



# **Great Rivers Regional System for Addiction Care 2018 to 2019 Annual Report**

**Merck Progress Report Guidelines and Template**

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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 October 2018, the Great Rivers Advisory Group launched a strategic planning process to develop a four-year plan to guide development of a comprehensive, coordinated system of addiction care across Cabell, Kanawha, Jackson and Putnam counties. Over 100 people were involved in one or more facilitated county-level planning sessions, followed by a regional planning session. Partners examined key data and engaged in a variety of participatory processes to understand the current environment. County Action Plan meetings were then carried out in April and May 2019 to finalize county and regional action plans. A total of 77 organizations were represented in the process. There are currently 120 members participating in the Advisory Group.*

**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.**

- Communication and Branding Plan has been developed. Website with interactive portal is in the final stage of development. Tentative launch date is the end of June 2019. Facebook is established with 131 members following. Promotional items and a display have been designed. Window clings have also been designed to denote participation of Great Rivers' partners across the region and to promote visibility to the public of the Great Rivers Regional System for Addiction Care.
- Prevention Education Specialists are working with Marshall Health's marketing department on the development of videos and narratives including first person accounts and stories as well as partner experiences of those participating from each counties.
- Working with key stakeholders from prevention, intervention, treatment and recovery to identify 3-5 indicators in each county for each program component: QRT, Project Engage, PROACT, Harm Reduction and Prevention Education
- The Advisory Group which includes state partners and the Executive Advisory Committee meet regularly, adopting the Regional Strategic Plan on 2-21-19. The plan includes strategies to reduce overdoses and overdose deaths (i.e. expanding QRTs, Harm Reduction Programs and implementing Project Engage in all hospitals.
- Attached below is the brochure for Great Rivers. We also have a website <https://beta.marshallhealth.org/services/addiction-medicine/great-rivers-regional-system-for-addiction-care/> which will be launched the end of June 2019 and a Facebook page which has 131 members. We post multiple times weekly to distribute information and events to the system.

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

- PROACT Huntington opened 10/1/2018 and has seen 605 clients as of 5-2-19. They have operational guidelines in place and 30% of the clients are referred to recovery support services outside of treatment. This includes peer recovery support services and workforce development. Client wait times for treatment average 48 to 72 hours. PROACT works closely with Project Hope for Women and Children, a new 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. PROACT Charleston is scheduled to open summer 2019 with final planning underway.
- A hub and spoke model will be used in Jackson and Putnam counties in order to link interested clients to the Charleston and Huntington PROACT locations.
- Harm Reduction
  - Health Departments in all four counties provide harm reduction services including 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 to standardize services and provide consistent messaging to the community. An SSP toolkit specific to WV is being developed by the Coalition and will be released in June 2019.
  - Cabell-Huntington's Harm Reduction syringe service clinic had 9,512 client visits in 2018. The program referred 637 clients to treatment in 2018. Jackson County's Harm Reduction syringe service clinic served 363 new clients since inception August 2018. They refer 27 patients to treatment.
- QRTs (Quick Response Teams)
  - The established QRTs in Huntington and Charleston have provided technical assistance to Jackson and Putnam counties. This has lead Jackson County to apply for a grant to develop a QRT. A toolkit is being developed by Huntington's QRT with best practices. Cabell County assisted the Jackson county EMS in updating their system to more accurately track overdoses. Putnam County is pursuing QRT and guidance will be provided by the existing teams in other counties.
  - Huntington QRT - Since inception (January 2018) 1075 clients referred; contact made with 525 individuals referred and 152 clients entered treatment.
  - Charleston- Since inception (June 2018) 238 clients referred; made contact with 136 and 36 clients connected to treatment.
- Naloxone
  - There have been 247 individuals educated and 197 kits distributed through Great Rivers as of April 29, 2019. Several other groups provide trainings and distribute naloxone throughout the four counties. Participants include partners, families of those with SUD (Substance Use Disorder), clients with SUD and community members. There were 40 trained in Cabell County, 2 trained in Jackson County, 78 were trained in Kanawha County and 8 trained in Putnam County. The other community members who were trained were from surrounding counties.
  - UC School of Pharmacy and Marshall University School of Pharmacy provide weekly naloxone trainings at Kanawha-Charleston and Cabell-Huntington Health Departments and provide community classes in Jackson and Putnam counties upon request. WV Council of Churches and the Ryan White Program also hold community classes across the Great Rivers Region.
- Project Engage
  - St. Mary's and Cabell-Huntington Hospitals have provided technical assistance to Thomas and CAMC Health Systems which has led to both systems launching Project Engage in their facilities in Kanawha and Putnam counties. CAMC (Charleston Area Medical Center) began in July 2018 and Thomas Memorial Hospital began in August 2018. CAMC is in the beginning stage of launching in Putnam County. Peer Recovery Coaches are located in the emergency departments as well as inpatient in Cabell County and Thomas Memorial Hospital. They are in the emergency department in CAMC in Kanawha County with hopes of expanding to inpatient settings soon.

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

- Establishing baseline data indicators continues to be in progress working closely with Dr. Kilkenny. Hepatitis C county-level data is more readily available than HIV data. Dr. Kilkenny is working with Dr. Iyokho, Division

Director Office of Epidemiology and Prevention Services 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 49 known cases as of May 27<sup>th</sup> in Cabell County. These cases were primarily among intravenous drug users. The main push of the plan to treat HIV in Cabell County - which has been in the works for about six weeks between the county and state - is to identify every case and refer individuals to treatment, Kilkenny explained. Updates provided to Great Rivers Advisory Group by Dr. Kilkenny.

**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 will be held in the first quarter of year 2. Development of indicators for health disparities across the region will be identified by component leads in the counties.

**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 guides from various sources include: Harm Reduction Toolkit in conjunction with The Harm Reduction Coalition of WV, Prescription Opioid and Heroin Awareness Toolkit in conjunction with the WV School of Osteopathic Medicine, Huntington Blueprint, Think Tanks Summary Reports including: "Addressing Stigma Education", "Naloxone in Emergency Departments", "Transportation" and "Community Naloxone Distribution". Think Tanks will continue to be held in Year 2, including "Technology" and "Putnam County QRT".
- Prevention Education Specialists meet with community partners in all four counties to provide education on Great Rivers and the services included in the project. They also 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. They 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 1,200 people during their events. They have also been trained in SBIRT and ACES (Adverse Childhood Experiences). The specialists will partner with the WV ACES Coalition and provide trainings to community organizations. They use motivational interviewing during the harm reduction clinics to assist the clients and refer them to the peer recovery coach if they are interested in treatment. Future trainings include Naloxone Train the Trainer and Trauma Informed Care.

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

- With the recent changes in the evaluator, the Marshall Health team will now lead data collection for monitoring of implementation.
- CAST and PARTNER tools have been used to identify gaps in the counties in the development of strategic plans.
- Local elected officials from Jackson and Putnam counties attended the county strategic planning sessions. We will continue to work on a dissemination plan.

**1. The work plan for year 2**

Great Rivers Regional System for Addiction Care	Year 2 2019-2020			
	Q1	Q2	Q3	Q4
<b>Assessment - Developing a Shared Understanding</b>				
Review community asset mapping for Each County			X	

Prepare final reports				X
Conduct follow up assessments to track progress over time	X			
<b>Building a State of Readiness</b>				
Subcontract for engagement specialists	X			
Hire subcontractor for data management/evaluation	X			
<b>Cross-Sector Partnerships and Planning</b>				
Strategic plan is implemented and monitored by Advisory Group	X	X	X	X
Prevention Specialists develop Health Education/Communication Plan	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	
<b>Community Implementation</b>				
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
<b>Evaluation</b>				
Identify Evaluator	X			
Conduct ongoing process and outcomes evaluation according to Plan	X	X	X	X



*Additional objectives that will be incorporated in to the work plan.*

**Substance Use Prevention Education Think Tank**

- Develop a core set of education resources that are consistent with evidence-based and best practices.
- Explore development and adoption of a set of core competencies for prevention education that can be delivered across the Great Rivers System.
- Create an inventory of all who are providing education (i.e. who, type of education, how it is presented, what core competencies are addressed, which counties it is being provided to) and then develop a tab for each county on website to make the resources available.
- Develop a communication/branding plan to promote the prevention education
- Develop standard pre-post tools to measure effectiveness and provide mechanism for ongoing improvements.
- Develop a mechanism to log and track the prevention education that is being provided.
- Expand and build out the focus on wellness

**Naloxone Education and Distribution in the Emergency Department (ED) Think Tank**

- Formally develop processes and best practices for distribution of naloxone in the ED for hospitals across the Great Rivers Region.
- Partner with and obtain input from ED physicians in the Region and the WV College of Emergency Physicians.
- Establish standardized metrics for data collection.
- Establish a secure and consistent supply of Naloxone.
- Explore policy issues related to insurance coding/coverage of Naloxone and distribution of Naloxone by others (not only physicians and pharmacists).

**Transportation Think Tank**

- A regional system for transportation that is also inclusive of individual county needs and barriers is needed.
- Include a strategy for the different types of transportation when developing the system.
- Be inclusive of users (those needing the service) in the planning process.
- Create a full inventory of existing transportation resources is needed for each county.
- Explore new, innovative resources such as faith-based and school resources
- Establish working partnerships between the Great Rivers Region and the following: WV Department of Transportation, Help4WV, 211, and WV DHHR Office of Drug Control Policy.
- Establish partnerships with transportation providers so that they also understand the evolving/emerging needs.
- Establish standardized metrics for data collection so the system can be responsive and can evolve to meet needs.
- Develop a clear communication plan, including what transportation resources are available and how to access them.
- Disseminate transportation resources and information to churches and shelters.
- Partner with churches and shelters
- Address “low hanging fruit” through prevention and prevention events.

**Naloxone Education and Distribution (Community) Think Tank**

- Develop a Great Rivers Regional Naloxone Workgroup to develop the strategies needed to identify who needs to get naloxone. This should include a data driven approach and one that considers all community sectors (i.e. businesses, schools and churches).
- Support capacity expansion of pharmacist and pharmacy residents for education and distribution.
- Develop a standardized approach to offer a naloxone train the trainer to increase the efficiency and reach of distribution efforts.
- Provide training to all health professions students on ‘Addiction 101’ and naloxone education and administration (i.e. EMT, paramedics, medical students, nursing students and physician assistants).
- Introduce and support transition of the concept of ‘life saving’ to include naloxone training (not only CPR).
- Develop targeted messages for the Great Rivers Region that are implemented across all four counties.

- Develop a naloxone 'Tracking and Monitoring Workgroup' that will address what is needed for acquisition, inventory and use of naloxone in the Great Rivers Region.
2. 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 the Community Health Worker/Peer Recovery Coach positions were put on hold until placement locations are identified. Currently working with the PI, Recovery Point, CORE and Dr. Crespo, Marshall Health, to develop a plan that meets the needs of Cabell, Kanawha and Jackson counties. This includes Community Health Worker training for peer recovery coaches certified through Recovery Point.
    - The evaluator we contracted with initially was not meeting our expectations or needs for this project. We are in the process of making a determination regarding using a different evaluator, likely a very nationally recognized one that the Merck Foundation is familiar with. We will continue to collect data during this transition period.
  3. Please describe any communications plans for the dissemination of project results or deliverables.
    - Website
    - Annual meeting
    - Facebook in an ongoing manner
    - Emails to more than 120 partners in the four counties.
    - Community meetings in each county including: substance abuse prevention coalitions, substance abuse prevention partnerships, family resource networks and ACES Coalition.
    - Community health fairs
    - Meetings with elected officials: city, county and state representatives
  4. Please include interim findings or results, if any, from local program evaluation activities.
    - A one year pilot transportation project is being developed in conjunction with Appalachian Regional Commission (ARC) in hopes that it can be replicated in the other counties long-term.
  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.

	<b>Total Approved Budget</b>	<b>Budget for Year 1 June 15, 2018 – April 30, 2019</b>	<b>Expenditures for Current Reporting Period</b>	<b>% Variance Current Reporting Period</b>	<b>Cumulative Expenditures to Date</b>	<b>% Variance on Cumulative Expenditures</b>
<b>Salary and fringe benefits</b>	\$1,031,198	\$283,388.00	\$140,171.84	\$143,216.16	\$140,171.84	-51%
<b>Travel and transportation</b>	\$19,200	\$4,800.00	\$1,264.99	\$3,535.01	\$1,264.99	-74%
<b>Equipment</b>	\$0	\$0.00	\$0.00	\$0.00	\$0.00	0%
<b>Supplies</b>	\$31,800	\$19,200.00	\$14,882.25	\$4,317.75	\$14,882.25	-22%
<b>Trainings, workshops, and events</b>	\$14,000	\$3,500.00	\$272.03	\$3,227.97	\$272.03	-92%
<b>Contractual</b>	\$440,273	\$102,860.00	\$68,203.49	\$34,656.51	\$68,203.49	-34%
<b>Other direct costs</b>	\$174,000	\$52,500.00	\$5,059.33	\$47,440.67	\$5,059.33	-90%
<b>Indirect costs</b>	\$256,571	\$67,237.00	\$34,133.84	\$33,103.16	\$34,133.84	-49%
<b>Total</b>	\$1,967,042	\$533,485.00	\$263,987.77	\$269,497.23	\$263,987.77	-51%

### Community Partners in Action: Think Tanks and Strategic Planning Sessions



Comments from Project Leads:

- **Connie Priddy, Compliance Officer/QRT Coordinator Cabell County EMS:**
  - “From the beginning very warm reception from clients. Surprised that the team was actually out looking for them to help. “You’re here to help me?” When the team was assisting clients into treatment, friends decided they also wanted to go with them to get treatment.”
  - “Young lady called the QRT phone number and wanted to get into treatment. Her boyfriend had overdosed and had to be transported by ambulance to the hospital. He had administered Narcan to her at home (and saved her life). This made her realize she wanted to reach out for treatment.”
  - “Our police officer had arrested one of our Peer Recovery Coaches multiple times. They related the story of now working together and the bond they have, out helping people together now.”
  - “Father came to EMS wanting to return an unused dose of Narcan. His son had died a few days prior...and he wanted to make sure someone else had this “life-saving medicine”.
  - “NPR came and rode with the team. They were allowed to interview one of our “success stories”. James Dooley was one of the QRT’s first clients. He has been through a treatment program, is in recovery and has returned to his family, and is employed. You can look up the story on the NPR website.”
- **Lindsay Acree, Pharm.D., AE-C University of Charleston School of Pharmacy:**
  - “After training at the Gateway Christian Church St. Albans - Life saved from naloxone kit obtained at the training on a female that overdosed in a local gas station restroom.”
  - “After training at Calvary Baptist Church in Teays Valley - one of the attendees overdosed days after and was revived.”
  - “Many places are finding this beneficial. Training in Chapmanville Middle School last night connected me with the Chapmanville HS Principal that wants all of his teachers and staffed trained. Calvary Baptist wants to hold trainings once per quarter. Other church groups are wanting to be involved.”
- **Charles “CK” Babcock, Pharm.D., CDE, BCACP Marshall University School of Pharmacy:**
  - “At the Cabell-Huntington Health Department, we collect stories about lives saved by community members with naloxone. Thanks to Great Rivers, we continue to be able to supply patients with naloxone and collect their stories.”
- **Taucha Miller, RN, BSN Addiction Specialist St. Mary’s Medical Center:**
  - “One success story we have is of a young mother who just delivered her baby. CPS was involved and she had to go to treatment of some kind or lose the child. We were able to get her into outpatient MAT which allowed her to keep custody of her daughter. She has called and visited the girls on Obstetrics since leaving here and they are both happy and healthy. Mom is still sober and working her program.”