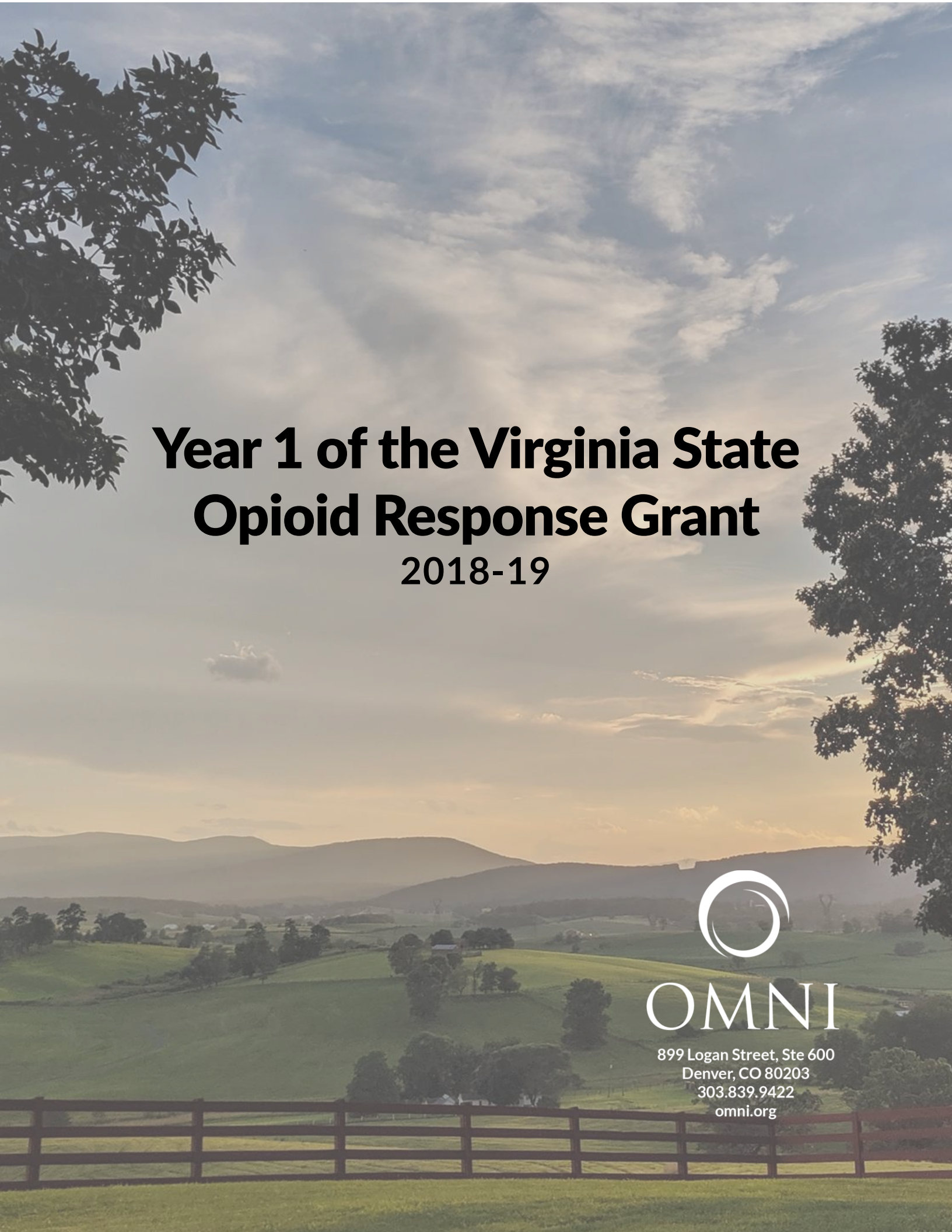


Year 1 of the Virginia State Opioid Response Grant

2018-19

OMNI

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2018-19

Submitted to:

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December 2019

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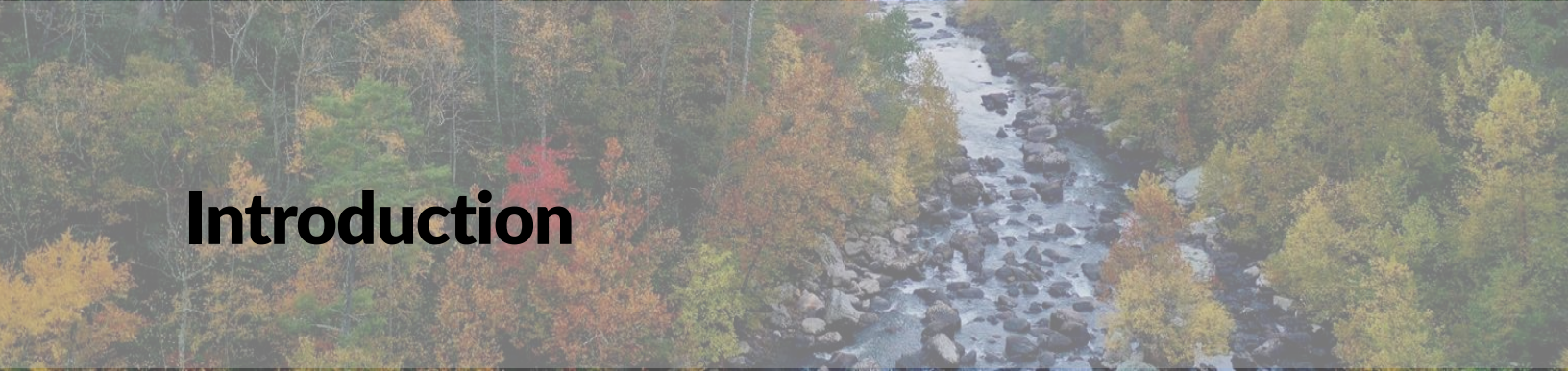
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Introduction

Virginia is utilizing State Opioid Response (SOR) grant funds to respond to needs and challenges related to opioid use disorders and opioid overdose deaths. Using a comprehensive, multi-pronged approach, Virginia is ensuring that SOR funds support state and local initiatives across the continuum of care; from prevention to treatment to recovery.

The SOR grant is a federally funded formula grant distributed by the Substance Abuse and Mental Health Services Administration (SAMHSA). The first year of SOR funding, which spanned from October 2018 to September 2019, is covered in this report.

The Department of Behavioral Health and Developmental Services (DBHDS) manages and distributes SOR funds for Virginia. A majority of the SOR funds are disbursed to the 40 Community Service Boards (CSBs) across the state and to five Federally Qualified Health Centers (FQHCs). These entities offer direct substance use disorder and opioid use disorder (OUD) programs and services to address prevention, treatment, and recovery in communities across the state. In addition to CSBs and FQHCs, several other Virginia state agencies and organizations are engaged as partners on the SOR grant, both in implementation and evaluation roles. Many of these partners are using SOR funds to continue efforts that began under the State Targeted Response grant. A full list of funded CSBs, FQHCs, and other partners is available in Appendix A.

Virginia SOR initiatives align with the strategic goals of Virginia's Governor's Executive Leadership Team on Opioids and Addiction.[1] Implementing strategies that are complementary to this team's action plan provides an opportunity to leverage state resources in addition to SOR funds to address Virginia's opioid crisis. The alignment also provides greater opportunities for broad, system-level change and sustainability of SOR-funded initiatives.

To support grant implementation, The OMNI Institute (OMNI) has worked with Virginia to establish comprehensive capacity building and evaluation planning across prevention, treatment, and recovery. OMNI designed the evaluation to track grant progress and outcomes and created an evaluation plan describing how each objective is measured and the data collection processes in place to assess progress toward desired outcomes.

OMNI prepared this report to highlight the first year of SOR activities. The report begins by summarizing all SOR objectives and progress made toward each objective to date, and then is broken into prevention, treatment, and recovery sections to provide a detailed look into the key activities and accomplishments. OMNI will continue evaluation throughout the second year of the grant to examine the impact of this funding stream on opioid-related issues in Virginia.

[1] https://www.hhr.virginia.gov/media/governorvirginiagov/secretary-of-health-and-human-resources/pdf/opioid-commission/one-pager-opioids.pdf

Summary of SOR Objectives and Progress-to-Date

CSBs use prevention funding to identify prevention priorities based on local data and pursue appropriate strategies. SOR treatment and recovery funding is used to expand capacity to provide OUD treatment and recovery services using a variety of strategies based on unique community needs. These needs range from workforce development and expansion (for example, more treatment providers and peer recovery specialists) to increased OUD treatment and recovery service provision for uninsured individuals.

The key objectives for prevention, treatment, and recovery activities are outlined below, along with updates on progress made toward each objective in year 1 of the grant.

Prevention

Objectives	Progress
Community Mobilization and Coalition Capacity Building: Increase the capacity for communities to address prescription drug and heroin overdoses.	• All 38 SOR-funded CSBs worked to build evaluation capacity through logic model development and strategy selection using national, state, and local data. • CSBs attended relevant trainings and leveraged collaborative partnerships to implement their prevention strategies.
Community Awareness and Media Messaging: Increase community awareness of local opioid overdose problems.	• All 38 SOR-funded CSBs developed prevention messaging with input from coalitions and community partners, and many used multiple platforms to customize information for their communities.
Community Educational Opportunities: Increase education opportunities statewide to learn about links between childhood trauma and substance use and abuse.	• CSBs used SOR funds to provide formal curriculum-based trainings and education targeting providers and patients across a variety of settings. • CSBs reached over 6,800 youth through youth-specific education opportunities.
Supply Reduction: Increase the number of safe storage and disposal efforts in each DBHDS region to decrease availability of prescription drugs for misuse.	• CSBs implemented strategies to reduce access to opioids through proper disposal and storage, including distribution of over 14,000 drug deactivation packets, lockboxes, and smart pill bottles. • Many communities also participated in drug take-back events and the installation of permanent drug drop boxes.
Improving Behavioral Health Equity (BHE): Improve behavioral health equity in prevention services through targeted grants to communities.	• DBHDS held a Behavioral Health Equity Summit to provide 96 community participants with frameworks, tools, and resources to understand and envision behavioral health equity in their communities. • Additionally, 12 CSBs received BHE mini-grants to reduce barriers to behavioral health and substance use care and promote equity among disparate groups.

Treatment

Objectives	Progress
Medication-Assisted Treatment (MAT) Services: Increase the number of individuals engaged in treatment who are receiving MAT for OUD and fund treatment services for at least 1,500 individuals.	• CSBs provided MAT services, along with wraparound services such as transportation and childcare, to individuals with an OUD. • A total of 262 individuals completed the standardized treatment evaluation survey. • At intake, 90% had misused opioids in the past 30 days. 48% were homeless or had unstable housing.
Prescriber Capacity and Behavior: Increase the number of prescribers supported by MAT educational and training opportunities.	• Project ECHO leveraged SOR funds to support 55 training sessions for 970 providers to build OUD treatment knowledge and capacity. • DBHDS worked with CSBs to expand MAT availability, including leveraging SOR funds to hire MAT providers. Today, all 40 CSBs provide MAT services, compared to only 18 CSBs in 2017.
***REVIVE!* Training and Naloxone Distribution:** Train a minimum of 2,000 individuals in the *REVIVE!* program and provide them with naloxone to reverse an opioid overdose.	• CSBs trained 1,140 community members in *REVIVE!* • VADOC trained more than 60% of its corrections facilities staff and has distributed more than 4,500 doses of naloxone to staff across facilities and probation and parole offices. • VDH distributed 3,510 SOR-funded naloxone kits to local health departments, CSBs, pharmacies, and law enforcement and fire protection agencies.

Recovery

Objectives	Progress
Peer Recovery Specialist Training and Certification: Increase the number of substance use disorder peers who are trained, certified, and employed as Peer Recovery Specialists (PRS).	• 328 individuals completed PRS training. • 79 PRS passed the certification exam. • 40 Certified PRS registered with Virginia's Certification Board.
Substance Use Disorder (SUD) Peers in High-Risk Settings: Increase the number of SUD peers available to support individuals in corrections facilities and emergency departments.	• *Emergency Departments:* SOR funding enabled 19 CSBs to offer peer recovery services within 33 hospitals across Virginia. • *Corrections Facilities:* CSBs are providing MAT and/or recovery services to 23 regional jails. Eight regional jails are independently providing MAT and/or recovery services with SOR funds.
Recovery Resources in Collegiate Settings: Provide consultation services, technical assistance, and financial support to at least five universities to increase recovery resources.	• Virginia Commonwealth University's Rams in Recovery program provided extensive support and technical assistance to eight other Virginia universities to expand their recovery programs.
Impact of SUD Peers on Treatment and Recovery: Assess changes in recovery outcome domains, including substance use, housing, education, employment, health, and social connectedness.[2]	• Over half (51%) of individuals participating in the SOR grant evaluation are working with a peer. • Most (88%) of these individuals state that working with a peer is moderately, considerably, or extremely helpful with recovery and maintaining sobriety.

[2] Follow-up data assessing outcomes is not yet available but will be included in the year 2 report.



Prevention Strategies and Evaluation

The prevention objectives of the State Opioid Response (SOR) grant are designed to decrease prescription drug and opioid misuse and overdoses through the implementation of a comprehensive array of prevention strategies. Thirty-eight Community Service Boards (CSBs) were funded to increase community and coalition capacity to address the opioid crisis. Capacity-building activities included completing logic models and evaluation plans with support from The OMNI Institute (OMNI). These activities ensure implementation of locally appropriate and strategic initiatives. CSBs also aimed to increase community awareness of the opioid crisis through media campaigns and messaging in various formats including television, radio, print media, and social media.

Another key prevention focus was to increase educational opportunities across the state for community members to learn about risk factors for substance use including childhood trauma and poor mental health. Communities also worked to distribute supply reduction materials such as prescription drug disposal bags and lockboxes as well as install permanent drug drop boxes and host drug take-back events. Lastly, the Department of Behavioral Health and Developmental Services (DBHDS) distributed funds to select CSBs to focus on behavioral health equity and barriers to prevention services among disparate populations in their communities. The statewide and community-level activities supported by the grant are outlined on the following pages.

Prevention Objectives

1. Community Mobilization and Coalition Capacity Building: Increase the capacity for communities to address prescription drug and heroin overdoses.

2. Community Awareness and Media Messaging: Increase community awareness of local opioid overdose problems.

3. Community Educational Opportunities: Increase opportunities statewide to deliver prescriber education to healthcare providers, teach the public about the impact of the opioid epidemic, and educate communities on the links between childhood trauma and substance use and abuse.

4. Supply Reduction: Increase the number of safe storage and disposal efforts in each DBHDS region to decrease availability of prescription drugs for misuse.

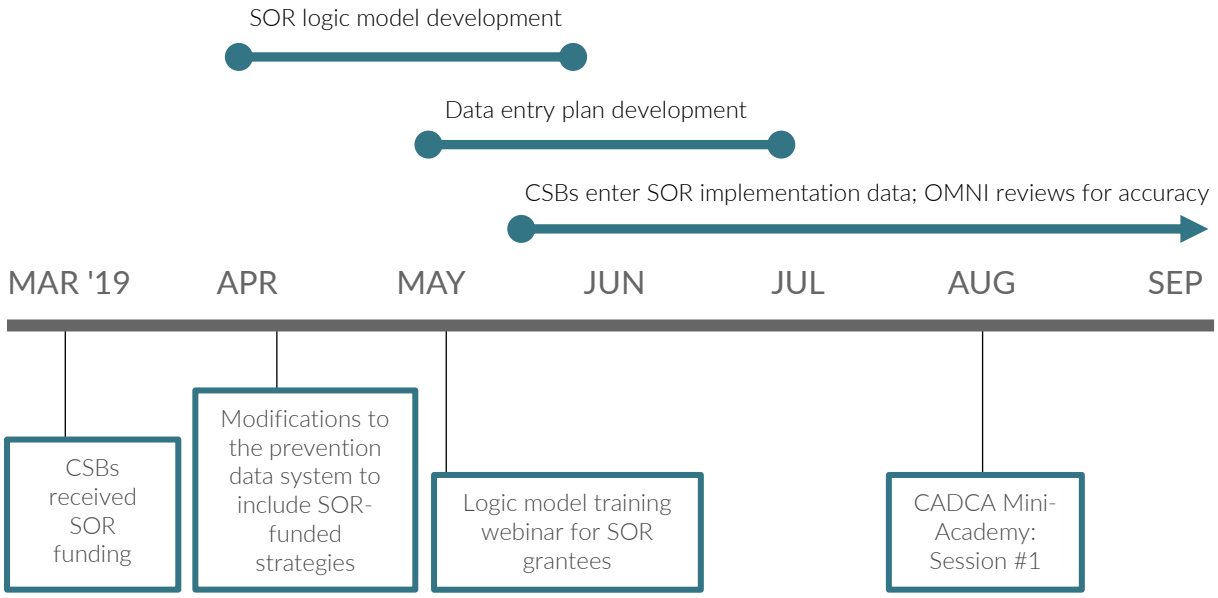
5. Improving Behavioral Health Equity: Improve behavioral health equity in prevention services through targeted grants to communities.

This section of the report presents prevention efforts accomplished in year 1 of the SOR grant, including a summary of state-level and community-level initiatives and updates on each of the five prevention objectives.

Timeline and Initiatives

Year 1 Prevention Timeline

In the first year of the SOR grant, the prevention evaluation team focused its efforts on developing logic models and data entry processes with each SOR-funded CSB, including supporting the expansion of the prevention data system to accommodate SOR efforts. In year 2, the team's focus will shift towards maintaining the quality of the data collected and conducting analyses to examine the impact of prevention efforts.



State-Level Initiatives

The following activities led by DBHDS or its partners were implemented across Virginia in year 1.

CADCA Mini-Academy: In collaboration with the Community Anti-Drug Coalitions of America (CADCA), DBHDS hosted the 2019 CADCA Virginia Mini-Academy, an abbreviated version of CADCA's National Coalition Academy training program that teaches coalition leaders the skills and processes necessary to implement the Substance Abuse and Mental Health Services Administration's (SAMHSA) Strategic Prevention Framework (SPF).

Behavioral Health Equity Summit: DBHDS hosted the Behavioral Health Equity Summit in February 2019. The summit included guest speakers, a panel discussion, and a guided workshop to help CSBs envision health equity in their communities.



Ongoing Technical Assistance (TA) Support and Data Entry Review: OMNI provided TA and support on using the prevention data system to enter implementation data. Additionally, OMNI reviewed and approved data associated with each CSB's strategies to ensure data quality and adherence to reporting requirements.



Curb the Crisis Website Transfer: Throughout the fiscal year, DBHDS worked with external marketing partner Reingold to expand Curb the Crisis, a statewide media campaign focused on linking community members to prevention, treatment, and recovery resources. The main activity in year one of the grant was to transfer the Curb the Crisis web domain which was previously hosted by the Virginia Department of Health, to DBHDS. DBHDS also worked with Reingold to conceptualize changes to the website to improve its content and functionality for use by Virginians across the commonwealth.

Community-Level Initiatives

In partnership with DBHDS, CSBs utilized SOR funding to plan and implement the following activities.



Logic Model Development: OMNI worked with each SOR-funded CSB to complete community logic models to conceptualize the relationships between planned prevention activities and desired outcomes. OMNI also supported communities in building capacity to strategically select and evaluate locally appropriate prevention initiatives.



Data Entry Planning: OMNI worked to develop individualized data entry plans with each of the 38 CSBs to capture their SOR strategies and associated data entry requirements. OMNI also made data system modifications to accommodate SOR strategies, provided data entry guidelines, and disseminated a monthly newsletter to CSBs with tips for working within the data system.



Strategy Implementation: Each CSB worked to implement strategies in support of the SOR prevention objectives. These strategies included community coalition development and supply reduction efforts, as well as information dissemination and media messaging to increase community awareness of the opioid epidemic.

Objective 1: Community Mobilization and Coalition Capacity Building

DBHDS prioritized supporting coalitions, through their CSB partners, with SOR funding dedicated to training and capacity building.

"We have been so fortunate to build strong community partnerships this year and recognize that those connections are vital to the sustainability of our programs and strategies." -Planning District 1 CSB

Coalitions are at the heart of community efforts to address the opioid crisis, and coalition development is a foundational SOR prevention strategy. With this funding, CSB staff and coalition members attended the CADCA National Coalition Academy conference and youth attended CADCA's National Youth Leadership Conference. Alleghany Highlands CSB noted, "Since our youth attended CADCA, we have started the process of establishing clubs within the schools that will be mini coalition clubs in order to meet youth where they are at."

To promote coalition capacity and teach skills necessary to implement SAMSHA's Strategic Prevention Framework, DBHDS collaborated with CADCA to host the first of two Virginia Mini-Academies. An abbreviated version of CADCA's National Coalition Academy, the Mini-Academy, was customized by DBHDS to include opioid prevention and environmental strategies.



CADCA Mini-Academy attendees, representing 17 CSBs and community coalitions.

CSBs used SOR funds to support collaborative partnerships that are integral to prevention work.

"[In our coalition] we continue to coordinate efforts, identify gaps, and build partnerships. It is a diverse and multi-disciplinary group. " -Rappahannock Area CSB

Partnerships supported supply reduction efforts, community awareness, education, and coalition participation. Examples of these partnerships include:

- Faith communities
- Funeral homes
- Utility/internet companies
- Health services, first responders, social services
- Law enforcement
- Schools/campuses
- Service organizations
- Retail locations (grocery, pharmacy, bars/restaurants)

CSBs built evalution capacity by working with OMNI to develop community logic models to guide their prevention efforts.

These logic models helped communities identify key issues related to opioid misuse, factors that impact opioid use frequency and severity, and strategies to address those factors. Through this process, communities consulted a variety of community, state, and national data sources to provide context and inform their prevention approach. Commonalities emerged across communities in the risk factors identified and the data-driven strategies implemented to address them. These common risk factors and the associated strategies being implemented are outlined below.



Risk Factor: Early Onset of Use

Associated Strategies
- ✓ Adverse Childhood Experiences (ACE) Trainings
- ✓ Youth Mental Health First Aid
- ✓ Alternative Events and Youth Leadership



Risk Factor: Low Perception of Risk and Community Awareness

Associated Strategies
- ✓ Community Events and Presentations
- ✓ Media Campaigns
- ✓ Prescriber, Pharmacy, Emergency Department, and Patient Education
- ✓ Coalition Development



Risk Factor: Ease of Access and Lack of Safe Disposal Means

Associated Strategies
- ✓ Drug Take-Back Events
- ✓ Permanent Drug Drop Boxes
- ✓ Prescription Drug Lockboxes
- ✓ Drug Deactivation Packets
- ✓ Prescription Bag Stickers and Smart Pill Bottles



Risk Factor: Poor Mental Health and Wellness

Associated Strategies
- ✓ *REVIVE!* Trainings
- ✓ Adult Mental Health First Aid Training
- ✓ Lock & Talk Device Distribution
- ✓ Lock & Talk Merchant Education
- ✓ Lock & Talk Information Dissemination

Objective 2: Community Awareness and Campaigns

CSBs developed messaging with community and coalition input and used multiple platforms to customize information for each community.

Every SOR-funded CSB implemented a community awareness and prevention messaging campaign. Some engaged marketing professionals to develop messaging, expand campaign reach, and quantify impact with analytics.

The variety of platforms used to deliver prevention messaging this year is noteworthy and may translate into more impressions and individuals exposed to prevention messaging. Grassroots campaigns such as speaking engagements, events, and distribution of print messaging are common. However, CSBs appear to be increasing their use of digital platforms and social media, allowing them to target specific subpopulations. One CSB disseminated ads digitally to smartphones using a technique called geo-fence targeting to push ads only to certain age ranges. Social media platforms such as Snapchat and Instagram were successful in reaching target age ranges with opioid prevention messaging.

"Marketing has been a huge part of our strategy for this fiscal year. Prevention has been able to hire our first marketing firm through SOR funding,"
-Alleghany Highlands CSB

Goochland-Powhatan CSB's coalition-produced video was honored:
"[Our coalition] won a 2019 Aster Healthcare Marketing Award for videos of local residents impacted by opioid misuse. The videos are used to show that opioid misuse happens here and that there are resources available to prevent opioid misuse."

Public Display

1.3 million
individuals targeted

- ✓ Billboards
- ✓ Bus boards
- ✓ Banners
- ✓ TV/video/cinema campaigns

Social Marketing

1.4 million
individuals targeted

- ✓ Public service announcements
- ✓ Social media sites
- ✓ Websites

In-Person/Events

39,000
individuals reached

- ✓ Speaking engagements
- ✓ Health fairs
- ✓ Community events

Print Materials

590,000
individuals reached

- ✓ Flyers/brochures
- ✓ Pharmacy bags
- ✓ Resource guides
- ✓ T-shirts/totes/ magnets/coasters

Arlington CSB expects their bus campaign will garner over a million impressions.





Norfolk CSB's coalition reached 6,000 people with prevention information on t-shirts and backpacks and distributed 4,000 *REVIVE!* info cards at one event.

Objective 3: Community Educational Opportunities

Providing educational opportunities that engage entire communities in preventing opioid use is a main priority of the SOR prevention grant. To this end, CSBs across Virginia implemented educational programming targeting various subgroups of their communities. Some of the most prominent areas of focus are highlighted below, including curriculum-based trainings, youth education opportunities, and opioid misuse prescription education.

Many CSBs used SOR funds to provide formal curriculum-based training to community members.

Participants in these training included families, teachers, college students, first responders, and medical professionals. Trainings were also delivered specifically to Spanish-speaking populations.

"[We have] been able to integrate messaging about opioid misuse/abuse with other topics such as adverse childhood experiences and suicide prevention initiatives to address community concerns and highlight the interrelatedness of mental health and substance use issues."
-Prince William CSB

Adverse Childhood Experiences (ACE) Training

provided to

576

individuals across

3

SOR-funded CSBs.

Mental Health First Aid Training

provided to

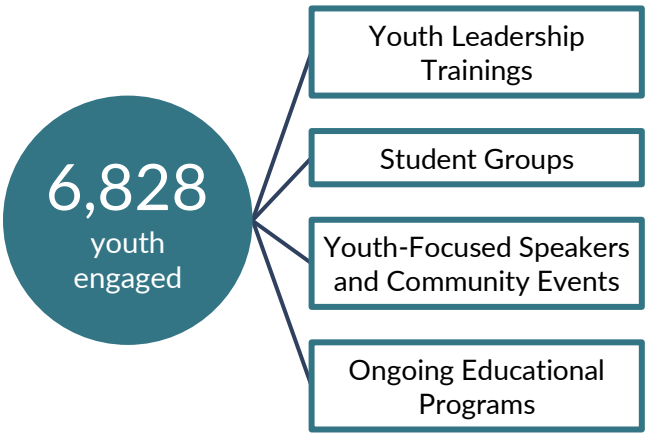
99

individuals across

2

SOR-funded CSBs.

Over a quarter of CSBs offered youth-specific education in the form of events, training, youth-focused media campaigns, and other programming.



"Despite the fact that our event fell on...the hottest day of the summer, we had over 100 teens in attendance. The feedback from our participating partner agencies was overwhelmingly positive and many have already indicated a strong interest in participating again next year!"
-New River Valley CSB

Several CSBs implemented strategies to address misuse of prescription opioids through education targeting providers and patients in a variety of settings, including doctor's offices, pharmacies and emergency departments.

4

SOR-funded CSBs engaged

792

individuals.

Providers

- Opioid Medical Symposium
- Alternative treatment training (e.g., Alpha-Stim, acupuncture)
- Medical conferences
- Employee trainings
- Naloxone education

Patients

- Posters/videos in waiting rooms
- Informational rack cards

Eastern Shore CSB Hosted the 2nd Annual Opioid Medical Symposium: "Evaluation efforts indicated a strong increase in [health provider] knowledge and strategies to reduce prescription opioid access."

Objective 4: Safe Disposal and Storage

SOR-funded communities aimed to reduce access to opioids by promoting proper disposal and storage of prescription medications.

Drug Deactivation Packets

10,672

distributed across

20

SOR-funded CSBs.

Prescription Drug Lockboxes

3,193

distributed across

16

SOR-funded CSBs.

Smart Pill Bottles

576

distributed across

2

SOR-funded CSBs.

"Our drug disposal pouches are so popular some locations have run out and are requesting more." -Chesterfield CSB



These efforts involved developing partnerships with individuals and agencies well-positioned to address supply-related prevention, including police departments, pharmacies, hospitals, clinics, nursing homes, funeral homes, grocery stores, and home healthcare providers. SOR funds have been used to purchase devices aimed at reducing access to prescription medication. CSBs distributed devices to community members directly (at events, presentations, and trainings), as well as indirectly by giving devices to service providers for distribution to their clients.

Many communities participated in supply reduction efforts such as drug take-back events and the installation of permanent drug drop boxes.

CSBs reported installations of first-ever drug drop boxes as well as new partnerships with entities such as law enforcement, colleges, and grocery/pharmacy chains to facilitate safe disposal and storage. One event, "Operation Medicine Cabinet" was held at a university and led to the collection of over 1,500 pounds of medications (Rappahannock Area). Further, the school installed a permanent drop box on campus.

"[We] established the first drug take-back box at a public safety building."
-Chesapeake CSB



Permanent Drug Drop Boxes

700,000+

individuals with access across

4

SOR-funded CSBs.

Drug Take Back Events

405

individuals participated across

2

SOR-funded CSBs.

Objective 5: Behavioral Health Equity

DBHDS held a Behavioral Health Equity Summit, a day-long event focused on providing communities with frameworks, tools, and resources to understand and envision behavioral health equity in their communities.

The summit, held in February 2019, included presentations about social determinants of health, disparities in mortality rates across Virginia, the role of social bias in behavioral healthcare, and the role of health equity in same-day access. The summit also included a panel discussion on health equity in action and a workshop for CSBs to conceptualize root causes, consequences, and interventions to combat inequities in their communities.

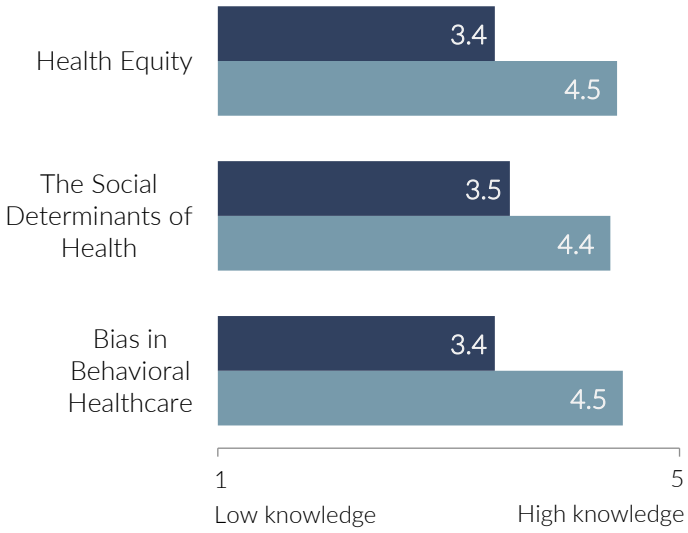
96 Participants

8 Speakers

2 ASL Interpreters



Participants increased their knowledge of key behavioral health issues from pre-summit to post-summit



Positive feedback from summit attendees:

"The info presented was useful, and I could see how I could tie it back to the community I work in."

"This was an excellent training. The presentations were infused with excellent information and [were] highly engaging."

"This workshop provided me valuable info and skills to help address health equity and social determinants of health in my community."

After the summit, 12 CSBs submitted applications and were awarded behavioral health equity mini-grants to address behavioral health equity in their communities.

CSBs used behavioral health equity funds to implement initiatives designed to reduce barriers to behavioral health and substance use care and promote equity among disparate groups.

Some of the groups targeted by CSBs included non-English speaking populations, the LGBTQ+ community, veterans, grandparent or other relative caretakers, and persons with disabilities, including those with hearing and visual impairments.

Commonly funded initiatives included material translation, cultural and sensitivity training, community outreach and coalition capacity building, and development of inclusive programs, trainings, services, and environmental updates.

"To address behavioral health equity concerns and increase awareness of opioid misuse within the Spanish speaking communities, we have developed a Spanish language billboard to display in the area [and will] disseminate information about access to CSB services in Spanish and English."
-Hampton-Newport News CSB



What's Next

In year 2 of the SOR grant, funding has been distributed to all 40 CSBs to continue the implementation of strategies designed to decrease prescription drug misuse and overdose deaths. CSBs will continue to engage in community mobilization and capacity building through their work with coalitions, work to decrease access to opioids through supply reduction strategies, increase awareness through media campaigns like Curb the Crisis, and offer educational training such as ACE Interface to strengthen community engagement in combatting the opioid crisis.

In addition, DBHDS has distributed a second year of Behavioral Health Equity grants and will continue to collaborate with CADCA to offer a second Mini-Academy session. OMNI will continue to partner with DBHDS and CSBs to execute the SOR evaluation plan, which will include training, technical assistance, implementation data entry support and review, tracking of key indicators, and qualitative data collection to understand the impact of SOR strategies throughout the state.

Treatment Strategies and Evaluation

The treatment objectives of the State Opioid Response (SOR) grant are designed to improve access and availability of opioid use disorder (OUD) treatment services and increase the number of people who receive OUD treatment. Thirty-eight Community Service Boards (CSBs) and five Federally Qualified Health Centers (FQHCs) received SOR treatment funding in year 1, along with the Virginia Department of Health (VDH) and the Virginia Department of Corrections (VADOC).

SOR funds are being used to pay for treatment providers and to fund treatment services, such as Medication Assisted Treatment (MAT), when insurance is not available. SOR funds are also utilized for wraparound services that help individuals adhere to treatment plans, such as transportation to appointments and childcare during treatment sessions. Individuals receiving MAT or wraparound treatment services are eligible to participate in the SOR treatment evaluation by completing a standard survey, as a part of the Government Performance and Results Act (GPRA). The treatment evaluation team will analyze GPRA data to examine how SOR-funded treatment services impact substance use and quality of life.

In addition to treatment services, SOR funds are used to build the workforce of substance use disorder treatment providers by supporting continuing education opportunities for providers on best practices in OUD treatment. The evaluation plan includes monitoring trends in the number of qualified MAT providers in the state as well as data on opioid prescribing patterns.

Finally, several harm reduction efforts are included among the treatment strategies, including statewide distribution of the overdose reversal drug naloxone and trainings on its appropriate administration. These initiatives are equipping community members, law enforcement officers, first responders, corrections officials, and the family and friends of individuals with an opioid addition to prevent opioid overdose deaths.

Treatment Objectives

1. Medication-Assisted Treatment (MAT) Services: Increase the number of individuals engaged in treatment who are receiving MAT for OUD and fund treatment services for at least 1,500 individuals.

2. Prescriber Capacity and Behavior: Increase the number of prescribers supported by MAT educational and training opportunities.

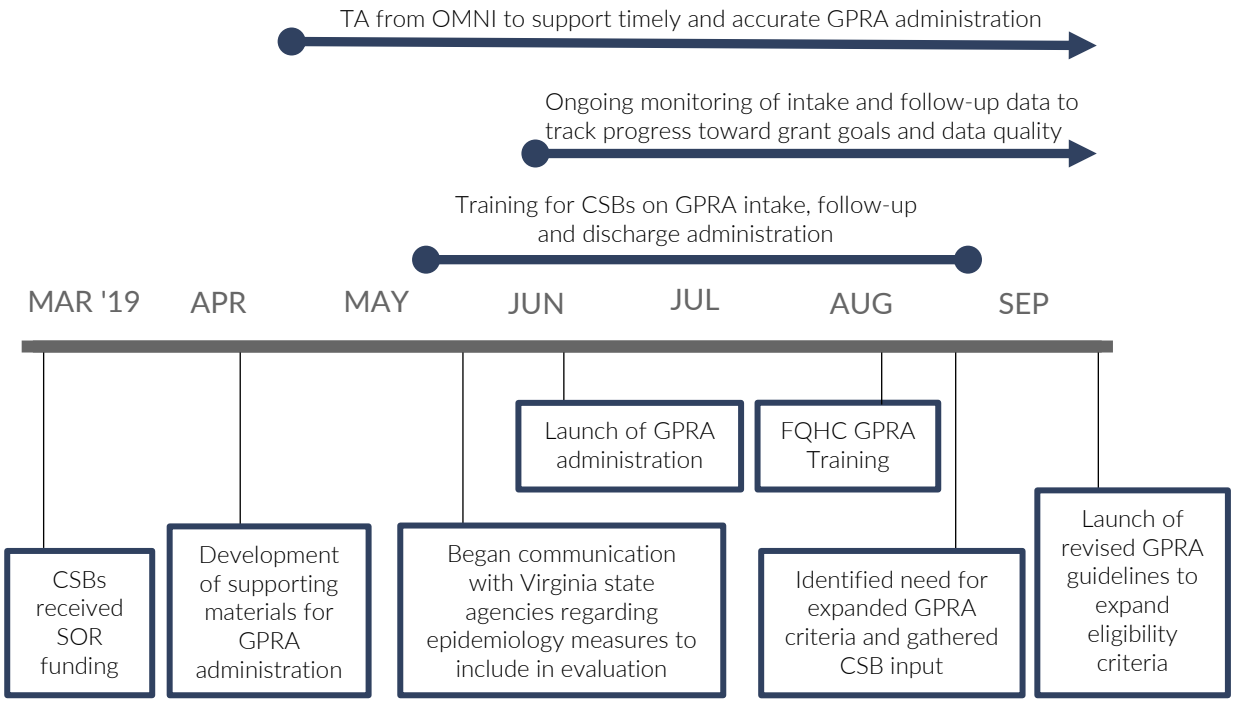
3. *REVIVE!* Training and Naloxone Distribution: Train a minimum of 2,000 individuals in the *REVIVE!* program and provide them with naloxone to reverse an opioid overdose.

This section of the report presents treatment efforts accomplished in year 1 of the SOR grant, including a summary of state-level and community-level initiatives and updates on each of the three treatment objectives.

Timeline and Initiatives

Year 1 Treatment Timeline

In the first year of the SOR grant (March - September 2019), CSBs and FQHCs built treatment capacity and began GPRA survey administration. The timeline below outlines efforts by The OMNI Institute (OMNI), CSBs, and FQHCs for GPRA development, training, implementation, and data management.



State-Level Initiatives

The following activities led by DBHDS or its partners are being implemented across Virginia.

Project ECHO Provider Education: Project ECHO is an online knowledge-sharing network to enhance provider understanding of best practices for treating opioid addiction. Three universities in Virginia, with organizational support from the Virginia Department of Health, manage this program.

***REVIVE!* Training:** *REVIVE!* is Virginia's opioid overdose and naloxone education training program to help individuals recognize and respond to an opioid overdose with the administration of naloxone. Training is provided to community members, law enforcement officers, first responders, and corrections facility staff. DBHDS provides oversight for *REVIVE!* trainings conducted in communities across Virginia.



Naloxone Distribution and Administration: Naloxone is distributed to individuals through a variety of channels, including *REVIVE!* trainings, CSBs, and local public health centers. VDH uses SOR funds to purchase naloxone and provide it to community organizations for distribution. Naloxone was also distributed through VADOC to staff in corrections facilities and communities.



Harm Reduction Vehicles: Two harm reduction vehicles were introduced to reach populations across the state, especially in outlying rural populations. Staff on these vehicles deliver peer engagement services, distribute naloxone, provide needle exchange services, and educate individuals on prevention of bloodborne pathogens.



Ongoing Technical Assistance, Training, and Support: OMNI's technical assistance (TA) team directly connected with all CSBs and FQHCs to support evaluation implementation. Through in-person training, webinars, phone calls, and emails, OMNI has provided GPRA trainings, consultation on GPRA implementation, planning support for the expansion of GPRA eligibility, and survey data collection assistance.

Community-Level Initiatives

CSBs and FQHCs are using SOR funding to implement a combination of strategies outlined below.



Capacity Building: CSBs have bolstered their treatment programs and capacity by hiring staff to provide treatment services, support clients with wraparound services, and administer the GPRA. In addition to adding staff, sites are developing new programs and building innovative infrastructure to support these services.



Implementation and Expansion of Treatment Services: CSBs and FQHCs are using SOR funds to support the provision of OUD treatment services. They have increased the availability of MAT and other modalities like Cognitive Behavioral Therapy and intensive outpatient services through the SOR grant.



GPRA Survey Administration: The GPRA is a required assessment tool for any SAMHSA-funded grant, such as SOR. It is administered at intake to services, six months after intake, and at program discharge. All CSBs and FQHCs providing treatment services with SOR funding administer the GPRA survey to individuals who consent to participate in the SOR treatment evaluation.



Wraparound Services: SOR funding has supported expansion of wraparound supports that are critical to treatment success and overcoming treatment barriers, including transportation, childcare, and service vouchers. These services enable individuals to better adhere to treatment plans and achieve desired treatment outcomes.

Objective 1: Medication-Assisted Treatment (MAT) Services

The GPRA survey collects data on individuals receiving SOR-funded OUD treatment services. Individuals engaged in MAT Treatment and related OUD services were asked to complete the GPRA survey. Information obtained from the GPRA will be used to track treatment trends, progress, and community supports and needs.

262
GPRA surveys completed across Virginia from June to September 2019

The number of individuals who were eligible to complete the GPRA in year 1 was lower than expected due to recent changes in Virginia Medicaid eligibility. With the expansion of Medicaid, more individuals are covered on Medicaid for mental health and substance use treatment services and did not need to rely on SOR grant funding for treatment services. While Medicaid expansion is a more sustainable treatment option for Virginia residents, it has limited the number of individuals who qualify for the SOR grant evaluation. To increase the number of people eligible for the GPRA in year two, GPRA eligibility criteria were expanded to cover OUD services beyond MAT, including peer support services, intensive outpatient, inpatient, recovery services, and groups.

Year 1 GPRA data is descriptive of individuals who are receiving MAT services funded by the SOR grant. Future reports will have follow-up data that will allow for analysis of changes over time on these topics covered in the GPRA:

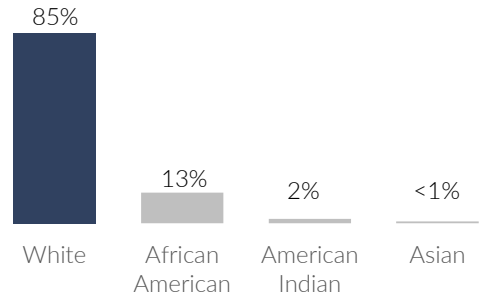
- Substance use history
- Mental health and physical needs
- Relationships and family support
- Education and employment
- Living conditions

Participant Demographics

Participants were asked demographic questions (gender, race, ethnicity, age) and questions about military history, educational level, and employment status during the intake GPRA. The following demographics represent responses collected from 262 completed GPRAs.

More than half (53%) of participants are male, most are White, and only a small percent (1.5%) reported being Hispanic or Latinx.

Participants were predominately white (85%).



The majority of participants reported their sexual orientation as straight.

Category	Percent of Participants
Straight	94%
Gay/Lesbian	4%
Bisexual	2%
Other	<1%

Average age: 39 years

Participants ranged in age from 18 to 68 years.

96% reported never serving in the military

63% have a high school diploma or higher education

58% reported being unemployed

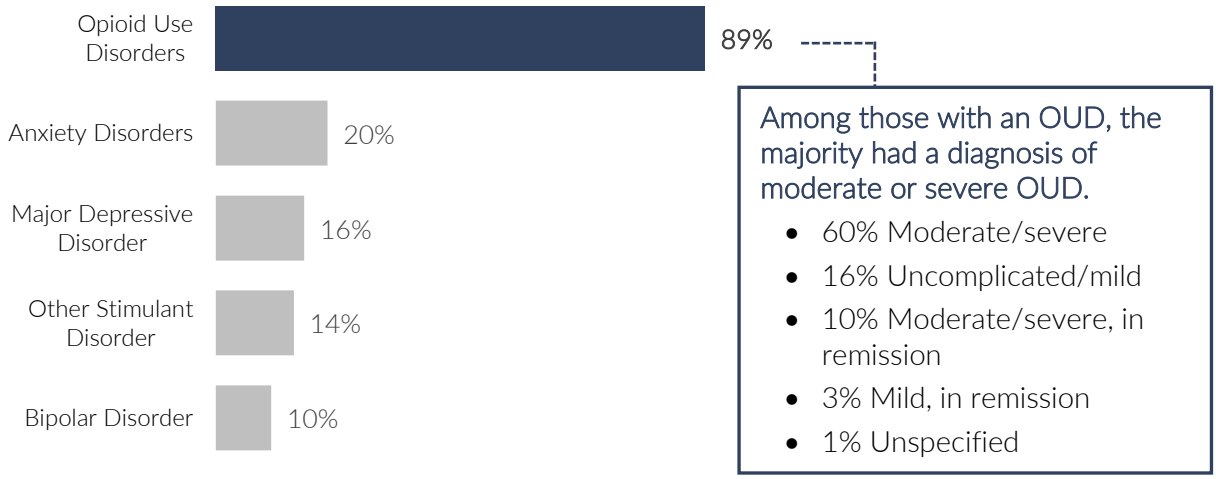
92% of participants reported they had engaged in substance use treatment at least once before their current treatment.

Addiction is a chronic disease, and this is characteristic of the cyclical nature of the treatment and recovery process. It underscores the need for comprehensive and sustained treatment services across the state.

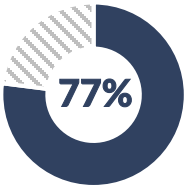
Substance Use History and Diagnoses

Opioid use disorders were the most frequently reported diagnoses.

The GPRA collects information on participants' Diagnostic and Statistical Manual of Mental Disorders (DSM-5) substance use and behavioral health diagnoses. Below are the percentage of participants with each diagnosis. Participants may have more than one diagnosis, therefore percentages may sum to greater than 100%.



Co-occurring mental health and substance use disorders are very common.



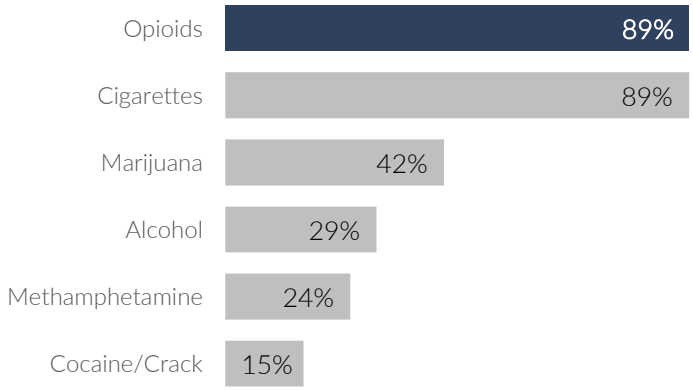
of participants who were screened have co-occurring mental health and substance use disorders.

The SOR grant is intended to treat individuals with OUD, but these individuals often present to treatment with co-occurring symptoms that need to be addressed for effective treatment.

90% of participants reported misusing opioids in the past 30 days.

Two-thirds of respondents reported using illegal drugs (illicit substances including marijuana or misused/non-prescription opioids) in the past 30 days. Cigarette use was as common as opioid misuse, and among those who reported cigarette use, three quarters used cigarettes every day in the previous month.

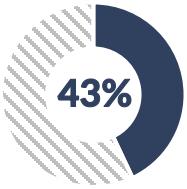
Participants may have used more than one substance, so the sum of percentages is greater than 100%. Opioid use reported here includes misuse or illicit use only; it does not include appropriate use of prescribed opioid medications. Percentage of participants who reported the use of each substance in the past 30 days:



Of those who misused opioids:

- 42% misused prescription opioids
- 32% misused non-prescription opioids
- 26% misused both

More than 40% of participants have overdosed on drugs at least once in their life.



of participants have overdosed on drugs at least once in their life.

17 participants

reported they had been revived from an overdose with naloxone.

Sharing injection equipment is a significant public health risk and is common among injection drug users.

29% of those who used substances in the past month injected them.

74% of those who injected substances reported they used shared injection equipment more than half the time or always in the past month.

Individuals who inject substances are at significantly greater risk of health issues including HIV and Hepatitis C, and the prevalence of injection use warrants public health attention. These data affirm the need for harm reduction vehicles that Virginia is funding through SOR. Among other services, these vehicles provided more than 10,000 sterile syringes and collected nearly 22,000 used syringes for disposal in year 1 of the grant. These services can reduce the sharing of injection equipment and its associated health risks.

Factors Affecting Treatment

SOR funds are increasing the availability of MAT and opioid treatment services across the commonwealth. In addition to increasing availability of treatment, it is important to address factors impacting individual capacity to access and engage in treatment, such as unstable housing and lack of access to reliable transportation, by providing wraparound treatment services.

Almost half of the participants are either homeless or do not have stable housing, which can play a significant role in treatment adherence and outcomes.

Housing

48% are either homeless or have unstable housing. (39% are staying in someone else's home and 9% live on the streets, a shelter, hotel/motel, or in a vehicle).

Transportation

45% have a valid driver license and 85% have reliable transportation.

Peer Support

50% are working with a peer recovery specialist.

Mental Health and Trauma

Substance use and mental health challenges are often connected to personal history and trauma. The GPRA survey defines trauma as violence in any setting, including community or school violence, domestic violence, physical, psychological, or sexual maltreatment/assault within or outside of the family; natural disaster; terrorism; neglect; or traumatic grief.

More than half of the participants have experienced trauma or mental health concerns, underscoring the need for treatment that addresses participants' substance use and mental health histories concurrently.

2 out of 3

participants have experienced trauma in their lives.

In the last 30 days...



Quality of Life

Throughout the GPRA, participants are asked to rate their satisfaction with several aspects of their life. Together, these items are a representation of participants' perceived quality of life. Participants were asked to rate their satisfaction from 1 (very dissatisfied) to 5 (very satisfied). Average satisfaction scores ranged from 3.37 to 3.74 out of 5.

Aspect of Life	Average Satisfaction (Out of 5)
Conditions of living place	3.74
Health	3.54
Ability to perform daily activities	3.42
Yourself	3.41
Personal relationships	3.37

Objective 2: Prescriber Capacity and Behavior

Across Virginia and the nation, there is a shortage of opioid treatment services. In 2016, 85% of U.S. counties did not have an opioid treatment program that could provide MAT for individuals diagnosed with an OUD.[3] Increasing the number of providers eligible to prescribe MAT medications is foundational to expanding opioid treatment services.

Availability of MAT Providers

Federal legislation permits physicians who meet certain qualifications to treat opioid dependency with narcotic medications in treatment settings. Qualified physicians may obtain a waiver to treat opioid dependency with Schedule III, IV, and V medications, or combinations of such medications, that have been approved by the Food and Drug Administration (FDA). Depending on a prescriber's experience treating OUD, they will be waivered to treat a certain number of patients with MAT at a time. SAMHSA tracks the number of waivered prescribers and patients they can treat.

[3] https://www.whitehouse.gov/sites/whitehouse.gov/files/images/Final_Report_Draft_11-1-2017.pdf

As of November 2019, there are 1,903 waivered prescibers in Virginia with the capacity to provide MAT services to over 113,000 patients.[4]

It is important to note that not all providers who have a waiver actually provide MAT services, so the true capacity of MAT services available to individuals with OUD is lower.

1,903
Waivered MAT Providers in Virginia

Number of providers in Virginia with waivers to provide MAT as of November 2019.

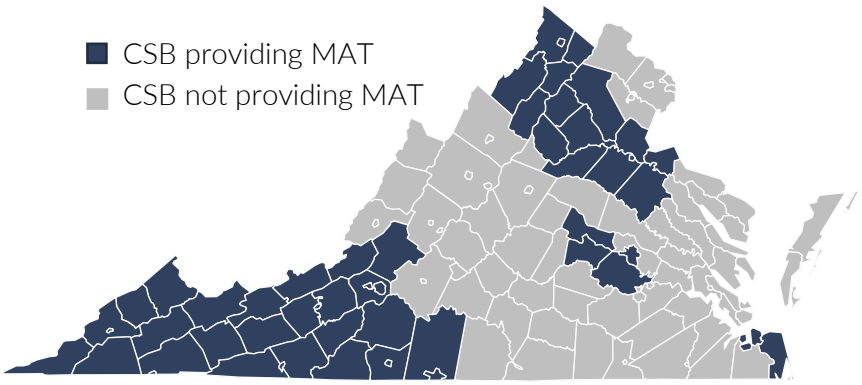
1,386
can treat up to 30 patients.

404
can treat up to 100 patients.

113
can treat up to 275 patients.

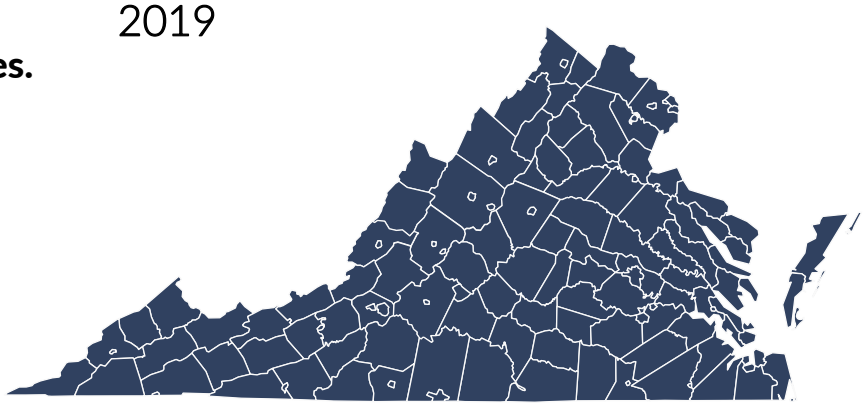
In 2017, only 18 of the 40 CSBs provided MAT. Since then, DBHDS has worked with CSBs around the state to expand MAT services, including leveraging SOR funds to hire MAT providers.

2017



Today, all 40 CSBs provide MAT services.

2019



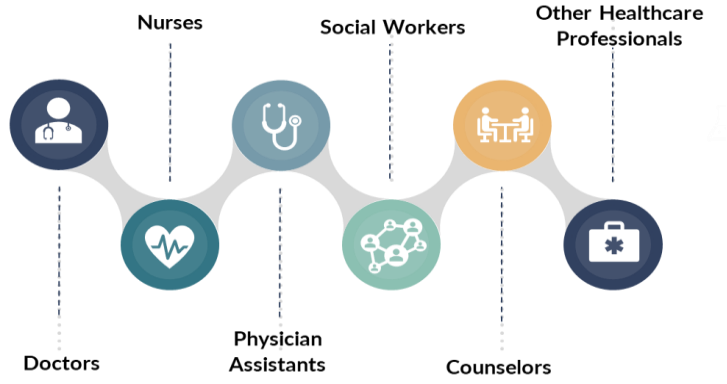
[4] https://www.samhsa.gov/medication-assisted-treatment/practitioner-program-data/certified-practitioners

Provider Capacity-Building Opportunities through Project ECHO

The SOR grant provides funds to Project ECHO, a telehealth program providing clinical guidance and mentoring to healthcare professionals for support and workforce development. Project ECHO has three hubs in Virginia: Virginia Commonwealth University, Virginia Tech Carilion School of Medicine, and University of Virginia. Project ECHO provides a platform for healthcare providers to present de-identified patient cases, including complex cases of opioid use disorder. Experts discuss methods of best practice care to further provider knowledge and OUD treatment efficacy. SOR funding allowed for expansion of Project ECHO in 2019. The data below is inclusive of Project ECHO efforts from May 2018 through August 2019.

There were 55 Project ECHO learning sessions with a total of 970 interdisciplinary participants representing 115 health centers and clinics.

Disciplines represented among Project ECHO attendees:



Example learning session topics:

- Introduction to Opioid Use Disorders
- Pharmacotherapy for OUD
- Harm Reduction of Opioids
- Embedding Peer Recovery into Office-Based Opioid Treatment Settings

Prescriber Behavior Tracked in Virginia's Prescription Monitoring Program

Prescription Drug Monitoring Programs are databases that give prescribers access to patients' controlled-substance prescription history. Such programs "assist health professionals in identifying patients who may be misusing prescription opioids or other prescription drugs and who may be at risk for abuse or misuse."[5] Although SOR funds do not directly impact Virginia's Prescription Monitoring Program (PMP), the PMP is a useful tool to track changes in prescribing patterns and behaviors that reflect safe prescribing and dispensing practices, which may be influenced by SOR-funded initiatives. Data in this section highlight recent opioid prescription behavior reported by the PMP in their 2018 annual report.[6] This report covers the period from January 2017 to June 2018. Future reports will examine this data from the SOR grant funding period.

[5] https://www.whitehouse.gov/sites/whitehouse.gov/files/images/Final_Report_Draft_11-1-2017.pdf
[6] https://www.dhp.virginia.gov/media/dhpweb/docs/pmp/reports/2018AnnualReport.pdf

PMP data from January 2017 to June 2018 show decreased prescribing of opioids and increased use of the PMP across Virginia.

Decreased Opioid Prescribing

30% decrease in number of opioid doses dispensed per month.

25% decrease in number of patients receiving opioids per month.

10% decrease in number of practitioners prescribing opioids per month.

Increased PMP Utilization

410% increase in number of patient history queries per quarter.

Objective 3: Naloxone Training and Distribution

Naloxone is a medication used to prevent opioid overdose by blocking opioid receptor sites and reversing the lethal effects of the overdose.[7] SOR funding is used to purchase naloxone for distribution across Virginia communities and for CSBs to increase the number of naloxone trainings provided to community members. Virginia has passed key legislation that supports widespread distribution and use of naloxone:[8]

Naloxone Access: Legislation that grants permission for lay distribution of naloxone by organizations and an accompanying standing order, which allows anyone to request naloxone.

Good Samaritan Law: Legislation that provides protections for individuals who report an overdose.

In addition to legislative efforts, there has been a large priority placed on increasing opioid awareness education. Naloxone training teaches individuals to recognize and respond to an opioid overdose emergency with the administration of naloxone.

Naloxone access and Good Samaritan laws are associated with:

- Increases in naloxone distribution through retail pharmacies
- Increases in the number of community programs that distribute naloxone
- Decreases in opioid overdose deaths[8]

REVIVE! Naloxone Training

REVIVE! is the statewide opioid overdose and naloxone education program for Virginia. *REVIVE!* training is offered to community members, health professionals, law enforcement, emergency medical services (EMS), and others interested in preventing and reducing opioid overdoses.[9]

[7] https://www.samhsa.gov/medication-assisted-treatment/treatment/naloxone
[8] https://www.networkforphl.org/_asset/qz5pvn/network-naloxone-10-4.pdf
[9] http://www.dbhds.virginia.gov/behavioral-health/substance-abuse-services/revive

Together, these groups are well-positioned to reduce opioid overdose deaths through naloxone administration. *REVIVE!* trainings put lifesaving education and tools in the hands of these critical populations by covering the following topics:

- Protection from civil liability and safe reporting of overdoses law
- Addiction
- Opioid overdose emergencies and how to recognize them
- How naloxone works
- Risk factors that make someone more susceptible to an opioid overdose
- Instructions for naloxone administration

Since the start of the SOR grant, thousands of community members and VADOC staff members have completed *REVIVE!* training.

CSB *REVIVE!* Trainings Funded by SOR
March - September 2019

1,140
community members trained in

71
REVIVE! trainings across Virginia

VADOC *REVIVE!* Trainings Funded by SOR
March - September 2019

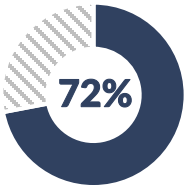
61%
of corrections facility staff are trained

56%
of parole and probation staff are trained

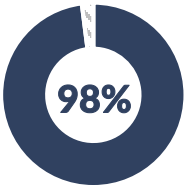
The 71 SOR-funded community trainings were conducted by 20 different CSBs. Other entities also conducted community based *REVIVE!* trainings in the same period using various funding sources. Across all funding sources, including SOR, a total of 409 trainings were held and 4,119 individuals trained from March to September. The SOR-funded trainings accounted for more than 25% of all community members trained in this period in Virginia.

REVIVE! trainings are effective at teaching participants to administer naloxone and encouraging them to obtain their naloxone kit.[10]

Among *REVIVE!* participants who completed the post-training evaluation since 2018:



plan to obtain naloxone following training.
(n=10,433)



feel comfortable with the procedure for administering naloxone.
(n=8,390)

This represents more than 7,400 individuals planning to obtain naloxone, each one an opportunity to save a life.

[10] Data on the impact of *REVIVE!* trainings includes all training evaluations conducted since 2018; it is not limited to the individuals trained since the SOR grant began or to SOR-funded *REVIVE!* trainings.

Naloxone Distribution

VDH distributed 3,510 SOR-funded naloxone kits across Virginia in the first year of the grant.

The Virginia Department of Health (VDH) purchases naloxone and distributes it to local health departments, CSBs, and first responders across the state. VDH has leveraged several funding streams to distribute more than 30,000 naloxone kits since 2016, the majority of which went to local health departments. SOR funding is being provided to VDH to boost naloxone purchase and distribution. The data below represent naloxone purchased and distributed by VDH using SOR funds in the first year of the grant. Going forward, VDH plans to increase distribution to CSBs and law enforcement and fire agencies.



VADOC distributed more than 4,500 doses of naloxone to staff in corrections facilities and probation and parole offices across the state.

Year 1 SOR funding provided to the Virginia Department of Corrections was used to purchase and distribute 2,279 boxes of the Narcan brand of naloxone (two doses are included in each box for a total of 4,558 doses). These naloxone boxes were provided to staff in 38 corrections facilities (state prisons and corrections centers) and 42 probation and parole offices across the state.

What's Next

In year 2 of the SOR grant, CSBs and FQHCs will continue providing treatment and wraparound services to individuals. They will continue to administer the GPRA survey, including the 6-month follow-up survey, which will allow for evaluation of the impact of treatment on individuals over time.

OMNI will continue to partner with DBHDS, CSBs, FQHCs, and other state agencies to execute the SOR evaluation plan. This work will include in-depth analysis of impact of treatment and wraparound services on individuals using GPRA survey data and qualitative data collection. OMNI and DBHDS will also continue tracking key indicators across the state that demonstrate how Virginia is addressing opioid addiction, including PMP and other epidemiological data.



Recovery Strategies and Evaluation

Recovery objectives of the State Opioid Response (SOR) grant are designed to increase the number of individuals with opioid use disorder (OUD) receiving recovery services. The overarching SOR recovery grant goal is to expand the implementation of recovery services across settings, including Community Service Boards (CSBs), Federally Qualified Health Centers (FQHCs), emergency departments (EDs), local health districts, colleges/universities, and corrections-based settings. Using SOR grant funds to train and certify substance use disorder (SUD) Peer Recovery Specialists (PRS), who can then offer an array of recovery services across multiple settings, is the primary strategy through which SOR recovery grant goals and objectives will be accomplished. Specific recovery objectives for the SOR grant are listed below.

Recovery Objectives

1. Peer Recovery Specialist Training and Certification: Increase the number of SUD peers who are trained, certified, and employed as PRS.

2. SUD Peers in High-Risk Settings: Increase the number of SUD peers available to support individuals in an increased number of corrections facilities and emergency departments.

3. Recovery Resources in Collegiate Settings: Fund and provide consultation services, technical assistance, and financial support to at least five universities to increase recovery resources.

4. Impact of SUD Peers on Treatment and Recovery Outcomes: Assess changes in recovery outcome domains, including substance use, housing, education, employment, health, and social connectedness using the Government Performance and Results Act (GPRA) assessment tool.

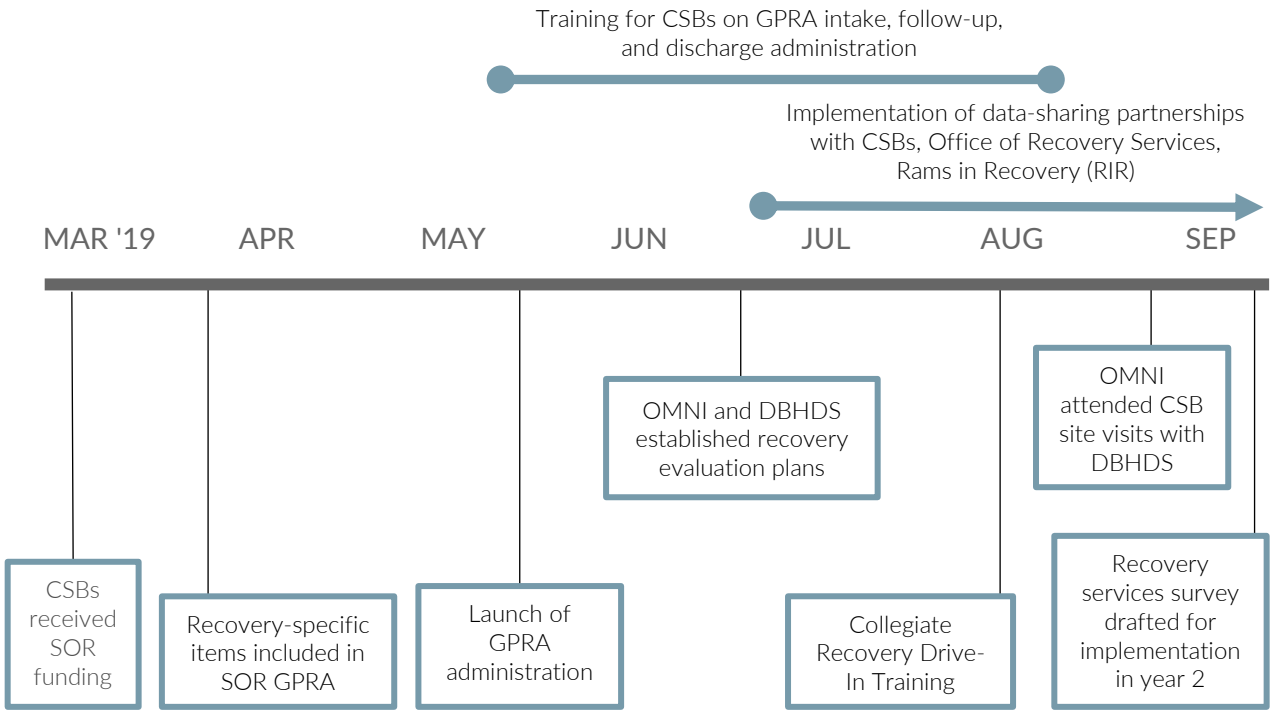
This section of the report presents recovery efforts accomplished in year 1 of the SOR grant, including a summary of state-level and community-level initiatives, progress on each of the four recovery objectives, and baseline GPRA data for SOR clients engaged in peer recovery services.

Throughout this report, the phrases "peers" and "SUD peers" are used to describe all trained, certified, and registered Peer Recovery Specialists.

Timeline and Initiatives

Year 1 Recovery Timeline

For the first year of the SOR grant, spanning from March through September 2019, the SOR recovery evaluation focused on developing recovery process evaluation infrastructure across all four SOR recovery objectives. Transitioning into year 2, the recovery evaluation team will focus on data collection, analysis, and reporting of recovery processes and outcomes.



State-Level Initiatives

The following activities led by DBHDS or its partners are being implemented across Virginia.



Peer Recovery Specialist Training: SOR grant recovery efforts primarily fund individuals with lived experience to receive training and certification to become PRS. Once trained, these individuals can provide recovery services across a variety of settings to support individuals in treatment and recovery from opioid addiction.



Collegiate Recovery Programs: As a SOR grantee, Virginia Commonwealth University (VCU), provides a range of recovery support and resources to students via their Rams in Recovery (RIR) program. VCU also offers consultation, technical assistance, and subgrantee funding to other higher education institutions in various phases of implementing collegiate recovery programming.



Peer Recovery Services in High-Risk Settings: SOR funds are used to provide peer services in corrections facilities. In addition, EDs across Virginia have used SOR funds to offer peer recovery support services to individuals admitted following overdose or other substance-use-related emergencies.

Community-Level Initiatives

CSBs and FQHCs are using SOR funding to implement a combination of strategies outlined below.



Recovery Capacity Building: CSBs have enhanced capacity to offer recovery services by employing and training individuals with lived experience as SUD peers to conduct outreach and provide recovery services.



SUD Peer Programming: Local entities such as CSBs, FQHCs, and hospitals are at various stages of developing, implementing, and bolstering recovery program offerings to individuals seeking treatment and recovery services for OUD.



Recovery Data Collection: Several local entities have trained SUD peers in GPRA administration and data collection efforts for individuals involved in SOR-funded treatment and recovery services. SUD peers are simultaneously providing recovery services and contributing to data collection efforts that track grant progress and outcomes.

Objective 1: Peer Training, Certification, and Registration

A primary recovery objective of the SOR grant is to enhance the number of SUD peers who are trained, certified, registered, and employed as SUD-PRS. This effort increases community capacity to offer recovery and peer-recovery support services to individuals receiving SOR-funded treatment and recovery services. The information below represents highlights of the peer training, certification, and registration progress in Virginia since SOR funds were disbursed. A significant limitation to the data provided below is that there is currently no mechanism to distinguish between individuals who became trained, certified, or registered PRS solely with SOR funds since many individuals with lived experience are employed by agencies using a braided funding strategy.

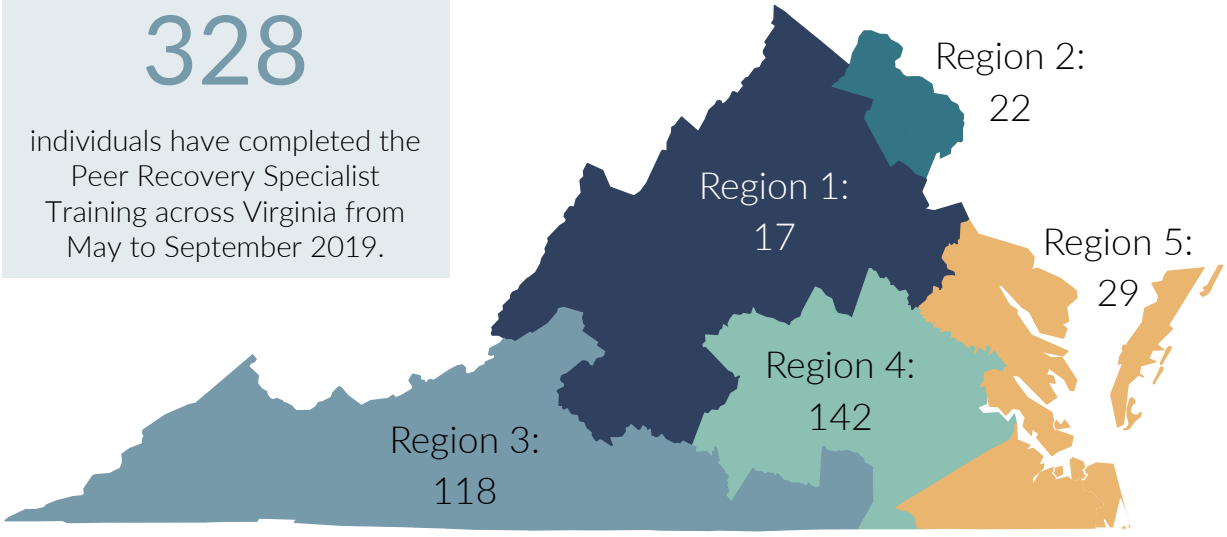
Peer Recovery Specialist Training

The Peer Recovery Specialist training is a 72-hour training for individuals with lived experience. Below is the total number of individuals who completed the training during year 1 of the grant and the distribution of those individuals by DBHDS region.

A total of 328 individuals completed Peer Recovery Specialist training during year 1 of the SOR grant.

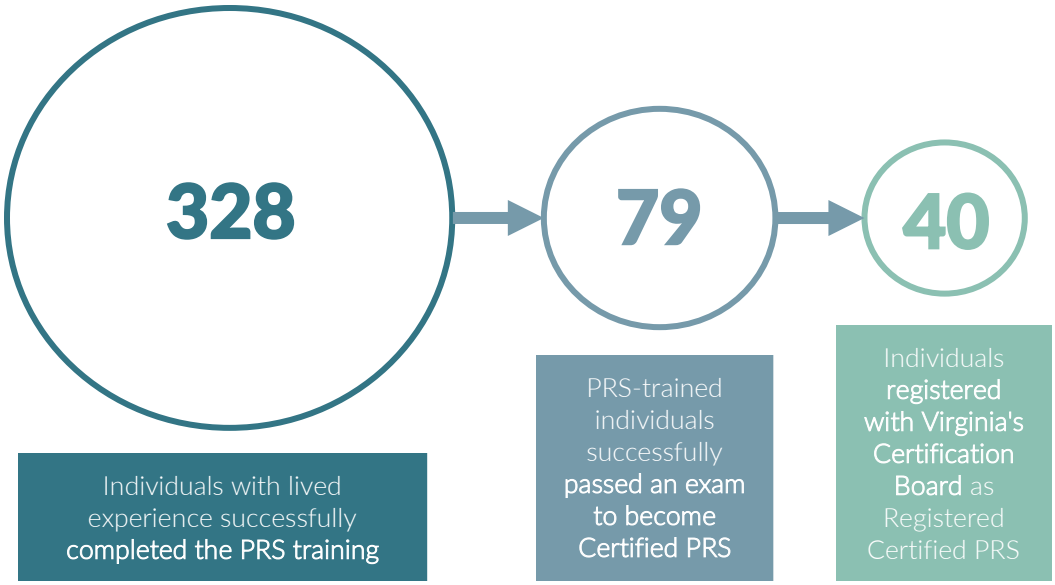
328

individuals have completed the Peer Recovery Specialist Training across Virginia from May to September 2019.



Moving into year two, OMNI will continue to track the number of PRS trained to identify trends and opportunities for support.

Although 328 people were trained to be Peer Recovery Specialists, only 79 went on to be Certified PRS, and 40 completed the state registration.



Though SOR funds have contributed to building a reserve of SUD Peers with PRS training across Virginia, the number of PRS trained individuals who acquire certification and state registration remains limited. Although increasing the number of SUD Peers who are trained is a critical first step in increasing community capacity to offer recovery services, several barriers remain to attain PRS certification and registration. To effectively utilize SUD peers for the provision of recovery services, these challenges must be addressed:

- Uncertainty about how to provide supervision and oversight to SUD peers
- Difficulty providing guidance and support to SUD peers facing challenges with recovery
- Lack of clarity around state mandates regarding Medicaid reimbursement for peer services

Objective 2: Peers in High-Risk Settings

As SOR funds were leveraged in year 1 to increase the number of trained peers across Virginia, many of those trained peers are providing recovery services to individuals with OUD in high-risk settings, particularly hospital emergency departments and corrections facilities. The first year of evaluation efforts for this SOR grant objective focused on assessing peer recovery program planning and current capacity of peer recovery support services in these high-risk settings. The information below represents results of the SOR recovery process evaluation of peer recovery services in EDs and corrections facilities.

Peers in Emergency Departments

SUD peers are increasingly utilized in hospital EDs across Virginia, providing support to individuals who have experienced an overdose or other SUD-related challenges. Prior to implementation of the SOR grant, there was little comprehensive understanding of the volume of hospitals and EDs offering peer recovery support or the range of services provided by SUD peers in hospital and ED settings. Process evaluation results gathered by the SOR grant management team during grantee site visits offer a foundation for understanding the scope of SUD peer services within ED settings, opportunities for expanding these services, and barriers to successful implementation.

More than 30 hospitals offer peer recovery services in emergency departments.

19

CSBs have existing relationships with

33

hospitals to provide SUD peer services in the ED

Peer services are structured as:

- On-call peers
- Hospital-based peers

ED staff request peer support through:

- ✓ Peers directly
- ✓ CSB emergency services
- ✓ Sheriff's offices

Despite interest in having CSBs provide peer-supported recovery services programs in EDs, several barriers have impacted these efforts.

- CSBs experience difficulty developing relationships with local hospitals.
- CSBs may not have enough SUD peers on staff to dedicate time to an ED.
- Hospitals hire their own peer or "navigator" staff.
- CSBs have other priorities for SUD peer staff.
- CSBs and hospitals have difficulty creating memoranda of understanding (MOU) for data sharing.

ED Highlight: SUD Peers as members of a Crisis Intervention Team

Chesapeake Integrated Behavioral Health (CIBH) employs two dual mental health and SUD peers (one CPRS and one Registered CPRS) who support the Crisis Intervention Team (CIT) program. The CIT is based in the emergency department at Chesapeake Regional Medical Center. Peers provide a unique source of emotional support for patients in the ED, bridging gaps between medical providers, clinicians, and patients. Following discharge, the CIT-based peers continue to support patients with connections to resources and warm handoffs and may also accompany patients to follow-up appointments or recovery meetings. Peers have fully integrated into the CIT program by initiating consistent communication with CIT staff regarding patients and the services they provide. CIT management staff value peers, the services they are providing, and innovative programming ideas that arise from the peers' perspectives.



Peers in Corrections Facilities

Justice-involved individuals are a priority population in Virginia's SOR strategy. As Virginia's capacity to support substance use programs increases, there has been a clear need to develop an evaluation focused on identifying best practices, implementation guidelines, and barriers to developing and implementing MAT and SUD peer services within the corrections setting. Virginia's year 1 efforts focused primarily on understanding the landscape of SUD treatment and recovery services within the criminal justice system by collecting information on programs in various development and implementation stages.

CSBs have opportunities to provide their services to individuals in corrections facilities. The SOR grant management team conducted a comprehensive review of jails and prisons in Virginia and the substance use treatment and recovery services they offer. Presently, 23 regional jail locations are providing SOR-funded MAT and/or recovery services. At 15 of these regional jails, services are provided in conjunction with CSBs, while eight regional jails are providing SOR-funded MAT and/or recovery services independently. Beyond Virginia's regional jails, CSBs offer SUD treatment and recovery services to justice involved individuals in coordination with city jails, county jails, and county drug court programs.

Corrections-based SUD peers provide a variety of recovery support services within the jail or prison setting. An identified objective of the SOR grant is to increase the number of SUD peers available in an increased number of corrections facilities. Corrections facilities provide a range of recovery services:

Outpatient Groups

SUD peers facilitate treatment groups with incarcerated individuals.

Engagement

SUD peers engage and build rapport with individuals while they are in custody.



Discharge Planning

SUD peers provide discharge planning to connect individuals to recovery services when they are released.

Warm Hand-Offs

SUD peers provide a direct connection to CSBs and other supports upon release.

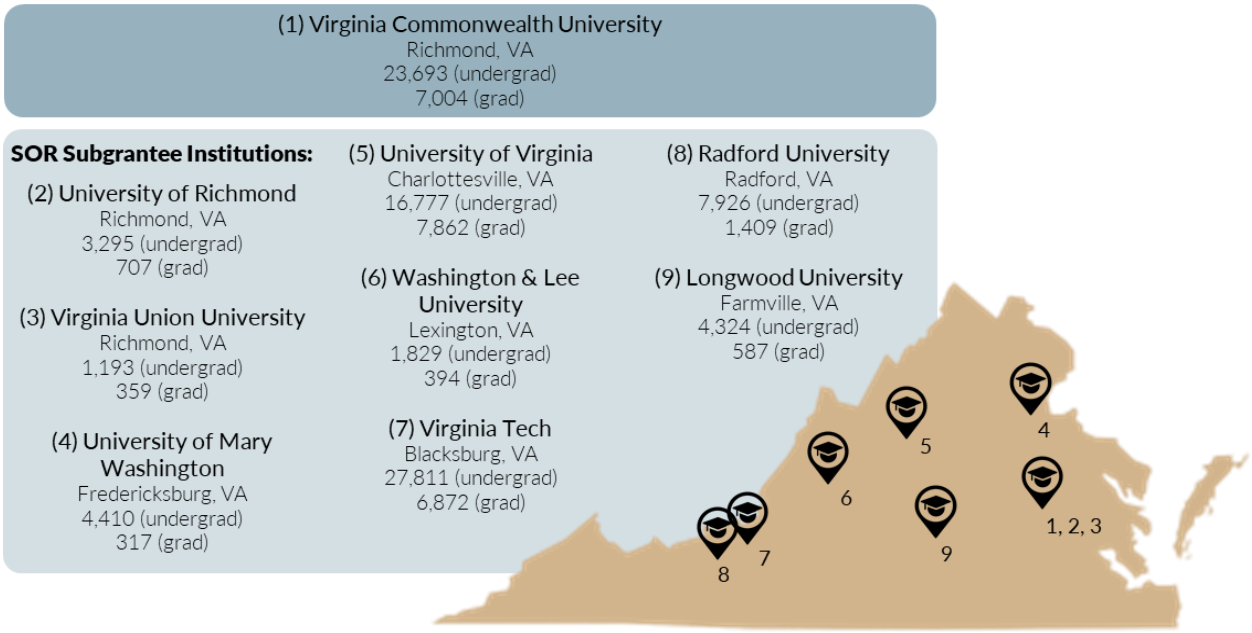
Program Highlight: Peer Recovery Specialists and Medication-Assisted Treatment in Jail

Henrico CSB (HCSB) has implemented a promising Jail Opioid Diversion Program in partnership with the Henrico County criminal justice system. This program involves the coordination of four criminal justice stakeholders and the HCSB. Qualifying individuals start group therapy and MAT while in the jail setting. A PRS engages with the clients in jail and provides a warm hand-off to HCSB upon release where wraparound services including Vivitrol injections (a form of MAT) are provided for the newly released clients. Henrico's program has been nominated for a national award from the National Association of Counties.



Objective 3: Collegiate Recovery Programs

VCU provides a broad range of recovery support and resources to their students through their collegiate recovery program, Rams in Recovery (RIR). VCU was awarded SOR funding to enhance services and programming offered in RIR, and to provide consultation, technical assistance, and subgrantee funding to eight other Virginia universities in varying pilot phases of their programs. The participating universities and their current enrollment numbers are outlined below.



School Census Source: National Center for Education Statistics (https://nces.ed.gov/)

Collegiate Recovery Program Technical Assistance

The VCU RIR Program Coordinator provides technical assistance and consultation on a wide range of collegiate recovery program (CRP) topics to subgrantee schools using various mechanisms. Due to administrative complications, neither VCU nor subgrantee schools had access to SOR funds in year 1 of the grant. Regardless, the RIR Program Coordinator has provided technical and planning support throughout year 1 of the SOR grant, and all subgrantees have had some level of CRP activity.

The RIR Program Coordinator led the following recovery activities and technical assistance opportunities for subgrantees throughout the school year.

Bi-Annual Drive-In Training
Seven of eight subgrantee schools attended the first day-long training on August 14 at Longwood University.

Subgrantee Site Visits
The RIR Program Coordinator completed the first of two day-long site visits with each subgrantee.

CRP Grant Expansion Calls
All subgrantee schools have attended the monthly group technical support phone calls.

Individual TA Support Calls
All subgrantee schools completed a monthly individual TA phone call with the RIR Program Coordinator.

Technical assistance covers a wide range of topics relevant to developing and implementing collegiate recovery programs.

CRP Best Practices
Discussion and application of CRP-related research, including the Association of Recovery in Higher Education (ARHE) standards and recommendations research.

SOR Grant Support
Implementation of process data tracking system for SOR-funded activities and navigation of challenges related to funding delays.

RIR Lessons Learned
RIR shares resources, tips, and lessons learned from their experiences with developing and implementing a successful and sustainable CRP.

School-Specific Successes and Challenges
Celebration of successes and problem-solving of common challenges, including student recruitment/engagement, overcoming stigma on campus, and developing sustainable funding sources.

Collegiate Recovery Program Highlight: Collegiate Recovery Retreat

VCU hosted the Mid-Atlantic Collegiate Recovery Retreat in Hartfield, VA, from September 20-22, 2019. The retreat included educational and recreational activities such as recovery-focused speakers, outdoor activities, crafts, recovery meetings, and cookouts. All these events provided opportunities for meaningful connections among students in recovery. A total of 42 students and 12 staff members representing five Virginia universities attended the retreat, along with additional attendees from six schools outside of Virginia.



Objective 4: Impact of Peers on Recovery Outcomes

The GPRA serves as the primary evaluation tool for measuring individual-level treatment and recovery outcomes in the SOR grant. Individuals engaged in MAT and other treatment services are asked to complete the GPRA survey, which includes questions about engagement with peer recovery services. The results for recovery-related items in year 1 of the SOR grant follow.

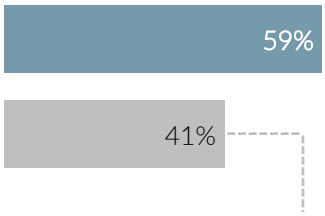
Half of the individuals surveyed are working with a peer, and most were connected to their peers through the CSB treatment system.

51%
of individuals surveyed are working with a peer recovery specialist.



Among those working with a peer:

59% are working with a peer voluntarily.



The rest were mandated to work with a peer through a treatment program, the court system, or another source.

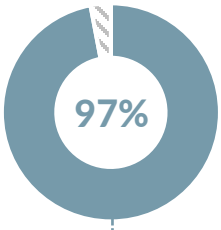
80% were connected to their peer by a CSB treatment program.



The other 20% were connected through an AA/NA sponsor, a support group, a jail/prison setting, or another source.

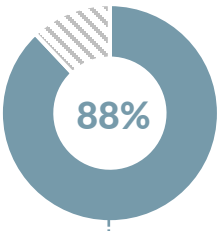
Impact of SUD Peers on Recovery Outcomes

Individuals reported that working with peers helps support multiple treatment and recovery outcomes, especially the recovery process and maintaining sobriety.



said working with a peer was moderately, considerably, or extremely helpful with recovery.

Moderately: 16%
Considerably: 24%
Extremely: 57%



said working with a peer was moderately, considerably, or extremely helpful in maintaining sobriety.

Moderately: 16%
Considerably: 33%
Extremely: 39%

Of those who were interested in but not currently working with a peer, the most common reasons were lack of time and limited access to reliable transportation. Other reasons included not feeling comfortable and not yet having been connected to a peer to begin services.



Time
25% did not have adequate time to work with a peer.



Transportation
20% did not have adequate transportation to work with a peer.

What's Next

Year 2 of the SOR recovery evaluation will focus on developing evaluation deliverables intended to capitalize on and sustain recovery efforts funded by the SOR grant. The overarching goal is to provide SOR-funded agencies with guidelines, tools, and recommendations that can build on the foundational recovery efforts initiated within the state using SOR funds. The primary year 2 recovery evaluation deliverables are:

- Conducting a comprehensive recovery literature review to provide guidance and recommendations for identifying, adopting, and implementing a statewide peer outcomes measurement tool.
- Creating and disseminating best practice guidelines for the development and implementation of peer programs in high-risk settings, including hospital EDs and corrections facilities, based on in-depth reviews of existing successful programs.

The SOR recovery evaluation will also continue to track, monitor, and report on processes and outcomes related to SOR-funded recovery programming.

Appendix.

A. SOR Funding Recipients

The following agencies received SOR funding in year 1. CSB funding was provided in separate allotments for prevention, treatment, and recovery as outlined in the table.

CSB Funding

P = Prevention; T = Treatment; R = Recovery

Community Service Board	P	T	R
Alexandria	●	●	
Alleghany Highlands	●	●	●
Arlington County	●	●	
Blue Ridge Behavioral Healthcare	●	●	●
Chesapeake	●	●	●
Chesterfield	●	●	●
Colonial Behavioral Health	●	●	●
Crossroads	●	●	●
Cumberland Mountain	●	●	●
Danville-Pittsylvania	●	●	●
Dickenson County	●	●	●
District 19	●	●	
Eastern Shore	●	●	●
Fairfax-Falls Church	●		●
Goochland-Powhatan	●	●	●
Hampton-Newport News	●	●	●
Hanover County	●	●	
Harrisonburg-Rockingham	●	●	●
Henrico	●	●	●
Highlands	●	●	●

Community Service Board	P	T	R
Horizon Behavioral Health	●	●	●
Loudoun County	●	●	
Middle Peninsula-Northern Neck	●	●	●
Mount Rogers	●	●	●
New River Valley	●	●	●
Norfolk	●	●	●
Northwestern	●	●	●
Piedmont	●	●	●
Planning District One	●	●	●
Portsmouth	●	●	●
Prince William County	●		●
Rappahannock-Rapidan		●	●
Rappahannock Area	●	●	●
Richmond Behavioral Health	●	●	●
Region Ten	●	●	●
Rockbridge Area	●	●	●
Southside	●	●	●
Valley	●	●	●
Virginia Beach	●	●	●
Western Tidewater		●	●

Additional Agency Funding

- Federally Qualified Health Centers:
  - Central VA Health Services
  - Johnson Health Center
  - New Horizons Healthcare
  - Rockbridge Area Health Center
  - Southeastern VA Health System
- Project ECHO
- Virginia Commonwealth University's Virginia Higher Education Collaborative
- Virginia Department of Corrections
- Virginia Department of Health
- Virginia Department of Social Services
- Virginia Higher Education Opioid Consortium

B. Acronym List

ACE	Adverse Childhood Experience
BHE	Behavioral Health Equity
CADCA	Community Anti-Drug Coalitions of America
CRP	Collegiate Recovery Program
CSB	Community Service Board
DBHDS	Virginia Department of Behavioral Health and Developmental Services
ED	Emergency Department
FDA	Food and Drug Administration
FQHC	Federally Qualified Health Center
GPRA	Government Performance and Results Act
MAT	Medication-Assisted Treatment
OCME	Virginia Office of the Chief Medical Examiner
OMNI	The OMNI Institute
OUD	Opioid Use Disorder
PMP	Prescription Monitoring Program
PRS	Peer Recovery Specialist
RIR	Virginia Commonwealth University's Rams in Recovery Program
SAMHSA	Substance Abuse and Mental Health Services Administration
SOR	State Opioid Response
SUD	Substance Use Disorder
VADOC	Virginia Department of Corrections
VDH	Virginia Department of Health