



# 2024 Resiliency Plan

Cabell County, West Virginia

August 2024

# Executive Summary

## Overview

Cabell County, West Virginia is uniquely poised to develop a systemic and comprehensive plan to address not only substance use but the overarching health of the community. Although significantly impacted by the substance use epidemic, recognition and honest assessment of the problems, sincere collaboration and sharing of resources, and the innovative development of programs and use of resources in Cabell County has lessened the potential devastating effects of the crisis. The Resiliency Plan is a flexible document developed initially in 2019 and updated in 2024 by over 55 community members in a variety of sectors. Short and long term suggestions were developed by experts in each area. **The one consistent need identified across all focus groups is long-term sustainable funding for core staffing dedicated to each area.**

## Goals and Objectives



### Prevention & Early Intervention

- Gaps: Lack of sustainable funding at county, state, and federal level
- Need: Coordination across University, City, and State partners on a comprehensive program of services
- Long Term: Systemic prevention across all ages including wrap around and family prevention services



### Treatment

- Gaps: Fractured supports and a lack of standardization
- Need: Standardized admission and discharge planning; expanding co-occurring supports
- Long Term: Long-term systemic supports and increased treatment for youth



### Economic Development

- Gaps: Workforce readiness to meet the needs of businesses; professional attitudes
- Need: Metrics on workforce readiness and establish reliable, trained, and healthy workforce
- Long Term: Reduction of systemic barriers that reduce workforce (i.e. child care, transportation, etc.)



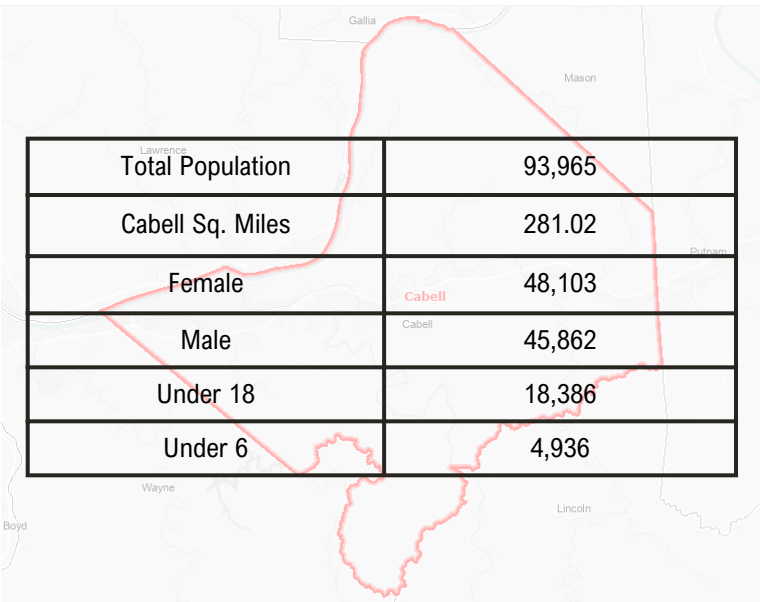
### Legal & Policy

- Gaps: Standardized collaboration with treatment to promote diversion & successful release
- Need: Improve comprehensive re-entry services to reduce recidivism and use
- Long Term: Expansion of services such as Crisis Intervention Teams (CIT) and Peer Recovery Support Specialist (PRSS) to evening and weekend hours

## Strategies

Key Area	Strategy
Strategic Collaboration	Bolster existing partnerships that excelled before the COVID-19 pandemic while delegating interventions and resources to those with success to avoid duplication.
Identifying of Unique Resources	Strategize the use of City, State, Federal, Private, and Philanthropic supports with Opioid Settlement dollars.
Data Sharing & Success Metrics	Expand upon existing data sharing networks to identify key success metrics and identify gaps in the continuum of care
Strategic Leadership Structure	A unified Addiction Collaborative is necessary to coordinate resources, opportunities, data, and guide efforts.

## Cabell Demographics



# Acknowledgements

---

This document is the product of many contributors from throughout Cabell County who have been willing to share their expertise and experience in a common effort to share and build upon the solutions that have been developed to address the impact of the opioid crisis in our community. The preparation of this brief was coordinated through the Division of Addiction Science in the Department of Family and Community Health at the Marshall University Joan C. Edwards School of Medicine. The following is a list of the organizations and community leaders who donated their time in support of the development of this important plan.

## Contributing Organizations

---

Cabell County Court	Legal Aid of West Virginia
Cabell County EMS	Marshall Health Network School of Pharmacy
Cabell County Public Library	Marshall University
Cabell-Huntington-Wayne Continuum of Care	Marshall University Joan C. Edwards School of
Center of Excellence for Recovery at Marshall	Medicine
University	Marshall University Research Corporation
City of Huntington	Ohio Valley Physicians
FaithHealth Appalachia	Pallottine Foundation of Huntington
Glazer Saad Anderson	Prestera Center
Hope in Action Alliance	Prevention Empowerment Partnership
Huntington City Mission	PROACT
Huntington Health Department	Valley Health Systems, Inc.
Huntington Regional Chamber of Commerce	West Virginia Health Information Network

## Contributors

---

Elizabeth Adkins	Michael Haney	Holly Mount	Austin Sanders	Courtney Wellman
Tricia Ball	Zach Hansen	Brittany Ochoa	Angela Saunders	Beth Welsh
Breana Bowen	Pam Holland	Lyn O'Connell	Amy Saunders	Kelly Witley
Sonia Chambers	Gregory Holland	Natalie Osborn	Beverly Sharp	
Rory Chapman	Michael Kilkenny	Ashley Payne	Cathy Slemp	
Tammy Collins	Marianna Linz	Michelle Perdue	Brad Smith	
Todd Davies	Steven Little	Stephen Petrany	Kate Steele	
Sarah Dixon	Rachel Lively	Connie Priddy	Jana Stoner	
Madison Fields	Sarah Frances Lyon	Jan Rader	Beth Thompson	
Barbie Finley	Misty Martin	Tina Ramirez	Sarah Walling	
Talisha Franklin	Katy Maynard	Brittany Riley	Phil Watkins	
Adam Franks	Matt Meadows	Abe Saad	Judy Watters	
John Hampton	Gordon Merry	Cory Sargent	Matthew Weimer	



# Cabell County

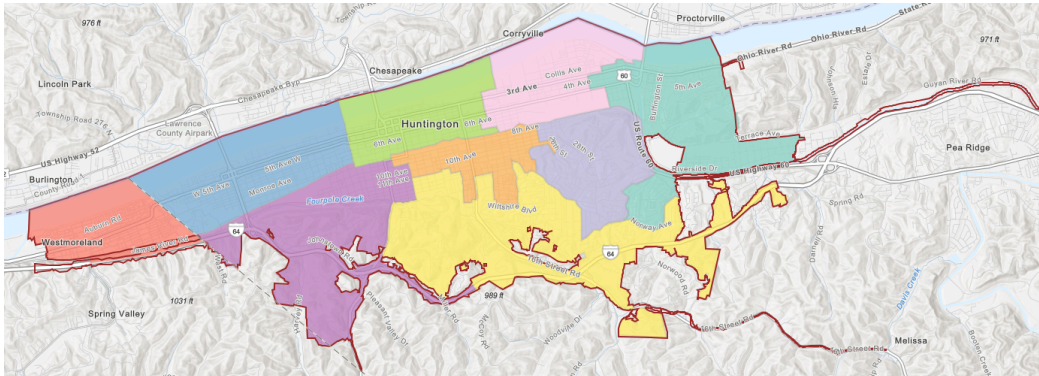
## Huntington, West Virginia

### History

Cabell County, located in the western part of West Virginia, was formed in 1809 from part of Kanawha County before WV separated from Virginia. It was named after William H. Cabell, who served as the Governor of Virginia from 1805 to 1808. The county seat is Huntington, which is the second-largest city in the state. Huntington has historically been a major industrial and transportation hub, contributing significantly to the economic development of the region.

### Substance Use

Cabell County has been notably impacted by the opioid crisis. Huntington unfortunately gained national attention for its high rates of opioid overdoses and deaths in 2017. Efforts to combat this crisis have included the protection of harm reduction programs at the Cabell Health Department, increased access to residential and outpatient Substance Use Disorder (SUD) treatment services, and community initiatives supported by the University aimed at prevention and recovery. Despite these efforts, the county continues to face significant challenges.



### Huntington, WV

Huntington, founded in 1871 by Collis P. Huntington, a prominent railroad magnate, quickly grew into an important industrial center due to its strategic location along the Ohio River and the arrival of the Chesapeake and Ohio Railway. Huntington is home to Marshall University, established in 1837, which has been a cornerstone of education and culture in the area. Over the years, Huntington has faced economic shifts but continues to be a significant city in West Virginia.

### Current Economic Situation

The current economic situation in Huntington is characterized by both challenges and opportunities. While the city has faced economic downturns due to the decline of traditional industries, there has been a significant push towards revitalization and diversification. Key to this effort is the Marshall Health Network, which is a major employer in the region. Marshall Health Network, affiliated with Marshall University, provides comprehensive medical services and is a leader in healthcare innovation and education. Similarly, Marshall University and Cabell County Schools are major employers looking to expand retention efforts in the region and build a workforce. Efforts to boost the economy also include initiatives to attract new businesses, support local entrepreneurship, and invest in infrastructure improvements. For example, Nucor has recently located a \$3 billion steel plant in Mason County. Despite ongoing challenges, these institutions play a pivotal role in stabilizing and advancing Huntington's economic landscape.

### Mental Health

Similar to SUD, mental health (MH) issues are prevalent in Cabell County, partly due to the high rates of substance use and poverty. The county has been working to improve mental health services through the expansion of community health centers, partnerships with first responders, and street outreach organizations to identify those in need. There are ongoing efforts to integrate mental health services with primary care to provide more comprehensive support for residents. However, there is still a need for more resources and funding to adequately address the mental health needs of the population. One significant need is in the stabilization of those in severe crisis and services to address youth and adolescents.

### Income Disparity

As the economy has transitioned, Appalachia has been particularly impacted. Economic decline in the region, coupled with the loss of industrial jobs, has contributed to widespread financial instability and many younger adults leaving the state for seemingly more opportunities. Many families in the county live below the poverty line (ALICE data), and the local government, along with non-profit organizations, are working to provide support through food assistance programs, job training and educational opportunities, such as Creating Opportunities for Recovery Employment (CORE) and Jobs & Hope. Despite these efforts, poverty remains a significant issue along with affordable quality housing, which impacts overall quality of life and access to essential services. These difficulties are exacerbated by high costs in child care, transportation limitations, and limited technology connectivity.





## Brief History of the “City of Solutions”

Although the first wave of the opioid epidemic started in the late 1990s, it was not declared an emergency until 2011. Nowhere has this crisis had a more devastating impact than in the Appalachian Region, and specifically Cabell County, WV. Under the leadership of the Huntington Mayor and initiatives at the Health Department, the health systems, and first responding organizations, Huntington began to accurately track overdose related data. Data indicated that Huntington was leading the nation in increasing rates of overdoses, overdose-associated deaths, and incidence of neonatal abstinence syndrome. Additionally, there was a sharp rise in the incidence of infections and diseases associated with substance use, including Hepatitis, Sexually Transmitted Illnesses, Endocarditis, and a HIV cluster.

As heroin became more popular and widespread, the rates of infection, disease, overdose, and overdose deaths quickly increased. This culminated on August 15, 2016 with a shocking 27 overdoses within several hours of each other in the city of Huntington. A bad batch of fentanyl-laced heroin had reached the area, which marked only the beginning of a new drug crisis.

CNN

### West Virginia city has 27 heroin overdoses in 4 hours

(CNN) There were 27 heroin overdoses within four hours, including ... to know at this point," Cabell County EMS Director Gordon Merry said.

Aug 18, 2016



In a short period of time, fentanyl and carfentanil made an already dangerous issue even more deadly. Contaminated heroin continues to contribute to a high number of overdoses and overdose-associated deaths. August 15, 2016 became a rallying cry to those who wanted to reclaim their community. Leaders throughout various organizations across Huntington, WV came together to quickly enact policies and programs to slow down and eventually reduce the number of overdoses, overdose-associated deaths, and incidence of neonatal abstinence syndrome. As funding became available at the state and federal level, efforts were directed at the quickest way to save lives on the back end of the issue. Huntington has proven successful in these efforts, with a slow in rates that are now beginning to show signs of decline. As a result, the community claimed the title “City of Solutions.”

Between 2018 and 2019, Huntington experienced a 40% drop in non-fatal overdoses and over a 20% drop in fatal overdoses. While this is a huge point of pride and encouragement in the city's battle to recover a community struggling with substance use, the pathway to solutions contains many lessons learned and struggles along the way. In 2022, there were 160 fatal overdoses, which is far too many.



# RESILIENCY

Resiliency in a community refers to the collective ability of its members to recover, adapt, and thrive despite facing significant challenges and adversities. In Huntington, West Virginia, a community that has confronted issues like substance use, mental health struggles, and poverty, resiliency is fostered through the strength of community collaboration. When individuals, organizations, and local leaders unite, they create a supportive network that addresses these challenges comprehensively. By pooling resources, sharing knowledge, and providing mutual support, the community can develop innovative solutions and effective interventions. This collaborative spirit not only helps to mitigate immediate crises but also builds a foundation for long-term stability and growth. future.

**The journey towards overcoming these obstacles is layered with hope and rejuvenation, as every step taken together reinforces the community's capacity to emerge stronger and more unified. Huntington's resilience is a testament to the power of collective action and the unwavering commitment of its people to forge a brighter, healthier future for all community members.**

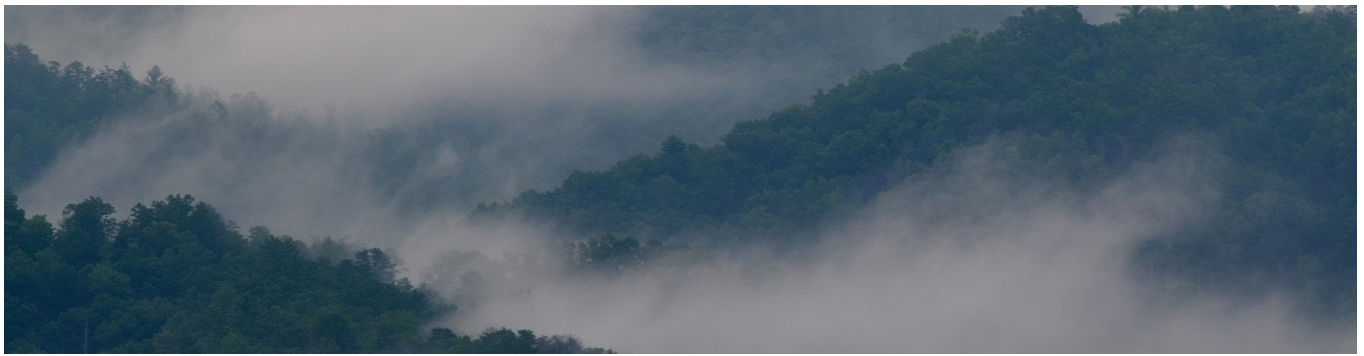
## THE PROCESS

In 2019, a group of community leaders were asked by City, County, and University leadership to develop a strategic framework for a coordinated and integrated approach to the opioid crisis.

First, a large group of community members met to discuss the potential framework and areas of focus. This led to seven topic area focus groups, which included first responders, business leaders, people on the front lines of health care, faith leaders, funders, concerned community members, and individuals with lived experience. Once a narrative analysis was completed of the focus groups they were broken into short and long-term goals. The document was sent out for review before two more final large group meetings to discuss edits and additional input. The final document was reviewed by City, County, and Health Care leadership before being released to the press.

The goal was a community sourced flexible framework that can guide the conversation and consolidate resources on high need areas for our region.

In 2024, community leadership recognized the need to update the plan based upon five more years of experience with the crisis. Thus, a similar process was initiated with even more community partners contributing.

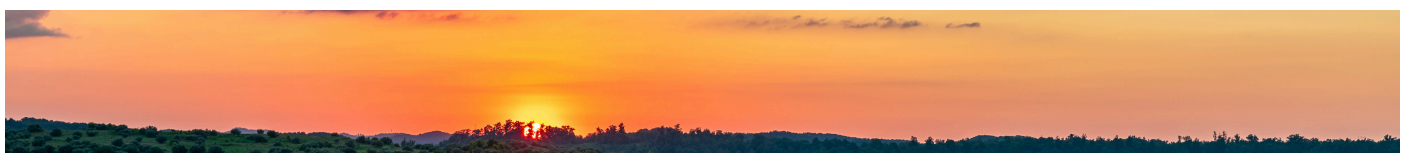


## **Five Barriers Impacting the Health of Appalachian Communities**

1. Limited Access to Comprehensive Health Care Services
  - Appalachian communities often face a shortage of healthcare providers, particularly mental health and substance use treatment specialists. Geographic isolation and transportation issues further hinder access to care.
2. Socioeconomic Challenges
  - High rates of poverty and unemployment are prevalent in many Appalachian regions. Economic hardship can lead to increased stress, depression, and susceptibility to substance use as individuals struggle to cope with financial instability.
3. Stigma and Cultural Barriers
  - Stigma surrounding mental health and substance use disorders can prevent individuals from seeking help. Cultural norms and values in some Appalachian communities may discourage discussing these issues openly, leading to untreated conditions.
4. Environmental Stressors
  - Environmental factors, including common industries, can contribute to physical and mental health problems. Additionally, rural areas may lack recreational facilities and green spaces, limiting opportunities for physical activity and stress relief.
5. Lack of Community Resources and Support
  - Many Appalachian communities have limited resources for mental health and substance use disorder programs. There is a historical lack of commitment and funding for comprehensive substance use prevention services for all youth, young adults and throughout each stage of life.

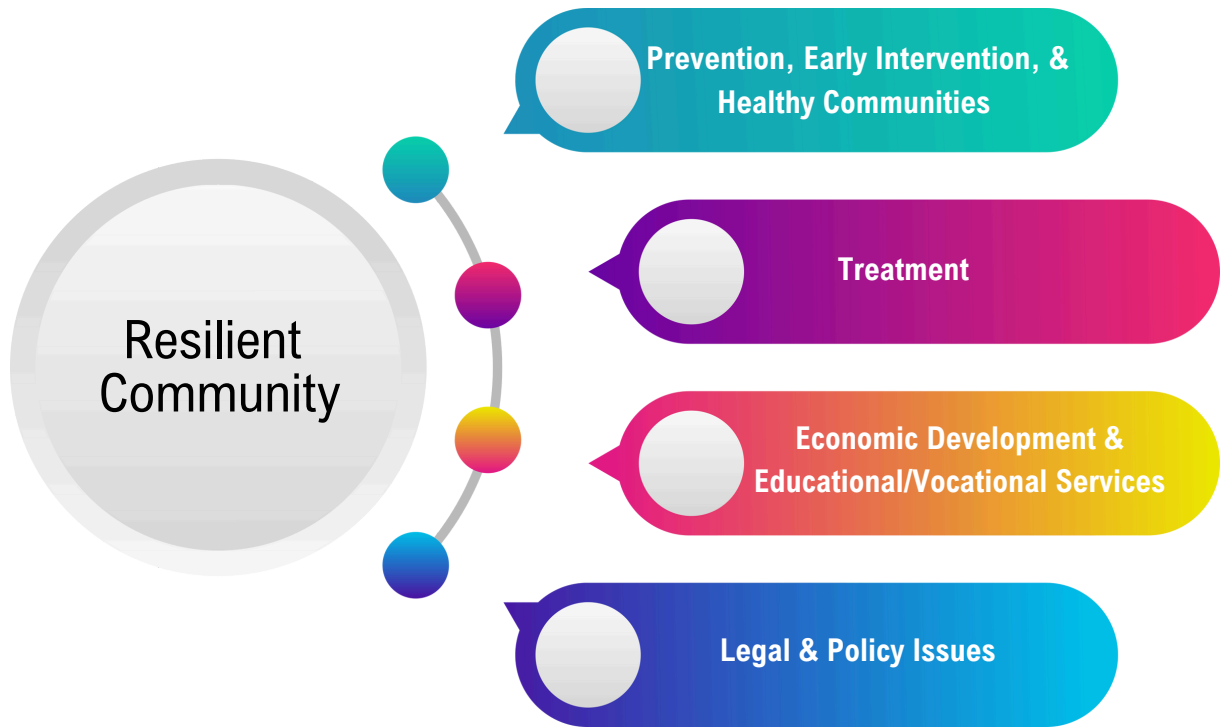
## **Five Strengths Impacting the Health of Appalachian Communities**

1. Strong Community Networks and Social Support
  - Tight-knit communities in Appalachia often have strong social bonds and support systems. Families, neighbors, and local organizations can provide emotional support and help individuals navigate challenges.
2. Cultural Values and Traditions
  - Appalachian culture places a high value on resilience, self-reliance, and community. These cultural strengths can be harnessed to promote mental well-being and encourage seeking help.
3. Grassroots and Community-Based Initiatives
  - Local organizations and grassroots movements play a vital role in addressing substance use and mental health issues. Community-driven programs that involve residents in the planning and implementation of interventions can be more effective and culturally appropriate.
4. Faith-Based Organizations
  - Churches and faith-based organizations are influential in many Appalachian communities. They can provide support, counseling, and a sense of belonging, as well as help reduce stigma around mental health and substance use disorders.
5. Access to Nature and Outdoor Activities
  - Appalachia is known for its beauty and outdoor recreation opportunities. Engaging in outdoor activities can improve mental health, reduce stress, and provide a healthy outlet for coping with life's challenges. Programs should promote outdoor recreation and connection to nature as this can be beneficial for mental well-being.





# Focus Areas 2024



## Prevention, Early Intervention, & Healthy Communities

Prevention, early intervention, and healthy communities are an essential element of the continuum of care. Cabell County has continued to be a leader nationwide. In the past four years we have expanded efforts, diversified funding and presented multiple times at national leadership conferences. Local leaders have been invited to share best practices created in Cabell County that have led to success in the prevention realm. This has included paid peer leaders in the schools, a peer developed prevention book, and expansion of prevention into after school programs.

The focus group identified gaps in services including: lack of funding from the city, county, and state at the prevention level, early prevention starting in elementary school, evidence-based interventions for all age groups, interventions that grow with youth rather than being repetitive, and youth developed and peer led interventions.

Effective prevention strategies are crucial in addressing substance use disorders. These interventions often include education, community programs, and early access to mental health resources, all aimed at reducing risk factors and promoting resilience. Prevention should focus on building protective factors and reducing risk factors. Comprehensive prevention strategies need to address three levels of risk: universal, selective and indicated. It is necessary to address all three levels to create a broad and effective framework for reducing substance use and promoting mental health. Prevention is lifelong and individuals need many of doses of it throughout the lifespan from youth through adulthood.

The three levels of a comprehensive prevention strategy are:

**Universal Prevention:** This approach engages the general population or specific subgroups that have not been identified as high-risk. The aim is to raise awareness and promote healthy lifestyles, reducing the overall prevalence of substance use disorders through education and community initiatives.

**Selective Prevention:** This level focuses on individuals or subgroups that have a higher risk of developing behavioral health disorders. It involves focused interventions that address specific risk factors, providing resources and support tailored to these at-risk populations.

**Indicated Prevention:** This approach is for high-risk individuals who may show early signs or symptoms of behavioral health issues but do not yet meet diagnostic criteria. Interventions often include more intensive support and monitoring to prevent the progression to a full-disorder.

Prevention resources can be found here: <https://clearinghouse.helpandhopewv.org/>

The comprehensive approach to prevention not only engages individuals at risk but also fosters a supportive environment to enhance overall well-being.

### Short Term Goals

Develop & make available comprehensive synopsis of all levels of prevention so the schools and community know what programs exist.

Work with state prevention organization to promote effective services and share with communities.

Integrate with all community sectors (i.e. faith, business, non-profit) to ensure it includes and defines prevention services & support.

### Long Term Goals

Develop and sustain family focused and systemic prevention interventions to address risk factors contributing to disparities that impact health.

Have communication tools for prevention organizations that allow for more seamless sharing of information and successes.

Promote data driven prevention interventions at all stages and in all sectors of the community.

## Treatment

Since the initiation of the resiliency plan in January 2020, Huntington has worked collaboratively to expand substance use treatment and low barrier services. This has been made possible by policy changes associated with the DEA-X waiver, expansion of ED and hospital-based treatment initiation, and data sharing agreements to support people through the process. Unfortunately, there have also been significant setbacks including the pandemic, legislative restrictions on the number of licensed treatment beds, ongoing restrictions on methadone, and the national rise in mental health crises and homelessness. Individuals who are in need of treatment still face a variety of barriers including transportation, childcare, insurance limitations, housing instability, co-occurring conditions, and stigma.

Based on the ongoing barriers, it is important to integrate treatment in community locations rather than in isolated treatment centers. Treatment should be rooted in research and culturally appropriate. Focus group discussions identified continued needs in the continuum as far as appropriate number of treatment beds, specialized treatment, lack of standardized discharge planning, and a weak re-entry system to support those returning from judicial interventions. The majority of people entering treatment have fractured supports or generational family misuse. The following list of short- and long-term goals were the result of this need analysis.

### Short Term Goals

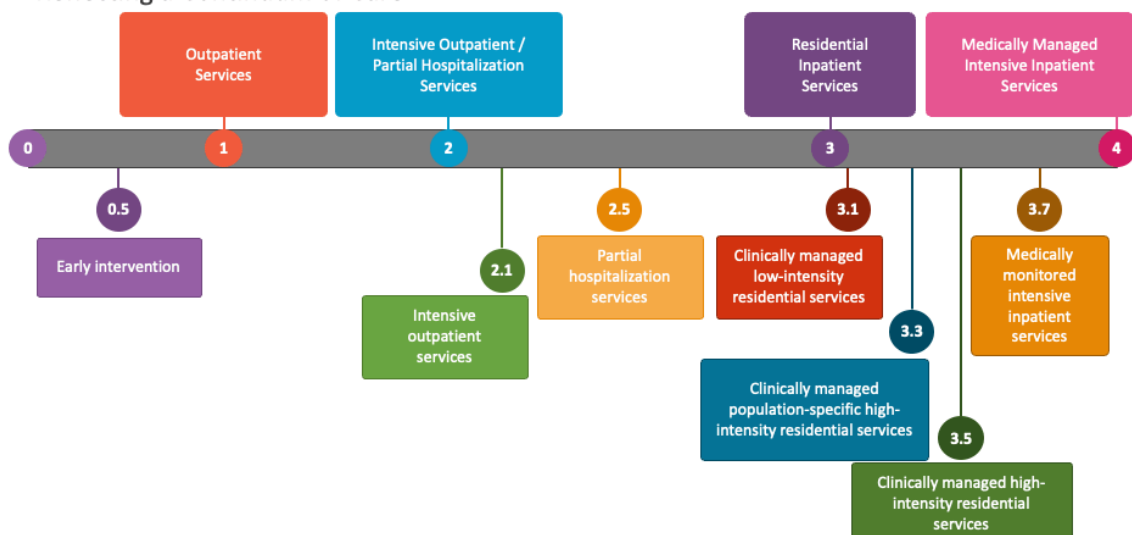
- Standardized admission and discharge planning to ensure people seeking recovery have the necessary supports to reintegrate
- Expansion of co-occurring services for SUD and MH specifically focused on those unhoused and leaving incarceration
- Increase peer and outreach services during evenings and weekends
- Expand existing wellness programs for first responders, teachers, and caregivers as they are challenged

### Long Term Goals

- Develop a continuum of care for the treatment for youth with SUD and MH concerns
- Identify the best training techniques and modalities for our region that can be flexible as substances change
- Develop community contingency management techniques to engage those not currently interested in treatment
- Develop system to identify those who relapse after 4-28 days of treatment so they can reenter care

## CONTINUUM OF CARE

Reflecting a Continuum of Care





The strength of a community's growth and its ability to improve quality of life is directly impacted by economic development. Cabell County and its surrounding areas are in the heart of the Appalachian region. As the fourth most populated county in the state, Cabell County possesses a diverse economy including healthcare, manufacturing, retail, hospitality, and education sectors.

Cabell County employers are challenged in recruiting and retaining a trained, qualified labor force to meet demands. High rates of substance use disorders, which is exacerbated by mental illness, homelessness, and other chronic health conditions, significantly impacts employers' ability to attract talent.


Individuals with substance use disorders often find the employment process overwhelming as reintegrating into the community requires stability. As individuals with substance use disorders are reintegrating back into the community, a variety of barriers must be eliminated or addressed before suitable and competitive employment can be obtained. This population presents a host of barriers to establishing a ready workforce—housing, transportation, childcare, criminal history, employment documentation, and lack of familial support.

Workforce initiatives operate within Cabell County to support individuals in recovery in obtaining employment and providing access to educational and vocational training programs. Such initiatives exist to assist individuals in becoming workforce ready by eliminating barriers to employment, providing workforce development assistance, career coaching and job application assistance, and employer advocacy.


Cabell County businesses are recognizing the value of exploring untapped talent pools to meet workforce demands. Although there is still significant work that needs to be done to improve employer attitudes and willingness to work with individuals in recovery, employers' attitudes have improved in recent years.

Cabell County's economic development depends on the collaborative efforts of business and residents. Businesses focused on providing workplace wellness initiatives support the overall health and wellness of its employees, which improves recruitment and retention rates. Comparatively, residents of Cabell County, particularly those in recovery, can become an employer's solution by gaining and demonstrating the necessary skills to return to the workforce.


## Short Term Goals




Data metrics to identify differences in employed and unemployed to identify primary barriers to develop targeted interventions



Identify current educational/vocational services that support K-12 institutions focused on mentoring, job shadowing, and career exploration (focusing on the behavioral health workforce)




Educate businesses on workforce initiatives and incentives to increase talent pool, identification of qualified applicants, and fast-track employment placement




Support employers in becoming recovery friendly businesses and expand use of the WV Toolkit


## Long Term Goals




Reduce the number of individuals living below the ALICE threshold (national data set) improving sufficient, access to healthcare, and quality of life.



Create and strengthen incentives for new businesses to improve employer wellness programs. (i.e. flexible schedules, childcare, transportation, counseling).



Collaborate with community partners to create a mentorship, job shadowing, career exploration program for K-12 institutions and youth directly impacted by substance use.



Collect and analyze data to provide recommendations on strategies to increase workforce participation.

## Legal & Policy Issues

As indicated previously, legislation and policy reform has had some important implications on the treatment facet of the resiliency plan. The implementation of the WV's 1115 Waiver addressed treatment and services for those with substance use disorders. In late 2022, this waiver was revised and had expansions to improve the reintegration process for those returning from judicial interventions. This Waiver revision has not been implemented and is still waiting final approval from the Centers for Medicaid and Medicare Services. The Department of Correction and Rehabilitation also has made strides in adopting substance use disorder initiatives in its regional jails. Although a great start, the system still lacks standardized collaboration with treatment providers and services associated with the release of incarcerated individuals.

There are policy limitations that impact medical schools from effectively training medical providers on medication assisted treatment in primary care settings. Similarly, legislation has limited the number of treatment beds and access to Methadone, an effective treatment for SUD. An overarching goal is to address the legislation to promote the expansion of research and provider training for the treatment of SUD.

### Short Term Goals

- ▶ Develop sustainable housing options for those who are leaving treatment or incarceration, including wrap around supports for them to be successful.
- ▶ Increase access to services for persons leaving incarceration to include social and treatment navigation, life skill development and monitoring and positive behavioral supports .
- ▶ Engage with successful diversion and reentry programs to learn skills to enhance and expand existing best practices.

### Long Term Goals

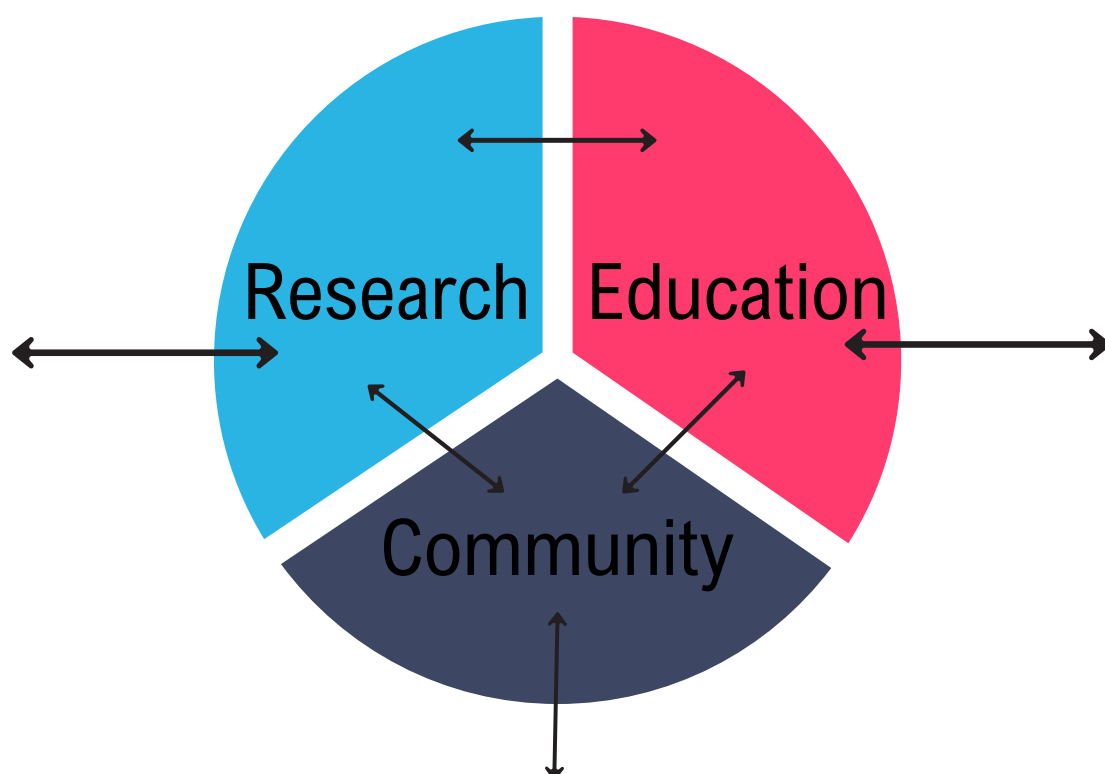
- ▶ Development of a prioritization process to ensure certified recovery beds are afforded to those with a substance use disorder and county residents
- ▶ Expand CIT efforts to include evening and weekend hours to assist in appropriate diversion to treatment for those suffering from mental health and substance use disorders.
- ▶ Develop other means of reentry housing for those who do not suffer from mental and substance use disorders to provide appropriate reintegration support and reduce homelessness.

# Addiction Institute

The development of an Addiction Science Institute (the Institute) would provide a home to the efforts of this resiliency plan. The Institute will deliver a community-based cornerstone for collaboration and communication by all stakeholders to promote the development of a healthy community and region. The new facility would include space for advanced research, education, and representative offices for all community partners devoted to these overall efforts. The Institute's work would guide the resiliency plan going forward, in response to the changing needs and changing understandings of the battle against the impact of the opioid epidemic over the ensuing years. It responds to our recognition of the importance of continual evaluation and assessment of the shifting nature of the crisis, as well as any and all supported projects, in order to make evidence-based adjustments along the path toward achieving future success. The Addiction Science Institute will be administered by Marshall University's Division of Addiction Sciences and will draw upon well-established community resources.

The Institute will house representatives from the community from areas such as law enforcement, first responders, local healthcare providers, prevention, outpatient and inpatient/residential treatment providers, social services, the faith community, the local Chamber of Commerce, individuals in recovery, and the education system, as well as Marshall University faculty and researchers. In partnership with Marshall University, this Institute can equip the community with the personnel, equipment, and resources needed to explore important areas of research that need to be addressed. The Institute will also coordinate existing efforts.

Another key aspect of the Addiction Science Institute is an area dedicated to community outreach. For the local professional healthcare students, there would be space to gain specialized education. For the community, there would be public spaces for the hosting of trainings and meetings to provide education on evidence-based prevention on addiction. This would serve to expand needed addiction-specific capacity among healthcare providers, reduce misinformation, and reduce the harmful effects of stigma related to substance use so prevalent in the community. Offices co-located in the Institute will further enhance our collaboration and partnerships in addressing all of the growing community needs associated with addiction and one that is building resilience. This will also provide the information necessary to promote best practices throughout the community's recovery efforts and enable us to disseminate this information to similar communities throughout the nation.





# Evaluation

It is necessary to determine what metrics already exist, how they can be utilized to measure success and outcomes, and what metrics need to be collected or developed. Data sharing agreements need to be established and collectively governed to establish baseline and progress. Below is a list of potential outcome measures for defining success going forward.

## Prevention

- ☐ Survey tools (PRIDE)  
DFC Indicators  
School Climate survey  
School Risk Behavior survey  
Metrics on prevention for long-term tracking

## Treatment

- ☐ Timeliness for accessing services (not just MAT)  
Retention in services at least one year  
Reintegration into the community (employment, housing, transportation)  
Decrease in overdose deaths  
Decrease in population utilizing substances  
Improved quality of treatment services

## Economic Development

- ☐ Needs assessment with businesses to identify workforce participation rate & educational attainment  
Identify missing or necessary skills sets  
Develop training opportunities and pipeline to employment  
Identify key business sectors to pursue

## Legal & Policy

- ☐ Improved reentry services focused on treatment and housing  
Enrollment in drug court (adult and adolescent)  
Reduction in recidivism

# Immediate Steps for Implementation

LEADERSHIP	<ul style="list-style-type: none"><li>• Develop a formal addiction collaborative that consolidates efforts, manages resources and opportunities, shares information, and becomes the governing structure for the resiliency plan.</li><li>• Based on the success of the data repository between health providers in the region and the expansion of the EHR being used in the community (i.e. TRAIN), this can be a model for a successful governance structure.</li><li>• Promote the voices of local experts and highlight successful programs and outcomes</li></ul>
COMMUNICATING MESSAGES	<ul style="list-style-type: none"><li>• Develop a strategy for disseminating information back into the public that includes both educational information, facts, and successes</li><li>• Identify targeted responses to false or misleading information</li><li>• Ensure stigma free campaigns are being disseminated not just in Cabell County but throughout the state</li><li>• Utilize art, stories of recovery, and non SUD events to share hope</li></ul>
DELIVERABLES	<ul style="list-style-type: none"><li>• A host website for the Resiliency Plan that is linked to all community partners</li><li>• Share stories of success on this platform so they can be pushed out to social media platforms with success, statistics, and outcome data.</li><li>• Develop funding requests that are relevant to the Opioid Settlement funding</li><li>• Quarterly meetings of the group to update on progress arranged by Division of Addiction Sciences</li></ul>
TIMELINE	<ul style="list-style-type: none"><li>• Final Draft September 2024</li><li>• Regular quarterly meetings of engaged stakeholders</li><li>• Short Term Goals Implemented within 1 Year</li></ul>

# Progress Since 2020



**The Huntington community has rallied together to develop a significant expansion of services since 2020 when the original Resiliency Plan was made public. Although substance use, mental health, and housing conditions are not where we would want them as a community, we would be far worse off without the following improvements. It is important to note that preventative services or interventions in the midst of crisis are often overlooked as ineffective because the full problem never comes to fruition and it's easy to continue to look at the problems rather than successes. It is important to reflect on success especially when many of these were established with limited resources and during the COVID-19 pandemic. This is a partial list of accomplishments.**

- Improved same day access to Medication Assisted Treatment and increased capacity
- Naloxone became easily accessed without prescription and improved coordination for Save a Life Day
- Peer Recovery Support Specialists (PRSS) placed in Marshall Health Network hospitals and 13 others around the state
- Significant expansion of the Prevention Empowerment Partnership including integration into the schools, peer led prevention messaging, publication of a prevention book, and monthly events
- Creation of the Youth Subcommittee, development and implementation of the Youth Workforce Development Trainee Program including 36 hours of evidence-based prevention training, as well as weekly community outreach services and monthly events.
- Collaboration across programs, health system, education system, City, County, and State, and business community has expanded dramatically but can always be improved
- Screening for Social Determinants of Health and plans to more systemically address those needs with the West Virginia Health Information Network (WVHIN), UniteUs, and Faith Health Appalachia.
- Two behavioral health grants were awarded to Harmony House and the Huntington City Mission to improve treatment of those with serious mental illnesses
- Development of a collaborative data sharing system across behavioral health providers
- The first funding for a Certified Community Behavioral Health Clinics (CCBHCs) was provided to Presteria Center in Cabell County
- Increased access to residential treatment (American Society of Addiction Medicine levels of care) through OVP, Marshall Health Network, and other providers including HAWC
- Improved coordination of infectious disease treatment through testing at the Cabell Huntington Health Department and street testing and treatment by Valley Health
- Adverse Childhood Experiences (ACEs) data is being collected and researched in the Marshall Health Network
- Opioid Use Disorder diagnosis data is being collected to explore genetics, innovative medical treatments, and long term prognosis
- Increased clinical research and the establishment of addiction clinical trial for for infants and adults
- Reinvigoration and leadership of the Health Connections Developmental Clinic at MU to assess, intervene, and refer children to effective services
- Change in the perception of stigma in the law and judicial system with improved referrals to treatment and better understanding of the disease
- Expansion in provider education in the medical school and coordination of a single curriculum across the three WV medical schools.
- Expansion of stigma education in the health system and across multiple sectors
- Legal Aid is embedded at Project Hope for Women & Children and in Cabell County schools to improve legal representation and resolve issues



- Improved access to evidence based training for first responders, educators, and those on the front lines
- Data driven training focused on the need of the community and data driven prevention messages for youth
- On-site prevention coordinator at Huntington High School and in after school programs
- Huntington Police Department (HPD) hired a mental health liaison with a second being hired soon
- Development of Crisis Intervention Team (CIT) to reduce burden on HPD and address serious mental illness
- HPD is collaborating on a program with Presteria to improve re-entry from Western Regional Jail
- HPD has also partnered with Autism Services to develop trainings for officers to more appropriately respond, they are addressing youth re-entry and reducing recidivism rates, and have developed a chaplaincy program
- There has been a decrease in unnecessary mental hygiene's through improved coordination and wrap around services
- Marshall Health Network Psychiatry department is working to improve treatment at Bateman Hospital
- Recovery Point developed Ride to Recovery and improved transportation access in the region
- Improved community awareness of the Social Determinants of Health and systemic nature of the problem
- Increased training with the media to more appropriately report on issues surrounding mental health, substance use, and unhoused communities
- Quick Response Team continues to expand services into field outreach, incarcerated populations, and infectious disease detection and treatment
- Expansion of services at Harmony House including medical clinic on site and supportive housing team with intensive wrap around
- The City opened the Compass Wellness center to give a home to the wellness program. This includes the offices of a mental health coach, physical health coach, project director, a nutrition kitchen, and a state of the art gym
- The TRAIN (Training Responders to Assess, Initiate, and Navigate) was launched to close the gaps between providers through data sharing agreements and consent process established with the WVHIN and MHN
- There has been a significant decrease in rates of Neonatal Abstinence Syndrome (NAS) and decreased length of stay in the Neonatal Treatment Unit (NTU)
- Improved Mental Health in the schools and prevention access
- Ongoing work of mindfulness education in the Cabell County elementary and middle schools.
- The Center, day program for unhoused or unstable youth, was opened and found a permanent home
- GOALS treatment program has had successful graduates from Western Regional Jail
- Improved economic development including NUCOR, MU revitalization programs and expansion, the new baseball field, and many more
- Improved collaboration at the local, state, and national level for funding and program development
- Comprehensive Pregnant and Parenting Women (PPW) continuum of care has been established
- Health Connections coalition has expanded community based services to support PPW families
- Improved wrap around services and programs to reduce removal and improve reunification
- Significant expansion of collegiate recovery both at MU and around the state
- Development of the collegiate prevention youth leader program
- Education of parents and children through the Family Service Center
- Significant expansion of training opportunities through the MU Center of Excellence and Recovery
- Improved workforce development through programs like CORE (Creating Opportunities for Recovery Employment) and Reach
- Huntington City Mission established Anchor of Hope to address serious mental illness in the unhoused community
- Funding provided to construct a low barrier shelter behind the mission
- Mission expanded Transformers program to treat SUD in house
- Pallottine continues to roll out more funding annually under their strategic missions
- Hope House was developed by the Division of Addiction Sciences to improve transitions into the community for moms who graduate Project Hope for Women and Children
- The MOMS model was developed and rolled out statewide to provide one year of service reimbursement for postpartum women with SUD
- The Mayor restarted the Mayor's Council for Substance Use and Public Health
- The Mayor developed the Mayor's Taskforce on Homelessness
- The three hospitals and health system integrated to become the Marshall Health Network
- New President and Dean at Marshall University and Joan C. Edwards School of Medicine
- Significant growth in telehealth services and providing bridging of services
- Addiction Fellowship program was developed in the Division of Addiction Sciences
- State sober living policies were implemented and given some punitive actions
- Safe Haven at Huntington Housing Department
- The Cabell County lawsuit is back in play with the appeals court

At this time Overdose calls are down by 40%. This is due in large part to these expansive efforts especially improved access to Naloxone and treatment, however the journey is far from over. We must continue to be innovative to address the ever changing crisis. The Resiliency Plan is the next step for the City of Solutions.