

2025 PRIORITIES AND IMPLEMENTATION PLAN

West Virginia Substance Use Response



**WEST VIRGINIA OFFICE OF
DRUG CONTROL POLICY**
West Virginia Department of Human Services

Office of Drug Control Policy

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INTRODUCTION

Substance use disorders (SUD), including tobacco and alcohol use, are catastrophic, not only to those who suffer from them, but to the very fabric of our society. Substance use disorders continue to have a significant and costly impact on the health, well-being, and economy of West Virginia. They are linked to overdose deaths, increased crime rates, child abuse and neglect, Neonatal Abstinence Syndrome, infectious and chronic diseases, and accidental injuries. While overdose death rates decreased 36% from January to May 2024 compared to the same period in 2023, the substance use epidemic in West Virginia continues to significantly impact individuals and families, the state's health care and behavioral health systems, and the economic vitality of the state.

Common misunderstandings and beliefs around the disease of addiction continue to lead to ongoing discrimination against those who wrestle with it and significantly add to the magnitude of the problem. Existing challenges keep people from seeking care, delay entry into treatment, and create barriers to regaining stability in life (i.e., stable jobs, long-term housing, etc.). Due to the complex and far-reaching consequences of this continuing epidemic, it remains vital to update the State's Substance Use Response Plan (Plan) annually using a multi-agency, multi-sector, collaborative approach with subject matter experts from across the state to address the highest priority issues to improve outcomes and save lives.

The Governor's Council on Substance Abuse Prevention and Treatment (Council) is charged with leading the statewide effort to combat substance use disorders across the spectrum from prevention efforts to supporting long-term recovery. Such work includes establishing strategic direction across sectors through a state-level plan each year. The following elements outline the Plan established by the Council. The West Virginia 2025 State Substance Use Response Plan will:

- Implement cessation strategies to address youth tobacco and vaping and alcohol use.
- Increase prevention efforts through community education and a statewide stigma-free messaging campaign.
- Increase capacity of recovery housing, transportation for prevention, treatment, and recovery services, and employment opportunities and job retention.
- Increase access to effective, evidence-based early intervention, treatment, and recovery services for all individuals, youth, justice-involved persons, and pregnant and parenting women.
- Reduce risk of infectious diseases associated with substance use disorders.
- Continue to build and strengthen the behavioral health workforce to expand treatment services.
- Prepare law enforcement officers to respond to overdose events and improve enforcement of drug-related laws.
- Strengthen how law enforcement and first responders address children's exposure to violence and trauma.
- Promote knowledge of alternative sentencing for individuals with substance use disorder.

- Monitor to assure Plan goals are achieved.

This document describes the current substance use environment in West Virginia, highlights the activities and initiatives already underway, and presents the plan framework, including the goals, strategies, and key performance indicators that will be implemented over the next year. The Plan framework represents a coordinated and integrated approach that encompasses prevention; community engagement and supports; treatment; integrated health systems; court systems and justice-involved populations; law enforcement; public education; pregnant and parenting women, and youth.

As the Plan is implemented, true success will continue to require integrated efforts at every jurisdictional level and across sectors. It will not be achieved by any one agency, entity, or jurisdiction alone. As such, the Council offers the Plan as a common framework to other sectors and organizations engaged in addressing West Virginia's ongoing substance use epidemic. The use of a common framework will enhance the likelihood of aligning efforts, leveraging one another's work, minimizing gaps, and communicating collective progress. Addressing this epidemic in West Virginia requires a "whole community" approach. As next steps will include a more detailed implementation plan and specific tactics to achieve each of the goals in this Plan, the Council invites other jurisdictions and entities to use this framework to develop agency and community-level processes to do the same.

BACKGROUND

No state has been as profoundly affected by the substance use epidemic as West Virginia which continues to have the highest age-adjusted drug overdose death rates in the nation. In 2022, the WV Health Statistics Center provisionally reported 1,357 overdose deaths in WV... Historically, the drug overdose death rate in West Virginia has increased from a rate of 51.5 per 100,000 in 2018 to 80.9 per 100,000 in 2022, far exceeding the national average of 32.7 per 100,000. However, in 2024, a 36% decrease in overdose deaths was reported from January to June 2024 compared to the same period in 2023. Even with pending cases, the reduction is not expected to fall below 29%. Additionally, year-over-year figures for the 12 months ending in July 2024 show a 22.6% decline in drug overdose deaths in West Virginia. This reduction exceeds the national average decrease of 16.9%, underscoring the impact of the State's focused prevention, treatment, and recovery strategies, and equates to 256 lives saved – 256 individuals who are still with their families and communities.

The substance use epidemic in West Virginia also continues to increase other related health risks such as infectious diseases, liver disease, and Neonatal Abstinence Syndrome (a condition in which babies withdraw from opioids they were exposed to during pregnancy). Substance use, particularly intravenous drug use, increases the risk of infectious diseases including hepatitis, human immunodeficiency virus (HIV), and endocarditis (infection of the heart valves). Nationally, West Virginia ranks first for rates of hepatitis B and hepatitis C, both of which can lead to severe liver disease. Risk factors for hepatitis also increased risk for infection with HIV.

The Centers for Disease Control and Prevention has identified 220 counties in the U.S. as “at risk” for HIV and/or hepatitis C outbreaks resulting from the substance use epidemic. West Virginia counties alone make up 28 (14%) of the nation’s 220 top “at-risk” counties, and in recent years the state has seen HIV clusters emerge.² If undiagnosed or untreated, HIV can lead to a range of infections and other health complications. Yet, linked to ongoing care, most individuals with HIV can now lead long and healthy lives. In addition, new preventive measures such as pre-exposure prophylaxis (HIV PrEP) are now available for those at risk.

There is hardly a family in West Virginia who has not been directly and profoundly impacted by this multi-generational epidemic. Families suffer, emotional scars are endemic, and trauma is rampant among first responders, loved ones, and the affected individuals themselves. Willing employers continue to encounter challenges in hiring a qualified work force. Meeting transportation needs remains a major barrier.

Beyond these effects, West Virginia’s future generations are at significant risk of becoming the substance use epidemic of tomorrow if effective strategies are not implemented. Substance use in pregnancy is a major factor contributing to poor health outcomes for mothers and babies in the state. In 2018, approximately one in five women (21%) smoked during pregnancy and an even greater number (26%) were exposed to second-hand smoke in the home. In addition to the impact on exposed infants, the health toll on children and families is enormous. The number of children in foster care at any given time has increased from 4,129 in September 2011 to 6,895 in September 2019, an increase of 67%. In more recent years, the preponderance of youth who use tobacco or vaping has skyrocketed.

Given all the above, much is being done to address the state’s substance use epidemic. The swift, strategic response of recent years is seeing early successes and holds much promise as evidenced by the “Accomplishments to Date” included in this Plan (Appendix A). Specific to opiates, the availability of evidence-based treatments such as medication for opioid use disorder (MOUD) is increasing and inpatient substance use treatment availability is being markedly expanded through Ryan Brown, State Opioid Response, and the expansion of the 1115 Medicaid waiver. New loan repayment programs for education and training of behavioral health therapists and health care providers are supporting expansion of a trained and available workforce to support the state’s response to the substance use epidemic. Harm reduction programs and quick response teams are engaging with individuals who otherwise rarely access care, resulting in decreased risk of infectious disease and overdose and increased referrals to substance use treatment and recovery. Holistic approaches such as one-stop resource centers, Expanded School Mental Health pilots, and Jobs & Hope West Virginia (a novel integrated effort to support individuals in recovery as they return to the workforce or receive training) are emerging. Family treatment courts, Drug Free Moms and Babies programs, expanded home visitation efforts, and child welfare reform programs strive to address the issue of substance use in the context of family. Law enforcement initiatives are also providing new pathways for treatment and recovery.

Yet, there is more needed to curb the current drug overdose deaths that continue to occur in the state and an urgency to save the lives of West Virginians. This Plan represents a comprehensive, multi-sector approach to addressing the state’s substance use epidemic.

APPROACH

The Council was formed in 2018 and quickly saw the need to expand the focus from Prevention, Treatment, and Recovery to other areas that are affected by substance use disorder. Nine subcommittees have been formed, and each is chaired by Council members. The focus areas are Prevention; Community Engagement and Supports; Health Systems, Treatment, and Research; Courts and Justice-Involved Populations; Law Enforcement; Public Education; Recovery Community; Pregnant and Parenting Women; and Youth. Subcommittee chairs identify subject matter experts from across the state to participate in planning, implementation, and evaluation of efforts to make improvements in each of the Plan areas. In all, more than 100 partners participate in the subcommittees. Additionally, the chairs work with the Office of Drug Control Policy, state agencies, and additional subject matter experts.

Framework for the West Virginia 2025 State Substance Use Response Plan



The pages that follow present each of the subcommittee plans, including the goals, strategies, and key performance indicators (KPIs). Annually, virtual Town Hall Meetings are held to collect data from the public, community, and state partners. In 2024, four Town Hall Meetings were held in August. Data collected from the meetings was used by each of the Subcommittees to inform development of the 2025 Plan. With this information, the subcommittees then created SMART key performance indicators to define success for each strategy. Using the framework established in the Plan, state agencies will also create tactics that outline the actions necessary to meet the key performance indicators, and local communities are invited to do the same. Given the critical importance of addressing stigma as a cross-cutting issue throughout all sections of the Plan, a subcommittee was established to address Public Education and remains composed of subject matter experts that support all areas of the Plan. The 2023 Town Hall

Meetings also identified the need for an additional new Subcommittee to be developed in 2024 that is focused on the needs of youth and substance use in the state, which is now included in the 2025 Plan. Altogether, this Plan provides a comprehensive approach and is the “roadmap” that will guide West Virginia’s response to the substance use and opioid epidemic over the

FOCUS AREAS

PREVENTION

The West Virginia Prevention Subcommittee is committed to strengthening the lives of West Virginians by focusing on prevention efforts that promote health, well-being, and resilience. The subcommittee is dedicated to reducing the impact of Adverse Childhood Experiences (ACEs) and improving social determinants of health. This is accomplished by partnering with diverse stakeholders to implement evidence-based prevention strategies and interventions that aim to 1) prevent or delay early substance use and 2) mitigate the progression of the development of a substance use disorder. Evidence shows that prevention not only enhances community health and well-being, but also offers a significant return on investment for communities and the state. Research has proven that prevention programs and strategies are linked to long-term increases in employment and earnings, while also being cost-effective. They reduce healthcare, criminal justice, and workforce productivity costs associated with substance use. Recent research highlighted by SAMHSA (2024) has shown that prevention’s Return On Investment (ROI) ranges from \$20 in future healthcare costs for every \$1 spent to \$31 billion in societal costs from the Real Cost campaign that has diverted more than 175,951 individuals from smoking. By highlighting the long-term value of prevention – especially in improving socioeconomic outcomes and cost savings – we know prevention is a wise investment!

Goal 1: Assess community-based readiness and capacity to address prevention issues.

Strategy 1: Assist community coalitions in conducting baseline assessments to evaluate and enhance community readiness.

- KPI 1: By April 30, 2025, train at least 20 prevention coalitions on the Community Readiness Model.
- KPI 2: By September 30, 2025, facilitate baseline assessments in at least 20 communities.
- KPI 3: By October 31, 2025, develop and provide resources to coalitions to develop community plans to increase readiness.

Goal 2: Reduce youth access to alcohol, tobacco and other substances to promote public health.

Strategy 1: Educate on the implementation of comprehensive vaping policies at the state level.

- KPI 1: By March 31, 2025, collaborate with stakeholders and organizations to draft policy recommendations.
- KPI 2: By October 31, 2025, host education advocacy events to raise awareness about policies.

- KPI 3: By October 31, 2025, host sign on events to raise awareness about policies.
- KPI 4: Through December 31, 2025, establish a baseline number of community members and coalitions engaged.

Strategy 2: Train at least 30 coalitions on prevention advocacy and policy development to enhance their effectiveness in promoting evidence-based policies.

- KPI 1: By April 30, 2025, develop a comprehensive training curriculum on advocacy strategies.
- KPI 2: By December 31, 2025, conduct at least four training sessions with coalitions and prevention stakeholders.
- KPI 3: By December 31, 2025, assess participants' understanding and skill improvement through a survey.

Goal 3: Develop standard training on at least three prevention topics.

Strategy 1: Identify current resources to develop a primary prevention toolkit for schools and communities.

- KPI 1: By December 31, 2025, select three prevention topic areas.
- KPI 2: By December 31, 2025, create training materials for each topic, ensuring alignment with best practices and current research.
- KPI 3: By December 31, 2025, conduct at least three training sessions per topic area for coalition members and community stakeholders.
- KPI 4: By December 31, 2025, assess participants' understanding of topic areas through surveys.

Goal 4: Develop a youth pipeline into prevention related fields.

Strategy 1: Establish a new entry level prevention certification in West Virginia.

- KPI 1: By December 31, 2025, finalize and launch the certification process with the West Virginia Certification Board for Addiction and Prevention Professionals.
- KPI 2: By December 31, 2025, design and implement the education criteria and resources for the certificate.

COMMUNITY ENGAGEMENT AND SUPPORTS

Communities and regions across West Virginia are actively mobilizing to combat the substance use disorder crisis and reduce stigma by increasing the availability and accessibility of treatment and recovery support. The Community Engagement and Supports Subcommittee focuses on empowering individuals in recovery, enabling them to integrate into recovery networks, develop employment skills, secure safe and affordable housing, and address transportation needs for successful community reentry.

Housing

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

Strategy 1: Advocate for long-term funding to help strengthen and grow all levels and types of recovery housing in West Virginia where it is needed.

- KPI 1: Through December 31, 2025, determine the capacity needs for all types of recovery housing.
- KPI 2: Through December 31, 2025, collaborate with the Office of Drug Control Policy and the Bureau for Behavioral Health to identify funding needed in FY 2025 for the development of new recovery housing residences to meet capacity needs in West Virginia as identified in KPI 1.
- KPI 3: By June 30, 2025, submit recommended strategies to the Governor's Council on sustainably funding certified recovery.
- KPI 4: By December 31, 2025, increase the number of certified recovery residences by 15%.
- KPI 5: By December 31, 2025, increase the number of certified recovery residence beds by 20%.

Strategy 2: Facilitate ongoing training and technical assistance for current and future recovery residence operators and staff.

- KPI 1: By September 1, 2025, conduct the third annual conference for recovery residence operators and staff, in collaboration with the West Virginia Association of Recovery Residences, the Office of Drug Control Policy, and Bureau for Behavioral Health.
- KPI 2: By March 31, 2025, implement monthly promotion of the availability of technical assistance and resources (i.e., toolkits) for recovery residence operators and staff through multiple partners and outlets, including social media.
- KPI 3: By July 1, 2025, partner with the West Virginia Association of Recovery Residences and the Fletcher Group to assure development, implementation, and evaluation of a coaching/mentoring process for new and existing recovery residence operators and staff.
- KPI 4: Through December 31, 2025, report quarterly the number of current and future residence operators and staff that receive coaching/mentoring and/or technical assistance.

Strategy 3: Facilitate the development and improvement of the utilization of recovery residences in a strong viable continuum of support for people in recovery.

- KPI 1: By March 31, 2025, develop recommendations for strategies that promote comprehensive, uniform data collection processes among recovery housing residences.
- KPI 2: By July 1, 2025, conduct outreach and data collection among residential treatment providers and payers (i.e., managed care organizations), to identify barriers, perceptions, and opportunities to strengthen linkages with recovery residences.

- KPI 3: By October 1, 2025, develop a written report that summarizes the data collected and provides recommendations based on the findings.

Transportation

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

Strategy 1: Explore and secure funding opportunities to sustain and expand current transportation models.

KPI 1: By March 31, 2025, identify a list of at least three funding opportunities.

KPI 2: By September 20, 2025, apply and secure funding to sustain and expand current transportation models.

Goal 3: Improve the quality (experience of riders) and efficiency of transportation services in West Virginia.

Strategy 1: Provide education on stigma to encourage expansion of community resources.

KPI 1: By March 31, 2025, identify groups to provide stigma education.

KPI 2: By September 30, 2025, collaborate with the Public Education Subcommittee to identify stigma training resources.

KPI 3: By December 31, 2025, have at least two education sessions for community groups such as faith leaders.

Strategy 2: Identify opportunities to improve efficiency of transportation from rider and provider perspective.

KPI 1: By March 31, 2025, create a provider network for the purpose of discussing and identifying efficiency of resources.

KPI 2: By June 30, 2025, identify regions and coverage areas for potential collaboration within provider networks.

Employment

Goal 4: Increase employment opportunities and job retention for individuals in recovery for substance use disorders through supported employment, apprenticeships, and programs such as Jobs & Hope West Virginia.

Strategy 1: Assist businesses to employ individuals in recovery.

KPI 1: By December 31, 2025, continue to host virtual and in-person training with 25 employers across the state to increase the number of existing recovery friendly workplaces.

KPI 2: By December 31, 2025, assess 15 of the 25 employers to determine recovery friendly workplace employability.

KPI 3: By December 31, 2025, collaborate with stigma reduction initiatives to provide education and training to 20 employers to support recovery friendly workplaces.

Strategy 2: Sustain existing programs that assist individuals in recovery from substance use disorder to obtain employment, including Jobs & Hope, Creating Opportunities for Recovery Employment, and Restore, Empower & Attain Connections with Hope.

KPI 1: By December 31, 2025, meet bi-annually to revise and review existing plan to increase collaboration and funding among workforce programs.

KPI 2: By December 31, 2025, identify and secure two funding resources to ensure the continuation and expansion of existing workforce programs.

TREATMENT, HEALTH SYSTEMS, AND RESEARCH

In 2024, a significant 36% decrease in overdose deaths was reported for West Virginia from January to May 2024 compared to the same period in 2023. In addition, year-over-year figures for the 12 months ending in June 2024 showed an 18.52% decline in drug overdose deaths in West Virginia, surpassing the national average decline of 14.5%. The Treatment, Health Systems, and Research Subcommittee continues to be a pivotal component of the state plan as members work collectively to address the diverse needs of individuals seeking care for substance use treatment, assuring resources for early intervention (i.e., naloxone and Quick Response Teams), as well as other sequelae such as associated infectious diseases (i.e., hepatitis C and HIV) within West Virginia's hospitals and health care facilities. In 2025, the Subcommittee will continue to identify novel approaches beyond existing care models. The subcommittee remains committed to innovative state and local efforts in providing effective treatment as well as disseminating new knowledge that can advance strategies that combat emerging trends.

Goal 1: Reduce fatal and nonfatal overdoses by improving access, integration, and continuity of early intervention and treatment for substance use disorder in outpatient and residential facilities and in the community.

Strategy 1: Develop evidence-based recommendations for health care providers, state agency partners, and leaders around the state to address barriers to integrated care.

KPI 1: By March 31, 2025, collaborate with the Office of Drug Control Policy and its associated agencies (Bureau of Behavioral Health and Bureau for Public Health) to compile historical data over three years to identify service integration for Subcommittee review.

KPI 2: By March 31, 2025, in collaboration with the Law Enforcement and Courts Subcommittees, meet to discuss barriers to treatment experienced by primary care providers, law enforcement and court partners.

KPI 3: By March 31, 2025, plan and conduct a virtual roundtable with the Bureau for Behavioral Health, WV Hospital Association, WV Primary Care Association, and WV Behavioral Health Association, to inform assessment of telebehavioral health availability by county in the state.

KPI 4: By March 31, 2025, conduct a call with each Medicaid managed care organization to discuss telebehavioral health coverage and

services offered by each.

- KPI 5: By July 31, 2025, collaborate with the Office of Drug Control Policy to develop discussion questions for the 2025 Town Hall Meetings Treatment, Health Systems, and Research breakout.
- KPI 6: By June 30, 2025, the Subcommittee will convene an in person meeting to develop recommendations, and resources needed, for the role and need for expansion of new models for integration of care, digital therapeutics, medication-assisted treatment, mobile service delivery, and telehealth.
- KPI 7: By December 31, 2025, develop a toolbox of different apps available to support.
- KPI 8: By June 30, 2025, identify national and state subpopulation disparities in fatal and nonfatal overdoses (i.e., race, ethnicity, pregnant and parenting women, and others).

Goal 2: Reduce the risk of infectious diseases associated with substance use disorder.

Strategy 1: Develop recommendations for health care providers, state agency partners, and leaders around the state to integrate screening and rapid access more fully to treatment of infectious diseases for individuals seeking substance use disorder treatment.

- KPI 1: By March 31, 2025, plan and conduct key informant interviews of relevant associations (e.g., WV Behavioral Health Providers Association, WV Rural Health Association, WV Primary Care Association, WV Local Health Departments, and WV Hospital Association) to determine status of related outreach and utilization of screenings (including SBIRT, HIV, hepatitis B & C, STIs, endocarditis, of all clients and specifically individuals with a substance use disorder); clinical screening protocols for the above, and capacity to offer and provide HIV and hepatitis C treatment, abscess care, reproductive health care, dental care, and other primary care support in the outpatient and residential substance use disorder treatment setting.
- KPI 2: By June 30, 2025, prepare a written report of findings that the Subcommittee reviews and establishes recommendations.
- KPI 3: By June 30, 2025, invite the Bureau for Public Health to a Subcommittee meeting to understand advances and continued gaps in capacity to rapidly expand community testing services for HIV/ hepatitis C virus, investigation, tracking, management of identified cases, and where these services are offered.
- KPI 4: By June 30, 2025, collaborate with the Office of Drug Control Policy, Bureau for Public Health, Bureau for Behavioral Health, WV Hospital Association, and WV Primary Care Association to host a roundtable to discuss conduct and analyze findings for a survey of primary care providers' capacity to provide Pre-Exposure Prophylaxis (PrEP) for HIV prevention for high-risk individuals.

- KPI 5: By September 30, 2025, develop recommendations, and resources needed, for providers to effectively reduce the risk of infectious disease among individuals with a substance use disorder.

Goal 3: Increase the availability of services to treat people with substance use disorder through education, use of technology, and workforce expansion.

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

- KPI 1: By April 30, 2025, collaborate with the Marshall Center for Excellence and the BPH Office of Rural Health to understand current efforts, needs, and strategies to enhance workforce development for substance use disorder treatment.
- KPI 2: By June 30, 2025, develop time-framed and measurable strategies to improve client and provider education for individuals with substance use disorder, including stimulants and polysubstance use.

Strategy 2: Strengthen clinical expertise in the state to treat people who use multiple substances, especially stimulants.

- KPI 1: By December 31, 2025, implement evidence-based strategies developed to train providers to implement treatment with clinical supervision to ensure implementation with fidelity.
- KPI 2: By December 31, 2025, begin to disseminate and educate providers on effective clinical applications to care for individuals using stimulants using various approaches (i.e., Project Echo).

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

- KPI 1: By December 31, 2025, provide education to 1,000 future and current practitioners about substance use disorder, including education on opioid, stimulants, and polysubstance use, medication-assisted treatment, as well as treatment and recovery capacity in the state.

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

- KPI 1: Through December 31, 2025, continue loan repayment programs each semester to support clinicians.
- KPI 2: Through December 31, 2025, work with the various graduate school programs in social work, counseling, and psychology to increase the number of students entering into the substance use disorder field.

Goal 4: Conduct relevant research, evaluation, and dissemination to establish an evidence base and effective approaches to addressing the substance use disorder crisis in West Virginia.

Strategy 1: Establish an infrastructure that enables identification, collection, and dissemination of research studies conducted across the state.

- KPI 1: By March 31, 2025, develop recommendations to collect and share research conducted in West Virginia related to substance use disorder.
- KPI 2: By June 30, 2025, establish the platform/infrastructure to collect and share research.
- KPI 3: By September 30, 2025, launch process to collect research related to substance use disorder.
- KPI 4: Through December 31, 2025, establish and conduct quarterly statewide webinars highlighting research conducted in West Virginia, related to substance use disorder.

Strategy 2: 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 recovery.

- KPI 1: By March 31, 2025, establish a “Research Think Tank” as a standing group that meets regularly.
- KPI 2: By September 30, 2025, the “Research Think Tank” will identify current as well as future needs and priorities for research on substance use disorders in West Virginia by developing a “Research Agenda.”

COURT SYSTEMS AND JUSTICE-INVOLVED POPULATIONS

Amidst the surge in West Virginia's justice-involved population, fueled by the substance use disorder crisis, the Court Systems and Justice-Involved Populations Subcommittee emerges as a catalyst for change. The subcommittee identifies the elevated risk of overdose and/or recidivism among individuals with substance use disorders, highlighting the urgent need for targeted interventions. Leveraging the justice system as a platform, the subcommittee has explored strategies for linkage to treatment, employment, transportation, family reunification, and criminal record expungement related to substance use disorders and child abuse and neglect offenses across diverse jurisdictions statewide.

Goal 1: Provide criminal justice-involved and civil child abuse and neglect-involved persons access to evaluation and effective treatment for substance use disorder.

Strategy 1: Identify existing policies and work to overcome barriers in making Naloxone widely available in Department of Corrections and Rehabilitation facilities.

- KPI 1: By July 31, 2025, identify policies and potential liability or other concerns that act as barriers and inhibit Naloxone accessibility in Department of Corrections and Rehabilitation facilities.
- KPI 2: By November 30, 2025, create pathways and/or recommend broadening of policy to make Naloxone available and accessible to correctional officers and detained correctional inmates in jails and prisons and upon release to increase life-saving actions.

- Strategy 2: Determine availability and accessibility of treatment options for non-detained female (youth) status offenders who are at high risk of detention, overdose, and other health-risk behaviors associated with unaddressed substance use disorder.**
- KPI 1: By May 31, 2025, partner with groups serving this population and the Youth Subcommittee.
 - KPI 2: By October 31, 2025, map available treatment options for this population.
- Strategy 3: Identify and provide information to the judiciary on alternative sentencing options that could result in treatment in lieu of incarceration.**
- KPI 1: By July 31, 2025, create a jurisdiction-specific resource guide based on the type of substance use disorder treatment (inpatient, outpatient, sober living) available in each new judicial circuit.
 - KPI 2: By July 31, 2025, promote treatment provider awareness and fidelity in completing open bed lists maintained and disseminated by the Office of Drug Control Policy.
 - KPI 3: By August 31, 2025, partner with the Recovery Subcommittee and Treatment Subcommittee on available case management resources for this population.
 - KPI 4: By September 30, 2025, identify case management resources that link incarcerated individuals from the jail to treatment in the community.
- Strategy 4: Identify ways in which the whole family affected by an individual family member's substance use disorder and criminal justice and/or child abuse and neglect involvement can receive substance use support services.**
- KPI 1: By March 31, 2025, partner with the Recovery Subcommittee related to their development of a Family Peer Support Specialist to serve affected families.
 - KPI 2: By October 31, 2025, identify pathways to family treatment options to reduce stigma and interrupt the intergenerational risk cycle of substance use disorder for returning citizens directly impacted by substance use disorder and legal and/or child abuse and neglect involvement.
- Strategy 5: Advocate for expansion of Family Treatment Courts in West Virginia.**
- KPI 1: By April 30, 2025, advocate for funding resources needed to expand Family Treatment Courts across West Virginia.
 - KPI 2: By October 31, 2025, promote opportunities to increase and enhance partnerships between local stakeholders and Family Treatment Court staff in new and proposed Family Treatment Court locations
- Strategy 6: Identify gaps in quality treatment availability for specialized populations (youth, pregnant women) with substance use disorder and**

justice-involvement or at-risk of justice involvement because of substance use disorder.

- KPI 1: By April 30, 2025, partner with the Youth Subcommittee.
- KPI 2: Through December 31, 2025, partner with the Pregnant and Parenting Women Subcommittee quarterly
- KPI 3: By June 30, 2025, utilize information from Behavioral Health Providers Association about gaps and barriers in available services.
- KPI 4: By September 30, 2025, identify best practice-level of care and services for specialized populations to determine feasibility of implementation in West Virginia.

Strategy 7: Partner with the Pregnant and Parenting Women Subcommittee to increase awareness of the importance of prenatal care for mothers who use drugs with criminal and/or civil legal involvement.

- KPI 1: Through December 31, 2025, hold quarterly meetings with the Pregnant and Parenting Women Subcommittee to increase awareness that seeking prenatal care while using drugs is not criminal in West Virginia.
- KPI 2: By September 30, 2025, partner with Public Education Subcommittees to promote a stigma-reduction campaign regarding prenatal care for pregnant women with criminal and/or civil legal involvement and stigma reduction for court officials.
- KPI 3: By March 31, 2025, identify obstetric provider resources available to this population to share with jail medical for dissemination to women returning to the community.

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

Strategy 1: Integrate social determinants of health assessment checklists into point of contact with justice-involved people who use drugs.

- KPI 1: By June 30, 2025, partner with Public Defender Services and local public defender offices to provide social determinants of health assessment checklists that can be incorporated into jail (first intake) interviews.
- KPI 2: By November 30, 2025, determine gaps in resources and linkage across jurisdictions for making referrals to services that bolster social determinants of health.

Strategy 2: Promote available educational and employment resources to persons returning to the community with criminal and/or civil legal involvement.

- KPI 1: By February 28, 2025, partner with Jobs and Hope to promote available resources are promoted to persons returning to the community with criminal and/or civil legal involvement.
- KPI 2: By July 31, 2025, partner with the Transportation and Employment Workgroup to identify and expand on employers who have a second chance hiring policy.

LAW ENFORCEMENT

In response to the escalating substance use disorder crisis, the Law Enforcement Subcommittee plays a crucial role in West Virginia's holistic approach. With law enforcement resources strained and prison populations reaching historic highs, the subcommittee focuses on pivotal strategies, including expanding pathways from law enforcement to treatment and recovery and providing essential tools and training.

Goal 1: Equip and train law enforcement agencies on key topics related to substance use disorder.

Strategy 1: Provide education and training annually that includes but is not limited to, harm reduction, principles, overdose response (i.e., Naloxone and how to access Naloxone), self-care, and stigma).

KPI 1: By December 31, 2025, provide at least two training events per year (virtual and/or in-person) for law enforcement.

KPI 2: Through December 31, 2025, track the number of law enforcement officers trained by county.

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

Strategy 1: Utilize the Overdose Detection Mapping Application Program to identify drug trafficking routes across state lines and encourage local law enforcement to enter overdose data, as required by law.

KPI 1: Through December 31, 2025, continue notification of state and local law enforcement agencies of overdose events and apparent drug routes identifiable via the Overdose Detection Mapping Application Program.

KPI 2: Through December 31, 2025, track and report the number of notifications sent monthly.

KPI 3: By December 31, 2025, provide up to three training sessions to law enforcement on how to use data in/from the Overdose Detection Mapping Application Program platform.

Goal 3: Continue and strengthen crisis intervention training for law enforcement.

Strategy 1: Provide education and training to all law enforcement officers on diversion, trauma-informed care, and cultural sensitivity.

KPI 1: By December 31, 2025, provide at least two training events (virtual and/or in-person) that includes Angel, crisis intervention training, Sequential Intercept Model (i.e., Intercept 0), and social determinants of health.

KPI 2: Through December 31, 2025, document the reach and location of law enforcement officers trained.

Goal 4: Strengthen use and understanding of the evidence base/implementation for Handle with Care and diversion programs.

Strategy 1: Establish effective processes that enable collection, analysis, and dissemination of data reflecting Handle with Care and other diversion programs (i.e., law enforcement assisted diversion) being implemented in West Virginia.

KPI 1: Through December 31, 2025, develop a quarterly written summary of activities for Angel, Handle With Care, and diversion programs (i.e., law enforcement assisted diversion and Police and Peers) that is reviewed by the law enforcement subcommittee.

KPI 2: By December 31, 2025, based on the review of activities and data, develop strategies for sharing and dissemination of the data as well as written recommendations in 2025 and for the 2026 Plan.

PUBLIC EDUCATION

Addressing the substance use epidemic in West Virginia requires dismantling the pervasive stigma that obstructs understanding, fuels negative perceptions, and hinders access to treatment. Stigma, prevalent across all sectors, including but not limited to education and health care, poses a significant public health challenge, contributing to overdose fatalities, infectious diseases, incarceration rates and hindering the recovery process. In response, the Public Education Subcommittee is dedicated to reshaping perceptions and fostering a more informed society.

Goal 1. Dissemination of the subcommittee-developed training and database from 2023-2024.

Strategy 1: Disseminate the public education training and StigmaFreeWV database of trainings through the prevention lead organizations and other community groups.

KPI 1: Through December 31, 2025, build community capacity by ensuring all Prevention Lead Organizations by region have received Training of Trainers.

KPI 2: Through December 31, 2025, identify counties with robust coalitions that will require training.

KPI 3 : Through December 31, 2025, integrate interviews and training clips into at least three training events to address stigma.

KPI 4: By December 31, 2025, develop materials for each of the previously identified key populations and specific profession groups and align them with existing video modules.

Strategy 2: Develop methods to integrate stigma-free campaigns and education into West Virginia communities through beautification projects, collaboration with schools and higher education, the Prevention Lead Organizations and community coalitions, and personal stories of recovery and home both in-person and online.

- KPI 1: By December 31, 2025, develop an integrated statewide rollout for the StigmaFreeWV training database and Breakthrough Addiction campaign.
- KPI 2: By December 31, 2025, identify three communities in need of targeted stigma interventions at the community level and provide technical assistance to their community on implementation or strategy development.

Goal 2: Identify, integrate, and develop a consistent statewide messaging, communication, marketing, and outreach campaign to address stigma in youth.

Strategy 1: Develop training to address stigma in youth populations.

- KPI 1: By December 31, 2025, a small group of subcommittee members will work to develop a stigma training for youth.
- KPI 2: Through December 31, 2025, collaborate with the Youth Subcommittee for input on youth training.

Strategy 2: Develop collaborative strategies to reduce duplication and improve scope and reach of educational services across the subcommittees.

- KPI 1: By December 31, 2025, identify targeted messaging that incorporates mental health and alcohol and other drugs for youth.
- KPI 2: By December 31, 2025, integrate stigma-free messaging around Naloxone and laws.
- KPI 3: By December 31, 2025, develop a toolkit for having “frank conversations” with youth focused on the intersection of social determinants of health, justice, incarceration, discrimination, substance use disorder, stigma, mental health, and harm reduction (safe use, testing) with resources for how to help a friend or family member.

RECOVERY COMMUNITY

Recovery embodies a holistic process of healing and growth, encompassing not just abstinence but also rebuilding lives, relationships, and communities. The Recovery Community Subcommittee recognizes that recovery is essential to addressing substance use disorders. For the Council, fostering recovery is a cornerstone in combating the substance use epidemic, emphasizing the need for comprehensive support systems.

Goal 1: Ensure equitable access to the full continuum of care for individuals with substance use disorder who are in recovery, including entry into treatment or transition out of treatment and into the workforce with continued support (i.e., harm reduction strategies, detox, inpatient, outpatient, recovery residence, peer recovery support specialists, medications, employment support, and independent living with structured housing).

Strategy 1: Empower consumers with the autonomy to determine their recovery pathway through an informed consent process that prioritizes person-centered care.

- KPI 1: By July 31, 2025, collaborate with the West Virginia Department of Human Services to promote adoption of a West Virginia model that

includes a standard written consent and statewide tools/resources for use by treatment and recovery facilities.

- KPI 2: By June 30, 2025, collaborate with the West Virginia Department of Human Services to develop a memorandum of understanding between the Bureau for Medical Services, the Recovery Subcommittee, and managed care organizations to incorporate education and training in treatment and recovery facilities.
- KPI 3: By December 31, 2025, collaborate with the West Virginia Department of Human Services to explore that written consent be used as a requirement of all contracts and funding awards.
- KPI 4: By December 31, 2025, collaborate with the Office of Drug Control Policy to evaluate processes and policies to provide individuals with all treatment options upon admission (i.e., strengths/weaknesses, medications for substance use disorder, abstinence, harm reduction strategies, faith-based, contingency management, etc.) and develop a written report of findings.
- KPI 5: By December 31, 2025, collaborate with the West Virginia Department of Human Services to assess feasibility, and if feasible, develop a consumer survey as an appendix to funding awards to understand the effectiveness of client autonomy and prioritization of person-centered care.

Goal 2: Identify, develop, and expand evidenced-based support systems for families of individuals experiencing substance use disorder and collateral consequences.

Strategy 1: In collaboration with the Office of Drug Control Policy and the Department and Bureau for Behavioral Health, the Recovery Subcommittee will engage behavioral health providers for a more robust family service program.

- KPI 1: By March 1, 2025, work with the West Virginia Certification Board for Addiction and Prevention Professionals to identify, and/or develop, a curriculum to meet the standards of a Family Peer Support position in West Virginia.
- KPI 2: By July 1, 2025, work with the Office of Drug Control Policy and the West Virginia Department of Human Services to develop a strategic plan to draft legislation to support Family Peer Support Certification.
- KPI 3: By December 31, 2025, identify a champion in the state legislature to support the codification of the Family Peer Support certification.

Goal 3: Ensure that populations who are justice-involved and who experience substance use disorder receive access to treatment, wrap-around services, and reentry integration supports to reduce recidivism.

Strategy 1: The Recovery Subcommittee will collaborate with the Courts & Justice-Involved Populations Subcommittee on associated goals, strategies, and key performance indicators.

- KPI 1: By December 31, 2025, the Recovery Subcommittee will invite the Courts & Justice-Involved Populations Subcommittee Chair (or designated representative) on a bi-annual basis to Recovery Subcommittee meetings to identify opportunities for collaboration and synergy.
- KPI 2: By December 31, 2025, the Recovery Subcommittee will explore development of a letter of support with the Courts & Justice-Involved Populations Subcommittee to advocate for funding for needed interventions to meet identified key performance indicators and support individuals who are justice-involved and experiencing substance use disorder.

Strategy 2: Improve communication with the West Virginia Department of Corrections and Rehabilitation, regional jails, Federal Bureau of Prisons, and community-based organizations that offer re-entry support for justice-involved persons.

- KPI 1: By December 31, 2025, the Recovery Subcommittee will collaborate with the Office of Drug Control Policy to explore targeted case management within West Virginia correctional facilities to better communicate with outside community support for individuals with substance use disorder.
- KPI 2: By March 31, 2025, the Recovery Subcommittee will invite the Chief Executive Officer of PSIMED Corrections, Ltd., to a Recovery Subcommittee meeting for the purposes of synergy between behavioral health services delivered in state correctional facilities to understand the prevalence of substance use disorder and services offered within correctional facilities.
- KPI 3: By December 31, 2025, the Recovery Subcommittee, Office of Drug Control Policy, and community partners (i.e., PSIMED Corrections, Ltd.) will explore opportunities to improve re-entry services, evidenced by a written plan.
- KPI 4: By December 31, 2025, the Recovery Subcommittee will explore funding to support implementation of the written plan developed to improve re-entry services.

PREGNANT AND PARENTING WOMEN

The formation of the Pregnant and Parenting Subcommittee within the Governor's Council on Substance Abuse Prevention and Treatment responds to the urgent need to address the alarming rates of prenatal substance exposure and the effects on the mother/baby dyad. This epidemic necessitates a focused effort to create a safer and healthier space for women seeking treatment and recovery resources for both them and their children.

Goal 1: Promote prevention, treatment, and care coordination for pregnant and parenting women.

- Strategy 1: Increase standardized screening from 60% to 75% to identify pregnant and parenting women with substance use disorder.**

- KPI 1: Through December 31, 2025, continue to partner with the West Virginia Perinatal Partnership to support collection and analysis of initial survey data from OB/GYN providers on their screening practices and identify barriers to completion of the PRSI in their practices.
- KPI 2: By June 30, 2025, develop a set of written recommendations based on survey findings to optimize standardized screening.
- KPI 3: Through October 31, 2025, share key findings of the survey and recommendations developed as a result of the survey with stakeholders and elicit feedback, including but not limited to Office of Maternal Child and Family Health, Maternal Risk Screening Advisory Council, American College of Obstetrics and Gynecology West Virginia, and West Virginia Perinatal Partnership.
- KPI 4: By December 31, 2025, synthesize feedback from stakeholders to inform next steps and development of strategies to continue the increase of screening practices.

Strategy 2: Increase capacity to provide treatment and recovery support across West Virginia (for all substances) for pregnant and parenting women, including those who experience a return to use.

- KPI 1: Through March 31, 2025, review housing recommendations to inform development of strategies to increase capacity.
- KPI 2: By April 30, 2025, plan and implement a one-day meeting to advance the work of Strategy 2, engaging other subcommittees such as Prevention, Treatment, Public Education, and Recovery.

Strategy 3. Develop and implement a campaign to educate providers, key stakeholders, and communities (PPW) on the risks of alcohol use, cannabis, nicotine/tobacco during pregnancy (especially the third trimester) to address current rates of fetal alcohol exposure, cannabis exposure, and nicotine/tobacco exposure.

- KPI 1: By April 30, 2025, include implementation of education campaigns as a topic of discussion at the meeting with the other subcommittees mentioned in Strategy 2.
- KPI 2: By June 30, 2025, identify potential funding sources to support an educational campaign.
- KPI 3: Through December 31, 2025, continue to disseminate issue briefs on topics mentioned in Strategy 3 to providers such as the incidence of infants exposed to alcohol in the last 4-6 weeks of pregnancy and post them on Help and Hope WV.
- KPI 4: By December 31, 2025, choose an existing social media toolkit based on the issue briefs mentioned in KPI 2 and KPI 3.
- KPI 5: By December 31, 2025, present to providers on the effects of alcohol, cannabis, and nicotine/tobacco at statewide meeting i.e. West Virginia

Perinatal Summit, Appalachian Addiction Conference and document number of providers reached.

YOUTH

Substance use among adolescents between the ages of 12 and 19 years is widespread. In 2023, the annual Town Hall Meetings conducted for the State Substance Use Response Plan identified the need to establish a new subcommittee with a specific focus on substance use disorder treatment and recovery among West Virginia's youth. The new subcommittee recognizes that adolescence is a critical time for biological, psychological, and social development and that adolescents are particularly susceptible to negative impacts of substance use that are long term through adulthood, impacting youth, their families, and their communities. As a result, the plan will establish strategies to ensure that there are adequate treatment and recovery resources to mitigate substance use disorders among adolescents in West Virginia.

Goal 1: Support statewide prevention efforts.

Strategy 1: Collaborate and support the Prevention Subcommittee 2025 State Plan.

KPI 1: Through December 31, 2025, meet quarterly with the Prevention Subcommittee to discuss the existing prevention framework, 2025 Plan efforts and where support by the Youth Subcommittee is needed.

Goal 2: Improve available, accessible, and equitable treatment and recovery services for youth.

Strategy 1: Document the current youth treatment and recovery service ecosystem in West Virginia.

KPI 1: By June 30, 2025, develop a data profile for WV youth that reflects indicators such as suspected overdoses, suicide, etc.

KPI 2: By June 30, 2025, document existing treatment and recovery services for youth.

KPI 3: By June 30, 2025, conduct key informant interviews with stakeholders such as regional youth service centers to further understand what is available and where there are gaps for youth treatment and recovery services.

KPI 4: By April 30, 2025, meet with Treatment, Public Education, and Courts subcommittees to discuss improving treatment and recovery services for youth.

KPI 5: By August 31, 2025, develop and define the youth substance use disorder ecosystem that exists in West Virginia for youth treatment and recovery services (i.e., primary care, regional youth service centers, expanded school mental health).

KPI 6: By October 31, 2025, develop a written report and recommendations for youth treatment and recovery services.

KPI 7: By November 30, 2025, present all findings and recommendations to the Governor's Council to inform them of next steps.

Appendix A: 2025 Subcommittee Chairs

The following individuals will serve as subcommittee chair/co-chairs for the 2025 Plan.

Prevention

Co-Chair: Amy Saunders, Marshall University

Co-Chair: Melanie Purkey, WV Department of Education

Community Engagement and Supports (Housing, Transportation, Employment)

Chair: Bob Hansen

Treatment, Health Systems, and Research

Chair: Dr. James B. Becker, Marshall University

Co-Chair: Dr. Michael Kilkenny, Cabell-Huntington Health Department

Court Systems and Justice-Involved Populations

Chair: Stephanie Thornton, Public Defender Corporation and Resource Center

Law Enforcement

Chair: Chief Shawn Schwertfeger, Wheeling Police Department

Public Education

Chair: Dr. Lyn O'Connell, Marshall University

Recovery Community

Co-Chair: Amber Blankenship, REACH Initiative

Co-Chair: Dan McCawley, WV Sober Living

Pregnant and Parenting Women

Chair: Dr. Stefan Maxwell, Charleston Area Medical Center

Youth

Co-Chair: Rebecca Crower

Co-Chair: Elizabeth Shahan, WV Prevention Solutions