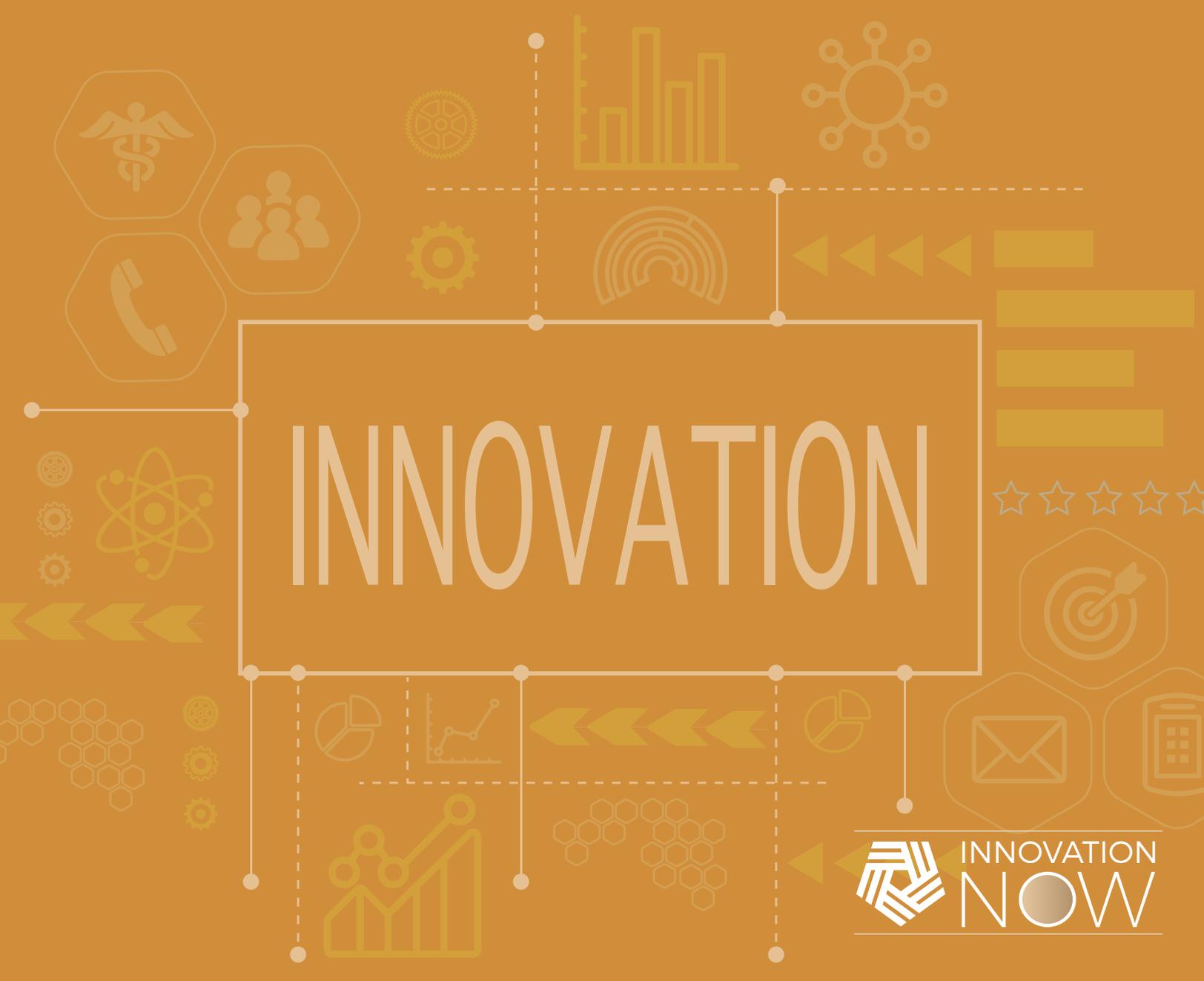


WEST VIRGINIA

INNOVATIONS TO ADDRESS THE OPIOID EPIDEMIC

Ten Innovative Solutions that are Transforming
the Prevention and Treatment of Addiction



INNOVATION

INNOVATION NOW

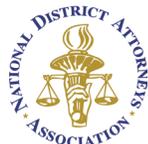
Innovation Now reimagines how we can address addiction as a nation. A project of Addiction Policy Forum, the initiative showcases innovative programs and interventions from every sector that are actively transforming the field of addiction across the nation.

Many thanks to our partners for their support.

- Pharmaceutical Research and Manufacturers of America (PhRMA)
- Faces & Voice of Recovery (FAVOR)
- The National District Attorneys Association (NDAA)
- The National Association for Children of Addiction (NACoA)
- Young People in Recovery (YPR)
- The Police, Treatment, and Community Collaborative
- Casey Family Programs

By engaging entrepreneurs, leaders, healthcare providers, and experts across the country, the Innovation Now initiative aims to increase transformative ideas to prevent and treat substance use disorders and support recovery.

www.addictionpolicy.org





Dear Reader,

West Virginia has a distinction no state wants. For several years, it has been the epicenter in America's addiction crisis. The news media use words such as "Rampant," "Destructive," and "Out of control" to describe it.

If that were all there was to it, the situation would be bleak. But a closer look reveals a far different story. It isn't making headlines, but it is making a difference.

Imaginative innovators all around the Mountain State are trying new approaches to address substance use disorders. And they're a reason for hope.

The Innovation Now initiative recognizes innovators and leaders across the many sectors needed at the table to address addiction—prevention, treatment, recovery, child welfare, criminal justice, law enforcement and health professionals—leaders who are creating solutions and driving change.

As the founder of Addiction Policy Forum, it's my pleasure to work with patients, families, community members, and state and local leaders who are passionate about solving addiction. As a person whose family has been devastated by this disease, I share the Addiction Policy Forum's mission to eliminate addiction as a major health problem.

It's an honor to recognize these innovators in West Virginia who are leading the way. In the following pages, you'll learn about their outstanding work that's improving our response to addiction and saving lives.

A handwritten signature in black ink that reads "Jessica Hulsey Nickel". The signature is written in a cursive, flowing style.

Jessica Hulsey Nickel

Founder
Addiction Policy Forum

PROJECT HOPE

for Women & Children



Marshall Health



PROJECT HOPE FOR
WOMEN AND CHILDREN
HUNTINGTON, WV

Opportunity sometimes arrives disguised as a setback. What seems like an unexpected ending may, in fact, be the beginning of a new chapter. That's exactly what happened to Project Hope for Women and Children in Huntington.

It started as a transitional housing facility through the City Mission. Then the organization lost its HUD funding, leaving behind a vacant building. Yet the needs of mothers struggling with addiction remained. All too often, they faced the agonizing choice between getting the long-term treatment they needed or remaining with their children.

"No mom should ever have to pick one over the other," says Project Hope Executive Director Jessica Tackett. "That's where we enter the picture. Here, moms can look after their kids and receive treatment at the same time."

That's what Project Hope provides. It's operated by Marshall Health, the medical outreach of Marshall University's Joan C. Edwards School of Medicine. It received grant money that transformed the deserted structure into a \$1.8 million, 15,000 square-foot renovated facility.

Project Hope now has 18 apartments. The apartments come fully furnished and equipped with one bathroom, a living room and a kitchen. Shared laundry facilities are on site and support staff are available 24/7. Each woman may live with four children up to age 12. Daycare is available for children age two and up. Men and other relatives can't live with them but are encouraged to visit and participate in family counseling.

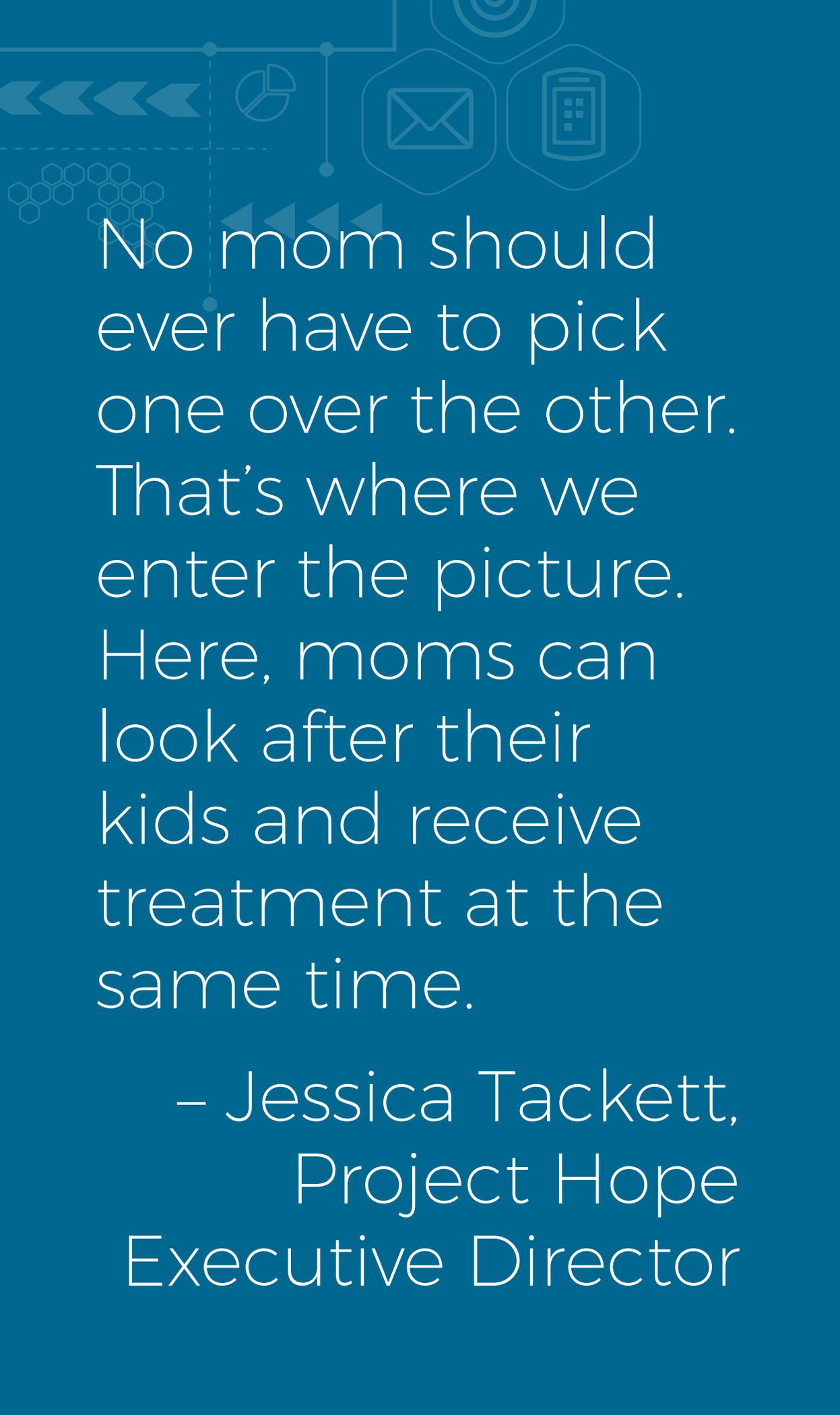
"Living with their family while getting help is really important to these women," Tackett explains. "For starters, it removes excuses such as, 'I can't go to treatment because I can't find someone to watch my kids,' or 'I can't get a ride to treatment.' With those burdens removed, women can more easily focus on their recovery."

INNOVATIONS ADDRESSING MOMS AND BABIES

As the opioid epidemic has worsened, the impact on pregnant women and infants has increased, along with the number of cases of neonatal abstinence syndrome (NAS), when an infant becomes dependent on opioids or other drugs used by the mother during pregnancy.

In West Virginia, the incidence rate of NAS is 5% according to data from the West Virginia Department of Health and Human Services. Research shows that women who are allowed to stay with their children during treatment are more likely to start treatment and find recovery.

The innovations featured in this section hold promise for improving care for moms and babies impacted by substance use disorder. Further development, introduction, and scale-up of these creative solutions will improve the health of pregnant and postpartum women and their babies.



No mom should ever have to pick one over the other. That's where we enter the picture. Here, moms can look after their kids and receive treatment at the same time.

– Jessica Tackett,
Project Hope
Executive Director





Frequently, residents bring few belongings when they move in. Some arrive with only a plastic trash bag filled with clothes. So, each new arrival is met with a welcome gift: a laundry basket filled with soap, deodorant, cleaning supplies, diapers, wipes, toothbrushes, and razors. Their apartment contains necessities such as towels, sheets, bedding, pots, pans, silverware, dishes, and cups.

The women help each other. A residential staff of eight employees is also on hand to work with them on budgeting, grocery shopping, and cooking. The program lasts four to six months and provides group therapy, individual therapy, family therapy, basic living skills, and job counseling. It consists of three phases. With each subsequent phase, women are prepared for reintegrating into the community. Each woman is set up with community partners after discharge to connect them to peer support, similar to “big sister” programs.

“Seeing women able to look you in the face once again and smile makes it all worthwhile,” Tackett says with a smile herself.

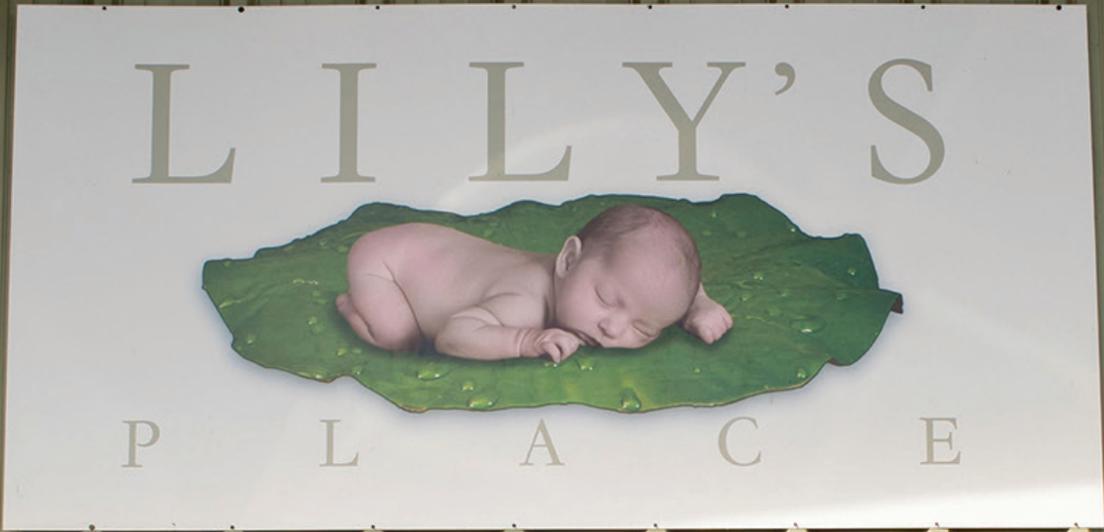
NUMBERS:

- 18 apartments.
- Each mother can have up to four children with her.

SUMMARY:

- Project Hope for Women and Children is a residential treatment facility that keeps mothers and their children together.
 - The three-phase program lasts four to six months.
 - During that time, family needs are addressed so the emphasis is focused on treatment and recovery.
-





LILY'S PLACE
HUNTINGTON, WV

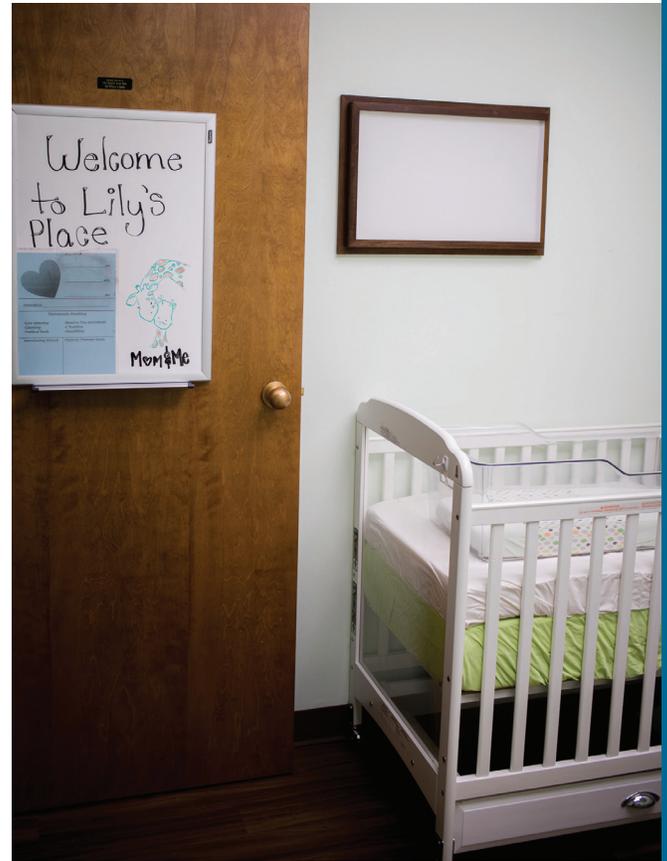
You can tell a lot about a society by how it treats its most vulnerable members. And few are as vulnerable as infants born with Neonatal Abstinence Syndrome (NAS). In layman's terms, when babies are prenatally exposed to drugs, they can experience painful withdrawal symptoms just as an adult would. In Huntington, West Virginia, the number of babies born with NAS is more than 20 times the national average.

A few years ago, two nurses at Cabell Huntington Hospital's neonatal intensive care unit noticed an alarming increase in babies born with NAS. "We researched options to help these babies," Rhonda Edmunds, one of the two nurses, recalls, "and we came across the Pediatric Interim Care Center (PICC) in Kent, Washington." PICC is the nation's first interim care nursery. They were inspired by the center and the environment they created for the babies in their care.

Inspired by PICC and research showing that babies with NAS thrive in controlled environments, Edmunds and her co-founders came up with the idea of having a special unit in the hospital devoted to infants with NAS. She was instrumental in creating the Neonatal Therapeutic Unit at Cabell Huntington Hospital and eventually a standalone facility in Lily's Place.

Lily's Place opened in 2014 as the first standalone NAS treatment center in the United States. Lily's Place provides medical care for babies suffering from NAS and also offers support and education to families and caregivers. "Lily's Place provides babies with their own nursery," explains Executive Director Rebecca Crowder. "We are able to control the stimulus and introduce stimulus slowly because of the individualized nature of the room," Crowder adds.

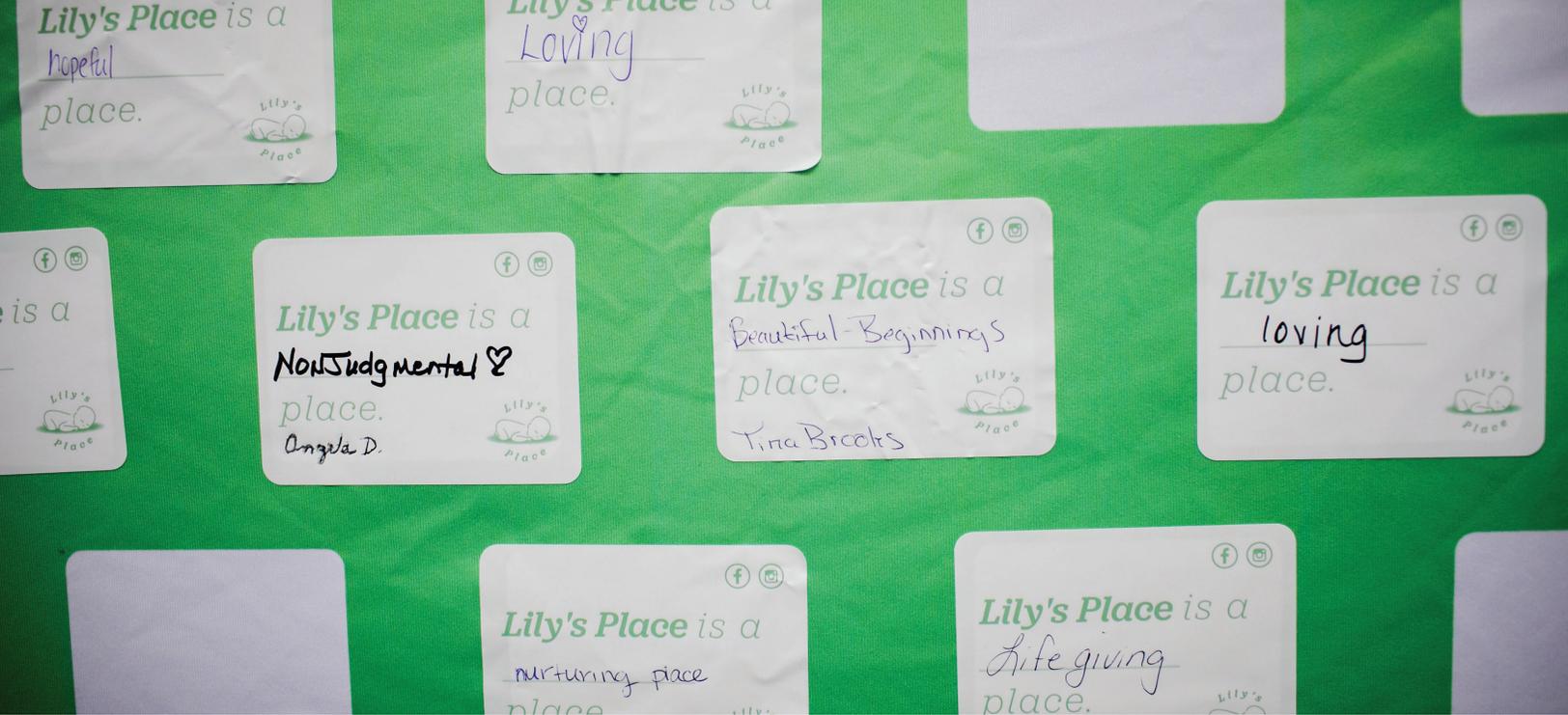
Lily's place provides 13 patient rooms set up like any nursery you might find in your home. Each nursery looks a little different and was decorated by a donor. Infants stay between two and six weeks; the length varies based on the baby's needs. Lily's Place also provides non-judgmental support to parents and caregivers and works with community partners to help parents with recovery. Lily's Place is currently piloting a rooming program for mothers, allowing mothers to stay with their babies while the babies receive treatment.





Lily's Place is part of the solution. That's why we're doing this. We're helping to build communities and breaking the cycle of generational addiction.

– Rebecca Crowder



Follow-up clinics are provided. Babies come back at one month, then quarterly after that, to make sure their developmental needs are being met. Parents are followed-up with, too.

A standout feature of Lily's Place is called Kevin's Room. The room allows parents to stay overnight with the baby. It is a test run of sorts to prepare for the baby's discharge.

NUMBERS:

- Capacity is 15 infants.
- 1 staffer to 2 babies.
- Stays average between 21 and 30 days.

SUMMARY:

- Lily's Place provides medical care to infants suffering from Neonatal Abstinence Syndrome (NAS) and support, education, and counseling services to families and caregivers.
 - A controlled environment enables stimuli to be introduced slowly.
 - A special Kevin's Room enables parents to practice using the training they received before the ba-by is discharged.
-



Just for Today!

Love who you are

Live for today because tomorrow isn't promised

Stay Positive and Positive things will happen.

BE STRONGER THAN YOUR STRONGEST EXCUSE.

If you can quit for today, you can quit for a lifetime.

Love Yourself first and everything else falls in line

Healing Together

it doesn't change you, it changes you!

Life is to suffer, as religious texts have told us for centuries; so get over your self pity and become productive

You no longer have a SECRET you have a STORY.

DON'T LET THE PAST STEAL YOUR PRESENT!!!

Recovery is hard, but not recovering is harder!!

Recovery is a Reality for us TODAY!!!

TRUST IN THE UNIVERSE A Successful person is one who can lay a firm Foundation with the bricks others have thrown at them!!!

Once you choose Hope anything is Possible!

"One Day at A Time"

"Today you are you! That is truer than true! There is no one alive who is you-er than you!"

Everyday is a Second Chance!

Just for Today!

PROACT

HUNTINGTON, WV

Don't Look Back!

SINK

WE DO

You are Somebody's

One size fits all may work great for some types of clothing. But it's not an effective treatment technique. The folks at Provider Response Organization for Addiction Care and Treatment (PROACT) understand this.

A few years ago, representatives from Cabell Huntington Hospital, St. Mary's Medical Center, Marshall Health, Valley Health and Thomas Health came together to discuss a common problem. It seemed each group was attacking addiction from a different perspective. But there was no unified approach. A single accessible service hub was needed in Huntington.

PROACT was born from that collaboration, giving the community a fresh approach to the addiction crisis.

The concept is simple, Director Michael Haney explains. "Every person is an individual. They need to be assessed in an individual way. And they need an individual treatment plan that addresses their specific needs." This personalized approach opens the door to a broader, holistic range of treatment options, from medical to spiritual care.

PROACT's new outpatient treatment facility opened October 1, 2018. It can treat up to 700 patients while also providing an expanded range of services.

Referrals come from doctors, hospitals, Quick Response Teams, or patients themselves. Each receives an assessment that determines a treatment path and a recommendation for care. Haney says the next step is referring the patient to the appropriate level of care. "We don't ever say, 'Here's a phone number, call them.' We make the appointment and will even arrange transportation to get the patient there." Case managers connect them with other community



SOLUTIONS TO IMPROVE ACCESS TO TREATMENT

It is crucial for people to have access to a system of care that has adequate capacity to provide all levels of treatment and address all levels of severity for substance use disorders.

In 2016, according to the National Survey on Drug Use and Health, 97,000 West Virginia residents had a substance use disorder. Of those, 92,000 did not receive treatment from a specialty substance use disorder treatment provider.* Delays in treatment access can mean an increased risk for death and other harms associated with substance misuse.

The innovations featured in this section show promise for accelerating our progress in improving treatment access and quality of care patients.

*Substance Abuse and Mental Health Services Administration, 2016 National Survey on Drug Use and Health, Tables 22 and 25, available at <https://www.samhsa.gov/data/sites/default/files/NSDUHsaeTotal2016/NSDUHsaeTotals2016.pdf>.



Every person is an individual. They need to be assessed in an individual way. And they need an individual treatment plan that addresses their specific needs.

– Michael Haney

resources. They get help from a peer coach, someone in long-term recovery who helps guide them. Group therapy is also available. Arrangements are made for aftercare to make sure the patient follows up on progress made in treatment.

One thing that distinguishes PROACT from other programs is the way they handle doctors. They don't hire doctors in full-time positions. Instead, PROACT welcomes in physicians from the community to contribute their time. This gives doctors the opportunities to give back without quitting their day jobs and also allows for a larger pool of doctors providing care. Another thing that distinguishes PROACT is the offer of spiritual care if the patient wants it. Pastoral care is available through St. Mary's Medical Center. "Many places discourage discussing spirituality," Haney observed. "But if you ignore that part, you ignore a large part of someone's life. You can't ignore spirituality, especially in a place like Huntington."

Best of all, PROACT is saving collaborating partners money in the long-run. "Because of our individualized approach, treatment is helping people before they develop additional health problems," Haney says in conclusion. "That's a win for the patient, a win for service providers, and a win for the entire community."

NUMBERS:

- Has the capacity to provide outpatient services to 700 people.
- Currently serves 350 patients; 80 intakes a month.
- It's estimated 12,000 people have substance misuse issues in the Huntington area.

SUMMARY:

- PROACT provides comprehensive assessment, education, intervention, and treatment solutions in a single accessible service hub.
 - Focuses on the individual to devise a treatment plan suited to their unique needs.
 - Community collaboration means expanded services for patients.
 - Spiritual counseling is available if the patient wants it.
-

What We Do

Our team offers a variety of resources designed to help you in any way we can. We work with care providers and...

QRT

Quick Response Team

Huntington, WV

Facing Addiction? We can help.

Contact us at:

Email: QRT@ccems.org

 <https://www.facebook.com/QRTHuntington/>

Phone: (304)526-8541

ALL INFORMATION IS CONFIDENTIAL

...er counseling to
... in need.

QUICK RESPONSE TEAMS HUNTINGTON, WV



Monday, August 15, 2016 was a day people in Huntington will never forget. Their community made national headlines with a horrifying statistic. In a single day, 26 overdoses were reported in a 5-hour timeframe. Bad as that was, a closer look revealed something startling: none of the people who overdosed had received treatment.

That hit local leaders like cold water in the face. Something, they agreed, had to be done. It took a while, but they finally found a model in Colerain, Ohio that looked like it could produce effective results in Huntington. Funding from two grants was secured. And in December 2017, Huntington's Quick Response Team (QRT) began operating.

"It's a practical approach that reaches people with substance use problems when they need help most, bridging the gap between substance misuse and treatment," says QRT coordinator Connie Priddy. They don't provide treatment; rather they connect people to those who do. Its message is simple, Priddy says. "We care. If you want treatment, we'll help you get it."

The team consists of one EMS personnel, one law enforcement official, one treatment provider, and one representative of a faith-based organization. Within 72 hours of a reported overdose, the person is visited by the QRT. The team is experienced in helping the person navigate a very complex system. They even provide transportation to treatment, when possible.

After the initial overdose event, sometimes the encounter is not pleasant for the first-responder or the individual. People often wake up confused and angry. They aren't always open to treatment in that moment. However, they are more than willing to speak to the QRT after the fact. Most are touched that someone cares enough to visit and appreciates the helping hand.

INNOVATIONS IN LAW ENFORCEMENT RESPONSES TO ADDICTION

First responders, law enforcement and criminal justice personnel are increasingly at the center of the addiction issue—from being first at the scene of an overdose to responding to the lack of resources and limited treatment options for individuals with substance use disorders who are in our jails and criminal justice systems.

About 63 percent of people in jail, 58 percent of people in state prison, and 45 percent of people in federal prison have substance use disorders, compared to just 5 percent of the U.S. adult population.* Data indicates that law enforcement and probation see an increasing number of individuals struggling with addiction. Criminal justice systems equipped with training, services and early detection tools create opportunities to stop the progression of the disease. Contact with the justice system often provides an opportunity to overcome the resistance to seeking treatment that is often a symptom of the disease of addiction.

* Jennifer Bronson, Jessica Stroop, Stephanie Zimmer & Marcus Berzofsky, Drug Use, Dependence, And Abuse Among State Prisoners And Jail Inmates, 2007-2009, Bureau of Justice Statistics, Office of Justice Programs, U.S. Department of Justice (2017), <http://www.bjs.gov/index.cfm?ty=pbdetail&iid=5966>

One unique feature is law enforcement's role on the team. Police officers wear civilian clothing during visits to build trust. They make sure the person knows the officer isn't there to arrest them. The Huntington Police Department even coordinates drug raids directly with the QRT. This way no raids are done immediately after they visit to foster a spirit of trust.

Priddy remembers that when the QRT started, organizers worried they would have trouble finding people who had survived an overdose. Within two weeks, their concern shifted to whether they could keep up with the demand.

The QRT has reached 500 people since its creation. Of those, 30% (about 150) agreed to get treatment.

Cabell County (where Huntington is located) is also seeing lower overdose rates since the QRT started. Some 1,831 overdose cases were reported there in 2017; there were 740 fewer cases in 2018, a 40% decrease. Priddy is quick to point out the QRT alone isn't responsible for the decline. But it is a factor.

"If I come into the office in the morning and run data and nothing comes up because there weren't any overdoses the day before, that's a great day," Priddy says. "And there have been days like that."

Thanks to the QRT's ongoing work, there will likely be more ahead, too.

NUMBERS:

- Reached 500 people since December 2017.
- Approximately 150 agreed to go into treatment.
- Overdoses dropped 40%.

SUMMARY:

- Huntington's Quick Response Team (QRT) began operating in 2017.
 - Consists of one EMS personnel, one law enforcement official, one treatment provider, and one representative of a faith-based organization.
-





It's a practical approach that reaches people with substance use problems when they need help most, bridging the gap between substance misuse and treatment.

We care. If you want treatment, we'll help you get it.

– Connie Priddy







BOONE COUNTY DRUG COURT
MADISON, WV



“Tell me more.”

Those words led to a change in the way people who use drugs are treated in court in one West Virginia jurisdiction.

More than a decade ago, Circuit Judge William Thompson was frustrated. He sought election to the bench because he wanted to help people. As West Virginia’s addiction crisis worsened, he watched while more and more people in his hometown of Madison (“Gateway to the Coalfields”) and Boone County were sent to jail. These were his neighbors, people he had grown up with, and sometimes even friends. Incarceration wasn’t giving them the help they needed, the help he wanted to provide. “What we were doing then wasn’t working,” he remembers. So, he began looking for alternatives.

Eventually, he learned about a special drug court in Reno, Nevada that was producing results. “Well, tell me more about it,” he said. Judge Thompson liked what he heard and volunteered to get the ball rolling.

In 2008, Drug Court for the 25th Judicial Circuit began operating, providing a new option for defendants in Boone and parts of nearby Lincoln Counties.

Starting from scratch was followed by a learning curve. “The program has evolved with time,” Judge Thompson says. “We got better at what we do.”

What they do is give people accused of certain drug-related offenses an alternative to doing time.

Participants must first personally appear before Judge Thompson and tell him their story. Honesty is rewarded; lying is punished. They’re evaluated (psychological tests, literacy tests, and so on). Then they meet for the next 18 months. As long as they are making progress, they stay out of jail.

The program operates in several phases. As Judge Thompson explains, “First, we bring them in and get them off of substances. We expect relapses along the way. Then we teach them recovery skills and assist them with family and parenting, finding and keeping a job, and so on. Next comes the maintenance phase, where they focus on living substance-free for an extended period. Finally, they complete the program. We make a big deal out of program completion.”

Judge Thompson said over time, organizers discovered a fourth phase was necessary. “We were getting people through the program, but too many of them were relapsing. So, we realized aftercare was needed.” A former participant now serves as a recovery coach. During aftercare, participants are on probation and drug testing is required. “It really helps knowing someone is checking up on them,” Judge Thompsons noted.

There are several requirements for being accepted into the program. Participants must be local residents. Their crime must be related to their substance use disorder. They enter the program post-plea; there’s no plea agreement. No one charged with a violent felony is allowed

in. Finally, the prosecutor must refer each participant. They must pay a \$700 fee (paid by program phase, with payment options available).

As was the case in Nevada, the Boone County Drug Court is producing results. Of approximately 150 people who have graduated from the program, about five percent have relapsed. (A relapse is defined as a felony arrest within three years of completing the program.)

Besides improving individual lives, Drug Court also saves Boone County taxpayers money. It costs \$50 a day to incarcerate an inmate. Fewer people doing time means lower jail expenses.

The best part of the program, according to Judge Thompson, is the personal relationship he develops with participants. "I'm seeing them on the worst day of their lives." But even at that low point, there's still an opportunity to turn things around. "I remember one young lady. She'd got caught up with a bad crowd and was about 30 seconds away from spending several years in prison when suddenly, she broke. She entered the program, completed Drug Court, got an associate's degree, then her bachelors, and then her masters. She now works as a counselor."

With a lot of hard work, Judge Thompson realized his dream of helping more people in his community.

NUMBERS

- Over 150 people completed the program.
- 5-7% relapse (defined as felony arrest within three years of program completion).
- Saves Boone County \$50 daily for every person not incarcerated.

SUMMARY:

- The Boone County Drug Court provides an alternative to incarceration for people charged with addiction-related offenses.
 - Participants must complete a four-phase program.
 - Honesty is rewarded; lying is punished.
-





Jefferson Day Report Center, Inc.

State of West Virginia
Driving Under the Influence
Safety and Treatment
Program



Jefferson Day Report Center, Inc.



**JEFFERSON DAY
REPORT CENTER
RANSON, WV**

Prevention/Education Component
Traditional & Accelerated Classes
Clinical Evaluations for Level II &
Level III

Day Report
(RC) opened in
Center is
in the heart
WV.

In 2013, West Virginia was facing a serious problem. Incarceration costs were sky high and incarceration rates continued to rise. With no end in sight, the projected increase in prison populations meant a new prison was needed. The state recognized the increased rates of incarceration were not related to new offenses, but rather violations of community supervision, primarily due to substance use related issues. Rather than build a new prison, officials decided to implement Justice Reinvestment. The idea was the savings from reducing the cost incarceration would be reinvested in evidence-based treatment provided in community-based programs.

West Virginia native Ronda Eddy took Justice Reinvestment and ran with it. Fresh off of a 20-plus year career with the Federal Bureau of Prisons, she was ready to jump in and help her home state. "I was retired and looking for something to keep me out of trouble," says Ronda with a smile. "During my federal career, I had visited over 100 federal prisons, jails, and detention centers, at least once. I talked to a lot of inmates and heard their stories of sadness and hopelessness about how their incarceration for non-violent offenses impacted their families. It never made sense to me separate non-violent offenders with substance use treatment needs from their families and communities when they could receive community-based treatment under supervision."

So, Ronda helped establish the Jefferson Day Report Center, Inc. (JDRC) under the

guidance and support of the Jefferson County Criminal Justice Board. Opened in 2014, it is a community corrections program that provides treatment supervision to non-violent, justice-involved individuals, whose crimes, for the most part, are rooted in substance use. The JDRC caseload are individuals referred from parole, Circuit Court, and Magistrate Court for treatment supervision. They work with a team of highly qualified medical and behavioral health professionals who address their individual treatment needs and provide wrap-around services to support re-entry and recovery.

Monitoring and accountability is a big part of how JDRC operates. However, testing positive for substances does not mean a trip back to jail; it's considered an opportunity to reassess treatment needs and adjust accordingly. Understanding the importance of language, there is no such thing as an "addict," but rather a person who is in need of treatment and recovery support. The JDRC staff hold each other accountable for modeling pro-social behavior to the program participants. Staff are mindful to avoid using negative language, like "failing a drug test, or testing dirty" rather than testing positive, or non-positive on drug screens. Staff who "slip up" and use negative terms have to "pay the pig" by putting money in a piggy bank that is used to fund incentives for the program participants.

For Ronda, the Jefferson Day Report Center is about more than community corrections. It's truly about helping

rebuild lives that have been shaken by the heroin epidemic. The JDRC provides gift cards from the local Dairy Queen for a \$5 meal. JDRC staff will often take participants to get a milkshake, simply because they need one. When one participant was having trouble finding a job in the food service field because of her lack of dental care, Ronda and the team assisted her in getting dentures, not only improving the participant's job prospects but also her self-esteem.

JDRC offers telehealth services to participants at other Day Report Centers located in rural areas to provide access to medication-assisted treatment. They also partnered with a local employer to provide jobs to participants. That partnership has been so successful, the employer now looks to JDRC when they have a position to fill.

Under Ronda Eddy's vision and leadership, the Jefferson Day Report Center keeps finding ways to provide support to a community in recovery. When speaking of JDRC's expansion in such a short timeframe, Ronda says, "I was born and raised in West Virginia, and this is my home. We are proud Mountaineers that join forces to face any challenge. We live by our state motto that, "Mountaineers are always free." I believe we are beginning to see changes that will set us free from this terrible heroin and drug abuse epidemic that has devastated our state."

NUMBERS:

- 990 telehealth sessions in 2018.
- Over 4500 patient encounters in 2018.
- Provides services to more than 140 individuals.

SUMMARY:

- The Jefferson Day Report Center is a community corrections organization that provides an alternative to incarceration.
 - The goal is to increase accountability, reduce recidivism, and promote public safety.
 - It provides services to people with non-violent offenses with a medium to high risk/need as determined by a risk/need assessment conducted by professionals.
-



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“I was born and raised in West Virginia, and this is my home. We are proud Mountaineers that join forces to face any challenge. We live by our state motto that, “Mountaineers are always free.” I believe we are beginning to see changes that will set us free from this terrible heroin and drug abuse epidemic that has devastated our state.”

– Ronda Eddy



RECOVERY POINT
HUNTINGTON, CHARLESTON,
BLUEFIELD, AND PARKERSBURG, WV

“If you have an electrical problem in your house, you don’t call a plumber. You call an electrician.” With that simple analogy, Greg Perry sums up the philosophy that guides Recovery Point West Virginia. He’s more than just the program’s Director of Recovery Support Services; he’s in recovery himself, just like more than 90% of his coworkers. That’s because having a team of people in recovery, who have struggled with addiction themselves, is a priority.

“There’s something unique about walking into a building and knowing that every person you see is a person in long-term recovery, and most likely a graduate of that model,” Perry explains. “So, it’s all based on identifying with others who’ve been there and done that.”

Healing Place of Huntington opened with 30 beds in 2011. It was based on the social model used at The Healing Place in Louisville, Kentucky where there’s no clinical component. It’s all people helping people.

The response was strong because, as Perry explains, the facility operates “in the worst city in the worst county in the worst state in the country in terms of drug overdose rates.”

By 2015, the name was changed to Recovery Point. It expanded to over 360 beds at four facilities in Huntington, Charleston, Bluefield, and Parkersburg.

“What makes the Recovery Point organization different is it’s solely peer-to-peer in nature,” says Executive Director Terry Danielson. “If you have an addiction or substance use disorder problem, you go to someone who’s been there and done that and got out of it, and you ask them to show you. You instantly have a network. You’re instantly connected. They say substance use disorder is a lack of connections. When you enter a peer-to-peer program, you instantly have tens, hundreds, and eventually thousands of connections that you are always plugged in to.”

Recovery Point offers non-medical detox and operates in two phases. In the first, participants complete a 12-step program. Phase 2 consists of living in transitional



INNOVATIVE APPROACHES TO RECOVERY SUPPORT

A community that is recovery ready provides the entire continuum of support for people in or seeking recovery. A community focused on recovery also promotes prevention by having a variety of substance-free community events and activities to promote health and well-being for all ages. 23 million Americans are in recovery from a substance use disorder today.

If you have an addiction or substance use disorder problem, you go to someone who's been there and done that and got out of it, and you ask them to show you. You instantly have a network. You're instantly connected.

– Terry Danielson





housing or becoming a peer mentor. Mentors sign a 3-month contract and receive a stipend while helping up to 10 clients work through recovery.

“Many times, people come into these programs very selfish and self-centered,” Perry says. “Mentoring often produces a change. It helps them focus on other people.”

Of Recovery Point’s current 104 employees, 92% have completed the program or are in recovery. “Getting a paycheck is the last reason why someone does this. It’s more about helping others the way you’ve been helped. Paychecks are nice, but we get our compensation in other ways, such as seeing someone achieve a goal or reach a milestone.”

NUMBERS:

- Started in Huntington in 2011 with 30 beds.
- Now has over 360 beds at facilities in four cities.
- 92% of the 104 employees have completed the program or are in recovery.

SUMMARY:

- Recovery Point West Virginia provides peer-to-peer counseling to support recovery.
 - Offers non-medical/non-clinical detox.
 - The two-phase program involves completing a 12-step program followed by working with others who are in recovery.
-



CITY OF RIPLEY

JACKSON COUNTY
ANTI-DRUG COALITION
RIPLEY, WV

Something happened to the Class of 2007 at two small Jackson County high schools.

Between 2006-2009, 16 young people age 15 to 21 overdosed on prescription drugs. Many of the overdoses were fentanyl-related. The majority of them were members of the Ripley and Ravenswood High School Class of 2007.

An earlier overdose in 2005 prompted community leaders to create an informal coalition to combat drug use. By 2009, 16 overdoses in a small community of 29,000 people were too many to ignore.

“The response started with a Drug-Free community grant that year,” says Director Amy Haskins. “We spent a lot of time raising awareness about the issue, talking to parents and grandparents and anybody who would listen about how the kids were accessing prescription drugs. We had stories that they were crushing and snorting pills inside books in classrooms, and teachers had no idea it was happening.” From there, the Jackson County Anti-Drug Coalition was created. It led to a community-wide discussion. But education alone wasn’t enough.

The Coalition decided to do something about synthetic drugs the next year. Talks with their state legislators led to the passage of a law addressing the problem. But there was still more to do. They needed to get rid of drugs that were too easily falling into young hands. Doing that wasn’t as easy as it sounds.

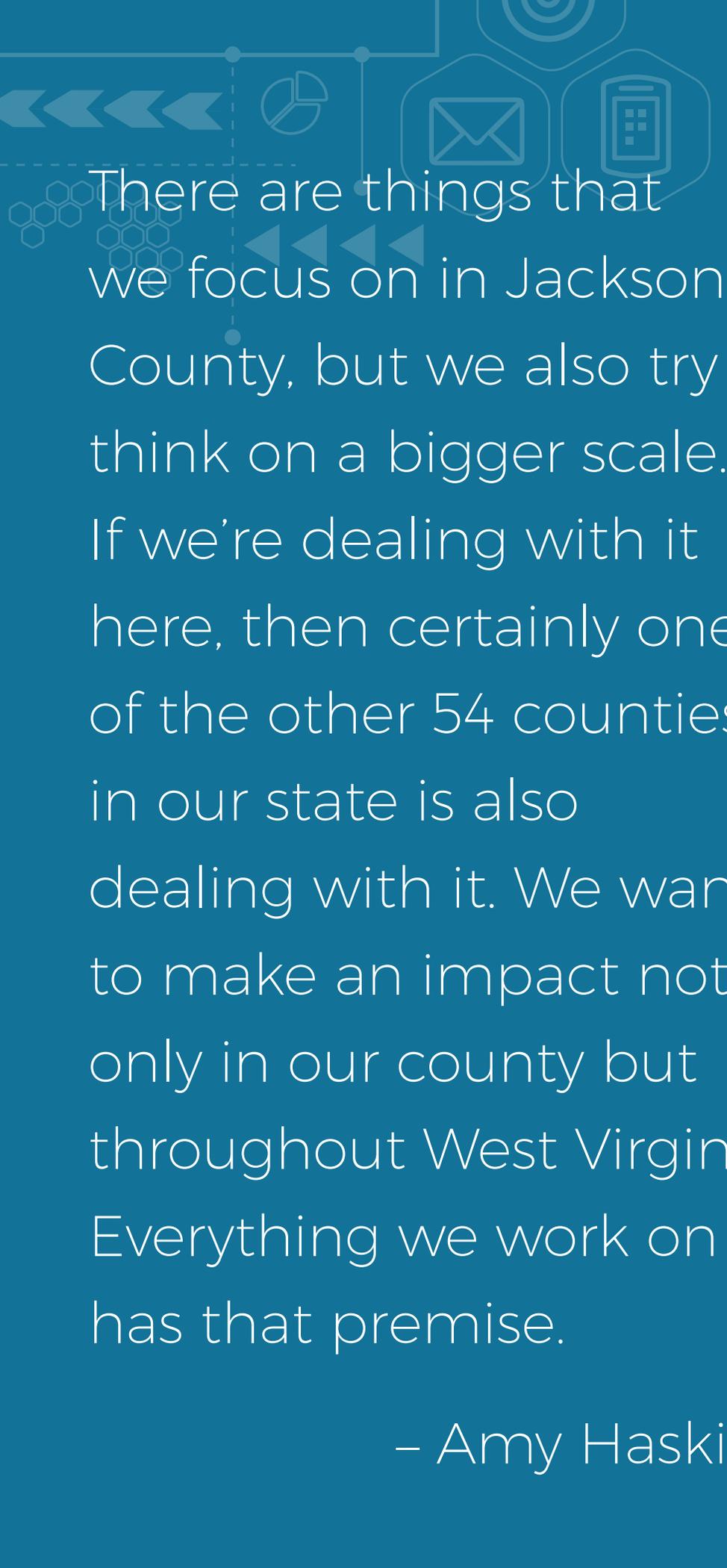
In the time before drug take-back programs were popular, the coalition sought and received DEA approval. The local sheriff was skeptical whether it would work. But when their first take-back event resulted in 12 vials of morphine being handed over, he became a believer. From there, quarterly events were held, eventually leading to the creation of permanent drug drop boxes.

INNOVATIONS TO PREVENT SUBSTANCE USE DISORDER

Effective prevention contributes to significant societal cost-savings and dramatically reduces the prevalence of both substance use and mental illness. The best way to prevent the development of substance use disorders is to delay the age of drug and alcohol use initiation while the adolescent brain is still developing. It is also critical to intervene early when a person is misusing substances so that risky use does not progress into an addiction.

Evidence-based prevention programs prevent or delay the onset of substance use as well as other behavioral health problems. Prevention should also address individual and environmental factors that contribute to use disorders.

The innovations featured in this section can help us delay the onset of first use and prevent the development of substance use disorders among adolescent populations.



There are things that we focus on in Jackson County, but we also try to think on a bigger scale. If we're dealing with it here, then certainly one of the other 54 counties in our state is also dealing with it. We want to make an impact not only in our county but throughout West Virginia. Everything we work on has that premise.

– Amy Haskins







In time, the Coalition was receiving about 400 pounds of returned drugs yearly. It was getting so much, in fact, they couldn't dispose of it all. That led them to work with state officials to create the first incinerator for prescription drugs in West Virginia. It's since grown to four approved incinerators now operating at police departments around the state. Another eight mobile incinerators dispose of drugs that can't be taken to the regional sites.

"There are things that we focus on in Jackson County, but we also try to think on a bigger scale," Haskins said. "If we're dealing with it here, then certainly one of the other 54 counties in our state is also dealing with it. We want to make an impact not only in our county but throughout West Virginia. Everything we work on has that premise."

The Jackson County Anti-Drug Coalition is a perfect example of people who didn't wait to solve problems. They confronted the challenge head-on, identified things they could do, and then rolled into action.

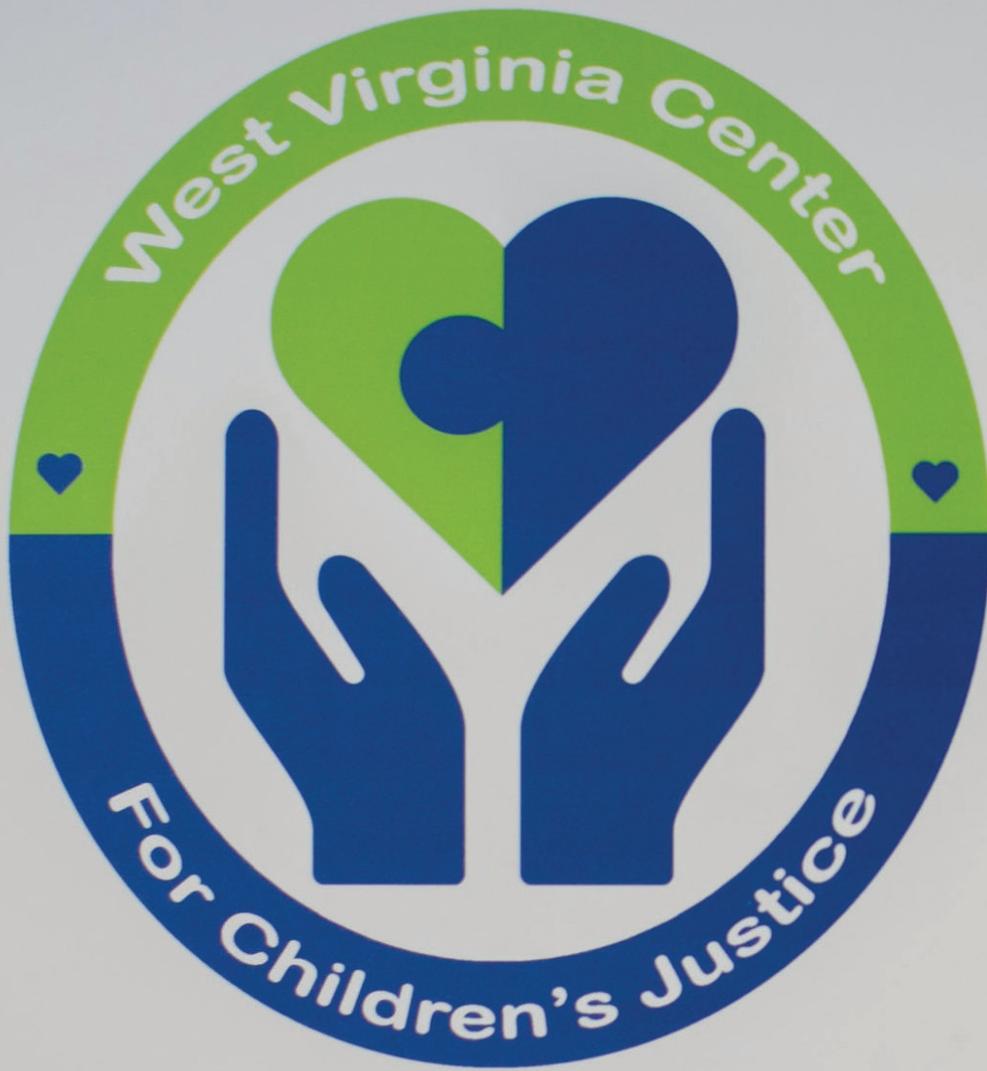
"If we can make a difference for ourselves, we're happy, but if we can make a difference on a state level, that's the icing on the cake for us."

NUMBERS:

- Receives 99 pounds of drugs each quarter from drug take-back boxes.

SUMMARY:

- The Jackson County Anti-Drug Coalition is a county-wide effort to reduce experimenting, drug use, and underage drinking.
 - The coalition worked with a local legislator to pass West Virginia's synthetic drugs law, pioneered early drug take-back efforts, and spearheaded the creation of the state's first drug incinerators.
-



HANDLE WITH CARE
SOUTH CHARLESTON, WV

When a state faces an addiction crisis as severe as West Virginia, it's bound to create many problems beyond addiction itself. Consider children living in homes where addiction occurs.

The decline of the coal industry, in a state that boasted for decades "Coal is king," caused severe financial hardship for many families. The Mountain State is second nationally for grandparents raising grandchildren and is ranked number one for children removed from their home. All that creates lasting effects.

"If you grew up in a home where you were on hyper alert at all times, you carry that with you in your body," says Andrea Darr, director of the Handle With Care program. "As you grow up, it's still there. You may pick up habits like smoking, drinking, or drug use to help you deal with these problems in the short term. But in the long run, it creates terrible problems for you, such as diabetes, heart disease, cancer."

It especially can lead to problems at school. This is why the program was created. "We have Handle with Care because we want children to learn. We don't want them stuck in the trauma of what happened last night when the police came to their house."

In its most basic sense, the program helps children living in homes where addiction is present to put their focus on learning.

It started in 2015 with just two counties. Now it operates statewide and has even gone on to 20 other states as well.

How does Handle with Care work? It's very simple. Whenever law enforcement officers discover a child living in a challenging home environment, they send a confidential message alerting school officials to handle that child with care. They don't provide details regarding the



SOLUTIONS TO HELP CHILDREN IMPACTED BY SUBSTANCE USE DISORDER

According to the National Alliance for Drug Endangered Children, over nine million children in the U.S. live in a home with at least one parent who uses illicit drugs. These children are at an increased risk for depression, suicide, poverty, delinquency, anxiety, homelessness, and substance misuse. Many children who have a family in active addiction live in kinship or foster care.



If Handle with
Care can get
them through this
day, through this
week, through
this year, that's the
best shot in life
they've got.

– Andrea Darr





handlewithcarew.org

incident that prompted the message. (The message doesn't stay in the child's permanent record, either.) All school officials receive are three simple words: Handle with Care.

The program also educates school staff about trauma and how to mitigate its effects. "We want to shift the response to 'What happened to you and how can I help?' We want teachers to be proactive rather than reactive," Darr explains. "We don't want to join students in their chaos but rather we want to bring them into our calm." Interventions include helping with homework, providing food, postponing tests, and making a counselor available.

The final step involves providing therapy onsite at school as needed. Space is made available on campus for therapists to talk with children privately. It also removes reliance on parents to take their children to therapy sessions.

The program is available to all public-school grade levels. It doesn't cost any money; it's merely a new way of looking at the issue and providing help to a hurting child.

"The best thing we can do is to give them an education," Darr says. "If Handle with Care can get them through this day, through this week, through this year, that's the best shot in life they've got." Handle with care shows that three simple words can make a big difference.

NUMBERS:

- 1 in 4 West Virginia children lives in poverty
- West Virginia leads the nation in children removed from their home.
- It is second in children being raised by grandparents.

SUMMARY:

- The Handle With Care program provides caring support for children where addiction exists in their home.
 - If a law enforcement officer encounters a child during a call, that child's information is forwarded to the school with the message to "handle with care."
 - The alert means additional steps can be taken to make sure the child receives caring support.
-



TELEMEDICINE RESEARCH
ADVANCEMENTS
WEST VIRGINIA UNIVERSITY

Imagine for a moment: You're a person dealing with a substance use disorder. You realize you need help combatting your addiction, but you live in a remote rural community, miles from the nearest treatment facility. You work a low-paying job that leaves little money to spare. Perhaps it's even difficult to find someone to watch your young children while you make the long drive to and from a treatment center. Those harsh realities conspire to keep help out of reach for countless West Virginians.

Until now.

Thanks to research conducted by Dr. James Berry, the effectiveness of telemedicine has been established. Similar to telemedicine, it's removing the twin obstacles of distance and low income that keep many people living in remote areas from getting treatment. And that's changing lives.

Dr. Berry is excited by the results. But that's not enough. "The treatment we have now is comparable to other chronic diseases," he observes. "But how do we make it better? We aren't at 100% yet. Research is little by little helping us learn more and thus making it even better."

West Virginia University's excellent reputation for training in addictions attracted the Michigan native to the school in 2002. "Addiction is a very complex condition," Dr. Berry says. "There is no silver bullet or quick fix. It's a problem that transcends the substance. People get caught up focusing on one substance. Yet addiction will cling on to whatever substance is available. It is a biological, psychological and social problem. We need to approach addiction from each domain."

These days, Dr. Berry wears two hats, and his day is split accordingly. As vice chair of WVU's Department of Behavioral Medicine and Psychiatry Health, mornings are spent running an inpatient dual diagnosis unit designed to detox and stabilize people struggling with addiction. As Director of Clinical Addictions, his afternoons are filled with clinical work. For example, he developed a nationally recognized MAT program. He also mentors others on how to best implement treatment using a community-based programming model and is currently helping the state to expand addiction treatment services.

What's next for this research innovator? "We're just starting work on research involving neuroscience and brain surgery to help with addiction. We're working with world-renowned neuroscientists and, as a result, we're discovering more about addiction every day. That, in turn, will lead to advancements in helping people. Because we know addiction treatment works."

One thing is certain: whatever the future holds for this field of study, Dr. James Berry will be actively involved in it.

“There is no silver bullet or quick fix. It’s a problem that transcends the substance. People get caught up focusing on one substance. Yet addiction will cling on to whatever substance is available. It is a biological, psychological and social problem. We need to approach addiction from each domain.”

– Dr. James Berry, DO

Interim Chair, Department of Behavioral
Medicine and Psychiatry Health
Director of Clinical Addictions
West Virginia University



DRIVING CHANGE

Imagine a world where these promising innovations are accelerated, scaled up, and accessible to the communities most in need. How many more lives could we save if we took the best, brightest and most innovative ideas to scale nationwide? Together we can solve this by shining a light on high-impact innovative solutions and helping to make sure they're adopted across the country.



INNOVATION NOW

INNOVATION NOW PROJECT TEAM

Kimberly Clapp

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INNOVATION