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PERFORMANCE REVIEW OFFICE OF DRUG CONTROL POLICY

AUDIT OVERVIEW

The Office of Drug Control Policy's West Virginia 2019 Substance Use Response Plan Lacks Full Compliance with West Virginia State Code.



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EXECUTIVE SUMMARY

The Performance Evaluation and Research Division (PERD) within the Office of the Legislative Auditor conducted an Agency Review of the Department of Health and Human Resources (DHHR) pursuant to West Virginia Code §4-10-8. As part of this process, a Performance Review of the Office of Drug Control Policy (ODCP) was conducted. The objective of this review was to determine the status of the ODCP's strategic plan. The issue of this report is highlighted below.

Frequently Used Acronyms in This Report:

PERD – Performance Evaluation and Research Division

DHHR – Department of Health and Human Resources

ODCP – Office of Drug Control Policy

SMART – Specific, Measurable, Attainable, Relevant, and Time-based

SAMHSA -- U.S. Department of Health & Human Services' Substance Abuse and Mental Health Services Administrations

Report Highlights:

Issue 1: The Office of Drug Control Policy's West Virginia 2019 Substance Use Response Plan Lacks Full Compliance with West Virginia State Code.

- W. Va. Code §16-5T-2(c)(1) requires the ODCP to develop a strategic plan to reduce the prevalence of drug, alcohol abuse, and smoking by at least 10 percent by July 1, 2018. However, the ODCP failed to meet this deadline and issued *Restoring Lives Office of Drug Control Policy Strategic Plan* in January 2019.
- On May 3, 2019, it was reported that the ODCP was in the process of revising the January 2019 strategic plan. PERD received a draft of the *West Virginia 2019 Substance Use Response Plan* on September 18, 2019. According to the plan draft and the ODCP, a more detailed implementation plan would be developed based on the finalized plan.
- PERD's analysis of the *2019 Substance Use Response Plan* draft found that it does not adequately address the mandated requirements to reduce the prevalence of tobacco use.
- The goals, strategies, and objectives of the *2019 Substance Use Response Plan* lack specific, measurable performance benchmarks with which to gage adequate progress towards meeting the mandate of reducing the prevalence of drug and alcohol abuse and smoking by at least 10 percent.

PERD's Response to the Agency's Written Response

On December 17, 2019, PERD received a written response to the report from the DHHR Cabinet Secretary, which can be found in Appendix C. The ODCP concurs with recommendations contained in this report and is working to incorporate them into the latest draft of the Substance Use Response Plan. The ODCP also indicated that it is are developing a performance management and reporting system to enhance the monitoring, responsiveness, and support it provides.

Recommendations

1. *The Legislative Auditor recommends that the Council and ODCP revise the 2019 Substance Use Response Plan to identify and implement efforts to address tobacco use prevention and cessation.*
2. *The Legislative Auditor recommends that the 2019 Substance Use Response Plan be implemented with benchmarks that meet SMART criteria incorporated into the 2019 Substance Use Response Plan.*

ISSUE 1

The Office of Drug Control Policy’s West Virginia 2019 Substance Use Response Plan Lacks Full Compliance with West Virginia State Code.

Issue Summary

The Office of Drug Control Policy (ODCP) within the West Virginia Department of Health and Human Resources (DHHR) is responsible for creating a state drug control policy that includes all programs related to the prevention, treatment, and reduction of substance use disorder. The ODCP was required by W. Va. Code §16-5T-2(c)(1) to develop a strategic plan to reduce the prevalence of drug, alcohol abuse, and smoking by at least 10 percent by July 1, 2018. The ODCP staff reported that they were in the process of revising the January 2019 strategic plan with anticipated completion by August 2019. The Performance Evaluation and Research Division (PERD) received a draft of the *2019 Substance Use Response Plan* on September 30, 2019. PERD’s review of the plan noted that a more detailed implementation plan is to be developed based on the finalized strategic plan. Further analysis also found that the draft plan does not adequately address the mandatory requirements to reduce the prevalence of tobacco use nor does it contain specific, measurable performance benchmarks to adequately gauge progress. Therefore, the Legislative Auditor recommends that the *2019 Substance Use Response Plan* include specific efforts to address tobacco use prevention and cessation as well as incorporate appropriate benchmarks to measure success.

The ODCP was required by W. Va. Code §16-5T-2(c)(1) to develop a strategic plan to reduce the prevalence of drug, alcohol abuse, and smoking by at least 10 percent by July 1, 2018.

The Office of Drug Control Policy Act Required a Strategic Plan by July 1, 2018 However the Deadline Was Not Achieved.

On April 8, 2017, the West Virginia Legislature passed House Bill 2620 titled the West Virginia Drug Control Policy Act enacting W. Va. Code §16-5T on July 7, 2017. The bill created the ODCP within DHHR under the direction of the Cabinet Secretary and supervision of the State Health Officer. According to statute, the ODCP is responsible for creating a state drug control policy in coordination with the bureaus of DHHR and other state agencies that includes all the programs related to the prevention, treatment and reduction of substance abuse disorder. The ODCP is also required to develop a data collection platform based on the requirements of W. Va. Code §16-5T-3 and §16-5T-4 to collect data on fatal and nonfatal drug overdoses caused by abuse and misuse of prescription and illicit drugs from entities including law enforcement agencies, emergency medical services, health care facilities, and the Office of the Chief Medical Examiner.

Furthermore, according to W. Va. Code §16-5T-2(c)(1), the ODCP shall develop a strategic plan to reduce the prevalence of drug, alcohol abuse, and smoking by at least 10 percent by July 1, 2018. However, the ODCP failed to meet the July 1, 2018 deadline. The ODCP completed and released *Restoring Lives Office of Drug Control Policy Strategic Plan*, which was considered the statutorily mandated strategic plan, by January 2019, six months after the deadline. The plan included strategic goals in substance use disorder prevention, intervention, treatment and recovery. The ODCP further detailed what the plan was developed for as follows:

The strategic plan is developed to serve as a guide to address the crisis that faces the State today, while building an infrastructure to tackle “what’s next.” While opioids are often the target of both state and national attention, the strategic plan provides relevant objectives for addressing opiate and substance use disorders more broadly, including other substances, alcohol, and tobacco. This document provides goals and objectives to start us on a path to meet the health and welfare needs of our State both now and in the future.

The ODCP completed and released Restoring Lives Office of Drug Control Policy Strategic Plan, which was considered the statutorily mandated strategic plan, by January 2019, six months after the deadline.

The strategic goals and benchmarks included preventing initial drug use, reducing fatal overdoses by one-third by 2021, establishing benchmarks for non-fatal overdose rate reduction, reducing illicit drug use by 20 percent by 2021, and increasing the number of individuals in treatment and recovery by 40 percent by 2021. However, this plan did not include intermediate benchmarks to measure progress nor did it fully address the requirements laid forth in W. Va. Code including strategies for reducing the prevalence of alcohol abuse and smoking.

A 2018 Executive Order Created the Governor’s Council on Substance Abuse Prevention and Treatment.

Since the creation of the ODCP in 2017 until December 2018 there have been two Executive Directors appointed, as well as two Interim Executive Directors. The current ODCP Executive Director was appointed on December 3, 2018. Additionally, on December 3, 2018 the Governor issued Executive Order No. 22-18. This executive order created the Governor’s Council on Substance Abuse Prevention and Treatment (Council). The Council is charged with collaborating with the ODCP in developing and administering a state plan on substance use disorder. The Council members are appointed by the Governor and include 15 individuals who have education, experience, or special

interests relating to substance use disorders. Council members include a variety of professionals such as the Secretary of DHHR, the State Superintendent of Schools, the Chief Medical Examiner and the United States Attorney for the Southern District of West Virginia.

The Council is also to act as an advisory body to ODCP and do the following:

- recommend and coordinate the creation, dissemination, and implementation of a statewide drug control policy that includes substance use disorder prevention, cessation, treatment and recovery programs;
- facilitate planning for a balanced continuum of substance use disorder prevention, treatment, and rehabilitation services;
- identify and coordinate available resources and make recommendations on the most effective and efficient application of available resources;
- serve as a resource for communities and assist in the development of community-based substance use prevention and treatment programs;
- promote collaboration and mutually beneficial public and private partnerships;
- analyze and provide an objective assessment of all proposed legislation concerning substance use issues;
- and make recommendations to the ODCP, Governor, Legislature, and Supreme Court of Appeals.

The ODCP is responsible for providing administrative support and resources to the Council. When PERD staff met with the ODCP on May 3, 2019, it was reported that the ODCP was in the process of revising the January 2019 strategic plan in conjunction with the Council and that it anticipated the updated strategic plan would be finalized, including a public comment period by August 2019. It was also noted that the data collection platform would be completed by August 2019. However, the ODCP Assistant Director responded on September 17, 2019 stating that the ODCP anticipated the data platform would be released to the public on October 15, 2019 and the strategic plan would be provided to PERD on September 18, 2019. On September 30, 2019, PERD received a draft of the *West Virginia 2019 Substance Use Response Plan*.

The *2019 Substance Use Response Plan* is the product of the Council requirements of Executive Order No. 22-18 to make recommendations on the prevention, treatment, and rehabilitation for persons affected by substance use disorder and to collaborate with the

When PERD staff met with the ODCP on May 3, 2019, it was reported that the ODCP was in the process of revising the January 2019 strategic plan in conjunction with the Council and that it anticipated the updated strategic plan would be finalized, including a public comment period by August 2019.

On September 30, 2019, PERD received a draft of the West Virginia 2019 Substance Use Response Plan.

ODCP to develop a state plan on substance use disorder. The ODCP considers the *2019 Substance Use Response Plan* to be the strategic plan required by W. Va. Code §16-5T-2(c)(1). The plan covers calendar years 2020 through 2022 and makes recommendations in six areas of focus:

- Prevention;
- Community Engagement and Supports;
- Health Systems;
- Treatment, Recovery and Research;
- Court Systems and Justice-Involved Populations;
- and Law Enforcement.

According to the plan draft and the ODCP, a more detailed implementation plan would be developed based on the finalized plan.

Each focus area has between one and four goals with each goal having a number of strategies and objectives to achieve the goal (see Appendix B). The anticipated completion time for each objective is noted. The goals, strategies and objectives were developed by the relevant subcommittee of the Council. According to the plan draft and the ODCP, a more detailed implementation plan would be developed based on the finalized plan. The implementation plans for each area are to include specific, measurable, attainable, relevant, and time-based goals (SMART) developed by the associated subcommittee and approved by the Council's Steering subcommittee.

The 2019 Substance Use Response Plan Draft Lacks Full Compliance With West Virginia State Code and Does Not Contain Benchmarks.

PERD's analysis of the *2019 Substance Use Response Plan* draft found that it does not adequately address the mandated requirements to reduce the prevalence of tobacco use. The strategic plan was created to address and prevent substance use disorders. It was reported that the Council and ODCP's definition of substance use disorder are the same as the U.S. Department of Health & Human Services' Substance Abuse and Mental Health Services Administrations (SAMHSA) which states that substance use disorders occur when the recurrent use of alcohol and or drugs causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home. SAMHSA's definition of substance use disorder does not definitively include tobacco as a substance, nor does tobacco usage meet the criteria for causing significant impairment, disability, or inability to meet responsibilities. However, the Legislative Auditor does recognize the significant, long-term negative impact that tobacco use has on the health of both individual users and the overall population of West Virginia. Additionally, W. Va. Code §16-5T-2 requires that the strategic

PERD's analysis of the 2019 Substance Use Response Plan draft found that it does not adequately address the mandated requirements to reduce the prevalence of tobacco use.

plan reduce the prevalence of smoking by 10 percent. **Therefore, the Legislative Auditor recommends that the Council and ODCP revise the 2019 Substance Use Response Plan to identify and implement efforts to address tobacco use prevention and cessation.**

Further review of the *2019 Substance Use Response Plan* also found that the goals, strategies, and objectives of the plan lack specific, measurable performance benchmarks with which to gauge adequate progress towards meeting the mandate of reducing the prevalence of drug and alcohol abuse and smoking by at least 10 percent. The only current measure of accomplishment included in the plan is if an objective has been completed by the end of the calendar year for which it was assigned. Additionally, there is also no indication regarding the sources of data that will be utilized to measure achievement. PERD was initially informed that the ODCP's data collection platform would be completed by August 2019 but were then informed in September 2019 that it was still undergoing internal testing with an anticipated go-live date of October 15, 2019. However, as of this report the data platform portal on the ODCP's website was still not available. **Therefore, the Legislative Auditor recommends that the 2019 Substance Use Response Plan be implemented with benchmarks that meet SMART criteria incorporated into the 2019 Substance Use Response Plan.**

Conclusion

While the ODCP has experienced multiple hurdles since its inception, including leadership changes and delays in staffing, it should be commended for its work over the course of the last year. ODCP leadership and the Council have made significant progress in recognizing that the original strategic plan did not incorporate all of the relevant stakeholders such as state healthcare systems, local communities and governments, law enforcement and corrections agencies, and non-profit agencies. Based on these concerns, the ODCP has taken the necessary steps to address these concerns to create a more comprehensive strategic plan that serves the entire state of West Virginia. However, this does not negate the importance of appropriately addressing the concerns raised in this report to ensure compliance with the mandated requirements and the long-term success of the ODCP. **If West Virginia is going to adequately resolve the substance use disorder crisis, it is critical for the ODCP to implement a strategic plan that provides long-term guidance and identifies the necessary resources to the stakeholders that are combating the substance use disorder crisis.**

Further review of the 2019 Substance Use Response Plan also found that the goals, strategies, and objectives of the plan lack specific, measurable performance benchmarks with which to gauge adequate progress towards meeting the mandate of reducing the prevalence of drug and alcohol abuse and smoking by at least 10 percent.

If West Virginia is going to adequately resolve the substance use disorder crisis, it is critical for the ODCP to implement a strategic plan that provides long-term guidance and identifies the necessary resources to the stakeholders that are combating the substance use disorder crisis.

Recommendations

1. *The Legislative Auditor recommends that the Council and ODCP revise the 2019 Substance Use Response Plan to identify and implement efforts to address tobacco use prevention and cessation.*
2. *The Legislative Auditor recommends that the 2019 Substance Use Response Plan be implemented with benchmarks that meet SMART criteria incorporated into the 2019 Substance Use Response Plan.*

Appendix A Transmittal Letter

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John Sylvia
Director

December 9, 2019

Bill J. Crouch, Cabinet Secretary
Department of Health and Human Resources
Office of the Secretary
One Davis Square, Suite 100 East
Charleston, WV 25301

Dear Secretary Crouch:

This is to transmit a draft copy of the Performance Review of the Office of Drug Control Policy, as part of the Agency Review of the Department of Health and Human Resources. This report is tentatively scheduled to be presented during the January 6-7, 2019 interim meetings of the Joint Committee on Government Operations, and the Joint Committee on Government Organization. We will inform you of the exact time and location once the information becomes available. It is expected that a representative from your agency be present at the meeting to orally respond to the report and answer any questions committee members may have during or after the meeting.

If you would like to schedule an exit conference to discuss any concerns you may have with the report, please notify us by Wednesday, December 11, 2019. In addition, we must have your written response by noon on Monday, December 16, 2019 in order for it to be included in the final report. If your agency intends to distribute additional material to committee members at the meeting, please contact the House Government Organization staff at 304-340-3192 by Thursday January 2, 2019 to make these arrangements.

We request that your personnel not disclose the report to anyone not affiliated with your agency. Thank you for your cooperation.

Sincerely,

A handwritten signature in blue ink that reads "John Sylvia".
John Sylvia

C: Robert Hansen, Executive Director, Office of Drug Control Policy
Brian M. Cassis, Office of Internal Control and Policy Development, Director

Enclosure

Joint Committee on Government and Finance

Appendix B

West Virginia 2019 Substance Use Response Plan



West Virginia 2019 Substance Use Response Plan

Governor’s Council on Substance Abuse Prevention and Treatment





West Virginia 2019 Substance Use Response Plan

Governor's Council on Substance Abuse Prevention and Treatment

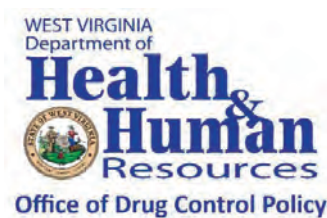


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DRAFT

Introduction

Substance use disorders, including tobacco use, have had a significant and costly impact on the health, well-being and economy of West Virginia. They are linked not only to overdose deaths, but to increased crime rates, child abuse and neglect, neonatal abstinence syndrome, infectious and chronic diseases, and other accidental injuries. The number of West Virginians who have died of an overdose since 2001 is greater than the population of Gilmer County (Data source: West Virginia Drug Overdose Deaths Historical Overview 2001-2015, CDC Drug Overdose Deaths). The substance use epidemic in West Virginia has negatively affected individuals and families, presented new challenges to health care and behavioral health systems and significantly impacted the economic vitality of the state. Due to the complex and far-reaching consequences of this epidemic, it is necessary to update West Virginia's Substance Use Response Plan (the plan) using a multi-sector, collaborative approach with subject matter experts from across the state.



The Governor's Council on Substance Abuse Prevention and Treatment is charged to lead the statewide effort to combat substance use disorders, address prevention and return those impacted to productive lives, and also to establish strategic direction through a state-level plan. Defining elements of the plan established by the Council:

- Strive for West Virginians to have prompt access to treatment.
- Promote access to treatment and support options that suit individuals' needs.
- Measure and track prevention, treatment, and recovery outcomes.
- Promote strategies to implement evidence-based prevention methods in schools and communities.
- Monitor ongoing initiatives to confirm they are achieving their goals.
- Connect the imprisoned population with a substance use disorder to services and help promote positive behaviors.
- Support employment for those in recovery.

This document describes the current substance use environment in West Virginia, highlights existing activities and initiatives to date, and presents a framework of evidence-based goals, strategies, and objectives to address the current gaps and needs. The plan presents a coordinated and integrated approach using a framework of prevention, community engagement and supports, health systems, treatment, recovery and research, court systems and judicial impacted populations, and law enforcement over the next three years.

This document also presents the strategic framework for the work ahead, outlining needs to effectively address the substance use epidemic in this state and the specific tactics to achieve these goals. A more detailed implementation plan will be developed and will require active collaboration among state governmental agencies and stakeholders, including health care systems, providers, community-based organizations, law enforcement, and the judicial system.

This translates to a per capita economic burden of \$4,793 per resident, higher than anywhere else in the nation. The direct economic costs of the substance use crisis in WV include not only health care, substance use treatment, and criminal justice costs, but the direct impact on the workforce resulting in permanent loss of income due to overdose deaths, reduced productive hours due to abuse and dependence and reduced productive hours due to incarceration. The economic impact of productivity loss for non-fatal substance use disorders has a reported cost of \$316 million dollars and 1,206 jobs to the state, while the economic impact of productivity loss due to overdose fatalities carries an additional cost of \$322 million and 5,905 jobs. The impact is also seen in a 12% economic hit on the state’s Gross Domestic Product (GDP), more than double that of the next highest state of Maryland where substance use disorder related costs consumed 5.4% of its GDP. Overall, this crisis has caused a void in West Virginia’s economy of nearly \$1 billion.

The economic impacts

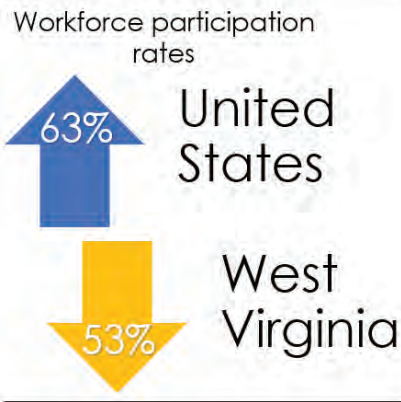


\$4,793 burden per resident

1,206 jobs lost due to non-fatal overdoses

5,905 jobs lost due to fatal overdoses

As the only state located entirely in Appalachia, nearly half (46%) of West Virginians live in rural, geographically isolated areas. A significant part of the geography in even the most populated counties is also very rural. Thus, individuals and families are often isolated from health-related services and job opportunities typically available in larger population centers. West Virginia residents have higher poverty rates, tend to be in poorer health, and have more limited access to health care and job support resources than other states. West Virginia also has the lowest labor participation rate in the U.S. at 53%, compared to the national rate of 63%. The



challenging economic and employment climate has been further exacerbated by the significant downturn in coal mining in the past five years. Average employment for mining decreased from 23,548 in 2012 to only 14,007 jobs in 2017 and support for mining activities decreased from 6,939 in 2012 to 4,476 in 2017. In addition to the geographic and economic challenges, an alarming number of WV residents struggle to overcome multi-generational issues that impact mental health and quality of life. Many contend with complicating risk factors such as trauma, intimate partner violence, and chronic diseases, which are exacerbated by poor access to care, low literacy and levels of educational attainment, and high numbers of

unemployment. Nearly all 55 WV counties qualify as professional shortage areas for both health care and mental health.

The swift, strategic response to the substance use epidemic in the state is seeing early successes. To further strengthen these efforts, West Virginia seeks to create a comprehensive, updated statewide strategic plan with a sustainable infrastructure and approach to curb increasing overdose deaths across the state. This plan represents an innovative, state-level, integrated systems response to the health and economic impacts associated with the substance use epidemic, building upon evidence-based and successful emerging practices.

Approach

To comprehensively address substance use through the strategic planning process, subcommittees, each led by Council members as Chairs, were established for the following focus areas. Chairs subsequently engaged additional subject matter experts from across the state from March to July 2019 to establish their subcommittees in order to develop the goals, strategies, and objectives presented in this plan. All subcommittees also met to present their subcommittee plans, which enabled cross-committee collaboration, engagement, and feedback. Throughout the planning process, as cross-cutting issues were identified they were shared with the Implementation Subcommittee to address. The pages that follow present each of the subcommittee plans, including their goals, strategies, and objectives.



Recommendations

Prevention

West Virginia must address and reduce circumstances that lead to SUD, such as adverse childhood experiences (ACEs) (i.e., all types of abuse, neglect, and other potentially traumatic experiences that occur to people under the age of 18), while improving social determinants of health (i.e., conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks). Improving the wellness and future of our children, youth, adults, and families will require statewide participation from public, private, state and local partners.

Goal 1: Prevent substance use disorder and enhance resiliency.

Strategy 1	Implement programs and frameworks that promote prevention and resiliency through exposure to evidence-based programs.	Year 1 2020	Year 2 2021	Year 3 2022
Objective 1	Support local prevention coalitions to conduct community needs assessments to identify gaps and develop implementation plans, including community supports, as described within the Strategic Prevention Framework (SPF).		X	
Objective 2	Utilize ReClaim West Virginia as a foundation to disseminate and promote recommended, evidence-based prevention education materials, resources, and to provide ongoing training and technical assistance.	X		
Objective 3	Identify and foster the development and implementation of school-based prevention programs and effective youth leadership programs and models.	X		
Objective 4	Increase Expanded School-Based Mental Health (ESMH) Programs and delivery of evidence-based prevention programs to all regions of the state.	X		
Strategy 2	Reduce adverse child experiences.			
Objective 1	Expand in-home family therapy and visitation initiatives with an emphasis on programs such as Birth to Three, Parents as Teachers, Right From The Start, and education for kinship families.		X	
Objective 2	Expand and promote comprehensive programs with wraparound services and life skills training for pregnant and parenting women.		X	
Objective 3	Implement recommendations from the Adverse Childhood Experiences (ACEs) Coalition.		X	
Objective 4	Engage local communities, including chambers of commerce, business leaders, faith-based networks, and youth-focused programs across the state to promote community-based social engagement.		X	

Goal 2: Monitor opioid prescriptions and distribution.

Strategy 1	Ensure health professionals in training have appropriate knowledge to reduce inappropriate prescribing of opioid medications for pain.	Year 1 2020	Year 2 2021	Year 3 2022
Objective 1	Educate pre-med, pharmacy, and health professions students on appropriate prescribing practices, Medication Assisted Treatment (MAT), naloxone administration, and stigma prior to career entry.			X
Strategy 2	Continue to conduct public health surveillance with the state's prescription drug monitoring program (PDMP) data and publicly disseminate timely epidemiological analyses for use in surveillance, early warning, evaluation and prevention,			
Objective 1	Increase uptake of evidence-based prescribing guidelines (i.e., West Virginia Safe and Effective Management of Pain Program).		X	
Objective 2	Adopt and implement recommendations of the West Virginia Legislature's Pain Management Consortium in ongoing monitoring and best practices and to ensure that people who need these medications are able to obtain them.		X	

Community Engagement and Supports

Communities and regions across the state have mobilized to combat the substance use disorder crisis by working to increase availability of and access to treatment and recovery resources. These essential supports for individuals allow West Virginians in recovery to enter into recovery networks and build employment skills for successful community reentry.

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

Strategy 1	Conduct an assessment of current recovery housing across the state and identify geographic areas of greatest need.	Year 1 2020	Year 2 2021	Year 3 2022
Objective 1	Conduct a needs assessment to identify all operating recovery housing in West Virginia.	X		
Objective 2	Map current WV recovery housing inventory and identify gaps and areas of need for housing.	X		
Objective 3	Utilize WV recovery housing needs assessment to determine areas for priority funding.	X		
Objective 4	Make funding available to prioritized areas of need.	X		
Strategy 2	Explore tax credits, Medicaid reimbursement and other options to improve access and capacity of recovery housing.			

Objective 1	Establish a Recovery Housing Task Team to research financing options and funding streams, and to make recommendations to the Governor’s Council.	X		
Objective 2	Disseminate findings to WV Housing Development Fund.	X		
Objective 3	Draft legislation or policies needed to implement financing strategies identified by the Recovery Housing Task Team.	X		
Strategy 3	Explore and evaluate promising best practices of successful recovery housing.			
Objective 1	Create an inventory of best practices for successful recovery housing and have the Recovery Housing Task Team evaluate, operationalize, and prioritize for potential implementation in West Virginia.		X	
Objective 2	Develop a “how-to” toolkit based on best practices.		X	
Objective 3	Develop a training and dissemination plan to implement the toolkit.			X
Strategy 4	Explore and consider implementing the Columbus, Ohio, and Lexington, Kentucky, models for recovery housing, which use housing construction and renovation as an opportunity for those in recovery to develop job skills.			
Objective 1	Research innovative and successful recovery housing models that integrate job skill training (e.g. Columbus Ohio, and Lexington, Kentucky) and determine feasibility.	X		
Strategy 5	Create certification processes for recovery housing in West Virginia.			
Objective 1	Develop a certification process that will assure quality and consistency of recovery housing and the services provided by recovery housing in West Virginia.	X		
Objective 2	Research existing National Association of Recovery Residence-affiliated models of certification and implement through the WV Association of Recovery Residences promising or best practices.		X	
Strategy 6	Develop recovery cafes or hubs, consistent with the Association of Recovery Community Organizations model.			
Objective 1	Use the Association of Recovery Community Organizations model to create recovery cafes or hubs in each behavioral health region of West Virginia.			X
Objective 2	Identify key areas where hubs could thrive (based on feasibility factors of population, income, public transport, etc.).	X		
Objective 3	Implement one pilot project, evaluate, and disseminate findings.	X		
Strategy 7	Develop MOUs/contracts with transitional housing providers specific to parole requirements for individuals with substance use disorder and previous engagement in the criminal justice system.			

Objective 1	Identify no fewer than five transitional housing providers with whom to collaborate.	X		
Objective 2	Complete MOUs/contracts with no fewer than five transitional housing providers with whom to collaborate.	X		

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 SUD. Based on what is learned about these models and feasibility of addressing existing barriers, develop innovative strategies for individuals with substance use disorders to regain the ability to independently transport.	Year 1 2020	Year 2 2021	Year 3 2022
Objective 1	Establish a Recovery Transportation Task Team to research transportation models across the US, document best practices and working models, and develop a plan that includes recommendations to replicate selected models across West Virginia.	X		
Objective 2	Establish at least one recovery transportation program in each county.			X
Strategy 2	Create a West Virginia ride-sharing program including use of people in long-term recovery to provide transportation and engage entities.			
Objective 1	Design and implement a West Virginia ride-sharing program for people in recovery in conjunction with relevant organizations (such as Good News Mountaineer Garage).		X	
Objective 2	Examine legislation to develop feasible approaches such as use of retired state fleet cars designated for State Surplus.		X	
Strategy 3	Create a bundled payment option for MAT that includes transportation.			
Objective 1	Research successful bundle payment models in other states.	X		
Objective 2	Work with West Virginia Medicaid to explore options for bundled pilot payments and define a payment model for appropriate compensation for MAT that includes transportation to and from MAT.	X		
Strategy 4	Engage treatment programs to develop internal transportation programs.			
Objective 1	Work to establish processes for treatment programs to design transportation options for people in treatment and recovery.	X		
Objective 2	Determine appropriate level of compensation for provider transportation.		X	
Objective 3	Track patient follow-up to care.			X
Strategy 5	Expand faith-based transportation initiatives.			
Objective 1	Develop pilots with at least four faith-based sites for recovery transportation.	X		

Goal 3: Increase employment opportunities for people experiencing or in recovery for substance use disorders through supported employment and apprenticeships.

Strategy 1	Create a funding stream to support employment for repairs, renovations, and upkeep for high quality recovery residencies.	Year 1 2020	Year 2 2021	Year 3 2022
Objective 1	Establish a task team to explore creation of funding streams to support repairs and upkeep of recovery residencies.		X	
Objective 2	Develop a special account for certified recovery residencies.		X	
Strategy 2	Create entrepreneurial and social enterprise incubation hubs.			
Objective 1	Identify existing and needed resources to address the need for “how-to” guides on creation of entrepreneurial/social enterprise incubators.	X		
Objective 2	Investigate University Innovation Hubs for opportunities.	X		
Strategy 3	Develop a toolkit to address barriers/needs for employer education and address learnings gleaned from surveys of employers regarding potential barriers.			
Objective 1	Host regional workforce discussions to identify employer needs, challenges, concerns and stigma.	X		
Objective 2	Utilize workforce discussion and other existing data to develop toolkits for employers to address the barriers and challenges.	X		
Strategy 4	Develop regional recovery-owned and operated businesses.			
Objective 1	Develop a state listing of recovery-friendly businesses.	X		
Objective 2	Partner/collaborate with the West Virginia Business Development Center’s workshops/trainings/mentors for small businesses.	X		
Strategy 5	Partner/collaborate with the Jobs & Hope WV initiative to establish apprenticeships and internship opportunities.			
Objective 1	Pilot at least one apprenticeship program to engage and employ people in recovery.	X		
Objective 2	Determine viable partners through the WV Community and Technical College waiver program and the WV Department of Education’s (WVDE) Advanced Career Education program.	X		
Objective 3	Incentivize employers to participate (risk mitigation).			X
Strategy 6	Promote re-integration programs.			
Objective 1	Work with WVDE and Workforce WV to further develop, assess barriers, and expand services for statewide career development programs (Jobs & Hope WV) through the WV Community and Technical College waiver program.		X	

Objective 2	Replicate innovative programs such as Unlimited Futures, WV Council of Churches and work with Day Report Programs.		X	
Objective 3	Document “how-to” guides for existing recovery friendly workforce programs and establish a dissemination strategy.		X	
Strategy 7	Create a website or hub to connect individuals to workforce opportunities, Workforce WV, Workforce Investment Boards, etc.			
Objective 1	Establish a task team to develop a website or hub to connect individuals to workforce opportunities.	X		
Strategy 8	Replicate the Work Progress Administration (WPA)/Civilian Conservation Corps (CCC) model of employment for public works projects.			
Objective 1	Exploring feasibility of replicating a WPA or CCC type model to employ people in recovery to perform public work services.	X		
Strategy 9	Train individuals in recovery for food prep, Meals on Wheels, elderly visits, etc.			
Objective 1	Explore organizations with a mission to feed or care for people that would implement jobs programs for people in recovery.		X	
Objective 2	Collaborate with WVDE for opportunities to provide ServSafe Training certifications in the hospitality industries.	X		
Strategy 10	Employ people in recovery to work in public works projects such as construction rehabilitative housing, tearing down dilapidated structures, renovating existing structures, and other areas of the construction trade.			
Objective 1	Establish a Recovery to Work Task Team to provide guidance, eliminate barriers, and develop construction-based employment options for people in recovery.	X		
Objective 2	Determine if recovery community wishes to proceed.		X	
Objective 3	Generate at least 200 construction trade jobs in West Virginia for people in recovery and make referrals to Jobs & Hope WV Transition Agents for training and education.			X

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 addiction care.	Year 1 2020	Year 2 2021	Year 3 2022
Objective 1	Develop a mapping and planning tool of emerging and/or evidence-based practices.	X		
Objective 2	Gather information on existing resources and activities for drug prevention and recovery.	X		
Strategy 2	Connect successful applicants for funding and their communities to other communities.			
Objective 1	Develop a platform to document successful emerging or evidence-based programs to connect people to working models/services.	X		
Objective 2	Identify which state departments need to be included.		X	
Strategy 3	Utilize Blueprint Toolkit (from City of Huntington Solutions program) for community organizing.			
Objective 1	Share the City of Solutions resources across the state.	X		

Health Systems

Substance use disorders affect people of all ages and demographics seeking care in West Virginia hospitals and health care system facilities. While there are models for providing care for people who have complex substance use disorders and other behavioral health and/or medical conditions, additional approaches are needed. Establishing team approaches fostered by integrated care systems and supported by the effective use of technology will help to further address the substance use disorder crisis in West Virginia.

Goal 1: Reduce fatal and nonfatal overdoses.

Strategy 1	Expand access to naloxone education and distribution.	Year 1 2020	Year 2 2021	Year 3 2022
Objective 1	Continue statewide effort to promote broad access to naloxone for those who need it, including first responders, Quick Response Teams, and local health departments.	X		
Strategy 2	Increase resources for Quick Response Teams in local communities.			
Objective 1	Increase resources and support for expansion of Quick Response Teams in local communities.	X		

Objective 2	Continue to support existing Quick Response Teams in local communities.	X		
Strategy 3	Utilize data to strengthen community responses.			
Objective 1	Gather, share and disseminate data on fatal and nonfatal overdoses with local communities.	X		
Objective 2	Provide technical assistance and support to local communities on how to interpret and utilize their data to strengthen local response.	X		
Objective 3	Develop, pilot, and evaluate the use of Fatality Review Teams as an approach to using data to strengthen local response in three communities.		X	

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.	Year 1 2020	Year 2 2021	Year 3 2022
Objective 1	Support hospitals in addressing substance use disorder for all patients using a facility-wide Project Engage model, including MAT initiation and coordinated care transition.		X	
Objective 2	Support hospital emergency departments in developing clinical pathways for MAT and transition to substance use disorder care.	X		
Objective 3	Enhance inpatient and outpatient efforts for screening for substance use disorders, associated comorbidities (hepatitis, HIV, etc.) and warm handoffs to treatment wherever those with substance use disorder contact the health care system.		X	
Objective 4	Expand points of access to substance use disorder treatment by working with Federally Qualified Health Centers, licensed behavioral health centers, and urgent care centers and other outpatient clinical settings.			X
Objective 5	Explore treatment models for individuals with complex health issues and substance use disorders in step-down facilities and primary care medical home settings.			X
Objective 6	Assure availability of comprehensive reproductive health care services for pregnant and parenting women with substance use disorders.		X	
Objective 7	Educate legislators, community leaders, and providers on evidence and need for on-demand substance use disorder treatment.		X	
Strategy 2	Develop a response system statewide through permissible data sharing to quickly identify trends and			

	critical overdose incidents to enable rapid community responses.			
Objective 1	Increase partner use and incorporate relevant data within WV's Health Information Network to share information and integrate care.		X	
Strategy 3	Address barriers to treatment by expanding digital therapeutics, mobile service delivery and telehealth.			
Objective 1	Expand mobile treatment options to every DHHR behavioral health region in the state, including underserved areas.		X	
Objective 2	Increase integration and use of digital therapeutics and telehealth in treatment approaches.	X		

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

Strategy 1	Increase understanding of harm reduction and increase cross-sector partnerships in the design, implementation, and evaluation of comprehensive, evidence-based harm reduction programs.	Year 1 2020	Year 2 2021
Objective 1	Support communities undertaking cross-sector planning and implementation of private or public sector comprehensive harm reduction services through provision of funding, technical assistance, and quality improvement efforts.		X
Objective 2	Decrease harm from injection drug use through increase in naloxone distribution, linkages to treatment, and best practices for harm reduction programs.		
Objective 3	Reduce health and cost burdens of infectious diseases through cumulative harm reduction strategies, vaccination, and syringe services.		
Objective 4	Help reduce syringe litter to prevent harm to first responders and community residents.		X
Objective 5	Support a cross-state (OH, WV, KY) multi-sector forum to share lessons learned and advance best practices in implementing evidence-based harm reduction services.		X
Objective 6	Build capacity to provide local harm reduction program assessments aimed at supporting quality improvement and maximizing program effectiveness and reducing stigma and addressing concerns of municipalities, law enforcement and emergency medical services (EMS).	X	
Strategy 2	Increase screening for and rapid access to treatment of infectious diseases associated with substance use disorders (e.g., HCV, HIV, HBV, STIs, endocarditis,		

	abscesses, etc.) at any entry point for substance use disorder treatment.			
Objective 1	Integrate screening for infectious diseases into key entry points for care related to substance use disorder via a standard screening panel/clinical protocols by 2021.		X	
Objective 2	Advance capacity to undertake and rapidly expand community testing services for HIV/HCV and investigate, track and manage identified cases.		X	
Objective 3	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.		X	
Objective 4	Increase primary care provider knowledge of and capacity to provide PrEP (HIV prevention) for high risk individuals.		X	
Objective 5	Develop plan to expand Medicaid coverage of hepatitis C treatment to decrease community transmission.	X		

treatment, Recovery and Research

The substance use disorder crisis has strained treatment and recovery resources in West Virginia and placed a high demand on actionable research. Though the influx of federal grant dollars for the State Opioid Response has helped the state combat the crisis, the resurgence of stimulants threatens to further strain the system. However, innovative state and local efforts have shown promise for combatting these trends.

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

Strategy 1	Increase the number of treatment providers that offer evidence-based practices to save lives.	Year 1 2020	Year 2 2021	Year 3 2022
Objective 1	Expansion of telehealth options for substance use disorder treatment and recovery services.		X	
Objective 2	Define and promote reimbursement strategies for trained specialists.		X	
Objective 3	Provide continuous education including a core curriculum for prevention, co-morbidities and complications; the full range of treatment options; polysubstance use; and integrated care models across the life span.	X		
Objective 4	Make same-day, on-demand treatment available across the state.			X

Objective 5	Actively explore funding models that promote recovery and integrate SUD treatment within health delivery systems.		X	
Objective 6	Improve treatment engagement beginning at the initial assessment stage and continuing throughout the treatment continuum to maximize the number of people entering and staying in treatment.	X		
Objective 7	Explore and pilot patient navigation/case management models that address long-term recovery throughout different treatment phases.			X
Strategy 2	Implement a comprehensive model that addresses recovery and strengthens funding for pregnant and postpartum women and their families.			
Objective 1	Fully integrate home visiting services with existing Drug Free Moms and Babies (DFMB) programs.	X		
Objective 2	Expand all DFMB/home visiting programs for all birthing counties in WV.	X		
Objective 3	Develop residential and nonresidential treatment capacity for pregnant and parenting women in all regions of the state.			X
Objective 4	Further explore options to integrate treatment for pregnant and parenting women with the child welfare system.		X	

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 in the treatment setting.	Year 1 2020	Year 2 2021	Year 3 2022
Objective 1	Increase the number of providers obtaining waivers by 20% each year.	X		
Strategy 2	Develop clinical expertise to treat people who use multiple substances, especially stimulants.			
Objective 1	Develop evidence-based approaches to train providers to implement treatment with clinical supervision to ensure implementation with fidelity.		X	
Objective 2	Disseminate and educate providers on effective clinical applications to care for individuals using stimulants.		X	
Strategy 3	Provide education to providers in hospitals, urgent cares, and primary care practices.			
Objective 1	Provide education to future and current practitioners about substance use disorder, including education to meet MAT waiver requirements.		X	

Goal 3: Implement recovery support systems throughout West Virginia.

Strategy 1	Define and operationalize a recovery support system model for West Virginia.	Year 1 2020	Year 2 2021	Year 3 2022
Objective 1	Convene a task force to define appropriate recovery support system models for various settings.	X		
Objective 2	Pilot and evaluate several models of community-based recovery support systems in communities.		X	
Objective 3	Further implement effective models statewide.			X
Strategy 2	Foster the addition of peer recovery supports in health care and SUD treatment settings.			
Objective 1	Explore standardizing trainings for peer recovery support specialists.	X		
Objective 2	Expand start-up funding for the creation of peer recovery support specialists.	X		
Objective 3	Develop ongoing support for peer recovery support specialists.	X		
Objective 4	Explore reimbursement strategies and professional development opportunities for peer recovery support specialists that reflect development of a career ladder.		X	

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.	Year 1 2020	Year 2 2021	Year 3 2022
Objective 1	Solicit ideas for research from each of the Council Subcommittees concerning their respective areas of expertise.	X		
Objective 2	Develop an Office of Drug Control Policy and Council research agenda.		X	
Objective 3	Improve interagency communication and data sharing on evidence-based prevention strategies by creating a SharePoint of best practices, initiatives, and lessons learned.		X	
Objective 4	Begin disseminating relevant research through the Office of Drug Control Policy to health systems,			X

	providers, local health departments, and other relevant partners.			
Objective 5	Develop HIPAA-compliant approaches for data sharing between partners to strengthen research and evaluation.			

Court Systems and Justice-Involved Populations

West Virginia’s incarcerated population has risen dramatically as a result of the state’s substance use disorder crisis. Analysis of internal West Virginia Division of Corrections and Rehabilitation data reveals that those with substance use disorders are at higher risk of recidivism than the general justice-involved population. The criminal justice system offers a foundation of opportunities to build from for people who are incarcerated with substance use disorders to access treatment and recovery services, thus reducing their likelihood of future substance use and drug-related re-offense.

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

Strategy 1	Provide access to treatment that offers therapeutic programming and appropriate medications across the criminal justice system.	Year 1 2020	Year 2 2021	Year 3 2022
Objective 1	Work with West Virginia Day Report Centers and Drug Courts to assure access to comprehensive, integrated substance use disorder treatment and recovery services.		X	
Objective 2	Ensure that all three FDA-approved medications for MAT are available to all inmates and justice-involved populations.		X	
Objective 3	Assure access to therapeutic programming such as cognitive behavioral therapy, mindfulness and other established but effective programs for justice-involved populations.		X	
Strategy 2	Promote continuity of care through engagement of treatment and recovery providers, case managers, and parole and probation officers.			
Objective 1	Develop and implement protocols within the West Virginia Division of Corrections and Rehabilitation to assure that MAT, therapeutic programming, and case management are available and provided in a non-stigmatizing manner.	X		
Objective 2	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.	X		

Objective 3	Assure successful transitions from detention to community by promoting care coordination for MAT, therapeutic programming, and Medicaid benefits upon release.	X		
Strategy 3	Promote awareness of public safety interests served through access to treatment in reentry programs, community corrections, and alternative sentencing via education and partnerships.			
Objective 1	Expand the use of law enforcement engagement programs, including 'voices of law enforcement,' into additional counties.		X	

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

Strategy 1	Develop opportunities for alternative sentencing options.			
Objective 1	Expand the Getting Over Addicted Lifestyles Successfully Program into additional regional jail facilities and family treatment courts.		X	
Objective 2	Advocate for the expansion of drug treatment courts into additional counties.		X	
Objective 3	Establish family treatment courts across the state.			X
Strategy 2	Review and facilitate procedures for expunging criminal records for certain offenses directly related to substance use disorder and promote the creation of initiatives offering legal services to eligible populations.			
Objective 1	Send notice to offices handling criminal record files, across levels of government, informing them of the recent changes to state expungement laws and the necessity of accurate record keeping that reflects expunged crimes.	X		
Strategy 3	Develop an employer assistance guide for hiring of individuals with a criminal justice history.			
Objective 1	Complete and disseminate an employer assistance guide to serve as a resource for businesses hiring individuals with a criminal justice history.		X	
Strategy 4	Engage the West Virginia State Bar Association to promote public service by offering continuing education credits and incorporating new requirements for those seeking admission to the bar for the first time.			
Objective 1	Identify and implement new opportunities to incentivize pro bono legal services.	X		

Objective 2	Support the creation of law school clinics and student groups to support justice system needs.		X	
Objective 3	Establish access to Legal Aid to provide services for incarcerated individuals prior to and upon release.		X	

Law Enforcement

The substance use disorder crisis has strained law enforcement resources across the state in recent years and driven prison and jail populations to historic highs. Nationally, drug-related arrests have also risen steadily for several decades. Law enforcement is often the first point of contact for individuals struggling with substance use disorder and/or those experiencing an overdose. Therefore, strategies that include law enforcement, such as expanding pathways from law enforcement to treatment and recovery, providing law enforcement with tools and resources, and training law enforcement to respond to overdoses, are critical facets of a holistic response to the substance use disorder crisis in West Virginia.

Goal 1: Expand pathways from law enforcement to treatment and recovery.

		Year 1 2020	Year 2 2021	Year 3 2022
Strategy 1	Expand innovative models, such as the Law Enforcement Assisted Diversion model and Police-Assisted Addiction Recovery Initiative into additional counties.			
Objective 1	Develop and implement training with law enforcement entities to disseminate innovative models for diversion in WV.	X		
Objective 2	Provide incentives for adoption and implementation of innovative diversion program models by law enforcement.		X	
Objective 3	Provide continued support to existing law enforcement diversion programs.	X		
Strategy 2	Explore and implement models for “zero repercussion and warm hand off” by law enforcement officers for individuals with substance use disorders.			
Objective 1	Pilot “zero repercussion and warm hand off” programs such as the Kentucky State Policy Angel Initiative in two counties.		X	
Strategy 3	Develop strategic partnerships to mitigate minor offenses to reduce legal and logistical barriers to treatment/recovery.			

Objective 1	Allow circuit court judges to issue provisional driver licenses to individuals with a suspended license who are seeking treatment and recovery.		X	
Objective 2	Prepare local partners to advocate for the mitigation of minor offenses for those seeking a pathway to treatment and recovery.		X	

Goal 2: Provide law enforcement with analytical tools, techniques, resources, and policies to improve the enforcement of drug laws.

Strategy 1	Expand reporting of suspicious practices to the West Virginia Board of Pharmacy, Board of Medicine and Prescription Drug Monitoring Program.	Year 1 2020	Year 2 2021	Year 3 2022
Objective 1	Support passage of a law which would expand reporting to the West Virginia Board of Pharmacy, Board of Medicine, and Prescription Drug Monitoring Program of suspicious practices.		X	
Strategy 2	Enhance sentences for drug offenders that commit violent crimes with a firearm (currently a misdemeanor offense in some instances).			
Objective 1	Support the passage of a law which would increase sentences for drug-related violent crimes involving a firearm (regular state legislative session of 2020).	X		
Strategy 3	Support voluntary public reporting of suspicious activity, such as potential drug deals and drug diversion.			
Objective 1	Create an online tool to anonymously report suspicious activity.	X		
Objective 2	Utilize the online tool to inform the public.		X	
Strategy 4	Utilize the ODMAP system to identify drug trafficking routes across state lines and encourage local law enforcement to enter overdose data, as required by law.			
Objective 1	Inform all local law enforcement agencies and other first responders that entering overdose data into ODMAP within 72 hours of an overdose is required by state law.	X		
Objective 2	Begin notifying state and local law enforcement of overdose events and apparent drug routes identifiable via ODMAP.	X		
Objective 3	Create an area on the state's forthcoming data dashboard to share law enforcement data that can be used to inform patrol strategies.		X	

Objective 4	Utilize overdose data from ODMAP to identify apparent drug routes.		X	
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Goal 3: Equip and train law enforcement agencies to respond to overdoses.

Strategy 1	Provide education and training on naloxone, self-care, and stigma to all law enforcement.	Year 1 2020	Year 2 2021	Year 3 2022
Objective 1	Encourage the State’s Police Academy to adopt a training on naloxone administration, self-care and stigma as part of standard curriculum.		X	
Strategy 2	Expand the Huntington model for overdose response.			
Objective 1	Develop and implement training about the successes of Huntington’s model for overdose response, where law enforcement is the second priority responder to the scene after EMS.		X	
Strategy 3	Clarify law enforcement’s role in responding to medical emergencies.			
Objective 1	Support passage of a law which would define law enforcement’s role when responding to an overdose.		X	
Strategy 4	Ensure that law enforcement agencies have access to naloxone.			
Objective 1	Offer training to law enforcement officers on how to respond to an overdose.	X		
Objective 2	Work with state agencies and local health departments to ensure law enforcement agencies have adequate naloxone supplies.	X		
Strategy 5	Engage with community members struggling with substance use disorder.			
Objective 1	Advocate for law enforcement officers to participate in Quick Response Teams.		X	

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 of DHHR's Bureau for Behavioral Health

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

Dr. Catherine Slemple, State Health Officer and Commissioner of DHHR's Bureau for Public Health

Michael Stuart, U.S. Attorney, Southern District

Diana Whitlock, West Virginia Department of Education

Members:

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

Dr. James Berry, Chestnut Ridge Center

Matt Boggs, Alkermes

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

Governor’s Council Subcommittees

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

Chair: Brian Gallagher
Members: Dr. Jeffrey Coben
Robert Hansen
Christina Mullins
Major General James Hoyer
Dr. Stephen Petranj
DHHR Cabinet Secretary Bill J. Crouch

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

Law Enforcement: Develops SMART actions to define SUD success. Promotes relevant programs including but not limited to LEAD and QRT. 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
Dr. Cathy Slemm
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 WV). 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
Kenneth Burner
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, drug free families and addresses NAS. 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
Dr. Catherine Slemple
Jorge Cortina
Frank Angotti
Rebecca Roth
Senator John Unger

Community Engagement and Supports and (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 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 and Diana Whitlock

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

DRAFT

Appendix C Agency Response



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Bill J. Crouch
Cabinet Secretary

December 16, 2019

PERFORMANCE EVALUATION

DEC 17 2019

AND RESEARCH DIVISION

John Sylvia, Director
Performance Evaluation and Research Division
West Virginia Legislative Auditor's Office
1900 Kanawha Boulevard East, Room W-314
Charleston, West Virginia 25305-0610

Dear Mr. Sylvia:

The West Virginia Department of Health and Human Resources (DHHR) has reviewed the Performance Review report of the Office of Drug Control Policy, as conducted by the West Virginia Legislative Auditor's Office, Performance Evaluation and Research Division. The DHHR concurs with the recommendations reflected within the report. In fact, the DHHR has already addressed the recommendation to an extent.

The 2019 Substance Use Response Plan submitted to the Performance Evaluation and Research Division on September 30, 2019 was a draft, as planning was still in progress by the Office of Drug Control Policy in collaboration with the Governor's Council on Substance Abuse Prevention and Treatment and the six subcommittees established for purposes of comprehensively updating the Plan. Although not included in the draft submitted to the PERD on September 30, 2019, the *latest* draft of the Substance Use Response Plan does indeed identify efforts that will be implemented to address tobacco use prevention and cessation and include goals for each area that are specific, measurable, attainable, relevant, and time-based. Specifically, there is a new and related goal under the Prevention section of the Substance Use Response Plan that includes three key performance indicators with milestones that are measurable and enable tracking and reporting of progress throughout the duration of the three year Plan (i.e., serve as the benchmarks for SMART criteria). The Office of Drug Control Policy is also developing a performance management and reporting system that will enhance the level of monitoring, responsiveness, and support provided by the office that is based on reported progress to date.

On behalf of the DHHR, I thank the staff members at the Performance Evaluation and Research Division for their time and effort and for the conclusions and recommendations reflected within the Performance Review report of the Office of Drug Control Policy. The DHHR looks forward to the Performance Evaluation and Research Division's continued input as we work towards ensuring that the Substance Use Response Plan includes the necessary goals and strategies and addresses the overall needs of the State in an efficient and effective manner.

Sincerely,


Bill J. Crouch,
Cabinet Secretary



WEST VIRGINIA LEGISLATIVE AUDITOR

PERFORMANCE EVALUATION & RESEARCH DIVISION

Building 1, Room W-314, State Capitol Complex, Charleston, West Virginia 25305

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