

CITY OF CHARLESTON, WEST VIRGINIA POLICE DEPARTMENT

P. O. BOX 2749 CHARLESTON, WEST VIRGINIA 25330



January 12, 2021

Investigation into SOAR – Solutions Oriented Addiction Response – Needle Distribution

Summary

In mid-October,2020 the Charleston Police Department was made aware of alleged violations of City Ordinance Sec. 78-381, distribution of needles without all licenses required by state law or approval from the Chief of Police. This investigation also included violation of West Virginia State law, specifically the drug paraphernalia violation described in 60A-4-403(a). A close examination by attorneys within the City of Charleston and the Kanawha County Prosecutor's Office found the statutory language for their respective code and law violations did not apply as currently written.

Synopsis

After a thorough investigation was conducted by the Charleston Police Department, no charges will be filed against Solutions Oriented Addiction Response for their needle distribution program. After confirming with County Prosecutors and the Charleston City Attorney, it has been determined that no laws were broken during their distribution process.

The Department of Health and Human Resources confirmed that there are no "licenses" from the State of West Virginia required to operate a needle distribution program, therefore the Charleston City Ordinance which requires all necessary license for the State does not apply. In addition, State law only contemplate regulation on "For Profit" entities, not "Not For Profit" groups.

Conclusive Proffer

The Charleston Police Department will continue to uphold our laws and support the constitution. In doing so, I cannot let a loose interpretation of terms bear any semblance of an abuse of authority. The Charleston Police Department's involvement in this medical issue is not to dissuade Harm Reduction programs, but rather to ensure the paramount issue of public safety is not jeopardized. The biohazard created by needle litter, to any degree, is of great concern and it puts Charleston residents and City of Charleston employees at risk. This unnecessary threat to society creates months of lifestyle changes and wellbeing uncertainty when a needle stick occurs. Needle distribution is an issue that requires immediate attention; I will be working with the City Attorney to revise the City Ordinance to properly address the issue.

Respectfully,

James A. "Tyke" Hunt Chief of Police

DATE OF REPORT:	REPORT OF INVESTIGATION	FILE NUMBER:
December 22, 2020		MDENT200274
Initial - Supplemental - Final:	INVESTIGATING OFFICER(S):	STATUS OF INVESTIGATION:
Final	Det. J.A Jones	Complete
Section 78-381 – Sa	<u>SUBJECT OF INVESTIGATION:</u> le, marketing and distribution of	hypodermic needles

ACCUSED:	S.O.A.R – Solutions Oriented Addiction Response
SUSPECT(S):	Same
VICTIM(s):	Public/Society
DATE OF CRIME:	September 30 th , 2020 and October 14 th , 2020
Place of Crime:	Unitarian Universalist Congregation 520 Kanawha Boulevard West Charleston, WV 25302
MODE OF OPERATION:	S.O.A.R holds "street outreach" and harm reduction programs every other Wednesday of each month. During these programs, volunteers had out items such as; hypodermic needles, Naloxone, tourniquets, condoms, feminine hygiene products, hand sanitizer, face masks, etc.
Motive:	Unknown
CRIME DISCOVERED BY:	Charleston Police Department
WEATHER CONDITIONS:	Partly cloudy
PROPERTY STOLEN:	None
PROPERTY RECOVERED:	None
Action Taken:	Report prepared by Det. J. A. Jones
	In October of 2020, I was directed by Sgt. Higginbotham, the MDENT Commander, to begin an investigation into an organization which goes by the name of S.O.A.R, which stands for Solutions Oriented Addiction Response. The Chief

of Police at the Charleston Police Department had received information regarding this organization conducting a needle distribution within the city limits of Charleston without the authorization or being sponsored by the Chief of Police, which is in direct violation of the following Charleston Municipal Code Sections:

Sec. 78-381. - Sale, marketing and distribution of hypodermic needles; state license required.

It shall be unlawful for any person or persons as principal, clerk, agent or servant to sell, market, or distribute any hypodermic syringes, needles and other similar objects used or designed for injecting substances into the human body, without obtaining and having any and all licenses required under state law to do so: except that, items distributed by or exchanged at a needle exchange program sponsored or approved by the Chief of Police of the Charleston Police Department, as provided by Subdivision III herein, are thereby approved and are not unlawful. (Bill No. 7666, 9-21-2015)

Sec. 78-382. - Compliance with state law and regulations. Every person licensed to sell, market, or distribute hypodermic needles shall comply with all applicable state law and regulations. (Bill No. 7666, 9-21-2015)

Sec. 78-383. - Penalty.

Any person violating any provision of this subdivision shall, if convicted, be guilty of a misdemeanor and be fined not less than ten dollars nor more than five hundred dollars for the first offense and succeeding offenses. Each day that such violation shall continue shall be deemed a separate and distinct offense.

(Bill No. 7666, 9-21-2015)

Secs. 78-384—78-395. - Reserved. Subdivision III. - Needle Exchange Program

Sec. 78-396. - Needle exchange program authorized. The City of Charleston, by and through its Chief of Police, may sponsor, approve, or participate in a program or

programs within the City of Charleston for the distribution or exchange of hypodermic syringes, needles and other similar objects used or designed for injecting substances into the human body.

(Bill No. 7666, 9-21-2015)

Sec. 78-397. - Rules and regulations; Chief of Police authorized.

The Chief of Police of the City of Charleston Police Department is authorized to promulgate reasonable rules or regulations deemed necessary to implement and administer a program within the City of Charleston provided for in Section 78-396 for the distribution or exchange of hypodermic syringes, needles and other similar objects used or designed for injecting substances into the human body. (Bill No. 7666, 9-21-2015)

Secs. 78-398-78-410. - Reserved.

Sec. 18-1035. - Street sales.

(a) No person licensed as a vendor shall demonstrate, sell or offer for sale or barter any goods, wares, merchandise, food, confection or drink upon any street or sidewalk or any other city-owned property within the city except in accordance with all of the following provisions:

(1) No merchandise shall be displayed or sold except in the locations designated in the rules and regulations of the city collector, and approved by the city council.

(2) No merchandise shall be displayed or sold in a manner that blocks, obstructs or restricts the free passage of pedestrians or vehicles in the lawful use of the sidewalks, streets or public places or ingress or egress to the abutting property.

(3) All merchandise shall be displayed or sold from portable tables, carts or containers as approved by the city collector. Each vendor shall remove all merchandise, packaging, paper, display tables, carts or containers, or other materials brought to the location at the termination of sales each day.

(4) No vendor's table, cart, container or other appurtenances, paraphernalia, merchandise, supplies or signage shall occupy an area more than three feet in width and eight feet in length.

(5) Each vendor during the period of selling shall keep the area within ten feet of the location where the vendor sells or displays merchandise free from all litter and debris arising from the operations, including the litter which arises from action of customers in disposing of wrapping or packaging materials of merchandise sold by the vendor.

(6) Vendors shall at all times exercise reasonable care that their merchandise, packaging material, display equipment and other paraphernalia shall not create a safety or health hazard to customers or other persons using the public streets, sidewalks or public places, or to persons on or in abutting property.

(7) No street sales shall be conducted nor shall any display table, cart, container or other appurtenances be permitted on any public property between the hours of 12:00 midnight and 6:00 a.m. daily. Any other ordinance prescribing more restrictive hours shall prevail.

(8) No items of a pornographic nature shall be sold or displayed by street merchants.

(9) The playing of any radio, phonograph, or any musical instrument or device in such a manner or with such volume as to annoy or disturb the quiet comfort and repose of store owners, employees or patrons in the central vending district is prohibited pursuant to section 78-212.

(b) Nothing in this section shall be construed to prohibit the distribution or the sale of newspapers on the sidewalks.

(Bill No. 7571, 4-15-2013)

60A-4-403a - Prohibition of illegal drug paraphernalia businesses; definitions; places deemed common and public

nuisances; abatement; suit to abate nuisances; injunction; search warrants; forfeiture of property; penalties.

(a) Any person who conducts, finances, manages, supervises, directs or owns all or part of an illegal drug paraphernalia business is guilty of a misdemeanor, and, upon conviction thereof, shall be fined not more than five thousand dollars, or confined in jail not less than six months nor more than one year, or both. (b) A person violates subsection (a) of this section when: (1) The person conducts, finances, manages, supervises, directs, or owns all or part of a business which for profit, in the regular course of business or as a continuing course of conduct, manufactures, sells, stores, possesses, gives away or furnishes objects designed to be primarily useful as drug devices. (2) The person knows or has reason to know that the design of such objects renders them primarily useful as drug devices. (c) As used in this section, "drug device" means an object usable for smoking marijuana, for smoking controlled substances defined as tetrahydrocannabinols, or for ingesting or inhaling cocaine, and includes, but is not limited to: (i) Metal, wooden, acrylic, glass, stone, plastic or ceramic pipes with or without screens, permanent screens, hashish heads, or punctured metal bowls; (ii) Water pipes; (iii) Carburetion tubes and devices; (iv) Smoking and carburetion masks; (v) Roach clips; meaning objects used to hold burning material, such as a marijuana cigarette, that has become too small or too short to be held in the hand; (vi) Chamber pipes; (vii) Carburetor pipes; (viii) Electric pipes; (ix) Air-driven pipes; (x) Chillums; (xi) Bongs: (xii) Ice pipes or chillers; and (xiii) Miniature cocaine spoons. and cocaine vials. In any prosecution under this section, the question whether an object is a drug device shall be a question of fact. (d) A place where drug devices are manufactured, sold, stored, possessed, given away or furnished in violation of this section shall be deemed a common or public nuisance. Conveyances or vehicles of any kind shall be deemed places within the meaning of this section and may be proceeded against under the provisions of subsection (e) of this section. A person who shall maintain, or shall aid or abet or knowingly be associated with others in maintaining such common or public nuisance shall be guilty of a misdemeanor. and, upon conviction thereof, shall be punished by a fine of

not more than one thousand dollars, or by confinement in jail not more than six months for each offense, and judgment shall be given that such nuisance be abated or closed as a place for the manufacture, sale, storage, possession, giving away or furnishing of drug devices. (e) The prosecuting attorney or a citizen of the county or municipality where a nuisance as defined in subsection (d) is located, may maintain a suit in the name of the state to abate and perpetually enjoin the same. Circuit courts shall have jurisdiction thereof. The injunction may be granted at the commencement of the suit and no bond shall be required if such action for injunction be brought by the prosecuting attorney. If such suit for injunction be brought or maintained by a citizen of the county or municipality where such nuisance is alleged to be located, then the court may require a bond as in other cases of injunction. On the finding that the material allegations of the complaint are true. the court or judge thereof in vacation shall order the injunction for such period of time as it or he may think proper, with the right to dissolve the injunction upon the application of the owner of the place, if a proper case is shown for such dissolution. The continuance of the injunction as provided in this section may be ordered, although the place complained of may not at the time of hearing be unlawfully used. (f) If there be complaint on oath or affirmation supported by affidavit or affidavits setting forth the facts for such belief that drug devices are being manufactured, sold, kept, stored or in any manner held, used or concealed in a particular house or other place with intent to engage in illegal drug paraphernalia business in violation of law, a magistrate or a circuit court, or the judge thereof in vacation to whom such complaint is made, if satisfied that there is probable cause for such belief, shall issue a warrant to search such house or other place for such devices. Such warrants, except as herein otherwise provided, shall be issued, directed and executed in accordance with the laws of West Virginia pertaining to search warrants. Warrants issued under this section for the search of any automobile, boat, conveyance or vehicle, or for the search of any trunk, grip or other article of baggage, for such devices, may be executed in any part of the state where the same are overtaken, and shall be made returnable before any magistrate or circuit court, or the judge thereof in vacation, within whose jurisdiction such

automobile, boat, conveyance, vehicle, trunk, grip or other article of baggage, or any of them, were transported or attempted to be transported. An officer charged with the execution of a warrant issued under this section, may, whenever it is necessary, break open and enter a house, or other place herein described. (g) Any property, including money, used in violation of the provisions of this section may be seized and forfeited to the state.

S.O.A.R holds, what they call "street outreach" programs every other Wednesday of the month, however the locations of these events are only shared via text message from the group or word of mouth. Also, the locations are only put out on the day or day prior to the event with no specific details until just prior. In order to receive the text messages about the locations you need to be added to the group by a member of S.O.A.R. Additionally, the phone number used to send out the locations is sent from different phone numbers each time.

At these "street outreach" program members hand out what are referred to as "health care kits" which consist of an array of items such as; snacks, a face mask, Naloxone (injectable), medical and hygiene supplies, tourniquets and dozens of clean syringes. These events also claim to provide persons who wish to get treatment with contacts for various treatment programs and rehabilitation facilities. There has also been HIV testing and someone there to assist in getting stimulus checks.

I was able to obtain two "health care kits" from a person who had knowledge of two (2) events from an anonymous source. These two (2) events took place on September 30th, 2020 and October 14th, 2020. Both of these events were held at the Unitarian Universalist Congregation located at 520 Kanawha Boulevard West. However, the anonymous source stated they were never offered any assistance for addiction or rehabilitation. The anonymous source also did not have needles to exchange, but was given approximately sixty (60) clean needles, thirty (30) each week they attended the "street outreach" program. They have also have held these events at the old K-Mart parking lot on Patrick Street in Charleston and

Plaza East on Charleston's East End. Distributing approximately thirty (30) needles to participants each week would supply an addict of intravenous illegal substances with enough needles to use drugs such as heroin, fentanyl, and or methamphetamine over four times per day. The distribution of needles at this quantity not only condones the use of illegal substances, it increases the probability of used needles being discarded rather than disposed of properly.

In between the time period of learning about the organization providing needles and the time we began out investigation, there was a news segment which aired on television. This segment featured an interview of the Charleston Police Department Chief of Police. During the interview, the Chief indicated that he had no knowledge nor has he granted permission of any new organizations to provide needles to the public within the Charleston city limits. At this point, it was unknown if members of this organization watched or learned of this news broadcast and if they were still handing out needles.

On October 28th, 2020, Det. Daniels acted in an undercover capacity and went to an event which was being held at the Unitarian Universalist Congregation. Det. Daniels had a body wire transmitter capable of audio and visual recording. Other MDENT detectives were in the area conducting surveillance of the event. As Det. Daniels entered the event at approx. 1830hrs. he got into a line where information such as name and date of birth were obtained by someone working the event. They offered Det. Daniels a \$15.00 gift card if he would get an HIV test. Det. Daniels went through the procedures for getting the HIV test and they advised him if he would wait around for the test results, that's when he would get the free \$15.00 gift card. They then gave Det. Daniels a small brown paper bag of condoms. At no point in time did any workers from the event offer Det. Daniels information about rehabilitation programs. He also stated he did not observe anyone there passing out needles or a supply of needles sitting around. Det. Daniels did not wait around for the test results; however, prior to leaving one of the workers told Det. Daniels there was another location for an event in the area of Patrick Street. Several other detectives, along with

patrol units, checked the area for the second location but it was not located.

Sgt. Higginbotham and I went back to the area of the Unitarian Universalist Congregation and set-up for surveillance. We were in the area of Simms Street and Park Drive when we observed a white male and white female leaving from the event and we stopped to ask them if that was the place where they gave out needles and the male responded saying no, they were not giving out needles this time. The male and female were on bicycles and continued to ride past and did not stop to answer any further questions.

At this time, we cleared the area and released the patrol units. Sgt. Higginbotham advised we would try again at the next event. It is my belief due to the news article about the Charleston Police Department starting an investigation into this program being released S.O.A.R decided to not give out needles at this particular event.

Report prepared by Det. Daniels

On 11 November 2020 I met with CI (3007-08-19) at a predetermined location at approximately 1845 hours. I searched the CI and his/her vehicle, both of which were free of currency and contraband. I provided the CI with an electronic recording device and explained that I wanted him/her to go to the Unitarian Universalist Congregation Church. The CI is familiar with this church and has been there on several occasions, because this was the location of the CI's Narcotics Anonymous meeting. The CI asked if they were handing out needles at this location and I told him/her that was the reason for this investigation to determine if they were or not. The CI then left the predetermined location and I followed along with Det. Raynes.

I followed the CI until he/she pulled into the rear parking lot of the church and then I watched remotely through the electronic recording device. The CI went through the line and was given multiple items such as; feminine hygiene products, condoms, hand sanitizer and a face mask. Toward the end of the line the CI asked a female if they had any needles to give

out and the female said that they were not allowed to give them out at this time. The female then asked the CI if he/she had any "sharps" in which the CI replied he/she did not. After going through the line, I watched the CI get back into his/her vehicle and followed him/her back to the predetermined location. I debriefed the CI and he/she explained that if he/she would have had needles to exchange he/she believes they would have provided clean needles. The CI and vehicle were again search. No currency or contraband were located. I retrieved the electronic recording device from the CI and drove back to the office to review the video. The video was then provided to Det. J. Jones to be placed in the case file.

Report prepared by Det. J. A. Jones

On Wednesday, November 25th, 2020 at approximately 1800 hours, Det. Raynes acted in an undercover capacity and attempted to obtain clean needles from the S.O.A.R organization at the Unitarian Univerlist Congregation Church located at 520 Kanawha Boulevard West, Charleston, West Virginia. This was the third attempt MDENT detectives have attempted to obtain needles from this organization. Prior to Det. Raynes going to the location of the "street outreach" I gave him several "dirty" needles; however, these needles had never been used. These needles were obtained from the anonymous source who had obtained the same "dirty" needles from S.O.A.R on September 30th, 2020 and October 14th, 2020.

Once Det. Raynes arrived at the location of the "street outreach" he portrayed the role of a heroin addict. He met with a volunteer and began asking about exchanging the "dirty" needles for clean ones. The volunteer told Det. Raynes they were no longer giving out clean needles anymore, however they would take and dispose of dirty ones. Det. Raynes even told the volunteer a back story of having to use NARCAN on a friend who was overdosing, the volunteer was sympathetic, however still did not offer clean needles to Det. Raynes. But Det. Raynes did turn over the "dirty" needles to the volunteer. The volunteer did offer Det. Raynes assistance with getting into a rehabilitation program and offered him two (2) types of NARCAN; the injectable kind or

the nasal kind. Det. Raynes accepted the nasal NARCAN. He was also offered a \$5.00 gift card if he would take an HIV test and wait for his results. Det. Raynes denied needing a HIV test and left the area. Nothing further to report at this time.

Report prepared by Det. J. A. Jones

The Metro Dug Unit conducted a three-month long investigation into S.O.A.R and their role in their illegal distribution of needles during their "street outreach" programs.

The Metro Drug Unit attempted three (3) time to obtain needles during the "street outreach" programs. Two (2) of the attempts a detective with the Metro Drug Unit acted in an undercover capacity and one (1) confidential informant was used. All three (3) attempts were captured using a body wire transmitter capable of audio and visual recording. However, no clean needles were obtained during these attempts.

It is my belief that S.O.A.R began to not issue clean needles to the public after this story had broke with the media in order to not be caught in direct violations of the previously mention city ordinances.

During the beginning of the investigation, I was able to obtain two (2) "health care kits" from an anonymous source who had attending two (2) "street outreach" programs where the source was given approximately sixty (60) clean needles without exchanging them for dirty ones. This source was also never provided any information regarding rehabilitation programs or facilities, which S.O.A.R had previously advertised.

The items within the health care kits collected from S.O.A.R. during this investigation included:

- Sharps containers - commonly used to store used needles

- Hypodermic needles - commonly used to inject illegal substances (heroin, fentanyl, methamphetamine)

- Tourniquets - commonly used to make veins and arteries more prominent when injecting illegal substances

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- Naloxone - commonly used to reverse the effects of an opioid overdose

- Heating tins - commonly used to mix illegal controlled substances with water while heating up the water to help the substance dissolve.

- Band-aids
- Bandages
- Alcohol swabs
- Condoms
- Snack food
- Bottled water

The crime of Charleston city code Section 78-381 – Sale, marketing and distribution of hypodermic needles; and Section 18-1035 Street Sales were being committed, however can not be tied to one individual but rather the entity of S.O.A.R. Based on WV State Code, S.O.A.R. is in violation of 60A-4-403a - Prohibition of illegal drug paraphernalia businesses. According the WV Secretary of State, S.O.A.R. is a non-profit C Corporation (Org ID # 492487) with the following listed positions; President - Sarah Cordwell, Secretary - Joe Solomon, and Vice-President - Brooke Parker. Although the first element in state code states (1) the person conducts, finances, manages, supervises, directs, or owns all or part of a business which for profit, it goes on to say 'OR' as a continuing course of conduct, manufactures, sells, stores, possesses, gives away or furnishes objects designed to be primarily useful as drug devices. This investigation has shown that S.O.A.R. is continuing their course of conduct by giving away items designed to be used as a drug device. The second element of the code states (2) that the person has knowledge that the items being furnished are primarily used as drug devices. It is believed that S.O.A.R. does know that these items are designed to be used as drug devices simply based on the common uses of each item and what the targeted group and a reasonable person's interpretation of said items.

The distribution of hypodermic needles, along with various types of Naloxone and tourniquets create a safety and health hazard to the citizens of the city of Charleston due to the fact these hypodermic needles are commonly used, to inject illegal

controlled substances, such as heroin or fentanyl. Additionally,
in my training and experience, those wishing to conceal illegal
behavior operate in the same manner as S.O.A.R. by using
different phone numbers, not providing particular details
surrounding the meetings until just before and asking the
specifically targeted group not to show up early. This
investigation will be presented to the Charleston City Attorney
and Kanawha County Prosecutor in order to determine the
proper action to be taken. Nothing further to report.

Confidential Informant 3007-08-19

Det. Raynes

Metro Drug Unit

Det. Daniels

Metro Drug Unit

LIST OF EXHIBITS:

- 1. Grand Jury report
- 2. USB Thumbdrive
 - Audio/Visual recording October 28th, 2020
 - Audio/Visual recording November 11th, 2020
 - Audio/Visual recording November 25th, 2020
- 3. Charleston Police Department initial report
- 4. Digital Photograph of "health care kit"
- 5. Email correspondence between S.O.A.R and Mayor Goodwin
- 6. 15-2020-SA
- 7. 16-2020-SA

STATEMENT BY ACCUSED: None

REPORT COMPLETED BY: Det. J. A. Jones

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PROSECUTING ATTORNEY(S):



Metro Drug Unit

P.O. Box 2749 Charleston, WV 25330 Phone: (304) 348-6814

Case MDENT200274

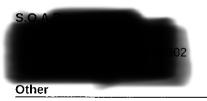
Printed on December 28, 2020

Status	Approved
Report Type	Case Report
Primary Officer	Justin Jones
Investigator	None
Reported At	10/29/20 09:19
Incident Date	10/29/20 09:19
Incident Code	8458 : General Information
Location	520 KANAWHA BLVD W, CHARLESTON, WV 25302
Zone	West
Disposition	Complete
Disposition Date/Time Review for Gang Activ	

Offense Information

Offense Statute NIBRS Code Counts Include In NIBRS Completed Bias Motivation Location Entry Forced	General Information 0001 1 Yes Yes None (no bias) Church/Synagogue/Temple/Other Religious No
Offense Statute NIBRS Code Counts Include In NIBRS Completed Bias Motivation Location Entry Forced Criminal Activitie	Prohibition of illegal drug paraphernalia businesses 60A-4-403a 35B - Drug Equipment Violations 1 Yes Yes None (no bias) Church/Synagogue/Temple/Other Religious No s Distributing/Selling, Operating/Promoting/Assisting, Possessing/Concealing, Transporting/Transmitting/Importing

Offender



60A-4-403a - Prohibition of illegal drug paraphernalia businesses

CORDWELL, SARAH



INFORMANT, 3007-08-19

Not Specified

Business Owner: 60A-4-403a - Prohibition of illegal drug paraphernalia businesses

Informant: 0001 - General Information

Other: 0001 - General Information Other: 60A-4-403a - Prohibition of illegal drug paraphernalia businesses

Mentioned: 60A-4-403a - Prohibition of illegal drug paraphernalia businesses Other: 0001 - General Information

Names Mentioned in Narratives

520 KANAWHA BLVD W

CHARLESTON, WV

UNITARIAN UNIVERLIST CONGREGATION

S.O.A.R

S.O.A.R

Supplemental - Illegal Needle Excahnge Attempt #3

UNITARIAN UNIVERLIST CONGREGATION Supplemental - Narrative

Supplemental - Illegal Needle Excahnge Attempt #3

Initial Narrative By Justin Jones, 11/16/20 16:40

Illegal Needle Exchange

Written by Det. J. A. Jones

Illegal Needle Exchange Program – 200274

In October of 2020, I was directed by Sgt. Higginbotham, the MDENT Commander, to begin an investigation into an organization which goes by the name of S.O.A.R, which stands for Solutions Oriented Addiction Response. The Chief of Police at the Charleston Police Department had received information regarding this organization conducting a needle distribution within the city limits of Charleston without the authorization or being sponsored by the Chief of Police, which is in direct violation of the following Charleston Municipal Code Sections:

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Sec. 78-382. - Compliance with state law and regulations. Every person licensed to sell, market, or distribute hypodermic needles shall comply with all applicable state law and regulations.

Made by **ZUERCHER**

Case MDENT200274

(Bill No. 7666, 9-21-2015)

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Sec. 78-397. - Rules and regulations; Chief of Police authorized. The Chief of Police of the City of Charleston Police Department is authorized to promulgate reasonable rules or regulations deemed necessary to implement and administer a program within the City of Charleston provided for in Section 78-396 for the distribution or exchange of hypodermic syringes, needles and other similar objects used or designed for injecting substances into the human body. (Bill No. 7666, 9-21-2015)

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(Bill No. 7571, 4-15-2013)

60A-4-403a - Prohibition of illegal drug paraphernalia businesses; definitions; places deemed common and public nuisances; abatement; suit to abate nuisances; injunction; search warrants; forfeiture of property; penalties.

(a) Any person who conducts, finances, manages, supervises, directs or owns all or part of an illegal drug paraphernalia business is guilty of a misdemeanor, and, upon conviction thereof, shall be fined not more than five thousand dollars, or confined in jail not less than six months nor more than one year, or both. (b) A person violates subsection (a) of this section when: (1) The person conducts, finances, manages, supervises, directs, or owns all or part of a business which for profit, in the regular course of business or as a continuing course of conduct, manufactures, sells, stores, possesses, gives away or furnishes objects designed to be primarily useful as drug devices. (2) The person knows or has reason to know that the design of such objects renders them primarily useful as drug devices. (c) As used in this section, "drug device" means an object usable for smoking marijuana, for smoking controlled substances defined as tetrahydrocannabinols, or for ingesting or inhaling cocaine, and includes, but is not limited to: (i) Metal, wooden, acrylic, glass, stone, plastic or ceramic pipes with or without screens, permanent screens, hashish heads, or punctured metal bowls; (ii) Water pipes; (iii) Carburetion tubes and devices; (iv) Smoking and carburetion masks; (v) Roach clips; meaning objects used to hold burning material, such as a marijuana cigarette, that has become too small or too short to be held in the hand; (vi) Chamber pipes; (vii) Carburetor pipes; (viii) Electric pipes; (ix) Air-driven pipes; (x) Chillums; (xi) Bongs; (xii) Ice pipes or chillers; and (xiii) Miniature cocaine spoons, and cocaine vials. In any prosecution under this section, the question whether an object is a drug device shall be a question of fact. (d) A place where drug devices are manufactured, sold, stored, possessed, given away or furnished in violation of this section shall be deemed a common or public nuisance. Conveyances or vehicles of any kind shall be deemed places within the meaning of this section and may be proceeded against under the provisions of subsection (e) of this section. A person who shall maintain, or shall aid or abet or knowingly be associated with others in maintaining such common or public nuisance shall be guilty of a misdemeanor, and, upon conviction thereof, shall be punished by a fine of not more than one thousand dollars, or by confinement in jail not more than six months for each offense, and judgment shall be given that such nuisance be abated or closed as a place for the manufacture, sale, storage, possession, giving away or furnishing of drug devices. (e) The prosecuting attorney or a citizen of the county or municipality where a nuisance as defined in subsection (d) is located, may maintain a suit in the name of the state to abate and perpetually enjoin the same. Circuit courts shall have jurisdiction thereof. The injunction may be granted at the commencement of the suit and no bond shall be required if such action for injunction be brought by the prosecuting attorney. If such suit for injunction be brought or maintained by a citizen of the county or municipality where such nuisance is alleged to be located, then the court may require a bond as in other cases of injunction. On the finding that the material allegations of the complaint are true, the court or judge thereof in vacation shall order the injunction for such period of time as it or he may think proper, with the right to dissolve the injunction upon the application of the owner of the place, if a proper case is shown for such dissolution. The continuance of the injunction as provided in this section may be ordered, although the place complained of may not at the time of hearing be unlawfully used. (f) If there be complaint on oath or affirmation supported by affidavit or affidavits setting forth the facts for such belief that drug devices are being manufactured, sold, kept, stored or in any manner held, used or concealed in a particular house or other place with intent to engage in illegal drug paraphernalia business in violation of law, a magistrate or a circuit court, or the judge thereof in vacation to whom such complaint is made, if satisfied that there is probable cause for such belief, shall issue a warrant to search such house or other place for such devices. Such warrants, except as herein otherwise provided, shall be issued, directed and executed in accordance with the laws of West Virginia pertaining to search warrants. Warrants issued under this section for the search of any automobile, boat, conveyance or vehicle, or for the search of any trunk, grip or other article of baggage, for such devices, may be executed in any part of the state where the same are overtaken, and shall be made returnable before any magistrate or circuit court, or the judge thereof in vacation, within whose jurisdiction such automobile, boat, conveyance, vehicle, trunk, grip or other article of baggage, or any of them, were transported or attempted to be transported. An officer charged with the execution of a warrant issued under this section, may, whenever it is necessary, break open and enter a house, or other place herein described. (g) Any property, including money, used in violation of the provisions of this section may be seized and forfeited to the state.

S.O.A.R holds, what they call "street outreach" programs every other Wednesday of the month, however the locations of these events are only shared via text message from the group or word of

mouth. Also, the locations are only put out on the day or day prior to the event with no specific details until just prior. In order to receive the text messages about the locations you need to be added to the group by a member of S.O.A.R. Additionally, the phone number used to send out the locations is sent from different phone numbers each time.

At these "street outreach" program members hand out what are referred to as "health care kits" which consist of an array of items such as; snacks, a face mask, Naloxone (injectable), medical and hygiene supplies, tourniquets and dozens of clean syringes. These events also claim to provide persons who wish to get treatment with contacts for various treatment programs and rehabilitation facilities. There has also been HIV testing and someone there to assist in getting stimulus checks.

I was able to obtain two "health care kits" from a person who had knowledge of two (2) events from an anonymous source. These two (2) events took place on September 30th, 2020 and October 14th, 2020. Both of these events were held at the Unitarian Universalist Congregation located at 520 Kanawha Boulevard West. However, the anonymous source stated they were never offered any assistance for addiction or rehabilitation. The anonymous source also did not have needles to exchange, but was given approximately sixty (60) clean needles, thirty (30) each week they attended the "street outreach" program. They have also have held these events at the old K-Mart parking lot on Patrick Street in Charleston and Plaza East on Charleston's East End. Distributing approximately thirty (30) needles to participants each week would supply an addict of intravenous illegal substances with enough needles to use drugs such as heroin, fentanyl, and or methamphetamine over four times per day. The distribution of needles at this quantity not only condones the use of illegal substances, it increases the probability of used needles being discarded rather than disposed of properly.

In between the time period of learning about the organization providing needles and the time we began out investigation, there was a news segment which aired on television. This segment featured an interview of the Charleston Police Department Chief of Police. During the interview, the Chief indicated that he had no knowledge nor has he granted permission of any new organizations to provide needles to the public within the Charleston city limits. At this point, it was unknown if members of this organization watched or learned of this news broadcast and if they were still handing out needles.

On October 28th, 2020, Det. Daniels acted in an undercover capacity and went to an event which was being held at the Unitarian Universalist Congregation. Det. Daniels had a body wire transmitter capable of audio and visual recording. Other MDENT detectives were in the area conducting surveillance of the event. As Det. Daniels entered the event at approx. 1830hrs. he got into a line where information such as name and date of birth were obtained by someone working the event. They offered Det. Daniels a \$15.00 gift card if he would get an HIV test. Det. Daniels went through the procedures for getting the HIV test and they advised him if he would wait around for the test results, that's when he would get the free \$15.00 gift card. They then gave Det. Daniels a small brown paper bag of condoms. At no point in time did any workers from the event offer Det. Daniels information about rehabilitation programs. He also stated he did not observe anyone there passing out needles or a supply of needles sitting around. Det. Daniels did not wait around for the test results; however, prior to leaving one of the workers told Det. Daniels there was another location for an event in the area of Patrick Street. Several other detectives, along with patrol units, checked the area for the second location but it was not located.

Sgt. Higginbotham and I went back to the area of the Unitarian Universalist Congregation and set-up for surveillance. We were in the area of Simms Street and Park Drive when we observed a white male and white female leaving from the event and we stopped to ask them if that was the place where they gave out needles and the male responded saying no, they were not giving out needles this time. The male and female were on bicycles and continued to ride past and did not stop to answer any further questions.

At this time, we cleared the area and released the patrol units. Sgt. Higginbotham advised we would try again at the next event. It is my belief due to the news article about the Charleston Police Department starting an investigation into this program being released S.O.A.R decided to not give out needles at this particular event.

-END-

Supplemental Narrative By Wesley Daniels, 12/03/20 09:54 Narrative

On 11 November 2020 I met with CI (3007-08-19) at a predetermined location at approximately 1845 hours. I searched the CI and his/her vehicle, both of which were free of currency and contraband. I provided the CI with an

electronic recording device and explained that I wanted him/her to go to the Unitarian Univerlist Congregation Church. The CI is familiar with this church and has been there on several occasions, because this was the location of the CI's Narcotics Anonymous meeting. The CI asked if they were handing out needles at this location and I told him/her that was the reason for this investigation to determine if they were or not. The CI then left the predetermined location and I followed along with Det. Raynes.

I followed the CI until he/she pulled into the rear parking lot of the church and then I watched remotely through the electronic recording device. The CI went through the line and was given multiple items such as; feminine hygiene products, condoms, hand sanitizer and a face mask. Toward the end of the line the CI asked a female if they had any needles to give out and the female said that they were not allowed to give them out at this time. The female then asked the CI if he/she had any "sharps" in which the CI replied he/she did not. After going through the line I watched the CI get back into his/her vehicle and followed him/her back to the predetermined location. I debriefed the CI and he/she explained that if he/she would have had needles to exchange he/she believes they would have provided clean needles. The CI and vehicle were again search. No currency or contraband were located. I retrieved the electronic recording device from the CI and drove back to the office to review the video. The video was then provided to Det. J. Jones to be placed in the case file.

Supplemental Narrative By Justin Jones, 12/03/20 10:19

Illegal Needle Excahnge Attempt #3

Written by Det. J. A. Jones

Illegal Needle Exchange Attempt #3 - 200274

On Wednesday, November 25th, 2020 at approximately 1800 hours, Det. Raynes acted in an undercover capacity and attempted to obtain clean needles from the S.O.A.R organization at the Unitarian Univerlist Congregation Church located at 520 Kanawha Boulevard West, Charleston, West Virginia. This was the third attempt MDENT detectives have attempted to obtain needles from this organization. Prior to Det. Raynes going to the location of the "street outreach" I gave him several "dirty" needles, however these needles had never been used. These needles were obtained from the anonymous source who had obtained the same "dirty" needles from S.O.A.R on September 30th, 2020 and October 14th, 2020.

Once Det. Raynes arrived at the location of the "street outreach" he portrayed the role of a heroin addict. He met with a volunteer and began asking about exchanging the "dirty" needles for clean ones. The volunteer told Det. Raynes they were no longer giving out clean needles anymore, however they would take and dispose of dirty ones. Det. Raynes even told the volunteer a back story of having to use NARCAN on a friend who was overdosing, the volunteer was sympathetic, however still did not offer clean needles to Det. Raynes. But Det. Raynes did turn over the "dirty" needles to the volunteer. The volunteer did offer Det. Raynes assistance with getting into a rehabilitation program and offered him two (2) types of NARCAN; the injectable kind or the nasal kind. Det. Raynes accepted the nasal NARCAN. He was also offered a \$5.00 gift card if he would take an HIV test and wait for his results. Det. Raynes denied needing a HIV test and left the area. Nothing further to report at this time.

-END-

Supplemental Narrative By Justin Jones, 12/21/20 10:57

Written by Det. J. A. Jones

Investigation Conclusion - 200274

The Metro Dug Unit conducted a three-month long investigation into S.O.A.R and their role in their illegal distribution of needles during their "street outreach" programs.

The Metro Drug Unit attempted three (3) time to obtain needles during the "street outreach" programs. Two (2) of the

attempts a detective with the Metro Drug Unit acted in an undercover capacity and one (1) confidential informant was used. All three (3) attempts were captured using a body wire transmitter capable of audio and visual recording. However, no clean needles were obtained during these attempts.

It is my belief that S.O.A.R began to not issue clean needles to the public after this story had broke with the media in order to not be caught in direct violations of the previously mention city ordinances.

During the beginning of the investigation, I was able to obtain two (2) "health care kits" from an anonymous source who had attending two (2) "street outreach" programs where the source was given approximately sixty (60) clean needles without exchanging them for dirty ones. This source was also never provided any information regarding rehabilitation programs or facilities, which S.O.A.R had previously advertised.

The items within the health care kits collected from S.O.A.R. during this investigation included:

- Sharps containers - commonly used to store used needles

- Hypodermic needles commonly used to inject illegal substances (heroin, fentanyl, methamphetamine)
- Tourniquets commonly used to make veins and arteries more prominent when injecting illegal substances
- Naloxone commonly used to reverse the effects of an opioid overdose

- Heating tins - commonly used to mix illegal controlled substances with water while heating up the water to help the substance dissolve

- Band-aids
- Bandages
- Alcohol swabs
- Condoms
- Snack food
- Bottled water

The crime of Charleston city code Section 78-381 – Sale, marketing and distribution of hypodermic needles; and Section 18-1035 Street Sales were being committed, however can not be tied to one individual but rather the entity of S.O.A.R. Based on WV State Code, S.O.A.R. is in violation of 60A-4-403a - Prohibition of illegal drug paraphernalia businesses. According the WV Secretary of State, S.O.A.R. is a non-profit C Corporation (Org ID # 492487) with the following listed positions; President - Sarah Cordwell, Secretary - Joe Solomon, and Vice-President - Brooke Parker. Although the first element in state code states (1) the person conducts, finances, manages, supervises, directs, or owns all or part of a business which for profit, it goes on to say 'OR' as a continuing course of conduct, manufactures, sells, stores, possesses, gives away or furnishes objects designed to be primarily useful as drug devices. This investigation has shown that S.O.A.R. is continuing their course of conduct by giving away items designed to be used as a drug device. The second element of the code states (2) that the person has knowledge that the items being furnished are primarily used as drug devices. It is believed that S.O.A.R. does know that these items are designed to be used as drug devices simply based on the common uses of each item and what the targeted group and a reasonable person's interpretation of said items.

The distribution of hypodermic needles, along with various types of Naloxone and tourniquets create a safety and health hazard to the citizens of the city of Charleston due to the fact these hypodermic needles are commonly used, to inject illegal controlled substances, such as heroin or fentanyl. Additionally, in my training and experience, those wishing to conceal illegal behavior operate in the same manner as S.O.A.R. by using different phone numbers, not providing particular details surrounding the meetings until just before and asking the specifically targeted group not to show up early. This investigation will be presented to the Charleston City Attorney and Kanawha County Prosecutor in order to determine the proper action to be taken. Nothing further to report.

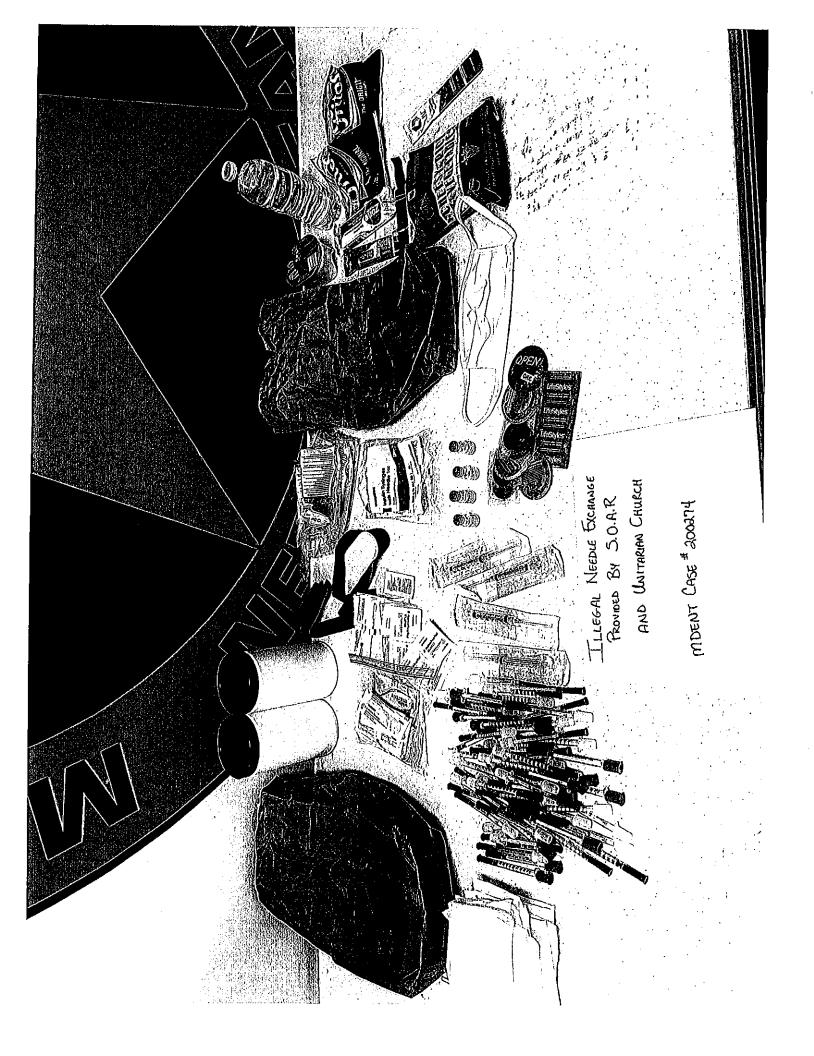
-END-

Property / Evidence

Item #	Category	Туре	Status	Location	Description
MDENT200274-001		Digital	In Digital Files		Digital Photo - IMG_2815
MDENT200274-002		Digital	In Digital Files		Digital Photo - ********
MDENT200274-003		Digital	In Digital Files		Digital Photo - ********

ltem #	Category	Туре	Status	Location	Description
MDENT200274-004		Digital	In Digital Files		Digital Photo - *******

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Sutton, Matthew

From: Sent:	SOAR - Solutions Oriented Addiction Response <soarwy@gmail.com> Monday, December 21, 2020 1:40 PM</soarwy@gmail.com>
To: Cc: Subject:	Goodwin, Amy Baker, Kevin; Spencer, Mackenzie; Sutton, Matthew; Hanna, Emily; LStark@acluwv.org
subjecti	Follow-up from SOAR

This email originated from an outside source: Do not open attachments or links unless you know the content is safe. Forward suspicious emails as an attachment to: helpdesk@cityofcharleston.org

Dear Mayor Goodwin,

We hope this message finds you well.

We wanted to let you know that we will be resuming our full harm reduction program this Sunday, December 27th at the Unitarian Universalist Church on Kanawha Boulevard.

For more than two months we have paused our syringe distribution efforts in hopes of working with you and your administration to reach a resolution.

When one reporter suggested that we were operating illegally, we found local, state, and national legal authorities who dispute that claim. When Chief Hunt said he was opening an investigation, we offered on multiple occasions to meet with both of you. We are proud of our program. We have nothing to hide.

When we heard you say that you would follow the lead of medical professionals, 100+ medical professionals from around the state took the unprecedented step to call on you to authorize our program immediately. These professionals stood on the side of science at their own risk. Some have had their reputations questioned in public; others have faced reprisals in their workplaces. A month later, they have not heard from you or your administration.

Just last Friday the CDC released their latest guidelines for syringe service programs, which clearly recommends programs like ours that 1) are "needs-based," 2) involve input from people who inject drugs as stakeholders, and 3) provide access to a wide range of secondary services. You can read the full report <u>here</u>.

Meanwhile, our participants contact us on a daily basis. They are running out of naloxone. HIV rates continue to climb. More and more people are using broken and dirty syringes -- putting themselves and all of us in Charleston at greater risk. This brutal reality was corroborated recently by reporting done by Mountain State Spotlight and WV Public Broadcasting.

When we fail to operate our program at full strength, we add more weight to the shoulders of those in Charleston who are already carrying far too much. We just can't continue to do that in good conscience. That's why we are reinstating our full program on Sunday.

We still look forward to meeting with city officials and finding ways to collaborate. We would be happy to meet with you this week. We would be happy to have you join us this Sunday or at a future distribution, and see what we do for yourself. As we offered in our last message, you could help young people distribute food. You could help our city's most vulnerable residents get free HIV testing and food and blankets and hygiene products. You could watch as we gather the stories of folks who need more naloxone because they had to use their last dose on a friend, or a stranger. You could meet the health professionals on-site, ready to offer

referrals to treatment and other medical services. You could see our modest, grassroots health-fair-in-a-parking-lot for what it is.

If instead you choose to fine us for serving the most vulnerable in our community, we are prepared to accept that consequence, as well. But that's not the Charleston we want, where health professionals and faith leaders are criminalized during an overdose epidemic.

The Charleston we want is one that needs you and your leadership. We remain hopeful for the opportunity to work with you and your administration to collaborate in our shared goal to mitigate the spread of HIV and curb the overdose crisis.

Hope to meet with you soon,

--SOAR Leadership Team

Proposal Narrative

Burden and Statement of Need within Jurisdiction

SOAR WV (Solutions Oriented Addiction Response) seeks to expand and sustain a harm reduction program that focuses on serving the people who use drugs within the Charleston-Kanawha area. SOAR WV is a Charleston, WV based community group that promotes the health, dignity, and voices of individuals who are impacted by drug use. SOAR currently coordinates a low barrier mobile harm reduction program that serves approximately 400 unique individuals a month.

While there is not a definitive estimate of the number of people who use drugs in Kanawha County, one can make educated, research-based guesses. In 2018, a Johns Hopkins study determined that the number of intravenous drug users in nearby Cabell County was 1,857 people. Based on a per capita conversion, we may be able to estimate that the number of intravenous drug users in Kanawha County is around 3,500 individuals. During the operation of the Kanawha County Health Department's SSP, the program reported serving 6,057 individuals who were seen at least twice. 71% of these individuals had Kanawha County zip codes, which is to say KCHD served 4,300 individuals who engaged in drug use in the county over a 27 month period. Whether 3,500 or 4,300, both of these numbers suggest a substantial percentage of the most populous county in West Virginia engages in drug use.

For the past 12 months that we have data for (June 2019 to July 2020), Kanawha County EMS responded to 1,348 calls for suspected overdoses (or, over 3 calls a day, on average). Between 2017 and 2019, Kanawha County's fatal overdoses were 454 (or at least one loss every 3 days, on average). While the rest of West Virginia (all counties combined, excluding Kanawha County) saw an 18% reduction in fatal overdoses from 2017 to 2019, Kanawha County's numbers have stayed dangerously steady and now lead the state.

Since 2019, Kanawha County has also witnessed an exponential rise of new HIV cases among people who inject drugs (PWID). The number of new cases in 2018 among PWID was 3. The number of new cases among PWID in 2019 was 14, a more than 350% increase. 2020's numbers are on pace to double 2019's numbers, if not go further. Kanawha County is also witnessing a similar spike among Hepatitis C. In 2017, Kanawha County saw the lowest number of new chronic Hepatitis C numbers in recent years, 458. 2018 saw that number rise to 1,114, a 143% increase. 2019 saw 635 new chronic cases, a 38.6% increase from 2017.

While Kanawha County's capital city does have a syringe service program based out of WV Health Right, it is a relatively small program within a county that spans over 900 square miles and is clearly in need of further services. We believe collaboration is one of the best paths forward within this dynamic and we expect referrals to move both ways.

Harm reduction is still somewhat politically charged in Kanawha County, though less so than the peak tension that was witnessed through the election season of 2018. Local leaders and some public health officials are steadily returning to discussing harm reduction as a viable pathway to reduce the spread of infectious diseases and reduce overdose deaths. The principal concerns of both the public and law enforcement have traditionally centered around syringe litter. Within the scope of this project, we plan to coordinate syringe clean up days. We also plan to distribute 300-500 syringe disposal bins every month and collect these from participants on a bi-weekly basis. So far, our participants have been very enthusiastic about bringing back used syringes to our low-barrier program. A secondary concern surrounding the Kanawha-Charleston Health Dept's previous SSP was its proximity to the already economically challenged Charleston Town Center Mall. By focusing on mobile distribution that largely meets people away from commercial and residential hubs, we hope to ameliorate these concerns.

SOAR WV regularly engages with other stakeholders within the public health, governance, homeless services, and recovery spaces to ensure we maximize impact. For example. SOAR is represented on Kanawha County's HIV Task Force, where we update the team on our naloxone distribution efforts. We also collaborate with the Ryan White Program at CAMC; this team offers HIV testing and counseling when SOAR operates its mobile outreach. We also frequently partner with recovery coaches from different organizations who help our clients connect with treatment as they are ready. We frequently make referrals to local primary care clinics such as Family Care and Cabin Creek Health Systems. We make referrals to local MAT programs and are working on increasing our ability to make warmer hand-off. We engage with housing specialists who work to help our clients access stable housing. We are also partnering with local organizations to provide everything from reproductive healthcare services (such as condoms and emergency contraception) to assistance with filing to receive stimulus checks. Because SOAR WV has been successful in building relationships with Kanawha County residents who are otherwise hard-to-reach, we make every effort to invite other organizations to join us at outreach events, allowing our clients to access a growing number of services as well as allowing organizations to interact with a greater number of community members.

In the future, we hope to continue to offer HIV testing, more consistently offer viral Hepatitis testing, increase referrals to primary care (with some primary care available on-site), as well as to behavioral health and medication assisted treatment. We hope to make these referrals via recovery coaches, social workers, and volunteers with direct introductions or referrals with warm hand-offs. We also plan to create a local resource card with clear phone numbers and contact info for local housing, recovery, healthcare, and other services. Each of our harm reduction "kits" will include this card, which would mean that each of our approximately 400 unique clients a month would receive this vital information.

Capacity and Operations

SOAR hopes to leverage this grant to expand and sustain its mobile harm reduction program over 12 months in the Charleston-Kanawha area. Currently, the SOAR team sets up mobile services every other week in a parking lot on Charleston's West Side and then on Charleston's East End and serves approximately 250 people in one evening. Most of our clients

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are from Charleston, though many clients also come from other parts of Kanawha County, including St Albans, Elkview, Sissonville, South Charleston, etc. The main focus of this grant is funding the purchase of a van for mobile harm reduction distribution, specifically equipping our team and partner organizations with an ideal environment for HIV and other testing or medical services: secure, confidential, and protected from the elements. Additionally, this grant would support Harm Reduction Coordinator(s) and Harm Reduction Peer Stipend(s). We are elso seeking a portion of funds to support rents and utilities as well as harm reduction supplies to support individuals and organizations outside of the Charleston area.

We currently serve 400 unique individuals every month. We expect to serve at least 1,500 unique individuals over the next year.

We plan to dispense 312,000 syringes over the next year and directly collect at least 200,000 of those syringes (information on our safety measures, needlestick protocol, and partnership with the Kanawha County Health Department for disposal can be found on page 4 and 5). We also plan to equip clients with disposal containers and protocols for them to safely dispose of the remaining syringes on their own.

We will include HIV and viral hepatitis prevention materials in every harm reduction kit we distribute, while also partnering with CAMC's Ryan White program to offer HIV testing on-site and make referrals to Cabin Creek Health Systems for Hepatitis vaccines and treatment. We plan to educate all of our 1,500+ annual clients about HIV and viral hepatitis prevention.

We will include information about drug treatment and recovery services with every harm reduction kit we give out, which would mean all of our 1,500+ annual clients would be informed of these services. In addition to the resource cards we will include in our kits, we will also offer recovery coaches and other opportunities for directly supporting people who are interested in these services.

In our resource cards, we will also include information on local MAT programs, with a focus on linking to programs that are more accommodating for clients living with poor or unstable housing, inability to access transportation, etc. We expect that we will link 20-40+ participants with local MAT programs via a "warm hand-off" over the next year. Please see the attached letter from Cabln Creek Health Systems regarding this MAT referral collaboration.

SOAR's service delivery model is a modified needs-based model. Currently, each client receives 40 syringes every two weeks. We encourage and support clients with returning used syringes. However, regardless of whether the clients return syringes, they have the opportunity to receive 40 fresh syringes. Our program is a mobile program that would be greatly enhanced by the purchase of a van to promote confidentiality and safety for our participants, specifically those accessing testing for HIV and/or viral Hepatitis. We set up services in rotating parking lots on Charleston's West Side (25387) and rotating parking lots on Charleston's East End (25301). Both sites are within Kanawha County. While we do not have definitive addresses, we keep in touch with our clients via a mass texting program, which has over 200 subscribers. We give out business cards during outreach nights with a way to sign up for this texting system. We encourage clients to share this sign up information. We operate every other Wednesday from 6pm to 9pm.

In addition to giving out our texting sign-up information to our clients, we give this information to partners and people who work directly with the population of people impacted by

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drug use and homelessness. We encourage these colleagues to pass on our sign up number. In addition to times and addresses for services, we use our texting list to notify clients about additional services we may offer for any given night, as well as to provide updates about other important information like bad batch alerts.

In addition to distributing syringes, we distribute condoms and emergency contraceptive items, often either provided by BPH, WV FREE, or purchased from our budget. We provide HIV testing via our partner at CAMC's Ryan White Program. We also distribute over 500 doses of naloxone each month to clients, with education and training available. Beyond syringes, we also provide alcohol pads, bandaids, antibiotic gels, masks, hand sanitizers (when available), water, and snack items. We also make referrals to behavioral health and primary care services, and we usually have at least one physician on site.

The current SOAR team consists largely of volunteers. Sarah Stone acts as SOAR's Executive Director and manages SOAR's operations and finance efforts. The Executive Director role is currently SOAR's only stipended position. SOAR's core team currently consists of 5 leaders who backstop SOAR's program efforts. SOAR's Board of Directors, which was recently formed alongside our application for official non-profit status, seeks to be intentional about hiring staff and delineating roles, especially should the state support our budget. During the first quarter of the grant period (Oct-Dec 2020), SOAR's Board of Directors will undergo a strategic planning period to establish Board Member roles, organizational structure, and volunteer expectations, among other items. By Jan 1, 2021, the Board will have a clear organizational structure that defines the exact number of contractual staff members (Harm Reduction Coordinators) that will split responsibilities such as: finances (non-profit filing, updating budgets, payroll, fundraising, grant writing), operations (grant reporting, inventory, ordering supplies), services (volunteer coordination/training, packing kicks, managing referrals, outreach nights, partnerships), and community engagement (anti-stigma campaigns, large packing events, community meetings, syringe clean up coordination, managing Facebook and mail chimp). At the end of this planning period, SOAR's Board of Directors will produce an organizational structure, role descriptions, and volunteer training curriculum. Volunteers will continue to pack harm reduction kits and assist with set up, distribute the kits and snacks, support overdose reversal tracking and other reporting efforts, build relationships with clients, and make referrals every other Wednesday.

SOAR currently tracks the number of syringes it distributes. We do this by pre-counting the number of syringes in packed kits and subtracting the number from remaining kits (usually we return with zero syringes).

SOAR also has a syringe collection and sharps disposal plan. We plan to organize regular clean-up events in high-traffic areas, and we set up syringe collection bins at each mobile event. We encourage clients to return syringes within closed containers (which we also provide at each event). We also have disposal boxes for people to dispose of individual syringes. We make estimates of syringe returns based on the container size and weight that is returned and track these numbers. This prevents unnecessary exposure to syringes and reduces the chance of accidental needlesticks. We then bring these syringes to the disposal bin outside the Kanawha-Charleston Health Dept, which has a system for disposing of syringesat

no additional cost to SOAR. While all volunteers are educated on these protocols, only certain trained volunteers manage syringe returns and syringes collected through clean up events.

Our trained volunteers assume that blood and other bodily fluids from syringes are potentially infectious, and therefore we require infection control precautions at all times including: routine use of barriers (e.g., gloves, closed-toe and heel shoes), immediate washing of hands and other skin surfaces after contact with blood or body fluids, and careful handling and disposal of sharp instruments during and after use. We do not re-cap syringes and we do use safety devices when needed to pick up or transport syringes. We utilize <u>OEPS exposure protocols</u> in the event of an accidental needlestick. These involve flushing the area with soap and water as soon as possible. Protocols also may include immediate vaccines for HBV for unknown sources if the volunteer is not currently vaccinated and potentially accessing immediate HIV PREP. Volunteers who experience an accidental needlestick will see their healthcare provider within 24 hours of exposure to run through these protocols. When syringes are found in public places, SOAR is available to send trained volunteers and/or staff with safety devices and disposal blns to collect these syringes.

SOAR's service delivery plan includes syringe services and syringe disposal services for all participants. Every participant is offered harm reduction kits with 40 sterile syringes every two weeks as well as a fresh disposal container. All harm reduction kits will include HIV and viral hepatitis prevention resource cards, utilizing information from West Virginia's Bureau of Public Health, the National Harm Reduction Coalition, and other sources. We also rely on referrals and partners for Hepatitis screenings and vaccination as well as screening and treatment for sexually transmitted infections. Our resource cards will include information on accessing these services, Cabin Creek Health Systems is willing to offer vaccinations and treatment for these diseases/infections via their Sunnyside Health Care Clinic located inside the Kanawha-Charleston Health Dept and via their other clinics (please see their partnership letter).

SOAR also provides education and supplies for safer sex practices, including educational material and supplies such as condoms, lubricants, dental dams, and emergency contraceptives.

As mentioned earlier, SOAR also has a plan for educating on drug treatment and recovery options that include resource cards and featuring recovery coaches and social workers at each mobile set up. SOAR also has protocols and contacts for linking participants to MAT and abstinence-based recovery programs with a focus on warm hand-offs that include prioritizing programs that support people with transportation barriers and unstable housing. Please also see the attached letter from Cabin Creek Health for one of these referral systems.

Regarding confidentiality, all volunteers must abide by a confidentiality agreement that protects the client's personal and healthcare information. We utilize modified versions of protocols and the agreement that were created for the <u>Kanawha-Charleston Harm Reduction</u> Program Procedure Manual.

SOAR will host mandatory orientation programs for new volunteers and staff that cover program and volunteer expectations, services provided, eligibility requirements, a review of our harm reduction philosophy and model, and our policies and protocols for distributing syringes. Orientation will also include training for disposal of used syringes, handling of infectious waste, needlestick prevention, and protocols for responding for accidental needlesticks. We will also

orient relevant staff to our programs and actions we follow to dispose of syringes and to remove syringes from public spaces. Our mandatory training will feature the procedures and systems we use to ensure secure storage for our harm reduction supplies. Training will include SOAR's procedures for making referrals, including for primary care, MAT, HIV counseling and testing, prenatal care, tuberculosis and hepatitis A, B and C screening and treatment, screening and treatment for sexually transmitted infections, and other HIV support and social services. We will acquaint volunteers with the key information for educating clients about the risks associated with sexual and drug-using behaviors and risk reduction practices for those behaviors as well as education about safer injection practices, including techniques for disinfecting injection equipment, rotation of injection sites, and the use of alcohol pads to disinfect injection sites. As needed, we will provide paper guides to our clients about these items as well. For all volunteers who dispense naloxone, we will provide a Training for Trainers via Dr. Lindsay Acree of the University of Charleston or another approved Trainer. All of our volunteers and staff will be trained to be culturally competent, which would include training on sensitivity to race/ethnicity, age, gender and gender identity, sexual orientation, literacy, socio-economic status, and employment status. We will also have a system in place for keeping track of these mandatory training events (including dates, attendance, and trainer information) and for offering follow up trainings and refreshers as needed. When offering training/orientation events, we will either host them virtually or engage the latest COVID-19 guidelines for hosting events in person.

SOAR also believes in regularly evaluating the impact of our program and drawing on client feedback to shape future iterations. We conducted our first survey and received over 90 responses within one evening. We maintain all of this information in secure online spreadsheets. We also use an electronic system for tracking the number of syringes dispensed and collected/disposed of. We will enhance this reporting system by fine-tuning our tracking number of persons served, number of referrals made to drug treatment and other services, and the total number of participants for which HIV and viral hepatitis prevention education was be provided, the total number of participants who were informed of drug treatment and recovery services, the total number of participants who were referred for screenings & vaccines for HIV/hepatitis B virus/hepatitis C virus, and the total number of participants linked to MAT via a warm handoff.

SOAR will also enhance its community relations plan that educates the community about syringe exchange and broader harm reduction services. Our current efforts on this front include writing regular op-eds, publishing anti-stigma and evidence-based insights on our Facebook page (900+ likes), and educating the community as part of our Lifesavers program (regular naloxone and anti-stigma trainings and presentations for local businesses, churches, and nonprofits). SOAR expects to receive more feedback from the community as it continues to grow over the next year and beyond. We will continue to track Facebook, social media, and the news for feedback and will collect these together in a tracking document. SOAR will respond to indirect and direct feedback with education, consultations, and program adaptations as needed.

SOAR has been operating its program for about one year, with a rapid expansion since COVID-19 reached West Virginia. Most of our policies are in place, though where we need to enhance or add policies we will have these up and running by the first reporting deadline for this grant, Jan 15th 2021. More information about our timelines for implementing aspects of this program can be found on the work plan.

SOAR is including a detailed budget as part of this grant application. Our budget for the scope of this expansion is \$100,000. With this budget, SOAR will purchase and retrofit a van for our mobile harm reduction program, including funding for gas, insurance, and maintenance, for \$54,015.00. In addition to the van, the budget prioritizes \$23,400 for a Harm Reduction Coordinator(s), allowing for 40 hours/week at \$15/hr. With the remaining budget, we plan to spend funds on Harm Reduction Peer Stipends (\$2,700), rent and utilities (\$11,000), and further harm reduction supplies for supporting new and grassroots harm reduction programs in West Virginia (\$8,885).

Community Support and Readiness

SOAR WV believes it takes a village to save a village. Since we started this program, community partnerships have been central to our success. Below are some of SOAR's active community partnerships:

- WV FREE: Provides SOAR with condoms, which we include in every harm reduction kit (500 kits/month)
- CAMC Ryan White Program: Provides HIV testing and counseling at SOAR's mobile events.
- Direct Relief: SOAR was recently approved as a distribution partner for Direct Relief. This may help us access syringes, additional disposal boxes, and other supplies.
- Community volunteers: Volunteers are central to the success of SOAR's harm reduction program. Volunteers come together to pack kits. Every other week, a dozen committed volunteers help us distribute all of our supplies.
- Community donors: SOAR runs fundralsing campaigns as well as a sustaining donor program.
- Morgantown Milan Puskar Health Right: This team has been incredibly supportive of SOAR's efforts including helping us with naloxone distribution.
- This month (September 2020), SOAR was also featured as a StateFarm Neighborhood Assist Finalist.
- Local businesses & churches: SOAR has equipped over 50 Kanawha County businesses & churches with naloxone for their first aid kits.
- Recovery Point Charleston: SOAR frequently partners with Recovery Point Charleston to train local business and churches in naloxone administration.
- Free Naloxone Day: SOAR recently participated in Kanawha County's first Free Naloxone Day, sending volunteers to multiple sites and leveraging its evening outreach to help distribute 57 Narcan kits.
- Kanawha County Taskforce: SOAR has two members on the Kanawha County HIV Taskforce, where we work to help update the community on some of our efforts.

- Community Events: While these have taken a backseat through most of the pandemic, SOAR has hosted a dozen community events over the past two years, inviting speakers and hosting anti-stigma workshops.
- United Way of Central West Virginia: Earlier in the pandemic, United Way was central to supplying SOAR with masks, water, and sanitizers for distribution.
- WV Mask Army: The WV Mask Army frequently supplies SOAR with masks made by WV volunteers for distribution.
- Greater Kanawha Valley Foundation: GKVF supplied SOAR with emergency funds to distribute naloxone doses, syringe disposal containers, & salves through Summer 2020.
- HepConnect and Cabin Creek Health Systems: SOAR is a HepConnect awardee (solely for its education work), and offers referrals to Cabin Creek Health Systems for Hepatilis testing and vaccinations & STD testing and treatment.

Outreach strategies for engaging HRP participants:

- Throughout the Fall of 2019 and Winter 2020, SOAR volunteers drove around Charleston every week and built relationships with people who engage in drug use. This relationship-building has been central for building trust to serve this population.
- SOAR maintains a Google Voice number that we encourage clients to text as well as
 pass on. Everyone who reaches out to us this way is then added to our mass texting
 service, where we send alerts and reminders to every two weeks regarding our mobile
 harm reduction events. We currently have 230 active subscribers.
- SOAR has also distributed about 500 business cards with our Google Voice number and recently placed an order for 2,000 more. We give these cards to clients as well as to partners who serve the unhoused population & people who engage in drug use.
- SOAR also uses its Facebook page to promote its naloxone distribution efforts. Our
 volunteers also track and respond to Facebook posts where people ask about naloxone
 access and harm reduction access.
- SOAR volunteers are also engaged in local 12-step communities where we work to keep the recovery community abreast of our services.

Please see the attached signed statement attesting to our program capacity, to our engagement with the Kanawha Charleston Health Department, and to our compliance with state and local laws.

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Response
Addiction R
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Solutions (
Workplan: \$

	Activities to Complete	Responsible Individual(s)	Timeframe to Accomplish Activities
Planníng	níng		
Finali	Finalize SOAR's organizational structure and 5-year strategic plan	SOAR Board of Directors	Q1 (Oct-Dec 2020), by Jan 1, 2021
Recr	Recruit and hire core program staff for SOAR's Harm Reduction Program	SOAR Board of Directors	By Jan 1, 2021
	 Develop curriculum for staff and volunteer training that includes: orientation to the SOAR's services and eligibility requirements for the program overview of harm reduction philosophy and the harm reduction model used by the program overview of harm reduction philosophy and the harm reduction model used by the program SOAR's approved policies and procedures that cover syringe exchange transactions, handling the disposal of infectious waste, needlestick prevention management (for staff and the general public), and actions to remove syringes from public places procedures that ensure secure storage, handling, and disposal of syringes in accordance with state law and rules procedures for making referrals, including primary care, MAT, HIV counseling and treatment, screening and treatment for sexually transmitted infections, and other HIV support and social services risks associated with sexual and drug-using behaviors and risk reduction practices for those behaviors education and demonstration of safer injection practices, including 	SOAR Board of Directors, Harm Reduction Coordinators	By Jan 15, 2021

 techniques for disinfecting injection equipment, rotation of injection sites, and the use of alcohol pads to disinfect injection sites education and demonstration of naloxone administration cultural diversity including sensitivity to race/ethnicity, age, gender and gender identity, sexual orientation, literacy, socio-economic status, and status. 		
Schedule quarterly training for staff/volunteer using the curriculum	HR Coordinators	By Jan 1, 2021; trainings to occur tentatively in Feb, May, and August
Assess fundraising needs, goals, and strategic plan for 2021, including evaluating Fall 2020 Monthly Donor Campaign and Winter 2019 Fundraising drive to create a donor outreach strategy	SOAR Board of Directors	By Jan 1, 2021
 Develop a community relations plan, building off successful anti-stigma campaigns like Lifesavers and Free Naloxone Day, including: Education about syringe exchange and broader harm reduction services through writing regular op-eds and publishing anti-stigma and evidence-based insights on our Facebook page (900+ likes), Educating the community as part of our Lifesavers program (regular naloxone and anti-stigma and publishing anti-stigma and businesses, churches, and nonprofits) Hosting community meeting and volunteer events to provide opportunities for education, relationship-building, and exploring ways to share decision making among participants volunteers 	SOAR Board of Directors	By Jan 1, 2021
Finalize plan for use of Harm Reduction Peer Stipends, including acceptable duties and activities, expectations for Peers, supervision policies, and approval process for the scope of work and reimbursement	SOAR Board of Directors	By Jan 1, 2021

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Identify a facility appropriate for storage of SOAR's harm reduction materials and large enough to facilitate packing	SOAR Board of Directors	By Dec 1, 2021
Purchase van for mobile harm reduction distribution, specifically equipping our team and partner organizations with an environment for HIV and other testing medical services: secure, confidential, and protected from the elements	SOAR Board of Directors	. By Jan 1, 2021
Implementation		
Oversee program finances, including proper submission of non-profit tax paperwork and submission of financial documentation to BPH	SOAR Board of Directors, Executive Director	Implementation will be immediate and ongoing throughout the grant cycle
Provide training for staff/volunteers using the established curriculum	HR Coordinators	Quarterly; trainings to occur tentatively in Feb, May, and August
Maintain sufficient and organized inventory of harm reduction supplies, including printed educational materials	HR Coordinators	Implementation will be immediate and ongoing throughout the grant cycle
Pack kits of harm reduction supplies and natoxone for biweekly distribution	HR Coordinators, Volunteers, HR Peers	Implementation will be immediate and ongoing throughout the grant cycle
Contact HRP participants using mass texting program to clearly communicate time & place of distribution and any additional services that will be available	HR Coordinators	Implementation will be immediate and ongoing throughout the grant cycle
Provide HRP mobile distribution, using the van, on the West Side and East End of Charleston, WV every other week (26 times), including: Supplies for safer drug use and sex	HR Coordinators, Volunteers, Partner Agencies, HR Peers	Implementation will be immediate and ongoing throughout the grant cycle

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 Sharps containers for safe syringe disposal Naloxone distribution and training Educational materials on the risk reduction measures, particularly HIV and viral hepatitis prevention Cards with information about housing, medical care, SUD treatment, and other materials HIV screening and treatment referrals (when possible via our partnership with CAMC Ryan White Program) Behavioral and primary healthcare referrals SUD Treatment referrals (included MAT providers) 		
Coltect used sharps containers, count returns, and safely dispose of used syringes through a partnership with the Kanawha County Health Department	HR Coordinators	Implementation will be immediate and ongoing throughout the grant cycle
 Enter data biweekly regarding: Total (and cumulative) # of participants served Total (and cumulative) # of syringes dispensed and collected Total (and cumulative) # and types of referrals (drug treatment, primary care, housing, etc) Total (and cumulative) # of participants provided with HIV and viral hepatitis prevention education Total (and cumulative) # of participants provided with HIV and viral hepatitis prevention education Total (and cumulative) # of participants informed of SUD treatment and recovery services Total (and cumulative) # of participants informed of SUD treatment and recovery services Total (and cumulative) # of participants screened for HIV/Hepatitis B or C Total (and cumulative) # of participants who received a Hepatitis B or C Total (and cumulative) # of participants who received a Hepatitis B or C Total (and cumulative) # of participants who received a Hepatitis B or C Total (and cumulative) # of participants who received a Hepatitis B or C 	HR Coordinators	Implementation will be immediate and ongoing throughout the grant cycle
Conduct anonymous surveys to gather participant feedback to be used for budgetary and programmatic decision-making	HR Coordinators, Volunteers, HR Peers	Twice during grant period, tentatively in March and August

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Track Facebook, social media, and the news for feedback and collect together in a tracking document, responding to indirect and direct feedback with education, consultations, and program adaptations as needed	HR Coordinators, SOAR Board of Directors	Implementation will be immediate and ongoing throughout the grant cycle
Host four (4) community meetings and/or large packing events	HR Coordinators, Volunteers, HR Peers	(COVID permitting) Feb, April, June, August 2021
Provide retraining and additional naloxone to local businesses, religious organizations, and other partner agencies through the Lifesavers program	HR Coordinators, Volunteers, HR Peers	Implementation will be immediate and ongoing throughout the grant cycle
Plan and administer clean-up days to address any syringe litter in high-traffic or problem areas	HR Coordinators, Volunteers, HR Peers	Quarterly, events to occur tentatively in Feb, May, and August
Work with other local Harm Reduction programs and partner agencies to support people who use drugs in parts of Kanawha County outside of Charleston, potentially including Clay, Boone, Lincoln and other Counties.	SOAR Board of Directors, HR Coordinators, Volunteers, HR Peers	Implementation will be immediate and ongoing throughout the grant cycle
Evaluation, Reporting, and Sustainability		
 Prepare and submit Quarterly Progress Reports to the Harm Reduction Program Coordinator including: Personnel: # of hours worked toward harm reduction services, including special events; list tasks specific to harm reduction Naloxone: # purchased, # returned Disease Prevention Supplies: # purchased, # distributed Van/Harm Reduction Vehicle: # of miles used for harm reduction Travel: # of miles traveled for harm reduction program; dates and locations; travel purposes 	HR Coordinators	By 11:59 pm on Jan 15th, April 15th, and July 15th, 2021

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Other: purpose and measurable outcome		
Prepare and submit the Final Report, a detailed narrative of the overall harm reduction services which were provided as a result of the funding, to the Harm Reduction Program Coordinator.	HR Coordinators	By 11:59 pm on October 30th, 2021
Maintain SOAR's Facebook and Mailchimp to communicate with donors, community members, and potential funders	HR Coordinators, SOAR Board of Directors	Implementation will be immediate and ongoing throughout the grant cycle
Implement fundraising plan for 2021 based on forecasts for serving 300 unique individuals every two weeks	HR Coordinators, SOAR Board of Directors	Implementation will be immediate and ongoing throughout the grant cycle
Apply for additional grant funding, particularly that which can support the purchase of syringes and cookers	HR Coordinators, SOAR Board of Directors	Implementation will be immediate and ongoing throughout the grant cycle

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Detailed Budget: Solutions Oriented Addiction Response WV

Budget Summary

Budget Category	Amount Requested
Personnel	\$26,100.00
Salary and wages	\$26,100.00
Fringe Benefits	\$0.00
Other Direct Costs	\$73,900.00
Operations	\$0.00
Travel	\$54,015.00
Meeting expenses	\$0.00
Project Space	\$11,000.00
Other	\$8,885.00
Purchased Services	\$0.00
Consultants	\$0.00
Contracts	\$0.00
TOTAL	\$100,000.00

Detailed Budget Narrative

A. Personnel

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Total Salary Charge to Award	\$23,400.00	\$2,700.00	\$26,100.09
Hours	1560	180	
Rate	\$15/hr	\$15/h	
Name	TBD	тво	TOTAL
Position	(1) SOAR Harm Reduction Coordinator(s)	(1) Harm Reduction Peer Stipend(s)	

- strategic planning period to establish Board Member roles, organizational structure, and volunteer expectations, among other events, community meetings, syringe clean up coordination, managing Facebook and mail chimp). The above cost estimates items. By Jan 1, 2021, the Board will have a clear organizational structure that defines the exact number of contractual staff writing), operations (grant reporting, inventory, ordering supplies), services (volunteer coordination/training, packing kicks, delineating roles. During the first quarter of the grant period (Oct - Dec 2020), SOAR's Board of Directors will undergo a managing referrals, outreach nights, partnerships), and community engagement (anti-stigma campaigns, large packing members that will split responsibilities such as: finances (Non-profit filing, updating budgets, payroll, fundraising, grant 1. SOAR Harm Reduction Coordinator(s): The Board of Directors of SOAR seeks to be intentional about hiring staff and could support 40 hours of paid work per week for the remaining 3 quarters of the grant period at \$15/hr.
 - principles and strategies, seeks funding to offer paid work to participants, who are central to the function and operation of this Harm Reduction Peer Stipend(s): The Board of Directors of SOAR, consistent with its broader commitment to harm reduction poison control forms or other paperwork on outreach nights. Starting Jan 1, 2021, the above cost estimates could support 9 program. Stipended work may include leadership in peer-led secondary distribution work, packing kits, and assisting with hours of paid work per 2 week outreach period for the remaining 3 quarters of the grant period at \$15/hr. N

B. Fringe Benefits - NA

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At this time, the Board is interested in paying staff members on a contractual basis for hours worked in a specific role.

C. Office Operations - NA

D. Travel

ltem	# of Units	Unit Type	Cost per Unit	Cost
(1) 2015 Ford Transit, High-Roof, Extended	-	Van	\$40,000.00	\$40,000.00
(2) Retrofit	-	Service	\$3,000.00	\$3,000.00
(3) Magnets for Exterior	2	Door Magnet	\$250.00	\$500.00
(4) Maintenance and fees	~	Service	\$5,000.00	\$5.000.00
(5) Insurance	12	Month	\$220.00	\$2,640.00
(6) Gas	500	Miles	\$0.575	\$2875.00

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				\$54,015.00
The above cost estimates will cover the purchase of a van for mobile harm reduction distribution, specifically equipping our team and partner organizations with an environment for HIV and other testing or medical services: secure, confidential, and protected from the elements. Estimates for the cost of the van and the retrofit were retrieved from Virginia Harm Reduction Coalition, who has been using their van for mobile distribution and testing for the last 12 months. Estimates for magnets, insurance, and maintenance were retrieved from service providers in Kanawha County. Note: The SOAR will report the necessary information required to use grant funds for the purchase of a vehicle, including: # of miles used for harm reduction, frequency of use, # of participants served, and locations.	a van for la nent for HI ates for th ing their v were retri to use gra	mobile harm re V and other te e cost of the v an for mobile o eved from sen ant funds for th vved, and loca	eduction distribu sting or medical an and the retro distribution and t vice providers in vice purchase of a tions.	tion, specifically equipping services: secure, fit were retrieved from esting for the last 12 months Kanawha County. Note: The vehicle, including: # of miles
E. Meeting Expenses - NA				
F. Project Space				
ltern	# of Units	Unit Type	Cost per Unit	Cost
Rent and Utilities	10	Monthly	\$1,100.00	\$11,000.00
TOTAL				\$11,000.00
Rent and Utilities: Bv Dec 1. 2020. the SOAR Board of Directors will identify a facility ant for storade of SOAR's harm	of Dirocto			

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Cost	\$8,885.00	\$8,885.00
Cost per Unit	\$4.1346	
Unit Type	Participant interactions	
# of Units	2,150	
ltem	Harm Reduction Supplies for Other Counties	TOTAL

surrounding counties. Through use of the van and partnerships with other groups, SOAR will provide harm reduction kits come in a brown paper bag and include: a tourniquet, three bandaids, four condoms, three packets of antibiotic ointment, (not included in grant budget). All participants also have access to naloxone (3 IM doses in an opaque bag), fentanyl test (expenses as described in our application for 15-SA-2020) to 2,150 participants over the course of the grant period. Kits interactions in a year), SOAR is committed to supporting people who use drugs in other areas of Kanawha County or in 40 cotton balls, 40 alcohol pads, two packets of Vitamin C, and a sharps container, as well as 40 syringes and a cooker in addition to serving 300 participants through our mobile outreach in Charleston every two weeks (7,800 participant strips, and snacks such as granola bars, fruit, chips, and other items.

H. Purchased Services - NA

10.16.20



S.O.A.R., W.Va. (Solutions Oriented Addiction Response)



For whom it may concern at the Bureau of Public Health:

We are very grateful for your consideration of our application to sustain and expand harm reduction services in the Charleston-Kanawha area. SOAR WV is currently engaged in this work and we have the capacity to continue and to grow this work within 90 days of certification.

While our program operates outside of our local health department, we do look to their manual on running their former harm reduction program for guidance and ideas. We are also grateful to be able to bring our collected used syringes to the sharps bin outside the Kanawha-Charleston Health Department for proper disposal.

SOAR WV works to keep our health department updated about our progress and developments and we will remain open to feedback on the design, implementation, and evaluation.

SOAR also agrees to be in compliance with state laws, rule, and local ordinances.

More specifically because SOAR does not sell supplies nor operate as a business, it remains compliant with state law and local ordinances. West Virginia Code Section 47-19-1 imposes a license requirement on entities seeking to "sell" items "designed or marketed for use with controlled substances." Similarly, W. Va. Code, § 60A-4-403a prohibits "illegal drug paraphernalia business", which the statute defines as transactions "for profit." The City of Charleston deems it unlawful to distribute "any hypodermic syringes, needles and other similar objects...without obtaining and having any and all licenses required under state law to do so." Charleston Code of Ordinances Sec. 78-381. SOAR is not a business. It does not sell medical supplies; instead, medical supplies are distributed without cost to the recipients. SOAR does not operate for profit. Thus, licensing requirements contemplated by state and local ordinances do not apply to SOAR's work.

SINCERELY,

SARAH CORDWELL SOLUTIONS ORIENTED ADDICTION RESPONSE WV



RIAN WHITE PROGRAM

3100 MacCorkle Ave; Sf. Suite 203-A -Charl-Non, XVV 25304 -Ci04) 388-8106

October 1, 2020

To Whom It May Concern:

As Program Director for the CAMC Ryan White Part C HIV Program at Charleston Area Medical Center, I am writing to support the grant application submitted by Charleston Solutions Oriented Addiction Response (SOAR) for DHHR Harn Reduction services support. If awarded, these funds will enable SOAR to provide an expanded array of harm reduction services, including linkage to substance use disorder treatment; access to and disposal of sterile syringes and injection equipment; access to naloxone distribution; and testing and linkage to care and treatment for infectious diseases. Currently, the SOAR-based program is operational two evenings per month in locations on both Charleston's West Side and East End. To offectively respond to overlapping SUD and HIV/HCV epidemies in our community—which have all unfortunately increased during the COVID-19 crisis—expanded access to these services is necessary and will provide direct access to high-risk individuals who are facing poor health, homelessness, and unstable living conditions.

The Part C Program al CAMC provides early intervention services for individuals in southern West Virginia who are at-risk or infected with HIV disease, regardless of their ability to pay. These services involve primary outpatient care, based at CAMC Memorial Hospital in Charleston, West Virginia. Over 375 individuals are currently enrolled in our program, which includes 19 counties in southern West Virginia as its designated service area.

CAMC Ryan White Program and SOAR began a partnership approximately two months ago to provide on-site HIV early intervention schrices during scheduled harm reduction events. RWP staff provide HIV testing, general HIV education, information on available Ryan White program services information, PrEP information and linkage to PrEP medication services. If patients test positive, they meet onsite immediately with the program linkage and care coordinator to arrange follow up HIV treatment services. Direct telephone numbers are provided and information on accessing RWP food pantry, housing, transportation and utility assistance is given. In the first four onsite events, 67 individuals received screening and 4 new cases of HIV have been identified and referred to care.

I anticipate that SOAR and the CAMC Ryan White Program will continue to have an excellent working relationship that will benefit high-risk communities in West Virginia. We fully and enthusiastically support then efforts securing SUD harm reduction services. If I may be of further assistance, please do not hesitate to let me know.

Sincerely,

A. Chester Trage

A. Cluistine Teague, Pharm D., MPH, AAHIVP Director, CAMC Ryan White Program



West Virginia University.

Cabin Creek HEALTH SYSTEMS

Cabin Creek Health Systems Administrative Office 104 Alex Lane Charleston, WV 25304 Phone 304.734,2040 Fax 604.734,2047

Cabin Creek Health Center 5722 Cabin Creek Road P.O. Box 70 Dawes, WV 25054 Phone 304,595,5006 Pax 304,595,2936

Aiverside Health Center 1 Warrior Way, Suite 103 Belle, WV 25015 Phone 304,949,3591 Fax 304,949,3791

Clendenin Health Center 107 Koontz Ave., Sulte 200 Glendenin, WV 25045 Phone 304.548,7272 Fax 304.548.7149

Sissonville Health Center 6135 Sissonville Drive Charleston, WV 253 [2 Phone 304,984,1576 Fax 304,984,1565

Kanawha Gity Health Center 4602 MacCorkle Ave., SE Charleston, WV 25304-1848 Phone 304,205,7535

Sunnyside Health Center 108 Lee St., E., Room 129 Charleston, WV 26301 Phone 304,205,7541 Fax 304,205,7549

October 5, 2020

Will Cohen

Harm Reduction Program Manager Division of STD and HIV Office of Epidemiology and Prevention Services WV Department of Health and Human Resources Charleston, WV

Subject: Applications for harm reduction funding

Dear Mr. Cohen:

Cabin Creek Health Systems is aware that SOAR WV (Solutions Oriented Addiction Response) is applying for grants from the Dept of Public Health to support its harm reduction programs. I wanted to extend my support for SOAR's applications and for their effective work in this field. SOAR has emerged as an critical community resource in conducting prevention strategies to the multiple harms of the addiction epidemic.

Cabin Creek Health Systems offers a medicated assisted treatment program as well as Hepatitis A & B vaccines and Hepatitis C treatment. We are ready to receive referrals from SOAR for these services via its harm reduction program. As part of our MAT program, we also offer assistance with transportation and food delivery for clients in need.

Sincerely,

Craig Robinson

Executive Director Cabin Creck Health Systems

NORMAN 3. MONTALTO

SEPTEMBER 28, 2020 DEAR MR. COHEN AND THE WV BUREAU FOR PUBLIC HEALTH,

Please submit this enthusiastic letter of support for additional funding from the WVDHHR for the work that SOAR is doing to prevent injection use infection and encourage treatment referrals and recovery. I have worked with them for over 2 months and this passionate and valuable group serves a population that is severely underserved and high-risk for HIV, Hep C and overdose.

I have personally offered to see and made referrals for those seen by this group who need additional care for wounds and other mental and physical health services at Family Care. We now have on-site recovery services from the Partnership of African American Churches for those who are ready to enter treatment, and HIV testing through the Ryan White Program at CAMC.

Please consider this request for help carefully, as they cannot continue this valuable public service outreach without funding. Most sincerely,

SINCERELY,

DR NORMAN MONTALTO, DO

FAMILYCARE HEALTH

CHARLESTON, WV 304-345-9093

October 1, 2020

To Whom It May Concern:

Lam pleased to write in support of the Solution Oriented Addiction Response (SOAR)'s application for grant funding. SOAR's naloxone distribution programs provide lifesaving medication to individuals, businesses, and vulnerable populations. By training and empowering individuals to carry and administer naloxone, SOAR actively reduces the stigma of substance use throughout the Charleston area. The need for their work has grown exponentially during the Covid-19 pandemic and the sustainability of their efforts is vital to our community.

If I can be of any further assistance, please do not hesitate to contact me.

Sincerely,

Emily Hanna Director; Coordinated Addiction Response Effort (CARE) City of Charleston 501 Virginia Street; East Charleston, WV 25301 emily.hanna@cityofchaileston.org

Bureau of Public Health - Harm Reduction Programs: Solutions Oriented Addiction Response WV (SOAR WV)

Proposal Narrative

Burden and Statement of Need within Jurisdiction

SOAR WV (Solutions Oriented Addiction Response) seeks to expand and sustain a harm reduction program that focuses on serving the people who use drugs within the Charleston-Kanawha area. SOAR WV is a Charleston, WV based community group that promotes the health, dignity, and voices of individuals who are impacted by drug use. SOAR currently coordinates a low barrier mobile harm reduction program that serves approximately 400 unique individuals a month.

While there is not a definitive estimate of the number of people who use drugs in Kanawha County, one can make educated, research-based guesses. In 2018, a Johns Hopkins study determined that the number of intravenous drug users in nearby Cabell County was 1,857 people. Based on a per capita conversion, we may be able to estimate that the number of intravenous drug users in Kanawha County is around 3,500 individuals. During the operation of the Kanawha County Health Department's SSP, the program reported serving 6,057 individuals who were seen at least twice. 71% of these individuals had Kanawha County zip codes, which is to say KCHD served 4,300 individuals who engaged in drug use in the county over a 27 month period. Whether 3,500 or 4,300, both of these numbers suggest a substantial percentage the most populous county in West Virginia engages in drug use.

For the past 12 months that we have data for (June 2019 to July 2020), Kanawha County EMS responded to 1,348 calls for suspected overdoses (or, over 3 calls a day, on average). Between 2017 and 2019, Kanawha County's fatal overdoses were 454 (or at least one loss every 3 days, on average). While the rest of West Virginia (all counties combined, excluding Kanawha County) saw an 18% reduction in fatal overdoses from 2017 to 2019, Kanawha County's numbers have stayed dangerously steady and now lead the state.

Since 2019, Kanawha County has also witnessed an exponential rise of new HIV cases among people who inject drugs (PWID). The number of new cases in 2018 among PWID was 3. The number of new cases among PWID in 2019 was 14, a more than 350% increase. 2020's numbers are on pace to double 2019's numbers, if not go further. Kanawha County is also witnessing a similar spike among Hepatitis C. In 2017, Kanawha County saw the lowest number of new chronic Hepatitis C numbers in recent years, 458. 2018 saw that number rise to 1,114, a 143% increase. 2019 saw 635 new chronic cases, a 38.6% increase from 2017.

While Kanawha County's capital city does have a syringe service program based out of WV Health Right, it is a relatively small program within a county that spans over 900 square miles and is clearly in need of further services. We believe collaboration is one of the best paths forward within this dynamic and we expect referrals to move both ways.

Harm reduction is still somewhat politically charged in Kanawha County, though less so than the peak tension that was witnessed through the election season of 2018. Local leaders and some public health officials are steadily returning to discussing harm reduction as a viable pathway to reduce the spread of infectious diseases and reduce overdose deaths. The principal concerns of both the public and law enforcement have traditionally centered around syringe litter. Within the scope of this project, we plan to coordinate syringe clean up days. We also plan to distribute 300-500 syringe disposal bins every month and collect these from participants on a bi-weekly basis. So far, our participants have been very enthusiastic about bringing back used syringes to our low-barrier program. A secondary concern surrounding the Kanawha-Charleston Health Dept's previous SSP was its proximity to the already economically challenged Charleston Town Center Mall. By focusing on mobile distribution that largely meets people away from commercial and residential hubs, we hope to ameliorate these concerns.

SOAR WV regularly engages with other stakeholders within the public health, governance, homeless services, and recovery spaces to ensure we maximize impact. For example, SOAR is represented on Kanawha County's HIV Task Force, where we update the team on our naloxone distribution efforts. We also collaborate with the Ryan White Program at CAMC; this team offers HIV testing and counseling when SOAR operates its mobile outreach. We also frequently partner with recovery coaches from different organizations who help our clients connect with treatment as they are ready. We frequently make referrals to local primary care clinics such as Family Care and Cabin Creek Health Systems. We make referrals to local MAT programs and are working on increasing our ability to make warmer hand-off. We engage with housing specialists who work to help our clients access stable housing. We are also partnering with local organizations to provide everything from reproductive healthcare services (such as condoms and emergency contraception) to support with filing to receive stimulus checks. Because SOAR WV has been successful in building relationships with Kanawha County residents who are otherwise hard-to-reach, we make every effort to invite other organizations to join us at outreach events, allowing our clients to access a growing number of services as well as allowing organizations to interact with a greater number of community members.

In the future, we hope to continue to offer HIV testing, more consistently offer viral Hepatitis testing, increase referrals to primary care (with some primary care available on-site), as well as to behavioral health and medication assisted treatment. We hope to make these referrals via recovery coaches, social workers, and volunteers with direct introductions or referrals with warm hand-offs. We also plan to create a local resource card with clear phone numbers and contact info for local housing, recovery, healthcare, and other services. Each of our harm reduction "kits" will include this card, which would mean that each of our approximately 400 unique clients a month would receive this vital information.

Capacity and Operations

SOAR hopes to leverage this grant to expand and sustain its mobile harm reduction program over 12 months in the Charleston-Kanawha area. Currently, the SOAR team sets up mobile services every other week in a parking lot on Charleston's West Side and then on Charleston's East End and serves approximately 250 people in one evening. Most of our clients are from Charleston, though many clients also come from other parts of Kanawha County, Including St Albans, Elkvlew, Sissonville, South Charleston, etc. The main focus of this grant is funding supplies to serve 300 people every two weeks for one year (26 outreach events), as well as funding to support a Harm Reduction Coordinator. We are also seeking a portion of funds to support printing, office supplies, and meeting expenses to continue anti-stigma programming, events, and meetings throughout the grant period (COVID-19 health and safety regulations permitting).

We currently serve 400 unique individuals every month. We expect to serve at least 1,500 unique individuals over the next year.

We plan to dispense 312,000 syringes over the next year and directly collect at least 200,000 of those syringes (information on our safety measures, needlestick protocol, and partnership with the Kanawha County Health Department for disposal can be found on page 4 and 5). We also plan to equip clients with disposal containers and protocols for them to safely dispose of the remaining syringes on their own.

We will include HIV and viral hepatitis prevention materials in every harm reduction kit we distribute, while also partnering with CAMC's Ryan White program to offer HIV testing on-site and make referrals to Cabin Creek Health Systems for Hepatitis vaccines and treatment. We plan to educate all of our 1,500+ annual dients about HIV and viral hepatitis prevention.

We will include information about drug treatment and recovery services with every harm reduction kit we give out, which would mean all of our 1,500+ annual clients would be informed of these services. In addition to the resource cards we will include in our kits, we will also offer recovery coaches and other opportunities for directly supporting people who are interested in these services.

In our resource cards, we will also include information on local MAT programs, with a focus on linking to programs that are more accommodating for clients living with poor or unstable housing, inability to access transportation, etc. We expect that we will link 20-40+ participants with local MAT programs via a "warm hand-off" over the next year. Please see the attached letter from Cabin Creek Health Systems regarding this MAT referral collaboration.

SOAR's service delivery model is a modified needs-based model. Currently, each client receives 40 syringes every two weeks. We encourage and support clients with returning used syringes. However, regardless of whether the clients return syringes, they have the opportunity to receive 40 fresh syringes. Our program is a mobile program. We set up services in rotating parking lots on Charleston's West Side (25387) and rotating parking lots on Charleston's East End (25301). Both sites are within Kanawha County. While we do not have definitive addresses, we keep in touch with our clients via a mass texting program, which has over 200 subscribers. We give out business cards during outreach nights with a way to sign up for this texting system. We encourage clients to share this sign up information. We operate every other Wednesday from 6pm to 9pm.

In addition to giving out our texting sign-up information to our clients, we give this information to partners and people who work directly with the population of people impacted by drug use and homelessness. We encourage these colleagues to pass on our sign up number. In addition to times and addresses for services, we use our texting list to notify clients about

additional services we may offer for any given night, as well as to provide updates about other important information like bad batch alerts.

In addition to distributing syringes, we distribute condoms and emergency contraceptive items, often either provided by BPH, WV FREE, or purchased from our budget. We provide HIV testing via our partner at CAMC's Ryan White Program. We also distribute over 500 doses of naloxone each month to clients, with education and training available. Beyond syringes, we also provide alcohol pads, bandaids, antibiotic gels, masks, hand sanitizers (when available), water, and snack items. We also make referrals to behavioral health and primary care services, and we usually have at least one physician on site.

The current SOAR team consists largely of volunteers. Sarah Stone acts as SOAR's Executive Director and manages SOAR's operations and finance efforts. The Executive Director role is currently SOAR's only stipended position. SOAR's core team currently consists of 5 leaders who backstop SOAR's program efforts. SOAR's Board of Directors, which was recently formed alongside our application for official non-profit status, seeks to be intentional about hiring staff and delineating roles, especially should the state support our budget. During the first quarter of the grant period (Oct - Dec 2020), SOAR's Board of Directors will undergo a strategic planning period to establish Board Member roles, organizational structure, and volunteer expectations, among other Items. By Jan 1, 2021, the Board will have a clear organizational structure that defines the exact number of contractual staff members (Harm Reduction Coordinators) that will split responsibilities such as: finances (non-profit filing, updating budgets, payroll, fundraising, grant writing), operations (grant reporting, inventory, ordering supplies), services (volunteer coordination/training, packing kicks, managing referrals, outreach nights, partnerships), and community engagement (anti-stigma campaigns, large packing events, community meetings, syringe clean up coordination, managing Facebook and mail chimp). At the end of this planning period, SOAR's Board of Directors will produce organizational structure, role descriptions, and volunteer training curriculum. Volunteers will continue to pack harm reduction kits and assist with set up, distribute the kits and snacks, support overdose reversal tracking and other reporting efforts, build relationships with clients, and make referrals every other Wednesday.

SOAR currently tracks the number of syringes it distributes. We do this by pre-counting the number of syringes in packed kits and subtracting the number from remaining kits (usually we return with zero syringes).

SOAR also has a syringe collection and sharps disposal plan. We plan to organize regular clean-up events in high-traffic areas, and we set up syringe collection bins at each mobile event. We encourage clients to return syringes within closed containers (which we also provide at each event). We also have disposal boxes for people to dispose of individual syringes. We make estimates of syringe returns based on the container size and weight that is returned and track these numbers. This prevents unnecessary exposure to syringes and reduces the chance of accidental needlesticks. We then bring these syringes to the disposal bin outside the Kanawha-Charleston Health Dept, which has a system for disposing of syringes at no additional cost to SOAR. While all volunteers are educated on these protocols, only certain trained volunteers manage syringe returns and syringes collected through clean up events.

Our trained volunteers assume that blood and other bodily fluids from syringes are potentially infectious, and therefore we require infection control precautions at all times including: routine use of barriers (e.g., gloves, closed-toe and heel shoes), immediate washing of hands and other skin surfaces after contact with blood or body fluids, and careful handling and disposal of sharp instruments during and after use. We do not re-cap syringes and we do use safety devices when needed to pick up or transport syringes. We utilize <u>OEPS exposure protocols</u> in the event of an accidental needlestick. These involve flushing the area with soap and water as soon as possible. Protocols also may include immediate vaccines for HBV for unknown sources if the volunteer is not currently vaccinated, and potentially accessing immediate HIV PREP. Volunteers who experience an accidental needlestick will see their healthcare provider within 24 hours of exposure to run through these protocols. When syringes are found in public places, SOAR is available to send trained volunteers and/or staff with safety devices and disposal bins to collect these syringes.

SOAR's service delivery plan includes syringe services and syringe disposal services for all participants. Every participant is offered harm reduction kits with 40 sterile syringes every two weeks as well as a fresh disposal container. All harm reduction kits will include HIV and viral hepatitis prevention resource cards, utilizing information from West Virginia's Bureau of Public Health, the National Harm Reduction Coalition, and other sources. We also rely on referrals and partners for Hepatitis screenings and vaccination as well as screening and treatment for sexually transmitted infections. Our resource cards will include information on accessing these services. Cabin Creek Health Systems is willing to offer vaccinations and treatment for these diseases/infections via their Sunnyside Health Care Clinic located inside the Kanawha-Charleston Health Dept and via their other clinics (please see their partnership letter).

SOAR also provides education and supplies for safer sex practices, including educational material and supplies such as condoms, lubricants, dental dams, and emergency contraceptives.

As mentioned earlier, SOAR also has a plan for educating on drug treatment and recovery options that include resource cards and featuring recovery coaches and social workers at each mobile set up. SOAR also has protocols and contacts for linking participants to MAT and abstinence-based recovery programs with a focus on warm hand-offs that include prioritizing programs that support people with transportation barriers and unstable housing. Please also see the attached letter from Cabin Creek Health for one of these referral systems.

Regarding confidentiality, all volunteers must abide by a confidentiality agreement that protects the client's personal and healthcare information. We utilize modified versions of protocols and the agreement that were created for the <u>Kanawha-Charleston Harm Reduction</u> <u>Program Procedure Manual</u>.

SOAR will host mandatory orientation programs for new volunteers and staff that cover program and volunteer expectations, services provided, eligibility requirements, a review of our harm reduction philosophy and model, and our policies and protocols for distributing syringes. Orientation will also include training for disposal of used syringes, handling of infectious waste, needlestick prevention, and protocols for responding for accidental needlesticks. We will also orient relevant staff to our programs and actions we follow to dispose of syringes and to remove syringes from public spaces. Our mandatory training will feature the procedures and systems we

use to ensure secure storage for our harm reduction supplies. Training will include SOAR's procedures for making referrals, including for primary care, MAT, HIV counseling and testing, prenatal care, tuberculosis and hepatitis A, B and C screening and treatment, screening and treatment for sexually transmitted infections, and other HIV support and social services. We will acquaint volunteers with the key information for educating clients about the risks associated with sexual and drug-using behaviors and risk reduction practices for those behaviors as well as education about safer injection practices, including techniques for disinfecting injection equipment, rotation of injection sites, and the use of alcohol pads to disinfect injection sites. As needed, we will provide paper guides to our clients about these items as well. For all volunteers who dispense naloxone, we will provide a Training for Trainers via Dr. Lindsay Acree of the University of Charleston or another approved Trainer. All of our volunteers and staff will be trained to be culturally competent, which would include training on sensitivity to race/ethnicity, age, gender and gender identity, sexual orientation, literacy, socio-economic status, and employment status. We will also have a system in place for keeping track of these mandatory training events (including dates, attendance, and trainer information) and for offering follow up trainings and refreshers as needed. When offering training/orientation events, we will either host them virtually or engage the latest COVID-19 guidelines for hosting events in person.

SOAR also believes in regularly evaluating the impact of our program and drawing on client feedback to shape future iterations. We conducted our first survey and received over 90 responses within one evening. We maintain all of this information in secure online spreadsheets. We also use an electronic system for tracking the number of syringes dispensed and collected/disposed of. We will enhance this reporting system by fine-tuning our tracking number of persons served, number of referrals made to drug treatment and other services, and the total number of participants for which HIV and viral hepatitis prevention education was be provided, the total number of participants who were informed of drug treatment and recovery services, the total number of participants who were referred for screenings & vaccines for HIV/hepatitis B virus/hepatitis C virus, and the total number of participants linked to MAT via a warm handoff.

SOAR will also enhance its community relations plan that educates the community about syringe exchange and broader harm reduction services. Our current efforts on this front include writing regular op-eds, publishing anti-stigma and evidence-based insights on our Facebook page (900+ likes), and educating the community as part of our Lifesavers program (regular naloxone and anti-stigma trainings and presentations for local businesses, churches, and nonprofits). SOAR expects to receive more feedback from the community as it continues to grow over the next year and beyond. We will continue to track Facebook, social media, and the news for feedback and will collect these together in a tracking document. SOAR will respond to indirect and direct feedback with education, consultations, and program adaptations as needed.

SOAR has been operating its program for about one year, with a rapid expansion since COVID-19 reached West Virginia. Most of our policies are in place, though where we need to enhance or add policies we will have these up and running by the first reporting deadline for this grant, Jan 15th 2021. More information about our timelines for implementing aspects of this program can be found on the work plan.

SOAR is including a detailed budget as part of this grant application. Our budget for the scope of this expansion is \$50,000. With this budget, our primary focus is on supplies. The supply budget includes alcohol pads, disposal containers, naloxone, and other harm reduction supplies for 12 months at the total cost \$27,951.42. This budget is based on NASEN costs for the current catalog and the cost of naloxone via the OSSN Buyers Club and would allow SOAR to distribute 300 kits every 2 weeks for 52 weeks. This budget does not include syringes or cookers. In addition to supplies, the budget prioritizes \$11,700 for a Harm Reduction Coordinator(s), allowing for 20 hours/week at \$15/hr. With the remaining budget, we plan to spend funds on snacks and food (\$4,300), food and childcare expenses for meetings (\$1,000), office materials (\$2,000), and education and marketing materials (\$3,050). We also have one dedicated dollar (\$1.00) in the budget for good luck. If we end up receiving this grant, we might frame this dollar.

Community Support and Readiness

SOAR WV believes it takes a village to save a village. Since we started this program, community partnerships have been central to our success. Below are some of SOAR's active community partnerships:

- WV FREE: Provides SOAR with condoms, which we include in every harm reduction kit (500 kits/month)
- CAMC Ryan White Program: Provides HIV testing and counseling at SOAR's mobile events.
- Direct Relief: SOAR was recently approved as a distribution partner for Direct Relief. This may help us access syringes, additional disposal boxes, and other supplies.
- Community volunteers: Volunteers are central to the success of SOAR's harm reduction program. Volunteers come together to pack kits. Every other week, a dozen committed volunteers help us distribute all of our supplies.
- Community donors: SOAR runs fundraising campaigns as well as a sustaining donor program.
- Morgantown Milan Puskar Health Right: This team has been incredibly supportive of SOAR's efforts including helping us with naloxone distribution.
- This month (September 2020), SOAR was also featured as a StateFarm Neighborhood Assist Finalist.
- Local businesses & churches: SOAR has equipped over 50 Kanawha County businesses & churches with naloxone for their first aid kits.
- Recovery Point Charleston: SOAR frequently partners with Recovery Point Charleston to train local business and churches in naloxone administration.
- Free Naloxone Day: SOAR recently participated in Kanawha County's first Free Naloxone Day, sending volunteers to multiple sites and leveraging its evening outreach to help distribute 57 Narcan kits.
- Kanawha County Taskforce: SOAR has two members on the Kanawha County HIV Taskforce, where we work to help update the community on some of our efforts.

- Community Events: While these have taken a backseat through most of the pandemic, SOAR has hosted a dozen community events over the past two years, inviting speakers and hosting anti-stigma workshops.
- United Way of Central West Virginia: Earlier in the pandemic, United Way was central to supplying SOAR with masks, water, and sanitizers for distribution.
- WV Mask Army: The WV Mask Army frequently supplies SOAR with masks made by WV volunteers for distribution.
- Greater Kanawha Valley Foundation: GKVF supplied SOAR with emergency funds to distribute naloxone doses, syringe disposal containers, & salves through Summer 2020.
- HepConnect and Cabin Creek Health Systems: SOAR is a HepConnect awardee (solely for its education work), and offers referrals to Cabin Creek Health Systems for Hepatitis testing and vaccinations & STD testing and treatment.

Outreach strategies for engaging HRP participants:

- Throughout the Fall of 2019 and Winter 2020, SOAR volunteers drove around Charleston every week and built relationships with people who engage in drug use. This relationship-building has been central for building trust to serve this population.
- SOAR maintains a Google Voice number that we encourage clients to text as well as
 pass on. Everyone who reaches out to us this way is then added to our mass texting
 service, where we send alerts and reminders to every two weeks regarding our mobile
 harm reduction events. We currently have 230 active subscribers.
- SOAR has also distributed about 500 business cards with our Google Voice number and recently placed an order for 2,000 more. We give these cards to clients as well as to partners who serve the unhoused population & people who engage in drug use.
- SOAR also uses its Facebook page to promote its naloxone distribution efforts. Our volunteers also track and respond to Facebook posts where people ask about naloxone access and harm reduction access.
- SOAR volunteers are also engaged in local 12-step communities where we work to keep the recovery community abreast of our services.

Please see the attached signed statement attesting to our program capacity, to our engagement with the Kanawha Charleston Health Department, and to our compliance with state and local laws.

Activities to Complete	nplete	Responsible Individual(s)	Timeframe to Accomplish Activities
Planning			
Finalize SOAR's organizational structure and 5-year strategic plan		SOAR Board of Directors	Q1 (Oct - Dec 2020), by Jan 1, 2021
Recruit and hire core program staff for SOAR's Harm Reduction Program		SOAR Board of Directors	By Jan 1, 2021
 Develop curriculum for staff and volunteer training that includes: orientation to the SOAR's services and eligibility requirements for the program overview of harm reduction philosophy and the harm reduction model used by the program SOAR's approved policies and procedures that cover syringe exchange transactions, handling the disposal of infectious waste, needlestick prevention management (for staff and the general public), and actions to remove syringes from public places procedures that ensure secure storage, handling, and disposal of syringes in accordance with state law and rules procedures for making referrals, including primary care, MAT, HIV counseling and treatment, screening and treatment for sexually transmitted infections, and other HIV support and social services risks associated with sexual and drug-using behaviors and risk reduction practices for those behaviors 		SOAR Board of Directors, Harm Reduction Coordinators	By Jan 15, 2021

Workplan: Solutions Oriented Addiction Response WV

 techniques for disinfecting injection equipment, rotation of injection sites, and the use of alcohol pads to disinfect injection sites education and demonstration of naloxone administration cultural diversity including sensitivity to race/ethnicity, age, gender and gender identity, sexual orientation, literacy, socio-economic status, and employment 		
Schedule quarterly training for staff/volunteer using the curriculum	HR Coordinators	By Jan 1, 2021; trainings to occur tentatively in Feb, May, and August
Assess fundraising needs, goals, and strategic plan for 2021, including evaluating Fall 2020 Monthly Donor Campaign and Winter 2019 Fundraising D drive to create a donor outreach strategy	SOAR Board of Directors	By Jan 1, 2021
 Develop a community relations plan, building off successful anti-stigma Develop a community relations plan, building off successful anti-stigma Education about syringe exchange and broader harm reduction services through writing regular op-eds and publishing anti-stigma and evidence-based insights on our Facebook page (900+ likes), Educating the community as part of our Lifesavers program (regular naloxone and anti-stigma trainings and publishing art local businesses, churches, and nonprofits) Hosting community meeting and volunteer events to provide opportunities for education, relationship-building, and exploring ways to share decision making among participants volunteers 	SOAR Board of Directors	By Jan 1, 2021
Implementation		
Oversee program finances, including proper submission of non-profit tax paperwork and submission of financial documentation to BPH	SOAR Board of Directors, Executive Director	Implementation will be immediate and ongoing throughout the grant cycle

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Provide training for staff/volunteers using the established curriculum	HR Coordinators	Quarterly, trainings to occur tentatively in Feb, May, and August
Maintain sufficient and organized inventory of harm reduction supplies, including printed educational materials	HR Coordinators	Implementation will be immediate and ongoing throughout the grant cycle
Pack kits of harm reduction supplies and naloxone for biweekly distribution	HR Coordinators, Volunteers, HR Peers	Implementation will be immediate and ongoing throughout the grant cycle
Contact HRP participants using mass texting program to clearly communicate time & place of distribution and any additional services that will be available	HR Coordinators	Implementation will be immediate and ongoing throughout the grant cycle
 Provide HRP mobile distribution on the West Side and East End of Charleston, WV every other week (26 times), including: Supplies for safer drug use and sex Sharps containers for safe syringe disposal Naloxone distribution and training Educational materials on the risk reduction measures, particularly HIV and viral hepatits prevention Cards with information about housing, medical care, SUD treatment, and other materials HIV screening and treatment referrals (when possible via our partnership with CAMC Ryan White Program) Behavioral and primary healthcare referrals SUD Treatment referrals (included MAT providers) 	HR Coordinators, Volunteers, Partner Agencies, HR Peers	Implementation will be immediate and ongoing throughout the grant cycle
Collect used sharps containers, count returns, and safely dispose of used syringes through a partnership with the Kanawha County Health Department	HR Coordinators	Implementation will be immediate and ongoing

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 Total (and cumulative) # and types of referrals (drug treatment, primary care, housing, etc) Total (and cumulative) # of participants provided with HIV and viral hepatitis prevention education Total (and cumulative) # of participants informed of SUD treatment and recovery services Total (and cumulative) # of participants informed of SUD treatment and recovery services Total (and cumulative) # of participants informed of SUD treatment and recovery services Total (and cumulative) # of participants screened for HIV/Hepatitis B or C Total (and cumulative) # of participants who received a Hepatitis B or C Total (and cumulative) # of participants who received a Hepatitis B or C Total (and cumulative) # of participants who received a Hepatitis B or C 	im thr	immediate and ongoing throughout the grant cycle
Conduct anonymous surveys to gather participant feedback to be used for HR Coordinators, budgetary and programmatic decision-making Peers, HR Peers		Twice during grant period, tentatively in March and August
Track Facebook, social media, and the news for feedback and collect together HR Coordinators, in a tracking document, responding to indirect and direct feedback with SOAR Board of education, consultations, and program adaptations as needed Directors		Implementation will be immediate and ongoing throughout the grant cycle
Host four (4) community meetings and/or large packing events to HR Coordinators, Volunteers, HR Peers Peers	ý	(COVID permitting) Feb, April, June, August 2021
Provide trainings and additional naloxone to local businesses, religious HR Coordinators, organizations, and other partner agencies through the Lifesavers program Volunteers, HR Peers Preers	ຫ້	Implementation will be immediate and ongoing throughout the grant cycle
Plan and administer clean-up days to address any syringe litter in high-traffic HR Coordinators, or problem areas		Quarterly, events to occur tentatively in Feb, May,

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	Peers	and August
Evaluation, Reporting, and Sustainability		
 Prepare and submit Quarterly Progress Reports to the Harm Reduction Program Coordinator including: Personnel: # of hours worked toward harm reduction services, including special events; list tasks specific to harm reduction Education/Promotional Materials: # of pamphlets/flyers distributed and information provided; info provided to who/how/when Community Education: # of meetings, # in attendance, # of promotional materials, etc Naloxone: # purchased, # returned Disease Prevention Supplies: # purchased, # distributed Other: purpose and measurable outcome 	HR Coordinators	By 11:59 pm on Jan 15th, April 15th, and July 15th, 2021
Prepare and submit the Final Report, a detailed narrative of the overall harm reduction services which were provided as a result of the funding, to the Harm Reduction Program Coordinator.	HR Coordinators	By 11:59 pm on October 30th, 2021
Maintain SOAR's Facebook and Mailchimp to communicate with donors, community members, and potential funders	HR Coordinators, SOAR Board of Directors	Implementation will be immediate and ongoing throughout the grant cycle
	HR Coordinators, SOAR Board of Directors	Implementation will be immediate and ongoing throughout the grant cycle
Apply for additional grant funding, particularly that which can support the purchase of syringes and cookers	HR Coordinators, SOAR Board of Directors	Implementation will be immediate and ongoing throughout the grant cycle

Detailed Budget: Solutions Oriented Addiction Response WV

Budget Summary

Budget Category	Amount Requested
Personnei	\$11,700.00
Salary and wages	\$11,700.00
Fringe Benefits	\$0.00
Other Direct Costs	\$38,300.00
Operations	\$5,050.00
Travel	\$0.00
Meeting expenses	\$1,000.00
Project Space	\$0.00
Other	\$32,250.00
Purchased Services	\$0.00
Consultants	\$0.00
Contracts	\$0.00
TOTAL	\$50,000.00

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A. Personnel

Position	Name	Rate	Hours	Total Salary Charge to Award
(1) SOAR Harm Reduction Coordinator(s)	TBD	\$15/hr	780	\$11,700.00
	TOTAL			\$11,700.00

strategic planning period to establish Board Member roles, organizational structure, and volunteer expectations, among other events, community meetings, syringe clean up coordination, managing Facebook and mail chimp). The above cost estimates items. By Jan 1, 2021, the Board will have a clear organizational structure that defines the exact number of contractual staff writing), operations (grant reporting, inventory, ordering supplies), services (volunteer coordination/training, packing kicks, delineating roles. During the first quarter of the grant period (Oct - Dec 2020), SOAR's Board of Directors will undergo a managing referrals, outreach nights, partnerships), and community engagement (anti-stigma campaigns, large packing members that will split responsibilities such as: finances (Non-profit filing, updating budgets, payroll, fundraising, grant SOAR Harm Reduction Coordinator (s): The Board of Directors of SOAR seeks to be intentional about hiring staff and could support 20 hours of paid work per week for the remaining 3 quarters of the grant period at \$15/hr.

B. Fringe Benefits - NA

At this time, the Board is interested in paying staff members on a contractual basis for hours worked in a specific role.

C. Office Operations

Cost	\$1,500.00	\$2,550.00	\$1,000.00	TOTAL \$5,050.00 Outreach night (300 participant interactions per picht 26 pictite over the second	nation on naloxone education. HIV and viral Hepatitis prevention education, attment or healthcare resources, fentanyl test strip education. If participants report use of I help them complete printed poison control forms. At least twice over the grant period, we uplete printed surveys to provide feedback to inform program evaluation and adjustment. and supplies: These costs will cover items for SOAR's "Lifesavers" antistigma efforts, and "We Carry Naloxone" stickers for businesses, spiritual centers, homes, and personal
Cost per Unit	\$.10	ŀ	1	the OR nichter	titis preventio education. If { At least twice m program e AR's "Lifesav s, spiritual ce
Unit Type	Sheet of paper		J	actions per eig	and viral Hepal anyl test strip (control forms, edback to infor for businesse
# of Units	15,000		1	articipant inter	lucation, HIV a seources, fent orinted poison to provide fee costs will cover xone" stickers
ttem	(1) Outreach printing costs	(2) Special projects printing and supplies	(3) Other Office Supplies	TOTAL 1. Printing costs: For each outreach night (300 pa	

D. Travel - NA

3. Other Office Supplies: All additional office supplies required to carry out mobile distribution including, but not limited

to: pens, markers, clipboards, stapler, scissors, sticky notes, paper clips, tape, etc.

Expenses
Meeting
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lterm	# of	Cost per	Cost	
	Meetings	Meeting		
(1) Community Meetings and/or Group Packing Events	4	\$250	\$1,000.00	
			\$1,000.00	1

Similarly, we are interested in exploring different event structures, like an outdoor community packing event to bring for learning, discussion, and planning. Expenses for these meetings included food and childcare, services that are community meetings to bring participants, policymakers, and other community members together for opportunities critical to provide so as to host truly accessible events. During the grant period, we hope to be able to host several community meetings should COVID-19 precautions allow in-person meetings, even if they must be held outdoors. 1. Community Meetings and/or Group Packing Events: Before the onset of COVID-19, SOAR was hosting monthly people together and share in a volunteer experience. If our events take this form, we will still provide food and childcare, so the expenses will be similar.

F. Project Space - NA

G. Other

mat	4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1-1-1		
	<u></u>	# (001)	Cost per unit	Cost
Tourniquets (464713-cs)	-	7,800	0.0836	\$652.08
Bandaids (466871-cs)	n	23,400	0.027	\$633.16
Condoms (668019-cs)	4	31,200	0.07123	\$2,222.38
Antibiotic ointment (867500-bx)	m	23,400	0.101597	\$2,377.37
Cotton balls	40	312,000	0.00135	\$422.71
Brown Paper Bags	£~~	7,800	0.02052	\$160.06
Plastic bags	~	7,800	0.0075	\$58.50
Alcohol Wipes	40	312,000	0.007425	\$2,316.60
Vitamin C (1078757-cs)	7	15,600	0.104	\$1,622.40
Sharps Containers	4	7,800	0.44	\$3,432.00
IM Kit Opaque bags (405305-cs)	₹ -	3,900	0.05363	\$209.16

Naloxone IM (via OSSN Buyer's Club)		ę	11,700	-	\$11,700.00
Fentanyl Test Strips		-	2,600	0.825	\$2,145.00
Snacks and water		-	7,800	0.5511	\$4,297.58
Good Luck		-	-	~	\$1.00
	TOTAL				\$32,250.00

packets of antibiotic ointment, 40 cotton balls, 40 alcohol pads, two packets of Vitamin C, and a sharps container, as well during the grant period). Kits come in a brown paper bag and include: a tourniquet, three bandaids, four condoms, three as 40 syringes and a cooker (not included in grant budget). All participants also have access to naloxone (3 IM doses in All items above are included in harm reduction kits given out at mobile distribution events every other week (26 times an opaque bag), fentanyl test strips, and snacks such as granola bars, fruit, chips, and other items.

We also have one dedicated dollar (\$1.00) for good luck. If we receive this grant, we might frame this dollar.

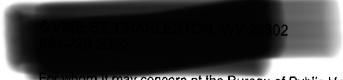
H. Purchased Services - NA

10.16.20



S.O.A.R., W.Va.

(Solutions Oriented Addiction Response)



For whom it may concern at the Bureau of Public Health:

We are very grateful for your consideration of our application to sustain and expand harm reduction services in the Charleston-Kanawha area. SOAR WV is currently engaged in this work and we have the capacity to continue and to grow this work within 90 days of certification.

While our program operates outside of our local health department, we do look to their manual on running their former harm reduction program for guidance and ideas. We are also grateful to be able to bring our collected used syringes to the sharps bin outside the Kanawha-Charleston Health Department for proper disposal.

SOAR WV works to keep our health department updated about our progress and developments and we will remain open to feedback on the design, implementation, and evaluation.

SOAR also agrees to be in compliance with state laws, rule, and local ordinances.

More specifically because SOAR does not sell supplies nor operate as a business, it remains compliant with state law and local ordinances. West Virginia Code Section 47-19-1 imposes a license requirement on entities seeking to "sell" items "designed or marketed for use with controlled substances." Similarly, W. Va. Code, § 60A-4-403a prohibits "illegal drug paraphernalia business", which the statute defines as transactions "for profit." The City of Charleston deems it unlawful to distribute "any hypodermic syringes, needles and other similar objects...without obtaining and having any and all licenses required under state law to do so." Charleston Code of Ordinances Sec. 78-381. SOAR is not a business. It does not sell medical supplies; instead, medical supplies are distributed without cost to the recipients. SOAR does not operate for profit. Thus, licensing requirements contemplated by state and local ordinances do not apply to SOAR's work.

SINCERELY,

Conduct

SARAH CORDWELL SOLUTIONS ORIENTED ADDICTION RESPONSE WV



RYAN WEUE PROCRASE

3100 MacCorkle Ave. 51, Suite 205A Chadeston, WM 25304 (205) 386-8106

October 1, 2020

To Whom It May Concern:

As Program Director for the CAMC Ryan White Part C HIV Program at Charleston Area Medical Center, I am writing to support the grant application submitted by Charleston Solutions Oriented Addiction Response (SOAR) for DHHR Harm Reduction services support. If awarded, these funds will enable SOAR to provide an expanded array of harm reduction services, including linkage to substance use disorder treatment; access to and disposal of sterile syringes and injection equipment; access to naloxone distribution; and testing and linkage to care and treatment for infectious diseases. Currently, the SOAR-based program is operational two evenings per month in locations on both Charleston's West Side and East End. To effectively respond to overlapping SUD and HIV/HCV epidemics in our community—which have all unfortunately increased during the COVID-19 crisis-- expanded access to these services is necessary and will provide direct access to high-risk individuals who are facing poor health, homelessness, and unstable living conditions.

The Part C Program at CAMC provides early intervention services for individuals in southern West Virginia who are at-risk or infected with HIV disease, regardless of their ability to pay. These services involve primary outpatient care, based at CAMC Memorial Hospital in Charleston, West Virginia. Over 375 individuals are currently enrolled in our program, which includes 19 counties in southern West Virginia as its designated service area.

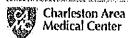
CAMC Ryan White Program and SOAR began a partnership approximately two months ago to provide on-site HIV early intervention services during scheduled harm reduction events. RWP staff provide HIV testing, general HIV education, information on available Ryan White program services information, PrEP information and linkage to PrEP medication services. If patients test positive, they meet onsite immediately with the program linkage and care coordinator to arrange follow up HIV treatment services. Direct telephone numbers are provided and information on accessing RWP food pantry, housing, transportation and utility assistance is given. In the first four onsite events, 67 individuals received screening and 4 new cases of HIV have been identified and referred to care.

I anticipate that SOAR and the CAMC Ryan White Program will continue to have an excellent working relationship that will benefit high-risk communities in West Virginia. We fully and enthusiastically support their efforts securing SUD hann reduction services. If I may be of further assistance, please do not hesitate to let me know.

Sincerely,

A. Christi Taya

A. Christine Teague, Phann.D., MPH, AAHIVP Director, CAMC Ryan White Program



West Virginia University.



Cabin Creek Health Systems Administrative Office 104 Alex Lane Charleston, WV 25304 Phone 304.734.2040 Fax 304.734.2047

Cabin Creek Health Center 5722 Cabin Creek Road P.O. Box 70 Dawes, WV 25054 Phone 304,595,5006 Fax 304,595,2936

Riverside Health Center 1 Warrior Way, Suite 103 Belle, WV 25015 Phone 304,949,3591 Fax 304.949,3791

Clendenin Health Center 107 Koontz Ave., Suite 200 Clendenin, WV 25045 Phone 304.548.7272 Fax 304.548.7149

Sissonville Health Center 6135 Sissonville Drive Charleston, WV 25312 Phone 304.984.1576 Fax 304.984.1565

Kanawha City Health Center 4602 MacCorkle Ave., SE Charleston, WV 25304-1848 Phone 304.205.7535

Sunnyside Health Center 108 Lee St., E., Room 129 Charleston, WV 25301 Phone 304,205,7541 Fax 304,205,7549 October 5, 2020

Will Cohen Harm Reduction Program Manager Division of STD and HIV Office of Epidemiology and Prevention Services WV Department of Health and Human Resources Charleston, WV

Subject: Applications for harm reduction funding

Dear Mr. Cohen:

Cabin Creek Health Systems is aware that SOAR WV (Solutions Oriented Addiction Response) is applying for grants from the Dept of Public Health to support its harm reduction programs. I wanted to extend my support for SOAR's applications and for their effective work in this field. SOAR has emerged as an critical community resource in conducting prevention strategies to the multiple harms of the addiction epidemic.

Cabin Creek Health Systems offers a medicated assisted treatment program as well as Hepatitis A & B vaccines and Hepatitis C treatment. We are ready to receive referrals from SOAR for these services via its harm reduction program. As part of our MAT program, we also offer assistance with transportation and food delivery for clients in need.

Sincerely.

Craig Robinson Executive Director Cabin Creek Health Systems

NORMAN J. MONTALTO

SEPTEMBER 28, 2020 DEAR MR. COHEN AND THE WV BUREAU FOR PUBLIC HEALTH,

Please submit this enthusiastic letter of support for additional funding from the WVDHHR for the work that SOAR is doing to prevent injection use infection and encourage treatment referrats and recovery. I have worked with them for over 2 months and this passionate and valuable group serves a population that is severely underserved and high-risk for HIV. Hep C and overdose.

I have personally offered to see and made referrals for those seen by this group who need additional care for wounds and other mental and physical health services at Family Care. We now have on-site recovery services from the Partnership of African American Churches for those who are ready to enter treatment, and HIV testing through the Ryan White Program at CAMC.

Please consider this request for help carefully, as they cannot continue this valuable public service outreach without funding. Most sincerely,

SINCERELY,

DR NORMAN MONTALTO, DO

FAMILYCARE HEALTH

CHARLESTON, WV 304-345-9093

October 1, 2020

To Whom It May Concern:

I am pleased to write in support of the Solution Oriented Addiction Response (SOAR)'s application for grant funding. SOAR's naloxone distribution programs provide lifesaving medication to individuals, businesses, and vulnerable populations. By training and empowering individuals to carry and administer naloxone, SOAR actively reduces the stigma of substance use throughout the Charleston area. The need for their work has grown exponentially during the Covid-19 pandemic and the sustainability of their efforts is vital to our community.

If I can be of any further assistance, please do not hesitate to contact me.

Sincerely,

Emily Hanna Director, Coordinated Addiction Response Effort (CARE) City of Charleston 501 Virginia Street, East Charleston, WV 25301 emily.hanna@cityofcharleston.org



Hunt, James A

From:	Maryclaire Akers <makers@kanawhaprosecutor.com></makers@kanawhaprosecutor.com>
Sent:	Friday, January 8, 2021 5:29 PM
То:	Hunt, James A
Cc:	Charles T. Miller; Don Morris
Subject:	Report

This email originated from an outside source: Do not open attachments or links unless you know the content is safe. Forward suspicious emails as an attachment to: helpdesk@cityofcharleston.org

Chief,

I apologize for the delay in response, December was an exceptionally violent month and as you know, we lost a member of our Circuit at the same time.

As we have discussed, you are seeking an opinion regarding the application of WV State Code §60A-4-403a to those facts contained in the report sent December 29, 2020. The Code states, in pertinent part, " (a) Any person who conducts, finances, manages, supervises, directs or owns all or part of an illegal drug paraphernalia business is guilty of a misdemeanor, and, upon conviction thereof, shall be fined not more than \$5,000, or confined in jail not less than six months nor more than one year, or both.

(b) A person violates subsection (a) of this section when:

(1) The person conducts, finances, manages, supervises, directs, or owns all or part of a business which for profit, in the regular course of business or as a continuing course of conduct, manufactures, sells, stores, possesses, gives away or furnishes objects designed to be primarily useful as drug devices.

(2) The person knows or has reason to know that the design of such objects renders them primarily useful as drug devices."

While the report sent does not include the CI recordings or recordings made by UC detectives, the report indicates that neither were asked for money in exchange for hypodermic needles during your investigation. The report does not include any financial statements or interviews from those who run the group to indicate either way if they are operating for profit or not. While the documents provided indicate they have applied for grant funding as a non profit in those applications, no actual documents, bank statements, funding statements, etc regarding that assertion are contained within the report. That said, while it is clear the group distributes syringes for use as drug devices, there is no evidence that the group is operating for profit or not for profit. As a result, WV State Code §60A-4-403a does not apply to the facts contained within the report. If financial documents or statements by those within the group are taken which indicate differently, the State's opinion could change.

While the Office of the Prosecuting Attorney may have other information regarding possible other violations of the WV State Code and/or other existing ordinances, investigation into those matters is ongoing. A news report today indicates the group was denied certification by the WV DHHR. I have read and reviewed the email sent last month from the group directly to the City Administration announcing their intention to restart their syringe distribution December 27, 2020. Absent proof the group profits from these events and in light of both lack of certification and lack of permission by the Chief of Police, the prosecution for syringe distribution would seem to fall within the existing City Ordinances should the group restart.

Please let me know if you have any questions or concerns regarding this email. I hope all of you are well and staying healthy.

Sincerely,

Maryclaire Akers

-----Original Message-----From: Hunt, James A <jahunt@charlestonwvpolice.org> Sent: Tuesday, December 29, 2020 10:43 AM To: Maryclaire Akers <makers@kanawhaprosecutor.com> Subject: FW: Scan from Copier 12/29/2020 10:22

Chief James "Tyke" Hunt Charleston Police Department 501 Virginia Street East Charleston, WV 25301 Office 304-348-6460 Cell 304-389-2022 Fax 304-348-6416

-----Original Message-----From: Police Chief Copier <copier@cityofcharleston.org> Sent: Tuesday, December 29, 2020 1:22 PM To: Hunt, James A <jahunt@charlestonwvpolice.org> Subject: Scan from Copier 12/29/2020 10:22

Scanned from MFP12105442 Date:12/29/2020 10:22 Pages:73 Resolution:200x200 DPI

Hunt, James A

From: Sent: To: Cc: Subject: Maryclaire Akers <makers@kanawhaprosecutor.com> Tuesday, January 12, 2021 12:33 PM Hunt, James A Charles T. Miller; Don Morris RE: Report

This email originated from an outside source: Do not open attachments or links unless you know the content is safe. Forward suspicious emails as an attachment to: helpdesk@cityofcharleston.org

Chief,

I just wanted to further clarify my email regarding your request for opinion on the report sent December 29, 2020. To be clear, it is not possible to say whether the specific statute referenced has been violated absent more evidence regarding whether this entity operates for profit or not for profit. Again, financial documents or statements by those within the group could assist in your investigation.

Thanks. Hope you are well.

Maryclaire

From: Hunt, James A <jahunt@charlestonwvpolice.org>
Sent: Friday, January 8, 2021 5:39 PM
To: Maryclaire Akers <makers@kanawhaprosecutor.com>
Cc: Charles T. Miller <cmiller@kanawhaprosecutor.com>; Don Morris <dmorris@kanawhaprosecutor.com>
Subject: Re: Report

Thank you for your time in this matter.

Stay safe.

Chief James "Tyke" Hunt Charleston Police Department 501 Virginia Street East Charleston, WV 25301 Office 304-348-6460 Cell 304-389-2022 Fax 304-348-6416

From: Maryclaire Akers <<u>makers@kanawhaprosecutor.com</u>>
Sent: Friday, January 8, 2021 5:29:11 PM
To: Hunt, James A <<u>jahunt@charlestonwvpolice.org</u>>
Cc: Charles T. Miller <<u>cmiller@kanawhaprosecutor.com</u>>; Don Morris <<u>dmorris@kanawhaprosecutor.com</u>>;
Subject: Report

This email originated from an outside source: Do not open attachments or links unless you know the content is safe. Forward suspicious emails as an attachment to: <u>helpdesk@cityofcharleston.org</u>

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Please let me know if you have any questions or concerns regarding this email. I hope all of you are well and staying healthy.

Sincerely,

Maryclaire Akers

-----Original Message-----From: Hunt, James A <<u>jahunt@charlestonwvpolice.org</u>> Sent: Tuesday, December 29, 2020 10:43 AM To: Maryclaire Akers <<u>makers@kanawhaprosecutor.com</u>> Chief James "Tyke" Hunt Charleston Police Department 501 Virginia Street East Charleston, WV 25301 Office 304-348-6460 Cell 304-389-2022 Fax 304-348-6416

-----Original Message-----From: Police Chief Copier <<u>copier@cityofcharleston.org</u>> Sent: Tuesday, December 29, 2020 1:22 PM To: Hunt, James A <<u>jahunt@charlestonwvpolice.org</u>> Subject: Scan from Copier 12/29/2020 10:22

Scanned from MFP12105442 Date:12/29/2020 10:22 Pages:73 Resolution:200x200 DPI



OFFICE OF THE City of Charleston | P.O. Box 2749 CITY ATTORN

Charleston WV 25330 | 304-348-8031

MEMORANDUM

December 18, 2020 Date:

Chief James A. "Tyke" Hunt, Charleston Police Department To:

Kevin Baker, City Attorney From:

Distribution of Hypodermic Syringes, Municipal Code Section 78-381 Re:

□ Please comment \Box Please reply \Box Please recycle □ Urgent \Box For review

I have now completed my legal analysis of Municipal Code Section 78-381 and am writing today to share my analysis in order to assist in the Charleston Police Department's ongoing investigation. As explained more fully below, Section 78-381 ultimately does not require a person who seeks to distribute hypodermic syringes by giving those syringes away (rather than selling them) to have any state license.

Section 78-381 of the Municipal Code of the City of Charleston reads, in full, as follows:

It shall be unlawful for any person or persons as principal, clerk, agent or servant to sell, market, or distribute any hypodermic syringes, needles and other similar objects used or designed for injecting substances into the human body, without obtaining and having any and all licenses required under state law to do so: except that, items distributed by or exchanged at a needle exchange program sponsored or approved by the Chief of Police of the Charleston Police Department, as provided by Subdivision III herein, are thereby approved and are not unlawful.

Applying this ordinance to a person or entity that is giving away hypodermic syringes, it serves to make it unlawful to distribute hypodermic syringes "without obtaining and having any and all licenses required under state law to do so[.]" It then creates an exception that makes clear any needle exchange program sponsored or approved by the Chief is not unlawful. In other words, if a person or entity does not have "any and all licenses required under state law" to distribute hypodermic syringes then it could seek approval or

sponsorship from the Chief of Police. That approval or sponsorship is not necessary, however, if the person or entity has "any and all licenses required under state law" to distribute hypodermic syringes.

This clearly begs the question, what licenses are required under state law to distribute hypodermic syringes? In order to address this question, I first sought the origin of the language used in Section 78-381 when Bill No. 7666 was adopted on September 21, 2015. Upon my review, I am confident the City Attorney's Office at that time drafted the language based on West Virginia Code § 47-19-1, which reads in full:

It shall be unlawful for any person or persons as principal, clerk, agent or servant to sell any items, effect, paraphernalia, accessory or thing which is designed or marketed for use with controlled substances, as defined in chapter sixty-a of this code, without obtaining a license therefor from the State Tax Commissioner. Such licenses shall be in addition to any or all other licenses held by applicant. The fee for such license shall be \$150.

Notably, West Virginia Code § 47-19-1 requires a special state license from the Tax Commissioner only for people who "sell any items, effect, paraphernalia, accessory or thing which is designed or marketed for use with controlled substances[.]" A person selling hypodermic syringes would need this license, but it is only required for entities that sell paraphernalia. In other words, West Virginia Code § 47-19-1 does not require a license if the person is giving away hypodermic syringes.

Rather than performing an analysis regarding what licenses the state required for the distribution of hypodermic syringes, the City Attorney's Office and City Council in 2015 simply required "any and all licenses required under state law[.]" While state law requires many different types of licenses for various professions, privileges, and programs, there is not a license required for the distribution of hypodermic syringes. In order to arrive at this conclusion, I spent time reviewing state code, agency materials and rules, and ultimately sought written confirmation from the West Virginia Department of Health and Human Resources ("DHHR"). DHHR is the logical entity that would have a licensing program for people distributing hypodermic syringes if such a license requirement exists. As you can see in the response letter attached to this memo as Exhibit A, DHHR "does not license persons or entities that distribute hypodermic syringes regardless of whether such distribution is in connection with any [DHHR] program." The letter notes that "harm reduction programs must be certified by the Bureau for Public Health in connection with the receipt of grant funding from [DHHR]" (emphasis added). This certification is not a license requirement and is not even required to distribute hypodermic syringes, but is rather required in order to access grant funding from DHHR.

Municipal Code Section 78-381 does not require a person distributing hypodermic syringes to obtain the state certification, as it is both not a license and not **required** by the state for the distribution of hypodermic syringes. The certification option from DHHR simply does not fit within the requirements of the Municipal Code of the City of Charleston.

Conclusion

Because there are no licenses required by state law to distribute hypodermic syringes for free, Section 78-381 of the Municipal Code of the City of Charleston effectively places no restrictions on persons who seek to distribute hypodermic syringes without receiving compensation in exchange. Because there is no license required, there is no reason to reach the question of when the Chief of Police could or should approve a program that is not fully licensed.

Please note that this analysis is strictly limited to non-profit entities that are distributing hypodermic syringes free of charge. An entity selling such items would at least be required to obtain the license from the tax department required by West Virginia Code § 47-19-1. However, this requirement is only for entities conducting sales.

With this information and analysis, I recommend that your investigation into the operations of Solutions Oriented Addiction Response Corp. ("SOAR") with respect to Section 78-381 of Municipal Code be closed and that you declare that they are not in violation of that City ordinance because there are no licenses required by the State of West Virginia to operate a hypodermic syringe distribution program.

Should you have any questions, please feel free to contact me.

Commissioner & State Health Officer



STATE OF WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES Bureau for Public Health Commissioner's Office Ayne Amjad, MD, MPH

Bill J. Crouch Cabinet Secretary

December 9, 2020

Via email: Kevin.baker@cityofcharleston.org

Kevin Baker City of Charleston City Attorney P.O. Box 2749 Charleston, West Virginia 25330

RE: Licensing People or Entities that Distribute Hypodermic Syringes

Dear Mr. Baker:

On behalf of the Department of Health and Human Resources (the Department), please accept this correspondence as a reply to your inquiry dated November 30, 2020, wherein you asked whether the Department requires any licenses for persons seeking to distribute hypodermic needles.

The Department does not license persons or entities that distribute hypodermic syringes regardless of whether such distribution is in connection with any Department program. However, harm reduction programs must be certified by the Bureau for Public Health in connection with the receipt of grant funding from the Department. As I am sure you are aware, such programs may incorporate the free distribution of hypodermic syringes in connection with their services.

Please do not hesitate to contact me with any additional inquiry regarding this matter.

y truly yours,

Britt B. Ludwig

cc: Bill J. Crouch Jeremiah Samples April Robertson



OFFICE OF THE CITY ATTORNEY

City of Charleston | P.O. Box 2749 | Charleston WV 25330 | 304-348-803

MEMORANDUM

Date: January 12, 2021

To: Chief James A. "Tyke" Hunt, Charleston Police Department

From: Kevin Baker, City Attorney

Re: Distribution of Hypodermic Syringes, Municipal Code Section 18-1035

□ Urgent For review □ Please comment □ Please reply □ Please recycle

As a follow-up to my December 18, 2020 memo regarding Municipal Code Section 78-381, and in light of the Charleston Police Department's final report of investigation regarding S.O.A.R., I am writing today to provide my analysis with respect to Municipal Code Section 18-1035, which was also noted in the report of investigation. Although we discussed the problems with prosecuting a violation of this section in late 2020, I apologize for failing to put my legal analysis in writing until today.

Section 18-1035 of the Municipal Code is part of the City's street vendor ordinance. In relevant part, it requires people who "sell or offer for sale or barter any goods, wares, merchandise, food, confection or drink upon any street or sidewalk or any other city-owned property" to have a vending license and meet certain requirements. Based on the report, there is no evidence that S.O.A.R. is selling, offering for sale, or bartering. Rather, it appears as though they are distributing items for free and without expecting anything in return. Furthermore, they are licensed with the West Virginia Secretary of State as a non-profit entity, as shown in the attached Exhibit A. This type of activity by a non-profit does not require a vendor's license. Furthermore, the vending ordinance only applies to vendors who are operating on the street, sidewalk, or city-owned property, but the report states that the operations were conducted on private property. Therefore, Municipal Code Section 18-1035 does not apply to the facts in the report.

Combined with the legal analysis in my December 18, 2020 memo, there is no violation contained in the report that would allow for prosecution of S.O.A.R. under the Municipal Code of the City of Charleston.

Should you have any questions, please feel free to contact me.

West Virginia Secretary of State — Online Data Services

Business and Licensing

Online Data Services Help

Business Organization Detail

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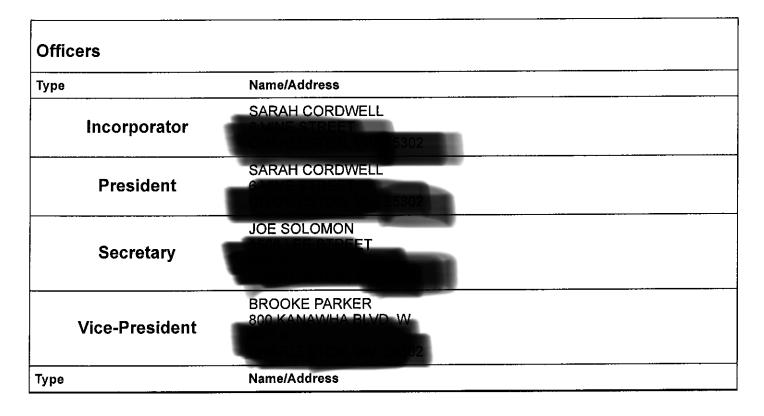
SOLUTIONS ORIENTED ADDICTION RESPONSE CORP.

Organization Information									
Org Type	Effective Date	Established Date	Filing Date	Charter	Class	Sec Type	Termination Date	Termination Reason	
C Corporation	4/6/2020		4/6/2020	Domestic	Non- Profit				

Business Purpose		Capital Stock	
Charter County	Kanawha	Control Number	
Charter State	WV	Excess Acres	
At Will Term		Member Managed	
At Will Term Years		Par Value	
Authorized Shares	<u></u>	Young Entrepreneur	

Addresses

Туре	Address
Local Office Address	6 VINE 0TREET CHARLEN, WV, 25302
Mailing Address	6 VINE STREET USA
Notice of Process Address	SARAH CORDWELL 6 VINE STREET CHAPTER 302
Principal Office Address	6 VINE STREET CHARLESTON, WV, 25302 USA
Туре	Address



File Your Current Year Annual Report Online Here

For more information, please contact the Secretary of State's Office at 304-558-8000.

Tuesday, January 12, 2021 - 12:49 PM

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