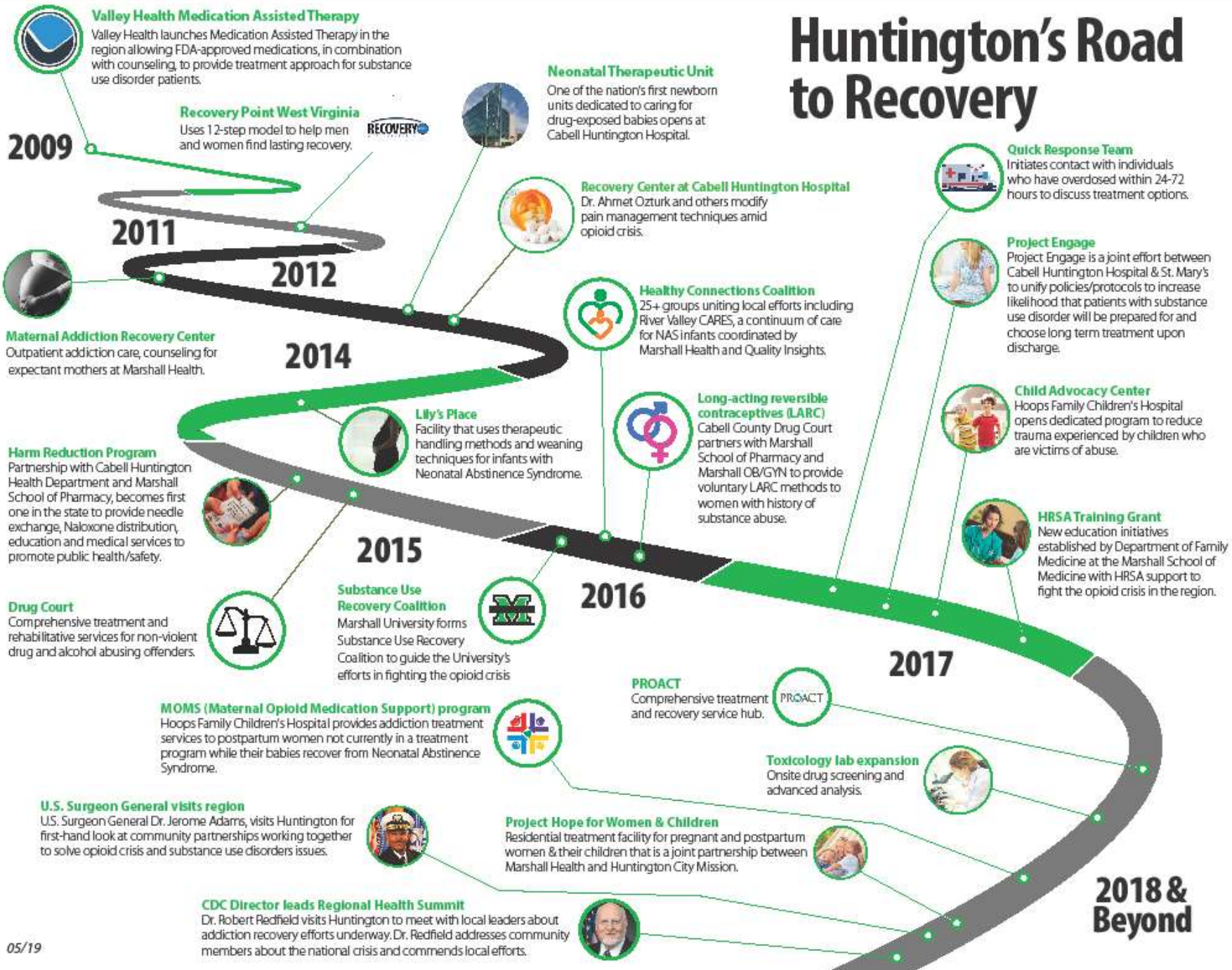


A stylized illustration of a city skyline in shades of blue and black. The buildings are silhouetted against a light blue sky with white, fluffy clouds. A dark blue horizontal band is superimposed over the middle of the image, containing the text. The overall aesthetic is clean and modern.

The City of Solutions

Huntington, WV

Huntington's Road to Recovery

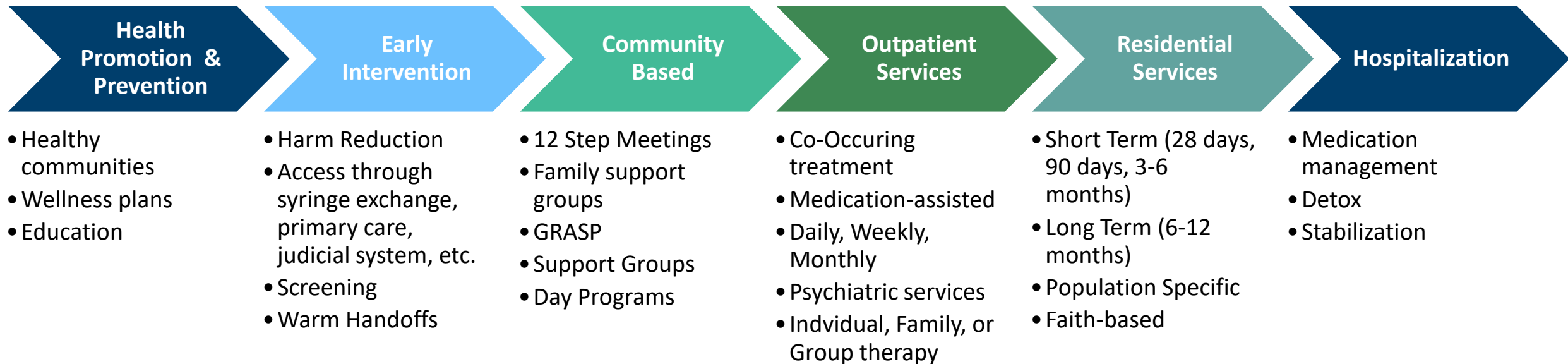


How did we get to this?

- Key community collaboration and identifying leaders
- Data collection to know and understand the gaps
- What resources are currently available
- What do we need and how can we fund our needs

Do you have Systemic Prevention & Treatment Options?

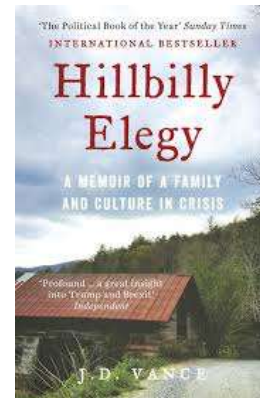
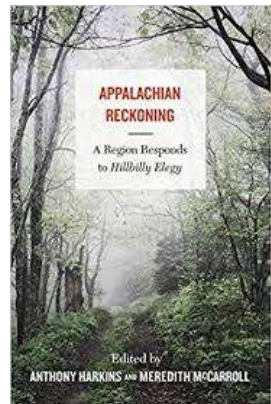
CONTINUUM OF CARE: INTENSITY SPECTRUM OF SERVICES





Know Your Community

- Appalachian Values
 - Independence
 - Individualism
 - Egalitarianism & Personalism
 - Familism
 - A Religious Worldview
 - Love of the Land and Place
 - Avoidance of Conflict





Identify Key Partners

- Engage your community!
 - Faith Community
 - Business Community/Chamber
 - Service Groups – child & adult
 - Social Services, Housing
 - Elected Officials
 - Education, Vocational/Tech, Job Training, Colleges & Community Colleges
 - Child Care & Developmental Services
 - Journalism, Media, Social Media
 - Health Care Systems

Building Collaborations

- Expand your reach
- What are everyone's strengths?
- What are your gaps?
- Who else needs to be at the table?
- Be transparent & honest
- Hard conversations should not be avoided
- It's not about you



We

Prevention and Early Intervention





**PROJECT
ENGAGE**



What is Project Engage?

- Screening and identifying individuals that enter the healthcare system for any reason that may be struggling with substance use for early intervention
- Utilizing physicians and nurses from across all specialties
- Promoting initiating MAT in the hospital



Partners

Dr. Terry Horton, MD

Chief, Division of Addiction Medicine

Christiana Care Health System, Delaware

Mountain Health Network

(Cabell Huntington Hospital &

St. Mary's Medical Center)



Christiana Health System, under Dr. Horton, has implemented a health care-based approach that is being adapted to fit Huntington.



Regional Health Summit Workshop on early intervention and referral to treatment for substance use disorders in the healthcare setting was hosted by Cabell Huntington Hospital in August, 2017 with Dr. Terry Horton as the main speaker.

Components



Trainings and education for healthcare providers at all levels



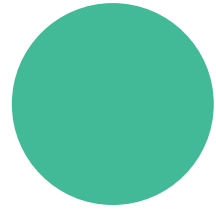
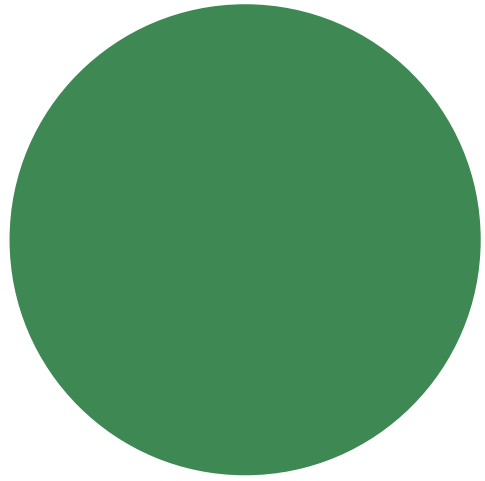
Peer recovery coaches located in the healthcare facility



Motivational interviewing

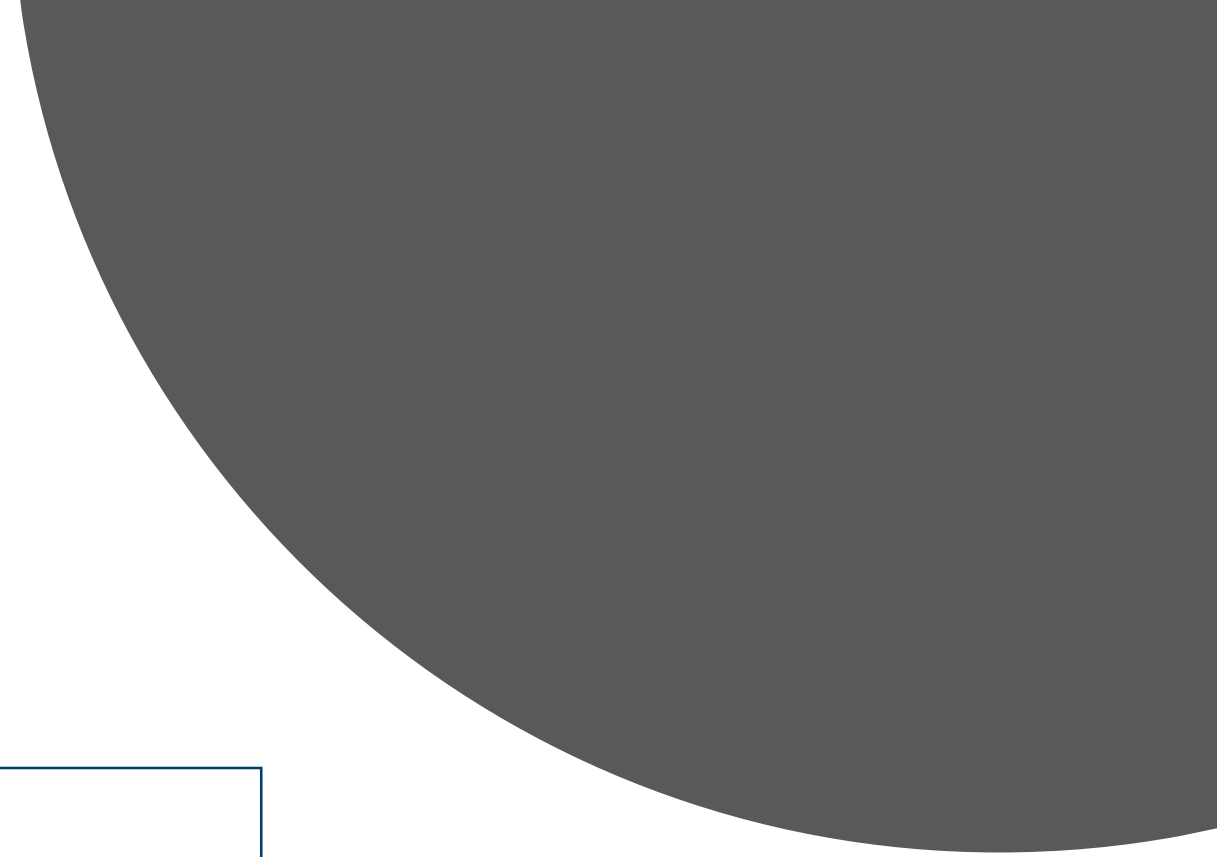


Care team – Addiction specialists, peers, medical staff, social workers



QRT

Quick Response Team



QRT Goals

1

Initiate contact with individuals who have overdosed within 24-72 hours in order to discuss treatment options

2

Reduce the number of overdoses by 20%

3

Target individuals with recurrent overdoses first, to reduce recurrent overdoses by 40%

4

Increase number of individuals engaged in post-overdose treatment by 25%



Member of the recovery community or a mental health professional:

lead engagement with clients to encourage them to enter recovery



EMT/medical professional:

provide information on naloxone and minor health-related concerns



Member of law enforcement:

provide clients with a healthy interaction with law enforcement as well as added safety for the team



Faith community representative:

provides spiritual care for both the clients and the team members

Team Composition and Roles



QRT Community Partners

- Cabell County EMS
- Huntington Police Department
- Recovery Point
- Huntington Comprehensive Treatment Center
- Pretera Center
- Huntington Black Pastors' Association

Funding

Federal

Bureau of Justice
Assistance
Empowered
Communities Initiative

State

WV has offered start-up
money for QRTs across
the state

Local

Local healthcare,
treatment, religious, and
other community
organizations can donate
personnel or materials

QRT Progress

- In 2017, CCEMS ran 1,831 suspected overdose calls
- In 2018, they ran 1,039 suspected overdose calls
 - This is a decrease of over 40%
- From December 2017 to June 2019 the QRT contacted 650 individuals and approximately 30% entered treatment



Comprehensive Harm Reduction



Comprehensive harm reduction



Daily STI testing, syringe exchange services



Weekly and community based Narcan trainings



Integrating social work students



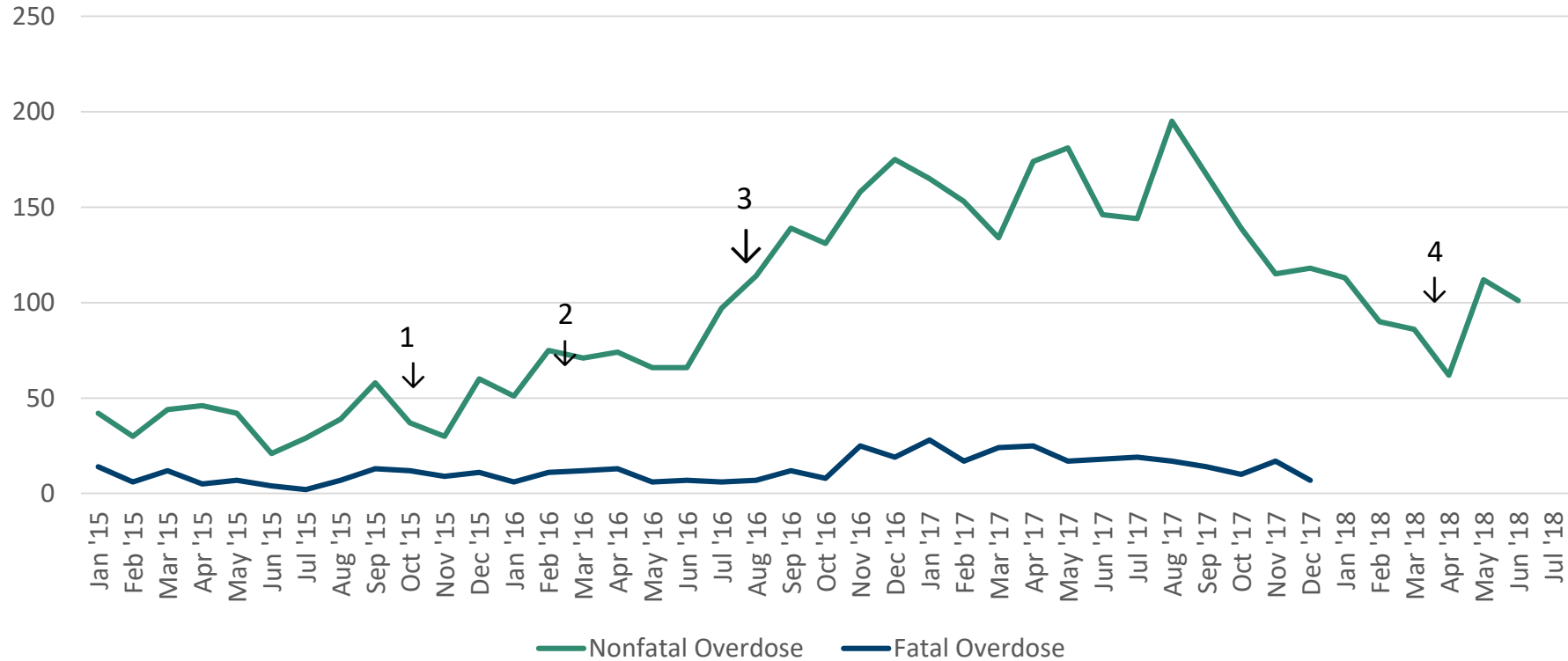
Full-time peer recovery coach to engage individuals into treatment



Overdose Trends with Harm Reduction Timeline



Nonfatal* vs. Fatal** Overdoses, by Month, January 2015 – June 2018, Cabell County, WV

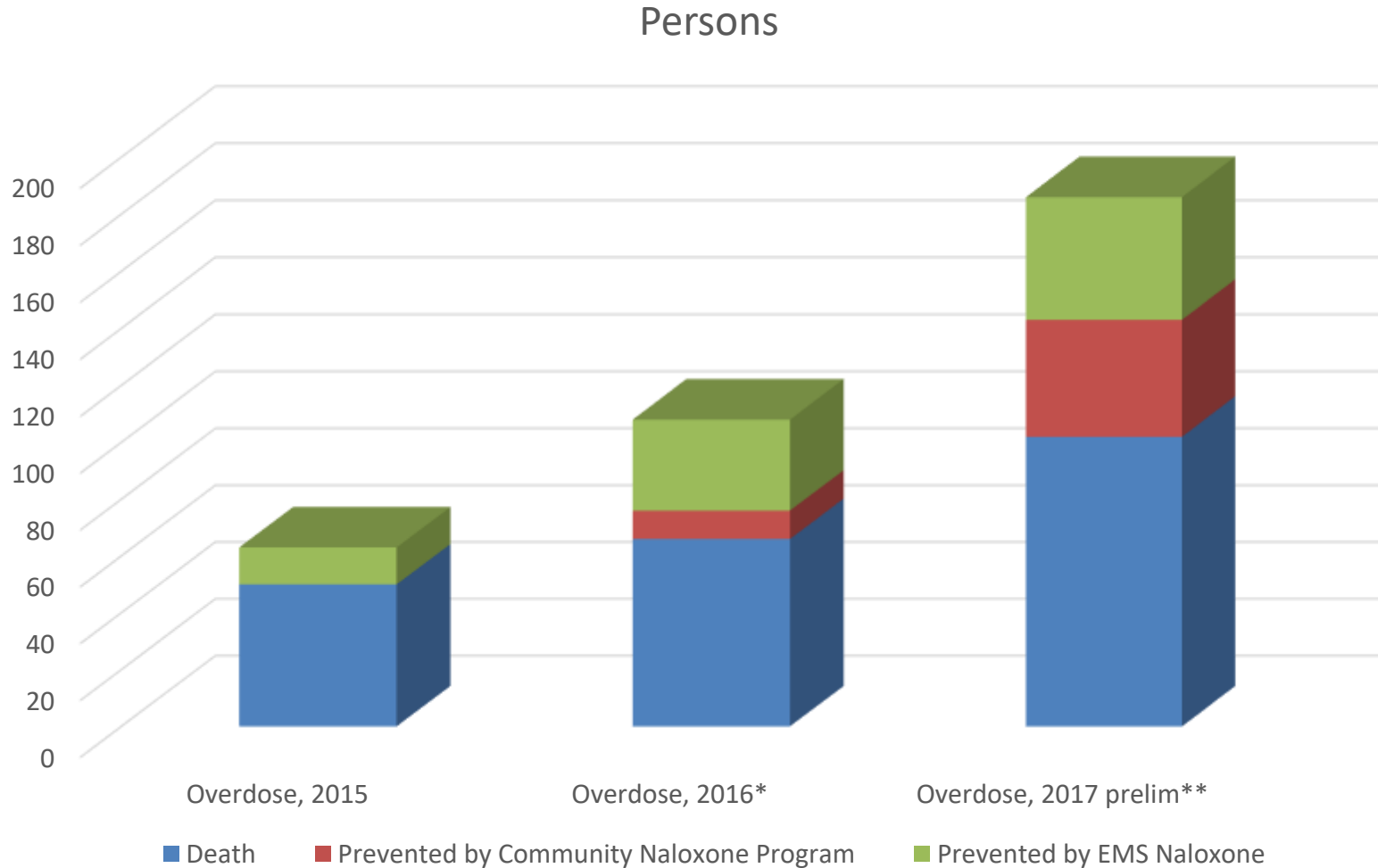


1 – Harm Reduction Opened 2 – Community Naloxone Program 3 – Carfentanil Overdose Outbreak 4 – Harm Reduction Modifications Placed

*Data Source: Cabell County Emergency Medical Services, patients transported as “suspected overdose”

**Data Source: WV Health Statistics Center, 06/13/2018 Update. 2016 data preliminary, 2017 data preliminary and incomplete, 2018 data not available, Data represents fatal occurrences regardless of residence.

Overdose Death, With Naloxone Prevention Estimates, City-limit Residents of Huntington, WV, 01/01/2015 – 12/31/2017



Data Source: West Virginia Health Statistics Center, Vital Statistics System

*2016 Data Preliminary

**Incomplete and Preliminary through 6/28/2018

PEP (CCSAPP)
Prevention Empowerment Partnership

Goal

- Collaborative committee of community-based organization and community leaders that partner to increase access to prevention services for youth and families in the five counties served by the United Way of the River Cities
 - Cabell, Wayne, Lincoln, Mason, and Lawrence Co, Ohio

Implementation





FOCUS:

Education, awareness, and prevention




PURPOSE:

Implement protective factors and mitigate risk factors concerning substance use



ACTIVITIES:

Curriculum and prevention initiatives in the local schools, education events in the community, drug take-backs, annual teen summit



**Great Rivers
Regional System
for Addiction Care**

Goal

- Seeks to begin comprehensive programs “in” and “with” local communities and harness the expertise of multiple partners.



Reduce opioid overdoses and overdose deaths



Increase access to and retention in substance abuse treatment



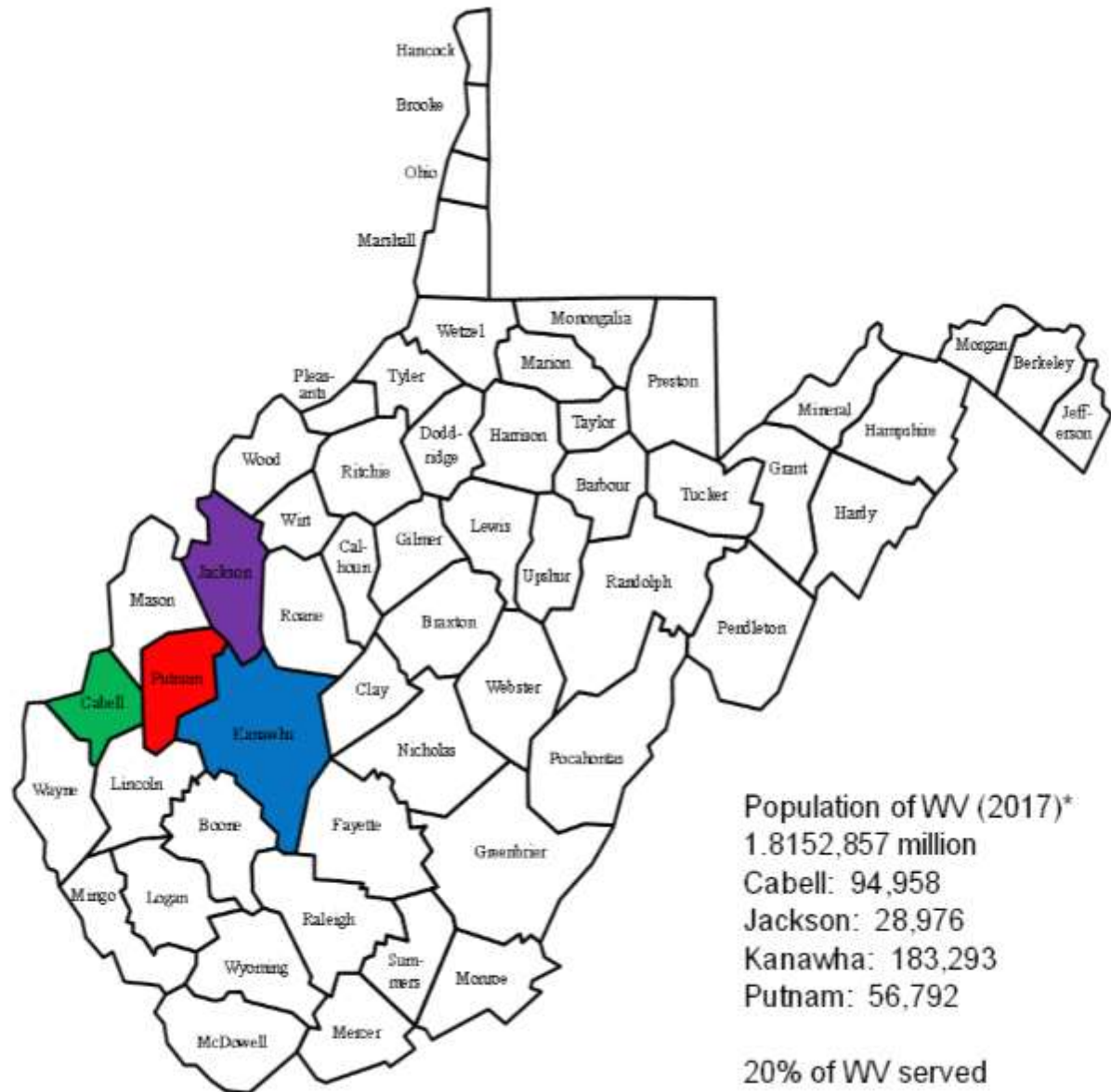
Enhance access to care for viral hepatitis and HIV



Improve public health education to increase awareness and prevention of substance abuse and addiction



Counties Served



Population of WV (2017)*

1.8152,857 million

Cabell: 94,958

Jackson: 28,976

Kanawha: 183,293

Putnam: 56,792

20% of WV served

*<https://www.census.gov>

Key Program Components



Comprehensive **public health harm-reduction programs** like risk reduction services, prevention education, and counseling and referral services



Integrated, community **quick response teams**



Hospital implementation of clinical pathways to treatment and recovery services



Specialized treatment centers to serve as central hubs for connecting individuals with addiction to recovery resources and treatment services



Opioid overdose reversal treatment education and distribution by local health departments



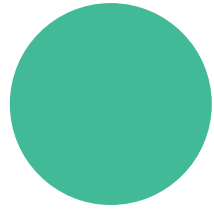
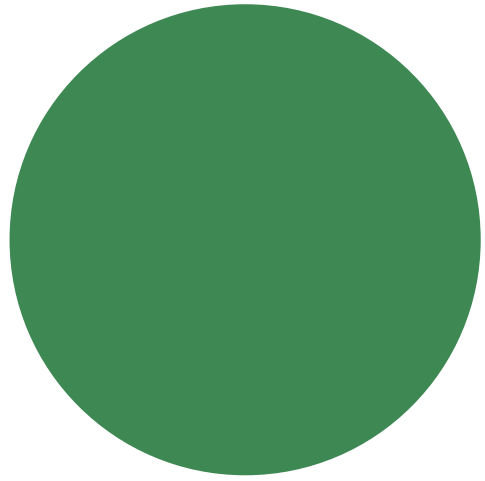
Community engagement and education to raise awareness and prevention of substance use and addiction

Local Partners

Community Centers	Drug Treatment/ Mental Health	Economic Development	Elected Officials	Employers/ Business Community	EMS
Faith-Based	Fire	Healthcare Insurance Coverage	Healthcare Providers	Hospitals/ Healthcare Organizations	Law Enforcement
	Non-profit Organizations	Pharmacies	Public Health	Schools	

GRRSAC Progress

- 130 advisory board members from local, state, & national organizations.
- Developing an app for a peer recovery network & for community members to find services in their county/area.
- Adding peer recovery coaches to help those who have Hepatitis C or HIV with overall wellness and entering treatment.

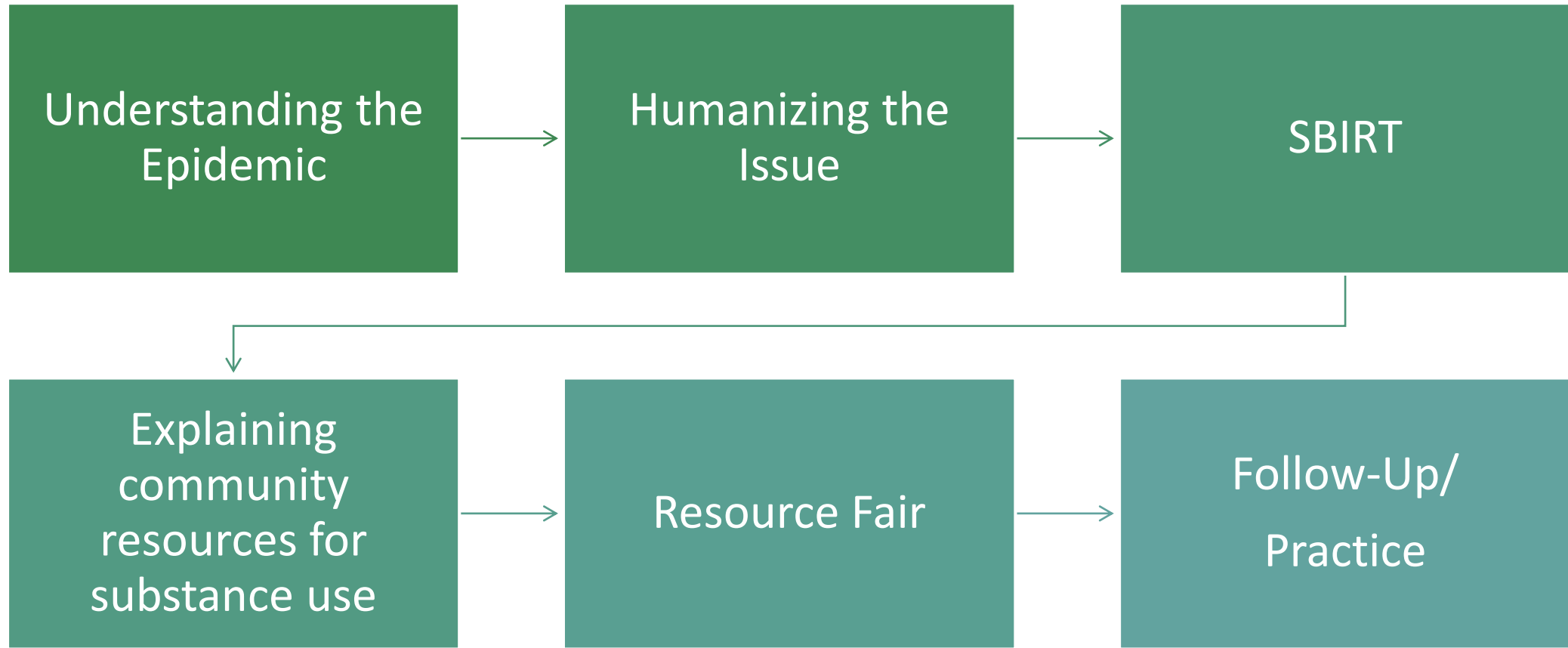


Faith Community
United



Faith Community United Goals





Key Program Components

Local Partners

University

SUD Treatment
Providers

Health Department

Faith Leaders

Mental Health
Providers

Hospital System

First Responders

Non-profit
Organizations

State Level Support

Drug Court/WEAR

Adult



- Goals:
 - Reduce recidivism and substance use
 - Promote rehabilitation
 - Save the high local and state costs associated with criminal justice
- Non-violent criminals struggling with substance use are supervised and rehabilitated as an alternative sentencing

Drug Court Composition



One circuit court
judge



Three probation
officers



60 participants (20
participants per PO)



Advisory team
consisting of various
community members



Day Report Center
partnership for
services

Adult Drug Court: Key Components

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. Abstinence is monitored by frequent alcohol and other drug testing. Drug testing is mandatory and random.
3. A coordinated strategy governs drug court responses to participants' compliance. This includes the use of appropriate incentives and sanctions to alter offender behavior.
4. Monitoring and evaluation measure the achievement of program goals and gauge effectiveness.



Adult Drug Court Process & Funding



Women's Empowerment Addiction and Recovery (WEAR) program was combined into the current drug court to provide a much-needed, additional resource for women




Circuit court judge volunteers his time, as do many individuals on the advisement panel prior to each court



WV Supreme Court oversees and funds the drug courts



These courts provide individuals with the resources they need to succeed and rehabilitate outside of jail or prison



Juvenile
Drug Court

Recently brought back to
Huntington after being
dissolved

Working to rehabilitate
young adults and provide
early intervention to
deter them from crime
and substance use

Has many more
challenges than the adult
drug court, including lack
of available treatment
options

Currently a focus on
future needs to work on
in the community

LEAD

Law Enforcement Assisted Diversion

Goals



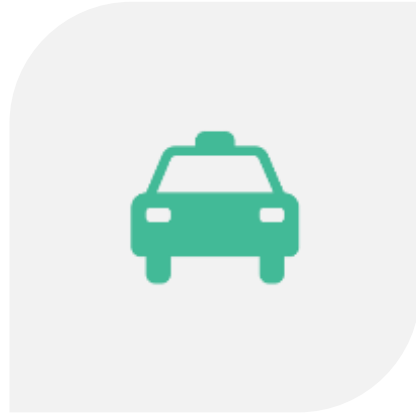
Reduce recidivism and the overuse of resources associated with consistently incarcerating the same individuals



Provide an alternative path to recovery than jail and link individuals with the proper behavioral health resources needed to promote a healthy, sustainable lifestyle



Modeled after the LEAD program in Seattle, Washington and adapted to the crime demographics in Huntington, WV



Facilitated through the Huntington police department and Pretera center



Funding from the bureau of justice assistance

Roles & Responsibilities

- Mental health provider embedded full-time within the police department
- Offering services other than incarceration
- Partnership to seek out and visiting potential LEAD participants
- This is an adjustment for both law enforcement and mental health providers



LEAD mental health provider/social worker is tasked on police reports to identify if the individual involved may benefit from assisted diversion, the provider is accompanied by a member of law enforcement to visit this individual and engage them into services

Alternatively, in some cases when there is a situation where law enforcement is currently dealing with an individual who may benefit from these services, the provider is called in to engage the individual on site

The provider spends many visits with individuals already in local courts and jails, where they receive many referrals, as well

Process



Results

- ~50% of individuals that were contacted through LEAD have accepted some form of treatment
- Embedding the mental health provider/social worker in the department has not only aided in reducing recidivism, but has aided in the compassion fatigue of the law enforcement members involved
- There is a reduction in costs associated with incarceration and repeat offenders visited by the police department
- The police department is now considering budgeting in a mental health provider to stay on in their duties after the grant funding is depleted

Treatment





**Project Hope for
Women and Children**

PROJECT HOPE

for Women & Children

- Residential treatment for women with SUD and their children
- Pregnant women and their kids up to the age of 12
- Opened in December 2018
- 24/7 services at an ASAM 3.5 level of care
- Promotes all pathways to recovery
- Provide social and support services to the children and families of these women



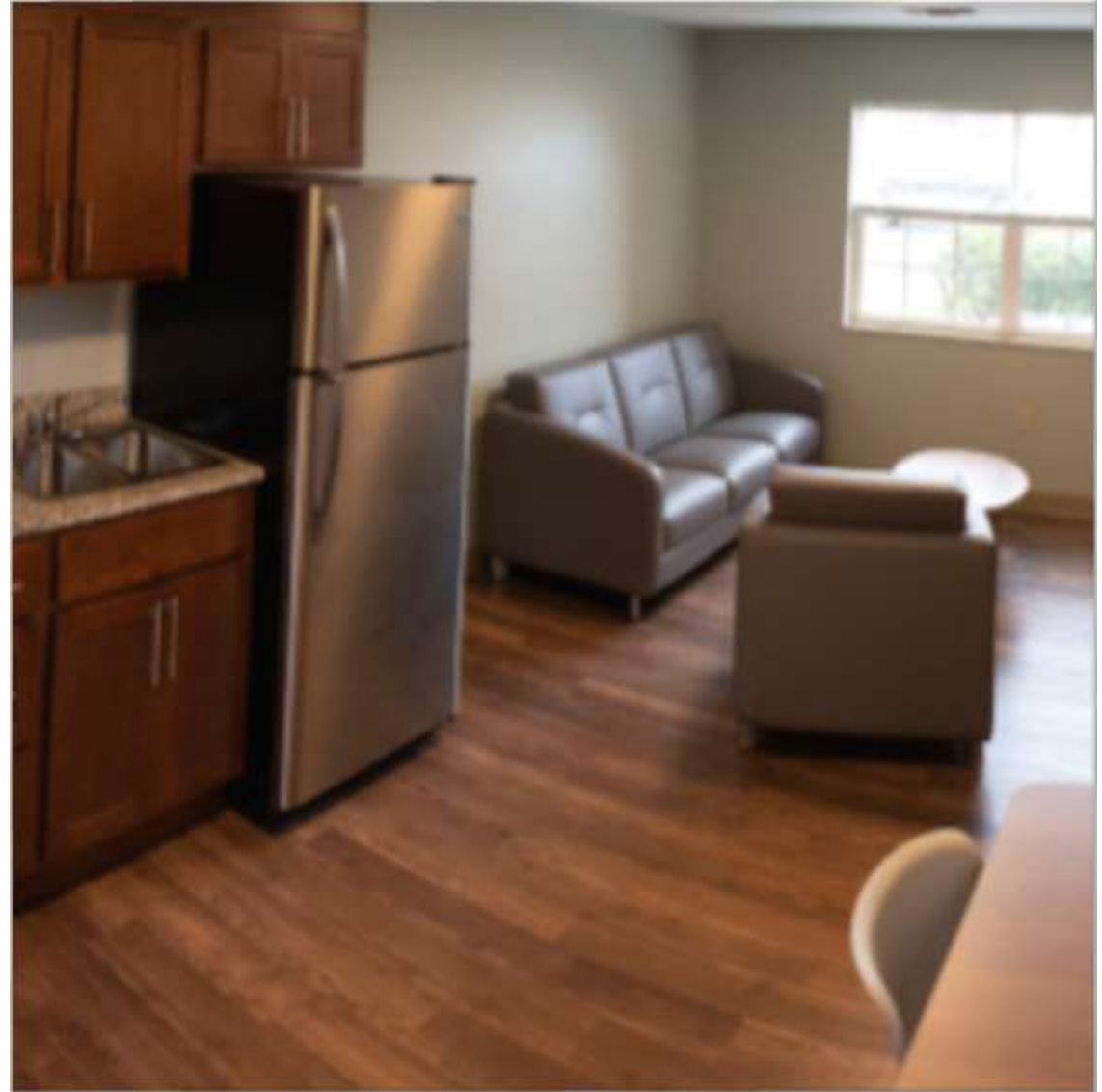


Facility

- Renovation of the Huntington City Mission's apartments into 2-3 bedroom, fully-equipped apartments for women in recovery and their children
- 18 Units
- Up to 6 months stay in 3.1 - 3.5 ASAM level of care
- Close relationship with PROACT

Housing Units

- Layout
 - Two or three bedrooms
 - One bathroom
 - Living room
 - Kitchenette
- Funding
 - State and federal grants
 - Local financial donations
 - Organization or individual sponsorship of rooms
 - In-kind donations of household items



Onsite peer
and residential
support

Life skills
training

Mental health
services

Educational
support

Job
development

Nutrition

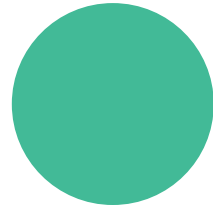
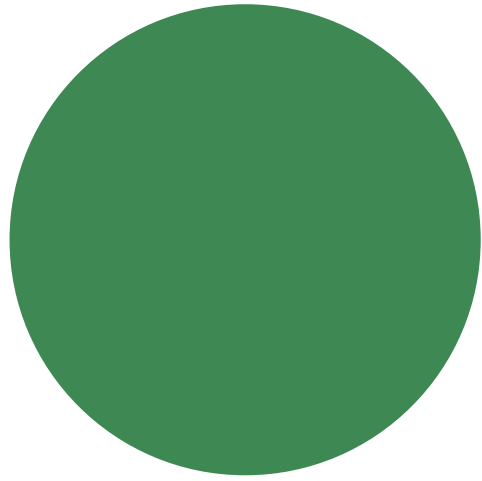
Exercise
support

Parenting and
relationship
courses

Spiritual care

Financial
education

Comprehensive Services



PROACT

**Provider Response Organization
for Addiction Care & Treatment**

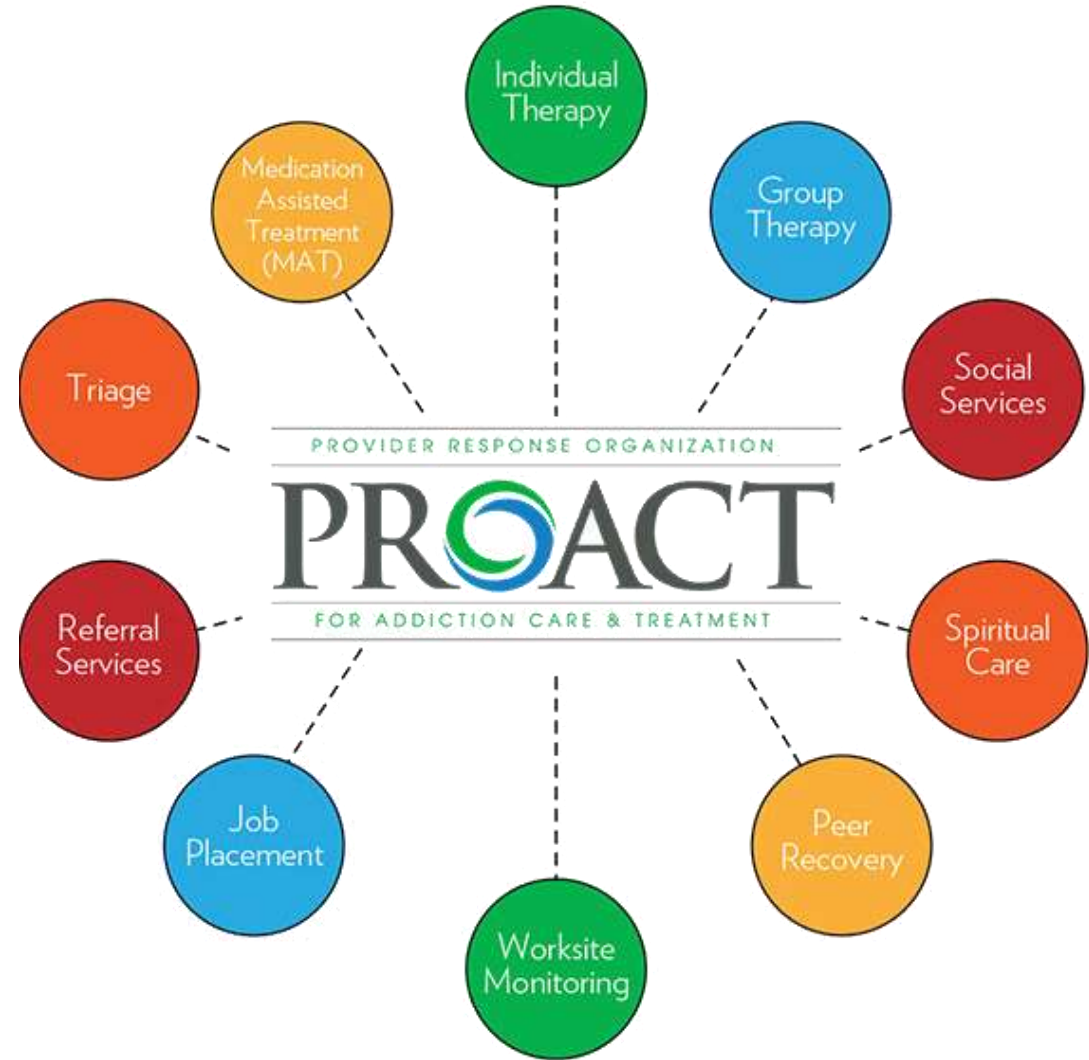
Goals

- Bridge service between hospital and outpatient care
- Provide rapid response admission for QRT referrals
- Provide referral option for community physicians
- Expand treatment capacity for our service area
- Develop effective substance use disorder treatment research
- Become a model for treatment delivery



PROACT

- A “one stop shop” for the treatment and coordination of services for individuals with substance use disorders.
- Immediate access to all pathways to recovery, spiritual care, employment, & social services
- Collaborative partnership with Cabell Huntington Hospital, St. Mary’s Medical Center, Marshall Health, Valley Health, and Thomas Health





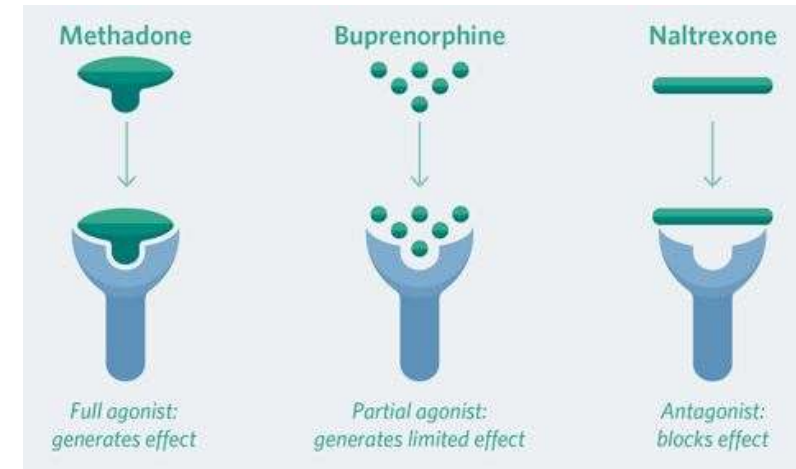
PROVIDER ENGAGEMENT

- Provides interested physicians with an opportunity to practice limited volume addiction treatment outside their primary practice.
- Allows doctors with a small number of patients suffering from substance use disorders to still treat those patients using the PROACT facility and ancillary treatment services.



Medication Assisted Treatment (MAT)

- Medication Assisted Treatment can include different types of treatment:
 - Agonist: drug activates certain opioid receptors in the brain
 - Antagonist: blocks opioid by attaching to opioid receptor without activating them
- Buprenorphine and Methadone *trick* the brain into thinking it's still getting the opioid (prevent withdrawal and reduces cravings).
- Naltrexone: Full opioid *antagonist*, which blocks the effect of opioid drugs and takes away the ability to get “high” if the drug is used.

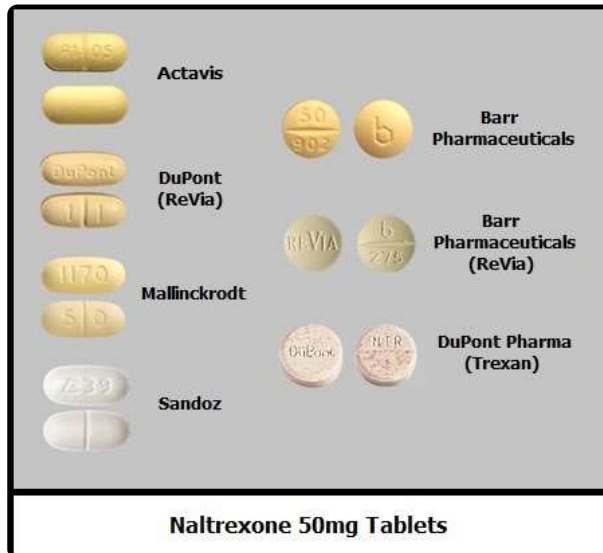


METHADONE

- Highly regulated as a Schedule II narcotic
- Use is restricted to Methadone Clinics, know as Opioid Treatment Programs
- Can be prescribed in the medical office setting, but **only for pain**
- Tricky to start and stop

NALTREXONE

Tablets (Daily)



Injection (Monthly)



Buprenorphine + Naloxone

Tablets | Film | Injectable | Implants



Suboxone
Zubsolv
Cassipa 16mg

Bunavail
Probuphine (6 month implant)
Sublocade (1 month injection)

Buprenorphine (Alone)

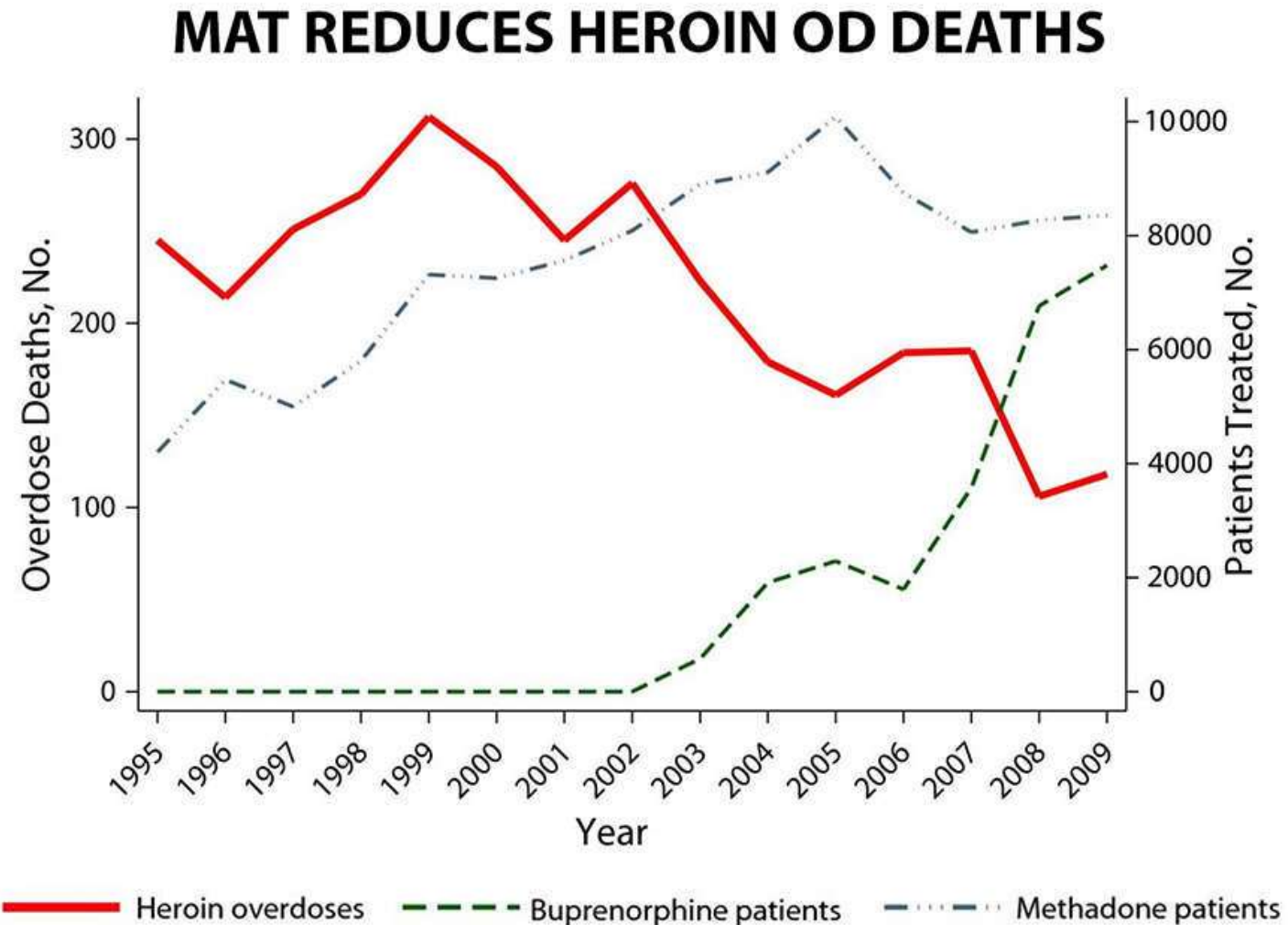



Subutex (primarily used during pregnancy)

Medication Assisted Treatment Evidence

1. Improve patient survival
2. Increase retention in treatment
3. Decrease illicit opiate use and other criminal activity among people with substance use disorders
4. Increase patients' ability to gain and maintain employment
5. Improve birth outcomes among women who have substance use disorders and are pregnant

MAT Reduces Heroin Overdose Deaths





As documented
by the [National
Institute for Drug
Abuse](#) (NIDA):

- **MAT *Decreases* opioid use, opioid-related overdose deaths, criminal activity, and infectious disease transmission.**^{4,5,6} After buprenorphine became available in Baltimore, heroin overdose deaths decreased by 37 percent during the study period, which ended in 2009.⁶
- **MAT *Increases* social functioning and retention in treatment.**^{4,5} Patients treated with medication were more likely to remain in therapy compared to patients receiving treatment that did not include medication.⁴
- **Treatment of opioid-dependent pregnant women with methadone or buprenorphine *Improves Outcomes* for their babies;** MAT reduces symptoms of neonatal abstinence syndrome and length of hospital stay.⁷

MAT Research



Decreases risk of relapse



Effective in preventing infectious diseases like HIV.



Effective in preventing overdoses

MAT Myths according to NIDA

Methadone and buprenorphine DO NOT substitute one addiction for another. When someone is treated for an opioid addiction, the dosage of medication used does not get them high—it helps reduce opioid cravings and withdrawal. These medications restore balance to the brain circuits affected by addiction, allowing the patient's brain to heal while working toward recovery.

Diversion of buprenorphine is uncommon; when it does occur it is primarily used for managing withdrawal.^{11,12} Diversion of prescription pain relievers, including oxycodone and hydrocodone, is far more common; in 2014, buprenorphine made up less than 1 percent of all reported drugs diverted in the U.S.¹³

1. [AR Bazazi, et al. J Addict Med. \(2011\)](#)

2. [Schuman-Olivier, Z. et al. . J. Subst. Abuse Treat. \(2010\)](#)

3. [Drug Enforcement Agency Office of Diversion Control. National Forensic Laboratory Information System \(NFLIS\) 2014 Annual Report](#)

PROACT

- PROACT opened on October 1, 2018
- Over 755 people were assessed in the first eight months
- Initiated an Intensive Outpatient Program in May 2019
- Won the Innovation Now Award in 2019 from the Addiction Policy Forum



Neonatal Treatment

Maternal Addiction Recovery Center (MARC)

“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”



Patient Requirements

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 testing are performed routinely.



Services

Obstetrical care

Opiate addiction maintenance

Regular evaluation by a certified addiction counselor

Maternal Opioid Medical Support (MOMS) program



- A product of Cabell Huntington Hospital and Marshall Health
- Services Provided:
 - Medication Assisted Therapy
 - Women's Health Services
 - Contraception
 - Individual Counseling
 - Group Counseling
 - Case Management/RN Navigation
 - Pastoral Care

Lily's Place

- Opened in 2014 in Huntington
- Provides observational, therapeutic and pharmacological medical to infants suffering from Neonatal Abstinence Syndrome (NAS)
- Offers non-judgmental support, education and counseling services to families and caregivers
- Works to create healthier families and help end the cycle of addiction



Community Engagement & Recovery Supports



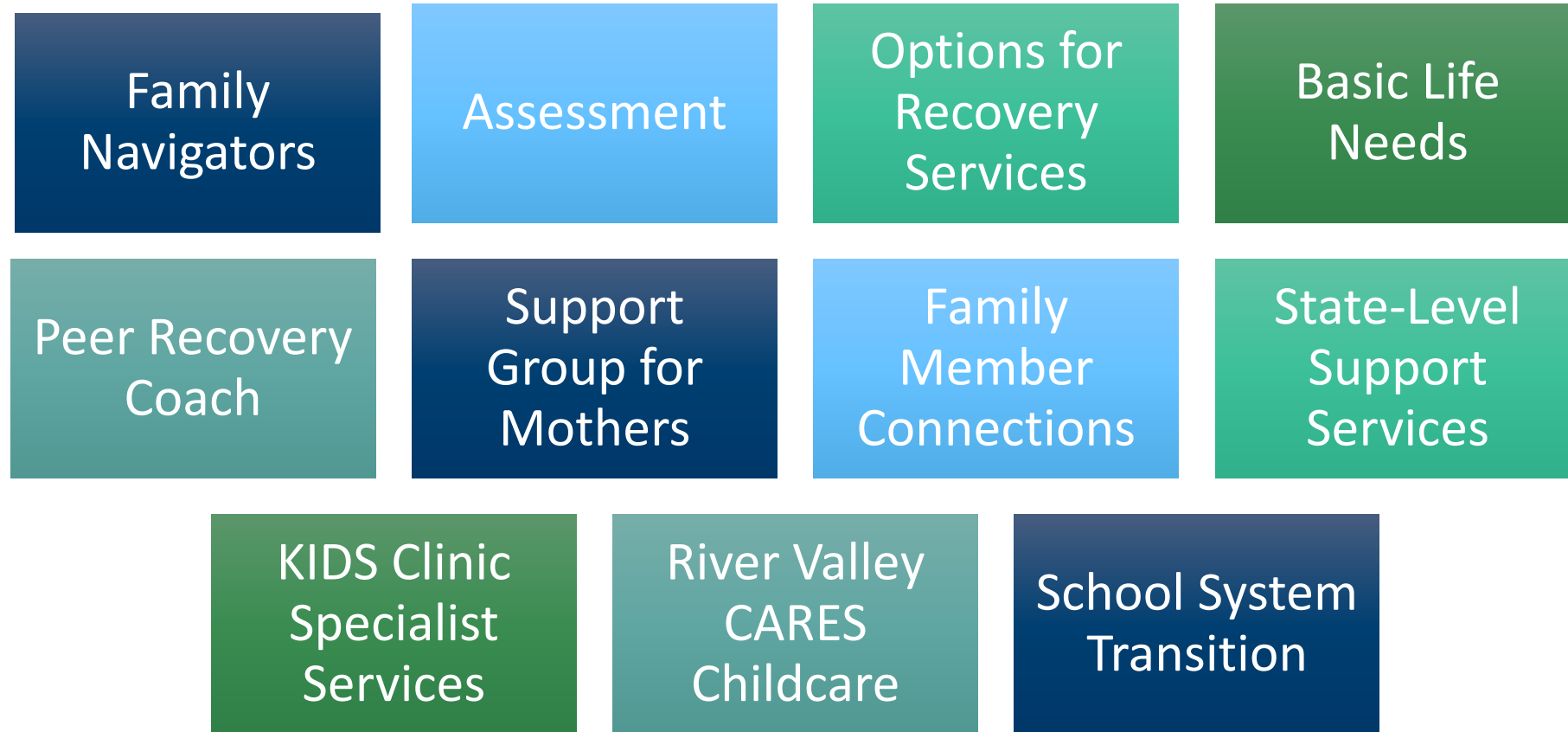


Healthy Connections

- Helps pregnant women, mothers and their families navigate treatment and support services available in the community
- Receives referrals from community partners
- Family Navigators provide the foundation:
 - Work with a small caseload
 - Develop a unique plan for each client and child
 - Provide assessments to identify needs and coordinate services
 - Connect individuals with credentialed Peer Recovery Coaches



Healthy Connections Process





Family Navigators' Roles and Responsibilities

- Conduct assessment
- Offer options for recovery services
- Provide help with basic life needs
- Make connections with Peer Recovery Coaches
 - Improve present life conditions and
 - Help set future goals

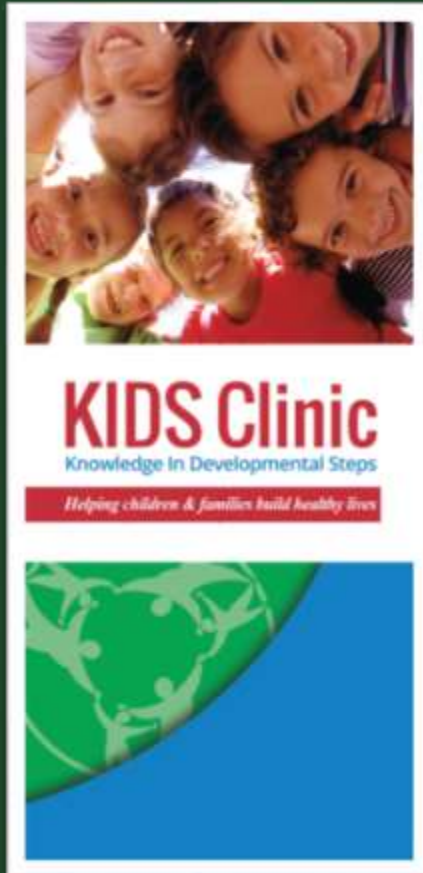


Healthy Connections Partnership

More than 30 Huntington-area agencies working together, including:

-
- Marshall University Department of Psychology
 - Marshall University Department of Social Work
 - Marshall University Department of Communication Disorders
 - Marshall Health
 - Lily's Place
 - Marshall University Joan C. Edwards School of Medicine
 - River Valley Child Development Services
 - Cabell Huntington Hospital
 - St. Mary's Medical Center
 - Valley Health Systems Inc.
 - Cabell Huntington Health Department
 - West Virginia Department of Health and Human Resources
 - Recovery Point WV
 - City of Huntington
 - Pretera Center
 - And more!

Knowledge in Developmental Steps (KIDS) Clinic



- Monthly one-stop clinic in Huntington
- Features a variety of medical specialists
- Serves the developmental needs of children without needing a referral
- Assesses the physical and behavioral development of children with neonatal exposure through assessments by:
 - A pediatric neurologist
 - Speech language pathologist
 - Child psychiatrist
 - Social worker
 - Therapist
 - Physical therapist
 - Others
- Reduces referral and transportation barriers
- Offers data collection opportunities

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

- Located in the former Enterprise Child Development Center in Huntington
- Managed by River Valley Child Development Services, a local provider of early childhood care
- Offers specialized childcare services for high risk children, including a focus on children birth to two with neonatal exposure to substances
- Will ultimately serve as a training center for child care providers and Marshall University students



Quality Insights in HC

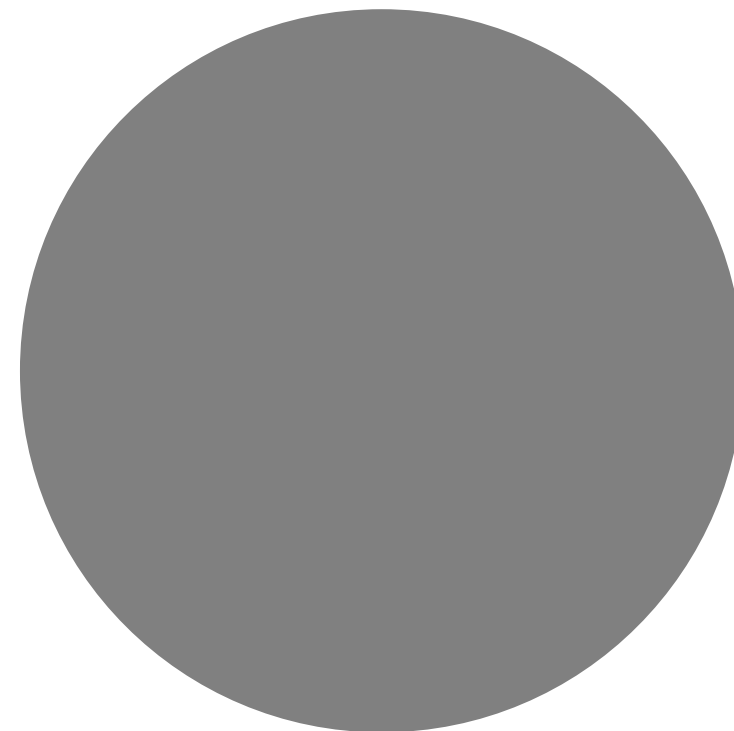
- Provide over \$1 million in-kind services to HC efforts
- Dedicate high-level personnel to moving the HC coalition forward in various capacities
- Advocate for the mission and vision of HC among their healthcare network in WV
- Develop strategic planning and marketing materials to promote HC, as well as provide representation for HC at local, state, and national events



Next Steps

- More quarterly webinars
- E-newsletter launch
- Launch of an intensive outreach campaign in 2019 to:
 - Share Healthy Connections services
 - Reduce substance use disorder stigma
 - Measure the most effective strategies for reducing stigma and reaching individuals with substance use disorder

Peer Recovery



Peer Recovery



- Peer Recovery is a tool used to provide support and guidance to individuals struggling with substance use
- This resource is provided through peers that have gone through the same issues and struggles as the individual they are working with
- Peer recovery coaches are utilized in many aspects of recovery and treatment, including abstinence-based facilities



- Peer-to-peer residential programs of recovery, offered at no cost to the individual
- 360 beds
 - Often at capacity
- Locations
 - Huntington
 - Charleston
 - Parkersburg
 - Bluefield
 - HER Place



QRT



Examples of Local Peer Recovery Initiatives



CORE: Creating
Opportunities for
Recovery Employment

CORE

- **Creating Opportunities for Recovery Employment (CORE)** provides the resources and support necessary to help individuals in recovery re-enter the workforce:

Career readiness assessment

Job search / interview / resume / letter writing advice

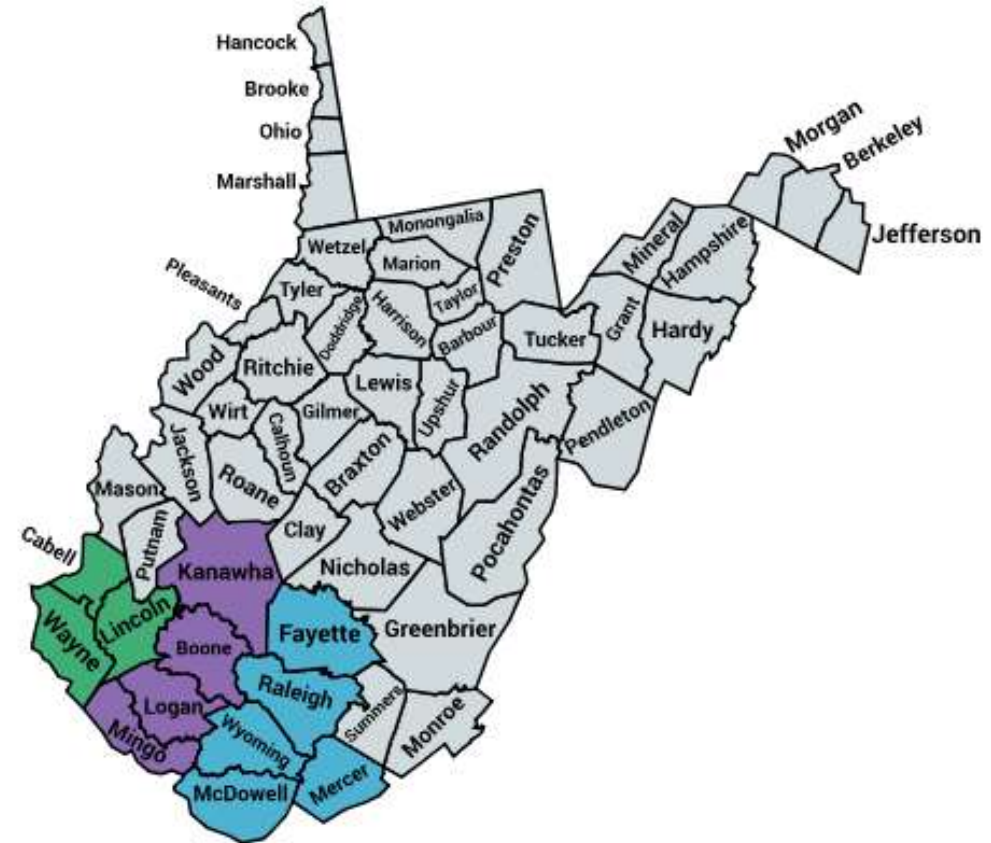
Job training and job placement assistance

Educational placement



CORE Service Area

- To serve people and communities affected by substance use by creating a regional infrastructure for comprehensive recovery workforce development services.
- Boone, Cabell, Fayette, Kanawha, Lincoln, Logan, McDowell, Mercer, Mingo, Raleigh, Wayne and Wyoming counties



Drug Free Moms and Babies Program

- Serves pregnant women with SUD
- Through CORE, will additionally provide access to job engagement specialists for job re-entry

Unlimited Future

- Provide Personal Development course
- One-on-one technical assistance

Local Businesses

- Support employment of individuals in recovery who are CORE clients
- 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

Peer Recovery/Community Health Workers

- Tug River Health Association
- Williamson Health and Wellness
- New River Health
- Cabin Creek Health Systems

CORE Partnerships



Local Support Programs

First Steps Recovery & Wellness



**Wellness and Recovery
Center**



**An extension of Harmony
House, the city's largest
resource for homeless
services**



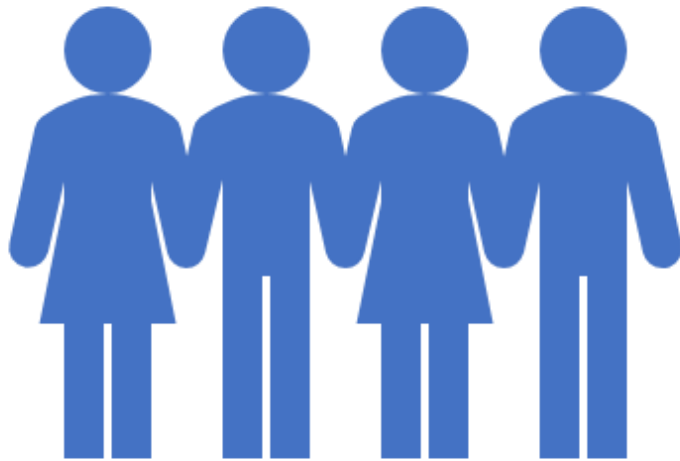
**Drop-in center to provide
a safe place for
individuals struggling with
homelessness, mental
health issues, or
substance use to relax,
engage with others, and
find access to support
services**



Services provided:

Peer support
Educational classes
Computer access
AA meetings

12-Step Meetings



- Narcotics Anonymous and Alcoholics Anonymous meeting times and locations across the local counties and cities are updated online each week
- Local churches and community centers are the largest contributors of facilities for these meetings
- There is still a large amount of stigma to combat in relation to 12-step meetings for those individuals that are utilizing medication in their recovery



Version of 12-step recovery that is Bible-focused and often involves family members in addition to the individual struggling with substance use



Many local churches facilitate these meetings and provide a meal for the group to share before or after the meetings

Celebrate Recovery

Grief Recovery After a Substance Passing (GRASP)



- Monthly meetings hosted for individuals who have lost someone to substance use
- Provides care and support among other individuals who share similar experiences with grief and pain due to substance use



COMPASS

Examples of Individuals Affected by Compassion Fatigue



FIREFIGHTERS



LAW
ENFORCEMENT



EMS PERSONNEL



ER NURSES

Compassion Fatigue in the City of Huntington

- The City of Huntington applied for a grant to address compassion fatigue among its first responders
- Funding of \$1,000,000 was awarded through the Bloomberg Philanthropies U.S. Mayors Challenge
- A wellness coordinator is embedded into the local first responder departments
- The COH and the wellness coordinator are developing and facilitating efforts to improve physical and mental wellness among first responders



Newly-developed trainings for First Responders



Increased access to mental health services, including onsite counseling



Cooking classes



Yoga classes

Examples of Compassion Fatigue Services

COMPASS Progress

- Initial trainings are being piloted
 - First training on financial literacy
- Baseline data collection has started
 - Mental health, coping skills, overall wellness, and satisfaction as a helper
- Wellness center is under construction
- Policy changes are being examined



Contact Us

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