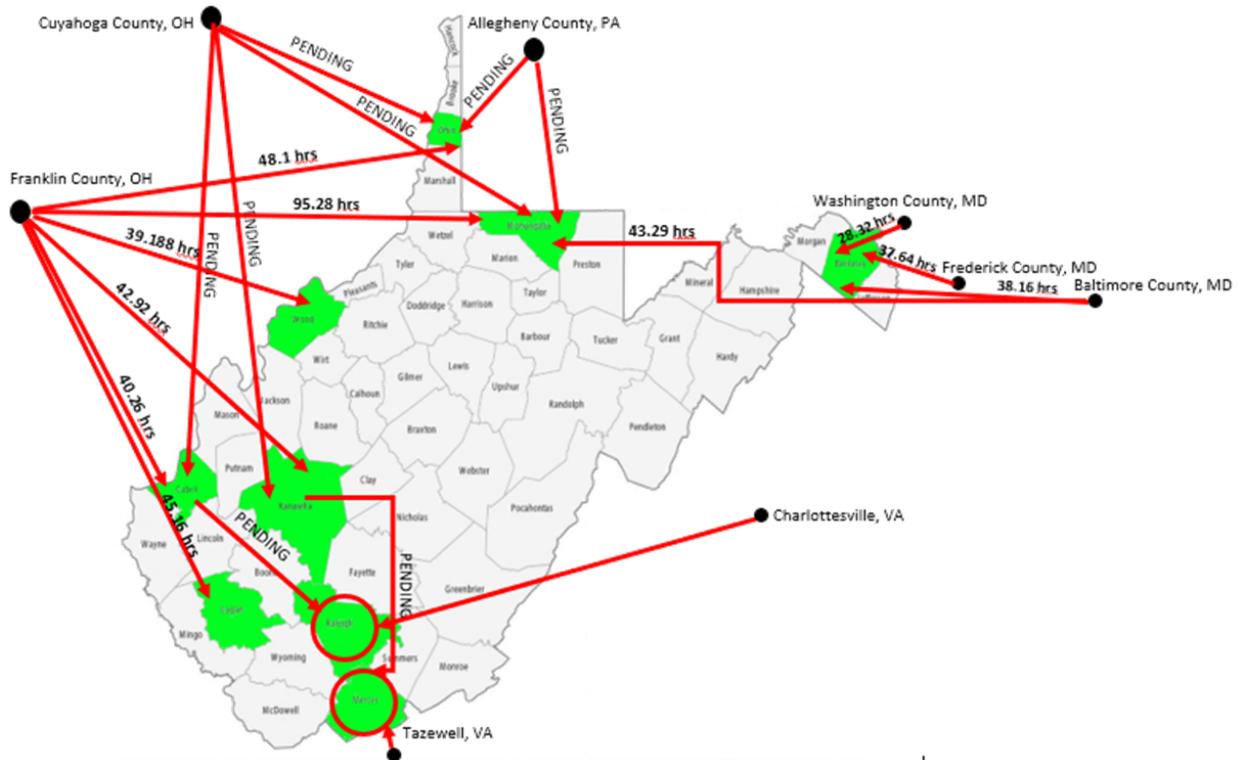
- Ohio County: Pittsburgh, Cleveland, Columbus
- Berkeley County: Baltimore, Frederick, Washington
- Wood County: Cleveland, Columbus
- Mon County: Cleveland, Columbus, Pittsburgh
- Kanawha County: Columbus and Cleveland
- Cabell County: Columbus and Cleveland
- Logan County: Columbus and Cleveland
- Mercer County: Tazewell, Charlottesville, Charlotte

Raleigh County: Tazewell, Charlottesville, Charlotte

Research on the ODCP Novel Predictive Modeling and Targeted Outreach Interventions has been presented at the AMERSA National Conference in Boston and the Rx and Illicit Drug Summit in Atlanta 2023. These presentations highlight the innovative approaches and positive outcomes achieved through the efforts of the ODCP Regional Coordinators and contribute to knowledge sharing in the field of overdose prevention.

Functional overdose predictive models have been developed and implemented in several counties, including Ohio, Berkeley, Wood, and Cabell. These models utilize data and predictive analytics to identify areas at high risk of overdose spikes. The implementation of these models enables the Regional Coordinators to respond proactively to potential overdose incidents and coordinate efforts to reduce overdoses effectively.

The Regional Coordinators have been actively responding to overdose spikes in real time, utilizing data from the Overdose Detection Mapping Application Program (ODMAP) and overdose predictive modeling. Their prompt response and coordination efforts at the county and regional levels have played a crucial role in reducing overdose incidents and saving lives. Regional Coordinators have developed a three-tiered public messaging notification system for overdose spikes. This system includes advisory, alert, and emergency categories, with severity grading based on the level of immediate intervention required. This approach ensures efficient communication and appropriate response to overdose incidents.



Washington-Baltimore High Intensity Drug Trafficking Area Overdose Data Mapping Application Program (ODMAP)

Collaboration with DHHR’s Management and Information Services (MIS), Washington Baltimore High Intensity Drug Trafficking Area (HIDTA), Office of Emergency Medical Services (OEMS), and the ODCP has led to the development of an Advanced Protocol Interface (API) that enables the sharing of EMS suspected overdose data with ODMAP. This integration has resulted in a 24-hour data collection system for overdose incidents in West Virginia and provides a comprehensive, near real-time, and visually mapped representation of overdose activity.

By analyzing the data, ODCP Regional Coordinators have developed ODCP Novel Predictive Modeling and Targeted Outreach Interventions to identify likely sources for illicit substances, including fentanyl, entering and circulating within West Virginia. ODMAP's spike alerts are being utilized to monitor these sentinel cities and proactively inform ODCP Regional Coordinators, state and local OEMS, as well as QRT personnel about potential increases in overdose activity. Spike alerts can be set-up to notify an agency via email if the total overdoses in an area exceed a predetermined threshold within a 24-hour period.

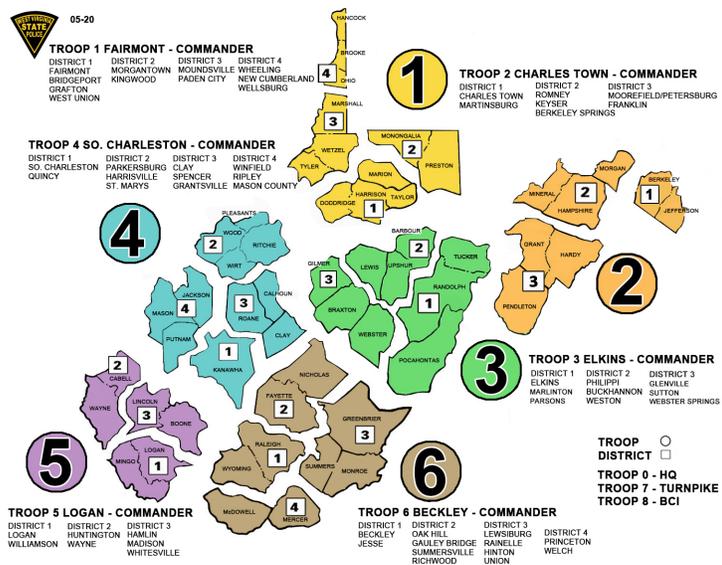
Additionally, ODMAP has become an integral part of the West Virginia State Police Academy curriculum. Presentation of ODMAP to both basic officers and cadets began in May of 2022, ensuring that they are familiar with its overview and operations. By participating in ODMAP and accessing the real-time Geospatial Information System mapped information, law enforcement personnel across the state will have increased situational awareness at a local level, enhancing the social intelligence of law enforcement statewide.

In West Virginia, ODMAP has made significant progress with the involvement of 124 agencies, up from 116 agencies at the end of 2022, and 440 users, up from 409 at the end of 2022.

Diversion

The Angel Initiative

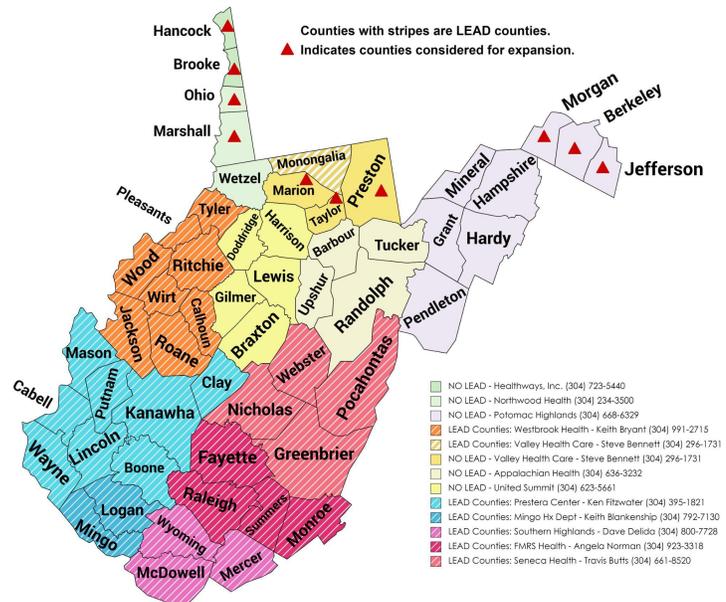
During the 2020 regular legislative session, the passage of West Virginia Senate Bill 838 created the Angel Initiative. Now codified at W. Va. Code §.15-2-55, the West Virginia Angel Initiative is a confidential program offered by the West Virginia State Police that will allow those with SUD to surrender illegal controlled substances without prosecution or arrest and get quick access to treatment. This initiative will allow for “fast-tracked” access to treatment, decreased overdoses and fatalities, and a reduction in the fear of arrest and incarceration for those seeking help. In 2023, West Virginia State Police completed training and began implementation statewide. Intake is available twenty-four hours, seven days a week, in the nine participating counties. ODCP is supporting the program by offering operational implementation support and budgetary oversight. For Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP) funded counties, the Angel Initiative is able to provide warm-handoffs into treatment and recovery programs, link individuals and/or



family members to resources for detoxification, treatment, peer support, education, and any other resources.

LEAD

Law Enforcement Assisted Diversion (LEAD) is a robust and coordinated community system of response that replaces the traditional pipeline of incarceration and punishment with coordinated effort between multiple local agencies from law enforcement, prosecuting attorneys, public defenders, case managers, and community stakeholders. LEAD has expanded from being managed through five Comprehensive Behavioral Health Centers (CBHC) with the addition of two CBHC, Mingo County



Health Department and Valley Health, to encompasses 30 counties throughout West Virginia. Efforts are being made to expand LEAD to Ohio, Marion, Taylor, Preston, and Berkeley counties and include two additional comprehensive behavioral health centers for 2024. The LEAD system, year to date for 2023, has received over 565 individuals. The LEAD system is on pace to deflect over 1,100 referrals for 2023 with a significant cost savings to the sponsored counties and taxpayers. Learn more about the program on ODCP's website⁴.

Police and Peers (PNP)



Police and Peers is a SAMHSA-funded grant program aimed at sharing the workload placed on law enforcement when responding to a nonviolent, non-law enforcement-specific incident. The concept of PNP is to pair an embedded or co-responding Peer Recovery Support Specialist (PRSS) with law enforcement to assist with the social service needs aspect encountered during a response. PNP is a progressive, fast-response program aimed at addressing the overdose and SUD issues law enforcement face when responding to an incident. PRSS staff are now solely provided through West Virginia Sober Living.

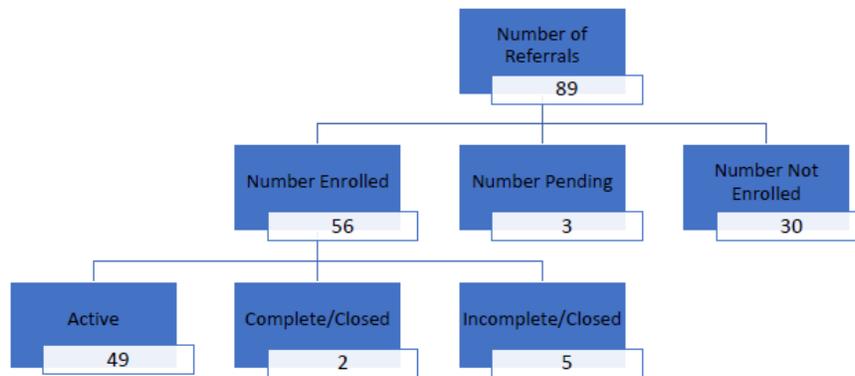
⁴ <https://dhhr.wv.gov/office-of-drug-control-policy/programs/Documents/Lead%20Flyer%20V3.pdf>

The Fayetteville Police Department, Morgantown Police Department, and Logan County Sheriff are actively implementing the PnP program. Early program success has created interest in other local law enforcement agencies creating the potential to expand to additional agencies to reach entire counties. Six participating agencies are expected to be active by the end of the first fiscal year, September 30, 2023. The remaining agencies will be implemented during the second fiscal year. PnP will be presented by Jostin Holmes at the National Association for Alcoholism and Drug Abuse Counselors (NDAAC) in Denver, Colorado in October 2023. Learn more about the PNP program on ODCP’s website⁵.

Sobriety Treatment and Recovery Teams (START) & Regional Partnership Grant (RPG)

The Sobriety Treatment and Recovery Teams (START) is a specialized child welfare service delivery model that has been shown to improve outcomes for children and families affected by parental substance use and child maltreatment. START has been implemented from September 2021 to present.

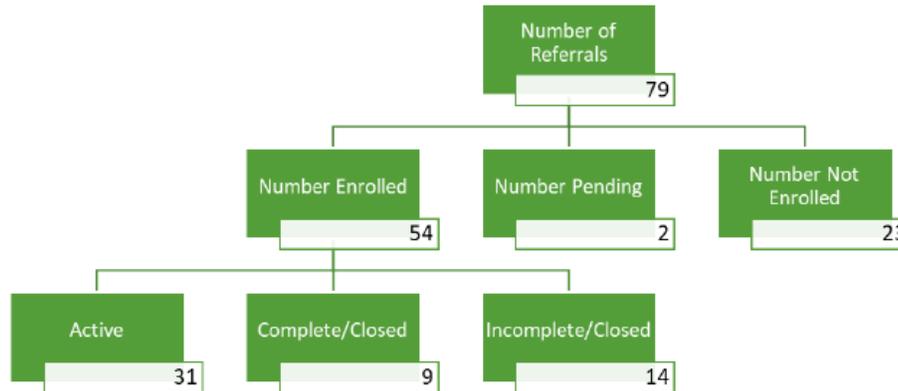
START Referrals



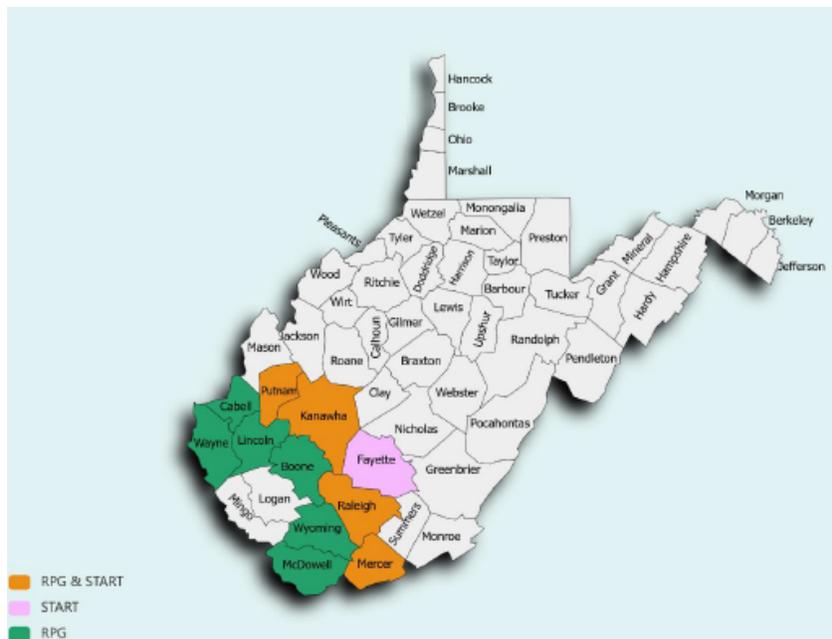
The Regional Partnership Grant (RPG) supports interagency collaborations and integration of programs, services, and activities designed to increase the well-being, improve the permanency, and enhance the safety of children who are in, or at risk of, out-of-home placements as the result of a parent or caregiver’s SUD. RPG has been implemented since May 2018.

⁵ <https://dhhr.wv.gov/office-of-drug-control-policy/programs/Documents/PNP%20Flyer%20V7%20%281%29.pdf>

RPG1 and RPG2 Referrals Combined: September 2021- February 2023



After extensive analysis of the outcomes associated with both child welfare wraparound programs, a decision has been made to discontinue START and expand on the RPG model. The wraparound approach has been successful in West Virginia, with over 1000 families being served at the time of this report. Through this process both the wraparound facilitator and the CPS case worker would jointly visit families to introduce the process and finalize the safety plan. Coordination of services in community and in-house at the Community-Based Mental Health Center (CBMHC) increases the effectiveness of the program. Although the program is completely voluntary, SUD assessment and treatment is encouraged.



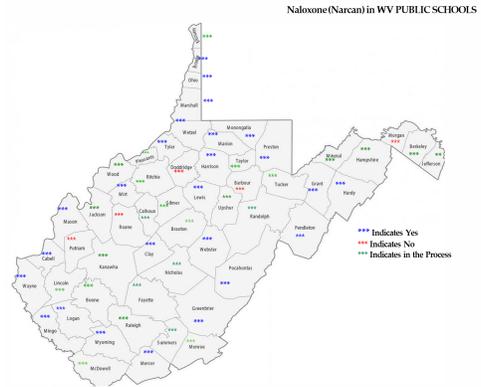
The West Virginia SUD Wraparound staff will have a regular DHHR in-office presence. This means that the Wraparound Facilitator has regular office hours at the local DHHR office and is often joined by the Project Director and Family Mentor. This regular face-to-face contact

improves communications and on-boarding of new staff, resulting in increased referrals, common understanding about each family’s status, and improved collaboration.

Overdose Reversals

Naloxone Guide for School Nurses

The Naloxone Guide for School Nurses (Guide) was developed as a collaborative effort between ODCP, Department of Education, and BBH and provides information on protocols in schools for administering naloxone in case of an emergency. The Guide includes a policy template that counties can utilize when establishing protocols with their local Boards of Education. The Guide for nurses was finalized, bound, and mailed to every public school in the state of West Virginia on May 25, 2023. School nurses from around the state received Naloxone training virtually on December 21, 2022. The Guide can be found on ODCP’s website⁶.



Naloxone Guide for Emergency Shelters

The Substance Abuse and Mental Health Services Administration (SAMHSA) points out that people who are homeless have a high risk of overdose from illicit substances. West Virginia Coalition to End Homelessness (WVCEH) has partnered with the ODCP, BBH, and BPH to create statewide training for emergency shelter staff that will cover harm reduction, naloxone training and education, and de-escalation/intervention when working with individuals that have an SUD. The project had its first de-escalation training on January 17th, 2023, with 74 attendees. Harm reduction and naloxone training took place on February 27th, 2023 with a number of shelters participating. The Naloxone Guide and policy has been accepted and began distributing to participating agencies in June of 2023.

ONEbox

The ONEbox is an emergency opioid overdose reversal kit designed to promote safety by assuring that individuals have life-saving, on-demand training when and where they need it. There are 7 counties that have opted to receive ONEboxes for their schools and 43 schools across West Virginia will be receiving ONEboxes. To date, over 5,000 ONEboxes have been distributed to 40 states, 2 countries, and 1 U.S. territory.

⁶

<https://dhhr.wv.gov/office-of-drug-control-policy/news/Documents/Naloxone%20Guide%20-%20School%20Nurses%202023%20%281%29.pdf>

HALO

HALO is a complimentary package to the Angel Initiative. These programs possess the same core goals of placing people suffering with SUD into “zero repercussion” treatment facilities. There are no arrests, no prosecutions, and no questions asked. The HALO program provides a second avenue of treatment entry through medical providers and pharmacies. As individuals visit their primary care physicians, local medical treatment facilities, or their neighborhood pharmacist they enter a “zero repercussion” “fast track” to one of many regional comprehensive treatment centers. After completing a brief questionnaire to assist with their diagnosis and recovery plan, the volunteer has the option to self-transport or be shuttled to a more detailed definitive care center. Since the last reporting period, ODCP has partnered with West Virginia Drug Intervention Institute (WVDII) to add HALO to their NaloxONE project already active in 17 pharmacies across West Virginia.



NaloxONE

The Nalox(ONE) WV project was launched on April 4, 2022, through a partnership with the ODCP, BBH, the West Virginia Drug Intervention Institute (WVDII), Fruth Pharmacy, PursueCareRx, and the Community Pharmacy Enhanced Services Network West Virginia. The Nalox(ONE) program educates West Virginians about the danger of opioids in the home and resources to prevent overdose deaths. The program also assists pharmacists in educating patients about the dangers of opioids, naloxone, and proper disposal of medications. Seventeen individual pharmacies across West Virginia opted to participate in the NaloxONE program. Since October 2022, 29 naloxone kits and 38 medication disposal kits have been distributed.

APPENDIX D

TREATMENT

Correction and Reentry Policies

The goal of this collaboration is to provide continuity of care and to reduce overdoses and recidivism for individuals in the correctional system with an SUD. ODCP hosts a monthly meeting with BBH State Opioid Response (SOR) team, Marshall University, and the West Virginia Division of Corrections and Rehabilitation (DCR) to discuss current SUD activities within the correctional system.

In 2023, DCR programs funded by SOR provide:

- GOALS (Getting Over Addicted Lifestyles) Units in Western Regional Jail, South Central Regional Jail, Central Regional Jail, Southwestern Regional Jail, and Tygart Valley Regional Jail. Southwestern Regional Jail implemented a new GOALS program during this report period.
- MAT/MOUD program expansion over the past six months and several MAT/MOUD options to individuals who suffer from an OUD in both jails and prisons.
- Subutex therapy to anyone actively using opioids upon intake as well as throughout incarceration at all jails and prisons.
- Subutex, upon intake, to all individuals who arrive addicted to opiates in lieu of providing withdrawal management at all jails and prisons
- MAT/MOUD continuation to all individuals who arrive on a verifiable form of MAT/MOUD.
- Sublocade or Subutex, during incarceration, for individuals who have an OUD and are at a high risk of overdosing.
- Vivitrol for all individuals upon release.
- Naltrexone (RiVia) to all individuals with an OUD throughout incarceration.
- Naloxone (Narcan) to all individuals who request it upon release. The correctional officers are trained on proper use of naloxone and provide training to inmates who request Naloxone at release.
- A 30 day bridge prescription, of Suboxone, to individuals leaving while on Subutex, to ensure continuity of care, upon release.

Additional Accomplishments within DCR:

- DCR has obtained 19 Risk Evaluation and Mitigation Strategy (EMS) certifications to provide sublocade at the facilities. DCR currently has nine jails and 10 prisons certified.
- Reentry: Indivior (the pharmaceutical company that developed sublocade) implemented a reentry support program in January across the country for correctional departments. This reentry program provides a bridge to patients who are released from a correctional department, allowing them to still access sublocade while their insurance may still be pending. DCR provides referrals to community providers, in collaboration with patient access support from Indivior, to facilitate a continuum of care for individuals reentering the community to sublocade.
- Since then, Indivior, nationwide has had 40 individuals receive their sublocade injection in the community following release (completed referral).
 - DCR was recognized by Indivior for having the highest number of completed referrals in corrections, in the Country, with 14 completed referrals this past quarter.

- In total from January – May, DCR had 17 completed referrals. Last quarter, DCR had the second highest number of completed referrals.
- DCR has provided 568 sublocade injections from Jan- May.
- DCR has provided 197 vivitrol injections.
- DCR has provided, on average, 245 individuals with transmucosal buprenorphine monthly.
 - In the month of May, the DCR has almost doubled that caseload bringing the number of individuals receiving transmucosal buprenorphine (subutex) to 444.
- DCR provided MOUD to 640 individuals in the month of May and anticipate that the number of individuals treated for an OUD will continue to grow exponentially.

CHES Health Connections App

The Connections App from CHES Health is an engaging, evidence-based solution proven to improve treatment and long-term recovery outcomes for individuals with SUD. Since the Chess Health Connections app was released, providers and clients have embraced this new and innovative way to stay connected to others in recovery. The State Opioid Response Medical Services (SORMS) grant funds the CHES Connections app statewide implementation. This project was implemented in the first half of 2020.

	January	February	March	April	May
Cumulative # unique clients	3388	3485	3585	3637	3793
Cumulative # college students	92	95	97	97	109
Cumulative # public entity clients	1901	1969	2010	2018	2089
Cumulative # clients enrolled	5253	5383	5541	5617	5581
# clients active	428	463	462	351	527

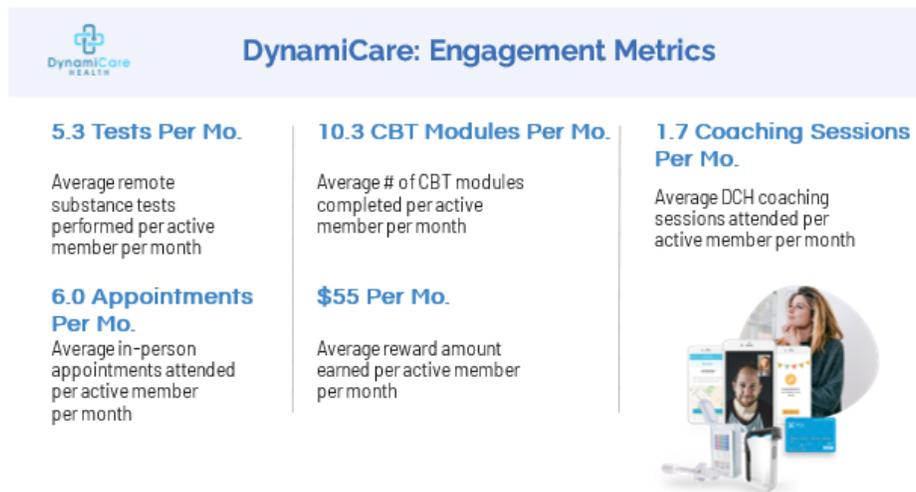
DynamiCare Contingency Management Pilot

The West Virginia Department of Health and Human Resources (DHHR) convened a stakeholder group to launch and coordinate a pilot of contingency management (CM), consisting of the state’s three Medicaid Managed Care Organizations (MCOs) (Aetna Better Health of West Virginia, UniCare West Virginia, and The Health Plan) and five addiction treatment provider systems (WVU Medicine, Marshall PROACT, Southern Highlands CMHC, Anchor Medical, and New River Health). After evaluating implementation options, this group asked DynamiCare Health to launch a pilot of CM for West Virginia Medicaid patients with SUD using DynamiCare’s

digital care program. All three MCOs contracted with DynamiCare to cover the cost of the program and the incentives for their members.

The pilot enrolled 93 West Virginia Medicaid patients with Stimulant Use Disorder (StUD) and demonstrated strong outcomes on engagement, satisfaction, and clinical success. The results, which have been published in a white paper, include:

- Among enrolled participants, 65% completed the 6-month program.
- Each month, engaged members completed an average of 5.3 remote tests, 6 verified in-person appointments, 10 self-guided therapy lessons, and 1.7 telehealth coaching calls.
- Both patients and providers rated their satisfaction with the DynamiCare CM program at 8.9 out of 10.
- Among patients who completed the program, the majority (55%) demonstrated verified abstinence through random, witnessed remote substance tests.

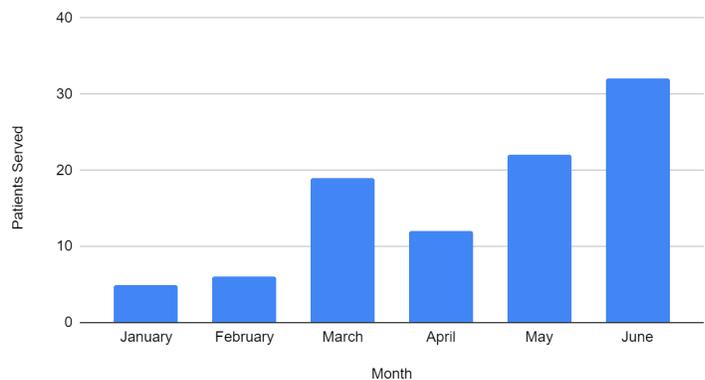


Hospital Programs

Project Engage Expansion

Berkeley Medical Center was awarded \$150,000 through SOR funding to implement the Project Engage model in their facility. The Project Engage model focuses on expanding the capacity of hospitals to treat those with SUD to include access to a PRSS on the inpatient floors, universal screening, MOUD induction, and referral to care post

Patients Served in 2023



discharge. The model was launched in January and was piloted on the telemetry floor. Its quick success allowed it to be expanded to the intensive care unit and then to obstetrics. The model has now successfully been launched in all units.

Reverse the Cycle

Reverse the Cycle has been implemented in 15 hospitals in West Virginia. Mosaic Group is partnering with Marshall University School of Medicine to implement the program in hospitals in the southern region of the state and is partnering with West Virginia University School of Public Health to implement the program in hospitals in the northern region.

This year, Reverse the Cycle was launched at Berkeley Medical Center. The hospital was already doing screening, brief intervention, and referral to treatment (SBIRT) using an addiction counselor who was case finding and relying on referrals from the team. In order to increase screening rates, a nurse incentive program was implemented and the rates in the last month have increased to over 50%. Additionally, Princeton Community Hospital and Bluefield Regional Hospital are in the planning process and are expected to launch by late summer.

Hospital	Number of Peers
Beckley Appalachian Regional Health	4
Boone Memorial Hospital	3
Cabell Huntington Hospital	4
Logan Regional Medical Center	3
Mon Health Medical Center	4
Mon Health Preston Memorial Hospital	1
Mon Health Stonewall Jackson Memorial Hospital	1
Raleigh General Hospital	4
St. Mary's Medical Center	4
Summers Appalachian Regional Health	2
Welch Community Hospital	1
WVU - Berkeley Hospital	3
WVU - Camden Clark Medical Center	4
WVU - Grant Memorial Hospital	1.5
WVU - Jefferson Medical Center	2
WVU - Potomac Valley Hospital	1.5
WVU - Reynolds Community Hospital	2
WVU - Wetzel County Hospital	1
WVU - Wheeling Hospital	4
WVU - United Hospital Center	4
WVU - Bluefield Hospital	2
WVU - Princeton Memorial Hospital	4

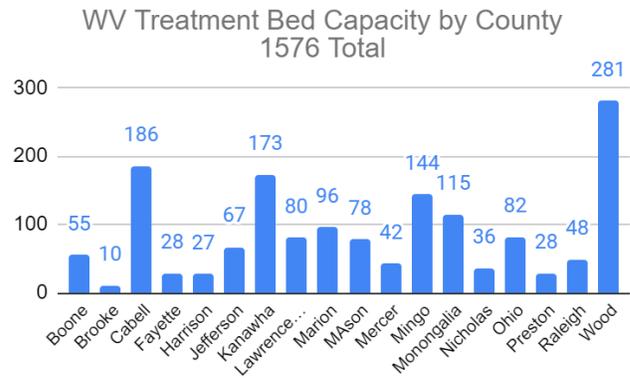
West Virginia Hospital Association Opioid Response Initiative

The ODCP, in partnership with the West Virginia Hospital Association, collaborated on an Opioid Response Initiative to achieve evidence-based addiction treatment in hospitals. The initiative for hospital-based access to treatment and recovery was established to encourage universal screening, ED-based peer recovery specialists and ED-initiated MOUD in hospitals across West Virginia. Standardized metrics for SUD response was developed by the Levels of Care advisory board and adopted by the West Virginia Hospital Association to be used as the 2023-2024 topic for their Commitment to Excellence Honors Program (Honors Program). The objectives of the Honors Program are to reward successful efforts to develop and promote quality improvement activities, inspire hospitals to be leaders in improving the health of West Virginians, and to raise awareness of nationally accepted standards of care that are proven to enhance patient outcomes. Level 1- Engagement highlights hospitals that are in the process of planning for the implementation of education, screening, intervention, and Naloxone distribution and Level 2- Implementation highlights hospitals that have instituted best practices.

The Honors Program released the SUD topic in January. The deadline for hospitals to submit their intent to participate is August.

Treatment Bed Capacity

Under West Virginia’s SUD 1115 Waiver (2018-2022), which provides coverage for the SUD service continuum, residential bed capacity continues to rise. ODCP and BBH have awarded grants through the Ryan Brown Addiction Prevention and Recovery Fund and Jobs & Hope West Virginia funding for new recovery residence capacity, specifically for programs that allow for and facilitate access to all three U.S. Food and Drug Administration (FDA) approved forms of MOUD.



Treatment Courts

Family Treatment Courts

There are 13 Family Treatment Courts (FTCs) in West Virginia covering 16 counties including Boone, Fayette, Logan, McDowell, Ohio, Nicholas, Randolph, Roane, Calhoun, Wetzels, Tyler, Marshall, Kanawha, Raleigh, Putnam, and Wood.

Juvenile Drug Courts

Juvenile drug courts seek to divert non-violent juvenile offenders who exhibit behavior affected by alcohol or substance use disorder away from the traditional court process to an individualized treatment process.

Adult Drug Courts

Adult drug courts seek to achieve a reduction in recidivism and substance use disorder among early offenders to increase the likelihood of rehabilitation through intense treatment, mandatory periodic drug testing, community supervision, appropriate sanctions, and other services involving rehabilitation, all of which are supervised by a judicial officer.

FAMILY TREATMENT COURTS



383 OUT OF 622
Admitted from referrals

594

Dependents served in reporting period

148

Graduates in reporting period

PHYSICAL REUNIFICATIONS

242

Dependents reunified in the reporting period

304

Overall average days to reunification

LEGAL REUNIFICATIONS

219

Dependents achieving permanency in the reporting period

458

Overall average days in permanency

JUVENILE DRUG COURTS



73 OUT OF 85
Admitted from referrals

238

Participants served in reporting period

28

Graduates in reporting period

ADULT DRUG COURTS



124 OUT OF 162
Admitted from referrals

521

Dependents served in reporting period

87

Graduates in reporting period

Treatment of Users of Stimulants (TRUST)

The Treatment of Users of Stimulants (TRUST) Pilot is an evidenced-based program for the treatment of stimulant use disorder. West Virginia TRUST 3.0 continues to build on lessons learned during the COVID-19 pandemic, particularly about ways to be responsive to addressing change and challenging circumstances during challenging times. TRUST 3.0 is being led by Dr. Rick Rawson, Associate Director of the University of California Integrated Substance Abuse Programs and Professor-in-Residence at the Department of Psychiatry, and Al Hasson, clinic administrator for the New Life Clinic’s Opioid Treatment Program in California. An initial introduction and in- person portion early on in the training has been provided in order to ensure commitment and expertise, and engage, retain, and fully train key providers.

TRUST Year 1	TRUST Year 2	TRUST Year 3
Burlington FMRS Health Systems Northwood Health Systems Pretera PROACT Seneca Health Services	Envision Medical Care Keep Your Faith Corporation, Inc. New Beginnings Southern Highlands CMHC Westbrook Health Services Valley Health Care	Boone Memorial Chesapeake Health Community Care of WV FMRS Health Systems Pretera Robert C Byrd Clinic St. Joseph Recovery WV Sober Living

TRUST 3.0 focuses on providing support for “real world” implementation after initial training to fortify continued practice. The third cohort is also focused on integrating West Virginia’s

SAMHSA State Opioid Response (SOR) treatment grantees' role in TRUST initiative as well as in the evolution of the evaluation tool. SOR grantees are also expected to have a high degree of readiness for TRUST implementation due to being experienced providers who already have a broader range of services (e.g., group therapy) and number of clients who qualify for TRUST. An additional focus in the third cohort is placed on ensuring that administrations at each provider support TRUST before adding them to the project. In the third year of the TRUST pilot, there is a growing, iterative roll-out of TRUST capacity-building support through the pilot West Virginia Behavioral Health Workforce and Health Equity Training Center at Marshall University.

On June 15th, an Introduction to TRUST and Logistics session was held. There have been two TRUST Educational Sessions held in June, on the 19th and the 22nd. TRUST Interactive Sessions will be held on July 26th and 27th. After the conclusion of these sessions, the subject matter experts will hold monthly supportive clinical sessions for the cohort.

APPENDIX E

RECOVERY

Certification of Recovery Residences

The [West Virginia Alliance of Recovery Residences, Inc.](#) (WVARR) was created by W. Va. Senate Bill 1012 and has implemented a certification process for West Virginia recovery residences based on nationally recognized best-practice standards and ethical principles developed by the National Alliance of Recovery Residences (NARR). WVARR staff provides training and technical support through each stage of the certification process. You can view the full list of WVARR-certified residences [here](#).

- Total Residences currently in process: 220
- Total (non-Oxford) residences currently operating in WV: 225
- Percent engagement: 98%
- Total certified beds: 1,551
- Beds for Women: 516
- Beds for Women with Children: 54
- Beds for Men: 908
- Coed Beds: 73

Collegiate Recovery Programs

The Collegiate Recovery Programs (CRPs) are supportive environments within the campus that reinforces the decision to engage in a lifestyle of recovery from an SUD. This is a

physical location on campus where students in recovery can go as a safe space. They host activities including SMART meetings and 12 step fellowship meetings, yoga, meditation, social events, among others. They also plan outings for students in recovery and have sober tailgates. Most of the schools offer scholarships for students in recovery as well.

- WVU
- Marshall
- WVU Tech
- Concord
- WVSU
- Bridge Valley CTC

Collegiate Recovery Network of Peers

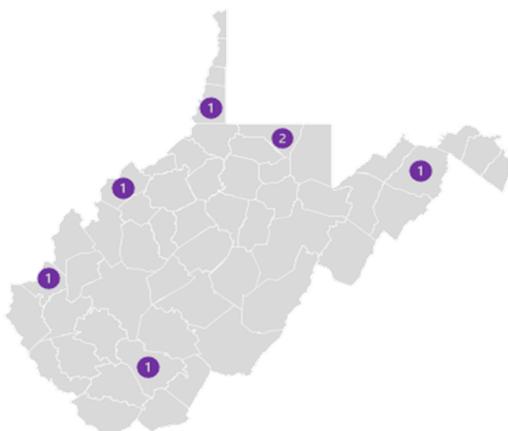
The West Virginia Collegiate Recovery Network (WVCRN) is an innovative partnership, offering peer recovery support services on nine higher education campuses. This project is supported by federal State Opioid Response funding, which originates from the federal Substance Abuse and Mental Health Services Administration. An additional five higher education institutions collaborate with WVCRN.

WVCRN	Outreach	Individual	Group	Naloxone Training	Naloxone Distribution	Ally Training	RX Disposal	FTS	Prevention Education
Total Thru 4/23	14552	1863	3654	3635	3725	807	2289	1232	391

Recovery Community Organizations

Recovery Community Organizations (RCOs) are recognized as a best practice by the federal Substance Abuse and Mental Health Services Administration (SAMHSA). The RCOs are independent, non-profit led, and governed by people in recovery, family members, friends, and allies. A partnership initiated by ODCP has led to the initiation of a contract with Faces and

Voices of Recovery (FaVoR) that operates the National Association of RCOs (ARCO). The contract has been finalized with BBH to establish the first seven RCOs in West Virginia:



- Aspire Services Center
- Cabell County Coalition for the Homeless
- Hampshire County Pathways
- Milan Puskar Health Right
- Seed Sower
- United Way of Mid-Ohio Valley

- Unity Center

Peer Recovery Support Specialists (PRSS)

BMS credentialing ended in December 2022. PRSS must now go through the West Virginia Certification Board of Addiction and PRevention Professionals (WVCBAPP) process and an National Provider Identifier (NPI) number is now required for all PRSS. PRSS must register through Gainwell for BMS and pass the International Certification (IC) and the Reciprocity Consortium (RC) PRSS Exam. Current certification criteria can be found [here](#).

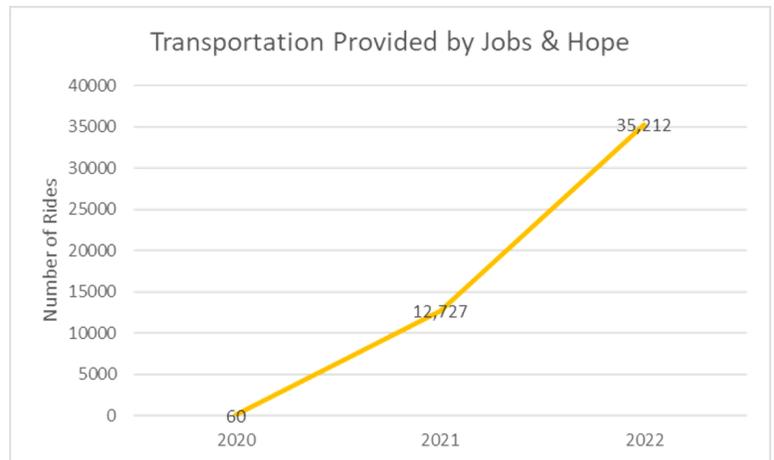
WVCBAPP PRSS	Gainwell Enrolled PRSS
664	306

Jobs & Hope WV

Jobs & Hope West Virginia is the state’s comprehensive response to the SUD crisis. Established by Governor Jim Justice and the West Virginia Legislature, this program offers support through a statewide collaboration of agencies that provide West Virginians in recovery the opportunity to obtain career training and to ultimately secure meaningful employment.

- ODCP provides recovery support services and funding to eliminate barriers for Jobs & Hope WV participants:

- Recovery Housing - 6 homes
- PRSS services - 643 referrals
- Transportation - 50,599 rides
- 150+ cars donated
- Drug Screening Services - 6,233 screens
- Childcare - 76 referrals
- Dental and Vision - 1,214 individuals receiving care
- Tattoo Removal - 12 removals



- Completed naloxone training at 18 of the 35 state parks, three of the five ski resorts, and in various county and city parks and recreation departments.
- The Creating Recovery Employment AFA - \$2 million in grants were awarded to nine organizations, creating 75+ jobs specifically for individuals in recovery.

APPENDIX H

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

Chair:

Brian Gallagher, Marshall University School of Pharmacy

Ex-Officio Members:

Dr. Matthew Christiansen, State Health Officer and Commissioner, DHHR's Bureau for Public Health

Dr. Jeff Coben, Interim Cabinet Secretary, West Virginia Department of Health and Human Resources

The Honorable Michael Maroney, Chair of the Senate Health and Human Resources Committee

Dr. Clay Marsh, West Virginia University School of Medicine

Dr. Allen Mock, Chief Medical Examiner

Dawn P. Frohna, Commissioner, DHHR's Bureau for Behavioral Health

Melanie Purkey, Superintendent, West Virginia Department of Education

Linda Boyd, WV School for Osteopathic Medicine

The Honorable Amy Summers, West Virginia House of Delegates

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

Dr. Bobby Miller, Marshall University Joan C. Edwards School of Medicine

The Honorable Judge William Thompson, U.S. Attorney, United States Court for the Southern District of West Virginia

Members:

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

Dr. James Berry, Chestnut Ridge Center

Major General Bill Crane, Adjutant General

Kathy D'Antoni, Department of Education, Retired

Jonathan Dower, West Virginia Sober Living

Dr. Emma Eggleston, West Virginia University

Betsy Steinfeld Jividen, Retired

Dr. Michael Kilkenny, Cabell-Huntington Health Department

Dr. Stefan Maxwell, Charleston Area Medical Center

Dr. Garrett Moran, West Virginia University, Retired

Chad Napier, AHIDTA

Dr. Lyn O'Connell, Marshall University Joan C. Edwards School of Medicine

Dr. Stephen Petrany, Marshall University Joan C. Edwards School of Medicine
Thomas Plymale, Wayne County Prosecuting Attorney
Amy Saunders, Marshall University Center for Excellence and Recovery
Beverly Sharp, WV REACH Initiative
Stephanne Thornton, West Virginia Judicial and Lawyer Assistance Program
Kimberly Barber Tieman, Benedum Foundation

APPENDIX I

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

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: Adam Crawford

Andrea Darr

Chief Jake Hunt

Chief Shawn Schwertfeger

Treatment, Health Systems, and Research: 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 inner workings and networks of health care providers. 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. Develops the portion of the strategic plan related to treatment and research activities, advises regarding implementation, and serves as subject matter experts in aiding local implementation and adoption of recommendations. Offers advice and assistance and directs relevant research activities concerning SUD.

Chair: Dr. James Becker, Dr. Michael Kilkenny and Dr. Emma Eggleston

Members: Larresca Barker

Dr. James Berry

Jorge Cortina

Sherri Ferrell

Nathan Fiore

Angie Gray
Michael Goff
Jim Kranz ‘;
Dr. Leigh Ann Levine
Garrett Moran
Rebecca Roth

Court Systems and Justice Involved Population (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 and Stephanie Thornton
Members: Amber Blankenship
Stephanie Bond
Sam Hess
Jack Luikart
Tom Plymale
Judge James Rowe

Community Engagement and Supports (housing, employment, transportation): 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: Mike Clowser
Dr. Emma Eggleston
Bob Hansen
Deb Harris

Deb Koester
Robert Plymale
Steve Roberts
Amy Saunders
Ashley Shaw

Prevention: Develops SMART action plans pertinent to the prevention of SUD. Recommends methods and materials to educate communities, schools, and organizations about alcohol, tobacco, and SUD. Provides advice regarding media and social media prevention campaigns. Develops the portion of the strategic plan related to prevention activities, advises regarding implementation, and serves as subject matter experts in aiding local implementation and adoption of recommendations.

Chairs: Melanie Purkey and Amy Saunders
Members: Michelle Bowles
Tahnee Bryant
Dr. Tammy Collins
Lori Garrett-Bumba
Stephanie Hayes
Nancy Hoffman
James Kerrigan
Jenny Lancaster
Greg Puckett
Elizabeth Shahan
Nikki Tennis

Public Education: Coordinate actions between those working in prevention and education across the state concerning such tasks as developing a statewide anti-stigma campaign, creating an online repository for stigma and educational training, and creating a statewide curriculum for stigma trainers. Develop the portion of the strategic plan related to public education and stigma as well as assisting with the implementation of council recommendations in local communities.

Chair: Lyn O'Connell
Members: Emily Birckhead
Susan Bissett
Greg Puckett
Jay Phillips
Jennie Hill

Crystal Welch
Jenny Lancaster
Carolyn Canini
Ashley Murphy
Amy Saunders
Amy Snodgrass
Tahnee Bryant
Paige Mathias
Michele Hermann
Kimberly Chiaramonte
Shanon Wright
Keigan Abel
Sarah Barton
Tony Young
Amanda Morgan
Marcus Hopkins
Beth McGinty
Sarah White
Sara Whaley

Recovery Community Subcommittee: The WV Office of Drug Control Policy and the Governor’s Council on Substance Use and Prevention understands that people in recovery from SUD play a critical role in addressing the epidemic of substance use and misuse in West Virginia. Therefore, the Council has convened a subcommittee composed of people in recovery from a SUD to provide meaningful input and represent the recovery community at-large. The Recovery Subcommittee is inclusive, diverse, and representative of the larger recovery community across the state. Each of the seven regions designated by legislation for the Ryan Brown Fund are represented with at least one person serving their respective region.

Chair: Jon Dower
Members: Amber Blankenship
Joe Deegan
Francisca Gray
Raj Masih
Phil Shimer
Stephanie Stout
JoAnna Vance

Pregnant and Parenting Women: Develops SMART action plans pertinent to pregnant and parenting women and families with substance use disorder. Develops the portion of the strategic plan related as it pertains to prevention, early intervention, treatment, and recovery support for women and families with SUD. Serves as subject matter experts, providing empirical data that helps to outline the trends and problems of SUD for this target population in West Virginia and advises Council and government officials on recommended policy changes

Chair: Dr. Stefan Maxwell

Members: Janine Breyel

Sandra Cline

Rebecca Crowder

Dr. Juddson Lindley

Nikki Lyttle

Kristy Richardson

Dr. Cody Smith

Amy Tolliver

Randy Venable

APPENDIX F

WEST VIRGINIA 2023 PRIORITIES AND IMPLEMENTATION PLAN UPDATE

The West Virginia 2023 Priorities and Implementation Plan is a continuation of the West Virginia 2020-2022 Substance Use Response Plan. This document indicates the 2023 goals and strategies for implementation of priority response initiatives to address SUD within West Virginia communities. The report is organized by the following eight strategic areas of the West Virginia 2023 Substance Use Response Plan. Of note is that a new Pregnant and Parenting Women Subcommittee began the first full year of implementation in January 2023 and the Health Systems and Treatment, Recovery and Research Subcommittees have combined.

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

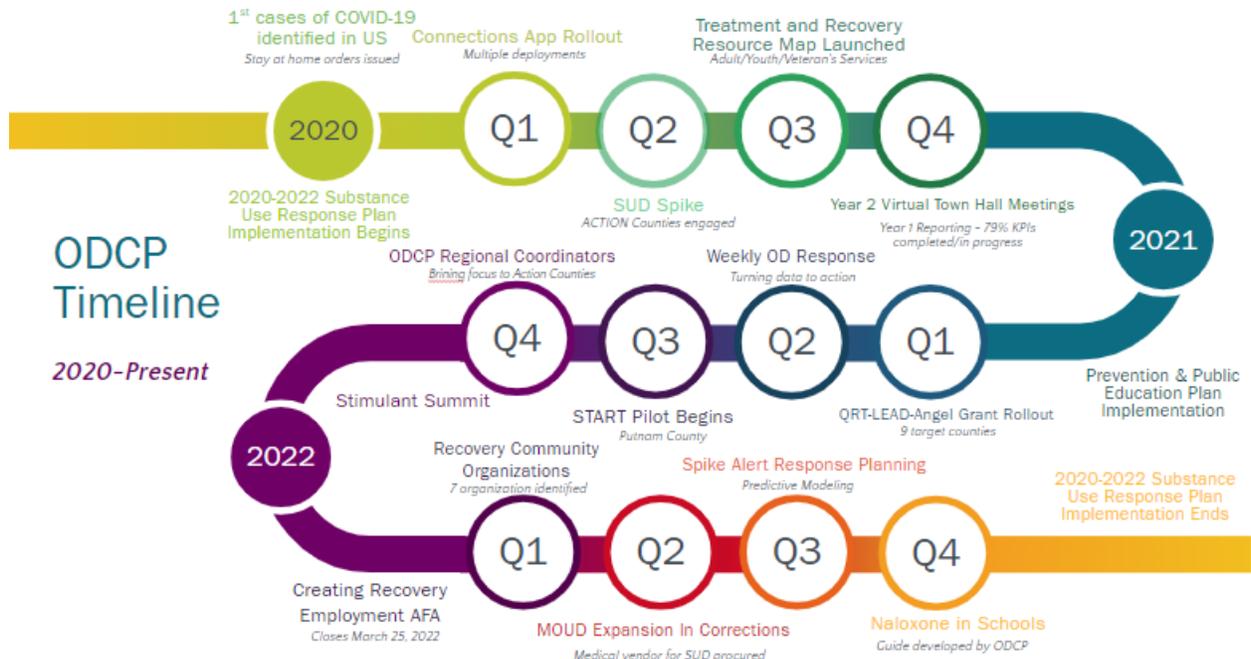
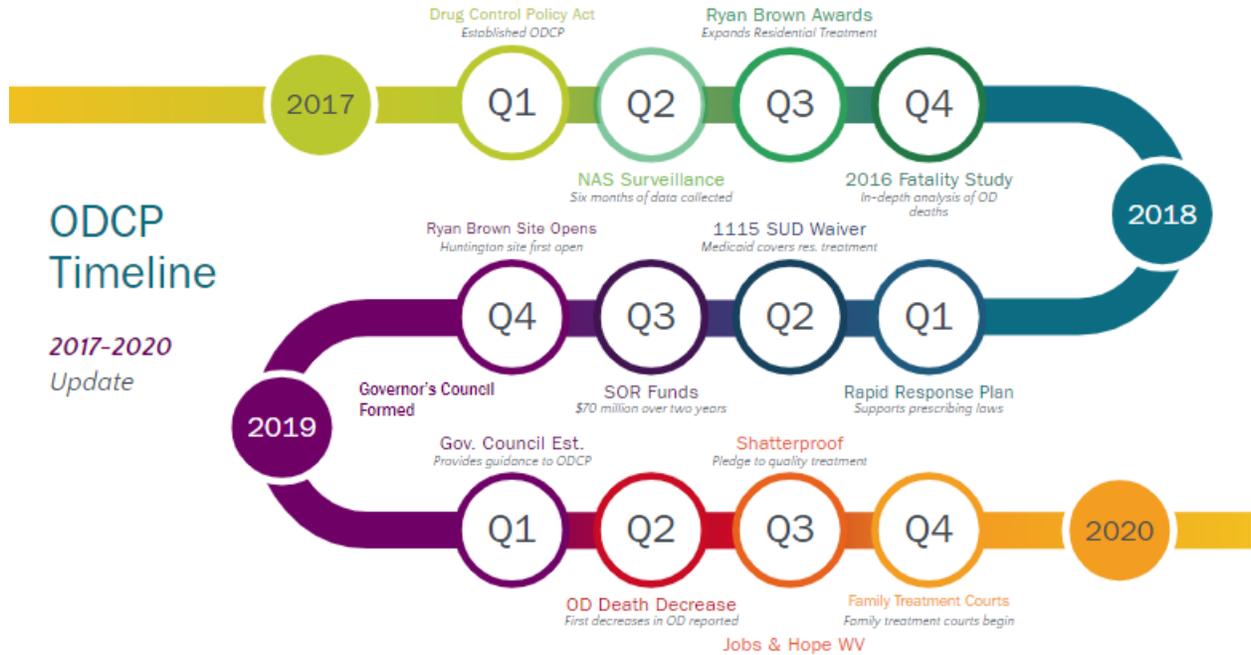
Implementation of the 2023 Action Plan resulted in the following for the 79 KPIs being implemented, monitored, and reported. Of note is that total KPIs may vary from quarter to quarter as Subcommittees add or remove KPIs during implementation.

	Q1 Progress
KPIs Completed	3 (4.0)
KPIs In Progress	39 (49%)
Not Started	37 (47%)
Not Reported	0
KPIs Completed or In Progress at end of quarter	42

The 2023 Action Plan in its entirety, is available on the Office of Drug Control Policy website, dhr.wv.gov/office-of-drug-control-policy.

APPENDIX G

ODCP TIMELINE





APPENDIX H

ODCP STAFF

Rachel Thaxton, Interim Director



Rachel Thaxton was appointed as the Assistant Director of the ODCP in April 2019. In her role, Rachel assists in the planning and direction of West Virginia's efforts in combating the substance use epidemic.

Prior to joining the ODCP, Rachel served as Director of Development for Recovery Point West Virginia. She led the development and initial operations of Recovery Point Charleston as Program Director. Recovery Point Charleston is a 100-bed residential recovery program for women, established in 2016 as the first of its kind in West Virginia. During her time as Program Director, she assisted in the creation of the Recovery Point Charleston Apartments, a 24-unit apartment building that provides safe and affordable housing for individuals with SUD. Her experience also includes serving as Support Team Leader at Harmony House, housing individuals who were chronically homeless and providing wraparound care.

Rachel holds bachelor's and master's degrees from West Virginia University. Her educational background is in Elementary Education and allowed her to spend several years as a Kindergarten teacher in Kanawha County, WV.

Dora Radford, Executive Assistant to the Director



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

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

Her experience has given her detailed knowledge of managing and scheduling multiple projects, deadlines, and document control. In addition, Dora's knowledge of administrative and government processes as well as facility and medical standards of care and treatment has also been an asset to the ODCP.

Gary Krushansky, Strategic Planner



Lieutenant Colonel (Retired) Gary D. Krushansky serves as a liaison for the West Virginia National Guard as a Strategic Planner to the ODCP. He also acts as the LEAD Coordinator for the state of West Virginia.

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 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 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.

Jessica Smith, Outreach and Education Program Manager



Jessica Smith is the Outreach and Education Policy Program Manager with the ODCP. She focuses on the coordination and implementation of prevention and stigma reduction work across the state. Jessica was previously employed as a field employee for the Centers for Disease Control and Prevention Foundation contracted to the BPH to implement prevention work in West Virginia's emergency departments. Jessica also spent several years as the Communication Director for the Kentucky Academy of Family Physicians.

She holds a Bachelor of Arts in Political Science and Organizational Communication, a Master of Arts in Communication Studies, and a Master of Science in Health Care Administration from Marshall University.

Dina Williams, COSSAP Program Manager



Dina Williams became the COSSAP Program Manager for ODCP in December 2021. In her role, she will oversee the Comprehensive Opioid, Stimulant, and Substance Abuse program (COSSAP) grant to develop intervention and diversion programs in West Virginia.

Prior to joining ODCP, Dina served as Criminal Justice Specialist II, for The WV Department of Homeland Security-Justice and Community Services (JCS). Dina currently serves on the Sentencing Commission Subcommittee of the Governor's Committee on Crime, Delinquency, and Correction. This subcommittee is tasked with gathering and analyzing data and providing recommendations to the legislature concerning corrections statutes. Dina also serves on the SUD Commission formed from a collective of coalitions to gather and analyze aggregate data for prevention of SUD. She is certified by University of Cincinnati Corrections Institute as a Community Programs Checklist (CPC) accessor.

Dina holds a Regent Bachelor of Arts, a Master of Science, and a Master of Public Administration from West Virginia State University. She began her Doctor of Public Administration at Liberty University and is currently working towards her doctorate at Northcentral University.

Jostin Holmes, Prevention, Treatment, and Recovery Policy Program Manager



Jostin Holmes became the Prevention, Treatment, and Recovery Policy Program Manager of the ODCP in February 2022.

Prior to joining the ODCP, Jostin served as a substance abuse therapist for recovery residences throughout Kanawha and Cabell counties. Jostin also was a treatment supervisor with Pretera Center overseeing residential treatment centers in Kanawha County. This position fostered skills in client management and vital intervention methods in early recovery. Jostin previously served as the director of short-term recovery residences in which he created and implemented evidence-based treatment methods in startup programming. This created opportunities to create treatment process and procedure plans to establish successful recovery environments for those with SUD.

Jostin obtained a Bachelor of Science in Psychology and a Master of Arts in Clinical Mental Health Counseling from Liberty University. He is licensed as a Professional Counselor. He has extensive experience in the treatment of substance use and trauma related disorders.

Sheila Reynolds, Programmer Analyst



Sheila Reynolds was employed as the Programmer Analyst for the ODCP in November of 2021. In her role, she analyzes data from multiple sources for the Overdose Data Dashboard that houses legislatively mandated data reported to the ODCP. She also makes regular updates to the Treatment and Recovery Resource Map which houses vital resources for communities across West Virginia.

Sheila comes to the ODCP with 25+ years of experience from the healthcare IT field. Her prior experience includes work as a statistician for the Department of Agriculture. She earned her Bachelor of Science in Computer Information Systems from WVU Tech in Beckley.