

Opioid Settlement Fund Application**OSF-35**

Submitted On: Jul 31, 2024

Applicant

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Certification

**PLEASE CERTIFY THAT YOU HAVE REVIEWED THE
SCHEDULE A CORE STRATEGIES AND SCHEDULE B-
APPROVED USES**

Digital Signature

true

[Click here for more information.](#)

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[Core_Strategies_Mon_Mar_18_2024_14:56:43_GMT+0000_\(Coordinated_Universal_Time\).pdf](https://viewpointcloud.blob.core.windows.net/profile-pictures/Schedule_A-Core_Strategies_Mon_Mar_18_2024_14:56:43_GMT+0000_(Coordinated_Universal_Time).pdf)

Contact Information**Organization Name**

Charleston Area Medical Center, Inc.

Address

800 Pennsylvania Avenue North, Charleston, WV 25302

Website (if applicable)

CAMC.org

Phone Number

3043889975

Email Address

grants@vandaliahealth.org

Tax ID Type

TIN

Tax ID Number

xxx-xx-6150

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

Charleston Area Medical Center (CAMC) Vandalia Health respectfully requests \$250,000 in opioid settlement funds to address the complex needs of our tiniest and most vulnerable patients who continue to be deeply impacted by the substance use crisis in our state. The funds will be utilized for renovations at CAMC Women and Children's Hospital in the newborn nursery and two patient hospital rooms to create environmental enhancements and updates that will serve to improve outcomes for patients and families impacted by Neonatal Abstinence Syndrome (NAS) and Neonatal Opioid Withdrawal Symptoms (NOWS). The other portion of requested funding will be utilized to purchase medical grade equipment to aid in providing comfort to substance exposed newborns, developmental toys and supplies to strengthen parent child interactions and educational materials for caregivers and trainings for healthcare staff.

2. Purpose and key anticipated outcomes**Overall project purpose:**

The rates of newborns affected by NOWS and NAS has dramatically increased over the past 20 years. According to a review of the Medicaid Statistical Information System, in 2020, West Virginia had the highest rate of prenatal substance exposure in the country with 83.1 per 1,000 births. (West, et al.) The purpose of the proposed renovations is to create a

soothing and healing environment for babies and caregivers.

Purpose for newborn nursery renovations:

Newborns who have been exposed to opioids or other substances before birth are at risk for developing neonatal opioid withdrawal syndrome (NOWS) or neonatal abstinence syndrome (NAS). Symptoms of these conditions can include excessive crying and irritability, tremors, problems with sleeping, feeding and breathing. Reducing negative stimuli such as loud noises, bright lighting and any other environmental factor that may stress the newborn is best practice, as these stressors may cause changes in sleep cycles, delay growth and contributed to altered vital signs. Renovations in the newborn nursery will promote a quiet, comfortable environment with minimal sensory stimulation.

Purpose of Parent Support Room Renovations:

Newborns exposed to opioids are often observed for three to five days of life prior to discharge. This is longer than the average postpartum stay for mothers of 2 days for vaginal deliveries and 3 days for c-sections. Renovations to the parent support rooms would allow families to care for their infants throughout this observation period which is medically known as “rooming-in”.

Multiple evidence-based studies indicate that rooming-in should be considered as the preferred inpatient care model for all opioid exposed newborns, including those with neonatal abstinence syndrome (NAS). Studies indicate that rooming-in is associated with a reduction in the need for pharmacological treatment and shorter hospital stays when compared to neonatal intensive care unit (NICU) admission for NAS. (MacMillan et al). Increasing access to non-pharmacologic interventions, such as rooming-in, is crucial for the wellbeing and development of all substance exposed newborns and is revered as a first line therapy for babies affected by NAS.

West, K.D., Ali, M.M., Blanco, M. et al. Prenatal Substance Exposure and Neonatal Abstinence Syndrome: State Estimates from the 2016–2020 Transformed Medicaid Statistical Information System. *Matern Child Health J* 27 (Suppl 1), 14–22 (2023). <https://doi.org/10.1007/s10995-023-03670-z> (<https://doi.org/10.1007/s10995-023-03670-z>)

MacMillan, K. D. L., Rendon, C. P., Verma, K., Riblet, N., Washer, D. B., & Volpe Holmes, A. (2018). Association of Rooming-in With Outcomes for Neonatal Abstinence Syndrome: A Systematic Review and Meta-analysis. *JAMA pediatrics*, 172(4), 345–351. <https://doi.org/10.1001/jamapediatrics.2017.5195> (<https://doi.org/10.1001/jamapediatrics.2017.5195>)

Purpose of developmental toys and caregiver supplies

Newborns who have been exposed to substances prior to birth frequently require a higher level of care than non-exposed newborns. Evidence based studies demonstrate that the utilization of baby carriers are effective nonpharmacologic interventions in managing the distress associated with NAS and NOWS. Baby carriers, such as the ErgoBaby Aura, is wonderful resource for nurses and caregivers, as babies experiencing NAS symptoms require a lot of skin-to skin contact and can often be inconsolable when not held (Williams et al). Additional developmental toys such as textured links and the Oball (both by Bright Starts) are lightweight and promote motor skill development, such as grasp reflex.

Williams, L. , Gebler-Wolfe, M. , Grisham, L. & Bader, M. (2020). “Babywearing” in the NICU. *Advances in Neonatal Care*, 20 (6), 440-449. doi: 10.1097/ANC.0000000000000788.

Purpose of Caregiver and Healthcare Education

Caregivers and parents have better outcomes when educated on how to read their babies cues, practice soothing techniques, the importance of skin-to skin contact, and maintaining a low stimulation environment. It is also crucial for the nursing staff to be adequately prepared to manage NAS/NOWS symptoms based on the most up to date evidence-based strategies. Healthcare staff must adopt a holistic approach that integrates new techniques and procedures in order to improve clinical care and the health status of mothers and newborns.

Key anticipated outcomes

- 1). Reduced hospital length of stay for opioid exposed newborns.
- 2). Increase non-pharmacological interventions for effective management of NAS/NOWS symptoms.
- 3). Promote rooming-in to improve the health of mothers and their newborns.
- 3). Provide a judgement free experience for mothers and newborns that encourages mothers and caregivers to engage with healthcare staff, become better equipped to manage newborn needs, understand the importance of skin-to-skin care,

soothing techniques and developmental skills, as well as connect to community resources that will provide ongoing support post hospital discharge.

3. Individuals or communities served

Funding will directly benefit postpartum women who struggled with substance use during pregnancy and their newborns. Each year over 2,000 babies are born at CAMC Women and Children's. According to the WV Birth Score database, in 2023, 2,341 babies were born at Women and Children's Hospital. Intrauterine substance exposure (IUSE) was present in 10.21% of the births in 2023.

Table 1: WV Birthscore Data for all newborns at CAMC Women's and Children's in 2023

Infant Factors

NICU Admission	327	13.97	1900	11.21	1458	10.68
NAS	63	2.69	656	3.87	533	3.9
IUSE (overall)	239	10.21	2152	12.69	1762	12.91
Opioids	54	2.31	513	3.03	404	2.96
Stimulants	46	1.96	267	1.57	226	1.66
Sedatives Hypnotics	3	0.13	21	0.12	16	0.12
Phencyclidine (PCP)	1	0.04	1	0.01	1	0.01
Cannabinoids	179	7.65	1323	7.8	1092	8
Gabapentin	2	0.09	40	0.24	29	0.21
Alcohol	2	0.09	17	0.1	15	0.11
Antidepressants	3	0.13	143	0.84	103	0.75
Drug Unknown	1	0.04	218	1.29	190	1.39

In 2022, 2,445 babies were born at CAMC Women and Children's Hospital.

Intrauterine substance exposure (IUSE) was present in 9.37% of the births in 2022.

Table 2: WV Birthscore Data for all newborns at CAMC Women's and Children's in 2022

NAS	65	2.66%
IUSE (overall)	229	9.37
Opioids	61	2.49
Stimulants	53	2.17
Sedatives Hypnotics	5	0.2
Phencyclidine (PCP)	1	0.04
Cannabinoids	167	6.83
Gabapentin	2	0.08
Alcohol	3	0.12
Antidepressants	1	0.04
Drug Unknown	0	

4. Amount of funding requested

250000

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

250000

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

0

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

CAMC Foundation

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

- Renovations in newborn nursery - \$125,000
- Parent Support rooms ambiance - \$10,000 (lamps, lighting, art work, cabinets, furniture, baby blankets to take home)
- Medical equipment (SNOO's) \$37,500
- Baby Carriers by ErgoBaby - \$35,994 (600 units at \$59.99 each to be given to caregivers to take home in order to promote ongoing healing and soothing for NAS symptoms) 600 unit should last just over 2 years. (Given that an estimated 250 babies per year have been exposed to substances before birth)
- Developmental Toys - \$5,000
- Staff Education - \$20,000
- Parent/Caregiver education - \$13,494
- = \$250,000

9. Which Core Strategies or approved uses will be met**D. Expanding Services for Neonatal Abstinence Syndrome****10. How long it will take you to complete the project if awarded funding**

6 to 9 months. If awarded funding, construction will begin within a few weeks of funding confirmation. All supplies will be ordered by end of 2024. Educational materials, videos, pamphlets and posters will be created within 6-9 months of receiving award.

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

Neonatal Abstinence Syndrome (NAS) / Neonatal Opioid Withdrawal Syndrome (NOWS)

Psychoactive substance use has increased worldwide over the past two decades. In the United States, substance use and its detrimental effects have had a profound impact on every aspect of society. The health of our community members has been greatly affected. The rate of newborns exposed to substances before birth has substantially increased in the past two decades.

Our project seeks to enhance the quality of care and services received by our newborns and their mothers and caregivers who are impacted by substance use.

A breadth of evidence-based research supports the use of nonpharmacologic interventions to manage the symptoms associated with NAS and NOWS. As the research is validated and effective we must adapt and integrate best practices in our care of these vulnerable patients. Our project aims to create environmental enhancements that are conducive to soothing, healing and learning. Ultimately we will be providing additional, enhanced and effective services to meet the complex needs of our patients impacted by substance use.

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

Purpose: Enhance the standard of care provided to substance exposed newborns and their mothers/caregivers at CAMC Women's and Children's Hospital.

Objectives:

1. Create environmental enhancements via newborn nursery renovations that will foster a calm and soothing environment for newborns experiencing symptoms of NAS/NOWS.
2. Encourage rooming-in for the mother newborn dyad to promote bonding, facilitate breastfeeding, and provide a low stimulus environment for the newborn.
3. Healthcare staff education regarding maintaining an environment conducive to healing and modified to avoid overstimulation which can exacerbate clinical signs of withdrawal.

4. Increase mother/ caregiver participation and bonding with newborn through education of NAS signs and effective strategies to manage them.
5. Create an environment of trust between patients and healthcare staff that promotes emotional safety and encouragement for the dyad.
6. Provide baby carriers and education regarding the vital role that skin-to skin contact and swaddling play in decreasing NAS symptoms in newborns as well as improving developmental outcomes.

3. Please provide your project timeline

The project will be fully executed within 9 months, if funding is awarded.

Renovations will begin within 3 months of award notification.

Equipment and supplies will be purchased within 6 months of award notification.

(Equipment and supplies will provide support for multiple years after purchase)

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

\$250,000 Total Budget: See breakdown below

Hospital Renovations - \$125,000

-Parent Support rooms ambiance - \$10,000 (lamps, lighting, art work, cabinets, furniture, baby blankets to take home)

-Medical equipment (SNOO's) \$37,500

-Baby Carriers by ErgoBaby - \$35,994 (600 units at \$59.99 each to be given to caregivers to take home in order to promote ongoing healing and soothing for NAS symptoms) 600 unit should last just over 2 years. (Given that an estimated 250 babies per year have been exposed to substances before birth)

-Developmental Toys - \$5,000

-Staff Education - \$20,000

-Parent/Caregiver education - \$13,494

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

Supportive partnerships include To the Moon and Back, Birth to Three, Right From the Start, and the WV Perinatal Partnership and WIC (Women Infants and Children)

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

Dr. Elizabeth Copenhaver

Anita Carfagna

Ashley Murphy

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

Renovations and purchased equipment will continue to enhance the hospital experience of substance exposed newborns and their mothers for years to come.

Educational materials and supplies, such as developmental toys and baby carriers, are projected to last for over 2 years.

Funding for future supplies will be requested through additional grant funding or via the CAMC Foundation.

Organization Information

1. Please provide your organization's mission statement.

CAMC mission is striving to provide the best healthcare to every patient, every day.

At CAMC our core values define who we are and what we believe in. Our Core values are Quality, Service with Compassion, Respect, Integrity, Stewardship, and Safety. Core values are the foundation for our culture of service excellence.

The CAMC Vision:

- Best place to receive patient-centered care
- Best place to work
- Best place to practice medicine

- Best place to learn
- Best place to refer patients

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

Vandalia Health System is made up of **Charleston Area Medical Center, Davis Health System, and Mon Health System**. Our network comprises 17 hospitals, three hospital affiliates, and more than 190 outpatient locations.

Charleston Area Medical Center - established in 1972, CAMC is a nonprofit, 1,103-bed regional referral center made up of six hospitals: CAMC General Hospital, CAMC Greenbrier Valley Medical Center, CAMC Memorial Hospital, CAMC Plateau Medical Center, CAMC Teays Valley Hospital and CAMC Women and Children's Hospital, as well as the CAMC Institute for Academic Medicine and the CAMC Foundation. Nearly 900 physicians have admitting privileges at CAMC, which is also West Virginia's premiere medical teaching facility, hosting, on any given day, more than 800 students in programs leading to degrees or certifications in health professions. For more information, visit [camc.org](https://www.camc.org/) (<https://www.camc.org/>)

Mon Health System - the parent company of Mon Health Medical Center, Mon Health Preston Memorial Hospital, Mon Health Stonewall Jackson Memorial Hospital, and Mon Health Marion Neighborhood Hospital. It was formed in 1982 to aid in strategic planning and to manage all of its affiliated entities under a common philosophy.

CAMC was formed Jan. 1, 1972, with the merger of the two dominant hospitals in the city: **Charleston General Hospital** and **Charleston Memorial Hospital**. The institutions merged to create a community-based academic medical center capable of training future physicians.

Kanawha Valley Hospital joined CAMC in 1986 and was renamed Women and Children's Hospital two years later upon completion of a major expansion project.

Then in 2006, CAMC purchased Putnam General Hospital and renamed it Teays Valley Hospital, becoming the medical center's first hospital located outside of Charleston. On Jan. 1, 2023, Greenbrier Valley Medical Center in Ronceverte, West Virginia, became part of CAMC and on April 1, 2023, CAMC's purchase of Plateau Medical Center in Oak Hill, West Virginia was finalized.

Charleston Area Medical Center is licensed for 956 beds on four campuses: General Hospital (268 beds), Memorial Hospital (472 beds), Women and Children's Hospital (146 beds) and CAMC Teays Valley Hospital (70 beds). CAMC General, Memorial and Women and Children's hospitals are all located in the city limits of Charleston in Kanawha County. General Hospital focuses primarily on the neurological, orthopedic, trauma and rehabilitation service lines. Memorial Hospital supports the cardiac, peripheral vascular and oncology services lines and Women and Children's Hospital focuses on mother, baby, pediatric and gynecology service lines.

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).

SOR (State Opioid Response) funding (SOR PRSS, SOR Treatment, SOR Mobile Unit)

<https://www.camc.org/about-camc/community-benefit-reports> (<https://www.camc.org/about-camc/community-benefit-reports>)

https://www.camc.org/sites/default/files/2024-01/Snapshot2023_WEB_8.5x11%2038767-I23.pdf

(<https://nam10.safelinks.protection.outlook.com/>?)

url=https%3A%2F%2Fwww.camc.org%2Fsites%2Fdefault%2Ffiles%2F2024-

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I23.pdf&data=05%7C02%7CLatausha.Taylor%40vandaliahealth.org%7Cb1cdeac9a1f0472adf1f08dcb0b515a5%7C1dd3cb91a6544de7a7b0a212eda206d4%7C0%7C0%7C638579539036557812%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzliLCJBTiI6Ik1haWwiLCJXVCIGMn0%3D%7C0%7C%7C%7C&sdata=FRzsITnmdktvRYbwUUJXDxDVlfX%2BmYSu5NBaxECPFo%3D&reserved=0)

Please see attachment of 2024 Snap Shot Report

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

David L. Ramsey

President / CEO Vandalia Health

Glenn Crotty Jr., MD

President / CEO

Jeff Sandene

Executive Vice President

Chief Financial Officer

Jeff Goode

Senior Vice President for Ambulatory Services and Regional Hospitals

Jeff Oskin

Senior Vice President

Chief Operating Officer

Michelle Coon

President Vandalia Health Network and Vandalia Health PHO

Vice President of Managed Care for Vandalia Health

Bryan Cummings

President

CAMC Foundation

Heidi Edwards

Vice President/Administrator – CAMC General Hospital

Chief Nursing Officer

George Farris

Vice President/Administrator – CAMC Memorial Hospital

Tamara Fuller

Vice President

Chief Strategy Officer

Sharon A. Hall

President

CAMC Institute for Academic Medicine

Becky Harless

Vice President/Administrator

CAMC Greenbrier Valley Medical Center

Angie Hill

Vice President
General Counsel

Randy Hodges

Vice President / Administrator
CAMC Teays Valley Hospital

Chad Hovis

Vice President
Finance

Doug Knutson, MD

Chief Academic Officer

T. Pinckney McIlwain, MD

Vice President
Chief Medical Officer

Lillian Morris

Vice President
Chief Quality & Safety Officer - interim

Elizabeth Pellegrin

Vice President
Chief Marketing Officer

Steven Perry

Vice President for Supply Chain
Chief Purchasing Officer

Myranda Pike

Vice President
Chief Compliance Officer

E Michael Robie, DO

Vice President, Ambulatory Services

Justus Smith

Vice President/Administrator
Chief Nursing Officer
CAMC Plateau Medical Center

Kristi Snyder

**Vice President
Human Resources**

Dan Stross

**Vice President for Information Services
Chief Information Officer Daniel Stross**

Christine Sturtevant

Vice President for Revenue Cycle

Andrew Weber

**Vice President / Administrator
CAMC Women and Children's Hospital**

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

Andrew Weber, VP oversite

Maricris Miller, AA at Women's and Children's

Dr. Elizabeth Copenhaver - Project Director

Ashley Murphy - Assistant Project Director

Anita Carfagna - Nurse Manager, Mother Baby Unit

Robin Dixon- Zuninga - Clinical Management Coordinator Mother Baby Unit

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

Cash flow statement for applicant's most recent fiscal year

3652

Two years of audited financial statements

3650

Current operating budget

3651

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

3653

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

www.CAMC.org (/www.CAMC.org) and all social media platforms

Supplementary Information

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

<https://www.vandaliahealth.org/news>

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.

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