



**West Virginia
2020-2022 Substance Use Response Plan
1st Quarter Report for the Period of
January 1, 2021, to March 31, 2021**

Governor's Council on Substance Abuse Prevention and Treatment



Introduction

The purpose of this report is to update the Governor’s Council on Substance Abuse Prevention and Treatment, key stakeholders, and communities on progress for the second year (2021) of implementing the West Virginia 2020-2022 Substance Use Response Plan. This report is not meant to be a complete description of the work being performed but serves as a tool and mechanism by which the Governor’s Council can monitor progress in each of the plan areas. This report serves as a summary of the current status of each key performance indicator (KPI) that is being implemented in Year 2 and reflects progress in implementation from January 1, 2021, through March 31, 2021. The report is organized by the following seven strategic areas presented in the West Virginia 2020-2022 Substance Use Response Plan:

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

This document is one means for the Governor’s Council members and the WV Department of Health Human Resources - Office of Drug Control Policy to demonstrate their commitment to accountability, sustainability, and willingness to assure this plan is advanced in order to systematically address the substance use disorder crisis in West Virginia and achieve the intended outcomes. As noted in the Strategic Plan for 2020 to 2022, true success in implementing this plan continues to require integrated efforts at every jurisdictional level and across sectors. This will continue through Year 2 and as the Year 3 Action Plan is implemented in 2022. This work in West Virginia will not be achieved by any one agency, entity, or jurisdiction alone. As such, the Council continues to offer the Plan as a common framework to other sectors and organizations engaged in addressing West Virginia’s substance use epidemic. The use of a common framework will enhance the likelihood of aligning efforts, leveraging one another’s work, minimizing gaps, and communicating collective progress. Addressing this epidemic in West Virginia clearly requires a “whole of community” effort. This shared commitment is at the center of the relationship between the Council, state agencies and the community and enables us to work together to make the vision outlined in the Plan a reality. The [Year 2 Action Plan](#), in its entirety, is available on the Office of Drug Control Policy website.

Executive Summary

Purpose

This 2021 Quarter 1 Progress Report was prepared to update the Governor’s Council, key stakeholders, and communities on the progress being made towards achieving what is presented in the West Virginia 2020-2022 Substance Use Response Plan for Year 2 (2021). In addition, this reporting process facilitates an important dialogue about the initiatives being undertaken and issues of importance.

Background

Throughout the first year of implementation in 2020, as well as through the first quarter of Year 2 (2021), some key performance indicators (KPIs) continue to be impacted by the COVID-19 pandemic in West Virginia. Like nothing seen in public health and healthcare in more than 100 years, the pandemic has continued to require commitment and collaboration of nearly all state agencies and key stakeholders of the Plan in order to effectively respond to promote and protect the public’s health, especially through the statewide administration of the COVID-19 vaccine in each of West Virginia’s 55 counties. However, as this report demonstrates, the activities required to meet many of the KPIs continue to be successfully implemented, and even completed in Quarter 1 in some cases. This is of critical importance as we are just beginning to understand how the “epidemic within the pandemic” has been impacted with increased overdose events and overdose deaths. This highlights the need for further work to stem potential trends revealed by monitoring of data by the Office of Drug Control Policy, state partners, and local communities. Substance use disorders must continue to be a priority.

Progress towards completion for each KPI was measured as “Completed,” “In Progress/On Target,” “In Progress/Falling Behind,” “In Progress/Far Behind,” or “Not Started” with a percentage of the work complete documenting progress. This report presents the 2021 Quarter 1 status for each KPI as of March 31, 2021. Measurements demonstrate both transparency and a commitment to communicate progress, even in the face of the ongoing pandemic. Subsequently, the Plan continues to have a strong focus on the indicators and metrics established through the key performance indicators, which are time-framed and measurable.

Implementation of the Plan for Year 2 (2021) resulted in the following for the 164 KPIs being implemented in the Plan during Year 2:

	Q1 Progress
KPIs Completed	24 (15%)
KPIs In Progress	83 (51%)
Not Started	57 (35%)
KPIs Completed or In Progress at the end of Quarter 1	107 (66%)

West Virginia State Substance Use Response Plan – Quarter 1 Progress Update

Quarter 1 Progress Summary									
Plan Section	Complete	In Progress	1Q Behind	2Q Behind	Not Started	Total Yr 2 KPIs	# KPIs In Progress	% KPIs In Progress	% KPIs Completed
Prevention	4	20	1	0	3	28	25	89%	14%
Community Eng & Support	5	8	5	0	12	30	18	60%	17%
Health System	2	13	3	0	6	24	18	75%	8%
Treatment, Recovery, & Research	10	9	0	0	7	26	19	73%	38%
Courts & Justice-Involved Populations	1	5	0	0	3	9	6	100%	11%
Law Enforcement	2	9	1	0	7	19	12	73%	11%
Public Education	0	0	9	0	19	28	9	32%	0%
TOTAL	24	67	16	0	57	164	107	65%	15%

Blue = Complete
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Prevention

Goal 1: Increase, sustain and align investments in prevention (including strengthening prevention workforce and advocating for policy reforms).

		Q1 Progress
Strategy 1	Coordinate talking points across systems for legislators/policymakers at state and local levels.	
KPI 1	By February 26, 2021, the implementation team and partners will develop talking points, including 1-2 page executive summary on prevention and a prevention practice guide.	100%
KPI 2	By December 15, 2021, the implementation team and partners will review and update prevention points for next legislative session.	90%
Strategy 2	Form a professional statewide prevention Association (warehouse) that can support advocacy and policy change, workforce, training, and credentialing.	
KPI 1	By March 30, 2021, form a committee to gather and review existing organizations, trainings and education needs, education and credentialing required for workforce, and resources needed for Prevention Association (warehouse).	50%
KPI 2	By June 30, 2021, identify prevention mentors across the state to form a virtual prevention collaborative workspace.	50%
Strategy 4	Establish cross-system training opportunities (3-4 annually) related to prevention.	
KPI 1	By December 15, 2021, provide 3-4 prevention training sessions, including one annual statewide prevention summit or conference.	25%
Strategy 5	Identify and engage prevention champions within medical fields, recovery, legislative, etc.	
KPI 1	By August 30, 2021, work with partners to identify a cross-section of 2-4 prevention champions, including legislators, from each region in the state and introduce at next prevention summit/conference.	50%
Strategy 8	Host Annual Prevention Day at the Legislature.	
KPI 1	By December 1, 2021, work with partners and the Prevention Association to schedule Prevention Day and activities at the Legislature.	80%

Goal 2: Maximize cross systems planning, collaboration, and integration.

		Q1 Progress
Strategy 1	Inform and shape prevention policy and practices by building upon research and proven models such as the Strategic Prevention Framework, public health framework, Centers for Disease Control and Prevention - Knowledge to Action Framework, Community Anti-Drug Coalitions of America Seven Strategies, and other meaningful data.	
KPI 1	By June 30, 2021, identify trainers who can offer trainings on proven prevention models.	75%
KPI 2	By December 15, 2021, offer 2 trainings on current proven models to partners around the state.	50%

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Strategy 2	Formalize an infrastructure of prevention stakeholders (state organizations, local non-profits, behavioral health organizations, Prevention Lead Organizations, coalitions, West Virginia Department of Education, et. al.) across systems to lead integration of prevention efforts, mobilize resources, enhance communication, and to set the expectation that collaboration is the norm. (Prevention Steering Team).	
KPI 1	By April 30, 2021, survey members to ensure every aspect of prevention is represented by participating partners.	50%
KPI 2	By June 30, 2021, develop a partnership agreement to define roles and expectations.	50%
Strategy 4	Align and streamline interactions with the school system.	
KPI 1	By August 15, 2021, review survey data from the Prevention Lead Organizations and schools, examine gaps, and look for areas to build relationships and activities.	0%
KPI 2	By December 15, 2021, assess partnership readiness, by using a validated survey instrument.	0%
Strategy 5	Create the foundation for a state-level clearinghouse of promising practices, tools, and win-win opportunities to support research and collaborative learning processes.	
KPI 1	By December 15, 2021, identify the format of the clearinghouse that will be housed and what platform would be used.	0%
Strategy 6	Expand and translate current prevention curriculum and programs to alternative delivery models.	
KPI 1	By October 1, 2021, review what curriculum or training is being transferred to online and lessons learned (be open to meeting schools where they are and identify where components might "fit" and how they can be delivered).	50%
KPI 2	By December 15, 2021, explore opportunities to expand train-the-trainer opportunities/component.	50%
Strategy 7	Host an annual statewide prevention summit to promote knowledge sharing, innovation, and commitments to shared outcomes.	
KPI 1	By May 1, 2021, form a planning committee to organize, plan and select sessions and speakers.	100%

Goal 3: Improve data collection, integration, and use at the regional and local levels to track progress and promote shared accountability.

		Q1 Progress
Strategy 1	Data will be used to develop/utilize evidence-based resources and needed prevention programming based upon regional needs to improve multi-agency data sharing.	
KPI 1	By September 30, 2021, form a work committee to gather regional needs assessments.	20%

Goal 4: Align strategic communications, awareness and education using the following principles: individual/community acceptability, data-driven, best or promising practices, and culturally relevant and inclusive.

		Q1 Progress
Strategy 1	Convene a Prevention Internal Marketing Team to coordinate prevention education and media campaigns across regions/sectors (i.e., West Virginia Department of Health and Human Services, West Virginia Department of Education, Prevention First, non-governmental entities).	
KPI 1	By June 30, 2021, establish Prevention Internal Marketing Team to meet monthly.	20%
Strategy 2	Develop a common language to speak with one voice by using social norm messaging to develop consistent, unified language that is inclusive, culturally competent and stigma free.	
KPI 1	By June 30, 2021, update and re-release the WV Prevention Guide.	100%
KPI 2	By December 15, 2021, provide a series of discussion-based virtual training sessions on WV Prevention Guide content.	25%
Strategy 3	Develop prevention messaging that targets the social ecological model (Individual, Interpersonal, Organizational, Community, Public Policy) and can be customized for local campaigns, coalitions, and audiences (i.e., youth vs. law enforcement).	
KPI 1	By December 15, 2021, Prevention Internal Marketing Team will select audiences and develop targeted messages	30%
Strategy 4	Develop standardized communication designed to reach populations identified for increased risk by hosting stakeholder meetings with populations of focus to develop/disseminate messaging. (Selected media channels need to be accessible to priority populations - ex. TikTok and YouTube vs. billboards and newspapers.)	
KPI 1	By December 15, 2021, media marketing committee will host 1-2 stakeholder meetings in each region to develop media messages and inform dissemination on platform.	10%
Strategy 5	Utilize data from Goal 3 to drive consistent prevention messaging, media campaigns, and promotion of success stories.	
KPI 1	By December 15, 2021, media marketing committee will review current data to target media, design campaigns, and to promote successes.	10%
Strategy 7	Provide media and communication training to prevention staff, community stakeholder organizations, and media messengers (ex. how to use local data to tell a story; how to cultivate relationships with media; how to select appropriate imagery and language, selection of appropriate imagery, non-stigmatizing).	
KPI 1	Media marketing committee will provide 1-2 media/communication trainings with prevention partners statewide by December 15, 2021.	10%

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Goal 5: Monitor opioid prescriptions and distribution.

		Q1 Progress
Strategy 2	Continue to conduct public health surveillance with the Prescription Drug Monitoring Program (PDMP) data and publicly disseminate timely epidemiological analyses for use in surveillance, early warning, evaluation, and prevention.	
KPI 1	Increase provider education that results in increased knowledge and number of providers trained in order to increase uptake of evidence-based prescribing guidelines in practice (i.e., West Virginia Safe and Effective Management of Pain Program) by offering trainings each year.	25%

Goal 6: Enhance West Virginia’s evidence-based cessation and prevention efforts for tobacco and other nicotine delivery devices/systems through the West Virginia Tobacco Use Reduction Plan.

		Q1 Progress
Strategy 1	Implement evidence-based prevention and cessation programs for tobacco and other electronic nicotine delivery systems in accordance with the existing West Virginia Tobacco Use Reduction Plan.	
KPI 1	By January 1, 2021, implement the 2021-2024 West Virginia Tobacco Use Reduction Plan.	100%
KPI 2	By June 30, 2021, disseminate and promote the West Virginia Division of Tobacco Prevention E-Cigarette and Youth Vaping Toolkit in all 55 counties.	50%

Community Engagement and Supports

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

		Q1 Progress
Strategy 1	Create and sustain a system of assessing recovery housing capacity and quality to make funding recommendations and expand resources statewide.	
KPI 2	By December 31, 2021, and December 31, 2022, conduct an annual update of the assessment of current recovery housing.	0%
Strategy 2	Provide training, funding, and resources to increase the capacity of recovery housing in West Virginia.	
KPI 2	By December 31, 2021, identify and analyze best practices of successful recovery housing in other states and increase trainings statewide in West Virginia by 25%.	50%
KPI 3	By December 21, 2021, increase the number of recovery residences for multiple pathways by 10%.	50%
Strategy 3	Develop and implement a certification process that will assure quality and consistency of recovery housing and the services provided.	
KPI 1	By December 31, 2021, engage the West Virginia Alliance of Recovery Residences to complete a certification process in 25% of the recovery residences in West Virginia with ongoing progress and targets for 2021.	100%

Goal 2: Increase availability of transportation in order to access prevention, early intervention, treatment, and recovery services.

		Q1 Progress
Strategy 1	Explore innovative models of transportation for individuals with substance use disorder. Based on what is learned about these models and feasibility of addressing existing barriers, develop innovative strategies that enable individuals with substance use disorders to regain the ability to independently transport.	
KPI 1	By December 31, 2020, establish and maintain a Recovery Transportation Task Team to research transportation models across the country, document best practices and working models, and develop a plan that includes recommendations to replicate selected models across West Virginia.	100%
KPI 2	By December 31, 2021, gather information from the pilot ride-sharing program to expand into five more counties with the expansion options, including use of individuals in long-term recovery to provide transportation.	50%
KPI 3	By December 31, 2021, engage treatment programs to develop internal transportation programs in each region of the state.	0%

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KPI 4	By December 31, 2021, expand faith-based transportation initiatives to four sites.	10%
KPI 5	By June 2021, research transportation models across the country and document best practices and working models.	0%
KPI 6	By December 2021, develop a plan that includes recommendations to replicate selected models across West Virginia.	0%

Goal 3: Increase employment opportunities for individuals experiencing or in recovery for substance use disorders through supported employment and apprenticeships.

		Q1 Progress
Strategy 1	Support jobs creation through existing opportunities that also support recovery housing.	
KPI 1	By December 31, 2021, create a funding stream to support employment of individuals in recovery for repairs, renovations, and upkeep for high quality recovery residences.	0%
Strategy 2	Encourage development of a cohesive system to address and promote social enterprises.	
KPI 1	By December 31, 2021, significantly advance the creation of entrepreneurial and social enterprise incubation hubs in the state.	0%
Strategy 3	Assist businesses to employ individuals in recovery.	
KPI 1	By December 31, 2020, develop and support ongoing dissemination of a toolkit for employers to address barriers/needs for education in utilizing those in recovery in the workforce.	100%
KPI 2	By December 31, 2021, develop a partnership and collaborate with the West Virginia Small Business Development Center on workshops, trainings, and mentors for small businesses.	100%
Strategy 4	Develop regional recovery-owned and operated businesses.	
KPI 1	By March 31, 2021, develop a Task Force Team and collect baseline data on regional recovery-owned and operated businesses in West Virginia.	80%
KPI 2	By December 31, 2021, increase recovery-owned and operated businesses in West Virginia by 10% annually.	0%
Strategy 5	Assist the recovery community in linking with employment.	
KPI 1	By December 31, 2021, and annually develop a state listing of recovery-accessible businesses.	0%
KPI 2	By December 31, 2021, pilot at least one apprenticeship program to engage and employ individuals in recovery.	0%
KPI 3	By December 31, 2021, create a website or hub to connect individuals to workforce opportunities, WorkForce West Virginia, Workforce Development Boards, etc.	75%
Strategy 6	Replicate the Work Progress Administration/Civilian Conservation Corps (WPA)/(CCC) model of employment for public works projects.	
KPI 1	By December 31, 2021, explore feasibility of replicating a WPA or CCC type model to employ individuals in recovery for public works services.	5%

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Strategy 7	Train interested individuals in recovery for societal needs (i.e., Meals on Wheels, eldercare, food preparation).	
KPI 1	By December 31, 2021, explore organizations with a mission to feed or care for people that would implement jobs programs for individuals in recovery.	0%
KPI 2	By December 31, 2021, collaborate with local health departments to provide ServSafe Training certifications in the hospitality industry.	0%
Strategy 8	Employ individuals in recovery on public works projects such as construction, rehabilitative housing, tearing down dilapidated structures, renovating existing structures, and other areas of the construction trade.	
KPI 1	By December 31, 2020, establish and then maintain a Recovery to Work Task Team to provide guidance, eliminate barriers, and develop construction-based employment options for individuals in recovery and continue throughout duration of plan.	50%
KPI 2	By December 31, 2021, determine if the recovery community wishes to proceed.	0%

Goal 4: Support the organization of communities to combat the substance use disorder crisis by developing a strategy to pool resources, share ideas and best practices, avoid redundancies, and eliminate gaps.

		Q1 Progress
Strategy 1	Develop a mapping and planning tool to maximize resources and disseminate emerging and evidence-based practices to communities with unmet needs related to developing integrated systems for addiction care.	
KPI 1	By December 31, 2020, develop and continue to support a mapping and planning tool of emerging and/or evidence-based practices to be shared with communities.	60%
KPI 2	By December 31, 2020, gather information to develop and continue to support a search and compilation process and share emerging and evidence-based practices with prevention, treatment, and recovery providers.	60%
KPI 3	By March 31, 2021, establish and continue to support a Task Team to promote activities and share tools, resources, and emerging/evidence-based practices with communities and stakeholders across the state.	50%
Strategy 2	Connect successful applicants for funding and them communities to other communities.	
KPI 1	By December 31, 2021, develop and maintain a platform to document successful emerging or evidence-based programs to connect individuals and communities to working models and/or services.	50%
Strategy 3	Utilize the Huntington City of Solutions Guidebook for community organizing.	
KPI 1	By December 31, 2021, share the Huntington City of Solutions Guidebook resources across the state.	100%
KPI 2	Update the Huntington City of Solutions Guidebook semi-annually beginning April 1, 2021.	50%

Health Systems

Goal 1: Reduce fatal and nonfatal overdoses.

		Q1 Progress
Strategy 1	Provide broad access to <u>naloxone</u> across the state for those who need it, including first responders, local health departments, <u>Quick Response Teams</u>, and treatment programs (medication-assisted treatment and detox).	
KPI 1	By July 1, 2021, advance processes that enable access to naloxone upon discharge from health care facilities.	5%
KPI 2	Over the course of the plan, 50% of local health departments will have access to naloxone to distribute by December 31, 2020; 75% by December 31, 2021; and 95% by December 31, 2022.	75%
KPI 3	Advance availability of naloxone for distribution by Quick Response Teams for the duration of the plan.	95%
KPI 4	By March 31, 2021, identify and implement additional strategies to distribute naloxone in local communities (i.e., food banks).	90%
KPI 5	By March 31, 2021, establish a sustainability plan for naloxone funding for the duration of the plan.	50%
KPI 6	Provide ongoing technical assistance and support to ACTION counties (counties with highest overdose death rates) to establish immediate steps to save lives throughout the duration of the plan.	25%
Strategy 2	Increase resources and support for expansion of Quick Response Teams in local communities across the state.	
KPI 2	Support existing Quick Response Teams throughout the duration of the plan through monthly peer networking.	25%
Strategy 3	Utilize data to strengthen community responses by gathering, sharing, and disseminating data on fatal and nonfatal overdoses with local communities and providing technical assistance on utilization of data at the community level.	
KPI 1	By January 1, 2021, and under the direction of ODCP, operationalize a statewide data collection system and dashboard that is updated within 72 hours after receiving relevant data.	85%
KPI 2	By June 1, 2021, conduct a series of three webinars on how to access use of the dashboard and interpret the data it contains to support community response.	0%
KPI 3	By December 31, 2021, establish a pilot of three communities using Fatality Review Teams as an approach to data use that strengthen local response.	0%

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Goal 2: Expand points of access to substance use disorder treatment through health care system integration.

		Q1 Progress
Strategy 1	Promote improved access to substance use disorder treatment through a coordinated approach with health care system facilities.	
KPI 1	By December 31, 2021, support at least two hospital systems in addressing substance use disorder for all patients using a facility-wide model that includes the integration of universal screening, medication-assisted treatment initiation, and coordinated care transition.	19%
KPI 2	Through December 31, 2021, continue to support at least 10 hospital emergency departments in developing clinical pathways for medication-assisted treatment and transition to substance use disorder care.	25%
KPI 3	By December 31, 2021, enhance inpatient and outpatient efforts for screening for substance use disorders, associated comorbidities (hepatitis, HIV, etc.), and timely, effective transitions to treatment wherever those with substance use disorder are in contact with the health care system.	0%
Strategy 2	Develop a response system statewide through permissible data sharing to quickly identify trends and critical overdose incidents to enable rapid community responses.	
KPI 1	For the duration of the plan, continue to support the public dashboard to display trends and critical incidents that enable local communities to be responsive.	25%
Strategy 3	Address barriers to treatment by expanding digital therapeutics, mobile service delivery and telehealth.	
KPI 1	By December 31, 2021, expand mobile treatment options to all DHHR behavioral health regions, including underserved areas.	20%
KPI 2	By December 31, 2021, increase integration and use of digital therapeutics and telehealth in treatment approaches.	70%

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Goal 3: Reduce the risk of infectious diseases associated with substance use disorder.

		Q1 Progress
Strategy 1	Increase understanding of <u>harm reduction</u> and stigma and increase cross-sector partnerships in the design, implementation, and evaluation of comprehensive, evidence-based harm reduction programs.	
KPI 1	By December 31, 2021, support five communities undertaking new cross-sector planning and implementation of private or public sector harm reduction services through provision of funding, technical assistance, and quality improvement efforts throughout the duration of the plan.	0%
KPI 2	Decrease harm from injection drug use in all existing harm reduction programs through increase in naloxone distribution, linkages to treatment, and best practices for harm reduction programs throughout the duration of the plan.	25%
KPI 3	Convene partners doing work to reduce health and cost burdens of infectious diseases through cumulative harm reduction strategies, vaccinations, and syringe services for lessons learned and establish appropriate next steps.	100%
KPI 4	By December 31, 2021, develop a set of best practices for all local health departments to adopt and implement to help reduce syringe litter to prevent harm to first responders and community residents throughout the duration of the plan.	100%
KPI 5	By December 13, 2021, support a cross-state (KY, OH, MD, WV) multi-sector forum to share lessons learned and advance best practices in implementing evidence-based harm reduction services.	25%
KPI 6	By December 31, 2021, build capacity and conduct local harm reduction program assessments in 10 programs aimed at supporting quality improvement and providing technical assistance that maximizes program effectiveness and reduces stigma through education.	25%
Strategy 3	Develop and implement a statewide West Virginia Hepatitis C Elimination Plan.	
KPI 1	By July 31, 2021, conduct a comprehensive, multi-sector strategic planning process that results in a written, multi-year, Hepatitis C Elimination Plan for West Virginia.	0%
KPI 2	By November 1, 2021, develop the Year 1 Strategic Action Plan for the Hepatitis C Elimination Plan for West Virginia.	0%

Treatment, Recovery, and Research

Goal 1: Improve access to effective treatment for substance use disorder in outpatient and residential facilities.

		Q1 Progress
Strategy 1	Increase the number of treatment providers who offer <u>evidence-based practices and programs</u> to save lives for individuals with substance use disorders.	
KPI 1	By December 31, 2021, conduct an annual needs assessment and gap analysis of treatment and recovery services and resources by county.	100%
KPI 2	By December 31, 2021, as needed update a strategic plan that enables telehealth to be used for substance use disorder treatment and recovery services across the state.	100%
KPI 3	Continue efforts to expand medication-assisted treatment availability to all counties using direct treatment or telehealth through December 31, 2021.	100%
KPI 4	Annually, continue to implement an annual educational program addressing the identified clinical needs of providers and clinicians.	50%
KPI 5	By December 31, 2021, establish processes in four communities to implement treatment on demand.	0%
KPI 7	By December 31, 2021, develop and release an Announcement of Funding Applications (AFA) that will support pilots focused on improving retention in treatment and recovery through innovative, evidence-based strategies.	10%
KPI 8	Continue to support full implementation of the Atlas Quality Initiative (Shatterproof) in West Virginia throughout the duration of the plan.	100%
Strategy 2	Implement a comprehensive model that addresses recovery and strengthens funding for pregnant and parenting women and their families.	
KPI 1	Continue to expand implementation of home visiting services with existing Drug Free Moms and Babies programs throughout the duration of the plan.	100%
KPI 2	Through the Maternal Opioid Misuse (MOM) CMS funded model, continue to expand Drug Free Moms and Babies affiliated home visiting to all counties in West Virginia.	10%
KPI 3	Continue to expand residential and outpatient treatment capacity for pregnant and parenting women through the MOM model.	100%
KPI 4	By December 31, 2021, implement at least three evidence-based projects for parents with substance use disorder who are engaged in the child welfare system.	25%
KPI 5	By December 31, 2021, expand family treatment courts from four to eight counties.	100%

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Goal 2: Increase the health professional workforce to treat people with substance use disorder

		Q1 Progress
Strategy 1	Improve client and provider education about substance use disorder, including stigma, in the treatment setting.	
KPI 1	By December 31, 2021, and 2022, increase the number of providers obtaining waivers by 20% each year.	0%
Strategy 2	Develop clinical expertise to treat people who use multiple substances, especially stimulants.	
KPI 1	By December 31, 2021, develop and implement evidence-based approaches to train providers to implement treatment with clinical supervision to ensure implementation with fidelity.	0%
KPI 2	By July 1, 2021, begin to disseminate and educate providers on effective clinical applications to care for individuals using stimulants.	15%
KPI 3	By July 1, 2021, establish an ECHO program on stimulants to support providers in treatment and recovery management.	0%
Strategy 3	Provide education about substance use disorder to providers in hospitals, urgent cares, and primary care practices.	
KPI 1	By December 31, 2021, provide education to 1,000 future and current practitioners about substance use disorder, including education to meet medication-assisted treatment waiver requirements.	90%
Strategy 4	Increase the number of clinical providers in the state to meet the needs of people needing treatment for substance use disorder.	
KPI 1	Continue the Steven M. Thompson Physician Corps Loan Repayment Program to help at least 40 clinicians per year.	25%
KPI 2	By July 1, 2021, work with the various graduate school programs in social work, counseling, and psychology to increase the number of students entering into the substance use disorder field.	25%

Goal 3: Implement recovery support systems throughout West Virginia.

		Q1 Progress
Strategy 1	Define and operationalize a <u>recovery support system</u> model for West Virginia.	
KPI 1	Through December 31, 2021, continue efforts to define appropriate recovery support system models.	100%
KPI 2	By July 1, 2021, pilot at least two different models of community-based recovery support systems.	0%
Strategy 2	Foster the addition of peer recovery supports in health care and substance use disorder treatment settings.	
KPI 1	By December 31, 2021, develop, implement, and evaluate standardized training for peer recovery support specialists.	100%

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KPI 2	Implement and support new and existing peer support programs throughout the duration of the plan.	100%
KPI 3	Throughout the duration of the plan, support recommendations on how to effectively provide ongoing support for peer recovery support specialists.	95%

Goal 4: Conduct relevant research, evaluation, and dissemination of the comparative effectiveness of various approaches to addressing the substance use disorder crisis.

		Q1 Progress
Strategy 1	Work with universities and research institutions to study the effectiveness of various interventions for combatting the substance use disorder crisis across the spectrum from prevention to sustained recovery.	Gray
KPI 1	By July 31, 2021, establish a “Research Think Tank” as a standing group that meets regularly under ODCP. The think tank will identify current as well as future needs and priorities for research on substance use disorders in West Virginia by developing a “research agenda” and will include subject matter experts (i.e., Johns Hopkins) for technical assistance.	0%
KPI 2	By December 31, 2021, and annually through the duration of the plan, analyze existing evaluation efforts to determine future actions and areas that need strengthening.	0%

Court Systems and Justice-Involved Populations

Goal 1: Provide access to effective treatment for individuals with substance use disorders in the criminal justice and civil child abuse/neglect systems.

		Q1 Progress
Strategy 1	Provide access across the West Virginia criminal justice system to substance use disorder treatment that offers medication-assisted treatment, therapeutic programming, and facilitates transition to the community upon release.	
KPI 1	By December 31, 2021, develop processes and protocols to enable access to substance use disorder medication assisted treatment (all three U.S. Food and Drug Administration approved medications) and recovery services in all jails, prisons, treatment courts (i.e., family, drug, veterans, etc.), and day report centers.	70%
KPI 2	By December 31, 2021, develop processes and protocols that enable access to therapeutic programming such as cognitive behavioral therapy, mindfulness, and other established effective programs for justice-involved populations in all jails, prisons, treatment courts, and day report centers.	10%
KPI 3	By July 31, 2021, continue to support a standardized process in all jails prisons, and treatment court systems to ensure that all eligible inmates have been offered the opportunity for Medicaid enrollment or have a plan to ensure private insurance coverage prior to release.	100%
KPI 4	By July 31, 2021, continue to support a standardized process using best evidence that supports successful transitions from jails and prisons to community by promoting care coordination for medication-assisted treatment, therapeutic programming, and Medicaid benefits upon release.	50%
KPI 5	By December 31, 2021, provide information/education to judges (i.e., fall conference) and other identified key stakeholders on substance use disorder medication assisted treatment (all three U.S. Food and Drug Administration approved medications) and recovery services.	New KPI 0%

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

		Q1 Progress
Strategy 2	Develop policies and procedures for expunging criminal records for certain offenses directly related to substance use disorder.	
KPI 1	By December 31, 2021, notify offices handling criminal record files, across levels of government, and to the State Bar, informing them about recent changes to state expungement laws and the necessity of accurate recordkeeping that reflects expunged crimes.	75%
Strategy 3	Develop support for an employer assistance program for hiring of individuals with a criminal justice history.	
KPI 1	By December 31, 2021, work with Work Force WV and Jobs & Hope West Virginia to develop an “Employer Assistance User Guide” for businesses hiring individuals with a criminal justice history.	75%
Strategy 4	By December 31, 2021, provide re-entry and re-integration related legal services (i.e., expungement, driver’s license, etc.) through the West Virginia State Bar Association in all regions of the state.	
KPI 1	By June 30, 2022, identify and implement new opportunities to incentivize pro bono legal services for justice-involved individuals.	0%
KPI 2	By December 31, 2022, provide legal services prior to and upon release to support re-entry and re-integration for justice-involved individuals.	0%

Law Enforcement

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

		Q1 Progress
Strategy 1	Provide education and training on naloxone, self-care, harm reduction principles, and stigma to all law enforcement officers.	
KPI 1	By December 31, 2021, implement training on naloxone administration, self-care, harm reduction, and stigma reduction as part of the State Police Academy curriculum.	10%
Strategy 2	Expand the Huntington model for overdose response.	
KPI 1	By December 31, 2021, develop and implement training about the Huntington approach to overdose response, where law enforcement is the second priority responder to the scene after EMS as the first responder.	0%
Strategy 3	Clarify law enforcement's role in responding to medical emergencies.	
KPI 1	By December 31, 2021, support passage of a law which would define law enforcement's role when responding to an actual or suspected overdose.	0%
Strategy 4	Ensure that law enforcement agencies have access to naloxone.	
KPI 1	By December 31, 2021, continue to offer training to at least 400 law enforcement officers on how to respond to an overdose, including administration of naloxone.	10%
KPI 2	By December 31, 2021, continue to work with state agencies and local health departments to ensure all law enforcement agencies have adequate naloxone supplies.	10%

Goal 2: Expand pathways from law enforcement to treatment and recovery.

		Q1 Progress
Strategy 1	Engage with community members after overdose and/or with substance use disorder to foster early intervention for treatment and recovery.	
KPI 1	By December 31, 2021, continue to expand Quick Response Teams in West Virginia's 55 counties.	25%
Strategy 2	Expand pathways to treatment and recovery through innovative diversion models such as Law Enforcement Assisted Diversion, the Police-Assisted Addiction and Recovery Initiative, and the Kentucky State Police Angel Initiative.	
KPI 1	By December 31, 2021, continue to provide annual training for law enforcement entities on innovative models for diversion, identification, and de-escalation of individuals suffering with substance use disorders.	40%
KPI 2	By December 31, 2021, continue to provide incentives to law enforcement to adopt successful diversion programs.	100%

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KPI 3	Continue to increase Law Enforcement Assisted Diversion (LEAD) programs in local communities by 10% annually.	100%
Strategy 3	Implement models characterized by “zero repercussions” and timely, efficient transition to care by law enforcement for individuals with substance use disorder.	
KPI 1	By December 2021, implement state policy to facilitate all self-admitting patients into treatment facilities and reduce charges where appropriate.	10%
Strategy 4	Develop strategic partnerships to mitigate minor offenses to reduce legal and logistical barriers to treatment and recovery.	
KPI 1	By December 31, 2021, continue to allow circuit court judges to issue provisional driver’s licenses to individuals with a suspended license who are actively enrolled in diversion programs.	0%**
KPI 2	By December 31, 2021, continue to allow prosecutors to expunge minor offenses once actively enrolled in substance use disorder treatment.	0%**

Goal 3: Provide law enforcement with analytical tools, techniques, resources, and policies to improve the enforcement of drug laws.

		Q1 Progress
Strategy 1	Improve interagency communication between law enforcement, the Board of Pharmacy, and the West Virginia Prescription Drug Monitoring Program.	
KPI 1	Through December 31, 2021, facilitate monthly meetings among law enforcement, the West Virginia Board of Pharmacy, and the West Virginia Prescription Drug Monitoring Program to spotlight suspicious practices.	0%
KPI 2	By December 31, 2021, create an online tool that enables the public to anonymously report suspicious activity.	25%
KPI 3	By March 31, 2021, implement the online tool for public reporting of suspicious activity (i.e., potential drug deals and drug diversion activity).	25%
Strategy 2	Enhance sentences for drug offenders who commit violent crimes with a firearm (currently a misdemeanor offense in some instances).	
KPI 1	By December 31, 2021, support the passage of a law which would increase sentences for drug-related violent crimes involving a firearm (2021 WV Legislative Session).	0%
Strategy 3	Utilize the <u>Overdose Detection Mapping Application Program</u> to identify drug trafficking routes across state lines and encourage local law enforcement to enter overdose data, as required by law.	
KPI 1	By December 31, 2021, continue to inform all local law enforcement agencies and first responders that entering overdose data into the Overdose Detection Mapping Application Program within 72 hours of overdose is state required.	10%

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KPI 2	By December 31, 2021, continue notifying state and local law enforcement of overdose events and apparent drug routes identifiable via the Overdose Detection Mapping Application Program.	19%
KPI 3	By December 31, 2021, create an area on the ODCP data dashboard to share law enforcement data that can be used to inform patrol strategies.	0%

Public Education

Goal 1. Develop and compile the educational framework and trainers to address stigma across the state and in target populations.

		Q1 Progress
Strategy 1	Develop a comprehensive public database for stigma reduction training/education/curriculum.	
KPI 1	Establish a detailed list of all currently existing stigma reduction curriculum/trainings including how to access, cost, length, resulting certification, corresponding evaluation/ research, trainer credentials, and target population by January 15, 2021.	90%
KPI 2	Convene an Action Group who has stigma reduction/awareness expertise in evidence-based research, curriculum development, training, and outreach by February 1, 2021.	90%
KPI 3	Identify gaps in the currently offered curriculums and trainings to address stigma. Gaps may include target populations, locations, capacity, trainers, length, type, or research/evidence-backing by March 1, 2021.	0%
KPI 4	Research and select trainings/educational opportunity to address gaps in stigma awareness/reduction by April 1, 2021.	0%
KPI 5	By July 31, 2021, identify or develop one overarching stigma reduction training or framework that allows for all other trainings to be added onto. Survey Action group to identify priority target groups for sequential rollout of stigma training.	0%
KPI 6	Integrate review of current initiatives and selected new trainings to develop a public repository of peer reviewed training/educational resources. This will have included an evaluation of the degree to which each existing initiative aligns with the evidence-based guiding principles for stigma reduction, ensures peer reviewed trainings for each target population, identifies necessary trainers and steps to ensure fidelity to trainings by May 1, 2021.	0%
KPI 7	Share the outcome of this process and the public directory with key stakeholders engaged with ODCP to solicit feedback by June 1, 2021.	0%
Strategy 2	Develop the necessary trainer infrastructure.	
KPI 1	Develop a curriculum and certification process for trainers on the identified trainings/educational resources to ensure fidelity to the curriculum and then partner with existing groups including the WV Certification Board for Addiction and Prevention Professionals and the WV Association for Drug and Alcohol Counselors to pursue a certification process within these organizations for trainers by September 1, 2021.	0%
KPI 2	Identify existing organizations who engaged in stigma reduction campaigns to provide a sustainable Train the Trainer (TTT) certification of at least ten trainers on the overarching curriculum by November 1, 2021.	0%
KPI 3	By December 31, 2021, identify and recruit trainers within each target population to certify as TTT.	0%
KPI 4	Develop and implement a dissemination plan for trainings across the state by December 1, 2021.	0%

Goal 2: Develop a sustainable online repository/database of educational trainings.

		Q1 Progress
Strategy 1	Create a series of online modules using the developed curriculum for the general public and specific stakeholders.	
KPI 1	Establish or adapt a group of stakeholders to serve as an Action Group that guides online stigma awareness curriculum development and/or adaptation of resources previously created by April 1, 2021.	90%
KPI 2	Identify a learning portal (such as www.SUDLearn.com) that can serve as a centralized repository for stigma related learning resources throughout the state by July 1, 2021.	0%
KPI 3	Perform a thorough literature review for stigma awareness evidence to help identify critical information, gaps and target audiences by September 1, 2021.	0%

Goal 3: Identify, integrate, and develop a consistent statewide messaging, communication, marketing, and outreach campaign to address stigma.

		Q1 Progress
Strategy 1	Identify, integrate, and develop a consistent statewide messaging, communication, marketing, and outreach campaign to address stigma.	
KPI 2	Develop evidence-based framework to guide, adapt, or measure all marketing campaigns against by February 1, 2021. These guidelines should align with the Johns Hopkins Stigma Lab’s guiding principles for evidence-based stigma reduction.	50%
KPI 3	Establish a detailed public directory on the Stigma Free WV website of the content and scope of current stigma reduction communication campaigns within the state that can be searched by topics covered and population served by February 1, 2021.	80%
KPI 4	Link all stigma marketing campaigns to one “home base” website by March 1, 2021.	0%
KPI 5	Action Group will identify methods for utilizing state and federal funding to support and disseminate the evidence-based framework for stigma messaging by April 15, 2021.	0%
KPI 6	Promote and disseminate evidence-based framework guide statewide along with methods for validating or checking future campaigns by October 30, 2021.	0%
Strategy 2	Expand evidence-based public messaging campaigns in WV and improvement engagement with target populations.	
KPI 1	Develop new targeted campaigns for target populations that are not being reached (including LEO/first responders, legal system, journalism/media). This should coordinate with and expand upon existing campaigns and training/ educational efforts by June 1, 2021.	0%

KPI 2	Integrate current research and reporting from ongoing campaigns to modify ongoing campaigns and improve future campaigns by October 30, 2021.	0%
KPI 3	Develop and implement method for ensuring all types of media are being targeted by campaigns and track metrics. This should include print, radio, ad, public facing media, targeted material for target groups, and social media by October 15, 2021.	0%
KPI 4	Develop ongoing evaluation methods for marketing campaigns including pre-and post-testing, focus groups, and media metrics by November 1, 2021.	0%
KPI 5	Utilize research from KPI 4 to improve on current campaigns and strategies while continuing to update evidence-based state framework. Develop at least one action item from this process to broaden current efforts by December 15, 2021.	0%
KPI 6	Annually re-evaluate target populations to ensure that campaigns are addressing the broader community and adapting to ongoing messaging needs and developments in the community.	0%
Strategy 3	Develop experiential campaigns and more targeted support efforts for communities to support ongoing education and stigma awareness/reduction marketing campaigns.	
KPI 1	Establish a detailed public directory of currently or previously existing stigma reduction efforts using experiential campaigns in the state by September 1, 2021.	0%
KPI 2	Action Group in Strategy will evaluate current experiential campaign strategies alongside broader curriculum evaluation, decide what populations should be covered, and choose which methods from existing initiatives will be used by October 15, 2021.	0%
KPI 3	Action Group will develop a way to evaluate effectiveness including measuring initial and follow up levels of stigma within the target populations who receive experiential campaigns by October 15, 2021.	0%