

Description of the Issue (15 percent)

Target Community in the Proposed Initiative - Berkeley County, West Virginia is the state's second-largest, fastest-growing county in overall population. Located approximately 70 miles from Washington, D.C., Berkeley County is one of the eastern most counties in West Virginia, occupying approximately 321 square miles of land adjacent to western Maryland and northern Virginia. With current population figures estimated to be 119,171, 16.52% of which are school-aged children (Census, 2019), Berkeley County is in transition from a rural to suburban area. Its largest city, Martinsburg, has a population of approximately 17,454, with three Qualified Opportunity Zones (U.S. Department of Treasury, 2018).

Scope and Impact of the Opioid Epidemic – West Virginia continues to grapple with the opioid epidemic and evidence of its costs are well documented and reported (McConville, 2019; National Institute on Drug Abuse, 2019; BBC, 2017). According to a recent Morbidity and Mortality Weekly Report (MMWR) published by the Center for Disease Control and Prevention (CDC), in 2017, the highest prescription opioid-involved death rates included West Virginia (17.2 per 100,000); the highest heroin-involved overdose death rates included West Virginia (14.9 per 100,000); and the highest synthetic opioid-involved overdose death rates also included West Virginia (37.4 per 100,000) (Scholl et al, 2019). In 2020, West Virginia saw a 45% increase in confirmed overdoses, which lead the WV DHHR Office of Drug Control Policy to list Berkeley County as 1 of 7 counties as an area of high need. (WV DHHR, 2021)

Unfortunately, Berkeley County continues to make the news, rating amongst the top ten counties in the country for fatal overdoses (Horwitz et al., 2019). With the exception of Cabell County, WV, overdose statistics in Berkeley County surpass those of the rest of the State, adjacent

counties in neighboring States, and rival those of Baltimore City, per capita. In 2020, there were 746 overdoses in Berkeley County, 69 of which resulted in a fatality (HIDTA ODMAP, 2021).

Along with the public health crisis (Health and Human Services Department, 2017), there is also an enormous financial and social crisis underway due to the opioid epidemic. Some estimate the financial cost of the opioid crisis to date to be \$1billion for the state of West Virginia due to loss of life, loss of jobs and the redirection of public resources (Gregg, 2017). In Berkeley County, the share of the Regional Jail bill for FY18 was \$3million, as non-incarceration options became available through the Berkeley County Day Report Center (BCDRC) the county's bill dropped in FY21 to \$2million; a decrease of \$72,000 monthly. The regional jail provides no substance abuse treatment services and adult offenders who may require less than institutional custody benefit immensely from programs such as home confinement and resource recovery to provide them treatment rather than imprisonment. As of an October 2019 review, the BCDRC graduates have only an 18.4% recidivism rate; if the BCDRC can continue to reduce recidivism, the benefit will ultimately trickle down into the regional jail, reducing the cost and lessen the county's reliance on grant funds in the future. Each individual that participates in the BCDRC's services and successfully remains out of jail, \$48.25/per person is saved each day. As courts begin to favor alternative sentencing and the population of Berkeley County continues to grow, the number of referrals to the BCDRC receives outmatches its capacity; the county will be able to continue to reinvest the savings from the decreased Regional Jail bill back into programs offered by the BCDRC. For example, in April of 2021 the county was able to reinvest \$3million dollars it had saved from the Regional Jail bill since the opening of the BCDRC in 2016 into a new building three times its previous size, expanding the amount of clients it can serve.

The number of children in West Virginia being placed in foster care because of parental drug use grew from 970 in 2006 to 5,695 in 2020; less than 25% of those cases see family reunification (Talbot, 2017) (American Psychological Association, 2021). The emotional trauma experienced by these children will have lasting negative impacts on their life prospects; one study found that 44% of children placed in foster care are arrested at least once, while the same was true of only 14% of children who stayed with their biological families (Doyle, 2007). Currently, the Berkeley County School system is spending one quarter of its annual budget providing therapy to traumatized students and found that over 50% of the most traumatized students are experiencing substance abuse disorders in the home (Berkeley County School, 2019 Report).

Existing Strategic plan and areas of opportunities - Since receiving the Federal Government's High Intensity Drug Traffic Area (HIDTA) designation in late 2015, the Berkeley County Council and local leadership have embraced a holistic, three-pronged strategy to combat the opioid epidemic: **enforcement, treatment and prevention**. Phase I began in 2016, targeting provision of services for the adult population, as evidence showed the worst affected demographic were males in their early to mid-30s. Non-violent offenders and adults seeking help with recovery now have access to an increasing array of necessary, life-saving services including a **Community Correction Program** offering alternatives to incarceration via a Day Report Center and a Home Confinement Program and drug screening as well as cognitive behavioral therapy; a **Recovery Resource Center Program** that promotes prevention and treatment options for addicts, offering wrap around continuum of care services such as peer recovery coaching and case management and access to Naloxone; and a **Harm Reduction Program** offering a needle exchange and STD testing.

In parallel to the County's strategy, the Berkeley County School System has been implementing two grant funded programs beginning in 2016: **Project AWARE**¹, a pilot program funded by the Substance Abuse and Mental Health Service Administration (SAMHSA) targeted at improving the mental health and wellbeing of school-aged children (Kindergarten – 12th grade) whose funding ended in September 2019 and **The Martinsburg Initiative**² (TMI), an innovative and holistic police-school-community partnership, recently funded by the High Intensity Drug Traffic Area (HIDTA), focused on using the Adverse Childhood Experiences (ACEs) methodology to create a trauma informed community working to build resilience in children so they are less likely to succumb to risky behavior, including opioid use. The two school programs work together: Project AWARE receives referrals from TMI for individual, group or family therapy and also provides TMI with monthly professional development updates on available community services as well as a Community Resource Notebook, offering descriptions of available community agencies, the services they provide.

This funding offers the opportunity for the Berkeley County Council to bolster the **treatment, intervention and prevention** components of its opioid response, and implement Phase II of its strategy: continue providing support to the children, who are most vulnerable to the opioid crisis. Expanding our work in collaboration with Berkeley County Schools, the Comprehensive Opioid, Stimulant, and Substance Abuse Site-based Program (COSSAP) intends to build on what is already working in the community and strengthen collaboration between the Berkeley County Council, Berkeley County Board of Education and the Martinsburg Initiative in order to help those school-aged children already caught in the opioid crisis and curtail the epidemic before it claims another generation of West Virginians.

¹ <https://www.berkeleycountyschools.org/Page/7091>

² <https://www.berkeleycountyschools.org/domain/5783>

Locally driven response - This proposed program is submitted by the Berkeley County Council for Subcategory 1b – suburban area or medium-size County with a population between 100,000 and 500,000. The Comprehensive Opioid, Stimulant, and Substance Abuse Site-based Program (COSSAP) will be located within the Berkeley Recovery Resource Center, a department within the County Council that has an existing relationships with the Berkeley County School system, The Martinsburg Initiative and has expertise in Peer Recovery Coaching. The program will use Project AWARE as its foundation, expanding on its successes. The proposed project would fund *four staff positions*: a Therapist, a Peer Recovery Coach, two Case Managers and provide a) Continued funding for Project AWARE in year two and three of this grant; b) fund a school social worker through TMI to work in the Berkeley County School System c) School-based peer recovery support specialist for highest-risk students, and their family members and d) Expand case management in the ten middle and high schools of Berkeley County. Additionally, a portion of the funding is planned to continue to fund what have been identified as key components of the County’s Phase I response: e) the purchase of Naloxone (Narcan) kits in support of overdose reduction and f) Furthering staff development through additional peer recovery training, in particular in support of juveniles. Over the life of the grant, the program aims to reach approximately 10,650 people: (approximately) 10,000 school-aged children in the ten middle and high schools in Berkeley County through prevention and education activities; and expects to directly assist approximately 400 students via mental health/therapy provision and 250 families struggling with substance use disorder (SUD) through the provision of peer recovery services.

Federal Assistance required - The overarching goal of Berkeley County is to curtail opioid use, supporting all citizens to lead productive, healthy lives. With the Berkeley County School system in a current budget crisis, cutting staffing and programs in an effort to reduce a \$7million deficit,

and Berkeley County Council which is continuing to looking for ways to inhibit the impacts of the opioid crisis, federal support of the Comprehensive Opioid, Stimulant, and Substance Abuse Site-based Program (COSSAP) would enable the council to expand on the Juvenile Opioid Treatment, Intervention and Prevention Program (JOTIPP), while continuing to be in line with the COSSAP goals of reducing opioid abuse and the number of overdose fatalities, and would also support the four interrelated program goals (see attachment of time table with goals and deliverables) of the COSSAP program, providing critical response services to those whose lives are affected by the opioid crisis, with the aim of reaching thousands of students and hundreds of families in Berkeley County over the life of the grant.

Resources being leveraged – As matching funds are not a requirement of this application, the leveraging will come from the existing opioid response infrastructure Berkeley County and the Board of Education have in place. The County has experienced staff in leadership positions tasked with implementing Phase I of its Opioid Strategy, including a Director of the **Community Correction Program** who manages a staff of 21 and a **Recovery Services Coordinator** who oversees a staff of 8 and an expanding volunteer network of trained Peer Recovery Coaches. Currently at 25 members, peer recovery coaching is the provision of strength based supports for person in or seeking recovery from substance and/or alcohol addictions by people with lived experience, who are in recovery themselves. The Berkeley County School System has a trained psychologist as Coordinator of Project AWARE and a Memorandum of Understanding with EastRidge Health Systems – a comprehensive, behavioral health provider in West Virginia that provides up to ten Master’s level therapists throughout the school system offering school-based individual and group therapy to students and families on a weekly, bi-weekly or monthly basis.

Project Design and Implementation (40 percent)

Mandatory Project Components – This program will continue to promote education and prevention activities and address the needs of children impacted by the opioid epidemic while at the same time connecting individuals at risk for overdose and/or survivors of a non-fatal overdose and their families with peer recovery services. Using evidence-based assessments tools including the Screening, Brief Intervention, and Referral to Treatment (SBIRT) for intake, the Connecticut Community for Addiction Recovery (CCAR) model for peer recovery services, and the Too Good for Drugs Curriculum as well as the SPORT Prevention Plus Wellness Prevention and Education Curriculum, the program will make comprehensive data analysis a priority to ensure programmatic success. Berkeley County agrees to work closely with the BJA’s Training and Technical Assistance (TTA) provider(s) and evaluators to track quarterly performance measures.

Proposed Project Implementation - Building coherence of effort amongst ongoing evidence-based initiatives, the envisioned program implementation is as follows:

Responsible for Program Delivery:

Recovery Resource Center - The Recovery Resource Center is a department within the Berkeley County Council responsible for developing and maintaining an extensive network of public, private and non-profit agencies who provide services related to the treatment of and recovery from substance use disorders. The Recovery Resource Center also runs a volunteer network of trained Peer Recovery Coaches who assist with the provision of continuum of care services including transportation services, and offers Naloxone kits to reduce overdose deaths. The four funded staff positions (Therapist, Peer Recovery Coach and two Case Managers) will be located in the Recovery Resource Center and will be required to have Peer Recovery certification and experience in the field with juvenile substance abuse disorders.

Berkeley County School System -The Berkeley County School system is comprised of 32 schools; 19,700 students who represent 16% of the total county population. Since the opioid epidemic took hold of the region, the school system has seen increased rates of bullying, aggressive conduct, and poor attendance records. Faculty have reported feeling helpless to assist those students who are struggling with substance abuse disorders, either personally or at home. Initiated through a federal grant from the SAMHSA in 2015, Project AWARE provides mental health/counseling services to all school-age students across Berkeley County, Kindergarten - 12th grade, as well as training for teachers and administrators. To date, 2,651 school-age students across Berkeley County have received help and results reported for 2016 – 2021^{3 4} have been positive for those student who received eight consecutive therapy sessions, including reduced incidents of reported bullying, decreased incidents of aggressive activity, increased attendance, all of which have led to increased student performance culminating in higher grade point averages and reports of a more positive school climate.

EastRidge Health Systems – A behavioral health provider in West Virginia, EastRidge Health Systems provides accessible, high quality, progressive and comprehensive programs and services for persons with mental illness, intellectual/developmental disabilities, and substance abuse disorders in order to optimize their quality of life within the community. EastRidge is the current service provider for Project AWARE, furnishing up to 10 therapists to Berkeley County Schools

³ <https://youtu.be/09zllcNJVVM>

⁴ Berkeley County Board of Education, Internal Data 2021

who conduct psychotherapy in the schools for individuals or run group sessions for students who are at risk for substance abuse and/or experience mental health issues.

Planned Services for Children

Goal 1: Support to Project AWARE: All students in the Berkeley County School System have access to guidance counseling and are classified into three levels of necessary intervention:

<i>Table 2: Levels of Intervention</i>
Tier 1: <i>General Education Population</i> – Students who would benefit from participating in programs that promote social and emotional learning
Tier 2: <i>High Risk Students</i> – Students identified by teachers or support staff as displaying behavioral and/or emotional problems and need to be assessed for possible services; and
Tier 3: <i>Students experiencing mental health problems</i> – Student who have experienced a mental health crisis and/or history of mental illness who require short term diagnostic and treatment services are referred to Project AWARE.

Comprehensive Opioid, Stimulant, and Substance Abuse Site-based Program (COSSAP) will focus on the subset of Tier III students (ages 12 -18) who are at risk of substance abuse or are experiencing substance abuse disorder personally or in the home. Teachers, Administrators and school guidance counselors have been trained by Project AWARE to look out for signs of at risk behavior in students and can make referrals to the Project AWARE Coordinator by completing a three page referral form. The Project AWARE Coordinator refers students to EastRidge Health Therapists based on referrals received and a plan for school-based therapy is developed with the student and his/her family. Tier III students are provided with individual, school-based therapy, weekly, bi-weekly or monthly, depending on level of need and learn appropriate coping and problem solving skills.

Expected outcomes including improved school experience for school-aged children through decrease reports of bullying, violent incidents, suspensions and absences.

Goals 2 and 3: Peer Recovery Services for students and families: The COSSAP Peer

Recovery Coach will be made aware of any referrals to Project AWARE who have substance use disorders personally or occurring at home and an initial outreach plan will be developed, offering Peer Recovery services to either the parents of the student coping with substance use disorder (SUD) or to the person in the student's household with SUD. Parents have been under-represented in prevention programs, even though evidence is robust that parent-based prevention programs can play a pivotal role in delaying the onset and use of alcohol and other drugs, an influence that persists during adolescent development. Furthermore, prevention programs are enhanced with inclusion of parent-based components (The President's Commission on Combating Drug Addiction and the Opioid Crisis, 2017). COSSAP will continue to engage families of at-risk students to encourage them to voice a strong stance against drug use and to receive counseling personally, if needed. Using evidence-based assessments such as the Screening, Brief Intervention, and Referral to Treatment (SBIRT), Motivational Interviewing, or Reflective Listening, the Peer Recovery Coach will co-develop a Wellness and Recovery Action Plan (WRAP) with the individual seeking support, working with the EastRidge Therapist in the case of the students. Continuum of care services through the programs social worker and case managers will be available, including referral and transportation to inpatient treatment facilities and access to Naloxone.

Expected outcomes include increase understanding of peer recovery coaching and available community services to students, individuals and families in need, as well as decreased overdoses and reduction in use of opioids through increased use of services provided by the Recovery Resource Center.

Goal 4: Education and Prevention Activities: The expansion of education and prevention activities is critical if the community is going to have any chance of curtailing opioid use.

Currently, the Recovery Resource Center administers twelve outreach programs, one of which includes making visits to the middle and high schools via Assembly meetings and Health Classes to share lived experiences reaching just over 3,960 students (20% of the student population) in 2019. In conjunction, Potomac Highland Guild, a comprehensive, behavioral health provider in West Virginia, undertakes evidence-based screening assessments using the **SPORT Prevention Plus Wellness**⁵ methodology which can be used as a brief intervention tool for professionals, peer leaders and parents who want to prevent substance abuse and promote protective wellness lifestyles and identities among youth. Peer Recovery coaches are also trained in the program.

The school system has purchased the **Too Good for Drugs Curriculum**⁶, an evidence-based, skills building program designed to mitigate risk factors and build the basis for a safe, supportive, and respectful learning environment. *Too Good for Drugs* promotes positive, pro-social attitudes and behavior, while fostering healthy relationships, resistance to substance abuse and conflict, and resistance to negative peer pressure. The COSSAP Peer Recovery Coach, Therapist, and Case Managers will be trained on the Too Good for Drug Curriculum to enable them to teach the lessons to the middle and high school students and also to apply the methodology to the wider community through the Recovery Resource Center. The ten middle and high schools have a current enrollment of approximately 9,900. With our current trained staff and new staff, the plan is in year 1 of this grant is to visit the Boys and Girls Club and community based juvenile summer day camp to present the material and to then continue in year

⁵ <https://preventionpluswellness.com/products/sport-prevention-plus-wellness>

⁶ <https://toogoodprograms.org/collections/too-good-for-drugs>

2 and year 3 of this grant in the school system, for each staff member to make 3 visits per year to the same school – repetition building trust and comprehension. Given the continuing urgency of the problem, visits will continue to occur to reach additional students. Year 1: Boys and Girls Clubs and community based juvenile day camps to reach 1,700 participants; Year 2: Four schools to reach 4,135 students and families; Year 3: Four schools to reach 3,510 students and families. Visits and activities in the boys and girls clubs/community based juvenile summer day camps will correlate around drug awareness weeks; the schools will be planned to coincide with assembly meetings and Health Classes. This grant funding is expected to increase the reach to the student population from 3,960 (current reach by Recovery Staff) to approximately 17,715 over the three year life of the grant.

Expected outcomes include increased student confidence and student performance through focusing on goal setting, developing healthy relationships, resistance to peer pressure, and decrease in substance abuse.

Allowable Uses of Funds – A detailed description of how the funds will be utilized is provided in the Budget Detail Worksheet. In summary, the funds will be allocated towards addressing the needs of children impacted by the opioid epidemic, educating them with prevention material and connecting student at risk for overdose and/or survivors of a non-fatal overdose and their families with peer recovery services.

Deliverables – Along with the required reporting undertaken by COSSAP, Project AWARE, and The Martinsburg Initiative program deliverables include: implementing the proposed project within three months of the award; documenting the implementation of the program in a manual that includes policies, procedures, forms and other relevant project materials to be provided to BJA for inclusion on the COSSAP Resource Center no later than 24 months from the time of the

award. It is expected that a mid-program evaluation (18 month) and a final program evaluation will be done with BCDRC, Resource Recovery Center, Project AWARE and The Martinsburg Initiative. It is anticipated that through debriefing meetings and reporting, will provide insight into identifying trend data at the community and regional levels, assist with the assessment of the impact of intervention strategies at the local level and make recommendations prioritizing outreach efforts to high-risk populations to achieve the desired reduction in opioid use.

Priority Considerations: Disproportionate Opioid Impact - Berkeley County has been disproportionately impacted by the abuse of illicit opioids as evidenced by the high rates of overdoses from heroin and other opioids, including fentanyl. Berkeley County is the number four county in the country for annual rate of opioid deaths (Horowitz et al., 2019). The latest statistics for Berkeley County, for January-May 2021, show non-fatal *reported* overdoses from heroin/opioids at 567, (Berkeley County Ambulance Authority, Unpublished Data 2021). Berkeley County tracks unreported overdoses through its Naloxone program – people who are given Naloxone and return for a follow-up dose are required to report any overdoses that may have occurred. In 2019, there were a further 90 *unreported* overdoses, making the on average monthly overdose rate for April 2019, approximately 30. Another disproportionate challenge faced by both the County and the School System is immediate access to local treatment options for referrals. At its worst, wait times for student referrals were up to 6 months, while many people seeking inpatient treatment were forced to travel across the state or to another state entirely.

Overdose Detection Mapping Application Program (ODMAP) data collection – ODMAP data is entered by the Berkeley County Emergency Medical Services (EMS) and the Martinsburg City Fire Department tracking the near real-time-fatal and non-fatal overdose data. The Recovery

Resource Center currently oversees Berkeley County's ODMAP data collection, and this will continue under the proposed COSSAP. Berkeley County agrees to make the data collected from this program available through ODMAP, the County will be able to develop deeper trend analysis to help inform policy responses for prevention, outreach, treatment and enforcement. .

Opportunity Zones – Martinsburg is the county seat and largest city in Berkeley County, West Virginia, and has three Qualified Opportunity Zones (QOZs). Approximately thirty eight hundred (3,800) Berkeley County school-aged children attend schools within the QOZ and are many of the most at risk students in the school system. The proposed funding for COSSAP is seen as a way to improve public safety in the QOZs through improving home life for children. See Narrative on Qualified Opportunity Zones.

Peer Training and Certification - All Peer Recovery Coaches are trained at the **Connecticut Community for Addiction Recovery (CCAR)**⁷, the preeminent training facility for Addiction Recovery Training on the East Coast. Required certification includes:

Peer Recovery Supervision and Evaluation –The Peer Recovery Coach will report to the Recovery Resource Project Coordinator, who reports to the Recovery Services Coordinator, who are also certified Peer Recovery Coach. While Peer Recovery Coaches complete quarterly Self-Efficacy surveys, we are still in the process of analyzing the data from our expanded evaluations and measuring of the effectiveness, efficiency and impact of Peer Recovery services; the focus has been on tracking service provision to the community. Through the collection of monthly statistics to the Recovery Services Coordinator it is anticipated we will see a change through the development of peer recovery service metrics; client evaluations; pre-and post-client surveys and

⁷ <https://addictionrecoverytraining.org/>

mid-year and end of year program evaluations. Ensuring programmatic success through comprehensive data analysis is a priority of this program as Berkeley County would like to improve the quantity and quality of evidence it collects; integrate evidence into program, practice, and policy decisions and improve the translation of evidence into practice.

Capabilities and Competencies (25 percent)

Berkeley County envisions a key delivery team of five, with supplemental support provided by the Berkeley County Council Grants Administration, Recovery Services Coordinator, Project AWARE Coordinator and The Martinsburg Initiative Director.

Peer Recovery Coach (Juvenile Specialty) - Full-time: Responsible for providing peer recovery services and for conducting education and prevention activities. Working in concert with the Project AWARE program, the Peer Recovery Coach will offer services to those students in need as well as target families of students who are experiencing substance use disorders (SUD) at home. The Peer Recovery Coach's caseload shall not exceed 18 families at any given time to ensure quality of care. The Peer Recovery Coach will also conduct education and prevention activities at the ten middle and high schools in Berkeley County, addressing the needs of students impacted by the opioid epidemic and will act as a Transporter, driving those individuals that need support in maintaining required recovery meeting schedules and/or transfer to treatment facilities; a Job Description is attached to the application.

Case Managers-Full time: Will work to support identified individuals through Project AWARE or The Martinsburg Initiative who have a history and/or family history of being convicted of a felony crime coupled with a need for substance use treatment and/or are at risk of re-offending; will work to communicate with juvenile court officials, school counselors, school social worker, and probation and parole officers in order to maintain continuity of services. They will also work

to engage and collaborate with all available community resources to prevent the need for involuntary commitment or re-offense, improve community integration, and promote recovery by addressing the often complex needs of eligible individuals and will provide assessments, establishing treatment plans and will monitor to hold offenders accountable for attending required treatment.

Therapist-(juvenile specialist) Full time: will support identified juveniles and their families who have a history of being convicted of a felony crime coupled with a need for substance use treatment and/or are at risk of re-offending; communicate with juvenile court officials, probation and parole officers, school social workers and peer coaches, in order to maintain continuity of services and engage and collaborate with all available community resources to prevent the need for involuntary commitment or re-offense, improve community integration, and promote recovery by addressing the often complex needs of eligible individuals.

Project AWARE Coordinator - pro bono: Working in concert with the COSSAP Project Coordinator and the Recovery Services Coordinator, the Project AWARE Coordinator will serve as the point of contact for the Berkeley County School system and representative for Project AWARE on the COSSAP project. Contributing to the planning and implementation of the program, including working across agencies to achieve the goals and objectives, the Project AWARE Coordinator will ensure the COSSAP program is reaching the intended school aged target population as well as provide monthly data analytics to the Resource Coordinator and Berkeley County Council Grants Department. Mr. Patrick Patton's resume is attached to the application.

The Martinsburg Initiative Coordinator - pro bono: Working together with the COSSAP Project Coordinator and the Recovery Services Coordinator, The Martinsburg Initiative Director

will serve as the point of contact for The Martinsburg Initiative program and will be the direct report for The Martinsburg Initiative Social Worker in the Berkeley County School System on the COSSAP project. Contributing to the planning and implementation of the program, including working across agencies to achieve the goals and objectives, the Martinsburg Initiative Director will ensure the COSSAP project is reaching the intended school aged target population through the social worker as well as provide monthly data analytics to the Resource Coordinator and Berkeley County Council Grants Department. Ms. Margaret Kursey's resume is attached to the application.

Potential Barriers – Working with traumatized school-aged children and families with substance abuse disorders will always be challenging due to the multifaceted nature of the problem. In this instance, the team put together to deliver this program is very well qualified, including trained psychologists, Master's level therapists, guidance counselors and social workers, and certified Peer Recovery Coaches. The Recovery Resource Center and the Berkeley County School System have extensive experience with the provision of wrap-around, continuum of care services, the COSSAP program will strengthen the ability of the community to serve those most in need through cross collaboration and partnership.

Committed to working with BJA's designated TTA providers and Evaluators – As attested to in Statement of Assurances, the applicant agrees to work with the selected BJA Comprehensive Opioid Abuse Program training and technical assistance provider(s) and/or evaluator to complete a program or project assessment pursuant to guidelines established by OJP, in coordination with the National Institute of Justice.

A Project Timeline is attached to the application indicating each objective, activity, expected completion date and responsible person or organization

Plan for Collecting Data (10 percent)

Data Collection - The Recovery Resource Coordinator will be responsible for overseeing data collection processes and for reporting on the required performance measures. Data will be collected by both the COSSAP project personnel as well as the Project AWARE Coordinator and The Martinsburg Initiative Coordinator. Monthly student reports will be submitted by the EastRidge Therapists to the Project AWARE Coordinator for all Tier III students and the Peer Recovery Coaches are required to complete a Performance Engagement Dynamics Surveys and an Outcomes Survey for each client. Monthly student reports will be submitted by The Martinsburg Initiative from the school social worker, reporting on students/families served, referrals made and community resources used. The Recovery Resource Coordinator will also collect data from the planned education and prevention activities. The Recovery Resource Coordinator will also track number of Naloxone kits distributed and number of rides provided. The Recovery Services Coordinator will produce monthly trend reports based on the four objectives and expected impacts of the program.

Additional Performance metrics - This project will allow Berkeley County and the Berkeley County School system to improve the coherence of their data collection and reporting to provide a comprehensive picture of the problem and identify solutions through cross-system collaboration. Along with the required BJA performance metrics reporting, all three entities will update their intake questionnaires: The Recovery Resource Center has expanded its Peer Recovery Coach client intake surveys to capture the number of children in the home; whether the children attend Berkeley County Schools and whether the client has primary custody of the children; and also captures which zip code the clients resides in. Berkeley County Schools have added a specific question on its Project AWARE referral form indicating substance use disorder;

data will be collected by the Peer Recovery Coach, the Project AWARE Coordinator, and The Martinsburg Initiative respectively, and submitted to the Recovery Services Coordinator.

Surveys will also continue to be developed to capture the impact of the education and prevention activities undertaken as a key component of the program.

Data Source and Legal Barriers - Data sources will include demographic and survey data provided by the Peer Recovery Coach and Case Managers collected from both student as well as adult clients; and survey data collected as part of the education and prevention activities undertaken at the schools. EastRidge Health Systems keeps working files for each student participating in Project AWARE, either electronically or in a locked cabinet in designated office. ODMAP data is collected by the county EMS and Martinsburg City Fire Department and is overseen by the Recovery Services Coordinator. Data in all reporting will be kept anonymous. Peer Recovery Coaches are certified in professionalism and ethics and the Master's level therapists provided by EastRidge for Project AWARE maintain HIPPA confidentiality. Project AWARE maintains student anonymity by using unique ID numbers which no one can use to identify a student without access to the Berkeley County Schools WEIS data system.

Category of measures -The activities in this program falls under the **Overdose Outreach Projects/First Responder Partnerships category of measure**, which includes recovery support and substance use treatment services; outreach awareness and prevention activities; and supporting crime victims and child welfare.

Expected impact (s) - The expected impacts of COSSAP include curtailing opioid use/abuse amongst the high-risk school-aged children; stopping opioid use before it starts amongst school-aged children; improving the home lives of those children experience substance use disorder in the home; raising awareness about the benefits of Peer Recovery Coaching; positively

influencing the number of citizen seeking recovery help; positively influence the number of citizens that remain in recovery through the provision of continuum of care services, including transportation; and reducing overdose and overdose deaths through the provision of Naloxone .

Performance documentation, monitoring and evaluation - Performance will be documented, monitored and evaluated by the Recovery Services Coordinator. Cross-system data analysis is a critical component of this program and will draw on sources from Berkeley County Schools (Project AWARE, EastRidge Health Services and The Martinsburg Initiative) and Berkeley County Council through the Recovery Resource Center and ODMAP data. All data will remain anonymous to ensure confidentiality. Monthly required reporting, semi-annual assessments to determine program effectiveness and the need for correction, and annual formative and summative evaluations are planned. Berkeley County would be very willing to participate in cross-site evaluation in future years with BJA and will ensure submission of an evaluation report prior to close of grant period.

Financial Sustainability: The result of this program is to ensure a reduction in opioid use and the number of overdoses in both school-aged children and adults. The Berkeley County strategy of **enforcement, treatment and prevention** requires a huge amount of financial commitment. The opioid epidemic has been growing, almost unchecked, for more than two decades. Targeting school-aged children to help those already suffering the impacts of opioids either directly or indirectly and stopping children before they start, the County and the School system will see a reduction in the need for service provisions (mental health services/substance abuse disorder services). These budgetary savings will be reinvested in the effective and efficient policies, including the continuation of the Comprehensive Opioid, Stimulant, and Substance Abuse Site-based Program.