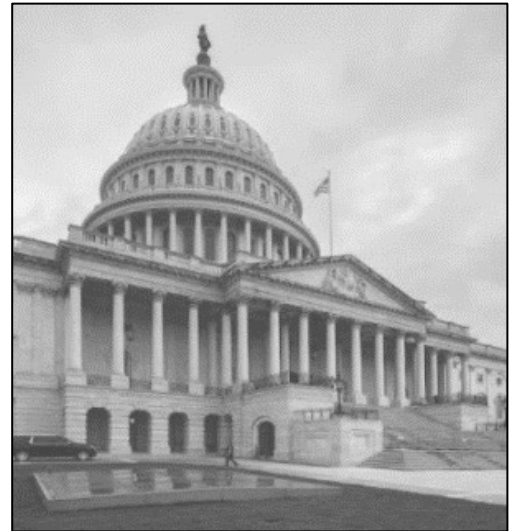


West Virginia SOR Initiatives

Addressing Opioid and Stimulant Misuse & Use Disorders: The Impact of State Opioid Response (SOR) Grants

The Substance Abuse and Mental Health Services Administration (SAMHSA) administers the SOR grant program. SOR addresses the opioid overdose crisis by providing resources to states and territories to increase access to Federal Drug Administration-approved medications for opioid use disorder (MOUD) and to reduce unmet treatment needs and opioid-related overdose deaths with prevention, harm reduction, treatment, and recovery supports. In 2020, SOR expanded to support evidence-based services for stimulant misuse and use disorders (StUD), including cocaine and methamphetamine.

This brief was developed by the National Association of State Alcohol and Drug Abuse Directors (NASADAD) in collaboration with the Opioid Response Network (ORN) as part of a series of state reports intended to showcase initiatives across the continuum of care that states have implemented with SOR funds. The ORN is a SAMHSA-funded technical assistance and training center that works with states, health professionals, community organizations, the justice system, and individuals in all 50 states and nine territories to support efforts to address the opioid and stimulant crisis.



Single State Agency (SSA): West Virginia Department of Health and Human Resources Bureau for Behavioral Health Office of Adult Substance Use Disorder

From FY18 through FY23, West Virginia received \$248 million in SOR funds. For FY23–FY24, it received \$45.9 million.

The Bureau for Behavioral Health (BBH) supports evidence-based practices that promote emotional well-being, prevention approaches, person-centered early interventions, and self-directed and recovery-driven support services.

It aims to increase access to and retention in MOUD treatment using the three FDA-approved medications for opioid use disorder (OUD), as it is a key component in the opioid continuum of care. BBH is focused on the goal of ensuring individuals from any county in West Virginia can easily access quality, evidence-based interventions.

In addition to various treatment programs across the state, West Virginia has multiple harm reduction programs. Its harm reduction programs assist individuals with negative health behaviors, who are not ready to stop the behaviors, minimize long-term damage to their health. By reducing negative health outcomes for



individuals in the long-term, harm reduction improves the health of subpopulations. Community-based harm reduction programs (HRPs) are an effective means to more comprehensive and integrated harm reduction initiatives for people who inject drugs (PWID), substantially reducing their risk of getting and transmitting diseases like human immunodeficiency virus (HIV), viral hepatitis, and other bloodborne infections. HRPs provide referrals to family planning, medical care, social services, and all pathways to substance use disorder (SUD) treatment, including MOUD.

The state also offers strength-based services for individuals seeking recovery from OUD or StUD. Peer recovery support specialists (PRSS) assist clients with developing personalized recovery plans. PRSS services provide opportunities for change by incorporating the experiences and knowledge of persons with lived experience into the recovery support system. PRSSs are knowledgeable about managing their own recovery, with experience in how to attain and sustain recovery, and share that knowledge with others.

Similar to OUD, the number of individuals with StUD is increasing. Implementation of evidence-based cognitive behavioral therapy (CBT) approaches, such as contingency management, are essential to individuals diagnosed with StUD. SOR treatment grantees offer access to CBT to treat individuals with StUD or those with a polysubstance use disorder that includes stimulants.

Preventing Opioid and Stimulant Misuse Before It Starts

West Virginia has used SOR to implement substance use prevention programs, including youth programs, quick response teams, and intervention programs.

West Virginia Collegiate Initiative to Address High-Risk Substance Use (WVCIA)

WVCIA aims to decrease and prevent opioid, stimulant, tobacco, and vaping use, underage drinking, and intravenous drug use in high-risk students enrolled in college. The population served includes students enrolled in West Virginia colleges who are at risk for developing SUD, who may also have a co-occurring mental health condition, and high-risk priority populations, including individuals currently in or who have experienced foster care; PWID; individuals re-entering the community from incarceration; pregnant, postpartum, and parenting women; people experiencing homelessness; people experiencing food insecurity; lesbian, gay, bisexual, transgender, and questioning/queer individuals; and military veterans. WVCIA achieves behavior change with participants through selective and indicated prevention strategies informed by the strategic prevention framework; local, state, and federal data; and targeted and culturally appropriate evidence-based practices.

Teen Court

The goal of Teen Court is to prevent youth and young adults from misusing opioids, stimulants, nicotine/electronic cigarettes, and other substances by giving them positive alternatives and connecting them with peers and other supports to realize SAMHSA's eight dimensions of wellness. The program targets youth aged 12 to 17 with non-violent, low-level criminal accusations who are diagnosed with OUD, StUD, polysubstance use disorder, and/or a co-occurring mental health condition.

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. This allows them to avoid fines and sentences handed down by the criminal justice system. Teen Court tries real cases with real consequences and is a hands-on educational opportunity that allows both offenders and teen

volunteers the opportunity to 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 youth, parents, schools, law enforcement agencies, and communities.

West Virginia has a Teen Court Association (wvteencourtassociation.org) and several local teen courts. SOR funding supports the Teen Court coordinator, website updates, Teen Court materials, education of Teen Court participants, and stipends to start new teen courts around the state.

Quick Response Teams (QRT)

QRTs establish and support linkage to care by deploying a multi-disciplinary outreach team. The outreach team may include emergency response personnel, law enforcement, medical staff, community health workers, peer recovery support specialists, and clergy. The composition of the outreach team is determined by cultural tailoring to each community. The team will follow-up with individuals who have overdosed or are at risk of overdosing, to reduce the likelihood of repeat overdoses and fatalities and to increase the number of individuals who participate in treatment for OUD and/or StUD.

Regional Adult Intervention Specialists (RAIS)

Under supervision of the prevention lead organization and with technical assistance and guidance from Prevent Suicide West Virginia, RAIS serve as partners to reduce opioid-related overdoses and overdose deaths related to suicide attempts and suicide deaths. RAIS assist in developing and implementing a collaborative and coordinated statewide prevention and intervention strategy to integrate into the existing public and private service delivery system. RAIS establish committed and collaborative partnerships across adult systems and agencies to implement selected and indicated evidence-based suicide prevention and OUD prevention activities. RAIS integrate the Zero Suicide approach into all facets of services and activities. Zero Suicide is a systemwide approach to improve care and outcomes for individuals at risk of suicide in healthcare systems. RAIS also implement practices for effective prevention of StUD and vaping prevention.

Family Coordinators

The Regional Youth Service Center (RYSC) coordinates a spectrum of community-based services to provide meaningful partnerships with families and youths with the goal of improving youths' functioning in their homes, schools, and communities. They serve families and caregivers of youths and young adults aged 12 to 25 with SUD, mental health conditions, or co-occurring disorders. Statewide, there are six RYSCs that form the West Virginia Youth Behavioral Health Network and provide individualized, strength- and evidence-based, selected, indicated, and integrated SUD prevention services. RYSCs provide a family coordinator to promote integration of family-centered care, facilitate participation and involvement of the entire family in a youth's or young adult's treatment and recovery, and connect families with peer supports and other supportive services. The family coordinators support a system of care that is comprehensive, family-centered, trauma-informed, evidence-based, coordinated, and integrated.

Overdose Reversal Efforts: Saving Lives

West Virginia has used SOR to support its overdose reversal medication distribution and education initiatives.

Naloxone Training and Distribution

BBH aims to reduce overdoses in the state by implementing and supporting a data-driven and collaborative process in high-risk communities. Using SOR, statewide harm reduction programs educate community members and professionals who work or live with high-risk populations on naloxone administration. The University of Charleston School of Pharmacy has extensive expertise on the procurement, storage, and distribution of naloxone, following state and federal laws.

Co-Dispensing Naloxone

The ONE West Virginia Co-Dispensing Naloxone and Disposal Kit Pilot is based on the North Dakota State University School of Pharmacy's ONE Program. The program's purpose is to reduce overdoses in West Virginia by implementing and supporting a data-driven and collaborative process for preventing overdose-related deaths, emergency department visits, hospitalization, and other overdose-related poor health outcomes in high-risk communities. SOR funds public education on naloxone administration and opiate medication safety.

Implementing Harm Reduction Strategies

West Virginia has expanded access to allowable harm reduction services through SOR-funded initiatives.

Harm Reduction Programs

West Virginia's harm reduction programs provide education on naloxone use, as well as supplies to reduce the spread of bloodborne illnesses. They also provide fentanyl test strips to help reduce overdoses. The community-based harm reduction programs (HRPs) are an effective means to more comprehensive and integrated harm reduction initiatives for PWID, substantially reducing their risk of getting and transmitting diseases like HIV, viral hepatitis, and other bloodborne infections. HRPs provide referrals to family planning, medical care, social services, and all pathways to SUD treatment, including MOUD. The impact of these programs has been to decrease HIV, viral hepatitis, and other bloodborne illnesses. This is also often the first step in engaging individuals in the continuum of care for OUD treatment.

Increasing Access to Treatment

West Virginia has used SOR to increase access to treatment services, including MOUD, mobile services, and services for youth.

Treatment and Retention

West Virginia's SOR treatment grantees provide MOUD, contingency management, and other SUD services to individuals diagnosed with SUD and have strategies for client retention once they enter a treatment program.

Mobile SUD Units

To improve patient care access and expand capacity, rural MOUD programs can provide services through mobile clinics. This model allows health professionals to travel to patients and provide medical services where patients live, rather than asking patients to travel long distances to clinic offices, take a day off from work, and seek childcare. West Virginia BBH SOR has seven mobile SUD units. Each unit may have slight differences in focus, but include harm reduction, primary care, and treatment for SUD. Harm reduction services include naloxone distribution and referrals to MOUD programs. Primary care services offered in a mobile clinic may

include vaccinations, sexually transmitted infection screenings, and wound care. SUD treatment may include MOUD prescriptions or methadone treatment program referrals or other services.

MOUD in Corrections

The West Virginia Division of Corrections and Rehabilitation (WVDOCR) provides access to treatment with Vivitrol and buprenorphine in all ten regional jails. The primary goal of this collaboration is to provide continuity of care, reduce overdoses, and reduce recidivism for individuals with SUD in the correctional system. Individuals are referred to a community treatment provider upon release.

Intensive Outpatient Services for Youth

Through the Intensive Outpatient Services for Youth Program, families are educated on all treatment and recovery pathways. There is wraparound support for patients in treatment to enable short-term stabilization and remove immediate risk of harm through individual and group therapy. Family-centered care teams are provided, which include care coordination and case management for youths diagnosed with SUD.

Transportation

BBH has implemented a program to offer free transportation to appointments for individuals in treatment and recovery from SUD. Many individuals in the state live in rural areas where public transit is not available, and distances are too far to walk.



Supporting Long-Term Recovery

To help individuals reach and maintain long-term recovery, West Virginia has implemented support services.

Peer Recovery Support Services (PRSS)

West Virginia has used SOR to implement PRSS to aid MOUD treatment retention and link individuals in recovery to support services. PRSS provide opportunities for change whereby individuals work to improve their own health through active engagement with culturally competent PRSS staff trained in evidence-based, person-centered, and trauma-informed approaches, such as MOUD treatment and contingency management for stimulant use. PRSS include emotional support, knowledge about resources and skills, and engagement with supportive recovery communities, which facilitate social inclusion.



PRSS in Jails

WVDOCR is implementing PRSS for individuals diagnosed with OUD or StUD at each of the ten regional jails. The goal of this project is to provide continuity of care, reduce overdose deaths statewide, and reduce SUD recidivism among the population involved in the correctional system. PRSS assist incarcerated individuals with

OUD in developing a recovery plan and receiving counseling, MOUD treatment, and post-incarceration social services, including housing and transportation.

Peer Residential Boarding

Peer Residential Boarding, which allows people taking MOUD, supports recovery and improves the chances for sustaining long-term recovery. SOR expanded access to recovery home beds for individuals receiving MOUD.

Mosaic

BBH partnered with the Mosaic Group, Marshall University School of Medicine, and West Virginia University School of Public Health to bring Mosaic's Reverse the Cycle Comprehensive Emergency Department Substance Use Response Program to a number of West Virginia hospitals. Peer specialists facilitate clients in developing personalized plans for recovery. PRSS are knowledgeable about managing their own recovery, with experience in how to attain and sustain recovery, and in turn, share that knowledge with others. Families Strong is a program implemented by the Mosaic group to provide support to family members of people with SUD. Families Strong was adapted from an evidence-based, mental health professional-led model to be more accessible and sustainable by using a peer-led support group approach.

Contingency Management

Using contingency management, providers offer motivational incentives to treat individuals with StUD and support their path to recovery. They recognize and reinforce individual positive behavioral change, as evidenced by drug tests that are negative for stimulants. Contingency management is the only treatment that has demonstrated robust outcomes for individuals with StUD, including reduction or cessation of drug use and longer retention in treatment.

Reaching & Serving Populations of Focus

West Virginia has implemented programs targeted toward populations of focus, including individuals in correctional settings and pregnant and parenting women.

Correctional Settings

All 10 regional jails in West Virginia offer recovery support services. The jail identifies individuals with SUD while incarcerated and refers them to PRSS. PRSS work with incarcerated individuals to develop a recovery plan to bridge the gap between being released and entering a treatment program. Other PRSS assistance includes referrals to counseling, MOUD treatment, and post-incarceration social services, including housing and transportation.

Drug-Free Moms and Babies (DFMB)

The DFMB project is a grant to West Virginia Perinatal Partnership's Drug-Free Moms and Babies program. It provides treatment and recovery services in birthing hospitals statewide. It works in communities integrating medical, mental health, and substance use services through a strong care coordination model that incorporates wraparound recovery support services and social services. While all sites are built upon the central hub of care coordination and provide required service components, they have the flexibility to provide services in ways that meet local needs and demands and are responsive to available resources.



About the Opioid Response Network (ORN): ORN is a group of diverse individuals and organizations working collaboratively to address the opioid and stimulant crisis. Funded by SAMHSA’s SOR/Tribal Opioid Response (TOR) Technical Assistance (TA) grant, ORN works with states, health professionals, community organizations, the justice system, and individuals in all 50 states and nine territories to provide education and training. **Visit the ORN website [here](#) or request training or TA [here](#).**

Disclaimer: Funding for this initiative was made possible (in part) by grant no. 1H79Tl085588-01 from SAMHSA. The information contained in this brief was provided and verified by the state/jurisdiction. The content of this publication does not necessarily reflect the views or policies of SAMHSA or the Department of Health and Human Services.