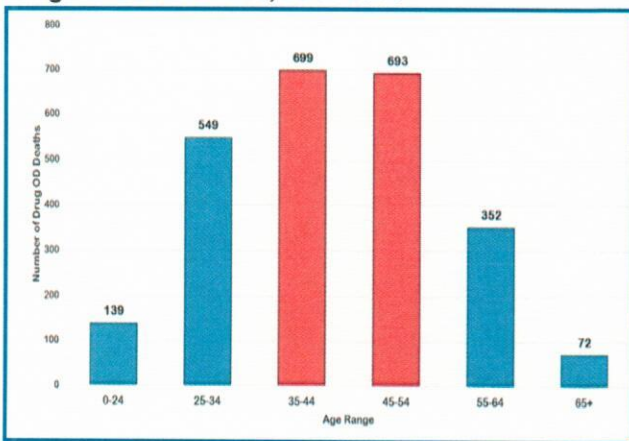


## Behavioral Health Work Group

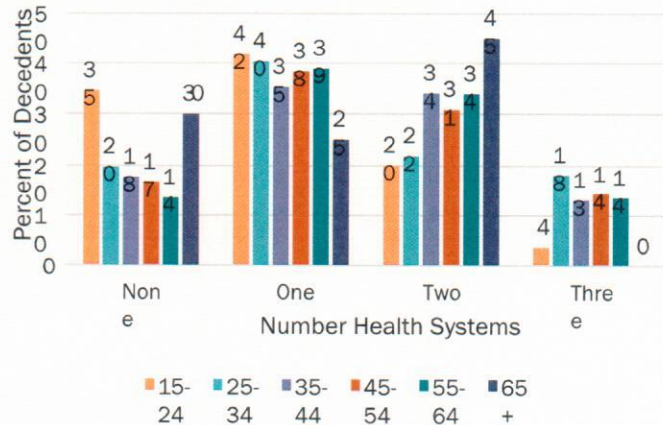
### West Virginia suffers from the highest rate of drug overdose mortality in the United States, with more than 880 deaths in 2016.

The chart below shows the total overdose deaths of 2,504 for the State by age range from 2012 through 2015. The 35-44 and 45-54 age ranges are the most heavily impacted age ranges for these deaths that occurred from prescription opioid pain relievers.

**Total Drug Overdose Deaths by Age Range West Virginia Occurrences, 2012-2015**



**Number of Health Systems Decedents Interacted Within 12 Months Prior to Death by Age Group**



The majority (81%) of overdose decedents interacted with at least one part of the health care system.

This highlights the need for a continuum of care in our state health care system and the need for continued collaborative efforts among all parts of our community.

## A Familiar Journey Before Achieving Success

A child of divorced parents, abuse by a family member with no action taken, and continued exposure to the family member, she started using alcohol and marijuana and at the age of 12 was sent to her first rehab center at 13.

She had children at 16 and 18, married and bought a house, but began drinking on a daily basis. Prescribed an opiate following a car accident, she continued the opiate for a year until the doctors refused to refill. When began buying pills off the street, became too expensive, she turned to heroin, as it was

cheaper and the effect lasted longer.

Within a year, their house went into foreclosure. Subsequent attempts to get clean included detox, a suboxone clinic, and a 9 month abstinence-based rehab. Returning home, she became active in AA, had a sponsor and became a sponsor, led meetings and attended almost daily. However, feeling she lacked support, she relapsed and began a cycle of relapses and detoxes.

After years of shooting heroin, she developed a heart condition. She had surgery, and the pain clinic prescribed large doses of pain medication, which she traded for heroin.

Her heart condition became critical, and the doctor told her husband to prepare the children, as she probably would not survive her surgery. Upon awakening from surgery and a medically induced coma, she told the doctor, "If you send me home I will die, I am an IV drug user and need help." The doctors did not give up on her and arranged for treatment.

At that critical point, she decided that she needed to be part of the solution, and she is now in recovery and is volunteering as a Peer Recovery Coach in the local emergency departments and with a Harm Reduction program.



# Behavioral Health Work Group

## Creating a Continuum of Care

The **Behavioral Health Workgroup** of the HHSC consists of representatives of the array of Mental Health and Substance Use treatment and support services referred to as the “continuum of care” required to achieve good mental health status and prevention or recovery from Substance Use Disorder (SUD). Our local continuum of care includes:

- Clinical providers for Mental Health & Substance Use treatment including MAT
- Support services for assistance including Resource Centers, Peer Recovery Coaches, Day report centers housing, social networks and employment.

- Fire and Rescue, law enforcement and the legal community

The **BH Workgroup** community successes include:

- identifying and raising awareness of need
- sharing information and resources across providers
- conveying information to our agencies to impact change
- the introduction of Peer Recovery Coaches in the local Emergency Departments.

## 5 Actions to Support Successful Recovery in our Communities

- |   |   |
|---|---|
| 1) Support legislation and funding that directly impacts mental health and substance use issues.                              | Reduction Programs, Day Report Centers, Recovery Resource Centers just to name a few.       |
| 2) Continuation of expanded Medicaid- without this, a lot of the members of our community would not have access to treatment. | 4) Incentives, such as loan repayment, to recruit behavioral health clinicians to the area. |
| 3) Continued support of successful programs in our area- Project Aware, Health Department Harm                                | 5) Funding for transportation to assist in getting a person to treatment                    |

# Behavioral Health Work Group

The work group meets on the first Wednesday of each month at 9:00am in Classroom B at Shenandoah Community Health Center 99 Tavern Road, Martinsburg WV. Chairperson Valerie Gorman can be contacted at [vgorman@wvumedicine.org](mailto:vgorman@wvumedicine.org).

### Notes:

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