



2022 SEMIANNUAL REPORT

JANUARY 1, 2022—JUNE 30, 2022

WEST VIRGINIA
Department of



Office of Drug Control Policy

WV Office of Drug Control Policy

Dr. Matthew Q. Christiansen, Director

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SEMIANNUAL REPORT EXECUTIVE SUMMARY

The West Virginia Department of Health and Human Resources (DHHR), Office of Drug Control Policy (ODCP) is the state's authority on substance use disorders (SUD) and related data collection and dissemination. In 2017, the West Virginia Legislature passed [House Bill 2620](#), the West Virginia Drug Control Policy Act (the Act),¹ with the primary objective of having an office to coordinate across state agencies to ensure an effective and comprehensive response to the addiction crisis and address the spike in fatal and nonfatal overdoses throughout the state. The DHHR has historically responded to the SUD epidemic; the establishment of the ODCP allowed an expansion of scope to coordinate the addiction response across state government. This epidemic affects all areas of society, including child welfare, mental and behavioral health, medical services, public health, law enforcement, and corrections and each of these respective organizations plays a vital role.

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>.

The three main focus areas the ODCP prioritizes are:

1. [Collaboration](#) across state governments, community organizations, and service providers, and the coordination of funding streams;
2. [Collecting and reporting data](#) to empower local communities; and
3. Ensuring a focus on [best practices and implementation of evidence-based programs](#) in West Virginia.

The ODCP encourages coordination among public, private, state, and local agencies, organizations, and service providers, and monitors related programs. DHHR's Bureau for Behavioral Health (BBH) is the Substance Abuse and Mental Health Services Administration's (SAMHSA) designated single state authority for opioid response efforts and is responsible for administering the Substance Abuse Prevention and Treatment and Community Health Block Grants and the State Opioid Response Grant funding. The ODCP collaborates closely with BBH to coordinate the funding of effective, evidence-based programs and best practices.

In order to reduce duplication, ODCP also works closely with BBH on all prevention efforts. The prevention infrastructure in West Virginia is characterized by six regional Prevention Lead Organizations (PLOs) who coordinate coalitions in the counties they represent. In April 2022, BBH awarded five new grants for Expanded School Mental Health (ESMH), which focuses on making the full continuum of care available to all students, building upon core programs provided by schools, and emphasizing shared

¹ W. Va. Code §16-5T-1 *et seq.*

responsibility between schools, mental health providers, and community partners. These awards bring the total number of schools receiving ESMH services to 93 across 10 West Virginia counties.

The ODCP oversees several grants with multiple partners across departments and state agencies. In 2021, the ODCP and the West Virginia Department of Homeland Security (DHS) were awarded a \$6 million United States Department of Justice, Bureau for Justice Assistance (BJA) Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP) grant to expand Quick Response Teams (QRTs), Law Enforcement Assisted Diversion (LEAD) programs, and begin implementation of the Angel Initiative. This is a three-year grant that extends into September 2023 and will bolster the intervention and diversion framework for SUD in West Virginia and should save the state millions of dollars by diverting people from incarceration to the treatment they need for their underlying issues. Another BJA grant was recently submitted by DHS with input from the ODCP to fund reentry services for justice-involved individuals with an SUD. More information on the COSSAP grant can be found in [Appendix B](#).

The ODCP also collaborates closely with DHHR's Bureau for Public Health (BPH), which executes the Centers for Disease Control and Prevention's (CDC) Overdose Data to Action (OD2A) grant. The OD2A grant funds programs that address services rendered in hospital settings for SUD patients such as Reverse the Cycle and Levels of Care ([Appendix B](#)). In 2022, the ODCP applied for two SAMHSA grants with support from several state and community level partners. The ODCP has also had significant input on a number of grants submitted to SAMHSA by BBH that focus on vulnerable populations including pregnant and postpartum women (PPW), justice-involved populations, and people experiencing homelessness.

Another partnership that is critical for coordination of services and supporting individuals in long-term recovery is the Jobs & Hope West Virginia program (Jobs & Hope), which is a first of its kind, groundbreaking initiative created by the Governor. The ODCP collaborates with the West Virginia Department of Education (DOE) on Jobs and Hope to eliminate barriers to career employment for West Virginians with an SUD. In addition, in 2022, the ODCP released an Announcement of Funding Availability (AFA) to create recovery and second chance employment opportunities across the state that offer a supportive environment for individuals re-entering the workforce from treatment or incarceration. More about Jobs & Hope can be found in [Appendix B](#).

In addition to creating a coordinating agency, the Act made drug overdoses a notifiable condition, and created a central repository that stores drug overdose information. The ODCP maintains the overdose data dashboard and acts as the central repository for all data around SUD and overdoses in West Virginia. The repository is aimed at building upon West Virginia's efforts to access and make available complete and timely data for action, providing support to state and community professionals, portraying the scope of the epidemic, and helping target prevention and response efforts.

The ODCP Overdose Data Dashboard (dhhr.wv.gov/office-of-drug-control-policy/datadashboard) was made publicly available in January 2020 and displays timely overdose data directly from emergency departments, emergency medical services (EMS), and DHHR's Office of the Chief Medical Examiner. The goal is to engage with communities on drug trends to develop and implement action plans for overdose prevention. Eight action counties have been identified with data from the dashboard and ODCP Regional Coordinators' work in those action counties to reduce and eliminate overdose instances. In 2022, the ODCP Regional Coordinators developed a predictive model to determine where overdose spikes may happen in advance to take proactive measures. More information on action counties and the ODCP Regional Coordinators can be found in [Appendix C](#).

Another tool that identifies high need areas is the Washington-Baltimore Overdose Detection Mapping Application Program (ODMAP). ODMAP provides spatial information and a visualization of overdose activity which is used to expedite services such as QRTs and other outreach methods. Data from the dashboard and ODMAP are used for weekly Data Team Meetings conducted by the ODCP and BBH to analyze current incoming data and disseminate overdose forecasting to ODCP Regional Coordinators for work needed in the action counties.

The ODCP also collects and publishes information on treatment and recovery resources in the state on the [Treatment and Recovery Resource Map](#), which features resources for adults, youths, veterans, and pregnant and postpartum women. In 2022, community resources and 12-step meetings have been added to the map to better connect individuals to their local community. More info about the Treatment and Recovery Resource Map can be found in [Appendix C](#).

In addition to facilitating coordination and data collection, the ODCP makes recommendations and regularly provides training, technical assistance, and consultation to local service providers. Noticing a need for a child welfare intervention program, the Sobriety Treatment and Recovery Teams (START) pilot was piloted by the ODCP in Kanawha and Putnam counties in 2021. The number of referrals can be seen in [Appendix D](#). This pilot is expected to expand to Mercer, Fayette, and Raleigh counties by fall 2022.

Virtual stigma training for DHHR's Child Protective Services (CPS) workers and other state workers are organized by the ODCP to provide continuing education on SUD and reinforce proper messaging frameworks. These trainings provide an overview of addiction, types of treatment offered, and how to use person-first language when communicating about SUD to clients. This year, naloxone training was included in the presentation with the intent to increase awareness for the overdose reversal medication and make it accessible to CPS workers. Feedback has shown that these training sessions are well received.

With the understanding that stimulant and polysubstance/stimulant use disorder needs to be addressed in a larger capacity, the Treatment of Users of Stimulants (TRUST) Pilot trained six West Virginia behavioral health treatment organizations under a pilot protocol. Their success led to the creation of the TRUST Learning Collaborative and a new cohort of TRUST for 2022.

The ODCP assists in the coordination of media campaigns to promote SUD resources, increase awareness of SUD, and educate the public about treatments for SUD. Due to the COVID-19 pandemic, most National Recovery Month live activities were canceled in 2021. As a result, ODCP, in collaboration with state and community partners, hosted a social media campaign through the month of September. Each week in September, the ODCP promoted a different recovery theme including stigma, recovery resources, naloxone training, and available treatments with a total of 120 posts, 17,000 reached and 1,750 post engagements. Save-a-Life Day began in 2020 with the participation of two counties. In 2021, 4,000 naloxone kits were distributed in 17 counties across 74 locations. All 55 counties will participate in 2022. More information on Save-a-Life days can be found in [Appendix B](#).

A social media campaign to distribute SUD related public service announcements (PSAs) was completed in December 2021 and January 2022 through DHHR's Facebook and Twitter accounts. The campaign utilized paid targeting to distribute messaging about SUD access points to treatment and recovery services, naloxone, and the Good Samaritan Law to the following high-risk action counties: Berkeley, Ohio, Kanawha, and Cabell. The campaign concluded with over 75,544 clicks. Refer to [Appendix B](#) for additional analytics.

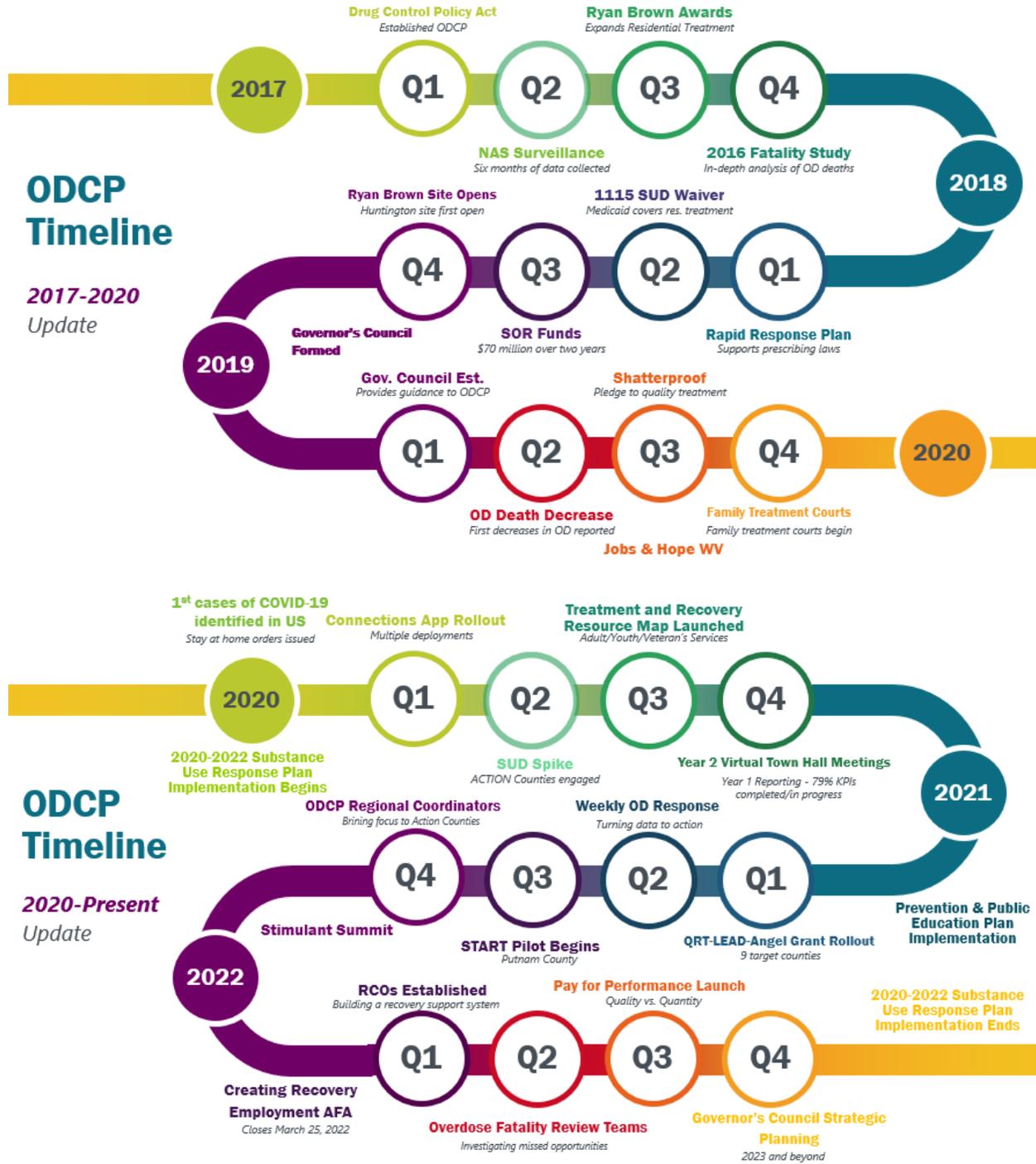
The first National Fentanyl Awareness Day on May 10, 2022 was also highlighted with a one day social media campaign. Six posts were made by DHHR on Facebook, including a proclamation by the Governor, that provided awareness about the drug, how to identify the drug, and its deadly consequences. Refer to [Appendix B](#) to view the social media posts and reception. The ODCP also published a fact sheet on fentanyl test strips to explain 2022's House Bill 4373 that excludes fentanyl test strips from the definition of drug paraphernalia so that behavioral health and addiction providers understand the impact of this legislation.

In just a few years, and during a pandemic, the ODCP has been a critical part of providing central coordination and collaboration across state government for addiction intervention regarding dissemination of data, coordination between law enforcement agencies and behavioral health, and ensuring that the dollars spent in West Virginia to fight addiction are going to worthy, evidence-based programs. While the rise of deadly fentanyl in the drug supply makes it apparent that there is still work to be done, it does not negate the many West Virginia lives saved by the programs and interventions that were implemented and coordinated by the ODCP.

APPENDIX A

ODCP Timeline

2017 - 2022



APPENDIX B

Collaboration

The ODCP prioritizes partnerships and collaboration in the fight against SUD and overdoses. Reducing overdoses takes a multi-faceted approach that is only achievable with the help of multiple stakeholders and partners. The ODCP is committed to providing guidance and information on current issues, policies, and activities at the national and state level.

WV 2020-2022 Substance Use Response Plan

The Governor’s Council on Substance Abuse Prevention and Treatment (the Council) and the ODCP published a three-year West Virginia 2020-2022 Substance Use Response Plan (the Plan) in January 2020. The Plan framework represents a coordinated and integrated approach to the SUD epidemic. The Council is composed of eight subcommittees that manage areas of the Plan; the eight 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](#).

Plan Area	Total KPIs	Not Started	In Progress	Complete	% KPIs Started in Q1
Prevention	29	7	20	2	76%
Community Eng & Support	37	17	18	2	54%
Health Systems	28	3	22	3	93%
Treatment, Recovery, Research	27	4	10	13	75%
Courts	13	1	12	0	92%
Law Enforcement	17	2	12	3	76%
Public Education	36	14	20	2	61%
Recovery Community	38	15	20	3	61%
Overall Plan	225	63	134	28	71%

In year three’s implementation of the Plan, the following progress has been made:

- 225 total KPIs
- 28 (12%) KPIs completed in Quarter 1 of 2022
- 162 (72%) KPIs started in Quarter 1 of 2022

The Council will hold public town hall meetings to gather feedback on the culmination of the three-year plan and input on next steps.

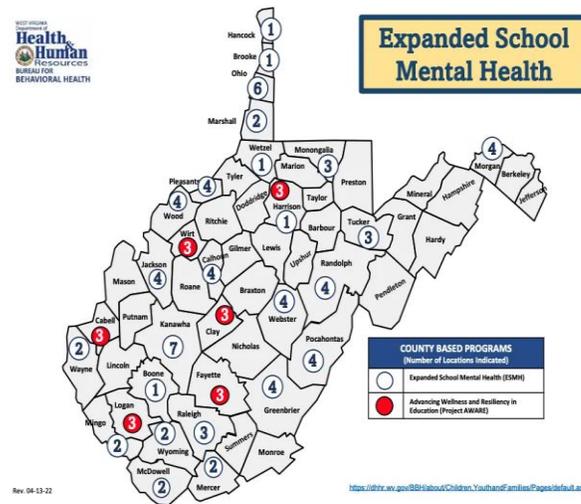
Plan Section	THM Date
Prevention	Tuesday, August 2, 2022
Community Eng & Support	Tuesday, August 9, 2022
Health Systems	Tuesday, August 16, 2022
Treatment, Recovery, Research	Tuesday, August 23, 2022
Courts	Tuesday, August 30, 2022
Law Enforcement	Tuesday, September 6, 2022
Public Education	Tuesday, September 13, 2022
Recovery Community	Tuesday, September 20, 2022

Prevention

The ODCP works closely with BBH to build and maintain prevention infrastructure in West Virginia.

Prevention Lead Organizations (PLO)

There are six regional PLOs throughout the state. The PLOs have extensive training and experience related to prevention, and coordinate efforts among county coalitions and other specialists.



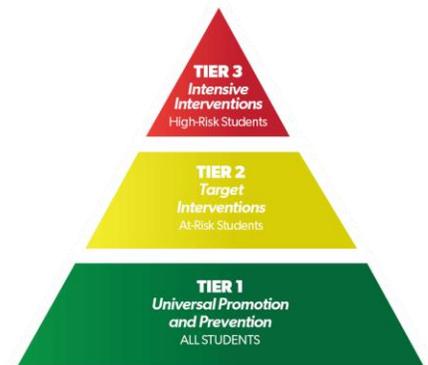
Expanded School Mental Health (ESMH)

BBH awarded five new Expanded School Mental (ESMH) grants in April 2022. A total of 19 new schools will begin the implementation of expanded school mental health with these new grant awards. These awards bring the total number of schools receiving grant-funded ESMH services to 93 schools across 10 West Virginia counties. ESMH is a multi-tiered system of support where schools, families, and strategic community partners

work together to enhance student mental health in schools.

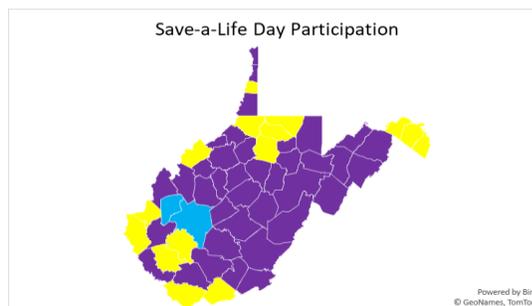
The EMSH framework focuses on:

- Including the full continuum of prevention, early intervention, and mental health treatment
- Serving all students
- Building upon core programs/services provided by schools
- Emphasizing shared responsibility between schools, mental health providers, and community partners



Save-a-Life Naloxone Days

Save-a-Life days started in 2020 as a way to saturate communities with free naloxone, a life-saving overdose reversal medication.



Participation Year	Number of Counties
September 2020	2
September 2021	17
September 2022	55

Fentanyl Awareness Day

The ODCP joined partners nationwide in celebrating the first National Fentanyl Awareness Day on May 10, 2022. The day is designed to raise public awareness about illicit fentanyl mixed with street drugs and counterfeit pills, which is a relatively new practice. For more information regarding National Fentanyl Awareness Day, please visit www.fentanylawarenessday.org.



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 purpose of the project is to educate West Virginians about the dangers of opioids in the home and prevent overdose deaths. The Nalox(ONE) project will reach over 10,000 patients with opioid prescriptions in one year’s time in more than six at-risk West Virginia counties in over 20 independent pharmacies

Partner	Sites
Fruth	21 sites
CPESN	8 sites
PursueCareRx	telehealth
Total	29 sites

Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP)

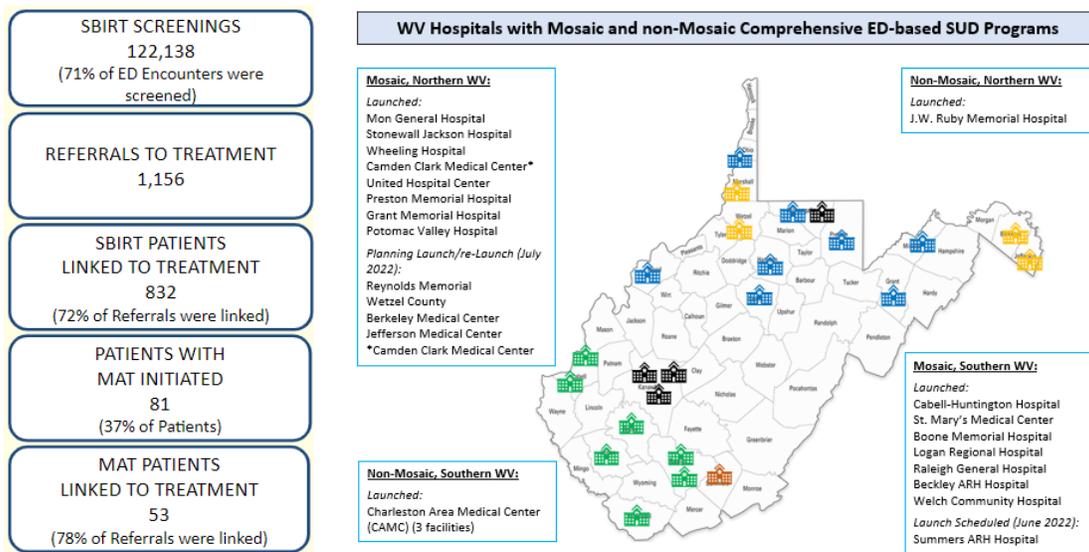
The ODCP and the West Virginia Division of Corrections and Rehabilitation were awarded a \$6 million COSSAP grant from the Bureau of Justice Assistance (BJA) to establish the QLA (Quick Response Team, LEAD, and Angel Project) Early Intervention Program. The COSSAP grant targets nine West Virginia counties: Berkeley, Cabell, Kanawha, McDowell, Mercer, Monongalia, Raleigh, Wood, and Wyoming. Representatives from these counties have undergone specialized training through the recent Pathway Deflection Academy - Introductory training. This training event offered an overview of six deflection pathways (intake or self-referral, officer intervention, officer prevention, naloxone plus or QRTs, proactive engagement, and outreach), while focusing on the Angel, LEAD and QRT deflection, and pre-arrest diversion models, operating within West Virginia and across the United States.

Centers for Disease Control and Prevention (CDC) Overdose Data to Action Grant (OD2A)

The ODCP partnered with DHHR’s Bureau for Public Health 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. The Levels of Care program and the Reverse the Cycle initiative are examples of projects that fall under the OD2A grant:

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 (see below).



Levels of Care

The Levels of Care Program for emergency departments (ED) access to treatment and recovery was established to encourage ED-based peer recovery specialists and ED-initiated Medications for Opioid Use Disorder (MOUD) in hospitals across West Virginia. A statewide approach is being developed that is loosely based on Rhode Island’s Levels of Care model. The goal of this project is to incorporate a comprehensive approach in the EDs to help people with SUD connect with the treatment they need. The Levels of Care Advisory Board approved the standardized metrics for participation in this program through the development of an assessment document. This document will be reviewed by the West Virginia Hospital Association’s quality committee to determine if it can be included in their quality metrics.

Corrections & Reentry

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

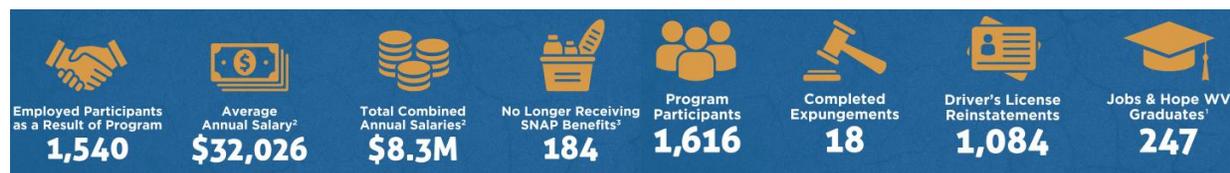
and Rehabilitation (DCR) to discuss current SUD activities within the correctional system. In 2022, the DCR SOR funded program provides:

- Verified MOUD options upon intake at all 10 jails
- 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 Jail.

Jobs & Hope West Virginia

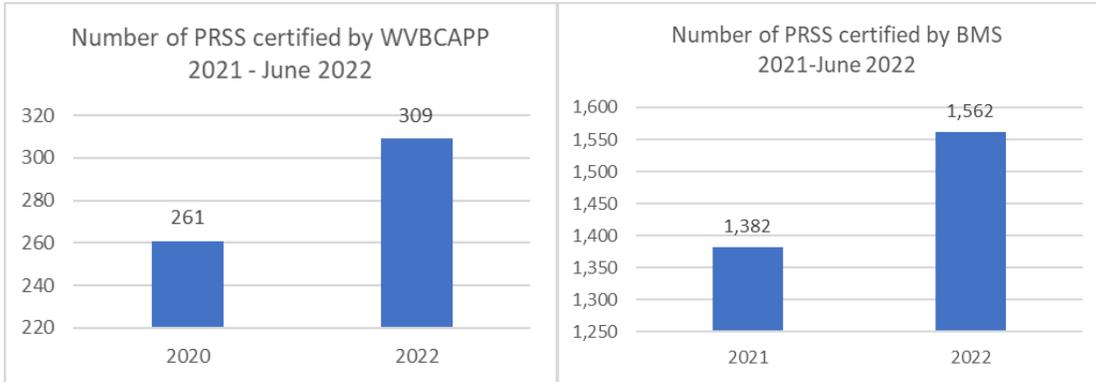
Created by Governor Jim Justice, the Jobs & Hope West Virginia program began in August 2019. It offers support through a statewide collaboration of agencies that provide West Virginians with linked services and the opportunity to obtain career training with the goal of ultimately securing meaningful employment. The 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:

- Through a partnership with the West Virginia Small Business Development Center (SBDC) and the Office of Economic Development, the Creating Recovery Employment AFA was released.
- The 2022 West Virginia Reentry and Recovery Works Conference was held virtually and in-person in Charleston, WV on May 18, 2022.



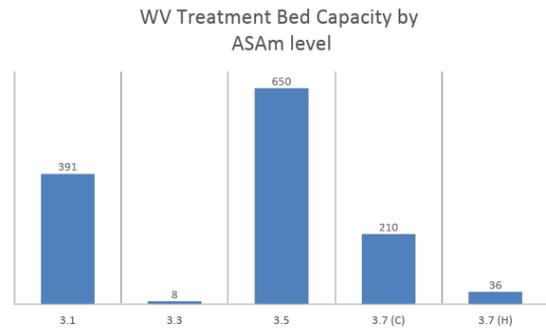
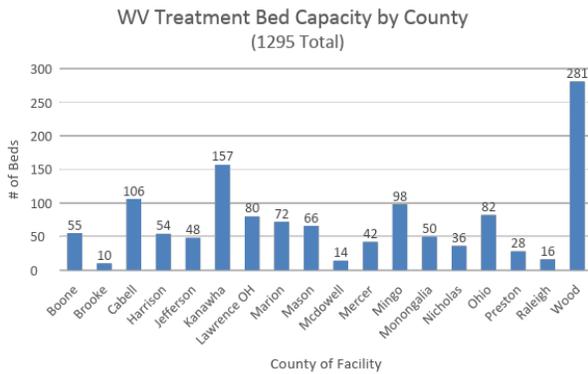
WV Peer Recovery Support Specialists (PRSS)

BBH and the ODCP partnered with the West Virginia Collegiate Recovery Network to provide Peer Recovery Training of Trainers by the McShin Foundation. There were 21 individuals selected from all parts of the state to participate in the one-time, week-long training. Individuals selected for this course are now able to train more than 400 PRSSs yearly on an approved curriculum that will meet the 46 hours required for the PRSS credential through the West Virginia Certification Board for Addiction and Prevention Professionals (WVCBAPP). This is a timely effort considering that beginning October 1, 2022, DHHR's Bureau for Medical Services (BMS) will require the 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's Peer Recovery certification on October 1, 2022, will be eligible for reimbursement.

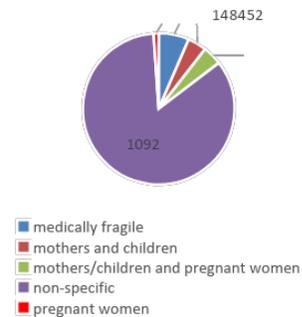


Treatment Bed Capacity

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



WV Treatment Bed Capacity for Special Populations



APPENDIX C

Data to Action

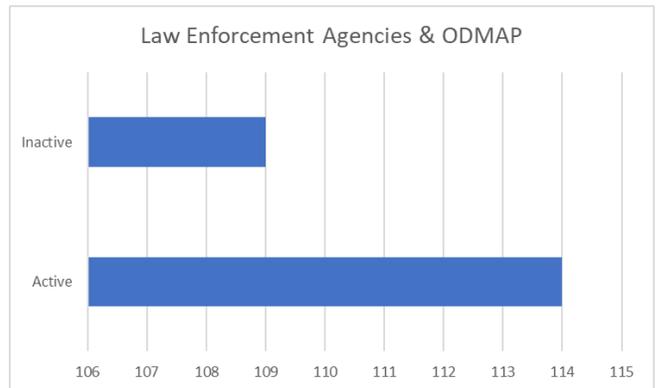
The ODCP maintains the overdose data dashboard and acts as the central repository for all data around SUD and overdoses in West Virginia.

Overdose Data Dashboard

The ODCP Overdose Data Dashboard houses overdose data from emergency departments, Emergency Medical Services (EMS), and DHHR’s Office of the Chief Medical Examiner. The dashboard is constantly being reevaluated for ease of use and accuracy based on EMS suspected overdose data pulled from electronic run sheets. This data is used to gauge naloxone saturation and visualize overdose trends by county statewide. The Overdose Data Dashboard has the highest traffic of all the ODCP website pages with 4,507 page views since January 1, 2022 (2,998 unique viewers).

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

As of mid-June 2022, there are 114 agencies and 409 individual users in West Virginia enrolled with and active in ODMAP. ODCP Regional Coordinators have access to the national map as well as the overdose reporting platform. QRTs statewide receive overdose spike alerts and QRT personnel receive local, real-time overdose alerts indicating whether the overdose is fatal or nonfatal. These alerts facilitate cross jurisdictional overdose response by alerting QRTs and law enforcement personnel of increases in overdose activity and causal substances.



Planning is underway, in cooperation with West Virginia HIDTA and ODMAP, to develop an Application Program Interface (API) to integrate EMS suspected overdose response data with ODMAP. This integration will allow for a near real-time, comprehensive overdose alert and mapping display. The spatial data will be used to pinpoint areas of increased overdose activity which will allow a more effective and precise response and asset mapping.

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



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following are some of the targeted actions taken by the ODCP Regional Coordinators, to reduce overdoses in these counties.

Activity	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
Built communication platform to disseminate information locally	✓	✓	✓	✓		
Implemented plan to reduce overdoses	✓	✓		✓	✓	✓
Reported stigma reduction efforts	✓		✓	✓	✓	
Identified and engaged with Jobs & Hope transition agents and recovery friendly employers	✓	✓	✓	✓	✓	✓
Reported naloxone distribution	✓ 371	✓ 865	✓ 600	✓ 800	✓ 544	✓ 212

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 are able to gauge needs and maintain linkages to care in the designated action counties and the surrounding regions.

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 its

[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. In 2022, the Treatment and Recovery Resource Map has been updated with:

- Over 200 resources to provide locations and contact information for peer support groups (AA, NA).
- Diversion and Intervention programs (LEAD, QRTs).
- 100 harm reduction and naloxone distribution sites.

Future updates to the recovery map interface will provide more user-friendly services which include a questionnaire to assist in searching for available recovery resources.

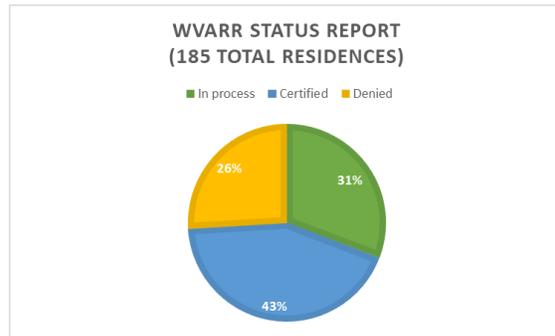
APPENDIX D

Best Practice, Evidence-Based Programs, and Education

West Virginia Alliance of Recovery Residences, Inc.

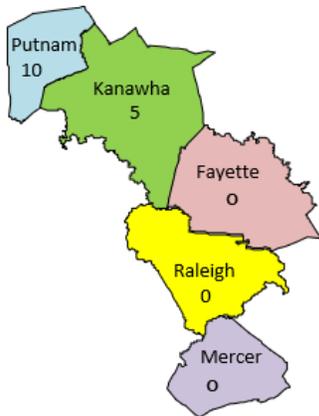
The [West Virginia Alliance of Recovery Residences \(WVARR\), Inc.](#) has implemented a certification process for West Virginia recovery residences based on nationally recognized best-practice standards and ethical principles developed by the National Alliance of Recovery Residences (NARR). WVARR staff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

Total Residences currently in process: **185**
 Total (non-Oxford) residences currently operating in WV: **198**
 Percent engagement: **93%**
 Total certified beds: **1,219**
 Beds for Women: **378**
 Beds for Women with Children: **45**
 Beds for Men: **697**
 Coed Beds: **99**



START Pilot

The Sobriety Treatment and Recovery Teams (START) are a child welfare led intervention program intended for children afflicted by maltreatment due to parental SUD. Proctored through DHHR’s Bureau for Social Services and implemented through Presteria, START began in Kanawha and Putnam counties in 2021. Since October 2021 there have been a total of 10 referrals in Putnam County and five for Kanawha County. In 2022, START is working to expand the program to cover Fayette, Mercer, and Raleigh counties through FMRS and Southern Highlands. These programs are currently in the final stages of hiring and training case managers and family mentors and are anticipated to begin receiving referrals by August 2022.



START Progress	Kanawha County	Putnam County
Referrals	5	16
Active Cases	5	10
Number of Adults	10	21
Number of Children	6	15

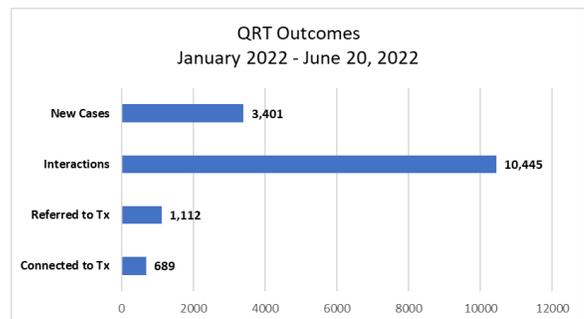
Recovery Community Organizations (RCOs)

Across the country, RCOs are being developed to make it possible for those struggling with SUD to find lasting recovery. RCOs are independent, non-profit led, and governed by people in recovery, family members, friends, and allies. A contract with Faces and Voices of Recovery (FaVoR) that operates the National Association of RCOs (ARCO) is being finalized with BBH to establish the first six RCOs in West Virginia. ARCO members can be seen by location as blue stars on the United States map.



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. There are now 36 counties covered by QRTs in West Virginia. QRTs work independently as well as with the ODCP Regional Coordinators to identify gaps in treatment, recovery, and other SUD services at the local level.



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 so that they can receive definitive care for their underlying addictions. Through May 2022 LEAD has diverted over 304 individuals.

LEAD Program	Counties covered	2022 Diversions
Westbrook Health	Calhoun, Jackson, Pleasant, Ritchie, Roane, Tyler, Wirt, and Wood	40
United Summit Center	Braxton and Gilmer	0
Seneca	Greenbrier, Nicholas, Pocahontas, and Webster	4
FMRS	Fayette, Gilmer, Monroe, and Raleigh	28
Southern Highlands	Mercer, McDowell, and Wyoming	16
Valley Health	Monongalia	12
Berkeley County Commission	Berkeley	4
Logan/Mingo	Logan and Mingo	132
Pretera	Boone, Cabell, Clay, Kanawha, Lincoln, Mason, Putnam, and Wayne	68
Total	33	304

Family Treatment Courts (FTCs)

There are 10 Family Treatment Courts 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. Since the inception of FTCs in October 2019:

- **413** referrals
- **261** accepted
- **76** graduates
- **70%** of FTC participants are female and **96%** are Caucasian
- FTCs has served **352** children
- **143** have been placed back in the home
- **97** have achieved permanency with their parent(s)
- Average time from removal to reunification (physical custody) is **300 days**
- Average time from removal to permanency (reunification) is **425 days**

Hospital Expansion for SUD Response AFA

The Project Engage model focuses on expanding the capacity of hospitals to treat those with SUD. Berkeley Medical Center has been awarded \$150,000 through SOR funding to implement the Project Engage model in their facility. Funding began September 30, 2021. The Berkeley team meets virtually with ODCP staff bi-weekly for progress reports and technical assistance. They distributed a hospital-wide staff survey to determine attitude and perception towards SUD; survey results were analyzed and presented at the clinical directors meeting and the medical executive meeting. Implementation is continuing with the posting of the PRSS position and working with the facility’s IT staff to input screening questions and standing orders in the electronic health record.

Multisite Opioid and HIV Response Endeavor (MOHRE) Project

The ODCP and Yale University School of Medicine are working on the MOHRE project. The ODCP and Yale University School of Medicine partnership is working with state hospitals, Southern Highlands Consortium, and assisting in two pilot projects for low barrier MOUD in Huntington and Morgantown. Goals of MOHRE include increasing medication-assisted therapies to treat OUD and guiding policies associated with improving access to medications to treat OUD.

State Hospitals

The ODCP has partnered with Yale University to consult with William R. Sharpe, Jr. Hospital and Mildred Mitchell-Bateman Hospital to adopt a protocol for the induction of MOUD in patients who meet criteria during their stay. Additionally, the hospitals are working towards being able to provide patients with a naloxone kit upon discharge.

Mildred Mitchell-Bateman Hospital					
	January 2022	February 2022	March 2022	April 2022	May 2022
MOUD Induction	1	0	0	1	0
Naloxone/Naloxone RX Upon Discharge	0	0	0	0	0

There has been a slight increase in the number of MOUD inductions without an organizational policy being adopted. A draft policy has been crafted and approved by Mildred Mitchell-Bateman Hospital’s Medical Executive Board. For next steps, the policy will need to receive approval from the hospital’s Management Committee and Governing Board. Access to Sublocade for state pharmacies is needed so it can be administered before discharge. The ODCP is working with the West Virginia Board of Pharmacy to reduce barriers surrounding the dispensing of Naloxone upon discharge without an outpatient pharmacy.

William R. Sharpe, Jr. Hospital					
	January 2022	February 2022	March 2022	April 2022	May 2022
MOUD Induction	1	3	2	0	0
Naloxone/Naloxone RX	0	0	0	0	0

Southern Highlands Consortium

After assisting in the implementation of a protocol designed to engage patients with MOUD, a pilot project model for buprenorphine initiation in the Southern Highlands Consortium’s Crisis Stabilization Unit (CSU) has been the next focus. In February 2022, the CSU reported two suboxone inductions. In order to increase the volume of buprenorphine inductions, the CSU is looking to hire a provider dedicated to this outcome. The CSU also requires protocol adjustment to reduce the Clinical Opioid Withdrawal score needed to induce MOUD.

Low Barrier MOUD Efforts

The ODCP and Yale University School of Medicine are also working to increase low-barrier access to MOUD in the City of Huntington, West Virginia, through local partnerships with QRTs, harm reduction programs, the local health department, and MOUD access points. The City of Huntington project is a collaboration between Marshall University's Department of Addiction Medicine, the Cabell County QRT, and PROACT to develop a rapid induction protocol. In order to determine community needs without overwhelming community partners, a soft start was initiated through the QRT. Currently, two clients have utilized this pathway.

A survey has been sent to the program coordinators of all West Virginia residency programs about the extent to which medication for opioid use disorder (MOUD) is being taught in their program curriculums. The goal of this project is to increase the number of physicians post residency who have the Drug Enforcement Agency (DEA) X-waiver. The DEA X-waiver allows physicians who meet certain qualifications to treat opioid use disorder with buprenorphine in clinic offices.

CHES Health Connection App

The Connections app is an evidence-based smartphone app that helps individuals adhere to their treatment plan and stay in recovery. Throughout the COVID-19 pandemic innovative implementation strategies, including the launch of Connections, were employed to reach a broader audience of individuals in recovery. Expansion of the apps reach and implementation of marketing strategies have been targeted to the collegiate recovery sphere.

From January 2022 to June 2022 the following notable events occurred:

	January	February	March	April
Cumulative number unique clients*	2,018	2,110	2,306	2,467
Cumulative number of college students enrolled	34	34	51	54
Cumulative number of clients enrolled in public entity	948	977	1,249	1,281
Cumulative number of clients enrolled	5,120	5,336	5,637	5,722
Number of clients active	523	532	598	547

*defined as clients who receive and click on activation link

DynamiCare Contingency Management App

The DHHR's Bureau for Medical Services launched its pilot of DynamiCare Health's digital contingency management (motivational incentives) program in December 2021. The DynamiCare Health app is an evidence-based and award-winning program shown to substantially improve engagement in treatment and reduction in substance use. The DynamiCare app package includes:

- Contingency management using a specialized limited use smart debit card;

- Substance use testing by means of instant oral swabs and breathalyzers;
- Self-guided cognitive behavioral therapy lessons; and
- Peer support services offered via telehealth.

With 74 members fully enrolled across five treatment systems and three MCOs, the program will soon hit its allotted 90 slots. Patient engagement and satisfaction are high, with 83% of completed remote substance tests via the app being negative, and avg. patient satisfaction score of 9/10.

Enrollment



Patient Satisfaction



Patient Engagement



Stimulant Use Disorder Response – TRUST Pilot

West Virginia is building on the success of the first year of the TRUST Pilot, which trained six West Virginia behavioral health treatment organizations, and resulted in a presentation at the virtual West Virginia Stimulant Conference in December 2021. The TRUST pilot expanded to create a TRUST Learning Collaborative for the West Virginia organizations that completed the original 2020-2021 pilot protocol training with subject matter experts Dr. Rick Rawson and Al Hasson. Two of these organizations are providing assistance for a new cohort of TRUST.

The 2022 TRUST Cohort is composed of six additional West Virginia behavioral health treatment providers who are investing three staff each (clinician and administrative) to receive the training and technical assistance necessary for their organizations to engage, retain, treat, and monitor individual clients with stimulant and polysubstance use disorders. The representatives from the first TRUST Cohort are implementing the "Train the Trainer" aspect of TRUST.

Law Enforcement Training - Addiction 101, Stigma, Data, & Diversion

Training Partnership: West Virginia State Police



On May 27, 2022, DHHR's Office of Drug Control Policy staff and retired Charleston Police Officer Errol Randle instructed West Virginia State Police Academy cadets in emotional intelligence and the biology of addiction, current drug trends and diversion programs offered in the state.

The presentation outlined the state's drug epidemic to help the cadets make more informed decisions as they progress throughout their career as West Virginia State Police officers.



Appendix E

OFFICE OF DRUG CONTROL POLICY STAFF

Dr. Matt Christiansen, Director



Dr. Matthew Christiansen, ODCP Director, plans and directs West Virginia's efforts in combating the substance use disorder 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. He is dual board certified in Family Medicine 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 degree and Master of Public Health degree from Marshall University.

Rachel Thaxton, Assistant Director



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

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

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

Dora Radford, Executive Assistant to the Director



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

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

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

Gary Krushansky, Strategic Planner



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

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

Gary holds an Executive Master of Business Administration degree from the University of Charleston. His accomplishments include a Special Forces Tab and leadership and military awards.

Justin Smith, Data Program Manager



Justin Smith, a native of Grantsville, West Virginia, has a background in law enforcement. Justin is a graduate of the West Virginia State Police Academy, 136th Basic Officers Class and has served as a deputy and chief deputy with the Calhoun County Sheriff’s Department.

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

Jessica Smith, Outreach and Education Program Manager

Jessica Smith is the Outreach and Education Policy Program Manager with the ODCP. She focuses on the coordination and implementation of prevention and stigma reduction work across the state. Jessica was previously employed as a field employee for the Centers for Disease Control and Prevention Foundation contracted to the 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 Bachelor of Arts in Political Science and Organizational Communication, a Master of Arts in Communication Studies, and a Master of Science in Health Care Administration from Marshall University.

Steven A. Koehler, Epidemiologist



Steven A. Koehler, MPH., Ph.D., is with the Office of Maternal, Child & Family in DHHR's Bureau for Public Health, and serves as the epidemiologist for the ODCP. His role is to assess emergency medical services, emergency room, and medical examiner data related to drug overdose events. He also serves as the Director of Forensic Medical Investigation, LLC as an expert witness and consultant. Dr. Koehler was the former Chief Forensic Epidemiologist at the Allegheny County Medical Examiner's Office in Pittsburgh, Pennsylvania.

He earned a Bachelor of Science in Biology and Psychology from Washington and Jefferson College, a Master of Public Health in Public Health, and a Doctor of Philosophy in Forensic Epidemiology from the University of Pittsburgh Graduate School of Public Health.

Dina Williams, COSSAP Program Manager



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

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

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

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



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

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

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

Greg Hoffman, Epidemiologist I



Greg Hoffman joined ODCP in March 2022 as an epidemiologist focusing on ensuring the collection, analysis, and display of substance use disorder data to support ODCP's ongoing efforts to reduce drug overdose events and make informed policy decisions.

As an ODCP Epidemiologist, Greg provides support in current and developing investigations, surveillance systems and the collection, analysis, and dissemination of data. He works with other epidemiologists, state and local agencies, medical professionals, and the public to provide information and education to minimize the harmful effects from substance abuse throughout the state of West Virginia.

Prior to joining ODCP, Greg served in a variety of roles in response to the COVID-19 pandemic. These roles included surveillance epidemiologist, subject matter expert, case investigator, and workflow coordinator for a number of agencies in several states. Greg also provided planning, logistics and data collection support for COVID-19 testing, treatment and vaccine programs for public and private entities. Greg served as an AmeriCorps Volunteers in Service to America (VISTA) addressing substance use disorder harm reduction efforts through the development of community collaborations in resource constrained rural counties in the Midwest. Greg also worked to reduce barriers to healthcare access among LGBTQIA+ communities.

Greg earned master's degrees in Public Health and Emergency and Disaster Management from New Mexico State University and American Public University. He also earned a Bachelor of Arts degree in Psychology from California State University and completed three years of doctoral level training in veterinary medicine. Greg is currently pursuing a Master of Arts in Applied Data Analytics at the Roux Institute.

Sheila Reynolds, Programmer Analyst



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

Sheila comes to the ODCP with 25+ years of experience from the healthcare IT field. Her prior experience includes work as a statistician for the Department of Agriculture.

She earned her B of Science in Computer Information Systems from WVU Tech in Beckley.

Appendix G

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

Chair:

Brian Gallagher, Marshall University School of Pharmacy

Ex-Officio Members:

Dr. Ayne Amjad, State Health Officer and DHHR Commissioner for the Bureau for Public Health

Linda Boyd, School of Osteopathic Medicine

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

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

Dr. Clay Marsh, West Virginia University School of Medicine

Dr. Allen Mock, Chief Medical Examiner

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

Melanie Purkey, Superintendent, West Virginia Department of Education

The Honorable Matthew Rohrbach, Chair of the House 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, Department of Education

Jonathan Dower, West Virginia Sober Living

Dr. Emma Eggleston, West Virginia University

Betsy Steinfeld Jividen, 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, AHIDTA

Lyn O'Connell, Marshall University Joan 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 H

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. 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 Bill Crane
Commissioner 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 The Council's recommendations.

Chair: Dr. Matthew Christiansen
Members: Dr. Garrett Moran
Commissioner 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, LEAD and QRTs. Works with sister subcommittees to align initiatives, provides input to improve state policy and advises the Council of emerging Techniques, Tactics and Procedures (TTP) that may impact strategic initiatives. Develops the portion of the strategic plan related to law enforcement activities, advises regarding implementation, and serves as subject matter experts in aiding local implementation and adoption of recommendations.

Chair: Chad Napier
Members: Adam Crawford
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.

Chair: Dr. Michael Kilkenny and Dr. Emma Eggleston

Members: Dr. Ayne Amjad
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). 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: Commissioner Betsy Jividen and Stephanie Thornton

Members: Stephanie Bond
Jack Luikart
Tom Plymale
Judge James Rowe
Brandon Steel

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 the 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
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, 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
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 39

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

Recovery Community Subcommittee: The ODCP and the Council 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 an 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
Kevin Knowles
Joe Deegan
Marc Jackson
Destini Williams
Stephanie Stout