



**West Virginia
Office of Drug Control Policy
2021 Priorities and Implementation Plan**

**Governor's Council on Substance Abuse Prevention and Treatment
Draft November 28, 2020**



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Purpose

The role of the West Virginia Department of Health and Human Resources (DHHR), Office of Drug Control Policy (ODCP) is to provide oversight and guidance as the West Virginia 2020-2022 Substance Use Response Plan is presented to the West Virginia State Legislature and subsequently implemented in West Virginia. The purpose of this document is to provide an overview of the Goals, Strategies and Key Performance Indicators that have been prioritized for implementation in 2021 by the Governor's Council on Substance Abuse Prevention and Treatment (Council) and ODCP.

Background

The West Virginia Drug Control Policy Act, passed in 2017, created ODCP tasking it with leading the statewide response to the substance use disorder crisis in West Virginia by developing strategies related to the prevention, treatment, and reduction of substance use disorder. One of ODCP's chief responsibilities, as defined in West Virginia Code (W.Va. Code §16-5T-2), is to develop a strategic plan to reduce the prevalence of drug, alcohol, and tobacco use.

The Council works closely with ODCP and is comprised of subject matter experts from multiple disciplines who provide guidance and recommendations for addressing the substance use disorder crisis in West Virginia. The Council and its subcommittees include more than 70 members with representatives from the public, private, academic and nonprofit sectors. Members include but are not limited to agencies such as the DHHR, West Virginia Department of Education, West Virginia Judicial System, West Virginia Department of Homeland Security, West Virginia Legislature, West Virginia Chamber of Commerce, West Virginia National Guard, The Benedum Foundation, West Virginia University, Marshall University, West Virginia School of Osteopathic Medicine, and the U.S. Department of Justice. In addition, The Pew Charitable Trusts and Johns Hopkins Bloomberg School of Public Health provided invaluable consultation.

To comprehensively address substance use in the State of West Virginia, the Council established subcommittees in seven priority areas with Council members as Chairs. Priority areas include Prevention, Community Engagement and Supports, Health Systems, Treatment, Recovery and Research, Courts and Justice-Involved Populations, Law Enforcement, and Public Education. Chairs subsequently engaged additional subject matter experts from across the state from March to July 2019 to develop a three-year plan (2020-2022) that sets the state's goals, strategies, and key performance indicators to address substance use in West Virginia. As a part of the overall process, eight regional meetings were held across the state to gain public comment and establish priorities and cross-cutting issues, such as stigma, that should be addressed. An Implementation Subcommittee and a Public Education Subcommittee were also established, both of which are led by the ODCP Director.

On November 18, 2020, the Council met to review and approve the 2021 State Action Plan for release for public vetting. The first year of the plan was implemented in 2020, with significant achievements, even in the midst of the continuing COVID-19 pandemic. In 2021, ODCP anticipates further gains and achievements as it continues to address substance use disorder in West Virginia. It is important to note that as the West Virginia 2020-2022 Substance Use Response Plan continues to be implemented, true success will require integrated efforts at every jurisdictional level and across sectors. It will not be achieved by any one agency, entity, or jurisdiction alone. As such, the Council offers the State Plan, and the ODCP offers this 2020 Implementation Plan, as a common framework to other sectors and organizations engaged in addressing the substance use epidemic across the state. The use of a common framework will enhance the likelihood of aligning efforts, leveraging one another's work, minimizing redundancies, closing gaps, and communicating collective progress. Addressing this epidemic in West

Virginia clearly requires a “whole of community” effort. Next steps will include a more detailed implementation plan with specific tactics to achieve each of the goals in this Plan. The Council invites other jurisdictions and entities to use this framework to develop processes to do the same.

2021 High Impact Activities

The following High impact Activities will be implemented in 2020 across West Virginia:

- Broad education and distribution of **naloxone** to save lives
- Increase in **treatment access** points
- **Sustained and successful recovery** through Jobs & Hope West Virginia (employment) and other recovery supports (housing, transportation and building community infrastructure for response)
- **Public education**

Office of Drug Control Policy – 2021 Key Priorities for Implementation

The following outline presents the Office of Drug Control Policy 2021 Key Priorities for Implementation by goal, strategy, key performance indicators, and the agency or agencies responsible for each. It is important to note that these priorities are a subset of all activities to be implemented in the full 2020-2022 State Substance Use Response Plan over the next two remaining years of this plan, thus only a selected set of strategies and key performance indicators appear (i.e., Strategy 1 and Strategy 3). The following abbreviations are used to denote the lead agency and/or agencies leading implementation: DHHR’s Bureau for Behavioral Health (BBH); DHHR’s Bureau for Children and Families (BCF); DHHR’s Bureau for Public Health (BPH); West Virginia Department of Education (WVDE); West Virginia Department of Homeland Security (DHS); Lead Prevention Organizations (LPO); Marshall University (MU); DHHR’s Bureau for Medical Services (Medicaid) (BMS); DHHR’s Office of Drug Control Policy (ODCP); and West Virginia University (WVU).

Overview of 2021 Implementation Activities by Goals, Strategies, Key Performance Indicators (KPI) and Responsible Agency/Agencies

PREVENTION

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

- Objective 1.2 Coordinate talking points across systems for legislators/policymakers.
- Objective 1.3 Form a professional statewide Prevention Association (warehouse) that can support advocacy and policy change, workforce, training, credentialing.
- Objective 1.4 Establish cross-system training opportunities related to prevention. Hold 3-4 annually.
- Objective 1.5 Identify and engage Prevention Champions within medical fields, recovery, legislative, etc.

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

- Objective 2.1 Inform and shape prevention policy and practices by building upon research, proven models such as the CDC Knowledge to Action framework and meaningful data.
 - Identify and research proven models.
- Objective 2.2 Formalize an infrastructure of prevention stakeholders (state organizations, local non-profits, behavioral health organizations, Prevention Lead Organizations, coalitions, Department of Education, et.al.) across systems to lead integration of prevention efforts, mobilize resources, enhance communication, and to set the expectation that collaboration is the norm. (Prevention Steering Team)
 - Survey members to ensure every aspect of prevention is represented by participating partners.
 - Develop a partnership agreement to define roles and expectations
- Objective 2.4 Align and streamline interactions with the school system.
 - Identify and build upon existing relationships.
 - Assess partnership readiness.
- Objective 2.5 Create a state-level clearinghouse of promising practices, tools, and win-win opportunities to support collaborative learning processes.
 - Identify where the clearinghouse will be housed and what platform would be used.
 - Review existing guides and toolkits and streamline/align into a comprehensive document.
- Objective 2.6 Expand and translate current prevention curriculum and programs to alternative delivery modes. (It should be noted that all evidence-based prevention programs are not allowed to be delivered virtually at this time.)
 - Review what curriculum is being transferred to online and lessons learned (be open to meeting schools where they are and being patient to identify where we might “fit” and how components can be delivered).
 - Explore opportunities to expand train-the-trainer opportunities/component.

- Build capacity to utilize technology and online platforms to deliver programming (identify and promote use of best practice guidelines that are being used to deliver programs online).
- Objective 2.7 Host an annual statewide prevention summit to promote knowledge sharing, innovation, and commitments to shared outcomes.

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

- Objective 3.1 Data will be used to develop/utilize evidence-based resources and needed prevention programming based upon regional needs.
- Objective 3.1 Improve multi-agency data sharing.
- Objective 3.5 Create and maintain a data assessment task force to review and continually evaluate regional data collectively, and plan prevention work accordingly.
- Objective 3.6 Identify data sources and fill data gaps across the continuum of care and systems and improve data collection processes.
- Objective 3.7 Identify, secure, and analyze data resources to build capacity for prevention support and data resource dissemination.

Strategic Goal 4: Align strategic communications, awareness and education. The following principles undergird the following objectives: Individual/community acceptability, data-driven, best or promising practices, and culturally relevant and inclusive.

- Objective 4.1 Convene a Prevention Internal Marketing Team to coordinate prevention education and media campaigns across regions/sectors (ex. DHHR, WVDE, Prevention First, non-governmental entities).
- Objective 4.2 Develop a common language to speak with one voice by using social norm messaging to develop consistent, unified language that is inclusive, culturally competent and stigma free.
- Objective 4.3 Develop prevention messaging that targets the social ecological model (Individual, Interpersonal, Organizational, Community, Public Policy) and can be customized for local campaigns, coalitions, and audiences (i.e., youth vs. law enforcement).
- Objective 4.4 Develop standardized communication designed to reach vulnerable subpopulations identified for increased risk. Host stakeholder meetings of target populations to develop/disseminate messaging. (Selected media channels need to be accessible to priority populations - ex. TikTok and YouTube vs. billboards and newspapers.)
- Objective 4.5 Utilize data from Goal 3 to drive consistent prevention messaging, media campaigns, and promotion of success stories (ex. WV Kids Count - ability to tell story and outcomes; Icelandic Model project - data and stories).
- Objective 4.6 Utilize Prevention Champions and community stakeholders identified in Goal 1 as trained media messengers (inclusive and culturally competent). Include youth voice/champions. Provide media/communication training.
- Objective 4.7 Provide media and communication training to prevention staff and organizations and media messengers (ex. how to use local data to tell a story; how to cultivate relationships with media; how to select appropriate imagery and language).
- Objective 4.8 Host Annual Prevention Day at the Legislature.

Strategic Goal 5: Monitor opioid prescriptions and distribution.

Strategy 2: Continue to conduct public health surveillance with the Prescription Drug Monitoring Program (PDMP) data and publicly disseminate timely epidemiological analyses for use in surveillance, early warning, evaluation, and prevention.

KPI 1: Increase uptake of evidence-based prescribing guidelines (i.e., West Virginia Safe and Effective Management of Pain Program) by 10% per year. (ODCP)

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

Strategy 1: Implement evidence-based prevention and cessation programs for tobacco and other electronic nicotine delivery systems in accordance with the existing Tobacco Use Reduction State Plan.

KPI 3: By January 1, 2021, implement the 2021-2024 Tobacco Use Reduction State Plan.

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COMMUNITY ENGAGEMENT AND SUPPORTS

HOUSING

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

Strategy 1: Create and sustain a system of assessing recovery housing capacity and quality to make funding recommendations and expand resources statewide.

KPI 1: By December 31, 2020, conduct a statewide assessment to establish a baseline of current recovery housing across the state to identify geographic areas of greatest need and resources for medication-assisted treatment accessible recovery housing.

KPI 2: By December 31, 2021 and December 31, 2022, conduct an annual update of the assessment of current recovery housing.

Strategy 2: Provide training, funding, and resources to increase the capacity of recovery housing in West Virginia.

KPI 2: By December 31, 2021, identify and analyze best practices of successful recovery housing in other states and increase trainings statewide in West Virginia by 25%.

KPI 3: By December 21, 2021, increase the number of recovery residences for multiple pathways by 10%.

Strategy 3: Develop and implement a certification process that will assure quality and consistency of recovery housing and the services provided.

KPI 1: By December 31, 2020, engage the West Virginia Alliance of Recovery Residences to complete a certification process in 25% of the recovery residences in West Virginia. (BBH, ODCP)

TRANSPORTATION

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

Strategy 1: Explore innovative models of transportation for individuals with substance use disorder. Based on what is learned about these models, and feasibility of addressing existing barriers, develop innovative strategies that enable individuals with substance use disorders to regain the ability to independently transport.

KPI 1: By December 31, 2020, establish a Recovery Transportation Task Team to research transportation models across the country, document best practices and working models, and develop a plan that includes recommendations to replicate selected models across West Virginia. (BBH, ODCP)

KPI 2: By December 31, 2021, gather information from the pilot ride-sharing program to expand into five more counties with the expansion options, including use of individuals in long-term recovery to provide transportation.

KPI 3: By December 31, 2021, engage treatment programs to develop internal transportation programs in each region of the state.

KPI 4: By December 31, 2021, expand faith-based transportation initiatives to four sites.

KPI 5: By June 2021, research transportation models across the country, document best practices and working models.

KPI 6: By December 2021, develop a plan that includes recommendations to replicate selected models across West Virginia.

EMPLOYMENT

Goal 3: Increase employment opportunities for individuals in recovery for substance use disorders through supported employment, apprenticeships, and programs such as Jobs & Hope West Virginia.

Strategy 1: Support jobs creation through existing opportunities that also support recovery housing.

KPI 1: By December 31, 2021, create a funding stream to support employment of individuals in recovery for repairs, renovations, and upkeep for high quality recovery residences.

Strategy 2: Encourage development of a cohesive system to address and promote social enterprises.

KPI 1: By December 31, 2021, significantly advance the creation of entrepreneurial and social enterprise incubation hubs in the state.

Strategy 3: Assist businesses to employ individuals in recovery.

KPI 1: By December 31, 2020, develop a toolkit for employers to address barriers/needs for education in utilizing those in recovery in the workforce. (WVDE, ODCP)

KPI 2: By December 31, 2021, develop a partnership and collaborate with the West Virginia Small Business Development Center on workshops, trainings, and mentors for small businesses.

Strategy 4: Develop regional/local recovery-owned and operated businesses.

KPI 1: By March 31, 2021, develop a Task Force Team and collect baseline data on regional recovery-owned and operated businesses in West Virginia.

KPI 2: By December 31, 2021, increase recovery-owned and operated businesses in West Virginia by 10% annually.

Strategy 5: Assist the recovery community in linking with employment.

KPI 1: By December 31, 2021, and annually develop a state listing of recovery-accessible businesses.

KPI 2: By December 31, 2021, pilot at least one apprenticeship program to engage and employ individuals in recovery.

KPI 3: By December 31, 2021, create a website or hub to connect individuals to workforce opportunities, WorkForce West Virginia, Workforce Development Boards, etc.

Strategy 6: Replicate the Work Progress Administration/Civilian Conservation Corps (WPA)/(CCC) model of employment for public works projects.

KPI 1: By December 31, 2021, explore feasibility of replicating a WPA or CCC type model to employ individuals in recovery for public works services.

Strategy 7: Train interested individuals in recovery for societal needs (i.e., Meals on Wheels, eldercare, food preparation).

KPI 1: By December 31, 2021, explore organizations with a mission to feed or care for people that would implement jobs programs for individuals in recovery.

KPI 2: By December 31, 2021, collaborate with local health departments to provide ServSafe Training certifications in the hospitality industries.

Strategy 8: Employ individuals in recovery to work in public works projects such as construction of rehabilitative housing, tearing down dilapidated structures, renovating existing structures, and other areas of the construction trade.

KPI 1: By December 31, 2020, establish a Recovery to Work Task Team to provide guidance, eliminate barriers, and develop construction-based employment options for individuals in recovery and continue throughout duration of plan.

(ODCP)

KPI 2: By December 31, 2021, determine if the recovery community wishes to proceed.

COMMUNITY ENGAGEMENT AND SUPPORTS

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

Strategy 1: Develop a mapping and planning tool to maximize resources and disseminate emerging and evidence-based practices to communities with unmet needs related to developing integrated systems for substance use care.

KPI 1: By December 31, 2020, develop a mapping and planning tool of emerging and/or evidence-based practices to be shared with communities. (BBH, ODCP)

KPI 2: By December 31, 2020, gather information to develop a search and compilation process and share emerging and evidence-based practices with prevention, treatment, and recovery providers. (BBH, ODCP)

KPI 3: By March 31, 2021, establish a Task Team to promote activities and share tools, resources, and emerging/evidence-based practices with communities and stakeholders across the state.

Strategy 2: Connect successful applicants for funding and their communities to other communities.

KPI 1: By September 30, 2020, develop a platform to document successful emerging or evidence-based programs to connect individuals and communities to working models and/or services. (BBH, ODCP)

Strategy 3: Utilize the Huntington City of Solutions Guidebook for community organizing.

KPI 1: By December 31, 2021, share the City of Solutions resources across the state.

KPI 2: Update the Huntington City of Solutions Guidebook semi-annually beginning April 1, 2021.

HEALTH SYSTEMS

Goal 1: Reduce fatal and nonfatal overdoses.

Strategy 1: Provide broad access to naloxone across the state for those who need it including, but not limited to, first responders, local health departments, quick response teams, and treatment programs (medication-assisted treatment and detox).

KPI 1: By July 1, 2021, advance processes that enable access to naloxone upon discharge from health care facilities.

KPI 2: Over the course of the plan, 50% of local health departments will have access to naloxone to distribute by December 31, 2020; 75% by December 31, 2021; and 95% by December 31, 2022. (BBH, BPH, ODCP)

KPI 3: Advance availability of naloxone for distribution by Quick Response Teams for the duration of the plan. (BBH, BPH, ODCP)

KPI 4: By March 31, 2021, identify and implement additional strategies to distribute naloxone in local communities (i.e., food banks).

KPI 5: By March 31, 2021, establish a sustainability plan for naloxone funding for the duration of the plan (ODCP).

KPI 6: The Office of Drug Control Policy will provide ongoing technical assistance and support to ACTION counties (counties with highest overdose death rates) to establish immediate steps to save lives throughout the duration of the plan (ODCP).

Strategy 2: Increase resources and support for expansion of Quick Response Teams in local communities across the state.

KPI 2: Support existing Quick Response Teams throughout the duration of the plan through monthly peer networking (BBH, BPH, ODCP)

Strategy 3: Utilize data to strengthen community responses by gathering, sharing, and disseminating data on fatal and nonfatal overdoses with local communities and providing technical assistance on utilization of data at the community level.

KPI 1: By January 1, 2021, and under the direction of the Office of Drug Control Policy, operationalize a statewide data collection system and dashboard that is updated within 72 hours after receiving relevant data.

KPI 2: By June 1, 2021, conduct a series of three webinars on how to access use of the dashboard and interpret the data it contains to support community response.

KPI 3: By December 31, 2021, establish a pilot of three communities using Fatality Review Teams as an approach to data use that strengthen local response.

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

Strategy 1: Promote improved access to substance use disorder treatment through a coordinated approach with health care system facilities.

KPI 1: By December 31, 2021, support at least two hospital systems in addressing substance use disorder for all patients using a facility-wide model that includes the integration of universal screening, medication-assisted treatment initiation, and coordinated care transition. (ODCP).

KPI 2: Through December 31, 2021, continue to support at least 10 hospital emergency departments in developing clinical pathways for medication-assisted treatment and transition to substance use disorder care. (BBH, BPH, MU, ODCP, WVU).

KPI 3: By December 31, 2021, enhance inpatient and outpatient efforts for screening for substance use disorders, associated comorbidities (hepatitis, HIV, etc.), and timely and effective transitions to treatment wherever those with substance use disorder are in contact with the health care system.

Strategy 2: Develop a response system statewide through permissible data sharing to quickly identify trends and critical overdose incidents for rapid community response.

KPI 1: For the duration of the plan, continue to support the public dashboard to display trends and critical incidents that enable local communities to be responsive. (ODCP)

Strategy 3: Address barriers to treatment by expanding digital therapeutics, mobile service delivery and telehealth.

KPI 1: By December 31, 2021, expand mobile treatment options to all DHHR behavioral health regions, including underserved areas.

KPI 2: By December 31, 2021, increase integration and use of digital therapeutics and telehealth in treatment approaches.

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

Strategy 1: Increase understanding of harm reduction and stigma and increase cross-sector partnerships in the design, implementation, and evaluation of comprehensive, evidence-based harm reduction programs.

KPI 1: By December 31, 2021, support five communities undertaking new cross-sector planning and implementation of private or public sector harm reduction services through provision of funding, technical assistance, and quality improvement efforts throughout the duration of the plan. (BPH, ODCP)

KPI 2: Decrease harm from injection drug use in all existing harm reduction programs through increase in naloxone distribution, linkages to treatment, and best practices for harm reduction programs throughout the duration of the plan. (BPH, ODCP)

KPI 3: Convene partners doing work to reduce health and cost burdens of infectious diseases through cumulative harm reduction strategies, vaccinations, and syringe services for lessons learned and establish appropriate next steps. (BPH, ODCP)

KPI 4: By December 31, 2021, develop a set of best practices for all local health departments to adopt and implement to help reduce syringe litter to prevent harm to first responders and community residents throughout the duration of the plan. (BPH, ODCP)

KPI 5: By December 13, 2021, support a cross-state (KY, OH, MD, WV) multi-sector forum to share lessons learned and advance best practices in implementing evidence-based harm reduction services.

KPI 6: By December 31, 2021, build capacity and conduct local harm reduction program assessments in 10 programs aimed at supporting quality improvement and providing technical assistance that maximizes program effectiveness and reduces stigma through education. (BPH, ODCP)

Strategy 2: Increase screening and rapid access to treatment of infectious diseases associated with substance use disorders (e.g., hepatitis C, HIV, hepatitis B, sexually transmitted diseases, endocarditis, abscesses, etc.) at any entry point for substance use disorder treatment.

- KPI 1: By December 31, 2021, integrate screening for infectious diseases into key entry points for care related to substance use disorder via a standard screening panel and clinical protocols.*
- KPI 2: By December 31, 2021, advance capacity to rapidly expand community testing services for HIV/hepatitis C virus and investigate, track, and manage identified cases.*
- KPI 3: By December 31, 2021, work with Federally Qualified Health Centers to increase by 20% the number of sites with capacity to provide HIV and hepatitis C treatment in the primary care setting.*
- KPI 4: By December 31, 2021, increase primary care provider knowledge of and capacity to provide Pre-Exposure Prophylaxis (PrEP) for HIV prevention for high risk individuals.*
- KPI 5: By December 31, 2021, develop a plan that expands Medicaid coverage of hepatitis C treatment to decrease community transmission.*

Strategy 3: Develop and implement a statewide West Virginia Hepatitis C Elimination Plan.

- KPI 1: By July 31, 2021, conduct a comprehensive, multi-sector strategic planning process that results in a written, multi-year, Hepatitis C Elimination Plan for West Virginia.*
- KPI 2: By November 1, 2021, develop the Year 1 Strategic Action Plan for the Hepatitis C Elimination Plan.*

TREATMENT, RECOVERY AND RESEARCH

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

Strategy 1: Increase the number of treatment providers who offer evidence-based practices and programs to save lives for individuals with substance use disorders.

- KPI 1: Conduct an annual needs assessment and gap analysis of treatment and recovery services and resources by county. (BBH, ODCP)
- KPI 2: Annually update a strategic plan that enables telehealth to be used for substance use disorder treatment and recovery services across the state. (BBH, ODCP)
- KPI 3: Continue efforts to expand medication-assisted treatment availability to all counties using direct treatment or telehealth through December 31, 2021. (BBH, ODCP)
- KPI 4: Annually, continue to implement an annual educational program addressing the identified clinical needs of providers and clinicians. (BBH, BPH, BMS, ODCP)
- KPI 5: By December 31, 2021, establish processes in four communities to implement treatment on demand. (BBH, BMS, ODCP)
- KPI 6: By December 31, 2021, demonstrate active planning toward implementation of at least one model that promotes recovery and integrates substance use disorder treatment with the health care delivery system.*
- KPI 7: By December 31, 2020, develop and release an Announcement of Funding Applications (AFA) that will support pilots focused on improving retention in treatment and recovery through innovative, evidence-based strategies.
- KPI 8: Continue to support full implementation of the Atlas Quality Initiative (Shatterproof) in West Virginia throughout the duration of the plan.

Strategy 2: Implement a comprehensive model that addresses recovery and strengthens funding for pregnant and parenting women and their families.

- KPI 1: Continue to expand implementation of home visiting services with existing Drug Free Moms and Babies programs throughout the duration of the plan. (BBH, BPH, ODCP)
- KPI 2: Through the Maternal Opioid Misuse (MOMs) CMS funded model, continue to expand Drug Free Moms and Babies affiliated home visiting to all counties in West Virginia. (BBH, BPH, ODCP)
- KPI 3: Continue to expand residential and outpatient treatment capacity for pregnant and parenting women through the Maternal Opioid Misuse (MOM) model. (BBH, BCF, ODCP)
- KPI 4: By December 31, 2021, implement at least three evidence-based projects for parents with substance use disorder who are engaged in the child welfare system. (BBH, BCF, ODCP)
- KPI 5: By December 31, 2021, expand family treatment courts from four to eight counties. (BCF, ODCP, West Virginia Supreme Court)

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

Strategy 1: Improve client and provider education about substance use disorder, including stigma, in the treatment setting.

- KPI 1: By December 31, 2021, increase the number of providers obtaining waivers by 20% each year in 2021 and 2022.*

Strategy 2: Develop clinical expertise to treat people who use multiple substances, especially stimulants.

- KPI 1: By December 31, 2021, develop and implement evidence-based approaches to train providers to implement treatment with clinical supervision to ensure implementation with fidelity.*
- KPI 2: By July 1, 2021, begin to disseminate and educate providers on effective clinical applications to care for individuals using stimulants.*
- KPI 3: By July 1, 2021, establish an ECHO program on stimulants to support providers in treatment and recovery management.*

Strategy 3: Provide education about substance use disorder to providers in hospitals, urgent cares, and primary care practices.

- KPI 1: By December 31, 2021, provide education to 1,000 future and current practitioners about substance use disorder, including education to meet medication-assisted treatment waiver requirements. (MU, WVU)*

Strategy 4: Increase the number of clinical providers in the state to meet the demand of people needing treatment for substance use disorder.

- KPI 1: Continue the Steven M. Thompson Physician Corps Loan Repayment Program each semester to help at least 40 clinicians per year. (BBH, BPH, ODCP)*
- KPI 2: By July 1, 2021, work with the various graduate school programs in social work, counseling, and psychology to increase the number of students entering into the substance use disorder field.*

Goal 3: Implement recovery support systems throughout West Virginia.

Strategy 1: Define and operationalize a recovery support system model for West Virginia.

- KPI 1: Through December 31, 2021, continue efforts to define appropriate recovery support system models. (BBH, ODCP)*
- KPI 2: By July 1, 2021, pilot at least two different models of community-based recovery support systems.*

Strategy 2: Foster the addition of peer recovery supports in health care and substance use disorder treatment settings.

- KPI 1: By December 31, 2021, develop, implement, and evaluate standardized training for peer recovery support specialists. (BBH)*
- KPI 2: Implement and support new and existing peer support programs throughout the duration of the plan. (BBH)*
- KPI 3: Throughout the duration of the plan, support recommendations on how to effectively provide ongoing support for peer recovery support specialists. (BBH)*

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

Strategy 1: Work with universities and research institutions to study the effectiveness of various interventions for combatting the substance use disorder crisis across the spectrum from prevention to sustained recovery.

- KPI 1: By December 31, 2020, establish a "Research Think Tank" as a standing group that meets regularly under the Office of Drug Control Policy. The Think Tank will identify current as well as future needs and priorities for research on substance use disorders in West Virginia by developing a "Research Agenda" and will include subject matter experts (i.e., Johns Hopkins) for technical assistance.*

KPI 2: By July 1, 2021, and annually through the duration of the plan, analyze existing evaluation efforts to determine future actions and areas that need strengthening. (Governor's Council)

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COURTS AND JUSTICE INVOLVED POPULATIONS

Goal 1: Provide access to effective treatment for individuals with substance use disorders in the criminal justice system.

Strategy 1: Provide access across the West Virginia criminal justice system to substance use disorder treatment that offers medication-assisted treatment, therapeutic programming, and facilitates transition to the community upon release.

KPI 1: By December 31, 2021, develop processes and protocols to enable access to substance use disorder medication assisted treatment (all three FDA approved medications) and recovery services in all jails, courts, and day report centers.

KPI 2: By December 31, 2021, develop processes and protocols that enable access to therapeutic programming such as cognitive behavioral therapy, mindfulness, and other established effective programs for justice-involved populations in all jails, courts, and day report centers.

KPI 3: By July 31, 2021, continue to support a standardized process in all jails and court systems to ensure that all eligible inmates have been offered the opportunity for Medicaid enrollment or have a plan to ensure private insurance coverage prior to release. (DHS, BMS)

KPI 4: By July 31, 2021, continue to support a standardized process using best evidence that supports successful transitions from detention to community by promoting care coordination for medication-assisted treatment, therapeutic programming, and Medicaid benefits upon release. (BBH, DHS, ODCP)

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

Strategy 2: Develop policies and procedures for expunging criminal records for certain offenses directly related to substance use disorder.

KPI 1: By December 31, 2021, notify offices handling criminal record files, across levels of government, and to the State Bar, informing them about recent changes to state expungement laws and the necessity of accurate recordkeeping that reflects expunged crimes.

Strategy 3: Develop support for an employer assistance program for hiring of individuals with a criminal justice history.

KPI 1: By December 31, 2021, work with Work Force WV and Jobs & Hope West Virginia to develop an "Employer Assistance User Guide" for businesses hiring individuals with a criminal justice history.

Strategy 4: By December 31, 2021, provide re-entry and re-integration related legal services (i.e., expungement, driver's license, etc.) through the West Virginia State Bar Association in all regions of the state.

KPI 1: By December 31, 2021, identify and implement new opportunities to incentivize pro bono legal services for justice-involved individuals

KPI 2: By December 31, 2021, provide legal services prior to and upon release to support re-entry and re-integration for justice-involved individuals.

LAW ENFORCEMENT

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

Strategy 1: Provide education and training on naloxone, self-care, harm reduction principles, and stigma to all law enforcement officers.

KPI 1: By December 31, 2021, implement training on naloxone administration, self-care, harm reduction, and stigma reduction as part of the State Police Academy curriculum.

Strategy 2: Expand the Huntington model for overdose response.

KPI 1: By December 31, 2021, develop and implement training about the Huntington approach to overdose response, where law enforcement is the second priority responder to the scene after EMS as the first responder.

Strategy 3: Clarify law enforcement's role in responding to medical emergencies.

KPI 1: By December 31, 2021, support passage of a law which would define law enforcement's role when responding to an actual or suspected overdose.

Strategy 4: Ensure that law enforcement agencies have access to naloxone.

KPI 1: By December 31, 2021, continue to offer training to at least 400 law enforcement officers on how to respond to an overdose, including administration of naloxone. (BPH, DHS, ODCP)

KPI 2: By December 31, 2021, continue to work with state agencies and local health departments to ensure all law enforcement agencies have adequate naloxone supplies. (BPH, DHS, ODCP)

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

Strategy 1: Engage with community members after overdose and/or with substance use disorder to foster early intervention for treatment and recovery.

KPI 1: By December 31, 2021, continue to expand Quick Response Teams in West Virginia's 55 counties. (BBH, BPH, ODCP)

Strategy 2: Expand pathways to treatment and recovery through innovative diversion models such as the Addiction Recovery Initiative and Kentucky State Police Angel Initiative.

KPI 1: By December 31, 2021, continue to provide annual training for law enforcement entities on innovative models for diversion, identification, and de-escalation of individuals suffering with substance use disorders. (DHS, ODCP)

KPI 2: By December 31, 2021, continue to provide incentives to law enforcement to adopt successful diversion programs. (DHS, ODCP)

KPI 3: Continue to increase Law Enforcement Assisted Diversion (LEAD) programs in local communities by 10% annually. (DHS, ODCP)

Strategy 3: Implement models characterized by "zero repercussions" and timely, efficient transition to care by law enforcement for individuals with substance use disorder.

KPI 1: By December 2021, implement state policy to facilitate all self-admitting patients into treatment facilities and reduce charges where appropriate.

Strategy 4: Develop strategic partnerships to mitigate minor offenses to reduce legal and logistical barriers to treatment and recovery.

KPI 1: By December 31, 2021, continue to allow circuit court judges to issue provisional driver's licenses to individuals with a suspended license who are actively enrolled in diversion programs. (Governor's Council)

KPI 2: By December 31, 2021, continue to allow prosecutors to expunge minor offenses

once actively enrolled in substance use disorder treatment. (Governor's Council)
Goal 3: Provide law enforcement with analytical tools, techniques, resources, and policies to improve the enforcement of drug laws.

Strategy 1: Improve interagency communication between law enforcement, the West Virginia Board of Pharmacy, and the West Virginia Prescription Drug Monitoring Program.

KPI 1: Through December 31, 2021, facilitate monthly meetings among law enforcement, the West Virginia Board of Pharmacy, and the West Virginia Prescription Drug Monitoring Program to spotlight suspicious practices. (ODCP)

KPI 2: By December 31, 2021, create an online tool that enables the public to anonymously report suspicious activity.

KPI 3: By March 31, 2021, implement the online tool for public reporting of suspicious activity (i.e., potential drug deals and drug diversion activity).

Strategy 2: Enhance sentences for drug offenders who commit violent crimes with a firearm (currently a misdemeanor offense in some instances).

KPI 1: By December 31, 2021, support the passage of a law which would increase sentences for drug-related violent crimes involving a firearm (regular state legislative session of 2021).

Strategy 3: Utilize the Overdose Detection Mapping Application Program to identify drug trafficking routes across state lines and encourage local law enforcement to enter overdose data, as required by law.

KPI 1: By December 31, 2021, continue to inform all local law enforcement agencies and first responders that entering overdose data into the Overdose Detection Mapping Application Program within 72 hours of overdose is state required. (DHS, ODCP)

KPI 2: By December 31, 2021, continue notifying state and local law enforcement of overdose events and apparent drug routes identifiable via the Overdose Detection Mapping Application Program. (DHS, ODCP)

KPI 3: By December 31, 2021, create an area on the Office of Drug Control Policy data dashboard to share law enforcement data that can be used to inform patrol strategies.

Public Education

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

Strategy 1. Develop a comprehensive public database for stigma reduction training/education/curriculum.

- KPI 1: Establish a detailed list of all currently existing stigma reduction curriculum/trainings including how to access, cost, length, resulting certification, corresponding evaluation/research, trainer credentials, and target population by January 15, 2021.
- KPI 2: Convene an Action Group who has stigma reduction/awareness expertise in evidence-based research, curriculum development, training, and outreach by February 1, 2021.
- KPI 3: Identify gaps in the currently offered curriculums and trainings to address stigma. Gaps may include target populations, locations, capacity, trainers, length, type, or research/evidence-backing by March 1, 2021.
- KPI 4: Research and select trainings/educational opportunity to address gaps in stigma awareness/reduction in West Virginia by April 1, 2021.
- KPI 5: Identify or develop one overarching stigma reduction training or framework that allows for all other trainings to be added onto.
- KPI 6: Integrate review of current initiatives and selected new trainings to develop a public repository of verified “gold standard” training/educational resources. This will have included an evaluation of the degree to which each existing initiative aligns with the evidence-based guiding principles for stigma reduction, ensures “gold standard” trainings for each target population, identifies necessary trainers and steps to ensure fidelity to trainings by May 1, 2021.
- KPI 7: Share the outcome of this process and the public directory with key stakeholders engaged with the Office of Drug Control Policy to solicit feedback by June 1, 2021.

Strategy 2: Develop the necessary trainer infrastructure.

- KPI 1: Develop a curriculum and certification process for trainers on the identified trainings/educational resources to ensure fidelity to the curriculum and then partner with existing groups including the WV Certification Board for Addiction and Prevention Professionals and the WV Association for Drug and Alcohol Counselors to pursue a certification process within these organizations for trainers by September 1, 2021.
- KPI 2: Identify existing organizations who engaged in stigma reduction campaigns to provide a sustainable Train the Trainer (TTT) certification of at least ten (10) trainers on the overarching curriculum by November 1, 2021.
- KPI 3: Identify and recruit trainers within each target population to certify as TTT.
- KPI 4: Develop and implement a dissemination plan for trainings across the state by December 1, 2021.

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

Strategy 1. Create a series of online modules using the developed curriculum for the general public and specific stakeholders.

- KPI 1: Establish or adapt a group of stakeholders to serve as an Action Group that guides online stigma awareness curriculum development and/or adaptation of resources

previously created by April 1, 2021.

KPI 2: Identify a learning portal (such as www.SUDLearn.com) that can serve as a centralized repository for stigma related learning resources throughout the state by July 1, 2021.

KPI 3: Perform a thorough literature review for stigma awareness evidence to help identify critical information, gaps and target audiences by September 1, 2021.

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

Strategy 1. Identify current marketing campaigns and future checks-and-balances.

KPI 2: Develop evidence-based framework to guide, adapt, or measure all marketing campaigns against by February 1, 2020. These guidelines should align with the Stigma Lab's guiding principles for evidence-based stigma reduction.

KPI 3: Establish a detailed public directory on the Stigma Free WV website of the content and scope of current stigma reduction communication campaigns within the state that can be searched by topics covered and population served by February 1, 2021.

KPI 4: Link all stigma marketing campaigns to one "home base" website by March 1, 2021.

KPI 5: Action Group will identify methods for utilizing state and federal funding to support and disseminate the evidence-based framework for stigma messaging by April 15, 2021.

KPI 6: Promote and disseminate evidence-based framework guide statewide along with methods for validating or checking future campaigns by October 30, 2021.

Strategy 2: Expand evidence-based public messaging campaigns in WV and improvement engagement with target populations.

KPI 1: Develop new targeted campaigns for target populations that are not being reached (including LEO/first responders, legal system, journalism/media). This should coordinate with and expand upon existing campaigns and training/educational efforts by June 1, 2021.

KPI 2: Integrate current research and reporting from ongoing campaigns to modify ongoing campaigns and improve future campaigns by October 30, 2021.

KPI 3: Develop and implement method for ensuring all types of media are being targeted by campaigns and track metrics. This should include print, radio, ad, public facing media, targeted material for target groups, and social media by October 15, 2021.

KPI4: Develop ongoing evaluation methods for marketing campaigns including pre and post testing, focus groups, and media metrics by November 1, 2021

KPI 5: Utilize research from KPI 4 to improve on current campaigns and strategies while continuing to update evidence-based state framework. Develop at least one (1) action item from this process to broaden current efforts by December 15, 2021.

KPI 6: Annually re-evaluate target populations to ensure that campaigns are addressing the broader community and adapting to ongoing messaging needs and developments in the community.

Strategy 3: Develop experiential campaigns and more targeted support efforts for communities to support ongoing education and stigma awareness/reduction marketing campaigns.

KPI 1: Establish a detailed public directory of currently or previously existing stigma

reduction efforts using experiential campaigns in the state by September 1, 2021.

- KPI 2: Action Group in Strategy will evaluate current experiential campaign strategies alongside broader curriculum evaluation, decide what populations should be covered, and choose which methods from existing initiatives will be used by October 15, 2021.
- KPI 3: Action Group will develop a way to evaluate effectiveness including measuring initial and follow up levels of stigma within the target populations who receive experiential campaigns by October 15, 2021.
- KPI 4: Implement two (2) experiential campaign strategies in targeted communities/ populations, collecting baseline data before implementation and measuring follow up at the end of the campaigns suggested length by December 20, 2021.
- KPI 5: Utilize evaluation techniques to expand the initiatives to a new group within the original population (i.e., new hospitals if providers are the target population), or apply the initiative to a new population while being informed by the previous year's work.

Implementation Subcommittee

The Office of Drug Control Policy 2020 Implementation Plan provides a framework of recommended priority actions that will be implemented in the coming year toward achieving the stated goals. It is also part of a larger West Virginia 2020-2022 Substance Use Response Plan that will be implemented over the next three years.

A multi-disciplinary Implementation Subcommittee has been established as part of the Council to provide support to the Council and ODCP on implementation strategies throughout the duration of this three-year plan, including these Key Priorities (Appendix A). The Subcommittee is comprised of content experts from across the state. The Implementation Subcommittee will meet regularly and provide regular written updates and recommendations to the Governor's Council.

It cannot be emphasized enough that these Key Priorities for Implementation not only provide a framework for state agencies over the next three years, but serve as a call to action for all organizations and individuals to become engaged in the identified goals, strategies, and key performance indicators in their own communities as part of West Virginia Substance Use Response.

Recovery Subcommittee

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

Monitoring, Evaluation, and Sustainability

ODCP has established a Performance Management System to document, monitor, and track progress on goals, strategies, and key performance indicators in an ongoing manner and to enable formal reporting on a quarterly basis. Reporting by agencies will be conducted using a web-based format. Review of progress of each key performance indicator will enable identification of areas where targets are not met to allow for quality improvement methodologies to be used to assure performance metrics are achieved. It will also enable identification of successes which can be communicated, shared, and built upon throughout the remainder of plan implementation. Quarterly reports will be presented to the Governor's Council to keep it apprised of progress.