For Immediate Release

WV PEERS key part of success for Monongalia County Health Dept. QRT

MORGANTOWN, WV (Nov. 7, 2019) — When Dan McCawley goes out into the community and knocks on the door of a stranger who has recently experienced a drug overdose, he has a pretty good idea of some of the things that are going through that person’s mind.

McCawley, program manager for WV PEERS (Enhancing Education, Recovery, and Survival), has been conducting “boots-on-the-ground community outreach” with the group since early 2018, shortly after it was created in late 2017.

“I’m a person in recovery,” McCawley said. “I saw that peer recovery was something I could do. I spent 25 years in the restaurant business, and after getting into recovery, I didn’t think it was good to go back to an industry with a high incidence of substance use disorder.”

McCawley, along with Jon Dower, director of operations for West Virginia Sober Living, the umbrella organization for West Virginia PEERS and other projects, are key members of Monongalia County Health Department’s Quick Response Team (QRT). As its name implies, WV Sober Living is a home where individuals with substance use disorder can stay as they work toward sobriety.

The county-wide QRT has been meeting weekly since May, thanks to a $230,000 grant from the West Virginia Department of Health and Human Resources, Office of Maternal, Child and Family Health that was awarded to MCHD last year.

In addition to peer recovery coaches (PRCs), who are certified recovery coaches with lived addiction experience, the QRT is comprised of Monongalia County Health Department employees, first responders, law enforcement and other community members.
The idea is simple: When MECCA 911, EMS or a police department get a report of an individual who has overdosed, it is shared to a HIPAA-compliant Dropbox account. WV PEERS members check reports frequently and try to make contact with the individual within 24 to 72 hours of the incident.

The main goal is to get the person into treatment. However, whether or not the individual is ready to commit to recovery, PRCs can also help with connections to health and social services as well as, in some instances, naloxone, which is used to counter the effects of an opioid overdose.

“There are quite a number of times that we meet them where they are,” McCawley said. “We recognize that they are the ones who are in charge of their recovery path. Even if they weren’t ready to do something about their drug problem, they needed social services, a meal. We’re willing to meet them on the path.”

The hope is that down the road, when the individual decides that recovery is the right option, “They’ll come back and say, ‘I’m ready to go to detox.’”

Pharmacies can fill prescriptions for naloxone either with a personal prescription or by way of the standing order written by the state health officer, Dr. Catherine Slemp. Naloxone requires training for its correct use, which MCHD provides, either by itself and sometimes in conjunction with CPR and Stop the Bleed training.

MCHD’s QRT is one of several around the state that have been formed in the wake of the national opioid crisis. Monongalia County currently ranks fifth in opioid overdose deaths in West Virginia, and from January to May 2019, MECCA 911 dispatched emergency medical service (EMS) to treat an average of 46 individuals each month for non-fatal overdoses.

And from January to August 2019, syndromic surveillance reports show that an average of 20 non-fatal overdoses each month were treated in Monongalia County emergency departments.

Many QRTs utilize law enforcement when recovery coaches visit those who have recently overdosed. But WV PEERS coaches do not believe that is the best tactic.

“We want to lower the barrier,” Dower said. “There are a lot of barriers to individuals engaging in conversation with people they don’t know. They are less likely to do it with someone with a uniform on or a badge. They might have some suspicion that they are collecting information for ulterior motives.”
Plus, said McCawley, “That’s really the core of peer recovery, that lived experience. I understand on a visceral level how they feel, going through withdrawal.”

McCawley wishes that when he reached his low point, alone in a hospital emergency department, he had a PRC to help guide him.

“Detox was a road I had to navigate on my own,” he said. “What I like to do is give someone the support I didn’t have. It’s important for my own personal recovery to help other people.”

He cites luck, tenacity, 12-step fellowship and “some good people in my corner” who picked him “up off the floor” and put him in a hospital for helping him to achieve sobriety.

According to information on the WV PEERS website, the organization was created by representatives of the West Virginia University School of Public Health’s Injury Control Research Center, Safe Communities Initiative; PSIMED, Inc.; Monongalia County Court; WVU Collegiate Recovery; WVU School of Medicine; and Ascension Recovery Services.

It has been developed and implemented through a collaboration between West Virginia Sober Living, Inc.; WVU Health Sciences and multiple Monongalia County community partners in emergency health care, law enforcement, the court system, treatment and recovery programs and harm reduction programs.

WV PEERS was created thanks to a grant through the University of Baltimore, Dower said, that allows PRCs “to be out in the community to test the theory that outcomes of individuals that were engaged with peer recovery coaches would have a more favorable outcome.”

So far, McCawley noted, WV PEERS can point to 1,500 individual engagements resulting in about 600 referrals of some sort.

McCawley, who, along with Dower, attends the weekly MCHD QRT meetings, enjoys the opportunity to share perspectives.

“It’s great,” he said. “This has to be an entire community effort. Being able to work with law enforcement, being able to work with 911 and EMS, has been wonderful.”

He also appreciates seeing the law enforcement mindset change from one of locking up individuals who have overdosed to helping connect them to peer recovery coaches.
“They are looking at this person as someone who is sick and needs to get well, rather than just someone who needs to be put in jail.”

Check out monchd.org and follow us on Facebook and Twitter @WVMCHD and on Instagram at #wvmchd for up-to-date information on health and wellness in the community.

—30—