

# Addressing Opioid and Stimulant Misuse and Disorders: The Impact of State Targeted Response and State Opioid Response Grants

## Background on State Targeted Response and State Opioid Response Grants

The Substance Abuse and Mental Health Services Administration (SAMHSA) administers the State Targeted Response to the Opioid Crisis (STR) and State Opioid Response (SOR) grant programs. The STR program was designed to address the opioid crisis by increasing access to treatment, reducing unmet treatment need, and reducing opioid overdose–related deaths through the provision of prevention, treatment, and recovery support activities for opioid use disorder (OUD). Following STR, the SOR program similarly aims to address the opioid crisis by increasing access to medication-assisted treatment (MAT) using the three Food and Drug Administration (FDA)–approved medications for treatment of OUD and through the provision of prevention, treatment, and recovery activities for OUD. In addition, the SOR program supports evidence-based prevention, treatment, and recovery support services to address stimulant misuse and use disorders, including for cocaine and methamphetamine.

In FY 2017 and FY 2018, grantees received a total of \$1 billion through STR. From FY 2018 through FY 2020, states, territories, and jurisdictions received a total of \$4 billion in SOR grants.

## Single State Agency (SSA): West Virginia Department of Health and Human Resources (DHHR) Bureau for Behavioral Health (BBH)

In FY 2017 and 2018, the West Virginia Department of Health and Human Resources (DHHR) Bureau for Behavioral Health (BBH) received a total of \$11.6 million in STR funding. From FY 2018 through 2020, the state received a total of \$114.4 million in SOR funding.

## Overview of West Virginia’s efforts to address opioid and stimulant misuse and disorders

DHHR/BBH has used STR and SOR funding to prevent opioid-related overdoses, increase access to MOUD, reduce the stigma associated with OUD and MOUD, and increase overall access to OUD prevention, treatment, and recovery services. High-risk priority populations include veterans, men ages 35–54, pregnant/parenting women, and individuals engaged with the criminal justice system or experiencing homelessness.

### Innovative service delivery models

- Coalition Engagement Specialists and Regional Adult Intervention Specialists based at regional Prevention Lead Organizations (PLOs) to locally amplify prevention
- Quick Response Teams (QRTs)

- Comprehensive Opioid Addiction Treatment (COAT) model via hubs and spokes and telehealth
- Project Engage and Provider Response Organization for Addiction Care and Treatment (PROACT)
- Sobriety Treatment and Recovery Teams (START)
- Evidence-based wellness support services
- OUD/methamphetamine pilot with Contingency Management
- OUD treatment initiatives in criminal justice settings
- Drug Free Moms and Babies (DFMB)

## Building workforce capacity

### Prevention Workforce Development

PLO-Provided Trainings: Prevention grantees are being offered trainings through the Opioid Response Network (ORN). Topics include MOUD, compassion fatigue, and MOUD pertaining to the judiciary system. The MOUD and compassion fatigue workshops are “train the trainer” events. The goal is to offer trainings statewide through the PLOs and the ORN.

Community Coalition Development, Operation, and Efficacy: Funding was awarded to the Community Anti-Drug Coalitions of America (CADCA) and its National Coalition Institute to develop the National Coalition Academy (NCA) (<https://cadca.org/nca>). NCA offers a curriculum designed to provide intensive on-site and web-based technical assistance to community coalitions to enhance coalition development, operation, and efficacy. This is a year-long innovative program that combines 3 weeks of classroom training, distance learning, and web support, to build capacity with participating coalitions to enhance and sustain a highly effective coalition that works to prevent or delay substance use initiation in communities.

Workforce Initiatives: BBH awarded funds to the three medical schools in the state to implement workforce initiatives. Providers Clinical Support System (PCSS) waiver training sessions were conducted in West Virginia on November 15, 2019, and January 8, 2020. PCSS waiver sessions provide education to primary care providers in evidence-based prevention and treatment of substance use disorders (SUDs) and chronic pain. Addiction medicine and stigma-free language were implemented into medical curricula and its allied disciplines. In addition, funds were utilized to support an Addiction Medicine Fellowship at one of the state’s medical schools.

### Treatment and Recovery Professional Development

At the end of the STR grant, over 700 professionals and peer recovery coaches were trained on effective MOUD practices, with a particular focus on working with pregnant and postpartum women and their children; opioid overdose survivors—particularly those seen by emergency responders and in hospital emergency departments (EDs); and people who inject drugs. Training has been essential to the expansion of MOUD in outpatient specialty clinics (West Virginia’s Hub and Spoke initiatives), obstetrics practices (DFMB programs), and emergency departments (Mosaic model). The state is now implementing several more workforce initiatives:

MOUD-Waivered Providers: To ensure increased access to OUD treatment at a local level, BBH provided funding to increase the number of MOUD-waivered providers. From June 07, 2019, to September 20, 2019, eight American Society of Addiction Medicine (ASAM) waiver trainings were held in West Virginia. ASAM covered all medications and treatments of OUD and provided the education needed to obtain the required federal waiver to prescribe buprenorphine.

Scholarships: Scholarships were provided, through an application process, to graduate students in behavioral health disciplines. A stipulation of the award was the provision of SUD treatment services in West Virginia for a minimum of 2 years.

## Collaborating with public and private entities

BBH partnered with the Bureau for Public Health and county health departments to implement certified harm reduction programs. The state expanded harm reduction services, including housing a peer recovery support specialist within the harm reduction program to encourage individuals to enter treatment. Most funding for community-based OUD services is distributed through an open, competitive bid process, inclusive of licensed behavioral health centers, peer recovery groups, Federally Qualified Health Centers, and other nonprofit organizations. Municipal and county governments are eligible to apply for funds, and they are often partnered with licensed addiction/mental health or medical providers to assure long-term sustainability. For example, Law Enforcement Assisted Diversion (LEAD) and QRT grants have been awarded to local law enforcement entities who partnered with the regional Comprehensive Behavioral Health Center for treatment and recovery services.

## Preventing opioid and stimulant misuse before it starts

### Community Engagement and Organizing

Representatives from 12 local prevention coalitions participated in the NCA Expansion for Sustainable Prevention Programs, and STR/SOR funds allowed the state to convene a CADCA state academy in West Virginia, enabling greater participation. The CADCA academy promoted the use of community planning and organization skills for OUD prevention and early intervention. Local prevention coalitions are responsive to the level of readiness in their communities to address OUD issues. Initiatives on stigma reduction campaigns, engaging first responders and other local stakeholders in naloxone distribution, and planning/coordinating access to harm reduction programs and support services were each community driven.

### Harm Reduction Programs

BBH currently funds OUD harm reduction programs in six county health departments and rural free clinics, providing public education, outreach, and referral to treatment. To be proactive, BBH proposes a more comprehensive response to the opioid epidemic, to include the prevention, detection, and treatment of the medical consequences of viral hepatitis, including overdoses and viral hepatitis and HIV infections. BBH will reach out to existing harm reduction programs to request plans based on the *Viral Hepatitis National Strategic Plan* for working with their local partners to better integrate their responses to the opioid epidemic and to viral hepatitis and HIV outbreaks. BBH will also continue to encourage and engage high-risk communities to initiate harm reduction practices. Peer recovery support services are used to link individuals to treatment when they are ready.

### Quick Response Teams

QRTs are used to engage people who have experienced overdoses with services and supports in 20 of the highest-need communities. Support services, including linkage to treatment, are offered within 24–72 hours after a reversed overdose by QRT members. QRTs have reduced the incidence of repeat overdoses and overdose fatalities and increased the number of people engaged in OUD treatment. Of the 13 QRTs currently operating in West Virginia, BBH funds four SOR QRT grants that serve six high-need communities.

## Prevention Lead Organizations

Six regional PLOs and 55 county coalitions develop and implement prevention strategies. Examples of prevention work include coalition meetings, evidence-based programs in schools, support and expansion of student leadership groups, and the [Help & Hope WV](#) and [StigmaFree WV](#) websites. Prevention grants were awarded to the regional PLOs to include both a Coalition Engagement Specialist and a Regional Adult Intervention Specialist to focus on the prevention of OUD and guide individuals into treatment. PLOs offer evidence-based prevention programs, including Prime for Life, Knock and Talk, and prevention for veterans. PLOs conduct suicide and SUD prevention programs, conduct trainings on MOUD and OUD, and work with local stakeholders to reach veterans.

## Education and Training to Address High-Risk Populations

BBH contracted with the West Virginia School of Osteopathic Medicine (WVSOM) to provide prevention-based educational toolkits to the PLOs. The toolkits are tailored to populations in the state's six regions and address high-risk populations, including LGBTQ people, pregnant and postpartum women, veterans, and minorities. WVSOM coordinated neonatal abstinence syndrome trainings for childcare workers and professionals.

## Trauma-Informed Yoga and Mindfulness Meditation in Schools

BBH awarded two contracts for pilot prevention programs in schools. School-age children and teachers underwent trauma-informed yoga and mindfulness meditation training.

## Teen Court

BBH awarded grant funding to support implementation of Teen Courts. Teen Court is a legally binding alternative system of justice that offers young offenders an opportunity to make restitution for their offenses through community service, educational classes, and jury service. Teen Court diverts youth from being engaged with the criminal justice system to avoid fines and sentences and amend mistakes. Teen Court tries real cases with real consequences as a "hands-on" educational opportunity that allows both offenders and teen volunteers to better understand the justice system. Teen Court assists juvenile offenders in assuming responsibility for their behavior; holds them accountable for their actions and teaches them to make better decisions in the future, while treating them with respect and dignity; involves the community through volunteer programs and community service opportunities; and promotes better communication between youths, parents, schools, law enforcement agencies, and communities.

West Virginia has a Teen Court Association (<http://www.wvteencourtassociation.org/>) and several local Teen Courts. The grant supports the Teen Court coordinator, website updates, updated Teen Court materials, training of Teen Court participants, and stipends to start new Teen Courts around the state.

## Education and public awareness

The Back to Life campaign was developed to reduce professional and public stigma through the provision of evidence-based social marketing strategies. BBH contracted with a marketing organization to conduct focus groups that determined and expanded understanding of the stigma surrounding substance use in West Virginia. Data from the focus groups shaped the Back to Life message to reduce stigma and increase access to treatment.

The state also targeted stigma against MOUD using the SAMHSA Center for the Application of Prevention Technologies (CAPT), social marketing, and the use of a "human story" element. The barrier of stigma against individuals seeking OUD/stimulant use disorder treatment was reduced, the use of Contingency Management, a type of cognitive-behavioral therapy, was increased, and overdose prevention access was increased. The campaign consisted of commercials, billboards, websites, and other evidence-based practices for stigma reduction in development and collaboration with key stakeholders. The BacktoLifeWV.org website was created to promote access to prevention, treatment, and recovery resources. The Back to Life campaign was named as a finalist in the 2021 North American SABRE Awards. The SABRE Awards are national in scope and recognize the best insights, the most brilliant creativity, and the biggest business impacts in the public relations profession.

## Overdose reversal efforts: saving lives

### Naloxone Training and Distribution

The University of Charleston School of Pharmacy developed expertise for the logistics of naloxone distribution. Funds were used to train community members and professionals who work or live in high-risk population areas on when and how to properly administer naloxone. The School of Pharmacy has the required expertise for complete logistics, from procurement, storage, and distribution of naloxone, that follows state and federal law. Funds were used to distribute naloxone, based on prioritized areas of need, that included harm reduction programs.

## Increasing access to treatment

### Comprehensive Opioid Addiction Treatment

COAT is an outpatient, group treatment-based model of MOUD that ensures comprehensive care and adherence to evidence-based practices. COAT can be used for individuals at different stages of recovery and offers case management and appropriate therapy for comorbidities. BBH used funds to expand this model via a hub-and-spoke strategy to address transportation and workforce barriers in rural areas. This strategy brought expertise that included provider training, prescribing, and counseling services via technology to communities that did not have SUD treatment expertise. The expansion included four additional hubs and 10 spokes. Project ECHO (Extensions for Community Healthcare Outcomes) was used for professional development and case consultation to build capacity locally. The expansion reached 10 counties that previously had no outpatient treatment providers and expanded capacity in an additional 6 counties.

### Project Engage and Provider Response Organization for Addiction Care and Treatment

PROACT is an evidence-based approach designed to identify individuals with OUD in the ED, provide support using peer recovery coaches located in the ED, retain individuals in treatment and link them to community resources upon discharge, and, when appropriate, use a 3-day bridge with buprenorphine. ED-based MAT services are located in Cabell County and planned for seven additional locations. PROACT is an alternative version of the COAT hub, with additional resources to create a "one-stop shop" for harm reduction services, basic health care, peer recovery support services, and referral to education, employment, and family services.

## **OUD Treatment Grants**

BBH awarded 18 OUD treatment grants that increased statewide access to the three federally approved OUD medications: methadone, buprenorphine, and naltrexone.

## **Sobriety Treatment and Recovery Teams**

Two grants were awarded to agencies in high-risk counties to implement a pilot START program to address the ever-growing population of families with child mistreatment associated with parental SUD. START provides integrative intervention services between Child Welfare Services via the West Virginia Bureau for Children and Families and SUD treatment providers to guarantee timely access to SUD treatment while children are maintained in the home when that is deemed safe. START maintains family unity, child welfare, and increased parental sobriety.

## **Underinsured and Uninsured Access to Treatment**

BBH awarded funding to 10 Community Behavioral Health Centers and one free health care clinic to cover treatment and recovery costs for people who are underinsured or uninsured.

## **Treatment Access and Retention—Telehealth Technologies**

BBH increased access to quality, evidence-based intervention from providers skilled in trauma-responsive, person-centered, and culturally competent methods in a timely manner via telehealth. West Virginia University served as the lead agency and delivered addiction treatment/recovery services in rural areas using telehealth technologies.

## **Evidence-Based Wellness Support Services**

BBH awarded funding for a pilot program that coupled MOUD and ancillary services, for ear acupuncture, yoga, chronic pain assessment/physical therapy, and equine therapy, in conjunction with treatment.

## **OUD/Methamphetamine Pilot**

Due to the increased use of methamphetamine in West Virginia, BBH is supporting a pilot for individuals with co-occurring OUD/methamphetamine use. Participants will engage in Contingency Management and MOUD as appropriate. In Contingency Management, individuals are "reinforced," or rewarded, for demonstrating evidence of positive behavioral change.

## **Transportation Services**

BBH increased access to MOUD via the extension of free transportation services to treatment and recovery programs throughout the state, including in underserved rural areas. More specifically, BBH partnered with the West Virginia Public Transit Association (WVPTA) to expand the availability of transportation to care for individuals with an OUD, stimulant use disorder, or polysubstance use disorder through a statewide shared ride collaborative. WVPTA is an established transportation provider, with drivers who are trained in acute care and trauma care. Non-urgent and expanded route transportation is provided for those with an OUD or stimulant use disorder seeking treatment and recovery services within 24–72 hours of the initial request. After-hours transportation is provided using an 800 number to dispatch drivers and a software system for logistics.



## Monthly ORN Trainings

BBH developed a monthly virtual training series for all grantees in collaboration with the ORN. Topics pertain to addiction, stigma, Contingency Management, OUD, prevention, and recovery. These trainings have been well-received, often with more than 200 individuals participating in an event via Zoom.

## Supporting long-term recovery

### Peer Recovery Support Specialist Services

Peer Recovery Support Specialist (PRSS) services are vital to West Virginia's SUD Continuum of Care, from prevention and early intervention to treatment and recovery management. BBH awarded 17 PRSS grants to place PRSS staff in treatment facilities. Of those 17, two specifically focus on connecting individuals experiencing homelessness with treatment providers. PRSS staff are placed in West Virginia's 10 regional jails to assist individuals who are incarcerated with a recovery plan and provide linkage to post-incarceration services, including housing, employment, MAT, and transportation. In addition, PRSS staff provide support in EDs using the Mosaic model, on QRTs, in harm reduction programs, in DFMB, in family drug courts, on college campuses through West Virginia Collegiate Recovery Programs, and in comprehensive behavioral health centers.

### Quarterly Regional PRSS Training

BBH offers statewide PRSS quarterly training at no cost. An after-action needs assessment survey was conducted following a PRSS conference. The results ascertained PRSS areas of concern and determined that capacity building was needed. Continuing education credits for PRSS certification are offered for this group of professionals. Training topics include MOUD 101, Ethics, MOUD Anti-Stigma Among PRSSs, Best Practices for Peer Supervision, Compassion Fatigue, and HIV/HCV Education. Training sessions are provided by local subject matter experts or secured via the ORN.

### Peer Residential Boarding

BBH awarded funding to eight Peer-Operated Recovery Homes (PORH) that accept individuals on MOUD. These facilities have engaged individuals in treatment and recovery services and coordinated with community resources. This is crucial because the vast majority of traditional peer residential boarding in West Virginia has been abstinence based and has not accepted individuals on MOUD into services. PORH services follow or are concurrent with treatment for a period of 12–18 months, or when it is determined that the client can safely transition into a more integrated environment.

## Serving special populations

### Drug Free Moms and Babies

DFMB is a wraparound program for pregnant and postpartum women, where integrated care and support for sustained recovery is offered. Due to the comprehensive and individualized nature of services needed for program success, DFMB utilized a braided funding approach. Clinical services are reimbursed through other funding mechanisms, particularly Medicaid, which allowed STR funds to be used to support recovery coaches, case management, and other support services. The program started with four sites and expanded services to seven sites affiliated with a birth facility. The goal is to expand to 10 sites.

## Childcare

Funding is allocated to DHHR's Bureau for Children and Families to broaden income eligibility guidelines for childcare to clients in SUD treatment. At SUD treatment facilities, an individual's treatment is verified and referrals are made to the childcare resource and referral agency to facilitate enrollment. This support reduced a barrier to treatment for families.

## OUD Treatment Initiatives in Criminal Justice Settings

STR and SOR funding allowed BBH to engage in critical partnerships. After a year of planning to understand systems, BBH engaged the West Virginia Division of Corrections and Rehabilitation in a partnership that provided two OUD treatment initiatives in correctional settings. A 20-bed unit, designated as an alternative to a court-ordered prison term, was established for individuals with OUD who choose to participate in MOUD. The program served individuals from judicial districts statewide. The second initiative provided MOUD in West Virginia's 10 regional jails, for clients who entered regional jails engaged in MOUD treatment. Both models included PRSSs to facilitate continuity of care and reentry supports upon release.

## Demonstrating outcomes for a healthier future

- By the end of the STR grant in 2018, over 700 professionals and peer recovery coaches were trained on effective MOUD practices.
- West Virginia awarded funding to eight PORH that accept individuals on MOUD.
- West Virginia implemented an initiative that provided MOUD in their 10 regional jails.
- BBH expanded their Hub and Spoke model to include four additional hubs and 10 additional spokes, reaching 10 counties that previously had no outpatient treatment providers.
- Between August 2018 and March 2019, 14,435 total visits were reported for the 17 certified harm reduction programs.
- Between May 2018 and April 2019, 699 clients received MAT. Out of those individuals served, 170 were pregnant.
- Between May 2018 and April 2019, 3,340 individuals received peer support services.
- Between September 30, 2020, and January 31, 2021, six harm reduction programs reported 2,653 patient visits, 401 HIV tests, 318 hepatitis C tests, and 197 individuals referred to treatment.

Funding for this initiative was made possible (in part) by grant no. 1H79TI083343 from SAMHSA. The information contained in this Brief was provided and verified by the state/jurisdiction. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.