

Restoring Lives

Office of Drug Control Policy Strategic Plan

“West Virginia continues to lead the nation in overdose deaths per capita. This drug crisis has attacked our state with a vengeance, deteriorating the foundation of what makes West Virginia strong: our communities and our families.”

Bill J. Crouch, Cabinet Secretary

A MESSAGE FROM THE CABINET SECRETARY

As Cabinet Secretary of the West Virginia Department of Health and Human Resources, I am pleased to present the Office of Drug Control Policy Strategic Plan.

This document provides important background on the Department's initiatives and strategic goals to combat the substance use disorder crisis for the coming years. An annual review process will ensure our strategies and objectives remain current and on target.

The Department has carefully and consistently worked to manage this crisis, but these efforts are much bigger than one agency. Partnerships with the legislative branch, judicial branch, federal agencies, other state agencies, local governments, community advocates, private sector partners and families across West Virginia are all vital to solving this most perplexing of issues.

This drug crisis has attacked our state with a vengeance, deteriorating the foundation of what makes West Virginia strong: our communities and our families. One of the unfortunate by-products of the drug epidemic is the devastating impact on our children. West Virginia is experiencing a child welfare crisis as a result of the drug epidemic. Our state takes custody of more children per capita than any other state in the country, with an increase of almost 50 percent over the last four years. Approximately 85 percent of our children in foster care are from families where one or both parents have overdosed or are addicted to drugs.

This is a health crisis; an economic crisis and a social services crisis for our state. This is not a problem that can be fixed easily, or quickly. However, West Virginians are resilient, and we will not be defeated. The Department will continue to bring together both public and private stakeholders to attack the epidemic on all fronts. West Virginia will recover.

Sincerely,

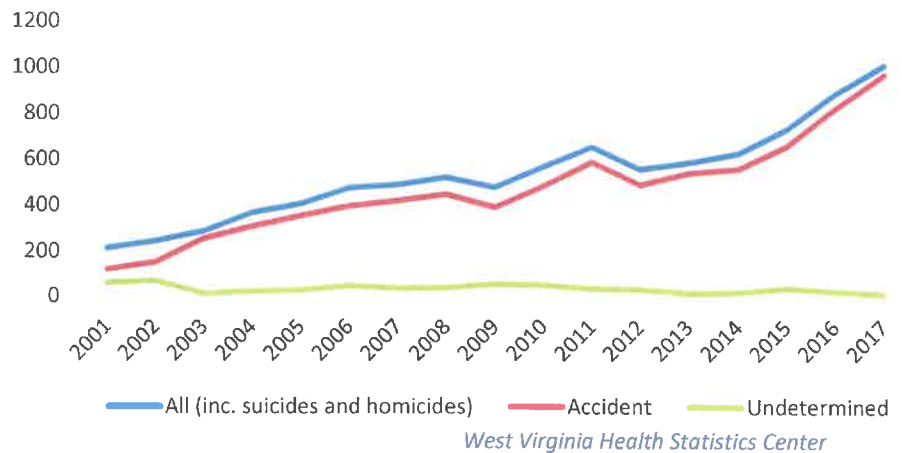
A handwritten signature in blue ink that reads "Bill J. Crouch". The signature is written in a cursive, slightly slanted style.

Bill J. Crouch
Cabinet Secretary

THE OFFICE OF DRUG CONTROL POLICY

West Virginia leads the nation in drug-related overdose deaths with 57 deaths per 100,000 in 2017, with individual county rates as high as 194 per 100,000.¹ To guide the State in addressing the epidemic, the West Virginia Legislature created the Office of Drug Control Policy (ODCP) in July 2017. West Virginia Code §§ 16-5T-1, *et seq.*, directs the ODCP to develop a statewide strategic plan to combat the epidemic of opioid and substance use disorders plaguing West Virginia.

Number of Overdose Deaths in West Virginia by Year
2001-2017



The dramatic increase in overdose deaths, the continuing introduction of new synthetic opioids, and the resurgence of old favorites, such as meth and cocaine, dictates that the strategic plan needs to be a living document that is developed based not only on the most currently available data, but also emerging trends. It must be continually revisited and revised to reflect community needs, maximize available funding, and implement evidence-based practices to save and restore the lives of people with substance use disorder.

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.

While it is housed in the West Virginia Department of Health and Human Resources (DHHR), the Office of Drug Control policy works with public and private stakeholders from across the state among multiple sectors and at multiple levels (i.e. local, regions, and state). Government alone is not the answer. Any improvements in the health of our State will take commitment on an individual level, community level, and state and federal level. This strategic plan was developed with the intention that all programs and services will be implemented in partnership with community stakeholders and the Governor’s Council on Substance Abuse and Prevention. We believe that engaging individuals and organizations from both the public and private sector is the only way we will make a significant impact on this epidemic.

¹ WV Health Statistics Center, Vital Statistics System 2016 preliminary data and 2017 cumulative data.

MISSION

The Office of Drug Control Policy’s mission is to create policies and coordinate programs that address the prevention, treatment and reduction of substance use disorder in West Virginia.

VISION

The Office of Drug Control Policy will serve as West Virginia’s central coordinating entity to combat the substance use disorder crisis ensuring a transparent, accountable, and effective use of taxpayer dollars.

VALUES

- 1. Results Oriented**
Emphasize best practices, accountability, and return on investment.
- 2. Pro Active**
Plan, analyze risks, be agile.
- 3. Transparent**
Engage and commit to open communication.
- 4. Citizen Focused**
Serve West Virginians, particularly our most vulnerable, and protect valuable taxpayer resources, both human and financial.

STRATEGIC GOALS

Prevention: Prevent initial drug use.

Intervention: Reduce the rate of fatal and non-fatal overdoses. Reduce rate of illicit drug use.

Treatment and Recovery: Increase number of people in treatment and recovery.



FOR OUR FUTURE, WE MUST:

Reduce the number of children traumatized by parent/caretaker drug use.

The drug epidemic has a direct correlation to the child welfare crisis. Statistics from DHHR's West Virginia Health Statistics Center show overdose deaths from 2015 to 2017 increased by 37.6%. According to the DHHR Legislative Foster Care Report, during that same timeframe, foster care placements increased by 35.6%. Additionally, DHHR has experienced a 22% increase in the number of accepted abuse/neglect referrals over 3 years.

Reduce the rate of babies born drug exposed. One of the most critical issues facing West Virginia is the number of babies born exposed to drugs. According to the WV Birth Score Instrument, West Virginia's neonatal abstinence syndrome (NAS) rate was 5.06 percent in 2017, the highest in the nation.

STRATEGIC GOALS

I. Prevent initial drug use.

Substance use disorders are a complex, chronic disease, changing the brain in ways that make quitting difficult, regardless of the desire to do so. Prevention strategies focus on helping individuals develop the knowledge, attitude and skills they need to make good choices to prevent drug use/misuse.

II. Reduce the rate of fatal and non-fatal overdoses.

West Virginia suffers from the highest drug overdose death rate in the nation. According to DHHR's West Virginia Health Statistics Center, the overdose death rate in 2017 was 57.0 per 100,000 up from 52.0 in 2016 and 41.5 in 2015.² West Virginia must reduce the fatal overdose rate by one-third by 2021. In addition, data generated on non-fatal overdoses must be used to establish benchmarks for non-fatal overdose rate reductions.

III. Reduce rate of illicit drug use.

Illicit drug use leads to several critical societal problems, ranging from premature death, child trauma, higher crime rates, and lost workforce productivity. The National Survey on Drug Use and Health estimates West Virginia's prevalence rate for illicit drug use was 8.38% in 2015-2016 for those persons over the age of 18 years. The national average is 10.57%. West Virginia must reduce illicit drug use by 20 percent by 2021.³

IV. Increase the number of people in treatment and increase recovery support services.

Helping people find the path to treatment and recovery is the first step in restoring their health and increasing their potential for a successful life. Treatment and recovery must address the multiple health and social challenges that people with SUD face. We must take a holistic approach to treat not only the person, but the entire family to address some of our state's most pressing issues resulting from the drug epidemic. West Virginia must increase the number of people in treatment and recovery by 40% by 2021.

² Centers for Disease Control and Prevention.

³ *National Survey on Drug Use and Health*. U.S. Department of Health & Human Services Substance Abuse and Mental Health Services Administration.

<https://www.samhsa.gov/data/sites/default/files/NSDUHsaePercents2016/NSDUHsaePercents2016.pdf>

Prevention

STRATEGIC GOAL I: PREVENT INITIAL DRUG USE

Objective	Action Items	Examples of existing or planned programs
<p>Implement safe prescribing practices.</p>	<p>Provide education to health professionals on appropriate prescribing that is based on the Centers for Disease Control and Prevention (CDC) Guidelines for Prescribing Opioids for Chronic Pain.</p> <p>Provide educational materials for health providers to use with patients.</p> <p>Provide patients and the public with information and access to safe medication disposal programs.</p>	<p><i>CDC Opioid Prescribing Guidelines</i> implemented statewide in 2017.</p> <p>Opioid Reduction Act, providing limits on opioid prescriptions became effective on June 7, 2018.</p>
<p>Enhance and maximize the use of the Controlled Substance Monitoring Program (CSMP) to:</p> <ul style="list-style-type: none"> • Reduce the number of opioid-naïve patients prescribed long acting/extended release prescriptions. • Reduce the number of patients receiving more than an average dose. • Reduce the number of patients with overlapping opioid and benzodiazepine prescriptions. 	<p>Increase the percentage of prescribers using the CSMP.</p> <p>Continue to assure ease of use of the CSMP for prescribers.</p> <p>Develop legislation and protocols to allow data from CSMP to be used by law enforcement and policy makers.</p>	
<p>Educate and foster community awareness of substance abuse as a treatable disease.</p>	<p>Create multi-media campaign to provide public education to address misinformation and stigma.</p> <p>Increase public awareness of online and community-based resources of available substance abuse treatment and support services.</p>	<p>Developed by the Partnerships for Success Prevention (PFS) program, HelpandHopeWV.org and StigmaFreeWV.org provide information and resources about SUD, programs and services.</p> <p>HELP4WV is available by text, phone or online 24 hours a day to provides free help securing a referral or placement for treatment for SUD or mental illness. In addition, community-based prevention coalitions, school-based prevention programs, and harm reduction programs provide prevention, early intervention, treatment and recovery education and available resources/services.</p>

Provide and support drug reduction programs in all West Virginia schools and institutes of higher learning.

Partnerships for Success (PFS) Prevention build a strategic prevention framework to reduce underage drinking and the misuse of prescription drugs among youth in 12 high risk counties: Berkeley, Brooke, Hancock, Harrison, Jefferson, McDowell, Mingo, Monongalia, Roane, Tyler, Wayne and Wyoming. The additional funds will be used to expand PFS work beyond the 12 high-risk counties.

INTERVENTION

STRATEGIC GOAL II: REDUCE THE RATE OF FATAL AND NON-FATAL OVERDOSES

Objective	Action Items	Examples of Existing or Planned Programs	
<p>Increase the availability of life-saving overdose reversal agents.</p>	<p>Work with state pharmacies and retail chains to increase the number of sites that have kits and training available.</p>	<p>Standing Order for Naloxone was issued by State Health Officer in 2018.</p>	
	<p>Establish and expand protocols for providing Naloxone prescriptions and education to individuals entering/engaged with the health care system.</p>		
	<p>Work with Board of Pharmacy to develop legislation or other variance system to facilitate the distribution of Naloxone in non-traditional settings.</p>		
	<p>Develop system and protocols for the distribution of drug reversal agents to people when they leave the system.</p>		
<p>Enhance First Responders' capabilities to treat overdose.</p>	<p>Develop protocols for EMS providers to transport individuals who have received Naloxone directly to treatment facilities.</p>	<p>Medicaid "Naloxone Initiative" allows reimbursement for Naloxone, its administration and a "warm handoff" to a local SUD treatment provider for assessment and referral.</p>	
	<p>Establish treatment protocols for first responders for new street drugs.</p>		
	<p>Establish a statewide network to identify and provide education on state and national trends.</p>		
	<p>Work with first responders and local law enforcement to implement programs to assist them with</p>	<p>Law enforcement assisted diversion (LEAD) programs divert a person who has committed a low-</p>	

	<p>providing individuals with SUDs support and referrals to treatment programs.</p>	<p>level drug or related offense to a support team who works with the individual to develop a plan for treatment and recovery. Programs have been developed in Wyoming, McDowell, Mercer, Greenbrier, Nicholas, Randolph, Raleigh and Wood counties.</p> <p>Grants will be available to develop additional programs in communities throughout the state.</p> <p>Quick Response Teams (QRT) are being piloted in Huntington and Charleston. The teams follow up with people within 48 hours of an overdose when they can talk more about treatments and other services.</p> <p>Grants will be available to develop additional programs in communities throughout the state.</p> <p>Through the SUD Waiver, EMS can be reimbursed for providing referral and transportation to a treatment center.</p>
Enhance implementation of Screening, Brief Intervention and Referral to Treatment (SBIRT) for SUD.	Establish a statewide team to expand SBIRT in key healthcare settings across the state.	

STRATEGIC GOAL III: REDUCE THE RATE OF ILLICIT DRUG USE

Objective	Action Items	Examples of Existing or Planned Programs
<p>Implement statewide integrated system with multiple points of entry to provide support and referral to treatment for people with substance use disorders.</p>	<p>Expand programs that identify and provide support and intervention for individuals at risk for developing substance use disorders.</p>	<p>Children’s Mobile Crisis Response was awarded \$750,000 from ODCP. The Children’s Mobile Response program links children and their families/caregivers to services in the community and involves families in treatment 24/7 to avoid unnecessary hospitalization or residential placement.</p>
	<p>Provide 24 hour “Hotline” to offer support to combat drug, alcohol and nicotine addiction and provide referrals to available programs.</p>	<p>HELP4WV Helpline is available by text, phone or online 24 hours a day to assist West Virginians who need help with addiction or mental illness. The helpline provides free help securing a referral or placement for treatment.</p>
	<p>Foster community and faith-based programs to engage and support</p>	<p>The Partnership of African American Churches, through its</p>

people with or at risk of developing substance use disorders.

Integrated Wellness Peer Recovery Support Service Center, provides a safe place to help people in recovery solve issues of daily living.

TREATMENT

STRATEGIC GOAL IV: INCREASE THE NUMBER OF PEOPLE IN TREATMENT AND RECOVERY

Objective	Action Item	Examples of Existing or Planned Programs
Increase access to treatment services	Pursue available public and private funding opportunities to support expanding the availability of substance abuse treatment services.	<p>The DHHR reviews available funding opportunities and applies to or refers to other public or private agencies. The State recently applied for and was awarded a \$28 million State Opioid Response grant to increase access to Medication Assisted Treatment services.</p> <p>Added Medicaid coverage of methadone as a withdrawal management strategy, as well as the administration and monitoring of the medication and related counseling services.</p>
	Develop a statewide network of centers to assure access to assessment, referral and support services.	<p>PROACT, a cooperative venture of healthcare providers in Huntington and Charleston provides comprehensive assessment, education, intervention and treatment solutions in a single accessible hub. A separate 503(c)(3), PROACT brings together behavioral, social and medical resources from the community to effectively triage patients suffering from addiction. This outpatient medical facility will serve as a single regional referral point to assess patients following discharge from local emergency departments and inpatient detox units and by referral from our QRTs and other emergency medical response teams. PROACT also accepts self-referrals from community providers.</p>
	Work with community stakeholders to identify and develop solutions to barriers to individuals seeking and receiving treatment. Some of the issues that have been identified include transportation and child care.	

<p>Increase availability of services for pregnant, post-partum women with SUD and their children</p>	<p>Expand Drug Free Moms and Babies Programs.</p>	<p>Drug Free Moms and Babies is a comprehensive and integrated medical and behavioral health program for pregnant and postpartum women. The project supports healthy baby outcomes by providing prevention, early intervention, addiction treatment, and recovery support services. Through blended funding from private grantors and DHHR’s Bureau for Public Health, Bureau for Behavioral Health, and the ODCP, the program will be able to expand to provide additional sites throughout the state.</p>
	<p>Develop a strategy to facilitate the establishment of NAS centers across the state that allow mothers and infants access to co-located treatment.</p>	<p>DHHR’s Bureau for Medical Services (BMS) has received approval from the U.S. Centers for Medicare and Medicaid Services (CMS) to offer NAS treatment services. This designation makes West Virginia the first state in the nation to receive such an approval.</p> <p>Lily’s Place in Huntington is the first NAS Center in West Virginia. Lily’s Place has converted two nurseries to areas where mothers can room-in with their baby.</p>
	<p>Develop a strategy to increase the number of long-term treatment and recovery sites that allow for families to be supported and allowed to stay together.</p>	<p>Ryan Brown funds are anticipated to add an estimated 450 beds to the treatment and recovery continuum.</p>
<p>Increase the availability of residential treatment for substance use disorder</p>	<p>Determine the number of residential beds needed and develop a plan to increase access to residential treatment based on need.</p>	
<p>Increase the availability of MAT and other evidence-based treatment services and recovery supports in all counties.</p>	<p>As part of the Governor’s Council, develop protocols and guidance for service delivery and best practices to increase the availability of MAT services and support.</p>	<p>Representative advisory council on prescriber and professional education in substance use disorder will be established through funding from the SAMSHA State Opioid Response grant. DHHR is working with the state’s medical schools to develop and lead the council to provide additional training and education for MAT prescribing practitioners.</p>
	<p>Work with established programs to provide treatment and recovery options that offer multiple paths to recovery.</p>	

	Implement review to evaluate the efficacy and outcomes of MAT services.	DHHR's BMS has requested research assistance in evaluating use of MAT among West Virginia Medicaid beneficiaries with opioid use disorder (OUD) to better understand the costs, outcomes, and potential barriers associated with MAT use.
Support law enforcement efforts to divert people into treatment and aid them in recovery when they re-enter society.	Increase number of communities that have LEAD programs to divert people to programs to facilitate treatment and recovery placement.	There will be additional ODCP grant opportunities for communities that are interested and have the support to start a program.
	Work with the judicial system to develop and pilot Family Treatment Courts.	
	Expand programs to provide health and family planning education and access to long action reversible contraceptives to women in the system.	Through an ODCP grant, a program has been established to provide women access to services.
	Provide technical assistance to support the West Virginia Department of Military Affairs and Public Safety in creating programs and protocols to support people in MAT and other evidence-based programs.	SOR funding will be provided to support implementing MAT programs in regional facilities.

RECOVERY

Objective	Action Item	Examples of Existing or Planned Programs
Provide safe and supportive environments for people in recovery	Increase availability and access to Peer Recovery Programs and supports.	Medicaid will reimburse costs of peer recovery support services delivered by a trained and certified peer recovery specialist who has been successful in their own recovery process. Services can extend the reach of treatment beyond the clinical setting into a member's community and home environment.
	Develop and implement standards to ensure the safety and efficacy of recovery residence.	West Virginia Alliance of Recovery established the first statewide recovery community organization to ensure that national recovery residence standard is consistent across the state and will serve all recovery residences with advocacy, training start-up assistance, compliance issues, accreditation offerings and data collection.
	Provide opportunities for people in recovery to develop the skills and	Jim's Dream is establishing vocational training opportunities for individuals in recovery.

	resources they need to be successful.	Collegiate Recovery Programs provide supportive environments within the campus culture that reinforce the decision to engage in a lifestyle of recovery. Programs provide educational opportunities alongside recovery support to ensure students become healthy, productive members of society. Awards were presented to Bridge Valley Community and Technical College, Fairmont State University, Marshall University Research Corporation, West Virginia State University and West Virginia University Research Corporation.
	Explore strategies to encourage public and private organizations to create opportunities for people in recovery to re-integrate into the workforce.	
Provide recommendations for public and private organizations on suggested policy changes to make programs more accessible.	Review policies and programs to identify areas where regulations are a deterrent to a person in seeking treatment and staying in recovery.	

The Governor’s Council on Substance Abuse and Prevention will further refine this plan over the next 90 days, including the development of specific time-framed and measurable targets for implementation and evaluation. The Council will also assure that cross-cutting issues (i.e. data collection and management, transportation, and integration of telemedicine in rural counties) are addressed in the plan.