



**Virginia State Opioid
Response Grant**
Annual Report
2019-2020



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Submitted to:

Virginia Department of Behavioral Health and Developmental Services
January 2021

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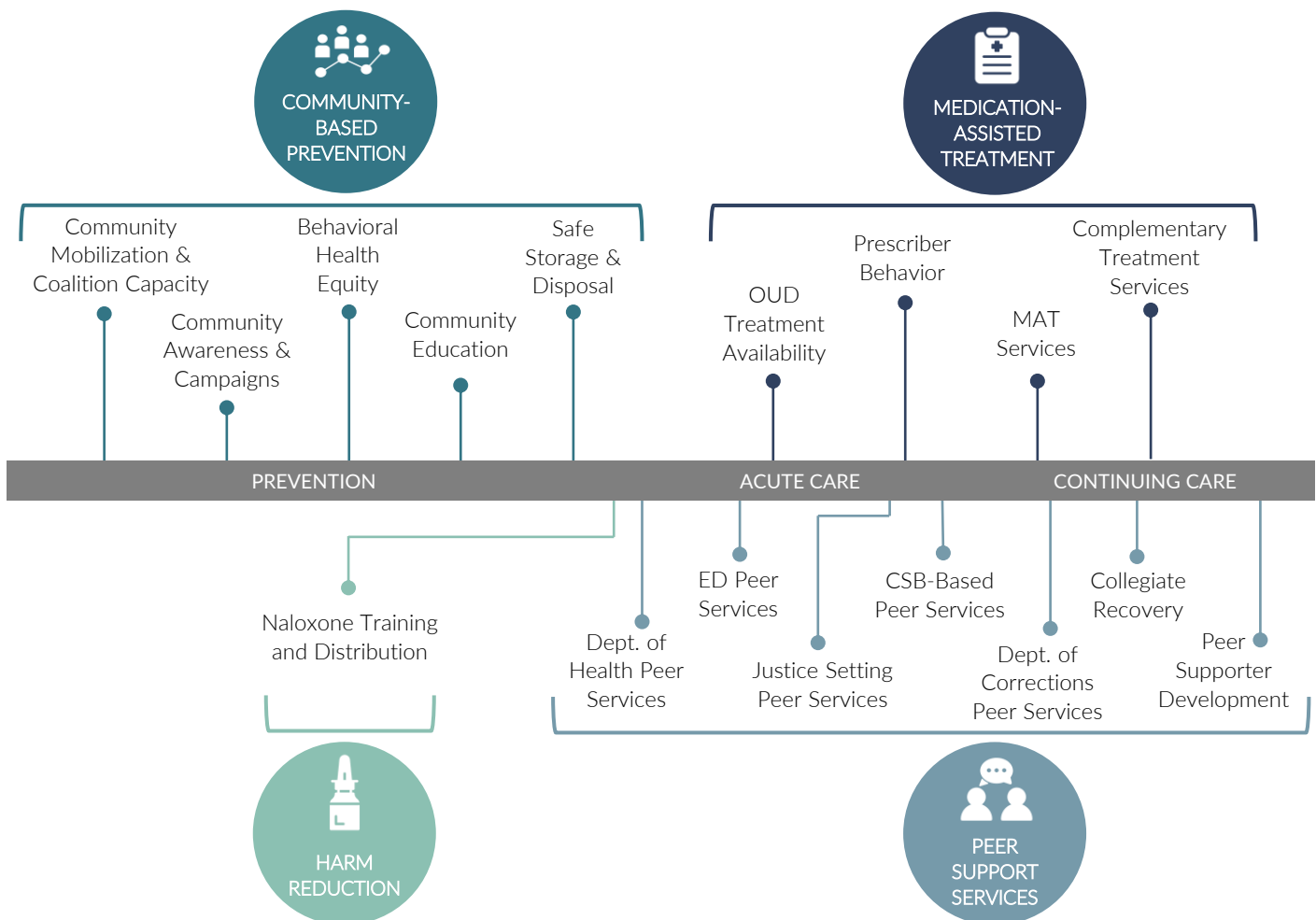


Virginia State Opioid Response Grant 2019-2020 Annual Report: Executive Summary

About the State Opioid Response Grant

The State Opioid Response (SOR) grant is distributed by the Substance Abuse and Mental Health Services Administration (SAMHSA) to the Virginia Department of Behavioral Health and Developmental Services (DBHDS). SOR funds were disbursed to the 40 Community Services Boards (CSBs) across the state, five Federally Qualified Health Centers (FQHCs), and several other grant partners. The OMNI Institute (OMNI) has worked with Virginia to implement a comprehensive evaluation across prevention, harm reduction, treatment, and recovery, and prepared this report to highlight the second year of SOR activities (October 2019 to September 2020). Some report sections also include data from the first year of the grant and are noted as such.

As shown in the visual below, DBHDS supports several state and local initiatives across the continuum of care to respond to needs and challenges related to opioid use disorders and opioid overdose deaths. This report is organized by the four core areas of the continuum of care which DBHDS is funding: community-based prevention, harm reduction, medication-assisted treatment, and peer support services.





Community Mobilization and Coalition Capacity Building

Coalitions are the heart of community prevention efforts and rely on leveraging collaborative partnerships to implement key strategies and mobilize the community.



25 CSBs led or supported SOR-funded coalitions.

1,300 adults and youth participated.



The onset of the COVID-19 pandemic significantly shifted CSB and coalition work in Virginia and communities showed great resilience in adapting their efforts.

Community Awareness and Campaigns

CSBs and coalitions delivered prevention messaging to community members through multiple avenues and made data-driven decisions to customize messages for different audiences.



Public Display
targeted

4.5 million

837,512 youth
3,661,019 adults



Social Marketing
targeted

8.3 million

399,810 youth
7,965,274 adults



In-Person Events
reached

122,635

15,121 youth
107,514 adults



Print Materials
provided to

702,684

13,745 youth
688,939 adults

Broadcast

- ✓ Radio
- ✓ Cable TV
- ✓ Movie Theaters
- ✓ Podcasts

Online

- ✓ Click-through Ads
- ✓ Online Videos
- ✓ Social Media
- ✓ Online Periodicals

Direct

- ✓ Email
- ✓ Cell Phones
- ✓ Postal Mail
- ✓ Tablets

Print

- ✓ Billboards
- ✓ Posters / Flyers
- ✓ Newspapers
- ✓ Rack Cards

Community Educational Opportunities

CSBs offered a variety of educational opportunities, including curriculum-based trainings, youth-specific education, and education targeting prescribers, pharmacies, and patients.

Curriculum-Based Trainings



provided to
3,921
individuals

Provider and Patient Education



provided to
1,005
individuals

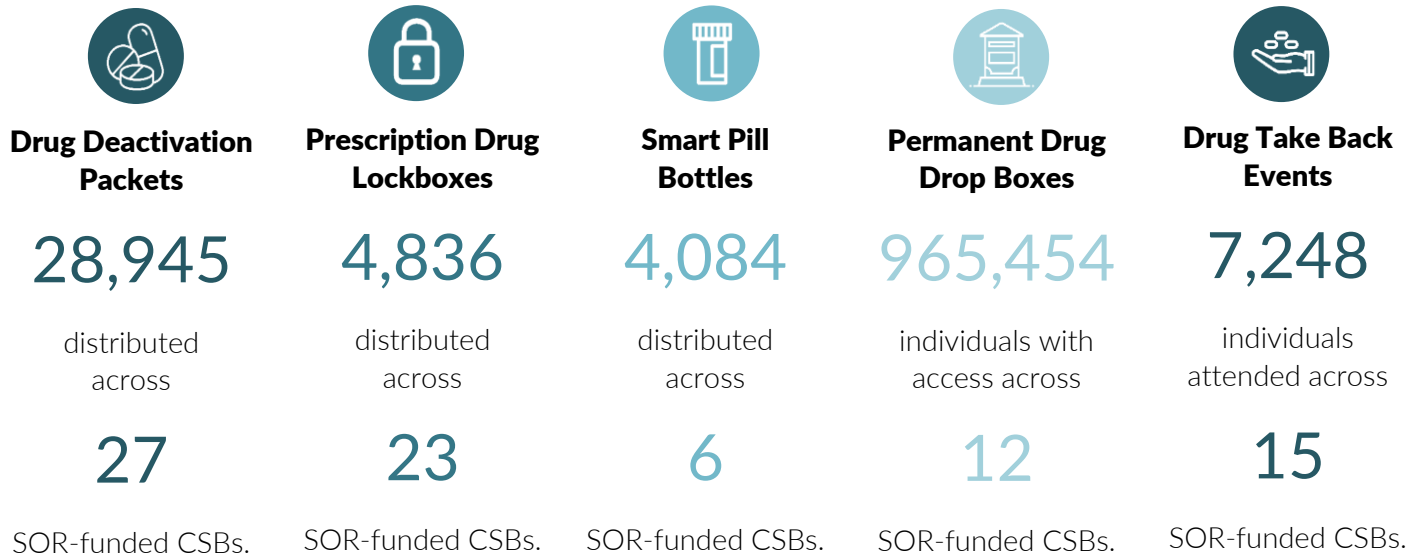
Youth-Specific Education



provided to
23,245
individuals

Safe Storage and Disposal

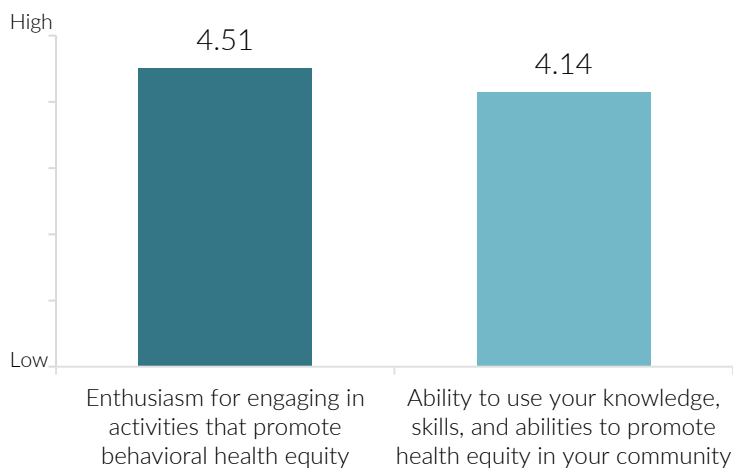
SOR funds supported the distribution of devices to safely store and dispose of medications. Drug Take Back events and permanent drug drop boxes helped to address supply reduction at the community level.



Behavioral Health Equity

DBHDS held its second annual Behavioral Health Equity Summit, a day-long event focused on empowering attendees to bring behavioral health equity work to their communities. SOR funding also supported prevention outreach to refugee communities in Harrisonburg-Rockingham and Hampton-Newport News CSB areas.

After attending the summit, attendees reported high levels of **enthusiasm** and **ability** to promote behavioral health equity in their communities



Refugee families interact with Newport News police officers during a session of the Refugee Youth and Family Opioid Response Camp.

An Arabic bus advertisement from Harrisonburg-Rockingham CSB's "Life is Hard. It's Harder on Drugs." campaign



REVIVE! 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, and others interested in preventing and reducing opioid overdoses.

SOR funds have enabled more than 4,000 individuals to gain the skills and knowledge to reverse an opioid overdose.

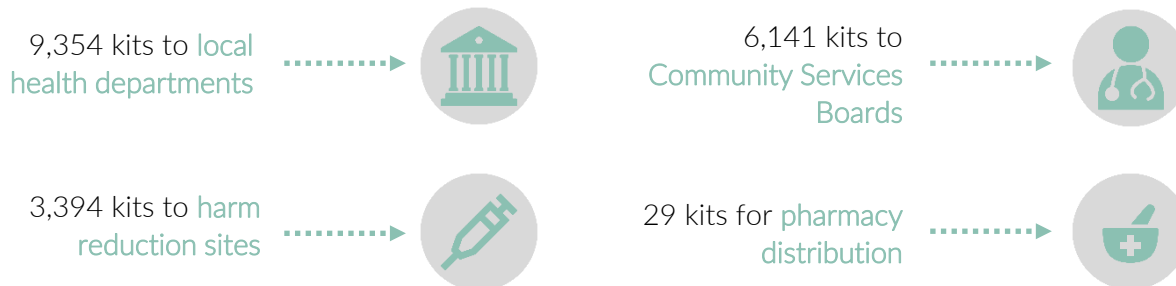
	Year 1	Year 2	Total
Trainings held:	71	249	318
People trained:	1,140	3,115	4,255

From year 1 to year 2, there was a nearly **three-fold increase** in REVIVE! training participants.

Naloxone Distribution

In the second year of the SOR grant, the Virginia Department of Health purchased 21,155 naloxone kits, a substantial increase from the 3,510 kits purchased in Year 1.

The Virginia Department of Health (VDH) utilized SOR funds to purchase the naloxone kits and has so far distributed 18,918 of them across the state to these partners:



Chesterfield CSB staff conduct REVIVE! training and naloxone distribution in a library parking lot.



Preliminary data have shown increases in drug overdoses and an even greater need for naloxone to be available in the community during the COVID-19 pandemic. After COVID-19 safety restrictions were enacted, CSBs successfully shifted their naloxone distribution practices from in-person sessions to contactless dispensing in their parking lots and mail distribution.



Prescriber Behavior

From January 2019 to June 2020 there were decreases in opioid prescribing and increased use of the Prescription Monitoring Program (PMP).

These changes indicate more prescribers are following safe prescribing standards to prevent opioid misuse across Virginia.

Decreased Opioid Prescribing

19%

decrease in number of opioid prescriptions.

Increased PMP Utilization

9%

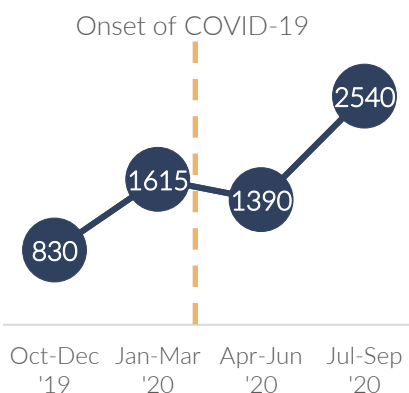
increase in number of patient history queries.

MAT and Complementary Services

SOR funding provides a wide array of services for thousands of clients each quarter. Throughout the second year of the grant, there was continued growth in the number of people receiving SOR-funded services, even after the onset of the COVID-19 pandemic.

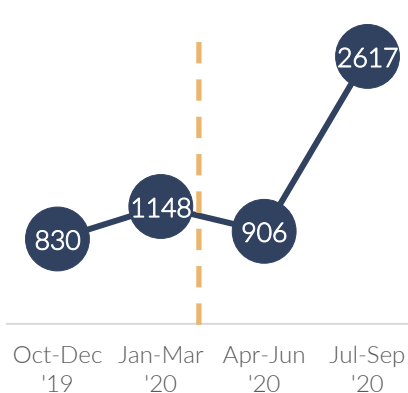
MAT Services

Prescription of medications such as buprenorphine for individuals with an opioid use disorder



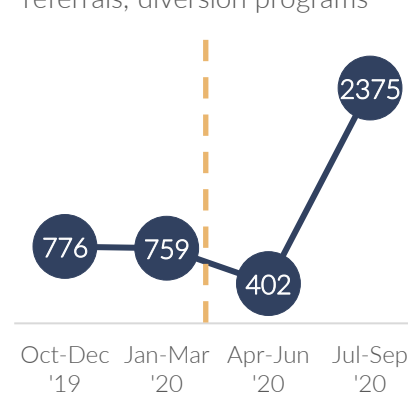
Non-MAT Treatment Services

Counseling, psychiatry, contingency management, crisis support, and other forms of therapeutic support



Other Services

Transitional housing, residential treatment, wellness support, case management, dental service referrals, diversion programs



Justice-Based Services

Partnerships between CSBs and justice settings (jails, recovery courts, etc.) have been steadily developing over the course of the grant.

Due to COVID-19 restrictions, the number of people receiving services in justice settings dipped in the second half of the year.

On average, each quarter:

29

people received MAT services in a justice setting

129

people received other services in a justice setting (individual and group counseling, residential treatment, case management, and transportation)



Access to Quality Addiction Treatment

“With the help of SOR funding, Dickenson County Behavioral Health Services was able to officially launch our Certified Office-Based Opiate Treatment Facility. We have [used SOR funding] to ensure that every MAT consumer (regardless of insurance) will be able to afford the medication needed to help with their recovery.”

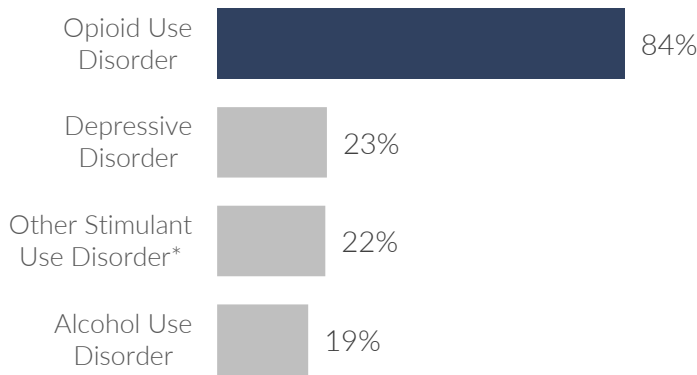
- Dickenson County Behavioral Health Services



Client Characteristics

The Government Performance and Results Act (GPRA) survey collects data from individuals receiving SOR-funded OUD treatment services. A total of 1,892 intake GPRA surveys were completed during the grant, yielding the following information about participants.

Opioid use disorders were the most frequently reported diagnoses.



*Any stimulant use disorder besides cocaine-related disorders.



76% of those screened have co-occurring mental health and substance use disorders.



89% had been in treatment at least once before. 66% had been in treatment at least twice.



2 out of 3 have experienced trauma at some point in their life.

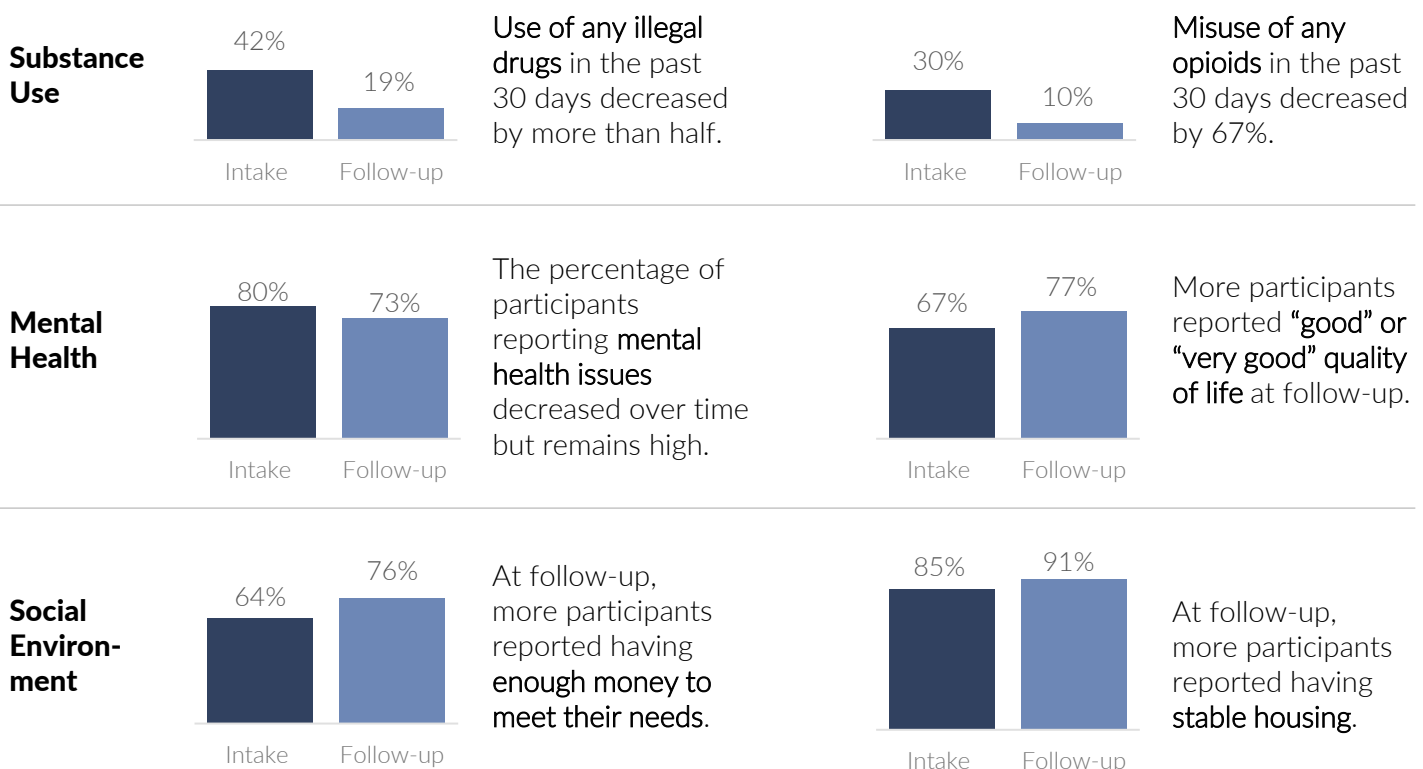


41% referred themselves to treatment and 27% were referred from a justice setting.

Client Outcomes

For all the following measures, there were statistically significant changes in the desirable direction from intake to follow-up. In addition to their statistical significance, these data show that the SOR grant is meaningfully impacting the treatment and recovery journeys of the individuals served.

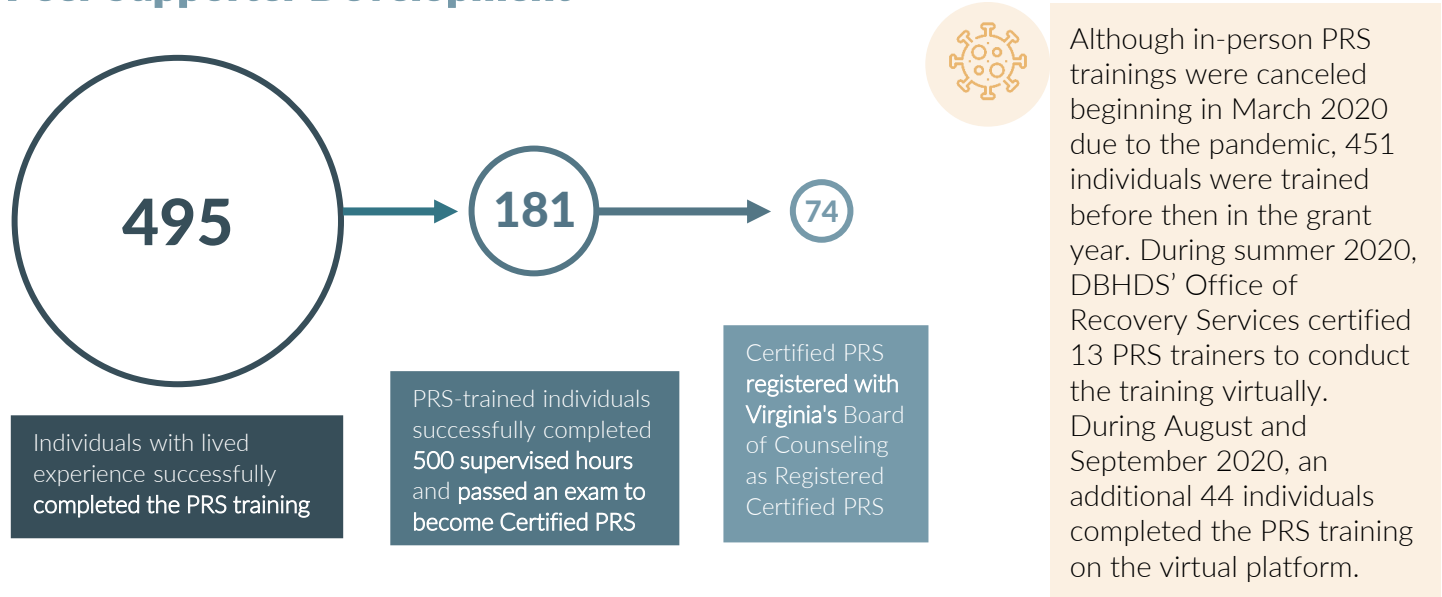
The data below reflect the 615 individuals from the two-year grant who completed an intake and follow-up. All changes shown here were statistically significant ($p < .05$).





Peer supporters, also referred to as peers or Peer Recovery Specialists (PRS), provide recovery support based on their own lived experienced of substance use and/or mental health disorder and recovery. SOR funding has had a significant impact on peer supporters and peer support programs across Virginia.

Peer Supporter Development



Implementing Peer Support Services

10,223

individuals received SOR-funded recovery services through a CSB.

52%

of individuals who did a GPRA survey reported working with a peer at intake to SOR-funded CSB services.

98%

of those individuals reported that working with a peer was helpful to their recovery.

On average, each quarter peer supporters provided:



Community Outreach
to
2,027
individuals



Warmline Support
to
1,243
individuals



Individual Support
to
2,254
individuals



Group Support
to
1,298
individuals

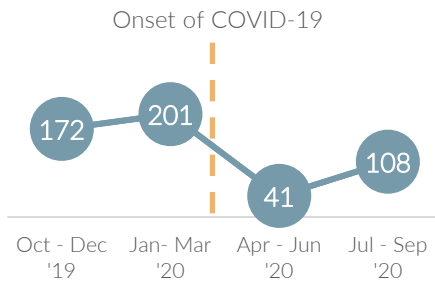
An additional 2,563 individuals received SOR-funded peer support through seven Virginia Department of Health sites.

“In my work with the Bedford Family Treatment Docket, I was able to accompany a participant to a doctor appointment to advocate for him to get on medication-assisted treatment. This allowed him to stop failing drug screens and to complete the drug court successfully with no further issues.”
- VDH Peer, Central VA Health Services

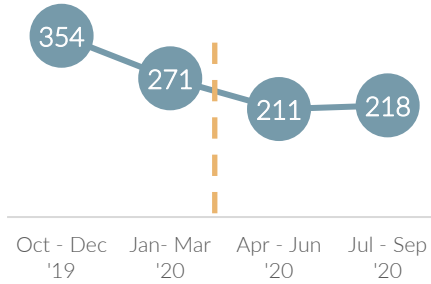


Peer supporters provided SOR-funded services in traditional and non-traditional settings.

Emergency Departments

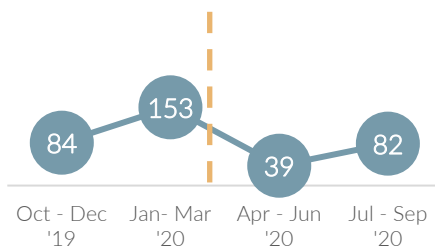


Recovery Courts

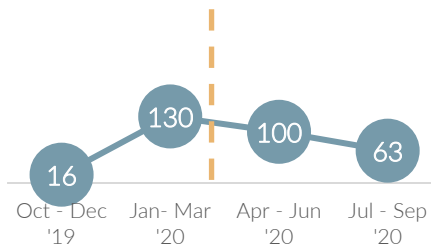


The onset of the COVID-19 pandemic significantly impacted peer services across all settings and programs. In the graphs to the left, this is shown by decreases in numbers of individuals receiving services in the months following the onset of COVID-19. Despite many challenges, Peers developed creative strategies to provide support in safe ways, leading to the rebound of services later in 2020.

Regional and Local Jails



Department of Corrections Facilities



SOR-funded collegiate recovery programs (CRP) provided services on their campuses. In total, the nine programs supported:



449

Student Members



1,721

Recovery-Focused
One-on-Ones



1,190

Recovery
Meetings



131

Campus Events

SOR-funded CRPs received consultation and technical assistance from the lead program, Rams in Recovery (RIR) at Virginia Commonwealth University.

In total, RIR provided more than 500 hours of TA and consultation that supported:

- CRP staff training and capacity
- Financial support of CRPs
- Engagement of university administration

"I am not sure there is enough space in this box to express the impact the consultation that we have received has helped us. The support has been instrumental in creating the program that we have now, which is still young and growing, but it is officially a program."

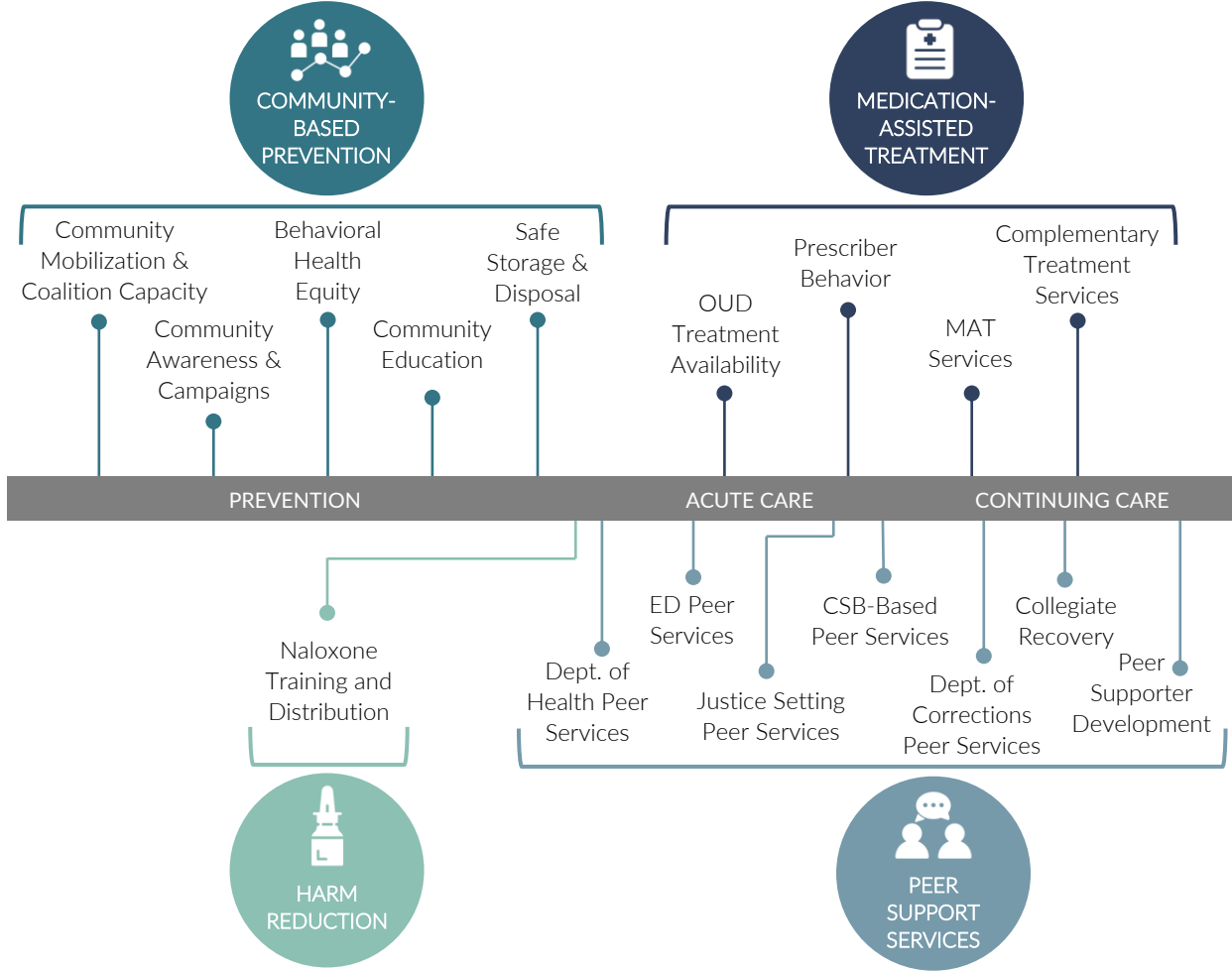
- CRP Coordinator

Introduction

The State Opioid Response (SOR) grant is a formula grant distributed by the Substance Abuse and Mental Health Services Administration (SAMHSA) to the Virginia Department of Behavioral Health and Developmental Services (DBHDS). SOR funds were disbursed to the 40 Community Services Boards (CSBs) across the state, five Federally Qualified Health Centers (FQHCs), and several other grant partners. The OMNI Institute (OMNI) has worked with Virginia to implement a comprehensive evaluation across prevention, harm reduction, treatment, and recovery, and prepared this report to highlight the second year of SOR activities (October 2019 to September 2020). Some report sections also include data from the first year of the grant and are noted as such. For additional SOR grant information and a full list of funded agencies, see Appendix A.

As shown in the visual below, DBHDS supports several state and local initiatives across the continuum of care to address opioid use disorder and prevent opioid overdose deaths. This report is organized by the four core areas of the continuum of care which DBHDS is funding: community-based prevention, harm reduction, medication-assisted treatment, and peer support services. The icons shown below will indicate where in the continuum each report section falls.

Virginia’s SOR-Funded Activities Across the Continuum of Care





Community-Based Prevention

The prevention objectives of the State Opioid Response (SOR) grant are intended to decrease opioid and prescription drug misuse and overdoses through the implementation of a broad collection of evidence-based strategies. As in the first year of the grant, thirty-eight CSBs were funded to implement strategies through an intentional, data-driven process based on SAMHSA's Strategic Prevention Framework (SPF). Key prevention strategies are listed below and described in detail in the sections that follow. Data presented in this section were gathered from mid- and end-of-year reporting surveys completed by CSB staff as well as the Performance Based Prevention System database. More information on these data sources is included in Appendix C.

Key Prevention Strategies

- Community Mobilization and Coalition Capacity Building
- Community Awareness and Campaigns
- Community Educational Opportunities
- Safe Storage and Disposal
- Behavioral Health Equity

Prevention Capacity

SOR funding has allowed CSBs to build prevention capacity and resources to contribute to their strategic goals. To assess changes in capacity, CSB staff were asked in their end-of-year reporting to reflect on their organization's capacity before and after receiving SOR funding.

Prevention staff reported increases in capacity from before receiving SOR funding to after receiving SOR funding.



“We have been able to expand our environmental strategy reach to a larger and more diverse population.”

“Having SOR funding has allowed us to do far more outreach and has also been helpful in supporting capacity building within our local coalitions.”

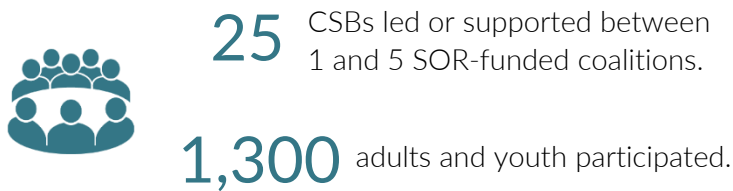
“Community capacity has greatly increased with SPF training and resources for community partners, branding, and strategies!”
– CSB Leadership



Community Mobilization and Coalition Capacity Building

Coalitions are the heart of community prevention efforts and rely on leveraging collaborative partnerships to implement key strategies and mobilize the community.

SOR funding supports coalition development, including training and capacity building, in addition to serving community mobilization efforts. SOR-funded CSBs reported working with schools, faith-based communities, law enforcement, government, marginalized communities, treatment providers, businesses, and concerned citizens to spread awareness and move initiatives forward.



Hanover County CSB's CADCA Poster Session.

Some key successes supported by SOR funding that demonstrate the depth and breadth of CSB work include:



Coalition Development: Coalition members attended Community Anti-Drug Coalitions of America (CADCA), Community Coalitions of Virginia, National Prevention Network conferences, and other capacity-building trainings. They also sponsored, hosted, or attended prevention trainings, as well as diversity- and equity-related trainings.



Staffing: Several CSBs noted they were able to increase staffing to build prevention capacity and better support the work of their coalitions.



Strategic Planning & Data-Driven Efforts: CSBs and coalition members engaged in planning to align coalition efforts with demonstrated prevention need. Communities collected and shared data with partners to drive planning and implementation.



DPCSB presents a check to local police for naloxone carry cases.

“We saw an increase in collaboration between the coalition and community groups. **Regional Alliance for Substance Abuse Prevention** was a leader in helping the Danville Police Department create the Opioid Task Force and improve response to overdoses. They have seen a huge success in **reversing overdoses**. The Task Force has members from all sectors and is creating a local HOPE Initiative drop-in center for those seeking treatment and recovery options.”
– Danville-Pittsylvania CSB (DPCSB)



Portsmouth Department of Behavioral Healthcare Services, in partnership with the Department of Social Services, Parks, Recreation and Tourism, Police Department, Sheriff's Office, Portsmouth Public Schools, and the Portsmouth Schools Foundation, held a drive-thru distribution event for the community. They provided personal care and grocery items and important prevention information to support the community through the pandemic. They distributed 350 packages including information on the dangers of fentanyl and prescription drug misuse, information on *REVIVE!* trainings, mental health, and the opioid epidemic.

The onset of the COVID-19 pandemic significantly shifted coalition work in Virginia and coalitions showed great resilience in adapting their efforts.

In their end-of-year reporting, CSBs shared many challenges related to their coalition work, including the need to build from scratch a virtual infrastructure around community mobilization efforts that had in the past thrived on in-person structures and methods. Yet several inspiring successes rose out of this. CSBs and coalitions cultivated great resilience and adapted processes to keep their prevention work moving forward during the pandemic.



COVID-19 Impact: Stories of Resilience

"[Virtual platforms] allow us to reach higher numbers of people in multiple regions. It also allows us to spend less money on trainings. People appreciate that they no longer have to commute since distance is no longer part of the equation. We gained a broader range of skill sets by exclusively focusing on virtual development. We learned how to be better at social media, print media, and how to develop materials for our community." – Goochland-Powhatan CSB

"Although COVID-19 interfered with our community mobilization efforts, we did make progress in building our Piedmont Alliance for the Prevention of Substance Abuse coalition. We had representation from parents, schools, colleges/university, faith-based organizations, law enforcement, youth-serving organizations, volunteer groups, and local government." – Crossroads CSB

"The virtual town hall we conducted in place of our candlelight vigil enabled us to reach a far larger audience than we would have been able to connect with at an in-person event. Virtual events will continue to be part of our planning for the foreseeable future." – New River Valley CSB

"We learned a new way to communicate and stay connected through virtual meetings. Substance Abuse Free Environment coalition also ordered 200 masks with the message "Be Aware. Don't Share. Lock Up Your Meds." and 100 hand sanitizers with the same opioid prevention messaging." – Chesterfield CSB



Community Awareness and Campaigns

CSBs used community awareness and media campaign strategies to educate communities about the dangers of opioids and other substance use, and threats to mental health including self-harm. Strategies such as these are effective at reaching large, targeted groups. They can influence community perceptions of health topics and change behaviors that improve both individual and community health. SOR funding contributed to the implementation of a multitude of campaigns across CSB catchment areas, with varied content and delivery methods depending on the identified needs of each community.

CSBs and coalitions delivered prevention messaging to community members through multiple avenues and made data-driven decisions to customize messages for different audiences.



Public Display

targeted

4.5 million

837,512 youth

3,661,019 adults



Social Marketing

targeted

8.3 million

399,810 youth

7,965,274 adults



In-Person Events

reached

122,635

15,121 youth

107,514 adults



Print Materials

provided to

702,684

13,745 youth

688,939 adults

Awareness messages and media campaign content reached individuals through a variety of formats.

Prior to the COVID-19 pandemic, CSBs maximized the reach of their campaigns by distributing materials in popular, highly-trafficked areas such as malls, schools, and hospitals. Some CSBs used data to target areas of high need such as neighborhoods with the most 911 calls for drug overdoses. CSBs had previously experienced challenges in reaching vulnerable populations such as households in rural areas which often lack adequate access to broadband internet. This challenge is especially salient given that business transactions, social connections, and CSB communications are now primarily virtual due to the COVID-19 pandemic.

Broadcast	Online	Direct	Print
✓ Radio	✓ Click-through Ads	✓ Email	✓ Billboards
✓ Cable TV	✓ Online Videos	✓ Cell Phones	✓ Posters / Flyers
✓ Movie Theaters	✓ Social Media	✓ Postal Mail	✓ Newspapers
✓ Podcasts	✓ Online Periodicals	✓ Tablets	✓ Rack Cards



Left: Banner ad from Arlington County CSB. Right: Billboard from Dickenson County Behavioral Health Services.



COVID-19 Impact: Media and Communication Shifts

The COVID-19 pandemic had far-reaching effects on media campaign strategies across the commonwealth. CSBs experienced operational interruptions such as staff furloughs and shifts to remote working, which caused campaign plans to be put on hold temporarily. In addition, CSBs had to navigate changes with key community partners (schools, organizations, businesses) that were closed due to COVID-19 stay-at-home orders. Media messaging outside of television and social media was less effective than before the pandemic, as COVID-19 led to a significant decrease in foot traffic. On top of distribution challenges, some CSBs feared that the content of COVID-19 safety-related media would dilute the impact of their substance-related messaging.

Since the pandemic forced CSBs to halt in-person campaign events and hampered the distribution of print media, CSBs had to adapt their efforts to continue their momentum in substance use prevention.

When the places CSBs relied on for viewership of messaging were shut down, CSBs instead expanded new approaches to digital campaigns. They distributed media to community members' phones or tablets through more diverse platforms than they had used before (e.g., YouTube). CSBs experienced learning curves navigating new platforms, but many CSBs reported that their digital media platform metrics (such as viewership numbers, length of viewing, and impressions recorded) increased a great deal over the past several months. CSBs also leveraged community and regional distribution of COVID-19 safety messaging to deliver substance-related health information.

“With the disturbing rise of substance use throughout the pandemic, the Prevention, Health and Wellness Division (of MPNN CSB) created and launched a new billboard campaign entitled, “What Protects Kids from Drugs? Families DO!”
-Middle Peninsula Northern Neck CSB

“As part of our pivot in service provision, we began recording story time and craft time videos for posting on the Rappahannock Area CSB social media accounts. We have created 92 story time videos and 40 craft videos. Families of those we would traditionally serve through a community event have commented how much their children look forward to the stories.”
-Rappahannock Area CSB




Community Educational Opportunities

Providing education on opioid use prevention is a key goal of the SOR prevention grant. To reach this goal, CSBs across Virginia implemented curriculum-based trainings such as Adverse Childhood Experience (ACE) Interface trainings, *REVIVE!* naloxone education trainings, and Mental Health First Aid trainings as well as outreach efforts, education to prescribers and patients on opioid misuse, and education targeting youth.




Due to COVID-19, many CSBs transitioned curriculum-based trainings from in-person events to an online format.

Online trainings allowed CSBs to reach professionals across Virginia such as school personnel, human services staff, correctional staff, and medical professionals. CSBs delivered trainings through collaborative efforts with other CSBs and community agencies. CSBs often promoted these trainings on CSB/coalition social media and website accounts.



COVID-19 Impact

CSBs provided naloxone and *Rapid REVIVE!* trainings online due to canceled in-person trainings. SOR grantees received naloxone through Narcan's contactless dispensing for communities to pick-up after virtual trainings. CSBs also mailed naloxone by request.

		
Naloxone Training	ACE Interface Training	Mental Health First Aid Training
provided to	provided to	provided to
3,115	741	65
individuals across	individuals across	individuals across
22	5	2
SOR-funded CSBs.	SOR-funded CSBs.	SOR-funded CSBs.

CSBs developed materials and resources about prescription drug misuse to educate more than 1,000 prescribers, pharmacies, and patients.

1,005
individuals engaged across

7
SOR-funded CSBs.

Providers

- In-person/virtual visits
- Informational rack cards
- Awareness kits
- Drug disposal packets and smart pill bottle distribution

Patients

- Virtual visits
- Community events
- Postcards/Handbooks

“Not only do [providers] receive information on the prescription monitoring system, but they also receive information on alternatives to opioids. We also give partners deactivation kits and smart pill bottles so that they can disseminate them when an individual is in need.”

-Mount Rogers CSB



A few CSBs provided trainings and resource materials in Spanish; however, translation of materials is an ongoing need to engage Spanish-speaking populations. Examples of translated materials include “How to Prevent Opioid Misuse in Your Community” and REVIVE! resources. CSB staff have also promoted trainings and Narcan distribution on Spanish radio stations.

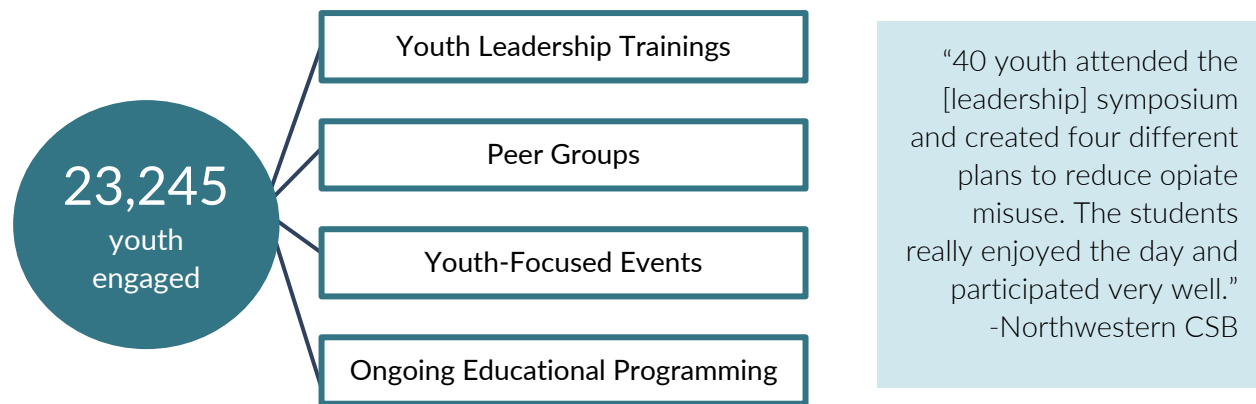



Henrico Area Mental Health & Developmental Services translated materials into Spanish to promote their website resources.

“Our partnership with Casa Latina has blossomed and we have been able to do so many wonderful things along side of them. This partnership opened the door for a collaboration with Family Wellness and the Department of Social Services to offer parenting classes to the Spanish-speaking community. These classes allow parents to continue education and find ways to connect with their children and navigate a bicultural world. **These classes are voluntary and to have a group of parents who are dedicated to learning how to be better opens the door to cross-messaging and sharing the importance of preventing substance abuse and misuse.**”
 –Blue Ridge Behavioral Healthcare

CSBs implemented youth-specific education through trainings, peer groups, alternative events, and educational programming.

Examples of educational programs include youth leadership trainings and events for youth on substance use prevention. Youth gain leadership development skills to address substance use in their communities such as participating in media campaign development or legislative efforts. Additional programming includes Red Ribbon Week and Teen Intervene.



 **Cumberland Mountain CSB’s Operation Parent Handbook**

Cumberland Mountain CSB developed the Operation Parent Handbook to educate parents and youth about prescription drug misuse and community resources. The handbook also provides information on mental health and internet safety. Due to canceled community events, staff distributed handbooks to families in care bags.



Safe Storage and Disposal

Across Virginia, CSBs work to reduce access to opioids by promoting safe disposal and storage of prescription medications, including implementing and promoting permanent drug drop boxes and distributing prescription drug lock boxes and other devices.

Device distribution efforts provided more than 37,000 items to households and organizations to safely store and dispose of medications.



**Drug Deactivation
Packets**

28,945

distributed across

27

SOR-funded CSBs.



**Prescription Drug
Lockboxes**

4,836

distributed across

23

SOR-funded CSBs.



**Smart Pill
Bottles**

4,084

distributed across

6

SOR-funded CSBs.



COVID-19 Impact

When the distribution of devices was hindered by COVID-19, many CSBs were quick to spring into action. In Alexandria, a new partnership with ALIVE, a local nonprofit, allowed them to support food distribution to those in need and leverage the deliveries to bring over 500 lockboxes and 40 gun locks to community members.

RESTRICTING LETHAL MEANS ACCESS TO PREVENT SUICIDE

CSBs throughout Virginia implement Lock and Talk strategies to restrict access to lethal means such as guns and opioids to prevent suicides. Lock and Talk encourages individuals to lock up these items in their homes as well as to talk with each other about mental health.



14

**CSBs implemented at least one
Lock and Talk strategy**



79

Gun Locks
Distributed



430

Cable Locks
Distributed



2,068

Prescription Drug
Lockboxes
Distributed



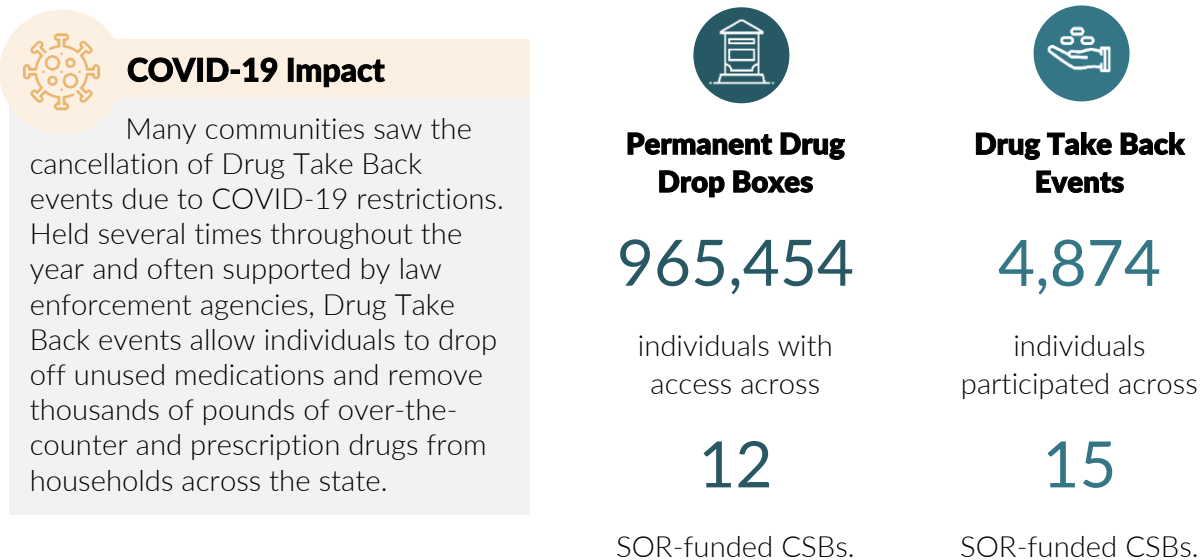
235,685

Media
Impressions




Device distribution efforts involve the development and leveraging of partnerships to reach greater numbers of community members and groups to provide devices that allow them to safely store and dispose of medications within their homes and facilities. These partnerships, which include libraries, school districts, law enforcement agencies, local nonprofits, medical providers, and care facilities, were critical in allowing CSBs to continue to reach individuals despite COVID-19 restrictions that made in-person distribution at events and trainings difficult or impossible. CSBs reported developing new partnerships to allow them to reach vulnerable community members with resources and materials. For example, at least five CSBs leveraged food distribution facilitated by community groups and schools to distribute safe storage and disposal items.

Drug Take Back events and permanent drug drop boxes helped to address supply reduction at the community level.



Community supply reduction strategies continue to grow and make an impact throughout the state. Cumberland Mountain CSB was able to leverage SOR funds to not only purchase drug incinerators for all three counties in their catchment area, but to also add four new permanent drug drop boxes in addition to the seven they had already implemented. A regional drug drop box map, developed and advertised through their Appalachian Substance Abuse Coalition, provides an easy resource for community members to locate them.



National Drug Take Back Days in Southwest Virginia

Frontier Health/Planning District 1 Prevention Services and the Concerned About Our Community Coalition in Southwest Virginia partnered with local law enforcement, businesses, and the Drug Enforcement Administration to host National Prescription Drug Take-Back Days in the fall of 2019 and spring of 2020. This National Drug Take Back initiative addresses a vital public safety and public health issue. Medicines in home cabinets are highly susceptible to diversion, misuse, and abuse and can result in high rates of prescription drug abuse, accidental poisonings, and overdose. **In October 2019, Drug Take Back sites in Southwest Virginia collected 246 lbs. of expired, unused, or unwanted drugs, helping local, regional, and state law enforcement partners to reduce the harm they can cause in local communities.**



Behavioral Health Equity (BHE)

Improving behavioral health equity in prevention services is a key SOR objective. Throughout the state, these efforts included a Behavioral Health Equity Summit hosted by DBHDS as well as targeted outreach to refugee communities. In addition, one community used SOR funds to attend a training aimed at creating safer spaces for members of the LGBTQ+ community. In the first year of the grant, SOR funds also supported BHE mini-grants which focused on projects such as material translation, community outreach, and inclusivity trainings. SOR funds were not used to support BHE mini-grants this fiscal year due to procurement issues, but DBHDS already has plans to move forward with mini-grants in the next fiscal year.

Behavioral Health Equity Summit

In February 2020, DBHDS held its second annual Behavioral Health Equity Summit, a day-long event focused on empowering attendees to bring behavioral health equity work to their communities.

The summit included presentations on a variety of topics including:

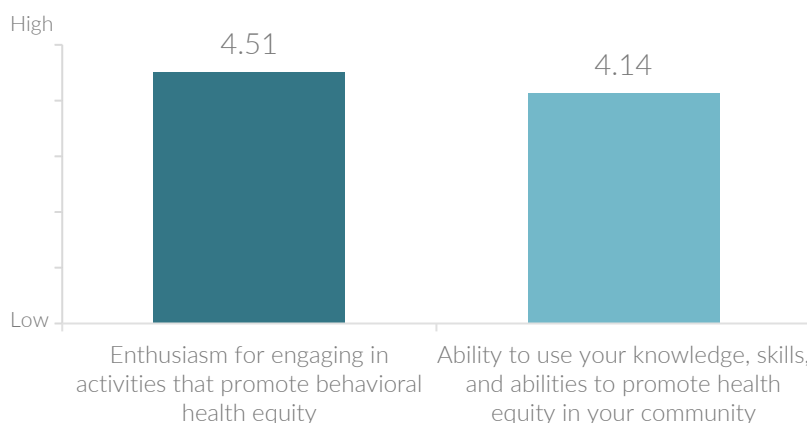
- The development of a Behavioral Health Index by Virginia Commonwealth University
- The history of the African American experience within the mental health system
- Infusing outpatient mental health practices with inclusion, social justice, and cultural affirmation
- Behavioral health challenges and opportunities for outreach among Latino communities
- Improving health literacy and tips for effective communication
- Sharing successes from the 2019 Behavioral Health Equity mini-grants



BHE Summit presenter Randl Dent (above) and a slide from her presentation (below).



After attending the summit, attendees reported high levels of **enthusiasm and **ability** to promote behavioral health equity in their communities.**



Positive feedback from BHE Summit attendees:

“I enjoyed the summit and learning the big difference between equality vs. equity vs. justice.”

“Speakers were excellent and relevant.”

“Interesting and informative – would attend again and recommend to others.”



Opioid Prevention in Refugee Communities

SOR funding supported prevention outreach to refugee communities in Harrisonburg-Rockingham and Hampton-Newport News CSB areas.

In a program overseen by Church World Service, Harrisonburg-Rockingham CSB partnered with Harrisonburg High School to provide a school-based youth opioid prevention program during the summer of 2020. The program is peer-led and focuses on heightening awareness of the dangers of opioid and other substance use as well as promoting mental health and resiliency.

Harrisonburg-Rockingham CSB has also worked to translate media campaigns, such as the “Life is Hard. It’s Harder on Drugs.” campaign and other campaigns into different languages, including Arabic, Somali, and Spanish to ensure that prevention messages reach their diverse communities.



An Arabic bus advertisement from Harrisonburg-Rockingham CSB’s “Life is Hard. It’s Harder on Drugs.” campaign.



Refugee families interact with Newport News police officers during a session of the Refugee Youth and Family Opioid Response Camp.

Hampton-Newport News CSB partnered with Commonwealth Catholic Charities and Eastern Virginia Medical School to host the Refugee Youth and Family Opioid Response Camp. The 10-hour day camp took place on September 12, 2020 and consisted of a prevention-centered training with online and in-person activities with multi-generational participants from 11 Congolese and Afghani families. The goal of the camp was to raise awareness of drug use and the opioid crisis among refugee children and families as well as to provide hands-on learning experiences to teach families the importance of healthy lifestyles and informed decision making.



Richmond BHA Staff Attend LGBTQ+ Safer Spaces Training

Richmond Behavioral Health Authority used SOR funds to support staff participation in the LGBTQ+ Safer Spaces Training and Action Planning Workshop provided by DBHDS and Side by Side, an organization dedicated to creating supportive communities in Virginia where LGBTQ+ youth can define themselves, belong, and flourish. The training included sessions focused on learning LGBTQ+ basics such as identities and terminology, understanding behavioral health experiences of LGBTQ+ individuals including risk pathways and protective factors, and providing best practices and resources for supporting the LGBTQ+ community.



Harm Reduction

Harm reduction efforts include statewide distribution of the overdose reversal drug naloxone and trainings on how to administer it. As a result of these efforts, community members, first responders, corrections officials, and the family and friends of individuals with an opioid use disorder are equipped with the knowledge and tools to prevent opioid overdose deaths.

Key Harm Reduction Strategies



- *REVIVE!* training
- Naloxone distribution to health departments, CSBs, harm reduction sites, and pharmacies

REVIVE! 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, and others interested in preventing and reducing opioid overdoses. *REVIVE!* training data shows that 72% of participants plan to obtain naloxone following training and 98% feel comfortable with the procedure for administering naloxone. This emphasizes the importance and effectiveness of funding *REVIVE!* as a SOR initiative.

SOR funds have enabled more than 4,000 individuals to gain the skills and knowledge to reverse an opioid overdose.

Training data from the Performance-Based Prevention System (see Appendix C for details).

	Year 1	Year 2	Total
 Trainings held:	71	249	318
 People trained:	1,140	3,115	4,255

From year 1 to year 2, there was a nearly **three-fold increase** in *REVIVE!* training participants.



Virtual *REVIVE!* Trainings

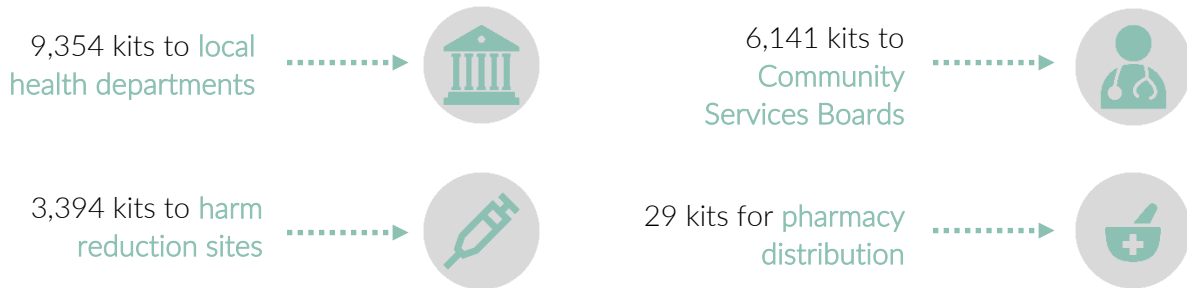
“Although there have been challenges due to COVID-19, [through virtual trainings] we have been able to train more individuals and a more diverse population who would not normally access our trainings. We are also training individuals outside of our catchment area and then they can go to their [local] CSB for naloxone.”
- Fairfax-Falls Church CSB





Naloxone Distribution

In the second year of the SOR grant, the Virginia Department of Health purchased 21,155 naloxone kits, a substantial increase from the 3,510 kits purchased in year 1.

The Virginia Department of Health (VDH) utilized SOR funds to purchase the naloxone kits and has so far distributed 18,918 of them across the state to these partners:




 Every one of the nearly 19,000 naloxone kits distributed is an opportunity to save the life of an individual who is overdosing.

 **Overdose Reversal Success**

“We used some SOR funds to purchase Narcan for the police and trained the patrol officers with the *REVIVE!* training. Last week an officer... came upon two men in a park that were overdosing. He used the Narcan ... and both men survived and are doing well.”
- Arlington County CSB



Chesterfield CSB staff conduct REVIVE! training and naloxone distribution in a library parking lot.

 **Dispensing Naloxone During a Pandemic**

Preliminary data have shown increases in drug overdoses and an even greater need for naloxone to be available in the community during the COVID-19 pandemic. After COVID-19 safety restrictions were enacted, CSBs successfully shifted their naloxone distribution practices from in-person sessions to contactless dispensing in their parking lots and mail distribution. Some CSBs mail a *REVIVE!* kit to each participant with the naloxone doses and a folder with community information. New River Valley CSB received [media coverage from The Southwest Times](#) for their drive-thru event to distribute naloxone and educate the public on its use.



Medication-Assisted Treatment

The treatment objectives of the 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 CSBs, five Federally Qualified Health Centers (FQHCs), and the Department of Corrections received funding to provide medication-assisted treatment (MAT) as well as other treatment modalities.

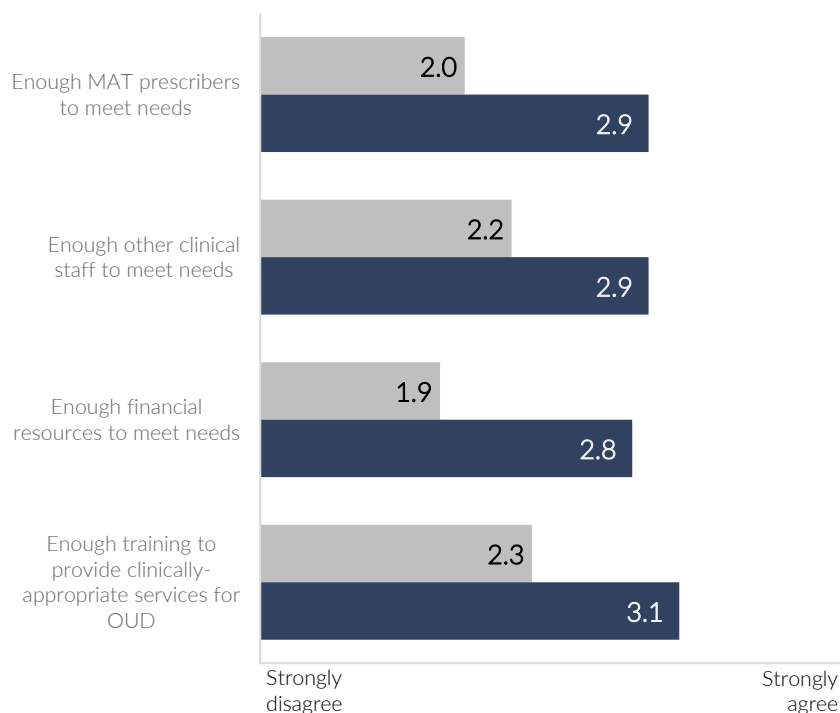
Key Treatment Strategies

- Increase availability of MAT prescribers across the state
- Support clients with non-MAT therapeutic services
- Provide MAT services for individuals with an OUD
- Offer supportive services that facilitate engagement in OUD treatment

Treatment Capacity

SOR funding has allowed CSBs to expand services to better meet community OUD treatment needs. To assess these changes in capacity, CSB staff were asked in their end-of-year reporting to reflect on their organization's capacity before and after receiving SOR funding.

Treatment staff reported increases in capacity from before receiving SOR funding to after receiving SOR funding.



Several CSBs used SOR funds to hire new staff that allowed for the expansion of substance use and Office-Based Opioid Treatment services.

"We have been able to meet the demand with [SOR] funding."

"As we reflect on this program, we find that many lives have been saved because of its implementation."
-CSB Leadership



Prescriber Behavior

Although SOR funds do not directly support Virginia's Prescription Monitoring Program (PMP), the PMP is a useful tool to track changes in opioid prescribing patterns and dispensing practices which may be influenced by SOR-funded initiatives. Data in this section are from PMP quarterly reports. See Appendix C for more details.

From January 2019 to June 2020 there was a 19% decrease in the number of opioid prescriptions in Virginia.



COVID-19 Trends

PMP data from April to June 2020 show the impact of the onset of COVID-19. There was a 12% reduction in PMP queries and a 13% decrease in opioid prescriptions during this period compared to the previous quarter. This may be due to decreases in non-COVID healthcare utilization during this time.

From January 2019 to June 2020 there were decreases in opioid prescribing and increased use of the PMP, indicating more prescribers are following safe prescribing standards to prevent opioid misuse across Virginia.

Decreased Opioid Prescribing



20% decrease in number of people receiving an opioid prescription.



5% decrease in number of unique prescribers.



11% decrease in number of days of medication per opioid prescription.

Increased PMP Utilization



9% increase in number of patient history queries.

Utilizing the PMP assists health professionals in identifying patients who may be misusing prescription drugs or who may be at risk for misuse before they provide a new prescription. Virginia's PMP is now integrated with electronic health record systems used by over 3,600 facilities statewide. This allows healthcare providers to check the PMP quickly and easily as part of their regular workflow and 72% of PMP queries are now done this way.



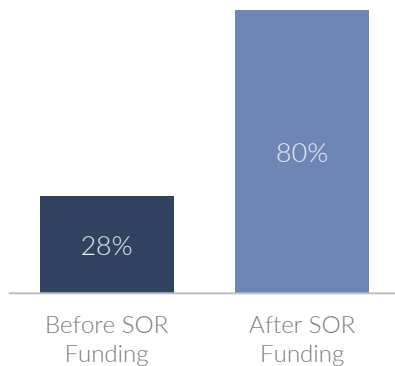
MAT and Complementary Services

Data on availability of services and the number of people served were provided by all SOR-funded CSBs and FQHCs in the Treatment Quarterly Reporting Surveys throughout year 2 (see Appendix C for details).

Availability of Services in CSBs and FQHCs

SOR funding has increased the ability of CSBs and FQHCs to meet community treatment needs with appropriate services.

Percentage of CSBs that report having enough MAT prescribers to meet treatment needs

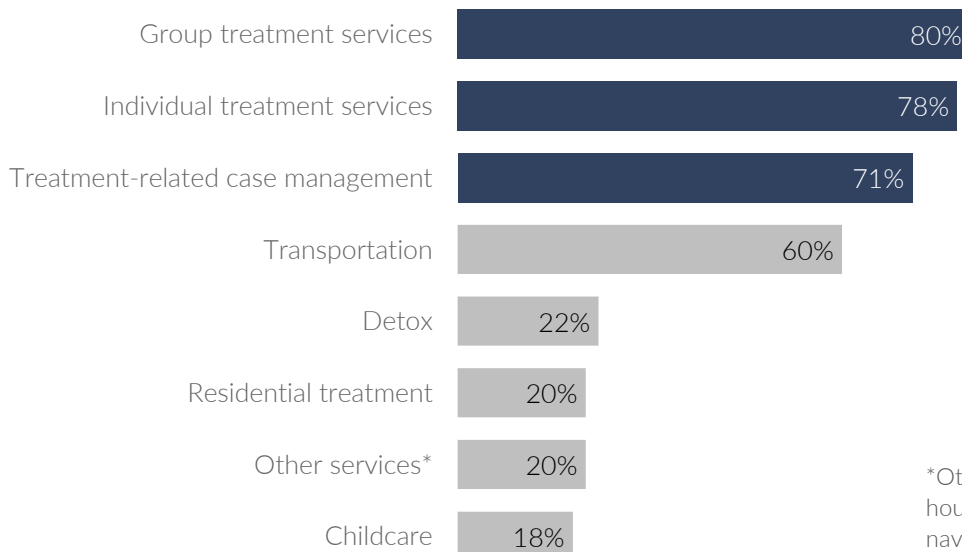


Access to Quality Addiction Treatment

“With the help of SOR funding, Dickenson County Behavioral Health Services was able to officially launch our Certified Office-Based Opiate Treatment Facility [and] we recently increased capacity to help ensure all residents in Dickenson County have access to quality treatment for their addiction. We have [used SOR funding] to ensure that every MAT consumer (regardless of insurance) will be able to afford the medication needed to help with their recovery.”

- Dickenson County Behavioral Health Services

In addition to MAT, most CSBs offer group and individual treatment services, as well as case management to clients.



*Other services include housing and employment navigation.



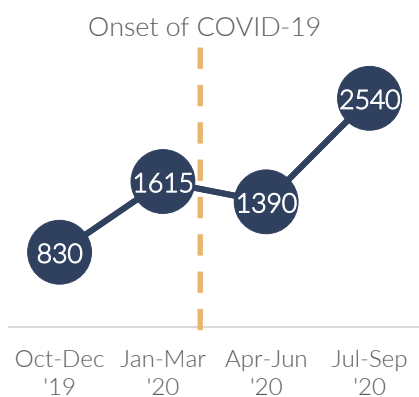
Individuals Served in CSBs and FQHCs

SOR funding provides a wide array of services for thousands of clients each quarter, and there has been continued growth in service provision even after the onset of the COVID-19 pandemic.

For most services, the number of clients receiving services initially decreased after the onset of COVID-19. By early July, half of the CSBs/FQHCs said they were less able to meet the needs of clients compared to before the pandemic. After that, however, most numbers rebounded to their original growth trajectory or higher. Supportive services showed a different trend as the number of clients receiving these services dipped early before rising slightly in the last quarter. These trends are visible in the graphs below of clients receiving SOR-funded services each quarter.

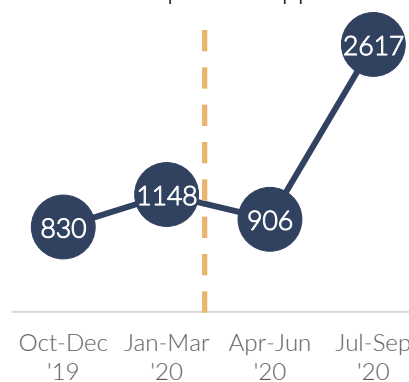
MAT Services

Prescription of medications such as buprenorphine for individuals with an OUD



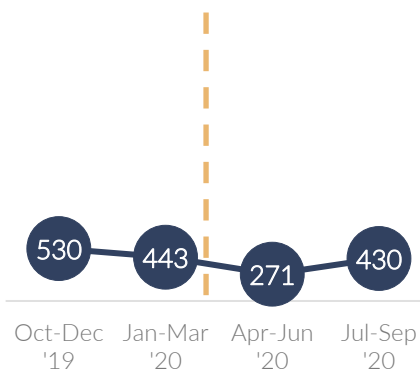
Non-MAT Treatment Services

Counseling, psychiatry, crisis support, contingency management, and other forms of therapeutic support



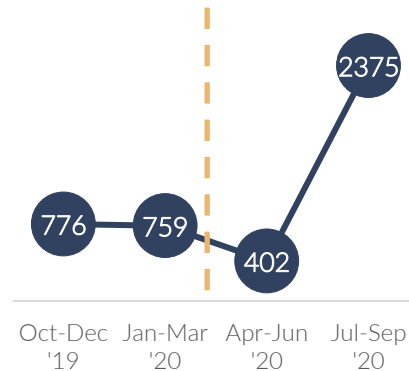
Supportive Services

Transportation, childcare, and support enrolling in other benefits (e.g., Medicaid and other public assistance programs)



Other Services

Transitional housing, residential treatment, wellness support, case management, dental service referrals, diversion programs





Successful Integration of MAT and Supportive Services

"I participate in the MAT program at my local CSB [case management, drug court, therapy, peer recovery support services, and MAT] and the CSB also has a LINK program [for parents]... The LINK program, in conjunction with the MAT program at Cumberland Mountain CSB, has made it possible for me to become a prospering single father and a parent to my son. It has helped open the door for housing, clothing, transportation, nutrition, employment, as well as many other areas of our life. I am a happy single father and my son is an exuberant infant due to the helping and loving hand that [was] extended to us."

- Client at Cumberland Mountain CSB



COVID-19 Impacts on Treatment Access

Financial challenges during the pandemic forced some sites to furlough or lay off staff. In October 2020, **35% of sites reported that their site had done furloughs or lay-offs**. Most commonly, office support staff were affected (31% of sites), followed by therapists/counselors (14%) and peer recovery specialists (12%).

On average, CSBs report that about **70% of their appointments are now done virtually**. To ensure access to these services, nearly three-quarters of CSBs are taking steps to bring greater technology access to those who do not have it.

CSBs reported virtual services have increased or decreased access to certain services among the following groups.



Increase in access:

- Clients living in rural areas
- Clients with children/families
- Younger clients (ages 18-25)
- Clients without stable housing*
- Older clients (age 60+)*



Decrease in access:

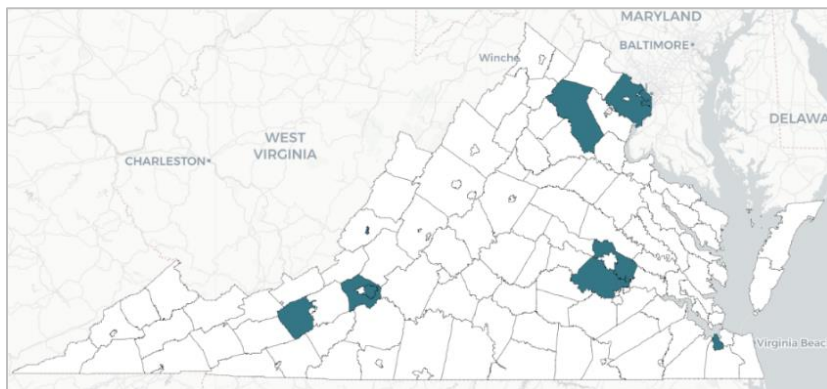
- Children and teens (under 18)
- Older clients (age 60+)*
- Incarcerated clients
- Clients without stable housing*

*Although many agencies reported these groups had increased access to services, other agencies reported decreased access among these groups.



Treatment Services in Justice Settings

As of November 2020, 11 jails offered MAT services in their facilities, some of which are a partnership with the local CSB to provide MAT using SOR funds.



Jails with MAT Services

- Alexandria Detention Center*
- Alleghany Regional Jail**
- Arlington County Jail
- Chesterfield County Jail
- Fairfax County Jail
- Fauquier County Detention Center
- Hampton Roads Regional Jail*
- Henrico County Jail
- New River Valley Regional Jail
- Roanoke City Jail
- Western Virginia Regional Jail

*Services available only to pregnant women.

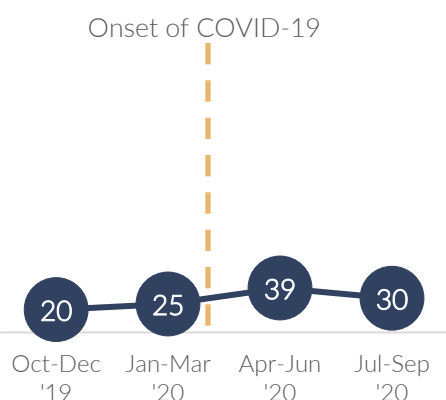
**Services available only to women.

SOR-funded services in justice settings have been slower to recover from COVID-19 decreases than services based in CSBs and FQHCs.

April through June 2020 had the highest total number of clients receiving MAT services in a justice setting (jail, recovery court, etc.), and showed a relatively stable trend over the course of the pandemic to date. Non-MAT services in justice settings peaked from January to March 2020 before jails closed to outside treatment providers due to COVID-19. Many institutions have remained closed to outside providers during the pandemic which may explain this decrease.

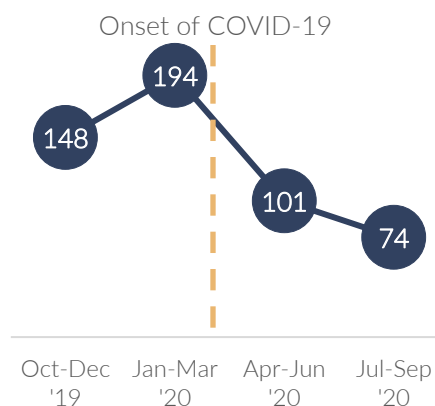
MAT Services

Prescription of medications such as buprenorphine for individuals with an OUD



Non-MAT Services

Individual and group counseling, residential treatment, case management, and transportation





Client Characteristics

The Government Performance and Results Act (GPRA) survey collects data from individuals receiving SOR-funded OUD treatment services who consent to participate in the evaluation. Evaluation participants are asked to complete the GPRA survey at intake, 6-months after intake, and at discharge from services. For more information on the survey, see Appendix C. Data in this section of the report are based on the 1,892 participants who completed an intake GPRA survey during the two years of the SOR grant.

1892

intake GPRAs completed.

829

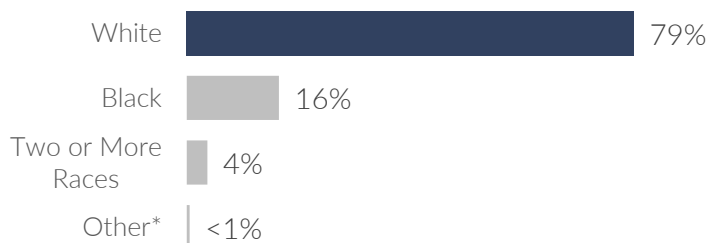
6-month follow-up GPRAs completed.

409

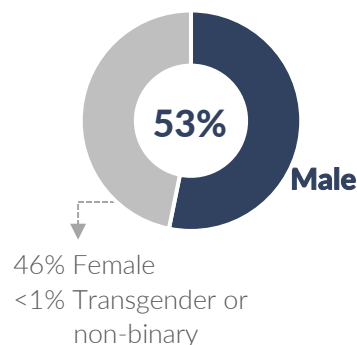
discharge GPRAs completed.

Demographics

More than half of participants are male (53%), and most participants identified as straight and non-Hispanic white.



*Other includes Alaskan Native, American Indian, Asian, and Pacific Islander.



Average age was 39 years and ranged from 18-72 years



4% identified as Hispanic or Latinx



94% identified as straight, 4% as bisexual, and 2% as gay/lesbian



96% reported never serving in the military



74% have a high school diploma or higher education



38% are employed, 32% are looking for work, and 14% are disabled



89% had been in treatment at least once before and 66% had been in treatment at least twice, underscoring the need for comprehensive and sustained availability of treatment services.



2 out of 3 have experienced trauma.¹ Given its frequency, trauma-informed care is needed to fully support the needs of individuals and their life experiences.

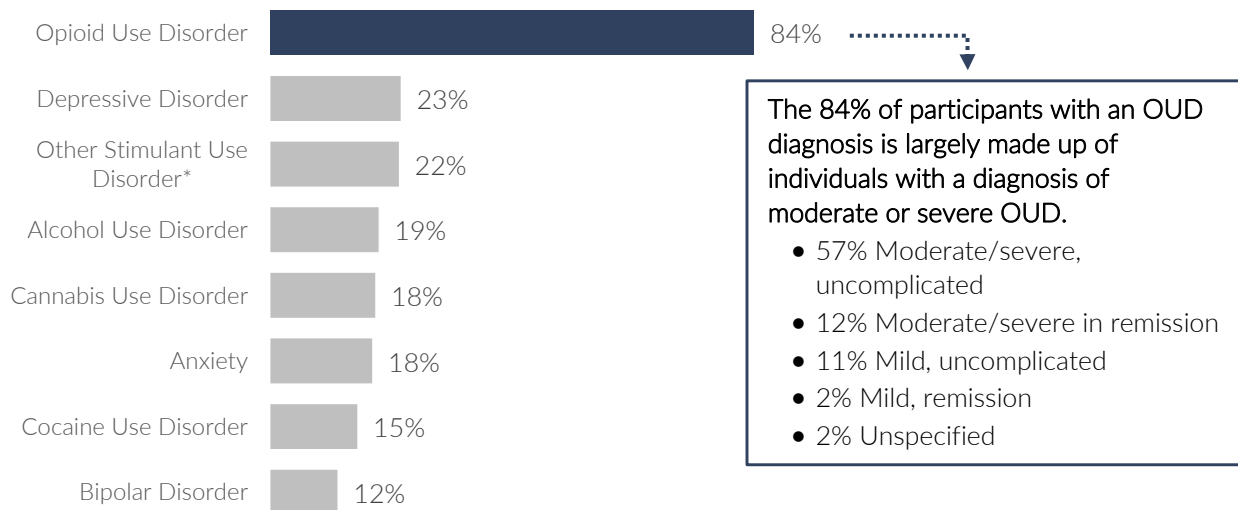


41% referred themselves to treatment and 27% were referred from a justice setting. SOR funding has strengthened connections between justice and treatment partners in many communities.

Substance Use History and Diagnoses

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

Opioid use disorders were the most frequently reported diagnoses.

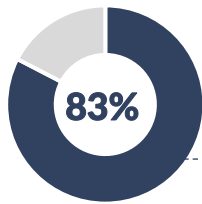


*Other stimulant use disorder is any stimulant use disorder besides cocaine-related disorders.

¹ [SAMHSA](#) defines trauma as an experience that is "physically or emotionally harmful or life threatening and has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being."



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



of participants were screened for a co-occurring disorder.

Of those screened, 76% have co-occurring mental health and substance use disorders.

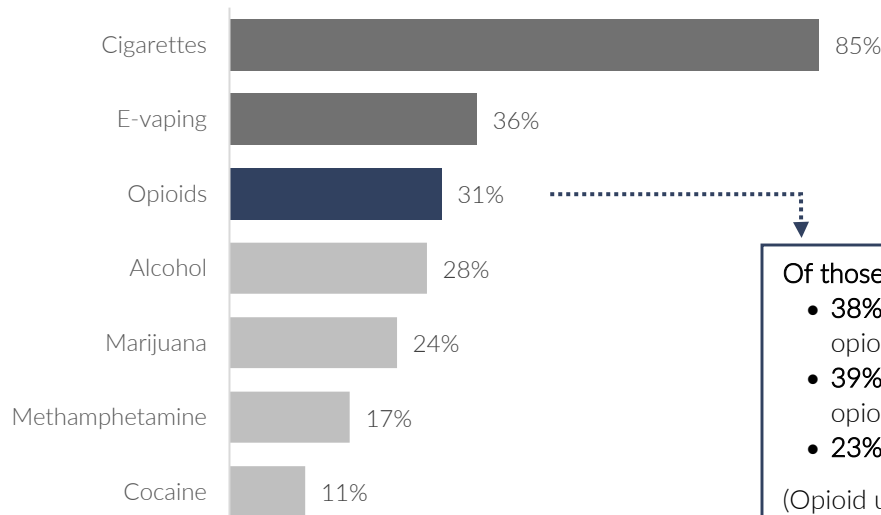


Impacts on Client Health

In July 2020, 40% of CSBs reported that their clients were requiring a higher level of care since the onset of COVID-19.

At intake, nearly one-third of participants reported misusing opioids in the past 30 days.

Cigarettes and electronic vaping products were the only substances with higher use rates than opioids.



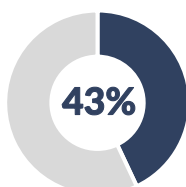
Percentage of participants who used each substance in the 30 days before intake

Of those who misused opioids:

- 38% misused prescription opioids only
- 39% misused non-prescription opioids only
- 23% misused both types

(Opioid use includes misuse or illicit use only, *not* appropriate use of prescribed opioid medications.)

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



of participants (767 people) have overdosed on drugs at least once in their life.

356 participants

reported they had been revived from an overdose with naloxone.



Differences Between Participants With and Without a Follow-Up Survey

It is important to note that there may be differences in outcomes for participants who completed a follow-up interview compared to participants who did not. For example, it is possible that those who could be reached for a follow-up interview have better treatment outcomes than those who are not reachable six months after intake. If this is true, the client outcomes section of this report includes data for individuals who are, on the whole, doing better on treatment outcomes than those who were not reachable and therefore have no follow-up data.

We can compare intake data between clients who have follow-up data and those who don't to see if there are differences between these cohorts at the start of services. These differences may give an indication of life circumstances which facilitate success and engagement in treatment over time. In addition, the differences may inform future follow-up outreach efforts as different approaches may be needed to engage the groups that are currently under-represented in the follow-up data.

At intake, compared to those who could not be located for a follow-up interview, participants who completed a follow-up interview:

- Were more likely to be female
- Were less stressed due to drug and alcohol use
- Had given up fewer life activities because of drug and alcohol use
- Were more likely to have stable housing
- Were less likely to have used illegal drugs, any type of opioid, or any stimulants in the past 30 days
- Had higher quality of life scores
- Had more satisfaction with self and relationships



Leveraging GPRA Data to Improve Client Services

“It is during the administration of the GPRA that we discover serious mental health issues, homelessness, unemployment, and other barriers to successful MAT treatment. We happily provide community resources and encourage clients to follow through with seeking out these services. We have some success stories that make working with this population very meaningful, [such as] regaining custody of their children, going from homeless to housed, and obtaining and maintaining employment.”

- Virginia Beach CSB

“Those of us administering the GPRA find that the survey helps open a dialogue between staff and clients. I have had some apprehensions from clients prior to taking the survey. However, during the question and answer portion, the clients are very open and eager to expand and share stories based on their experiences. The data collection of the GPRA is essential to our agency, determining where we can improve on supporting the needs of those we provide services for at Northwestern Community Services Board.”

- Northwestern CSB



Client Outcomes

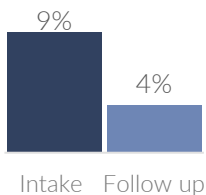
There were 615 complete follow-up GPRA interviews over the course of the two-year grant. To measure changes in client outcomes over time, intake and 6-month follow-up data were matched based on unique IDs. Depending on the nature of the variable, the matched data were analyzed using paired-samples t-tests or McNemar’s test to determine whether there were changes in client responses over time. Throughout this section, data from the 615 matched pairs is presented and changes are noted as statistically significant if the *p*-value from statistical analysis was less than 0.05.

In addition to their statistical significance, many of the changes in this section represent meaningful change in the daily lives of those receiving treatment and recovery services. **These data show that the SOR grant is positively impacting the treatment and recovery journeys of individuals served across areas including substance use, mental health, and social connection.**

Substance Use & Treatment

From intake to follow-up, substance use significantly decreased for most substances. Use of any illegal drugs dropped by more than half and opioid misuse rates decreased by 67%.

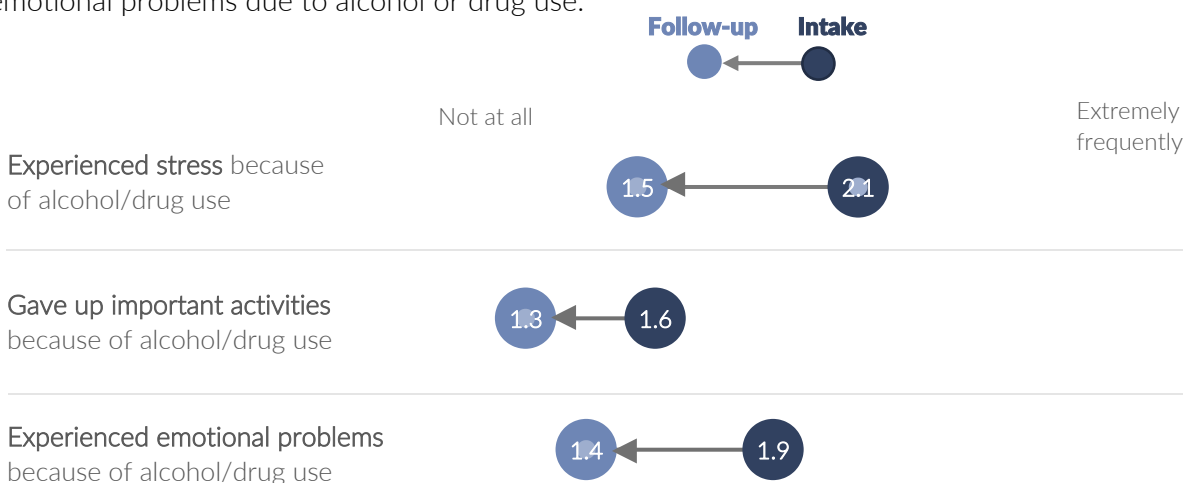
	Decrease in Number of People Who Used in Past 30 Days	Statistically Significant Decrease	Intake Use Rate	Follow-Up Use Rate
Alcohol and Tobacco Use				
Electronic Vaping	↓ 42% decrease	☑	38%	22%
Other Tobacco	↓ 35%	☑	30%	19%
Alcohol	↓ 23%	☑	22%	17%
Cigarettes	↓ 5%	☑	87%	82%
Any Illegal Drug Use				
	↓ 55%	☑	42%	19%
Any Opioid Misuse				
	↓ 67%	☑	30%	10%
Non-Prescription Opioid Misuse	↓ 76%	☑	18%	8%
Prescription Opioid Misuse	↓ 59%	☑	19%	4%
Any Stimulant Use				
	↓ 42%	☑	14%	8%
Methamphetamine	↓ 50%	☑	13%	7%
Cocaine	↓ 33%	☐	9%	6%
Marijuana				
	↓ 44%	☑	18%	10%



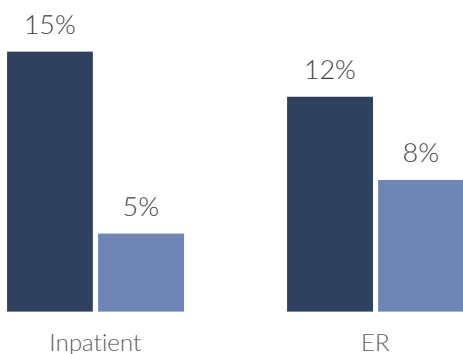
The percentage of participants who reported injection drug use in the past 30 days significantly decreased from **intake** to **follow-up**.

Participants reported fewer life disruptions due to alcohol or drug use at follow-up.

On average, there were significant decreases in stress, giving up important activities, and emotional problems due to alcohol or drug use.



The percentage of participants who required inpatient or emergency room treatment for any issue in the last 30 days significantly decreased from intake to follow-up.



In addition to the decreases in treatment for any medical issue, there were also significant decreases in substance abuse-related treatment in inpatient and ER settings. The percentage of clients who received substance-abuse related inpatient treatment decreased from 11% to 2%. Substance-abuse related ER treatment decreased from 4% to 1% of participants.

At follow-up, participants reported treatment for drug problems was significantly less important than at intake. This change could indicate the efficacy of treatment as participants became less bothered by substance use and did not have as much need for treatment at follow-up.



Mental Health

The percentage of participants reporting mental health issues significantly decreased at follow-up, but the overall prevalence of mental health issues remains high. Ongoing mental health support is critical to maintain and advance gains made through treatment and recovery services.

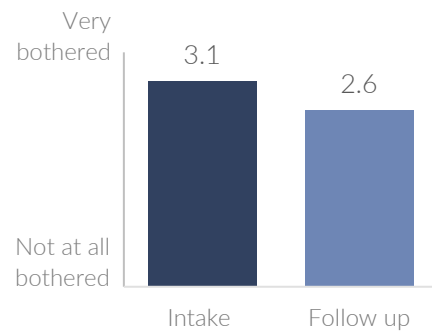
Although there was a significant decrease in participants experiencing any mental health issues (80% at intake; 73% at follow-up), mental health issues continue to be challenging for nearly three-quarters of participants.

The following mental health issues decreased:

- ▼ Serious anxiety
- ▼ Hallucinations
- ▼ Trouble understanding, concentrating or remembering
- ▼ Thoughts of suicide
- ▼ Trouble controlling violent behavior
- ▼ Been prescribed medication for psychological or emotional problems

There were no significant changes in the percentage of participants who experienced serious depression or had attempted suicide.

Overall, participants were significantly less bothered at **follow-up** compared to **intake** by the eight psychological and emotional problems. Despite the decrease, this remains high and deserves further attention.



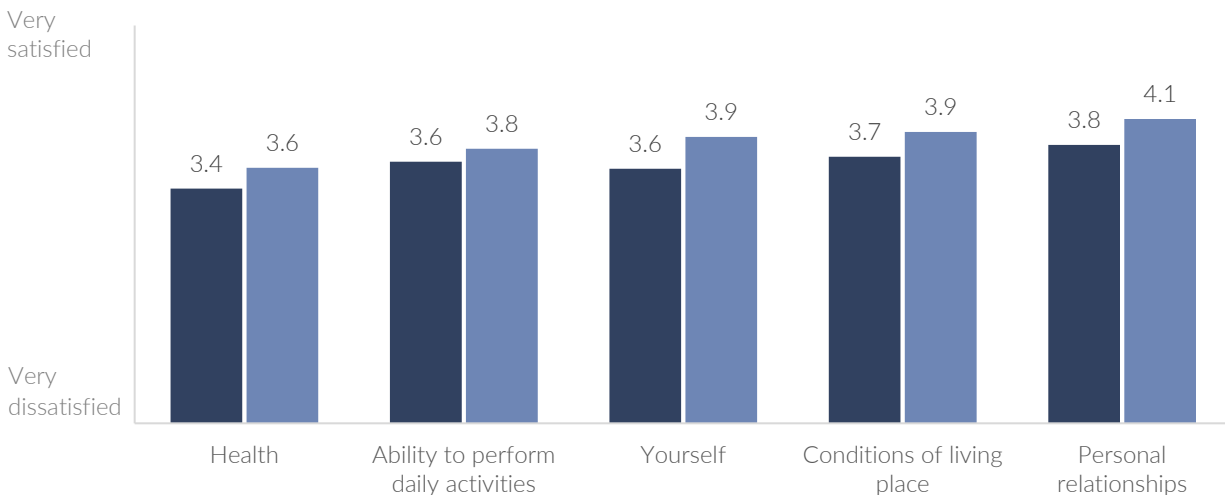
Participants reported significantly higher quality of life and satisfaction with five aspects of their life at follow-up compared to intake.

Intake

67% of participants rated their quality of life as “good” or “very good”

Follow-up

77% of participants rated their quality of life as “good” or “very good”





Social Environment

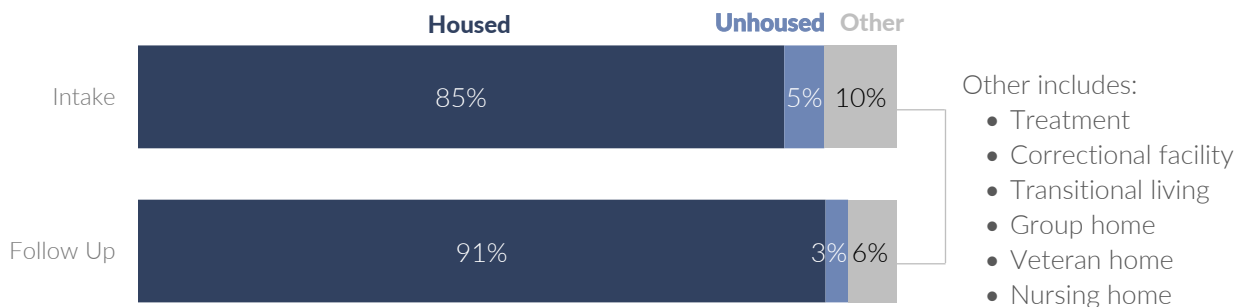
At follow-up, more participants reported having enough money to meet their needs.

The percentage of participants who had enough money to meet their needs increased significantly from 64% at intake to 76% at follow-up. The percentage who received public assistance income also increased from intake to follow-up. This could indicate that participants are getting connected to resources during treatment which are positively impacting their economic situation.

Access to transportation did not change significantly from intake to follow-up.

96% of participants reported having access to transportation (car or public transportation) at both intake and follow-up. It is likely that the individuals who completed the follow-up survey were better able to stay engaged in treatment compared to participants without transportation.

At follow-up, more participants reported having stable housing, and fewer reported being unhoused.²



² Unhoused includes living on the streets or living in a shelter, hotel/motel, or vehicle.



COVID Unemployment

There were several people who cited COVID-related layoffs as a cause for unemployment at follow-up. Despite this, there was still a significant increase in the percentage of participants who were employed at follow-up compared to intake.

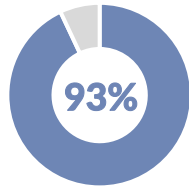


Utilizing Treatment Services

“Client ‘J’ came into the SOR program in January 2020 for assistance with several areas of her life. We helped her access benefits in the community such as Medicaid, food stamps, and the food pantry. We also connected her to transportation for her appointments. J has been persistent with her recovery and has attended her counseling appointments and SOR groups. She is now working part time in the community and [doing] well.”
- Western Tidewater CSB



Most participants report having family or friends that are supportive of their recovery process.



of participants reported at follow-up that in the past 30 days they had interactions with family or friends who are supportive of their recovery process. This was a significant increase from 86% at intake.



Transition from Client to Counselor

“One of our MAT clients who has an opioid addiction has truly excelled in the program. She comes to mind, however, for her leadership in the substance abuse group which meets using Microsoft Teams twice a week. She has become a mentor to other group members. She already has a master’s degree, but now is planning to become a peer support counselor. She has changed from a person who had made over 300 trips to the emergency room in search of opioids to someone who refused opioid pain medication when it was offered during a recent surgery. She is also regaining custody of her children. She will be able within a few months to regain a job which had been lost due to addiction. **The SOR funding which enables this program has helped this client to regain her life and also will help others in the future as she moves into counseling.**”

- Rockbridge Area CSB



Peer Support Services

Peer supporters, also referred to as peers or Peer Recovery Specialists (PRS), provide recovery support based on their own lived experience of substance use and/or mental health disorder and recovery. Peer support services funded by the SOR grant span the entirety of the continuum of care and meet individuals in traditional and non-traditional settings. The sections that follow outline the breadth and depth of SOR-funded peer support services across Virginia and are informed by data from the Recovery Quarterly Reporting Survey and the GPRA survey. (See Appendix C for details on both data sources.)

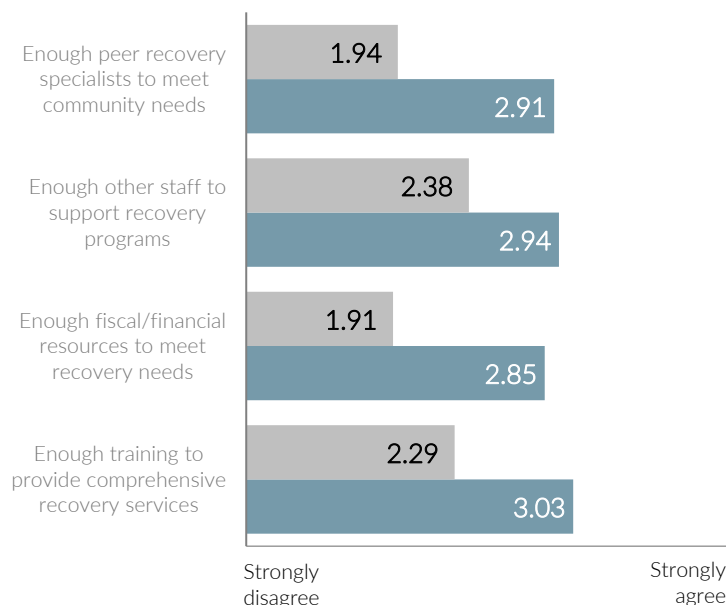
Key Peer Support Strategies

- Support the career and professional development of Peer Recovery Specialists
- Implement peer support services across a broad range of settings, including emergency departments, justice programs, universities, and other community-based locations
- Inform and enhance peer support services that span the continuum of care

Peer Support Capacity

SOR funding has allowed CSBs to build capacity and resources that support peer support services and other recovery-focused programming. CSBs reported on their capacity in the Recovery Quarterly Reporting Survey.

On average, CSBs reported increases in capacity from before receiving SOR funding to after receiving SOR funding.



"SOR funding has made it possible to continue to connect with consumers in meaningful ways."

"Prior to SOR funding we did not offer peer services."

"SOR funding has improved our ability to offer recovery services, and DBHDS support is great in this area."

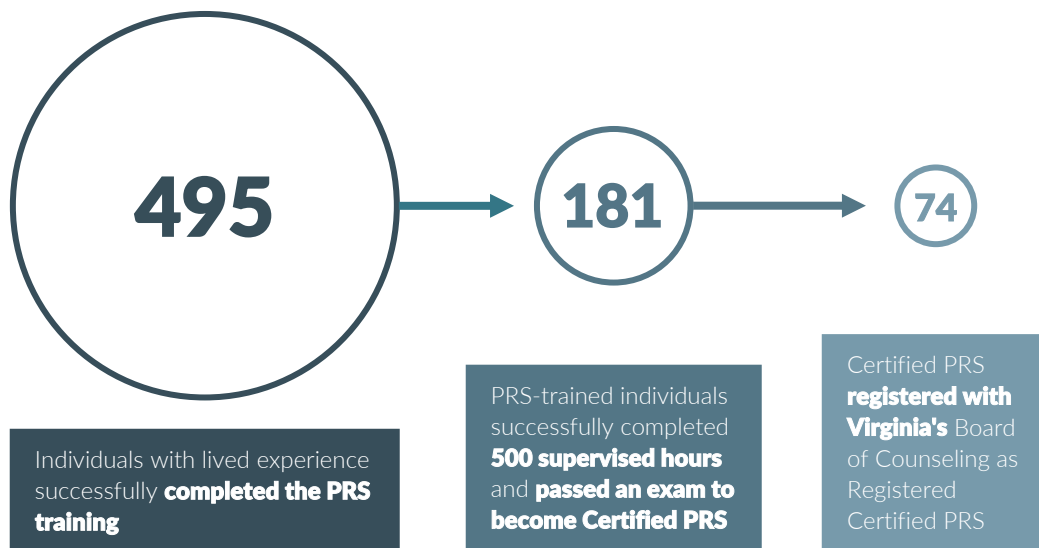
"Without SOR funding we would be unable to meet our community's needs. Even with SOR funding in place, the demand for services in our community outweighs the number of available peers."
– CSB Leadership



Peer Supporter Development

Supporting the careers and professional development of peer supporters as they move through the training process to become certified and registered is a fundamental goal of the SOR grant. Data informing this section was provided by the DBHDS Office of Recovery Services, Virginia Certification Board, and Virginia Board of Counseling.

A total of 495 individuals completed PRS training during year 2 of the SOR grant. During the same time period, 181 went on to become Certified PRS, and 74 completed the registration process.



These findings are consistent with the first year of the SOR grant in that there continues to be significant attrition at each step. Barriers throughout the process still exist for many peers. It is also worth noting that once peers become registered, they do not necessarily maintain that status as they must renew in June of each year, regardless of the registration date. Thus, three of the 74 individuals who first registered during year 2 of the SOR grant (October 2019 - September 2020) no longer had active registrations by the end of the year (September 30, 2020). Future work supporting peer supporter development would benefit from addressing these barriers.



COVID-19 Training Impacts

Although in-person PRS trainings were canceled beginning in March 2020 due to the pandemic, 451 individuals were trained before then from October 2019 to March 2020. During the summer of 2020, DBHDS' Office of Recovery Services certified 13 PRS trainers to conduct the training virtually. During August and September 2020, an additional 44 individuals completed the PRS training using a virtual platform.



Driving the Field Forward

Peer support is a growing field associated with numerous positive outcomes for individuals both receiving and providing support. In response to the increasing visibility of and engagement with peer support, the SOR grant administration team prioritized informing the growth of the field as a whole. This priority resulted in two accessible, research-based resources that provide applicable information to propel the field of peer support forward:



Peer Support Services Implementation Guides

- Research-based information regarding effective implementation of setting-specific peer support programs
- User-friendly guides support implementation in emergency departments, justice settings, and collegiate recovery programs
- Provides recommendations to address common challenges in each setting



Measuring Outcomes of Peer Recovery Support Services Literature Review

- Outlines outcomes most commonly associated with peer support services
- Recommends free questionnaires to measure outcomes based on the setting
- Includes questions to support agencies to evaluate outcomes for peer support programs

Find both of these resources and other peer support-focused materials at <https://www.virginiasupport.org/peers>

In September 2020, OMNI and DBHDS hosted a Recovery Roundtable Discussion for SOR grant administrators across the United States. Attendees from six states and Washington, D.C. gathered virtually to share their programmatic goals, successes, and challenges. Topics ranged from specific SOR grant questions to goals and vision for the peer recovery support field at large. Feedback from the conversation was positive, with many participants noting the rarity of opportunities for cross-state collaboration on recovery initiatives. Following the discussion, participants were encouraged to connect individually to continue to brainstorm, share experiences, and strategize to support the recovery field's ongoing growth and sustainability.

Recovery Roundtable Participants:

- Georgia
- Kentucky
- Louisiana
- Maryland
- Virginia
- Washington, D.C.
- West Virginia



Implementing Peer Support Services

Virginia communities implemented SOR-funded peer support services in various settings, including CSBs, emergency departments, justice facilities and programs, universities, and community-based locations of all types.



Community Services Boards

During year 2 of SOR funding, CSBs provided a wide range of recovery services to thousands of individuals, as reported in the Recovery Quarterly Reporting Survey.

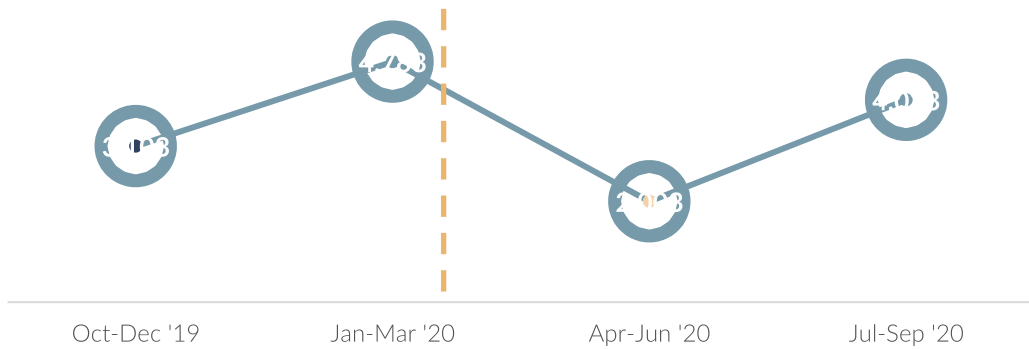
More than three quarters of CSBs provided peer recovery support services to individuals, while 60% provided peer-facilitated groups.

CSB Recovery Services	% of CSBs
Peer recovery support services (individual)	78%
Referrals to community-based services	68%
Substance use education	63%
Peer recovery support services (group)	60%
Transportation	55%
Relapse prevention	53%
Community outreach	53%
Recovery-related case management	50%
Recovery coaching	48%
Self-help/support groups	35%
Harm reduction activities	30%
Housing assistance and services	28%

“Our Peer Support Program allows individuals with lived experience to connect daily with the consumers we serve as they navigate their recovery process. Through the health crisis with the opioid epidemic, peers have become vital in the continuous connection to those we serve. Most of our consumers look forward to wellness check calls from the peer team and continuing the positive support and mentoring.”

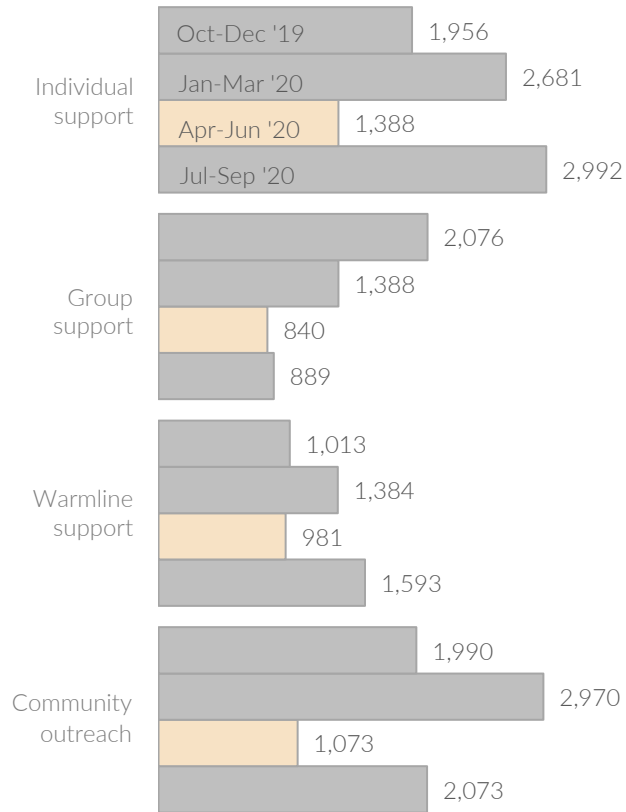
- Portsmouth Department of Behavioral Healthcare Services

Participation in recovery support programs was on an upward trend prior to the COVID-19 pandemic and rebounded as services were reinstated.





In the quarter following the onset of the COVID-19 pandemic, the number of individuals served dropped across all peer services.

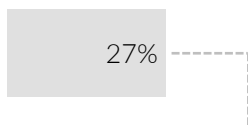


COVID-19 Impact

Peer supporters provide several types of services, all of which were dramatically affected by the pandemic. Even warmline support, which is done without in-person contact, experienced a drop in the number of individuals served from April through June. Despite the setbacks, rebounding numbers in July through September 2020 show that CSBs and peer supporters have developed creative ways to continue services despite ongoing challenges. Group support showed the smallest rebound in participation, suggesting expected challenges with implementing safe, effective, and engaging group experiences.

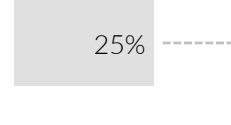
Across both years of the SOR grant, half of GPRA participants reported working with a peer supporter at intake to services. Among those individuals:

73% were working with a peer supporter voluntarily



Others were mandated to work with a peer supporter through a treatment program, the court system, or another entity.

75% were connected to their peer supporter by a CSB



Others were connected through an AA/NA sponsor, a support group, a jail/prison setting, a hospital, or another source.

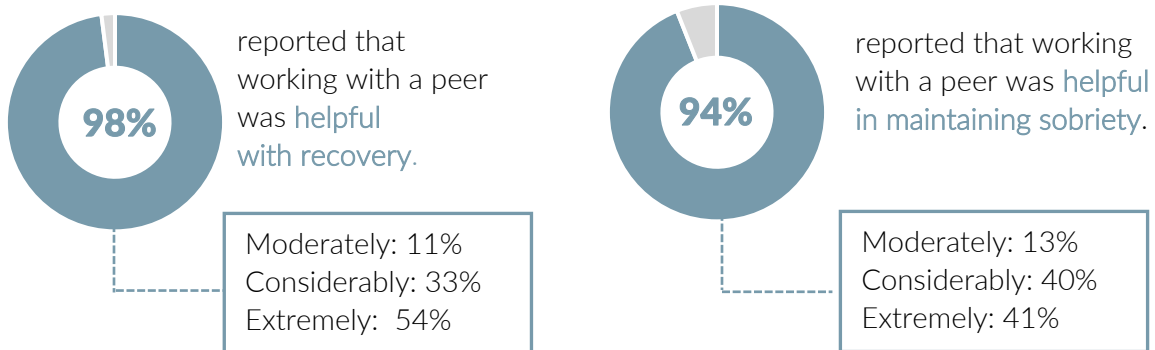


GPR data identified several common characteristics of individuals who accessed peer support services over the course of the SOR grant. Encouraging engagement of individuals with these characteristics while also addressing barriers for others may lead to increased engagement and positive outcomes.

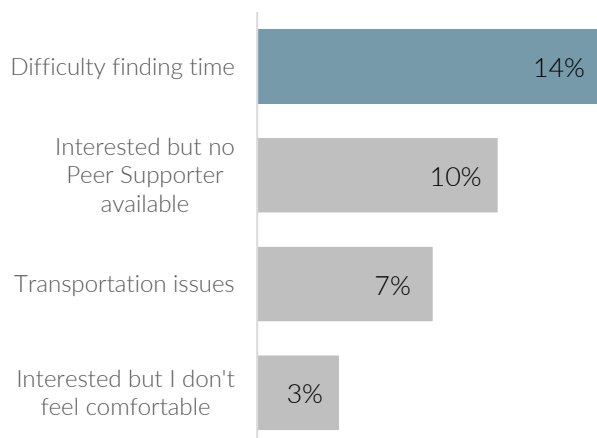
Individuals engaged in peer support services were more likely to report the following at intake:

- Less stress due to alcohol and drug use
- Fewer emotional problems due to alcohol and drugs
- Higher quality of life
- More energy for everyday life
- More satisfaction in ability to do daily activities
- More self-satisfaction
- Identifying as female
- Being unhoused/homeless
- Being employed
- Not using opioids, stimulants, or other illegal substances in the past 30 days
- Giving up fewer activities due to alcohol and drug use

Working with a peer supporter bolstered participants' treatment and recovery outcomes. At GPR follow-up:



Among those not working with a peer, the most common barrier that prevented them from engaging with a peer was difficulty finding the time.



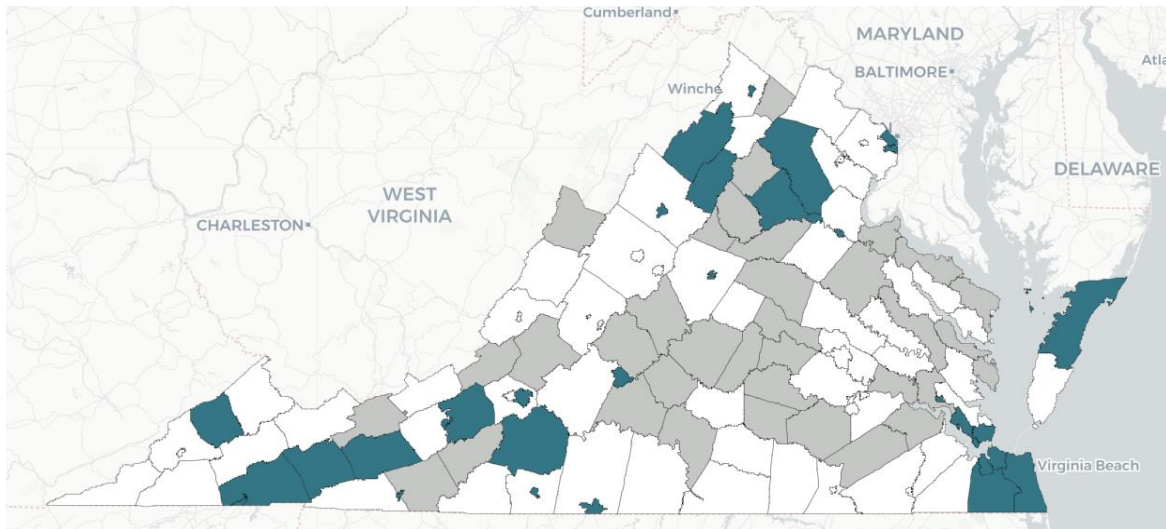
Reasons that clients did not work with a peer can inform capacity building needs and expansion of peer services. For example, peer services that maximize time and flexibility will likely reduce barriers. Sharing information about peer support services that highlights its efficacy could help engage skeptical individuals.



Hospitals and Emergency Departments

Hospital emergency departments (EDs) across Virginia have come to rely on peer supporters to provide critical services and referrals to individuals who have experienced an overdose or other mental health or SUD-related challenges.

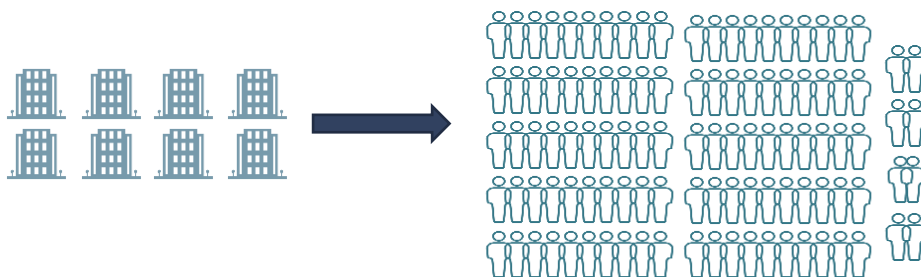
Emergency Departments with Peer Services



Has ED(s) with peers
 Has ED(s) without peers
 Locality does not have ED

As the number of partnerships and peer supporters in the ED setting grows, so does the reach. According to the Recovery Quarterly Reporting Survey:

10 peer supporters from 8 CSBs provided services to 108 people in EDs from July to September 2020.



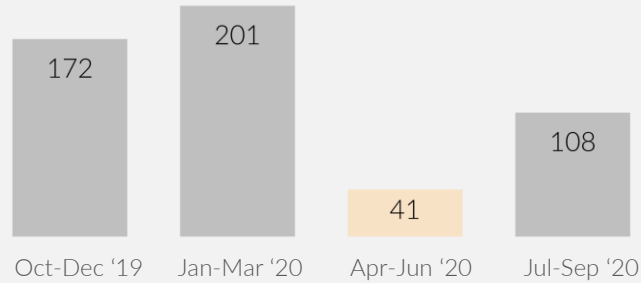
“In April I found myself at [a] hospital for the third time in a week due to heroin overdose. That night a Peer Recovery Specialist came and sat with me while I was waiting to be discharged. I found it comforting to talk ‘real talk’ with someone that could relate... **Words cannot express my appreciation for the connection I experienced on a night that could easily be described as one of the worst nights of my life. She shared more than just her story that night. I am truly grateful for the nonjudgmental assistance I have received in my journey.**”

- CSB Client



COVID-19 Impact

As demonstrated in the chart below, peer supporter programs in hospitals were gaining momentum prior to the pandemic, but **following its onset, the number of individuals served in EDs dropped dramatically**. The number of individuals receiving peer support began to rebound in the final quarter of SOR.



Offering peer support services in emergency departments has been instrumental, and some hospitals have expanded these services to other settings. For example, three CSBs reported peers **working with pregnant or post-partum women in labor and delivery or Newborn Intensive Care Unit (NICU) settings**.

Bridging the Care Gap: A Guide for Developing Emergency Department Peer Support Programs

As ED peer programs have developed across Virginia, it became clear that CSBs could learn from each other to replicate programs with nuanced components relevant to their locations. In response, OMNI developed [“Bridging the Care Gap: A Guide for Developing Emergency Department Peer Support Programs”](#) to support the development and implementation of such programs. This guide was developed through key informant interviews with Virginia CSB leadership who have implemented ED peer programs and one hospital administrator. Areas covered in the guide include: strategies to identify and leverage relationships to create partnerships with hospitals and implement other creative solutions; experiences and lessons learned from CSB and ED Peer Program administrators; and sample program materials.



Advice from CSB Leaders

“Do it! Embrace it!”

“How can we not embrace a model that works and has trained professionals?”

“Be flexible and open-minded, be different from the rest.”

“Find the time – it’s hard to find it and change itself is a roadblock.”
- ED Peer Program administrators



Justice Settings: Department of Corrections, Jails, and Recovery Courts

As justice-involved individuals are a priority population in Virginia's SOR strategy, CSBs have provided peer support services in regional and local jails and recovery courts. In addition, services have been developed for Department of Corrections (DOC) facilities. Per the Recovery Quarterly Reporting Survey, SOR-funded peers serve an average of 204 people in these settings each quarter.

At the end of SOR Year 2, there were a total of 15 CSBs providing support in the justice system.



At 14 CSBs, peers **engage and build rapport** with individuals who are in custody.

9 CSBs provide **peer-facilitated groups** with incarcerated individuals.



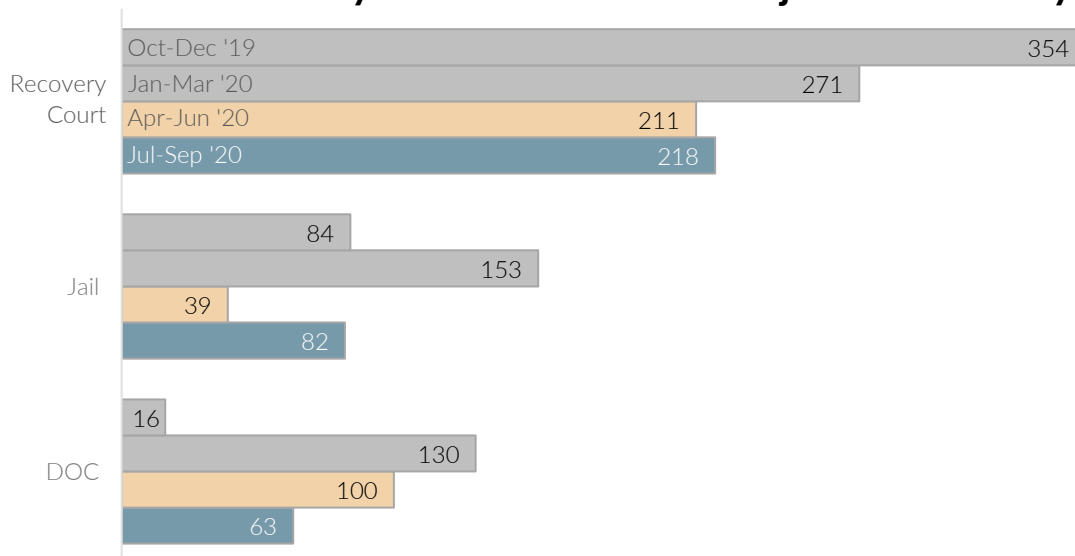
At 7 CSBs, peers provide **warm handoffs** for individuals being released from jail.

At 6 CSBs, peers provide **transportation to treatment** for individuals leaving jail.



5 CSBs provide peer support for **discharge planning** to connect individuals to recovery services.

Among the justice settings, recovery courts had the most individuals served by peer supporters. There is a clear impact from the onset of COVID-19 followed by a noticeable rebound in jails and recovery courts.

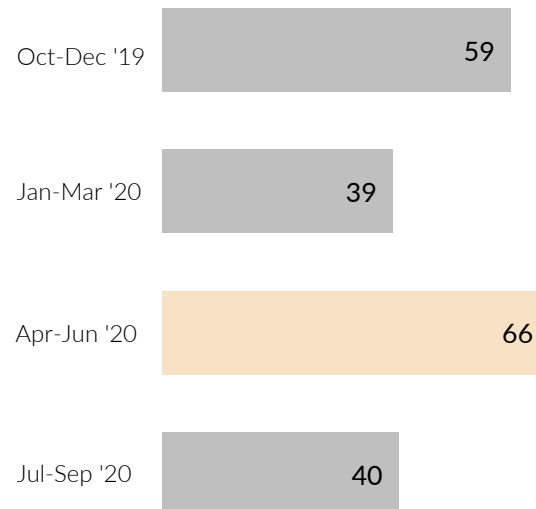




In justice settings, more peer supporters provided services during the pandemic's initial impact than at any other time over the past year.

“Just before I was released from prison, I was told about Peer Recovery Specialists. So when I came home, I reached out to the community services board here. They gave me a number to get in contact with the PRS, and now we talk all the time. **The support has been real helpful while I have been going through my journey. I couldn't be this strong without it.**”

- CSB Client



COVID-19 Impact

COVID-19 impacted peer supporters' access to justice settings, leading to decreases in individuals served in DOC facilities, local and regional jails, and recovery courts. Services in prisons have seen the longest-term impacts, while recovery court and jail accessibility to peers has started to recover. Given these numbers, it is surprising that CSBs also reported the largest number of peer supporters working in justice settings at the initial height of the pandemic. This is likely a case of poor timing, as immediately prior to the pandemic, peers were being hired to address the upward trend in services seen from October 2019 through March 2020.

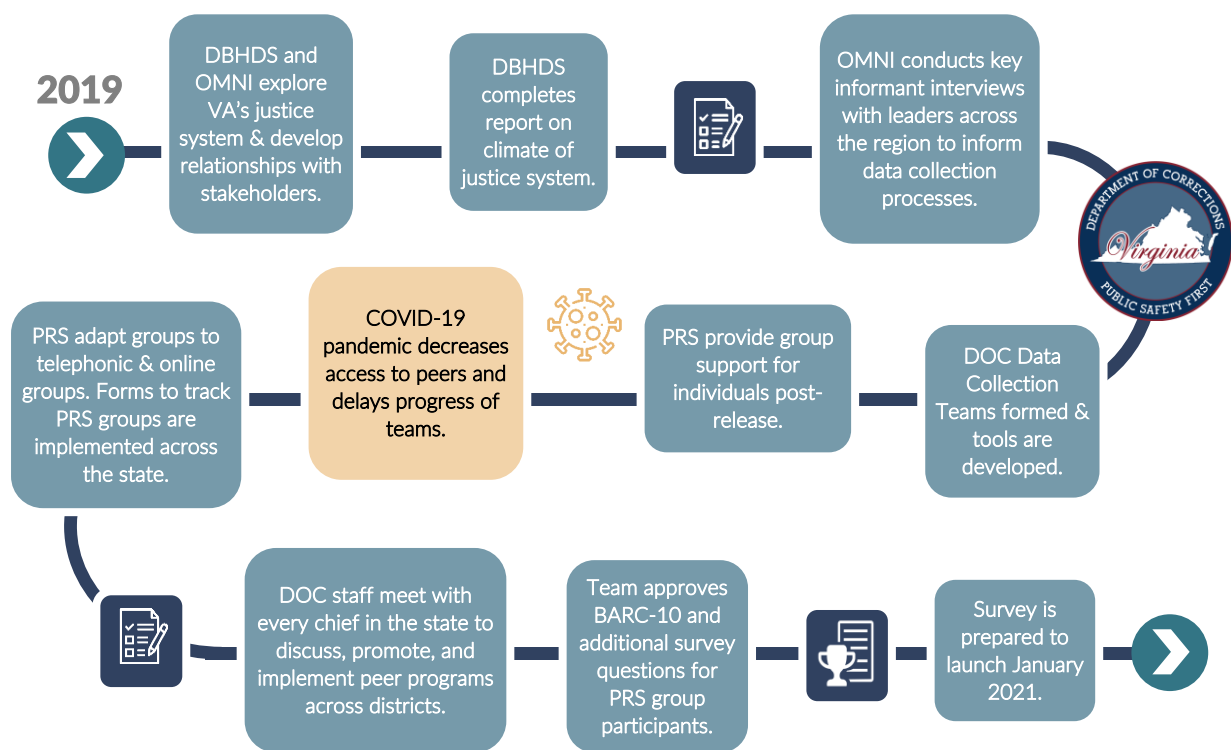
When access to justice settings was drastically limited, services provided decreased while the number of available peer supporters was maintained. Other simultaneous pandemic-related circumstances, such as the release of individuals with low-level charges and the increase in drug and alcohol use, likely contributed to higher need of support, further contributing to uncertainty about the services required and the need for those who can provide them.



Statewide DOC Peer Support Program

The Virginia Department of Corrections (DOC) received SOR funds to implement a peer support program across the state. Much of the past year focused on planning for the development and implementation of the program. A DOC data collection team was formed to consider the intended outcomes of the program and how to measure them. From assessing the need for peer services within the justice setting to fully implementing a DOC peer support program and data collection process, SOR funds supported program development, processes, implementation, and data collection for this critical program.

Development Process for the DOC Peer Support Supporter Justice Program



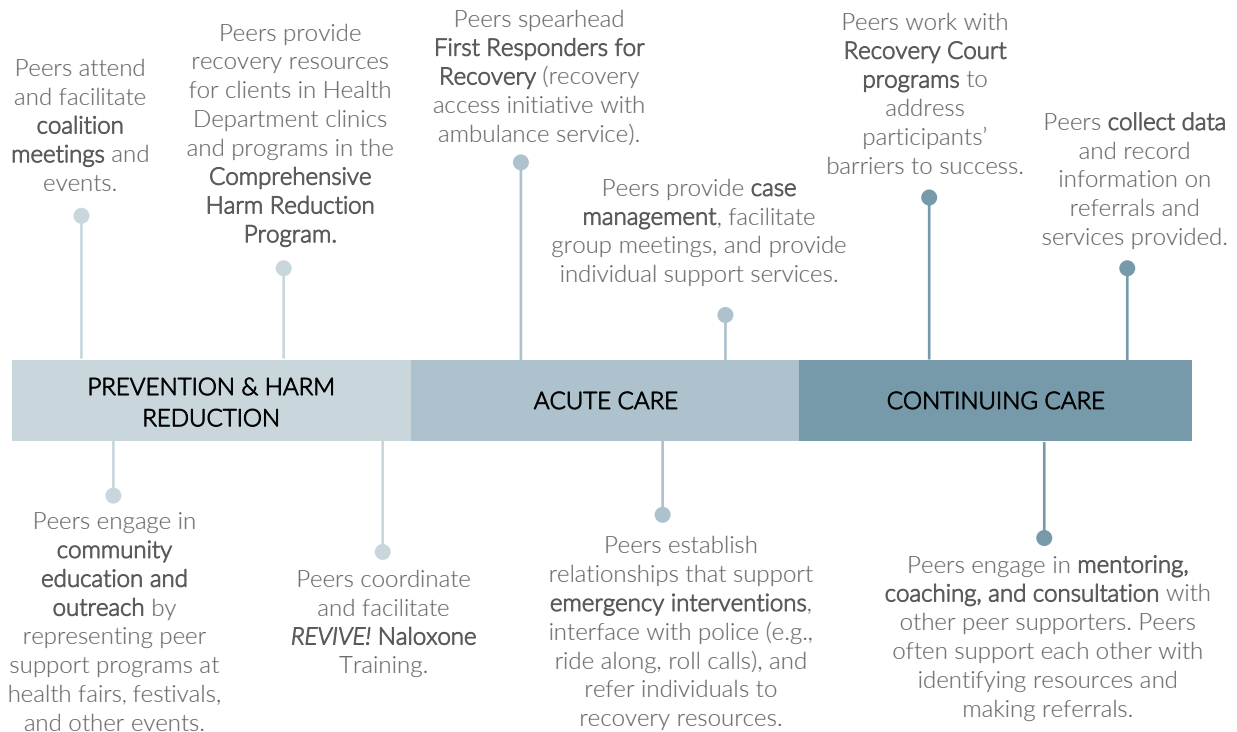
At the close of the SOR grant year, the DOC Peer Program was active. Peer supporters were starting to collect data at the group level to track their efforts and provide insight into group activity for SOR reporting. Additionally, OMNI is launching the Quarterly Peer Justice Survey developed by the data team to gather data at the individual level from those participating in the peer justice groups. OMNI will analyze data to determine correlations between peer supporters and individual recovery outcomes, reporting this data to DBHDS and DOC.



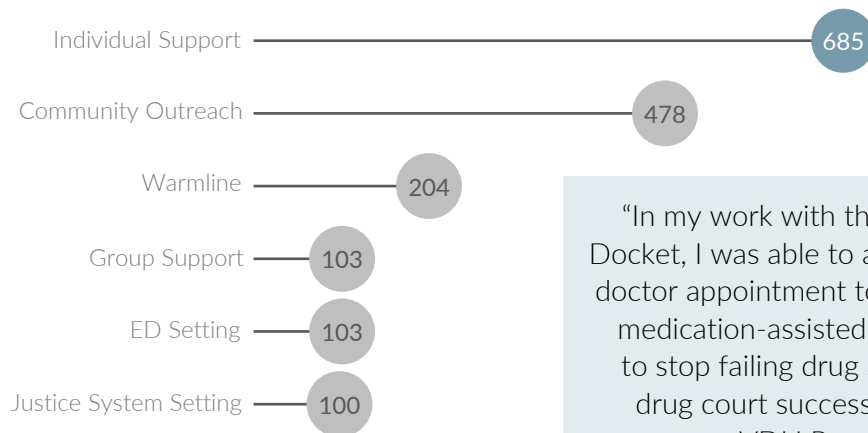
Virginia Department of Health (VDH) Peer Supporters

Seven local health districts received SOR funding for peer support positions, often piloting new and creative programs that fully exemplify the peer role. Services offered through these roles cross critical intersection points, including emergency departments and court systems.

VDH peers support innovative programs that span the continuum of care.



VDH peers provided peer support services to 2,563 individuals during SOR Year 2. Individual support was the most common service provided from July to September 2020.



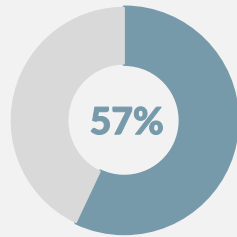
“In my work with the Bedford Family Treatment Docket, I was able to accompany a participant to a doctor appointment to advocate for him to get on medication-assisted treatment. This allowed him to stop failing drug screens and to complete the drug court successfully with no further issues.”
 - VDH Peer, Central VA Health Services



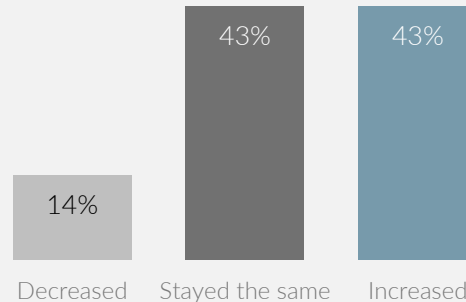
COVID-19 Impact

Like all peer support settings, VDH sites were impacted by COVID-19.

More than half of VDH sites stated that individuals seeking services **required a higher level of care** since the onset of COVID-19.



Most VDH sites reported that the number of individuals seeking services stayed the same or **increased** after the onset of COVID-19.



Collegiate Recovery

Led by Virginia Commonwealth University (VCU), Collegiate Recovery Programs (CRP) across Virginia received SOR support to increase membership, provide direct services to students, and connect and engage students through campus-wide outreach. Data in this section are provided by CRPs via twice-annual reports.

Throughout the SOR grant, CRPs have consistently provided direct care and engaged student members.



Student Members

449



Recovery-Focused One-on-Ones

1,721



Recovery Meetings

1,190



Sharing CRP Stories

Recovery stories are most impactful when shared first-hand. Through an innovative approach, participating schools developed promotional videos that allow student members to share their experiences with recovery and their CRP. The student-facing videos are an excellent resource to reach individuals in need of support and get a better understanding of all the services that are offered. [Click here](#) to view the VCU Rams in Recovery video.



CRPs promote a recovery-supportive culture through outreach events.



Recovery Event Attendance

1,055

individuals participated in

91

Recovery events



Campus Event Attendance

7,136

individuals participated in

131

Campus events



Diversity in Recovery

As one of the few HBCUs with a CRP, Virginia Union University (VUU) focuses on better supporting Black, Indigenous, and People of Color, who are under-represented and supported in collegiate recovery. VUU has seen engagement from their small campus, including strong attendance and thoughtful conversation at two Recovery Ally Trainings. Strategic outreach efforts made by the CRP demonstrate an understanding of student needs and culture.

Recovery events (those focused on CRP student members) and campus events (focused on the broader campus and community) allow schools to educate and engage communities on the important work they offer. From July 2019 to September 2020, engagement numbers continued to increase despite COVID-related barriers (school closures, gathering restrictions, etc.) and are reflected in the total number of recovery and campus event participants. Although some individuals attended multiple events, the attendance numbers demonstrate the broad reach these events have across Virginia.



COVID-19 Impact on CRPs & Virginia Tech's Story of Perseverance

COVID-19 presented unique challenges for CRPs. Lockdowns forced them to cancel events, in-person trainings, and planned outreach. Services shifted to a virtual environment that created difficulties such as decreased student engagement. Soon, students began reporting increased alcohol and substance use in the isolation of COVID, but also reached out to CRPs for help. During the fall 2020 term some CRPs started an innovative hybrid approach, meeting one-on-one with new students in safe environments before establishing their online presence, which created more positive momentum.

Despite challenges, the Virginia Tech Recovery Community had a busy start to the 2020 school year. Each week brought new student engagement, due to a successful advertising campaign on [Facebook and Instagram](#). Students began seeking help, and many came via referrals from friends, recovery allies at the counseling center, and other professionals. The influx led to a new women's group and ongoing engagement in other events. With a designated space established and a part-time worker, the Virginia Tech Recovery Community is impacting students and creating a recovery-positive campus.



TA and Consultation

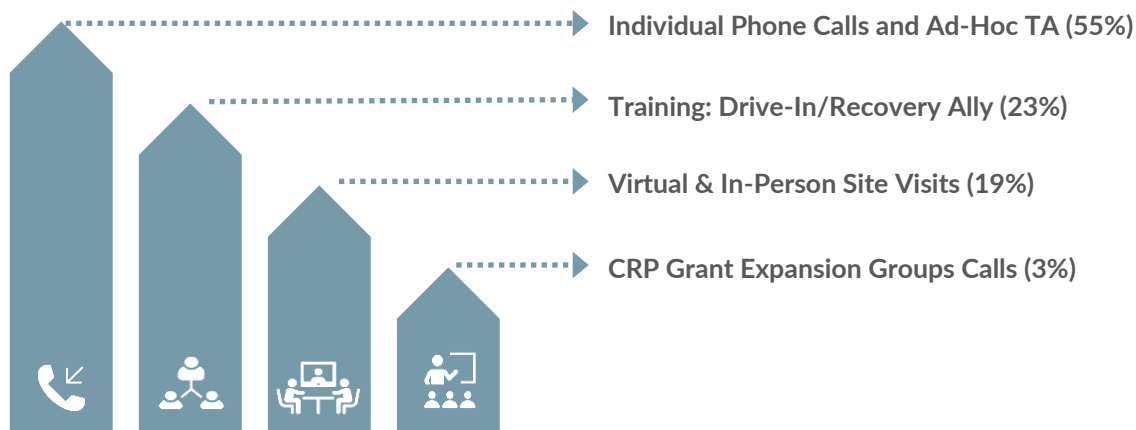
VCU's CRP, Rams in Recovery (RIR), provides technical assistance and consultation on a wide range of CRP topics to subgrantee schools. Due to administrative complications, neither VCU nor subgrantee schools had access to SOR funds in year 1 of the grant. Regardless, the RIR Program Coordinator provided technical and planning support throughout year 1 of SOR and into year 2 when the grant funds were available. All subgrantees have had CRP activity and TA support.

"I am not sure there is enough space in this box to express the impact the consultation that we have received has helped us. **The support has been instrumental in creating the program that we have now**, which is still young and growing, but it is officially a program."

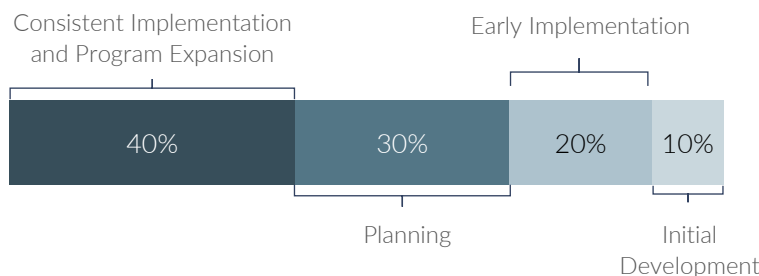
- CRP Coordinator

OMNI developed a TA survey for participating CRPs to assess the amount and quality of TA subgrantees received. Seven of the eight schools provided feedback. With the support of TA and consultation, CRP schools continue to progress to varying stages of implementation.

Rams in Recovery provided over 500 Technical Assistance (TA) hours to the eight participating schools in Virginia.



Nearly half of participating CRPs reported reaching the consistent implementation and program expansion stage.



Creating Sustainability

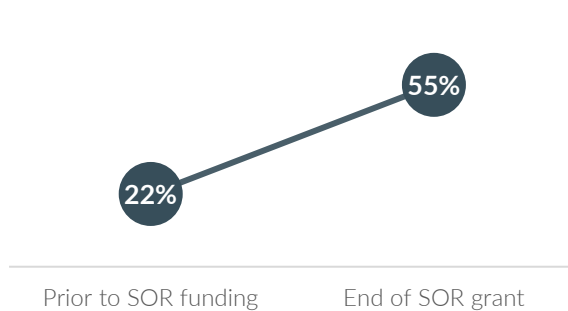
To set themselves up for success and sustainability, Rams in Recovery generated a program logic model with support from OMNI. This model identified resources and activities, as well as established short, intermediate, and long-term outcome goals.



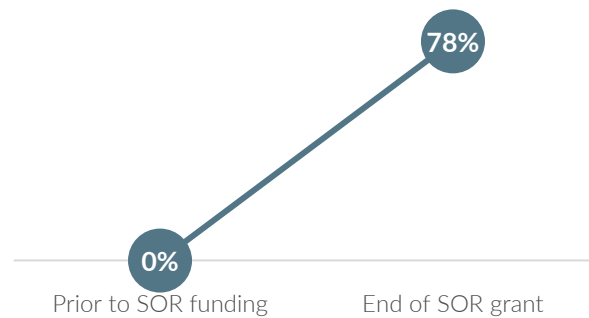
Overall, SOR grant funding had a positive impact on CRPs' capacity to train staff, generate buy-in, and financially support their needs.

Financial resources were especially impacted by the SOR grant, with 0% of schools reporting there were enough financial resources prior to the SOR grant, compared to 78% agreeing that there were enough financial resources at the end of the SOR grant.

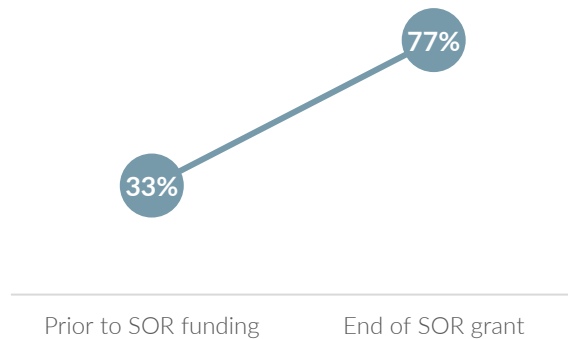
Enough CRP Staff



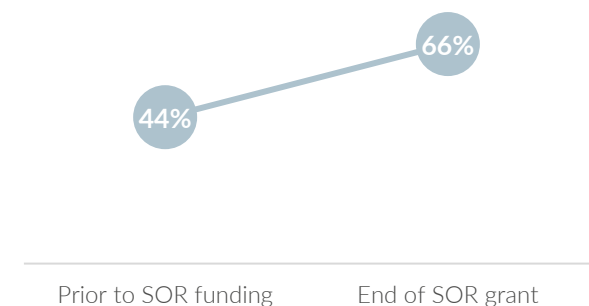
Enough Financial Resources



Enough CRP Staff Training



Enough Support from Univeristy Administration



SOR funding also supported the long-term sustainability of CRPs. Survey respondents indicated that the SOR funding had a significant impact on their ability to:

- Hire CRP staff
- Establish space on campus
- Generate promotional materials
- Provide events
- Attend conferences
- Increase marketing and branding

Appendices

Appendix A. SOR Grant Information

The SOR grant is a federally funded formula grant distributed by the Substance Abuse and Mental Health Services Administration (SAMHSA). This report focused on the second year of the SOR grant (October 2019 – September 2020), but also includes data from the first year of the SOR grant (October 2018 – September 2019) in some report sections as noted.

The Department of Behavioral Health and Developmental Services (DBHDS) manages and distributes SOR funds for Virginia. A majority of the SOR funds were disbursed to the 40 Community Services 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 (see at right).

Virginia SOR initiatives align with the strategic goals of Virginia's Governor's Executive Leadership Team on Opioids and Addiction.³ 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, OMNI has worked with Virginia to establish comprehensive capacity building and evaluation. OMNI designed the evaluation to track grant progress and outcomes and created an evaluation plan that draws from a variety of sources to demonstrate the impact of SOR funding on Virginia communities. For more information on the data sources used in this report, see Appendix C.

Agencies Who Received SOR Funding During Year 1 and/or 2:

- All 40 Virginia Community Services Boards (see next page for details)
- Federally Qualified Health Centers:
 - Central VA Health Services
 - Johnson Health Center
 - New Horizons Healthcare
 - Rockbridge Area Health Center
 - Southeastern VA Health System
- Project ECHO (Year 1 only)
- Virginia Commonwealth University's Virginia Higher Education Collaborative
- Virginia Department of Corrections
- Virginia Department of Health
- Virginia Department of Social Services (Year 1 only)
- Virginia Higher Education Opioid Consortium

³<https://www.hhr.virginia.gov/media/governorvirginiagov/secretary-of-health-and-human-resources/pdf/opioid-commission/one-pager-opioids.pdf>

CSB Funding

In year 2 of the grant, CSB funding was provided in separate allotments for prevention, treatment, and recovery as outlined in the table below.

P = Prevention; T = Treatment; R = Recovery

Community Services 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 Services 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		●	●

Appendix B. SOR Reports and Resources

[Bridging the Care Gap](#)

A guide for developing emergency department peer support programs.

[Collegiate Recovery Programs Technical Assistance Evaluation](#)

Annual survey of collegiate recovery program staff from sub-grantee universities assessing the TA they receive to support implementation of collegiate recovery programs.

[CSB Leadership Focus Group Report](#)

Summary of focus groups held in summer 2020 with CSB leadership staff. Includes successes, challenges, and impacts from COVID-19 on the implementation of the first two years of the SOR grant.

[Measuring Outcomes of Peer Recovery Support Services](#)

Literature review examining common recovery outcomes and instruments appropriate for measuring these outcomes.

[Review of Peer Support Specialist Training](#)

A comparison of the peer support training and certification processes in Virginia and other states.

[SOR Year 1 Annual Report](#)

Annual report covering the prevention, treatment, and recovery evaluations from the first year of SOR funding (2018-19).

[Virginia SOR Support Website](#)

Website for SOR treatment and recovery initiatives, includes news posts, technical assistance resources, and reports.

Appendix C. Data Sources

Collegiate Recovery Reporting

Collegiate recovery subgrantees provide evaluation data in two ways. First, numbers related to program development and implementation are reported via spreadsheet twice per year. Data areas include frequency of services provided by the Collegiate Recovery Programs (CRP) (e.g., student support, recovery meetings, recovery-focused events, events and trainings held for the campus and larger community, seminars, scholarships, etc.), number of students and community members engaged in the services provided, and financial support received.

Second, Virginia Commonwealth University provides data related to the frequency and amount of technical assistance and consultation provided to subgrantee CRPs through the SOR grant. Subgrantee CRPs complete an annual survey (created and administered by OMNI) to share their experiences and provide feedback on the technical assistance and consultation received. Data collected through this survey are cleaned, analyzed, and reported by OMNI.

Government Performance and Results Act (GPRA) Survey

The GPRA is a standard, 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. The survey is administered in an interview format by a staff member at the CSB or FQHC. It covers substance use history and diagnoses, treatment services, mental and physical health needs, relationships and social connection, education and employment, and living conditions. A full copy of the survey utilized for this grant is available on the Virginia SOR Support website: <https://www.virginiasorsupport.org/>.

Data in this report come from all GPRA surveys collected over the two-year grant. When reporting changes over time, when appropriate, we calculate the statistical significance by finding the probability-value (p -value). The p -value is the probability of observing results at least as extreme as what we did in this sample if there was no effect of the program in the larger population. Lower p -values increase confidence that the observed difference is real, but p -values do not provide information on the strength or magnitude of the difference. In addition, the larger the sample size, the more likely a small effect will be statistically significant.

Throughout this report, changes are noted as statistically significant if the p -value from statistical analysis was less than 0.05. Depending on the nature of the variable, the data were analyzed using paired samples t -tests, independent samples t -tests, or McNemar's test.

Mid- and End-of-Year Prevention Reports from CSBs

Prevention staff from SOR-funded CSBs complete mid-year and end-of-year progress reports that were designed jointly by the SOR Prevention Coordinator and the OMNI team. In these reports, communities describe accomplishments and challenges associated with their prevention strategies

as well as changes in capacity and technical assistance needs that arose throughout the year. Due to the COVID-19 pandemic, CSBs were also asked to report on accomplishments and challenges related to COVID-19 adaptations. The prevention section of this report includes qualitative data gathered from these mid- and end-of-year reports for the 2019-2020 SOR fiscal year.

Performance Based Prevention System (PBPS)

SOR-funded CSBs are required to report process data (numbers served and reached) for all prevention activities in the PBPS database on a regular basis. The PBPS database houses data on prevention activities across multiple funding streams. OMNI provides ongoing technical assistance to CSBs as well as detailed review of data entered by CSBs to ensure accuracy. The PBPS site is managed by Collaborative Planning Group, Inc.

Treatment and Recovery Quarterly Reporting Surveys

Each quarter, OMNI facilitates the collection of data on treatment and recovery activities funded by the SOR grant. The survey is divided by SOR funding area (i.e., treatment and recovery). Administrators at CSBs, FQHCs, and VDH peer sites receiving one or both areas of funding complete the survey as a requirement of the grant. Data collected include number of individuals receiving SOR-funded services and number of SOR-funded providers (e.g., MAT prescribers, peer recovery specialists). In some cases, agencies also provide setting-specific data (e.g., services provided in jails, prisons, or recovery courts). Occasionally, additional questions are added to learn about the experiences of the agencies, such as areas of success, barriers and challenges faced, or responses to COVID-19. Data collected through this survey is then cleaned, analyzed, and reported by OMNI.

Virginia Department of Health Naloxone Data

The Virginia Department of Health (VDH) has an agreement under SOR funding to purchase and distribute naloxone to stakeholders across the state. Data on how many kits are purchased and the types of community organizations where they are distributed are tracked internally at VDH and shared with OMNI on a quarterly basis for SOR reporting.

Virginia Prescription Monitoring Program

Virginia's Prescription Monitoring Program (PMP) is a 24/7 database containing information on dispensed controlled substances included in Schedule II, III and IV; those in Schedule V for which a prescription is required; naloxone, all drugs of concern, and cannabidiol oil or THC-A oil dispensed by a pharmaceutical processor in Virginia. The primary purpose of the PMP is to promote safe prescribing and dispensing practices for covered substances by providing timely and essential information to healthcare providers. Law enforcement and health profession licensing boards use the PMP to support investigations related to doctor shopping, diversion, and inappropriate prescribing and dispensing. Data in this report are from public reports posted by the PMP [here](#).

Appendix D. Acronym List

ACE	Adverse Childhood Experience
BHE	Behavioral Health Equity
CADCA	Community Anti-Drug Coalitions of America
CRP	Collegiate Recovery Program
CSB	Community Services Board
DBHDS	Virginia Department of Behavioral Health and Developmental Services
DOC	Virginia Department of Corrections
DSM-5	Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition
ED	Emergency Department
FQHC	Federally Qualified Health Center
GPRA	Government Performance and Results Act
MAT	Medication-Assisted Treatment
OMNI	The OMNI Institute
ODD	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
SPF	Strategic Prevention Framework
SUD	Substance Use Disorder
VCU	Virginia Commonwealth University
VDH	Virginia Department of Health
VUU	Virginia Union University