



State of West Virginia

6/14/2024

**OSF-14**

Opioid Settlement Fund

Application

Status: Active

Submitted On: 6/11/2024

**Primary Location**

No location

**Applicant**

Melissa Morrison

681-205-8108

mmorrison@applegaterecovery.com

 2152 Greenbrier St  
Charleston , WV 25311**Internal Section** **Decision**

-

**Award Amount**

-

**Additional Comments****Certification****PLEASE CERTIFY THAT YOU HAVE REVIEWED THE SCHEDULE A CORE STRATEGIES AND SCHEDULE B-APPROVED USES****Digital Signature\*** Melissa Morrison  
Jun 11, 2024[Click here for more information.](#)**Contact Information****Organization Name\***

AppleGate Recovery

**Address\*** 2152 Greenbrier Street Charleston WV  
25311**Website (if applicable)****Phone Number\*** 

681-205-8108

**Email Address\***

mmorrison@applegaterecovery.com

**Tax ID Number****Tax ID Type\***

TIN

**Tax ID Number\***

\*\*\*-\*\*-4530

## Project Summary

Please provide a narrative overview or summary of your proposal, including but not limited to the following:

### 1. Brief description of the proposal \*

AppleGate Recovery in Charleston is seeking \$250,000 in funding to implement a mobile service delivery option for Medically Assisted Treatment (MAT) and Case Management Services. This initiative aims to reach individuals suffering from opioid use disorder who face barriers to accessing treatment at our fixed locations. By providing a mobile service, we can address the comprehensive needs of our community members, including housing, medical benefits, dental care, and other social issues that impact their ability to remain drug-free. The funding will also support on-call medical providers to ensure extensive after-hours availability of care. The Mobile Medically Assisted Treatment and Case Management Services initiative by AppleGate Recovery is a critical step towards addressing the opioid crisis in our community. By bringing essential services directly to those in need, we can overcome barriers to treatment and support long-term recovery. We are confident that this program will have a profound positive impact and appreciate your consideration and support. (Please see attachments for additional details)

### 2. Purpose and key anticipated outcomes\*

Statement of Need□The opioid crisis continues to devastate our community, with many individuals unable to access the treatment they desperately need due to homelessness, transportation issues, childcare responsibilities, employment restrictions, and other barriers. Traditional treatment centers are not accessible to all, leaving a significant gap in care. A mobile service option will bridge this gap, offering flexible and comprehensive care directly to those most in need.

### 3. Individuals or communities served\*

We will seek partnerships with local businesses and healthcare providers.

### 4. Amount of funding requested\*

250000

### 5. Amount of any bids or cost estimates received to date, if applicable

0

### 6. Amount of matching funds raised or committed by your organization\*

0

### 7. Source of matching funds raised or committed by your organization\*

0

### 8. How Opioid Settlement funds, if awarded, will be used\*

Implement a mobile service delivery option for Medically Assisted Treatment (MAT) and Case Management Services.

**9. Which Core Strategies or approved uses will be met\***

To ensure the long-term sustainability of the mobile service, we will: • Seek partnerships with local businesses and healthcare providers. • Apply for additional grants and funding opportunities. • Implement a cost-recovery model through billing for services where possible. • Engage community stakeholders in supporting and promoting the program.

**10. How long it will take you to complete the project if awarded funding**

Month 1-2: Purchase and equip mobile unit. Month 3-4: Train staff and establish operational protocols. Month 5-12: Begin mobile service operations and monitor progress.

**Proposal Details****1. Please describe the problem or need which your project seeks to address\***

tatement of Need□The opioid crisis continues to devastate our community, with many individuals unable to access the treatment they desperately need due to homelessness, transportation issues, childcare responsibilities, employment restrictions, and other barriers. Traditional treatment centers are not accessible to all, leaving a significant gap in care. A mobile service option will bridge this gap, offering flexible and comprehensive care directly to those most in need.

**2. Please provide the details regarding the design and strategy of your proposal\***

Project Goals and Objectives: • Provide accessible MAT and Case Management Services to underserved populations. • Reduce barriers to treatment for individuals with opioid use disorder. • Address comprehensive health and social needs to support long-term recovery. Activities: • Equip and deploy a mobile service unit. • Conduct tele-health evaluations and in-person assessments. • Offer on-the-spot case management services. • Provide on-call medical support during non-clinic hours.

Based on the insights gathered, we designed a mobile service unit equipped to provide a full continuum of care. The mobile unit will be outfitted with: • Clinical Space: For on-the-spot medical evaluations and treatments. • Tele-health Capabilities: To connect patients with medical providers remotely. • Private Consultation Area: For case management and social services assessments. • Essential Supplies: Including medications, harm reduction tools, and educational materials. Budget=\$250,000 • Mobile unit purchase and equipment: \$100,000 • Tele-health infrastructure: \$30,000 • Salaries for additional medical providers and case managers: \$80,000 • Operational costs (fuel, maintenance, supplies): \$40,000 (See attached for additional design and strategy details)

**3. Please provide your project timeline\* ②**

Timeline: Month 1-2: Purchase and equip mobile unit. Month 3-4: Train staff and establish operational protocols. Month 5-12: Begin mobile service operations and monitor progress.

**4. Please provide your project's total proposed budget.\***

Budget=\$250,000 • Mobile unit purchase and equipment: \$100,000 • Tele-health infrastructure: \$30,000 • Salaries for additional medical providers and case managers: \$80,000 • Operational costs (fuel, maintenance, supplies): \$40,000



**5. Please list any partners in this proposal, and the partner's role and your relationship with them. \***

We will seek partnerships with local businesses and healthcare providers.

**6. Please identify the anticipated leadership of the proposal and upload/attach their resume(s) or CVs\***

• Donald Goad, LCDC-Regional Director of Case Management Services • Melissa Morrison-Treatment Center Director

**7. Please describe your plan for sustainability of the project or initiative after the grant award has been exhausted**

Sustainability Plan To ensure the long-term sustainability of the mobile service, we will: • Seek partnerships with local businesses and healthcare providers. • Apply for additional grants and funding opportunities. • Implement a cost-recovery model through billing for services where possible. • Engage community stakeholders in supporting and promoting the program.

## Organization Information

**1. Please provide your organization's mission statement. \***

Opioid addiction can affect anyone. It has no demographic. It can begin with an injury at work, a pregnancy, a root canal, chronic back pain, a college party or many other ways. Most people don't think that they could become addicted. Unfortunately, that is not often the case and by the time the individual tries to stop, they may have lost the power to make a choice. According to the CDC, synthetic opioid, excluding methadone, overdose death rates increased by over 56% from 2019 to 2020 and accounted for over 82% of all opioid-involved deaths in 2020.

**2. Describe the history of your organization, tell us about your current programs and activities\***

In 2008, Dr Philip Isherwood was working as a Medical Director with a substance use treatment center. He felt that treatment for those struggling with substance misuse was missing the mark and could be reimagined to better fit the needs of the patient. He decided to take action. Dr. Isherwood resigned from the program and developed Applegate Recovery model. The vision was simple; provide compassionate and respectful care for those living with the disease of addiction. By 2009, physicians at AppleGate Recovery were seeing patients who were also offered integrated counseling as an important aspect of their treatment plan. Depression and anxiety, along with other mental health issues, often go hand in hand with drug use and addiction. Providing in-house counseling services aids in the management of both substance misuse and mental health issues. From our founding, we have continued to refine our treatment services in an effort to ensure that every patient has a positive experience and sees improvement in their life.

**3. List any federal, state, local or private grant awards or funding received in the last three years and the current status of those funds. If your organization has previously received funds from Kanawha County, please list the amount, nature of the project(s) and current status of the funding and project(s). \***

n/a

4. Please list your Owner(s), Board of Directors, senior staff members, or other key members of your organization:\*

Dave K. White-Chairman  
Dave White, PHD -CEO  
Michael Saul - COO  
Candice Rothenbuler - Division President

5. Please list the staff involved with this project and describe their roles and responsibilities:\*

Donald Goad-Regional Director of Case Management- will provide direction and oversee the strategies execution, and evaluation of the initiative to ensure positive results.

6. Please upload/attach the following financial documents, if applicable:

Cash flow statement for applicant's most recent fiscal year



No File Uploaded

Two years of audited financial statements



Copy of Charleston Financials  
2022 - Mar 2024.xlsx

Current operating budget



No File Uploaded

If the applicant has not been audited, please include an unaudited balance sheet and income statement as prepared by the applicant



No File Uploaded

7. If you have made an application for funding for this project from other sources (city, state, private or non-profit organizations) please list the same here.\*

n/a

8. Please describe three significant accomplishments of your organization within the last three years

AppleGate Recovery - Charleston added Case Management, Intensive Outpatient Program and Ambulatory Detox to the services provided to our patients.

## Supplementary Information

1. Please enter contact information (name, email, and phone) for at least one third-party reference. \*

Cathy George  
cathy.s.george@wv.gov  
304-587-4268 Ext:82031

2. Please include any supplementary information or documentation (such as letters of support, newspaper articles, etc) which you feel will be essential to the County's review.



No File Uploaded

Attachments



**Optional: Additional Proposal Leadership resume(s) or CVs**

Don\_Goad\_Resume.pdf

Uploaded by Melissa Morrison on Jun 11, 2024 at 3:15 PM



**Design and Strategy of the Mobile Medically Assisted Treatment and Case Management Services Proposal.pdf**

Design and Strategy of the Mobile Medically Assisted Treatment and Case Management Services Proposal.pdf

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**Melissa-Morrison Resume.pdf**

Melissa-Morrison Resume.pdf

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**Grant Proposal-Mobile Medically Assisted Treatment and Case Management Services.pdf**

Grant Proposal-Mobile Medically Assisted Treatment and Case Management Services.pdf

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**Opioid-Settlement-Funds-Application Draft (2).pdf**

Opioid-Settlement-Funds-Application Draft (2).pdf

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History

Date	Activity
6/11/2024, 3:16:32 PM	changed the deadline to Jun 12, 2024 on approval step Application Review on Record OSF-14
6/11/2024, 3:16:30 PM	Melissa Morrison submitted Record OSF-14
6/11/2024, 2:07:44 PM	Melissa Morrison started a draft of Record OSF-14

Timeline

Label	Activated	Completed	Assignee	Due Date	Status
✓ Application Review	6/11/2024, 3:16:31 PM	-	-	6/11/2024	Active
📄 Request Letter of Acknowledgement	6/11/2024, 3:16:31 PM	6/11/2024, 3:16:31 PM	-	-	Completed