Roosevelt Neighborhood Center
502 Ruffner Ave
Charleston, WV
November 18, 2021
6:00 pm and 6:30 pm

NOTICE AND AGENDA
FOR
PUBLIC HEARING

WASHINGTON STREET EAST LOCATION

1. TO HEAR FROM HEALTH RIGHT CONCERNING THEIR APPLICATION FOR A SYRINGE SERVICE PROGRAM ON WASHINGTON STREET EAST.

2. TO HEAR PUBLIC COMMENT CONCERNING HEALTH RIGHT'S APPLICATION FOR A SYRINGE SERVICE PROGRAM ON WASHINGTON STREET EAST. *****

COVENANT HOUSE LOCATION

1. TO HEAR FROM HEALTH RITE CONCERNING THEIR APPLICATION FOR A SYRINGE SERVICE PROGRAM AT COVENANT HOUSE.

2. TO HEAR PUBLIC COMMENT CONCERNING HEALTH RIGHT'S APPLICATION FOR A SYRINGE SERVICE PROGRAM AT COVENANT HOUSE.*****

*WRITTEN COMMENT MAY ALSO BE SENT TO THE CLERK'S OFFICE 501 Virginia St. E. Charleston, WV 25301 Nicole.smith@cityofcharleston.org

Meetings may be recorded and streamed

WEST VIRGINIA
Health Right INC.

10/22/2021

Mayor Amy Goodwin
City of Charleston
501 Virginia Street, East
Charleston, WV 25301

I am writing to notify the City of Charleston (Mayor, City Manager, City Attorney, City Clerk) and the Charleston City council that West Virginia Health Right is applying to the state of West Virginia to continue to operate our state certified harm reduction program with a syringe service program (SSP) at our East end and Covenant House clinic locations. This new application is required due to the recent law change governing all SSP's in West Virginia. It is our intention to continue to offer a comprehensive, harm reduction program that encourages recovery at every visit at both locations. The programs have been offered at the Main clinic for 10 years and at Covenant House for the past 3 years. We are not seeking to expand the programs or offer them at any new locations. We simply want to maintain "status quo."

As the very first SSP in the state of West Virginia, we wish to continue to operate a transparent, accountable, program that fully complies with all state law and city ordinances. We are seeking the approval of City Council to maintain these programs pursuant to Section 78-384 of City code.

We need written proof of approval by the majority of City Council by December 15, 2021, in order to make the deadline for application to the state by Jan. 1, 2022.

Sincerely,

Dr. Angela D. Settle, CEO
West Virginia Health Right, Inc.
304-414-5931

Office of Health Facility Licensure & Certification

SYRINGE SERVICES PROGRAM (SSP) INITIAL, RENEWAL AND CHANGE LICENSURE APPLICATION

Read the instructions prior to completing the application, incomplete applications will be denied and returned to the applicant. Send completed applications and attach requested documentation to:

Office of Health Facility Licensure & Certification
Attention: Assisted Living/Syringe Services Provider Program
408 Leon Sullivan Way
Charleston, WV 25301-1713
(304) 558-0050

LOG NUMBER: _____

DATE: _____

OFFICIAL USE ONLY

SYRINGE SERVICES PROGRAM (SSP) DEMOGRAPHIC INFORMATION

Operating Name: West Virginia Health Right, Inc. (Main clinic)

Legal Name: WV Health Right, Inc.

Physical Address: 1520 Washington St. East

Street Address

Charleston, WV 25311 Kanawha

City *State* *ZIP Code* *County*

Mailing Address: **If mailing address is the same as the physical address, check this box:** ☑

Street Address

City *State* *ZIP Code*

Phone: 304-414-5930 **Fax:** 304-414-2200

Website Address www.wvhealthright.org **If no company website, check this box:** ☐

SSP PROGRAM SERVICES

Check all the harm reduction services the program will offer in accordance with W. Va. Code § 16-64-3(a):	YES	NO
HIV, hepatitis, and sexually transmitted diseases screening	☑	☐
Vaccinations	☑	☐
Birth control and long-term birth control	☑	☐
Behavioral health services	☑	☐
Overdose prevention supplies and education	☑	☐
Syringe collection and sharps disposal	☑	☐
Educational services related to disease transmission	☑	☐
Assist or refer an individual to a substance abuse treatment program	☑	☐
Refer to a health care practitioner or treat medical conditions	☑	☐
Programmatic guidelines including a sharps disposal plan, a staff training plan, a data collection and evaluation plan, and a community relations plan	☑	☐

PHYSICAL LOCATION AND HOURS OF OPERATION

List hours of operation below for each date. If not open on a particular day, identify it as "closed."
For example if the program is open on Monday from 8:00 AM to 4:00 PM, you would list "8:00 AM to 4:00 PM" under "Monday."

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
—	8A-5P	8A-5P	8A-5P	8A-5P	8A-5P	—

List any state or federal holidays the location will be open: none

MOBILE SITE LOCATION(S)

If operating more than 3 mobile location sites, attach an addendum with the information below for each.

Mobile Location #1: _____ **Phone:** _____

Street Address

_____

City *State* *ZIP Code* *County*

List hours of operation below for each date. If not open on a particular day, identify it as "closed." For example if the program is open on Monday from 8:00 AM to 4:00 PM, you would list "8:00 AM to 4:00 PM" under "Monday."

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

List any state or federal holidays the location will be open:	

Mobile Location #2: _____ **Phone:** _____

Street Address

_____

City *State* *ZIP Code* *County*

List hours of operation below for each date. If not open on a particular day, identify it as "closed." For example if the program is open on Monday from 8:00 AM to 4:00 PM, you would list "8:00 AM to 4:00 PM" under "Monday."

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

List any state or federal holidays the location will be open:	

Mobile Location #3: _____ **Phone:** _____

Street Address

_____

City *State* *ZIP Code* *County*

List hours of operation below for each date. If not open on a particular day, identify it as "closed." For example if the program is open on Monday from 8:00 AM to 4:00 PM, you would list "8:00 AM to 4:00 PM" under "Monday."

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

List any state or federal holidays the location will be open:	

Office of Health Facility Licensure & Certification

SYRINGE SERVICES PROGRAM (SSP)
INITIAL, RENEWAL AND CHANGE
LICENSURE APPLICATION

ADMINISTRATOR INFORMATION

Full Name: Settle (Last) Dr. Angela (First) Dawn (M.I.)

E-mail Address: asettle@wvhealthright.org

ACKNOWLEDGEMENT AND VERIFICATION

By signing this application, I hereby certify that all information provided on this application form is true, and I am aware that in order to operate as a SSP, the program is required to comply with the SSP Act (W. Va. Code §§16-64-1, et seq.) and SSP Licensure Rule (W. Va. Code R. §§69-17-1, et seq.,) located on OHFLAC's website: http://ohflac.wvdhhr.org/laws.html.

STATE OF WEST VIRGINIA, COUNTY OF Boone

Signed and sworn before me on October 22, 2021, being by me duly sworn Janet Williams says that Angela Settle has read the foregoing application and knows the contents thereof, and information provided in the application about the named facility therein contained are correct and true.

Applicant Signature: [signature] CEO

Stamp:

OFFICIAL SEAL
Notary Public, State Of West Virginia
JANET KAY WILLIAMS
213 Rumble Lane
Ashford WV 25503
My Commission Expires February 22, 2022

Subscribed and sworn to before me the 22 day of October, 2021. My commission expires February 22, 2022.

Notary Signature: Janet Kay Williams

WEST VIRGINIA Health Right INC.

10/22/2021

Mayor Amy Goodwin
City of Charleston
501 Virginia Street, East
Charleston, WV 25301

I am writing to notify the City of Charleston (Mayor, City Manager, City Attorney, City Clerk) and the Charleston City council that West Virginia Health Right is applying to the state of West Virginia to continue to operate our state certified harm reduction program with a syringe service program (SSP) at our East end and Covenant House clinic locations. This new application is required due to the recent law change governing all SSP's in West Virginia. It is our intention to continue to offer a comprehensive, harm reduction program that encourages recovery at every visit at both locations. The programs have been offered at the Main clinic for 10 years and at Covenant House for the past 3 years. We are not seeking to expand the programs or offer them at any new locations. We simply want to maintain "status quo."

As the very first SSP in the state of West Virginia, we wish to continue to operate a transparent, accountable, program that fully complies with all state law and city ordinances. We are seeking the approval of City Council to maintain these programs pursuant to Section 78-384 of City code.

We need written proof of approval by the majority of City Council by December 15, 2021, in order to make the deadline for application to the state by Jan. 1, 2022.

Sincerely,

Dr. Angela D. Settle, CEO
West Virginia Health Right, Inc.
304-414-5931

Office of Health Facility Licensure & Certification

SYRINGE SERVICES PROGRAM (SSP) INITIAL, RENEWAL AND CHANGE LICENSURE APPLICATION

Read the instructions prior to completing the application, incomplete applications will be denied and returned to the applicant. Send completed applications and attach requested documentation to:

Office of Health Facility Licensure & Certification
Attention: Assisted Living/Syringe Services Provider Program
408 Leon Sullivan Way
Charleston, WV 25301-1713
(304) 558-0050

LOG NUMBER: _____

DATE: _____

OFFICIAL USE ONLY

SYRINGE SERVICES PROGRAM (SSP) DEMOGRAPHIC INFORMATION

Operating Name: WV Health RIGHT – COVENANT HOUSE LOCATION

Legal Name: WV Health RIGHT, Inc.

Physical Address: 600 Shrewsbury ST.
Street Address

Charleston, WV 25301 Kanawha
City *State* *ZIP Code* *County*

Mailing Address: **If mailing address is the same as the physical address, check this box:** ☐

1520 Washington ST East
Street Address

Charleston, WV 25311
City *State* *ZIP Code*

Phone: 304-414-5430 **Fax:** 304-414-2200

Website Address www.wvhealthright.org **If no company website, check this box:** ☐

SSP PROGRAM SERVICES

Check all the harm reduction services the program will offer in accordance with W. Va. Code § 16-64-3(a):	YES	NO
HIV, hepatitis, and sexually transmitted diseases screening	☑	☐
Vaccinations	☑	☐
Birth control and long-term birth control	☑	☐
Behavioral health services	☑	☐
Overdose prevention supplies and education	☑	☐
Syringe collection and sharps disposal	☑	☐
Educational services related to disease transmission	☑	☐
Assist or refer an individual to a substance abuse treatment program	☑	☐
Refer to a health care practitioner or treat medical conditions	☑	☐
Programmatic guidelines including a sharps disposal plan, a staff training plan, a data collection and evaluation plan, and a community relations plan	☑	☐

PHYSICAL LOCATION AND HOURS OF OPERATION

List hours of operation below for each date. If not open on a particular day, identify it as "closed." For example if the program is open on Monday from 8:00 AM to 4:00 PM, you would list "8:00 AM to 4:00 PM" under "Monday."

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
—	8-4	8-4	8-4	8-4	8-4	—

List any state or federal holidays the location will be open:	none

MOBILE SITE LOCATION(S)

If operating more than 3 mobile location sites, attach an addendum with the information below for each.

Mobile Location #1: _____ **Phone:** _____

Street Address

_____

City *State* *ZIP Code* *County*

List hours of operation below for each date. If not open on a particular day, identify it as "closed." For example if the program is open on Monday from 8:00 AM to 4:00 PM, you would list "8:00 AM to 4:00 PM" under "Monday."

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

List any state or federal holidays the location will be open:	

Mobile Location #2: _____ **Phone:** _____

Street Address

_____

City *State* *ZIP Code* *County*

List hours of operation below for each date. If not open on a particular day, identify it as "closed." For example if the program is open on Monday from 8:00 AM to 4:00 PM, you would list "8:00 AM to 4:00 PM" under "Monday."

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

List any state or federal holidays the location will be open:	

Mobile Location #3: _____ **Phone:** _____

Street Address

_____

City *State* *ZIP Code* *County*

List hours of operation below for each date. If not open on a particular day, identify it as "closed." For example if the program is open on Monday from 8:00 AM to 4:00 PM, you would list "8:00 AM to 4:00 PM" under "Monday."

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

List any state or federal holidays the location will be open:	

Office of Health Facility Licensure & Certification

SYRINGE SERVICES PROGRAM (SSP)
INITIAL, RENEWAL AND CHANGE
LICENSURE APPLICATION

ADMINISTRATOR INFORMATION

Full Name: Settle (Last) M. Angela (First) D. (M.I.)

E-mail Address: asettle@wvhealthright.org

ACKNOWLEDGEMENT AND VERIFICATION

By signing this application, I hereby certify that all information provided on this application form is true, and I am aware that in order to operate as a SSP, the program is required to comply with the SSP Act (W. Va. Code §§16-64-1, et seq.) and SSP Licensure Rule (W. Va. Code R. §§69-17-1, et seq.,) located on OHFLAC's website: http://ohflac.wvdhhr.org/laws.html.

STATE OF WEST VIRGINIA, COUNTY OF Boone

Signed and sworn before me on October 22, 2021, being by me duly sworn Janet Williams says that Angela Settle has read the foregoing application and knows the contents thereof, and information provided in the application about the named facility therein contained are correct and true.

Applicant Signature: [signature] CEO

Stamp:

OFFICIAL SEAL
Notary Public, State Of West Virginia
JANET KAY WILLIAMS
213 Rumble Lane
Ashford WV 25009
My Commission Expires February 22, 2022

Subscribed and sworn to before me the 22 day of October, 2021. My commission expires February 22, 2022.

Notary Signature: Janet Kay Williams