

The WVDHHR Bureau for Behavioral Health (BBH) State Opioid Response (SOR) Grant Goals and Objectives

Introduction:

The Bureau for Behavioral Health is the federally designated Single State Agency (SSA) and State Mental Health Authority (SMHA) for mental health, substance use, and intellectual and developmental disabilities in West Virginia. The BBH provides leadership, oversight, and coordination of policy, planning, development, funding, and monitoring of the public behavioral health system.

In addition to the State Opioid Response Grant (SOR), the BBH has extensive experience serving individuals with substance use disorder and mental health issues through many other SAMHSA (Substance Abuse and Mental Health Services Administration) grants.

West Virginia has the highest overall overdose mortality rate in the nation with 52.2 per 100,000 age-adjusted population. The BBH will use SOR funding to address the opioid crisis in West Virginia by using a formalized purchasing process and competitive Announcement of Funding Availability (AFA) to select sub-grantees to partner with on the statewide response to SUD.

Below are the **goals and objectives** set forth in the SOR Grant to be accomplished by the BBH and partners. These goals and objectives are specific for the funding cycle September 30, 2020 through September 29, 2022.

SOR Grant Goals and Objectives:

Goal 1: By the end of Year 4, increase statewide access to evidence-based *prevention and early intervention* services by 20%, to reduce or support the number of individuals who initiate substance use such as stimulants, opioids, or nicotine products. **Estimated number to be served annually – Prevention:675, 550 Early Intervention:2,600; Est. number to be served by end of Year 4: Prevention – 1,351,099; Early Intervention: 5,200**

Objective 1.1 By November 30, 2020, BBH will fund six Regional Adult Intervention Specialists (RAIS) and six Coalition Engagement Specialists (CES) located in the regional Prevention Lead Organizations to continue year 2

prevention services and expand activities to include nicotine products.

Objective 1.2 - By August 31, 2022, the RAISs and CESs will disseminate 1,200 units of prevention information to individuals at health fairs, family outreach centers, recovery meetings, etc.

Objective 1.3 - By November 30, 2020, BBH will fund six Regional Youth Service Centers (RYSCs) to continue Year 2 prevention services and expand activities to include nicotine products.

Objective 1.4 - By August 31, 2022, RYSCs will provide service activities to 200 youth, an increase of 30% from Year 2

Objective 1.5 - By August 31, 2022, BBH will oversee the implementation of the statewide *Back to Life* stigma reduction campaign using social media, television, radio, billboards, and other approved media platforms and reaching 75% of West Virginia's population.

Objective 1.6 - By November 30, 2020, BBH will collaborate with the Bureau for Public Health to fund all certified Harm Reduction Programs (HRPs), currently at 16.

Objective 1.7 - By August 31, 2022, SOR funded HRPs will refer 2,200 people to treatment with medication via peer recovery and community-based services.

Objective 1.8 - By August 31, 2022, BBH will increase the number of SOR funded Quick Response Teams (QRTs) from four to ten in counties with the highest number of overdoses and HIV/HCV cases.
Objective 1.9 - By August 31, 2022, QRTs will increase referrals to services by 20% to 3,000 individuals

Goal 2: By the end of Year 4, BBH will expand access to *treatment** and reduce unmet needs among high-risk populations by 20% from Year 2.

Estimated number to be served through treatment* services,

- **Adults, annually: 2,500. By the end of Year 4: 5,000**
- **Adolescents, annually: 500. By the end of Year 4: 1,000**

Estimated number served through expanded treatment* capacity,

- **Transportation, annually: 1,150. By the end of Year 4: 2,300** based on the final total from SOR Y2.

“Treatment”, throughout this document, is defined as encompassing medication assistance, treatment without medication, and contingency management.

Objective 2.1 – By November 30, 2021, 100% of SOR funded treatment facilities will provide afterhours/weekend appointments and include contingency management.

Objective 2.2 – By August 31, 2022, at least 75% of SOR funded treatment facilities will provide telehealth services.

Objective 2.3 – By August 31, 2022, SOR funded treatment facilities will provide treatment to 5,000 adults.

Objective 2.4 – By August 31, 2021, BBH will fund 17 Drug Free Moms and Babies Programs to support the statewide implementation of the program, providing services to 1,500 women.

Objective 2.5 – By August 31, 2021, BBH will fund treatment initiatives in ten regional jails.

Objective 2.6 – By August 31, 2022, regional jails will provide 1,000 incarcerated individuals with treatment, a 25% increase from SOR year 2.

Objective 2.7– By November 30, 2020, BBH will fund 6 treatment facilities that provide intensive outpatient (IOP) services to adolescents in nine counties.

Objective 2.8 – By August 31, 2021, SOR funded treatment facilities will provide IOP services to 1,000 adolescents.

Objective 2.9 – By November 30, 2020, BBH will fund 13 regional Comprehensive Behavioral Health Centers (CBHCs) and one free healthcare clinic that serve individuals who are uninsured or underinsured at or below 400% of the Federal Poverty Level.

Objective 2.10 – By August 31, 2021, the CBHCs and free healthcare clinic will increase the number of individuals who receive treatment by 15% based on the final total from SOR year 2.

Objective 2.12 – By August 31, 2021, the West Virginia Public Transit Association (WVPTA) will increase the number of counties served from 34 to 55 where they provide transportation services for individuals to access treatment or recovery services.

Objective 2.13 – By October 1, 2020, the WVPTA will fully implement Ecolane Software and track the number of rides to treatment as outlined in their grant agreement statement of work.

Objective 2.14 – By August 31, 2022, WVPTA will provide 5,000 rides based on utilization from SOR year 2.

Objective 2.15 – By November 31, 2021, contracts with WV’s three medical schools will be in place to allow continued funding of workforce development scholarships, provide oversight of school-affiliated direct service activities, and track the number of DATA Waived professionals.

Goal 3: By the end of Year 3, BBH will expand *Recovery Management and Support Services* including Peer Recovery Support Specialists (PRSS), housing supports, employment, residential housing and childcare.

Estimated number to be served annually through Recovery Management and Support Services: 2,000. By the end of Year 4: 4,000 unduplicated individuals

Objective 3.1 - By August 31, 2021, BBH will increase the number of SOR funded PRSS positions from 45 to 65 located at regional jails, HRPs, emergency departments, QRTs, and treatment centers.

Objective 3.2 - By August 31, 2021, PRSS grantees will provide service activities to 3,000 individuals.

Objective 3.3 – By August 31, 2022, PRSSs in regional jails will provide services to 200 individuals on parole or probation, a 20% increase based on the estimated total from SOR year 2.

Objective 3.4 - By August 31, 2021, BBH will increase the number of treatment inclusive Peer Recovery Residential Housing facilities from four to ten and provide housing to 120 individuals.

Objective 3.5 - By August 31, 2022, BBH will fund four Housing and Urban Development (HUD) Continuum of Care (CoC) organizations to provide housing supports for 500 individuals engaged in treatment with medication for OUD and/or contingency management for SUD as part of r recovery management.

Objective 3.6 - By August 31, 2021, the CoCs will increase support service activities by 15% for individuals receiving treatment who are experiencing homelessness, based on the estimated total from SOR year 2.

Objective 3.7 - By August 31, 2022, the WV Bureau for Children and Families will reach 350 parents or legal guardians who receive SOR funded childcare services.