



The WV Children's Justice Task Force has developed an app that will give you the contact information you need to work child abuse in West Virginia.

WV HELPERS provides instant access to telephone numbers and resources available in West Virginia when you are dealing with a victim experiencing crime, violence or abuse. This app is especially helpful to anyone working with child maltreatment. WV HELPERS provides information for each of West Virginia's 55 counties, and also at the state and federal level.

It's simple: download the free WV HELPERS app; select a county, choose a resource and then click on the phone number to be connected to the resource. Or tap on the contact to receive the physical address and other details. This app is strongly recommended for law enforcement, child protective services, prosecutors, victim advocates, teachers and child advocacy centers.



For anyone **working** a case:

WV HELPERS

www.wvhelpers.org

Scan the QR code to access the WV HELPERS App.



Law Enforcement Embedded Peers



Chief Shawn
Schwertfeger

- BS in Criminal Justice/ Business Administration
- 21 Year Veteran Albemarle County PD, where retired as Captain
- President West Virginia Chiefs of Police Association
- Executive Board Member Appalachia HIDTA
- Crimes Against Persons Unit, SWAT operator and commander, Crisis Negotiations Unit operator and commander, Public Information Officer
- Graduate of the Professional Executive Leadership School at the University of Richmond, and a 2009 graduate of the FBI National Academy.

Lata Menon

- CEO, First Choice Services
- MSW, MPA
- Fair Chance Employment Advocate



LAW ENFORCEMENT EMBEDDED PEERS

(Wait. You are putting *who??* WHERE???)

- Introductions
- A bit of history
- How it works
- Why it works
- Challenges
- Successes



FIRST CHOICE
SERVICES



- **Approximately 25,000 helpline interactions per year.**
- **Access to treatment typically within 24 hours.**
- **Reduction of barriers like transportation & lack of insurance.**
- **This line is 24/7!**
- **Follow-up is offered.**



- QRT, community harm reduction, group facilitation
- Addiction, behavioral health, homelessness, SDOH
- Case management for escalated or unique needs.
- Re-entry support
- Outreach ambassadors

988

**SUICIDE & CRISIS
LIFELINE**

- **Someone to Talk to**
- **Someone to Respond**
- **A Safe Place for Help**

New Collaboration, New Opportunities!



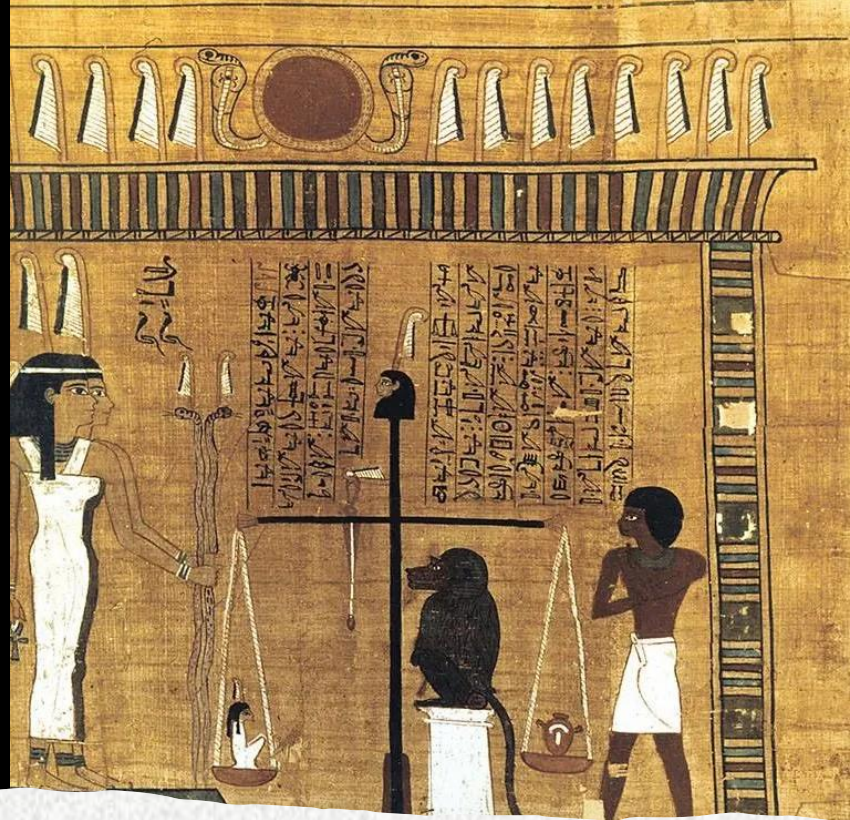


Jean-Baptiste Pussin



Phillipe Pinel

*Peers! The beginning...
more than 200 years ago!!*



Police! The beginning...
more than 5000 years ago!!!

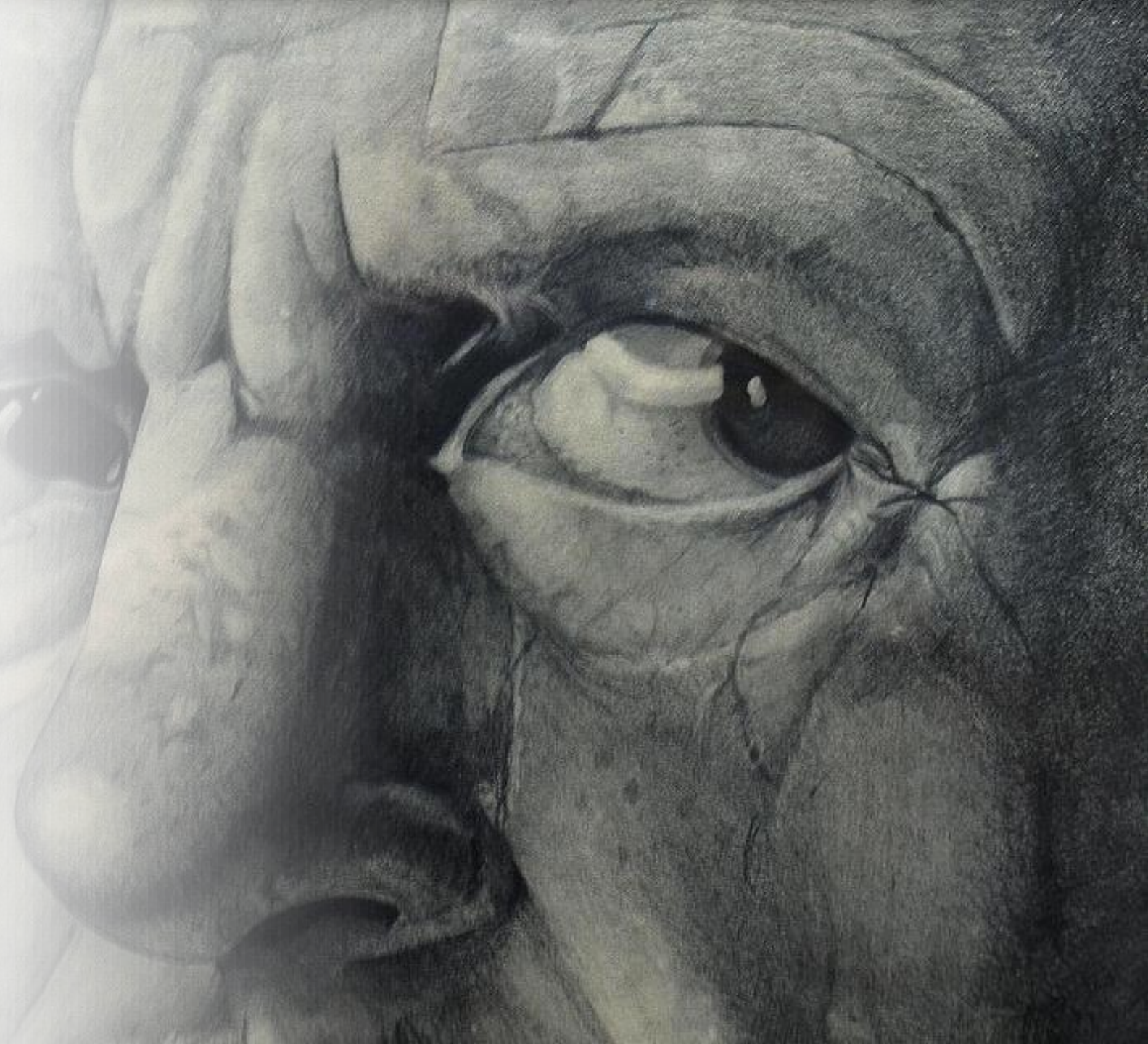


Peer Liaisons: Nuts & Bolts

- First Choice Services (FCS) is the employer of record
- LE Agency directly benefits from workforce
- Positions are customized to the placement agency
- MOU and Job Descriptions are finalized
- FCS screens by phone and virtual interview
- Final candidates are co-interviewed at the placement site
- Selected candidates train at both sites
- Daily and task supervision is provided at the site by Chief or designee
- HR issues are handled by FCS
- Monthly meetings are attended by program leadership from both sides

Myths

- LE will not accept individuals with criminal backgrounds
- Peers won't be interested – they are terrified of LE
- Community members won't trust a Peer working with LE
- LE may be biased by their previous knowledge of the peer
- LE won't be interested in this non-traditional approach
- Lack of trust and respect
- Resistance and territorialism





Reality

- LE officers are quick to accept Peers
- Peers are excited to do this work alongside LE
- Community members perceptions of LE change positively
- LE realize that recovery happens
- LE officers are interested in helping others
- Trust and respect come naturally when individuals work closely
- Partners come around in time if we are patient, diligent and demonstrate results

Peer Liaison Job Requirements

- PRSS certification or a minimum of two years' time in recovery with the ability and commitment of obtaining certification within a year
- Primary residence within a 45-mile radius of the City of Wheeling
- Lived personal experience with substance use disorder/addiction
- Ongoing involvement with a personal support and/or recovery system
- No justice system involvement within the last 2 years
- No intensive behavioral health treatment within the last six months
- Valid Driver's license
- Ability to work evenings, nights, weekends, and holidays as required
- Ability to respond quickly in person to crises in the community

Job Functions

- Promote ongoing recovery
- Help individuals find resources
- Follow up with clients
- Provide referral and support as needed
- Participate in outreach activities as needed
- Client transportation for various needs
- Adhere to the policies and procedures of FCS and WPD
- Work within assigned law enforcement team to facilitate deflection and diversion



Impacts

- On average, the City of Wheeling Police responds to roughly 200 overdoses annually
- 86% of our overdoses involve opioids
- Crystal Meth and Crack Cocaine making a comeback
- In 2023, the WPD investigated 26 overdose deaths, which is average
- In 2024
 - 37% reduction in total overdoses!
 - 46% reduction in overdose deaths!
 - 18% reduction in criminal drug offenses!



ERICA BIGGERS WHEELING POLICE DEPARTMENT PEER LIAISON

"One of the biggest things I have learned about working with the police is that they are called for everything. Things that are out of their scope and not necessarily a police matter. Officers in Wheeling are often depicted as the enemy but are first to be called when a solution is needed. I must admit I never really thought about what officer's face until they became my co-workers. The unfair opinions and judgments of how they handle everything can be discouraging. Police have to deal with the ugly effects of addiction, from the pettiest to the serious of serious they deal with it all."



**ERICA BENNETT
BUCKHANNON POLICE
DEPARTMENT PEER
LIAISON**

“She hit the ground running and already has been able to reach several individuals who need help. She has made transport to shelters, made transports to treatment facilities,” said Matt Gregory, Buckhannon Police Department Chief.



Learning, growing and
helping...together

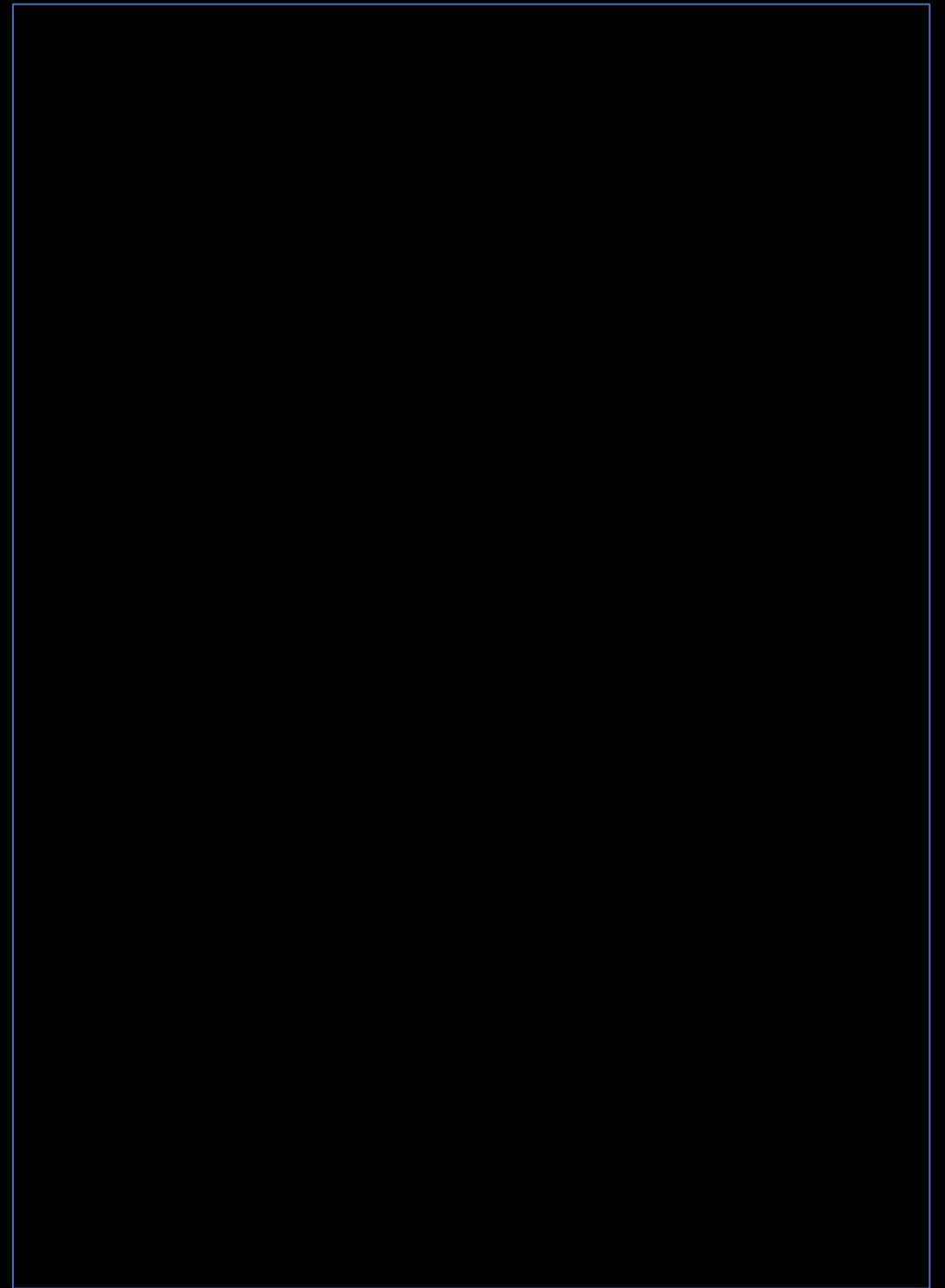
“What I hope officers have learned from me is addicts can be productive and successful once in recovery. I also hope that I can encourage them to look at their calls through a different set of eyes ones with compassion and understanding.” – Erica Biggers

Sounds good, but does it work??





Strictly business...



Thank You!!

Chief Shawn Schwertfeger

Wheeling Police Department

wheelingwv.gov/police

schwerts@wheelingwv.gov

304-234-3708

Lata Menon

First Choice Services

firstchoiceservices.org

lmenon@firstchoiceservices.org

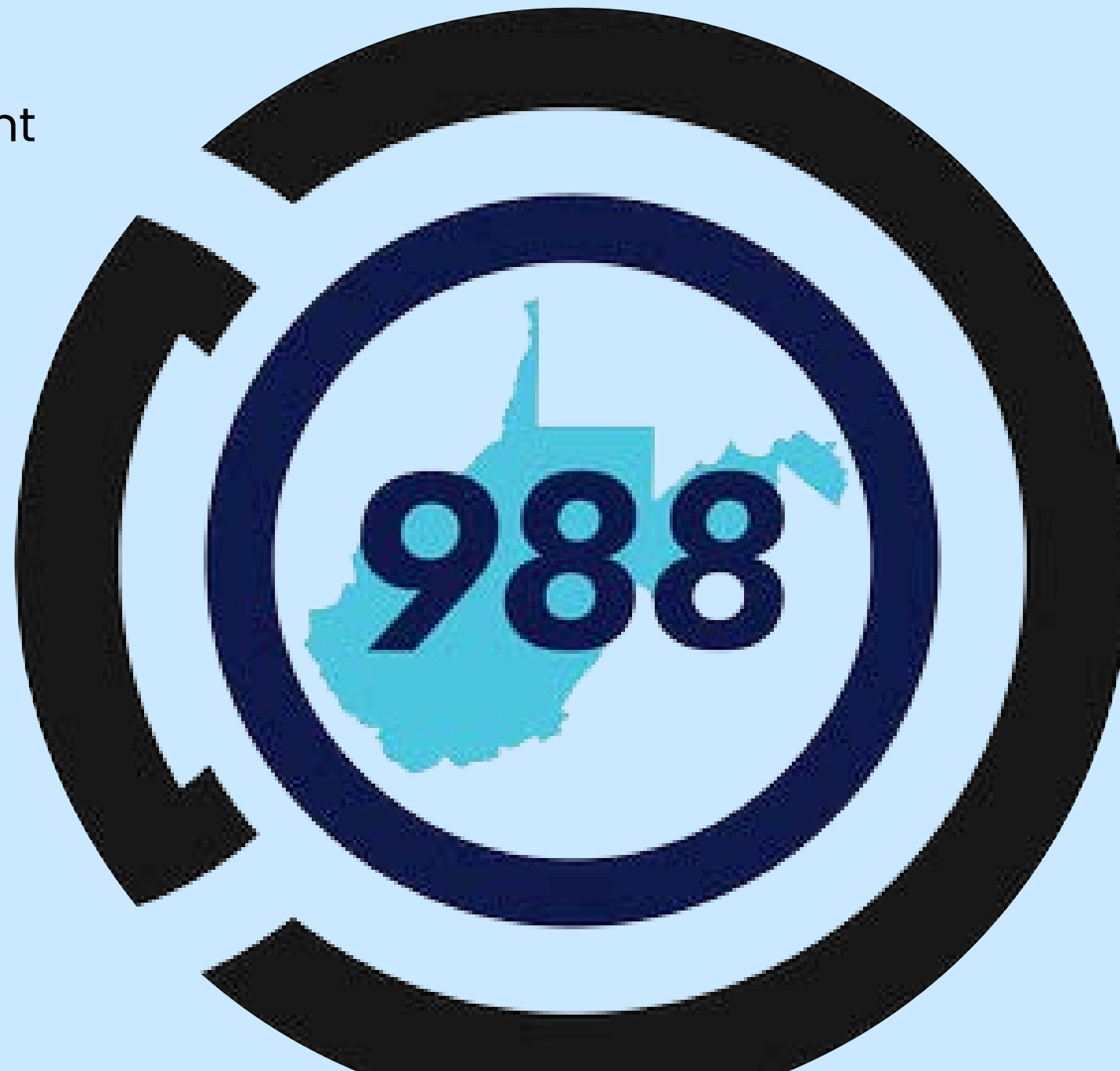
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Salwa Amin

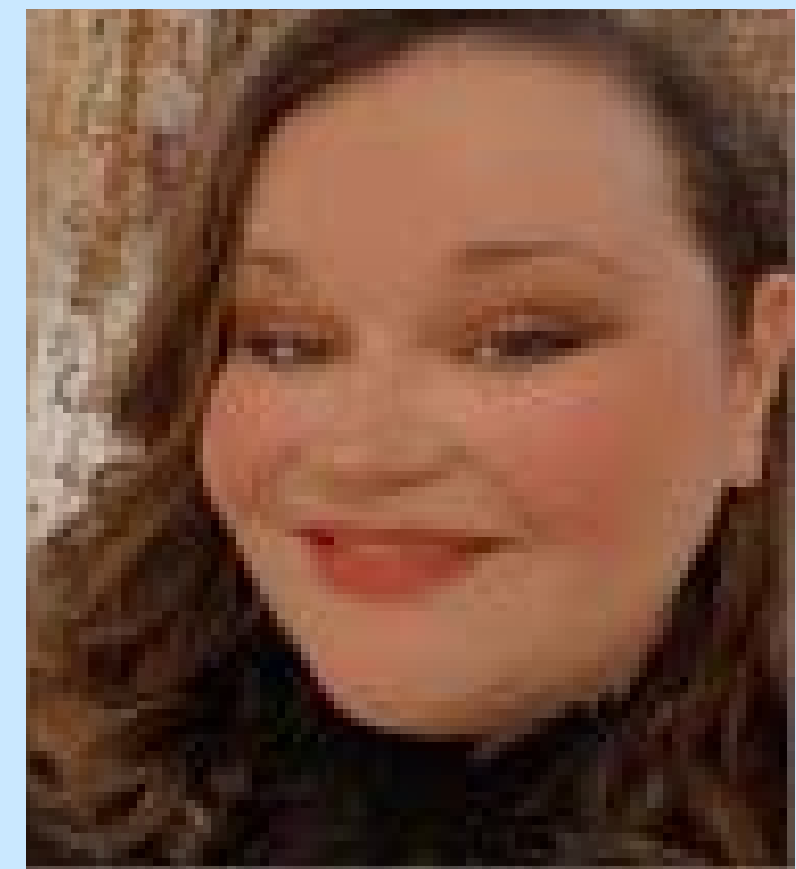


Heather Julian

- Program Director Help4WV
- Bachelors Degree in Accounting
- MBA Candidate
- MHFA Instructor for Law Enforcement
- Person in long term recovery

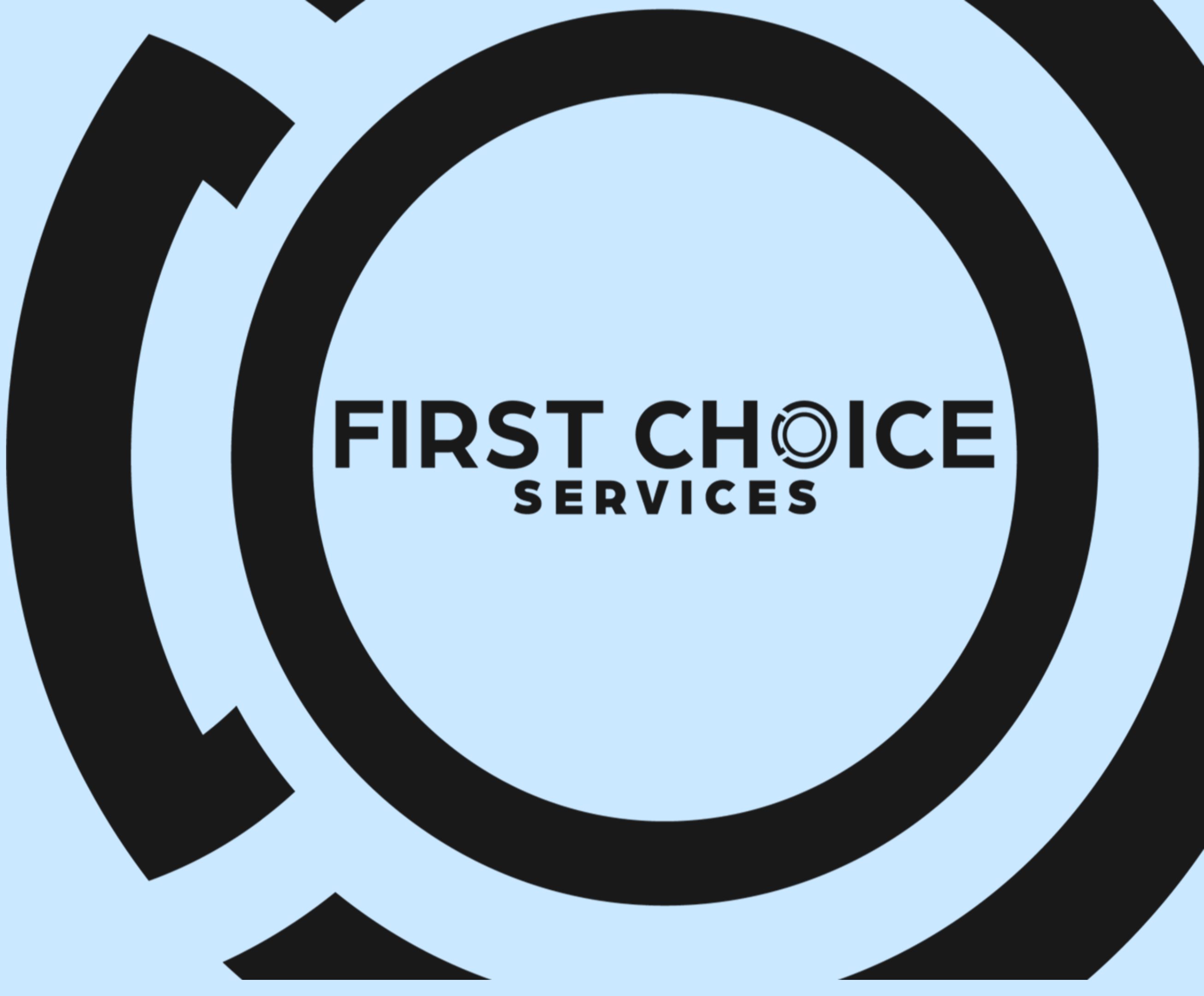


- Assistant Director WV988
- MA in Clinical Psychology
- Specialize in suicide prevention and crisis stabilization
- CIT, ASIST, and SafeTALK Trainer



First Choice Services

- Established in 1999
- Located in Charleston, WV
- FCS operates an array of programs that employ more than 200 staff members and that take more than 200,000 calls for help each year.
- Fair-chance employer
- More than 50% of our staff are persons in long-term recovery from Substance Use Disorder

The logo for First Choice Services is centered within a light blue circle. It features the text "FIRST CHOICE" in a large, bold, black sans-serif font, with "SERVICES" in a smaller, bold, black sans-serif font directly below it. The "O" in "CHOICE" is stylized as a target symbol, consisting of three concentric circles. The entire logo is set against a background of three large, thick, black concentric circles that fill the right half of the image.

FIRST CHOICE
SERVICES



This program was developed in response to a series of town hall meetings that revealed that the two main barriers to addiction treatment were access and navigation.

Callers are referred to resources for all behavioral health concerns.



- ☑ We take around 25,000 helpline calls/texts/chats per year.
- ☑ We can usually find treatment for callers on the day of their call.
- ☑ We help with barriers, such as transportation and lack of insurance.
- ☑ Follow-ups are offered.
- ☑ Someone is always available!

Callers are Offered:

- ✓ Withdrawal Management
- ✓ Psychiatric Assessment
- ✓ Recovery Homes
- ✓ MAT (Suboxone, Methadone)
- ✓ Counseling



- ✓ Short & Long-term inpatient treatment
- ✓ Support Groups (Online and in-person)
- ✓ Peer Support
- ✓ The Connections App

Children's Crisis & Referral Line

(844)HELP4WV



Anyone in WV concerned about a child in their care may call this line for guidance, support, and referrals.



All areas of the state are served by comprehensive mental health centers, regional youth centers, and mobile crisis response teams.



The focus of this line is finding community-based resources, either outpatient or in home, for the child.

Children's Crisis & Referral Line

(844)  **HELP4WV**

The resources we refer to include:

West Virginia Wraparound

A wraparound facilitator builds a team of community partners and supportive family and friends to develop a plan that will help support the family and child to keep the child thriving at home.

Positive Behavior Support

Services range from a one-hour telehealth brainstorming session, to a youth-centered plan for behavior improvement, to intense in-home services.

Regional Youth Service Centers

These professionals focus on early detection, treatment, and recovery for young people experiencing addiction or mental health issues, including depression, anxiety, and psychosis. The services are provided on an outpatient basis with a goal of helping the youth thrive in their own home.

Comprehensive Behavioral Health Centers

These regional centers provide a continuum of mental health services, including psychiatric assessment and outpatient counseling.

Children's Mobile Crisis Response and Stabilization Teams

This provides immediate assistance over the phone or is quickly available to come to you to de-escalate a crisis.

Regional Youth Transition Navigators

This program connects youths and young adults aged 14-25 who have trouble functioning due to a mental illness or addiction, with support to develop independent living and people skills, navigate systems like health care and education, and access and participate in treatment and recovery services.



- The ease of remembering the 3-digit number and the new focus on text and chat, along with new marketing contributed to the number of contacts quadrupling.
- In WV, we have one of the highest answer rates in the country, around 95%. Back-up centers provide live answer for those not answered by our staff.
- Our crisis counselors provide support and resources without the need for further intervention in almost every case.

Call or Text
988

**SUICIDE & CRISIS
LIFELINE**

24/7



**On average, one person
died by suicide every
22 hours in the state.**

**Almost seven times as many people died
by suicide in West Virginia in 2018 than in
alcohol related motor vehicle accidents.**

The total deaths to suicide reflected a total of
7,555 years of potential life lost (YPLL) before
age 65.



Suicide cost West Virginia
a total of **\$307,058,000**
combined lifetime medical
and work loss cost in 2010,
or an average of **\$1,100,568**
per suicide death.



**leading cause of death
in West Virginia**

2nd leading
cause of death for ages 10-34

4th leading
cause of death for ages 35-44

5th leading
cause of death for ages 45-54

8th leading
cause of death for ages 55-64

16th leading
cause of death for ages 65+

Suicide Death Rates

	Number of Deaths by Suicide	Rate per 100,000 Population	State Rank
West Virginia	395	21.11	8
Nationally	48,344	14.21	



WV

2020

**Suicide
Facts &
Figures**

Call To Action:

You Can Download Posters From our site, or order materials using our Jotform.

You can also order print material from Help and Hope.

<https://form.jotform.com/241216880353050>

<https://wv988.org/resources>

<https://helpandhopewv.org/988/>



Southern District of West Virginia

HOPE Family Drug Summit

(Healing, Opportunities and Possibilities to Empower)

January 15, 2025

HOSTED BY:



In Partnership with:



**FIRST CHOICE
SERVICES**



**FEDERAL PUBLIC
DEFENDER'S OFFICE
SDWV**



Message from the United States Attorney



William S. Thompson
United States Attorney, SDWV

Very few in West Virginia remain untouched by the drug epidemic. Too often, the results of substance use or abuse have been devastating: deaths, shattered families, and ruined lives. The U.S. Attorney's Office for the Southern District of West Virginia is sponsoring the HOPE Family Drug Summit to bring Healing, Opportunities and Possibilities to Empower families who have been impacted by this scourge. The Summit will provide support and resources to those who have endured tragedy and loss because of substance abuse and overdoses. This summit is also an opportunity to channel the grief caused by substance use disorder into a resolve that can save lives. I am greatly encouraged by the wonderful array of partners who have joined with our office to ensure the success of this summit. I look forward to coming together to further the goals of awareness, prevention, treatment, and recovery.

Message from the Drug Enforcement Administration



Jim Scott
Special Agent in Charge
DEA, Louisville Division

The opioid epidemic has swept across our nation like a tsunami for the past 25 years and no state has been hit harder than West Virginia. The Mountain State has lost more lives per capita than anywhere else in America. Thousands of mothers, fathers, sons, and daughters have died in this devastating scourge, leaving broken families behind. I can't overstate how difficult it is to make sense of the loss of a friend or loved one who was taken from us too soon. The HOPE Family Drug Summit is an opportunity to learn, grieve and heal. The opioid epidemic is not a problem that law enforcement alone can solve. We all need to work together, and events like this are a positive step forward in the journey toward building a safer and healthier community. Thank you for joining us!

Hosted by the University of Charleston

The University of Charleston is a private university with its main campus in Charleston, West Virginia. It also has a location in Beckley, known as UC-Beckley. The school was founded in 1888 as the Barbourville Seminary of the Southern Methodist Church. In 1901, it was renamed Morris Harvey College. In December 1978, the school changed its name to the University of Charleston.

The University of Charleston offers a unique opportunity for those who want an exceptional education in a smaller, private setting.

The University's history is rich with interesting milestones (the campus buildings were literally ferried across the river to the current location in 1947). The University's mission is one of preparation for a lifetime of striving to do more and do better. Their leadership provides a strong vision for making UC the best it can be for its students, faculty and staff, and surrounding community.



SPONSORED IN PARTNERSHIP WITH:

Drug Enforcement Administration, Louisville Division

Federal Public Defender's Office, SDWV

First Choice Services

Jobs & Hope West Virginia

Legal Aid of West Virginia

Mission West Virginia

West Virginia Center for Children's Justice

West Virginia Department of Homeland Security

West Virginia Fusion Center

West Virginia Public Defender Services

West Virginia Supreme Court of Appeals

Southern District of West Virginia

HOPE Family Drug Summit Agenda

8:30 am	Welcome <i>William S. Thompson, United States Attorney for the SDWV</i> <i>Marty Roth, President, University of Charleston</i> <i>Rob Cunningham, Cabinet Secretary, WV Department of Homeland Security</i> <i>Geary Student Union Ballroom</i>
8:45 am	My Story: The Tragic Consequences of Drugs <i>Terri Damron and United States Attorney William S. Thompson</i> <i>Geary Student Union Ballroom</i>
10:00 am	Break
10:15 am	West Virginia: Epicenter of the Drug Crisis <i>Richard Lawrence Merkle, MD, University of Virginia</i> <i>Geary Student Union Ballroom</i>
11:15 am	Neurobiology of Addiction <i>Jeremy Hustead, MD, West Virginia University School of Medicine</i> <i>Dorothy Van Oppen, MD, West Virginia University School of Medicine</i> <i>Geary Student Union Ballroom</i>
12:15 pm	Lunch on Your Own
1:30 pm	Breakout Session 1 (<i>Appalachian, Frankenburger & Erma Byrd Gallery</i>)
2:30 pm	Break
2:45 pm	Breakout Session 2 (<i>Appalachian, Frankenburger & Erma Byrd Gallery</i>)
3:45 pm	Break
4:00 pm	Trauma & Resiliency <i>Mark Hamm, DEA EAP Area Clinician, Louisville Field Division</i> <i>Tina Hamm, DEA EAP Area Clinician, Louisville Field Division</i> <i>Geary Student Union Ballroom</i>
4:50 pm	Closing Remarks <i>Geary Student Union Ballroom</i>

Southern District of West Virginia

HOPE Family Drug Summit

Break Out Session One

GPS: Getting People Support by Navigating Systems (1A) Appalachian

Misty Adkins, Deb Harris, Krista Neophytou, Hanna Thurman

Family engagement and support enhances treatment outcomes. Families impacted by Substance Use Disorder (SUD) often need services and support in many areas— from assisting children and family members caring for children—to counseling and career training. Navigating systems can be challenging for many families for a variety of reasons. This workshop will provide information about vital programs and resources that support children and families affected by substance abuse.

Breaking the Cycle: Evidence-Based Mentoring for Frankenburger

Youth in Foster & Kinship Care (1B)

Ashley Arthur

This workshop will highlight evidence-based mentoring in West Virginia to improve outcomes for youth in foster/kinship care. Participants will learn how to recognize the role of family engagement and articulate why family engagement is a critical component of mentoring programs, outline strategies for maintaining consistent and meaningful follow-through with families, identify and address barriers for students, and develop approaches to meet the unique needs of students to improve educational outcomes.

Southern District of West Virginia

HOPE Family Drug Summit

Break Out Session One (continued)

Understanding the Criminal and Civil Legal Systems: Erma Byrd Gallery **A Primer for Substance Use Disorder Impacted Families (1C)** *Dana Eddy, Wesley Page, and Brendan Wood*

Criminal Legal Services Overview—In this workshop, you will learn the basics of how the state and federal systems of **criminal justice** operate in Southern West Virginia, similarities and differences between those systems, what court-appointed attorneys can and cannot do for clients and families, how you can help (or hurt!) loved ones who have been charged with crimes and are awaiting bond hearings, trial, or sentencing hearings, and potential alternatives to prosecution or incarceration for certain eligible defendants. Specific information will be provided about the movement to “holistic” defense including programs the Public Defender Services has implemented to assist clients with SUD and clients trying to navigate the child abuse and neglect legal process with discussions about the role of family in a holistic defense model.

Civil Legal Services Overview—the types of **civil legal services** generally sought by people in recovery typically include expungement, driver’s license reinstatements, employment discrimination, public benefits, and family law, including abuse and neglect, domestic violence, child custody, guardianship establishment and modification, and exploring post termination/relinquishment parental rights. In this workshop, there will be a brief overview of the applicable laws and the appropriate recovery timelines before pursuing civil legal remedies.

Southern District of West Virginia

HOPE Family Drug Summit

Break Out Session Two

Getting Through:

Frankenburger

The Tough Journey to Recovery (2A)

Deb Harris

The process of recovery is highly personal and occurs through many pathways. This powerful workshop will share the real-life journey of the survivor of substance use disorder, explain barriers to recovery, and highlight successful interventions leading to long-term healing. You will learn how to recognize the signs of substance abuse, how to intervene effectively for yourself or your loved one, and better understand the many stages of recovery. This workshop will provide hope and encouragement for those impacted by SUD.

Law Enforcement Embedded Peers (2B)

Appalachian

Lata Menon and Chief Shawn Schwertfeger

Law enforcement plays an important role in ensuring SUD related calls are responded to appropriately, and mental health issues are addressed. Law enforcement agencies across the country are enhancing their responses by establishing police-mental health collaborations and embedding clinicians in their programs. In recent years, peers have been providing valuable support to those seeking SUD treatment. In 2024, the Wheeling Police Department (WPD) partnered with First Choice Services and launched a new program embedding a Peer Recovery Support Specialist within the department. Early data showed great promise and resulted in the addition of a second peer. This presentation will provide an overview of a law enforcement embedded peer program including implementation challenges, program successes and resulting data. Participants will learn the benefits of this unique collaboration, in particular, the value of law enforcement embedded peers who become ambassadors for law enforcement while reducing stigmas both within the agency and in the community.

Southern District of West Virginia

HOPE Family Drug Summit

Break Out Session Two (continued)

West Virginia Drug Trends (2C)

Erma Byrd Gallery

Jack Luikart

The presentation will provide an overview of the most recent data on emerging drug trends impacting communities in West Virginia. You will learn about specific drugs that are being transported into our state by both lone actors and drug trafficking organizations. Participants will better understand the drug crisis in West Virginia, what to look for, and how to report drug crimes.

SUMMIT HANDOUTS

A copy of the presenters' handouts are available on the United States Attorney's Office's district website— WWW.JUSTICE.GOV/USAO-SDWV.

CERTIFICATES

A Certificate of Attendance will be provided via email following the Summit.

Southern District of West Virginia

HOPE Family Drug Summit

CONTINUING EDUCATION CREDITS/UNITS

Continuing Education Credits/Units have been approved as follows:

The Law Enforcement Training Subcommittee: C2024-219 (8)

West Virginia Board of Social Work Examiners: 490129 (6)

West Virginia Coalition Against Domestic Violence:

WVCADV-Endorsed: Survivor-Centered Intervention Strategies 5.5 hours

WVCADV-Endorsed: Trauma Informed Advocacy 2 hours

WVCADV-Endorsed: Behavioral Health 1 hour

West Virginia State Bar: 100370 (7.2)

Your attendance at each session of the summit is required in order to receive full continuing education units. Please be sure to sign in for each session of the Summit.

DINING OPTIONS

Restaurants Close to Campus

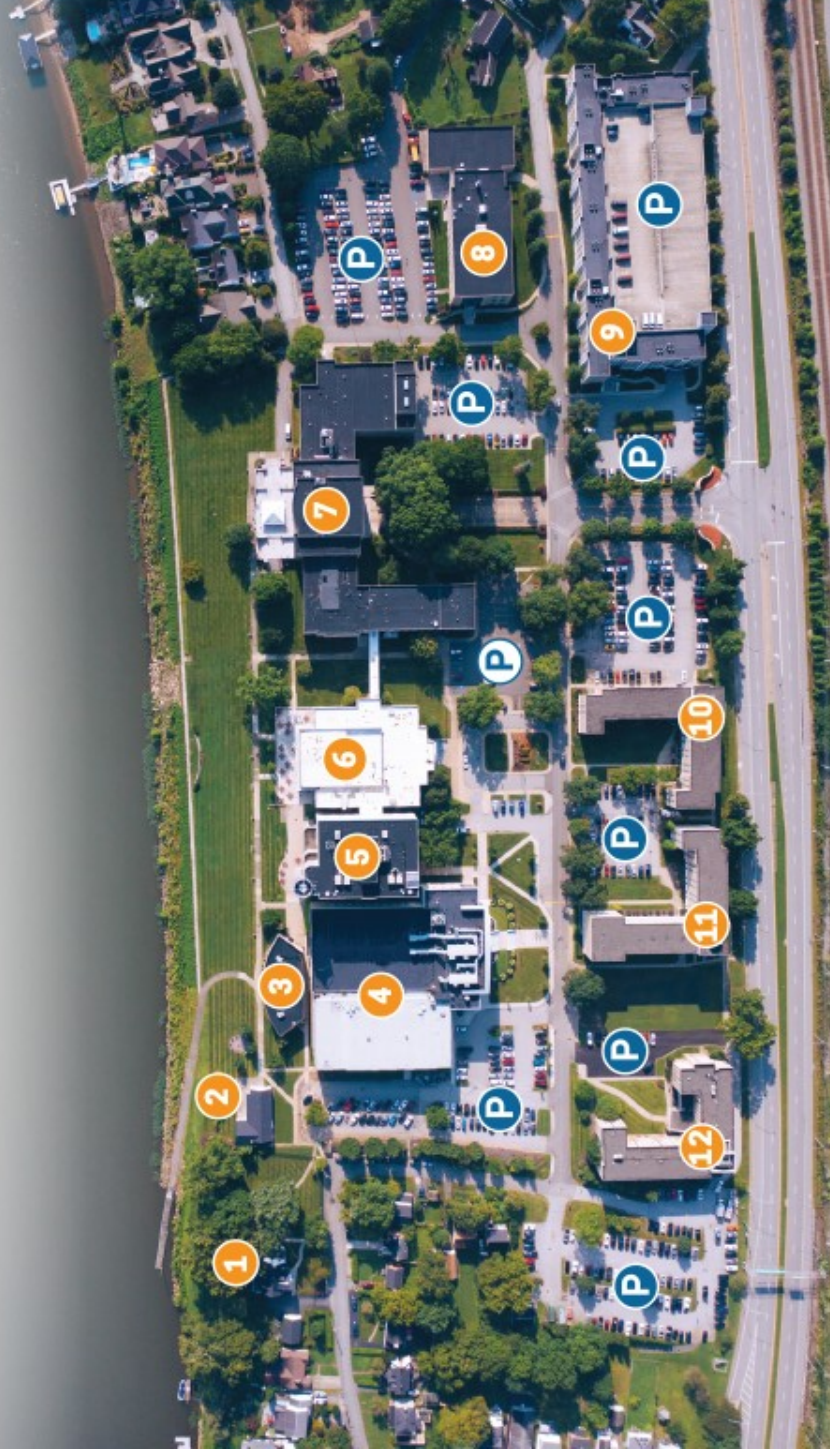
Near campus you can find most well-known chains, including McDonalds, Wendy's, Taco Bell, Subway, Penn Station, Cookout, Jimmy Johns, Captain D's, Burger King, Applebee's, Cracker Barrel, and Arby's.

There are also several independent restaurants nearby, including Pepperoni Grill, China One, Nawab Indian Cuisine, and Plaza Maya.

M&M Mart serves deli-style options, including subs and salads (and convenience store choices as well).

Food trucks can also be found on the Piggly Wiggly parking lot on a regular basis.

EASY ACCESS TO THE ENTIRE CAMPUS.



- 1 PRESIDENT'S HOME**
- 2122 KANAWHA AVENUE
- 2 THE BOATHOUSE**
(OUTDOOR RECREATION CENTER)
- 3 MORRISON FITNESS CENTER**
- 4 THE RUSSELL & MARTHA WEHRLE INNOVATION CENTER & SPORTS COMPLEX**
- GORMAN PHYSICAL EDUCATION BUILDING
- ATHLETIC OFFICES
- 5 CLAY TOWER BUILDING (CTB)**
- SCHOENBAUM LIBRARY
- 6 GEARY STUDENT UNION (GSU)**
- APPALACHIAN ROOM
- BALL ROOM
- BOOKSTORE
- COFFEE TAVERN (STARBUCKS)
- DINING HALL
- FRANKENBERGER ART GALLERY
- 7 RIGGLEMAN HALL (RGH)**
- ADMISSIONS
- ERICKSON ALUMNI CENTER
- ERMA BYRD GALLERY
- FINANCIAL AID
- PHYSICIAN ASSISTANT PROGRAM
- ROTUNDA/AUDITORIUM
- STUDENT SOLUTIONS
- 8 SCHOOL OF PHARMACY**
- 9 EAST APARTMENTS**
- 10 RATRIE HALL**
- 11 MIDDLE HALL**
- 12 BROTHERTON HALL**
- 13 WELCH ATHLETIC COMPLEX**
- LOCATED TWO BLOCKS WEST OF CAMPUS
- 14 UC STADIUM AT LAIDLEY FIELD**
- LOCATED AT 1549 PIEDMONT RD



UNIVERSITY OF
CHARLESTON

1.800.995.4682
WWW.UCWW.EDU

2300 MACCORKLE AVENUE, SE
CHARLESTON, WV 25304



VISITOR PARKING



STUDENT/FACULTY/STAFF PARKING

Permit Required - Additional Parking @ 15th Street

PRESENTERS

Arthur, Ashley

Ashley Arthur, a West Virginia native, is passionate about promoting family engagement, implementing evidence-based practices, supporting school systems, and addressing the needs of the whole child in foster and kinship care. She holds a Bachelor of Arts in Psychology from Marshall University and has spent the past three years as the Bridge Program Manager at Mission West Virginia. In this role, Ashley leads a dedicated team and oversees a program serving five counties, working closely with schools to develop sustainable foundations that promote long-term growth and success.

Atkins, Misty

Misty Atkins is the Director of the West Virginia Center for Children's Justice which promotes and supports a statewide, trauma-informed response to child maltreatment and children's exposure to violence. The Center, housed in the Crimes Against Children Unit at the West Virginia State Police, streamlines resources and minimizes duplicative efforts to address challenges, barriers, gaps and needed improvements in child maltreatment cases. Ms. Atkins previously worked at the Fayette County Sheriff's Department where she helped to create a trauma-informed response to child victims and witnesses.

Damron, Terri

Terri Damron is the mother of Eric Damron who tragically passed away of a drug overdose in 2016. Brandon Kirk, Eric's friend, was using with Eric at the time of the overdose. As a result, Brandon was charged and convicted of a crime relating to Eric's death. In a truly remarkable court scene, Terri and Brandon connected at one of the hearings in Brandon's criminal case and agreed, as a condition of Brandon's release, to jointly speak and promote awareness about the horrors of addiction and the challenges families face when dealing with it. Their story is very powerful!

Eddy, Dana

Dana F. Eddy is a graduate of Salem College, West Virginia, with a double major in mathematics and public administration, and a 1984 graduate of Harvard Law School. Effective July 1, 2013, Dana was appointed to the position of Executive Director of Public Defender Services. Public Defender Services is charged with administering, evaluating, and improving the indigent defense system in West Virginia. Before his appointment, Dana was in private practice, which included service on the Criminal Justice Act Panel for the Southern District of West Virginia. Dana's other positions have included serving as the Managing Trial Attorney in West Virginia for Nationwide Trial Division; an equity partner at the law firm of Jackson & Kelly; General Counsel to former Governor Gaston Caperton; and in-house litigation counsel for One Valley Bancorp.

PRESENTERS

Hamm, Mark, M. Ed., NCC, LPCC-S

Mark Hamm is a founding partner, and current Chief Executive Officer for Phoenix Preferred Care, Inc. Mark received a bachelor's in anthropology and psychology from Eastern Kentucky University in 1994 and a Master's in Education with an emphasis in Mental Health Counseling from Western Kentucky University in 2005. He co-founded Phoenix Preferred Care in 1998 and is proud to have been able to offer mental health services to children and families in the Lake Cumberland region for over 25 years. In addition to his duties as PPC's CEO, Mark also provides therapy as an LPCC-S, as well as continuing education, training, and supervision, overseeing more than 45 employees who provide services to nearly 1,100 individuals annually at home, school, in the community, and via Telehealth throughout the Commonwealth of Kentucky. Mark has experience working with and treating a wide array of clinical concerns. He currently works primarily in the areas of law enforcement/first responders/military, trauma, physician wellness and professionals seeking to advance in highly demanding careers. Mark is also a Managing Partner for ZL Collective Consulting, LLC, which currently provides consulting, training and clinical work for individuals and professionals nationwide. Since 2019, Mark has served as an Area Clinician for the Louisville Division DEA EAP in which he consults, collaborates, trains, provides clinical work and responds to critical incidents for the DEA. Mark also serves as the Wellness Coordinator for Lake Cumberland Regional Hospital Physician Residency Program.

Hamm, Tina, M.Ed., NCC, LPCC-S, RPT-S

Tina Hamm is a founding partner, and current Chief Financial Officer for Phoenix Preferred Care, Inc. Tina received a bachelor's in psychology from Eastern Kentucky University in 1997 and a Master's in Education with an emphasis in Mental Health Counseling from Western Kentucky University in 2005. She co-founded Phoenix Preferred Care in 1998 and is proud to have been able to offer mental health services to children and families in the Lake Cumberland region for over 25 years. In addition to her duties as PPC's CFO, Tina also provides therapy as an LPCC-S, RPT-S as well as continuing education, training, and supervision, overseeing more than 45 employees who provide services to nearly 1,100 individuals annually at home, school, in the community, and via Telehealth throughout the Commonwealth of Kentucky. Tina has experience working with and treating a wide array of clinical concerns. She currently works primarily in the areas of law enforcement/first responders, trauma, women's issues/support, and individual wellness. Tina is also the Managing Partner for ZL Collective Consulting, LLC, which currently provides consulting, training and clinical work for individuals and professionals nationwide. She recently became an Area Clinician for the Louisville Division DEA EAP in which she consults, collaborates, trains and provides clinical work for the DEA.

PRESENTERS

Harris, Deb

Deb Harris is the Manager for the West Virginia Schools of Diversion & Transition (WVSDT) Reentry Programs and Jobs & Hope WV, a statewide initiative launched by Governor Jim Justice in 2019. The programs aim to address the substance use disorder crisis and support West Virginians in recovery by helping them find meaningful employment. Deb leads a team of 30 staff members who provide critical support and guidance to individuals facing barriers to reentering the workforce. This includes connecting them to essential resources such as career training, high school equivalency programs, and job opportunities. For her exceptional work with Jobs & Hope WV, Deb was honored with the YWCA Women of Achievement Empowerment Award in 2020. In 2023, she was appointed by Governor Jim Justice to serve on the West Virginia Workforce Development Board. Deb brings extensive experience in helping individuals overcome various challenges and barriers. Before her current role, she served as a TANF and Peer Counselor at Bridge Valley Community and Technical College, where she assisted students on academic probation and those requiring state benefits to complete their education. Deb holds a Master's Degree in Adult Continuing Education and Evaluation from Marshall University, a Bachelor's Degree in Leadership and Rehabilitation from West Virginia State University, and an Associate Degree in Behavioral Health Addictions from Bridge Valley CTC. She also served as an AmeriCorps VISTA and Peer Counselor during her studies.

Hustead, Jeremy M.D.

Jeremy D. Hustead, M.D., serves as an Assistant Professor and the Medical Director of the Addiction Intensive Outpatient Program at WVU School of Medicine's Department of Behavioral Medicine & Psychiatry in Morgantown, West Virginia. Dr. Hustead is board certified in General Psychiatry and Addiction Medicine having treated thousands of patients with substance use disorders in outpatient, inpatient, and residential settings. Prior to joining the WVU faculty in 2020, he completed 4 years of General Psychiatry training there including serving as their Chief Resident. After residency graduation, he served as the first Addiction Psychiatry Fellow in program and state history and is currently involved in training both Addiction Psychiatry and Addiction Medicine fellows at WVU and Marshall University. Throughout his career, Dr. Hustead has maintained a keen interest in educating various audiences including other physicians, medical students, nurses, advanced practice providers, peer recovery specialists, and those in the criminal justice system. He has given over seventy formal lectures on various topics from medication-assisted treatment of opioid use disorder to combating stigma in addiction treatment. He is currently serving as the President of the West Virginia Society of Addiction Medicine (WVSAM), the state chapter for the American Society of Addiction Medicine (ASAM). In the future, he plans to continue to advocate for effective substance use treatment and to help reduce the enormous amount of stigma that follows those with the disease of addiction.

PRESENTERS

Luikart, Jack

Jack Luikart was appointed as the Director of the West Virginia Fusion Center in 2020. Luikart has 30 years of experience as a law enforcement officer, with 21 of those years being assigned specifically to drug investigations. Luikart began his career with the Putnam Co. Sheriff's Department in 1987. During his career, he achieved the ranks of Corporal, Detective of the Drug and Violent Crime Task Force, Sergeant and Lieutenant Task Force Commander of the Putnam Co. Narcotics Enforcement Unit and Putnam Co. Sheriff's Department Criminal Investigations Unit, and Chief Deputy. Luikart was also assigned to the Drug Enforcement Administration as a Task Force Officer for seven years, three of which he served as the Group Supervisor of the DEA HIDTA Task Force Charleston, WV Office. Prior to being appointed as Director of the Fusion Center, Luikart served as Director of Correctional Substance Abuse Control for the Department of Military Affairs and Public Safety from July 2017- January 2020.

Menon, Lata

Lata Menon is the CEO of First Choice Services, Inc., a West Virginia non-profit that operates many help and crisis lines for West Virginia, as well as for five other states. Lata's work at First Choice Services focuses on increasing public access to social services, health care, behavioral health, substance abuse treatment, and other social supports. As an advocate for fair chance employment and a believer in the importance of lived experience, she has prioritized the hire of individuals in recovery, domestic violence survivors, suicide attempt and loss survivors and/or loved ones of those who struggle with addiction or untreated behavioral health issues.

Merkle, Richard Lawrence M.D.

Dr. Merkel specializes in psychiatry and neurobehavioral sciences at the University of Virginia Health in Charlottesville, VA. He is an Associate Professor of Psychiatric Medicine in the Inpatient Psychiatry, Outpatient Psychiatry division of the Psychiatry and Neurobehavioral Sciences department. Dr. Merkel has had clinical and research experience with various refugee groups, the Maori of New Zealand, and is presently focusing on Appalachian populations. He has also worked with Middle Eastern Psychiatrists in establishing training programs for Middle Eastern Primary Care doctors in diagnosing and treating mental health concerns.

PRESENTERS

Neophytou, Krista LPC

Krista Neophytou is a Charleston, WV Native and has a passion for people and community. Krista has been an LPC Counselor in West Virginia since 2019 and an Approved Licensed Professional Supervisor (ALPS) since 2023. Krista has had a strong commitment in providing 14 years of mental health services overall. Krista's areas of knowledge are in direct client work and in providing supervision including work with victims of child/adult abuse and neglect, alcohol and substance use disorders, PTSD, depression, anxiety, relationship problems, and other mental health disturbances. Krista has worked with children, adolescents and adults in residential and acute hospitalization, in-home and outpatient services, juvenile drug court, juvenile/adult probation, and adult parole including individual, family, group therapy, wraparound, and crisis intervention.

Page, Wesley

Wesley P. Page has been the Federal Public Defender for the Southern District of West Virginia since 2019. A 2007 graduate of the West Virginia University College of Law, Page began his career as a law clerk for the Honorable Thomas E. Johnston, United States District Judge for the Southern District of West Virginia. In 2009, he was selected through the U.S. Attorney General's Honors Program to serve a 3-year term as an Assistant United States Attorney in the Middle District of Pennsylvania. In 2012, Page returned to West Virginia where he worked in private practice for Flaherty Sensabaugh Bonasso PLLC. While at Flaherty, he served on the CJA Panel and was the CJA Panel Representative in 2018 before being selected as the Federal Public Defender. Page currently chairs the Defender Automation Working Group, serves on the Southern District of West Virginia Court Security Committee, and helped create the Southern District's Alternative Treatment Court in 2021. He also volunteers with Young Life and River Ridge Church.

Roth, Marty Ph.D.

Dr. Martin S. Roth became President of the University of Charleston in July 2018. Before coming to West Virginia he was Dean and Professor of Management & Marketing at the Barney School of Business, University of Hartford. He was previously Chair of the Sonoco International Business Department, Executive Director of the flagship International MBA Program, and the Chief Innovation & Assessment Officer at the University of South Carolina's top ranked Darla Moore School of Business. As a higher education leader, Roth has spent the past 30 years helping universities excel by focusing on the talent acquisition and development needs of students and organizations. Working closely with faculty and staff, he has led increases in enrollments, rankings, retention, student placement and satisfaction, faculty recruiting and research support, alumni engagement, corporate partnering, fundraising, new curriculum design, and the development and launch of online degree programs. At the University of Charleston, Roth's mission is to educate each student for a life of productive work, enlightened living, and community involvement.

PRESENTERS

Schwertfeger, Chief Shawn

Shawn Schwertfeger became Wheeling, West Virginia's 54th Chief of Police in June of 2012. An Ohio Valley native, Chief Schwertfeger graduated from John Marshall High School in 1984, and West Liberty University where earned a Bachelor of Science Degree in Criminal Justice/Business Administration in 1989. Prior to joining the Wheeling Police Department, Chief Schwertfeger served as a Deputy Chief (Captain) in the Albemarle County, Virginia Police Department, retiring in 2012 after 21 years of service. During his career in Virginia, he held many positions including patrol officer, detective, Sergeant, Lieutenant and Captain. Specific assignments included Crimes Against Persons Unit, SWAT operator and commander, Crisis Negotiations Unit operator and commander and Public Information Officer. Specific commands included Patrol Divisions, Community Support Division, and Internal Affairs. He retired with the rank of Bureau Commander where he was responsible for the supervision of 120 personnel and 4 divisions. Chief Schwertfeger is a strong advocate for continuing professional development and is a graduate of the Professional Executive Leadership School at the University of Richmond, and a 2009 graduate of the FBI National Academy. He is the current board President with the West Virginia Chiefs of Police Association and an Executive Board member for Appalachia HIDTA. He previously served on the board of the West Virginia Court Appointed Special Advocates (CASA), the Sexual Assault Help Center in Wheeling, and a Special Wish Ohio Valley.

THOMPSON, WILLIAM S.

William S. Thompson was sworn in as the United States Attorney for the Southern District of West Virginia on October 13, 2021. Thompson was nominated by President Joseph R. Biden, Jr. on August 10, 2021, and confirmed by the United States Senate on October 5, 2021. As United States Attorney, Thompson is the top-ranking law enforcement official in the Southern District of West Virginia. Thompson oversees a staff of 34 attorneys and 41 non-attorney personnel located in offices in Charleston, Huntington, and Beckley. The office is responsible for prosecuting federal crimes in the district, including crimes related to terrorism, public corruption, child exploitation, firearms, and narcotics. The office also defends the United States in civil cases and collects debts owed to the United States. Prior to taking office as United States Attorney, Thompson was a Circuit Court Judge in West Virginia's 25th Judicial Circuit. He was appointed to that position in 2007 and re-elected in 2008 and 2016. Thompson presided over several treatment courts, including the first family treatment court in West Virginia. Prior to becoming a Circuit Court Judge, Thompson practiced law at the law firm of Cook and Cook in Boone County. There, he focused on litigation, which included representing several hundred indigent clients in criminal defense and other matters. Thompson also previously served as President of Madison Healthcare, Inc. and as Vice President of Danville Lumber Company. Thompson was born in Charleston and raised in Boone County, West Virginia. He earned a degree in civil engineering from West Virginia University and a law degree from West Virginia University College of Law.

PRESENTERS

Thurman, Hanna

Hanna Thurman is Assistant Director with the Center for Healthy Grandfamilies at West Virginia State University Extension Service. She holds a Master of Social Work and Master of Public Administration dual degree from West Virginia University where she also received her Graduate Certificate in Gerontology. Ms. Thurman has served in public and nonprofit organizations working with and on behalf of older adults at the West Virginia University School of Social Work, Bureau of Senior Services, West Virginia Geriatric Education Center, and the West Virginia Long-Term Care Ombudsman Program.

Van Oppen, Dorothy M.D.

Dorothy Van Oppen, M.D., serves as an Assistant Professor in the Department of Behavioral Medicine and Psychiatry at West Virginia University (WVU) in Morgantown, WV. She received her undergraduate degree from Carleton College and her medical degree from Washington University in St. Louis. She completed her Psychiatry Residency and Addiction Psychiatry Fellowship at WVU before joining as faculty in 2023. She is currently medical director of the inpatient Dual Diagnosis Unit where she provides high acuity treatment for patients with comorbid psychiatric and substance use disorders. She has a passion for medical education and is involved in teaching and academic development of the psychiatry residency and addiction fellowship programs. She is involved in several addiction-related research projects including two National Institute on Drug Abuse (NIDA) multi-site clinical trials. She has a special interest in healthcare professional wellness and is a Case Management Committee Member of the WV Medical Professionals Health Program as well as an Associate Member of the Federation of State Physician Health Programs.

Wood, Brendan

Brendan Wood grew up in Wheeling, West Virginia, and graduated from West Virginia University College of Law in 2019. Upon graduation, he launched West Virginia's first Recovery Medical Legal Partnership at Legal Aid of West Virginia, providing legal services to both small city and rural clients in recovery by embedding legal services into outpatient healthcare facilities and recovery residences, focusing on removing socioeconomic legal barriers to recovery and improving connection to community and family. The project has since expanded statewide to a total of five attorneys, and he has shared this model with legal services organizations in other rural states. In recognition for this project, Brendan was awarded the WV State Bar Young Lawyer of the Year Award in 2023, and Legal Aid was acknowledged as a Rural Justice Collaborative Innovation Site.

Thank you for coming!



Healthy Grandfamilies

PROGRAM

The state of West Virginia ranks second in the nation in the number of grandfamily households. Healthy Grandfamilies is a free initiative led by West Virginia State University to assist those grandparents.

Healthy Grandfamilies provides

- **Education**
- **Advocacy**
- **Direct Services**

The statewide program, available in all 55 counties, is designed as a series of discussion groups in the form of face-to-face meetings that provide valuable resources for grandparents raising grandchildren.

Discussion Topics

- Parenting in the 21st Century
- Family Relationships: A new dynamic
- Communication
- Technology & Social Media
- Nutrition
- Legal Issues & Documents
- Health Literacy & Self-Care
- Healthy Lifestyles
- Navigating the Public School System
- Family Response to Addiction
- Trauma-Informed Care
- Locating Community Resources



Melissa Lilly

WVSU Healthy Grandfamilies Director

(304) 204-4361

melissa.lilly@wvstateu.edu

Sherri Epling

Extension Educator

(304) 204-4078

sherri.epling@wvstateu.edu

Amy Shawver

Extension Educator

(304) 204-4309

amy.shawver@wvstateu.edu

Find us on 

WVSU Healthy Grandfamilies

healthygrandfamilies.com

healthygrandfamilies@wvstateu.edu



Trauma, Grief and Resilience

Mark Hamm, M.Ed., NCC, LPCC-S, DEA EAP Area Clinician
Louisville Division

Tina Hamm, M.Ed., NCC, LPCC-S, RPT-S, DEA EAP Area Clinician
Louisville Division

Take Care of Yourself Today



**THIS IS A DIFFICULT SUBJECT, AND WE
WILL BE COVERING INFORMATION THAT
MAY TRIGGER POWERFUL RESPONSES.**



**IF YOU NEED TO TAKE A BREAK, PLEASE
FEEL FREE TO DO SO AND COME BACK
WHEN YOU ARE READY.**



**IF YOU NEED SOMEONE TO SPEAK WITH
IMMEDIATELY, PLEASE LET SOMEONE
KNOW!**

Overview



1

1. Define Trauma and Grief while dispelling some of the common myths surrounding both.



2

2. Define and Discuss Resiliency.

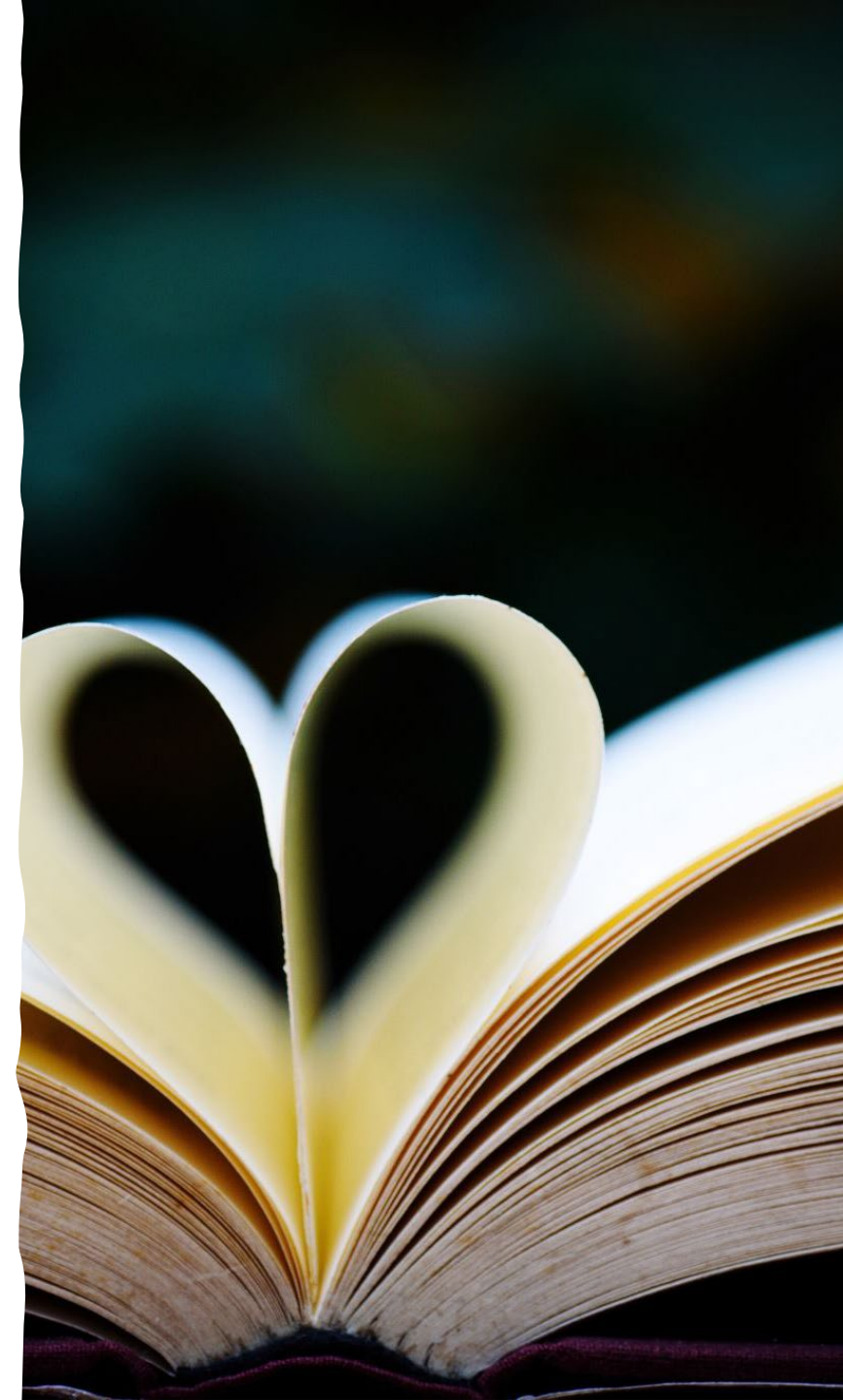


3

3. Review strategies that facilitate Resiliency as we navigate Trauma and Grief.

Acknowledgement

- To lose a person you love deeply is devastating.
- The addition of Trauma intensifies this loss exponentially.
- We hope our talk today encourages you to have grace with yourself through this journey. It is "ok to not be ok".



Trauma

- The experiencing or witnessing of events that cause actual or threatened serious injury, violence, or death.
- Trauma can be caused by many things, including natural disasters, accidents, physical violence, physical abuse, sexual violence, sexual abuse, verbal and emotional abuse, **sudden loss of a loved one**, and more.

Grief and Loss

- **Common definition -deep sorrow, especially that caused by someone's death.**
- **An alternate definition - Change that we do not want and did not ask for.**

Complex Grief:

A condition where someone's grief is so intense and long-lasting that it prevents them from moving on with their life.

- 1. There continues to be stigma associated with losing someone to addiction.
- 2. Children are not supposed to die before their parents.
- 3. With addiction, grief and loss often begin before the death of our loved ones.

Emotional and Psychological Symptoms



Anxiety, Depression, Sadness and Withdrawing



Anger, Fear, and Irritability



Shame, Numbness and Confusion

Physical Symptoms



Headaches



Digestive symptoms



Fatigue and Lethargy



Racing heart, sweating, and feeling jumpy.



Unexplained Pain and/or Flu-like symptoms

We are beginning to understand that:

- A. Grief is universal and transcends the “us vs them” mentality.
- B. That any loss is “our” loss.
- C. That rather than stages (DABDA) grief occurs on a continuum that we may flow back and forth on.

How we respond to grief and loss

- **Myth** – That there is a common set of pre-defined thoughts, feelings and emotions that occur within a known timeframe.
- **Reality** – We simply feel what we feel **AND** (recovery) takes the time it takes.*



Just what is Recovery?

- A return to a **normal** state of health, mind, or strength.
- It might be more beneficial to view Recovery as the act of moving towards a **healthy functional state?**



What is Resilience?

Resilience is the:

- **1. Process***
- 2. Outcome

of successfully adapting to **difficult or challenging life** experiences.

- American Psychological Association

Resilient strength looks like:



- 1. Flexibility
- 2. Adaptability
- 3. Perseverance

Strategies for Resilient Grieving

- 1. **Allow time for grief – (3-5 year process)**. Do not avoid your feelings but lean into them when you feel ready.
- 2. **Make your health a priority** – Diet, exercise, and sleep – see your Primary Care Person
- 3. **Have grace with yourself** - Don't make judgements, avoid thinking that you "should" be doing better.

Strategies for Resilient Grieving

- 4. **Maintain some structure** - Choose a good environment as well as good people to be in and around.
- 5. **Find Meaning and Connect** – Share your story and advocate for yourself and others. You do NOT have to do this alone.
- 6. **Learn to accept** - Others' offers of help and generosity, where you are in the process, etc.

Self Wellness

1

**1. Sleep* – 6-8
hours per night**

2

2. Eat well

3

**3. Exercise
moderately**

4

**4. Set and
maintain adaptive
boundaries**

5

**5. Connect with
others socially**

6

**6. Live below your
means**

The importance of honoring loss

- Planting Trees/Flowers
- Hanging pictures/plaques/Naming a Space or event
- Memory Boards
- Scholarships/Fundraisers/Registering for an event as a Team
- Taking time to pause/reflect/anniversary date



How can we be of benefit to others?

- **Stay Close** – Families and others often feel blamed, cut-off, stigmatized
- **Avoid Hollow Reassurances** – “Things will get better”, “They’re no longer suffering”
- **Don’t ask for an explanation** – people feel that you are asking for justification
- **Remember their life** – Share memories and **use the person’s name**
- **Acknowledge Uncertainty** – Let them know you don’t know....
- **Help with Practical Things** – appointments, groceries, watching kids
- **Be there for the long haul** – we have about a two-week grieving window in our culture and then we are expected back at work doing things “as usual”

Summary

- 1. Trauma and Grief are often intertwined resulting in a more complex form of Grieving.
- 2. Resiliency recognizes that we never “get over” loss but there are ways to “get through” to regain functioning.
- 3. There are strategies that we can employ to foster the development of Resilience.



DEA EAP Resources

- Area Clinician – Mark Hamm, NCC, LPCC-S
- markhammppc@gmail.com
- 606-271-1672

- Area Clinician – Tina Hamm, NCC, LPCC-S, RPT-S
- tinahammppc@gmail.com
- 606-271-1533

Resources

- SAMHSA-Substance Abuse and Mental Health Services Administration- National FREE and CONFIDENTIAL helpline 24/7, 365 day-a-year treatment referral and information service. <https://www.samhsa.gov>
- Grief Resources for Families www.drugfree.org Support groups, resources for siblings, recommended reading, videos
- www.sunwillrise.org grief support groups and resources for loss from overdose, addiction or substance use
- Support After Death by Overdose-help for bereaved www.sadod.org
- Team Sharing Inc. national organization of parents who have lost a child to Substance Use Disorder. <https://teamsharinginc.org/>

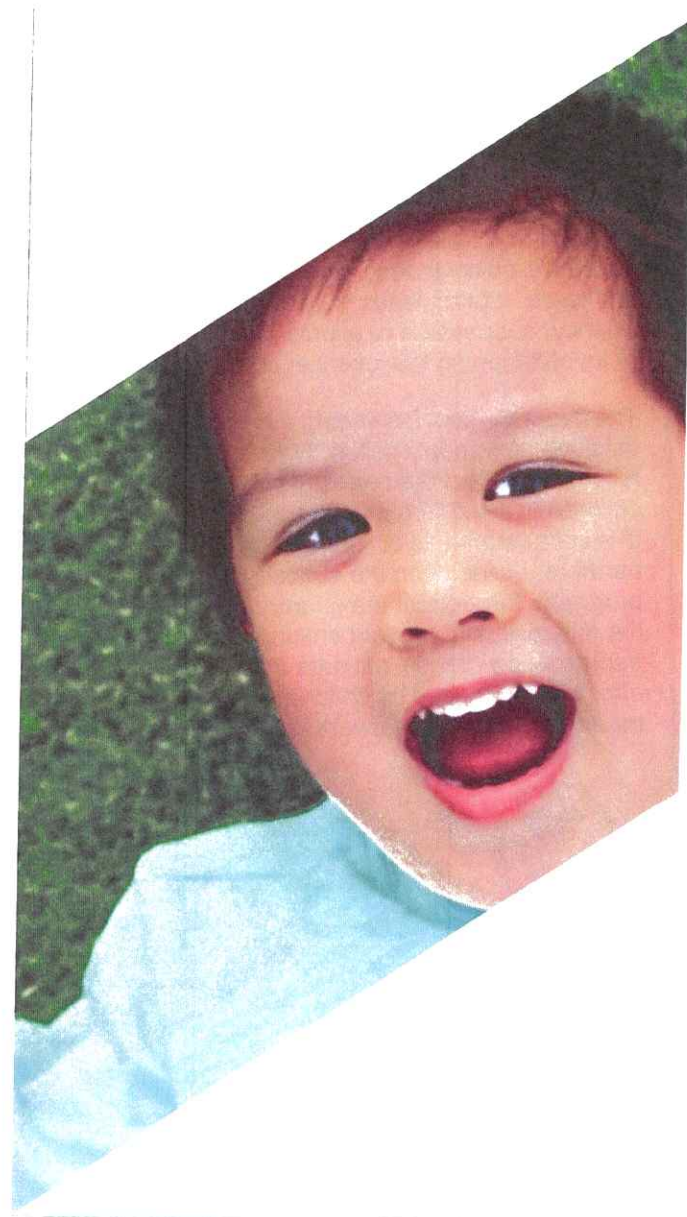
Additional Resources

- What's Your Grief website offering general grief information and also a couple of articles after overdose grief.
- <https://whatsyourgrief.com> <https://whatsyourgrief.com/the-grief-of-an-overdose-death/> <https://whatsyourgrief.com/grief-of-an-overdose-death-part-2/>
- <https://www.monarchshores.com/drug-addiction/losing-a-loved-one-to-addiction/>
- <https://elunanetwork.org/resources/grief-recovery-addiction-loss>

HANDLE WITH CARE

If a law enforcement officer encounters a child during a call, that child's name and three words, **HANDLE WITH CARE**, are forwarded to the school/childcare agency before the school bell rings the next day. The school implements individual, class, and whole school trauma-sensitive curricula so that traumatized children are "Handled with Care." If a child needs more intervention, on-site trauma-focused mental healthcare is available at the school.

"Handle with Care" provides the school or childcare agency with a "heads up" when a child has been identified at the scene of a traumatic



**HANDLE WITH CARE ("HWC")
PROGRAMS PROMOTE SAFE AND
SUPPORTIVE HOMES, SCHOOLS, AND
COMMUNITIES THAT PROTECT AND
HELP TRAUMATIZED
CHILDREN HEAL AND THRIVE.**



A recent national survey of the incidence and prevalence of children's exposure to violence and trauma revealed that 60% of American children have been exposed to violence, crime, or abuse. Forty percent were direct victims of two or more violent acts. Prolonged exposure to violence and trauma can seriously undermine children's ability to focus, behave appropriately, and learn. It often leads to school failure, truancy, suspension or expulsion, dropping out, or involvement in the juvenile justice system.

The West Virginia Defending Childhood Initiative, commonly called "Handle with Care," is tailored to reflect the needs and issues affecting children in West Virginia. The Initiative, a result of a collaborative effort of key stakeholders and partners, builds upon the success of proven programs throughout the country. The goal of the Initiative is to prevent children's exposure to trauma and violence, mitigate the adverse effects experienced by children's exposure to trauma, and increase awareness of this issue.



CONTACT US

(304)766-5898

misty.d.atkins@wvsp.gov

www.handlewithcarewv.org



Children require nurturing environments to develop physically, emotionally, and cognitively

WEST VIRGINIA CENTER FOR CHILDREN'S JUSTICE PROTECT·HEAL·THRIVE

Child Abuse and neglect are community problems requiring community solutions. The WV Children's Justice Task Force, a multi-disciplinary body of public and private agencies and individuals, is committed to protecting children. Our mission is to identify barriers to the successful investigation, prosecution, and resolution of child abuse and neglect issues; and to educate and advocate for change.

MENTORING THE YOUTH OF APPALACHIA

Ashley Arthur
Bridge Program Manager

OVERVIEW

BACKGROUND INFORMATION

DATA & THE NEED

HOW IT WORKS FOR US

RESULTS

CLOSING & QUESTIONS

WHO IS MISSION WV?

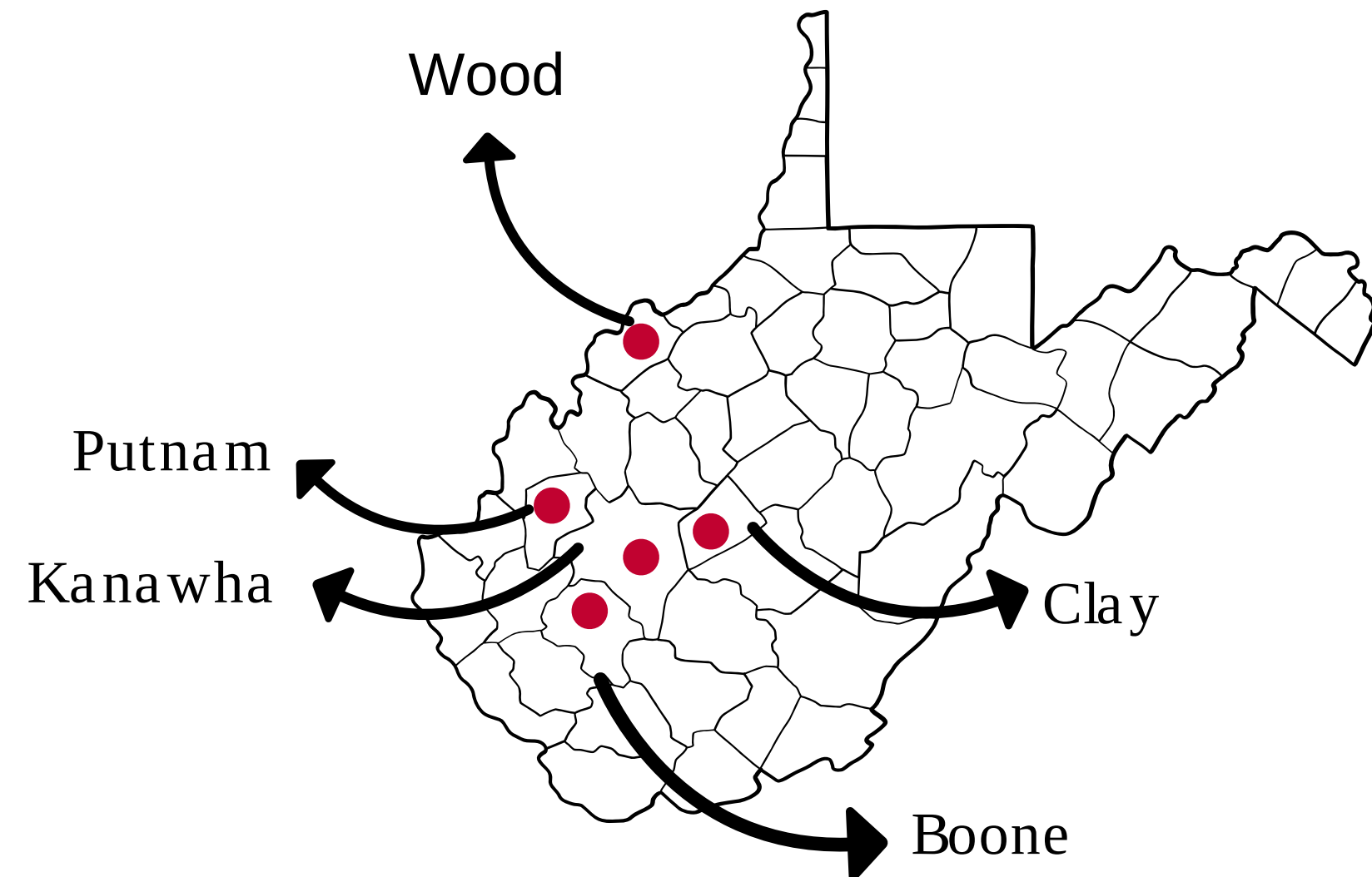
Mission West Virginia changes the lives of youth and families. We promote positive futures by recruiting foster families, providing life skills education and creating community connections.

- Non-Profit established in 1997
- 45 Staff
- 2 Main Programs
 - THINK
 - Frameworks



THE BRIDGE

- Piloted in 2017 in Clay County
 - 1 high school
 - Less than 8,000 residents
 - 33 students the first year
- 2023-2024 School Year
 - 5 counties
 - 10 high schools
 - 339 students



IN WEST VIRGINIA:

- Opioid crisis has led to a 57% increase of youth who need care within the last decade. 81 million opioids in 8 years shipped to Cabell County WV. Thousands of Opioid related deaths each year in WV.
- Highest rate of youth in foster care per capita (6,000+) This does not include kids in informal kinship care.
- Average graduation rate among 12th graders in WV, 90%
- Average graduation rate among youth that have been in foster care in WV, 71%

IN APPALACHIA:

"The sun does not always shine in West Virginia, but the people do." -JFK

LOOK OUT FOR ONE ANOTHER

LOYALTY

HARDWORKING PEOPLE

PRIDE

Because of our circumstances
there is difficulty in:

Sometimes we are
left with:

ASKING FOR HELP

FEAR

TRUSTING

EXHAUSTION

Doing the best that we can.

CHECK & CONNECT MEETS WV

Why we need Check & Connect:

- Dropout prevention
- Evidence based structure & results allow grant funding to come to fruition.
- Provides a structure to training and implementing the model with Mentors in a way that works consistently and over time.
- Implementing the model with fidelity has led to long term sustainability and growth



WHAT WE EMPHASIZE

WHO WE HIRE

FAMILY
ENGAGEMENT

FILLING GAPS



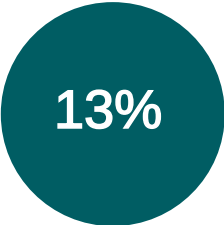
WHO WE HIRE

- Members of the Community
 - Knowledge of local resources
 - Ties to the school and the town
 - Built in trust
 - They have a stake in the community

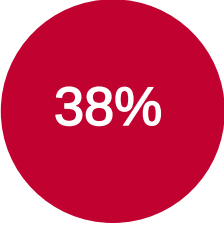
HOW IT WORKS FOR US: FAMILY ENGAGEMENT



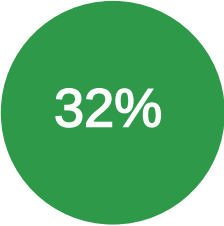
2023-2024 SY DEMOGRAPHICS



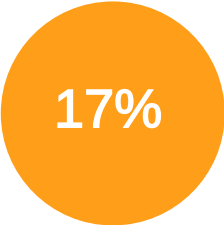
TRADITIONAL
FOSTER CARE



FORMAL KINSHIP PLACEMENTS
(FOSTER CARE)



INFORMAL KINSHIP



MCKINNEY VENTO
(LEGALLY HOMELESS)

MORE STRUCTURED FAMILY ENGAGEMENT

- Upon adding a new student
- Beginning of the school year
- After report cards are issued
- Before extended school breaks
- End of the school year

FAMILY ENGAGEMENT CAN BE SCARY. THE KEY IS TO:

- Do it
- Interact without judgement
- Call when good things happen
- Be a resource for the family

2,339 INTERACTIONS
WITH FAMILY

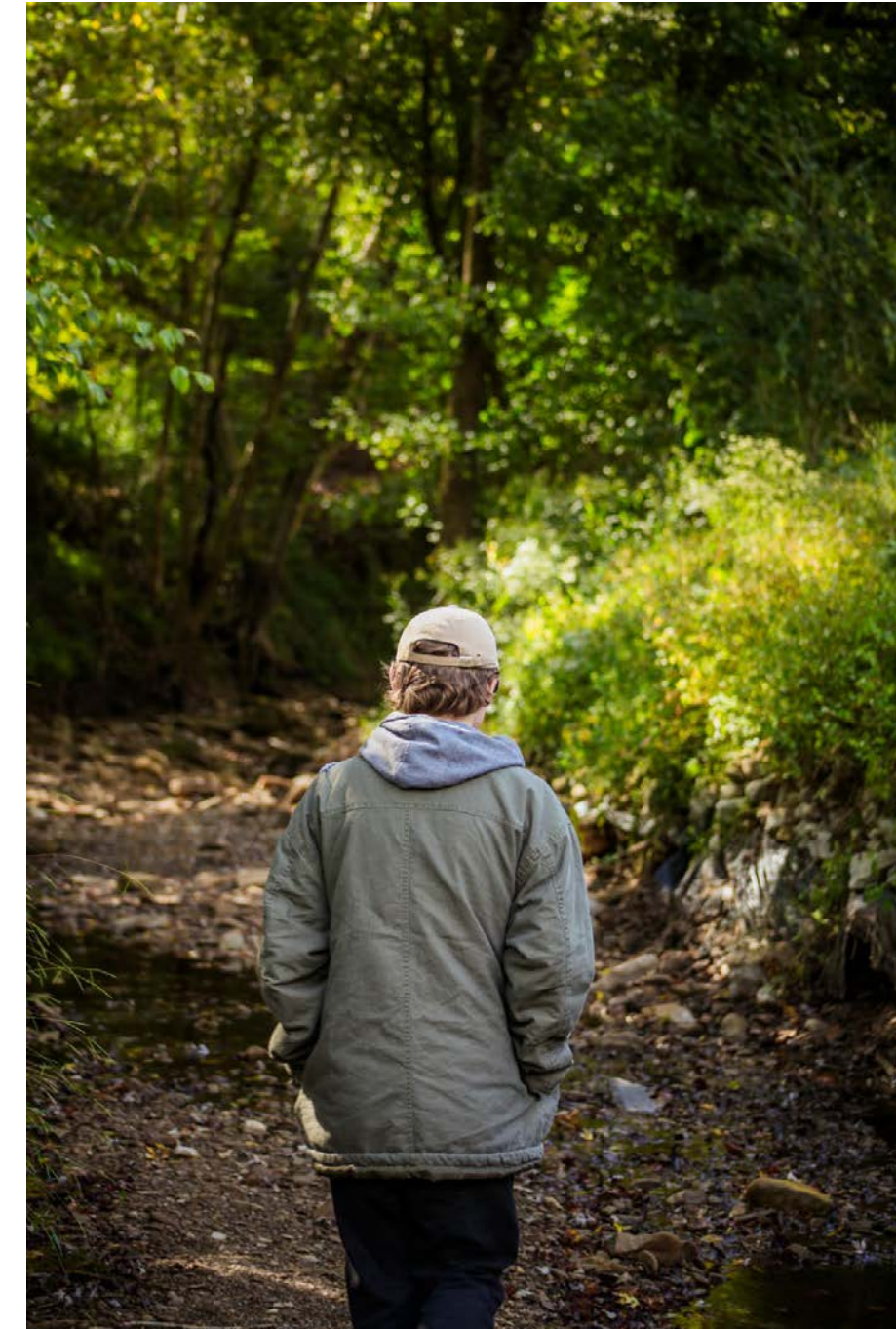
FILLING GAPS IN RURAL AREAS

- Field Trips
- Holidays
- Work Force Assistance
- Extracurricular
- Post Secondary
- Graduation
- Unexpected circumstances
 - Transportation (little public transit)
 - Groceries - assistance for grandparents

RESULTS

RESULTS 20232024 SY

- Total Served: 339
- 8,914 student meetings
- 66% decrease in absences
- 89% decrease in suspensions
- 98.6% graduation (74 of 75 seniors)
- All graduates left with post -secondary plans
- \$500,000+ in financial aid





Mission West Virginia

*“To serve is beautiful, but only if it is done
with joy and a whole heart and a free mind.”
-Pearl Buck*



Bridge Outcome Report



THE NEUROBIOLOGY OF ADDICTION: UNDERSTANDING THE DISEASE & TREATMENT OF SUBSTANCE USE DISORDERS

Dorothy van Oppen, MD & Jeremy Hustead, MD

Assistant Professors, WVU Medicine

Hope Family Drug Summit

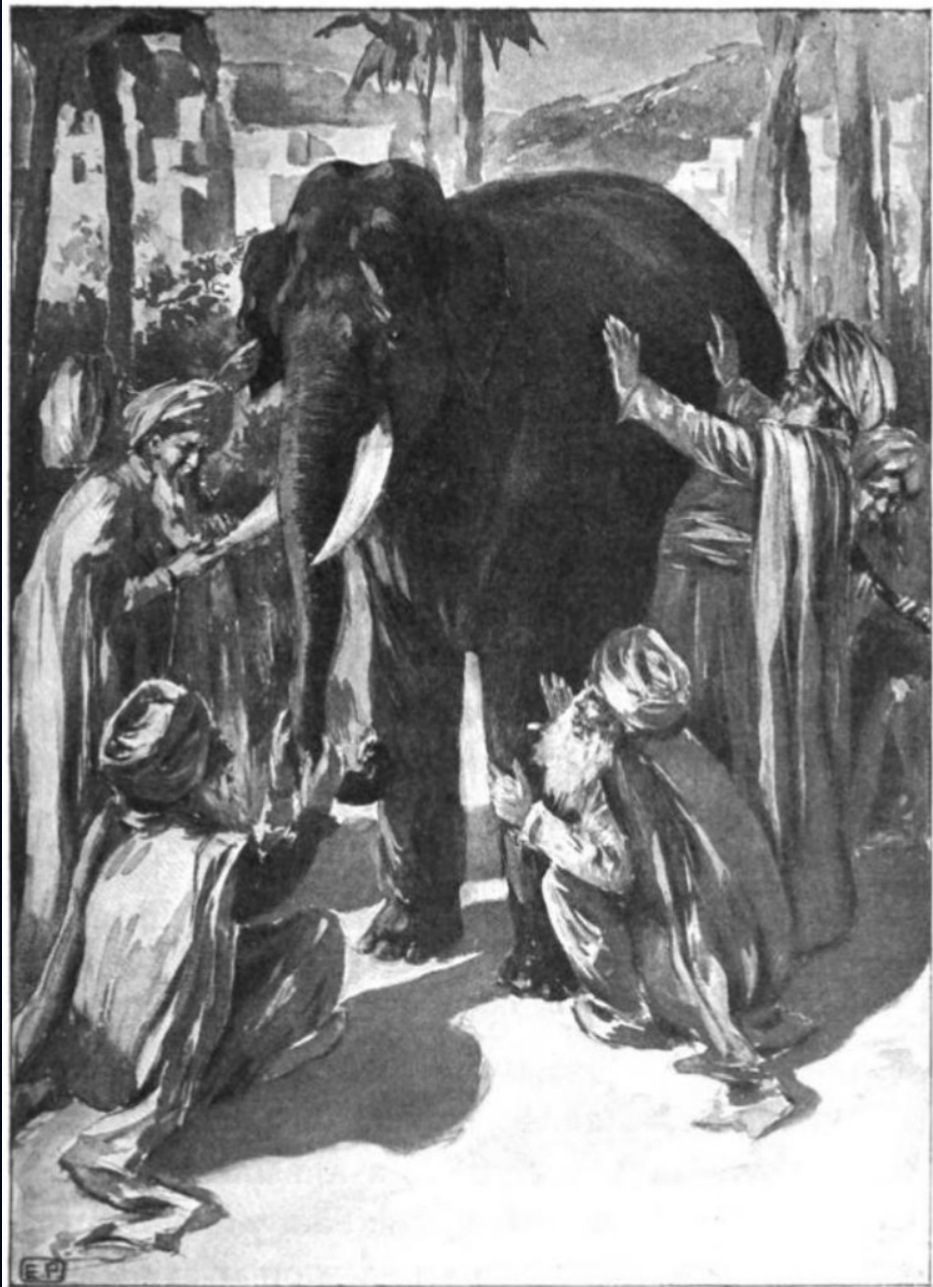
January 15th, 2025

DISCLOSURES

- No relevant financial disclosures to any entities and no commercial or pharmaceutical interests
- We work at WVU Medicine in Morgantown, WV, as Assistant Professors conducting research, seeing patients, and teaching various learners
- Have combined to treat thousands of patients with substance use disorder in various levels of care including outpatient, inpatient, and residential centers. Dr. van Oppen currently runs the inpatient Dual Diagnosis Unit (DDU) and Dr. Hustead currently leads the outpatient Addiction Intensive Outpatient Program (AIOP)

LET'S TAKE A PAUSE ...

- Any discussion on addiction treatment, specifically using medications to treat substance use disorders, can elicit strong emotions
- Everyone has their own experiences with individuals struggling with addiction and treatment. All our experiences are valid and our own. Ultimately none of us has the complete picture or understanding
- We would challenge everyone to keep an open mind today



Blind Men and an Elephant

"A group of blind men heard that a strange animal, called an elephant, had been brought to the town, but none of them were aware of its shape and form. Out of curiosity, they said: "We must inspect and know it by touch, of which we are capable". So, they sought it out, and when they found it they groped about it. The first person, whose hand landed on the trunk, said, "This being is like a thick snake". For another one whose hand reached its ear, it seemed like a kind of fan. As for another person, whose hand was upon its leg, said, the elephant is a pillar like a tree-trunk. The blind man who placed his hand upon its side said the elephant, "is a wall". Another who felt its tail, described it as a rope. The last felt its tusk, stating the elephant is that which is hard, smooth and like a spear."

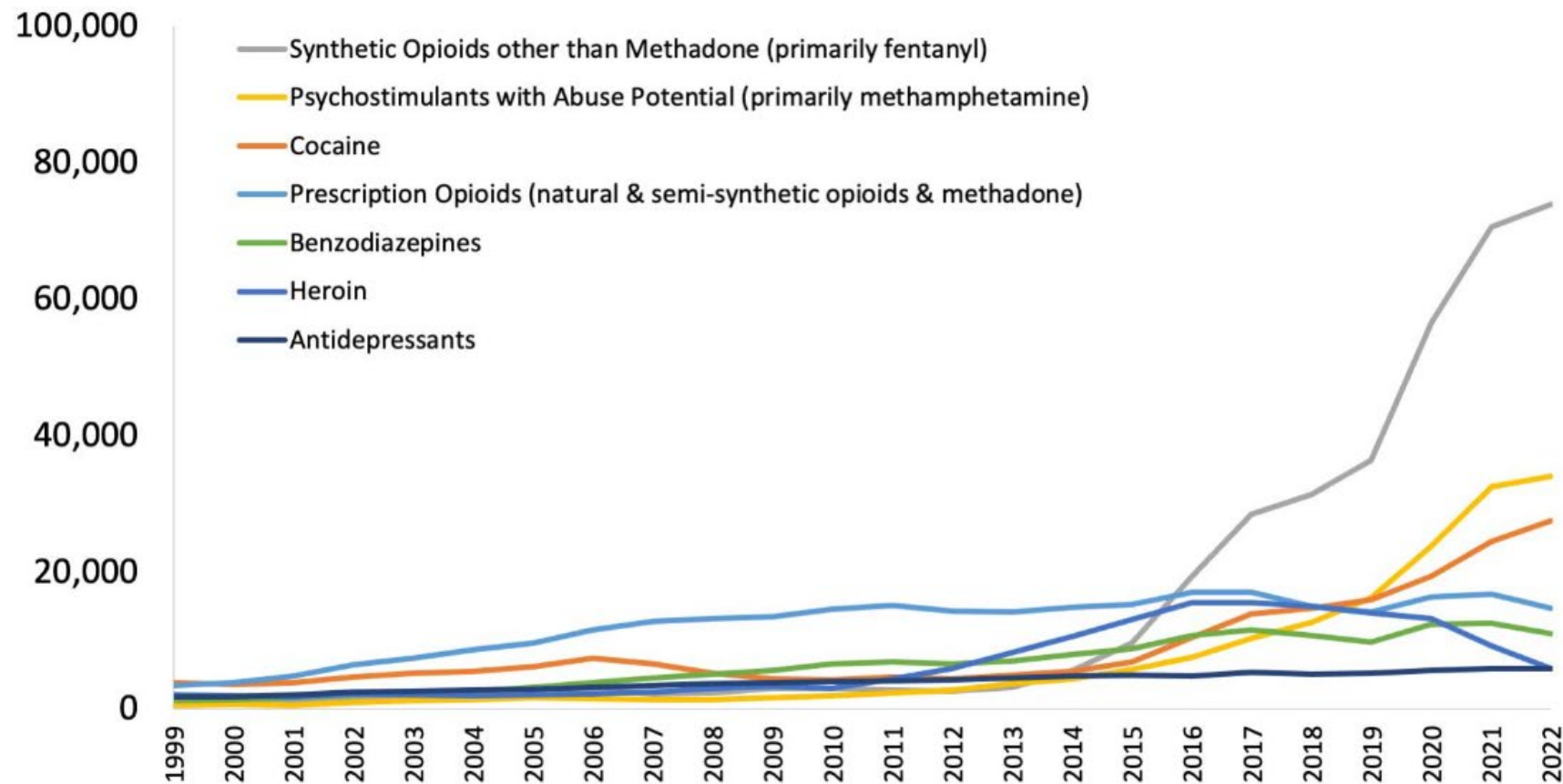
OBJECTIVES

- Discuss the neurobiology of the brain disease of addiction
- Examine how approaching addiction as a treatable disease guides care
- Review some of the medications and treatments used to address substance use disorders

SUBSTANCE USE EPIDEMIC

- From 1999-2021 more than **1 million** Americans have died from overdoses
- **70,630** Americans died in 2019 (21.6 per 100,000) -Opioids were involved in **49,860** of the deaths (70.6%), of those 72.9% were synthetic
- In 2020, 91,799 deaths (28.3 per 100,000) - Opioids were involved in 68,630 overdose deaths (74.8%) – 30% increase with COVID
- In 2021: **106,699 deaths** (32.4 per 100,000) – a further 14% increase - Opioids were involved in 80,411 overdose deaths (75.4%), of those 88% were synthetic opioid (mainly fentanyl) related
- In 2022: **107,941** (32.6 per 100,000) – only 0.2% increase
- West Virginia consistently has led the country in overdose deaths

Figure 2. National Drug Overdose Deaths*, Number Among All Ages, 1999-2022



*Includes deaths with underlying causes of unintentional drug poisoning (X40–X44), suicide drug poisoning (X60–X64), homicide drug poisoning (X85), or drug poisoning of undetermined intent (Y10–Y14), as coded in the International Classification of Diseases, 10th Revision. Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999–2022 on CDC WONDER Online Database, released 4/2024.

OVERDOSE DEATHS IN WEST VIRGINIA

Year	2015	2016	2017	2018	2019	2020	2021	2022
Deaths	725	884	974	856	870	1330	1501	1335
Rate	41.5	52	57.8	51.5	52.8	81.4	90.9	80.9

- Most total overdoses in 2022, California with 10,952 (WV had 1335)
- Consider that California has 40 million people and WV has only 1.8 million
- If California had our 2022 death rate, over 32,000 people would have died
- Besides overdose, significant morbidity and mortality related to Hepatitis C, Endocarditis, Osteomyelitis, Criminality, etc.

ADDICTION AS A NEUROLOGIC DISEASE

ADDICTION DEFINITION

- Addiction is a **chronic medical disease** involving complex interactions among brain circuits, genetics, the environment, and an individual's life experiences.
- People with addiction use substances or engage in behaviors that become compulsive and often continue despite harmful consequences.
- Prevention efforts and treatment approaches for addiction are generally as successful as those for other chronic diseases.



ASAM

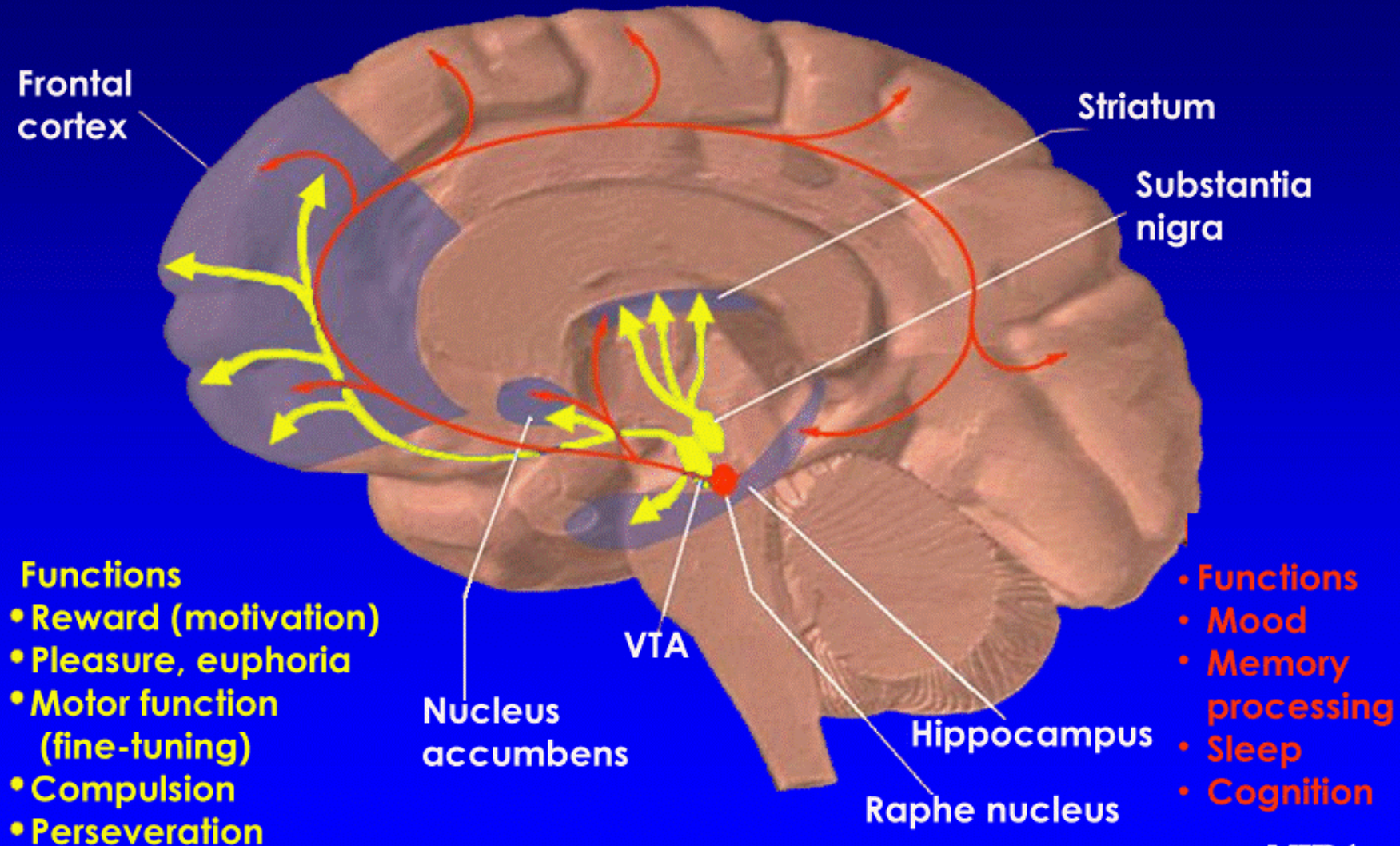
American Society of
Addiction Medicine

ADDICTION AS A NEUROLOGIC DISEASE

- **Addiction** is characterized by one or more of the following (ABCDE):
 - Inability to consistently **Abstain**
 - Impairment in **Behavioral** control
 - **Craving**
 - **Diminished** recognition of problems
 - Dysfunctional **Emotional** response
- Addiction lives in the nucleus accumbens, a primordial area in our brain, that handles reward

Dopamine Pathways

Serotonin Pathways



ADDICTION AS A NEUROLOGIC DISEASE

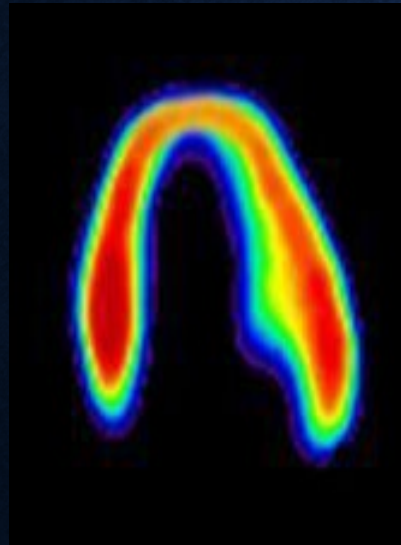
- Cycles of relapse and remission
- Addiction is often progressive and fatal
 - People die from overdose, infectious diseases, and criminality
- Contain vs. Curing the disease
 - Arguably impossible to “cure” but they are very treatable
- Goals of Treatment:
 - **Keep people alive**
 - **Increase their quality of life**

ADDICTION AS A NEUROLOGIC DISEASE

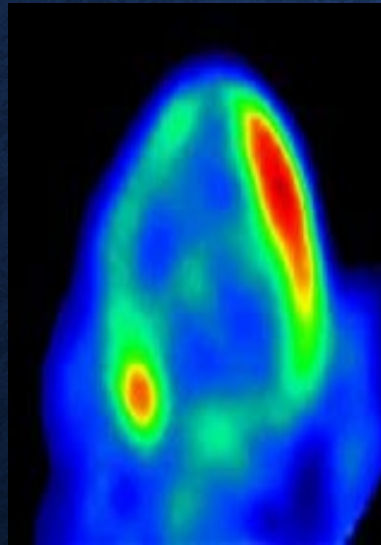
- Drug addiction constitutes a chronic central nervous system disorder, characterized by recurrent episodes of relapse in which individuals resume drug-seeking behavior, even in the face of adverse consequences and diminishing reward.
- The brain's structure and function change with substance use and when use ceases

Substance use disorder changes brain structure and function

Decreased Heart Metabolism in
Coronary Artery Disease



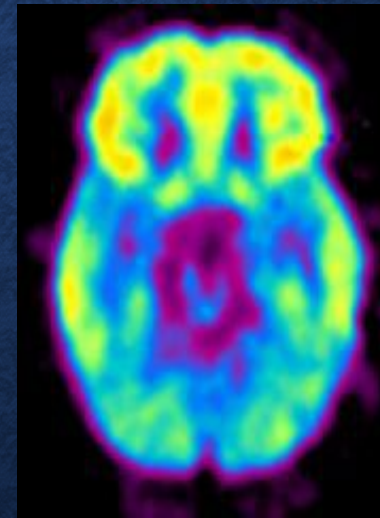
Healthy Heart



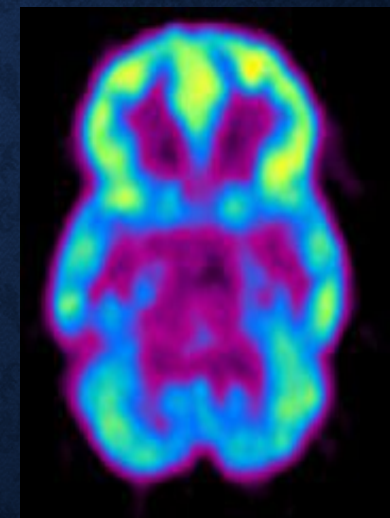
Diseased Heart

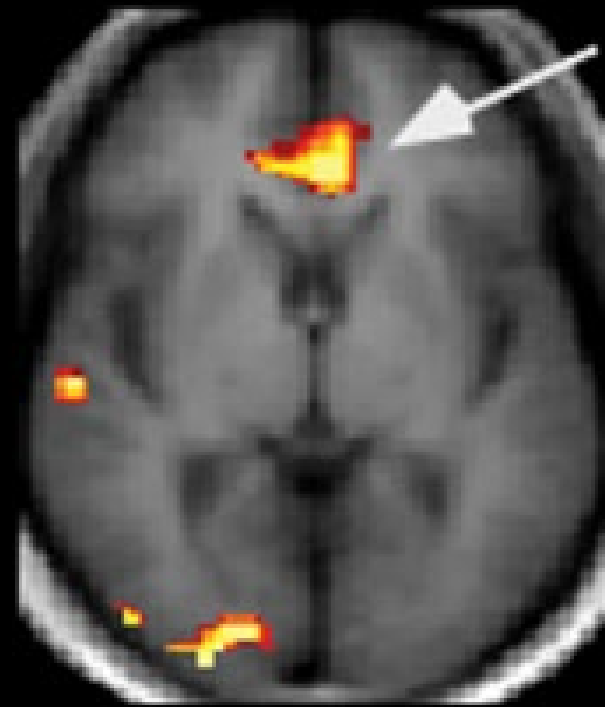


Decreased Brain Metabolism in
Substance Use Disorder

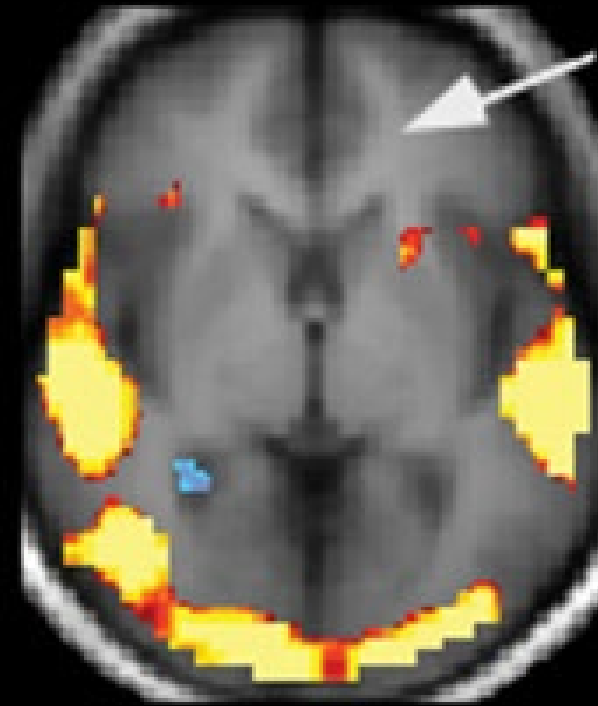


Healthy Brain





Cocaine User



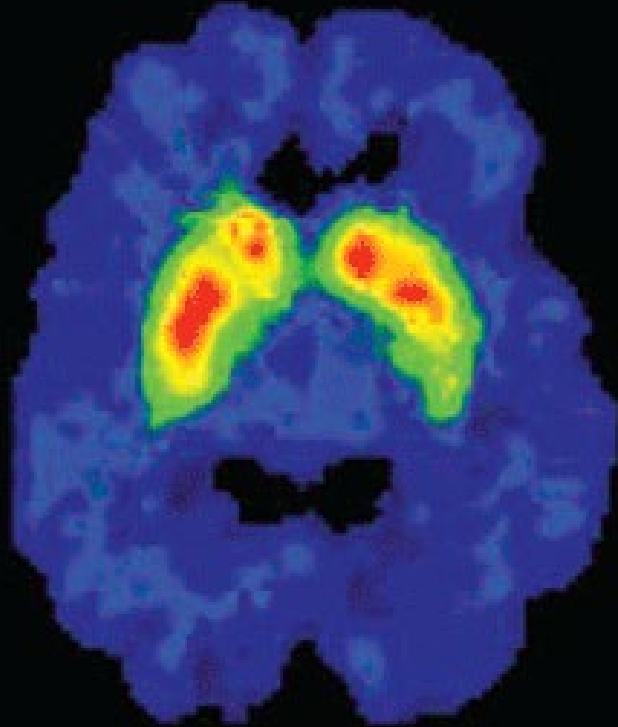
Healthy Volunteer

Functional MRI: The brain's response to cocaine cues

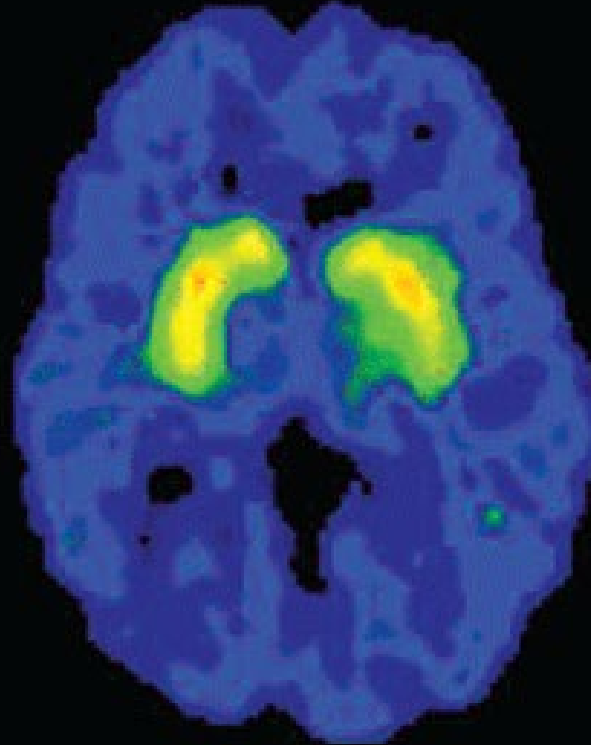
Arrows point to the **anterior cingulate area**, which is activated (yellow) in cocaine-addicted patients (left) but not in healthy volunteers (right).

Wexler BE, et al. Functional magnetic resonance imaging of cocaine craving. *American Journal of Psychiatry*. 2001;158(1):86–95.

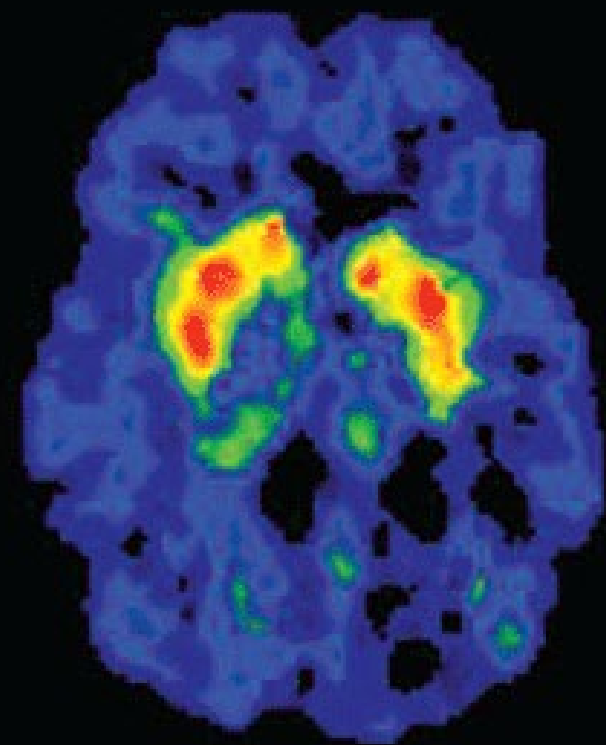
BRAIN RECOVERY WITH PROLONGED ABSTINENCE



Healthy Person

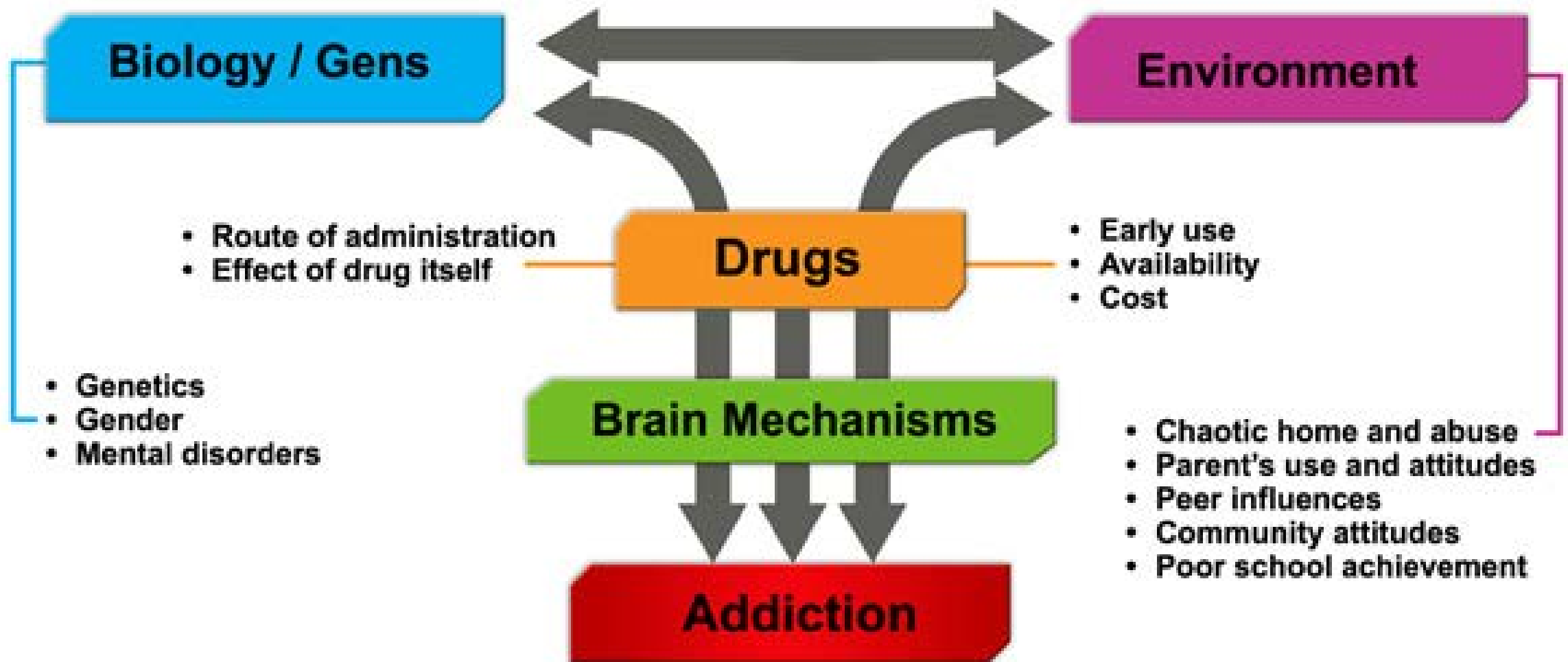


**methamphetamine use disorder
1 month abstinence**



**methamphetamine use disorder
14 months abstinence**

Factors Leading to Addiction



NOT EVERYONE WHO TAKES A DRUG ONCE GETS ADDICTED TO IT. WHY?

- Some drugs are intrinsically more addictive than others
 - Nicotine is the most addictive substance
- Some individuals may be more genetically vulnerable
 - More impulsive by nature?
 - Have a genetically dysfunctional reward system?
- Environmental factors certainly play a role

PROBABILITY OF BECOMING DEPENDENT WHEN PEOPLE HAVE TRIED A SUBSTANCE AT LEAST ONCE

Substance	Percentage
Tobacco	32%
Heroin	23%
Cocaine	17%
Alcohol	15%
Stimulants	11%
Anxiolytics	9%
Cannabis	9%
Analgesic	8%
Inhalants	4%

(Catalina Lopez-Quintero, et al. 2011)

CUMULATIVE PROBABILITY OF TRANSITION FROM USE TO DEPENDENCE

Substance	After 10 years	Lifetime
Nicotine	15.6%	67.5%
Cocaine	14.8%	20.9%
Alcohol	11.0%	22.7%
Cannabis	5.9%	8.9%

(Catalina Lopez-Quintero, et al. 2011)

ADDICTION = SUBSTANCE USE DISORDER

- **Substance Use $\neq$ Substance Use Disorder**
- **Recreational Use $\rightarrow$ At Risk Use $\rightarrow$ Dependency**
- A disorder causes **clinically significant distress or impairment** in social, occupational, or other important areas of functioning
- During active use, we try to avoid diagnosing other mental health conditions that share similar symptoms, for example:
 - Methamphetamine/ PCP and Bipolar disorder
 - Synthetic marijuana/ high potency THC and Schizophrenia
 - Alcohol/ Benzodiazepines and Depression

PAUSE ON ADDICTION AS A DISEASE

- Diagnosing a disease does not take away someone's responsibility for their actions
- A patient with addiction should be expected to, like any other disease:
 - Seek effective treatment
 - Stay adherent to that treatment
 - Help us to identify any other problems that exist
 - Not break the law or endanger other people
- Unfortunately, often when individuals seek treatment it is unavailable or unoffered

BARRIERS TO TREATMENT

Reason for Not Receiving Substance Use Treatment ¹	Aged 12 or Older	
No Health Care Coverage and Could Not Afford Cost	24.9	(4.89)
Had Health Care Coverage but Did Not Cover Treatment or Did Not Cover Full Cost	12.0	(3.50)
No Transportation/Programs Too Far Away/Hours Inconvenient	6.1	(1.80)
Did Not Find a Program That Offered the Type of Treatment Wanted	15.8	(3.55)
Not Ready to Stop Using	36.7	(5.15)
No Openings in a Program	3.0	(1.28)
Did Not Know where to Go for Treatment	17.9	(3.56)
Might Cause Neighbors/Community to Have Negative Opinion	10.4	(2.56)
Might Have Negative Effect on Job	14.7	(3.10)
Did Not Feel Need for Treatment at the Time	9.3	(2.91)
Could Handle the Problem without Treatment	15.0	(3.87)
Treatment Would Not Help	5.5	(2.28)
Did Not Have Time	5.2	(1.61)
Did Not Want Others to Find Out	9.9	(2.89)
Some Other Reason	1.8	(0.68)

NEUROLOGICAL DISEASES WITH EFFECTIVE TREATMENTS

- Good treatments, often involving medications, do exist for most substances of abuse
- Many programs and levels of care are available for patients
- We wouldn't necessarily say we can "cure" the brain disease of addiction (yet) however we consider it now to be a controllable chronic disease
- Emerging treatments including deep brain stimulation and high-intensity ultrasound are opening new possibilities
- If individuals do receive treatment, they can be pressured to prematurely stop treatment (family, courts, and peers)

EVIDENCE-BASED TREATMENTS OF VARIOUS SUBSTANCE USE DISORDERS

SUBSTANCE USE TREATMENT ALGORITHM

1. Carefully triage the person to the appropriate level of initial care (inpatient, outpatient, residential treatment) – continually evaluated
2. Manage or prevent any withdrawal symptoms of the particular substance(s) of abuse and any medical complications
3. Work on relapse prevention measures and starting appropriate medications if available
4. Connect to appropriate long-term outpatient follow up

TOBACCO

- An extremely commonly used substance in the US and worldwide
- Prevalence in 2021: **11.5%** of adults (28.3 million): 13.1% of men, 10.1% of women – decline from 15.3% in 2015, 20.9% in 2005, 29.9% in 1985, 41.9% in 1965
- Cigarette smoking remains the leading cause of preventable death:
 - **>480,000 deaths** annually in US (1 in 5 deaths that occur)
- Nicotine serves as the main addictive substance however the numerous other chemicals in tobacco and smoking itself causes most of the deleterious effect
- West Virginia leads the nation in adults who smoke at **20.0%**

TOBACCO CESSATION TREATMENT

- The mainstay of tobacco treatment is **Nicotine Replacement Therapy (NRT)**
 - Nicotine Patches (21 mg patch ~ 1 PPD, 1 can snuff = 2 PPD) – don't wear to sleep!
 - Gums, Lozenges
- E-cigarettes /Vaping? – controlled in other countries, it's the wild west in the U.S.
- Behavioral therapies and counseling
- Widely available tobacco quit lines in every state including WV
- Other FDA approved medications
 - **Bupropion** – a novel antidepressant that decreases the desire to smoke through its action on the addiction center of the brain
 - **Varenicline** – a partial agonist of the brain's nicotinic receptors

ALCOHOL

- Most commonly used *legal* (other than caffeine) substance in the US
- Among people aged 12 or older in 2021, **10.6%** (or about **29.5 million**) had an **alcohol use disorder (addiction)** in the past 12 months
- Alcohol is fatal in overdose and can be a deadly withdrawal (DTs, seizures)
- From 2006 – 2010, excessive alcohol use led to approx. **88,000 deaths** and 2.5 million years of potential life lost each year in the United States
- Deaths with COVID - 2019: **78,927** → 2020: **99,017** → 2021: **108,791 deaths**
- The lives of those who died were shortened by an average of 30 years.
- Fatal accidents: **10,511** alcohol-impaired driving deaths occurred in 2018
- Excessive drinking was responsible for 1 in 10 deaths among working-age adults aged 20-64 years.

ALCOHOL TREATMENT

- Heavy or prolonged use often requires an inpatient detox with benzodiazepines, barbiturates, and/or anti-seizure medications to control withdrawals
- Medications used in detox can show up in drug screens for a week or more
- We often will provide vitamins (thiamine) to prevent complications
- **Naltrexone** (oral or extended-release shot) -limits euphoria from and amount of drinking, acts on opioid receptors blocking rewarding effects of drinking
- **Acamprosate** -GABAergic medication, helps with cravings
- **Disulfiram** -creates sickness when alcohol is consumed by blocking the normal metabolism of the alcohol and giving a toxic hangover
- Non FDA-approved medications: Topiramate, Gabapentin, Baclofen

MARIJUANA

- Most commonly used *illicit* substance – still federally banned DEA schedule I drug
 - In 2015, there were **22.2 million** current active users (use in the last month) in the US aged 12 or older
- Among people aged 12 or older in 2021, **18.7%** (or about **52.5 million**) reported using cannabis in the past 12 months
- Among people aged 12 or older in 2021, an estimated **5.8%** (or about **16.3 million**) had a **cannabis use disorder (addiction)** in the past 12 month
- In 2022, an estimated 8.3% of 8th graders, 19.5% of 10th graders, and **30.7%** of 12th graders reported using cannabis/hashish in the past 12 months.

MARIJUANA EFFECTS

- **Short term:** Enhanced sensory perception and euphoria followed by relaxation, slowed reaction time, problems with balance and coordination; increased appetite, memory issues, anxiety, paranoia, and decreased pain
- Acute cannabis intoxication impairs driving ability
 - Cannabis is the illicit drug most frequently found in the blood of drivers involved in motor vehicle crashes, including fatal ones.
- **Long term:** Worsens mental health issues, higher baseline anxiety level, chronic cough, COPD, and frequent respiratory infections
- Effects brain development in children to young adults (~25-30 y/o):

MARIJUANA TREATMENT

- Detox:
 - Typically outpatient – their drug screens can remain THC positive for weeks
 - If cannabis-induced psychosis → inpatient acute Psychiatric care
- Withdrawal symptoms:
 - Irritability, anger, or aggression, Nervousness or anxiety, Sleep difficulty (e.g., insomnia)
 - Decreased appetite or weight loss, Restlessness, Depressed mood.
 - Physical symptoms: abdominal pain, shakiness, sweating, fever, chills, or headache.
- Treatment options
 - No approved medications
 - We treat symptoms (e.g. Psychosis) with available medications (e.g. Antipsychotics)
 - **N-Acetylcysteine (NAC)** can be helpful for youth

METHAMPHETAMINE

- Powerful synthetic psychostimulant similar to cocaine but with longer acting effects and generally more psychoactive (i.e. people look worse when intoxicated)
- Can be smoked, inhaled, or injected; often combined with other drugs
- Rates of use had decreased for a time in part due to Combat Methamphetamine Epidemic Act of 2005 (CMEA) which regulated the sale of the over-the-counter precursor products used to “cook” meth in small quantities
- Recently, use has increased due to mass production and importation from other countries (see Breaking Bad) –drug dealers will market as a way to stop opioids
- Clinically we are seeing many instances of insomnia and psychosis from heavy use

METHAMPHETAMINE TREATMENT

- Initial treatment: detox either outpatient vs. inpatient (especially if psychotic)
- Similar withdrawal as cocaine, not physiologically dangerous but patient can be very depressed and have resolving psychotic symptoms
 - Depression and anxiety, Irritability and physicality
 - Insomnia and exhaustion
 - Benzodiazepines and/or Antipsychotics if needed in the hospital
- Medication options (all off label)
 - Mirtazapine – antidepressant for cravings, also mood, sleep, and appetite
 - Topiramate – seizure medication to control stimulant cravings
 - Naltrexone (opioid blocker) + Bupropion (antidepressant) – cravings and mood
- Contingency Management – effective behavioral intervention which is rarely used

OPIOIDS / OPIATES

- All share same general mechanism of action: bind to natural opioid receptors in CNS, altering pain pathways and activating reward centers in the brain
- 1900's to 1990's they were used mostly for acute pain or for cancer patients
- In the 1990's medicine deemed pain to be a “vital sign” and adopted a stance to eradicate pain from US society – highly influenced by pharmaceuticals (\$\$\$)
- Natural (opiates), semi-synthetics, and full synthetics opioids are produced
- Often combined with other drugs intentionally or accidentally
- Opioids are responsible for the majority of the 100,000+ yearly overdose deaths

COMPARING OUD TO ANOTHER DISEASE

Opioid Use Disorder

- Starts with Exposure to a chemical (Opioids)
- Takes months to years to develop dependency
- Is fatal if allowed to progress (Overdose, Endocarditis, Hepatitis C, etc.)
- Is treatable with Medications
- ~ 50% recovery rate with MOUD
- **Enormous amount of Stigma**
 - **Treatment > Disease**

Lung Cancer

- Starts with Exposure to a chemical (Tobacco)
- Takes years for cancer to grow and to Metastasize
- Is fatal if allowed to progress (from the cancer or the treatment)
- Is treatable with Medications
- ~ 50% Survival rate with treatment
- **Very little stigma with disease or its treatment (used to be Stigmatized)**

OPIOID USE TREATMENT OPTIONS

- Someone Overdoses: Do Nothing, Let them Die = Unethical
- Send them to Detox only → Rarely works (~95% relapse rate)
- Detox + 28-day Program → Sometimes works (10-15% recovery)
- **Medication Assisted Treatment = Usually works**
 - ~ 50% No Opioid Relapses
 - ~ 75% Treatment Retention
- Bottom line: We prescribe these medications because they work

MEDICATION ASSISTED TREATMENT / MEDICATIONS FOR OPIOID USE DISORDER

- MAT/MOUD is the **gold standard** of treatment for opioid use disorder as it represents the only efficacious and ethical medical treatment available
- Every professional addiction society recommends using these medications
- Pregnant people are **always** recommended to stay on MAT → ***NEVER DETOX***
- Three medications are FDA approved, all considered first line treatment for OUD
 - **Methadone**
 - **Naltrexone**
 - **Buprenorphine**
- Primary Goals of treatment:
 - **Decrease morbidity & mortality**
 - **Increase their quality of life**



MEDICATION COMPARISON

Methadone

(Full Agonist)

Pros:

Long lasting

Reduces overdoses

Decades of evidence

Helps greatly with pain

Strongest treatment of OUD

Cons:

Inconvenient (OTPs)

Possible diversion

Lethal in overdose

Withdrawal

Long half life

Stigma

Buprenorphine

(Partial Agonist)

Pros:

Reduces overdoses

Minimal risk of overdose

Rx from Doctor's office

Less risk of IV use

Helps with pain

Simple initiation

New long-acting forms

Cons:

Limited doctors who Rx

Possible diversion

Withdrawal

Stigma

Naltrexone

(Antagonist)

Pros

Usually XR form given

Not diverted

No risk of overdose

No Dependency

Minimal stigma

Cons:

Compliance

Difficult Initiation

No Overdose reduction

Not great with pain

Cost \$\$\$

Cravings ?

PRINCIPLES OF EFFECTIVE OPIOID TREATMENT WITH MEDICATIONS

- Using medications to treat opioid abuse is the **gold standard of treatment**
- Choosing medications depend on many factors: patient, insurance, logistics, etc.
- **Opioid detox alone is not considered a treatment**, akin to malpractice now
- Clinical view, taking medication as prescribed for opioid abuse = **Sobriety**
- Maintaining on Buprenorphine or Methadone is **always recommended in pregnancy** to protect both the mother and her fetus
- Not treating opioid addiction in prison = **129 times more likely** to die of overdose in the two weeks following release¹ → start treating during their incarceration

Binswanger IA, Stern MF, Deyo RA, Heagerty PJ, Cheadle A, Elmore JG, et al. Release from prison--a high risk of death for former inmates. *N Engl J Med*. 2007;356(2):157-165. doi: 10.1056/NEJMsa064115.

COMMON MYTHS ON OPIOIDS & TREATMENT

- 28 days, 90 days, or 180 days of residential treatment is the gold standard
- People are “cured” of their opioid addiction after a few months of sobriety
- Addiction is not a disease, it is simply all a choice
- It is easy to contract an infectious disease or overdose if you as a layperson are exposed to drugs and/or drug paraphernalia
- You will overdose if you are exposed to Fentanyl in anyway
- Fentanyl leaves the system as quickly as it enters it
- There are no substances that can give false positives (many can and do)
- No one ever gets better

DRUG SCREENS VS CONFIRMATION

- Avoid making decisions based on results from presumptive (screening) tests which have not been confirmed by the patient or through the use of definitive testing methods
- Presumptive tests have significant issues with accuracy because of **both false positives** and **false negatives** which can, but should not, affect clinical decision making
- Presumptive testing should be a routine part of initial and ongoing assessment
- Definitive testing may be used to detect specific substances not identified by presumptive methods and to refine the accuracy of the test results
- **Screening is good and necessary, but we avoid making decisions based on screens alone unless our patients admits to use**

FALSE POSITIVES ON SCREENS

- False positives typically occur when our point of care immunoassays confuse one substance for another showing something present when in reality it is not
- Many common over-the-counter (OTC) and prescriptions medications cause these
- False positives are considered a worse outcome then a false negative
- A false negative will result in someone temporarily “getting away with it,” a false positive potentially means someone going to prison or losing custody of a child
- For Fentanyl, false positives include Trazodone, Risperdal (risperidone) Invega (paliperidone), Fanapt (iloperidone), and Benadryl (diphenhydramine)

MORE EXAMPLES OF FALSE POSITIVES

Agent	Summary of Agents Potentially Contributing to False Positives ³⁻⁸			
Marijuana Metabolites	• dronabinol • efavirenz	• NSAIDs* • proton pump inhibitors	• hemp foods: tea, oil ⁺	
Cocaine Metabolites	• coca leaf teas	• topical anesthetics containing cocaine		
Opioid Metabolites	• dextromethorphan • fluoroquinolones	• levofloxacin • ofloxacin	• poppy seeds • poppy oil	• rifampin • quinine
Amphetamines/ Methamphetamine (High Rate of False Positives)	• amantadine • benzphetamine • brompheniramine • bupropion • chlorpromazine • desipramine	• dextroamphetamine • doxepin • ephedrine • fluoxetine • isometheptene • isoxsuprine	• labetalol • l-methamphetamine (OTC nasal inhaler) • methylphenidate • MDMA • phentermine	• ranitidine • selegiline • thioridazine • trazodone • trimethobenzamide • trimipramine
Benzodiazepines	• oxaprozin	• sertraline		
Barbiturates	• ibuprofen	• naproxen		
Methadone	• chlorpromazine • clomipramine • diphenhydramine	• doxylamine • ibuprofen • quetiapine	• thioridazine • verapamil	
Alcohol	• mouthwash	• short-chain alcohols	• OTC cough products (isopropyl alcohol)	

* NSAIDs resulting in false-positive for marijuana mainly consist of ibuprofen and naproxen and modern tests **do not** result in false positives; ⁺ THC concentrations in hemp products are low enough to prevent positive immunoassay results. (*unless cutoffs are set low, and/or hemp product is contaminated with excess THC*)

CONCLUSIONS

- Substance use disorders effect many individuals in West Virginia and worldwide
- Our state has been hit the hardest by substances, so we need the best treatments and standards of care available
- Substance use disorders are considered neurobiological diseases, not simply bad choices
- Addiction is a treatable brain disease which does not diminish or excuse consequences of use
- There are some very effective medications and treatments available but they are often not offered or declined on account of stigma
- The more we understand about the brain and can use the good treatments, the more lives we can save

? QUESTIONS ?



THANK YOU & STAY WELL!

Resource List for Professionals Working with Grandparents Raising Grandchildren

Statewide Resources for West Virginia

Center for Healthy Grandfamilies

West Virginia State University Extension Service

Melissa Lilly, Director: 304-204-4371

Hanna Thurman, Assistant Director: hanna.thurman@wvstateu.edu

Sherri Epling, Extension Educator: 304-204-4078

Amy Shawver, Extension Educator: 304-204-4309

<https://healthygrandfamilies.com/>

PO Box 1000

Institute, WV 25112

WV Department of Human Services

Family Support Centers

<https://wvfrn.org/COUNTIES/>

Client Services Hotline (for inquiries for DoHS programs)

1-800-642-8589

osaclientservices@wv.gov

<https://dhhr.wv.gov/humanservices/Pages/default.aspx>

Listing of all field offices: <https://dhhr.wv.gov/pages/field-offices.aspx>

Legal Aid of West Virginia

Helpline: 866-255-4370

<https://legalaidwv.org/>

Mission WV, Inc.

<https://www.missionwv.org/>

304-562-0723

Children's Home Society

<https://childhswv.org/>

304-988-5410

National Resources

Supporting Grandparents Raising Grandchildren: Resources for Consumers and Professionals - Administration for Community Living

https://acl.gov/sites/default/files/RAISE_SGRG/SGRG%20Resources%20for%20Consumers%20and%20Professionals%20Nov2021.pdf

American Association for Marriage and Family Therapy

https://www.aamft.org/AAMFT/Consumer_Updates/grandparents.aspx

Grandfamilies.org

<https://www.grandfamilies.org/>

A national legal resource in support of grandfamilies within and outside the child welfare system.

American Legion - Financial Resources for Grandparents Raising Grandchildren

<https://www.legion.org/information-center/news/planned-giving/2024/may/financial-resources-for-grandparents-raising-grandchildren>

Generations United

<https://www.gu.org/explore-our-topics/grandfamilies/>

National Center on Grandfamilies conducts federal advocacy and supports kinship/grandfamilies in elevating their own voices to improve policies and practices that impact them.

The Grandfamilies & Kinship Support Network

<https://www.gksnetwork.org/>

A National Technical Assistance Center that provides individual assistance, learning opportunities, and resources to government and nonprofit professionals who serve kinship/ grandfamilies, thereby working to improve supports and services for families.