The Opioid Addiction Crisis in the Northern Shenandoah Valley

A Community Response



Objectives

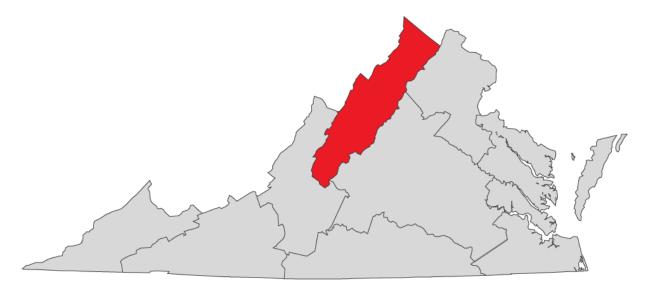
- Overview of the Problem
- Formation of the Northern Shenandoah Valley Substance Abuse Coalition
- Roles of key system representatives, community mental health organizations, and outpatient treatment centers
- Suggestions for sustainability

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

Our Community's Reality



"We cannot arrest our way out of this problem."





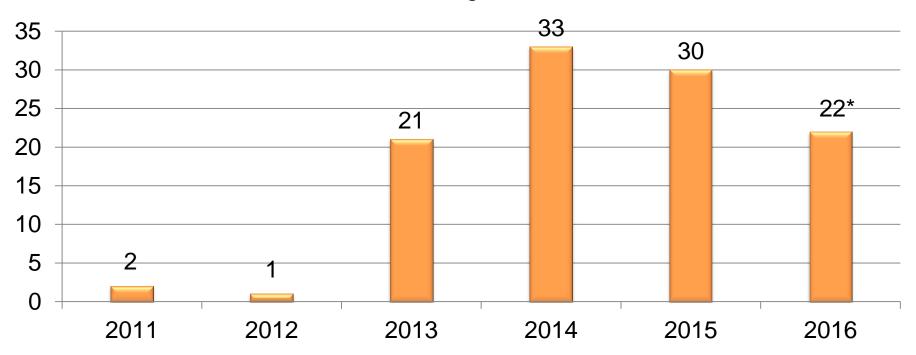






Opiate Overdose Deaths

NW Virginia

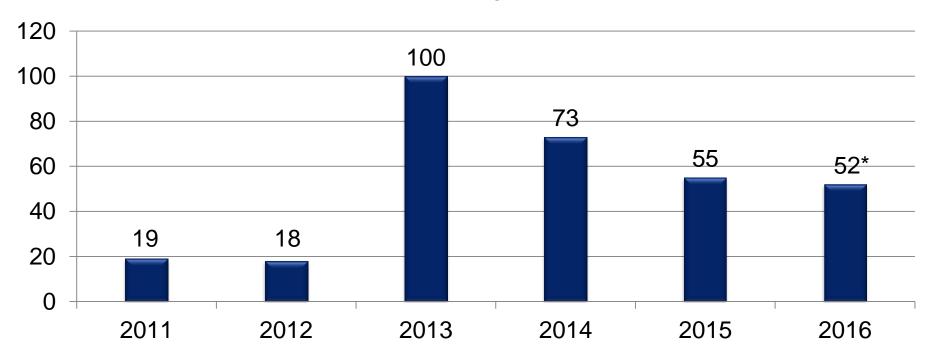


- * 2016 as of 10/11/16
- * Compared to ____ deaths as of 10/11/15



Opiate Overdose Injuries

NW Virginia

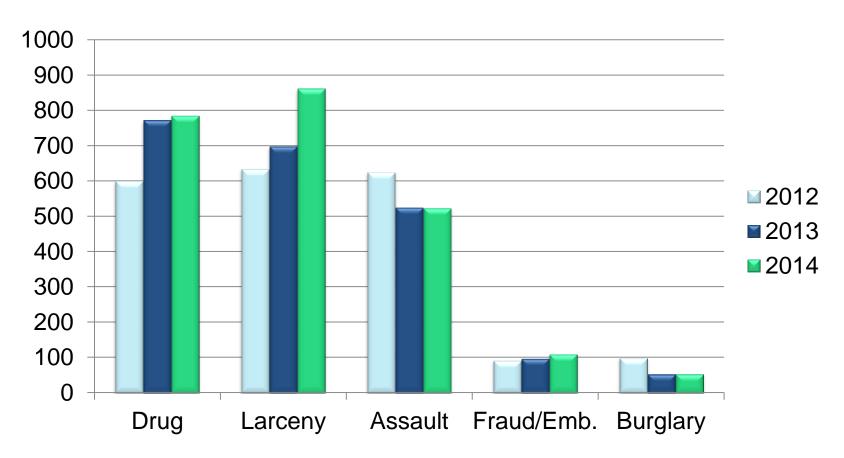


- * 2016 as of 7/3/16
- * Compared to 32 injuries as of 7/10/15



Clarke/Frederick/Winchester Arrests

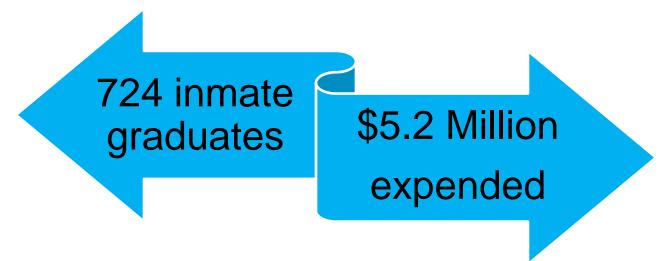
Virginia State Police



Northwestern Regional Adult Detention Center

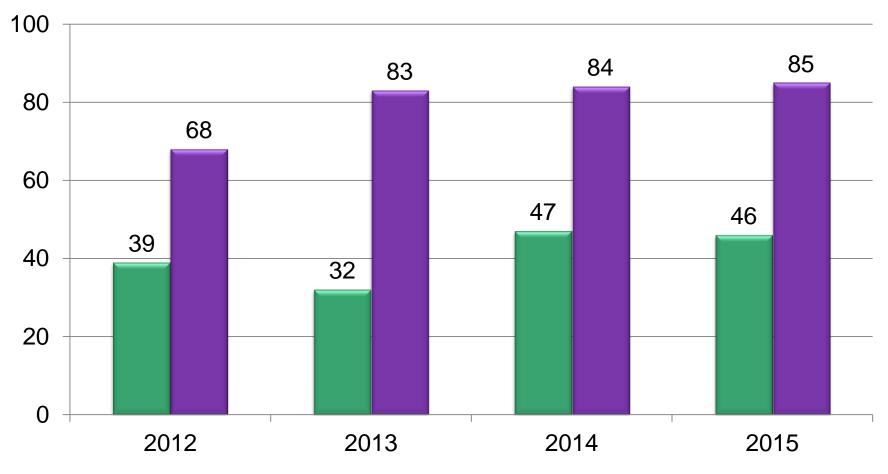
90 Day Treatment Program

From July 2011 through March 2016:

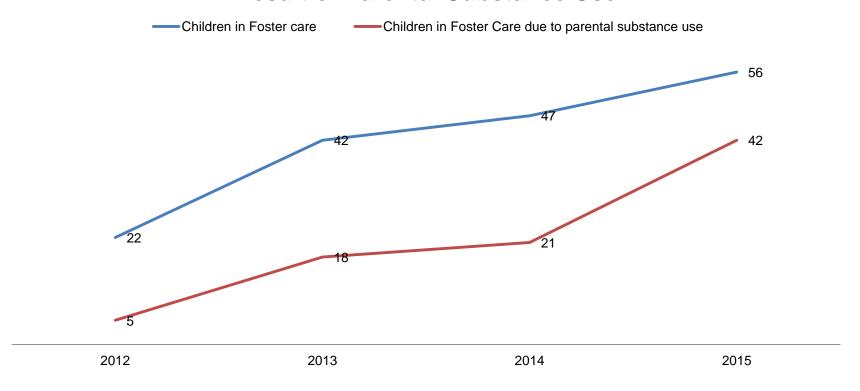


Winchester Medical Center Opiate and Heroin Cases

■ Emergency ■ Inpatient



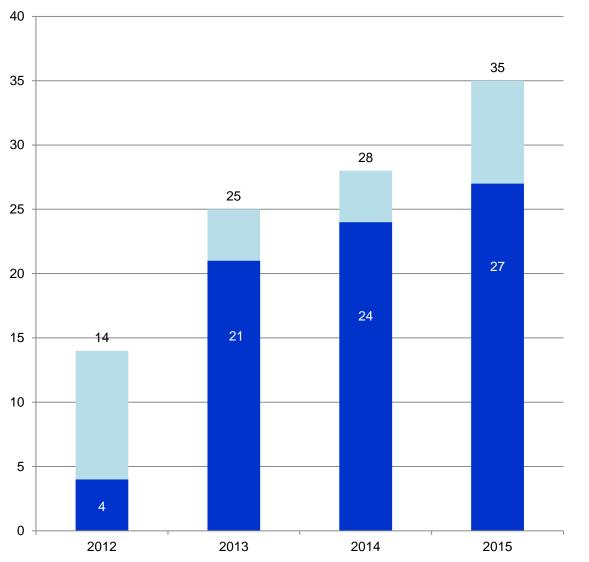
WDSS Children in Foster Care as a Result of Parental Substance Use



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.



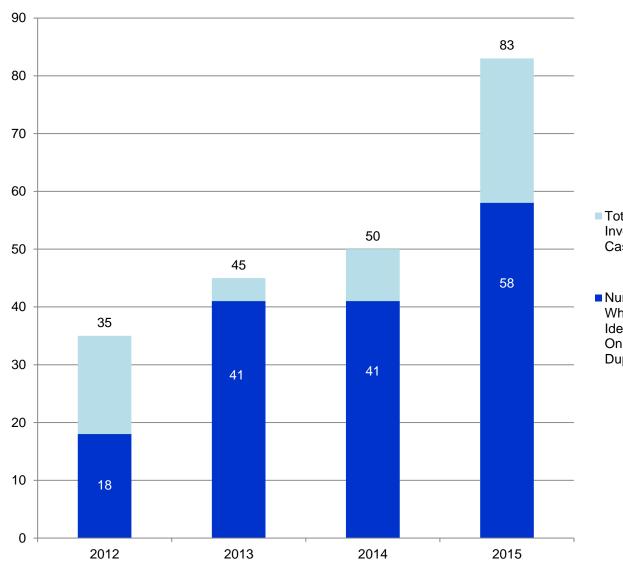
Increase in Drug Related Foster Care – Frederick County



- 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

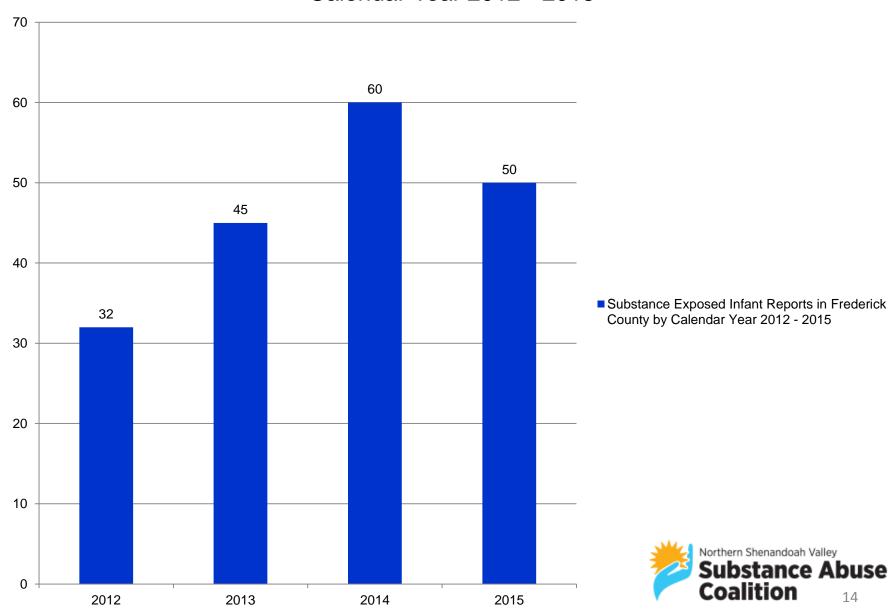
Increase in Drug Related

Child Protective Services – Frederick County

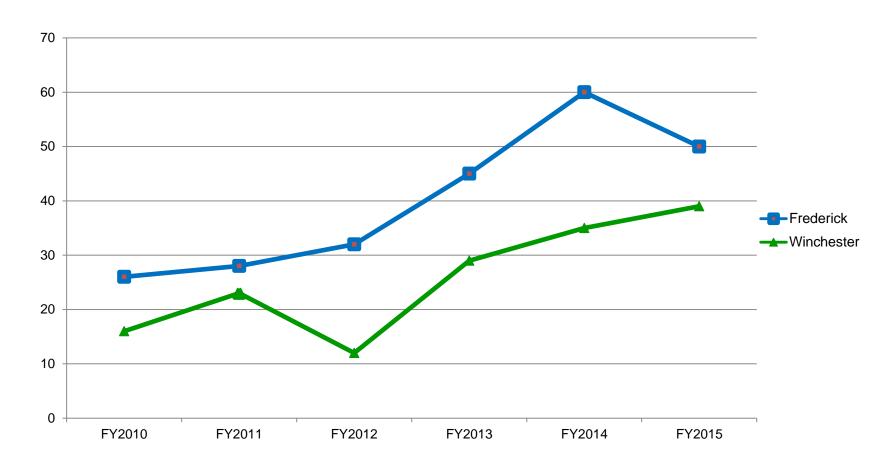


- Total Number of Frederick County Children Involved in On-Going Child Protective Services Cases by Year (Unique Clients/Non-Duplicate)
- Number of Frederick County Children for Whom Parental Substance Use was an Identified Risk Factor and Treatment Need in On-going Services Case (Unique Clients/Non-Duplicate)

Substance Exposed Infant Reports in Frederick County by Calendar Year 2012 - 2015

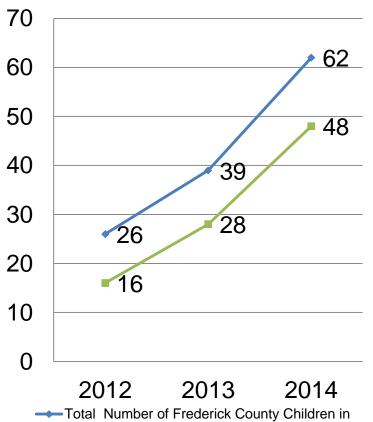


Substance Exposed Infant Reports to Child Protective Services



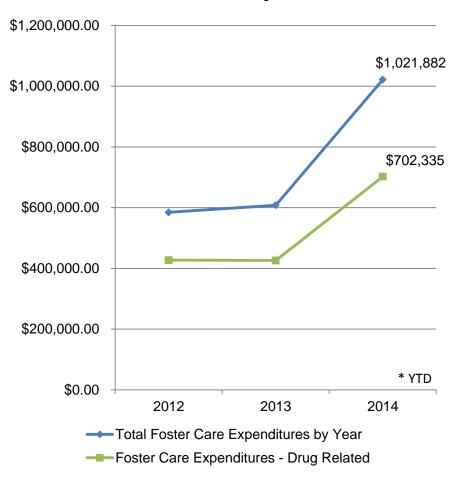
Increase in Drug Related

Foster Care – Frederick County



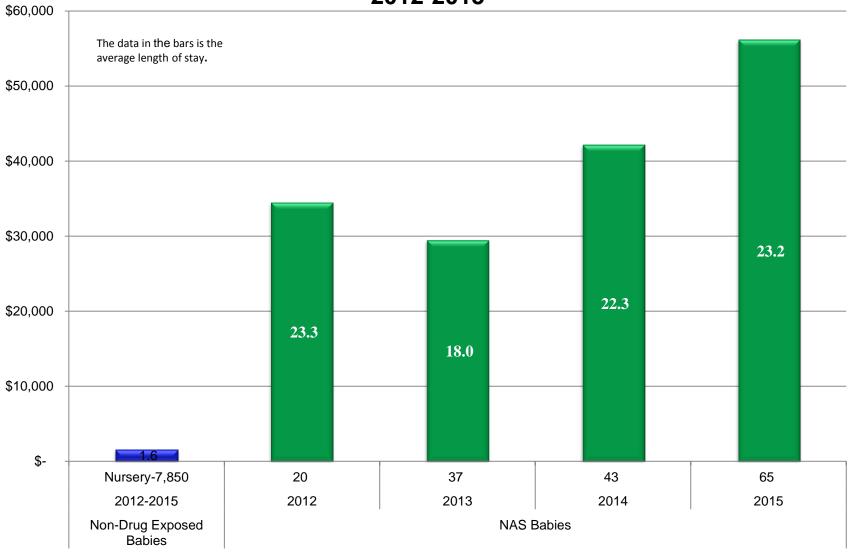
→ Total Number of Frederick County Children in Foster Care at any Time During Calendar Year

Total Number of Frederick County Children in Foster Care at any Time During Calendar Year -Drug Related





Winchester Medical Center 2012-2015



The Community Responds

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
 - Appropriate dispensing
 - PMP utilization by prescribers
 - Patient Education program
- 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

Substance Abuse Select Initiatives

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
- Monthly Addiction Awareness program for Valley Health employees launched educating staff and medical staff on best practices
- 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 Department, and Frederick County Sheriff's Department through grants awarded by CVS pharmacy
- Partnering to advertise area:
 - Prescription drug "take-back" programs
 - Community "Drop Box" program
 - RX123 program launched in partnership 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.



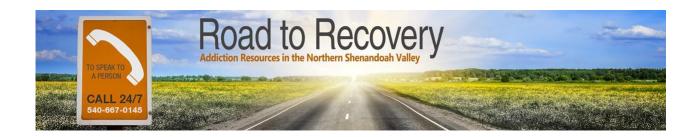
Substance Abuse November 2014 Summit

- 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

Substance Abuse

November 2014 Summit

- 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)



Substance Abuse November 2014 Summit

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

Substance Abuse November 2014 Summit

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

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

March 2015

- Community forum
 - Attended by approximately 125 people
 - Content
 - Message of hope from a recovering addict
 - Data from the November 2014 summit
 - Member of the Northwest Virginia Regional Drug Task Force.
 - An hour-long Q&A session that provided excellent community feedback

March 2015

 Jointly funded CSB/Valley Health Prenatal Early Intervention Service for substance addicted pregnant women: OB referrals to CSB Counselor on-site

Substance Abuse

Community Timeline- Select Initiatives

April 2015

- Community educational forum "Your Kids Know More Than You Do."
 - Attended by approximately 150 people
 - Dr. Will Rushton, an emergency room physician and poison control expert.
- Convened the organizational meeting of the Winchester-Frederick-Clarke Drug Treatment Court Advisory Committee with 22 participants in attendance, plus one member of the press.

May and June 2015

- Members of the Winchester-Frederick-Clarke Drug Treatment Court Advisory Committee visit 4 Drug Treatment Courts in the Commonwealth
- The Northern Shenandoah Valley Substance Abuse Coalition is incorporated as a Virginia non-profit corporation; receives 501(c)(3) status from the IRS

July 2015

- \$60,000 each from the City of Winchester, Frederick County and Valley Health, plus \$15,000 from Clarke County to enable the NSVSAC to hire an Executive Director
- Primary duties will be the planning and implementation of a Drug Treatment Court for Winchester, Frederick and Clarke

September 2015

- Educational Forum for 160 physicians on pain management
- Community program on Addiction treatment options

October 2015

- Peer-to-Peer Recovery Coach Training funded by Casey Family Programs and conducted by the McShin Foundation
- Visit to Philadelphia Drug Treatment Court

Substance Abuse

Community Timeline- Select Initiatives

November 2015 – Hire 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

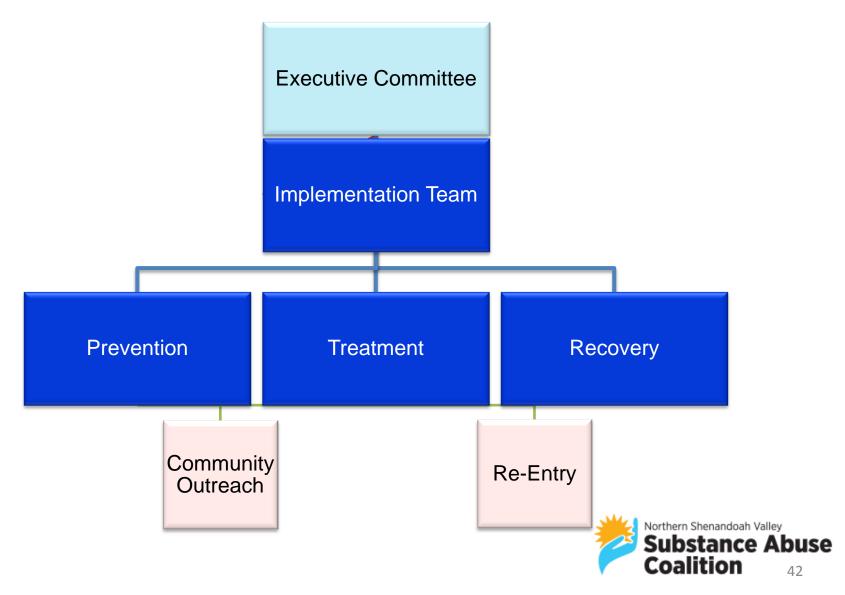


Original Organizational Structure

Addiction Action Committee



Revised Organizational Structure NSVSAC



Key Drivers of Early Success/ Lessons Learned

Strategies to consider

Key Drivers of Early Success/ 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

Key Drivers of Early Success/ 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

Stakeholders 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

