Mark H. Merrill
President and Chief Executive Officer,
Valley Health System
West Virginia counties that include Valley Health System hospitals

Northern Shenandoah Valley, VA
The Opioid Addiction Crisis in the Northern Shenandoah Valley

A Community Response
Objectives

• Provide an overview of the problem in the Northern Shenandoah Valley
• Share how the Northern Shenandoah Valley Substance Abuse Coalition was formed
• Describe the roles of key system representatives
• Share the basic principles of the Strategic Plan of the Northern Shenandoah Valley Substance Abuse Coalition
• Share strategies for sustainability
The Story We Want to Share

The Northern Shenandoah Valley Substance Abuse Coalition

• A dynamic, multi-disciplinary collaboration of law enforcement (prosecution and defense resources alike), health, child welfare, family courts, county and city leadership, and community members impacted by the crisis of heroin and opiate addiction

• Has brought together a diverse set of local, community partners that work collaboratively across disciplines to respond to a public health crisis in the Valley contributing time, talent and treasure
“We cannot arrest our way out of this problem.”
Opiate Overdose Deaths

NW Virginia

* 2016 as of 9/26/16

* Compared to 17 deaths as of 9/26/15
Winchester Medical Center
Opiate and Heroin Cases

- Emergency
- Inpatient

<table>
<thead>
<tr>
<th>Year</th>
<th>Emergency</th>
<th>Inpatient</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>39</td>
<td>68</td>
</tr>
<tr>
<td>2013</td>
<td>32</td>
<td>83</td>
</tr>
<tr>
<td>2014</td>
<td>47</td>
<td>84</td>
</tr>
<tr>
<td>2015</td>
<td>46</td>
<td>85</td>
</tr>
</tbody>
</table>
Winchester Medical Center
2012-May 2016

The data in the bars is the average length of stay.

<table>
<thead>
<tr>
<th>Nursery-9,838</th>
<th>2012-May 2016</th>
<th>Non-Drug Exposed Babies</th>
<th>Methdone/Morphine Babies</th>
</tr>
</thead>
<tbody>
<tr>
<td>20</td>
<td>2012</td>
<td>23.3</td>
<td>23.2</td>
</tr>
<tr>
<td>37</td>
<td>2013</td>
<td>18.0</td>
<td>22.3</td>
</tr>
<tr>
<td>43</td>
<td>2014</td>
<td>23.2</td>
<td>65</td>
</tr>
<tr>
<td>65</td>
<td>2015</td>
<td>34.8</td>
<td>Jan-May 2016</td>
</tr>
<tr>
<td>17</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Creating the Community Burning Platform

- Increase in opioid related deaths and injuries
- Increase adverse impact on substance exposed infants
- Increase in arrests attributable to substance use
- Increase in children in foster care as a result of parental substance use
- Increase in drug related child protective service referrals
- Costly “model of care” through detention center treatment
The Community Responds
Valley Health and our Community Substance Abuse Crisis*

• Valley Health (VH) created a Substance Abuse Task Force whose work supported and supplemented the community effort
• Governance, Executive and Medical Staff Leadership have been unwavering in their support of the work of the Task Force
• “Substance addiction is a neurobiological disease” has been championed by the VH Task Force
• Partnership with NWCSB: Master’s level counselor connected to prenatal & PP patients with Substance Use Disorder
• A robust internal educational program was created and implemented by the VH Task Force

*Select Points
“Breaking the Code of Silence”
VH educational campaign

• Monthly Brown Bag Employee Series*
  – Substance Abuse Disorder
    – Signs and Symptoms
    – Treatment
    – Community Resources
  – The Impaired Provider/Co-worker
    – Signs and Symptoms
    – Treatment
    – Resources
    – Random Drug testing program
  – Medication Safety
    – Prescription Monitoring Program
    – RX123
  – My loved one has been incarcerated, now what?
  – Substance Addiction is a Family Illness – panel discussion
  – Balanced and Holistic Approach to Pain Management

*Select Topics from Series Starting Summer 2014
Valley Health’s In-Kind Contributions

• Talent - expert resources, volunteers
• Meeting space
• Incidental costs
• Marketing services include PSAs
• Engaging and collaborating with stakeholders to create public awareness
Substance Abuse
Select Initiatives

April 2014
• Summit at Shenandoah University attended by approximately 200 people representing the U.S. Attorney’s Office, Drug Enforcement Agency, Valley Health, local law enforcement, and concerned community members

June 2014
• Implemented a system wide program to ensure proper prescriptive practices in all Valley Health Hospital Emergency Departments and Urgent Care Centers
• Partnered to develop informational resources, access, and visibility for community organizations and programs relating to addiction, rehab and crisis referral.
• Increased data sharing to support regional grant applications
• Continuing local and state level advocacy for drug exposed newborns
Substance Abuse
Select Initiatives

July 2014

• Partnered with Casey Family Programs bringing subject matter expertise to the community
• Community outreach on substance abuse and addiction initiatives launched:
  • VHS magazine article (115,000 households) educating our community on safe medication management
  • Health & safety fairs
  • VHS social media
September 2014

- Valley Health sponsored an educational forum for 200 local medical providers featuring presentations from local law enforcement, the DEA, and others about the opioid and heroin crisis in our community
- Promotion of the use of Virginia Prescription Monitoring Program to screen prescribed controlled substances.
Substance Abuse
Select Initiatives

October and November 2014

• Installation of Drug Take Back Boxes at the Winchester Police Department, Clarke County Sheriff’s Office, and Frederick County Sheriff’s Office through grants awarded by CVS pharmacy (http://www.cvs.com/content/safer-communities)

• Partnering to advertise area:
  • Prescription drug “take-back” programs
  • Community “Drop Box” program
  • RX123 program launched in partnership with Community Law Enforcement Against Narcotics (CLEAN, Inc.)
Community Leadership Summit Action November 18, 2014
Mission and Vision Statements

City of Winchester: To provide a safe, vibrant, sustainable community while striving to constantly improve the quality of life for our citizens

Frederick County: Insuring the quality of life of all Frederick County citizens preserving the past and planning for the future

Valley Health: Serving our Community by Improving Health

Shenandoah University: SU educates and inspires individuals to be compassionate citizens who are committed to making responsible contributions within a community

Northwestern Community Services: To help people through life’s challenges with quality behavior health services guided by principles of respect, recovery and self-determination.
• With critical support and expertise from Casey Family Programs, we pulled together 100 local decision-makers and stakeholders in the community to address this public health crisis:
  – Law enforcement, Health Care, Judiciary, Government, Community Service Board, Educators, Social Services, recovery community, private substance abuse and mental health providers, non-profit organizations, and concerned citizens
The participants were presented with key data highlighting the community-wide effects of opioid and heroin addiction in our community.

Launched The Road to Recovery website with information and links to community resources for treatment and help (www.roadtorecovery.info).
Adopted Desired Future State:
By January 1, 2017 the Winchester, Frederick, and Clarke community will have a comprehensive coordinated approach to the prevention, treatment and adverse societal impact of addiction, as evidenced by:

• A decrease in mortality from overdoses
• A decrease in the incidence of substance exposed infants
• A decrease in the incidence of children needing social services intervention due to parental/caregiver addiction
• A decrease in the incidence of crimes attributable to addiction
Best Practices Recommendations

- Prevention and Education Programs
- Medical Provider Education Programs
- Drug Take-Back Programs
- Treatment/Detox Programs
- Options for the uninsured and underinsured patients
- Prescription Monitoring Programs
- Drug Courts
- Transitional care after incarceration
- Peer Recovery Network
Substance Abuse
Community Timeline- Select Initiatives

January 2015
• Northern Shenandoah Valley Substance Abuse Coalition (NSVSAC) Charter written and process initiated which has resulted in becoming a Virginia non-profit corporation with 501(c)(3) status from the IRS

February and March 2015
• NSVSAC leadership meetings with federal state and local representatives
• Jointly funded CSB/Valley Health Prenatal Early Intervention Service for substance addicted pregnant women: OB referrals to CSB Counselor on-site
Community Education

March - September 2015

Community Forums

~ 450 attendees at three forums

- Message of hope from a recovering addict
- Community Data
- Education
  - Northwest Virginia Regional Drug Task Force
  - “Your Kids Know More Than You Do”
  - Treatment options
- Community feedback

The Media- Keeping the Crisis in the Public Dialogue

Road to Recovery website www.roadtorecovery.info

Proper use and disposal of opioids
Provider Education

March – September 2015
Four CME forums ~600 attendees (375 unique attendees)

• Content
  – Opioids and heroin crisis in our community
  – Proper prescriptive practices
  – Pain Management
  – Substance Abuse Disorder
Substance Abuse
Community Timeline- Select Initiatives

May and June 2015

• Members of the Winchester-Frederick-Clarke Drug Treatment Court Advisory Committee visit 4 Drug Treatment Courts in the Commonwealth and the Philadelphia Drug Treatment Court

• The Northern Shenandoah Valley Substance Abuse Coalition is incorporated as a Virginia non-profit corporation; receives 501(c)(3) status from the IRS
Substance Abuse
Community Timeline- Select Initiatives

July 2015

- $60,000 each from Valley Health, the City of Winchester, Frederick County and $15,000 from Clarke County.
  - Enabled the NSVSAC to hire an Executive Director
  - Primary initial focus has been the planning and implementation of a Drug Treatment Court for Winchester, Frederick and Clarke
  - Enabled the broader community efforts in Prevention, Treatment and Recovery
- Funding from all parties renewed for a second year
Substance Abuse
Community Timeline- Select Initiatives

October 2015 - Peer-to-Peer Recovery Coach Training funded by Casey Family Programs and conducted by the McShin Foundation

November 2015 – Hired Executive Director for the NSVSAC

January 2016 – Executive Director officially begins work

March 2016
- Submit Application to Virginia Supreme Court for approval of Drug Treatment Court
- Strategic Planning Retreat

April 2016 – Attend training conducted by the National Drug Court Institute

August 2016 – First Drug Treatment Court docket
Strategic Planning Retreat
March 2016
Mission

The Northern Shenandoah Valley Substance Abuse Coalition will collaborate with community partners to take the lead in identifying and developing effective resources to ensure that the necessary continuum of care for substance abuse and addiction services are available to all members of the community.
Vision

Working together to overcome the grip of substance abuse and addiction.
Areas of Strategic Focus

Desired Future State

• Prevention
  – Creating a new community norm
  – Age-appropriate and situationally-appropriate education offered to all longitudinally

• Treatment
  – Treatment that is financially and geographically accessible in a timely manner
  – Client-focused individualized treatment with family/supports

• Recovery
  – Resources are available to anyone with a substance use disorder who reaches out to NSVSAC members
  – Robust Peer Recovery Coach program
Early Lessons Learned

Strategies to consider
Early Lessons Learned
Strategies to consider

• Engage and educate the community/leaders
  – Collect and share the data
  – Put a face on the crisis
  – Shine a light on the hope of recovery

• Education Strategy
  – Providers of healthcare
  – Elected leaders
  – Public
Early Lessons Learned
Strategies to consider

- Addiction is a disease. This is a public health crisis
- Establish a multi-disciplinary, cross-systems approach
- Establish realistic and concrete goals
- Share the issue through the media whenever the opportunity arises
- Include the recovery and faith based communities early
Healthcare systems can…

- Contribute time, talent and treasure to the community effort
- Champion the community’s understanding of the disease of Addiction
- Educate providers and the community about the appropriate use of opioid analgesics
- Champion the community drug take back programs
- Facilitate education and community access to Naloxone
- Help assess and address unmet needs in the continuum of care in the community
Suggestions for Sustainability

- Committed core of stakeholders
- Community ownership
- Alternative sources of funding (grants, philanthropy)
- Non-duplication of bodies of work
- Quarterly updates to governmental bodies
- Volunteer work group structure
The work has just begun, but imagine what we can do by working together.
Supplemental Information
Additional Data
Clarke/Frederick/Winchester Arrests

Virginia State Police

Drug | Larceny | Assault | Fraud/Emb. | Burglary
--- | --- | --- | --- | ---
2012 | 2013 | 2014

Northern Shenandoah Valley
Substance Abuse Coalition
Northwestern Regional Adult Detention Center

90 Day Treatment Program

From July 2011 through March 2016:

724 inmate graduates

$5.2 Million expended
Opiate Overdose Injuries
NW Virginia

* 2016 as of 9/26/16

* Compared to 36 injuries as of 9/26/15
The chart above illustrates the correlation between the number of children in foster care with the City of Winchester Department of Social Services and those in care where parental substance use was a contributing factor to the child’s removal.
Increase in Drug Related Foster Care – Frederick County

- Total Number of Frederick County Children who Entered Foster Care by Year
- Number of Frederick County Children who Entered Foster Care Related to Parental Substance Abuse
Increase in Drug Related Child Protective Services – Frederick County

- **Total Number of Frederick County Children Involved in On-Going Child Protective Services Cases by Year (Unique Clients/Non-Duplicate):**
  - 2012: 35
  - 2013: 45
  - 2014: 50
  - 2015: 83

- **Number of Frederick County Children for Whom Parental Substance Use was an Identified Risk Factor and Treatment Need in On-going Services Case (Unique Clients/Non-Duplicate):**
  - 2012: 18
  - 2013: 41
  - 2014: 41
  - 2015: 58

[Graph showing the increase in drug-related child protective services cases in Frederick County from 2012 to 2015.]
Substance Exposed Infant Reports in Frederick County by Calendar Year 2012 - 2015

- 2012: 32
- 2013: 45
- 2014: 60
- 2015: 50

Northern Shenandoah Valley Substance Abuse Coalition
Substance Exposed Infant Reports to Child Protective Services

- **Frequency:**
  - FY2010: 20
  - FY2011: 30
  - FY2012: 40
  - FY2013: 50
  - FY2014: 60
  - FY2015: 50

- **Locations:**
  - Frederick
  - Winchester
Increase in Drug Related Foster Care – Frederick County

Total Foster Care Expenditures by Year
- 2012: $0.00
- 2013: $200,000.00
- 2014: $400,000.00

Foster Care Expenditures - Drug Related
- 2012: $0.00
- 2013: $600,000.00
- 2014: $800,000.00

Total Number of Frederick County Children in Foster Care at any Time During Calendar Year
- 2012: 16
- 2013: 28
- 2014: 62

Total Number of Frederick County Children in Foster Care at any Time During Calendar Year - Drug Related
- 2012: 10
- 2013: 20
- 2014: 30

* YTD
Substance Exposed Infant Referrals

February 12, 2015 - December 31, 2015

138+ Referrals

Northern Shenandoah Valley Substance Abuse Coalition
Peri-natal Intervention Plan
Case Management

- Coordination Flow of Care: “Who’s on first; What’s on second…”
- Discharge Planning
- Continuum of Care
- Referral to Community Resources
- Building Community Partnerships
- Community Health & Well-Being
Case Management

• OB offices obtain urine drug screen (UDS) at 1st Prenatal visit.
• Universal UDS on 1st labor and delivery outpatient visit & on admission for labor.
• Universal umbilical cord collection (lab stores for up to 3 weeks).
• Cord tissue toxicology screening for known substance exposed infants and high risk families.
• Finnegan’s neonatal abstinence scoring assessment.
• Adoption of AAP guidelines for increased length of stay of substance exposed newborns to monitor for NAS (4-5 days).

Early Detection/ Identification of Substance Use During Pregnancy
Collaborative Care

• Guideline updated for screening infants at risk for substance exposure in utero
• Online resource guide for community behavioral health treatment & online substance referral guide
• HIM coding expanded for future accurate data analysis
• Guidelines for environment of care & treatment of neonatal abstinence including monitoring for NAS in nursery & treatment clonidine/morphine in NICU
• Partnership with NWCSB: Master’s level counselor connected to prenatal & PP patients with Substance Use Disorder
Original Organizational Structure
Addiction Action Committee

Executive Committee

Community Outreach
Best Practices
Finance
Revised Organizational Structure
NSVSAC

Executive Committee

Implementation Team

Prevention

Treatment

Recovery

Community Outreach

Re-Entry
Contact Us

Dr. Nick Restrepo
VP Medical Affairs, Winchester Medical Center
nrestrep@valleyhealthlink.com