

Combating the Crisis:

How Healthcare Stands at the Front Lines of the Opioid Epidemic

Opioid Task Force

How local agencies
are working together

Seeing Both Sides

Peer Support Recovery Specialist
counsels those seeking recovery

From Main St. to Wall St.

Retired Maryland State Police Major Jim Pyles
brings his message of prevention, enforcement
and awareness across the state



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‘We’re doing it differently’

The WMHS Emergency Department Behavioral Health Unit offers individual care to each patient

Ed DeWitt
Western Maryland Health System

Each patient brought to the Western Maryland Health System Emergency Department’s Behavioral Health Unit faces their own unique set of circumstances and obstacles. As such, the treatment and care they receive is geared toward those individual needs and is implemented by several different members of the WMHS team.

“Close collaboration from many different agencies throughout the community and disciplines within the hospital is necessary to provide care to patients with opioid abuse and addiction issues,” said Jill Spiker, Director of Emergency Services at WMHS.

“That starts in the field, where local law enforcement and EMS providers have received training on how to administer Narcan so that lifesaving treatment is not delayed in the event of a potentially fatal overdose.

“Patients are then transported to the Emergency Department where nurses and medical providers work with Crisis Counselors to develop a collaborative treatment approach that addresses the needs of each patient. Some patients require inpatient admission to medical or behavioral health services while others are better served by prompt outpatient treatment for addictions.”

Currently, four behavioral health rooms are set up directly across from the nurse’s station. They are used primarily when overdose patients

come in. Services work simultaneously. “There could be a variety of things that happen after the patient is cleared medically,” said Jamie Karstetter, Vice President and Chief Nursing Officer. Programs available range from psychiatric services to a detox program and a variety of medication management.

“When a patient comes into the ED for a behavioral issue, a medical evaluation is performed immediately, and the crisis counselors are consulted right away. The crisis counselors have an office adjacent to the ED. They speak with the patients to get a dialogue going to better understand their personal situation. All of the ED staff has training to take care of behavioral health patients,” Karstetter said.

“The Crisis Counselors are an invaluable part of the psychiatric emergency department team,” said Jeff O’Neal, Executive Director, Clinics, Practices and Behavioral Health Services. “They are all Masters- level, licensed professionals with a specialization in behavioral health who are available 24/7 for crisis evaluations.”

The WMHS ED BHU is the only location in Allegany County that a patient can walk into without an appointment, receive a medical evaluation and engage in treatment any time of day or night. They consult with the ED physicians and providers to develop the best possible plan of care for patients and help the patients to move to the next level of care.

A key component to that care is the availability of WMHS Peer Support



Specialists. "They bring an expertise to the ED unlike any other member of the psychiatric treatment team," O'Neal said. "These individuals have lived through the horrors of addictions themselves and found ways to better cope and deal. By sharing their stories of adversity and the strategies that led to success as it relates to their past issues with addictions, they can inspire and motivate a person who is actively experiencing addictions issues into a positive course of action."

Though the BHU is usually a busy sector of the ED, there appears to be hope on the horizon when it comes to the number of overdose patients that

come through. "Over the last calendar year we've seen a downward trend," Karstetter said.

In 2017, 413 overdoses were treated at the WMHS ED, 266 which were opioid related. In 2018 those numbers dropped to 347 and 224 respectively.

Fatalities are dropping as well.

According to local law enforcement statistics, 2018 saw the least amount of deaths in Allegany County resulting from overdose over a 3-year period. In 2016 there were 44 fatalities, in 2017 that number dropped to 36 and in 2018 there were 32.

Despite the positive change over the last few years, it is clear the problem

is not one that will fade away. "There have been times when we've needed more than the four rooms we currently have," Karstetter said, "which has led us to constructing a new eight-bed unit that will open in late spring or early summer of 2019. It's coming along very well."

The new BHU will feature increased security, safety and staffing. "These patients will be cared for in a specialized care area designed specifically for behavioral health needs," Karstetter said.

The results of all the thoughtful departmental collaboration and facility upgrades will go a long way as

WMHS continues to be at the forefront of opioid addiction and abuse treatment.

"We are trying to do it differently," Karstetter said. "We're trying to give patients information and resources. In the past, it's clear that these resources haven't been available to them, or if they were available, they weren't using them. We are learning how to educate these patients better. We're trying to engage better. It's a collective and collaborative group that really has to understand the needs of the patient."

7 steps to help your loved one get the treatment they need

By Lisa Iannucci
CTW Features

A few weeks ago, actress Amanda Bynes announced that she was four years sober, combated the drug addictions that derailed her career and is ready for a Hollywood comeback. She admitted, in an interview with *Paper* magazine, that she was high on Adderall on the set of her last movie, *Hall Pass* in 2010. She quit that movie and proceeded to make very provocative and questionable Twitter posts before publicly announcing that she was retiring from acting.

She continued her downward spiral of drug use before deciding that she wanted to get well, but openly credits her parents for "helping me get back on track."

If you have a loved one who is struggling with addiction, you may want to help them get back on track too, but how do you do it?

1. Urge them to talk to their doctor

"If you are concerned about a family member or loved one who uses opioids, urge them to talk to whoever prescribed their medications," says Tammy Slater, assistant professor at the Johns Hopkins School of Nursing in Baltimore, Maryland.

Their doctor might be able to provide medications to help treat their addiction. "Opioid use disorder is a chronic disease, much like diabetes or heart

disease. There is an evidence-based approach for treating opioid addiction using medications that have been approved by the Food and Drug Administration along with counseling and other supportive service," says Slater. "Prescribers such as nurse practitioners, physicians and physician assistants who are specially trained to provide treatment for opioid addiction can prescribe medications, such as buprenorphine and naltrexone."

2. Be honest

In some cases, a good long talk might pull at their heartstrings and encourage them to seek treatment. "People make the decision to enter treatment based on their assessment of how their addiction is affecting their life, including their family and the people around them that they care about," says Dr. Stefan Kertesz, University of Alabama at Birmingham professor and addiction specialist. "Reiterate how important it is to them, and how harmful it is to their relationships with their loved ones, that they seek out help for their addiction."

Forget about getting tough: For years, Kertesz says that we were schooled that addicts needed tough love and rejection in order to show them they have a problem and get them help. That's not the case today. "There is no evidence that a highly confrontational intervention with a threat is particularly helpful and, for some people, it spirals them along," he says.

3. Stay present, with limits

Instead of using tough love, Kertesz suggests that staying present in the addict's life is very important, but setting limits with them is a must. "Tell them you'll bail them out of jail, but won't give them money, or that you can talk to them anytime they want, but can't do something else," he says. "Drawing boundaries while you remain connected is a way to walk the line and provide love, but make it clear that there is a problem and that they need to get help."

4. Provide resources

Finally, your loved one might not know where to turn for rehabilitation, so provide them with a list of resources, including local therapists. Your list can include the National Institute on Alcohol Abuse and Alcoholism (www.niaaa.nih.gov; 301-443-3860); and The Center for Substance Abuse Treatment, a part of the Substance Abuse and Mental Health Services Administration (24-hour National Treatment Referral Hotline (1-800-662-HELP and www.samhsa.gov/about-us/who-we-are/offices-centers/csa).

5. Find a treatment center

"If you have money and can get your loved one into treatment and they are open to it, it's a possibility but just know that it's not a guaranteed fix," says Kertesz, who recommends the research of addictive behavior by author William Miller.

In his book, "Motivational Interviewing: Preparing People to Change Addictive Behavior" (The Guilford Press, 2012), Miller writes, "Making a change, however, does not guarantee that the change will be maintained. Obviously, human experience is filled with good intentions and initial changes, followed by minor ("slips") or major ("relapses") steps backward. Maintaining a change may require a different set of skills and strategies than were needed to accomplish the change in the first place."

6. Understand you can't fix it

It's hard to watch a loved one suffer from addiction and as much as you may want to help, it's not up to you and it might not work. They may refuse to go to treatment and refuse your support.

"We don't have the power to make the recovery happen," says Kertesz. "Family has more power than doctors, but unless you have the power of the law on your side, you are waiting for the individual to recalibrate, but that doesn't always work. In some cases, if they are suffering severe memory loss because of years of drinking, they can't even remember their own intentions."

Kertesz says to remain loving, direct and clear with your loved one and hopefully, like Amanda Bynes, they will get help and ultimately succeed in their recovery.

Feeling... Lost? Powerless? Frustrated? Alone?

The **Caring Family & Friends** support group at Western Maryland Health System is for adults with family and friends who are dealing with addiction.

**Third Wednesday of Every Month at 5:30 p.m.
Western Maryland Health System
Auditorium 5**

*No fee charged. No insurance needed.
Call 240-964-8599 or visit
www.wmhs.com/services/support-groups
for more information.*



**WESTERN MARYLAND
HEALTH SYSTEM**

Caring for What Matters Most

Listening more, talking less

WMHS Chaplain Bruce McBride and his staff offer hope and comfort when they are needed most

Ed DeWitt
Western Maryland Health System

Reverend Bruce McBride has a message for young people in Western Maryland struggling with addiction. "You are here for a purpose. Once you discover that purpose, seek that and don't let drugs or anything else diminish that contribution."

For the last quarter century, Pastor McBride, who is Western Maryland Health System's Director of Pastoral Care, has had a front row seat to the opioid crisis that is gripping Appalachia. Before coming to Western Maryland 13 years ago he served as a pastor in Clarksburg, W.V. for 15 years. He also recently was lead pastor for 11 years at Calvary Baptist in Cresaptown. In his time of service, McBride said he has presided over "far too many" funerals of young folks he says wish to escape life by doing drugs.

Often, McBride said, it isn't the young folks that overdose that bear the weight of the tragedy. "When a son or daughter comes into the ED and is basically declared dead, the family is crushed. I sit in the room with parents and grandparents and they are devastated and destroyed and feel hopeless. As a chaplain, as a minister in the Health System, I've seen way too many families decimated from this tragedy. It hurts and the pain is so deep for these families. Our nurses and doctors feel the pain as well."

As chaplains at WMHS, McBride and his staff of 10 volunteers and relief pastors are tasked with ministering to both patients and staff in their hour of need, regardless of their faith. "I've been a Baptist all my life," McBride said, "but of course in the hospital it doesn't matter because walls of denominational issues come down and we are just trying to help people get through the suffering in their life."

His perspective on the deadly grip that opioid addiction has in our area is one of both compassion and a charge to help turn the tables on the disease. "I see things on the very end of the scale when families are crushed," he said. "Sometimes they'll ask me to do the funeral for their child because they have no church of their own. I go ahead and perform it, and we at the Health System are then able to see families nurtured and loved and embraced in the midst of real tragedy."

That ultimate tragedy is one that can be avoided, McBride says.

"If they could see the signs and the warning lights. The signs are out there that danger is approaching. Maybe their children are in a daze when they come home. Maybe they are binge drinking. Maybe they just aren't acting like themselves. Often, we hear the families say they wish they would have known their child was hanging around with the wrong people. They wish they would have known so they could have said something. We hear this so many times from parents"



"If each of us could reach only one person that is where it starts. Success comes when I can give love to one person who has overdosed and express that we love them in spite of what has happened."

- Rev. Bruce McBride

He also wishes concerned parents would seek their own form of help.

"The Allegany County Health Department has all kinds of resources to get parents connected and plugged in to help. The sad thing is so many people don't know about those resources. These are free for parents. I've found as a spiritual leader in the hospital, if parents just reach out and say they need to find a way to get help or counseling, there is some way we can find to nurture their kids and help them find a way out."

Those resources extend beyond the Health Department. "The Allegany County Drug Task Force and the WMHS Opioid Task Force meet and discuss issues and try to find the facts on what is causing this epidemic in our area."

Long before these community efforts come into play, however, McBride said the best thing parents can do is simple. "I would say to the parents to get involved with your son or daughter. Talk to them, take them out to lunch, see what is going on with their life. Find a way to get connected to that child."

"I have 3 sons and a daughter. I've found a way to connect to each one. I may not like NASCAR, but if they like NASCAR I'm interested in it. I may not like playing music but if they are in a band I'm involved with it. I find my interest in what they are interested in. I have to find a way to encourage parents to build a bridge to your child now. Not tomorrow, now. Trust and care and share their burdens. Be there for them. My kids aren't perfect, but they know they have value and their mom and dad love them unconditionally."

Pastor McBride reiterated that regardless of the hopeless temperature of the current climate when it comes to the opioid crisis, he and his staff remain unwavering when it comes to combatting it.

"Pastoral care is blessed to serve both patients and all staff. It's my role as a former pastor and now a chaplain to be there for anyone that needs prayers, advice and spiritual strength. We are here for everyone no matter what their faith. There are no denominational lines when it comes to loving people and being there for them. We believe Psalm 46 says it best - God is our refuge and strength and a very present help in trouble."

He also insisted that the news is not all bad.

"Between myself and the 10 WMHS chaplains we've seen some great things happen. We've had employees come to us with their stories of their own children's issues. They'll start out asking for prayers but then they really back the truck up and unload. We've been able to get them help and get them on the right path."

"The dialogue starts after trust has been initiated. That means people only share after they believe you care and are trustworthy. Parents need to build a bridge to their kids early in middle school and nurture that throughout their teen years. Here at WMHS, the chaplains take time to listen more and talk less. We believe that people don't care how much you know until they know how much you care."

Those small steps before tragedy happens are well worth the effort to avoid the ultimate sadness McBride has dealt with far too many times in the Emergency Department. "The ED staff at WMHS is exceptional and our crisis counseling service is ready to help in many ways," McBride said.

"The picture may be bleak when it comes to overdoses and deaths in our area, but if each of us could reach only one person that is where it starts. Success comes when I can give love to one person who has overdosed and express that we love them in spite of what has happened. I help them see that they are valuable and they have worth because God loves them and values their life on this earth."



From Main St. to Wall St.

The opioid crisis is everywhere, and retired Maryland State Police Major Jim Pyles is on a crusade to bring prevention, enforcement and awareness across the state

Ed DeWitt
Western Maryland Health System

Back in the early 2000s, Jim Pyles, now a Retired Major with the Maryland State Police, was working on a violent fugitive task force in the city of Baltimore. At that time, the population of Charm City was about 600,000. Unbelievably, more than 60,000 of those city residents were addicted to heroin. "We were charged with reigning

in the more than 54,000 open arrest warrants, and we hit an average of 25 houses a day. I was always getting people in the middle of injecting. I dealt with so many people addicted to heroin. I was so intrigued with trying to help. I came back here in 2003 and the problem had spread and people here were starting to die. Since then this is all I've done."

Now, 16 years later, Jim travels across the state with a three-pronged

approach aimed at saving as many people as he can. "You can't arrest away this problem," he said. "It's awareness and education. I've traveled the state from Garrett County to Ocean City speaking to tens of thousands of people about this epidemic, and that's what you have to do. You have to educate your way out of this."

Due to the scale of the problem here, Jim's program ties closely with a statewide effort to combat the opioid

crisis. During the years 2013-15, a statewide crackdown brought in 4,000 drug arrests, over 18,000 pills and over 80,000 grams of heroin. During this period, Maryland was also the first state police unit to equip troopers with NARCAN. "To put those numbers in perspective, a neighboring state seized only 8,000 grams of heroin at the same time," Jim said.

Even as statewide overdose data continues to trend in the wrong direc-

tion, some notable local progress has been made. From January to June of 2018, there were a total of 19 overdose deaths in Allegany County, down from 38 during that same time period in 2017. Overall there were 150 overdose deaths in the county from 2014 through the first half of 2018.

"We had the second largest decrease in the state," Jim said, "but the numbers blow you away." From January to June 2018 there were 1,325 total overdose deaths statewide, which is a 12 percent increase from 2017. Hidden in those numbers is a startling fact. Heroin overdoses are down. Of the overdoses, 1,185 were opioid related and 1,138 of those fatalities were related to fentanyl, a synthetic opioid that is 80-100 times stronger than morphine. For perspective, Jim said that four salt-grain size pieces of fentanyl will kill an adult.

"A kilogram of heroin will cost \$55,000-\$65,000. A kilogram of fentanyl costs \$2,500. The drug dealers are making millions of dollars off a few kilograms and then flooding the market. That has forever changed this game."

Regardless of the drug choice, reaching addicts and preventing new ones remain Jim's passion. "Telling a user not to use is like me telling you not to breathe. That's what they go through battling this addiction. As they try to beat it, they get what they call 'dope sick', which can be compared to the worst flu you've ever had multiplied by 100."

The crisis attacks everyone imaginable, not just those with a poor socioeconomic status. "It's every race and every gender," Jim said, "from Main Street to Wall Street. It doesn't discriminate, it doesn't pick out the low or middle class. It's everyone. There are millions of functioning people in society dealing with it every day."

As for what it will take to eliminate the crisis? Jim says that even the greatest hope should be tempered as the fight goes on. "The question comes up often if we will see an end to the heroin epidemic in our lifetime and the answer is that I don't think we will."

Part of the solution, and one that he focuses his message on, is to reduce the dependence on opioid prescrip-

tions entirely. "Maybe have pills for 3-5 days only then back off," he said. "Use physical therapy, use message therapy. The 30-60 and 90 day prescriptions are a problem. An 80 mg pill can fetch \$80 on the street, whereas a cap of heroin that does the same thing is only \$6. That's a big part of the problem. I've never seen anything like this in my life."

As he travels the state and continues to share his presentation, Jim said that connecting with kids is what fuels his passion. "I remember one time near the eastern shore where I was speaking a few years ago. I got a standing ovation and every student in the room lined up and shook my hand. I always say that one day one life will change Maryland. If you can reach that one person the results will pay off."



Jim Pyles, retired Major with the Maryland State Police

WMHS Opioid Task Force focuses on partnerships, education, awareness

Ed DeWitt
Western Maryland Health System

Despite the uphill battle in the ongoing opioid crisis, a partnership between Western Maryland Health System, local law enforcement and community members such as pharmacists, educators, emergency service personnel, clergy members and more are joining forces to try and bring education and awareness to the region.

Formed in August of 2017, this regional opioid task force currently meets every other month to bring ideas, information and statistics to the forefront of the fight.

"It's a great partnership," said Jamie Karstetter, WMHS Vice President and Chief Nursing Officer. "Everyone brings so much to the table. Information is shared from our perspective with all of the community leaders and they share their information with us as well."

"I am honored to be in a room with these individuals focusing on an issue of this magnitude."

**- Allegany County Sheriff
Craig Robertson**

State funding through the Allegany County Health Department is used for various initiatives that best use the talents and resources of the members of the task force. These efforts are all geared to combat the high number of overdoses in Allegany County.

One of the main focuses of the task force is addressing the over-prescription of painkillers in order to limit the amount of medicine that is out there. "We have a great partnership with local pharmacists and law enforcement in our Prescription Drug

Monitoring Program," Karstetter said.

Outreach to the patients that come in to the WMHS Emergency Department Behavioral Health Unit is also a key part of the fight. "We learn a lot from them," Karstetter said.

The continued growth and adjustments the task force makes is necessary, even amid a downward turn in the overdose numbers over the last year. "We are definitely seeing progress, from the availability of prescription medications out there, and I know law enforcement has been doing a lot

to decrease the availability of illegal drugs."

It is a problem that the task force knows will not be going away. "We have to really maintain our vigilance," Karstetter said. "We are trying to get the message out. I've spoken to several local groups and done sessions on Facebook Live."

Allegany County Sheriff Craig Robertson said that the opioid task force has brought together the best of the best. "Minds from every corner of society are brought together to work on an epidemic that effects each and every one of us," he said. "Education is the top priority in dealing with this issue. Teaching the dangers to our children, parents, grandparents and neighbors should be the focus. I am honored to be in a room with these individuals focusing on an issue of this magnitude."

NATIONAL *Resources*

Support for those battling opioid addiction:

U.S. Department of Health and Human Services

The mission of the U.S. Department of Health and Human Services is to improve and protect the health and well-being of all Americans. To learn more about the opioid epidemic in the United States, visit: <https://www.hhs.gov/opioids/>.

There are two agencies within the U.S. Department of Health and Human Services at the forefront of fighting the opioid epidemic. The Substance Abuse and Mental Health Service Administration is the part of the U.S. Department of Health and Human Services that focuses on behavioral health efforts in the United States.

Substance Abuse and Mental Health Service Administration (SAMHSA)

SAMHSA's mission is to reduce the impact of substance abuse and mental illness across the country. The SAMHSA Behavioral Health Treatment Services Locator will help you find alcohol, drug or mental health treatment facilities and programs near you, wherever you are. Visit <https://findtreatment.samhsa.gov/> or call 1-800-662-HELP (4357) or TTY 1-800-487-4889.

Centers for Disease Control and Prevention (CDC)

The Centers for Disease Control and Prevention is also part of the U.S. Department of Health and Human Services and works around the clock to increase the health security of the U.S. by providing up-to-date health information to the public. To learn more about the opioid epidemic not only in our area, but across the country, visit <https://www.cdc.gov/opioids/>.

National Institute on Drug Abuse (NIDA)

The National Institute on Drug Abuse is part of the National Institutes of Health and works to understand the causes and consequences of drug use and addiction. NIDA applies that knowledge to improve public health. Learn more about the opioid epidemic by the numbers and how it's working to help end addiction in the long term by visiting: <https://www.drugabuse.gov/drugs-abuse/opioids>

Comfort at arms length

Octopi crocheted by Keyser church group benefit WMHS babies

Ed DeWitt
Western Maryland Health System

Thanks to the generosity of one Keyser church group, the tiniest and neediest of hands at Western Maryland Health System will have something comforting to grasp on to as they begin their life's journey.

Earlier this fall, members of the Grace United Methodist Church Prayer Shawl Ministry presented 20 crocheted octopi to the WMHS nursery. The tentacles of each octopus are meant to serve a dual purpose, both mimicking the security of the umbilical cord from a mother's womb and also serving as something to latch onto, which is especially important for premature babies.

"The babies who are connected to a lot of tubes like to pull at them, so having the tentacles gives them something comforting and safe to hold," said Terri Crawford, RN in Obstetrics.

The idea to make the octopi came from a post on the social media site Pinterest, said GUMC Pastor Lauren Godwin. "We brought the idea to one of our church members, Patsy Koontz, who works in the WMHS Community Relations and Marketing Department, to see if she thought WMHS would have an interest in using the octopi in its nursery. When Patsy reached out to Debbie Jenkins, Perinatal Nurse Manager at WMHS, Debbie's response was an emphatic, 'Absolutely! We would be interested in anything to help our babies!'" Pastor Lauren said.

The prayer shawl ministry group welcomes members from all denomi-

nations and has been meeting every Thursday morning for the last two years. They are always looking for new projects according to coordinator Patsy Shank, so the octopi presented a new, welcome pattern to crochet. "They aren't as challenging as much as they are time consuming," Patsy said. "We use a certain brand of very soft yarn from Hobby Lobby."

In addition to the octopi, the group has made several different projects for WMHS, including prayer shawls for anyone who is grieving or ill, chemotherapy hats, and little red hats designed to raise awareness for babies born with congenital heart defects.

"All of us who come together on Thursday mornings are retired. We need something to do," Patsy added with a laugh.

"It's a social thing for us too, almost therapy in a way. We do good and we have a good time. I personally just love to serve others. This is our way of reaching out to the community in a very real and needed way."

Crocheted octopi are trending now more than ever thanks to online promotion and the availability of many different patterns that can be downloaded and created. Regardless of the style, the motivation behind the project remains the same – to help comfort both babies and new parents during the first few challenging days.

At WMHS, the octopi provide support for both premature and full-term babies. "It's a very sweet and thoughtful gesture by the group which brings comfort to our babies," Terri said.



Members of the Grace Church Prayer Shawl Ministry present a variety of colorful octopi to Terri Crawford and Heidi Quinn (fourth and fifth from left, respectively) from the WMHS Perinatal Unit. Presenting their crocheted creations are, from left to right, Jean Ryan, Diane Boehmes, Patsy Shank, Pastor Lauren Godwin, DiAnn Fisher and Colleen Rotruck.

New WMHS center will assist those battling opioid addiction

By the Cumberland Times News

Western Maryland Health System will soon open a 24-hour community-based crisis and service center for those battling mental health and opioid addiction issues thanks in part to a \$200,000 grant from CareFirst BlueCross BlueShield.

"We focused on trying to get a community-based organization that could make a difference on treating substance abuse disorders," Mike Sullivan, senior director for External/Internal Communications at CareFirst said. "Western Maryland Health System created something in the community that doesn't exist."

The center, which will be located at 10700 Leslie Lane, will provide patients with access to a safe environment outside of the emergency department to receive crisis assessment, intervention and connection to resources.

"Our initial planning efforts for the

site and the new construction of the facility are progressing," Kevin Turley, WMHS chief strategy officer, said.

The center will be staffed around-the-clock with a licensed mental health professional and nurse, provide onsite services for primary and urgent care medical treatment needs and provide psychiatric and substance abuse medical treatment services and counseling.

"The center will benefit the community tremendously," Jeffery D. O'Neal, the health system's executive director of Clinics, Practices and Behavioral Health Services, said. "The purpose of the residential crisis facility is to establish a setting in which individuals with mental health or substance abuse problems can have a safe place to reside for a short period of time, while engaging in services and provide a smooth transition for longer term solutions."

The center will have behavioral health peer recovery support special-

ists.

"We are happy to fund it and the model they have is very promising," Sullivan said. "Western Maryland Health System is using approaches that have been proven to work elsewhere. We want to give to programs that we feel have promise in the community and can really make an impact, this program looks like it can."

Patients in the facility will also receive assistance with addressing social determinants that can impact their ability to achieve treatment goals, O'Neal said.

WMHS applied for the grant in April 2017. That same year, 157 individuals died in Western Maryland from an opioid-related overdose.

The CareFirst grant will be received in increments of \$50,000 twice a year, spread over two years and will add staff in the Emergency Department, according to O'Neal. They will screen all patients for substance use disorders, he said.

"The local Behavioral Health Service Organization has provided grant funding to provide furniture and equipment for the facility once it has been built," Karen Johnson, chief development officer and executive director of the WMHS Foundation said. "The WMHS Foundation and the WMHS Auxiliary are also providing significant funding support for the project. WMHS is also exploring other funding options to cover some of the costs of construction, which the grant does not provide for."

CareFirst has provided \$119,750 to WMHS since 2006, including a \$100,000 grant in 2016 to support Remote Tele-Patient Monitoring. WMHS successfully used CareFirst funding to leverage additional dollars and expand the program to more patients. The CareFirst grants provided in Western Maryland are projected to serve 91,000 patients in four counties over the next two years.



WMHS Auxiliary's Snow Ball will benefit new recovery center

Through a full array of volunteer programming, the Western Maryland Health System Auxiliary contributes more than \$100,000 annually to the Western Maryland Health System. A significant source of that revenue comes from the Snow Ball – Western Maryland's premier black-tie charity event, hosted annually on the third Saturday in January. "Now in its 63rd year, the Snow Ball gives our Auxiliary members as well as our generous sponsors the opportunity to shine while contributing to a very good cause," said Sherry Schmitt, Auxiliary president.

This year, Snow Ball proceeds will support a new WMHS recovery center that will serve individuals battling opioid addiction or other substance abuse and behavioral health issues. This step-down facility will provide resources to patients reintegrating into the community and will enhance the Allegany County Continuum of Care for mental health and substance abuse patients. Guests of the 2019 Snow Ball helped support this worthy cause, as proceeds from the event will be donated by the Auxiliary to help fund construction of the facility.

Karen Johnson, chief development officer at the Western Maryland Health System and executive

director of the WMHS Foundation, is full of gratitude for the work of the Auxiliary. "Every year, our Auxiliary's hard work – at the Snow Ball, and in their specialty sales, gift shop and Past Perfect boutique – culminates in a very generous donation that saves lives," she said. "This year's contribution to the Center for Recovery project is a timely reminder that our community stands behind those families who have been touched by the opioid epidemic."

There are many other projects and endeavors.

The Auxiliary hosts biannual employee appreciation events to show gratitude for the dedicated employees of Western Maryland Health System. In addition, each academic year, \$2,000 scholarships are awarded to five worthy students who are enrolled in a healthcare curriculum. Applications are available in January for scholarships that will start in the next fall semester.

The hospital gift shop, a boutique-style store, is conveniently located adjacent to the main lobby. Past Perfect – a high-end thrift shop – offers quality goods at reasonable prices in a pleasant shopping environment. The store is open the first Friday and Saturday of the month and raises funds to be used by the WMHS Emergency Department. Past Per-

fect, located on Winchester Road, receives donations at any time within the shop's front vestibule.

On-site sales at the Western Maryland Regional Medical Center are also hosted at various times throughout the year, including a \$6 sale, and specialty sales featuring jewelry, handbags, books and uniforms.

The WMHS Auxiliary is comprised of nearly 200 men and women, open to all who subscribe to its objective and purpose, which is to assist Western Maryland Health System in its charitable and humane work through volunteer service and fundraising.

The lineage of the organization spans over a century, with the present Auxiliary (combining the Memorial and Sacred Heart Hospital Auxiliaries) being founded in 2004. The WMHS Auxiliary is organized under and pursuant to the bylaws of the Western Maryland Health System Corporation, Inc., as an auxiliary and supporting organization. The WMHS Foundation serves as the liaison to the WMHS Auxiliary. All of the activities of the WMHS Auxiliary are supported by dedicated and loyal volunteers



Proceeds from the 2019 Snow Ball and other Auxiliary enterprises will support the new recovery center. Pictured at the event are Western Maryland Health System President and CEO Barry Ronan, WMHS Auxiliary President Sherry Schmitt (second from left) and Snow Ball Sponsor Chair Mirjhana Boggs Buck.



Western Maryland Health System
Peer Recovery Support Specialist
Dustin Kammauf

Seeing both sides

Dustin Kammauf uses his personal journey to inspire the hope that so many desperately need

Ed DeWitt
Western Maryland Health System

Western Maryland Health System Peer Recovery Support Specialist Dustin Kammauf has been on both sides of the ever-evolving battle against opioid addiction.

"I know when I was here it was hard for me to relate with doctors who haven't had to sleep under bridges or

eat out of dumpsters and things like that. They don't know the power that drugs has over you to make you do things you'd never think you would do."

Kammauf, who has been on staff since June 2018, is two and a half years sober and uses his first-hand experience to help others going through what he has overcome. That one-of-a-kind perspective and advice goes a long way in building trust with

patients, he said.

Throughout his one-on-one work and in the group sessions he leads, Kammauf's message is one of hope. "It's hard to see the light when you are stuck in that cycle of getting people's hopes up and then crashing," he said. "I tell them about the first four times I tried to get clean. I did everything but what I didn't want to do. I didn't want to get sponsors. I didn't want to talk about my emotions. What

saved my life was getting all the stuff out that made me want to get high."

For Kammauf, working with patients as a peer recovery specialist serves a dual purpose. "It helps me as much as it helps them," he said. "Every time I engage with them I see myself. I see myself and then I tell them I'm not there to judge them. I see the emptiness. When I was a patient at WMHS, I had no emotions, no feelings and no connection to the

human race. I was a shell of a human being."

The peer recovery support that Kammauf and one other specialist on staff engage in is just part of the multifaceted approach WMHS takes. The outpatient opioid dependence treatment team includes licensed mental health professionals and psychiatrists who offer group therapy sessions, individual therapy sessions, family therapy sessions and medication management services to prescribe and monitor medication-assisted treatment services. The outpatient behavioral health department also provides therapy services to individuals with any type of addiction.

Behavioral Health services also include crisis counselors who help identify individuals within the emergency department and on medical floors with addictions and mental health issues. Those counselors help facilitate appropriate referrals to treatment. In addition to the crisis counselors in the emergency department, WMHS has a mental health professional that also is helping identify and refer individuals who may benefit from more specialized mental health and addictions services in the primary care locations.

There are also two crisis beds located in the hospital. "These beds provide a safe place for an individual who is attempting to get help for opioid dependence," said Jade Bean, Licensed Certified Social Worker-Clinical. "At any given time we have approximately 80 individuals being treated in our medication assisted outpatient opioid dependence treatment program. Our crisis beds have been utilized on 82 occasions."

The patients in these beds will

"I was probably the most selfish person in the world to other people when I was using drugs. I've found that to stay sober you have to be willing to help others. It's kind of wild how the circle of life goes."

receive services from psychiatry, nursing, mental health professionals, case managers and our peer support workers. The treatment team will assist the patients applying for rehabilitation beds, find other housing options and refer to all types of outpatient addictions treatment options.

When it comes to the individuals being treated, there are often misconceptions perceived in the public eye. "A lot of people in our area might not realize that a good portion of the people we treat are working citizens who have families and they are trying to survive and thrive," Bean said. "We try to work with them and support them in that and try to help them not lose anymore than they have already lost in the addiction process. We have a lot of people who are truly and genuinely wanting their lives to change."

Beyond the support for the individuals, the program also prioritizes their family and friends. "As we began to see more and more individuals seeking support services because they have a loved one or family member dealing with addiction, we started a support group," Bean said. "Addiction does not only affect the individual with the addiction, it affects their family

members, both immediate and distant, as well as their friends and other loved ones.

"It is a very stressful and upsetting position to be in when one cannot save or fix their loved one's issues. The family members and friends have a daily fear that their loved one will die and this can contribute to unhealthy behaviors and relationships. The support group provides an opportunity for those loved ones to come together and share with one another and support one another."

In addition to working with doctors and mental health professionals and leading his group meetings, Kammauf also stays in touch with patients who have come and gone through crisis beds for 90 days. "They are really connected to the person to see if there is any more support we can provide and if the plan we've made for them while they were here is still working for them or if something needs modified," Bean said.

Even after the 90 days, calls still come in. "I have a lot of people that just call me to check in," Kammauf said. "Whether they have a problem or even if they've done something good they are proud of like getting a

job or getting engaged."

The Peer Recovery Support Specialist program has been so successful that it will be expanding in 2019. At least two full time and two part time positions will be filled early in 2019.

As the staff expands, so will their roles. The goal is to have the specialists in the emergency department so they can evaluate individuals who may not otherwise make contact with a person who is an advocate for recovery. The hope is to connect with people who are in the ED for medical services and at least

plant the seed and have an initial conversation letting them know that treatment and help is available for their addiction.

All of the efforts put forth by the various services offered at WMHS are pushing toward a similar goal. "All of our team members are working with the individual and their family to try and keep them stable and in the community," Bean said.

Kammauf is a shining example of how well the program can work. The experience of coming from such a low point in his life to having the ability to save others who are going through the same problems is one that is not lost on him.

"It's hard to digest sometimes," he said. "It seems like a dream. I never thought I could have what I call a 'big boy job', and now I get to help other people. That's the cool thing about it. I was probably the most selfish person in the world to other people when I was using drugs. I've found that to stay sober you have to be willing to help others. It's kind of wild how the circle of life goes."

Know there is someone who has been through the hardship of addiction waiting to help you at Western Maryland Health System.

Call 301-707-2258 to speak to a Peer Support Recovery Specialist at WMHS today.

Change of prescription

How the medical community can help curb opioid addiction

By Lisa Iannucci
CTW Features

Statistics on opioid misuse are startling. According to the National Institute on Drug Abuse, roughly 21 to 29 percent of patients who are prescribed opioids for chronic pain ultimately misuse them. Between 8 and 12 percent of opioid users will develop an opioid use disorder and, perhaps the most saddening statistic, more than 115 people in the United States will die every day from an opioid overdose.

What's being done to help combat the troublesome problem? Of course, friends and family try to get their loved ones the help that they need, but the responsibility for curbing the opioid addiction crisis shouldn't stop there. Several recent studies show that there are steps that both physicians and insurance companies can take to help win the war on opioid addiction.

Cutting Opioids Down to Size

What are the odds that when you are served a big delicious meal you feel obligated to clean your plate? Ever been given an oversized hot fudge sundae and you worked that spoon to try and get every tasty bite, even though you're full?

Studies show that Americans might be treating their supersized pain medication the way they treat their supersized meals. One study out of the University of Michigan showed that many surgeons write prescriptions for opioid pain medications that are four times larger than what their patients will actually use, but the patients feel obligated to use them anyway.

The study used in-depth data from 2,392 patients who had one of 12 different common operations at 33 Michigan hospitals. On average, patients took only 27 percent of all opioids prescribed to them, but for every 10 additional pills that they were prescribed, patients took five of them. "It says 'take as needed' on the bottle, but what we know is that how much the patients consume may not be related to their pain," says Dr. Joceline Vu, senior author of the paper and a surgical resident and research fellow at Michigan Medicine. "The patients will continue to use them months later for other pain or just because they like how it made them feel."

Dr. Ryan Howard, the surgical resident and the paper's first author, adds, "In what we tell patients about what kind of pain to expect after surgery, and

how many pills we give, we set their expectations — and what the patient expects plays a huge role in their post-operative pain experience. So if they get 60 pain pills, they think they have to take many of them."

To solve the problem, the authors are working on solutions to have physicians prescribe less medication after surgery.



Try Something Else

How about getting rid of opioid painkillers altogether? In a Mayo Clinic National Health Checkup, 94 percent of those surveyed said they would pick an alternative to opioid pain relievers for after their surgery, but only one-quarter of respondents actually told that to their health care provider. Many cited the fear of becoming addicted (34 percent) as the top reason for seeking an alternative treatment option. Instead of using opioids, patients were open to using physical therapy (80 percent), over-the-counter pain relievers (75 percent); alternative medicine, such as acupuncture (53 percent); and medical marijuana (49 percent) to help keep their pain at bay.

Better Disposal Programs

Jane had surgery and used only a few of her pain pills. She didn't know what to do with the rest of them and just left them in her medicine cabinet. She has curious teenagers who are at risk for getting into those extra pills. Better disposal instructions may actually help to deter opioid addiction. "One of the most important steps people can take

to prevent prescription drug abuse is to properly get rid of any unused medications in their medicine cabinet," says Dr. Halena Gazelka, chair of Mayo Clinic's Opioid Stewardship Program.

"Proper disposal helps prevent medication from getting into the wrong hands — someone who is already addicted, or perhaps a teenager or a curious child."

No Coverage, No Prescription

If a particular medication isn't covered by insurance, will it curb opioid abuse? Not necessarily, but Blue Cross of Alabama is willing to try to do their part. After there were an overwhelming 742 overdose deaths in 2016 related to OxyContin, the insurance company announced it would drop the standard formulation of OxyContin coverage starting in 2019.

"About seven years ago, long-acting OxyContin was reformulated to be harder to misuse or inject," says University of Alabama at Birmingham professor and addiction specialist Dr. Stefan Kertesz.

"Dropping the reformulated version will not help this crisis. What's driving our crisis at this point in time is that there is a reservoir of people who have

an opioid addiction and who are using heroin or short-acting OxyContin pills that can be still gotten through distribution."

Kertesz says that what Blue Cross has done is more of a symbolic gesture. "What insurance companies need to do is remove barriers that the physicians must overcome in order to treat their patients," he says.

"They need easier ways to prescribe Buprenorphine, otherwise known as Suboxone, which can treat pain as well as addiction. However, doctors need waivers to do this and they don't want to go through an eight-hour course."

He also says that doctors aren't comfortable with the legal risks of using their waivers. "Doctors need more incentives to help those who are addicted." There doesn't seem to be one solution to the opioid addiction crisis. Instead, these studies show that if prescriptions are reduced, other pain management options are offered and extra pills are disposed of properly, there might be a chance to reduce the risk of addiction.

Youth

Mental Health Resources

General Mental Health Websites

- National Alliance on Mental Illness
- National Institute of Mental Health
- Substance Abuse and Mental Health Services Administration
- Teen Line Online (teens helping teens)

Suicide Prevention Websites

- The Trevor Project (Suicide Prevention for LGBTQ+ Community)
- National Suicide Prevention Lifeline
- American Foundation for Suicide Prevention
- Mdcrisisconnect.org (Maryland crisis website)
- Grassrootscrisis.org (Crisis website)

Substance Abuse Disorders Websites

- National Council on Alcoholism and Drug Dependence, Inc.
- National Institute on Alcohol Abuse and Alcoholism
- National Institute on Drug Abuse
- Al-Anon and Alateen
- Narcotics Anonymous and Alcoholics Anonymous
- Smart Recovery (Substance Abuse Disorders)
- Substance Abuse and Mental Health Services Administration

Eating Disorders Websites

- National Association of Anorexia Nervosa and Associated Disorders
- National Eating Disorders Association
- Gurze Books Website (Eating Disorders)
- Eating Disorders Anonymous
- Overeaters Anonymous

Mental Health Help Lines

- National Suicide Prevention Hotline: 1-800-273-8255
- Crisis Text Line: Text Connect to 741741
- Teen Line: 1-800-TLC-TEEN or text TEEN to 839863
- Maryland Crisis Hotline: 1-800-422-0009
- Maryland Crisis Connect: 211
- Western Maryland Health System Crisis Counselor: 240-964-1399
- Eating Disorder Hotline: 1-800-931-2237

Anxiety Websites

- Anxiety Slayer
- Anxiety.org
- Social Anxiety Association
- Anxiety Social Net

Depression and Bipolar Disorders Website

- Depression and Bipolar Support Alliance

Schizophrenia and Related Disorders Website

- Schizophrenia and Related Disorders Alliance of America

Screening Tools Websites

- www.drugscreening.org
- www.alcoholscreening.org
- www.depressionscreen.org

Free Mental Health/Stress Management Apps

- Tingles: stress management
- Thinkup: positive affirmations
- Pacifica: reduce stress and anxiety
- Stress Check: stress management
- What's Up?: anxiety, depression, stress, anger
- Insight Timer: meditation
- Moodpath: depression
- My3: suicide prevention
- Calm: reduce anxiety and stress management
- 7 Cups: text chat about mental health
- Relax Melodies: stress management
- Headspace: meditation and mindfulness
- Thisissand: stress management technique
- Simple Habit: meditation
- Motivation: inspirational quotes
- Happify: for stress and worry (games)
- Breathe2Relax: breathing technique
- There Is Hope: crisis intervention

Compiled by Western Maryland Health System Community Wellness

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Caring for What Matters Most

WMHS Urgent Care

If you experience an illness or injury that requires prompt care but isn't immediately life-threatening, visit one of the WMHS Urgent Care centers. Compared to emergency care, wait times can be shorter and treatment can be less expensive at an urgent care center.

Whether you have health insurance or not, you can visit a WMHS urgent care center.

No appointment needed. Open 8 a.m. - 8 p.m., seven days a week.

Frostburg Urgent Care

10701 New Georges Creek Road SW
Frostburg, Maryland 21532
Phone: 301-689-3229

Hunt Club Urgent Care

Hunt Club Plaza, Route 28
Short Gap, West Virginia 26753
Phone: 304-726-4051

South Cumberland Urgent Care

1050 Industrial Boulevard, Suite 17
Cumberland, Maryland 21502
Phone: 240-964-9300

Primary Care

Our Primary Care providers offer same-day and next-day appointments for both routine and urgent care, as well as phone coverage 24 hours a day, seven days a week.

Both practices are now accepting patients.

WMHS Primary Care Center at Western Maryland Medical Arts Center

12502 Willowbrook Road, Suite 680
Cumberland, Maryland 21502
Phone: 240-964-8945

WMHS Primary Care Center at LaVale Plaza

1313 National Highway
LaVale, Maryland 21502
Phone: 240-362-0288



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