



Great Rivers Regional System for Addiction Care 2020 to 2021 Annual Report

“Leveraging Virtual Connections for Continued Impact”

Organization

Name Marshall Health

Report Period

From June 15, 2020

To May 15, 2021

PROJECT DIRECTOR

Prefix Dr.

E-mail oconnelll@marshall.edu

Surname O'Connell

Phone (304) 691-6929

First name Lyn

Fax _____

Suffix Ph.D.

Website https://www.marshallhealth.org/

Title Associate Director of Community Services

Division of Addiction Sciences in Family Medicine

Mailing address 1340 Hal Greer Blvd, Huntington WV 25701

Report prepared by Tina Ramirez

Date submitted 5-28-21

Phone (304) 691-6858

E-mail ramirez@marshall.edu

Progress and Results

INTRODUCTION

OUR VISION: To save lives and improve health outcomes for individuals, children and families impacted by the opioid crisis through development of a comprehensive, coordinated system of addiction care by integrating services across the system.

SYSTEM COMPONENTS: Comprehensive Harm Reduction, Community-Based Quick Response Teams (QRTs), Project Engage Model, PROACT Hub and Spoke Model, Naloxone Education and Distribution and Community-level Engagement and Education, characterized by integrated services across the system.

NOTE: The COVID-19 pandemic continues to pose a serious public health risk. The Governor of WV mandated that all non-essential employees work from home beginning in March 2020, during the first quarter of 2020. Several of the Great Rivers team continue to work remotely through present day. Others are working a blended model which includes limited days in the office and in the community. Fortunately, the Great Rivers Regional System for Addiction Care has very successfully continued to work virtually with the four counties to provide support and to carry out their strategic plans.

GREAT RIVERS LEADERSHIP AND PARTNER ORGANIZATIONS (*New in 2020-2021)

In 2020-2021, the Great Rivers Advisory Group has grown to from 187 to 216 members/partners who continue to advance their respective county, and the regional, strategic plans and guide development of a comprehensive, coordinated system of addiction care across Cabell, Kanawha, Jackson, and Putnam counties.

EXECUTIVE COMMITTEE: Michael Kilkenny, MD; Deb Koester, PhD, DNP, MSN, RN; Lyn O'Connell (PI) PhD, IMFT, Stephen Petrany, MD and Tina Ramirez, BA

CABELL COUNTY PARTNERS: Cabell County EMS; Cabell FRN*; Cabell Re-Entry Council*; Cabell-Huntington Health Department; Cabell Huntington Hospital; Coalfield Development*; Compass Project*; CORE (Creating Opportunities for Recovery Employment); First Steps; Grace Gospel Church*; Groups Recovery*; Harmony Ridge Recovery*; Healthy Connections; Huntington Treatment Center; Marshall Health; Marshall University; Mountain Health; Pallottine Foundation; PEP (Prevention Empowerment Partnerships); PROACT; Project Hope for Women and Children; St. Mary's Hospital; United Way of the River Cities; Valley Health*; WV Ray of Hope Foundation*

JACKSON COUNTY PARTNERS: BoMar Drop-In Center; Club Jackson; Community Resources, Inc.*; Caplin Health System; Hope House Ministries*; Human Resource Development Foundation*; Jackson County Board of Education*; Jackson County QRT*; Jackson County Ministerial Association*; KVC WV*; Jackson County FRN; Jackson County Substance Abuse Prevention Coalition; Jackson General Hospital; Ravenswood Police Department*; The Pilot*; Westbrook Health Services

KANAWHA COUNTY PARTNERS: Black Diamond Girl Scouts*; Blessed Sacrament Catholic Church; Bob Burdette Center*; Bridge Valley; Cabin Creek Health Systems; Café Appalachia*; Charleston Area Medical Center; Charleston Fire Department; Charleston Kanawha Housing Authority; Charleston Treatment Center; Children's Home Society*; City of Charleston; City of Charleston QRT*; Dismas*; Family Care Health Center; First Choice Services; Goodwill Services; Help & Hope WV; HELP4WV; Kanawha County QRT*; Kanawha Communities that Care Substance Abuse Coalition; Kanawha Pastoral Center; Kanawha Re-Entry Council; Kanawha Valley Collective; Mountain State Recovery; Partners in Health; Parents as Teachers*; Partnership for African American Churches (PAAC); Pollen8WV*; Recovery Warriors; Regional Family Resource Network; St. Mary's Medical Center; Sand Run Gospel Tabernacle*; SOAR; The Makers Center*; Thomas Health (Thomas Memorial and St. Francis Hospitals); United Way of Central WV; University of Charleston School of Pharmacy; Upper Kanawha Valley Sports and Activity Center*; Way Makers*; West Virginia Department of Health and Human Resources; West Virginia Drug Intervention Institute; WV State University

PUTNAM COUNTY PARTNERS: Charleston Area Medical Center; More Than Addiction; Putnam County Board of Education; Putnam County Drug Court*; Putnam QRT*; Putnam County Health; Department; Putnam County Rotary; Putnam Wellness Coalition; Teays Valley Church of God; Teays Valley Loved Ones Group; The Rock; Valley Health.

STATE AND NATIONAL PARTNERS: Acadia Healthcare; Aetna Better health; AmeriCorps; ArmorUp*; Ascension Recovery*; Bright Heart*; Claude Worthington Benedum Foundation; Comer Family Foundation; Community Education Group*; Mountaineer Food Bank*; Oxford Houses*; PEIA Insurance; Potomac Highlands Guild; Pretera; Pursue Care*; Quality Insights; Recovery Point of WV; Rural Health Marshall University*; Sostento, Inc.*; Try This WV*; Unite Us WV; University of Illinois; WV ACES Coalition; WVARR (WV Alliance of Recovery Residences); WV Attorney General's Office; WV Collegiate Recovery; WV Council of Churches; WV Office of Drug Control Policy; WV Sober Living*; Yale University*

CONNECT WITH GREAT RIVERS VIRTUALLY



[Great Rivers Facebook Page](#)



[Great Rivers App](#)

Online: [Great Rivers System for Addiction Care](#)

SUMMARY OF KEY CHALLENGES AND LESSONS LEARNED

CHALLENGES

- ✓ Jackson County SSP and Naloxone distribution closed since COVID with no plans to re-open
- ✓ No in person meetings but successful bringing partners to the table who may not have previously traveled to the advisory board meetings
- ✓ Hiring new staff during COVID
- ✓ Lack of training opportunities for staff

LESSONS LEARNED

- ✓ The virtual platform, Zoom, has let us continue to have advisory board meetings and increased participation from members who haven't been able to attend previously.
- ✓ Being adaptable and offering educational opportunities statewide through Zoom and You Tube versus limiting to in person when travel is sometimes a concern.
- ✓ Community Health Workers have been very effective connecting clients to resources telephonically through COVID.
- ✓ The demand for food has continued to rise during COVID and partnering with community agencies who have blessing boxes has helped meet some of that need. It is an extension of the food banks or pantries. It gives clients 24-hour access to supplies.
- ✓ PROACT providing tele-health has helped to address transportation issues with clients. QRT clients are in need of hygiene supplies and the team providing supplies have helped open the door and establish relationships. The importance of networking and not re-inventing the wheel (i.e. Naloxone Day, First Responder's Day and the Glow Run for Recovery).

LEGISLATIVE UPDATES THAT 'COULD' INFLUENCE/IMPACT GREAT RIVERS:

SB 334 "Restrictions on harm reduction programs"- Very contentious throughout the session and went through many iterations. Court challenges are being contemplated.

HB 2024 "Expands use of telemedicine to all medical personnel"- Creates parity in billing between in-person and telehealth services. Expands telehealth from only physicians to health care practitioners regulated under Chapter 30 and for their respective boards to promulgate rules. Allows telehealth to be provided by out of state practitioners.

SUCCESS STORIES

- **PROACT**
 - PROACT Charleston in final stretch
- **Project Engage**
 - CAMC and Thomas Health submitted data
 - Yale Learning Collaborative
- **Harm Reduction**
 - CHWs HIV/HepC outreach

for People Living with HIV and Opioid Use Disorder
and link to MAT Providers for immediate access (see summary below of MO(H)RE

Strengthening Systems of Care

- Tina became part of the Sostento Board of Directors
- Blessing Boxes to address social determinants of health
- Faith Communities United continued relationships
- Food distributions at Booker T. Washington
- Food distributions through Sand Run Gospel Tabernacle
- Luncheons for SUD/homeless at Booker T. Washington
- Recovery GPS Expansion to Jackson County and Plans to expand to all of Region 5 in 2021
- **Prevention Education**
 - Successful educational expansion to include the entire state virtually versus in person
 - This is My Story Series positive way to focus on recovery versus the negativity and stigma related to SUD
- Words Matter Stigma Training with UC School of Pharmacy
- **Naloxone**
 - Jackson Naloxone with QRT and BoMar
 - Naloxone training with QRTs and dispensing kits
 - Save a Life Cabell 500 kits
 - Save a Life Day Kanawha/Putnam 1,000 kits
- **Quick Response Teams**
 - Cordata used by all QRTs for tracking
 - Putnam QRT
- **Sustainability**
 - CHW bill for all three
 - Jessica Beha bill for intake services at PROACT
 - HRSA grant for PROACT Charleston





UPDATES BY GOAL

Goal 1: Reduce overdoses and overdose deaths by 10% per year by establishing the infrastructure to fully implement the components of the Great Rivers Regional System for Addiction Care, as an innovative and cutting-edge model to address the opioid epidemic.

- *Facebook has grown from 405 members to 628 members. We post multiple times weekly to distribute information and events to the system. (ed section)*
- The Advisory Group continues to meet monthly (virtually since February 2020) to discuss strategies to reduce overdoses and overdose deaths (i.e. expanding QRTs, Harm Reduction Programs and implementing Project Engage in all hospitals). The Executive Advisory Committee continues to meet quarterly (virtually March 2020) to monitor overall project progress.

Naloxone Education and Distribution to Save Lives: Through the University of Charleston (UC) School of Pharmacy and Great Rivers' community partners, trainings and distribution of naloxone continue throughout the four counties. Participants include parents, families of those with SUD, clients with SUD, and community members. The totals below reflect University of Charleston data solely for 2020. Overall, 2,182 individuals were educated on naloxone with 3,531 receiving naloxone kits. Among the county for individual education/kits distributed data includes Cabell 619/2,415; Jackson 48/48; Kanawha 1,213/751; and Putnam 302/317. Key partnerships exist such that the UC continues to provide naloxone trainings in Kanawha, Jackson and Putnam counties upon request and Marshall University School of Pharmacy continues to provide weekly naloxone trainings at Cabell-Huntington Health Department. SOAR, WV Council of Churches, WV Collegiate Recovery Network, Quick Response Teams, First Steps, Ascension Recovery Services and the Ryan White Program also hold community naloxone classes across the Great Rivers Region. The Great Rivers Director helped coordinate a Naloxone "Save a Life Day" with the WV Office of Drug Control Policy for Kanawha and Putnam counties in conjunction with the University of Charleston School of Pharmacy, and community partners on September 2nd 2020. Multiple overdose "hot spots", 13, were targeted throughout both counties with a goal of training the community and over 1,000 kits were dispensed. The Great Rivers Director helped coordinate a Naloxone "Save a Life Day" for Cabell County and 500 kits were dispensed through community partners including the Cabell-Huntington Health Department, First Steps, Harmony House and Cabell QRT.

| County | Overdose Deaths 2018 | Overdose Deaths 2019 | Overdose Death Trend | Percent Decrease in Overdose Deaths | Overdose Deaths 2021 (preliminary data) 48% increase https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm | EMS Suspected Overdoses 2020 – April 22 2021 | ED Suspected Overdoses 2020- April 22 2021 |
|--------|----------------------|----------------------|----------------------|-------------------------------------|---|--|--|
| | | | | | | | |

| | | | | | | | |
|---------|-----|-----------------|---|-------------|-------------|------|------|
| Cabell | 151 | 111 |  | 26.5% | 164 | 825 | 582 |
| Jackson | 5 | *suppressed 1-4 |  | *suppressed | *suppressed | 66 | 64 |
| Kanawha | 150 | 153 |  | -2% | 226 | 1142 | 1177 |
| Putnam | 20 | 12 |  | 40% | 18 | 120 | 95 |

Unintentional Deaths have increased 11.1% nationwide

<https://jamanetwork.com/journals/jama/fullarticle/2778234>

Goal 2: Increase the number of individuals entering and staying in treatment.

Overall, there was a 23% increase in Great Rivers residents entering opioid use disorder treatment via PROACT in 2019 compared with the previous year. Provider Response Organization for Addiction Care & Treatment (**PROACT**) began in October 2018 and has grown substantially since. While located in Huntington, WV, PROACT has a large service area including referrals from West Virginia, Ohio, and Kentucky. The evaluation team narrowed the PROACT intake data to reflect individuals living in one of the four Great Rivers counties and listed an opiate as one of their top three drugs of choice. From 2018-2020, this sample represented 1,632 out of more than 2,500 intakes. Of these 1,632 individuals, 21 (1.3%) had a known pregnancy and 87 (5.3%) stated pregnancy status as unknown at intake.

| | PROACT Intakes by Year and County | | | | |
|---------|-----------------------------------|------------|------------|----------------------|-------------|
| | 2018* | 2019 | 2020 | 2021 (Through April) | Totals |
| Cabell | 149 | 649 | 800 | 242 | 1840 |
| Jackson | 0 | 0 | 1 | 0 | 1 |
| Kanawha | 1 | 6 | 8 | 1 | 16 |
| Putnam | 1 | 9 | 8 | 5 | 23 |
| | 151 | 664 | 817 | 248 | 1880 |

*PROACT formally began offering services in October 2018, so 2018 reflects a partial year.

Types of treatment offered or scheduled were not recorded for every intake record, but the most common types of treatment listed were: Medicated-Assisted Treatment (Vivitrol, Subutex, Suboxone, or other forms of MAT) (n=1550); Abstinence (n=79); Withdrawal Management (n=32); Behavioral Health (n=15); and Residential Treatment (n=7). Thomas Health Addiction Healing Center (AHC) (Kanawha Co) provided requested data for 2018 and 2019. All AHC patients are served by peer recovery coaches. Comparisons between the two years show a large increase in referrals from Cabell and Kanawha counties and an increase in patients with co-occurring diagnoses (HIV, Hep A, Hep C, or pregnancy) across the Great Rivers region.

| Thomas Health – Addiction Healing Center Referrals by Great Rivers County | | | | | | |
|---|----------------------|-----------------------|------------------|------------------------|-----------------------|------------------|
| | Referred to AHC 2018 | Referred to AHC 2019* | % change in 2019 | Co-occurring dx 2018** | Co-occurring dx 2019* | % change in 2019 |
| Cabell | 22 | 46 | 109% | 6 | 27 | 350% |
| Jackson | 17 | 15 | -12% | 2 | 5 | 150% |
| Kanawha | 259 | 348 | 34% | 63 | 165 | 162% |
| Putnam | 38 | 37 | -3% | 10 | 14 | 40% |
| Total | 336 | 446 | 33% | 81 | 211 | 160% |

*through October 2019

**data on Hep C was only available May-December 2018 which likely results in undercounting

MAT Providers: The WV Office of Health Facility Licensure and Certification offers an [online search tool](#) to identify facilities licensed to administer MAT for SUD. Evaluators track licensed MAT providers in the Great Rivers region to provide context on availability of this type of treatment provider during the grant period. As of April 9, 2021 there are 59 licensed providers in the Great Rivers region. Cabell county is listed as having 19 providers, Jackson County as having 3 providers, Kanawha as having 32 providers, and Putnam as having 5 providers. Changes in number of providers will be measured over the remaining grant period and compared to this baseline. Many other treatment organizations are Great Rivers' partners. We will continue to work with these organizations and the evaluation team to track individuals entering and staying in treatment.

PROACT-Charleston will offer centralized access to assessment and referral, case management, peer coaching, and employment services through Marshall Health's Division of Addictions Services including Creating Opportunities for Recovery Employment (CORE) and the Great Rivers Regional System for Addiction Care. PROACT-Charleston will initially offer only select services through Marshall Health's Addiction Services, utilizing community resource partners to provide MAT, abstinence-based treatment services, and spiritual care. Timeline is July 2021.

Harm Reduction: Health Departments in all four counties continue to provide harm reduction services including naloxone education and distribution, education on disease prevention, Hepatitis and HIV testing, sexually transmitted disease testing and treatment as well as pregnancy prevention. One county, Cabell, continues to provide a syringe service program (SSP). During COVID-19 the Jackson County SSP stopped services and have no plans to re-open at this time. The Cabell County SSP remained opened but reduced the number of times clients could come in from daily to twice a week. An SSP toolkit specific to WV was developed this past year by the Coalition. Please see Legislative Updates for new legislation that will significantly impact the ability of counties to continue to provide harm reduction services.

QRTs (Quick Response Teams): The established QRTs in Huntington and Charleston have provided technical assistance to newly formed Jackson, Kanawha, and Putnam County QRTs. In Kanawha County there is City of Charleston QRT as well as a county QRT. Jackson County and Putnam teams have been in the field since the first quarter of 2021.

The client encounters for 2020 were 11213 in Cabell and 292 in Jackson*. The number of clients who were referred to treatment in 2020 was 34 in Cabell and zero in Jackson. The client encounters for 2021 were Cabell 977 and zero in Jackson. The number of clients who were referred to treatment in 2021 in Cabell was 5 and zero in Jackson. Kanawha county has two SPPs- WV Health Right is not reporting and SOAR who was operational through March 2021 but their encounters were not validated.

*Closed indefinitely due to COVID-19

Project Engage:

| | Project Engage Encounters | | | | |
|-----------------------------------|---------------------------|--------------|--------------|---------------|---------------|
| | 2018 | 2019 | 2020 | 2021 | Total |
| Cabell Huntington Hospital | 107 | 2,772 | 1,376 | 7,117 | 11,372 |
| St. Mary's Medical Center | 501 | 696 | 872 | 9,894 | 11,183 |
| Recovery Point | 193 | 1,348 | 407 | Not reported | 1948 |
| ALL | 801 | 4,816 | 2,655 | 17,011 | 24,493 |

It is anticipated that increasing use of the Mosaic© System among Great Rivers partner organizations will enable tracking and reporting of detailed Screening, Brief Intervention, and Referral to Treatment (SBIRT) data over the coming year. The data is also expected to include linkage to treatment data and referrals to support services. Great Rivers also collaborates with CAMC's Opioid Team and is a collaborative, community partner for their Addiction Care Program, working closely with them on the Yale Learning Collaborative MOHRE which will provide additional data.

Goal 3: Prevent new viral Hepatitis and HIV infections and reduce deaths.

There is an actively expanding HIV cluster outbreak in Kanawha County. In 2020, 37/45 were injection drug users (IDUs). As of April 2021, 8/11 cases were IDU. In 2020, Cabell County 38/40 cases were IDU. As of April 2021 the totals are suppressed since they are between 1-4 cases. Harm reduction efforts through Cabell-Huntington Health Department's SSP continue but in Kanawha County the SOAR SSP efforts have been discontinued since March 2021.

CDC assisted in the development of educational campaigns and materials related to HIV infection, substance use disorder, stigma, PrEP, safe injection, safe syringe and needle disposal for persons who inject drugs and community members. WV Bureau for Public Health (WVBPH) and CHHD continue to work together in this response, and WVBPH is improving preparedness for detecting and responding to other clusters and outbreaks statewide through enhanced surveillance. https://www.cdc.gov/mmwr/volumes/69/wr/mm6916a2.htm?s_cid=mm6916a2_x

During the past 14 months, the three Great Rivers Community Health Workers (CHWs) have cumulatively logged almost 2,000 visits with clients. Over 10% of those visits have included referrals to treatment. Since August 2020, CHWs have seen an average of 169 clients per month with an average of 20 of those visits including a referral to treatment. CHWs provide a wide variety of supports to individuals struggling with substance use disorder and/or recovery. They can connect clients with resources such as food assistance, medical care, legal aid, and government services such as obtaining driver's licenses social security cards. The following table and chart provide an overview of CHW visits by month.

In quarter 1 of 2020, there was 276 client encounters, 17 referred to treatment, 14 were HIV+, 17 were Hep C+ and 1 was referred to PReP. In quarter 2 of 2020, there was 209 client encounters, 26 were referred to treatment, 55 were HIV+, 165 were HepC+ and 13 were referred to PReP. In quarter 3 of 2020, there were 432 client encounters, 67 were referred to treatment, 143 were HIV+, 328 were HepC+ and 12 were referred to PReP. In quarter 4 of 2020, there were 510 client encounters, 59 were referred to treatment, 83 were HIV+, 379 were HepC+ and 12 were referred to PReP. In quarter 1 of 2021, there were 502 client encounters, 47 were referred to treatment, 81 were HIV+, 325 were HepC+ and 3 were referred to PReP.

Goal 4: Reduce health disparities related to service utilization among individuals with substance use disorders, opioid overdose, hepatitis, and HIV.

A Health Disparities Think Tank was to be held in the first quarter of 2020 but due to COVID-19 the event was not held. We worked with advisory board members and the evaluation team to develop indicators for health disparities across the region that were identified by component leads in the counties. These include transportation, housing, employment, and food insecurities. Focus Groups will be held virtually with providers and clients. Several practices/approaches have been implemented in the region to address the health disparities. These include:

- **Cabell County** - Cabell-Huntington Health Department continue to store medication for the HIV clients which is dispensed by the nurses onsite due to several being homeless and medication being stolen. They also provide PReP. There are two Community Health Worker/Peer Recovery Coaches onsite (CHW, supported by Great Rivers) within the harm reduction program. A Ryan White Linkage to Care Specialist continues to be located at the health department and an Infectious disease physician from the Joan C. Edwards School of Medicine sees patients onsite at the health department weekly. The CHWs have begun to go into the field with the Ryan White Linkage to Care Specialist to visit clients' homes and track down those who are homeless to ensure they stay in treatment and address the barriers. They work directly with substance use disorder clients who are HIV/Hepatitis positive. The Cabell-Huntington Health Department continues to have an intense HIV media campaign and conduct regular community testing events. Recently these have been combined with some of the COVID-19 testing and vaccination events.
- **Kanawha County** - The Kanawha-Charleston Health Department continues to lead the HIV Task Force with community stakeholders. Unfortunately, the task force only met twice during year 3 of this grant, June 2020 and February 2021, due to the focus on COVID-19 efforts. Community testing, HIV testing in primary care, FQHCs and emergency departments. A CHW is in place and works with community partners and the QRT to link clients to services that address health disparities. WV Health Right Clinic continues to provide mobile harm reduction and HIV/Hep C testing weekly at a homeless drop-in center and daily at their regular clinical location. Bus passes and hygiene bags continue to be provided by the Kanawha Charleston Health Department (KCHD) as incentives when they conduct their community testing events. PAAC (Partnership for African American Churches)- has a mobile unit that is utilized for HIV testing, COVID testing and vaccination and MAT outreach. **Coplin Health System** provides testing and linkage to care in Jackson County.
- **Putnam County Health Department-** provides testing through their clinic and links individuals to services in the community.

- **Cabell and Kanawha-** HepConnect grants. This is a regional initiative through the Harm Reduction Coalition funded by Gilead Sciences to mobilize and expand capacity for organizations working with people who use drugs in five states to significantly impact rising hepatitis C (HCV) rates. Funds were awarded to Cabin Creek Health System and Cabell-Huntington Health Department.
- **Great Rivers-** is a partner in the newly formed Unite West Virginia which is a coordinated care network of health and social care providers. There are currently 48 partners and it will expand to statewide coverage by December 2021. Partners in the network are connected through a shared technology platform, Unite Us, which enables them to send and receive electronic referrals, address people's social needs, and improve health across communities. Once a network partner identifies a person's social needs, they can instantly send a secure electronic referral to the most appropriate network partner(s) for that specific service. <https://uniteus.com/join-west-virginia/>.

Goal 5: Increase availability of educational opportunities and resources to enhance awareness and understanding of substance abuse and addiction and effects on individuals, families and communities.

Great Rivers staff provides training across the region in support of its goal to “increase the availability of educational opportunities and resources to enhance awareness and understanding of substance abuse and its effects on individuals, families, and communities.” Training record logs from November 2019-March 2021 show that staff have offered 113 trainings and participated in 131 community meetings. This, on average, is approximately 5 trainings and 6 meetings per month, for a total of 244 events. The training staff has a repertoire of training modules they routinely offer; a complete list is available on their [website](#).

The community meetings attended by training staff are primarily organized by coalitions and community groups that have an interest in SUD prevention and treatment; occasionally these may also be town hall or public forum meetings relevant to SUD concerns. At these meetings, staff are able to represent Great Rivers' current efforts, further develop community partnerships, facilitate resource sharing, and identify opportunities for collaboration with like-minded organizations, agencies, or initiatives. These meetings often include representatives from local health departments, faith-based organizations, and NGOs. Great Rivers staff cited being able to help mentor individuals or organizations new to the field of addressing SUD as a beneficial outcome of attending community meetings which results in increasing collaboration and overall community capacity to achieve shared goals.

Many of the trainings and meetings (41%) logged by Great Rivers staff have been open to attendees from across the Great Rivers region. Twenty-one percent were open to Cabell County attendees, followed by 19% for Kanawha County attendees, 8% for attendees statewide, 7% to Jackson County attendees, and 3% for Putnam County attendees. Through these trainings and meeting participation, Great Rivers staff have interacted with 3,864 attendees (average of 17 attendees per interaction). Prevention Education Specialists - developed an Education Plan with all of the trainings currently offered through Great Rivers. They continue to meet virtually with community partners in all four counties to provide education on Great Rivers and the services included in the project. They continue to attend health fairs and community events where they distribute literature and educate the public on the components of Great Rivers Regional System for Addiction Care. These have been on hold during COVID-19. In addition, education offerings include the evidence-based programs: Aces 101, Chronic Pain Self-Management, Gentle Yoga, Naloxone, PAX Tools, This is (NOT) About Drugs, Too Good for Drugs and Words Matter Stigma Training. These classes continue to be offered virtually during COVID-19. They continue to manage the Facebook page and attend community health education events including monthly substance abuse prevention coalition and family resource network meetings. They have reached approximately 2000 people during their outreach events. There have been 750 participants in the various classes in Kanawha and Jackson counties and 60 participants in Cabell and Putnam counties. “This is My Story” interviews can be accessed at:

<https://www.marshallhealth.org/services/addiction-medicine/great-rivers-regional-system-for-addiction-care/this-is-my-story/>. From May 12, 2020 to April 1, 2021 there were a total 7,775 views and 349 shares.

Great Rivers App: Great Rivers has a mobile app that provides quick access to various system resources, including a database of peer recovery coaches that can be filtered by county. The app includes a comprehensive resource guide, available trainings, and county specific toolkits. It also includes a geolocation feature, allowing users to search for providers and facilities using a mapping feature. Processes have recently been set in place to additional metrics to track engagement over the coming year. For the period of February 13, 2021 to March 15, 2021) there were 28 active users (3 of whom downloaded the App during the month) who participated in 45 unique use sessions with a total view of 161 pages.

Advisory Group Meetings: Monthly Advisory Group continue to provide updates and education. Held virtually during COVID-19, attendance each monthly ranged from 35 to 46 attendees. Sample topics included Project Help, ORAU Collaborative Survey Results, WV Officer of Drug Control Policy training on their dashboard, Unite WV, Armor Up WV, and legislative updates.

Goal 6: Conduct formal process and outcome evaluation and dissemination of findings for the Great Rivers Regional System for Addiction Care.

ORAU (Oak Ridge Associated Universities) began providing data collection and evaluation services in the second quarter of year 2 as a result of a competitive RFP process. The written Dissemination and Evaluation Plan is available upon request. The ORAU Brief Summary follows with the entire report available upon request.

Goal #1: Reduce overdose deaths by 10% per year by establishing the Great Rivers Regional System for Addiction Care. West Virginia Health Statistics Center provided high-quality data through 2019 and we have collected CDC 2020 provisional data. Using these sources, it is evident that the goal to reduce overdose deaths in 2018 and 2019 in Great Rivers was successfully accomplished. Unfortunately, many of the unanticipated COVID-19 factors seem to have exacerbated overdose deaths and provisional data estimates an up to 49% increase in West Virginia in 2020.

Goal #2: Increase the number of individuals entering and staying in treatment. Data from the Help4WV shows an 18% increase in calls from Great Rivers residents seeking treatment services in 2019 as compared with 2018. Thomas Health's Addiction Healing Center reports a 33% increase in Great Rivers patients referred for treatment. Great Rivers community health workers logged an average of 169 client visits per month with 20 of those including a referral to treatment. Together, this indicates an increasing trend in information seeking and referrals regarding treatment in the region.

Goal #3: Prevent new viral hepatitis and HIV infections and reduce deaths. State and national government data paint a concerning picture regarding new cases of viral hepatitis and HIV in West Virginia. The baseline Hepatitis C data available in 2018 demonstrates the critical need of Great Rivers efforts in this area. HIV data shows a dramatic increase in cases in the Great Rivers Region in 2018, followed by a slight reduction in 2019. Nonetheless, in 2021, CDC officials have called an HIV outbreak in the region, "the most concerning in the United States"¹. A recent bill curtailing syringe service programs is anticipated to exacerbate new cases of hepatitis and HIV in the region.

Goal #4: Reduce health disparities related to service utilization among individuals with SUD. We conducted focus groups with individuals who represent organizations that provide services related to four social determinants of health (SDOH). Participants are seeing individuals who are proactively and empathetically trying to address SDOH, with the understanding that these supports help prevent SUD, support recovery, and ultimately improve the overall wellbeing of the region. There seems to be an opportunity for Great Rivers to engage community members to underscore that supporting cooperative recovery efforts, rather than giving into fatigue or burnout on the topic, benefits everyone.

Goal #5: Increase educational opportunities and resources to enhance understanding of SUD. Interviews with Great Rivers staff found they have demonstrated ingenuity over the past year in identifying ways to pivot their efforts and continue to safely provide educational opportunities to community members even in the midst of COVID-19 shutdowns. They have successfully adapted in-person training modules to online formats and effectively harnessed social media to share information with community members.

Goal #6: Increase collaboration among organizations serving those with OUD in the Great Rivers Region.

We conducted a baseline social network analysis of Great Rivers organizations that found 31% of all possible relationships across the 32 organizations within the network. Organizations work with an average of 7 other Great Rivers partners, and typically had 3 relationships with organizations outside of their home county. The team will conduct additional analyses in the coming year which will be compared against the baseline to quantify change in collaboration among Great Rivers organizations over time.

Year 4 Work Plan

Assessment – Developing a Shared Understanding

Review community asset mapping for each county (Quarter 3)

Prepare final reports (Quarter 4)

¹ <https://www.usnews.com/news/best-states/west-virginia/articles/2021-02-12/cdc-urgent-action-needed-in-west-virginia-hiv-outbreak>

Conduct follow up assessments to track progress over time (Quarters 1-4)

Building a State of Readiness

Engagement specialist work with evaluator on data management/evaluation, Work with evaluator on data management/evaluation, Cross-Sector Partnerships and Planning, Strategic plan is implemented and monitored by Advisory Group, Implement Health Education and Communication Plan, Community Implementation, Implement Advisory Group strategic action plan, Implement Data Analytics, Evaluation and Dissemination Plan, Evaluation, Conduct ongoing process and outcomes evaluation according to Plan. (all four quarters)

Finalize community guides and toolkit materials, Print community guides and additional toolkit materials (quarter 1)

Advisory Group conducts annual review and update of System strategic plan, Annual review and update of Health Education and Communication Plan, Annual review and update of Evaluation Plan, (quarters 2 & 3)

Additional objectives that will be incorporated into the work plan.

Please describe any important factors that have changed in the last year, such as staffing, operational activities, contextual issues, or course corrections? During the third quarter, two Community Health Worker/Peer Recovery Coaches were hired for Cabell-Huntington's Health Department. During the fourth quarter the Kanawha County position was posted and will start the first quarter of year 3. We worked with the PI and Dr. Crespo, Marshall Health, to develop a plan that met the needs of Cabell, Kanawha and Jackson counties. Dr. Crespo provided the Community Health Worker training for the peer recovery coaches to integrate SUD using a chronic disease management approach. The new evaluator was hired in quarter 2. Addition of dedicated data position to your internal team here?

Please describe any communication plans for the dissemination of project results or deliverables. The communication plan included the following: Expanded the website and added the password protected portal; Annual meeting- TBD once COVID-19 is resolved; Developed the You Tube- "This is My Story" project that highlights clients in recovery to decrease stigma; heightened awareness on social media with daily Facebook posts reaching 407 members; Emails to more than 187 partners in the four counties. Continued support of community partner meetings in each county including substance abuse prevention coalitions, substance abuse prevention partnerships, family resource networks and ACES Coalition. Provided support to community partners at health fairs and recovery events. Initiated meetings with elected officials: city, county and state representatives.

Please include interim findings or results, if any, from local program evaluation activities. The one-year pilot transportation project developed in conjunction with Appalachian Regional Commission (ARC) has been implemented with 37 participants through PROACT. The scheduling has occurred through SOR at TTA. Enrollment has slowed down after switching primarily to telehealth due to COVID-19.

Is there anything else you would like to add? Questions? Concerns? None at this time

Financial Update

Please attach a financial report in Excel format that reports expenditures in USD against the categories listed below. Please note that other line items may be added, as needed.

| | Total Approved Budget | Budget for Current Reporting Period | Expenditures for Current Reporting Period | % Variance Current Reporting Period | Cumulative Expenditures to Date | % Variance on Cumulative Expenditures |
|----------------------------------|-----------------------|-------------------------------------|---|-------------------------------------|---------------------------------|---------------------------------------|
| Salary and fringe benefits | \$1,031,198 | \$425,282 | \$352,963 | -17.00% | \$812,551 | -21.20% |
| Travel and transportation | \$19,200 | \$12,239 | \$603 | -95.08% | \$13,785 | -28.21% |
| Equipment | \$0 | \$0 | | 0.00% | \$0 | 0.00% |
| Supplies | \$31,800 | \$4,200 | \$352 | -91.62% | \$28,616 | -10.01% |
| Trainings, workshops, and events | \$14,000 | \$8,982 | \$11,875 | 32.21% | \$24,239 | 73.14% |
| Contractual | \$440,273 | \$100,000 | \$30,790 | -69.21% | \$142,157 | -67.71% |
| Other direct costs | \$174,000 | \$36,125 | \$15,572 | -56.89% | \$43,872 | -74.79% |
| Indirect costs | \$256,571 | \$85,775 | \$60,511 | -29.45% | \$155,729 | -39.30% |
| Total | \$1,967,042 | \$672,603 | \$472,665 | -29.73% | \$1,220,948 | -37.93% |

*Due to COVID-19 and delay in hiring of staff, some of the funds were not able to be spent. We have a financial plan to spend the remaining funds that is thoughtful and intentional. The plan includes such things as professional educational videos, additional overdose and harm reduction efforts.