

## **State Opioid Response (SOR)**

December 3, 2019

The West Virginia Department of Health and Human Resources (DHHR) Bureau for Behavioral Health (BBH) received a grant award from the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA) to support the State's response to opioid use.

The State Opioid Response Grant (SOR) funding will expand the availability of Medication Assisted Treatment (MAT) and evidence-based services that identify and engage individuals in treatment and provide supports to help keep them in treatment and long-term recovery. SOR funding will also reduce/prevent the number of Opioid Use Disorder (OUD) deaths by expanding access to prevention and treatment services.

West Virginia will perform the SOR activities listed below, as required by SAMHSA:

- Service delivery models that enable a full spectrum of treatment and recovery services.
- Community recovery support services, i.e., peer supports, recovery coaches, recovery housing.
- Prevention and education services, including training of peers and first responders, community prevention efforts through messaging, and purchase and distribution of naloxone with training.
- Ensure all applicable practitioners obtain a practitioner waiver to prescribe or dispense buprenorphine under the Drug Addiction Treatment Act of 2000.
- Develop strategies to eliminate or reduce the treatment costs for people with OUD who are uninsured and underinsured.
- Provide treatment transitions and coverage for patients reentering the community from criminal justice or rehabilitative settings.
- Provide SAMHSA-funded Opioid Technical Assistance and Training on evidence-based practices to healthcare providers in the State who render OUD treatment and recovery services.
- Collect and report client-level data on treatment and recovery at specified data collection points.

SOR funding is time limited and will focus on expanding the State's service delivery infrastructure, funding mechanisms, and interorganizational relationships that will sustain the system. Services are trauma informed and staffed by individuals with effective engagement skills who are prepared to link individuals with Opioid Use Disorder to a full array of early intervention, treatment, and recovery resources.

## **COLLABORATION AND PARTNERSHIP**

SOR dollars have been leveraged and focused, allowing more organizations to work together to address the State's need, by providing cross-system programs and partnerships, including:

- Recovery to Work: Twelve transition agents have been placed across the State to help participants overcome obstacles and barriers to employment. The program currently has 259 participants.
- Children's System: BBH has expanded several of its pilot projects – Expanded School Mental Health programs, Children's Mental Health Wraparound services, and Children's Mobile Crisis. BBH is collaborating with its sister bureau, the Bureau for Children and Families, to provide more services to children at risk of being placed into care and to provide more support to children in need.
- BBH is building more capacity for existing call-lines, such as HELP4WV, Lifeline, and Jobs & Hope, to focus on children and youth.
- Services for pregnant and post-partum women have been expanded, integrating Obstetric Substance Use Disorder support for women and babies in the catchment area of 63% of birthing facilities.
- Expanded the Comprehensive Opioid Addiction Treatment model as a hub and spoke model for MAT, adding fourteen facilities.

## **CURRENT WV SOR FUNDING AWARDS INCLUDE:**

- Statewide professional development is being implemented by West Virginia University, Marshall University, and the West Virginia School of Osteopathic Medicine to train and retain the next generation of OUD providers.
- Fourteen treatment grants will provide access to the 3 federally approved OUD medications: methadone, buprenorphine, and naltrexone.
- Fourteen Peer Recovery Support Specialist grants will aid in MAT service retention and link individuals in recovery to support services including medical care, housing, employment, and mental health care.
- A statewide stigma reduction campaign will address public, personal, and structural stigma through the provision of evidence-based social marketing strategies. The campaign will begin with a comprehensive analysis of the reactions to messaging around MAT and OUD. The campaign will propose messaging that will be most effective in changing perceptions of OUD, reducing stigma, and encouraging MAT awareness and participation in WV.
- West Virginia's six regional Prevention Lead Organizations (PLO) are building relationships within their communities to help people with Substance Use Disorder and Opioid Use Disorder better access treatment and recovery options. Coalition Engagement Specialists in each PLO will provide guidance and technical assistance to the 55 community coalitions in the State.

- Four Quick Response Team (QRT) grants have been awarded. QRTs identify individuals who have overdosed and promptly engage them in treatment. QRTs are composed of first responders, substance use treatment/recovery providers, law enforcement, and/or faith-based organizations. The QRT will initiate contact with an individual 24-72 hours after being revived from an overdose. The QRT goal is to reduce the incidence of repeat overdoses and overdose fatalities.
- MAT in Regional Jails for inmates who have initiated OUD treatment prior to incarceration or for inmates choosing to begin treatment once in jail. The program pairs with community-based case management to assure access to treatment and recovery support upon reentry to the community. The program services will expand to all ten regional jails in the State.

## **GRANTS IN PROCESS**

- Housing Support with four regional coalitions to end homelessness will assist individuals and families to become and remain engaged in evidenced-based treatment interventions and maintain housing stability. Resources and services provided are tailored to the unique needs of each individual household.
- Access-to-treatment funds grants at 12 Community Behavioral Health Centers and 1 free healthcare clinic to address a prominent barrier to MAT. The program will cover treatment and recovery costs for people who are uninsured or underinsured.
- A transportation grant to increase access to treatment by providing transportation to MAT programs for individuals with OUD.
- Provision of childcare through a collaboration with the Bureau for Children and Families. Regional training sessions for childcare providers who work with children impacted by Neonatal Abstinence Syndrome.
- Peer Recovery Support Specialists in Regional Jails to assist incarcerated individuals with OUD in development of a recovery plan, counseling, MAT and post-incarceration social services, including housing and transportation.
- Wellness Services grants for augmented wellness support services for individuals receiving MAT including acupuncture, mindfulness meditation, and yoga.

## **PLANS FOR FUTURE FUNDING**

- Peer Recovery Residential Boarding via expanded access to recovery home beds for individuals receiving Medication Assisted Treatment.
- Wellness Consortium for Healthcare Providers.
- Peer Support Services in Emergency Departments.

- Expanded Telehealth Services.