

The City of Solutions

*A Guidebook to What Works (and what does not) in Reducing the
Impact of Substance Use on Local Communities*

Huntington, WV

This is a product of the Division of Addiction Sciences in the Department of Family and Community Health at the Marshall University Joan C. Edwards School of Medicine, supported through a grant by the Bernard McDonough Foundation.

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May 2021

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Foreword

In recent years, every community in our nation has felt the effects of the opioid epidemic. Nobody has been spared. Families, neighborhoods, businesses, school systems, bodies of faith and our medical system have all been traumatized. The opioid epidemic is a non-discriminating disease. It does not consider economic status, race, ethnicity, gender, religious affiliation, or political persuasion. It affects rural and metropolitan regions. It has attacked villages, towns, and cities.

Huntington, West Virginia, has been drastically affected.

The way Huntington has responded sets the city apart from cities, large and small, across the nation. The citizens of Huntington chose to take aggressive steps to determine how the opioid epidemic could be addressed. Nearly every segment of the community chose to identify its unique assignment to become part of the solution. Many communities across the nation sought to ignore the problem or chose to assign the responsibility to someone else.

The citizens of Huntington and the public and private institutions in the community all decided to take an active role. I like to say that we found talent and resources in our community hiding in plain sight to begin developing innovative solutions.

Because we became extremely transparent about the extent of the opioid epidemic in our town, we soon became known in the media as the “epicenter of the opioid epidemic.” But after months of aggressive action that resulted in a decline in overdoses, an increase in referrals to treatment, and a reduction in drug-related crime, we found that we were gaining the reputation across the country as the “epicenter of the solution” to the epidemic.

In fact, our city hosted several national and international leaders so they could understand how our community organized itself to become the epicenter of the solution. Our visitors included the U.S. Surgeon General, the director of the Centers for Disease Control, the director of the White House Office of National Drug Control Policy, and the ambassador for Great Britain to the United States.

Our approach has been simply stated. We acknowledged the brutal facts of what our community was facing but had an unending faith in our ability to prevail.

We are determined to identify how to overcome the ravages of this epidemic, learn from our lessons, and set a path forward that others around the nation and the world will be able to emulate and replicate.

We are proud to have become known as a City of Solutions.

Mayor Steve Williams
Huntington, WV- “CITY OF SOLUTIONS”

Where We Started

History

Every region of the United States is currently experiencing the negative impact of the substance use epidemic, with certain regions and communities experiencing it at a much higher rate. The Appalachian region, West Virginia, and the City of Huntington in West Virginia are currently experiencing the highest rate in the country due to a strong combination of adverse environmental and social factors. These factors may differ across various communities throughout the United States and must be identified before one can identify which programs and initiatives are appropriate in addressing the substance use in their own community.

Huntington, WV has been known as the center of the opioid and larger substance use epidemic, with nation-leading overdose statistics in recent years. On August 15, 2016, twenty-eight people overdosed within a narrow geographic location, within four hours. Though this was not the beginning of the epidemic in our city or even in the country, it was a wake-up call for many about a problem that was largely unrecognized and not adequately addressed. Though this occurs in many communities across the nation, Huntington, WV took this opportunity to face the epidemic head-on so that it could begin to fix the problem instead of ignoring its severity.

The Mayor's Office of Drug Control Policy was developed within the City of Huntington as a specialized task force to develop and advance efforts to combat the opioid epidemic. This task force spent much of the early stages of the opioid crisis collecting data to become fully informed of the status of the city. Once this was done, the results were thoroughly analyzed and evaluated to begin prompting discussion among these city leaders on what needed to be done and how.

Conceptualization

In order to determine the best approach to reduce the impact of substance use on Huntington, WV, key stakeholders across all fields met together in various combinations to discuss what the highest needs and gaps in services were. These initial stakeholders included

the City of Huntington, Marshall University, Marshall Health and the Joan C Edwards School of Medicine, Cabell-Huntington Hospital, Saint Mary's Medical Center, and the Cabell-Huntington Health Department.

Throughout these discussions, several themes emerged regarding what was needed to most effectively begin to reduce the impact of substance use and the opioid epidemic on a local level. These needs were prioritized according to saving lives, with more resources directed towards a decrease in overdoses and overdose-associated deaths, specifically in high-risk individuals with repeated incidents of overdose. Second priority was given to efforts to reach individuals in active substance use on a lower level, to encourage and aid them in entering treatment while minimizing the negative effects of their substance use. Lastly, prevention efforts both in youth and adults were conceptualized. These efforts were recognized as invaluable, but unfortunately had to take a backseat to more immediate concerns.

Leadership and Collaboration

There are many organizations, workgroups, and individuals who work independently to address the opioid epidemic. While these are all important, a lack of communication and collaboration leads to the duplication of limited resources. This was recognized early on, and leaders throughout the community worked diligently to bring all parties to the same table. With the countless organizations and individuals who have come through the City of Huntington to view its progress in reducing substance use, there has been constant recognition of, discussion of, and questions about the collaboration and communication within the community that does not exist or exists on only a small scale in other communities. The City of Huntington firmly believes that it owes much of its success to a combination of strong leadership and collaboration.

In 2015, amid the opioid crisis, the Huntington Police Department (HPD) ran a campaign called River to Jail, which focused on arrests in middle or upper level drug crimes. This was an incredibly costly campaign, resulting in approximately 226 arrests within a three-month period. The city quickly recognized that you could hardly tell any work had been done and decided to shift the focus from the supply of drugs to the demand for drugs. Trying to better understand

the situation, the mayor went on drug raids and watched people suffering from substance use disorder in the houses after arrests were made. After a visit from representatives of the national Office of Drug Control Policy, the mayor of Huntington decided to implement a similar office at the city level. Huntington's Mayoral Office of Drug Control Policy was instrumental in the early months as a collaboration of city officials and key stakeholders in the community.

The Mayor's Office of Drug Control Policy (ODCP) consisted of city employees within the City Hall, Fire Department, and Police Department that had a passion to pursue solutions to the epidemic. By utilizing employees already on payroll within the city, the cost of this new group was covered. This group frequently sat down together to brainstorm, gathered information, and ask questions throughout the community to better understand the city's needs.

The office quickly learned that the most important first step to planning and implementing initiatives to reduce the effects of substance use in a community is data collection. A community cannot begin to evaluate issues and plan solutions without first having a solid, well-defined understanding of what substances the community is struggling with, how many are struggling, the associated costs, the overdose numbers, the overdose deaths, where the geographic centers are, etc. The ODCP spent much of their time early on developing a comprehensive database of anything related to the epidemic that might be found useful. This was used to determine priority areas to address.

When they recognized the high cost of incarceration due to substance use, the first priority of the office became finding alternative sentencing for crimes due to substance use disorder. There needed to be a pathway for those suffering to get help more quickly. As a result, the team looked into the LEAD (Law Enforcement Assisted Diversion) program from Seattle. This became an important first step for bridging the gap between law enforcement efforts and treatment.

A second priority of this office emerged out of fear that Huntington, WV was going to be in an infectious disease public health crisis like Scott County, IN—only to find out that it already was. This led the team to a Harm Reduction program in Portsmouth, OH, where they left sure that Huntington was in need of the same resources. The Harm Reduction program established

at the Cabell Huntington Health Department is one of the most important community programs to engage high risk individuals in risk reduction measures and access to treatment, while protecting the overall community.

Once priority areas are determined and solutions are planned out, an important next step is to approach the local organizations, especially healthcare facilities, necessary to implement these plans. The ODCP learned that to actively engage the broader community, there needs to be a pull on either purse strings or heart strings, or both. Some will respond to the idea that there are people suffering and in need of help, and some will respond to the promise of a reduction in the financial burden caused by the epidemic. Although concerned about the loss of human life, local governments and healthcare facilities, for example, are often also interested in programs that relieve the monumental financial burden of substance use on both the individual and broader community. Some community programs or agencies may be less concerned about cost but drawn in because of the loss of human life they're witnessing. When working on community engagement it is necessary to be able to address, through data, both the human and financial costs.

The order in which community members should be approached starts with those who would be most opposed the solutions/programs intended to be brought to the area. By bringing together small groups to explain how a program was developed, what need(s) it will address, and then allowing concerns or opposition, program developers can start to build buy-in while addressing community frustrations. It is important to have a community in support of these changes. Huntington has also learned that the faith community is one of the best resources for gaining community support and involvement. Regular meetings with faith leaders and in congregations can be a great asset to these efforts.

Recognizing the vast need for more addiction services and research early on, the Joan C Edwards School of Medicine established a Division of Addiction Sciences. The goal of this initiative was to begin to develop and implement the programs and projects that would address all of the concerns and priorities established in the conceptualization phase. Over the course of 2019, this division moved into the Department of Family and Community Health and rapidly

expanded to address the growing needs of the community. This has aided in further integrating addiction care into primary care medicine and healthcare.

Communities with local colleges or universities have an added resource that can be tapped into. In Huntington, Marshall University plays various roles in projects and initiatives surrounding the epidemic. As an academic institution, they provide the availability to take on evaluation pieces for a multitude of grants, a hosting facility for trainings and meetings, counseling on campus, student support services, training of the future behavioral health workforce, and a unique focus on student recovery and reentry. Various departments within the university are involved with different projects, including many of those listed throughout this guidebook. These departments include Psychology, Social Work, Public Health, English and Journalism, and Communication Disorders along with the schools of Pharmacy and Physical Therapy. In close relation to the evaluation provided, the institution provides the resources and professionals necessary to perform research surrounding substance use that is crucial to developing evidence-based practices and prevention strategies.

Marshall University engaged in finding solutions to the substance use crisis very early on. With the support of the new university president, coalitions were developed throughout the campus to address the growing concerns in the community. Having the support of university administration promotes far more change than would be possible without it. The university was also facing stigma due to parental concern for student safety who were anxious about sending their children to a university shrouded by negative and discouraging national headlines. This is an unfortunate fear that the university is working hard to alleviate by being an active participant in community solutions. In addition to their own concerns, Marshall University has recognized the large amount of expertise, personnel, and resources it can provide to initiatives working to reduce the impact of substance use.

The university president's support also moved coalitions from inner university groups to groups focused on community programs and initiatives. One of these community-focused programs was Screening, Brief Intervention, and Referral to Treatment (SBIRT), a grant applied for and awarded to Marshall University in 2015. This grant started a lot of the interdisciplinary

pieces and connections present within the university today as seven departments had lead professors on the grant. The collaborators on the SBIRT grant grew to support future initiatives. For example, they were already collaborating when future funding opportunities were released, which allowed them to identify potential grant writers and select the ideal lead applicants were from across the university and university-associated organizations depending on the necessary expertise for the grant's subject matter and requirements. Decisions around the lead applicant often depend on what the funding source is and which local entity could house that money. Leaders on the campus of Marshall University recommend looking for partners that marry your mission with what work may already be going on in your department (i.e. Do they have a research corporation? Is there an outreach person? Is there a business school for expertise is finding jobs for this population? Is there a public health school?). Marshall University recognized an internal need for coming together and pulling expertise and champions out of various departments to focus on issues.

Marshall University recently created a Center of Excellence developed in response to the substance use epidemic to encompass all entities and departments across campus under the Marshall University Research Corporation (MURC). This allows them to more efficiently coordinate funding for behavioral health, substance use, and recovery. This center aims to focus on recovery and reentry in the larger community by utilizing university resources. There is an identified need to start focusing on local health disparities, and the MU Center of Excellence is equipped to pursue that, as well as pursue methods for universal prevention rather than specific or targeted prevention. The new WV state funding would allow for a focus on specific populations that are at a higher risk, and the university will be able to provide more all-around expertise in these areas than individual organizations. Additionally, Marshall is not bound by a specific mission as are many organizations, and can address more general, under-served issues like those previously listed.

In addition to the strong local collaboration, the City of Huntington has consistently sought out other communities from whom they can learn in their specific areas of expertise. This includes a lot of time spent not only studying other communities but also visiting innovative or successful projects across the US to see what can be adapted for Huntington.

Many of the programs and initiatives discussed in this manual are new and creative ideas developed by our own community leaders, but some of the programs will also discuss how they were adapted from those in various communities.

Identified Needs

After identifying what resources were currently available, it was clear to see where more resources were needed. These needs may be different between various communities, but for the community of Huntington, WV, there was a need for easier access to treatment facilities, a method for inviting high risk individuals and aiding them in the process of entering treatment, more comprehensive services for women who needed treatment that had children, and methods for increased points of intervention for individuals in various settings.

Funding Requests

Once the city had identified what programs were needed and prioritized them based on which would most immediately reduce the number of individuals overdosing and dying due to overdose, individuals within Marshall University and Marshall Health actively sought out funding opportunities that either addressed substance use, low-income communities, or communities with poor health outcomes. As recognized in the order of priorities, the focus of most of the funding announcements surrounding substance use were for direct services with treatment and research, with little opportunity to fund preventative measures.

After determining the best-eligible applicant for each funding opportunity, members of the City of Huntington, Marshall University, Marshall Health, and treatment facilities within the city worked together to complete each application. Some funders' requirements fit smaller non-profits within the community, larger academic institutions, medical facilities, or local government. Regardless of the applicant, there was a dedicated, collaborative effort to put together a competitive proposal for each funding opportunity.

What We Have Now

Prevention and Early Intervention

Project Engage

Many of the individuals struggling with substance use in our community may present to the local hospitals for various reasons- not only overdoses. When healthcare professionals attend to the immediate physical needs and do not address the issue of substance use, there is a missed opportunity for intervention. In addition, when patients with substance use disorder are admitted to the hospital for any reason, they are at risk for withdrawal, which must be addressed to provide appropriate, comprehensive care.

Christiana Healthcare in Delaware identified this as a primary issue in their healthcare system and in response established a program for inpatients that laid the groundwork for the efforts currently in place in Huntington hospitals. An initiative called Project Engage was developed to screen all patients admitted to the hospital for substance use disorder, and provide specific care to those with such needs. Some of the reasons that these individuals tend to fall through the cracks include trying to quickly move people through their care, not seeing the signs of substance use, personnel not wanting to intervene, and personnel not understanding how to properly intervene. Huntington's local hospitals have not only adapted this initiative but broadened it beyond inpatients, adding screening, treatment for withdrawal, and referral to treatment to all admitted patients, emergency department patients and those in the mother-baby units.

Christiana Health's Approach includes:

- o Screening and Identification of admitted patients
- o Rapid treatment of withdrawal by medical team
- o Inpatient initiation of drug abuse treatment
- o Addiction Medicine Consultation Service
- o Referral to community-based care

Linkage to treatment is only one piece of a very comprehensive approach to care for individuals with substance use disorder (SUD) for 'the real' reason they are there (i.e. soft tissue infection, other medical issue, etc.). The big premise with Project Engage is that we are identifying patients during their hospital encounters so they do not go into withdraw and we can keep them there to take care of the real reason they are there – meeting them where they are and taking care of the whole person.

Developing trainings for hospital staff to best identify and intervene with this population is an important step toward more effective engagement. More effective engagement requires not only the identification of individuals with substance use disorders, but also a solid understanding of motivational interviewing. Project Engage includes referral to a certified peer recovery specialist using a warm hand-off approach instead of letting the individual pursue the referral on their own. Project Engage in Huntington includes recovery specialists available in the emergency department and for admitted patients. Using the warm hand-off approach was established as a priority to provide wrap around services to support individuals in following through.

St. Mary's Medical Center and Cabell Huntington Hospital have pioneered Project Engage efforts here in Huntington since September 2017. They collaborated closely with teams developed with members from both hospitals for planning to implement Project Engage in the emergency departments, inpatient units and mother baby units. While each model was developed to meet the unique needs of each hospital, the screening questions, clinical pathways, staff surveys and training, and building capacity were developed in tandem.

Each hospital established an internal infrastructure of an addiction specialist staff person and certified peer recovery specialists. Each began working the initiative into one floor or area at a time and cultured leaders on those floors with a passion for this population to lead the way. There was noted resistance and push-back from some healthcare providers at first, but there has been a great change in stigma and poor attitudes regarding SUD patients over time. This in turn has resulted in improved quality of care provided to these patients, aided in the

retention in care, and has recently been recognized by hospital staff to reduce the rates of hospitalization for many SUD-related infections/illnesses.

St. Mary's Medical Center and Cabell Huntington Hospital have also consistently worked with staff on reducing stigma and perceived challenges to caring for individuals with SUD who are admitted to the hospital not only among healthcare providers, but also among the routine hospital staff- particularly security. These groups have been receptive to change, and now aid in situations with individuals who have substance use-related incidents or overdoses throughout the hospital rather than kicking them out of the hospital. At St. Mary's, the addition of trained dogs that serve as both drug detection and therapy dogs has brought an increased sense of safety to the hospital for patients, staff, and visitors. These dogs and security guards have already discretely handled many situations in ways that contribute to the overall mission of Project Engage, such as seeking out visitors with drugs on the premises and removing them or finding individuals who have overdosed on the premises and moving them into care.

The Project Engage protocols and care processes that have been established for individuals with SUD have also been effective for individuals admitted into St. Mary's for long-term care of non-SUD health issues, such as long-term IV antibiotics, have also been effective in achieving the goals of Project Engage. In order to be jointly treated for SUD during their stay, patients must sign an agreement that in order to optimize their chance of success, they will have restricted visitors over a certain time period and their cell phones and personal items will be removed and stored in a locked container nearby. Long-term, it is a goal of their Project Engage efforts to create a more comprehensive, specialized SUD treatment plan for individuals hospitalized for non-SUD issues in need of joint treatment. It is also a long-term goal to increase the capacity for linking individuals leaving the hospital to community-based treatment, recovery, and support services.

Christiana Care did not offer emergency department services until after Huntington and watched as the Huntington hospitals implemented those services first. However, Christiana Care offers medication-assisted treatment (MAT) and recovery coaches for inpatients, while the integration of MAT has been slower here with Huntington's emphasis on the use of certified

peer recovery coaches and MAT only when they get to treatment. Progress is being made in this regard, particularly in St. Mary's. Peer recovery expansion into the ERs has been an ongoing project within Huntington and is now a key piece of each local hospital. These peer recovery coaches are an integral part of Project Engage. Both inpatient and emergency department settings are intended to leverage hospitalization as 'a reachable moment' - a phrase developed and shared with us by Christiana.

With the aid of Christiana Healthcare and its associates, Cabell-Huntington Hospital and Saint Mary's Medical Center are working closely with Marshall Health to put into place better protocols for screening and intervention, as well as trainings for hospital employees. The overall goals for this project are to identify individuals with substance use disorder when entering the hospital so that their needs can be met, to offer treatment for their substance use, as well as to provide tools and resources for staff who are providing care for this patient population. As a result of supporting the planning process with both hospitals, Marshall Health's Division of Addiction Sciences now has a specific planning process and tools, evaluation indicators, and other resources developed for dissemination and sharing.

Over the past several years, Project Engage has continued to change with regular community needs assessments, staff changes, and funding changes. As of August of 2020, both hospitals are initiating MAT for inpatient care with the help of a team of specialists, usually a nurse practitioner or mid-level provider. These teams are fast-tracking the MAT process as efficiently as possible within the bounds of quality, comprehensive care.

Changes in funding and working within various billing structures throughout the substance use epidemic are not new issues, but continue to pop up in different settings as unique barriers that take time and patience to address. Due to billing constraints associated with the Bureau for Medicaid Services, funding was lost for the peer specialists while a patient was in the ER or inpatient care this past year. This kept the sustainability plan from being executed and extending the finances needed to staff the peer specialists. Individuals from Marshall Health and Recovery Point have been working with state departments diligently to

restore those positions through state and federal funding for an additional year while partners work with BMS to develop a sustainable model.

Another change to the original Project Engage model is through its standardization. Partners continuing the efforts in Huntington as well as expanding to other communities have embraced the Mosaic model- which includes screening, brief intervention, and referral to treatment (SBIRT), and when medically appropriate, MAT initiation. It also has a community-based component called “OSOP” (Overdose Survivor Outreach Program) where patients who experience an overdose reversal will be seen by a peer recovery coach and referred to a specific OSOP coach. This individual continues to follow up with these patients in the community for roughly 90 days to help prevent future overdoses. Utilizing a model rather than simply pushing through individual components of Project Engage allows partners to be more consistent across facilities with staffing, protocols, the various pathways to recovery chosen by patients, follow-up in the community, and more intensive wraparound services. Through all of these changes, Project Engage as a concept continues to grow and develop to address the growing needs of the healthcare industry and individuals struggling with substance use disorder who interact with the healthcare system at the local level, with the new model now successfully implemented at St. Mary’s Medical Center and with Cabell Huntington Hospital.

Quick Response Team

In August of 2016, Huntington, WV experienced a series of 26 overdoses within a small geographical region of the city within several hours. After making national headlines, it was later recognized that despite all of the attention these individuals received regarding their overdoses, and while not one individual responded to died, these individuals did not have treatment options offered or discussed with them before release.

In order to better engage individuals struggling with substance use and aid them in seeking treatment, the Quick Response Team (QRT) was developed, an adaptation of the QRT model in Colerain, Ohio. The design for the team includes a paramedic/EMT, law enforcement officer, a peer recovery coach/clinician, and a spiritual/faith leader. A QRT Project Director is

responsible on a part-time basis for the oversight of the funding and evaluation of the program. Additionally, there is a half-time QRT Coordinator that oversees the team on a daily basis and is responsible for team management and reporting. While the team in Huntington operates on a 40 hour-per-week schedule, it would be efficient for most communities to operate on a part-time schedule and still be highly successful. The high number of hours dedicated to the program each week allows for more time to be spent on unfound clients or clients that have been slow to accept help, as well as enables time for community involvement and awareness efforts.

The team receives information from the Cabell County EMS, which provides a name and location for each individual who overdosed within the past 24-72 hours. This was a lengthy process in the implementation phase of the QRT, as it required the assistance of lawyers to write the contracts and agreements that allow the overdose records to be used for the team. Every organization involved with the QRT was included in one large contract. Each team member must also sign their own confidentiality agreements before being allowed to join.

Another issue that arose early on in the implementation phase was how to manage and utilize the data required necessary to both run the program and report on the program. Colerain recommended their unique contract with a company that provided the software Cordata, and Huntington's QRT made a similar agreement with the company to pilot the software in Huntington. The software was tailored to what our community needed, as well as what our funders required to be evaluated. This is available online via the QRT desktop as well as mobile on the team iPads and smartphones. Using this program allows clients to be easily entered and tracked, and provides reports for any of the statistics needed. Though this was a huge benefit to the team operations, the software required a moderate sum of money to be worked into the already-budgeted funds. Future QRTs have been advised to include the data software in their initial budgets.

Once client data is entered into the software, the QRT makes an attempt to contact the individual by visiting the address on file for both residency and where the overdose occurred. If the individual is not found, but a contact of the individual is, the team inquires about the individual for further information on how to reach them. Often times, this contact individual

may be engaged to offer them treatment and recovery services as well. Engagement with community members is regularly sought out to capture individuals who may be in need of QRT services without an EMS overdose call on file. If no one is available, there are resource packets developed by the team that are left at the residence in case they return. If the individual is not found, they are kept in the system to reach out to at set intervals of time. For those who are found, the team engages the individuals to establish a friendly relationship that can be used to encourage them to seek treatment. Individuals who are not ready to enter treatment are kept in contact with at various times, while those who decide to enter treatment are facilitated in the transition immediately.

For the safety of all individuals involved, a normal visit to a potential or existing client is to be held outside of a residence or business. The process of tracking down individuals often also leads the team to meet at local gas stations or various businesses in public, which requires a vehicle for the team. This is also used for transporting individuals to treatment facilities if other transportation cannot be arranged. The vehicle for the Huntington QRT was donated in-kind through EMS, and the vehicle expenses are supported through budgeted funds for materials as well as in-kind donation through EMS. It is advised that thick plastic be used to cover the backseat of the vehicle for transports, if possible, to be discarded when necessary.

The individuals contacted through QRT through the initial years of operation have proven to be largely open to talking to the team, regardless of whether or not they accept help. Throughout the learning process, it has also been recognized that while the purpose of this team is to engage people into treatment, there are often unique circumstances that arise that elicit other types of aid from the team or other community members through the team. While it is not within the scope of this program to meet all of those needs, sometimes they are necessary to move the individual into treatment. For example, some individuals may need an ID or need to sign up for Medicaid in order to receive services from a treatment or recovery center. If the team is able to help with these issues, it may sometimes do so. There is a need for the QRT to be flexible and adapt to the needs of clients, but to also maintain relationships with

organizations and individuals in the community that are best-equipped to aid in any social service-type situations that come about and refer the client to gain further specified help.

Since the QRT's implementation, now several years ago, the community of Huntington has experienced dramatic changes in drug traffic and trends. The team's continued success can be largely attributed to their willingness to stay in tune and in touch with the local community members they serve. The team continues to try new methods, whether through spending time in various, constantly-changing "hot spots" for individuals struggling with substance use, making themselves accessible through social media, or making bagged lunches to pass out as an outreach that opens doors to further engagement. The Huntington QRT has also continued to share their past failures, changes, and successes with other communities across WV and the US. They are consistently aiding in the development of new QRTs, providing support and guidance however needed.

Harm Reduction

Many individuals struggling with addiction are not yet ready to seek treatment. Additionally, many people with substance use disorders are wary of public healthcare settings and will not seek out medical care for issues other than their substance use. This creates an unhealthy environment for the entire community, but especially these individuals. In order to reduce the negative impact of using illicit substances, harm reduction allows people access to resources that protect them and the community before they are ready to pursue recovery. The primary reason we offer harm reduction services is to reduce and/or prevent the spread of communicable diseases such as Hep C and HIV. The promotion of providing and using clean supplies and needles (and not sharing those needles) does that.

The first step in determining whether a harm reduction program is right for a community is an assessment of the community's at-risk population. If, for example, pills are the driving force of addiction in an area, then a syringe exchange is not a high priority component. In these cases, there must be an emphasis on a harm reduction program that prioritizes naloxone and referrals to treatment. In addition to assessing the substance use trends, the community needs an assessment of whether overdoses and infectious diseases are high priority

issues. If overdoses are prevalent and increasing, resources need to be focused on how to quickly and effectively reduce those numbers. If infectious diseases are an increasing problem, then efforts need to focus on immunizations for the at-risk population, identifying cases, reducing the rate of transmission, and referring individuals to the medical treatment they need.

Once a community assessment is complete and a plan for a harm reduction program has been developed at the leadership level, the next step is gaining community support. Huntington, WV has closely watched as other cities' harm reduction efforts have failed under the pressure of a noncompliant community. Implementing a program without the support of the community lessens the potential for success. An important way to begin gaining the respect and understanding of the community is by implementing an educational campaign. People need to fully and accurately understand the problems their community is facing, what the program seeks to accomplish, and how it will be accomplished. Hosting public meetings and allowing news coverage both before and after implementation of the program is essential to letting community members be heard, look into the program, and ask questions.

The next step in beginning a harm reduction program is seeking funds. Funding should first be sought out locally, then at the state. For counties in West Virginia, the State Bureau for Public Health should be the main source of finding funds. There are guidelines published on their website that must be accessed and followed in order to apply for funding. Certification, guidelines, and application processes for funding can be difficult, especially for organizations with little grant-writing experience, and the state office should be contacted for help and guidance. In West Virginia, the bureau is not only currently the largest funder for harm reduction, but they also have other resources available for larger funding agencies.

Depending on the type of program a community plans to implement, additional funding may be necessary from community partners. For example, federal funds, even those facilitated through the state, have stipulations on what can be purchased. Syringes and cookers are prohibited items that cannot be bought with federal dollars. Immunizations, screenings, social services, naloxone, and recovery services are often underfunded through grants as well, and

these require private assets to fund. Often times, this is provided through local health-related facilities.

When an individual decides to participate in the harm reduction program, they gain access to clean supplies such as syringes, bleach, cotton, and clean water, among other items. These items may vary depending on the needs of the population. Additionally, these individuals gain exposure and access to other services within the health department, such as screenings, immunizations, minor medical examinations, and contraceptives. It is important to encourage every participant to undergo screenings for hepatitis and HIV, as well as sexually transmitted infections when requested. If any diseases are identified, the individual can be linked to the proper care. Most of those links are outside of the health department, including infectious disease specialists.

The importance of naloxone in any harm reduction program cannot be understated. A goal of each program should be to maximize education on what naloxone is and how it works throughout the community as a whole- not just to individuals struggling with substance use. Distribution of naloxone requires a partnership with a local pharmacist. In West Virginia, there is a state-standing prescription for naloxone, but this planning should all be coordinated with the West Virginia Office of Drug Control Policy as the regulations are difficult. Huntington's health department provides their weekly training on naloxone as well as free naloxone supplies through the Marshall University School of Pharmacy.

In addition to medical services, the health department works with community partners to establish more comprehensive methods for saving lives. Social services need to be closely associated with harm reduction services. It is too difficult to deal with people's health issues when they don't have basic necessities such as a roof over their head. Homeless individuals, which make up a decent percentage of participants, are less likely to hold appointments. One of the top priorities for these clients is gaining an ID. Social services are an under-recognized component of harm reduction, but they are critical.

While the point of harm reduction is not recovery, health departments often must provide a recovery-focused component. Recovery Point of Huntington, a local facility for men in

recovery, provides a full-time employee that serves as a peer-recovery coach. When an individual comes through the health department for harm reduction, they must come through the peer recovery coach. Although many people are still unprepared for seeking treatment, the peer is a constant presence that actively engages these individuals to encourage their pursuit of recovery.

Due to increasing public outcry issues surrounding the harm reduction program, serious changes have been made to the program within the past year. In order to focus on the safety of the local community, an identification system was implemented to require participants in harm reduction to prove residency in Cabell County or the City of Huntington. Additionally, the syringe exchange is now truly a 1 for 1 exchange, to reduce the number of syringes out in the community. (It is important to note that the program currently takes in more needles than it gives out.) Since its implementation, there has already been a decrease in the number of needles going out, as well as a decrease in petty crimes from non-resident traffic through the city. This is not necessarily being considered a success for the public health of the community, due to increased risk of needle sharing amidst growing clusters of HIV and other STIs in Cabell County.

Throughout the period of 2019-current 2021, the harm reduction program has continued to function under additional restrictions due to the pandemic. Additionally, it is dealing with the growing, negative influence of neighboring counties' harm reduction programs. Despite these barriers, the program continues to offer services to individuals struggling with substance use and mitigate the impact of substance use on the local community.

Great Rivers Regional System for Addiction Care

The Great Rivers Regional System for Addiction Care, comprised of public health, health care, community and nonprofit partners, was established to develop a model of a comprehensive, systems-level approach among partners of each component to address the opioid epidemic. The model was developed on the premise that creating an improved 'system for care' to address the opioid epidemic would require the combined expertise of partners,

including health care providers, public health experts, first responders, and community partners and organizations. Thus, the System essentially serves as a hub that coordinates the efforts of the partners.

The System is a four-year project focused on reducing the number of overdoses and overdose-associated deaths, improving access to treatment, and reducing the spread of infectious diseases such as HIV and Hepatitis C. The four counties in West Virginia that comprise this system include Cabell, Kanawha, Jackson, and Putnam, with a central office located in Putnam County.

Nearly half of the residents of West Virginia, entirely part of Appalachia, live in rural, geographically isolated areas, including those counties listed above. This, in turn, isolates many individuals from accessing healthcare services. In addition to the geographic and economic challenges, an alarming number of WV residents struggle to overcome issues of substance misuse, mental health disorders, and poor quality of life. Many WV residents contend with complicating risk factors as well, such as trauma, intimate partner violence, and other chronic diseases. These issues are influenced by poor access to health care, low health literacy levels, low levels of educational attainment, and high numbers of unemployment. Many counties in WV, including all counties in the Great Rivers Region, qualify as health care and mental health professional shortage areas.

Implementing this project in this region of the state has many advantages. First, it covers approximately 30% of the West Virginia's population so the impact on achieving the goals of the project will have a positive impact on a large number of people. The second advantage is that it covers the political center of our state in Kanawha County. This provides the opportunity to share our successes with the political leaders of our state, many of whom still need to learn more about the disease of addiction. Our Sustainability Plan will include continuous activities that give the Advisory Committee, our many partners, the staff and the people most impacted by the epidemic the opportunity to share what the project is about, our successes, and what challenges are being faced as it is implemented.

The third advantage that will be addressed in the Sustainability Plan is working closely with funders. WV Medicaid exists in a managed care environment. While this can be onerous, managed care companies are looking for innovative approaches to care. This comprehensive approach to care will certainly be of interest to the MCOs. The importance of collecting and analyzing the data will be paramount. Many new programs portend to save financial resources. This project has the opportunity to study and analyze the impact it might have on savings in higher cost inpatient and emergency room care. The State Bureau of Medical Services (Medicaid) has already initiated discussion about one element of the program, the Quick Response Team (QRT) to see if they might be able to fund it through existing service codes, and this was after only three months of the start of the program. The Quick Response Team in Huntington has been operating since December of 2017, and with the aid of Great Rivers, Charleston's QRT has been operating since July of 2018.

Currently, the System components under development at various stages across the region include: 1) comprehensive public health harm reduction programs with wrap-around services; 2) community-based Quick Response Teams following overdose; 3) Project Engage to screen and identify individuals with substance use disorders in hospitals to link them to treatment and recovery services; 4) Provider Response Organization for Addiction Care Treatment (PROACT) as a community-hub for treatment and referral services; 5) Naloxone education and distribution, and 6) community-level substance use prevention and education. The System has also incorporated Peer-Based Recovery Support Services in many components of the System, including but not limited to, emergency room recovery specialists, recovery coaches in harm reduction programs and for hospital inpatients, and as a part of the various community-based education efforts.

The Great Rivers Regional System for Addiction Care is a one-of-a-kind concept to aggressively address the opioid epidemic through an epidemic community response. This approach is just that: bringing together community providers, health care organizations, treatment agencies and services, and engagement of the public to address the needs of people with SUDs regardless of age, race, or ethnicity- primarily those suffering from opioid addiction. This program has the potential to not only significantly save lives, but also has the potential to

help a region of our state and county that in many ways has been hit the hardest by the opioid epidemic and demonstrate that progress can be made. It will prove that people can recover and lead productive and healthy lives, and that solutions to this complex medical and social problem can be found.

Faith Community United

Faith leaders in our community are on an often-unrecognized front line of the epidemic. With many individuals affected, people constantly seek help and guidance from their faith leader. Despite these constant encounters, many of these leaders expressed a lack of understanding surrounding substance use and felt ill-equipped to handle it within their congregations and community.

In response to this, a team of community leaders from First Steps, Marshall University, Marshall Health, and local faith leaders conducted an initial survey of faith leaders regarding their needs and previous knowledge. From these surveys, 6 trainings were developed to address the most pressing needs. These trainings were held on a continuous cycle of once a month, until a recent decision was made to host a one-day training that captures all of the sessions at once. This was based on records of attendance that showed few individuals getting all 6 sessions, likely due to time constraints.

The first training is “Addiction 101”, which provides general and complex background information on what substance use disorders look like, what causes them, and how they need to be treated. This sought to reduce a myriad of misinformation and myths surrounding substance use, which is necessary before individuals can begin to work on reducing the impact of substance use. A lack of education in the general public is a well-recognized barrier to treatment that this coalition is working to break down.

The second training is “Humanizing the Epidemic”, which forces the community to listen to the stories of those with substance use disorders who are in recovery. The stigma surrounding these individuals often prevents progress in treatment and recovery. It has been recognized that it is easier to blame “those type of people” for their own failings without ever

seeing them as a person or hearing their story. The response of the audience to these individuals is nearly unanimous in positivity and empathy, which are necessary components for gathering community support.

The third training includes SBIRT, which is Screening, Brief Intervention, and Referral to Treatment. Supported through a SAMHSA grant awarded to Marshall University in 2014, this training is an evidence-based approach that incorporates a lot of Motivational Interviewing. The purpose of this is to guide individuals to be more helpful with their speech, and push individuals struggling with substance use toward recovery rather than pushing them away. It seeks to break down inappropriate language that increases stigma and encourages uplifting interactions for periods of intervention.

The fourth training is “Community Partners”, which provides a platform for local community initiatives and programs within the city to present the work they are doing to reduce the impact of substance use for both those struggling with SUD and the surrounding community. This piece is enlightening for individuals in that it allows them to see that there is an active effort to improve the overall public, but also provides opportunities for people to get involved with these initiatives and programs. For programs like the local Harm Reduction and Syringe Exchange, it also provides an open format to raise questions and concerns that can be answered accurately, to reduce misinformation and stigma.

The fifth training is a resource fair, where we invited all types of organizations and programs that contribute to the recovery community to set up tables. With an informal, open atmosphere, this two-hour event allowed people to walk through and ask questions as well as receive information that may be useful to them.

The sixth and final training is a sort of “follow-up” training. The set up for this event is more group-based, with tables of participants matched up with one worker from the coalition. Once the instructions were presented, each group was given situations of possible encounters with individuals struggling with substance use disorders. These situations were talked through as a group, to practice supportive and effective intervention.

After completing two full rounds of these sessions, the initiative was internally evaluated to determine barriers and room for improvement. The attendance list from each session showed that very few participants attended the all six trainings. Although this is understandable, missing pieces in the overall training plan reduces the ability of participants to fully comprehend the problem and how to help solve it. To remedy this, a one-day training was developed to bring together the most important content from each session into one comprehensive training that could be hosted on-site for churches and organizations, rather than asking individuals across the community to meet at one central location.

The most important aspect of the Faith Community United initiative is education. If this model can be adapted in any way to educate local faith leaders, it would be a major asset to any community. With volunteers from local organizations and religious institutions, this can be done without any type of formal budget. It is also important to note that this is an inter-faith initiative with no spiritual agenda beyond providing faith leaders of all kinds the information they need to be adequately equipped in handling situations that arise from members of their congregations and community regarding substance use.

Now into 2021, FCU trainings have ceased in Huntington several years ago, as well as those that started in Charleston. The lack of funding and dedicated personnel makes any program difficult to maintain, and this initiative was unable to continue for the time being. Additionally, the need had lessened as a large number of faith community members who were willing to be involved were already trained. While the environment and population has changed since its implementation, the potential need for future trainings is being revisited.

Drug Court/WEAR

In West Virginia, the Supreme Court is the oversight for drug courts. Additionally, WV Supreme Court law says that there must be a drug court of access to a drug court program in every county. The main purpose of this specially designed court is to reduce recidivism and substance use while promoting successful lives for those involved. Properly implemented and maintained, these courts not only promote rehabilitation, but save the high local and state costs associated with criminal justice.

The Cabell County drug courts are comprised of two distinct courts: the juvenile drug courts and the adult drug courts. The current adult drug court has been running since 2016 with a steady flow of participants. The qualifications for entering the drug court require that the crimes associated with the incarceration and/or probation of the individual be non-violent, with a clear substance use issue prevalent in the participant. Participants are required to pursue rehabilitation while undergoing regular drug tests. Additionally, these individuals are regularly drug tested and supervised. Once an individual is involved, there is a team of legal and healthcare individuals that discusses each unique case prior to each court hearing in order to advise the judge in making appropriate decisions. This advice is largely dependent on all that has occurred with the individual throughout the time since the last court date.

Depending on the behavior and successes of each participant, each court date may hold serious repercussions or rewards. Each individual's choices are evaluated uniquely to their situation. Unfortunately, there are times when due to these choices, the participant is taken back into custody for a set period of time. For example, while relapse is something expected to prepare for, the consequences for a dishonest relapse cannot be tolerated within the program and must be dealt with severely. For more minor offenses, such as lying to a probation officer or a missed appointment, the common punishment is community service hours. On the opposite side of the spectrum, intervals of time spent clean or exceptional advances in recovery are rewarded with incentives such as gift cards, pre-bought prizes, or reduced participant fees.

According to the WV Judiciary, drug courts must incorporate ten key components, listed below:

1. Drug courts integrate alcohol and other drug treatment services with justice system case processing. Early, continuous, and intense treatment is an evidence-based effective component of drug courts.
2. In drug courts, prosecution and defense counsel use a non-adversarial approach to promote public safety while protecting participants' due process rights.
3. Eligible participants are identified early and are promptly placed in a drug court program.

4. Drug courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services. Recovery support through step-down services over the term an offender participates in drug court, provided in phases, is incorporated in every West Virginia drug court.
5. Abstinence is monitored by frequent alcohol and other drug testing. Drug testing is mandatory and random.
6. A coordinated strategy governs drug court responses to participants' compliance. This includes the use of appropriate incentives and sanctions to alter offender behavior.
7. Ongoing judicial interaction with each drug court participant is essential. Close judicial supervision and involvement, including judicial interaction with participants and frequent status hearings, is a foundation of drug court evidence-based practice.
8. Monitoring and evaluation measure the achievement of program goals and gauge effectiveness.
9. Continuing interdisciplinary education promotes effective drug court planning, implementation, and operations.
10. Forging partnerships among drug courts, public agencies, and community-based organizations generates local support and enhances drug court effectiveness. A drug court team of appropriate disciplines and an advisory committee of a variety of interested disciplines are required to establish a drug court in West Virginia.

Cabell County's Drug Court, located in and largely consisting of residents of Huntington, is the largest drug court in the state. There are several counties that should have as many if not more participants than Cabell has, but there is an overall urgency in our county to utilize every potentially good strategy against this epidemic that is not present in other counties. The original drug court located in Huntington, WV held two probation officers and roughly forty participants, as the maximum caseload per probation officer is twenty. When leadership in the City of Huntington wrote a grant for the Women's Empowerment Addiction and Recovery (WEAR) program, an additional probation officer and twenty more participants. This addition to the existing drug court was geared toward women with high-risk sexual lifestyles, a much-needed aid to the substance use and sex trade growing in Huntington. These programs were carefully combined to avoid stigma about prostitution that could prevent participation by grouping them with those participating in drug court.

The Cabell County drug courts have undergone some serious changes and complications over the past few years that other communities will need to prepare for as well. Basic funding is provided through the WV Supreme Court for each county. The additional funds for incentives within the program are provided through the participant fees. One of the largest contributions to any drug court is the time of the judge presiding over the cases, as this individual's time is donated rather than being financially compensated. This judge must also be a circuit judge to enable them to use incarceration as a tool or out of necessity within the program.

The juvenile drug court was dissolved for a period of time and has recently been reinstated. This court experiences its own unique barriers to helping young individuals in need of recovery and rehabilitation. With so many efforts to provide recovery options for individuals struggling with substance use, very little has been done for adolescents. It is difficult to provide alternative paths to crime for individuals that have limited treatment, job, and housing options due to their age. This is an issue Huntington is continuing to address as they go along.

PEP {CCSAPP}

In 2005, a violent murder of four teenagers on their prom night in Huntington was attributed to some form of a drug dispute. No one was ever convicted for the murders, and the community was left struggling to understand how something like this could be prevented in the future. Local leaders in mental health met to discuss what actions they could take and as a result of these discussions a coalition was formed to try and engage with students early and often to prevent such a tragedy from happening again.

In response, the Cabell County Substance Abuse Prevention Partnership (CCSAPP), a local organization sponsored by United Way of the River Cities in Huntington that consists of various agencies across Cabell County, was created. The importance of community coalitions like these are to raise awareness of an issue and bring people to the table to help address it. Unlike many of the other programs/initiatives going on throughout the region, CCSAPP's primary focus is on prevention. The primary goals of the group are to implement protective factors and mitigate risk factors throughout the community. CCSAPP meets monthly and is governed by an executive committee and two support staff at the United Way of River Cities.

The initial group began looking for funding through SAMSHA as well as local funding. The group began without any funds, as they were denied their first application for a Drug Free Communities grant. In the second year, they received their first funding from a second application that was successfully granted from the DFC. If another community is denied in their first application to the DFC, continue to apply with the feedback provided in the first rejected application. With an annual budget of roughly \$150,000, CCSAPP has been able to make a substantial impact in the community. The more funding an organization like CCSAPP can obtain, the more prevention projects they will be able to implement.

The DFC was also helpful in bringing partners to the table. With the initial group largely consisting of representatives from Marshall University and United Way, the DFC helped find which community members were missing from the table and needed to be invited in. This ultimately strengthened the resources and mission of CCSAPP, as it now consists of a diverse group of community partners from different fields all working toward the same goal.

Once the financial resources were available, the first priority of CCSAPP was to hire a full-time director. In addition to the full-time director, there is now an additional coordinator position funded that prioritizes time spent in the local schools. After this was accomplished, financial resources were and continue to be directed toward specific prevention projects. Much of CCSAPP's projects are currently funded through SAMSHA funds which are funneled through the state and through the DFC. These grants awarded through the DFC are on five-year terms that cannot be awarded more than two times, for a total of ten years.

Examples of projects and initiatives led by CCSAPP include school-based prevention efforts in the Cabell County schools. CCSAPP provides the Too Good for Drugs curriculum for Cabell County Schools and hosts an annual Teen Summit that invites a nationally recognized teen-speaker to meet with over 200 high school students on Marshall University's campus each fall. CCSAPP also supports the PRIDE survey in elementary, middle, and high schools to identify current drug trends in Cabell County youth. These efforts are designed to fully educate students on the effects of substance use, deter the use of substances by youth, and to prepare them for

success in rejecting substance use by practicing appropriate responses to various high-pressure or risky situations.

The coalition not only focused on prevention at the school-based level but engages the community in an annual Drug Summit. These Summits have evolved over the years from listening sessions and an exploration of the problem to a focus on solutions and evidence-based programs. CCSAPP also promotes and leads drug take-backs in the community throughout the year, coordinates spot-checks that identify businesses that sell to underage individuals and improperly check IDs, and raises awareness of community petitions that could change local laws surrounding substance use for the better.

With the bulk of funding coming from the DFC, most of the goals of CCSAPP are set by the DFC. These goals have changed over the years, especially due to the many years spent getting the community buy-in necessary to grow. Many community stakeholders initially didn't believe there was a problem. It took years of work to just raise a level of awareness that there is a drug problem in the community. Beginning work at CCSAPP was focused on education and awareness, as well as talking to legislators in DC about the issue. The group hosted education events and brought in experts on the issue to further expand community awareness.

It is important to look for local partners to create sustainability, as there are minimal sources available across WV and the US that specifically fund prevention initiatives. Partnering with an organization like United Way has provided an additional resource for finding funds and it would benefit other communities to find a similar partner.

In 2019, CCSAPP adapted to expand prevention efforts through a new governing coalition – Prevention Empowerment Partnership – and more targeted subcommittees. CCSAPP is now one of those subcommittees. This expansion has allowed PEP to focus on a wider geographic tristate area beyond just Cabell County, as well as incorporate more prevention efforts outside of the local school system.

LEAD

When identifying needs in the community, Huntington saw an exhaustion of resources by law enforcement on the same individuals over and over on low level drug crimes that weren't corrected with incarceration. In response, the city applied for funding through the Bureau of Justice Assistance to implement the LEAD program. Law Enforcement Assisted Diversion (LEAD) is a program through the Huntington Police Department that works to reduce recidivism and the overuse of resources associated with consistently incarcerating the same individuals. It is important for law enforcement and the community to know that the goal of this initiative is not to reduce arresting criminals—it is to assist individuals who need help and in the long run, reduce the need for drugs that bring criminals into the community. People who need to go to jail still go to jail.

This program was modeled after the program in Seattle, Washington. LEAD in Huntington was tailored to fit our own population, as the one in Seattle was primarily designed for diversion with sex workers. Huntington's primary population of focus is low-level criminals who have substance use disorders or other behavioral health issues but are nonviolent and can be diverted. In response, Seattle then consulted with Huntington to adapt their own program to include methods from the Huntington program. This is an example of the importance of using pre-existing programs to best fit your community by identifying the needs specific to your community, and seeking out what is already working, whenever possible.

Having a social worker/behavioral health professional embedded in the police department as a point of contact for law enforcement when they encounter an individual in need of those services helps reduce a lot of the red tape that it would take for law enforcement to otherwise find people with the help and resources they need. The LEAD program consists of a trained behavioral health professional that is tasked on police reports to visit individuals that law enforcement deems in need of being diverted due to a behavioral health issue, often a substance use disorder. Additionally, this behavioral health professional can be called out on an active situation with individuals present who fit this category but may not have reason to be arrested. A large number of individuals visited through LEAD come as referrals through the jail

system, as well. When visiting these contacts in the community, the behavioral health professional is accompanied by a member of law enforcement.

While the original plans for how LEAD would work within the department did not go according to plan (largely due to a sense of distrust for newness and outsiders like the behavioral health professional within their department,) LEAD personnel adapted to function in ways that would best accomplish their end goals. This proved successful, as when the program was active, 50% of individuals contacted through LEAD entered some form of treatment. After several years and several personnel changes, combined with grant funding changes, the LEAD program ceased operations. Now, in 2021, Pretera Services, Inc. is revisiting the restructure and reimplementation of the program to address its still-present need.

The goal of a LEAD program should be to save many more financial and personnel resources than are spent on the program. Employing a behavioral health professional to work within the police department can aid in reducing incarceration costs both in the short term and long term. Members of law enforcement will be less occupied with repetitive, low-level calls, and will be able to focus on more important work. This also aids in reducing compassion fatigue among law enforcement by providing internal access to a behavioral health professional when needed.

Treatment

Project Hope for Women and Children

While many treatment facilities are open to a select number of men and women, and even more local facilities are available solely to men, the limited number of residential treatment facilities for women is a problem exacerbated by the even smaller number of residential treatment facilities that allow these women to bring their children. Residential programs have also long been considered abstinence-based programs that restrict or refuse the use of medication assisted treatment or psychiatric medications. Project Hope for Women and Children was designed to fill a local need by providing a residential treatment program that encompasses all pathways to recovery.

For over twenty years, the Huntington City Mission ran Project Hope, which consisted of an adjacent building with transitional apartments for individuals and their children. In recent years, these apartments were identified to be unsustainable with transitional housing funds. Through a partnership with Marshall Health and Marshall University, Marshall Health has now renovated these apartments into eighteen 2-3 bedroom apartments for women in recovery and their children up to 12 years of age. These comprehensive renovations included adding kitchens to each apartment to promote independent living. Through the additional donations by various community partners, there is now a brand new, large playground with picnic tables and grilling area for families in the main courtyard.

Marshall Health took over the facility in the fall of 2019 and is responsible for the oversight and therapeutic services while partnering with the City Mission for residential and support staff. Late-stage pregnant women and women with children who are not “thriving” in the community due to their co-occurring mental health and substance use disorders are eligible for services. Project Hope for Women and Children (PHWC) is under Marshall Health’s licensed behavioral health center (LBHC) and provides services at the ASAM 3.1 and 3.5 level. This level is known as Clinically Managed High-Intensity Residential Services for adults and require 24-hour care with trained counselors to “stabilize multidimensional imminent danger and prepare

for outpatient treatment.” Families in PHWC are able to engage in the therapeutic milieu and are engaged in services that are described as co-occurring capable, co-occurring enhanced, and complexity capable services, which are staffed by designated addiction treatment, mental health, and general medical personnel. All clients are medically cleared before entering the program and have primary care established at Family Medicine at Marshall Health.

Clinical services include approximately four hours of therapeutic group daily focused on managing things such as addressing trauma, substance use craving, and healthy relationships. During their time at PHWC, residents will be provided with opportunities to attend community AA and NA meetings, community baby showers, job training events, GED and educational opportunities, fitness classes, Marshall KIDS Clinic, along with many other services. Nightly supportive groups focus on topics such as parenting, budget setting, and healthy eating or meal preparation. PHWC has a full-time project director, two full time therapists and a third shared therapist with the Hope House, two family navigators and a third shared family navigator with the Hope House, two full time certified peer recovery coaches and a third health and wellness peer recovery coach with the Hope House, one program assistant, and one driver. Residential staff are employed by the Huntington City Mission. Each client is paired with a therapist and a family navigator and has access to a peer support coach. In the second phase of the program, clients are allowed to attend community-based meetings and apply for passes from the program.

Medication Assisted Treatment is managed by PROACT, Valley Health, and other treatment centers in Huntington. The intent is to stabilize women and children to prepare for successful re-entry into the community within four-six months. Women and their children can continue to receive supportive services upon graduation and after-care planning starts upon entry to the program. PHWC had a first class of graduates on June 28th, 2019 with 3 graduates. The ceremony was held at the City Mission Chapel with over 50 people in attendance. Since then, the program has housed and continues to house dozens of women and even more children. Many of these women have gone on to graduate, some have been retained to staff in some capacity, and some have moved into the new step-down, transitional living complement to Project Hope: the Hope House.

PROACT

While there is a major effort to increase the number of individuals in treatment, this is not always immediately available. Since time is of the essence when an individual with a substance use disorder agrees to enter treatment, there are often missed opportunities when the decision is made without immediately accessible entry into a program. There are more people in need of treatment than we have treatment centers. Without a comprehensive facility dedicated to these individuals and their recovery, we fail to capture some of these people. PROACT, the Provider Response Organization for Addiction Care and Treatment, is an outpatient facility that acts as a triage center for individuals struggling with addiction. While many recovery programs and treatment centers have specific methods to recovery, PROACT facilitates all paths to recovery, whether abstinence-based or medication-assisted. Additionally, a spiritual care component has been added to all treatment forms. Hours for the facility will expand with time. Eventually, this center aims to be open 24/7.

In 2017, early discussions among healthcare providers in Huntington about the possibility of this type of facility began. Once the idea was more formally developed, it was presented to the administration and leadership of the two local hospitals—Cabell Huntington Hospital and St. Mary’s Medical Center. The idea was pitched with heavy emphasis on the large financial and personnel resources that would be saved by the hospitals if they were to instead provide funding for this separate triage center. The hospitals committed to each give \$100,000 each year for the next five years. This contribution is projected to save each of them millions of dollars per year. Marshall Health, Valley Health Systems, Inc., and Thomas Health have also decided to partner with PROACT at various times through various contributions.

In addition to the major healthcare organizations providing funds, PROACT also solicited one-time donations from the larger local community. Aetna Insurance donated a large sum, as did many other organizations on a smaller scale. Through these collective financial donations and personnel contributions, PROACT is already serving over 750 individuals, which has far surpassed the number of individuals expected in a short time frame.

The director for PROACT was brought in with an uncertain job description to get the program up and running. This position is held by an individual with a background in social work. When it became clear that the duties associated with running this center are largely spread across both clinical and business responsibilities, the position of a PROACT manager was added to the team. This individual aids in handling business responsibilities while the director handles mostly clinical responsibilities. When PROACT opens a facility in Charleston, the manager will aid in supervising that facility as well.

At implementation, some services were billed through Marshall Health, while some were more effectively reimbursed by billing through Valley Health Systems, Inc. It is important for any community looking to replicate this program to evaluate which of their local healthcare provider organizations are most capable of providing each of the necessary services and which are most capable of long-term sustainability. At implementation, PROACT clinic also housed two separate, but cooperative agencies in the form of Marshall Health, holding a designation of Licensed Behavioral Health Center (LBHC) and Valley Health, designated as a Federally Qualified Health Clinic (FQHC). Valley Health managed the Medication Assisted Treatment services offered by PROACT while Marshall Health oversaw abstinence-based services along with ancillary case management, Peer Support services, spiritual care services through St. Mary's Medical Center, and career placement and monitoring through the Creating Opportunities for Recovery Employment (CORE) grant. Due to COVID-19 concerns, Valley Health employees returned to their previous sites of employment. As of November 2020, Marshall Health initiated MAT under their own license and assumed full occupancy of the PROACT building. As of 2021 current, PROACT services are self-sustaining and completely billable.

Another aspect of PROACT that enables mass numbers of individuals to find treatment and promotes long-term sustainability is the coordination of medical practitioners providing medication-assisted treatment. Provider engagement within PROACT is a new concept. With limits on the number of MAT patients each practitioner can manage, many would quickly reach their limit and be unable to see new clients. Additionally, many practitioners may want to help those with substance use disorders, but do not want to dedicate their practice to it. The solution to these issues was designed by placing all of the practitioners that staff PROACT with

only the hours they choose to spend at the facility each week instead of hiring full-time practitioners to staff the facility. Having more practitioners with smaller caseloads reduces the amount of stress and burnout that could occur within the staff, as well as maximizes the capacity to serve individuals.

Since its initial implementation, PROACT has provided quality outpatient services to hundreds of individuals with minimal barriers to accessing those services. However, barriers still remain, such as transportation and childcare. These are in the process of being addressed through PROACT. Transportation is currently being addressed as part of a pilot program utilizing car-hire services. It is also important to note that the State Opioid Response-funded daycare program and transportation programs were made available to WV communities during this 2021 timeframe.

As a facility that provides so many direct services for treatment and recovery, the 2019-2021 period spanning the pandemic has been especially complex. PROACT has continued to provide services for clients, with various limitations and changes. Many of these changes have been difficult both for the providers and the clients, but have opened the door to expanding the practice of alternative methods for some of these services, such as through virtual sessions and telemedicine. The goal at this time, however, is to return to in-person services as quickly as possible while maintaining proper precautions.

Neonatal Treatment

MARC

The Maternal Addiction Recovery Center, also known as the “MARC” program, is an extension of Marshall Health’s OB/GYN services focused on High-Risk Pregnancy and Maternal and Fetal Medicine. The Maternal Addiction & Recovery Center provides comprehensive obstetrical care, outpatient addiction care and counseling for expectant mothers with opiate addiction. In partnership with the Marshall University Joan C. Edwards School of Medicine, Marshall Obstetrics & Gynecology and Marshall Psychiatry, MARC is committed to the safety and well-being of addicted mothers and their unborn children. The MARC program provides specialized, comprehensive care for women with high-risk pregnancies which is provided by our

skilled team of physicians and nurses. Drs. David Chaffin and Kelly Cummings are fellowship trained Maternal and Fetal Medicine specialists with expertise in caring for women with high-risk pregnancies.

MARC is for pregnant women who are willing to attend weekly group therapy meetings and individual counseling services, weekly AA/NA meetings in the community, ongoing obstetrical care, and regular urine drug screening. Some women may require stabilization, which would require a hospitalization of one to three days.

Patients receive optimal obstetrical care under the direction of Drs. David Chaffin and Kelly Cummings while participating in an opiate addiction maintenance program that uses buprenorphine. Patients are evaluated and regularly seen by a certified addiction psychologist. MARC focuses on the health and safety of addicted mothers and their babies throughout pregnancy with medical care, counseling and a built-in support network. MARC patients are also offered family navigation supports through Healthy Connections and peer recovery supports.

MOMS

The Maternal Opioid Medical Support (MOMS) Program at Hoops Family Children's Hospital at Cabell Huntington Hospital was developed to provide substance use disorder recovery support for both postpartum women and their babies, and to provide it in a convenient location. The MOMS Program is located on the third floor of Cabell Huntington Hospital, directly beside the Neonatal Therapeutic Unit (NTU). This allows for mothers to receive their treatment within close proximity to their babies. This promotes bonding and attachment between the mothers and their babies by limiting disruption of scheduled NTU visitation hours.

The mission of the MOMS program is to meet healthcare needs and build a foundation for recovery for postpartum women living with substance use disorder, by bridging the gap between their behavioral health and medical healthcare needs in a supportive, compassionate, and encouraging environment. The goal of the MOMS program is to provide the services,

support, and resources necessary to produce healthy women, healthy mothers, and healthy families.

The MOMS Program is a Medication-Assisted Treatment program and is staffed by a behavioral health provider, a nurse practitioner, and a physician. The behavioral health provider provides individual counseling twice a month, and group counseling once a week. The nurse practitioner, in collaboration with a physician, provides medication services including, but not limited to, buprenorphine (Suboxone, Subutex, etc.), naloxone (Narcan), naltrexone (Vivitrol), and voluntary birth control, education, and other medical services as needed. Patients meet with the nurse practitioner at least once a week. The MOMS program collaborates closely with resources in the community, such as Lily's Place, Healthy Connections, and Project Hope for Women and Children, to engage and establish the mother and family in long-term, community-based follow-up services.

Lily's Place

Lily's Place opened in October 2014 as the first Neonatal Abstinence Syndrome (NAS) center in the United States. Lily's Place provides observational, therapeutic, and pharmacological medical services to infants experiencing withdrawal symptoms outside of a hospital in a community-based setting. The trained staff provide non-judgmental supports, education, and counseling services to mom, other caregivers, and the family. Lily's Place has a social worker, peer recovery coaches, and on-site nursing to help infants medically withdrawal from substance and join their families at home.

Nurseries provide a peaceful, home-like environment that offers a place where families can bond with their infant as he or she goes through the weaning process. A newer addition to the program is Kevin's Room. Kevin's Room is available as an option for primary caregivers to stay the night in preparation for their new lives at home with their infant.

Recovery Supports

Healthy Connections

There is a high need for coordination of services, both in our community and many across the country, for women in recovery that have young children. In response to this gap in services, the concept of Healthy Connections was developed, an integrated care pathway developed to provide the wraparound services for women in recovery and their children. Healthy Connections is a collaborative community response to the treatment of mothers struggling with addiction and the well-being of their families.

The vision of Healthy Connections is to represent a collaborative treatment approach that encourages functional partnerships in recovery, educates families and the community about best practices and resources, and works to improve the quality of family relationships. The River Valley Center for Addiction Research Education and Support (RV CARES) plays an important role in this vision, and is also supported by over 20 different community partnerships that make up Healthy Connections, including Valley Health Systems, Inc., Marshall University's Department of Psychology and Department of Social Work, Marshall Health, Marshall University School of Medicine, Cabell Huntington Hospital, St. Mary's Hospital, Lily's Place, the City of Huntington, and other home visiting programs such as Mountain State Healthy Families, Birth to Three, and Child Protective Services.

Healthy Connections has been meeting for over two years and has pursued state, federal, and private support. Marshall Health currently oversees the grants and hiring for the implementation of grants from funders such as Drug Free Moms and Babies/Perinatal Partnership, Sisters of St. Joseph Health and Wellness, Community Development Block Grant, and Regional Partnership Funding in collaboration with Pretera Center. These grants have funded the financial resources necessary to hire three full-time family navigators, which are the intensive case managers for women struggling with substance use and their families. These family navigators work with a small caseload (less than 18) to work on a unique plan for each client and child, to help guide them through the entire spectrum of services and resources.

These navigators also provide comprehensive assessments to identify the services that are most needed and coordinate those services. Additionally, there is a full-time peer recovery coach dedicated to working with mothers in the local hospitals and Healthy Connections on site. These navigators and the recovery coach work out of the RV CARES location. Family Navigators are able to come alongside the mother and her family and support them through pregnancy, post-partum services, and continue till a warm hand-off can be provided to the school system.

Through the experiences in the past year of serving families through Healthy Connections with Family Navigation services, it has been recognized that while their needs to be a focus on women who are pregnant or have young children, a mother is not always the caregiver in need of these wraparound supports. Grandparents raising grandchildren are a population of underserved individuals who share many of the needs of the mothers served. This has led to the inclusion of grandparents in need of services for their family unit, as well the development of support groups that are specialized for them. Additionally, Healthy Connections family navigators have serviced fathers and foster parents with young children that need the same wraparound supports as mothers struggling with substance use would need for their families. Though mothers are still the focus of this piece in the continuum of care, Healthy Connections has adapted to serve children and families affected by substance use through whichever primary family member may need served.

The River Valley Center for Addiction Research, Education, and Support (RV CARES) location and Project Hope for Women and Children are hubs for Healthy Connections services, including: the family navigators' services; a specialized daycare for children with prenatal exposure; a monthly KIDS clinic that provides complete physical, psychological, and developmental evaluations from a series of specialized pediatric providers; a WIC mobile clinic; a moms' support group; and a myriad of life skills and education courses for women in recovery seeking a better future for their families. This unique coalition is working to expand services based on the need and feedback from the community. It works to prevent families from getting lost in the system following the birth of a child and reduces a duplication in services while advocating for trauma-informed and client-centered needs.

The ability to serve these families throughout the pandemic has been strained due to the restricted access to home-visits, as well as the general decrease in social-service access that the family navigators would normally work with and use for referrals. However, the family navigation, daycare, KIDS clinic, childcare facility, and virtual monthly meetings have continued without interruption. Efforts for outreach to potential families in need will ramp-up as more facilities re-open and individuals re-enter community meetings and activities.

Peer Recovery

Peer recovery is a unique approach to substance use in that it is not a clinical treatment, but rather the use of individuals in recovery who have gone through the same challenges as individuals currently using substances. These individuals in recovery, or “peer recovery coaches” walk alongside those individuals and engage them to and through their own recovery, and aid them by motivating them, encouraging them, and holding them personally accountable for their choices throughout the process. Peer recovery-based programs often utilize an abstinence-based model. These approaches involve non-clinical assistance to support long-term recovery from substance use. Peer recovery coaches are now certified in the state of WV and can provide billable services under a licensed behavioral health center. According to SAMHSA, peer recovery coaches can decrease criminal justice involvement, improve relationships with treatment providers, decrease emergency services utilization, reduce relapse rates, and improve treatment retention and program satisfaction.

Like many other programs/initiatives in our community, peer recovery was modeled off of efforts from other communities, such as the Healing Place in Louisville, KY, from which Recovery Point of WV was adapted. Recovery Point is a six-location facility across WV, with the headquarters and original facility located in the heart of the city of Huntington. While each facility houses a large peer-recovery based program for substance use, Recovery Point has also been the leader in expanding peer recovery services throughout the community into various settings and programs. For example, Peer Recovery Coach trainings were developed through Recovery Point, and these trainings are held continuously at their facilities. Individuals in recovery who have completed these trainings and have been certified by the State of WV are

now capable of filling the growing number of positions available for peer recovery coaches within the city, including positions within the local hospitals, the Quick Response Team, the health department, and Drug Free Moms and Babies programs, among others.

Peer recovery has proven in our community to be an important piece of an integrative approach to all kinds of treatment and recovery. Whether abstinence-based, residential, or anywhere in between, all paths to recovery can benefit from the peer recovery component.

While peer recovery is continuing to grow in our community, there are some barriers that need to be taken into consideration. There has been a recent expansion of these recovery coach trainings to be taken by professionals that work with individuals with substance use disorders. This would include social workers, counselors, etc. without experience of their own. While this is highly beneficial, there needs to remain a strong distinction between a “peer recovery coach” and an individual with recovery coach training. The peer aspect of peer recovery is too important to be misrepresented.

Funding for peer recovery has also been growing within our community, but this funding is filled with stipulations about where the money can be used. While this is common, the specific stipulations on most peer recovery coach funding allow awards to only go to programs that include access to medication-assisted treatment. A majority of local peer-based programs are abstinence-based, and unable to receive this funding. This is an issue that needs to be addressed at a legislative level.

CORE

In order to maintain recovery, most individuals with substance use disorders must gain and maintain some form of sustainable employment. Due to the nature of the disease, this is often the largest barrier to establishing a healthy, stable lifestyle. With the records and history in most of these individuals’ backgrounds, most employers are too hesitant to employ them. Without a legitimate income or daily responsibility, it is much easier for individuals to relapse. While this is a well-recognized issue, the issue has been ill-addressed.

While there are many agencies ready to help in this matter, the solution has ultimately lain with employers in the past. Engaging these employers has proven to be difficult. A group of under Marshall Health has started preliminary efforts to address jobs for individuals in recovery by starting with a broad survey that was sent out through the city's chamber of commerce to business owners. The questions were carefully written by a mental health professional to simply open the door for business owners and managers to explain their attitudes towards individuals in recovery in the workplace. These answers provided a baseline of information that will be used in the near future to determine primary issues and barriers, and in turn, determine a plan for breaking down these issues and barriers.

The first substantial effort to address employment for individuals in recovery has been implemented in a new program called the Creating Opportunity for Recovery Employment (CORE) program. This was facilitated by Marshall Health through an Appalachian Regional Commission (ARC) grant.

The focus of the CORE Program in Huntington and Cabell County is to create a ready workforce among the target population of individuals in recovery and treatment and a target subpopulation of pregnant and parenting women with substance use disorders (SUDs) by improving education, knowledge, and skills for job-re-entry while supporting their health, well-being, and quality of life so they can successfully and sustainably re-enter the workforce in their local communities. While Core is a regional approach, that will eventually engage 12 counties, Huntington and Cabell County are leading in the development of this model program by establishing the first CORE hub which will be replicated across southern West Virginia. This Huntington hub is located in PROACT, which has promoted coordinated efforts between treatment and gaining employment in recovery. The second CORE hub is located in Charleston, WV and has a goal of moving into the Charleston PROACT facility once it is opened to continue those services. The third CORE hub is located at the Oceana, WV through a partnership with One Voice. CORE hubs offer wrap around job-entry and training services and life skills training, as well as specialized peer recovery coaches for additional wrap around recovery support to increase success and likelihood of individual sustaining their recovery pathway. With additional funding through the state opioid response funding, CORE is also providing kits to clients with

prospective job interviews that include hygienic and other supplemental items that may aid the client in professional presentation to potential employers.

Subsequently, CORE Hubs uniquely blend the skills and expertise of two highly successful, evidence-based models of using ‘certified peer recovery coaches’ to provide effective one-on-one substance use recovery support and ‘community health workers’. This highly innovative approach extends the reach of care coordination, health prevention and promotion. Furthermore, the Drug Free Moms and Babies Program (part of the West Virginia Perinatal Partnership) is a new health care enterprise that integrates primary care with behavioral health care services, identifies women in pregnancy with SUDs and provides individualized care management to help women navigate medical, substance use treatment and other specific needs during pregnancy and the postpartum period, a peer recovery coach, and through CORE has provided access to job engagement specialists for job re-entry. These job engagement specialists spend most of their time engaging individuals from the CORE hubs. CORE is also currently developing the role of community health workers to serve as additional supports for individuals in recovery to help with work-related barriers.

Finally, local businesses are partnering with CORE Hubs to support employment of individuals in recovery who are CORE clients. Business round tables will be facilitated throughout the CORE hubs to identify business concerns regarding the hiring of individuals in recovery and create business-friendly initiatives. The Project Director and Engagement Specialists are leading these efforts to bring local businesses on board with the program. Thus, a primary outcome of the CORE Program is that businesses will get potential job candidates who have been screened and are prepared to be good employees to support and enhance economic vitality in coal-impacted counties.

Marshall University and the City of Huntington have recognized the value of investing in the future of individuals in recovery and the benefit that brings to our community. The implementation of CORE has been a monumental first step for the community in addressing the effects of SUD on its economic development. While this is a constantly developing effort, the right resources are in place to further higher education and workforce development in this

population. Other communities can seek out partnerships with local community colleges, universities, and technical programs to see how they could develop better education and career opportunities for their recovery population.

COMPASS

One of the primary issues facing communities heavily affected by substance use is the inevitable effect of compassion fatigue. First responders, including EMS personnel, firefighters, police officers, and ER staff, are suffering a constant physical and emotional battle as the number of overdoses and drug-related crime increases. For many of these individuals, they have become hardened to the issue, and carry a general attitude of no longer wishing to help these individuals. This is dangerous not only for those they need to be helping, but also for themselves.

In order to begin addressing the mental health concerns surrounding compassion fatigue in our city, leaders of various first responders, city representatives, and mental health professionals gathered together to provide trainings to first responders about substance use as a whole—beyond the overdoses they see. These trainings were initially unsuccessful in their intent, but quickly opened a door for the professionals facilitating the trainings to use that time to listen to the first responders, gather their thoughts, and gain a better understanding of what they need in order to address their compassion fatigue.

The City of Huntington has kept compassion fatigue as a primary issue, even developing comprehensive plans to fully address it across the community. These plans were written into a grant proposal, and the city was recently awarded \$1 million dollars in Bloomberg funding to carry out these plans through a program called COMPASS. Plans include more comprehensive education for first responders about the situations they will encounter and methods for how to best process and deal with these situations. This is facilitated not only by the availability of counseling services, but also through mandatory wellness checks that evaluate first responders both physically and mentally. In addition to education and easier access to counseling, the compassion fatigue program incorporates stress-relieving activities such as cooking classes and yoga on-site.

The original funding for compassion fatigue serves City of Huntington-employed first responders, which would cover police and fire, but not EMS. Huntington learned through unfortunate circumstances that EMS personnel tend to have an equal- if not higher- need for these services than even many police and fire personnel. This could be due to several factors, including generally lower standards for testing how well future employees handle stress when becoming employed by EMS as opposed to the rigorous examinations prepared for future employees in fire and law enforcement. The city's plans have been adjusted to ensure that EMS personnel receive access to compassion fatigue services as all first responders, but this access is currently limited by funding.

Another component of the COMPASS program is the utilization of Wellness Coordinators, which are two highly qualified individuals placed out of the Huntington Police Department that are active in the community and in reaching out to engage first responders into COMPASS initiatives, such as sponsored outings or activities for personnel couples or families. Implementation of the program has already begun, including renovations of various offices to provide a space dedicated to first responder wellness. This space is designed to provide a gym for specialized training, a state-of-the-art kitchen for both cooking classes and general meal prep, a quiet zone, and a space for casual or formal counseling services, among others.

Local Support Programs

First Steps

First Steps is a drop-in center funded through Harmony House, the city's organization that addresses homelessness. The center itself is a separate location uniquely situated in the downtown area, between the Huntington City Mission and the Cabell-Huntington Health Department. This makes the center especially convenient for the population it seeks to serve. Due to the issues both contributing to substance use and created by substance use, a large portion of individuals that are homeless overlap with a large portion of individuals needing services for their substance use. All of these factors put the First Steps drop-in center in a position to reach out to many individuals with various needs.

There is a high volume of individuals who come in and out of the center on a daily basis. For those individuals who come through and are in need of recovery services, the staff are highly knowledgeable on local programs and can give informed referrals. For those who are not ready to seek treatment or recovery, the staff are able to refer to alternative services such as the Harm Reduction program or local community support services. This center also hosts many classes such as Peer Recovery Coach training courses and Smoking Cessation courses, as well as provides computers for individuals to use to search for jobs and other services.

Funding for this drop-in center is minimal, and they provide many extra services such as food and classes through outside donations. It is largely supported by the enthusiasm of the staff to serve people. In addition to the day-to-day operations, events throughout the year are planned and supported through outside donations to continue to attract new individuals who could benefit from the services provided as well as encourage those already participating. This is a highly cost-efficient service for communities to provide if a proper staff is found. If evaluation is necessary for funding, it must be minimal. First Steps cannot report individuals who have received specific services, as they are more of an information and referral center and a center for keeping people off of the streets. The number of individuals served by walking in the doors and signing in is all that is provided by First Steps to show their success.

Celebrate Recovery

Celebrate Recovery is national curriculum that is a Christ-centered, 12-step based recovery program for anyone who is struggling with hurt, pain, or addiction of any kind. The meetings are not only available to those personally struggling with substance use, but also to the families of those struggling. It is housed in local churches and utilizes a 12-step model to help people move towards a life of health and hope. This has been a great way for local churches to get involved. In addition to hosting the program, many of these churches provide a meal for the families to share before or after the session.

Loved Ones Group

A local family helps lead and support the Loved Ones' Group, which is a community-based support group. The group follows a seven-week curriculum that helps families deal with a

loved one's alcohol or drug use. The group focuses on providing education on addiction, identifying addiction, and effective strategies for coping or helping a person with alcohol or drug use. It is important to understand that this group is not for individuals struggling with substance use, but for their family members and those close to them. The Cabell County Drug Court has recently invited spokespersons from this group to introduce the program to drug court participants. These participants were encouraged to promote the group to their own family members.

GRASP

Grief Recovery After Substance Passing (GRASP) is a national organization that supports community-based support groups offering understanding, compassion, and support for those who have lost someone they loved to substance use or an overdose. Huntington, WV has a GRASP chapter that provides non-judgmental support for family members no matter the time since the death.

12-Step Recovery

There are many 12-step meetings throughout the community. These meetings can be found for almost every need, such as Alcoholics Anonymous, Narcotics Anonymous, and in almost any format that's comfortable for the individual in need of support. There is a meeting site and time to meet nearly every schedule or walking distance. This is also a good way to find the peer support or supervision needed for successful recovery. Unfortunately, there is still a permeating stigma around 12-step meetings that abstinence is the only path to recovery. For many individuals working a Medication Assisted Treatment program, there is a stigma that keeps them from being a part of these support groups and meetings. This often discourages people on MAT from attending or forces them to hide that portion of their recovery. There are many campaigns working to reduce this stigma, but for now, it remains a serious concern.

Where We Are Going

What is in the works?

Collegiate Recovery

Huntington is focusing on efforts to address collegiate recovery, particularly at Marshall University. Marshall has many personnel advocating for the successful reintegration of individuals in recovery back into the higher education system. This promotes sustainability of their recovery, as well as provides a much-needed resource of individuals in the workforce with knowledge of the struggles of substance use. There is a shortage of the mental health and social service professionals necessary in our community and across the nation. Many of the students in recovery who decide to go back to school are entering these fields where they will soon be able to help others like themselves.

CORE Social Enterprise Efforts

The three pillars of CORE are participant engagement (providing services to individuals in recovery to assist them in gaining or maintaining employment), business engagement (establishing relationships so that we can assist them in meeting their workforce needs and help them create a recovery-friendly workplace), and social enterprise development (creating opportunities for individuals who would struggle to find traditional forms of employment). While the first two pillars are currently underway, the third pillar that involves the development of social enterprise is a major effort still in the planning stages.

Turn Around

Despite best-efforts to divert individuals struggling with substance use from criminal or legal trouble, a significant number of local residents are housed at the local regional jail due to activity caused by or associated with their substance use. Some incarcerated individuals also develop their substance use disorders while in jail. Access to illicit substances is an ongoing problem for many jails and prisons across the country, so incarceration alone rarely

serves to correct an individual's underlying substance use disorder. It is, however, an opportunity to provide adequate treatment and recovery services that can address SUD.

Prestera Services, Inc. is a local behavioral health provider that received funding for the Turn Around grant, which targets individuals convicted of misdemeanor offenses. Services of this program include: providing assessments, case management, peer recovery coaching, and facilitating access to various appropriate services. The goal of this program is to help rehabilitate during incarceration and provide the supports necessary for individuals to be successful in their path to recovery once released. While this program was in its early stages prior to the pandemic, it continues to maintain an active caseload that is intended to increase once in-person accessibility becomes more possible.

Stigma

Addressing stigma as a barrier to treatment and recovery is an ongoing concern regarding substance use disorders. A stigma campaign through Healthy Connections, with media materials surrounding SUD developed with Quality Insights, was implemented in the community in 2019 and analyzed in 2020. The media toolkits and materials developed for this campaign all work together in efforts to create awareness to and reduce stigma surrounding SUD.

In order to begin working toward community-wide initiatives that address stigma, a group of individuals from Marshall Health, Marshall University, Quality Insights, and the local Healthy Connections coalition have developed a survey that assesses community beliefs and attitudes regarding SUD. This survey collected information such as demographics and various forms of media exposure. This information is being used to create a community stigma profile so that we can begin developing a targeted response on which pathways are most effective in bringing awareness to and ultimately reducing the impact of SUD stigma. The media materials presented and information gathered in this survey is easily adaptable to different communities as well as different community health issues.

Stigma is also being assessed among healthcare professionals, partially through Project Engage efforts. To build on the 2019 stigma campaign, a new, targeted campaign was developed to address stigma among employees at the two local hospitals- Cabell Huntington Hospital and St. Mary's Medical Center. The two hospitals were geo-fenced to target cell-phone ads at employees (individuals present in the hospital for 8+ hours) with subtle messages of hope aimed at reducing stigma regarding substance use. Additionally, an electronic curriculum was developed with input from an expert panel, including healthcare workers, to be used as a training for stigma reduction. Now that the e-learn has been developed and tested, the next step is to begin engaging individuals among various hospital departments to begin participating in the training process and lead stigma reduction among their peers. The goal of these efforts is to improve the quality of patient care, reduce poor health outcomes, and reduce compassion fatigue among healthcare professionals. Additionally, next steps include tailoring the e-learn created for healthcare to other professions such as the faith community and those in education.

Peer Recovery

To build on success in Huntington with peers in the EDs, Marshall Health has been working with WVU to engage fifteen hospitals in West Virginia based on highest need, such as overdose rates, NAS rates, and regional supports in the identified areas. The goal is to develop a comprehensive approach to engaging persons with substance use disorder in the emergency department setting and providing linkages to peer specialists, treatment, and recovery. A group of individuals from Huntington also have active efforts going to develop MAT programs in high-need communities and expand certified peer coaching curriculum to vulnerable populations such as the homeless, pregnant and postpartum women, veterans, and LGBTQ individuals. These efforts of expansion in peer recovery are an example of current efforts for Huntington to provide technical assistance to other communities across the state looking for aid.

Technical Assistance

While local efforts continue to need additional gaps filled and sustainability plans for existing programs, Huntington is working to begin helping external communities, as well.

Through State Opioid Response (SOR) funding, there are new relationships with groups across WV to provide technical assistance in any way possible. This includes everything from simply answering questions about funding to guiding community-led workgroups to identify and fill gaps regarding substance use in their own communities. COVID-19 restrictions on travel and changes in focus have greatly impacted these efforts in 2020-2021, but these efforts are expected to improve as meetings become feasible and individuals begin to again prioritize substance use disorder as a public health issue.

Future Needs

Education

Adequate, basic education surrounding substance use is an area of need in our community, as well as many others. The stigma surrounding substance use has a very real effect on individuals getting the treatment they need. When communities speak harshly of these individuals and their struggles, this attitude can become a barrier by discouraging people in need of help from asking for it or seeking it out.

Additionally, a lack of education has led many individuals with good intentions to provide untrue and inappropriate information to those in need of help, which often results in further harm. This is most often seen in “treatment programs” and “sober living homes” that apply rules, methods, and steps to recovery that are not evidence-based and are unregulated. Alongside those with good intentions are many individuals and organizations that pop up within the community solely for profit, and these must be carefully watched as well. The State of WV is currently working on implementing guidelines for these types of homes and facilities, but there is much work to be done.

Another area of education that is highly important is information that the Cabell-Huntington Health Department is diligently working to provide. Knowledge about how to recognize and handle an overdose could save many lives that are otherwise lost. There is a great benefit in a thorough explanation to people closely involved with substance use, people who know individuals struggling with substance use, and even the general public about the actual risks and effects of drugs in our current environment, naloxone distribution, and helping anyone you come in contact with that needs aid in an overdose or simply needs aid in seeking services. While the CCSAPP is focused on providing this information to school-aged adolescents, there continues to be a huge gap in public education on this topic.

Prevention

With so many people overdosing and many dying in such a short amount of time, our community has had to put the majority of its resources into efforts that immediately attempt to reduce the number of overdoses and overdose-associated deaths. Federal, state, and local funding are all focused on programs and initiatives that reduce these numbers as well. While this is necessary, prevention has not yet had a chance to be properly addressed and there is little funding available for entirely preventative measures.

As we continue to be successful in reducing overdoses and overdose deaths, there is a growing need to shift resources to primary prevention. These types of prevention include a lot of education, programs that would positively engage high-risk youth, better monitoring of prescription drugs, appropriate media campaigns, and even identifying and intervening with people at the earliest stages of experimenting with various substances.

With a growing number of young individuals having drug-associated encounters with both first responders and law enforcement, there has been a rising awareness of the need for adolescent treatment options. There are various treatments available for infants with neonatal exposure and for adults, but the unique physical and environmental differences that adolescents experience require a unique form of treatment that is currently unavailable. This is especially prevalent among individuals participating in the Juvenile Drug Court. The court is struggling to provide options to these young participants, and they, along with many individuals and organizations within the city, are beginning discussions for how to address the need for adolescent treatment.

Step-Down/Transitional Housing

For individuals who are successfully working through various treatment and recovery programs, there is an ongoing need to provide step-down housing at a lower level of care. While the new Hope House for the women and families graduating from Project Hope for Women and Children has opened one option for pregnant and parenting families, there is still a great need. Huntington is currently exploring models and potential funding opportunities to

create quality options for independent living that promotes sustainable recovery after more intensive treatment is finished.

Non-Opioid Substance Use Treatment

As Huntington, WV has become more successful in addressing the opioid epidemic, it has also recognized a growing shift towards non-opioid substance use. The use of various substances such as cocaine, methamphetamine, stimulants, or alcohol are not new, but the trend of higher use of these substances among individuals with substance use disorders is concerning for both the community and treatment/recovery providers that have primarily dealt with and developed solutions for opioid use in the past.

There is a well-established need in the treatment and recovery community, as well as those who interact with this population through the legal system, to develop treatment and recovery options that specialize in poly-substance use and non-opiate substance use. These trends vary by community. While the substance use epidemic is nation-wide, each community needs to perform constant assessments of the substances prevalent in their populations to maintain efforts that adequately address their needs.

Comprehensive Prevention and Recovery Social Supports

The more areas of substance use that Huntington, WV, works to address, the more evident it is that all of our efforts are deeply connected to and dependent on community-based prevention and recovery social supports. This has brought widespread recognition to our need to adequately address issues such as economic barriers (transportation, nutrition, education, housing, etc.), the family system, chronic homelessness, access to medical care and social supports, and mental wellness, among others. Addressing comprehensive social supports is a vital component of promoting long-term recovery.

Program Type and Population of Focus

Program/ Initiative	Type	Population of Focus
Harm Reduction	Prevention/ Early Intervention	Individuals struggling with substance use, especially those with IV drug use
Great Rivers Regional System for Addiction Care	Cross-Cutting	Rural and geographically isolated communities struggling with substance use
LEAD	Prevention/ Early Intervention	Low-level criminals and those associated with them that have substance use issues and can be diverted from crime
Drug Court/ WEAR	Treatment/ Recovery	Low-level criminals struggling with substance use who can be rehabilitated instead of incarcerated
Healthy Connections	Cross-Cutting	Women struggling with substance use that are pregnant or have families
Project Hope	Treatment/ Recovery	Women struggling with substance use that have families and are in need of residential treatment
CCSAPP	Prevention/ Early Intervention	Young adults, teenagers, and community members
QRT	Prevention/ Early Intervention	Individuals who have recently overdosed
Project Engage	Prevention/Early Intervention	Individuals struggling with substance use that come through the hospital for reasons other than their substance use
PRO-ACT	Treatment/ Recovery	All types of individuals struggling with any type of substance use
Peer Recovery	Treatment/ Recovery	Any individuals struggling with substance use
Faith Community United	Prevention/ Early Intervention	Faith leaders in the community
Lily's Place	Treatment/ Recovery	Infants with prenatal exposure and their mothers or other caretakers
MOMS	Treatment/ Recovery	Pregnant or recently postpartum women struggling with substance use
MARC	Treatment/ Recovery	Pregnant or recently postpartum women struggling with substance use
Compassion Fatigue	Prevention/ Early Intervention	First responders struggling with mental health effects of constant exposure to traumatic encounters surrounding substance use
CORE	Treatment/ Recovery	Individuals in recovery who are seeking employment to maintain a sustainable lifestyle

***Type:**

Prevention/Early intervention, Treatment/Recovery, Cross-Cutting

***Population Focus:**

Which individuals or groups of individuals does this program seek to serve?

Program Cost

***The personnel costs outlined below are sum totals of the salaries, benefits, and expenses associated with all of the employees covered by programs currently in operation. Other costs such as facilities, resources, materials, and even personnel will vary for any new location, and these numbers are meant to be used only as a reference based on the City of Huntington's personal experience.**

Quick Response Team (QRT) of Huntington received two grant awards that simultaneously funded the start-up and implementation of the program for the first three years. \$100,000 per year for three years was originally awarded from the Bureau of Justice Assistance, and the budget allowed for the project coordinator, team members, and materials to work QRT for 10-20 hours per week. With the additional award funding of \$350,000 per year for three years from the Empowered Communities Initiative, the personnel, materials, and computer software were funded for a full 40 hours per week.

Healthy Connections: Originally run off of volunteer time by organization members, Healthy Connections now has various funding sources through various members. Quality Insights donated \$1 million in-kind donations through personnel, print and media materials, and marketing as part of a community health initiative. The three family navigators, employed by Marshall Health with ~\$50,000 spent per individual, were historically funded by a Sisters of Saint Joe grant, Regional Partnership grants, and Drug Free Moms and Babies funding, and now include funding through the Hearst Foundation. The KIDS clinic is largely facilitated by the donated time of the healthcare providers from Marshall Health and Marshall University. Lily's Place provides some of their own resources as contribution to the HC efforts. RVCARES has been funded through many small, local awards and grants to River Valley Child Development Services, who own the facility and childcare center. An anonymous local grant of ~\$60,000 also includes start-up funds to cover the employment of the new RVCARES daycare director.

Project Hope for Women & Children required \$1,430,000 to renovate the 18 apartments, install full kitchens, and furnish the apartments, common areas and therapeutic spaces/offices. The initial staff consisted of a Project Director, two therapists, two family navigators, a program assistant, and a peer recovery coach. The City Mission is paid a monthly lease for the building and supplies the 10 residential staff including the residential supervisor. Project Hope for Women & Children has two vans and hired one full-time bus driver to start. Other supervision staff, support staff, research staff, and medical staff are through Marshall Health Family Medicine and Division of Addiction Sciences. Initial grant funding utilized state Ryan Brown

Funds, which were a one-time allotment of funds that could be used for bricks and mortar to set up residential beds. Start-up treatment costs are through SAMHSA.

PROACT Huntington required \$1,300,000 million in renovation costs of the leased space in Huntington. Marshall supports ten ongoing staff including the PROACT director, which does not include Pharmacy staff, research staff, and other support staff that operate through Marshall Health Family Medicine and Division of Addiction Sciences. Initial funding of \$1,000,000 per year from Cabell Huntington Hospital and St. Mary's Medical Center for PROACT was received for the first five years. Part of the State Targeted Response funding was also designated to establish the infrastructure and operationalization of PROACT. Services are billed through Marshall Health and are now self-sustaining and fully billable.

Harm Reduction programs are supported by federal, state, and local funds along with grant funding to support initiatives that may be restricted by federal funds, such as clean needles that are provided by local healthcare facilities. The Cabell Huntington Health Department's harm reduction program needs a minimum of \$192,000 annually, which keeps the program functional until additional funds can be made available. ~\$85,000 of this covers salaries and benefits of 1 full-time coordinator and 2 part-time nurses. The intake coordinator is contracted out at an expense of \$30,000, and roughly \$42,000 per recovery coach for 2 recovery coaches is paid for by the Great Rivers funding. Equipment such as computers and tools for the nurses to do bloodwork costs \$5,000, and another \$57,000 is spent on medical waste, education promotion, media, and naloxone, though much of the naloxone is gifted or donated to the department. \$20,000 is spent on clean supplies such as cotton, tubing, and water. Many of the services individuals through the Harm Reduction program can receive such as health screens, vaccinations, and tests are covered by the Health Department and its regular services.

Great Rivers Regional System for Addiction Care is the first private-sector partner chosen by the Merck Foundation to receive ~\$2 million over four years. Through this, Marshall Health has been able to fund a director, 2 prevention education specialists, and 3 part-time engagement specialists at a total cost of \$1,060,031 over the four years. Another \$31,800 covers supplies, \$19,200 covers travel, and the remaining funds cover contractual agreements, indirect costs, and other miscellaneous expenses. This program will be sustained through the ongoing engagement of partners representing key sectors and all System components across the Region. In addition, with the advent of the Medicaid SUD wavier, many of the services will be reimbursed by Medicaid.

Faith Community United: This initiative is relatively free. The meeting facilities and print materials are provided by members of the initiative who volunteer their time under their own organizational duties. Events hosted by the initiatives are hosted by local churches and food is provided through donations as well. The time of each speaker that educates through these trainings is also on a volunteer basis.

Drug Court of Huntington is dependent on the volunteered time of the judge over the court. The two main probation officers are paid by the WV Supreme Court at a total cost of ~\$70,000 per officer per year. The third probation officer is paid through the WEAR program that is combined with the drug court, funded through a grant applied for by the City of Huntington. When the grant cycle for the WEAR program is up, the probation officer will then be paid by the WV Supreme Court as well. The Day Report Center that is largely responsible for some of the treatment component of the program including transportation and drug screens can charge up to \$19.50 per day per participant, with \$19.50 being the maximum charge if every service offered is provided that day. The WV Supreme Court also covers ~\$750 a year for travel and the cost of the basic mandatory drug tests. All other costs that arise within the program, such as incentives, more specific drug tests, or graduation parties are covered by the participants' fees. Participants can be charged up to \$100 through phase 1 of the program and up to \$700 for the complete program.

CCSAPP receives ~\$150,000 from a Drug Free Communities grant and local donations. This money covers a program director and program coordinator as well as local initiatives, but any additional money that comes in from small awards or donations funds additional prevention initiatives.

Law Enforcement Assisted Diversion (LEAD) located in the Huntington Police Department was funded through a grant facilitated through the local behavioral health center, Prester Center. Roughly \$50,000 from a Regional Partnership grant covered the social worker/mental health provider's employment.

Peer Recovery: Marshall Health originally received \$332,601 through State Targeted Response starting 04/01/2018 to implement Peer Recovery coaches in the emergency rooms in Cabell and Kanawha Counties (Currently Cabell Huntington Hospital has 2, St Mary's has 3, and CAMC General has 3). Efforts are still under way to create a telehealth opportunity to provide peer recovery support to the Pleasant Valley Hospital in Mason County. In all programs and organizations that seek to employ a Peer Recovery Coach, the average cost of their time,

benefits, and expenses comes out to ~\$20 per hour including wages, benefits, supplies, and re-integration services.

Recovery Point of Huntington does not charge individuals for their stay and operates mostly off of annual and ongoing fundraising and grants. The facility serves 110 program participants at a time and employs 17 individuals and 11 peer mentors to run the program full-time. Total expenditures to operate are approximately \$930,000 annually and includes salaries, benefits, program costs (certification, supplies, etc.), utilities, janitorial costs, repairs, etc.

Recovery Point also provides the trainings for becoming a Peer Recovery Coach, which costs \$500. This is often covered by the organization wishing to hire the Peer Recovery Coach. In cases where the individual seeking training cannot afford it, Recovery Point may provide waivers.

Program Barriers

Quick Response Team

- Software to enter and keep data
- Confidentiality/HIPPA agreements
- Deciding operating hours
- Personal boundaries

Healthy Connections

- Which partner organizations to apply to for funding
- Location for central services
- Formalized structure and vision with so many organizations/agencies involved

Project Hope

- Child care
- Funding is individually focused and does not support family treatment
- Women face high levels of treatment for using while pregnant or as a mother
- Transportation for a large number of women and their children

Project Engage

- Buy-in from healthcare workers
- Scheduling trainings
- Stigma
- Medical reimbursement

PROACT

- Unique funding structure
- Space to serve the numbers in the community
- Nights and weekend services (should be forthcoming)
- Limited higher levels of care
- Transportation
- Childcare

Harm Reduction

- Community attitudes toward substance use
- Consistent funding
- Stigma

- Syringe littering
- People want the programs, but don't want to see them
- Incorrect/insufficient community education
- Schedule for services

Great Rivers Regional System for Addiction Care

- Rural, isolated communities
- Distance to and availability of prevention and treatment services
- Coordination of services and communication across many organizations and communities

Faith Community United

- Scheduling/Availability for large number of individuals
- Challenging preconceived notions about substance use
- Funding and staff

Drug Court/WEAR

- Legal focus that discredits SUD as medical condition
- Substance access in the jails and prison system
- Stigma in the legal system
- Waiting until someone is facing significant charges

PEP {CCSAPP}

- Having a designated funding stream for prevention as prevention is too underfunded
- High staff turnover even from its partners
- Changes in youth drug exposure trends

LEAD

- Locating individuals
- Resistance to change for individuals
- Out of ordinary for law enforcement to get used to
- Available treatment options

Peer Recovery

- Funding sources largely allocated to MAT programs
- Definition of peer recovery coach (qualifications and certification)

Neonatal Treatment

- Lack of substantial research

- Highly vulnerable population
- Large number of undiagnosed

Compassion Fatigue

- Attitude
- Stigma
- Job-related trauma

CORE

- Community buy-in
- Stigma
- Employer participation
- Educating/equipping candidates for employment
- Transportation
- Childcare

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Appendix

Mayor's Office of Drug Control Policy



**Two-Year Strategic Plan for Addressing
the Opioid Crisis in the City of Huntington/
Cabell and Wayne Counties, West Virginia**

May 2017



A Recovery Story

William Lockwood is a 26-year old student, community member, and dad to a five-year old son. A native and current resident of Huntington, Lockwood said he had a loving family and normal childhood, but being introduced by his older peers to marijuana and alcohol at the age of 13 and prescription opioids by age 15 led him to abuse drugs and struggle with addiction. For over nine years, he wavered between sobriety and drug use, relapsing multiple times and entering several different treatment programs.

In 2014, Lockwood reached “rock bottom.” Believing his son deserved a better dad, Lockwood decided to end his life. He started using lethal amounts of heroin and overdosed three times within two weeks. The first time he overdosed during that period, he was administered naloxone and, when revived, questioned the EMS workers regarding why they revived him. He wanted to die. On September 4, 2014, Lockwood suffered his final overdose. At a pink motel called the Coach’s Inn, a well-known drug spot, he awoke in a bathtub with cold water streaming down his face and his drug dealer beating on his chest. Emerging from the bathtub, Lockwood glimpsed his reflection in the mirror and told himself, “Will, you are meant for more than this. You have a son.” He decided to change. Lockwood entered a treatment and recovery program in Huntington and has never used drugs again.



Mayor's Office of Drug Control Policy

Two-Year Strategic Plan for Addressing the Opioid Crisis in the City of Huntington/ Cabell and Wayne Counties, West Virginia

May 2017

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Mayor's Office of Drug Control Policy, "Two-Year Strategic Plan for Addressing the Opioid Crisis in the City of Huntington/Cabell and Wayne Counties, West Virginia," *City of Huntington, WV*, 2017, <http://www.cityofhuntington.com/city-government/mayors-officeof-drug>





To the residents of Huntington and the Tri-State Region,

Simply stated, our families, our neighborhoods, our communities, our cities, and our states are under siege. The epidemic of addiction is now so pervasive that our standard of living, our way of life, and our children's future is at stake. Indeed, the issue is clear, but the solution is so very complex.

The Mayor's Office of Drug Control Policy was established in November 2014 to assist in creating a dialogue in our community and throughout the region about the pervasive nature of this epidemic of addiction. It is a law enforcement problem that requires aggressive, coordinated, and unrelenting pursuit of those who traffic in illegal narcotics. It is also an addiction problem that requires an even larger aggressive, coordinated, and unrelenting effort to begin saving lives.

The Mayor's Office of Drug Control Policy was our way of saying that, in order to defeat this epidemic, we must first own it. It is up to us to devise solutions that best serve our community.

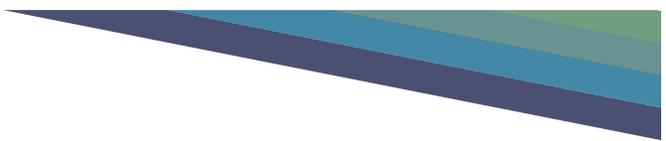
In the two-plus years since our inception, we have discovered a fundamental truth. There is no shortage of efforts and resources attempting to wrestle this beast to the ground. Every group involved—from law enforcement to social service agencies, neighborhood groups, faith groups, and local, state, and federal agencies—is committed to achieving a common goal: the eradication of addiction and trafficking of illegal drugs.

The more we met and spoke to individual groups, in the beginning, we found that while all were focused on the same goal, the efforts were disjointed at best. The left hand oftentimes did not know what the right hand was doing. Now, we are establishing a coordinated effort that assures what is happening at the local level is also coordinated at the state and national levels. We hope to further improve that coordination in the future.

We all acknowledge that we must focus on improving our efforts in three key areas: prevention, treatment and recovery, and law enforcement. This strategic plan is the outcome of hundreds of meetings over thousands of hours of interaction between law enforcement officers, health care professionals, social service administrators, educators, elected officials, clergymen, community activists, recovering addicts, and neighborhood groups.

We have created a dialogue that stretches from Huntington's City Hall to the West Virginia State Capitol, the halls of Congress, and the White House. Together, we will develop a model for recovery that other communities will seek to follow. This strategic plan is the next step in that journey.

Sincerely,



Dear Huntington area residents,

The Huntington Mayor's Office of Drug Control Policy was created in response to an epidemic that has affected Huntington, the state of West Virginia, and several parts of the United States.

Our work to eradicate the supply of illegal drugs and reduce demand through best practices and innovative programs has brought the community together to seek solutions. We are also seeing productive partnerships in the medical community that are focused on a holistic approach to mitigate the public health crisis caused by drug abuse.

Working together with the Mayor's Office of Drug Control Policy to reduce the supply of and demand for drugs in our community, federal agencies, including the Appalachia High Intensity Drug Trafficking Area and Drug Enforcement Agency, have brought resources to Huntington and awareness that the opioid crisis is more than a law enforcement problem.

While strides have been made, much more must be done to achieve success. New initiatives and support from the entire community to confront this epidemic in the areas of prevention, treatment and recovery, and law enforcement are needed going forward. Our goal is to make Huntington a better community and develop policy that other cities will follow to achieve success.

Sincerely,

Jim Johnson
Director, Mayor's Office of Drug Control Policy
City of Huntington, WV

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Executive Summary

BACKGROUND

With more than 10% of the population addicted to opioids, Huntington/Cabell and Wayne Counties, WV, is facing an epidemic like many communities in the US. In November 2014, Mayor Steve Williams formed the Mayor's Office of Drug Control Policy (MODCP) to lead Huntington's efforts to combat the crisis and released a two-year strategic plan in 2015. Although the number of fatal overdoses has declined with increased naloxone use, the number of overdoses has spiked with the rise of synthetic opioids. A total of 1,476 overdose incidents were reported in Cabell County in 2016, a 443% increase since 2014 (see **Figure 1**).

The MODCP aims to improve its efforts in three key areas: prevention, treatment and recovery, and law enforcement. The purpose of this report is to provide a new, two-year strategic plan, suggesting the MODCP's continued commitment to address the opioid crisis in the Huntington area.

PREVENTION

Goal: To prevent initial drug use and mitigate the public health risks associated with the opioid crisis.

Problem: The youngest overdose victim in Cabell County in 2016 was 11 years old. West Virginia ranks first in the nation in hepatitis B incidence and second in hepatitis C incidence (see **Figure 3**). The incidence of neonatal abstinence syndrome in Cabell County is 10 times higher than the national average.

Key Efforts: Since 2014, the MODCP has worked with key stakeholders to develop prevention programs for youth, provide educational resources for parents, and promote the area's Harm Reduction Program. It plans to build on existing efforts by expanding youth programs and community outreach and promoting the creation of a primary prevention program for women.

TREATMENT AND RECOVERY

Goal: To increase the menu of options for treatment and recovery and improve coordination between key stakeholders.

Problem: The demand for treatments far exceeds supply, and few of the existing facilities serve women and children. While key stakeholders have increasingly collaborated, they still largely operate in silos.

Key Efforts: The MODCP has worked to expand existing treatment services, create transitional housing, and develop long-term outpatient services. It plans to expand access to medication-assisted treatment, establish treatment programs for women and children with NAS, create a regional hub where individuals struggling with addiction can receive assessments and referrals to treatment, and build a Smart Community that integrates the data from key stakeholders into a centralized information system.

LAW ENFORCEMENT

Goal: To improve law enforcement's ability to target and address drug trafficking and divert people struggling with addiction into treatment and recovery.

Problem: The Huntington area is an epicenter for drug distribution. While efforts are needed to reduce the drug supply, imprisoning non-violent drug offenders and responding to overdoses are costly.

Key Efforts: The MODCP has advocated for laws to help reduce drug trafficking and created programs to divert non-violent drug offenders and overdose victims into treatment, including a pre-booking diversion program and drug court for female prostitutes. Within the next two years, the MODCP plans to further improve its efforts by adopting the Drug Enforcement Agency's 360 Strategy for addressing the opioid crisis.

1 | Background

HUNTINGTON'S MAYOR'S OFFICE OF DRUG CONTROL POLICY

A city in Cabell and Wayne Counties along the Ohio River, Huntington, West Virginia, has a population of about 50,000 and is in the middle of the Appalachian region. With more than 10% of the population addicted to opioids, the Huntington area is facing an epidemic similar to many communities throughout the US, and the Appalachian region is arguably the epicenter of the nation's opioid crisis. In November 2014, Mayor Steve Williams formed the Mayor's Office of Drug Control Policy (MODCP) to lead and manage the city's efforts to combat the opioid crisis.

The MODCP's Mission Statement

The MODCP serves as a leader for improving the health and safety of people in the Huntington area by promoting strategic approaches and collaborations to reduce drug trafficking and related crime while also advancing prevention, treatment, and recovery options.

The MODCP's Vision

The MODCP envisions a community where people are healthy and safe, there is no supply of illegal drugs, and no one misuses drugs.

In 2015, the MODCP released a two-year strategic plan, outlining its efforts in three areas: prevention, treatment and recovery, and law enforcement.

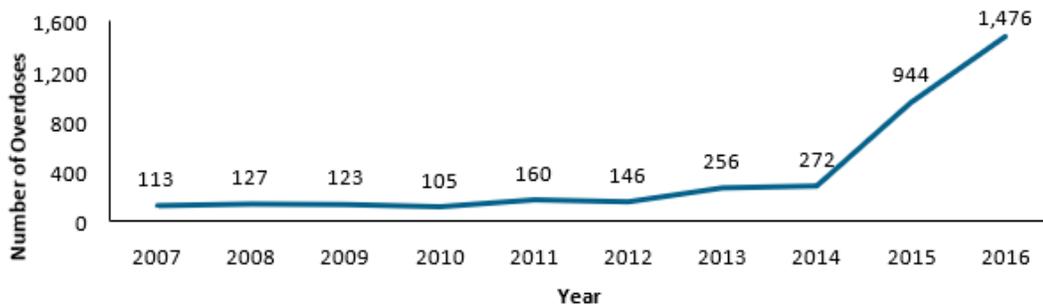
Purpose of This Report

The purpose of this report is to provide a new, two-year strategic plan, outlining the MODCP's key efforts and suggesting its continued commitment to address the opioid crisis in the Huntington area.

THE HUNTINGTON AREA'S OPIOID CRISIS HAS WORSENERD

A total of 1,476 drug overdose incidents were reported in Cabell County in 2016, a 56% increase since 2015 and a 443% increase over the total number of overdoses in 2014 (see Figure 1). As those figures only account for incidents that were reported to Cabell County 911, the MODCP suggests they underestimate the number of overdoses that actually occurred in the Huntington area. It is also important to note that only one incident is recorded if multiple people overdose in the same location at the same time. Although the number of fatal overdoses has declined as first responders have increasingly used

Figure 1. Drug Overdoses Reported to Cabell County 911, 2007 -2016



naloxone, the total number of overdoses has spiked with the emergence of synthetic opioids that are 50 to 10,000 times stronger than morphine or heroin, such as fentanyl and carfentanil. In August 2016, carfentanil use led to 26 overdoses in the city within four hours. In 2015, Huntington's drug overdose death rate was 116 deaths per 100,000 population, and West Virginia's rate was the highest in the nation.

In 2004, drug offenses primarily occurred within a two-block-by-two-block area in the city. By 2014, however,

opioid addiction affected all demographics with drug offenses occurring in every part of the city; since then, the crisis has only worsened (see **Figure 2**).

To address the opioid epidemic in Huntington and surrounding communities in Cabell and Wayne counties, the MODCP has focused on improving efforts in three key areas since 2014: prevention, treatment and recovery, and law enforcement. The following sections in this report summarize the MODCP's goals and city's key initiatives for each of those areas.

Figure 2. Location and Concentration of Drug Offenses in Huntington, WV, 2004-2016



Note: The colors in each map represent the concentration, or quantity, of drug offenses that occurred in a specific area and ranges from **green**, few drug offenses, to **red**, many drug offenses.

Source: Huntington, WV, Police Department

2 | Prevention

Goal, Objectives, and Key Efforts

Goal

To prevent initial drug use and mitigate the public health risks associated with the opioid crisis.

Objectives

1. Reduce underage drug and alcohol use
2. Prevent the spread of blood-borne pathogens
3. Reduce the incidence of neonatal abstinence syndrome

Existing Efforts

- Offering prevention programs for youth
- Providing educational materials and resources for parents about drugs and addiction
- Promoting harm reduction and supporting the Harm Reduction Program

Planned Efforts

- Providing an evidence-based prevention education program for Cabell County students
- Expanding existing community outreach efforts
- Adopting the DEA 360 Strategy
- Expanding the Harm Reduction Program
- Promoting the development of a primary prevention program for women

Key Stakeholders

Marshall University, the Drug Enforcement Agency, Appalachia High Intensity Drug Trafficking Area, Cabell County Substance Abuse Prevention Partnership, Huntington Police Department, West Virginia Department of Military Affairs and Public Safety, Cabell-Huntington Health Department, and youth-serving organizations

The Huntington area has sustained high costs related to healthcare, criminal justice, and other public services because of the opioid crisis. In 2015, medical costs associated with drug use were estimated to be about \$100 million in Cabell County. Since 2014, the MODCP has pursued strategic partnerships with federal, state, and local organizations to provide and expand community prevention and intervention efforts to reduce addiction in the community, mitigate the costs associated with the opioid epidemic, and adequately address the crisis over time. The MODCP's goal is to discourage people from initially using drugs for non-medical purposes and attenuate the public health risks associated with the opioid crisis. Its existing and planned prevention efforts are focused on achieving three objectives:

OBJECTIVE 1: REDUCE UNDERAGE DRUG AND ALCOHOL USE

Problem: Youth Are Experimenting with Substances Before Age 12

The American Academy of Child and Adolescent Psychiatry suggests the average age of initial marijuana use is 14, and people may begin using alcohol before age 12.¹ Evidence suggests youth in the Huntington area are indeed experimenting with alcohol and drugs at an early age. In Cabell County, more than 25% of high school seniors reported using an illicit drug during 2015-2016, and in 2015, West Virginia had the highest rate of fatal, youth drug overdoses in the nation (12.6 per 100,000 youth ages 12-25). The youngest non-fatal drug overdose victim in Cabell County was 12 years old in 2015 and, in 2016, 11.

Initial drug and alcohol use can impair judgment, result in addiction, and lead to other risky, harmful behaviors. And, experimenting with drugs at a young age can increase people's risk for developing an addiction. In a survey conducted by the Substance Abuse and Mental Health Services Administration in 2012, 15% of

participants who reported using alcohol at or before age 14 were classified with alcohol abuse or dependence compared with 2% of participants who first used alcohol when they were at least 21.² In another study, 42% of people who began using prescription drugs for a non-medical purpose at age 13 or younger later developed prescription drug abuse compared with 17% of people who began using prescription drugs non-medically at age 21 or older.³ These results provide evidence that intervening to prevent youth from ever experimenting with alcohol and drugs is critical for reducing youth's risk for later developing addiction.

The MODCP's Response: Providing Youth Programs and Resources for Parents and the Community to Reduce Underage Drug and Alcohol Use

Existing and Planned Prevention and Education Programs for Youth

The MODCP has partnered with Marshall University, the Drug Enforcement Agency (DEA), and Appalachia High Intensity Drug Trafficking Area (Appalachia HIDTA) to provide youth programs, including a mentoring program that pairs Marshall athletes with youth through youth-serving, community organizations and the Appalachia HIDTA's "On the Move" program, which teaches youth about the dangers and effects of using drugs and alcohol. The MODCP has also partnered with the Huntington Police Department to provide law enforcement role models for youth to encourage and facilitate more positive interactions between youth and area police.

Together with the MODCP and key stakeholders that work with and provide services for youth, including the Cabell-Huntington Health Department and Cabell County Schools, the Cabell County Substance Abuse Prevention Partnership (CCSAPP) is planning to provide an evidence-based prevention education program, known as "Too Good for Drugs," for every student in Cabell County Schools. The program would educate youth about the effects of abusing substances and how to resist peer pressure as they navigate adolescence. The case-based curriculum helps youth

understand how to set goals, manage their emotions, and build confidence, using real-life scenarios as a basis for instruction. The MODCP and CCSAPP plan for every middle school teacher to use the curriculum and are working to secure funding for the program.

Resources for Parents and the Community

The MODCP has worked with the CCSAPP and Appalachia HIDTA to provide educational materials for parents to help them have conversations with children about drugs, monitor their children's activity, and understand the actions to take if they suspect their children are using drugs. Those organizations have also provided drug-testing kits for parents as a basis for discussing the dangers of drug use with their children and provide youth with an excuse to refuse drugs in peer pressure situations (i.e., that they may have to complete a drug test at home).

Together with the MODCP, the Marshall University School of Pharmacy is also working to expand existing community outreach efforts focused on educating college students, parents, and the community about the dangers of opioids, signs of addiction, and naloxone. The MODCP has applied for funding to support that work.

The MODCP is also working to educate the community about the Adverse Childhood Experiences Study and has partnered with the DEA to provide training on how to talk with children about substance abuse. Moreover, the MODCP plans to adopt the DEA's 360 Strategy, which is a comprehensive approach to the opioid crisis, including outreach efforts to raise awareness about the epidemic and educate the community.

By increasing its prevention efforts focused on youth, parents, and the community, the MODCP expects to decrease the presence of addiction in the Huntington area and curb the opioid crisis in the long term.

By increasing its prevention efforts, the MODCP expects to **DECREASE THE PRESENCE OF ADDICTION IN THE HUNTINGTON AREA** and curb the opioid crisis in the long term.

OBJECTIVE 2: PREVENT THE SPREAD OF BLOOD-BORNE PATHOGENS

Problem: The Opioid Crisis is Associated with Increases in Blood-Borne Diseases

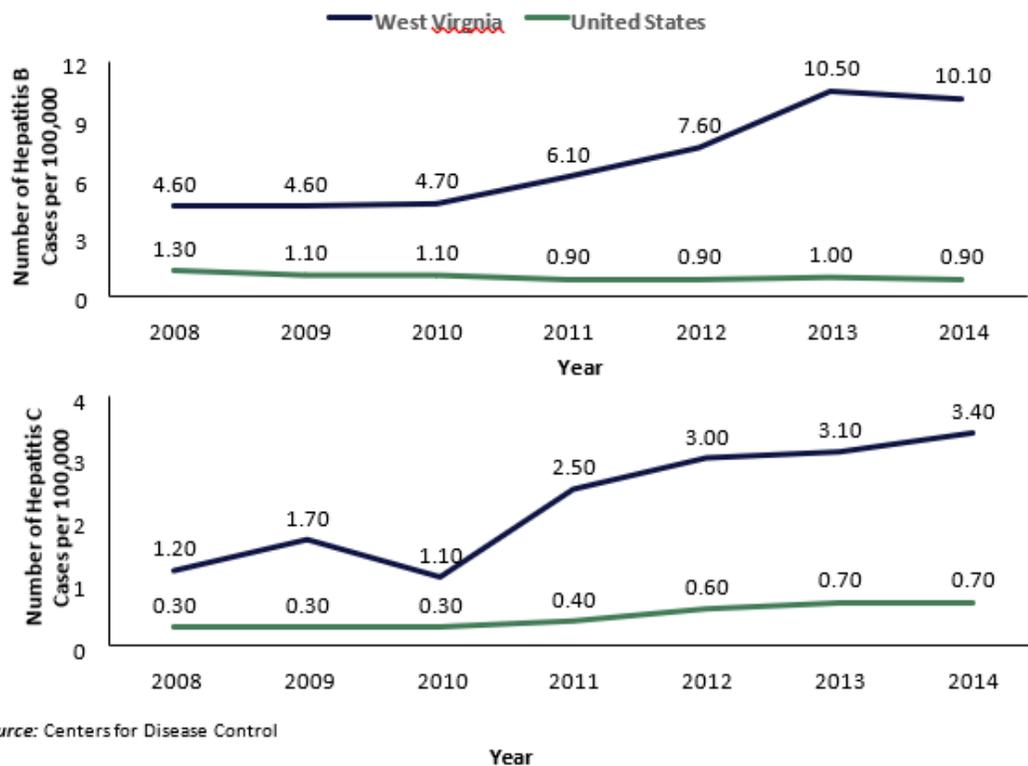
The opioid epidemic has coincided with increases in blood-borne infectious diseases associated with drug misuse. West Virginia's severe opioid crisis led to larger increases in its incidence rate of hepatitis B and C over the period 2010-2014 compared with changes in the national rate. The state's incidence rate of hepatitis B was 10.10 cases per 100,000 population in 2014, which is the highest rate in the nation and more than 10 times the national rate; its incidence rate of hepatitis C is the second highest in the nation and about five times the national rate (see Figure 3). And,

Cabell and Wayne Counties are two of the top 220 counties the Centers for Disease Control identified as highly vulnerable to sudden outbreaks of hepatitis C or HIV.⁴ The area's high incidence of such diseases and vulnerability to outbreaks followed the decrease in illegally diverted prescription medication and rise in heroin use since 2010 and is considered a *public health emergency*.

The MODCP's Response: Using Harm Reduction to Prevent the Spread of Blood-Borne Pathogens

Since 2014, the MODCP has focused on promoting harm reduction and opening a program in the Huntington area to curtail the spread of blood-borne diseases. During the fall of 2015, the Cabell-Huntington Health Department opened its Harm Reduction

Figure 3. Incidence of Acute Hepatitis B and C in West Virginia and the US, 2008-2014



Program, the first of its kind in the state. The program provides syringe exchange; screening tests for HIV and hepatitis; peer recovery coaches; education, such as naloxone training; and health services, including primary care and chronic disease management. Staff members also provide referrals to treatment programs and support services. During its first nine months, the program had almost 4,000 visits with about 150 clients each week. Other programs have since been created throughout West Virginia, modeled after the program in Huntington, and the Health Department also aims to expand the program in Cabell County.⁵

OBJECTIVE 3: REDUCE THE INCIDENCE OF NEONATAL ABSTINENCE SYNDROME

Problem: Existing Prevention Efforts Have Neglected Primary Prevention

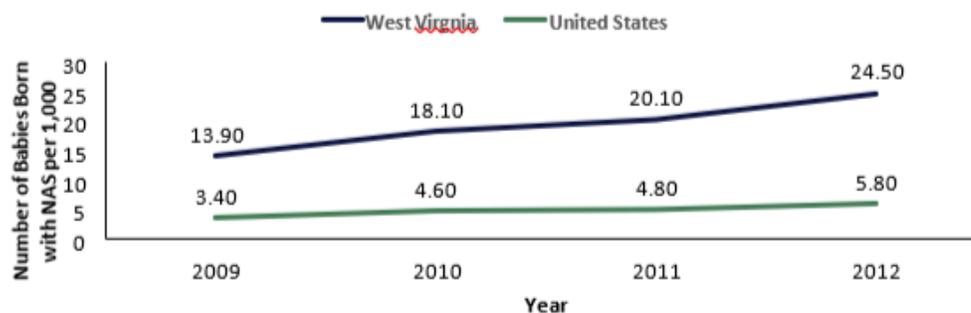
The rate of infants born with neonatal abstinence syndrome (NAS) has increased in the Huntington area. In 2014, more than 275 babies were born with NAS in Huntington area hospitals, and the incidence of NAS in Cabell County is 10 times higher than the national average. The state's incidence rate of NAS increased over the period 2009-2012 from 13.90 to 24.50 per 1,000 population and was estimated to be 49.9 in 2016 (see Figure 4).⁶ Babies with NAS suffer withdrawal symptoms immediately following birth,

such as restless sleep, increased respiration, convulsions, and vomiting, and are at an increased risk of sudden infant death syndrome.⁷ Children who were prenatally exposed to drugs may also have delayed cognitive, motor, and communication skills.⁸ While the MODCP aims to reduce the incidence of NAS in the Huntington area, it has, thus far, lacked efforts that focus on primary prevention.

The MODCP's Response: Promoting the Development of a Primary Prevention Program for Women

Modeled after an approach in Sevier County, TN, the MODCP is promoting the development of the Cabell County Primary Prevention Initiative, which will educate women with a history of substance abuse about NAS and voluntary long-acting reversible contraceptive options in sessions organized by the Marshall University Schools of Pharmacy and Medicine, Appalachia HIDTA, West Virginia Department of Military Affairs and Public Safety, and other key stakeholders. To help women access the program and treatment services, a 24-hour call line will be available to assist with scheduling appointments and make referrals; and train and bus fare will be provided to those who lack access to transportation. Program participants will be recruited from local treatment centers; the Harm Reduction Program; and Cabell County Drug Court. Sessions would also be provided in correctional facilities. The MODCP is currently working to secure funding to implement this initiative.

Figure 4. Incidence of Neonatal Abstinence Syndrome in West Virginia and the US, 2009-2012



3 | Treatment and Recovery

Goal, Objectives, and Key Efforts

Goal

To increase the menu of options for treatment and recovery and improve coordination between key stakeholders.

Objectives

1. Expand existing programs and develop outpatient treatment options
2. Develop treatment and recovery programs for women and children
3. Streamline stakeholders' efforts and data

Existing Efforts

- Expanding services at existing treatment and recovery centers
- Creating transitional housing
- Developing long-term outpatient services

Planned Efforts

- Expanding medication-assisted treatment
- Establishing a residential treatment program and family addiction program for women who struggle with addiction and children with NAS
- Creating the Center for Information, Services, Assessment, and Referral
- Expanding Screening, Brief Intervention, and Refer to Treatment training
- Building a Smart Community with a centralized information system

Key Stakeholders

Marshall University, Cabell County 911, state and local health departments and medical facilities, and local treatment and recovery centers

As the opioid crisis has worsened, the MODCP has worked to assess gaps in treatment and recovery services and partnered with key stakeholders to close those gaps toward providing a full continuum of care. The MODCP recognizes there is no clear path to recovery; different treatments may work for different people at different times. As a result, it has worked to create a plethora of treatment options in Huntington. Over the next two years, the MODCP aims to further increase the menu of treatment and recovery options and improve coordination between key stakeholders.

OBJECTIVE 1: EXPAND EXISTING PROGRAMS AND DEVELOP OUTPATIENT TREATMENT OPTIONS

Problem: Existing Facilities and Programs Lack Sufficient Capacity

As of October 2015, West Virginia had 750 treatment beds, and all facilities had a long waitlist.⁹ The number of beds has increased, but demand still far exceeds the supply of treatment beds as more than 150,000 West Virginians struggle with substance abuse and addiction. Huntington's largest residential recovery facility, Recovery Point, has 100 beds and a waitlist of up to six months. The Huntington Comprehensive Treatment Center, which serves 1,000 patients every day, is also at capacity; and, the handful of facilities and physicians providing medication-assisted treatment (MAT) have waitlists as long as 18 months.¹⁰ If people seeking treatment are denied access to services, they may be less likely to recover. However, with existing facilities and programs always at capacity, Huntington is in dire need of more treatment and recovery services.

The MODCP's Response: Increasing the Menu of Treatment Options

Since 2014, the MODCP has worked with area legislators to secure funding to expand programs and

services at existing treatment and recovery centers. It is also working with Marshall University to create transitional housing and has partnered with Prestera Center and the medical community to develop intensive, long-term outpatient services.

Based on a successful approach in Baltimore, MD, the MODCP also plans to expand access to MAT in the Huntington area and is partnering with the DEA and Marshall University Schools of Pharmacy and Medicine. The MODCP expects doing so will help bridge the gap between the supply of and demand for treatment, provide an option for people who do not want to enter a long-term residential program, reduce the number of overdoses, and mitigate the costs associated with the opioid crisis in the long run.

OBJECTIVE 2: DEVELOP TREATMENT AND RECOVERY PROGRAMS FOR WOMEN AND CHILDREN

Problem: Few of the Existing Facilities and Programs Serve Women and Children

Most residential treatment facilities in Huntington only serve men, and existing programs that do serve women, together, have fewer than 50 treatment beds. As the MODCP promotes the creation of a primary prevention program to reduce the incidence of NAS, it also recognizes the need for more treatment options for women and follow-up services for infants with NAS. Currently, there is no long-term treatment program in the area for those children (and their mothers).

The MODCP's Response: Developing Programs for Women and Children

The MODCP has applied for funding to implement two programs for women and children. One would be a long-term residential program for women and their children under the age of 12. Within the program, women would be provided with various services, including family therapy and vocational planning. The MODCP is also partnering with other organizations to start a family addiction program for women with substance use disorder and infants with NAS, which will provide group addiction counseling, parent-child interaction therapy, and specialized childcare. The

program would follow those children from infancy to kindergarten to mitigate NAS's long-term effects. Key stakeholders for developing these programs include Marshall University's Healthy Connections Coalition, Lily's Place, and area hospitals. Researchers at Marshall are also conducting a needs assessment of the area's public schools toward providing better educational services for children born with NAS.¹¹

OBJECTIVE 3: STREAMLINE STAKEHOLDERS' EFFORTS AND DATA

Problem: Stakeholders Operate in Silos

While stakeholders in the Huntington area have increasingly collaborated to better address the opioid crisis, they still largely operate in silos. Data, such as overdose occurrences and treatment bed availability, are managed by separate organizations, which has resulted in inefficiency. Individuals seeking treatment also have to identify and navigate the different treatment options themselves and, as a result, may be discouraged by being placed on a long waitlist or access resources that are less suitable to their needs.

The MODCP's Response: Streamlining Assessments, Referrals, and Data

The MODCP has planned two initiatives to disrupt silos and improve coordination between key stakeholders. First, it plans to develop the Center for Information, Services, Assessment, and Referral, a regional hub where people suffering from substance use disorder can receive information about treatment resources, complete assessments, and receive referrals to programs and services. And, it is working with Marshall University to expand Screening, Brief Intervention, and Refer to Treatment training to help providers better assess clients' needs and make appropriate referrals to treatment. The MODCP also plans to create a Smart Community that integrates the data from multiple stakeholders into a centralized information system. Key partners for these projects include Marshall University, Cabell County 911, state and local health departments and medical facilities, and local treatment and recovery centers.

4 | Law Enforcement

Goal, Objectives, and Key Efforts

Goal

To improve law enforcement's ability to target and address drug trafficking and divert people struggling with addiction into treatment and recovery.

Objectives

1. Reduce drug trafficking
2. Divert people with drug addiction into treatment and help them reenter society once in recovery

Existing Efforts

- Advocating for laws toward better targeting and punishing drug dealers
- Expanding the Law Enforcement Assisted Diversion program
- Expanding the drug court to serve female prostitutes struggling with drug addiction
- Advocating for legislation to reduce felonies for non-violent offenders

Planned Efforts

- Obtaining real-time overdose data
- Adopting the DEA 360 Strategy
- Developing quick response teams to respond to overdose calls and direct people to treatment following an overdose

Key Stakeholders

US Attorney's Office, the DEA, Huntington Police Department, Appalachia HIDTA, Cabell County Day Report Center, Cabell County Drug Court, Marshall University, Marshall Health, local medical facilities, and local treatment and recovery centers

To adequately address the opioid crisis, the MODCP recognizes it must not only focus on reducing demand but also on decreasing drug supply. With the emergence of synthetic opioids, it is even more critical for Huntington to increase enforcement efforts. The MODCP specifically aims to improve law enforcement's ability to target and address drug trafficking in the area and divert people struggling with addiction into treatment and recovery. It has the following objectives:

OBJECTIVE 1: REDUCE DRUG TRAFFICKING

Problem: The Huntington Area is an Epicenter for Drug Distribution

The Huntington area's high addiction rate, varying transportation systems, proximity to cities like Detroit, and archaic laws for punishing dealers have made it relatively easy for traffickers to transport drugs through the region and caused Huntington to become a prime location for drug distribution.¹² Currently, drug traffickers may receive the same penalty regardless of the quantity of the illegal substance they distribute. As it is not considered a crime to carry a firearm while transporting drugs, trafficking threatens the safety of residents and first responders. To more adequately address the opioid crisis in the long term, it is imperative to increase enforcement efforts to make the Huntington area a more difficult place to transport and sell drugs.

The MODCP's Response: Strengthening Law Enforcement's Ability to Target and Address Drug Trafficking

The MODCP has worked with West Virginian legislators to develop laws that increase penalties for drug traffickers and help protect public safety. It has specifically advocated for creating a separate felony for possessing a firearm while trafficking drugs

increasing the penalty for a drug trafficking conviction if the court discovers a firearm was used or possessed at the time a crime was committed. The MODCP has also supported changing laws to enhance sentencing based on the quantity of substances possessed.

The MODCP will also continue strengthening its partnership with the Appalachia HIDTA to implement that organization's Heroin Response Strategy and obtain real-time information about the location and occurrence of overdoses. The Appalachia HIDTA is developing the OD Map, which will provide such ~~realtime~~ data. Those organizations will also provide resiliency training for first responders and are working to secure funding that would allow police officers to work overtime to target drug dealers of substances that caused an overdose, such as heroin and synthetic opioids.

Partnering with the DEA and other law enforcement agencies, the MODCP also plans to adopt the DEA 360 Strategy for addressing the opioid crisis and drug trafficking. The 360 Strategy is a community-based enforcement approach and involves using investigative techniques to target traffickers.

OBJECTIVE 2: DIVERT PEOPLE WITH DRUG ADDICTION INTO TREATMENT AND HELP THEM REENTER SOCIETY ONCE IN RECOVERY

Problem: Imprisoning Non-Violent Drug Offenders and Responding to Overdoses Are Costly

In 2015, incarcerating low-level drug and alcohol abusing offenders at a regional jail cost \$48.25 per day. Without treatment, people often reoffend following their release, leading to additional criminal justice expenses. By contrast, area recovery centers can treat and house people for less than \$30 per day.

Moreover, while increased naloxone use has helped reduce the number of opioid overdose deaths, the emergence of synthetic opioids caused a spike in the

number of overdoses in 2016 with many people overdosing multiple times. As a result, the community has sustained high costs related to first responders responding to overdose calls, and the MODCP recognizes the need to develop follow-up services that direct overdose victims to treatment and recovery services to mitigate those costs.

The MODCP's Response: Developing Programs to Divert Non-Violent Drug Offenders and Overdose Victims into Treatment and Recovery

Partnering with the US Attorney's Office, Huntington Police Department, Cabell County Day Report Center, and ~~Pretera~~ Center, the MODCP started the Law Enforcement Assisted Diversion program, a ~~prebooking~~ diversion program that refers low-level drug offenders to treatment programs and services as an alternative to prosecution. The MODCP has also worked to expand the Cabell County Drug Court to develop a specialized track that serves the needs of female prostitutes struggling with addiction. In addition, the MODCP advocated for legislation that led to the West Virginia Second Chance for Employment Act. Signed by Governor Jim Justice in April 2017, the law will allow non-violent drug offenders to petition to have felony charges reduced to a misdemeanor after 10 years.

Based on an approach used in the Cincinnati, OH, area, the MODCP is also creating quick response teams (QRTs) that consist of a police officer, paramedic, and addiction counselor.¹³ QRTs will respond to overdose calls and conduct follow-up visits at victims' residence to develop a relationship with those individuals, provide information about treatment options, and encourage them to enter treatment. Key stakeholders include Marshall University, Marshall Health, the US Attorney's Office, Huntington Comprehensive Treatment Center, Cabell County Emergency Medical Services, and local treatment and recovery centers.

The MODCP recognizes the need to develop follow-up services that **DIRECT OVERDOSE VICTIMS TO TREATMENT AND RECOVERY SERVICES.**

Additional Considerations

While the strategies described in this plan will help reduce both the supply of and demand for drugs in the Huntington area, they may not be sufficient for addressing the opioid crisis in the long run. The area's epidemic emerged with the statewide decline in the manufacturing, coal mining, and construction industries.¹⁴ West Virginians working manual labor jobs disproportionately used prescription opioids for job-related injuries and chronic pain. As unemployment increased and the state cracked down on prescription drug use, opioid users turned to cheaper alternatives like heroin. The state of West Virginia continues to have one of the highest unemployment rates in the US, and almost one-third of Huntington's residents live in poverty. Given the link between high unemployment and opioid use, the MODCP and local leaders also recognize the need to improve the area's economy and unemployment rate to curb the opioid crisis in the long term.

As a final consideration, addiction-related stigma still pervades the Huntington area despite the severity of the region's opioid epidemic. That stigma hinders efforts to adequately address the crisis; expand access to treatment options, such as MAT; and help people successfully reenter society once in recovery. The MODCP is developing strategies to educate the community toward reducing stigma in Huntington, including promoting recovery stories. Nevertheless, the MODCP requires and asks for the community's help—your help—in changing negative perceptions regarding substance abuse and addiction. Addiction is a disease.

Acknowledgements

We would like to thank Dr. Elizabeth Ruth Wilson for authoring and designing this plan. Dr. Wilson is a creative problem solver, strategist, and planner. With expertise in creativity, negotiation, and knowledge transfer, she helps organizations understand the strategies for generating better ideas, forge partnerships to pursue those ideas, and recognize when a successful idea may be viably replicated in other environments. She has served as a bridge between research and practice settings, collaborating with both academics and practitioners and translating theory into practice to help organizations disrupt silos and develop data-driven strategies. She advises clients on how to leverage data for making better, informed decisions; increase collaboration within and across organizations; and use technology and innovation to improve their effectiveness and efficiency.

By the age of 24, Dr. Wilson earned a PhD and MS in Management and Organizations from Northwestern University, completing them in three years, and a BS from the University of South Carolina, Summa Cum Laude with Honors from the South Carolina Honors College, graduating with five undergraduate majors in three years. In 2017, she also completed a Master in Public Policy at the Harvard Kennedy School, where she was a John F. Kennedy Fellow.

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QRT

Mission Statement

The quick response team seeks to reduce the number of overdoses and increase the amount of individuals enrolled in treatment in Huntington, WV.

Contact Us

QRT Coordinator
Call from 12pm to 8pm daily
(Voicemail after hours)
1-304-526-8541

Help4WV
Call or text 24/7
1-844-435-7498

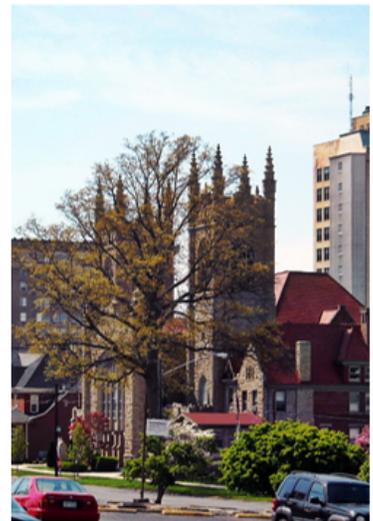
Or visit

Help4WV.com

1-844-HELP4WV
SUBSTANCE ABUSE AND BEHAVIORAL HEALTH HELPLINE

QRT

We are an integrated community quick response team (QRT) comprised of medical care providers, law enforcement, recovery and treatment providers, faith leaders, and university research partners dedicated to serving individuals struggling with addiction in the City of Huntington.





Building Relationships

QRT members are individuals who are passionately involved in the community, and want to be a personal link to resources for those who need them. When you are ready to take the first step toward recovery, we are here to motivate you, help you find the treatment that best suits your needs, encourage you through failures, and celebrate with you in your successes.

Timing is Everything

If you or a loved one are struggling with addiction and want help, do not wait. Time is precious, and we are available to help move you forward.

Treatment

There are a variety of treatments offered throughout this community. We can provide the information and recommendation you need to make the best decision, including residential treatment, detoxification, and medication-assisted treatment.

“The first step towards getting somewhere is to decide that you are not going to stay where you are.”
-J.P. Morgan

Addiction can often seem impossible to overcome. You can do it. We can help.

What We Do

Our team offers a variety of resources designed to help you in any way we can. Our medical care providers can answer your questions or concerns related to the medical care provided for an overdose, as well as other general medical questions. Law enforcement is available to answer and any legal systems questions you may have related to treatment. Recovery and treatment providers can provide information on available care and work with you to find the best option for you. Faith leaders are also available when requested to provide pastoral counseling to individuals or families in need.



Partners:

- Marshall University/ Marshall Health
- Cabell County EMS
- Huntington Police Department
- Huntington Fire Department
- ~~Pretera~~ Center
- Recovery Point
- Huntington Comprehensive Treatment Center
- Valley Health Systems, Inc.
- Cabell Huntington Health Department



Together, we hope to encourage, educate, and enable individuals to begin the path to recovery and a healthier future.



Medication-Assisted Treatment (MAT)

- Comprehensive treatment utilizing maintenance therapy medication for opioid dependence, professional therapy services, and advocacy.

MAT Requirements:

- Potential participants must be screened to assess their individual needs.
- Participants will be scheduled for a mental health assessment from a licensed behavioral health provider, as well as for a physician's assessment including a physical exam and laboratory screenings.
- Participation requires weekly group therapy, weekly medication management, and biweekly individual therapy for the first 12 months.

*The Highlawn health center also offers a comprehensive Maternal Care Program for individuals who are pregnant or recently postpartum.

valleyhealth.org
304-781-5138
2585 3rd Ave, Huntington, WV

Help4WV
Call or text 24/7
1-844-435-7498
Or visit
Help4WV.com

1-844-HELP4WV
SUBSTANCE ABUSE AND BEHAVIORAL HEALTH HELPLINE



THE ROAD TO RECOVERY

Recovery can look different for everyone. There are various treatment options to fit you and your lifestyle.



Current Programs:

Long-term, Residential Recovery

- The program consists of 5 phases:
 - 1) Non-medicated Detox (3-10 days)
 - 2) Off the Streets 1 (1-3 months)
 - 3) Off the Streets 2 (2-6 weeks)
 - 4) Phase 1 (4-6 months)
 - 5) Phase 2 (3 months)
- Each phase represents an increase in responsibility.
- The following rules apply to all phases:
 - 1) No drugs of alcohol (regular testing)
 - 2) No cell phones or cell phone use
 - 3) No driving
 - 4) No violence or threats of violence
 - 5) No sexual misconduct
- Clients attend classes off-site and make visits to family over the weekend.
- Clients are not required to pay for these services.

Drop-in Recovery Coaching Programs

Peer Recovery Training Courses

recoverypointwv.org
 304-523-HOPE (4673)
 info@recoverypoint.org
 900 20th Street, Huntington, WV



Services Provided:

- Detoxification/Crisis Stabilization Unit
 - Voluntary residential psychiatric stabilization and detoxification service for adults
 - Phone: (304) 522-3740**
- **Open Access** – Start Services with no appointment necessary. Monday through Friday at 8:00 am
- Medication Assisted-Treatment
 - Suboxone® or Vivitrol®
- Short-Term Residential Treatment
- Intensive Outpatient Services
- Outpatient Substance Abuse Services
- Outpatient Mental Health Services
- Psychiatric Services
- Job coaching and placement
- On-Site Department of Rehabilitation representative (must be open Prestera Consumer)
- On-site DHHR representative (must be open Prestera Consumer)
- Children’s Services (beginning age 4)

prestera.org
 304-525-7851
 1-800-642-3434 (24/7)
 3375 U.S. 60, Huntington, WV



Huntington
 comprehensive treatment center

Services include:

Medically Assisted Treatment

- Personalized individual and group therapy combined with medications, such as methadone and buprenorphine, to eliminate the craving and withdrawal symptoms which can hinder an individual’s recovery process.

Treatment with the use of Vivitrol

- Vivitrol is a non-addictive, monthly injection used to aid in preventing relapse after detox or treatment.

Abstinence-based treatment.

- Individual and group counseling through outpatient or aftercare services without the use of medication.

westvirginiactc.com
 304-525-5691
 304-962-6647 (After hours)
 135 4th Avenue, Huntington, WV

Gro Huntington

2317 10th Ave, Huntington, WV

- Nature-Assisted Healing: tending plants, pulling weeds, harvesting
- Job Skills: value-added production, marketing, administration, volunteer management, merchandising, customer service
- Coping Skills: meditation, yoga, tai chi, and jujitsu classes, and group discussion
- Life Skills: time management, parenting, mood management, group discussions

Celebrating Families

Celebrating Families is an evidence-based group for members of families ages 3 and up. Designed for families with 1 or 2 parents that struggle with alcoholism or substance use disorders, the primary goal is to promote emotionally and physically healthy families. This program is provided at Her Place, Fifth Avenue Baptist, and

Her Place

Fairfield East Community Center
2711 8th Avenue, Huntington, WV
Call (304) 525-7394 to register

- Addictions Recovery Classes
- Life Skills Workshops
- Health & Wellness Programs
- Family Recovery Programs
- Women's Recovery Support Groups
- Recovery Resources Library

Harm Reduction

CABELL HUNTINGTON HEALTH DEPT.
703 7th AVENUE, HUNTINGTON, WV
304-523-6483

Services Provided:

- Clean Needle Exchange and Supplies
 - Every Wednesday 10 am to 3 pm
- Naloxone Education/Certification
 - Wednesday 10:30 am and 12:30 pm
- HIV and Hepatitis Testing
- Hepatitis Vaccine
- Pregnancy Testing
 - Monday 8 am to 6 pm
 - Tuesday-Friday 8 am to 3 pm
- Contraceptive Services
- Wound Care
 - Monday-Thursday by appointment
- Peer Counseling
- Health Care Navigation Services
- Referrals for Drug and Alcohol Testing
 - Wednesday 10 am to 3 pm

Huntington City Mission

624 10th St, Huntington, WV

- Emergency Shelter
- Food and meal programs
- Counseling
- Adult Education

Harmony House

627 4th Avenue, Huntington, WV
304-523-2764

Harmony House serves homeless and formerly homeless individuals with little means to travel from one end of the city to the other in order to have their needs met. Some of these services include:

- Showers, basic toiletries/hygiene items, and laundry
- Phone, mail, and computers for job searching
- Medical care and eye exams
- Mental health and substance abuse counseling
- Transportation

First Steps Wellness & Recovery Center

730 7th Avenue, Huntington, WV
Open Monday-Friday
8 am to 4 pm

Primarily focused on serving the homeless, formerly homeless, those in recovery or those seeking peer support, the drop in center:

- Offers access to a new computer lab
- Provides activities
- Administers wellness and recovery classes
- Facilitates peer support groups



Minutes Count
Call 911 immediately!

**Choose to make a
difference!**

Choose to **Save the Life** of the
person above all else!

Good Samaritan Law:

Individuals are immune from certain
prosecution for their alcohol/drug
use when seeking medical attention
for himself/herself or another
individual.

Help4WV
Call or text 24/7
1-844-435-7498
Or visit
Help4WV.com

1-844-HELP4WV
SUBSTANCE ABUSE AND BEHAVIORAL HEALTH HELPLINE

How to Handle Overdose Situations

Huntington, WV

Signs of an Overdose

- Struggling to breathe or snoring in an unusual manner
- Not responsive to attempts to waken
- Hands, face, and/or lips turn purple or blue
- Not responsive to pain
- Complaints about being too hot
- Vomiting
- Acting unreasonable or confused



What to DO

- DO** call **911** immediately
- DO** use Narcan if available
- DO** try to awaken the person by rubbing your knuckles hard against the chest bone
- DO** clear the airway; pinch the nose closed and blow air into the mouth
- DO** position the person on their side if vomiting
- DO** keep the person warm
- DO** stay with the person until help arrives
- DO** share information about what drugs were used
- DO** leave everything in place in the room

What NOT to do

- DON'T** allow the person to "sleep it off"
- DON'T** put the person in a bath, shower, or ice
- DON'T** give the person any substance *except* Narcan
- DON'T** leave the person alone or unattended
- DON'T** treat the person with home remedies- they do not work and postpone life-saving medical treatment

Narcan (Naloxone)

Narcan (naloxone) can stop an overdose from heroin or pain killers and save the person's life.

Narcan:

- Is an opiate blocker
- Counteracts the slowing of the central nervous system and respiratory system
- Returns the person's breathing to normal
- May be injected into a muscle or sprayed into the nose

Narcan Training

The Cabell-Huntington Health Department provides training for the use of Narcan, and provides the prescription to obtain it.

Classes are held every:

- Monday at 6 pm
- Wednesday at 12 pm

Cabell Huntington Health Department
703 7th Avenue
Huntington, WV 25701

QRT Internal Guide

QRT Coordinator
Connie Priddy

Authored by
Larrecsa Cox

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Purpose

The purpose of these guidelines is to establish a standard course of action for the Quick Response Team in Huntington, WV to increase its effectiveness. Applying these guidelines to everyday routine operation develops a set of regular habits for QRT members. These guidelines are dynamic; they will be updated as circumstances and requirements change. All QRT members are responsible for reviewing and maintaining a working knowledge of these standard operating guidelines.

Mission Statement

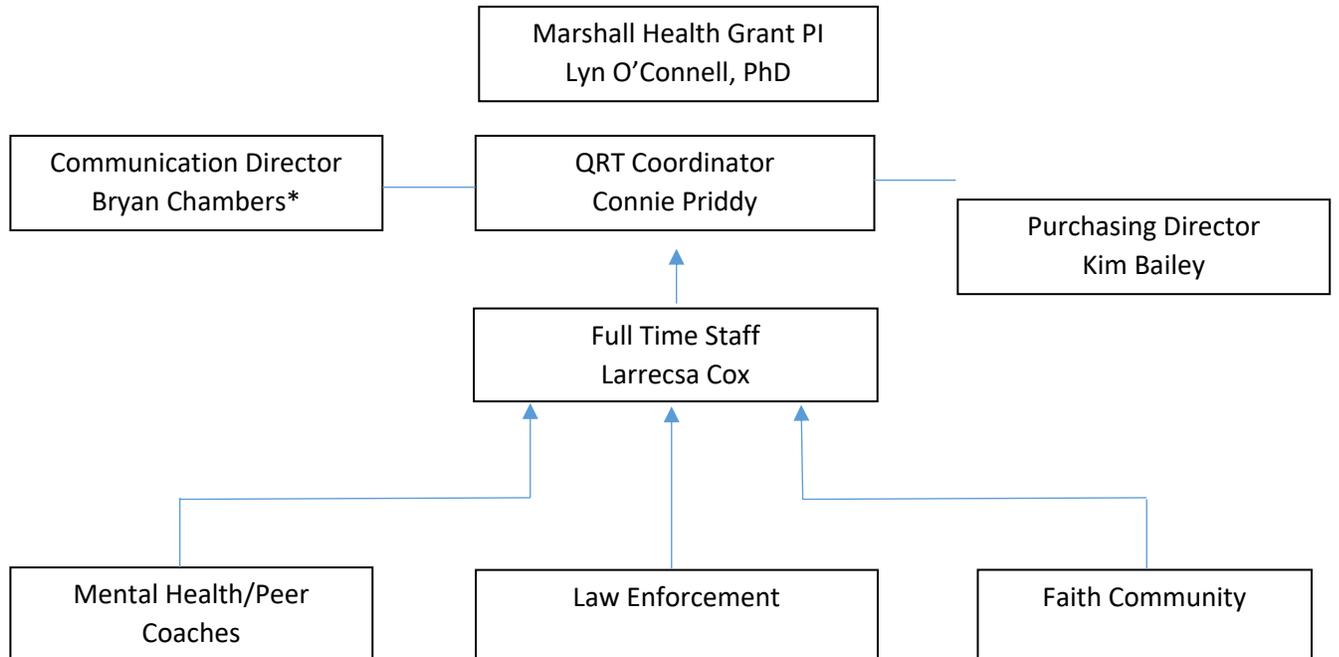
The Quick Response Team seeks to engage with an individual who has overdosed within 24-72 hours to encourage treatment or harm reduction measures. The QRT is part of Huntington, WV's overall goal to reduce overdoses and overdose-associated deaths, promote evidence-based treatment, and build a healthy community.

Organizational Goals

- Strive to improve the services provided by the Quick Response Team and continually analyze the need for improvement
- Promote community awareness of the Quick Response Team
- Encourage the use of shared resources and continually explore the possibility of new relationships with other agencies, departments, and organizations

Organizational Structure

In order to achieve peak administrative and operational efficiency, the Quick Response Team chain of command must be fully understood and strictly adhered.



*Any media inquiry such as interviews, photos, or ride-alongs must first be screened by Bryan Chambers and Connie Priddy.

*All travel and conference requests must be approved by Connie Priddy, Kim Bailey, & Dr. Lyn O'Connell.

Data Management

In order to manage complete and accurate records of survivor interaction, it is imperative for all QRT members to document in a timely and efficient manner.

Charting

- When a referral is generated, whether through EMS or an outside entity, data must be entered into Cordata at the time of referral.
- Complete survivor demographics and history are necessary not only for QRT to maintain contact, but for data collection for future analysis and possible funding. Information must include the following:
 - *Name*
 - *DOB*
 - *Race*
 - *Address*
 - *Phone number/ Facebook*
 - *Alternate Contact*
 - *Type of Insurance*
 - *Substances Currently Using*
 - *Hepatitis B/C & HIV status*

Scheduling and Roles

Scheduling

- Hours of QRT are 12p to 8p Monday through Friday.
- Requests for time off should be made in accordance with each staff's company policy and should also be reported to the QRT coordinator at least a week in advance.
- In the event of tardiness or an unplanned absence, the QRT coordinator and other team members must be made aware four hours before the beginning of the shift or as soon as possible.
- Staff schedules are to be maintained by each staff member of eSchedule.
- All holidays and meetings will be listed on the calendar in the office and eSchedule.
- All conferences, presentations, and staff travel need to be scheduled with Connie Priddy and approved by Dr. O'Connell two weeks prior to travel.
- All travel should be emailed to all programmatic directors as it is known.
- If there is a scheduling error or a team member needs to change works days, refer to Connie Priddy.
- Any cancelation of the team needs to be approved by Connie Priddy and Dr. O'Connell

Roles

QRT staff each bring specific expertise to the team and should ensure that they are providing services within their expertise and within the scope of their training. Because the dynamics of engaging a patient are not static, the tone of the visit will vary, and the team should work together to promote the patient engage in recovery support services.

All team members should follow QRT professional roles, including but not limited to:

- Following the mission of the QRT in attempting to promptly and professionally engage with a patient of the QRT
- Maintaining necessary training such as motivational interviewing and naloxone administration
- Being aware of available resources and making personal connections to potential patient resources
- Maintaining cleanliness of the QRT vehicle, which includes vacuuming and washing on a regular basis
- Remaining professional in the QRT office, in public or during an interaction with a client
- Maintaining the appropriate documentation
- Ensuring Cordata and Follow-Up data is up to date

Dress Code & Professionalism

Dress Code

- QRT Staff will be in appropriate clothing when representing the QRT in any way. When possible, staff should be in “smart casual.” This includes but is not limited to:
 - Well-fitting clothing
 - Non-revealing clothing or fabric
 - Clothing appropriate for the season
 - Closed-toed shoes
 - Minimal jewelry or non-distracting items (includes covering or minimizing visible tattoos)

Professionalism

- QRT Staff are to excuse themselves from the team when they personally know a patient.
- QRT Staff must maintain the confidentiality of all patients or referrals to the QRT.
- QRT Staff must not post about the team or patients on social media unless posting public material such as news articles.
- QRT Staff must not engage with or friend patients of the QRT on social media.
- QRT Staff should maintain a purely professional relationship with patients.
 - Under no circumstances are personal relationship with QRT patients/referrals allowed.
- Problems should be reported to the QRT coordinator or the Primary Investigator.

Protocol

1.0 Daily Outline

Daily tasks are required to maintain the purpose of the Quick Response Team. Capturing all clients from reports generated from EMS Charts and outside referrals should be gathered and discussed with the team prior to visits.

1.1 EMS chart referrals will be reviewed for overdose survivors. Data points to be searched will be:

- a. Drug Overdose Suspected
- b. Naloxone Administration
- c. Breathing Difficulty
- d. Unconscious/ Unresponsive/ Unknown
- e. Cardiac Arrest
- f. Not Applicable
- g. Not Available
- h. Not Known

1.2 Survivors from compiled EMS data will be entered into Cordata before going into the field.

1.3 Any referrals outside of EMS data will be entered into Cordata by the team member who initially received the referral.

1.4 Team members will discuss and prioritize the referrals while taking into consideration return visits and 'not-at-homes.'

1.5 When visiting a patient, both the overdose location and the residence on file should be visited within reason.

- If the patient cannot be located, QRT door hangers/cards should be left if possible.
- If a patient is suspected to be at a certain location (per family, neighbor, friend etc.) the team should make a reasonable effort to find the patient.
- Time spent with a client varies and the team should spend the time necessary to get a patient into a facility, if the patient is actively wanting treatment.

- *Patient Entering Treatment:* The team should stress the importance of him/her staying in contact with QRT when in a facility and leaving the facility to ensure constant contact and proper follow-up.
 - If a QRT member engages a client while not on the clock, and facilitates treatment, his/her information should be entered into Cordata and his/ her name should be written on the white board in the QRT office as soon as possible with first initial, last name and date of treatment.
 - A QRT client that enters treatment through another means (CHHD etc.) does ***NOT*** qualify as a QRT client in treatment.
- *Patient Not Entering Treatment:* Leave information/ Naloxone and confirm that the team will visit at a later date if the patient desires.

1.6 All survivor data and information obtained throughout the day is to be entered into Cordata at the end of every shift.

1.7 All basic demographic data will also be entered on the spreadsheet at the end of every shift

2.0 Weekly Outline

To guarantee that QRT attempts to visit clients in a timely manner and all information is accurate and complete, a weekly checkup on clients and their information in the database should be completed.

2.1 Return Visits

- a. Return visits are for survivors that the team determines reengagement is warranted
- b. Return visits should occur within seven (7) days.

2.2 Not-at- Home

- a. The team reasonably believes the survivor lives at the address provided and was not at home when initially visited.
- b. 'Not-at- home' visits should be attempted three times within the week and QRT information should be left every time.

2.3 Cannot Visit

- a. For all address that cannot be reached due to location outside of the state or further than can be reasonably visited, information will be mailed.

3.0 Monthly Outline

For tracking and analysis, monthly data should be compiled.

3.1 All charts will be reviewed for accuracy and all data points are obtained.

3.2 Data will be compiled, analyzed and submitted for review at the monthly meeting with all available QRT personnel. Necessary data overall includes:

No. of referrals: EMS vs. outside	Youngest/ oldest & average age	Hepatitis B/C & HIV status	DAST	Total no. of successful contact attempts
No. of individuals entering treatment	No. of males/ females	Facilities utilized	No. of contacts attempted	No. of contacts made
	No. of individuals referred to CHHD	No. of recurrent overdoses	No. of people that received Naloxone training	No. of people in treatment

3.3 QRT staff meeting should be held_____.

Topics can include but are not limited to:

- a. Progress Report
- b. Quality Assurance/ Case Review
- c. Improvement Goals
- d. Questions & Concerns

Safety

To ensure that all team members remain safe, situational awareness and intuition are paramount.

- “Three to go, one to say no.” All members must have consensus when visiting a patient. If a team member feels reasonably unsafe of the surroundings/ situation, the patient will not be visited.
- Intuition is important. If a residence/ patient seems “sketchy,” it/ he probably is.
- If a single team member is following up on a patient visit along, the visit should be made aware to other team members and the QRT Coordinator and should be done in a public place during business hours.
- Vehicle Radio: Marking out and marking clear from a residence or facility is important so 911 dispatch is aware of our location.
- Portable radio: Should be taken into all facilities and residences and carried by either HPD or EMS.
- QRT should limit the amount of time they spend inside any residence and should not move from the front of the home or away from door access.

Follow-Up

The Follow-Up segment is designed in an attempt to contact and refer as many clients as possible and provide continuity of care. This segment is comprised of three “pools”:

1. No Contact
2. Contact without Treatment
3. Treatment

*Priority should be given to pregnant women or post-partum women who have recently overdosed.

The overall goal is to move clients from the No Contact or Contact w/o Treatment into the Treatment category. All team members will be responsible for these three branches and each will have his/ her own “pool” to manage.

Pools

1.0 No Contact

This pool relates to those clients who have been referred through EMS Charts and could not be located. If a patient is located, complete necessary data must be obtained such as contact information, history etc. Naloxone and resources should be left with the client or alternate contact.

- 1.1 Assessed at one (1) month, three (3) months and six (6) months
- 1.2 This segment will be managed by the **Faith Leaders**

2.0 Contact without Treatment

This pool relates to the patient that has been contacted but the client was not ready for treatment at the time of initial contact. If/ When a patient is located assess the client’s status of seeking treatment, guide the client into considering treatment and update necessary demographic information if applicable.

- 2.1 Assessed at one (1) month, three (3) months and six (6) months
- 2.2 This pool will be managed by the **Recovery Coaches**

3.0 Contact with Treatment

This pool relates to the client that has entered into treatment at one or more facilities. Ensure that the client is either currently in treatment, has prematurely left a treatment program or has completed a treatment program. Status of the client should be updated as necessary.

- 3.1 Assessed at one (1) month, three (3) months and six (6) months
- 3.2 This pool will be managed by the **Counselor**

All information obtained during the interaction and/or an attempted interaction with a client or facility, should be documented in Cordata.



Healthy Connections



Healthy Connections is a coalition of health care and social service providers focusing on the treatment of mothers struggling with substance use disorders and the well-being of their families. It undertakes the challenge of finding solutions to

the Greater Huntington area's high rate of neonatal abstinence syndrome, substance use disorders, and the resulting consequences for child development and family stability.

Contact Our Family Navigators

Deeindra Beckett
gravely22@marshall.edu

Amanda Patrick
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Jessica Saunders
jackso38@marshall.edu

304.429.3882

www.HealthyConnectionsWV.org

Healthy Connections

**Healthy Communities
Healthy Families
Healthy Children
Brighter Futures**

Vision: Every infant/toddler being raised in a family struggling with substance use will have the opportunity to build a healthy brain through healthy relationships with their caregiver and each of their family members will be supported in recovery and parenting.

Healthy Connections represents a collaborative treatment approach that encourages functional partnerships in recovery, educates families and the community about best practices and resources, and works to improve the quality of family relationships.

Principles: **We are...**Community-Centered and Family Focused: Addiction has taken too many of our community members from us. We will build a family-supportive care network that provides the tools and support that mothers need to successfully enter and remain in recovery so they can raise their children in a supportive and healthy environment.

We are...Caring for our Children

Exposure to opiates and other substances places children at risk for poor academic, social, and medical outcomes. The Coalition will provide assessment of need for children affected and plans for effective intervention to curb the negative impacts of exposure during pregnancy. In addition, community-wide supportive prevention efforts will encourage resilience in children whose families are struggling with the effects of addiction.

We are...Empowering our Neighbors

Our people are our strongest asset because we are West Virginia Strong. Healthy Connections will empower those in recovery to become a formal part of the prevention and treatment network in the Huntington area.

We are...Educating

The Coalition will take a leadership role in providing needed information and assistance to community members and agencies about the process of addiction and recovery. The focus will be on understanding the sadly inclusive nature of this devastating epidemic to reduce the stigma and blame that those affected often feel that can prevent them from coming forward for help.

We are...Collaborating

Our community has many strong, solid supportive networks that currently lack the infrastructure to collaborate effectively. Healthy Connections will build that infrastructure for collaboration.

We are...Cutting Edge

The prevention and intervention approaches offered by Healthy Connections partners represent the state of the art interventions for addiction recovery and the establishment of strong family and community foundations.

We are...Training Tomorrow's Health Care Leaders

By using the Coalition as a mechanism for training, we are ensuring that tomorrow's health care leaders take steps to reduce the spread of addiction and provide the most effective, family-focused interventions available to prevent relapse and support successful recovery.

****This plan was approved on 9/13/2018 and will remain effective until 9/13/2021 with continual evaluation and revisions occurring throughout the three year period. *****

Healthy Connections

Healthy Connections is a collaborative community response to the treatment of mothers struggling with substance use disorder and the well-being of their families. It undertakes the challenge of finding solutions to our region's high rate of neonatal abstinence syndrome, substance misuse, and the resulting consequences for child development and family stability by better integrating the existing programs and services in the community and building upon them. It seeks to increase inter-agency efficiency through research, education, and collaboration for patients, students, and providers. Participating agencies are committed to utilizing and improving upon evidence-based practices. <Your Company> consists of over 20 community organizations including representatives from Marshall University, Marshall Health, Marshall University School of Medicine, Quality Insights, Cabell Huntington Hospital, St. Mary's Hospital, Valley Health, City of Huntington, Cabell Huntington Health Department, River Valley CARES (Center for Addiction, Research, Education, and Support), the Department of Health and Human Resources, Lily's Place, Recovery Point, and several other agencies. The Healthy Connections Coalition partners with the Marshall University Substance Abuse Coalition in an effort to provide a solution to the effects of opiate addiction in our region.

Treatment & Intervention

The first step towards getting somewhere is to decide that you are not going to stay where you are.

Support Services

The Healthy Connections Coalition provides information and access to providers that offer a wide range of treatment and intervention services related to Substance Use Disorder. These services extend to the person with the addiction as well as family members such as children and significant others who are impacted by this illness as well. Services provided fit into the areas Addiction focused interventions, Child-focused interventions, and Family systems interventions.

Family Navigators: The availability of Family Navigators cuts across all available services. *A common barrier to seeking treatment services is the inability to navigate the complex system. Healthy Connections proposes the development of case navigators, who will help guide women and infants through the entire spectrum of services and resources, especially at times of transition from birth to kindergarten. They will also provide comprehensive assessments to identify the services that are most needed, coordinate those services, and provide information to agencies to help them make determination of safety of the infant or child.* Family Navigators are licensed social workers who partner with families to complete individual service plans that meet all needs identified in the family system using a strengths-based approach. Navigators connect families to Addiction-focused, Child-focused, and Systems-focused interventions and

can work with the family to continually re-assess needs and update service plans until the family is ready to discharge from services.

Addiction-Focused Interventions

Medication Assisted Treatment: Healthy Connections promotes cutting-edge, evidence-based approaches tailored to meet the needs of clients and families. Medication Assisted Treatment (MAT) programs that have been established as best practice for the treatment of opiate addiction by the American Society of Addiction Medicine (ASAM) and the Substance Abuse and Mental Health Services Administration (SAMHSA). All participating MAT programs in the Healthy Connections coalition are committed to ASAM and SAMSHA best practice guidelines and adhere to requirements of the West Virginia Office of Health Facility Licensure & Certification. *MAT includes medication management, group and individual therapy, education, and peer support groups. Psychosocial treatment focuses on helping mothers understand, learn, and practice living a drug free life by improving emotion regulation, decision making skills, and the ability to engage in healthy goal directed behavior.*

Individual Psychotherapy: Several providers offer different types of Individual Psychotherapy aimed at Relapse Prevention as well as Trauma-focused interventions for those who may have more complex histories. Psychotherapies are provided by experienced therapists or advanced behavioral health students under the direct supervision of licensed clinical faculty from Marshall University. Adjunctive Psychotherapy combined with Medication Assisted Treatment and other types of supports has been shown to be highly effective to treating SUD.

Group Support/Psychotherapy: Group support is available in the form of Peer-directed groups. Some follow the 12-Step philosophy similar to Alcoholics Anonymous while others follow different secular models such as SMART Recovery. For those who choose to participate, these support systems can be quite beneficial. Group Psychotherapy provided by licensed therapists and students under supervision of licensed clinical faculty are also available. These interventions are skill-based, and geared toward increasing knowledge regarding various aspects and impacts of Substance Use Disorder.

Peer Coaching/Support: Individuals experiencing addiction can also request to be paired with a Peer Recovery Coach. This is an individual in long-term recovery that has walked the same road as the individual currently beginning the recovery process. This can be an important supportive, therapeutic relationship.

Child-Focused Interventions

Early Intervention to Reduce Impacts of Prenatal Exposure

Early Intensive Care: *One in five babies born in Cabell Huntington Hospital (CHH) has been prenatally exposed to drugs. The Neonatal Therapeutic Unit in CHH and Lily's Place are uniquely equipped to provide the innovative care to these newborns. Babies receive treatment in a quiet*

environment with therapeutic handling, with a volume-driven feeding protocol, medicine to manage withdrawal symptoms if necessary, and general medical care. Families are educated about the needs of their infant and available transition services.

Early Neurodevelopmental Follow-up and Intervention: Dr. Mitzi Payne, Pediatric Neurologist with Marshall Health, directs the Knowledge in Developmental Steps (KIDS) Clinic that runs through River Valle CARES. This clinic provides children who are prenatally exposed to substances and as well as children with general developmental issues access to a multidisciplinary neurodevelopmental assessment team that includes the disciplines of pediatric neurology, developmental pediatrics, developmental/clinical psychology, communication disorders, physical therapy, occupational therapy, and social work. Using an integrated assessment model, the team provides a holistic, in-depth yet efficient assessment of developmental needs, accompanied by a plan to access the services needed to meet the identified needs.

General Pediatric Care: Dr. Isabel Pino, Medical Director for the WV Children’s Health Project, heads a team that provides integrated pediatric care for families desiring such care. Behavioral assessment is included as part of this holistic team.

Behavioral therapies: A wide range of psychotherapeutic interventions are available to address behavioral challenges across the developmental span for all children in the system impacted by SUD. These approaches included Parent-Child Interaction Therapy which targets toddlers through early elementary aged children, Parent-child relationship therapies, Behavioral contingency management therapies, and play therapies.

Family/systems-Focused Interventions:

River Valley Center for Addiction Research, Education, and Support (RV CARES):

Through a partnership with River Valley Child Development Services, Healthy Connections proposes to establish birth-to-two child-care services for infants with neonatal exposure. Staff will maintain best-practices to improve the development of these infants, integrate Marshall Students into training and research programs, and then disseminate best-practices and research outcomes around the state. By housing the child care and other services in the same location, we aim to remove the transportation barrier and improve retention in the programs. This center will also be a location for the community to come together and support these families by providing a “one-stop-shop” for families and providers by reducing common barriers to treatment and improving service retention.

Services will include: Evidence based care-giver/child dyadic therapies addressing attachment, trauma, and substance abuse; Individual, Couple, and Family therapy; Recovery Groups; Community engagement services: GRE/education, legal services, vocational training, nutrition and cooking classes, exercise, gardening, support groups and skill building, organized fun social activities, education and resources related to child development.

Family-support/Psychotherapy: Family-support services such as Celebrating Families and Nurturing Parents Program will be offered to all families. In addition, Family Psychotherapy will be offered for individual family units who may benefit from such a targeted approach.

Education

Education is the most powerful weapon which you can use to change the world. ~ Nelson Mandela

Healthy Connections' strategic plan includes a strong three-fold focus on education. First, mothers who struggle with opiate addiction are educated about addiction, treatment rationale, local resources and the effects of drug exposure on their children. They are also educated about treatment options and interventions that may alleviate the adverse results of drug addiction. The importance of education with regard to developmental follow up and behavioral intervention clinics such as the KIDS Clinic will be emphasized to the mothers. Second, the community and professionals will be educated about the biopsychosocial aspects of addiction and treatment related to Neonatal Abstinence Syndrome (NAS), the long term effects of drug exposure, and the resulting challenges in the development of a secure attachment with caregivers. Third, Healthy Connections is committed to researching all aspects of this complex problem. Both the research process and resulting outcomes will educate students and scholars, develop local specialized providers, establish Healthy Connections and Marshall as a center of excellence in the treatment of this substance abuse, ensure the highest quality of treatment, and provide guidance to other communities who may struggle with similar concerns.

The Healthy Connections Coalition will engage Marshall students, from a variety of disciplines. They will be provided hands-on training opportunities to learn from professionals and experts in the field while engaging first-hand with struggling families. This approach will have a twofold benefit: one, students will become invested in the community, which will reduce the stigma associated with substance abuse as they build empathy by working with these families; second two, this approach will reduce the mental health professional shortage as students will be trained as the next group of experts on best-practices, innovative research, and community collaboration.

Prevention

An ounce of prevention is worth a pound of cure. ~ Benjamin Franklin

Treating the negative effects of addiction is much harder and far costlier than providing prevention services in advance. Many groups are working to provide preventative services, and Healthy Connections is supporting collaborations between these groups to support their outreach. Prevention of neonatal exposure includes partnering with other groups within the Marshall Substance Abuse Coalition to support programs such as VLARC (long-acting birth

control education and services), SBIRT screening services for providers, and drug-education throughout the school system.

Research

Research is creating new knowledge. ~ Neil Armstrong

Research is an essential keystone to the foundation of Healthy Connections. Best practices for infants with neonatal abstinence syndrome are currently established in communities experiencing far lower rates than those found in the Appalachia region. It is time for Huntington to take the lead and conduct research from pre-conception through the lifespan on infants and individuals who are neonatally-exposed during pregnancy. As Healthy Connections builds a unique, community-based continuum of care that serves expectant mothers and their infants from pregnancy until kindergarten entry, such research will be uniquely possible and the developmental follow up and behavioral intervention clinics will aid with gathering that data. Despite the magnitude of the problem nationwide, little is known about the long-term outcomes for children exposed to opiates, especially when they are combined with other drugs. Also, research is limited with regard to how family systems respond to interventions. The Tri-State region in partnership with Marshall University is uniquely positioned to expand the existing base of research and become a nationally recognized center of excellence for the diagnosis and treatment of neonatal abstinence syndrome. Cabell County has already become a leader in the area due to the willingness of the community to be open about the issues and to invest resources in preventing further exacerbation of the problem. The next step is to engage in productive, process research that identifies the mechanisms that contribute to various outcomes associated with exposure to substances in pregnancy and the factors that bring about positive change and improve developmental outcomes. The outcomes of the research in Huntington can propel the nation towards fiscally responsible, truly-effective interventions, to stop the intergenerational effects of the substance use disorder epidemic.

Healthy Connections is eager and excited to establish all of the prongs of intervention and engagement in the Huntington community. We are pursuing multi-level funding opportunities at the local, state, and national levels to offer these services as fast as possible in hopes of improving our community quickly. We did not get here overnight, but through true community-collaboration we can pave the road towards a healthier community.

Healthy Connections Coalition

Strategic Plan

Part 1: Development

Development Goal: Provide a comprehensive, sustainable and fiscally responsible plan for maintaining an appropriate profile locally, regionally and nationally for operations of Healthy Connections.

Goal 1: Provide a sustainable funding plan and support for all services taking place in the RV CARES building as part of the Healthy Connections Coalition

Objective 1: By October 31, 2018, the Steering Committee will develop a budget for first year of operation-including but not limited to projection regarding building costs including an appropriate maintenance and staffing plan.

Action 1: By October 31, 2018, develop MOUs that will address the financial responsibility of each organization that occupies space and offers services at the RV Cares facility.

Action 2: By October 31, 2018, identify services offered through Healthy Connections and their potential funding streams.

Objective 2: By October 31, 2018, the Steering Committee will identify a grants and donations committee that works to solicit funding needs from the coalition and to identify specific grants that may be worthwhile to pursue. This committee will also be responsible for organizing teams that write each proposal, either independently or in cooperation with a grant writer.

Goal 2: Create sustained Public Awareness of Healthy Connections

Objective 1: By October 31, 2018, the Steering Committee and Quality Insights will develop a media plan for maintaining currency of information.

Action 1: By September 1, 2018, Quality Insights will develop a web page.

Action 2: By October 31, 2018, Quality Insights will develop branding guidelines for communications related to Healthy Connections.

Action 3: By October 31, 2018, Quality Insights and Marshall University will develop printed materials with standardized person-first language that can be disseminated locally and regionally to increase familiarity and use of Healthy Connections.

Action 4: By October 31, 2018, the Steering Committee will identify community partners who should be aware of Healthy Connections.

Objective 2: By December 30, 2018, the Steering Committee will develop a plan for an annual conference that brings together a variety of diverse professionals around issues related to families confronting a host of issues that threaten their ability to function as a healthy unit. The issue of addiction will be a primary though not the sole focus.

Part 2: Service Delivery

Assessment and Services Goal: Coordinating resources and services for expectant and recently post-partum mothers in Cabell, Wayne, and Lincoln counties dealing with addiction and their children and families from pregnancy to kindergarten entry. There will be a primary focus on reducing the likelihood of adverse experiences for the child in its early years while engaging the family in treatment.

Goal 1: By Jul 1, 2019, improve the identification of women who have used alcohol, illicit drugs or misused prescription medications during pregnancy by establishing a working task force to address the issue.

Objective 1: By October 1, 2018, create a work plan that allows for the continued training of community and allied health professionals in order to increase the opportunities for identification of pregnant and parenting women in need of behavioural health services.

Action 1: By December 31, 2018, create a campaign to engage health professionals in the identification process of the mothers of children, as many women will follow through with care for their infant before they choose care for themselves.

Objective 2: By December 31, 2018, increase the presence of home visiting programs who are trained on best practices for mother and baby in Cabell, Wayne, and Lincoln counties.

Action 1: By October 1, 2018, identify home visiting organizations who are interested in collaborating.

Objective 3: By July 1, 2018, provide navigators to engage women in prenatal care and addiction recovery programs at Healthy Connections Partner sites.

Objective 4: By June 1, 2019, develop and brand an online training module for individuals and agencies who are working with families with SUD and roll out state-wide by May 31, 2019.

Action 1: By July 1, 2019, develop curriculum for individuals and agencies on best-practices.

Action 2: By August 1, 2019, test through focus groups and evaluation the effectiveness of the curriculum and ensure that it meets the needs of both the providers and the families.

Action 3: By September 1, 2019, integrate this curriculum with WVSTARS.

Action 4: By October 1, 2019, identify willing partners who will be training and become trainers of this curriculum around the state.

Objective 5: By July 1, 2019, have sustainable funding for HC family navigators.

Action 1: By January 1, 2019, identify billable services that HC family navigators can provide.

Goal 2: By July 1, 2019, improve access to treatment and recovery services during pregnancy and 24 months' post-partum by helping to expand treatment capacity by existing providers and by recruiting new providers.

Objective 1: By March 1, 2019, create a treatment RVCARES environment that is compatible with the needs of pregnant and post-partum women that are family-focused and provide child care.

Action 1: By January 31, 2019, establish individual, group, couple, and family focused services as well as child behavioural and developmental services at RVCARES.

Action 2: By January 31, 2019, leverage home visiting programs by training home visitors in HC Curriculum. Also, cross train recovery coaches in MIHOW or Right From the Start home visitor training in addition to SBIRT, MI, MHFA, and Recovery Coaching.

Action 3: By January 31, 2019, establish a telehealth treatment/consultation hub in the training clinic for the Department of Psychology and others to provide webinars, consultation and treatment capacity expansion for rural areas in Southern WV.

Action 4: By January 31, 2019, engage faith community in building capacity to offer family-focused services such as Celebrating Families

Objective 2: By January 2019, increase the number of providers and agencies certified to offer Medication-Assisted Treatment.

Action 1: By October 2018, identify experts in providing MAT to pregnant and post-partum individuals to act as consultants on best practices.

Action 2: By November 2018, connect with community providers currently offering Medication-Assisted Treatment to discuss expanding their service to pregnant and post-partum individuals.

Objective 3: Beginning October 1, 2019, increase capacity for non-medication recovery services available to women and families by working with existing programs.

Action 1: By January 1, 2019, identify non-medical based support and recovery services for pregnant women.

Objective 4: By October 1, 2019, reduce barriers to seeking and securing treatment for women who are expectant and have children by developing solutions to each identified barrier.

Action 1: By August 30, 2018, identify barriers to seeking treatment for pregnant women.

Action 2: By August 30, 2018, provide navigator services to assist women in locating and accessing needed services.

Action 3: By December 30, 2018, work with Recovery Point to develop a curriculum for maternal recovery coaches.

Action 4: By February 1, 2019, graduate at least one cohort of maternal recovery coaches who will be available to women served by Healthy Connections partners.

Goal 3: By July 1, 2019, increase the opportunities for community engagement for women and their families.

Objective 1: By July 1, 2019, encourage Healthy Connections participants to become actively engaged in prevention efforts by reaching out to other individuals in recovery.

Action 1: Beginning September 1, 2018, host an annual event to celebrate Recovery Month.

Action 2: By January 1, 2019, empower Healthy Connections moms to develop an advisory board using the MAPS group current leadership structure

Action 3: By July 1, 2019, create a mechanism through RV CARES that provides women in recovery the chance to give back.

Objective 2: Beginning January 1, 2019, create 'Pay Forward' opportunities for women involved in Healthy Connections.

Action 1: By May 1, 2019, offer credentialed Recovery Coach training to participants of Healthy Connections.

Action 2: By June 1, 2019, create an Engagement Office as part of the Healthy Connections to provide women with the skills and opportunities to become community-involved. Involvement with the Marshall University CORETEX project will be sought to facilitate this development.

Goal 4: By December 1, 2019, completely open a comprehensive center that contains services related to treatment and recovery as well as community involvement and skill building.

Objective 1: By October 1, 2018, develop relationships and agreements with community agencies that can offer services related to skill development (E.g. education, employment).

Action 1: By October 1, 2018, establish a list of partnering agencies and the services they provide.

Action 2: By October 1, 2018, establish the mechanisms for referral and connection with partnership agencies and create a guidebook for Family Navigators.

Action 3: By November 1, 2018, identify funding streams for specific services and establish needed MOUs.

Objective 2: Beginning November 1, 2018, market the services and comprehensive center to the community through Healthy Connection's media outlets and partners.

Action 1: By October 31, 2018, identify through needs assessment of the appropriate outlets for information.

Action 2: By November 1, 2018, develop print and media materials for distribution.

Action 3: By December 31, 2018, develop a plan to track impact of materials distributed to establish 'bang for the buck' of each activity.

Action 4: By December 31, 2018, solicit community partners who would be willing to host community events to raise awareness of SUD, NAS, and Healthy Connections.

Goal 5: Beginning January 1, 2019, decrease the number of infants born without prenatal support to mothers with substance use disorder within the families being served by Healthy Connections and the broader community.

Objective 1: By September 1, 2019, increase awareness about family planning including contraception and facilitate referrals for participants of Healthy Connections within the region.

Action 1: By June 1, 2019, develop or identify family planning materials for education.

Action 2: By June 1, 2019, identify community providers that offer contraception and family planning services including VLARC.

Objective 2: By October 1, 2019, educate women in recovery and their families about prenatal substance exposure by developing training courses online and through social media.

Action 1: By October 31, 2018, identify through needs assessment of the appropriate outlets for information.

Action 2: By November 1, 2018, develop print and media materials for distribution.

Action 3: By December 31, 2018, develop a plan to track impact of materials distributed to establish 'bang for the buck' of each activity.

Action 4: By December 31, 2018, solicit community partners who would be willing to host community events to raise awareness of SUD, NAS, and Healthy Connections.

Goal 6: Beginning November 1, 2018, improve collaboration between agencies providing services to this population.

Objective 1: By November 1, 2019, agencies will establish mechanisms for collaboration.

Action 1: By January 1, 2019, Healthy Connections will develop interagency agreements to assist with client record sharing to facilitate referral and treatment.

Action 2: By March 1, 2019, an operations plan and manual will be developed that specifies procedures for collaboration.

Objective 2: By December 1, 2018, an administrative structure for Healthy Connections will be established.

Action 3: By July 1, 2019, an administrative structure will be developed to facilitate collaboration.

Action 4: By July 1, 2019, collaborative practices will be increased through monthly and ongoing meetings of the Advisory/Steering Committee.

Goal 7: Beginning August 31, 2018, improve outcomes for children who are at-risk as the result of prenatal exposure to substances or early adverse childhood experience (ACE) related to SUD within the home by increasing wrap-around services for women with SUDs.

Objective 1: By September 1, 2018, increase community awareness of RV CARES and KIDS Clinic among parents, healthcare professionals, faith-based communities, and social/educational agencies by establishing an ongoing media and public education campaign.

Action 1: By September 1, 2018, create presence on Healthy Connections website.

Action 2: By December 1, 2018, offer a series of community conversations regarding developmental impacts of SUD and highlighting the availability of services through the KIDS Clinic specifically and RVCARES in general.

Objective 2: By July 1, 2019, increase the number of babies and children ages 0-5 years to be screened and enrolled in the follow-up KIDS Clinic.

Action 1: By December 1, 2018, provide information to health care providers and the community about the once a month KIDS Clinic through various media and marketing outlets.

Action 2: By December 1, 2018, complete the Continuum of Care for children born to parents dealing with SUD by utilizing navigators to guide families and kinships in connecting to other services in the community.

Objective 3: By July 1, 2020, increase awareness about building healthy brains and bodies through healthy relationships early in life.

Action 1: Beginning November 1, 2018, screen babies and toddlers during a once a month KIDS Clinic by providing a neurodevelopmental assessment, speech and hearing assessment, physical therapy, psychology testing, and general pediatric care.

Action 2: Beginning November 1, 2018, educate expectant mothers about the effects of SUD by utilizing the Build Your Baby box/tool.

Action 3: Beginning November 1, 2018, facilitate parents or caregivers practice attuned sensitive and responsive interactions with their infant/child.

Action 4: By April 1, 2019, host an annual Healthy Families Event that focuses on recovery and providing positive, nurturing, protective experiences for all children.

Objective 4: Beginning August 31, 2018, increase knowledge in the field regarding the general development of infants born following prenatal exposure to substances.

Action 1: Beginning November 1, 2018, increase the number of opportunities for community members and professional stakeholders to access information regarding the development of infants prenatally exposed to substances.

Action 2: By December 1, 2018, create a mechanism to share documents, presentations, etc. between Healthy Connections members.

Part 3: Research

Research Goal: To become a primary contributor in applied research regarding the impact of SUD on the family system in all its forms as well as applied research into practices that benefit children and families impacted by SUD.

Goal 1: By November 1, 2018, develop a programmatic research plan that is consistent with the mission of Healthy Connections, which is re-evaluated annually.

Objective 1: By September 1, 2018, identify a research committee that is cross-disciplinary that will develop goals and measurable objectives for the research plan.

Objective 2: By January 1, 2019, develop comprehensive lists of all current projects including those beyond the scope of Healthy Connections but SUD/addiction related.

Objective 3: By January 1, 2019, identify current gaps in the data collection focused on SUD.

Objective 4: By January 1, 2019, identify gaps in our current research plans related to infants and families.

Objective 5: By January 1, 2019, develop data sharing agreements with HC coalition members.

Goal 2: By October 1, 2018, develop a data collection plan that supports currently funded grant programs and will support future applications as well as research that can be translated into best practices.

Objective 1: By November 1, 2018, develop a formal, comprehensive family-focused intake process that gathers information relevant to a broad range of research projects utilizing input from service providers.

Objective 2: Beginning January 2019, continuously work with providers at all points of the continuum to develop and plan to integrate data collection with continuum of care and identify specific data collection points, personnel responsible, and data management system.

Goal 3: Identify providers' current process for data collection.

Objective 1: By December 1, 2018, identify current data collection tools and instruments.

Objective 2: By January 1, 2019, bring together strengths and identify needs and gaps in order to become a productive service and research team.

Goal 4: Develop the necessary infrastructure to conduct current and future funded and non-funded research.

Objective 1: By December 1, 2018, identify current data sharing and use agreements for existing projects.

Objective 2: By December 1, 2018, identify current portfolios of patient populations within existing partnered agencies.

Objective 3: By December 1, 2018, develop the necessary data sharing and use agreements to conduct research under the HC coalition.

Goal 5: Beginning on July 1, 2019, disseminate research findings to the larger national/professional community but also translate findings into improved local clinical practice.

Objective 1: To try to be completed by November 1, 2018, task the Research Committee with the job of developing policies related to the dissemination of information from research done through Healthy Connections and KIDS Clinic to clients/patients, families, community, and national population including future and current grantees.

Objective 2: By March 1, 2019, develop patient appropriate handouts and material to share our current research.

Objective 3: By January 1, 2019, create/take advantage of local opportunities to share lessons learned, taking care to remain within scope of expertise by holding bi-annual mini conferences.

Objective 4: By January 1, 2019, develop an acknowledgement section for research presentations, dissemination, and publications for HC research team.

Objective 5: By January 1, 2019, identify both earned and paid for media to disseminate research to the larger and local public.

Part 4: Education, Training, and Advocacy

Education, Training and Advocacy Goal: Provide education and training to professionals, agencies, and community groups supporting mothers in recovery from SUD. Also, actively advocate at all levels for best practice and social justice for those impacted by SUD.

Goal 1: Beginning October 31, 2018 track all ongoing educational efforts to establish and provide training on prenatal exposure to substances.

Objective 1: Beginning January 1, 2019, develop training for different community groups (ranging from community members to medical providers.)

Action 1: Beginning November 1, 2018, identify the current best practices on exposure prenatally.

Action 2: Beginning November 1, 2018, identify nationally recognized best practices for improving outcomes for infants born prenatally exposed to substances.

Action 3: By December 1, 2018 develop a position and formal statement regarding the impact of the Appalachian culture and environment on outcomes of accepted best practice identified in Action 1.

Action 4: By March 1, 2019, meet with all presenting agencies to develop consistent training materials.

Objective 2: Beginning September 15, 2018, develop web-based resources that can be accessed by members of the community.

Action 1: By September 15, 2018, identify appropriate areas of content for web-based resources.

Action 2: By October 15, 2018, develop a marketing campaign to increase awareness of the available resources on the website.

Objective 3: Beginning October 1, 2018, continuously integrate the growing body of research and advancements into the presentation, trainings and resources.

Action 1: By December 1, 2018, develop a shared data base of materials that can be accessed by Health Connections members when constructing presentations.

Action 2: Beginning August 1, 2018, continue ongoing discussions of best practices among partners in Healthy Connections monthly meetings.

Objective 4: Beginning October 1, 2018, encourage the educational community to increase Health Class contents on teratogens in general and specifically on the impact of prenatal exposure to substances.

Action 1: By November 1, 2018, construct a set of speakers willing to do guest lectures for high school health classes on the impacts of in-utero exposure.

Action 2: By November 1, 2018, locate and obtain existing educational programs that focus on helping adolescents understand the impacts of teratogens on development.



Healthy. Connections

*Supporting mothers & families
with substance use disorders*



Healthy. Connections

Healthy Connections is a coalition of health care and social service providers focusing on the treatment of mothers struggling with substance use disorders and the well-being of their families. It undertakes the challenge of finding solutions to the Greater Huntington area's high rate of neonatal abstinence syndrome, substance use disorders, and the resulting consequences for child development and family stability.

Healthy Connections includes:

- Medical and treatment/recovery services
- Child and family services
- Increased inter-agency collaboration
- Research, development and education for patients, students, providers, and the public
- Community linkage and referral connections

The coalition is a collaborative community effort. More than 25 participating agencies are invested in Healthy Connections and committed to evidence based practices.

Contact Us

304.429.3882

HealthyConnectionsWV.org





KIDS Clinic

Knowledge In Developmental Steps

Helping children & families build healthy lives



KIDS Clinic

Knowledge In Developmental Steps

KIDS Clinic is branch of Healthy Connections that brings together medical and behavioral specialists from different organizations to care for children and their families, including those affected by substance use disorder. Our mission is to help children build healthy brains and bodies through healthy relationships early in their lives.

Our screening for babies and toddlers includes:

- General pediatric care
- Neurodevelopmental
- Speech, language, feeding, and literacy
- Physical therapy
- Psychological and psychosocial

KIDS Clinic is held one Friday per month. No referral is necessary.

BY APPOINTMENT ONLY.

CALL 304.696.3641

Bring this card to your appointment for a free gift.



CARES
Center for Addictive Research,
Education and Support



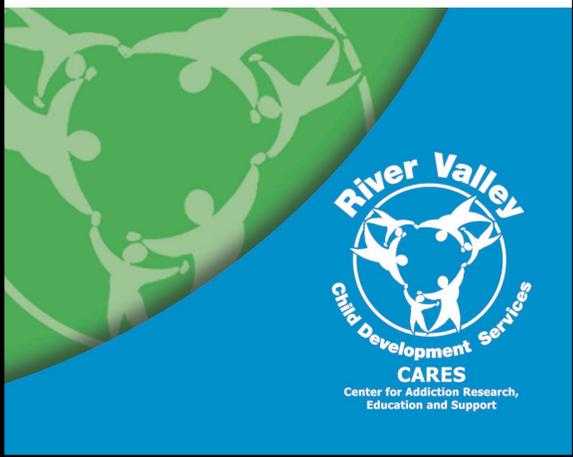
In partnership with the Joan C. Edwards School of Medicine, Marshall Health, Marshall University, River Valley CARES, and Quality Insights.



RV CARES

Child Development Services

Center for Addiction Research, Education & Support



RV CARES

Child Development Services

River Valley CARES: Center for Addiction Research, Education, and Support is a program of River Valley Child Development Services and part of the Healthy Connections Coalition. While it is designed to provide comprehensive services to children exposed to substance use disorder and their families, it is open to everyone. Our mission is to provide quality, all-inclusive services to promote healthy brain and body development through positive, nurturing relationships.

We aim to achieve healthy development and nurturing relationships through:

- Specialized child care
- On-site health care
- Support and education for families and caregivers
- Social Services provided by Family Navigators who guide families to needed resources and/or substance use treatment/support

Make your appointment today.

CALL 304.429.3882



Project Hope



**PROJECT
HOPE**
for Women & Children

about PROJECT HOPE

Project Hope for Women & Children is an intensive residential treatment program for women with substance use disorders and their children. This single-family apartment complex has seven two-bedroom and 11 three-bedroom apartments to house women who are currently pregnant or postpartum and their children up to the age of 12.

Our goal is provide a stable, supportive environment for women and their children so they can work toward long-term recovery, developing healthy parenting skills and building safe family relationships.

To refer a patient, client, family member or friend to Project Hope for Women & Children, call 304-696-HOPE (4673) and request a referral packet or complete a phone referral with one of our staff members.

about OUR TREATMENT PROGRAM

Project Hope for Women & Children uses an evidenced-based approach to treatment overseen by the academic medical team at Marshall Health and the Marshall University Joan C. Edwards School of Medicine. Program acceptance is based on formal intake procedure and medical clearance.

Project Hope provides an American Society of Addiction Medicine (ASAM) 3.5 level of services, which means it is a clinically-managed, high-intensity residential service with trained counselors to stabilize and prepare for outpatient treatment over the course of four to six months. Residential services are described as co-occurring services, which are staffed by designated addiction treatment, mental health, and general medical personnel to provide a range of services in a 24-hour treatment setting.

Treatment includes substance use treatment, medication-assisted treatment (as necessary/wanted), mental health counseling, psychiatric assessment and treatment, life skills, parenting and attachment training, exercise and nutrition support, educational support, job development, financial education and spiritual care.



Marshall Health

Project Hope for Women & Children

1012 7th Avenue, Huntington, WV 25701 | 304-696-HOPE (4673)
www.marshallhealth.org   

Project Hope is an initiative of Marshall University Joan C. Edwards School of Medicine and Marshall Health in partnership with the Huntington City Mission.



**PROJECT
HOPE**
for Women & Children

get IN TOUCH

For more information about Project Hope, in-kind gifts or volunteer opportunities, contact:

Jessica B. Tackett, Project Director
Project Hope for Women & Children
304-696-HOPE (4673) | cooper73@marshall.edu

For naming opportunities and financial gifts, contact:

Linda S. Holmes, Director of Development & Alumni Affairs
Marshall University Joan C. Edwards School of Medicine
304-691-1711 | holmes@marshall.edu

Please make your check payable to: Marshall Health, c/o Project Hope for Women & Children, 1600 Medical Center Drive, Huntington, WV 25701.



Project Hope for Women & Children

1012 7th Avenue, Huntington, WV 25701 | 304-696-HOPE (4673)
www.marshallhealth.org

Project Hope is an initiative of the Division of Addiction Sciences within the Department of Family and Community Health at Marshall University Joan C. Edwards School of Medicine and Marshall Health in partnership with the Huntington City Mission.

give HOPE

Project Hope for Women & Children provides a stable and supportive environment for women and their children so they can work toward long-term recovery, developing healthy parenting skills and building safe family relationships.

HOPE IS A PART OF THEIR JOURNEY.

about PROJECT HOPE

For nearly a decade, Marshall University Joan C. Edwards School of Medicine and Marshall Health have been caring for women suffering from substance use disorder and their children in our clinics and teaching hospitals. Our newest initiative, in partnership with the Huntington City Mission, is Project Hope for Women & Children, which bridges the gap in the continuum of care and offers hope of a brighter future for mothers and their families on the road to recovery.

As a comprehensive treatment facility for women and their children, Project Hope provides onsite peer and residential support, life skills training and mental health services.

“As we continued to care for patients battling addiction, we knew we needed to do more for mothers on the road to recovery. Now, we’re able to help them get their lives back on track and provide a stable environment for the children.”

Stephen M. Petrany, MD
Chair, Department of Family & Community Health

Other services:

- Educational support
- Job development
- Nutrition
- Exercise support
- Parenting and relationship courses
- Spiritual care
- Financial education

Mothers can take comfort in knowing that their children are with them and building healthy attachment bonds while they get the help they need. Average length of stay at Project Hope is up to six months.

how YOU CAN HELP

Each of the 18 single-family apartments within the 15,000-square-foot building includes two or three bedrooms, one bathroom, a living room and kitchenette. Much of the construction and initial program costs for Project Hope have been funded through state and federal grants. Therefore, our focus is on ongoing program costs and the “essentials” necessary to make it feel and function like a home.

Financial Support

Your tax-deductible gift will go to furnish and equip units for each family. This means making an apartment into a home with kitchen appliances, furniture and day-to-day living essentials. You will also be helping fund program expenses.

Naming opportunities are available for family units starting at \$15,000. Other opportunities include an outdoor living space and a new playground for the children.

In-Kind Gifts

If you would like to donate an in-kind gift, please contact our project director. For \$500, you may also sponsor a welcome care package for families, which includes items like those listed below:

BABY	PERSONAL CARE	OTHER
♥ Baby diapers	♥ Deodorant	♥ New sheet sets
♥ Bottles	♥ Feminine products	♥ Pots/pans
♥ Detergent	♥ Shampoo	♥ Silverware
♥ Lotion	♥ Soap	♥ Bus passes
♥ Washcloths	♥ Toothbrushes/toothpaste	♥ Gas cards
♥ Towels	♥ Socks	



PROACT

PROVIDER RESPONSE ORGANIZATION

PROACT

FOR ADDICTION CARE & TREATMENT

our Services

The PROACT model consolidates the process to ensure individuals see a physician and receive timely access to a treatment plan.

- Clinical assessments
- Medication-Assisted Treatment (MAT)
- Peer recovery supports
- Individual and group therapy
- Career placement and career readiness training
- Spiritual care
- On-site pharmacy

Call 304-696-8700 for more information



about PROACT?

Housed in an outpatient medical facility, PROACT brings together behavioral, social and medical resources from the community to provide comprehensive care to those seeking treatment for substance use disorders.

You do not need a physician referral. Self-referrals and walk-ins are welcome. If transportation is needed, please take TTA bus routes 5 (Walnut Hills) or 8 (Hal Greer) to get to the facility. For more information, call 304-529-RIDE. Non-emergency transport is also available through LogistiCare at 1-844-549-8353.

our Location



Office Hours:

Monday - Friday, 8 a.m. - 4:30 p.m.
304-696-8700

Marshall Pharmacy Hours:

Monday - Friday, 8:30 a.m. - 5 p.m.
304-696-8705

PROACT

800 20th Street, Huntington, WV 25705
www.proactwv.org • 304-696-8700



our LOCATION

PROACT is a collaborative initiative of Cabell Huntington Hospital, Marshall Health, St. Mary's Medical Center, Thomas Health System and Valley Health.

It is located on the corner of 8th Avenue and 20th Street in Huntington.

Office Hours:

Monday - Friday, 8 a.m. - 4:30 p.m.
304-696-8700

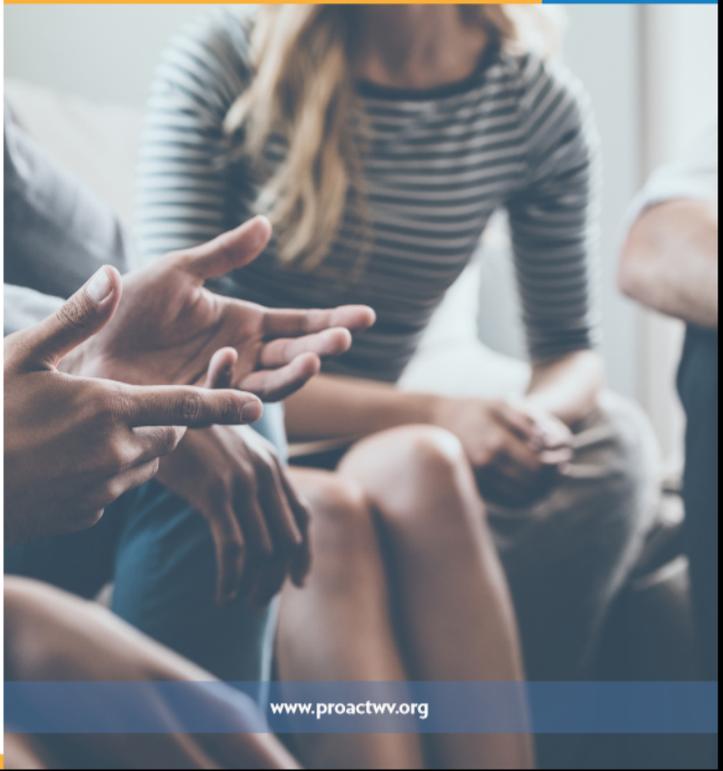
Marshall Pharmacy Hours:

Monday - Friday, 8:30 a.m. - 5 p.m.
304-696-8705



PROACT

800 20th Street, Huntington, WV 25705
www.proactwv.org • 304-696-8700



www.proactwv.org



about PROACT

What is PROACT?

PROACT is here to help health care providers care for patients suffering from substance use disorders. We want to be an easily accessible avenue of support to health professionals looking for assistance with these complex problems in their practices.

Housed in an outpatient medical facility, PROACT serves as a single regional referral point to assess patients following discharge from local emergency rooms and inpatient detox units. Patients are also referred by our quick response teams, other emergency medical response teams and community providers.

How do I make a referral?



No form is needed to make a referral. Physicians are encouraged to send patients to PROACT as soon as the need is determined. Please call to let PROACT's staff know the patient is on his or her way to the facility.



Self-referrals and walk-ins are welcome. If transportation is needed, please advise the patient to take TTA bus routes 5 (Walnut Hills) or 8 (Hal Greer) to get to the facility. For more information, call 304-529-RIDE. Non-emergency transport is also available through LogistiCare at 1-844-549-8353.

We bring together behavioral, social and medical resources from the community to provide comprehensive care to those seeking treatment for substance use disorders.

our SERVICES

PROACT offers the following services to treat substance use disorder:

- Clinical assessments
- Medication-Assisted Treatment (MAT)
- Peer recovery supports
- Individual and group therapy
- Career placement and career readiness training
- Spiritual care
- On-site pharmacy

Call **304-696-8700** for more information about our services.



Harm Reduction

**DHHR Statement of Work
Cabell-Huntington Health Department Harm Reduction Program
May 1, 2018-April 30, 2019**

A. Introduction/Program – Include clear and concise statements that define the purpose or goals of the program.

The Cabell-Huntington Health Department Harm Reduction Program (CHHDHRP) was created to aid the prevention of disease and promote health that meets people where they are rather than making judgments about where they should be regarding their personal health and lifestyle. Not everyone is able to stop or ready to stop risky/illegal behaviors, so harm reduction (HR) focuses on the promotion of scientifically proven ways of mitigating health risks associated with drug use and other high-risk behaviors, including but not limited to access to sterile supplies, condom distributions, overdose prevention, etc. The program also focuses on providing and promoting other aspects of health and providing education to those that may not know the risks of these healthy behaviors or may only know part of the complications.

B. Performance Objectives

1. Reduce the spread of infection and disease by providing clean supplies to those that actively use drugs.
2. Provide the community with a safe disposal system to collect syringes.
3. Reduce non-fatal overdose rate by providing Naloxone training.
4. Promote referrals to primary health care, substance use disorder treatment and/or mental health counseling.
5. Provide harm reduction training and capacity building services that promote non-judgmental evidence-based approaches to enhancing individual, organizational and community effectiveness.

C. Activities

1. Provide clean supplies and testing for communicable diseases; provide on-site education and print material on safer use.
2. Promote the needle safe disposal box located at the CHHDHRP; distribute the bio-hazard containers to community partners and individuals.
3. Provide Naloxone training with HR clients and individuals who encounter people at high risk for overdose.
4. Promote referrals to primary health care, substance use disorder treatment and/or mental health counseling through collaborative partnerships.
5. Schedule and promote a variety of monthly classes, open to the public; including but not limited to, overdose prevention, sexually transmitted infections (HIV/AIDS), safer injection and wound care, stigma; resource development and dissemination to increase the capacity of staff and enhance program delivery; increase knowledge, skills and abilities for trainers, educators, and service providers.

D. Outputs and Timeframes

1. To reduce the spread of infection and disease, CHHDHRP will supply 3600 clients with harm reduction supplies by April 30, 2019.
2. CHHDHRP will provide 100 bio-hazard containers to local police departments, parks department, businesses, organizations and individuals by April 30, 2019.
3. To reduce the non-fatal overdose rate from 1,831 individuals in 2017 by 20% (1,465 individuals) CHHDHRP will provide Naloxone training to community members by April 30, 2019. *Data provided by Cabell County Medical Emergency Services.
4. CHHDHRP will promote 200 referrals to primary health care, substance use disorder treatment and/or mental health counseling by April 30, 2019.
5. CHHDHRP will provide harm reduction training and capacity building services that promote non-judgmental evidence-based approaches enhancing individual, organizational and community effectiveness by offering a minimum of 5 classes to the public by April 30, 2019.

E. Budget – Budgets are addressed in and attached to the DHHR grant agreement as Exhibit E.



HOPE FOR HUNTINGTON
Tools to Better Our Community

A PARTNERSHIP BETWEEN FAITH COMMUNITY UNITED,
MARSHALL UNIVERSITY SBIRT,
AND THE WV COUNCIL OF CHURCHES

FRIDAY, SEPTEMBER 15
9AM-2:30PM
FIFTH AVE BAPTIST
HUNTINGTON, WV

RSVP: TERRY.COLLISON@HARMONYHOUSEWV.COM

JOIN THE VOICES FOR RECOVERY
invest in
health
home
purpose
community

National Recovery Month
Free or \$100. 12 noon-6 PM. Free food
september 2018

The poster features a purple background with white and yellow text. On the left, there is an illustration of four stylized human figures in yellow, cyan, pink, and orange. On the right, there is a vertical column of icons: a heart, a house, a star, and two hands, each with a corresponding label. The top right corner has a small orange and yellow striped pattern.

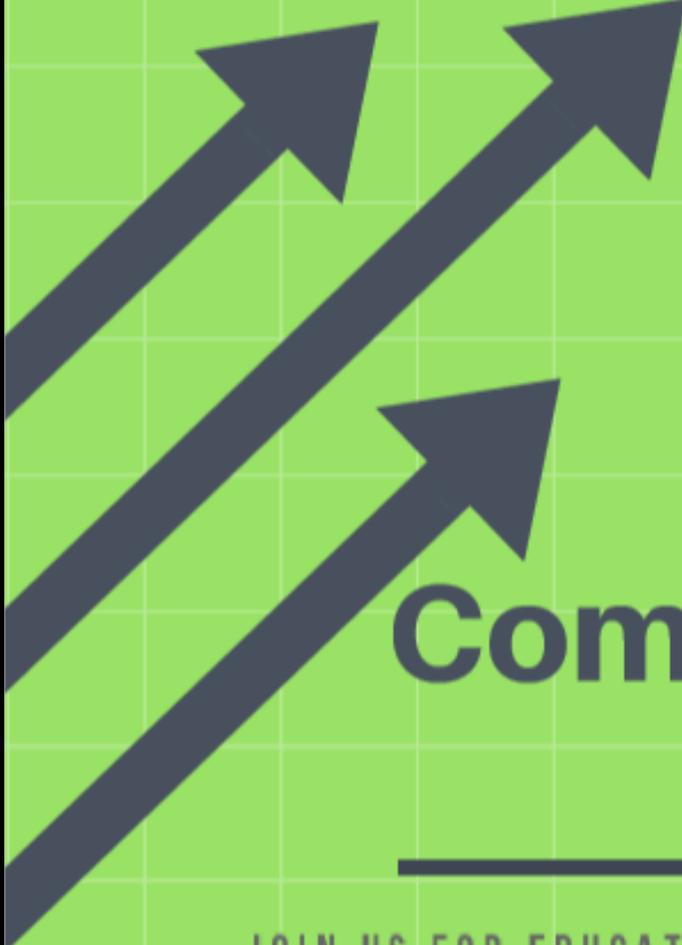


FAITH COMMUNITY UNITED & MARSHALL UNIVERSITY
ARE JOINING TOGETHER TO PROVIDE A FREE EVIDENCE-BASED
TRAINING SESSION:

Intervening with SBIRT Skills
SCREENING, BRIEF INTERVENTION, & REFERRAL TO TREATMENT

CENTRAL CHRISTIAN CHURCH
JULY 17TH FROM 6-8PM
RSVP REQUESTED. CEU ELIGIBLE

The poster features a background image of a green forest under a cloudy sky. A white rectangular box is centered on the image, containing the text. Green diagonal stripes are present in the top-left and bottom-right corners of the poster.



Faith Community United

JOIN US FOR EDUCATIONAL SESSION 1 OF 6
FOCUSED ON UNDERSTANDING SUBSTANCE USE,
COMBATING MYTHS, & PROMOTING HOPE!

UNDERSTANDING THE EPIDEMIC

MAY 15TH • 6PM - 8PM

CENTRAL CHRISTIAN CHURCH

PLEASE RSVP: TERRY.COLLISON@HARMONYHOUSEWV.COM

 /ADDICTIONEDUCATIONHUNTINGTONWV/

Drug Court

What is the Women's Empowerment and Addiction Recovery Program?

The WEAR Program is a specialized track within the Cabell-Huntington Adult Drug Court that provides services to address the unique needs of drug addicted prostitutes. The participants will go through the standard drug court model, but will also receive specialized trauma-informed services (particularly counseling/therapy) to comprehensively address their mental and physical health issues, helping them to leave the sex trade and become healthy, productive members of society. In addition to therapeutic resources, the WEAR Program will also work closely with the Cabell-Huntington Health Department on a testing protocol and education program to reduce the negative consequences associated with drug use and prostitution.



Adult Drug Court and WEAR Treatment Teams

Patricia Keller, Drug Court Judge
Sean "Corky" Hammers, Prosecutor
Lauren Plymale, Assistant Prosecutor
Jason Adkins, Public Defender
Janice Givens, Public Defender
Joshua Parlier, Probation Officer/Coordinator
Matt Meadows, Probation Officer
Lauren Dodrill, WEAR Probation Officer
Faren Block, Drug Court Case Manager
Ida Trammell, WEAR Case Manager
Christie Hitchcock, Family Court Case Manager
Jan Rader, Huntington Fire Department
Justin Lockwood, Day Report Center
Tracy Newsome, Home Confinement
Terry Collison, First Steps

Hope Hartz, Therapist
Donna Arey, WEAR Therapist
Lola Toney, Group Therapist

For more information contact the
Cabell County Probation Department
750 Fifth Avenue, Suite B-15
Huntington, WV 25701
304•526•8615

Cabell-Huntington

ADULT DRUG COURT & WEAR PROGRAM

WOMEN'S EMPOWERMENT AND
ADDICTION RECOVERY

Partners in Recovery and Justice



What is Drug Court?

Drug court is a specially designed court program. The purpose is to achieve a reduction in recidivism and substance abuse among offenders and to increase the likelihood of successful rehabilitation through early, continuous, and intense treatment;



mandatory periodic drug testing; community supervision; appropriate sanctions and incentives; and other rehabilitation services, all of which are supervised by a judicial officer.

Drug courts are part of the larger universe of problem-solving courts, and it has been demonstrated through rigorous evaluation and research that when they are implemented in an evidence-based manner, they significantly reduce recidivism and substance abuse among high-risk substance abusing offenders and increase their likelihood of successful rehabilitation.

When a person enters the Drug Court Program, an individual case plan for treatment is developed by the participant, the Drug Court Probation Officer, and the Drug Court Team. The

Drug Court Program consists of three phases of treatment, with each phase having its own completion requirements. The entire program will take at least a year to complete: Both Phase I and II are 16 weeks; Phase III is 20 weeks. The actual time spent in the program may be more than a year. In addition, a six month after-care program is also available.

Upon the successful completion of Drug Court and the terms of the plea agreement, the offender's case may be retired from the Court's docket and he/she will be released from further supervision.

Who is Eligible for Drug Court?

To be eligible for a referral, a person must be an adult charged with a non-violent felony offense. After reviewing a case referral, the prosecuting attorney has discretion on who is admitted to the program. All participants must submit to substance abuse evaluations to determine if they are appropriate for the program. To participate, an offender must live in or near Cabell County.

An offender is NOT eligible for drug court if he/she is a drug dealer; has a prior felony conviction in which force was used against another person with intent to cause serious bodily harm or death; is currently charged with a sexual offense, or an offense involving a child victim, or an offense involving the illegal use of a firearm or other dangerous weapon; or if death or serious bodily injury occurred to any person during an offender's crime or if an offender used force against another person during the crime.

What Will I Be Required to do in Drug Court?

Participants in Adult Drug Court are required to do the following:

- Engage in substance abuse counseling and treatment;
- Meet with the Drug Court Probation Officer at least once a week, and Case Manager as needed;
- Submit to frequent and random urinalysis screenings; refrain from using alcohol and drugs;
- Attend support group meetings;
- Submit to extensive supervision from Drug Court Staff, Day Report Center, Home Confinement and/or Probation Officers;
- Participate in education, testing, counseling and treatment referrals, when appropriate, through the Cabell-Huntington Health Department;
- Perform community service;
- Obtain employment or attend school;
- Obtain a high school diploma or a G.E.D.;
- Pay restitution to victim(s);
- Pay a program fee of \$700;
- Meet other requirements as determined by the Drug Court staff or the Drug Court Judge.



Program Handbook

Cabell County Drug Court



What is Drug Court?



West Virginia's Cabell County Drug Court is a collaborative effort of legal, mental health, education and social service professionals who provide comprehensive treatment and rehabilitative services for non-violent drug and alcohol abusing offenders. Drug Court provides intensive treatment, supervision, drug testing and monitoring to achieve successful treatment outcomes.

The mission of the Drug Court Program is to protect and improve the community by reducing repeat criminal activities related to substance abuse and addiction through use of an intensive treatment process for each participant in the program, thereby reducing the costs of incarceration and economic loss to the community, freeing resources for more productive uses, and returning useful members to our local community. People who successfully complete the Drug Court Program will avoid all or a part of incarceration in a secure facility.

When a person enters the Drug Court Program, an individual case plan for treatment is developed by the participant, the Drug Court Coordinator, and the Drug Court Team. The Drug Court Program consists of four (3) phases of treatment. Each phase of treatment has different requirements and the length of time spent in the phases will depend on the progress of the participant. The entire treatment program will take at least one (1) year to complete. Although, if a person has difficulty completing the requirements of the program, the treatment program will take more time to complete.



Who is Eligible for Drug Court?

Participants in Drug Court are referred by a prosecuting attorney, judge, magistrate, defense attorney, or law enforcement officer. Drug Court does not take referrals from family members or the general public. After reviewing a case referral, the prosecuting attorney has discretion on who is admitted to the program.

To be eligible for referral, a person must be an adult charged with a non-violent felony offense and have a drug or alcohol problem. All participants must submit to substance abuse evaluations to determine if they are appropriate for the program.

If an offender has a prior felony conviction in which he/she used force against another person with intent to cause serious bodily harm or death, or if an offender is currently charged with a sexual offense, or an offense involving a child victim, or an offense involving the illegal use of a firearm or other dangerous weapon, she/he is not eligible for Drug Court. If death or serious bodily injury occurred to any person during an offender's crime or if an offender used force against another person during the crime, he/she is not eligible for Drug Court.

To participate in the Cabell County Drug Court Program, an offender must live in or near Cabell County West Virginia.

*This program follows the federal definition of "violent offenders" as defined in 42 U.S.C.A. 3797u-2.

What Will I Be Required to Do in Drug Court?

Participants in Drug Court are required to do the following:

- Engage in substance abuse counseling and treatment
- Meet with the Drug Court Coordinator at least once a week
- Attend Drug Court sessions at least once a week
- Submit to urinalysis screenings
- Refrain from using alcohol and drugs
- Attend support group meetings
- Submit to extensive supervision from Drug Court staff, Day Report Center and/or Probation Officers
- Perform community service
- Obtain employment or attend school
- Obtain a high school diploma or a G.E.D.
- Pay restitution to victims



- Pay a program fee of \$800
- Meet other requirements as determined by the Drug Court staff or Drug Court Judge

What Are the Sanctions for Non-Compliance?

The Drug Court Program has strict requirements. It is important for people participating in the program to abide by the program requirements. Failing to comply with these requirements WILL result in Court-imposed sanctions. The Drug Court Team will determine what sanction to impose in each case.

Sanctions for non-compliance may include but are not limited to the following:

- Verbal warning by the Drug Court Judge
- Lengthy essay assignments
- Additional community service performance
- Additional treatment or counseling sessions
- Additional support group sessions
- Increased court appearances
- Increased contact with Drug Court staff
- Demotion to a previous phase of the program
- Confinement in the jury box
- Home confinement
- Jail time
- Termination from the program



What Happens When I Complete the Program?

All persons who complete the requirements of the program will participate in a graduation ceremony. Once the program is completed, the offender's case will be retired from the Court's docket and he/she will be released from further supervision unless otherwise stated in the plea agreement that was reached when the program was begun.



More importantly, when an offender graduates from the program, he/she should be prepared to live a productive life free from alcohol, drugs and crime.

*This program was made possible by a grant to the West Virginia Supreme Court of Appeals from the Department of Justice, Bureau of Justice Assistance.

CABELL COUNTY ADULT DRUG COURT PROGRAM OVERVIEW

Target Population

- Adult Offender
- Non-violent felony offender
- Resident of Cabell County area
- Addict or serious drug abuser
- No previous/current sex offenses or crimes against a child
- No drug dealers

The Drug Court Program is structured as a three phase program that each participant will complete. *Phase III includes graduation from Drug Court.*

- Phase I: Minimum of 2 months
- Phase II: Minimum of 4 months
- Phase III: Minimum of 6 months

*** The length of the program should be a minimum of 12 months.**

Phase I

- Drug Testing – Three per wk, minimum
- Meet with Drug Court Probation Officer – Twice per week minimum, excluding Court appearances
- Court Appearance – Once a week
- Follow treatment rules & regulations, and attend all required sessions
- No job (if not already working)

Advancement Criteria

- Minimum of 2 **consecutive** weeks clean time
- No new crimes
- Completed a minimum of 2 months in the phase
- Met treatment goals

Phase II

- Drug Testing – two per week, minimum
- Meeting with Drug Court Probation Officer – one per week minimum, excluding Court appearances
- Court Appearance – Once a week
- Follow treatment rules & regulations, and attend all required sessions

Advancement Criteria

- Minimum of 45 days **consecutive** clean time
- No new crimes
- Completed minimum of 3 months in the phase
- Enrolled in a job readiness program and/or providing Community Service if not working or in school.
- Paid required portion of Drug Court program fee- Total payments equal to \$200
- Met treatment goals

Phase III

- Drug Testing – Once a week minimum
- Meeting with Drug Court Probation Officer – Every other week minimum, alternating weeks with court appearances
- Court Appearance – Once every other week
- Follow treatment rules & regulations, and attend all required sessions

Advancement Criteria

- Minimum of 4 months **consecutive** clean time
- No new crimes
- Completed minimum of 6 months in the phase
- Paid required portion of Drug Court program fee- Total payments equal to \$600
- Obtain full-time employment *Community Service may be substituted for a portion of the 40 hrs
- Crime and drug-free housing
- No new crimes
- Counselor must recommend graduation
- Arrangements made for after care

Sorry I Missed You

Hello, my name is Krishawna and I am the Triage Referral Coordinator for Huntington. My goal is to assist you with any treatment needs you may have. Enclosed you will find important information that I would be happy to go over with you. Please call my office at you earliest convenience.

“Tomorrow is an important thing in life. Comes unto us at midnight very clean. It’s perfect when it arrives and it puts itself in our hands. It hopes we’ve learned something from yesterday.” – John Wayne

Meet our Team



David G. Chaffin, M.D., FACOG
Obstetrics & Gynecology
Maternal-Fetal Medicine Specialist



Kelly Cummings, M.D.
Obstetrics & Gynecology
Maternal-Fetal Medicine Specialist



Jennifer Mills Price, Psy.D.
Psychiatry & Behavioral Medicine
Clinical Psychologist



An outpatient department of
Cabell Huntington Hospital



1600 Medical Center Drive | Suite 4500
Huntington, WV 25701
304-691-8730
www.marshallhealth.org/obgyn



**Marshall Obstetrics
& Gynecology**

An outpatient department of
Cabell Huntington Hospital

The Maternal Addiction & Recovery Center (MARC) provides comprehensive obstetrical care, outpatient addiction care and counseling for expectant mothers with opiate buprenorphine (e.g. Subutex®). In partnership with the Marshall University Joan C. Edwards School of Medicine, Marshall Obstetrics & Gynecology and Marshall Psychiatry, MARC is committed to the safety and well-being of addicted mothers and their unborn children.

SERVICES

Patients receive optimal obstetrical care under the direction of our maternal-fetal medicine specialist while participating in an opiate addiction maintenance program that uses buprenorphine (e.g. Subutex®). Patients are evaluated and regularly seen by a licensed clinical psychologist.

MARC focuses on the health and safety of addicted mothers and their babies throughout pregnancy with medical care, counseling and a built-in support network.

REFERRALS

Self-referrals are welcomed and encouraged. Health care providers may refer patients to MARC.

Call 304-691-8730 to make a referral, to sign up or for more information.



PATIENT REQUIREMENTS

In order to participate in the MARC program, patients must:

- Be pregnant
- Attend weekly group therapy meetings and individual counseling sessions
- Attend additional Narcotics Anonymous or Alcoholics Anonymous meetings
- Comply with recommended obstetrical care
- Urine and blood drug testing are performed routinely.

For some patients, a brief hospitalization (1-3 days) is required to stabilize them on the optimal dose of buprenorphine. Costs associated with the program are covered by most health insurance and Medicaid programs in the Tri-State area.

06-18

304-691-8730

www.marshallhealth.org/obgyn

MOMS

SERVICES PROVIDED

- Medication Assisted Therapy
- Women's Health Services
- Contraception
- Individual Counseling
- Group Counseling
- Case Management/RN Navigation
- Pastoral Care

A PATIENT TESTIMONIAL

I didn't wake up one morning and decide to be an addict. I went through a difficult year of surgeries and multiple injuries. My physician felt it was best to treat with physical therapy and pain medication. After a few months of taking the prescribed medication, I became dependent.

This addiction was something far stronger than I could have ever imagined. It took control of my life. My thoughts were altered. My wishes, wants and needs were no longer mine. It prayed on my innocence.

Medication [suboxone, subutex] worked to reduce my symptoms of opiate dependence while providing me time to get therapy to learn coping mechanisms needed to prepare for the birth of my child. I had to follow specific guidelines holding me accountable: individual therapy, weekly group therapy and random drug tests. All the appointments seemed a little overwhelming at first, but I knew they had my and my baby's best interest in mind.

Everyone welcomed us with compassionate, understanding, non-judgmental arms – all while helping us make a difficult situation as comfortable as possible. They showed me how to care for my "special miracle."

– NTU Mommy

The MOMS Program is partially funded by:



For more information:

MOMS Program: 304.526.2058
NTU: 304.526.2371

In case of an emergency, dial 911.
www.cabellhuntington.org



*Providing Treatment
for You and Your Baby*



MISSION

To meet the healthcare needs and build a foundation for recovery for postpartum women living with the chronic disease of addiction, by bridging the gap between their behavioral health and medical healthcare needs in a supportive, compassionate, and encouraging environment.

GOAL

Our goal is to provide the services, support, and resources necessary to produce healthy women, healthy mothers, and healthy families.

MOMS PROGRAM

The Maternal Opioid Medical Support Program or MOMS Program was developed to provide comprehensive addiction treatment services to postpartum women, in a convenient location that promotes the bonding between the mother and her baby.

NEONATAL THERAPEUTIC UNIT

The Neonatal Therapeutic Unit (NTU) exists to provide care to babies who are prenatally exposed to medications that can cause symptoms of withdrawal after birth. The unit is dedicated to caring for the the entire family by providing care, education and support in a non-threatening, non-judgmental environment.

OPIOID EPIDEMIC

Opioid addiction has reached epidemic proportions in the United States; our local community is no exception. Women make up a significant portion of this population. In addition to the increasing numbers, women:

- are more likely to suffer from chronic addiction than men;

- become addicted at a faster rate than men; and
- are three times more likely to die from an overdose than men.

However, women are less likely to receive treatment. From 2015 to 2016, West Virginia had a 25.3% increase in drug overdose death rates.

With an increase in numbers of women with drug addiction, comes an increase in neonatal drug exposure. Over the last decade, the number of babies born with drug exposure has increased three fold (CDC, 2016). In West Virginia, in 2015 alone, 1 in 50 babies were born with drug exposure (WV Health Statistics Center, 2016).

We now know that to decrease these numbers and to promote recovery for the family, the treatment of the moms and babies need to be linked together. So if this is you and your baby, you are not alone. WE ARE HERE TO HELP.

STAFF

Kelly Cummings, MD
MOMS Program Medical Director
Maternal Fetal Medicine
OB/Gyn

Melanie Akers, MSN
Director of Hoops Family Children's Hospital

MOMS Program Counselor
Rachel Goddard, MA, LPC

Jessica Auffant, MSN, FNP-C
Nurse Practitioner and MOMS Program
Coordinator

Sara Murray, RN
NTU Nurse Manager





WHO WE ARE: We are the Maternal Opioid Medical Support Program, or MOMS Program. We are an outpatient office-based medication assisted treatment program for postpartum women.

WHAT WE DO: We offer addiction support services including Suboxone, Vivitrol, individual counseling, and group therapy. In addition, we work very closely with the NTU and Lily's Place to promote attachment and bonding between the mother and her baby.

WHERE WE ARE: We are located on the third floor of the hospital between the Mother Baby Unit and the Neonatal Therapeutic Unit.

WHO WE SEE: We see postpartum women with substance use disorder who are *not* already in a treatment program, *OR* postpartum women who are looking to switch programs.

HOW TO CONSULT US: To consult the MOMS Program, just make sure the patients are postpartum women not currently in a treatment program, or those needing a new program. If in-house: Notify the patient's physician or the social worker and have them order a MOMS Consult. Once ordered, we will come meet with the patient. If not currently admitted to CHH: Contact Jessica Auffant at the below listed number.

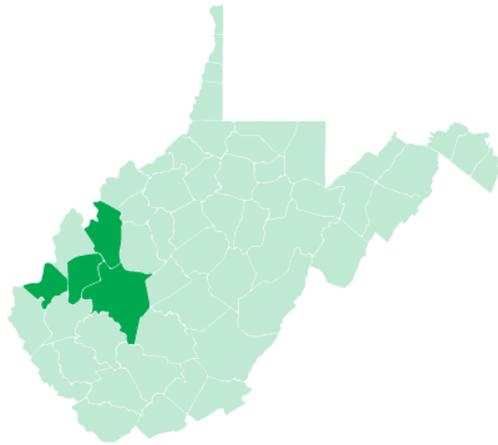
QUESTIONS?????

Jessica Auffant
Nurse Practitioner and Program Coordinator
(304)399-1565
Jessica.auffant@chhi.org

Rachel Goddard
Program Counselor
(304)399-2581
Rachel.goddard@chhi.org

CORE

Great Rivers Regional System for Addiction Care



Where we are located

The system, funded through a \$2 million award to Marshall Health by the Merck Foundation, brings together 70+ organizations and agencies in Cabell, Jackson, Kanawha and Putnam counties in West Virginia.

Additional resources

PROACT: 304-696-8700
Help4WV: 1-844-HELP-4-WV (call or text)



FOR MORE INFORMATION:
Tina Ramirez, Program Director
304-691-6858 | ramirez@marshall.edu



Great Rivers Regional System for Addiction Care
304-691-6858 | www.marshallhealth.org



GREAT RIVERS
REGIONAL SYSTEM FOR ADDICTION CARE



Tackling West Virginia's opioid crisis can't be done alone.

Our goal is to **empower our partners** so they are able to provide comprehensive substance use disorder treatment to their communities.

Great Rivers Regional System for Addiction Care is an innovative approach to addressing addiction and recovery efforts.



What we do

The Great Rivers System seeks to begin comprehensive programs “in” and “with” local communities and harness the expertise of multiple partners including health care providers, public health experts, first responders and community-based organizations.

Together we can help

-  Reduce opioid overdoses and overdose deaths
-  Increase access to and retention in substance abuse treatment
-  Enhance access to care for viral hepatitis and HIV
-  Improve public health education to increase awareness and prevention of substance abuse and addiction

Resources available to partner programs

Great Rivers helps with the coordination and implementation of the following resources available to health care or community-based organizations.

Community health education and prevention promotes healthy behaviors throughout your community using health education and health communication.

Harm reduction uses an evidence-based approach to help individuals who are not able or willing to abstain from illicit/illegal injection drug use and provides an opportunity for individuals to make positive choices that will protect their health and the health of others in the community.

Naloxone administration training is offered weekly at the local health departments in Cabell and Kanawha counties and is available to the public, upon request, in the counties we serve free of charge. Upon completion of the training, attendees will understand the signs and symptoms of an overdose, strategies to prevent overdose, how to administer naloxone properly, reporting requirements related to the use of naloxone in West Virginia and local resources for addiction counseling and treatment.

Project Engage promotes screening patients seen in the emergency department of local hospitals for opioid use disorder (OUD) to allow staff to provide comprehensive care, including preventing withdrawal. The use of certified peer recovery coaches offers opportunities for counseling and referral to treatment and recovery programs, if desired by the patient.

Provider Response Organization for Addiction Care & Treatment, or PROACT, is a single service hub offering comprehensive care for individuals with substance abuse disorder. It brings together addiction and recovery services, primary care, social services, spiritual care and under one roof.

Quick response teams combine emergency medical services, law enforcement and recovery coaches/clinicians to act as a referral system for recovery care. Our model follows up with individuals who have overdosed within 24-72 hours to offer treatment and recovery options in a low-pressure environment.

For more information, call 304-691-6858.

www.marshallhealth.org/greatrivers