



Nicholas County Health Department

Implementation Profile:

Nicholas County Health Department

Case Study Snapshot

Nicholas County Health Department (NCHD) serves a large rural area in West Virginia and have found that the proportion of fatal overdoses is higher in more remote areas, such as Richwood and Craigsville, that are difficult to access. There are only one to two dedicated EMS vehicles within Nicholas County and medical facilities can be up to 2.5 hours away. To mitigate geographic barriers, NCHD has been conducting mobile health and harm reduction services since 2022 and expanded to include the mobile distribution of basic necessities in 2023. They collaborate with partners from the Nicholas County Intervention Coalition to conduct mobile outreach and overdose prevention education. Key strategies include:

- Mobile harm reduction outreach and health service provision
- Distribution of basic necessities (i.e., hygiene supplies, food, cold weather items, wound and skin care kits etc.)
- Quick Response Team (QRT) program
- Naloxboxes
- Integration of peer recovery specialists and behavioral health partners

Nicholas County, West Virginia¹

Overdose Fatalities (2023): 13

Population (2023): 24,169

Square Mileage: 646.8

Program Description

The Nicholas County Intervention Coalition was established in 2017 to increase community education and help local organizations coordinate efforts related to substance use and overdose prevention. Through this coalition, NCHD partnered with Seneca Health, a local behavioral health agency, on mobile outreach efforts. Seneca Health also runs the Quick Response Team (QRT), a crisis response program, and employs three peer navigators in Nicholas County that support mobile outreach and overdose prevention education. There is also a peer navigator embedded in the police department through the "Police and Peers" program who supports

NCHD mobile outreach. Naloxone is widely distributed within Nicholas County, through formal and informal programs. NCHD provides naloxone through their mobile outreach program and supplies naloxone to individuals for secondary distribution within their social networks. NCHD supplies naloxone to local businesses for both emergency response and distribution to community members which has, in turn, empowered several businesses to become community advocates. Since they have a constant presence within the community, they can provide overdose prevention resources and education to individuals, even when the health department is not physically present. For example, the WV Wild Outdoors, a local sporting goods store, will refer individuals to the mobile public health unit and the Richwood Public Library distributes extra backpacks and supplies. Peer navigators have been helpful with building these community relationships and providing additional education about naloxone.

Basic Necessities Distribution

NCHD is fortunate to be able to provide the same health and harm reduction services at both their health department office and through their mobile program. Their wide range of onsite and mobile services includes: sexual health services including HIV, syphilis, and hepatitis testing; family planning



including IUDs; cancer screenings; immunizations; behavioral health support; peer support services; connection to housing resources; naloxone; fentanyl and xylazine test strips; wound care kits; hygiene kits; backpacks; and food.

In 2022, NCHD started conducting mobile health services and outreach related to immunizations and communicable disease services. Upon identifying a need within their community, they expanded their program to include harm reduction supplies in 2023. Integrating services into an already established and successful program helped normalize harm reduction and mitigate some of the associated stigma. They have continued to keep messaging around the mobile health unit broad to encourage engagement with individuals seeking assistance and/or resources for a variety of reasons. In 2023, NCHD began distributing basic necessities supplies and hygiene products which have since become

one of their most distributed resources. NCHD and their partners rotate mobile locations once or twice a week to maximize their reach. Locations are identified based on feedback from individuals accessing NCHD services, recommendations from community partners and businesses, data from the Office of Emergency Management Services Director on areas with recent overdose events, and existing community events, such as food distribution events.

Data

NCHD collects and analyzes mobile outreach distribution data regularly, to ensure they are continuing to meet community needs and can make changes as needed. This data includes the types of supplies that are being distributed, utilization of available services, and the time of day that the resources/services are accessed. They also collect informal feedback from community members about the best locations to provide services and what supplies are needed. In cases where community feedback identifies interest in a supply that is not being currently distributed, NCHD works to find resources or alternative ways to access the materials to both meet the need and build community trust. To comply with funding requirements, NCHD tracks the number of events where they provide services as well as testing data. Using electronic health records, they are able to identify community needs and share overdose trends with healthcare and first responder partners to improve coordination of resources and wrap around services.

Costs and Staffing

Although NCHD has no dedicated funding for overdose prevention, they have been successful in integrating overdose prevention services into their

existing programming while also leveraging relationships with community partners to increase capacity. Peer navigators are employed by partners such as Seneca Health, who can bill for peer services as a behavioral health agency. NCHD utilizes creative strategies to purchase basic necessities, including:

- Grant funding: NCHD writes hygiene and wound care supplies into grant applications and braids funding for kits across multiple grants.
- Direct appeals to supply manufacturers
- Community donation drives
- Partnerships: NCHD coordinates with the local food bank to distribute food and are formalizing a process with the hospital to supply hygiene products.

Naloxone is coordinated and supplied to local health departments including NCHD through a central hub at the state level that is funded by federal and opioid settlement funds. NCHD also receives state funding for HIV prevention, federal funds for testing, and uses funds from the Intervention Coalition to purchase rapid testing kits for HIV, HCV, and syphilis. Staff salaries are partially covered through communicable disease and emergency preparedness grants but represent the most challenging line item to cover consistently.

Barriers

Lack of Syringe Service Program Access: One barrier to achieving comprehensive overdose prevention is restrictive state legislation that blocks the establishment of a Syringe Service Program (SSP) in Nicholas County unless there is sufficiently demonstrated support from government officials and community leaders. While

NCHD has some allies, there is insufficient support for NCHD to meet the legislative requirements for a successful license application. Additional progress is needed to address outstanding community concerns and stigma associated with SSPs which limits NCHD's overall capacity to sufficiently address overdose. The inability to distribute sterile syringes presents challenges for expanding engagement and reaching community members who might be most at risk of overdose.

Locations for Mobile Outreach: Covering a vast 646.8 square mile jurisdiction, NCHD faces challenges in identifying optimal locations for mobile outreach. While they use recommendations and feedback from individuals and partners to inform their decisions, inconsistent service utilization suggests there could be gaps in their understanding of the best locations for mobile services. NCHD coordinates service delivery to align with existing food distribution and community events, taking advantage of these community gatherings to make their resources even more accessible.

Facilitators

Flexibility: Through all aspects of their mobile outreach and overdose prevention programming, NCHD has prioritized flexibility to best meet the needs of their community. This commitment to flexibility has allowed them to adapt services in response to community input by working to either identify internal resources or to establish referral points for services or materials they cannot provide directly. NCHD was able to pivot their efforts to emphasize community education and stigma reduction when it became clear there was not an immediate path to implementing an SSP in the community. This flexibility has helped them build and maintain trust with the community they serve.

Peer Navigator Workforce: The peer navigator workforce in Nicholas County has also strengthened overdose prevention efforts. Working with peers has increased engagement with public health services among individuals and local businesses. In addition, peer navigators play an important role in reducing stigma among community members and law enforcement. The unique perspective and unconditional support that peer navigators provide is widely respected.

Sustainability

Strong community partnerships have helped to sustain and expand overdose prevention work, despite NCHD's lack of consistent and dedicated funding. Given that funding for staff poses a consistent challenge, it has been important to leverage partnerships in order to adequately staff the mobile outreach unit. With Seneca Health, the Police and Peers program, and NCHD each dedicating one staff person to the mobile unit, all three organizations are able to stretch resources and maximize capacity. Additionally, the partnerships expand and extend the range of services and resources that are available to meet the needs of individuals in Nicholas County.

References

¹ Overdose Fatalities: WONDER
Population: Census, Annual Estimates of the Resident Population for Counties: April 1, 2020 to July 1, 2023 (CO-EST2023-POP)
Square Mileage: Census, Annual Geographic Table

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