



Great Rivers Regional System for Addiction Care 2019 to 2020 Annual Report

Organization

Name Marshall Health

Report Period

From June 15, 2019

To June 15, 2020

PROJECT DIRECTOR

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Progress and Results

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. The services will be integrated across the system.

In 2019-2020, the Great Rivers Advisory Group has grown to from 120 to 187 members. They continue to move forward the strategic plans for each of the counties as well as the region to guide development of a comprehensive, coordinated system of addiction care across Cabell, Kanawha, Jackson, and Putnam counties.

COVID-19, the respiratory illness caused by a novel (new) coronavirus designated SARS-CoV-2 that spreads person to person has spread rapidly to countries worldwide, including the United States. West Virginians at the state, private sector, community, and family level are working to reduce COVID-19's effect on both our state's health and its economy. This situation poses 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 through present day. Fortunately, the Great Rivers Regional System for Addiction Care has continued to work virtually with the four counties to provide support and to carry out their strategic plans.

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.

- The Communication and Branding Plan has been developed. Website with interactive portal has been developed. Facebook has grown from 131 members to 405 members. We post multiple times weekly to distribute information and events to the system.
- Key stakeholders from prevention, intervention, treatment, and recovery identified 3 indicators in each county to monitor advancement of each program component: QRT, Project Engage, PROACT, Harm Reduction and Prevention Education
- The Advisory Group which includes state and national partners 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). and the Executive Advisory Committee continues to meet quarterly (virtually March 2020) to monitor overall project progress.

County	Overdose Deaths 2017	Overdose Deaths 2018	Overdose Death Trend	Percent Decrease in Overdose Deaths	EMS Suspected Overdoses Jan 2019-April 2020	ED Suspected Overdoses Jan 2019-April 2020	Naloxone Given Before EMS 2019	Naloxone Given By EMS 2019
Cabell	589	438		25.6%	852	908	223	494
Jackson	19	14		26.4%	82	23	0	49
Kanawha	553	403		27.1%	1397	1352	21	832
Putnam	76	56		26.3%	210	104	1	123

<https://dhhr.wv.gov/office-of-drug-control-policy/datadashboard/Pages/default.aspx>

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

The Provider Response Organization for Addiction Care and Treatment (PROACT) is an innovative, collaborative method designed to maximize the resources and services of partnering agencies in the provision of treatment to those suffering from substance use disorder. Each partnering agency offers a service or array of services that can be combined with those from the other collaborating partners for a comprehensive treatment effort that provides a more holistic approach to address the medical, therapeutic, spiritual, and social needs of individuals with a substance use disorder. PROACT Huntington opened 10/1/2018 and has seen 1833 clients as of 5-29-2020. Of those 1,074 were in 2018-2019 and 521 as of 5-29-2020. They have operational guidelines in place and more than 50% of the clients are referred to recovery support services outside of treatment. This includes peer recovery support services, education, recovery housing, food security and workforce development. Treatment is immediate in house and wait times to outside agencies is an average 48 to 72 hours for those referred to community partners. PROACT continues to work closely with Project Hope for Women and Children, a residential treatment and recovery facility for women and their children, to increase resistance to relapse by providing support services outside of SUD treatment with their residential treatment facility. 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 (C.O.R.E.) 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 medication assisted treatment (MAT), abstinence-based treatment services, and spiritual care. Timeline is second quarter of year 3. 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. Two counties provide syringe service programs (SSP), Cabell and Jackson. They work closely with the Harm Reduction Coalition of West Virginia (the Coalition) to standardize services and provide consistent messaging to the community. During COVID-19 the Jackson County SSP stopped services and will possibly re-open in July. 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.
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Counties with SSPs	Client Visits 4 th Quarter 2019	Client Visits 1 st Quarter 2020	Clients Referred to Treatment 4 th Quarter 2019	Clients Referred to Treatment 1 st Quarter 2020
Cabell SSP	3162	3297	54	24
Jackson SSP	437	421	5	7

- QRTs (Quick Response Teams)
 - The established QRTs in Huntington and Charleston have provided technical assistance to Jackson, Kanawha, and Putnam counties. In Kanawha county there is City of Charleston QRT in Kanawha county as well as a new county QRT that is in the initial stages of program development. Jackson County received a federal grant and the QRT Program Director started 5-16-2020. Putnam County is interested in continuing to explore development of a QRT in the future.
 - A toolkit has been developed by Huntington's QRT with best practices. Huntington's Quick Response Team (QRT) has been selected as a mentor site as part of a national initiative to spread law enforcement and first responder diversion programs across the country in their efforts to respond to the opioid crisis. Great Rivers has also developed a toolkit for the region.

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QRT	Clients Referred since 2018	Contacts Made since 2018	Clients Entered Treatment since 2018
Huntington	1075	525	152
City of Charleston	238	136	36

- Naloxone

- Through the University of Charleston (UC) School of Pharmacy and Great Rivers' community partners they provide trainings and distribution of naloxone throughout the four counties. Participants include parents, families of those with SUD (Substance Use Disorder), clients with SUD and community members. Other community members are also trained from surrounding counties. The totals below reflect University of Charleston solely for 2020.

County	Individuals Educated	Naloxone Kits Distributed
Cabell	40	
Jackson	2	
Kanawha	78	
Putnam	8	
Grand Total		197

- UC School of Pharmacy provides naloxone trainings at Kanawha-Charleston Health Department and in Jackson as well as Putnam counties upon request. Marshall University School of Pharmacy provides weekly naloxone trainings at Cabell-Huntington Health Department. SOAR, WV Council of Churches, and the Ryan White Program also hold community naloxone classes across the Great Rivers Region.
- The Great Rivers Director is coordinating Naloxone Day with the WV Office of Drug Control Policy, University of Charleston School of Pharmacy, and community partners on September 2nd for Kanawha and Putnam counties. Multiple overdose "hot spots" will be targeted throughout both counties with a goal of training the community and dispensing 1,000 kits.
- Project Engage
 - St. Mary's has seen 1,058 patients in their program, 568 of those came through the emergency department. St. Mary's and Cabell-Huntington Hospital continue to collaborate with Thomas and CAMC Health Systems. CAMC (Charleston Area Medical Center) began in July 2018 and Thomas Memorial Hospital began in August 2018. CAMC is in the initial stage of launching the Project Engage model in Putnam County. Peer Recovery Coaches are located in the emergency departments as well as inpatient in Cabell-Huntington Hospital, St. Mary's Medical Center and Thomas Memorial Hospital. The hospitals have a dedicated highly trained staff. They are in the emergency department in CAMC in Kanawha County and at the Family Resource Center.
 - Great Rivers collaborates with CAMC's Opioid Team that was developed in 2018. We were on the planning committee for the WV Substance Use Disorder Symposium that was held August 19, 2019. Great Rivers is a collaborative, community partner for their Addiction Care Program. A data sharing agreement is in place that will allow data to be pulled more easily.

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

- Establishing baseline data for communicable disease indicators continues to be a work in progress, working closely with Dr. Kilkenny. Hepatitis C county-level data is more readily available than HIV data. Dr. Kilkenny continues to work with Dr. Iyokho, Division Director Office of Epidemiology and Prevention Services at the WV Bureau for Public Health to develop a regional data set. The case definition for Hepatitis C recently changed which will influence reporting and use of this data.

- There is an actively expanding HIV cluster outbreak of 82 known cases as of January 2020 in Cabell County. As a result of the combined response activities, approximately 450 new clients were enrolled in the harm reduction program, including approximately 50 persons living with HIV infection. 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
 - A webinar was provided on February 12, 2020 to the Great Rivers Advisory Group, entitled “County-Level Assessments of Vulnerability to HIV, HCV, and Overdose Mortality—West Virginia, 2016-2017.” Presented by: Sam Batdorf, MPH Epidemiologist. There were 37 in attendance. As a result of this presentation, attendees were able to: Briefly discuss methods for West Virginia’s county-level vulnerability assessments; Broaden awareness of factors associated with unsterile injection drug use and overdose mortality; Share rankings generated by the two vulnerability assessments; and Discuss how these results can be shared and used to inform prevention and intervention strategies.

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-Huntington Health Department** storing 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 (supported by Great Rivers) within the harm reduction program. After COVID-19 they will also be community-based and will visit clients’ homes to ensure they stay in treatment and address the barriers) and work directly with substance use disorder clients who are HIV/Hepatitis positive. A Ryan White Linkage to Care Specialist is also 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 Cabell-Huntington Health Department also has an intense HIV media campaign and conducts regular community testing events.
 - **Kanawha County** developed an HIV Task Force with community stakeholders, increased community testing, and increased HIV testing in primary care, FQHCs and emergency departments.
 - WV Health Right Clinic provides 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 are provided by the Kanawha Charleston Health Department (KCHD) as incentives when they conduct their community testing events.
 - **Jackson County Health Department** provides testing and counseling through their harm reduction program/syringe service program and links individuals to services in the community.
 - **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. 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.

- Development of tools and resource guides – A new Great Rivers Regional Resource guide includes resources on statewide crisis stabilization units, statewide treatment facilities, statewide recovery residences, MAT for all counties, statewide certified peer recovery coaches, and the statewide CRAFT Family Support Groups. These are available on the Great Rivers website and links are posted on the Facebook page.
- 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 out on hold during COVID-19. In addition, their 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.
- Prevention Education Specialists are working with Marshall Health's marketing department on the development of videos and narratives including first person accounts by family members. These will include their stories as well as partner experiences in each of the Great Rivers counties. The campaign "This is My Story" includes 16 interviews to date posted on Facebook, YouTube and the website. Several other interviews are scheduled. There have been 1326 views and 75 shares as of 6-9-20. These can be accessed at <https://www.marshallhealth.org/services/addiction-medicine/great-rivers-regional-system-for-addiction-care/this-is-my-story/>

Advisory Board Presentations	Date	# In Attendance
SOAR (Solution Oriented Addiction Response)	June 2019	19
Data Indicator	July 2019	28
United Way 211	September 2019	27
Movable: Narratives of Recovery and Place	September 2019	27
Dr. Richard Crespo, Joan C. Edwards School of Medicine at Marshall University, Community Health Worker/Peer Recovery Coach	September 2019	27
Elizabeth Adkins, PIO Cabell-Huntington Health Department, Mass Media Promotion	November 2019	26
Betsy Smither ORAU Evaluation Presentation	December 2019	30
Unite WV	February 2020	37

WV Office of Drug Control Policy OD Dashboard	February 2020	37
Presteria Region 5 and UC School of Pharmacy Naloxone Protocol & Legislation Updates	April 2019	30

Education Topics	# Adults	# Students
Health Consequences and stigma related to addiction	28	
Naloxone education and distribution	20	
Other (Gentle Yoga, Community Partner Meetings and "Let's Talk Safe Medication Disposal")	222	
Resources focused on understanding and recognizing addiction, overdose	20	
Signs and treatment of overdose, treatment options and resources	91	
Understanding substance abuse and addiction through educational offerings		191

A webinar "The Rise of Methamphetamine and How Implementing a Coordinated Prevention, Treatment and Law Enforcement Response Can Make a Difference" as provided on January 17, 2020. It was presented by: Shelly Mowrey, BJ, Demand Reduction Coordinator, Arizona High Intensity Drug Trafficking Area (HIDTA).

- As a result of this presentation, attendees were able to: discuss examples of how methamphetamine affects children, communities and families and apply concepts from the course to their own community to educate the public about methamphetamine and the Meth360® Educational Program.

Great Rivers' community partners were asked what educational opportunities they would like. The rising use of methamphetamine in the region was mentioned several times and requests were made to coordinate a national presentation. Because the impact of methamphetamine use disorder reaches far beyond the person using, it requires a system and community-wide effort to effect change. This session discussed new trends in use, production, prevention and treatment. It took you from beginning to the end of a case study involving law enforcement, community, families and the criminal justice system. There were 55 in attendance.

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

Year 3 Work Plan

Great Rivers Regional System for Addiction Care	Year 3 2020-2021			
	Q1	Q2	Q3	Q4
Assessment - Developing a Shared Understanding				
Review community asset mapping for Each County			X	
Prepare final reports				X
Conduct follow up assessments to track progress over time	X	X	X	X
Building a State of Readiness				
Engagement specialist work with evaluator on data management/evaluation	X	X	X	X
Work with evaluator on data management/evaluation	X	X	X	X
Cross-Sector Partnerships and Planning				
Strategic plan is implemented and monitored by Advisory Group	X	X	X	X
Finalize community guides and toolkit materials	X			
Print community guides and additional toolkit materials	X	X		
Advisory Group conducts annual review and update of System strategic plan.			X	
Annual review and update of Health Education and Communication Plan			X	
Annual review and update of Evaluation Plan			X	
Community Implementation				
Implement Health Education and Communication Plan	X	X	X	X
Implement Advisory Group strategic action plan.	X	X	X	X
Implement Data Analytics, Evaluation and Dissemination Plan	X	X	X	X
Evaluation				

Conduct ongoing process and outcomes evaluation according to Plan	X	X	X	X
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Additional objectives that will be incorporated in to the work plan.

1. 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?
2. Please describe any communication plans for the dissemination of project results or deliverables
3. 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.
4. 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 and there have been 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.
5. 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 Original Budget	Budget for Year 2	Expenditures 7/1/20-5/31/20	% Variance Current Reporting Period	Cumulative Expenditures to Date	% Variance on Cumulative Expenditures
Salary and fringe benefits	\$1,031,198	\$288,050	\$244,413	-15%	\$459,588	-55%
Travel and transportation	\$19,200	\$23,500	\$10,176	-57%	\$13,182	-31%
Equipment	\$0	\$0.00	\$0.00	0%	\$0	0%
Supplies	\$31,800	\$14,200	\$8,355	-41%	\$28,264	-11%
Trainings, workshops, and events	\$14,000	\$19,170	\$9,210	-52%	\$12,364	-11%

Contractual	\$440,273	\$64,500	\$42,636	-34%	\$111,367	-75%
Other direct costs	\$174,000	\$23,625	\$20,650	-13%	\$28,300	-84%
Indirect costs	\$256,571	\$62,257	\$48,103	-23%	\$95,218	-62%
Total	\$1,967,042	\$495,302	\$383,543	-22.56%	\$748,283	-62%

*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. It should also be noted that actual financials for this year reflect only eleven months of expenditures. June financials will be available in mid-July.

Advisory Board Members and Project Lead Comments:

"As we continue to develop and expand the CAMC Addiction Services Department, we are very grateful for the opportunity to collaborate with the Great Rivers Regional System for Addiction Care. The monthly meetings provide valuable resource sharing opportunities and help connect our services in a way that complements the unique strengths of various community organizations and fosters a strong sense of community engagement. Great Rivers has provided helpful community resource guides and connections that assist us in locating treatment options for our patients in a timely fashion. I appreciate and value the work done through Great Rivers to keep us connected and moving forward as our community finds new and innovative ways to better address the needs of individuals with a substance use disorder in our region." - **Ashley Murphy, LICSW, MAC, AADC, Director of Addiction Services at CAMC**

"The "This Is My Story" is incredible!!! I'm so proud of everyone for their bravery and telling their story! Makes my heart smile! I also enjoy seeing the Yoga classes and participate when I can". **Crystal Welch, Lead Project Coordinator at Quality Insights**

An on-duty officer that works on the QRT, encountered two individuals driving very erratic. When he pulled them over, it was obvious the driver was impaired. After a discussion with the female passenger, he determined she might be open to "help". He immediately called the QRT. They responded to the scene, and after discussion they were able to link her to a treatment facility. The individual was very receptive to the personal engagement of the team. They began the in-take process and transported her to a local facility.

Our team does not act as a case manager, so after the warm hand-off, she was followed by the providers at the facility. However, probably a year later, the team encountered a female when they were out on the streets making visits. This individual approached them, and said "you don't recognize me, do you?" They apologized because they didn't know who she was. She introduced herself as the young woman in the car that day. The team said she looked "so well and healthy" they really didn't realize it was her. But, immediately knew who she was after her introduction.

She said she had gone through that facility's treatment program and had been "clean" for over a year. She explained that she was now working as a "peer" in that same facility, now helping others. Within a week of that encounter, they were bringing someone into that facility. There on the other side of the in-take desk, accepting their new client, was that female. Now in a position to help someone else. Needless to say lots of emotion...the team said this was a reminder to them of why they do this job...

Connie Priddy Huntington, WV QRT Cabell County EMS

"I remember sitting in a waiting room at St. Mary's hospital coming down from a 5-day bender of no sleep and endless drug use talking to a man named John Hampton (peer recovery coach). I was all over the place an emotional wreck not knowing if I should fight with him and my friend or open up to them. I was tired of running. At first my decision was made for my family then I grew to start making it for me. I

said yes to Recovery Point in South Charleston WV with the help of John Hampton and my friend, and believe me it was a not an easy yes or was it made lightly." **Project Engage St. participant Kandis Ronk**