

## Huntington, West Virginia:

# **BUILDING A COMPREHENSIVE SYSTEM TO SUPPORT INDIVIDUALS WITH SUBSTANCE USE DISORDER**

## **OVERVIEW**

Huntington, West Virginia is a small city in the southeastern United States home to approximately three percent of the state's population.<sup>1,2</sup> Thirty-four percent of individuals in Huntington live below the federal poverty level.<sup>3</sup> Meanwhile, statewide, the overdose death rate is 57.8 per 100,000 population, the highest in the nation.<sup>4</sup>

In August 2016, Huntington EMS personnel responded to 26 overdoses calls within four hours.<sup>5</sup> The investigation that followed found that of the 24 survivors, none received referrals to substance use treatment or harm reduction services, despite a number of available local resources.<sup>6</sup> In response, the Huntington Mayor's Office of Drug Control Policy formed a partnership with Marshall University and Marshall Health to identify successful models for treatment and referral during the vulnerable window after an overdose. Using a model developed in Colerain, Ohio, Huntington developed the Quick Response Team (QRT): a partnership

between city agencies, emergency medical providers, mental health specialists, law enforcement, university researchers, and the faith community, aimed at providing crisis stabilization and support for people who recently experienced an overdose.

Huntington has developed a number of innovative programs that cut across multiple systems and target the intersecting challenges of substance use disorder (SUD), homelessness, and mental health issues. This case study will focus on the QRT and related programs and present key takeaways for other cities considering similar cross-systems approaches.

## **PROGRAM DESCRIPTION**

### **Quick Response Team**

Created in 2017, Huntington's QRT aims to visit every overdose patient in Huntington to assess each individual's needs, develop a personalized plan for intervention, and connect them to local resources. The process

begins when a person calls 911 to report an overdose, and an EMS squad is dispatched. Cabell County EMS (CCEMS) workers provide emergency services to individuals who have experienced overdoses and collect their information for possible QRT follow-up. Within one day, the CCEMS flags any overdose-related calls for the QRT.

The QRT screens the call records to determine whether these cases are appropriate for intervention. If an overdose appears to be related to substance use disorder upon review, the QRT assembles a team consisting of an EMS practitioner, a mental health provider or a certified peer recovery coach, a law enforcement officer in plain clothes, and a faith leader to follow up with the individual within 72 hours.

The QRT prioritizes follow-up according to three tiers. First priority is given to people who the QRT has not yet contacted, followed by people who the QRT could not locate during previous efforts. Finally, the QRT reaches out to people who were previously contacted and chose not to engage in treatment but expressed interest in being contacted at a later date.

During their visits, the QRT speaks with each individual to assess their needs and connect individuals to the region's numerous addiction service providers and support services. The QRT collects qualitative data from each encounter, including age, gender, substance use, overdose location, and whether the person accepted treatment. Data are recorded using a master spreadsheet and later entered into Cordata, a care coordination tool.<sup>7,8</sup>

Every QRT member is trained in Screening, Brief Intervention, and Referral to Treatment (SBIRT) and motivational interviewing through Marshall University. SBIRT is an evidence-based practice used to identify,

reduce, and prevent problematic use and dependence on alcohol and illicit drugs. Marshall University's SBIRT program brings together expertise from eight departments across Marshall University including the School of Medicine, School of Pharmacy, and School of Physical Therapy. Over the course of three years, the university trained 5,000 people in SBIRT.<sup>9</sup>

## RESULTS

While the QRT program is in its infancy, it has realized some success. In 2017, CCEMS responded to 1,831 suspected overdose calls. A year later, CCEMS responded to 1,039 suspect overdose calls, a decrease of 40 percent. County officials note that this decrease is likely due to a multitude of factors, including the QRT program, enhanced education, prevention, drug trends, and response efforts.<sup>10</sup> Further, of the 650 individuals the QRT contacted between December 2017 and June 2019, approximately 30 percent entered treatment.<sup>11,12</sup> While the county would like to see this percentage continue to increase, it is a promising and significant improvement from the 0 percent of cases referred to substance use treatment or harm reduction services that provided the impetus for the creation of the QRT.

## FINANCING AND SUSTAINABILITY

To create the QRT, Marshall University, Marshall Health, Cabell Huntington Hospital, St. Mary's Hospital, and Huntington Mayor's Office of Drug Control worked together to apply for grants from the U.S. Department of Health and Human Services (HHS) and the U.S. Department of Justice (DOJ). In September 2017, they received \$1.3 million from HHS and \$300,000 from DOJ to fund the QRT during its first three years of operation. The American

Red Cross donated naloxone and disposable CPR kits for the QRT.<sup>13</sup>

Additional local services for people coping with substance use disorder are largely supported through federal funding awarded to Marshall University Research Corporation. SBIRT trainings for the greater Huntington community are also supported by a Substance Abuse and Mental Health Services Administration (SAMHSA) grant awarded to Marshall University.<sup>14</sup>

## **COLLABORATION ACROSS SYSTEMS**

The QRT works with a number of other organizations in Huntington to coordinate treatment and care for individuals experiencing overdose. Below are just a few examples of the partners that collaborate across systems with the QRT:

### **PROACT**

For the general population within Huntington with substance use disorder, the QRT utilizes the services of the Provider Response Organization for Addiction Care and Treatment (PROACT).

The PROACT is an outpatient substance use disorder treatment center that brings together behavioral, social and medical resources from the community to provide comprehensive care to those seeking treatment.<sup>15</sup> PROACT was founded to address a need for immediate linkage to addiction services in Huntington, as many people who sought help at emergency departments or hospitals were being turned away due to capacity or capability constraints. PROACT is a joint effort led by Cabell Huntington Hospital, Marshall Health and St. Mary's Medical Center, in partnership with Valley Health and Thomas Health System.<sup>16</sup>

When a person seeks care at PROACT, a clinician conducts an assessment to inform a diagnosis and a recommended plan of care, and to identify social or personal needs requiring further referral. PROACT offers medication assisted therapy (MAT), peer recovery supports, individual and group therapy, career placement and career readiness training, spiritual care, and a pharmacy on site.<sup>17</sup> PROACT is also exploring a childcare component for clients as they attend medical or therapy services.

PROACT received initial start-up funding from Cabell Huntington Hospital, St. Mary's Medical Center, and a \$400,000 award from Aetna Better Health of West Virginia.<sup>18</sup>

### **Prestera Center Crisis Residential Unit (CRU)**

Individuals with substance use disorder often suffer from comorbid conditions like mental illness. The QRT may refer such individuals to the Prestera Center Crisis Residential Unit which is equipped to provide both substance use and mental health services.

Prestera Center is a non-profit health care provider that offers comprehensive behavioral health care and addiction recovery services across West Virginia. They provide outpatient services, short- and long-term residential programs, MAT, medically monitored detoxification, transitional living programs, and prevention services.<sup>19</sup>

The Prestera Center Crisis Residential Unit (CRU) is a 16-bed voluntary residential psychiatric stabilization and detoxification service for adults experiencing an acute mental health crisis. Services include daily psychiatric medication reviews, medically monitored detoxification, group therapy, individual and group counseling, treatment planning and case management. The CRU

provides less intensive services than those available in a psychiatric hospital and aims to prevent psychiatric hospitalization.<sup>20</sup>

### **Project Hope for Women and Children**

Expecting or recent mothers with substance use disorder are a particularly vulnerable population. In 2018, Marshall University was awarded a five-year, \$2.6 million Substance Abuse and Mental Health Services Administration (SAMHSA) grant to launch Project Hope for Women and Children.<sup>21</sup> Project Hope for Women and Children is a Huntington-based, 18-unit living complex collaborating with the QRT to address the unique needs of new and expecting mothers coping with substance use.

Project Hope for Women and Children is a facility that provides American Society of Addiction Medicine (ASAM) level 3.5 services (i.e. clinically managed, high-intensity residential services provided by counselors designed to stabilize individuals to receive outpatient treatment for four to six months).<sup>22</sup> The complex allows mothers to live with their children while accessing treatment. Residents cannot be in active withdrawal, and must complete an intake assessment and medical exam before moving in. The complex provides individual and family counseling, peer support, and life skills coaching, and residents have access to medical and psychiatric care through Marshall Health.<sup>23,24,25</sup>

The QRT also works closely the legal system and law enforcement to work to find treatment placement for those currently jailed. The QRT does not require an individual to have overdosed to receive services so they also coordinate with certified peer recovery coaches at the Cabell Huntington Health Department and those at our homeless service providers such as the Huntington City Mission and Harmony House.

## **ROLE OF CITY LEADERSHIP**

The Huntington Mayor's Office of Drug Control Policy, established in 2014, initially consisted of three people: a former Huntington police officer, the city's fire chief, and the city's Director of Planning and Development. In its brief tenure, the office focused on identifying community needs, exploring innovative solutions that could be replicated or expanded in Huntington, and promoting collaboration. Through community collaboration programs such as the Cabell-Huntington Health Department, the city expanded its harm reduction program and its wellness efforts among the first responder community, trained faith community leaders who would join the QRT in dealing with substance use disorder and the stigma surrounding it, and expanded and/or initiated diversion and mental health services in the legal system through adult and juvenile drug courts.<sup>26</sup>

## **LESSONS LEARNED**

### **Responding to Challenges**

The QRT identified several challenges to reaching individuals in need, facilitating treatment adoption.

**Contact for follow-up.** The QRT team noted they often face challenges when determining accurate residence or contact information for individuals who have experienced an overdose. Individuals may be experiencing homelessness, may have overdosed at a public location, or may not be carrying valid identification.

**Lack of infrastructure to facilitate treatment.** If the QRT is able to make contact with an individual who has experienced an overdose and that individual is willing to begin treatment, they may still encounter transportation

barriers and/or a shortage of beds at addiction treatment facilities. Many individuals may require withdrawal management. The necessary coordination of this is a challenge for not only the QRT but treatment providers.

**Financing.** Program sustainability remains a challenge. Many of the initial services the QRT offers such as street outreach are not billable to insurance providers. Consequently, the QRT is largely reliant on grant funding which may not always be renewed.

**Prevention.** Overall, the QRT has noted that its model lacks a proactive component. Often individuals are only referred to treatment after they experience an overdose.<sup>27</sup> Creating more robust interventions where high-risk individuals can be connected to treatment before experiencing a life-threatening overdose can help bolster preventive efforts in opioid use disorder.

The QRT is always exploring methods to improve their approach and has been working to proactively seek referrals from sources other than EMS call logs, such as peer networks. They also plan to enhance data collection, segment client data into demographic sets, tailor follow-up, and continually refine their model based on the impacts of these changes.<sup>28</sup>

### **Key Takeaways for City Leaders**

For other cities considering similar approaches to SUD, homelessness, and mental health issues, there are several key lessons that can be learned from Huntington's QRT model:

**Using data to inform program planning.** City leadership should assess gaps in services and infrastructure before designing an intervention. This information can then be used to tailor programs to address areas of greatest need. City leadership should consider the benefits of implementing both proactive and reactive responses to crises that involve individuals coping with SUD, homelessness, and/or mental health issues.

**Investments in partnerships.** City leadership should invest in building strong, sustainable community partnerships and peer networks. Partners should be engaged early on in program development, strategic planning and grant applications, as well as program implementation. City leadership should aim to assemble a diverse coalition of stakeholders, which may include local government offices, hospitals, health care providers, behavioral health providers, law enforcement, and faith leaders, among others.

**Engaging the community through messaging.** The QRT has deliberately framed substance use disorder as a primary care issue. Adopting this approach may help cities engage primary care providers and reduce stigma surrounding SUD, homelessness, and mental health issues.

**Continuous evaluation to inform program improvements.** City leadership should continually assess and modify their approach, using data to inform programming whenever possible. Primary data collection is an important tool that cities can use to tailor their programs in response to specific, local needs.

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Unless otherwise noted, all information is based on an interview with Marshall University School of Medicine, Department of Family and Community Health, Division of Addiction Science

# ENDNOTES

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