

State Opioid Response Grant Fiscal Year 2021 Summary



Two federal grants ran simultaneously: State Opioid Response (SOR) I No Cost Extension (NCE) and SOR II Year 1. For fiscal years (FY) 2021 and 2022, SOR is working to achieve 30 objectives. At the end of FY2021, 13 objectives had been completed, with 6 objectives expected to be completed early in FY2022. Programs are divided between 3 aspects of the substance use disorder (SUD) continuum of care: Prevention, Treatment and Recovery. Successes and barriers of each section and the program as a whole during FY2021 are listed below.

Successes



PREVENTION



- Distributed 93,900 naloxone kits. 80,000 additional kits purchased and 687 people trained on naloxone administration
- Quick Response Teams (QRTs) responded to 1,759 nonfatal overdoses
- Coalition Engagement Specialists (CES) and Regional Adult Intervention Specialists (RAIS) referred 328 people to services
- Family Navigators assisted 180 families
- 6,442 harm reduction visits, screened 885 people for HIV and 570 for hepatitis C, and made 548 referrals to treatment
- Expanded School Mental Health Program served 34,543 students

TREATMENT



- The WV Public Transit Association provided 39,753 trips, logging 1,214,888 miles to and from treatment programs
- 1,657 individuals received Medication for Opioid Use Disorder (MOUD) and contingency management (CM) treatment
- Mosaic Project had a 78.6% admission rate for referrals to CM
- Family Treatment Court had a 98% admission rate for referrals to treatment
- Piloted 3 new programs

RECOVERY



- 4,152 individuals received Peer Recovery Support Specialist (PRSS) services
- Peer Residential Boarding provided housing for 471 people in SUD treatment
- 424 individuals receiving MOUD got assistance with utilities and/or rent through the Rapid Rehousing initiative
- Family Treatment Court had an 85% admission rate for referrals to PRSS
- Implemented 16 PRSS programs

PROGRAM AS A WHOLE



- Grantees accessed funds and completed deliverables
- Provided oversight of 2 federal grants, running concurrently
- Service provision was maintained through COVID, although the scale was reduced
- As more individuals became vaccinated, public health literacy of COVID and science-based service provisions increased

Barriers



- High turnover rate for CES and RAIS made it difficult for progress to occur
- New licensing requirements for harm reduction programs (HRPs) resulted in a decrease in operational sites
- Limited implementation of contingency management by providers
- Confusion about the payor of last resort resulted in decreased use of treatment funds for low income individuals
- COVID reduced the demand for childcare services for families impacted by SUD
- High turnover rate among PRSS; SOR Team recommended implementation of a standardized minimum living wage by all SOR grantees
- Delays in grant processing times
- COVID reduced service provision and willingness to seek services
- Limited resources to help individuals with SUD access vaccines
- Qualitative vs. quantitative reporting by some grantees