



## SEMIANNUAL REPORT



**STATE OF WEST VIRGINIA**

**DEPARTMENT OF HEALTH AND HUMAN RESOURCES**

**A MESSAGE FROM THE CABINET SECRETARY**

As Cabinet Secretary of the West Virginia Department of Health and Human Resources (DHHR), I am pleased to present the Office of Drug Control Policy (ODCP) Semiannual Report for the second half of calendar year 2020 required by West Virginia Code §16-5T-2(c)(20).

This report covers July 1, 2020, through December 31, 2020, and provides important information on the ODCP's ongoing initiatives and strategic goals to combat the substance use disorder (SUD) crisis.

This year has taken its toll on people around the world, and West Virginia is no exception. Amid a worldwide pandemic, the drug epidemic continues, only compacted by the sense of isolation and despair caused by COVID-19. Aiding people in recovery from SUD and saving the lives of those who still suffer is an ongoing priority for DHHR and ODCP in particular.

DHHR will continue to do everything it can, in collaboration with others, to end this epidemic. This report highlights what West Virginia has achieved, builds upon the incredible work so many are doing, and maps a course toward further addressing the convergence of issues caused by SUD in West Virginia.

Our focus will continue to be on saving the lives of West Virginians. Our state deserves nothing less than solutions.

Sincerely,

A handwritten signature in blue ink that reads "Bill J. Crouch".

Bill J. Crouch  
Cabinet Secretary

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## OFFICE OF DRUG CONTROL POLICY STAFF

The West Virginia Department of Health and Human Resources (DHHR), Office of Drug Control Policy (ODCP) has had staffing changes since the previous semiannual report. These additional staff members have experience working in state government and in their areas of assignment and will be focusing on prevention and grants management. We are pleased to have their expertise and knowledge to assist in moving our mission forward.

### **Dr. Matt Christiansen, Director**



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

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

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

### **Rachel Thaxton, Assistant Director**



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

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

### **Gary Krushansky, Strategic Planner**



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

Gary has served 27 years active military duty for the West Virginia National Guard. Prior to joining DHHR, Gary served in key positions as Battalion Commander for Critical Infrastructure Protection West Virginia Joint Integration Training and Education Center, Administrative Officer for the 1092<sup>nd</sup> 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.

**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.

**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, 136<sup>th</sup> Basic Officers Class and has served as a deputy and chief deputy with the Calhoun County Sheriff’s Department.

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

**Heather McDaniel, Treatment and Recovery Program Manager**



Heather McDaniel administers, at the advanced level, the treatment and recovery portion of West Virginia’s drug control policy and provides strategic leadership, program oversight and coordination for West Virginia’s drug epidemic response for the ODCP.

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

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

**Jessica Smith, Prevention Program Manager**



Jessica Smith is the Prevention 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 DHHR's Bureau for Public Health to implement prevention work in West Virginia's emergency departments. Jessica also spent several years as the Communication Director for the Kentucky Academy of Family Physicians. She holds a Master of Arts in Communication Studies from Marshall University and is currently working on a Master of Science in Health Care Administration.

**Logan Feingold, VISTA Worker**



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

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

**Judy Akers, Project Manager**



Judy Akers works part-time with the ODCP and provides leadership with the MOHRE Project in addition to other special assignments, including collaboration with state hospitals to increase transitions to treatment programs after discharge.

She served as the CEO of Southern Highlands Community Mental Health Center for 30 years prior to her retirement in 2016. Since retirement, she has enjoyed her family and staying involved in the West Virginia behavioral health system.

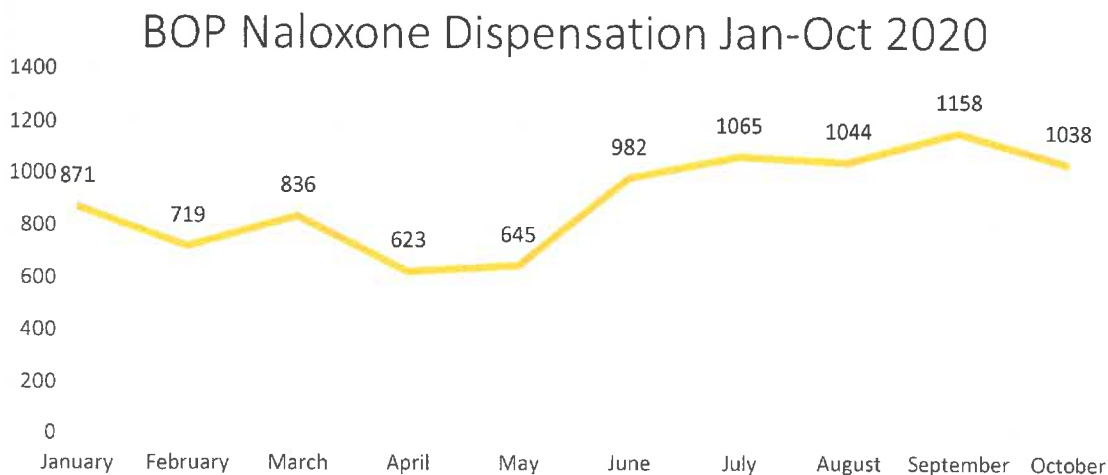


## PREFACE

As the incoming Director for the ODCP, it is my honor to present the 2020 end of year semiannual report. As a practicing physician in Huntington, West Virginia, I have seen the direct impact the programs presented in this document have had on the lives of many of my patients and in the community. Thanks to the ODCP, the Governor’s Council on Substance Abuse Prevention and Treatment, DHHR, and affiliated agencies and partners, we have a clear path forward in addressing staggering overdose numbers and achieving long-term recovery among our family, friends, and neighbors. Many of my patients would not be alive if not for the programs and the people described in this document, and I am honored to continue this good work. This document represents hope for continued progress toward sustainable recovery.

Despite the significant progress that has been made, there have been clear setbacks. The most recent data from the Centers for Disease Control and Prevention (CDC) ranked West Virginia 50<sup>th</sup> with 51.5 overdoses per 100,000 (CDC, 2018). No overdose is acceptable, but our fellow West Virginians are dying at a disproportionate rate compared to surrounding states. We saw progress prior to the COVID-19 pandemic, but just as we have seen across the nation, overdose deaths and substance use have spiked dramatically. We know that successful recovery requires connection to those around you, a meaningful role in society, and hope for a better future, and COVID-19 has stripped us of much of that. Despite difficulty in adapting to the new reality, the recovery community has responded swiftly with instituting safety protocols, moving to virtual meetings, and expansion of the use of telehealth. The ODCP has supported these efforts aggressively by purchasing apps for the use of Medication Assisted Treatment (MAT) via telehealth, and remote therapy sessions, among others. We have continued the progress in expanding communities around recovery housing and prevention via a remote Recovery Housing Conference and Prevention Summit.

Our number one call to action is to reduce overdose deaths, and when an overdose does happen, to bridge that person to treatment. With the expansion of Quick Response Teams (QRTs) programs in 28 counties, we are reaching people in this critical timeframe and moving them into treatment and recovery. We are also actively working to break down barriers after other high opportunity times such as at discharge from a medical facility, state hospital, or crisis stabilization unit, among others. The ODCP held focus groups in counties with a high overdose rate to provide information and resources that can be deployed at a local level. At the same time, the ODCP and partner organizations have expanded funding and distribution of naloxone across the state to record numbers.



Each one of these Narcan administrations represents a saved life.

We have seen grim statistics, but make no mistake, there is hope. There is hope in a vaccine for COVID-19, and there is living hope in our communities and state in the eyes of people in recovery. We know that no single person, organization, medication, therapy, or philosophy will bring success in our fight against addiction, but we also know that all of them will. One of the things that impresses me so much about this document and the work of the ODCP and its partner agencies is that it represents thousands of hours of hard work and dedication of people willing to fight for the recovery of our family members, communities, and state, which makes me confident that we will be successful in this fight.

**Dr. Matt Christiansen, ODCP Director**



## KEY ACCOMPLISHMENTS

### New Projects and Programs

#### **West Virginia 2020 – 2022 Substance Use Response Plan**

The Governor's Council on Substance Abuse Prevention and Treatment (Governor's Council) and the ODCP developed a statewide strategic plan to address the SUD crisis throughout 2019. The plan was completed and shared publicly in January 2020. Each section of the plan represents the work of one subject matter subcommittee. The ODCP, in partnership with the Governor's Council, held six regional meetings for public comment on the plan and two meetings for people with lived experience to share their feedback. Listed below is information on progress made during year one of implementation. These are broken down into quarterly reports. Once the quarter four report is approved by the Governor's Council in January 2021, it will be presented to the West Virginia Legislature as part of the summary of year one.

#### **West Virginia 2020 -2022 Substance Use Response Plan Quarter 1, 2, and 3 Reports**

The purpose of these reports is to update the Governor's Council, key stakeholders, and communities on progress in implementing the West Virginia 2020 – 2022 Substance Use Response Plan. The content of these reports will change from quarter to quarter as new initiatives are started and others already in progress are advanced or completed. Reports are not meant to be a complete description of the work being performed but serve as tools and mechanisms by which the Governor's Council can monitor progress in each of the goal areas. The reports for quarters one and two can be found on the ODCP website, <https://dhhr.wv.gov/office-of-drug-control-policy/Pages/Reports-and-Data.aspx>.

#### **Virtual Town Hall Meetings Year 2 Action Plan**

Over the last year, the ODCP and the Governor's Council have been implementing the West Virginia Substance Use Response Plan. Virtual town hall meetings were held in December 2020 to provide an overview of year one progress and solicit feedback regarding updates to the plan for year two. Each town hall meeting focused on one section of the plan: Prevention, Community Engagement, Treatment, Recovery and Research, Health Systems, Law Enforcement, Criminal Justice, and Public Education.

#### **Prevention Strategic Plan**

The Prevention Strategic Plan was completed and will be published in the 2021 Implementation Plan of the West Virginia 2020-2022 Substance Use Response Plan. There were six planning sessions involving over 30 representatives of prevention stakeholders precluded by internal planning sessions. The Prevention Strategic Plan is a statewide universal plan to address all identified prevention needs and circumvent goals and strategies to achieve prevention first outcomes.

#### **Stigma Reduction/Public Education**

A statewide public education/stigma reduction assessment survey was developed and disseminated to all prevention-focused organizations including the Prevention Lead Organizations (PLOs), Partnerships

for Success (PFS), various coalitions, universities, and community outlets. The survey sought to identify all stigma trainings that have been conducted in the state and by whom, in addition to future trainings and curriculums. The results provided a needs assessment for stigma reduction and public education across the state in order to unify efforts, reduce duplication, and fill gaps related to stigma awareness. The results of the survey were used in the development of a three-year stigma reduction/public education strategic plan. This plan will be published in the 2021 Implementation Plan of the West Virginia 2020-2022 Substance Use Response Plan.

### Substance Use Disorder (SUD) and Stigma Trainings

The ODCP, in partnership with the Bureau for Children and Families (BCF), has provided more than 25 trainings for Child Protective Service workers from all regions of West Virginia. Prior to COVID-19, the ODCP staff travelled to local DHHR offices and conducted in-person trainings. These trainings have been continued through 2020 on the Zoom platform. Each training is two hours in length and covers the

science of addiction, resources for prevention, early intervention, overdose reversal, treatment and recovery, and identifying and reducing stigma. Continuing Education Units (CEUs) are offered to participants who attend the SUD and Stigma training.



### Recovery Month West Virginia 2020

**DURING THE MONTH OF SEPTEMBER,**

**50K+ REACHED**  
during Recovery Month 2020.

**5,000 ENGAGEMENTS**  
combined through post likes, comments, shares, and other engagements among our three platforms.

**700+ VIEWS**  
on the newly created Recovery Month WV YouTube channel that hosts resources and testimonies from around West Virginia.

**120+ POSTS**  
were shared during the month of September, highlighting organizations and events happening across the state.

**VIRTUAL RECOVERY MONTH WV**  
View all the posts at [bit.ly/RM/WV2020](http://bit.ly/RM/WV2020)

During the month of September, National Recovery Month, the ODCP and local leaders coordinated a unique and groundbreaking campaign uniting hundreds of individuals and organizations to share the remarkable progress West Virginia is making in addressing SUD.

The month-long “Celebrating Connections” campaign consolidated success stories and recovery resources into a statewide social media campaign consisting of daily messages highlighting resources, trainings, and events. Posts garnering the most interest included:

- ODCP’s new Treatment and Recovery Resource Map
- A virtual presentation detailing the Jobs & Hope West Virginia program
- Governor Jim Justice’s Proclamation recognizing September as Recovery Month

The Celebrating Connections campaign also included fun and innovative features, including:

- A “Lip Sync Challenge” video featuring first responders
- A video celebrating individuals in recovery titled, “Celebration Challenge”
- A curated Spotify playlist of songs called “Recovery Rocks”

Huntington-based Healthy Connections coalition served as the lead social media partner for the campaign.

The Celebrating Connections campaign will be archived as a resource guide for other states to adapt for their community recovery efforts.

### **Recovery Housing Conference**

The Recovery Housing Conference was held on September 28-29, 2020, and targeted recovery residence owners and operators for a discussion of needs and funding opportunities. Hosted by DHHR and the West Virginia Housing Development Fund, the conference offered nine sessions over the course of two days. The 151 participants had the opportunity to learn more about recovery residences in West Virginia, discover new funding opportunities for recovery residences, and network and develop partnerships with agencies, funders, and developers.

### **Prevention Summit**

DHHR's Bureau for Behavioral Health (BBH) and the ODCP hosted Prioritizing Prevention in West Virginia: 2020 Virtual Summit, on September 16, 2020. This summit engaged state and local policymakers with practitioners and other interested community members in exploring and discussing effective prevention policies and practices that can improve the lives of people in West Virginia. The summit drew participants from across the state and from all disciplines with 454 attendees.

### **West Virginia Collegiate Recovery Network Conference**

The West Virginia Collegiate Recovery Network (WVCRN) is a consortium of collegiate recovery programs (CRPs) and communities (CRCs), faculty, staff, peer support specialists who support them, and the students who represent them.

WVCRN hosted the first statewide West Virginia Collegiate Recovery Conference on Tuesday, October 20, 2020. The event was held virtually from 10:30 am - 4:40 pm.

BBH's State Opioid Response (SOR) Program, ODCP and the West Virginia Higher Education Policy Commission were key partners in developing and expanding collegiate recovery in West Virginia. There were 107 unique individuals that participated in this conference.

### **Sobriety Treatment And Recovery Teams (START) Pilot**

The broad goals of START are to keep children safely with their parents whenever possible and to promote parental recovery and capacity to care for their children. An Announcement of Funding Availability (AFA) was released and awarded to Prester Center to pilot the first START program in Kanawha County. A decision was made to expand the pilot to include Putnam County. Prester is currently hiring program staff and engaging other agencies and magistrate court judges to garner support for the pilot.

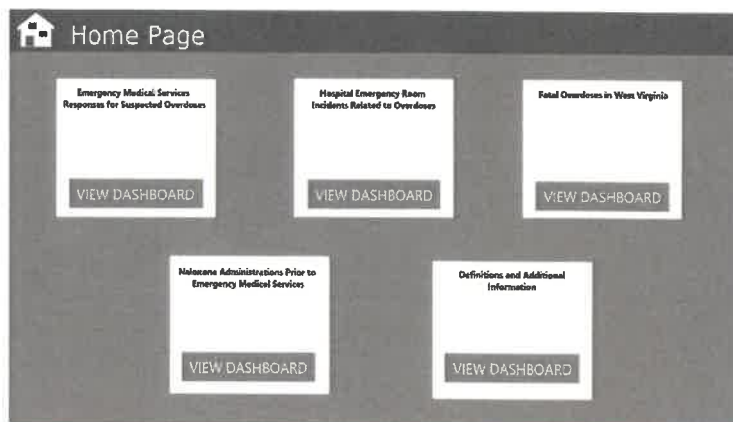
## Update on Existing Programs

### Overdose Data Dashboard

The Overdose Data Dashboard (Dashboard) went live in January 2020. The information presented within the Dashboard is extracted and compiled using the most current technology and methodology available to display suspected overdose events. The ODCP is consistently improving the process to provide the most accurate data. Therefore, as technology develops and case definitions are further refined, future reports will provide more evolving data. The goal is to engage with communities on drug spikes and trends so they can develop and implement action plans to address the issues/needs.

Data about counties with higher overdose numbers was used to inform the engagement of seven action counties in West Virginia, explained in more detail below.

Data Dashboard



### Action Counties

Initial analysis of preliminary overdose fatality data led to the identification of several counties in West Virginia with higher overdoses and overdose fatality activity. The seven action counties are: Berkeley, Cabell, Kanawha, Logan, Monongalia, Raleigh, and Wood. These counties have been designated informally as “Action Counties.” Under this designation, regular meetings are scheduled biweekly or monthly to discuss strategies to reduce overdose fatalities.

Using local data available on the ODCP data dashboard specific to each county, outreach and prevention efforts can be tailored to fit the needs of each county. The ODCP dashboard offers information regarding EMS and ER responses for overdose events and outcomes, in addition to naloxone administration and basic demographic information that can be used for targeted intervention and outreach by age group or gender. The Overdose Detection and Mapping Application Program (ODMAP) provides spatial information and a visualization of overdose activity to guide outreach and interdiction operations to areas of concentrated activity. Public health officials, treatment providers, and QRT personnel offer insight into immediate concerns and barriers to be addressed. Key agencies are identified to facilitate treatment and expedite referrals to QRTs.

Early action items identified for focus have included: QRT deployment, developing coordination with adjacent counties, increasing naloxone availability, preventative outreach to the adolescent population, developing relationships with first responders and service providers, and establishing Memorandums of Understanding (MOUs) to enable information sharing and referrals to QRTs for outreach to SUD patients. Although efforts are ongoing, efficacy may be difficult to gauge for some time. Overdose

fatality data can take some time to process through DHHR’s Office of the Chief Medical Examiner due to the investigative nature of that office. With 2019 fatality data yet to be released and a global pandemic influencing data, a solid measure of success may not be available for many months.

### Treatment and Recovery Resource Map

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

Additionally, the dashboard provides a brief explanation of the types of programs that are in the map and an explanation of the ASAM levels of care. If a user is interested in being referred to treatment instead of calling on their own, there is a phone number provided for HELP4WV, West Virginia’s 24/7 SUD and behavioral health helpline (844-HELP4WV). There is also a link to the HELP4WV website ([www.help4wv.com](http://www.help4wv.com)) where the user can instantly chat or text with a call agent for immediate help.

### Treatment and Recovery Resource Map – Youth

For help with an addiction or mental health issue contact 1-844-HELP4WV

Program Type	Facility Name	County	Phone number	Age Groups
Inpatient	Crestwood Ridge Center Adolescent Inpatient Unit	Monongalia	334-558-6400	Ages 13-18
Inpatient	Elkins Mountain School	Randolph	334-637-8000	13-17, males only
Inpatient	Highland Charleburg Hospital	Hancock	824-969-8100	Ages 5-17
Inpatient	River Park Hospital	Cabell	334-526-9111*	4-17, 12-17 depending on the program
Inpatient	USL Bridgeport Children's Crisis Unit	Harrison	824-648-2100	Ages 4-18
Outpatient	Appalachian Community Health Center Inc	Boone	331-623-3873	A1 ages
Outpatient	Appalachian Community Health Center Inc	Randolph	334-636-3232	A1 ages
Outpatient	Appalachian Community Health Center Inc	Taylor	334-478-2764	A1 ages
Outpatient	Appalachian Community Health Center Inc	Upshur	334-412-2622	A1 ages

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

### CHESS Health Connection App

As the COVID-19 pandemic emerged, there was a need to consider and implement innovative strategies that foster connections in the recovery community. The Connections App from CHESS 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.

- Currently, 45 providers are using the app with their patients, and to date, patients have sent more than 11,000 messages on the app.
- Staff have been truly engaged and have sent over 8,000 messages to their patients.
- More than 700 patients (those enrolled with a provider and those enrolled under the public entity) are actively using the app.
- Of those using the app, the average age is in the 26-40 age group, and 55percent are female.
- More than 17,000 Brief Addiction Monitoring surveys have been taken.
- 700 e-therapy licenses have been used.

- In October, Chess Health hired a peer support specialist specifically to focus on the statewide discussion group which resulted in a significant increase in message activity.
- More than 100 people have used the recovery help button, and 150 relapses were reported. However, those reporting relapse or needing support have been embraced by the community and provided with encouragement.

### **Trainings by National Experts**

#### **Hazelden Betty Ford Foundation**

The Hazelden Betty Ford Foundation (Hazelden) has been engaged to share its Comprehensive Opioid Response with the Twelve Steps (COR-12) model of treatment that is centered around embracing the multiple pathways of recovery. The COR-12 model is a person-centered approach to the treatment of opioid use disorder (OUD) that utilizes the best of science along with the enduring lived experience of recovery. Hazelden experts also share their experiences and lessons learned through training and technical assistance on the integration of medication-assisted recovery utilizing the COR-12 model. Consultation services include agency interviews, plan development, and coaching. Trainings include evidence-based practices and manualized curriculum in support of the COR-12 model. Trainings were held during September with more to follow.

- September 1, 4, 9, 24: COR-12: Trainings and Pilot Program: Evidence-based treatment for both SUD and mental health issues integrating peer recovery using lived experience of recovering individuals and families. This evidence-based treatment has shown that patients participating in this program have a higher rate and length of recovery
- Seventy-six providers attended the first session; 66 attended the second session; 55 attended the third session; and 32 attended the fourth session. Approximately 26 different provider organizations throughout the state attended the trainings.

#### **Dr. Richard Rawson**

Dr. Rawson has completed two trainings for the state of West Virginia on best practices in treating Methamphetamine Use Disorder, including Contingency Management. Through an agreement with DHHR and SOR funding, he is consulting with various treatment providers across the state to bring innovative ideas and solutions needed to address the rising trend.

- Dr. Richard Rawson and Al Hasson – Methamphetamine Use Disorder and Contingency Management using the Treatment for Individuals who Use Stimulants (TRUST) protocol
- The trainings had 343 attendees and ongoing trainings continue with smaller groups
- Grant opportunity for Intensive Training of Trainer
  - Six grants awarded
  - Eight 2-hour sessions
  - Bi-weekly follow up calls with agencies after the eighth session

#### **Dr. Louis E. Baxter, Sr., M.D.**

Dr. Baxter is well versed in the current evidence-based practices (EBPs) that are effective for detox and withdrawal management and implementing EBPs in real world treatment programs.



- Dr. Louis Baxter – Withdrawal Management and Detox Protocols with Crisis Stabilization Units (CSUs)
  - Initial 4-hour training
  - Three 2-hour small group consultative sessions
  - One-hour review of case scenarios and review of one agency's detox protocols
- Eighty-six attendees

### **Crisis Stabilization Unit (CSU) Pilot Project**

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

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

These grants were issued for the pilot project period April 1, 2020 – September 30, 2020.

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

### **County Recovery and Empowerment Pilot**

Pursuant to W. Va. Code §16-5T-6, effective March 7, 2018, the ODCP established two community overdose response demonstration pilot projects in West Virginia counties. Full summaries of those pilot projects are submitted to the Legislative Oversight Committee on Health and Human Resources Accountability yearly by the ODCP. Those summaries can be found in Appendix C, Berkeley and Jefferson Counties – West Virginia University Pilot, and Appendix D, Wyoming County – Marshall University Pilot.

### **West Virginia Alliance of Recovery Residences, Inc.**

[West Virginia Alliance of Recovery Residences \(WVARR\), Inc.](#) is the first statewide recovery community organization to ensure that national recovery residence standards are consistent across the state and will serve all recovery residences seeking certification throughout West Virginia with advocacy, training, start-up assistance, compliance issues, accreditation offerings, and data collection. WVARR officially became a 501(c)(3) nonprofit corporation in West Virginia and secured a review model from the state of Ohio. West Virginia certification opened publicly in November 2020. The link to apply is posted on the WVARR website. The agency put together a certification packet to help recovery residence operators navigate the process. There are currently 35 residences in progress to become certified.

### **Collegiate Recovery Programs**

Collegiate Recovery Programs have been supported by the ODCP since 2018. These programs provide supportive environments within campus culture that reinforce the decision to engage in a lifestyle of recovery from substance use. This year, the programs were granted more funding to support the growing need for recovery resources in higher education settings. There are currently six funded



Collegiate Recovery Programs working with the ODCP: West Virginia University, Marshall University, BridgeValley Community and Technical College, West Virginia State University, Concord University, and WVU Tech. The ODCP hosts regular meetings with the CRPs and the West Virginia Collegiate Recovery Network, which is supported through SOR allocated from BBH.

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

### **Law Enforcement Assisted Diversion (LEAD)**

The Law Enforcement Assisted Diversion (LEAD) program is a pre-booking diversion program aimed at diverting low level criminal offenders away from incarceration and into treatment centers to receive definitive care for their underlying addictions.

Goals of the LEAD program are to:

- Reduce crimes related to drug use
- Lower county incarceration costs
- Improve community-police relations
- Decrease recidivism
- Reduce opioid overdose deaths

Currently, LEAD is managed through six Comprehensive Behavioral Health Centers and encompasses 18 counties throughout West Virginia, including Calhoun, Clay, Greenbrier, Fayette, Kanawha, McDowell, Mercer, Monroe, Nicholas, Pocahontas, Raleigh, Summers, Webster, Wirt, Wood, Wyoming, Gilmer and Braxton counties. Although the onset of COVID-19 has forced isolation and social distancing, the LEAD program has diverted over 108 individuals from incarceration and the judicial system and into treatment with an estimated savings of \$36,600. Due to a recent grant approval, LEAD will be expanding to three additional counties, Berkeley, Monongalia and Cabell, and will include two new comprehensives in early 2021

### **Quick Response Teams (QRTs)**

QRTs are teams of professionals who contact people within 24-72 hours of an overdose to connect them to treatment and other services. QRTs are being expanded in West Virginia. There are currently 21 high-need counties being covered, with seven QRTs under development for their respective county. Within the next 60 days, the ODCP anticipates 28 counties being covered, with the addition of Berkeley, Boone, Jackson, Lincoln, Marion, Mingo and Wayne counties.



introduce the concept and begin the development of the guidelines. A subcommittee headed by Taucha Miller, Addiction Specialist with St. Mary's Medical Center, is being formed to write the first draft.

### **Jobs & Hope West Virginia**

The Jobs & Hope West Virginia program began in August 2019 and offers support through a statewide collaboration of agencies that provide West Virginians with linked services and the opportunity to obtain career training and ultimately secure meaningful employment. Jobs & Hope West Virginia was established by Governor Jim Justice and the West Virginia Legislature. The ODCP has been instrumental in the start-up of this project and continues to work exhaustively on addressing program expansion and continuation. West Virginia is believed to be the first state to take this unique, overarching approach.



- There are 21 Transition Agents working with participants in the seven WorkForce WV regions covering all 55 counties.
- There are 1,980 active participants; 853 individuals have been employed and 481 are enrolled in educational training as a result of Jobs & Hope West Virginia.
- Peer Recovery Support Specialists have joined the Jobs & Hope West Virginia teams to connect individuals with community resources for sustaining long-term recovery.
- Solutions for transportation, child care, drug screening, dental/vision, expungement, and recovery residence barriers have been added.

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



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

ATLAS measures addiction treatment facilities' use of best practices through a combination of validated data sources and reports the results of these measures publicly. ATLAS will continue to collect feedback from patients in a crowdsourcing fashion and will display this information publicly once a minimum threshold of 20 patients have submitted responses on their experience at a given facility.

ATLAS has been implemented in Delaware, Louisiana, Massachusetts, North Carolina, New York, and West Virginia, and will be expanded to additional states in year two.

The ODCP and BBH maintain consistent communication with the ATLAS team and conduct bimonthly ATLAS state advisory committee meetings with key stakeholders to guide the project. The focus for year two will be the integration of ATLAS into preexisting state resources and the marketing of this unique tool for West Virginians.

## Prevention/Early Intervention Initiatives

- Funding from the Strategic Prevention Framework for Prescription Drugs (SPF Rx) and Substance Abuse Block Grant supports drug take-back activities to decrease potential diversion. A Drug Take-Back Day was held on October 24, 2020. According to the United States Drug Enforcement Administration's Take-Back Day website, (<https://takebackday.dea.gov/>), West Virginia collected 5,865 pounds of medication during this event; however, it is important to note that not all medications collected are controlled substances. During the past year, permanent lock box locations around the state collected an additional 1290.1 pounds of medication. Also, 4,406 Drug Deactivation Kits were distributed in West Virginia this past year.
- Additional activities implemented with SPF Rx and Substance Abuse Block Grant monies include information dissemination, environmental strategies, and prevention education. The estimated number of individuals reached using both direct and indirect metrics is over 12 million with some individuals reached multiple times. Examples of these activities include radio advertisements, social media campaigns, inserts in newsletters and magazines, prevention education targeting children and youth, and distribution of print materials.
- Help & Hope West Virginia efforts include a website supported by DHHR's BBH and social media sites that share resources, events, and education information related to the drug crisis in West Virginia.
- BBH partnered with the West Virginia Department of Education and was awarded a Project Aware Grant in September 2020. This grant will increase the number of Expanded School Mental Health sites in the state by nine. These programs are crucial in providing all levels of prevention and intervention within a school, from prevention to as-needed counseling. Currently, there are 46 Expanded School Mental Health sites in West Virginia.

## Highlights of Treatment and Recovery Initiatives

- The ODCP, in conjunction with the West Virginia Division of Justice and Community Services (DJCS), was awarded a \$6 million, three-year Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP) grant. This grant will expand and implement QRTs, LEAD, and the Angel Initiative to work collaboratively in nine counties allowing for additional pathways and access to treatment.
- The Substance Abuse and Mental Health Services Administration First Responders-Comprehensive Addition and Recovery Act (SAMHSA FR-CARA) grant has provided 8,981 naloxone kits to first responders around the state.
- Under West Virginia's SUD 1115 Waiver (2018-2022), which provides coverage for more SUD service continuum, the residential bed capacity and number of peer recovery support specialists continues to rise. Ongoing evaluation of the 1115 Waiver includes its impact on access to MAT.
  - As of November 23, 2020, DHHR's Bureau for Medical Services (BMS) (West Virginia Medicaid) has approved 1,090 treatment beds (557 coed; 271 female; and 262 male), and 299 beds have been added since July 2020.
  - July 2020
    - 229 Level 3.1 beds
    - 452 Level 3.5 beds
    - 108 Level 3.7 beds (72 community-based; 36 hospital-based)
  - November 2020
    - 345 Level 3.1 beds (+116)
    - 602 Level 3.5 beds (+152)
    - 144 Level 3.7 beds (108 community-based; 36 hospital-based) (+36)

- As of October 31, 2020, 751 waived providers are enrolled to provide services.
- The ODCP has awarded grants through the Ryan Brown Addiction Prevention and Recovery Fund and Jobs & Hope West Virginia funding for new recovery residence capacity, specifically for programs that allow for and facilitate access to all three U.S. Food and Drug Administration (FDA) approved forms of MAT.
- The number and capacity of Peer Recovery Support Specialists (PRSS) continues to increase through training and skill development. In July 2020, there were 619 PRSS certified by BMS for potential reimbursement under its SUD waiver. Currently, there are 895 certified PRSS.
- BBH held Peer Recovery Ethics Workshops on October 14-16. This three-part workshop, led by Dave Sanders, BBH, and attended by 72 individuals, provided training on the skills and attitudes of the ethical practice of peer support. Ethics in the delivery of recovery support services is crucial to the success and quality of those services. Through discussion and practice sessions, participants examined the ethical responsibilities of peer supporters and discussed ethical scenarios in small group settings.
- Naloxone has been provided to a wide variety of programs and agencies that serve a high-risk population for overdose throughout the state. The Prescription Drug Overdose (PDO) grant has provided 7,278 kits to local health departments and other community agencies with the capacity to distribute in targeted high-risk counties. Through the State's Targeted Response (STR) to the Opioid Epidemic grant, 10,108 kits have been provided to MAT programs, Crisis Stabilization programs, EDs, Harm Reduction Programs, and QRTs throughout high-risk counties in the state.
- The ODCP has established a naloxone workgroup with membership from DHHR's BPH and BBH, community partners, and others to help guide the naloxone distribution through the various funding sources. The work of this group included the development of a Naloxone Toolkit that consists of state code and West Virginia Board of Pharmacy regulations and guidelines as well as sample policy and standing order language that can be used to assist programs and agencies in the proper handling and distribution of naloxone. This Naloxone Toolkit can now be found on the ODCP website: <https://dhhr.wv.gov/office-of-drug-control-policy/news/Pages/Naloxone-Distribution-Toolkit.aspx>. Next steps for this guidance include the dissemination to hospitals in West Virginia to facilitate the distribution of these life-saving kits in ERs.
- Bright Heart Health provides 24/7 telehealth and MAT services for SUD. Services are offered through a smart phone, tablet, or laptop with internet access and audio and visual capabilities. Bright Heart accepts Medicaid, Medicaid HMOs, and Highmark BCBS. Services include MAT, group therapy, individual therapy, and drug screening.
- Information from the Data Warehouse on MAT treatment providers is included below in the monthly MAT map. The map below represents claims data information current through August.



## UNDER DEVELOPMENT

### **Yale Grant**

The ODCP and Yale University School of Medicine are working on a project called the Multisite Opioid and HIV Response Endeavor or MOHRE. The goals of MOHRE are to increase medication-assisted therapies to treat OUD, to prevent new HIV and hepatitis C virus (HCV) infections, to improve engagement in HIV and HCV care in those already infected, to integrate HIV prevention and treatment into services, to treat OUD, and to guide policies associated with improving access to medications to treat OUD.

Dr. Frederick (Rick) L. Altice and Dr. Lynn Madden are providing facilitation and coaching for the project. Dr. Altice is a professor of Medicine, Epidemiology, and Public Health and is a clinician, clinical epidemiologist, intervention and implementation science researcher at Yale University School of Medicine and School of Public Health. Dr. Altice received his medical degree from Yale. Dr. Madden has served as Chief Executive Officer of the APT Foundation, a non-profit agency founded in 1970 by members of the Yale University Department of Psychiatry to promote health and recovery for those who live with SUD or mental illness, or both. Dr. Madden has a doctorate from Union Institute & University.

Judy Akers is the West Virginia liaison for the project.

### **Quick Response Team (QRT) Data Dashboard**

QRT data is collected in the Cordata database. QRTs report new cases, interactions, referrals, connections to treatment, and other case activity. The ODCP is working with Cordata to develop a reporting protocol and dashboard that can be displayed on the ODCP website. This dashboard is intended to be published in 2021.

### **ODCP and FBI Collaboration**

The ODCP is currently working on solidifying an MOU with the Federal Bureau of Investigations (FBI) to study the effects of a large drug bust on the rate of overdose events, drug availability, and other drug use patterns in a geographic area.

The FBI would provide the date, type of drug bust, and the location (county) where it occurred. The ODCP would use the date and county of the seizure to conduct retrospective and prospective data collection.

### **QLA Project and Advisory Committee**

QLA stands for Quick Response Team, LEAD, and Angel Project. The ODCP and the West Virginia Division of Corrections and Rehabilitation were granted \$6 million in funding from the U.S. Department of Justice, Bureau for Justice Assistance. This funding came in the form of a COSSAP grant.

Through the ODCP, West Virginia has implemented several initiatives to address the drug epidemic and fear associated with asking for help, including adopting and promoting several programs of Pre-Arrest Diversion (PAD). PAD programs provide an alternative to arrest and incarceration for people who suffer from substance use disorder and mental health disorders. There are many models of pre-arrest diversion. All have a shared goal of moving people from criminal justice systems into treatment and



social support systems. Through various efforts, West Virginia has taken steps to implement three models of PAD: QRT, LEAD, and the Angel Initiative. To this point, these initiatives have been implemented separately and with various levels of funding and support. This grant will allow for West Virginia to align and coordinate the services provided by QRTs, LEAD and the Angel Project, creating a comprehensive approach that will effectively divert people with SUD out of local jails and prisons and move them into treatment services. This integrated approach will be known as the West Virginia QLA Early Intervention Program.

Utilizing funds from this grant, Huntington's QRT will be a flagship model to other QRTs in West Virginia to begin this collaboration. They will continue to successfully operate their QRT, begin a LEAD program, and implement the Angel Project within Cabell County, as well. Combining these organizations will allow for an outreach team that deals with hospital systems, legal communities, and members of the public in one conjoined effort. To expand this collaboration throughout West Virginia, DJCS has analyzed data points around overdose fatalities and arrest records. Using a cross section of that data DJCS has determined that this funding will be used to expand the services of QRT, LEAD, and the Angel Project to the areas with the highest need for services, which include: McDowell, Mercer, and Wyoming counties (as one region), Berkeley, Cabell, Kanawha, Monongalia, Raleigh, and Wood counties.

### **The Angel Project**

During the 2020 Regular Legislative Session, the passage of Senate Bill 838 created the Angel Project. Modeled after a successful program in Kentucky (Kentucky State Police Angel Initiative), this proactive approach allows West Virginia State Police to refer people to treatment when they present to a State Police Post seeking assistance for SUD. Now codified at W. Va. Code §15-2-55, the bill provided that a person who is voluntarily seeking assistance through this program, they shall not be placed under arrest, shall not be prosecuted for the possession of any controlled substance or drug paraphernalia surrendered to the State Police, and shall be promptly referred to a community mental health center, medical provider, or other entity for substance use treatment. This will allow for increased access to treatment, decreased overdoses and fatalities, and a reduction in the fear of arrest and incarceration for those seeking help. The ODCP is currently seeking grant funding for the implementation of this project.

### **CDC Overdose to Action Grant**

The ODCP is partnering with DHHR's BPH on implementation of CDC's Overdose to Action grant. The purpose of this grant is to advance the understanding of the opioid epidemic and improve prevention and response initiatives.

### **Stigma Reduction**

One of the largest barriers to SUD treatment is stigma. In an effort to help address this in West Virginia, Stigma Free WV was developed with federal grant funds awarded to DHHR's BBH to share information about SUD to break down this barrier. Additionally, more content for Stigma Free WV and trainings to address stigma are sponsored by multiple funding sources. SOR funding is being used to develop and implement a statewide marketing campaign to address stigma related to MAT.

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

Year-end reports are prepared to update the Governor's Council, key stakeholders, and communities on the progress being made toward achieving what is presented yearly in implementation plans extracted from the West Virginia 2020-2022 Substance Use Response Plan. In addition, this reporting process facilitates an important dialogue on initiatives and issues of importance. The Year 1 Report will be finalized and published in February 2021.

### **West Virginia 2021 (Year 2) Implementation Plan**

The year two implementation plan draft has been vetted by the public during the virtual town hall meetings held throughout December. Public comment is now being incorporated into a final draft for approval. The Governor's Council will review this draft for approval in January 2021. The final version of this plan will be posted to the ODCP website.

## CONCLUSION

During my brief tenure thus far as the ODCP Director, I continue to be impressed by the efforts to support recovery across West Virginia, despite an ongoing pandemic. We have seen clear setbacks this year that no one anticipated, but this document outlines the progress still being made to address the ongoing SUD crisis. In the coming year, we will continue to focus on achieving the goals of the Year 2 Strategic Plan, which is in the public comment period at this time. We will double down on overdose prevention, as well as stimulant use disorders, expanding evidence-based prevention and stigma reduction measures, and strengthening avenues for treatment and recovery. Despite the national setback caused by COVID-19, this continued progress solidifies our position as a national leader in addiction response, recovery, and to help our youth develop the skills they need to live more full and productive lives.

Dr. Matthew Christiansen

## Appendix A

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

**Chair:**

Brian Gallagher, Marshall University School of Pharmacy

**Ex-Officio Members:**

Dr. Craig Boisvert, School of Osteopathic Medicine

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

Dr. Clay Marsh, West Virginia University School of Medicine

Dr. Allen Mock, Chief Medical Examiner

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

Melanie Purkey, Superintendent, West Virginia Department of Education

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

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

Dr. Ayne Amjad, State Health Officer and DHHR Commissioner for the Bureau for Public Health  
U.S. Attorney's Office

**Members:**

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

Dr. James Berry, Chestnut Ridge Center

Matt Boggs, Alkermes Pharmaceuticals

KC Bohrer, Morgan County Sheriff

The Honorable Jordan Hill, West Virginia House of Delegates

Major General James Hoyer, Adjutant General, West Virginia National Guard

Betsy Steinfeld Jividen, Division of Corrections and Rehabilitation

Dr. Michael Kilkenny, Cabell-Huntington Health Department

The Honorable Michael Maroney, West Virginia Senate

Dr. 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

Kim Barber Tieman, Benedum Foundation

Dr. Garrett Moran, West Virginia University

## Appendix B

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

**Steering Committee:** Provides vision, oversight, guidance, and direction to various subcommittees and external organizations critical to the development of the West Virginia 2020-2022 Substance Use Response Plan. Conducts meetings, creates agendas, and approves timelines to synchronize efforts among Council members. Approves criteria that is specific, measurable, attainable, relevant, and time-based (SMART).

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

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

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

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

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

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

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

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

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

**Recovery, Treatment and Research:** Develops SMART action plans among recovery and treatment facilities that define SUD success. Provides empirical data that helps to outline the trends and problems of SUD in West Virginia. Advises Council and government officials on recommended policy changes. Promotes MAT and other evidenced-based activities, supports drug free families and addresses Neonatal Abstinence Syndrome. Develops the portion of the strategic plan related to recovery, treatment and research activities, advises regarding implementation, and serves as subject matter experts in aiding local implementation and adoption of recommendations. Offers advice and assistance and directs relevant research activities concerning SUD.

Chair: Dr. James Becker  
Members: Dr. James Berry  
Dr. Stephen Petraney  
Dr. Garrett Moran  
Matthew Boggs  
Jorge Cortina  
Frank Angotti  
Rebecca Roth  
Senator John Unger

**Community Engagement and Supports (housing, employment, etc.):** Develops SMART action plans pertinent to local community involvement that define SUD success. Includes Small Business Administration, local mentors, schools, youth groups, associations, National Guard affiliates, faith-based organizations, business, industry, and labor organizations. Advises regarding anti-stigma campaigns. Provides recommendations on best practices to help communities and local groups organize and combat SUD in their communities. Develops the portion of the strategic plan related to community engagement, housing, employment and related matters, advises regarding implementation, and serves as subject matter experts in aiding local implementation and adoption of recommendations.

Chair: Kimberly Tieman  
Members: Amy Saunders  
Dr. Deborah Koester  
Matthew Boggs  
Kathy D'Antoni  
General James Hoyer  
Steve Roberts  
Michael Clowser  
Dr. Emma Eggleston

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

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

**Recovery Community Subcommittee:** The WV Office of Drug Control Policy and the Governor's Council on Substance Use and Prevention understands that people in recovery from substance use disorders play a critical role in addressing the epidemic of substance use and misuse in West Virginia. Therefore, the Council has convened a subcommittee comprised of people in recovery from a substance use disorder to provide meaningful input and represent the recovery community at-large. The Recovery Subcommittee is inclusive, diverse, and representative of the larger recovery community across the

state. Each of the seven regions designated by legislation for the Ryan Brown Fund are represented with at least one person serving their respective region.

Chair:	Matt Boggs
Members:	Rachel Thaxton
	JoAnna Vance
	Cliff Massey
	Raj Masih
	Kevin Knowles
	Greg Perry
	Joe Deegan
	John Dower
	Marc Jackson
	Nick Cochran
	Deidra Gravely
	Nic Webb



## Appendix C

### Berkeley and Jefferson County Overdose Response Demonstration Pilot Project – West Virginia University 2020 Project Summary

W. Va. Code §16-5T-6 requires the Office of Drug Control Policy (ODCP) to establish county-level Community Overdose Response Demonstration Pilot Projects. On August 1, 2019, WVU Health Sciences Center Eastern Division (WVU HSC EAST), in collaboration with community partners in both counties, launched the Berkeley and Jefferson Counties Demonstration Pilot Project. This report details the progress the pilot project made over the course of 2020.

This pilot project builds upon community assets and develops a coordinated community action response to prevent and combat the impact of substance use disorder (SUD) and opioid use disorder (OUD) in Berkeley and Jefferson County families. Evidence-based practices across the continuum from prevention to recovery have been implemented in each county, expanding upon existing strategies and programs while launching new initiatives in the following areas:

- Rural outreach to bring services and education directly to communities: Community Outreach for Resources and Education (CORE)
- Supporting families with SUD
- Naloxone education and distribution
- Stigma reduction

The WVU School of Public Health is evaluating the Berkeley and Jefferson Counties Pilot Project to determine its impact. Successful and unsuccessful approaches will be shared with other counties and communities in West Virginia to promote understanding of specific models and innovative activities effective in preventing and reversing overdose; reducing stigma; and providing comprehensive services across the continuum of care for individuals, mothers, and families impacted by SUD.

#### **Project Goal and Objectives**

***Goal: Develop and implement innovative, evidence-based initiatives in a community response to prevent overdose in Berkeley and Jefferson counties.***

#### **Objective 1: Establish and launch rural outreach teams to bring services and education directly to communities - Community Outreach for Resources and Education (CORE)**

This objective includes the hiring, training and launching of two teams, one in each county, to deliver comprehensive harm reduction programs, prevention, education, case management, behavioral health services, and public health services to individuals and their families in need. CORE Teams are launched and serve in each county. Each week, they conduct mobile outreach to organizations, families, and individuals and connect people to the specific help, education, services, and resources they need. Over the months of August, September, and October they planned and hosted “outreach events” to promote recovery success stories, overdose awareness, and naloxone access. In December of 2020, they engaged and partnered with local churches to reduce stigma in their congregations and conducted street

outreach with church members in high-risk areas. Both teams remain active during the COVID-19 pandemic, and physical outreach continues as team members adhere to strict safety guidelines.

**Objective 2: Provide wraparound care and support for women and families via Critical Interventions to Recover through Community Linkages and Empowerment (CIRCLE)**

This objective includes the hiring, training, and launching of a Multi-Disciplinary Team to provide comprehensive, wraparound care and services consisting of case management, behavioral health, linkages with DHHR's Child Protective Services, and additional community resources to mothers, children, and families. The CIRCLE initiative is now fully launched, and the number of families and individuals enrolled in the program is increasing each month.

**Objective 3: Expand naloxone education and distribution throughout each county**

This objective includes addressing common misconceptions and reducing stigma to increase access to naloxone for first responders and the larger community. In 2020, all project personnel received the necessary training to distribute naloxone to community members. As of December 1, 2020, over 100 community members have received Narcan training and kits. This includes staff and management in common overdose settings such as libraries, churches, convenient stores, motels, etc.

**Objective 4: Coordinate a targeted stigma reduction campaign in systems and communities in both counties**

This objective includes using evidence-based curricula to develop an educational program that reduces stigma in the general community and in health care systems. Meetings and trainings led to the development of a stigma reduction plan including the identification and justification of the specific sectors to focus on specific stigma reduction interventions tailored to those populations. The plan was launched in January 2020 and expanded to include evidenced-based curricula to train individuals how to best cope during the COVID-19 pandemic.

**Objective 5: Engage the community and establish structured mechanism for stakeholders in each county to guide project initiatives and provide consistent feedback and recommendations**

This objective includes the establishment of a bi-county steering committee to engage stakeholders. COVID-19 significantly impacted this objective. However, input from existing community collaboratives is helping to drive project activities, increase referrals to project programs, and develop creative solutions to conducting outreach and care during the pandemic.

**Objective 6: Coordinate with WVU School of Public Health to develop a robust evaluation plan of the Demonstration Pilot Project in Berkeley and Jefferson counties**

This objective includes the collection and analysis of all project data on a quarterly basis. In the first year of project implementation, a full evaluation plan was drafted. Currently, data is being collected and submitted each week to the evaluation team. At the end of year 1, the evaluation team conducted a survey of project personnel to capture the perceived success and challenges of the project. The results of the surveys drove strategic meetings and critical changes to project activities.

**The Year Ahead**

In 2021, the work beneath each objective will continue to expand. The CORE and CIRCLE programs will

increase the number of individuals they serve and the locations and settings of the mobile outreach. As uncertainty around COVID-19 remains, this project will continue to be flexible and adapt to safely meet the needs of community members in need of help.

Partnerships will continue to be explored with local organizations across prevention, treatment, and recovery, to include their personnel and services on certain days of outreach as determined by need. Discussions with local EMS partners, Berkeley County Emergency Ambulance Authority and Jefferson County Emergency Services Agency include how to coordinate CORE Team services with local Quick Response Teams and ensure a response to individuals and families following an overdose.

Using real-time data from the evaluation team, project personnel will be able to determine the impact of these programs and make necessary changes to meet the emerging needs of communities in Berkeley and Jefferson counties. The Demonstration Pilot Project website is expected to launch in January 2021. This will be a portal for individuals and community organizations in need of resources or education to navigate and receive the specific help they need. In addition, some data from the evaluation team will be published to this site for other counties in West Virginia to learn the specific components of the project determined to be successful.

Finally, with a core goal of this project and dedicated time focused on developing a sustainability plan, in 2021, project personnel expect to formalize a plan influenced by the community relationships, collaborations, and, as a result, strengthen the coordination between multi-sectoral agencies working across the continuum of care to enhance West Virginia communities' ability to collectively respond to individuals and families impacted by SUD and OUD following the end of the funding period.

## **Conclusion**

In 2020, ODCP, pursuant to W. Va. Code §16-5T-6, established a Community Overdose Response Demonstration Pilot Project in Berkeley and Jefferson counties. Key accomplishments during this phase of the project period are:

- 1) Launching two community-based mobile teams across Berkeley and Jefferson counties capable of physically or virtually providing services to individuals and families suffering from the impacts of SUD in a wide variety of community settings.
- 2) Launching and expanding the CIRCLE program to tailor services to meet the specific needs of families in Jefferson and Berkeley counties.
- 3) Strategically distributing naloxone into the hands of the individuals at risk of overdose and their friends and families.
- 4) Launching an evidence-based approach to addressing stigma across different sectors.
- 5) Incorporating stress relief curricula to help professionals best cope during COVID-19.
- 6) Strengthening and increasing additional community partnerships to help implement and guide project interventions, including the plan for sustainability.

## Appendix D

### Wyoming County Overdose Response Demonstration Pilot Project – Marshall University November 2020 Project Summary

W. Va. Code §16-5T-6 requires the Office of Drug Control Policy (ODCP) to establish Community Overdose Response Demonstration Pilot Projects in several West Virginia counties. See W. Va. Code §16-5T-6. In collaboration with community partners, Marshall University has launched the Wyoming County pilot project.

This pilot project builds upon community assets and develops infrastructure for a coordinated system of addiction care to provide prevention, early intervention, treatment, and recovery support to impact substance use disorder (SUD) and opioid use disorder (OUD) in Wyoming County.

The well-established partnerships and ongoing collaborative efforts that exist in Wyoming County have been leveraged as a catalyst through the development of a coordinated Wyoming County System for Addiction Care that addresses various needs across a continuum. Underlying all aspects of the model is the need for stakeholder collaboration and coordination to effectively establish systems of care in local communities.

As part of this project, the Wyoming County HOPE Coalition was developed with the philosophy that “recovery should not be harder than staying in active addiction.” The Coalition is a consortium of more than 20 organizations that meet regularly, working together to make a difference in their communities. The Coalition’s plan is intended to implement multidimensional strategies in five areas: prevention, early intervention, treatment, recovery, and building recovery supports by identifying strengths, providing access, and becoming a sustainable model of recovery. This report, drafted one year after distribution of funding, provides a comprehensive update on progress to establish and strengthen the Wyoming County System for Addiction Care.

The approach used for the Wyoming County Community Overdose Response Demonstration Pilot was to develop a continuum of care where individuals can be met “where they are” and can access needed resources regardless of where and how they move along the continuum. This summary provides an update for each of the areas in accordance with the defined and approved statement of work for the project with subsequent reports also provided quarterly. Using this approach, Wyoming County is building and strengthening system infrastructure to have measurable impact in saving lives and changing the course and future of individuals, children, and families impacted by SUD and the opioid epidemic using data-driven decision making, evidence-based strategies, and innovation that results from the collective expertise of Consortium members.

#### **Project Goals and Objectives**

A summary of progress for each component of the continuum of care that is being developed in Wyoming County is provided below, including the impact of COVID-19 at the local level. While the pandemic has presented numerous challenges, it has also resulted in many successes as services have been sustained in needed, innovative ways.

## Prevention

In the area of prevention, the Wyoming County HOPE coalition is utilizing funding to invest in programs and curriculum for school-age youth to increase the existing prevention system. The overall objective continues to be development and implementation of innovative, evidence-based prevention initiatives. In 2020, the “Too Good for Drugs Curriculum” was implemented through the fall semester, and in the spring until March 2020 when school was closed due to COVID-19. Since then, the Wyoming County Board of Education has held school in person only eight days this fall; thus, COVID-19 has significantly impacted this component of the planned prevention activities. Wyoming County has been successful, however, in transitioning the Future Leaders Program to a ‘touchless, virtual format’ to maintain critical connections with enrolled high school students. Subsequently, the fall 2020 semester has seen 69 students from Westside High School and 116 students from Wyoming East High School remain engaged. This is an increase of approximately 60 additional students in 2020 as compared to one year ago. Highlights from the 2019-2020 Future Leaders Program for the past year, until school was disrupted, can be found at the link below with evaluation ongoing to understand the impact of virtual delivery of the program and virtual activities as it is being delivered currently.

<https://www.facebook.com/1358372032/posts/10217760618991380/?d=n>.

## Early Intervention

For early intervention, the Wyoming County HOPE Coalition is utilizing funding to invest in local programs that can reduce the harm associated with substance use disorder and to ‘meet people where they are,’ including through comprehensive harm reductions services and referral to treatment. A primary objective of early intervention is to expand and strengthen comprehensive harm reduction services, including needle exchange to reduce the risk of blood-borne transmission of HIV and other infectious diseases, distribution of naloxone to reduce overdose deaths, and to increase opportunities to link individuals to treatment among persons who inject drugs in Wyoming County. Since funding was received, comprehensive harm reduction services have been provided via a mobile unit that weekly visits two locations in the county, with the addition of a third location in the planning phase. In addition, the comprehensive nature of the program assures that hepatitis C and HIV testing, hepatitis A, hepatitis B, and flu vaccine administration are provided to harm reduction clients, in addition to syringe services and naloxone education/distribution.

The program collects data monthly on overdose events from program participants to enable ongoing responsiveness to what is occurring in the county. For example, during the spring, the county saw an uptick in overdose incidents. The Wyoming County Harm Reduction program responded by increasing efforts to distribute Narcan in the community which seemed to help lower the overdose cases. Sadly, some overdoses are still being reported. In June 2020, their clients reported five overdoses, in July 2020 there were seven overdoses reported, and in August, six overdoses were reported. This reporting directly from program participants provides near real time data which can be aggregated monthly and over time. No fatalities have been reported through Harm Reduction Program participants as of the time of this report. The recovery coaches from the Harm Reduction Program, Southern Highlands Mental Health Center, or Recovery Point continue to provide counseling and work with most Program clients as part of the comprehensive services provided. The staff of the program also work closely with the Quick Response Teams, which is a collaborative effort among local partners, including the Wyoming County Health Department, Southern Highlands, and Community Connections.

Throughout the course of the pandemic, as resources, staff capacity, and safety have allowed, the local health department has continued to provide mobile harm reduction services. This has been especially important as one key component of the comprehensive services offered is the education and distribution of naloxone to participants. When the mobile unit is out, they continue to provide naloxone education and distribution to at-risk individuals, as well as syringe exchange, immunizations, testing for HIV and HCV, referrals to treatment programs, and other supportive efforts. These services are provided with appropriate social distancing, utilization of masks, and increasing sanitization efforts.

### **Treatment and Recovery**

The Highlands Community Mental Health Center is expanding the continuum of care in Wyoming County by establishing a community-based, family-oriented treatment facility in Pineville. This approach will establish an outpatient hub-and-spoke system for youth mental health and adult SUD treatment. When the facility opens, it will add an additional outpatient treatment facility in the Rock View/Pineville area that will focus on treatment of adults and youth impacted by substance use including increasing access to health care, medication-assisted treatment services, peer recovery services, community services, children's therapy, telehealth services, and transportation. In addition, a community needs assessment is being conducted to determine the willingness of schools and parents to participate.

This is a change in the scope of work for Southern Highlands this year. The original scope of work called for the addition of 12 ASAM Level 3.5 treatment beds to Wyoming County in the Rock View/Pineville area. Since that time, numerous programs have been opened across the state with more than 750 available beds and several more "in the pipeline." Southern West Virginia alone has three additional inpatient programs opening in McDowell, Nicholas, and Raleigh counties. After careful review of this information and serious evaluation of Wyoming County's needs, a change in the scope of proposed services was recommended. Southern Highlands worked with the Bureau for Behavioral Health to analyze bed data for several months. Since it appeared as if there were adequate Men's ASAM 3.5 treatment bed availability to meet the needs of West Virginians with SUD, this change was proposed, submitted, and approved. Instead of an inpatient program, Southern Highlands is developing a hub-and-spoke system for treatment by adding an additional outpatient treatment facility in the Rock View/Pineville area.

This expansion of outpatient services will help diminish the burden of rural access to outpatient mental health and SUD services for adults and youth. This facility will also act in conjunction with the full range of services that Southern Highlands has to offer (including linkage to inpatient treatment), but will have a focus on treatment of adults and youth that have been impacted by substance use. The project timeline was updated this year with the one year no-cost extension and the facility will be completed and operational by June 30, 2021.

This year has also seen strengthening of infrastructure with the employment of an additional full-time Peer Recovery Support Specialist (PRSS) who has been working with/providing Peer Coaching for consumers in the outpatient-based medication-assisted treatment program at Southern Highlands as well as with the Quick Response Team (QRT) and Wyoming County Harm Reduction Program. Southern Highlands (Wyoming County) now has three PRSSs working within substance use treatment programs.

In addition, Southern Highlands (Wyoming) has begun wraparound services for children ages 0-12 in the Child Protective Services system that have been identified as being affected by substance use in their home. The goal of this program is permanency/re-unification for these families. The Facilitator and

Recovery Coach will work with the children and adults in these families to help them meet their mental health and substance use recovery goals. This is a partnership with Prestera, FMRS, Southern Highlands, and the DHHR through the Regional Partnership Grant (RPG-6). They also continue to offer Crisis Services, Detox services, and residential treatment for men and women (ASAM levels 3.7, 3.5, and 3.1) and a Moms and Babies Program (Fathers too!) called BIBS (Babies in proven Better Situations) which are located in Mercer County, but available to Wyoming County residents.

The initially funded recovery-related work to be performed by the Wyoming County Recovery Network (WCRN) was not renewed for Year 2 at the end of the contract on June 30, 2020, due to failure to meet deliverables. Funds were redirected to support the community-based recovery support efforts by OneVoice, LLC.

### **Recovery Support**

To address gaps in aftercare and support during recovery in Wyoming County, the HOPE Coalition there is utilizing funding to meet this objective by establishing a community center through OneVoice that provides structured recovery in a safe, recovery community environment with daily onsite access to Recovery Coaches, life skills training, employment assistance/training, and daily support groups, and builds a strong community of peers in recovery to support health and wellness in recovery.

OneVoice LLC., located in Oceana, West Virginia, opened its new facility in July 2020 through the funding provided as part of Governor Jim Justice's Pilot Demonstration Project. Due to the ongoing response to the COVID-19 pandemic, while a virtual grand opening was planned for October, Governor Justice visited the facility for a formal grant opening in August.

The new OneVoice, LLC. facility is now serving Wyoming County by:

- Providing an education and training conference center that is accessible to the community to promote recovery, entrepreneurship, and to immediately fight stigma, countywide.
- Serving as a "hub" for recovery services by providing office space to partners working with individuals in recovery, including but not limited to, Jobs & Hope, DHHR, Marshall CORE (Creating Opportunity for Recovery Employment), Wyoming County Partners for Hope Coalition, Wyoming County Board of Education, Day Report, Co Works, and the Wyoming County Health Department.
- Providing the local economic system with opportunities through job development and jobs for those in recovery that will complement the community. Partners include Workforce WV, CORE, Jobs & Hope, Oceana City Hall.
- Providing community programs that bring families and community together to build strong families. Partners include the Wyoming County Board of Education, churches, SADD, Wyoming County Partners for Hope Coalition, and local businesses.
- Opening a new business, One Cup Cafe, to provide a safe place for families to gather. The cafe will provide catering services for the conference center and community and employs individuals in recovery.
- Providing available dedicated office space for rent to partners from across the state as they work in Wyoming County. Space will provide state of the art media capabilities for telehealth, teleconferencing, Zoom meetings, phone conferences, and face-to-face meetings when applicable. Partners include the DHHR, Career Counseling, CORE, Wyoming County Partners for Hope, local businesses, Southern Highlands, and out-of-town and traveling guests.

Of critical importance to note is that as renovations were undertaken for the new facility, all funding was kept local (i.e., contractors, lumber store, heating and cooling, local grocery, and eateries to feed the crews daily, installation of technology, furniture store, excavation work, metal fabrication, and graphic design).

Community engagement is already underway and has been immediately successful, with appropriate precautions taken for social distancing, and other measures to assure safety during the ongoing pandemic. Throughout the construction period of September 2019 to present, and throughout the pandemic (March 2020 to present), OneVoice services never stopped. OneVoice, Inc. has continued to have eight certified Peer Recovery Coach Specialists available and serving new and existing clients. The OneVoice, Inc. leadership team is comprised of 16 individuals who reside in seven different counties in West Virginia. This span of influence allows a very effective network across the state to address substance use and to offer services and resources related to recovery, basic needs, housing, and employment for individuals in need.

#### **Looking Ahead to 2021 (Remaining Project Period Through June 30, 2021)**

In the months ahead, partners of the Wyoming County HOPE Coalition will continue to meet monthly (virtually, as long as needed) to report and monitor progress of all activities. There will be continued delivery of the Youth Leadership Program using a virtual format, comprehensive harm reduction services, construction toward opening of the new community-based, family oriented treatment facility in Pineville, and continued services in the OneVoice, Inc., community-based recovery support center. In addition, if/when school convenes in the spring of 2021, prevention education will be re-established. The Wyoming County HOPE Coalition will additionally be strategically focused on ongoing evaluation and sustainability planning for the Wyoming County System for Addiction Care. Collectively these efforts will assure the continued provision of resources in a systematic and strategic manner for prevention, early intervention, treatment, and recovery in Wyoming County.