



# SEMIANNUAL REPORT

WEST VIRGINIA  
Department of



Office of Drug Control Policy

WV Office of Drug Control Policy

Robert Hansen, Director  
July 31, 2020



**STATE OF WEST VIRGINIA**

**DEPARTMENT OF HEALTH AND HUMAN RESOURCES**

**A MESSAGE FROM THE CABINET SECRETARY**

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

This report covers January 1, 2020, through July 1, 2020, and provides important information on the Office of Drug Control Policy's ongoing initiatives and strategic goals to combat the substance use disorder crisis currently and for the coming years.

As the COVID-19 pandemic took hold in West Virginia, the Office of Drug Control Policy forged on in its mission to prevent fatal overdoses and enhance prevention, treatment, and recovery supports. Despite uncertain circumstances, many new resources were released to enhance our response to the drug epidemic.

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

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

Sincerely,

A handwritten signature in blue ink, appearing to read "Bill J. Crouch".

Bill J. Crouch  
Cabinet Secretary

## Table of Contents

OFFICE OF DRUG CONTROL POLICY STAFF .....	3
PREFACE .....	6
KEY ACCOMPLISHMENTS .....	8
New Projects and Programs.....	8
Update on Existing Programs.....	12
UNDER DEVELOPMENT .....	18
CONCLUSION.....	21
Appendix A.....	22
WEST VIRGINIA GOVERNOR’S COUNCIL ON SUBSTANCE ABUSE PREVENTION AND TREATMENT.....	22
Appendix B .....	23
GOVERNOR’S COUNCIL SUBCOMMITTEES .....	23

## OFFICE OF DRUG CONTROL POLICY STAFF

The Office of Drug Control Policy (ODCP) has added new staff members since the previous semiannual report. These additional staff members have experience working in state government and in their areas of assignment. They have been brought on board to focus on the areas of treatment and recovery, prevention, and data management. We are pleased to have their expertise and knowledge to assist in moving our mission forward.



### **Robert "Bob" Hansen**

Robert "Bob" Hansen, Executive Director of the ODCP, plans and directs West Virginia's efforts in combating the opioid epidemic. He was appointed to this position in December 2018 by Governor Jim Justice. Bob also serves as the Director of Addiction Services for Marshall Health.

Early in his career, Bob served as Director of DHHR's Office of Behavioral Health Services. He then became President and CEO of Prestera Center for Mental Health Services, Inc. of Huntington, West Virginia.

Bob has served as a governing board member of Mildred Mitchell-Bateman Hospital and President of the Behavioral Health Care Providers Association of West Virginia. He earned a B.A. from Marietta College, and an M.S. in Rehabilitation Counseling from Syracuse University.



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

Rachel Thaxton was named Assistant Director of the ODCP in April 2019.

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

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

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



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

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

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

### **Dora Radford, Executive Assistant to the Director**



Dora Radford began as Executive Assistant to the Director in April of 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.

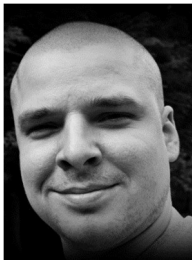
Her experience has given her detailed knowledge of managing scheduling, multiple projects, deadlines and document control along with knowledge of administrative and government processes and facility and medical standards of care and treatment.

### **Dylan Luke Yingling, Intern**



Luke Yingling is a summer legal intern with the ODCP and the Bureau for Behavioral Health. This is Luke's second summer working for ODCP. He is responsible for a variety of legal, policy, and data projects, including researching and analyzing state law, recommending policy changes, assisting DHHR's Office of General Counsel, and implementing law enforcement and public health initiatives. Luke holds an M.P.A. from Penn State University, a B.A. from the University of Charleston, and is currently a student at West Virginia University's College of Law.

### **Justin Smith, Data Program Manager**



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

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

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

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

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

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

**Jessica Smith, Prevention Program Manager (Temporary)**

Jessica Smith is the Prevention Program Manager with the ODCP. Her role 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 Center for Disease Control and Prevention Foundation contracted to the DHHR's Bureau for Public Health to implement prevention work in West Virginia emergency departments. Jessica also spent several years as the Communication Director for the Kentucky Academy of Family Physicians. She holds a M.A. in Communication Studies from Marshall University and is currently working on a M.S. in Health Care Administration.

## PREFACE

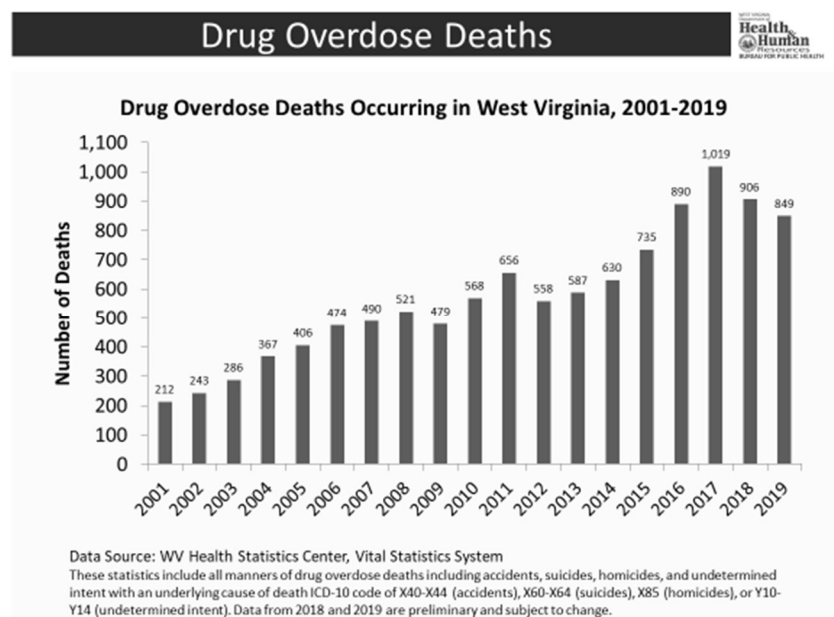
This year has brought about many changes for the state of West Virginia, with the most notable being the Coronavirus Disease 2019 (COVID-19) pandemic. While West Virginia has led the way in its response to the pandemic, it continues to face a deadly drug epidemic. The West Virginia Department of Health and Human Resources, Office of Drug Control Policy (ODCP) never lost sight of its role in combating the substance use disorder (SUD) crisis. Instead, our thoughts turned to adjustments and supports that could be implemented to supplement services offered during this difficult time. The advancement of new initiatives and expansion of services throughout the state were temporarily put on hold as we collectively sought solutions to issues arising due to the pandemic.

Although it is difficult to measure statewide drug and alcohol abuse, one reliable metric is overdose deaths. From 2017 to 2018, overdose deaths in West Virginia fell 11%, exceeding the statutory target of 10%. While this seems like great progress, we know there is still much work to be done. The ODCP acknowledges that even one West Virginia life lost to a fatal overdose is too many. West Virginia has already paid a high cost in terms of lives lost. With the pandemic surrounding this epidemic, we speculate that overdose trends have increased. The ODCP will continue to act and seek strategies that will engage individuals seeking and sustaining recovery.

In March 2020, Governor Jim Justice issued Executive Order 09-20, a “Stay at Home” order. While this order provided for safety, it also presented challenges for accessing certain services. Changes to policy and procedures were made for those continuing or initiating medication-assisted treatment (MAT). MAT is an evidenced-based practice effective in treating individuals with SUD, and it is now possible to access these services through telehealth.

COVID-19 also resulted in cancellation of 12-step meetings and other group activities across the state, and virtual meetings were implemented in place of in-person meetings. While virtual meetings offer a solution, they do not completely solve the problem of broken personal connections. In response, West Virginia purchased the CHES Health application, a downloadable platform to provide West Virginians in recovery additional support and a sense of community.

Residential treatment providers and recovery residences responded to the COVID-19 pandemic in unique ways as well. In the first weeks after the Stay at Home order was issued, many feared providers

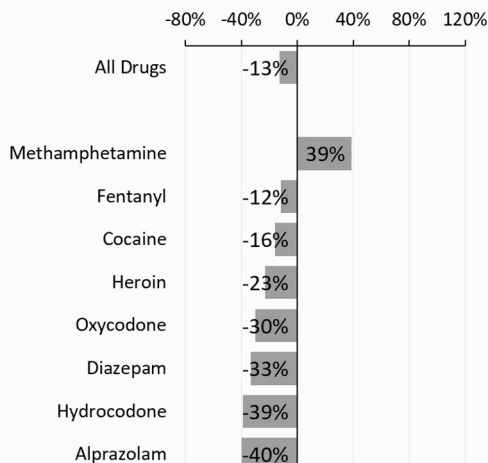


would cease to accept new patients or participants. While some facilities closed their doors or halted intakes, the majority forged ahead. Precautionary procedures and new protocols were implemented in all settings. Cleaning and sanitizing every two hours, separate spaces for symptomatic residents, screening measures and limited interactions inside and outside of facility walls are just a few of the ways providers have responded.

Knowing the opposite of addiction is connection, it is more important than ever to ensure that people suffering from SUD have access to effective treatment and recovery options. In a time when in-person connection was not possible, the critical challenge before us was to give recovering individuals a continuous feeling of security.

Another change that has taken hold in West Virginia is the rise in Stimulant Use Disorder and deaths associated with methamphetamine use.

**Drug Overdose Deaths Occurring in WV**  
*%-change from 2017-2018*



In 2018, there was a sharp increase in methamphetamine-related deaths. Overdose (OD) deaths due to most other drugs declined. Other trends:

- Opioids remain most common – 82% of OD deaths involve an opioid.
- More than 1/3 of drug overdose deaths (36%) involved methamphetamine in 2018. Half of these also involved fentanyl.
- Prescription medication involvement is declining. Largest declines observed between 2017 and 2018 in hydrocodone- and alprazolam-related overdose deaths.

The lack of training and evidence-based practices surrounding the use of methamphetamine and other stimulants spurred the ODCP to launch a nationwide search for solutions and best practices, some of which are discussed within this document.

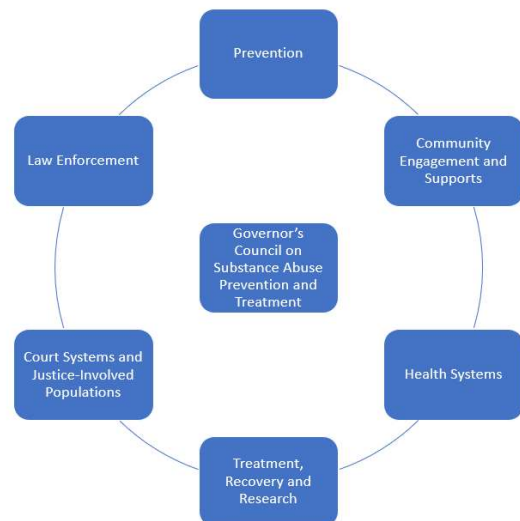


## KEY ACCOMPLISHMENTS

### New Projects and Programs

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

The Governor’s Council on Substance Abuse Prevention and Treatment (Governor’s Council) and the ODCP have developed a statewide strategic plan to address the substance use disorder crisis. The plan was completed and shared publicly in January 2020. Each section of the plan represents the work of one subject matter subcommittee. The ODCP in partnership with the Governor’s Council held six regional meetings for public comment on the plan and two meetings for people with lived experience to share their feedback.

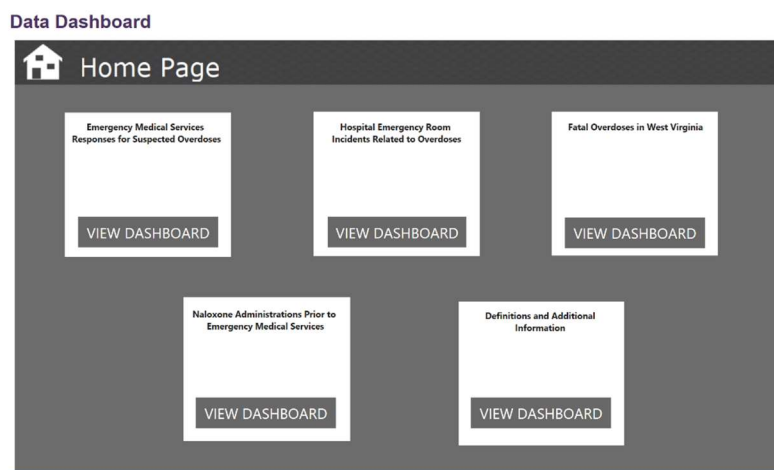


#### West Virginia 2020 -2022 Substance Use Response Plan Quarter 1 Report

The purpose of this report is to update the Governor’s Council, key stakeholders, and communities on progress in implementing the West Virginia 2020 – 2022 Substance Use Response Plan. The content of this report will change from quarter to quarter as new initiatives are started and others already in progress are advanced or completed. This report is not meant to be a complete description of the work being performed but serves as a tool and mechanism by which the Governor’s Council can monitor progress in each of the goal areas. This report can be found on the ODCP website, <https://dhhr.wv.gov/Office-of-Drug-Control-Policy>.

#### Overdose Data Dashboard

The Overdose Data Dashboard went live in January 2020. The information presented within the Dashboard is extracted and compiled using the most current technology and methodology available to display suspected overdose events. The ODCP is consistently improving the process to provide the most accurate data. Therefore, as technology develops and case definitions are



further refined, future reports will provide more evolving data. The goal is to engage with communities on drug spikes and trends so they can develop and implement action plans to address the issues/needs. There are four dashboards available through this site:

1. Emergency Medical Services Responses for Suspected Overdoses
2. Hospital Emergency Room Incidents Related to Overdoses
3. Fatal Overdoses in West Virginia
4. Naloxone Administration Prior to Emergency Medical Services

### **START Pilot**

The Sobriety Treatment and Recovery Teams (START) model is a child welfare led intervention that has been shown, when implemented with fidelity, to improve outcomes for both parents and children affected by child maltreatment and parental SUD. It is specifically designed to transform the system of care within and between child welfare agencies and SUD treatment providers. It also engages the judicial system and family serving agencies. The broad goals of START are to keep children safely with their parents whenever possible and to promote parental recovery and capacity to care for their children. An Announcement of Funding Availability (AFA) was released and awarded to Prester Center to pilot the first START program in Kanawha County. A decision was made to expand the pilot to include Putnam County. Prester is in the process of hiring program staff and engaging other agencies and magistrate court judges to garner support for the pilot.

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

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

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

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

It is too early for meaningful data, but one important initial outcome has been naloxone distribution at every participating location. Additionally, this pilot project assisted all locations to remain open at a time when many short-term programs were temporarily closing due to COVID-19 precautions.

### **Trainings by National Experts**

**Hazelden Betty Ford Foundation** has been engaged to share its Comprehensive Opioid Response with the Twelve Steps (COR-12) model of treatment that is centered around embracing the multiple pathways of recovery. For more than 70 years, Hazelden Betty Ford treatment centers have been at the forefront of providing lifesaving, compassionate care and specialized services to help people from all walks of life find freedom from addiction. The COR-12 model is a person-centered approach to the treatment of opioid use disorder that utilizes the best of science along with the enduring lived experience of recovery. Hazelden experts also share their experience and lessons learned through training and technical assistance on the integration of medication-assisted recovery utilizing the COR-12 model. Consultation services include agency interviews, plan development, and coaching. Trainings include evidence-based practices and manualized curriculum in support of the COR-12 model.

**Dr. Richard Rawson** is the retired Co-Director of UCLA Integrated Substance Abuse Programs and now Professor Emeritus at the UCLA Department of Psychiatry, where he has been a member for more than 20 years. He also currently holds a position as a Research Professor at the Vermont Center for Behavior and Health at the University of Vermont. Dr. Rawson oversees clinical trials on pharmacological and psychosocial addiction treatments. He has served as principal investigator of the National Institute on Drug Abuse grants on aerobic exercise, screening, and brief intervention in a mental health setting. He has led addiction research and training projects for the United Nations, the World Health Organization, the Drosos Foundation, and the U.S. State Department, exporting science-based knowledge to many parts of the world.

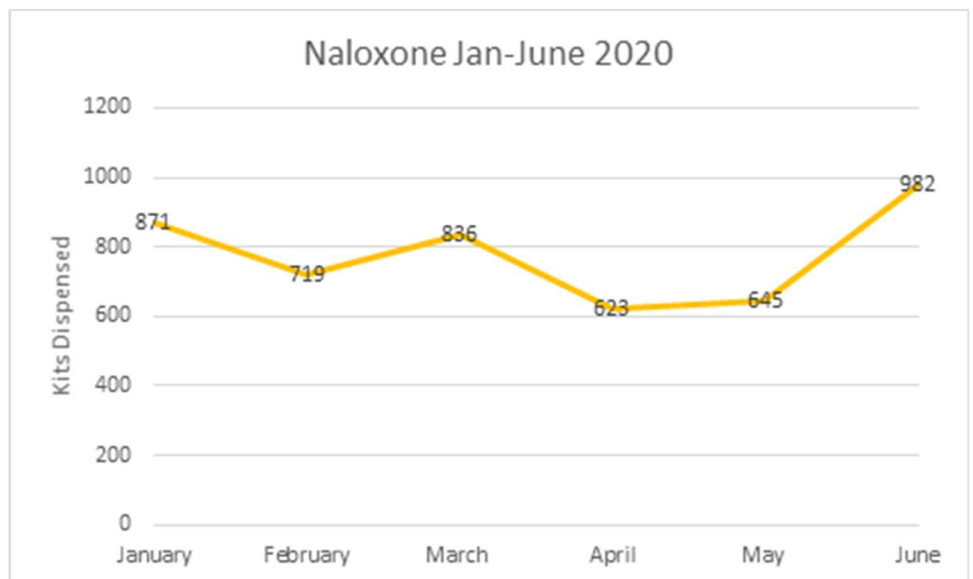
Dr. Rawson has completed two trainings for the state of West Virginia on best practices in treating Methamphetamine Use Disorder, including Contingency Management. Through an agreement with DHHR and SOR funding, he is consulting with various treatment providers across the state to bring innovative ideas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

**Dr. Louis E. Baxter, Sr., M.D.** is a Past President of the American Society of Addiction Medicine (ASAM) and is nationally recognized for his illustrious career in addiction medicine. Dr. Baxter currently serves as the Executive Medical Director for the New Jersey Physician’s Professional Assistance Health Program. He was honored in June 2019 by the Office of National Drug Control Policy (ONDCP) as an “Innovator in Addiction Medicine” at the White House.

Dr. Baxter served as a White House Consultant to the ONDCP beginning with the Clinton administration through the Obama administration. He has published many articles and textbook chapters. Dr. Baxter will be training treatment providers and crisis stabilization units on strategies for addressing polysubstance use, crisis intervention, ambulatory detox, co-occurring disorders, and pain management. Dr. Baxter is well versed in the current evidence-based practices (EBPs) that are effective for detox and withdrawal management and implementing EBPs in real world treatment programs.

### **Naloxone Distribution**

In the past, only licensed healthcare providers were permitted to dispense naloxone to those in need. However, changes to the West Virginia Code made by House Bill 4102 during the 2020 Regular Legislative Session allows trained volunteers to dispense naloxone, thus enabling increased distribution and expanding community access. Through a partnership with University of Charleston, DHHR’s Bureau for Behavioral Health, and the ODCP, putting naloxone in the hands of providers for distribution has become a top priority. Since the COVID-19 pandemic this has



become an urgent initiative targeting:

- Crisis Stabilization Units
- Residential Treatment Facilities – this includes Ryan Brown facilities
- Quick Response Teams
- Outpatient Therapy Programs
- Emergency Departments
- Harm Reduction Programs
- High Volume Medication-Assisted Treatment Programs
- Regional Jails and Homeless Outreach Agencies

### **CHES Connection App**

As the COVID-19 pandemic emerged, there was a need to consider and implement innovative strategies that foster connections in the recovery community. The Connections App from CHES Health is an engaging, evidence-based solution proven to improve treatment and long-term recovery outcomes for individuals with SUD. The app combines the work of two renowned experts in digital SUD treatment, David Gustafson, PhD., of the University of Wisconsin (ACHES), and Kathleen Carroll, PhD., of Yale (CBT4CBT) and into one app. The key functions of the Connections App are:

- Digital cognitive behavioral therapy (CBT) to teach and reinforce key recovery skills
- Online, moderated discussion groups with peers and secure messaging with clinicians and peer recovery support specialists to address patient isolation and provide 24/7 support
- Recovery progress tracking through daily and weekly check-ins, sobriety tracking, and treatment planning functions
- Appointment and medication reminders to improve adherence
- Video, audio, and written content to motivate and educate the patient

The Connections App is a component of the eRecovery solution, which includes provider-facing functionality. Provider staff, including counselors and peer recovery support specialists, have the option of either using the web-based CHES Dashboard and/or the CHES Companion App for engaging with their patients, which may include secure messaging, reviewing daily and weekly survey data from patients, sending appointment and medication reminders, tracking CBT completion, and more. In late summer 2020, providers will also be able to conduct video chats, individual or group, using the new telehealth features within eRecovery and the Connections App. Currently, there are 35 providers in West Virginia actively using the CHES App. The state is now looking for participation from Day Report Centers, Drug Free Moms and Babies sites, and Federally Qualified Health Centers (FQHCs).



Public deployment of the app launched on June 1, 2020. This allows individuals in recovery from SUD to access the same resources without being directly connected to a provider. General public users are linked directly to a peer network at First Choice. First Choice also operates 844-HELP4WV, West Virginia's 24-hour substance abuse and behavioral health referral and outreach call line.

## Update on Existing Programs

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

Pursuant to W. Va. Code §16-5T-6, effective March 7, 2018, the ODCP established two community overdose response demonstration pilot projects in West Virginia counties.

### **Berkeley and Jefferson Counties – West Virginia University Pilot**

In year one, there has been progress in all facets of the demonstration project while at the same time experiencing the challenges involved in launching comprehensive community-based programs during COVID-19. Most of the year was dedicated to constructing diverse teams in both Berkeley and Jefferson counties and tailoring outreach based on the service and resources needs of the communities they work in. Our Community Outreach to Resources and Education (CORE) and Comprehensive Interventions to Recovery through Community Linkages and Empowerment (CIRCLE) teams are receiving referrals from community partners across the continuum of care, including first responders. Both teams are now training community members to be able to distribute naloxone and providing Narcan kits. The stigma reduction plan has shifted to include additional guidance to individuals and agencies on techniques to foster resiliency during COVID-19. Finally, the formal evaluation plan was refined. Data is being collected in each initiative to determine impact, highlights, and areas for improvement. In year two, this project will continue to ensure all outreach is conducted safely for staff and the individuals they serve during COVID-19.

### **Wyoming County – Marshall University Pilot**

This project builds upon community assets and develops infrastructure to establish a more coordinated system for addiction care. In year one there have been many accomplishments despite the COVID-19 pandemic. The construction of One Voice, Inc., a community recovery center located in Oceana has continued and a grand opening of their new facility will be held on August 7, 2020. This community center will hold a café and kitchen, large meeting rooms for support group and other community-based activities, office space for partner such as Jobs & Hope West Virginia, shower and laundry facilities, and onsite peer recovery support specialist services. As a result of this pilot, the Wyoming County Health Department Harm Reduction Program has a mobile program that is serving two sites and is in the process of adding a third site. The Marshall University Department of Family and Community Health will conduct ongoing evaluation to determine the impact of the activities, successes, and challenges.

### **WVARR**

West Virginia Alliance of Recovery Residences (WVARR), Inc. is the first statewide recovery community organization ensure that national recovery residence standards are consistent across the state and will serve all recovery residences seeking certification throughout West Virginia with advocacy, training, start-up assistance, compliance issues, accreditation offerings and data collection. WVARR has officially become a 501(c)(3) entity in the state of West Virginia and secured a review model from the state of Ohio. WVARR plans to utilize the Ohio Recovery Housing (ORH) review process and tools but the plan for training was significantly delayed due to COVID-19. WVARR is adding two certification staff reviewers in August 2020.

### Collegiate Recovery Programs

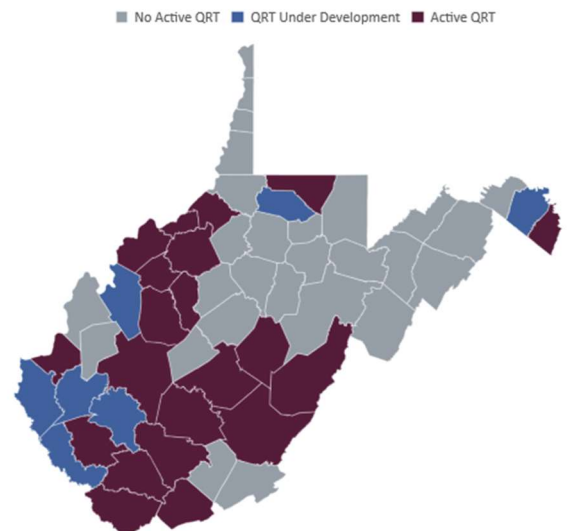
Collegiate Recovery Programs have been supported by the ODCP since 2018. These programs provide supportive environments within campus culture that reinforce the decision to engage in a lifestyle of recovery from substance use. This year the programs were granted more funding to support the growing need for recovery resources in higher education settings. There are currently four funded Collegiate Recovery Programs working with the ODCP: West Virginia University, Marshall University, BridgeValley Community and Technical College, and West Virginia State University. The ODCP released an Announcement of Funding Availability (AFA) in May 2020 to fund three more Collegiate Recovery Programs in West Virginia. The grant awards are forthcoming.

### Law Enforcement Assisted Diversion (LEAD)

LEAD programs divert adults with a SUD or co-occurring disorder (SUD and mental health issues) from the criminal justice system to community-based treatment services. LEAD is operational in 16 counties: Calhoun, Clay, Greenbrier, Fayette, Kanawha, McDowell, Mercer, Monroe, Nicholas, Pocahontas, Raleigh, Summers, Webster, Wirt, Wood, and Wyoming. Two additional LEAD programs are under development in Gilmer and Braxton Counties.

### Quick Response Teams (QRTs)

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



### Family Treatment Courts

West Virginia is expanding the Family Treatment Court program to six additional counties, thanks to funding from a settlement with pharmaceutical distributor McKesson Corporation. The first funds are available now and will fund new Family Treatment Courts in Braxton, Logan and McDowell counties. In 2021, another three Family Treatment Courts are expected to open in locations that have not yet been determined. The current Family Treatment Courts in Boone, Nicholas, Ohio, Randolph and Roane counties will continue to be funded through a separate grant from DHHR.

### Levels of Care Program

The Levels of Care Program for emergency department (ED) access to treatment and recovery was established through ED-based peer recovery specialists and ED-initiated medication-assisted treatment (MAT) in ten locations 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 emergency departments to help people with SUD connect with the treatment they need.

**THE FOLLOWING ARE HIGHLIGHTS OF STATE COORDINATED EFFORTS TO ADDRESS THE DRUG CRISIS:**

**Jobs & Hope West Virginia**

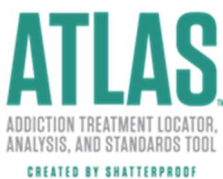
The Jobs & Hope West Virginia program began in August 2019 and offers support through a statewide collaboration of agencies that provide West Virginians linked services and the opportunity to obtain career training and ultimately secure meaningful employment. Jobs & Hope West Virginia was established by Governor Jim Justice and the West Virginia



Legislature. The ODCP has been instrumental in the start-up of this project and continues to work exhaustively on addressing program expansion and continuation. West Virginia is believed to be the first state to take this unique, overarching approach.

- There are 17 Transition Agents working with participants in the seven WorkForce WV regions.
- There are 1,174 active participants; 586 individuals have been employed and 236 are enrolled in educational training as a result of Jobs & Hope West Virginia.
- Peer Recovery Support Specialists have joined the Jobs & Hope West Virginia teams to connect individuals with community resources for sustaining long-term recovery.
- Solutions for transportation, child-care, drug screening, dental/vision, expungement, and recovery residence barriers have been added.

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



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

ATLAS is the first resource of its kind to help those looking for addiction treatment find high-quality care best suited to meet their needs. This online platform includes a consumer-friendly level of care assessment aligned with the ASAM criteria and provides a directory of addiction treatment facilities across the state with transparent data on the use of evidence-based medical practices and patient experiences.

ATLAS was designed to meet the needs of those looking for treatment by Shatterproof which serves individuals and families impacted by addiction and knows firsthand how difficult it is to locate high-quality treatment, and the risks associated with not doing so. To further advance their mission, ATLAS will also support statewide improvement in the quality of addiction treatment by democratizing data for use by addiction professionals, policymakers, and payers such as health insurers and employers. Addiction treatment facilities can use ATLAS to create benchmarks and inform quality improvement efforts while other stakeholders can use this information to deliver more targeted technical assistance, inform policy change, and designate high performing facilities.

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

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

### **Prevention/Early Intervention Initiatives**

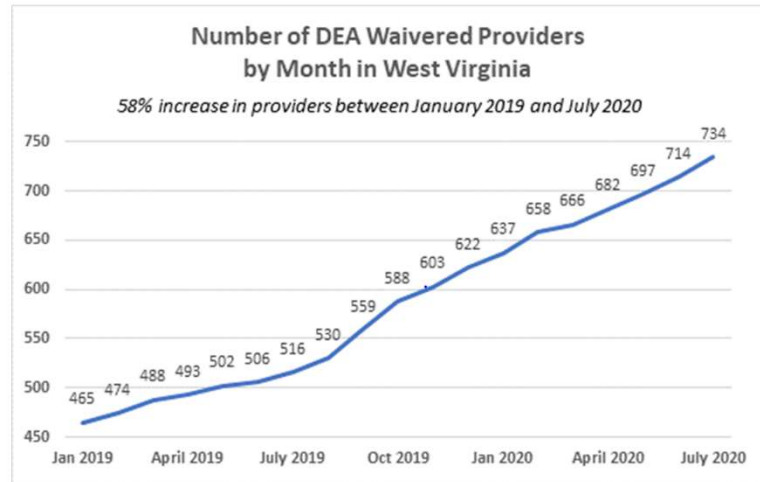
- Funding from the Strategic Prevention Framework for Prescription Drugs (SPF Rx) and Substance Abuse Block Grant sponsors drug take back activities to decrease potential diversion. A Drug Take Back Day was held on October 26, 2019. According to the United States Drug Enforcement Administration's Take Back Day website (<https://takebackday.dea.gov/>), West Virginia collected 6,372 pounds of medication during this event; however, it is important to note that not all medications collected are controlled substances. During the past year, permanent lock box locations around the state collected approximately an additional 867 pounds of medication. Also, 5,348 Drug Deactivation Kits were distributed in West Virginia this past year.
- Additional activities implemented with SPF RX and Substance Abuse Block Grant monies include information dissemination, environmental strategies, and prevention education. The estimated total number of individuals reached using both direct and indirect metrics is over 17 million (approximately ten times the total population of West Virginia), with some individuals reached multiple times. Examples of these activities include radio advertisements, social media campaigns, inserts in newsletters and magazines, prevention education targeting children and youth, and distribution of print materials.
- Help & Hope West Virginia efforts include a website supported by DHHR's Bureau for Behavioral Health and social media sites that share resources, events, and education information related to the drug crisis in West Virginia.
- During the past year, the Expanded School Mental Health Program increased by six school sites. These programs are crucial in providing all levels of prevention and intervention within a school, from prevention to as-needed counseling.

### **Highlights of Treatment and Recovery Initiatives**

- As of July 10, 2020, 791 treatment beds have been made available, including 327 new beds in eight new treatment programs developed through Ryan Brown funding. An additional 84 Ryan Brown-funded treatment beds are under development.
- Under West Virginia's SUD 1115 Waiver (2018-2022), which provides coverage for more of the SUD service continuum, the residential bed capacity and number of peer recovery support specialists continues to rise. Ongoing evaluation of the 1115 waiver includes its impact on access to MAT.
  - DHHR's Bureau for Medical Services (West Virginia Medicaid) has approved 789 SUD beds (404 coed; 254 female; and 131 male). As of July 3, 2020, under the 1115 Waiver, West Virginia now has:
    - 229 Level 3.1 beds
    - 452 Level 3.5 beds
    - 108 Level 3.7 beds (72 community-based; 36 hospital-based)



- 734 waived providers are enrolled in Medicaid as of June 30, 2020.
- WV CMS SUPPORT 1003 Demonstration Project to Increase SUD Provider Capacity (September 30, 2019 – March 29, 2021).
- WV Maternal Opioid Misuse Model (MOM) grant by CMS Innovation Center (January 1, 2020 – December 21, 2024).
- WV SED waiver to support children with severe emotional disturbances by helping to keep them with their families seeing faster uptake. .



- The ODCP has awarded grants through Ryan Brown and Jobs & Hope West Virginia funding for new recovery residence capacity, specifically for programs that allow for and facilitate access to all three US Food and Drug Administration (FDA)-approved forms of medication-assisted treatment.
- The number and capacity of Peer Recovery Support Specialists has increased through training and skill development. There are currently 619 Peer Recovery Support Specialists certified by West Virginia Medicaid for potential reimbursement under its SUD waiver.
- Naloxone has been provided to a wide variety of programs and agencies that serve a high risk for overdose population throughout the state. The Prescription Drug Overdose (PDO) grant has provided for 7,278 kits to local health departments and other community agencies with the capacity to distribute in targeted high-risk counties. Through the State’s Targeted Response to the Opioid Epidemic (STR) grant, 10,108 kits have been provided to Medication-Assisted Treatment programs, Crisis Stabilization programs, Emergency Departments, Harm Reduction Programs and Quick Response Teams throughout high-risk counties in the state.
- The ODCP has established a naloxone workgroup with membership from DHHR’s Bureau for Public Health and Bureau for Behavioral Health, community partners, and others to help guide the naloxone distribution through the various funding sources. The work of this group includes the development of a Naloxone Took Kit that consists of state code and Board of Pharmacy regulations and guidelines as well as sample policy and standing order language that can be used to assist programs and agencies in the proper handling and distribution of naloxone.
- Bright Heart Health provides telehealth and medication-assisted treatment for substance use disorder 24/7. Services are offered through a smart phone, tablet or laptop with internet access and audio and visual capabilities. Bright Heart accepts Medicaid, Medicaid HMOs, and Highmark BCBS. Services include medication-assisted treatment, group therapy, individual therapy and drug screening.

**Workforce Development Initiatives**

- The Statewide Therapist Loan Repayment (STLR) Project was created to recruit and retain new (graduated May 1, 2018 or later) master’s level therapists in counseling, psychology, and/or social work; enhance statewide workforce capacity; and focus on people in recovery. More than 100

applications were received, demonstrating a strong desire among practitioners to stay in West Virginia and address the drug crisis. Eight practitioners are working with their employers to receive \$20,000 in loan repayment. Of the 10 student STLR awardees, five have indicated secured employment, and two are expected to graduate in August 2020.

- The Governor and the West Virginia Legislature provided funding for DHHR's Office of the Chief Medical Examiner to permanently address staffing shortages, strengthen the ability to recruit and employ qualified forensic pathologists, and further long-term efforts to meet the national standard of completion of 90 percent of cases within 90 days.

## UNDER DEVELOPMENT


### Treatment and Recovery Resource Map

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

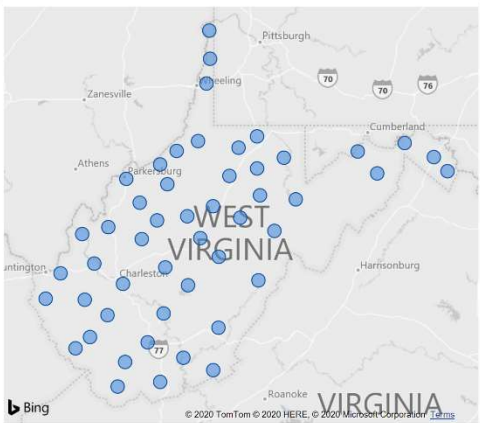
Additionally, the dashboard provides a brief explanation of the types of programs that are in the map and an explanation of the ASAM levels of care. If a user is interested in being referred to treatment instead of calling on their own, there is a phone number provided for HELP4WV, West Virginia's 24/7 substance use disorder and behavioral health helpline. There is also a link to the HELP4WV website where the user can instantly chat or text with a call agent for immediate help.

Treatment and Recovery Programs for Substance-Use Disorder

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



Program Type	County	Gender	ASAM Level	Can accommodate children	
All	All	All	All	All	Reset Filters



Program Type	Center	County	Phone Number
Medication-Assisted Treatment	A E Landis, MD, Pc	Raleigh	304-255-0459
Recovery Residences	A New Beginning	Hampshire	304-492-5481 or 304-813-0234
Recovery Residences	A New Thing, Inc.	Cabell	304-593-6900
Medication-Assisted Treatment	Absolute Care Clinic	Logan	304-896-5025
Medication-Assisted Treatment	Absolute Care Clinic Of South Charleston, PLLC	Kanawha	681-265-5054
Medication-Assisted Treatment	Access Health Behavioral Health	Raleigh	304-252-8409
Outpatient Treatment for PPW* - with Medication Assisted Treatment	AccessHealth Raleigh Psychiatric Services	Raleigh	304-252-8409
Residential Treatment	Act Unit	Marion	304-363-2228 ext. 4330
Residential Treatment	Addiction Healing Center (St. Francis Hospital)	Kanawha	304-766-3553
Medication-Assisted Treatment	Advanced Ob/Gyn Women's Health Center	Logan	304-896-5200

\*PPW = Pregnant and Postpartum Women

What types of programs are included?

What are ASAM Levels?

### The Angel Project

During the 2020 Regular Legislative Session, the passage of Senate Bill 838 created the Angel Project. Modeled after a successful program in Kentucky (Kentucky State Police Angel Initiative), this proactive approach allows West Virginia State Police to refer people to treatment when they present to a State Police Post seeking assistance for SUD. Per Senate Bill 838 which states If the person is voluntarily seeking assistance through this program, they shall not be placed under arrest, shall not be prosecuted for the possession of any controlled substance or drug paraphernalia surrendered to the State Police

and shall be promptly referred to a community mental health center, medical provider, or other entity for substance use treatment. This will allow for increased access to treatment, decreased overdoses and fatalities and a reduction in the fear of arrest and incarceration for those seeking help. The ODCP staff is currently seeking grant funding for the implementation of this project.

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

The ODCP is partnering with the DHHR's Bureau for Public Health on implementation of the Centers for Disease Control and Prevention's (CDC) Overdose to Action grant. The purpose of this grant is to advance the understanding of the opioid epidemic and improve prevention and response initiatives.

### **Stigma Reduction**

One of the largest barriers to treatment is stigma. In an effort to help address this in the state, Stigma Free WV was developed with federal grant funds awarded to DHHR's Bureau for Behavioral Health to share information about SUD to break down this barrier. Additionally, more content for Stigma Free WV and trainings to address stigma are sponsored by multiple funding sources. State Opioid Response (SOR) funding is being used to develop and implement a statewide marketing campaign to address stigma related to medication-assisted treatment.

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

A statewide public education/stigma reduction assessment survey has been developed and will be disseminated to all prevention-focused organizations including the Prevention Lead Organizations (PLOs), Partnerships for Success (PFS), coalitions, universities, and community outlets. The survey seeks to identify all stigma trainings that have been conducted in the state and by whom in addition to future trainings and curriculums. The results will provide a needs assessment for stigma reduction and public education across the state in order to unify efforts, reduce duplication, and fill gaps related to stigma awareness. The results of the survey will drive the creation of a three-year stigma reduction/public education strategic plan.

Media-focused stigma reduction trainings are being discussed and will begin the planning phase in order to achieve the first training by fall 2020. Targeted media outlets include newspapers and television stations.

### **Prevention Summit and Strategic Plan**

A Prevention Summit is being planned for September 2020. This summit has been converted to a virtual platform due to COVID-19 precautions. Findings from community resource scans conducted by PLOs will be presented and new resources and strategies for prevention will be introduced. Information geared toward legislators will be highlighted.

The Prevention Strategic Plan is also in progress and will be released in October 2020. There have been six planning sessions involving over 30 representatives of prevention stakeholders precluded by internal planning sessions. The Prevention Strategic Plan is a statewide universal plan to address all identified prevention needs and circumvent goals and strategies to achieve prevention first outcomes.

## **West Virginia 2020-2022 Substance Use Response Plan Quarter 2 Report**

Quarterly reports are prepared to update the Governor’s Council, key stakeholders, and communities on the progress being made towards achieving what is presented in the West Virginia 2020-2022 Substance Use Response Plan. In addition, this reporting process facilitates an important dialogue on initiatives and issues of importance. The second progress report will be submitted and published in August 2020.

## CONCLUSION

This is the second semi-annual report submitted by the Office of Drug Control Policy. During most of the last six months, the state of West Virginia has marshalled its health care resources to tackle the COVID-19 pandemic. The work that needed to move forward to address the substance use disorder epidemic had to take a back seat to the issues at hand.

Despite this significant impact of COVID-19 and as reflected in this report, progress has been made in addressing the drug epidemic. Real and definable progress is taking place in prevention, treatment, and recovery. This is significant as communities, treatment, and recovery providers, state officials, regional and local prevention initiatives, and our universities all struggle to move forward during this challenging time. The ODCP report demonstrates that many different groups are finding ways to continue to collaborate together to help people move on their own path toward recovery, and to help our youth develop the skills they need to live more full and productive lives.

-Bob Hansen

## Appendix A

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

**Chair:**

Brian Gallagher, Marshall University School of Pharmacy

**Ex-Officio Members:**

Dr. Craig Boisvert, School of Osteopathic Medicine

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

Dr. Clay Marsh, West Virginia University School of Medicine

Dr. Allen Mock, Chief Medical Examiner

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

Steven L. Paine, Superintendent, West Virginia Department of Education

Jeff S. Sandy, Cabinet Secretary, West Virginia Department of Military Affairs and Public Safety

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

**Members:**

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

Dr. James Berry, Chestnut Ridge Center

Matt Boggs, Alkermes Pharmaceuticals

KC Bohrer, Morgan County Sheriff

Dr. Jeffrey Coben, West Virginia University School of Public Health

The Honorable Jordan Hill, West Virginia House of Delegates

Major General James Hoyer, Adjutant General

Betsy Steinfeld Jividen, Division of Corrections and Rehabilitation

Dr. Michael Kilkenny, Cabell-Huntington Health Department

The Honorable Michael Maroney, West Virginia Senate

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

Thomas Plymale, Wayne County Prosecuting Attorney

Amy Saunders, Marshall University Center for Excellence and Recovery

Kim Barber Tieman, Benedum Foundation

## Appendix B

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

**Recovery Subcommittee:** This proposed committee is on the August 2020 agenda and will be voted on at that time. The West Virginia Department of Health and Human Resources’ (DHHR) Office of Drug Control Policy (ODCP) and the Governor’s Council on Substance Abuse Prevention and Treatment understand that people in recovery from a substance use disorder play a critical role in addressing the drug epidemic. Therefore, the Council will develop a subcommittee comprised of people in recovery from a substance use disorder to provide meaningful input and represent the recovery community by region and at-large. The proposed chair for the Recovery Subcommittee is Matthew Boggs, current member of the Governor’s Council on Substance Abuse Prevention and Treatment (Council), joined by the ODCP Assistant Director, Rachel Thaxton.

The Recovery Subcommittee will not only be comprised of individuals who identify as being in recovery from a substance use disorder, but also be inclusive, diverse, and representative of the larger addiction treatment and recovery community across the state. It is recognized that each of these members offers lived experience that is vital and unique and lends itself to innovative solutions to pervasive issues. Each of the seven regions designated by legislation for the Ryan Brown Fund will be represented by one person serving their respective region. Additionally, seven people will be selected to serve and represent each region as at-large members of the subcommittee. The Council agrees that no more than 14 people will serve on the committee.

Initially, the Recovery Subcommittee will meet virtually to follow CDC guidelines on reducing the spread of COVID-19. However, at the appropriate time, in-person committee meetings will be held at a minimum of one per quarter each fiscal year aligning with the Council’s schedule for meetings. The Recovery Subcommittee will be entitled to the same reimbursement for travel and lodging as any of the Council members, as written into state code.

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

Chair:	Robert Hansen
Members:	Garrett Moran
	Christina Mullins
	Lyn O’Connell
	Deborah Koester
	Brian Gallagher
	Drema Mace



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

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

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

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

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

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

**Recovery, Treatment and Research:** Develops SMART action plans among recovery and treatment facilities that define SUD success. Provides empirical data that helps to outline the trends and problems of SUD in West Virginia. Advises Council and government officials on recommended policy changes. Promotes MAT and other evidenced-based activities, supports drug free families and addresses Neonatal Abstinence Syndrome. Develops the portion of the strategic plan related to recovery, treatment and

research activities, advises regarding implementation, and serves as subject matter experts in aiding local implementation and adoption of recommendations. Offers advice and assistance and directs relevant research activities concerning SUD.

Chair: Dr. James Becker  
Members: Dr. James Berry  
Dr. Stephen Petrany  
Dr. Jeffrey Coben  
Matthew Boggs  
Jorge Cortina  
Frank Angotti  
Rebecca Roth  
Senator John Unger

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

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

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

Chairs: Dr. Jeffrey Coben  
Members: Brian Gallagher  
Robert Hansen  
Amy Saunders  
Kathy D'Antoni  
Dr. James Becker  
Jack Luikhart  
Nikki Tennis  
Misti Todorovich

Jack Sparks  
Bob Boone  
Senator John Unger  
Dr. Alfgeir Kristjansson