

WEST VIRGINIA OFFICE OF DRUG CONTROL POLICY 2022 SEMI-ANNUAL REPORT

July 1, 2022 – December 31, 2022



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

Rachel Thaxton, Interim Director
January 2023

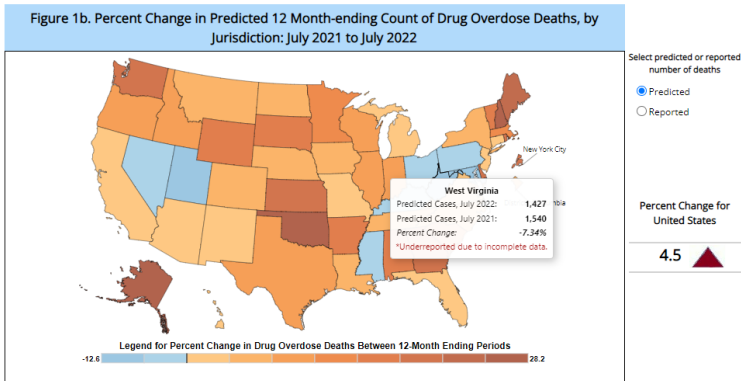
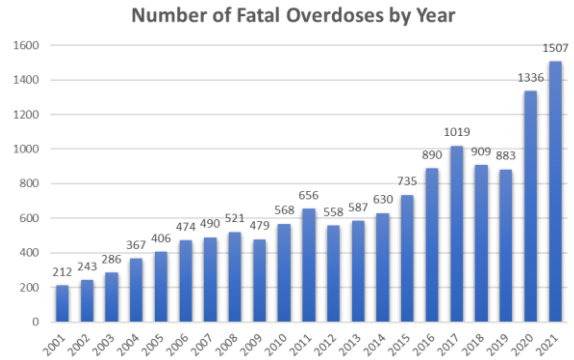
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EXECUTIVE SUMMARY

The West Virginia Department of Health and Human Resources (DHHR), Office of Drug Control Policy (ODCP) is committed to ending the epidemic of fatal overdoses in West Virginia. Every life lost is a tragedy that affects all facets of society. West Virginia has been devastated by this epidemic and the associated harm caused by substance use disorder (SUD). Due to the rise in illicit substances, mainly fentanyl, the past two years have been characterized by the largest spikes of overdose fatalities in West Virginia history.



However, according to provisional data from the Centers for Disease Control and Prevention (CDC), National Center for Health Statistics,¹ West Virginia is one of only eight states in the nation predicted to see a decline in overdose fatalities in 2022. This is in large part due to the various policy changes, innovative programs and projects implemented, and data-informed responses that have taken place as part of West Virginia’s strategic plan to end the SUD epidemic.

As part of a multidisciplinary and comprehensive unit within state government, ODCP works to:

1. Enact and amend **POLICY** to better innovate and serve the SUD population;
2. Inspire action to implement evidence-based, best **PRACTICE**; and
3. Implement projects and programs that fulfill the **PURPOSE** of saving lives and supporting lasting recovery.

POLICY



Under W. Va. Code §16-5T-1 *et seq.*, ODCP is charged with making policy recommendations to executive branch agencies to ensure the greatest efficiency and consistency in practices will be applied to all efforts undertaken by the administration. This charge of efficiency is weighed heavily against effectiveness to bear out the best possible outcomes for West Virginia residents who suffer from SUD.

Policy change at a systems level can take a significant amount of time and effort to properly amend and implement. ODCP encourages collaborations among public and private, state and local, agencies, organizations, and service providers, and monitors related programs.² ODCP is strategically positioned to

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

² West Virginia Drug Control Policy Act. §16-5T-2. (2017).

https://www.wvlegislature.gov/Bill_Status/bills_text.cfm?billdoc=HB2620%20SUB%20ENR.htm&yr=2017&sesstype=RS&i=2620

collaborate closely with other state agencies who address SUD including DHHR’s Bureau for Public Health (BPH), Bureau for Behavioral Health (BBH), and Bureau for Medical Services (BMS) to ensure that policies align with overall goals of reducing harm and overdoses, to prevent duplication of services, and to braid funding, increasing efficiency and consistency. ODCP also works closely with the West Virginia Department of Homeland Security (Division of Corrections and Rehabilitation), West Virginia Department of Education, and Workforce WV, and many others.

In 2022, overdose prevention and policies that support overall public health and low barrier resources have taken precedence in response to the growing infiltration of fentanyl in the drug supply. ODCP has worked closely with partners to make policy changes that remove unnecessary barriers for individuals with SUD with a focus on programs and projects that reach special high-risk populations. This includes individuals that are at a higher risk of overdose due to risk factors such as homelessness, prior overdose, and criminal justice involvement.

[Appendix A](#) provides detailed policy innovations with associated outcomes data.

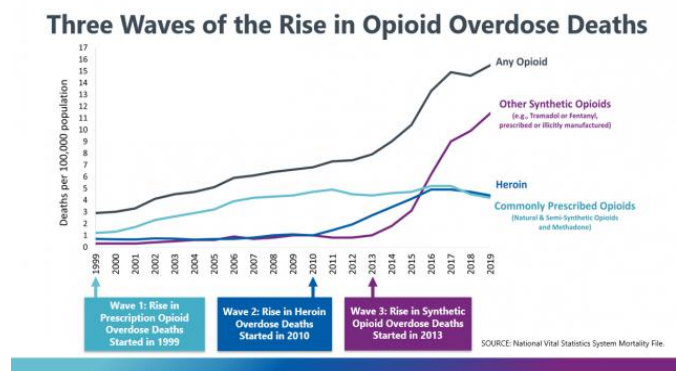
PRACTICE



ODCP is required by code to observe programs in other states to make recommendations, provide training, technical assistance, and consultation to local service providers. Because the SUD epidemic is constantly evolving, best practices and evidence-based programs must be utilized to meet the need. The chart on the right shows the three waves of the opioid epidemic, starting with prescription opioids in 1999, heroin in 2010, and now other synthetic opioids, mainly fentanyl, starting in 2013.

Each wave of the overdose epidemic has brought about a corresponding wave in response. To address the first wave of prescription pills, we decreased opioid prescription drug dispensing from 2014 to 2022 by 55% statewide and treatment and recovery bed capacity was dramatically expanded. West Virginia currently has 1,429 treatment beds registered with BMS and 1,427 recovery beds certified by the West Virginia Alliance of Recovery Residences (WVARR). As heroin deaths increased in the second wave, community assets were expanded to include a multitude of best practices and evidence-based programs that span the continuum of care to screen and catch people sooner, intervene before an overdose occurs, allow immediate access to diverse treatments, and support individuals throughout the recovery process.

[Appendix B](#) highlights the community, prevention, and treatment best practices and evidence-based programs that have seen success across the state.



PURPOSE



Under W. Va. Code §16-5T-2, ODCP is required to develop a strategic plan to reduce the prevalence of drug and alcohol abuse and smoking, and monitor, coordinate and oversee the collection of data and issues related to drug, alcohol and tobacco access, SUD policies and smoking cessation and prevention and their impact on state and local programs.

In 2020, ODCP and the Governor's Council on Substance Abuse Prevention and Treatment released the 2020-2022 WV Substance Use Response Plan. The Council currently has nine subcommittees that focus on various aspects of the strategic plan. The plan is a common framework for all sectors and organizations engaged in addressing West Virginia's SUD epidemic. The use of this common framework has enhanced the alignment of efforts to better leverage all work around SUD, minimize gaps, and communicate collective progress.

ODCP is committed to innovation and the use of data to drive programming. Timely data allows ODCP to connect projects, programs, and people to a common purpose with information that is relevant and specific to West Virginia. Several new initiatives were developed in 2022 as a result of strategic planning, timely data, and an increasing focus on outcomes. Community supports that connect diverse groups and individuals to meaningful employment, education, and opportunity are also outlined in [Appendix C](#).

The ODCP reports directly to the DHHR Cabinet Secretary and has several statutory requirements which can be found in full here: <https://dhr.wv.gov/office-of-drug-control-policy/about/Pages/default.aspx>.

APPENDIX A

Policy



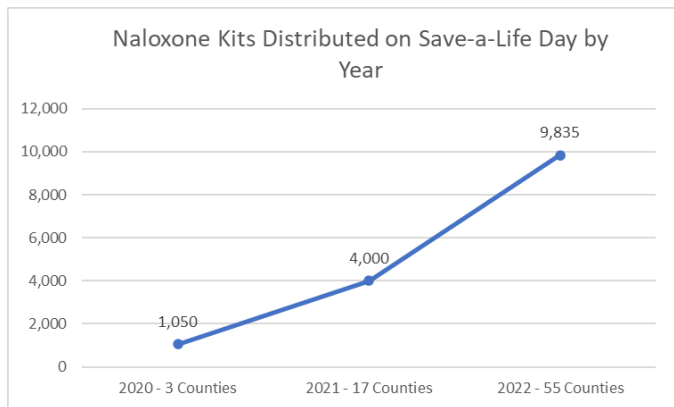
Addiction Policy Forum National Policy Recommendations

On October 4, 2022, the Addiction Policy Forum (APF) [published a list of 24 initiatives](#) for states to consider in addressing the addiction crisis. As a group of diverse subject matter experts, the West Virginia Governor's Council on Substance Abuse Prevention and Treatment is uniquely situated to take up these recommendations to assess the strengths of West Virginia's response to the addiction crisis and to determine what is left to be done. To produce a timely summary of the West Virginia response, the ODCP collaborated across state government, nonprofits, universities, and others, to catalog the various statewide initiatives and provide example next steps in time for the November meeting of the Council. This response is not meant to be a comprehensive list of initiatives across the state, but rather a reply with specific focus to the 24 items that are recommended by the APF. ODCP is thankful the dedicated partners across the state whose work is described here: <https://shorturl.at/bFRZ2>. With their support, the State of West Virginia has made great strides.

Naloxone Policy

Save-a-Life Naloxone Days

Under W. Va. Code §16-5T-2, ODCP facilitates the development of community programs such as Save-a-Life Free Naloxone Day possible. The first Save-a-Life Day was held in September 2020 to provide communities with naloxone, the life-saving overdose reversal medication. The most recent Save-a-Life Naloxone Day was held on September 8, 2022, with all 55 counties participating. A total of 19,870 doses of Narcan were distributed that day with the theme of "Meeting People Where They Are." Volunteers worked to reach the most vulnerable populations while still educating and dispensing to all who were interested in saving lives with naloxone.



Nalox(ONE) WV

The Nalox(ONE) WV project was launched on April 4, 2022, through a partnership with the ODCP, BBH, the West Virginia Drug Intervention Institute (WVDII), Fruth Pharmacy, PursueCareRx, and the Community Pharmacy Enhanced Services Network West Virginia. The Nalox(ONE) program educates West Virginians about the danger of opioids in the home and resources to prevent overdose deaths. Participating pharmacies are providing services in Brooke, Cabell, Hancock, Hardy, Jackson, Kanawha, Mineral, Marshall, Preston, Putnam, and Roane counties. From April 2022 through October 2022, 373 DisposeRx packets were dispensed, and naloxone was provided to 101 customers with opioid prescriptions.

Naloxone Guide for School Nurses

The Naloxone Guide for School Nurses was developed as a collaborative effort between ODCP, the West Virginia Department of Education, and BBH, and provides information on protocols in schools for administering naloxone in case of an emergency. The guide includes a policy template that counties can utilize when establishing protocols with their local Board of Education. The naloxone guide for school nurses was presented on November 11, 2022, to the West Virginia Association of School Nurses Annual Fall Conference, where training and kits of Naloxone were distributed to 92 conference attendees.

Naloxone Guide for Emergency Shelters

West Virginia Coalition to End Homelessness (WVCEH) has partnered with DHHR’s ODCP, BBH, and BPH to create statewide training for emergency shelter staff that will cover harm reduction, naloxone training and education, and de-escalation/intervention when working with individuals that have an SUD. The initial training program will take place in January 2023.

Certification of Recovery Residences Policy

The [West Virginia Alliance of Recovery Residences \(WVARR\), Inc.](#) was created under W. Va. Code §16-59-1 *et seq.* and has implemented a certification process for West Virginia recovery residences based on nationally recognized best-practice standards and ethical principles developed by the National Alliance of Recovery Residences (NARR). WVARR staff provides training and technical support through each stage of the certification process. View the full list of WVARR-certified residences [here](#).

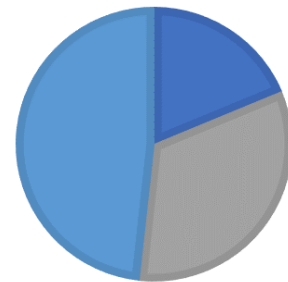
- Total residences currently in process: **203**
- Total (non-Oxford) residences currently operating in WV: **212**
- Percent engagement: **96%**
- Total certified beds: **1,427**
- Beds for Women: **462**
- Beds for Women with Children: **37**
- Beds for Men: **855**
- Coed Beds: **73**

Family Treatment Court (FTCs)

There are 10 FTCs in West Virginia covering 13 counties including Boone, Fayette, Logan, McDowell, Ohio, Nicholas, Randolph, Roane (accepts from Calhoun), Wetzel (accepts from Marshall and Tyler), and Wood. In 2023, FTCs will expand to Kanawha County and there is a possibility of two more opening in Raleigh and Putnam counties during the first quarter of FY23. FTCs had 175 referrals and admitted 111 participants from January 1 through October 31, 2022.

WVARR STATUS REPORT
(203 TOTAL RESIDENCES)

■ Denials & Revocations ■ In-Progress ■ Certified



111 OUT OF 175

Admitted from referrals

321

Dependents served in reporting period

4

Babies born drug free in reporting period

PHYSICAL REUNIFICATIONS

88

Dependents reunified in the reporting period

296.4

Overall average days to reunification

LEGAL REUNIFICATIONS

61

Dependents achieving permanency in the reporting period

457

Overall average days in permanency

Correction and Reentry Policies.

ODCP and BBH work closely with the West Virginia Division of Corrections and Rehabilitation (DCR) to make internal policy changes that allowed for continuity of care and the expansion of Medication for Opioid Use Disorder (MOUD) treatment. ODCP hosts a monthly meeting with the BBH State Opioid Response (SOR) team, Marshall University, and DCR to discuss current SUD activities within the correctional system. In 2022, DCR and SOR funded program provided:

- Verification of MOUD options upon intake at all 10 regional jails
 - 345 MOUD patients
- Vivitrol to all individuals upon release
- Naloxone to all individuals upon release
- DCR contracts with Wexford and PSIMED to provide mental health services
- GOALS (Getting Over Addicted Lifestyles) programs in Eastern, Western, Central, Northern, and South Central Regional jails.

APPENDIX B

PRACTICE



Appendix B highlights the community, prevention, and treatment best practices and evidence-based programs implemented and supported by ODCP across the state.

Prevention Practices

Youth MOVE (Motivating Others through Voices of Experience)

West Virginia now has 9 nationally recognized Youth MOVE chapters, with an additional three groups in the process of completing the steps to become nationally recognized chapters. Youth MOVE is a youth-driven, chapter-based organization dedicated to the united voices of youth nationwide. Youth MOVE supports positive growth and development of youth by uniting the voices of individuals who have lived experience in various systems including mental health, juvenile justice, education, and child welfare. West Virginia Youth MOVE Chapters work to improve systems and services for youth around West Virginia through advocacy, education, community service, and peer support. [West Virginia chapters](#) include:

- ASAP Youth Council (Brooke/Hancock counties)
- Morgan County Youth MOVE
- Berkeley County Youth MOVE (Teen Court)
- Youth MOVE – Berkeley County
- Cabell Youth MOVE
- Mingo County Youth MOVE
- Concord University Youth MOVE (Mercer County)
- Mighty Minds Youth MOVE (Wyoming County)
- Youth Service System Youth MOVE (Ohio County)

WV Specific Prevention Training

WV Strategic Prevention Framework Partnership for Success grant, administered through BBH’s Office of Children, Youth and Families, provided funding for the development of two new prevention trainings. These trainings will help build and strengthen local level prevention efforts and began in September 2022. The trainings that have been developed are “Understanding Social Norms for Prevention Practice in West Virginia” and “Ethics in Prevention: Consideration for Coalitions in West Virginia.” Prior to dissemination, Train the Trainer (TOT) was provided to select professionals in West Virginia that demonstrated substance use prevention experience, actively work with coalition or youth group, and agree to provide a minimum number of trainings per year for each training.

Olweus Bullying Prevention Program (OBPP)

West Virginia now has thirteen professionals who are Provisionally Certified Trainer Consultants in the Olweus Bullying Prevention Program (OBPP). Marshall University School Health Technical Assistance Center, utilizing funds through BBH’s Office of Children, Youth and Families, hosted the two-day training in October 2022. The professionals who attended can now provide training and consultation to schools in West Virginia that want to implement the Olweus program.

GameChanger

DHHR's ODCP and BBH have been strong supporters of the GameChanger program, which is student-powered and works with elementary, middle, and high schools to prevent substance misuse in youth through education, training, coaching, and support services. There are 12 pilot schools for the 2022-2023 school year that participate in the GameChanger Prevention Education Program developed by GameChanger and the Hazelden Foundation. Pilots are located in schools in Berkeley, Boone, Greenbrier, Harrison, Kanawha, Marion, Monongalia, and Ohio counties.

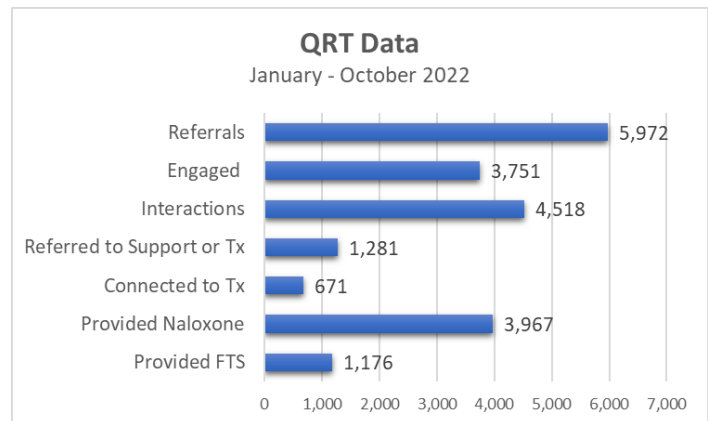
GameChanger, in partnership with the Drug Enforcement Agency (DEA) and the Discovery Channel, developed a 28-page "One Pill Can Kill" toolkit for parents, grandparents, and guardians about the dangers of fentanyl. GameChanger also worked with a Los Angeles-based production company to produce a companion film that premiered in September 2022 and is available to middle and high schools in West Virginia. All "One Pill Can Kill" resources are free to West Virginia students and residents.

In September 2022, a 5,000 square foot exhibit opened at the West Virginia Culture Center titled, Drugs: Cost and Consequences. More than 15,000 West Virginia students toured the exhibit through its closure on January 15, 2023.

Community Practices

Quick Response Teams (QRTs)

QRTs are teams of professionals who contact people within 24-72 hours of an overdose to connect them to evidence-based treatment and other services. There are now 36 counties covered by QRTs in West Virginia. QRTs work independently as well as with ODCP Regional Coordinators to identify gaps in treatment, recovery, and other SUD services at the local level.



Angel Initiative

The West Virginia Angel Initiative, created under W. Va. Code §15-2-55, is a confidential program offered by West Virginia State Police that allows those with SUD to surrender illegal controlled substances without prosecution or arrest and receive quick access to treatment.

Law Enforcement Assisted Diversion (LEAD)

The Law Enforcement Assisted Diversion program is considered an evidence-based practice. LEAD is a pre- and post-arrest program aimed at diverting low level criminal offenders away from incarceration and into treatment centers so that they can receive care for their underlying addictions. Through 2022, LEAD has referred more than 867 individuals to treatment.

Recovery Community Organizations

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

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

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

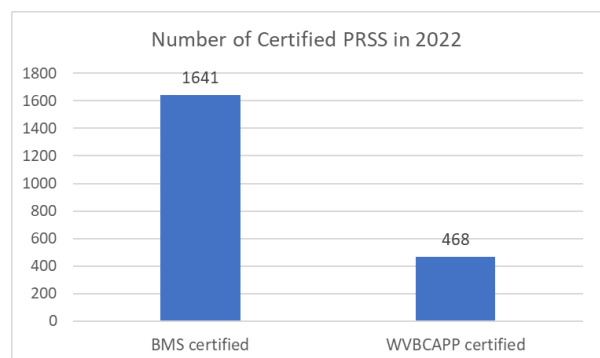
Sobriety Treatment and Recovery Teams (START) Pilot

START is based on a successful, national, multi-state effort observed and replicated by ODCP. START is a child welfare led intervention program intended for children afflicted by maltreatment due to parental SUD. START is made possible through DHHR’s Bureau for Social Services (BSS) and implemented through Presteria, START began in Kanawha and Putnam counties in 2021. In 2022, START expanded to cover Fayette, Mercer, and Raleigh counties through FMRS Health Systems and Southern Highlands. In 2023, START will be partnering with Marshall University to capture demographics and program successes to better tailor the treatment provided to West Virginia families.

| START Counties | # Families | # Adults | # Children Impacted |
|-----------------|------------|-----------|---------------------|
| Putnam/Kanawha | 29 | 51 | 61 |
| Mercer | 2 | 4 | 4 |
| Raleigh/Fayette | 7 | 15 | 12 |
| Total | 38 | 70 | 77 |

WV Peer Recovery Support Specialists (PRSS)

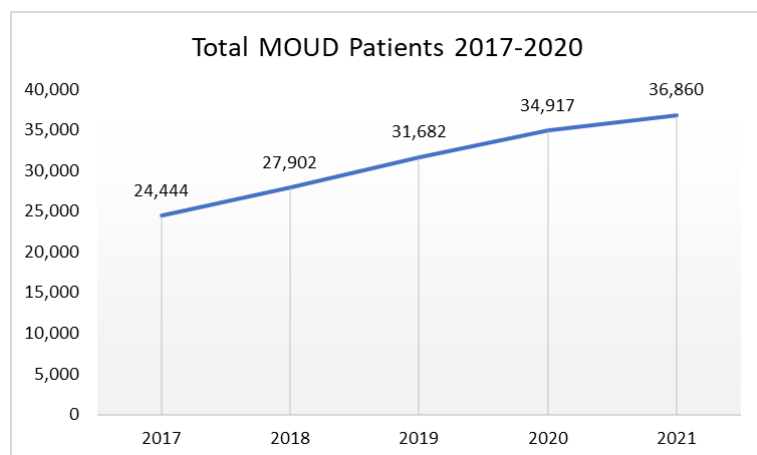
in January 2023, BMS will require the West Virginia Certification Board for Addiction and Prevention Professionals (WVCBAPP) Peer Recovery certification as credentials for all existing and new PRSS to be reimbursed for PRSS services. BMS will terminate its own certification process on September 30, 2022, and only those individuals possessing the WVCBAPP Peer Recovery certification will be eligible for reimbursement.



Treatment Practices

MOUD Access

Medication for Opioid Use Disorder (MOUD) is an evidence-based approach that uses medication to treat individuals with opioid use disorder (OUD).



Adolescent Treatment Announcement of Funding Availability

West Virginia currently has two facilities that provide services for adolescent withdrawal management and none that provide short or long-term inpatient treatment. HELP4WV reported 69% of adolescents who contacted the crisis line were experiencing a substance use issue, but only 4% were accepted into inpatient SUD services. Due to the limitations for adolescent treatment beds, the ability to provide a warm handoff greatly decreases. This is attributed to the inability to follow-up and ensure intake into treatment. These adolescents that were reported to have successful referrals were unable to be reached for follow-up services.

The purpose of this funding is to increase access to, expansion of, and retention in evidence-based treatment for adolescents with SUD. The lack of inpatient treatment programs for adolescents has created access to service barriers for this population.

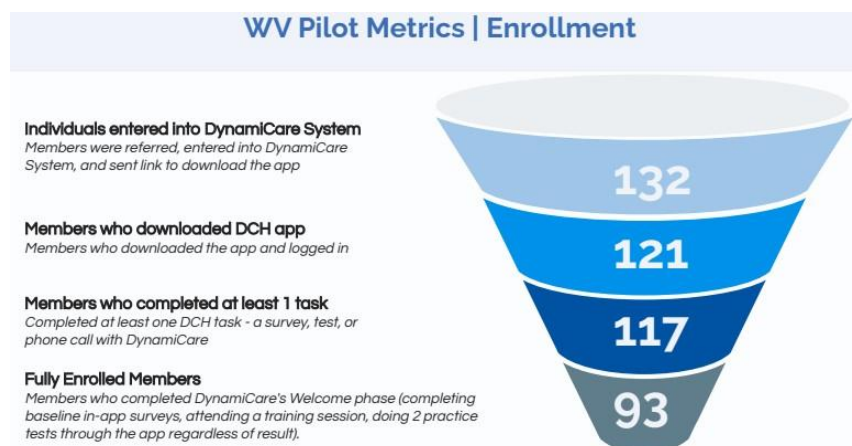
CHES Health Connections App

The State Opioid Response Medical Services (SOR III Year 1, 09/30/22-09/29/23) grant funds the CHES Health Connections app statewide implementation. This project was implemented in the first half of 2020. During the previous grant year (9/30/21-9/29/22), all five grant project goals were met or exceeded, which included increasing enrollment numbers and success

| | January | February | March | April | May | June | July | August | September (Final) |
|------------------------------------|---------|----------|-------|-------|-------|-------|-------|--------|-------------------|
| Cumulative # unique clients | 2,018 | 2,110 | 2,306 | 2,467 | 2,628 | 2,776 | 2,884 | 2,969 | 3,070 |
| Cumulative # college students | 34 | 34 | 51 | 54 | 64 | 65 | 69 | 70 | 75 |
| Cumulative # public entity clients | 948 | 977 | 1,249 | 1,281 | 1,376 | 1,512 | 1,560 | 1,622 | 1,709 |
| Cumulative # clients enrolled | 5,120 | 5,336 | 5,637 | 5,722 | 5,948 | 6,227 | 6,367 | 6,500 | 6,688 |
| # Clients active | 523 | 532 | 598 | 547 | 604 | 623 | 590 | 568 | 554 |

rates, a focus on college student enrollment, and analysis of Brief Addiction Monitor survey scores intended to measure recovery progress for individuals enrolled in the app.

Current year (2022-23) project goals include the continuation of monitoring metrics from the previous year’s goals, a focus on both LGBTQ+ and justice-involved individuals, qualitative review of client in-app posts and other in-app information, implementation of a small, app-based contingency management pilot, as well as continuing to work with managed care organizations and state partners to plan for long-term sustainability of the CHES Health Connections app.



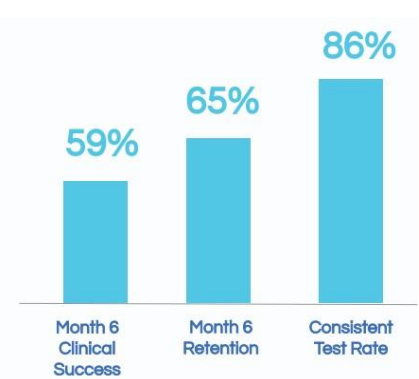
DynamiCare Contingency Management App

DynamiCare is an app that uses evidenced based practices to treat individuals with stimulant use disorder and includes contingency management protocols, substance use testing by instant oral swabs and breathalyzers, self-guided cognitive behavioral therapy lessons, and peer support services offered via telehealth. BMS launched its pilot of DynamiCare Health's digital contingency management (motivational incentives) program in December 2021.

Fully enrolled - month six retention rate
Of members who are fully enrolled and started at least 6 months ago, the percentage that were still actively engaged in DynamiCare in their 6th month

Month six clinical success rate
Of members active in their 6th month of DynamiCare, the percentage that completed random, remote substance tests and tested negative (no positive tests)

Percentage of substance tests that were consistent (negative)
Out of total tests performed



Project Engage Expansion

Berkeley Medical Center has been awarded \$150,000 through SOR funding to implement the Project Engage model in their facility. The Project Engage model focuses on expanding the capacity of hospitals to treat those with SUD. A PRSS has been hired, the standing order protocols have been integrated into the electronic medical health system, and the model has officially launched.

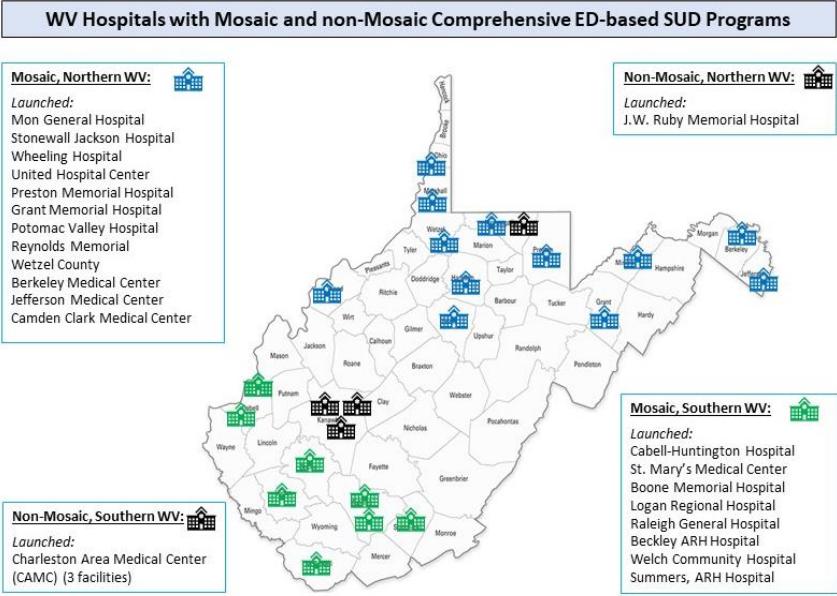
West Virginia Hospital Association Opioid Response Initiative

ODCP, in partnership with the West Virginia Hospital Association, has collaborated on an Opioid Response Initiative which integrates multiple avenues to achieve evidence-based addiction treatment in hospitals. The initiative for hospital-based access to treatment and recovery was established to encourage universal screening, ED-based peer recovery specialists and ED-initiated MOUD in hospitals across West Virginia. Standardized metrics for SUD response was developed by the Levels of Care advisory board and adopted by the West Virginia Hospital Association to be used as a 2023-2024 topic for their Commitment to Excellence Honors Program (Honors Program). The objectives of the Honors Program are to reward successful efforts to develop and promote quality improvement activities, inspire hospitals to be leaders in improving the health of West Virginians, and to raise awareness of nationally accepted standards of care that are proven to enhance patient outcomes. Under the Opioid Response Initiative topic, the following best practices have been identified to address and treat OUD in four key areas: education, screening, intervention, and naloxone. To be included in Level One: Engagement, hospitals must commit to implementing the best practices identified in the key areas by August 31, 2024. To be included in Level 2: Implementation, hospitals must have implemented the best practices identified in the key areas by August 31, 2023.

Hospitals have the option to pursue various levels for each category of best practices as long as it is within the designated time period.

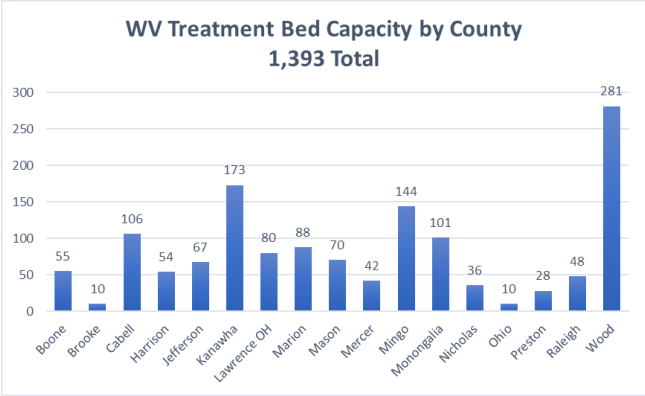
Reverse the Cycle

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



Treatment Bed Capacity

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



Stimulant Use Disorder Response – TRUST Pilot

The Trust Pilot is an evidenced-based program for the treatment of stimulant use disorder. In 2022, the pilot was expanded to create a TRUST Learning Collaborative (TOT) for the West Virginia organizations that completed the original 2020-2021 pilot protocol training with subject matter experts Dr. Rick Rawson and Al Hasson.

APPENDIX C

PURPOSE



In terms of purpose, ODCP takes a dual approach that includes:

1. Deliberate and purposeful decisions based on West Virginia specific data.
2. Recovery supports that connect individuals with SUD to purpose - meaningful employment, education, and opportunities to connect.

Strategic Planning

WV 2020-2022 Substance Use Response Plan

The Governor’s Council on Substance Abuse Prevention and Treatment and DHHR’s ODCP published a three-year West Virginia 2020-2022 Substance Use Response Plan in January 2020. The Plan framework represents a coordinated and integrated approach to the SUD epidemic. The Council is composed of nine subcommittees that manage areas of the Plan; the nine subcommittees and 10 workgroups meet monthly to monitor and report progress on key performance indicators (KPIs). The Plan and the quarterly reports can be found on the ODCP [website](#).

The Council held nine public town hall meetings and provided an online survey for public input from August 2, 2022, to September 27, 2022. The town hall meetings prioritized strategies and identified components missing from the Plan.

| Plan Section | Date | Registered | Attended |
|------------------------------------------------|-----------------------------|------------|----------|
| Community Engagement and Supports | Tuesday, August 2, 2022 | 207 | 122 |
| Public Education | Tuesday, August 9, 2022 | 160 | 89 |
| Recovery Community | Tuesday, August 16, 2022 | 203 | 104 |
| Treatment, Recovery, and Research | Tuesday, August 23, 2022 | 204 | 88 |
| Court Systems and Justice-Involved Populations | Tuesday, August 30, 2022 | 163 | 77 |
| Law Enforcement | Tuesday, September 6, 2022 | 128 | 51 |
| Prevention | Tuesday, September 13, 2022 | 180 | 79 |
| Health Systems | Tuesday, September 20, 2022 | 156 | 49 |
| Pregnant and Parenting Women | Tuesday, September 27, 2022 | 163 | 58 |
| TOTAL | | 1564 | 717 |

Data-Informed Responses

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

There are now 116 agencies and 409 users of ODMAP in West Virginia. Application Programming Interface (API) Implementation is currently underway in the ODMAP test environment. At the conclusion of the testing process and full emergency medical services (EMS) data integration, the operational tempo of West Virginia overdose data collection will be on a 24-hour revolving basis. This update will provide West Virginia with the most comprehensive, near real time, mapped visualization of overdose activity available.

Action Counties

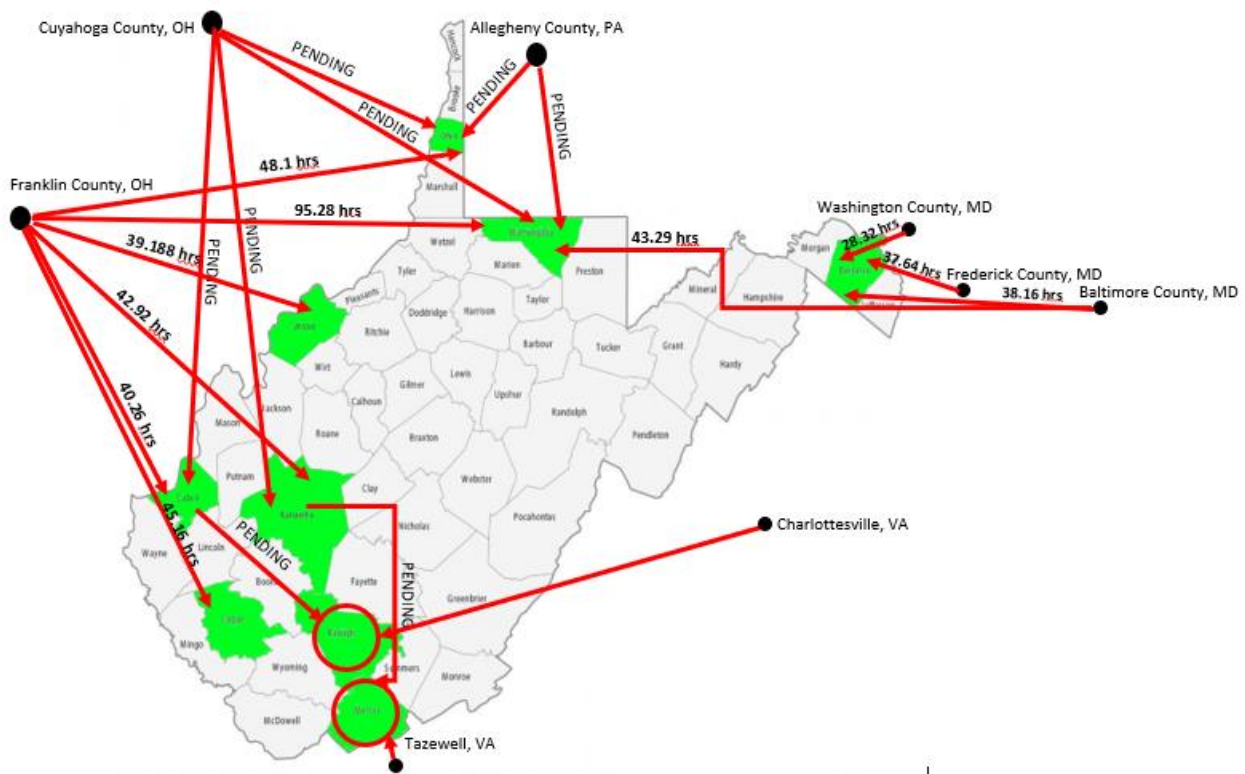
Analysis of overdose fatality data led to the identification of several counties in West Virginia with higher overdoses and overdose fatalities. These counties were designated informally as “action counties.” The action counties are Berkeley, Cabell, Kanawha, Logan, Mercer, Monongalia, Ohio, and Raleigh. All action counties are monitored for overdose activity and changes in causal substances regularly. The following are some of the targeted actions taken by the ODCP Regional Coordinators to reduce overdoses in these counties.

ODCP Regional Coordinators

ODCP Regional Coordinators have been established in the eight action counties. With access to state fatal and nonfatal overdose data, local knowledge of recovery assets, and treatment and recovery facilities, the Regional Coordinators can gauge needs and maintain linkages to care in the designated action counties and the surrounding regions.

In coordination with ODCP, each Regional Coordinator acts as facilitator between local coalitions and stakeholders in the community, links organizations and individuals to services providers in the area, and coordinates efforts to impact the SUD crisis at a local level.

WV ODCP Local Community Overdose Spike Response Planning



Through predictive modeling, the ODCP Regional Coordinators collaborate to establish an overdose spike alert response plan and determine the appropriate stakeholder network to engage in expanded community harm reduction services. When a spike alert is received, Regional Coordinators make an initial assessment of the situation to verify the alert based on data then collaborate with other data sources and partners. The coordinator then moves forward with an established response framework and planning.

The response must be tailored to the specific action county’s capacities and assets. This requires creating a plan, outlining the response focus of each participating stakeholder, along with spike levels and timeframes.

Community Supports

Police and Peers (PnP)

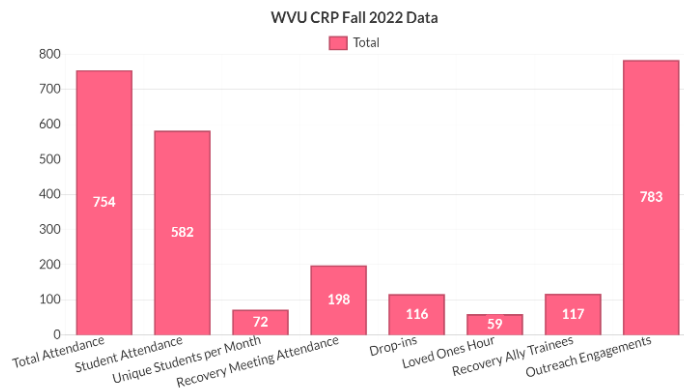
PnP is a SAMHSA-funded grant program aimed at sharing the workload placed on law enforcement when responding to a nonviolent, non law enforcement-specific incident. The concept of PnP is to pair an embedded or co-responding PRSS with law enforcement to assist with the social service needs aspect encountered during a domestic response. PnP is a progressive, fast response program aimed at confronting the overdose/SUD issues law enforcement face when responding to an incident. The PRSS will be specially trained in opioid overdose reversal, case management, and motivational interviewing and can help to control and de-escalate sensitive behavioral health, substance related, or domestic situations freeing up law enforcement to focus on the enforcement aspect and public safety.

The PRSS will have access to resources and outreach capabilities to link individuals to SUD treatment centers, social services, and programs such as START, QRTs, behavioral health treatment centers, medication-assisted treatment (MAT) centers, and DHHR continuum of services such as welfare, housing assistance, and Child Protective Services (CPS), as well as, Veterans Assistance services.

PRSS staff will be employed by West Virginia Sober Living and Recovery Point based on regional access. Target counties include Kanawha, Cabell, Wood, Raleigh, Mercer Monongalia, and Logan. Implementation of the program will begin in January 2023.

Collegiate Recovery Programs

The Collegiate Recovery Programs (CRPs) are supportive environments within the campus that reinforces the decision to engage in a lifestyle of recovery from an SUD. This is a physical location on campus where students in recovery can go as a safe space. CRPs host activities including SMART meetings and 12-step fellowship meetings, yoga, meditation, social events, among others. They also plan outings for students in recovery and have sober tailgates. Most of the schools offer scholarships for students in recovery as well.



CRPs are in the following schools:

- West Virginia University
- Marshall University
- WVU Tech
- Concord University
- WV State University
- Bridge Valley CTC

Collegiate Recovery Network of Peers

The West Virginia Collegiate Recovery Network (WVCRN) is an innovative partnership, offering peer recovery support services on eight higher education campuses. This project is supported by federal SOR funding, which originates from SAMHSA. An additional five higher education institutions collaborate with WVCRN.

PRSSs are embedded in the following schools:

- Marshall University
- WVU Tech
- Concord University
- WV State University
- Bridge Valley CTC
- WV School of Osteopathic Medicine
- Bluefield State University
- New River CTC
- Southern WV CTC

| WVCRN | Outreach | Individual | Group | Naloxone Training | Naloxone Distribution | Ally Training | Rx Disposal | FTS |
|--------------------------------|----------|------------|-------|-------------------|-----------------------|---------------|-------------|-----|
| Program Total through 12/15/22 | 11,843 | 1,208 | 2,373 | 3,217 | 2,919 | 668 | 2,022 | 827 |
| YTD through 12/2/2022 | 7,237 | 890 | 1,865 | 1,694 | 1,733 | 445 | 1,844 | 827 |

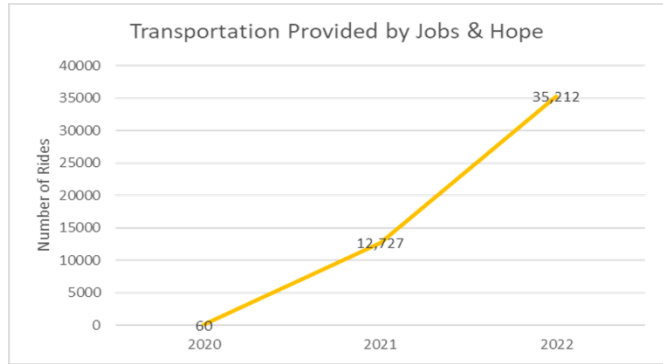
Jobs & Hope West Virginia

Created by Governor Jim Justice, the Jobs & Hope West Virginia program began in August 2019. It offers support through a statewide collaboration of agencies that provide West Virginians with linked services and the opportunity to obtain career training with the goal of ultimately securing meaningful employment. ODCP has been instrumental in the implementation and works exhaustively on addressing program expansion and continuation. West Virginia is believed to be the first state to take this unique, overarching approach. New to Jobs & Hope West Virginia in 2022:

- A partnership with Jobs & Hope, ODCP, and the West Virginia State Parks system to ensure parks know about Jobs & Hope as a resource for hiring needs and a resource for free naloxone training. Jobs & Hope WV completed trainings at 18 of the 35 state parks, three of the five ski resorts, and in various county and city parks and recreation departments.
- Through a partnership with ODCP, the West Virginia Small Business Development Center and the Office of Economic Development, the Creating Recovery Employment Availability of Funding Announcement was released and \$2 million in grants were awarded to nine organizations to create positions, implement apprenticeships and on-the-job training, and hire Jobs & Hope participants in recovery from an SUD.

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

- Recovery Housing - 6
- PRSS services - 643
- Transportation - 50,599
- Drug Screening Services - 6,233
- Childcare - 76
- Dental and Vision - 1214
- Tattoo Removal - 12



SUD and Stigma Training

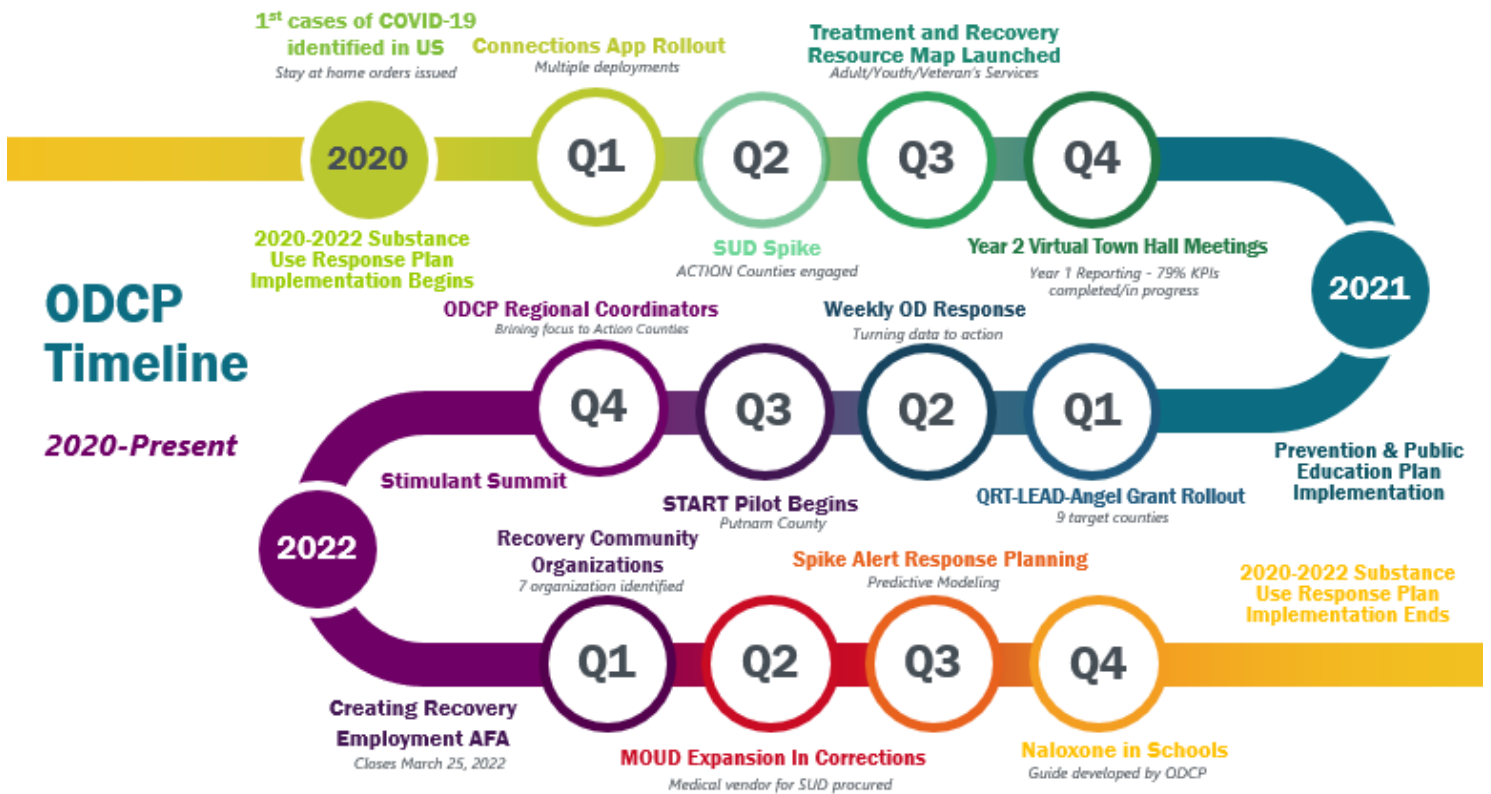
ODCP has continued to offer SUD and Stigma training to CPS workers on a quarterly basis. The training was expanded to include naloxone training in partnerships with the University of Charleston School of Pharmacy. Throughout 2022, ODCP also provided training for Head Start teachers, school nurses, and law enforcement groups.

Narrative Disruption

In August 2022, WVDII and the Hope in Action Alliance co-hosted a narrative disruption training at the University of Charleston. Thirty-seven peers from around the state were trained in the practice of narrative disruption, a powerful technique that enables peers to share the story of self, the story of us, and the story of now. Through narrative practice, peers were taught to tell their stories in an effective way to impact and create change for recovery.

Appendix D

ODCP TIMELINE



Appendix E

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

Chair:

Brian Gallagher, Marshall University School of Pharmacy

Ex-Officio Members:

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

Linda Boyd, School of Osteopathic Medicine

Dr. Jeff Coben, Interim DHHR Cabinet Secretary

Senator Michael Maroney, Chair, West Virginia Senate's Health and Human Resources Committee

Dr. Clay Marsh, West Virginia University School of Medicine

Dr. Allen Mock, DHHR's Chief Medical Examiner

Nicholas Stuchell, Interim Commissioner, DHHR's Bureau for Behavioral Health

Melanie Purkey, Superintendent, West Virginia Department of Education

Delegate Matthew Rohrbach, Chair, West Virginia House of Delegate's Health and Human Resources Committee

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

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

The Honorable Judge William Thompson, U.S. Attorney's Office for the Southern District of West Virginia

Members:

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

Dr. James Berry, Chestnut Ridge Center

Brigadier General Bill Crane, West Virginia National Guard

Kathy D'Antoni, West Virginia Department of Education

Jonathan Dower, West Virginia Sober Living

Dr. Emma Eggleston, West Virginia University

Betsy Steinfeld Jividen, West Virginia Division of Corrections and Rehabilitation

Dr. Michael Kilkenny, Cabell-Huntington Health Department

Dr. Stefan Maxell, Charleston Area Medical Center

Dr. Garrett Moran, West Virginia University

Chad Napier, Appalachian High Intensity Drug Trafficking Areas

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

Dr. Stephen Petrany, Marshall University Joan C. Edwards School of Medicine

Thomas Plymale, Wayne County Prosecuting Attorney

Amy Saunders, Marshall University Center for Excellence and Recovery

Stephanne Thornton, Public Defender's Office

Kimberly Barber Tieman, Benedum Foundation

Appendix F

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 are specific, measurable, attainable, relevant, and time-based (SMART).

Chair: Brian Gallagher
Members: Dr. Garrett Moran
Dr. Matthew Christiansen
Secretary Jeff Coben
Major General Bill Crane
Interim Commissioner Nicholas Stuchell
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
Interim Commissioner Nicholas Stuchell
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 that may impact strategic initiatives. Develops the portion of the strategic plan related to law enforcement activities, advises regarding implementation, and serves as subject matter experts in aiding local implementation and adoption of recommendations.

Chair: Chad Napier
Members: Adam Crawford
Chief Jake Hunt
Chief Shawn Schwertfeger
Samantha Walls
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.

Chairs: Dr. Michael Kilkenny and Dr. Emma Eggleston
Members: Dr. Matthew Christiansen
Sherri Ferrell
Nathan Fiore
Jim Kranz
Taucha Miller
Jan Radar

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.

Chairs: Betsy Jividen and Stephanie Thornton
Members: Stephanie Bond
Jack Luikart
Tom Plymale
Judge James Rowe

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. Frank Angotti
Dr. James Berry
Jorge Cortina
Dr. Garrett Moran
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, West Virginia National Guard affiliates, faith-based organizations, business, industry, and labor organizations. Advises regarding anti-stigma campaigns. Provides recommendations on best practices to help communities and local groups organize and combat SUD in their communities. Develops the portion of the strategic plan related to community engagement, housing, employment, and related matters, advises regarding implementation, and serves as subject matter experts in aiding local implementation and adoption of recommendations.

Chair: Kimberly Tieman
Members: Mike Clowser
Dr. Emma Eggleston
Deb Koester
Senator Robert Plymale
Steve Roberts
Amy Saunders
Ashley Shaw

Prevention: Develops SMART action plans pertinent to the prevention of SUD. Recommends methods and materials to educate communities, schools, and organizations about alcohol, tobacco, and SUD. Provides advice regarding media and social media prevention 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: Melanie Purkey and Amy Saunders
Members: Tahnee Bryant
Dr. Tammy Collins
Lori Garrett-Bumba
Stephanie Hayes
Nancy Hoffman
James Kerrigan
Jenny Lancaster
Greg Puckett
Elizabeth Shahan
Nikki Tennis

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

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

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

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

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