

Final Closeout Recovery Progress Report

Final Closeout Report is cumulative of all three (3) years of the program and is to be uploaded in eRA under Closeout in the Terms & Conditions Section. Please refer to the Grantee Reference Closeout attachment.

Grant Name: Promote Recovery

Grantee: Recovery Point West Virginia

Grant Number: 6H79TI080793-01

Reporting Period: 10/1/2018 - 9/30/2021	Date Submitted:
Completed by: Reggie Jones	Title: Project Director

Name of Institution awarded Grant: Recovery Point West Virginia

Project Name: Promote Recovery (PR)

CSAT Project Officer: Enid Osborne

Table 1: Promote Recovery Staff

Project Director	Reggie Jones, LOE: 15%
Organization	Recovery Point West Virginia
Address 1	1040 Adams Avenue
City, State, Zip	Huntington, WV 25704
Phone	304-523-4673
E-mail	rjones@recoverypointwv.org
Project/Peer Coordinator	Dwayne Blair, LOE: 85%
Organization	Recovery Point West Virginia
Phone	304-523-4673
E-mail	dblair@recoverypointwv.org
Project Evaluator	Sarah Van Hala
Institution	SV & Associates LLC
Address 1	P.O. BOX 1092
City, State, Zip	Enumclaw, WA 98022
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I. Changes in Key Personnel During Reporting Period

Describe any new hires, critical vacancies, and changes in assignments of project staff.

Table 2: Description of Staffing Changes

POSITION	NAME	START DATE	RESIGNATION DATE
Project Director	Matt Boggs	9/29/18	11/27/18
	Emily Birckhead	11/27/18	1/31/20
	Reggie Jones	2/1/20	
Project Coordinator	Emily Birckhead	8/27/18	11/27/18
	Jennie Hill	2/11/19	1/31/20
	Dwayne Blair	9/4/2020	
Peer Leader 1	Tara Moore	4/9/19	7/22/19
	Michelle Williams	3/9/20	4/23/21
	Paul Webb	5/3/21	
Peer Leader 2	Amanda Belcher	4/9/19	10/21/19
	Amanda Belcher	12/9/19	4/17/20
	Alonzo Mosley	9/9/20	11/20/20
	Elwanda Hudson	12/14/20	
Peer Leader 3	Aaron Perdue	1/7/21	4/27/21
	Brandan Simerman	4/28/21	
Peer Leader 4	Elizabeth Harvey	1/19/21	4/9/21
	John Toler	4/12/21	6/21/21
	Jacob Edmond	7/7/21	

II. Project Information Narrative

Brief Project Overview

Recovery houses are springing up all over West Virginia in response to the state's opioid epidemic, resulting in a need for a set of standards to ensure the quality of vital recovery support and services. Meanwhile, peer mentors are needed to support those on long wait lists for help and to provide recovery support after program completion. Stigma associated with substance use disorder remains prevalent in the state. The purpose of **Promote Recovery** (PR), a three-fold, sustainable endeavor, was to standardize operations of West Virginia's peer residential facilities, enhance delivery of recovery support services and educate the public about recovery. The status of PR goals and measurable objectives was as follows. Please note that peer recovery support services are noted in **green** and statewide network activities that are colored in **orange**. See **Attachment 1** for a one-page description of Promote Recovery accomplishments.

Goal 1. Increase prevalence & quality of long-term recovery support from substance abuse/addiction by building statewide capacity & standardization for residential recovery homes. Systems improvement and planning

Obj. 1.1. Establish WV-ARR (West Virginia Association of Recovery Residences), the first state-wide recovery community organization to monitor, evaluate, support, and ensure that recovery residence standards are consistent across the state, operating as an affiliate of the National Association of Recovery Residences (NARR).

Measure: Confirmed NARR affiliation.

WVARR was established NARR Affiliation began on September 18, 2018. During Year 2, WVARR became an independent entity, much earlier than expected.

Obj. 1.2. Create a framework and system of best practices for recovery housing standards, programming, and operations in line with NARR standards including nonprofit capacity building. Organizational linkages, network development, and capacity building

Measure: Finalized framework and approved best practices by West Virginia's Bureau for Behavioral Health and Health Facilities, the state's SSA.

Adopted NARR's existing framework and system of best practices and developed a process for implementation in West Virginia. A series of interviews was conducted with fourteen other NARR Affiliates to discuss the processes their states used to develop a framework and system of best practices for recovery housing standards, programming, and operations that were in line with NARR standards and would meet the needs of our state.

Obj. 1.3. Implement WVARR. Adopt/enhance certification process for existing as well as new West Virginia recovery residences.

Measure: The number of recovery residences certified.

- Worked with the City of Huntington to draft commonsense legislation for recovery residences in West Virginia, which was passed in a special session in August 2019
- Awarded a State Targeted Response-Technical Assistance (STR-TA) to support the process of conducting a statewide recovery housing capacity scan.
- Developed and finalized certification resources including the "Guide for Treatment Professionals" and the "Guide for Potential Residents"
- Began to certify residences in Year 3, however WVARR became an independent entity during Year 2, much earlier than anticipated

Obj. 1.4. Quantify recovery housing outcomes consistently to show community impact.

Planning for project's sustainability - standardized outcome data will help make the case for continuing WVARR. Dissemination of communication messages promoting recovery – standardized data collection creates a standardized picture of recovery outcomes which can be communicated to the community and future clients/partners.

Measure: Data collection mechanism collaboratively developed to uniformly collect and report data to measure outcomes.

- Contracted with Ohio Recovery Housing (ORH) to license their certification materials, certification tracking database, Resident Outcomes Tool, and utilize their technical assistance and training associated with certification.
- Contracted with ORH to provide ongoing training for new reviewers that WVARR recruited to oversee certification in designated regions of the state.
- Made available the Resident Outcomes Tool to all recovery residence operators in the state of West Virginia.

Obj. 1.5. Provide technical assistance in establishing three new WV-ARR certified recovery homes (one per year) in West Virginia communities where recovery housing does not exist.

Strategic shared learning sessions, workforce development, facilitated/participated events/trainings, Linkages & Catalysts.

Measure: Verification of new recovery homes established with WV-ARR certification.

- Became an independent entity during Year 2, much earlier than anticipated
- Provided technical assistance to operators, staff, or board members of 55 recovery homes (22 were newly developing recovery homes)
- Facilitated regular open calls for operators and staff to provide support, field questions, and discuss policies with recovery housing operators
- Awarded COVID-19 relief funds from the Benedum Foundation and distributed as mini grants to meet the needs of operators around the state

Obj. 1.6. Host a state-wide meeting in Year 2 for recovery housing providers across WV to initiate a network of recovery support housing and services across the state.

Measure: Documentation of state-wide meeting including agenda and attendee list.

- Became an independent entity during Year 2, much earlier than anticipated.
- Presented/facilitated 7 trainings around the state with more than 250 participants
- Ohio Recovery Housing provided Certification Training to the WVAR Board of Directors
- Facilitated regular open calls for operators and staff

Obj. 1.7. Purchase data base for WV-ARR to track recovery home facilities, locations, number of beds, type of recovery etc. also includes donor data base. Planning for project's sustainability - standardized outcome data will help make the case for continuing WVAR. Dissemination of communication messages promoting recovery – standardized data collection creates a standardized picture of recovery outcomes which can be communicated to the community and future clients/partners.

Measure: Purchase and implementation of database for WV-ARR.

- Contracted with Ohio Recovery Housing to license their certification reviewing materials, which included a residence certification database to track recovery home facilities
- Developed and regularly updated the WVAR Housing Guide with the most current information pertaining to recovery houses around the state of WV
- Created the WARR Recovery Housing Map which shows the location all known recovery houses around the state
- Purchased Certemy Software to be utilized when certifying recovery homes around the state of West Virginia

Goal 2. Deliver evidence based, recovery support services.

Objective 2.1. Identify areas in the state with the greatest need for recovery support systems.

Measure: Documentation of areas of highest need based on drug overdose data and community partnerships available.

Wyoming County was identified as a high need county for recovery support services. Wyoming County is the top county in the U.S. for prescription drug overdose deaths with a death rate of 54.6 per 100,000 people between 1999 to 2014. From 2014 to 2016 the overall drug death rate in Wyoming County was

88.8 deaths per 100,000. The county has a scarcity of recovery support services and is an ideal location for providing these services.

Cabell & Mercer County Parole approached Recovery Point requesting peer recovery support services for their clients. Mercer County Parole covers McDowell, Mercer, Monroe, Summers, and Wyoming counties. Community re-entry following incarceration is a daunting task for many individuals and often exacerbates alcohol and/or drug abuse. Meta-analysis indicates that those re-entering the community after prison have a high risk of drug-related death, especially during the first 2 weeks post release.^[1] Incarceration of opioid dependent individuals interrupts their opioid tolerance and increases overdose risk upon release^[2] indicating that interventions are necessary to reduce the risk of death following release from prison.^[3] The Table below indicates selected counties have significantly higher rates of drug and opioid overdose rates than the US general population. Between 2015 and 2018, 25% of all WV fatal drug overdoses occurred in the selected counties. Numbers in Table 2 below are representative of the minimum number of overdoses since many overdoses go unreported as a result of the availability of Narcan due to State Harm Reduction and Quick Response Team programs. Footnotes available in **Attachment 2**.

Table 3: Area Overdose Fatality Analysis

County	2014-2018 Drug Overdose Rate Deaths/100K pop. ages 15-64 ^[1]	2014-2018 Opioid Overdose Rate Deaths/100K pop. ages 15-64 ^[2]	# 2015 - 2018 Fatal drug overdoses ^[3]
Cabell	171.1	157.2	589
McDowell	121.8	101.9	55
Mercer	99.9	84.2	157
Monroe	35.0	30.0	13
Summers	71.7	59.6	18
Wyoming	113.1	100.5	51
State	70.7	60.5	3,547
US	27.1	18.3	---

The 2016 West Virginia Overdose Fatality Analysis identified the State corrections system as an opportune place to intervene in client overdose trajectories.

Objective 2.2 (a). Establish working relationships with County Parole Offices to provide recovery support services to individuals on parole.

Measure: Establish working relationships with County Parole Offices (Initiating services in Cabell and Mercer County Paroles).

- Placed two peer recovery support specialists in the Cabell County Parole Office and one peer recovery support specialist in the Mercer County parole office to provide recovery support services
- Established and maintained more than 7 collaborations and partnerships through our work with Cabell and Mercer County Parole
- Served 93 parolees with peer recovery support services

Objective 2.2 (b). Provide recovery support services to individuals in a high-need area of the state.

Measure: Select a high-need area of the state (Wyoming County has been selected).

Organizational linkages, network development, and capacity building.

See Objective 2.1 for documentation of Wyoming County's high need.

Year 3 Wyoming County Achievements:

- Maintained at least one peer recovery support specialist position in Wyoming County since first filling the position during Year 1

- Opened an office in Mullens, West Virginia
- Established and maintained more than 11 collaborations and partnerships in Wyoming County
- Directly served 103 Wyoming clients with peer recovery support services

Objective 2.3. Provide direct, evidence based (EBPs) recovery support services to clients (utilizing motivational interviewing (MI), trauma informed care (TIC), ethics and boundaries, SBIRT, etc.)

Measure: Serve at least (25 clients in Y1; 50 clients in Y2; and 120 clients in Y3) with evidence based, peer recovery support services.

Hiring Peer Staff.

Recovery provided direct peer recovery support services to 196 clients.

Obj. 2.4. Demonstrate positive outcomes and durability of the program impact for individuals receiving direct recovery support services; identify/address any population disparity. Measures: Reduce involvement with the criminal justice system by 65%; increase abstinence from substance use by 78%, increase social connectedness by 80%, increase number of persons working or going to school by 50%, improve housing stability by 80%, reduce risky behaviors by 80% (i.e. injection drug use; binge drinking; drug related arrests, unprotected sex with an HIV positive person or with someone who has AIDS, is an injection drug user or is high on some substance); maintain a relapse rate below 60% (traditional treatment relapse rate); and demonstrate a reduction in system costs by decreasing the number of hospital emergency room visits, decreasing the number of nights spent incarcerated and decreasing the number of days spent in a substance abuse treatment program.

- Maintained weekly calls with the evaluation team who assisted in monitoring the implementation timeline along with tracking activities and direct services provided.
- Addressed outcome disparities during weekly calls
- Monitored disparity group outcomes.
- Conducted 97 6-month follow-ups and ended the grant with a follow-up rate of 80.8%.
- See Attachment 3 for GPRA Outcomes.

BEST PRACTICES DATA OUTCOMES:

Obj. 2.5. Provide comprehensive CEU (Continuing Education Unit) training for Certified Peer Recovery Coaches to maintain certification, including evidence-based practices (i.e., MI, TIC, ethics and boundaries etc.). Certified Recovery Coaches need 20 hours in CEUs every other year to maintain their certification. Peer Leadership Development, Peer Trainings/Certifications

Measure: The number of Peer Recovery Coaches (PRC) receiving CEUs. Serve at least 30 clients per year for a total of 90 PRCs over 3 years.

The grant additionally set a goal of facilitating 4 Best Practices events per year.

Promote Recovery facilitated 7 Peer Recovery Credentialing Trainings with 92 participants, one Peer Ethics and Boundaries Certification Training with 2 participants, and one class that provided CEUs entitled “Peer Recovery Coach Ethics on the Multiple Pathways to Recovery”, with 39 participants.

Over the three years of the grant:

- 91.3% of graduates reported sharing information gained from this event with their colleagues

- 98.8% of graduates reported that the information from this event benefited their professional development and/or practice.
- 93.8% of graduates reported using the information gained from this event to change their practice.
- 98.8% of graduates reported expecting to continue using the information from this event in their future work.
- 97.8% of graduates reported being satisfied with the overall quality of this event
- 98.9% of graduates expect this event to benefit their professional development and/or practice.
- 90.4% of graduates report that they will use the information gained from this event to change their current practice.
- 98.9% of graduates would recommend this training to a colleague

Goal 3. Promote and educate the public about recovery through media, public speaking, & anti-stigma campaigns. Dissemination of communication messages promoting recovery.

Obj. 3.1. Develop media materials including social media campaigns, recovery apps, Instagram, Snapchat, Facebook, Twitter, for distribution, working through other treatment and recovery facilities across the state to disseminate.

Measure: Documentation of the number of distribution channels for media materials; track impressions through distribution channels.

- Created a logo and branding for WVARR
- Established wvarr.org
- Involved with Recovery Friendly Business Project, an anti-stigma campaign. 40 businesses were trained to use and carry Naloxone and display window stickers
- Developed WVARR Facebook page, which currently has 1,119 followers
- Maintained two WVARR email listservs, one is targeted to a broad audience of interested parties; the other is for operators
- Featured story about grant PRSS, Michelle Williams, in a booklet produced by WV School of Osteopathic Medicine, which is distributed to students as an anti-stigma tool
- Participated in Recovery Photo Shoot to promote recovery awareness and smash stigma. Photos from the shoot were posted to Facebook
- Worked with 8+ organizations to promote recovery and available peer recovery support services at the Wyoming County Resource Fair
- Promoted grant peer recovery support services available at the Cabell County Recovery Awareness Day
- See **Attachment 4** for a sampling of pictures of media materials developed or utilized

Obj. 3.2. Engage in at least 6 public speaking events per year which include high schools, community colleges, and universities.

Measure: maintenance of a record of public speaking activities including occasion and number present.

- During the grant, staff spoke at 12 events with 1857+ participants. See **Attachment 5** for further information.
- Grant staff distributed recovery information at 73 community events and distributed recovery information to 3,848 participants; grant staff participated in 32 recurring community meetings and outreach events with an average of 19 participants in each meeting/event.

Obj. 3.3. Partnering with the State of West Virginia (BBHHF-SSA), and WV-ARR Board, initiate at least one anti-stigma campaign per year.

Measure: Documentation of information produced for the campaign.

- Heavily involved with the Recovery Friendly Business Project (RFBP), an anti-stigma project in collaboration with SOAR (Solutions Oriented Addiction Response)
- Coordinated the annual 5K GlowRun for Recovery
- Participated in the West Virginia Association of Alcoholism and Drug Abuse Inc. Advocacy Day at the West Virginia State Legislature
- Participated in COR-12 (Comprehensive Opioid Response with Twelve Steps) training for operators and treatment providers facilitated by Hazelden Betty Ford
- Featured story about grant PRSS, Michelle Williams, in a booklet produced by WV School of Osteopathic Medicine, which is distributed to students as an anti-stigma tool
- Pushed out recovery stories of hope on social media in an attempt to reach a broad audience with stories that promote recovery and address stigma during COVID-related shutdowns

Obj. 3.4. Disseminate materials across the state, engaging the public, elected officials, judicial system, and primary/secondary education.

Measure: documentation of material dissemination – what materials and to whom.

- See objective 3.2 for a list of outreach events
- Established wvarr.org which provides information and outlines its vision to all site visitors
- Set up a Facebook page for Wyoming County Connections to provide recovery education and information
- Featured BCOR PRSS services available in Wyoming County on the front page of the local paper
- Participated in West Virginia Office of Drug Control Policy meetings around the state
- Participated in the Forum on the WV Substance Use Response Plan facilitated by the WV Office of Drug Control Policy in Charleston, West Virginia
- Facilitated a WVARR Meeting with Legislators at the WV Capitol in Charleston, WV.
- Participated in a meeting with Wyoming County Commission, providing information on Recovery Point and the availability of peer recovery support services available in Wyoming County
- Engaged the West Virginia Southern District of Parole Services (16 counties). The BCOR-SUD grant was awarded and will support the work of providing peer recovery support services around the state
- Developed and utilized digital advertising materials for the Peer Recovery Coach Credentialing Training
- See **Attachment 4** for a sampling of pictures of media materials developed or utilized

Goal 4. Sustain PR post grant funding.

Obj. 4.1. Continued membership, participation on steering committee & advocacy for WVARR. Planning for project sustainability

Recovery Point's participation continued with WVARR after it was established as an independent entity. Reggie Jones, Promote Recovery (BCOR) project director is a member of the WVARR Board, and Recovery Point WV is a member of WVARR.

Obj. 4.2. Initiate billing for Peer Recovery Coaches as soon as billing codes become available via West Virginia Substance Use Disorder (SUD) Waiver 1115. Health Coverage and Integration – when the agency can bill for services, Recovery Point will be able to provide more services to clients without insurance because the budget will be larger.

Recovery Point is an approved licensed behavioral health facility for the purpose of billing for recovery support services. Billing for peer recovery coach services is part of the program's sustainability plan. Throughout the grant, the project focused on sustainability by collaborating with staff to ensure peer recovery support specialists are facilitating sufficient billable hours per day, which ensured sustainability of the positions.

Obj. 4.3. Continued distribution of media with materials developed during grant funding; continued public speaking regarding benefits of recovery support.

- See Objective 3.2 for public speaking events
- Distributed brochures, advertising grant peer recovery support services available in Wyoming County at the local health department and through outreach in the community
- Collaborated with Grace Recovery ministries to create first aid kits for outreach in the community and at Harm Reduction. The kits included first aid items, brochures advertising available recovery support services, and the grant's PRSS business card. 187 kits were distributed
- Developed and utilized digital advertising materials for the Peer Recovery Coach Credentialing Training

Obj. 4.4. West Virginia Affiliate of Recovery Residences (WV-ARR) will be a free-standing 501c3 non-profit organization by the end of Year 3.

During Year 2 of the BCOR grant, WVARR became an independent, free standing, 501c3 non-profit organization.

III. Successes, Challenges, and Modifications (including COVID-19)

Wyoming County Culture & Structural Problems

Challenge: Everything (including cell service) moves much slower in Wyoming County. There is a "let them die" mentality. The law enforcement community has severe compassion fatigue which impacts the functionality of the Drug Court, judicial system, and CPS. Even one of our best partners who attended monthly community meetings responded to a survey with "I am not coming to these meetings if you are going to make me work."

Steps to Overcome:

- Solicited feedback from the community.
- The project coordinator and director made regular trips to Wyoming County to meet with key players and address challenges that arose.
- Increased local outreach to increase local partnerships
- Persevered and stuck with it!

Outcome: Hard work by the project team paid off in the end! Post-grant, the project PRSS continues to provide direct peer recovery support services from an independent office in Wyoming County. Relationships have been established, re-built, and have flourished with time.

Office Location

Challenge: Being in the Day Report was preventing potential clients from coming in for services as clients felt uncomfortable around law enforcement.

Steps to Overcome: Opened an independent office in Wyoming County.

Outcome: To-date, PRSS staff continue to provide direct services at this location.

COVID-19 Pandemic

Challenge: Shutdowns and safety restrictions related to COVID made it difficult to provide in-person direct services or participate in outreach events.

Steps to Overcome:

- Continued provision of peer recovery services, WVARR support, and GPRA enrollments and follow-ups via telephone or web-based platforms
- Transitioned back to in-person direct services quickly
- Promoted online meetings and recovery resources
- Conducted regular WVARR TA calls
- Applied for COVID relief funds

Outcome: Close and regular contact was maintained with BCOR consumers; GPRA enrollments and follow-ups continued; WVARR TA was utilized more broadly; online meetings and recovery resources were identified and utilized; COVID funds were awarded and distributed as mini grants to fulfill needs of operators around the state.

IV. Alignment with Disparity Impact Statement (DIS)

The disparity group for the project was African Americans. 3.6% of the area served is African American as defined by the census at the time the disparity statement was written. The project's goal was to serve 6 African American clients and the project served 9 African American clients. 4.6% of the clients in the program were African American. The program was also able to monitor outcome data by gender and LGBT+ status.

V. Lessons Learned

- The project made us more aware of how systems can positively or negatively impact recovery.
- We need to ensure dedicated support is provided for our peer recovery support staff!
- Despite the challenges and opposition, the grant has still been successful.
- The importance of establishing relationships with system players and continuing work to maintain and create relationships.
- Recovery Point learned to take advantage of the opportunity to live down a negative reputation and to clarify their purpose in Wyoming County.
- We learned to persevere in the face of adversity, to dig in a little deeper, to keep showing up, doing the right thing, and doing the next right thing, and people will eventually come around. The BCOR team has given a new definition to the word "tenacious."
- Brainstorming and "out of the box" thinking can make a difference!

VI. Evaluation

A. Describe GPRA intake and follow-up rates for the 3 years and any challenges experienced reaching your goals. Provide a brief explanation of how you went about overcoming challenges.

Service Goals

GPRA Intake Coverage Rate: 100.5%

GPRA Follow-up Rate: 80.8%

The program maintained weekly calls with the evaluation team who assisted in monitoring timeline implementation & tracking activities & direct services.

VII. Grant Budget Check

Variance is the difference between the actual year-to-date and budgeted expenditures divided by the budgeted year-to-date (YTD) expenditures. A negative variance means you are underspent; a positive variance means you are overspent.

(1) Actual Expenditures YTD

(2) Budget YTD

(3) Variance

<i>Total Expenditures:</i> \$503,439.59	Budgeted: \$600,000.00	\$503,439.59- \$600,000/\$600,000= -16%
--------------------------------------------	------------------------	--------------------------------------------

- B.** If there is a variance of more than 15% (positive or negative) between budgeted and actual annual expenditures, briefly explain why and how you addressed the variance.
Due to the increase of COVID-19 cases throughout the state, the Hazelden Betty Ford (HBF) anti-stigma campaign (which was under contract for the spring and summer of 2021) was not able to start or complete services by the end of the grant period, resulting in cancellation of the contract.
- C.** Did you expend 100% of grant funding for the 3 years? If not, why, and what amount of unexpended funds you requested for a NCE and how do you anticipate using those funds?
No, see above. A NCE was not requested.

VIII. Success Stories

From a Wyoming County Grant Participant:

SH went through the Sound Mind program, got a job via West Virginia Workforce's Empowering Employees program, and received support from the state Jobs and Hope program. She has a CPS case and her children had been taken by the state. SH got an apartment and graduated from drug court after one year. She was able to get her children back and the reunited family is thriving! SH has been clean for 1.5 years and is currently working on getting a vehicle.

From a Cabell County Parole Grant Participant:

My name is DD. I am writing to let you know how much Brandon has did for me. He has helped me obtain my food stamps, my addiction problems, my driver's license, get my bills in order and getting my job I currently have right now. I just want you to know how much he has helped me with everything. He helps me with appointments. He has been such an asset to me and my family. He has helped me get clothes, dr. appointments – I would be lost without him. He has went above and beyond. He is just a great person all the way around. He really does his job and more. He always goes out of his way to help people. I hope this letter helps to explain what kind of person he is. I thank God I have his help, or I would probably be back in prison.

IX. Attachments

Attachment 1: One-Pager Description of Promote Recovery

Attachment 2: Footnotes for Objective 2.1

Attachment 3: Program GPRA Outcomes (Objective 2.4)

Attachment 4: Sampling of Media Materials (Objective 3.1)

Attachment 5: Public Speaking Events (Objective 3.2)

ATTACHMENT 1

Objectives 1-4

Promote Recovery One-Pager

PROMOTE RECOVERY IN WEST VIRGINIA

GOAL 1

Increase prevalence & quality of long-term recovery support from substance abuse /addiction by building statewide capacity & standardization for residential recovery homes (WVARR).

GOAL 2

Deliver evidence based recovery support services.

GOAL 3

Promote and educate the public about recovery through media, public speaking & anti-stigma campaigns.

GOAL 4

Sustain PR post grant funding.

TRAINING



39 CEUs provided



2 trained in
Boundaries & Ethics



92 earned the
Peer Recovery
Coach Credential

OUTREACH

- Total of **73** 1-time outreach events reaching **4,401** people
- Staff participated in **32** recurring outreach events
- Held **3** Glow Runs for Recovery
- Staff spoke at **9** public venues reaching **1,199** people
- **187** Resource Bags provided including lists of grant services

CLIENTS SERVED

- Intake rate: **100.5%**
- Intakes as of FFY20: **196**
- 6-month follow-up rate: **80.8%**
- Services provided: **7,649**

REFERRED & TRANSPORTED

clients to 14 different facilities:

- **6** to 28-day treatment
- **30** to Detox
- **57** to Recovery Programs
- **5** to MAT Outpatient Services

CLIENT OUTCOMES



Employment

11% FT/PT at intake, **28%** at follow up



Statistically significant reduction

in use of marijuana, meth & heroin



Statistically significant reduction

in use of injection drugs



Statistically significant reduction

in depression & anxiety



Housing

Helped 4 clients find housing



Statistically significant increase

in self-help groups attended



WVARR
West Virginia Alliance
of Recovery Residences



& ASSOCIATES
EVALUATION TEAM

data as of 10-15-21

Cabell and Mercer Counties Parole

ATTACHMENT 2

Objective 3.1

Footnotes for Documentation of Need

^[1] Appalachian Overdose Mapping Tool. NORC at the University of Chicago. (2018). Appalachian Overdose Mapping Tool. Retrieved from <https://overdosemappingtool.norc.org/>.

^[2] Appalachian Overdose Mapping Tool. NORC at the University of Chicago. (2018). Appalachian Overdose Mapping Tool. Retrieved from <https://overdosemappingtool.norc.org/>.

^[3] West Virginia Department of Health and Human Resources: Office of Drug Control Policy. (2019). *Data Dashboard*. Retrieved from <https://dhhr.wv.gov/office-of-drug-control-policy/datadashboard/Pages/default.aspx>.

^[1] Marrall, E.L., Kariminia, A., Binswanger, I.A., Hobbs, M.S., Farrell, M., Marsden, J., Hutchinson, S.J., Bird, S.M. (2010). Meta-analysis of drug-related deaths soon after release from prison. *Addiction* 105(9), 1545-1554. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2955973/>

^[2] Dasgupta, N., Beletsky, L., Ciccarone, D., (2018). Opioid Crisis: No Easy Fix to Its Social and Economic Determinants. *AJPH PERSPECTIVES*, 108(2), 182-186. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5846593/pdf/AJPH.2017.304187.pdf>

^[3] Binswanger, I.A., Stern, M.F., Deyo, R.A., Heagerty, P.J., Cheadle, A., Elmore, J.G., Koepsell, T.D. (2007). Release from Prison — A High Risk of Death for Former Inmates. *N Engl J Med* 356(2),157–165. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2836121/>

ATTACHMENT 3

Objective 2.4

BCOR GPRA Data Outcomes

GPRA DATA OUTCOMES:

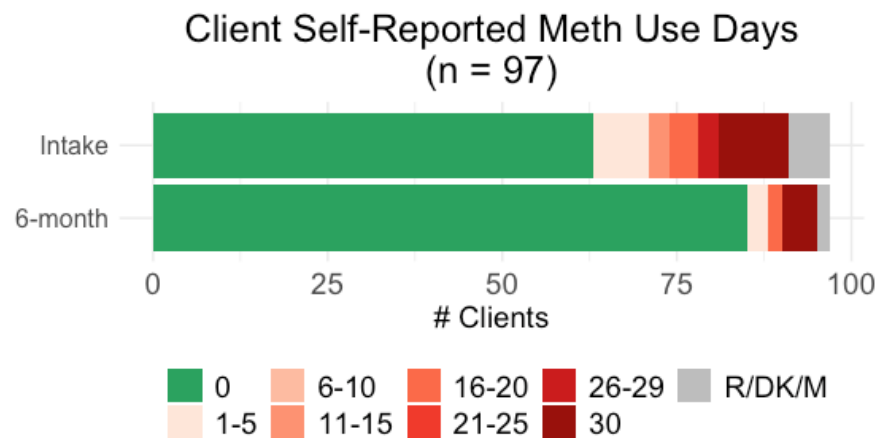
Criminal Justice System Involvement

- At intake, 4 clients self-reported having been arrested in the 30 days prior to intake.
- At 6-month follow-up 8 clients self-reported having been arrested in the 30 days prior to follow-up.
- At intake, 30 clients self-reported committing 538 crimes in the 30 days prior to intake
- At 6-month follow-up, 21 clients self-reported committing 278 crimes in the 30 days prior to follow-up

Substance Use

Clients experienced significant reduction in days of use between intake and follow-up for the following substances: Marijuana, Meth & Heroin. The distribution of meth use days at intake is compared to the distribution of meth use days at 6-month follow-up in the following plot.

Table 1:



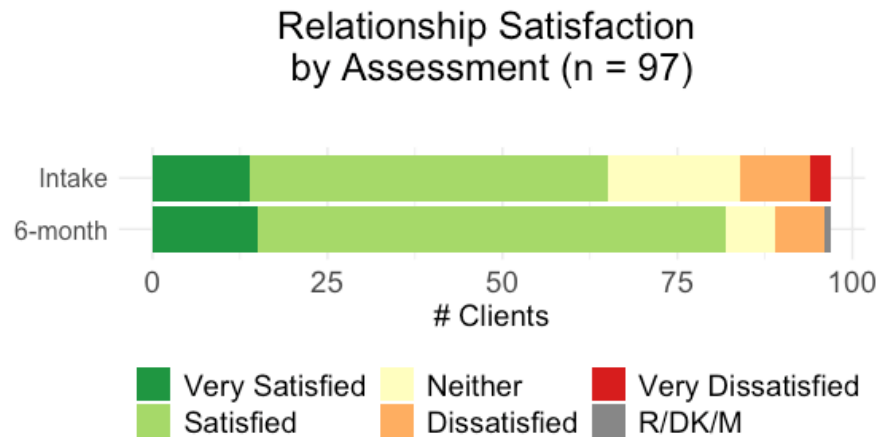
Relapse Rate

- 53.6% of clients with follow-up interviews reported having used drugs in the 30-days prior to intake.
- 30.9% of clients with follow-up interviews reported having used drugs in the 30-days prior to intake.

Social Connectedness

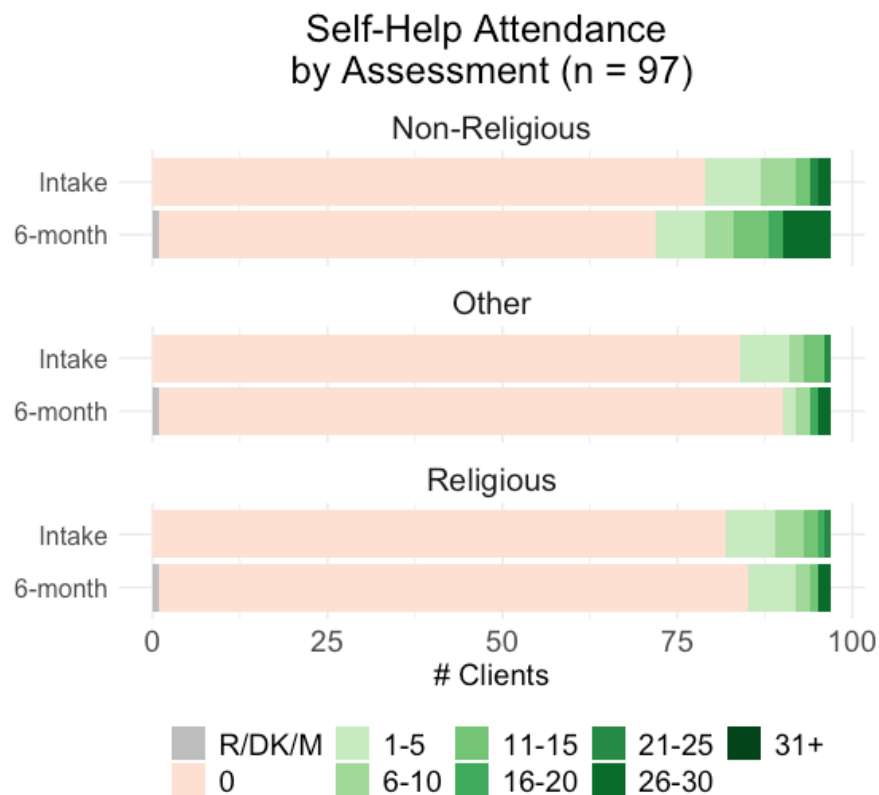
There was a statistically significant improvement in the proportion of clients who responded that they were Very Satisfied or Satisfied with their personal relationships. The results are described in the plot below.

Table 2:



There was also a statistically significant increase in the number of times clients reported having attended voluntary non-religious self-help groups. The results are described in the plot below

Table 3:

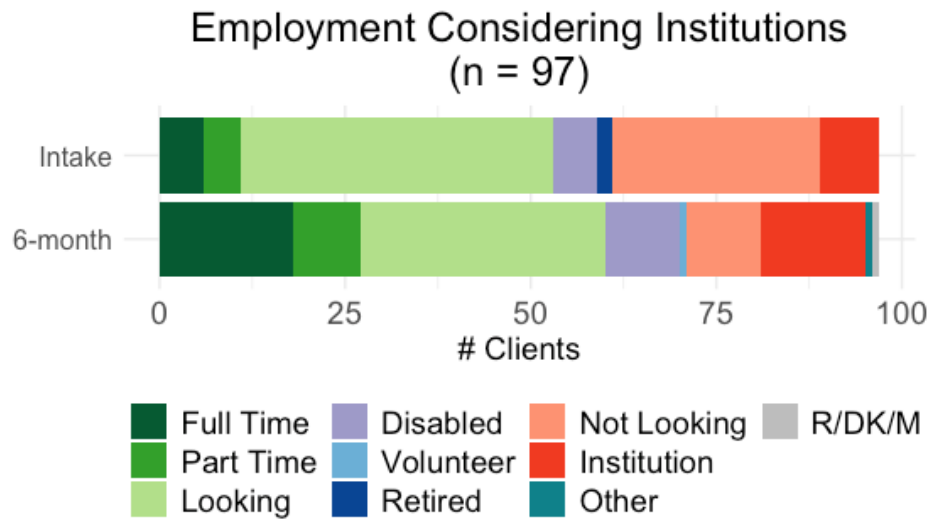


Employment & School

- Three clients reported having gained their high school diploma or equivalent in the time between intake and 6-month follow-up

- There was a statistically significant increase in the proportion of clients who reported being employed full or part-time between intake and 6-month interview. The results are described in the plot below.

Table 4:

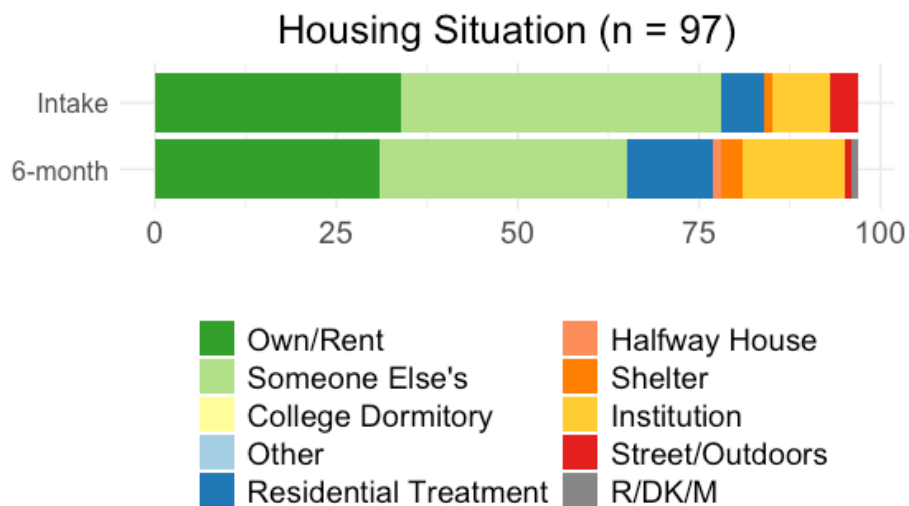


- Employment wages increased from \$12,000 at intake to \$24,000 at follow-up.
- There was a statistically significant improvement in the proportion of clients who did not report “Not at all” to “Have you enough money to meet your needs?”

Housing Stability

The plot below describes the distribution of client housing status at intake and 6-month follow-up.

Table 5:



Risky Behaviors

- There was a statistically significant increase between intake and 6-month follow-up in the proportion of clients who reported not having injected drugs
- At intake, 11 clients reported having 39 unprotected sexual encounters with injection drug users. At 6-month follow-up, 1 client reported 1 encounter.
- At intake, 11 clients reported having 49 unprotected sexual encounters while under the influence of a substance. At 6-month follow-up, 5 clients reported 5 encounters.

Reduction in System Costs

Clients self-reported system use which is multiplied by predetermined costs to estimate systems cost savings.

Table 6:

Variable	Cost at Intake	Cost at Follow-up
ER Times	\$34,500 (n = 23)	\$1,500 (n = 1)
Inpatient Substance Use Nights	\$120,750 (n = 138)	\$50,750 (n = 58)
Nights in Jail	\$10,647 (n = 169)	\$16,695 (n = 265)
Total	\$165,897	\$68,945

Promote Recovery Media Materials

ATTACHMENT 4

Objective 3.1

Sampling of Media and Advertising Materials

1. Recovery Friendly Business Project



2. Anti-Stigma Booklet Produced by WV School of Osteopathic Medicine

See Michelle Williams' story at:

<https://www.flipsnack.com/B7B766DD75E/if-you-ask-i-will-tell-you-my-story-asc-me.html>

3. Brochure Advertising PRS services available in Wyoming County.

YOU DON'T HAVE TO DO THIS ALONE

MILLIONS OF PEOPLE SUFFER FROM SUBSTANCE USE
DISORDER. WE ARE HERE TO HELP! IT IS NOT TOO LATE
TO GET CLEAN AND BREAK THE CHAINS OF ADDICTION.
REACH OUT TODAY!

RECOVERY IS POSSIBLE

Amanda Belcher
Peer Recovery Coach
(304)894.6015

4. Recovery Photo Shoot

ABC Photography Company

November 15, 2020 ·

"Once and for all, people must understand that addiction is a disease. It's critical if we're going to effectively prevent and treat addiction. Accepting that addiction is an illness will transform our approach to public policy, research, insurance, and criminality; it will change how we feel about addicts, and how they feel about themselves. There's another essential reason why we must understand that addiction is an illness and not just bad behavior: We punish bad behavior. We treat illness." - David Sheff (author of Beautiful Boy)
No child grows up wanting to struggle with addiction. No parent dreams of the day their child will become addicted to drugs. But it does happen. Every "addict" is someone's daughter/son, mother/father... every single "addict" is somebody's someone.

I think for a lot of people, when they hear addict, they think of a certain type of person. The reality is that addiction can happen to anyone. All of these people had different lives. They all have different stories of addiction. Some starting with their parents early in their childhood, some had perfect upbringings but struggled with addiction just the same. The most important part is they all found recovery. Instead of focusing on someone's past and their addiction, wouldn't the world be a better place if we focused on their recovery and the things they have overcome!? I am humbled to have met these people and learn their stories. Every person you meet has been through something, some worse than others. No one's story is perfect. But how these people have managed to turn their lives around is a perfect example of what recovery can do.

Where there is life, there is hope!

SAMHSA National Helpline

Confidential free help, from public health agencies, to find substance use treatment and information. #1-800-662-4357






Recovery Point West Virginia provides several recovery programs at NO COST to individuals suffering from a substance use disorder. Phone: 304.523.4673


[#stigmafreewv](#) [#HelpAndHopeWV](#) [#RecoveryIsReal](#)




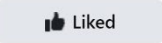



5. Digital Advertisement for Peer Recovery Credentialing Training

recoverypointwv/






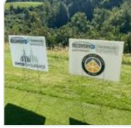


**Recovery Point West Virginia**




Photos

[See All](#)




Videos

[See All](#)



24


226 Views · 41 weeks ago

**Recovery Point West Virginia**

June 4 · 🌐

For those who are interested in our Peer Recovery Support Specialist classes or have any questions, please contact the instructor and Lead PRSS, Dwayne Blair, at dblair@recoverypointwv.org

He will be able to answer any of your questions regarding the course!



Meet your educational requirements from the longest-standing

PRSS CLASS

RECOVERY POINT BEHAVIORAL HEALTH

Gain confidence, knowledge, and everything you need to be successful as a Peer Recovery Support Specialist!

WHAT ARE THE BENEFITS?

FULL SUPPORT
We help you with every step, from the application to your full credential.

Previous PRSS Class Graduates

WHY TAKE THIS CLASS?

Meet your educational requirements
from the longest-standing

PRSS CLASS

RECOVERY POINT **BEHAVIORAL HEALTH**

Gain confidence, knowledge, and
everything you need to be successful
as a Peer Recovery Specialist!

WHY TAKE THIS CLASS?

*More than 500 individuals
have taken this course.*

Starting in 2022, the PR credential
will be required in order to bill
Medicaid for Peer Recovery Services.

Full scholarships are available on a
first-come, first-serve basis. Email
PRSSClass@recoverypointwv.org for
scholarship availability information.



Download the
application by
scanning here
or visiting [bit.ly/
RPWV_PRSSClass](https://bit.ly/RPWV_PRSSClass)



Previous PRSS Class Graduates

WHAT ARE THE BENEFITS?

FULL SUPPORT

We help you with every step, from
the application to your full credential.

CLASS OPTIONS

We offer 7 classes per year for
five Fridays in a row.

100% VIRTUAL

Take the class from anywhere in
a flexible learning environment.

EARN CEUS

Maintain your credential and
continue your education.

COST: \$500

RECOVERY POINT **BEHAVIORAL HEALTH**
WEST VIRGINIA



Learn more: bit.ly/RPWV_PRSSClass and email PRSSClass@recoverypointwv.org

ATTACHMENT 5

Objective 3.2

Promote Recovery Speaking Events

Promote Recovery (BCOR) gave speeches at the following events:

<i>Date</i>	<i>Event/Location</i>	<i>Speaker</i>	<i>Participants</i>
3/16/19	Recovery and Reentry Day at the State Capitol in Charleston, WV	Jennie Hill, Project Coordinator Topic: Second chance legislation, the expungement bill, and recovery housing and programs	23
4/9/19	WVARR/ NARR “Introduction to Recovery Housing Certification in WV” webinar	Emily Birckhead: Project Director Topic: An introduction to recovery housing certification in WV	25
4/17/19	BBH Peer Recovery Conference	Emily Birckhead: Project Director Topic: Introducing NARR Board President and keynote speaker, Dave Sheridan; provided an overview of recovery housing in WV and the importance of certification	350
4/17/19	Introduction to Recovery Housing Certification for Operators training, BBH Peer Recovery Conference	Emily Birckhead: Project Director Topic: Providing an overview of the NARR standards and how to prepare for certification	26
5/4/19	6 th Annual Recovery Walk at Davis Park in Charleston, WV	Jennie Hill, Project Coordinator Topic: Recovery and Breaking Stigma	250
8/14/19	Kanawha County Re-Entry Council	Emily Birckhead, Project Director Topic: Provided an overview of WVARR goals and objectives and changes to expect with certification	25
9/13/19	SAMHSA recovery month webinar.	Emily Birckhead, Project Director Topic: The importance of community in achieving and sustaining recovery	Online event

9/21/19	5K Glow Run for Recovery on Magic Island in Charleston, WV	Jennie Hill, Project Coordinator Topic: WVARR and its importance in the recovery community.	500
6/3/20	Wyoming County Commission Meeting	Reggie Jones, Project Director Topic: Peer recovery support services available in Wyoming County	20
9/19 – 9/26/20	Virtual Glow Run for Recovery 5K	Topic: Recovery and Breaking Stigma	Online event
2/23/21	Virtual Recovery Advocacy Day	Reggie Jones, Project Director Topic: Recovery support that is available throughout the state	Live online event
9/8/21	Save a Life Free Naloxone Day	Dwayne Blair, Project Coordinator Topic: The risk of overdose, what to do in the event of an overdose, and the laws that protect you when you report an overdose	638
Total	12 Events		1,857+