Virginia State Opioid Response Grant

Annual Report 2020-2021

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Virginia State Opioid Response Grant Annual Report

2020-21

Submitted to:

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January 2022

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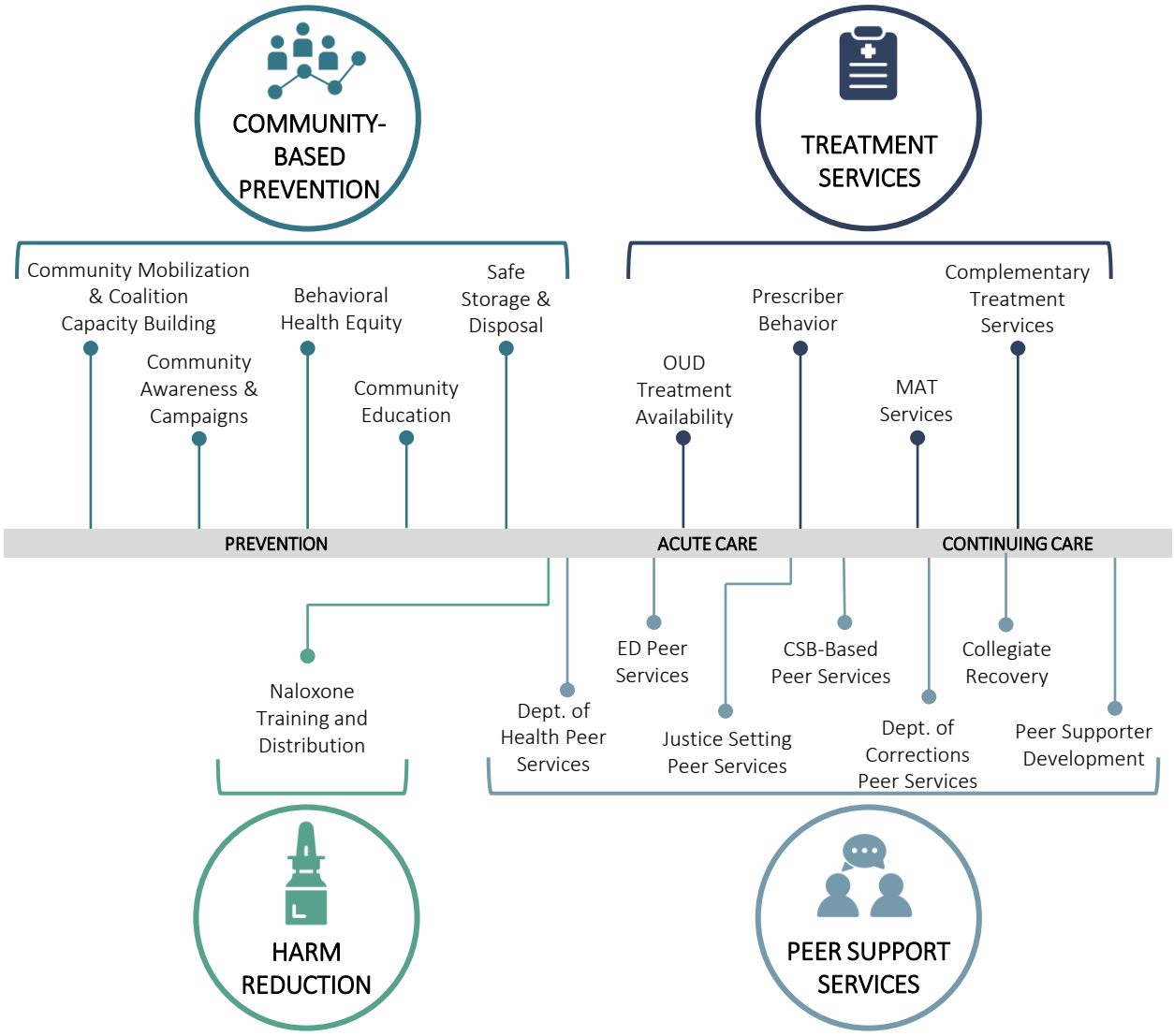
About the State Opioid Response Grant

The State Opioid Response (SOR) grant is distributed by the Substance Abuse and Mental Health Services Administration to the Virginia Department of Behavioral Health and Developmental Services (DBHDS). Since 2018, the grant has been distributed to 40 Community Services Boards (CSBs) and other grant partners to address opioid and stimulant use across Virginia. OMNI Institute works with DBHDS as an evaluation partner and created this report to highlight results from the third year of the SOR grant (October 2020 through September 2021).

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 and stimulant use disorders and 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, treatment services, and peer support services.



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Virginia Department of Behavioral Health & Developmental Services

For more information on the SOR grant or to see the full annual report, go to www.virginiasorsupport.org/

Community-Based Prevention

Community Mobilization and Coalition Capacity Building

Coalitions are increasingly effective in driving community prevention efforts, leveraging collaborative partnerships to implement strategies, and mobilizing the community.

29 CSBs led from 1 to 5 SOR-funded coalitions.

39 SOR-funded coalitions were in place this grant year.

1,612 adults and youth participated in these coalitions.

25 was the median number of members per coalition, ranging from 8 to 452.

Community Awareness and Campaigns

CSBs and coalitions increased the overall reach of their prevention messaging from prior years by utilizing a variety of established methods of dissemination while also exploring new and innovative ways to share information.

Public Display
targeted
17.9 million
1,061,299 youth
16,921,873 adults

Social Marketing
targeted
6.6 million
264,485 youth
6,372,737 adults

In-Person/Virtual Events
reached
417,993
64,735 youth
353,258 adults

Print Materials
provided to
819,085
25,843 youth
793,242 adults

*Numbers above include duplicate individuals targeted by more than one media messaging campaign. Numbers reported by CSBs for media campaigns often include entire targeted catchment area populations.

Broadcast	Online	Direct	Print
✓ Cable TV	✓ Blogs	✓ Promotional items	✓ Billboards (including digital)
✓ Fueling Station/ Vending Machine Screen Ads	✓ Click-through Ads	✓ Cell Phones	✓ Bus Ads
✓ Movie Theaters	✓ Online Periodicals	✓ Email	✓ Newspaper
✓ Podcasts	✓ Online Videos	✓ Postal Mail	✓ Posters/Flyers
✓ Radio	✓ Social Media	✓ Tablets	✓ Rack Cards
	✓ Streaming Applications		✓ Rx Bag Stickers

Community Educational Opportunities

CSBs provided various curriculum-based trainings and other educational opportunities throughout their communities, including youth-specific educational programming.

Curriculum-Based Trainings
provided to
7,717
individuals

Provider and Patient Education
provided to
1,428
individuals

Youth-Specific Education
provided to
11,381
individuals

Community-Based Prevention

Safe Storage and Disposal

CSBs continued efforts to reduce the supply of opioids in their communities by distributing over 45,000 devices to community members and organizations to safely store and dispose of medications. Drug Take Back events and permanent drug drop boxes provided community-wide opportunities to reduce the supply of prescription drugs.

Drug Deactivation Packets	Prescription Drug Lockboxes	Smart Pill Bottles	Permanent Drug Drop Boxes	Drug Take Back Events
30,326	7,958	6,773	1,056,913	15,001
distributed across	distributed across	distributed across	individuals with access across	individuals participated across
34	22	9	10	20
SOR-funded CSBs.	SOR-funded CSBs.	SOR-funded CSBs.	SOR-funded CSBs.	SOR-funded CSBs.

Behavioral Health Equity

In May 2021, DBHDS hosted the third annual Behavioral Health Equity summit, with a focus on promoting health equity through community engagement.

97% of participants agreed or strongly agreed that the training helped them understand trauma-informed communications.

100% of participants surveyed agreed or strongly agreed that the community engagement workshop will help them build ongoing relationships with hard-to-reach populations.

99% of participants agreed or strongly agreed that the training provided helpful strategies to engage communities of color.

100% of participants surveyed agreed or strongly agreed that they will use insights and strategies from the community engagement workshop in their own work.

SOR funding supported expanded prevention outreach to refugee communities across Virginia. Program staff used a mixture of virtual and in-person formats to deliver workshops, webinars, and multi-day retreats focused on substance use prevention, community/social support, and mental health wellness.

Organizations from Chesterfield, Harrisonburg, Richmond, Roanoke, and Hampton-Newport News delivered the programs.

Youth ages 13-18 participated in prevention events and programs.

Program participants included youth from Afghanistan, Republic of Congo, and Ivory Coast.

Harrisonburg's Summer Youth Substance Abuse Prevention Program on a field trip to the Library of Congress in Washington, DC.

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 10,000 individuals to gain the skills and knowledge to reverse an opioid overdose.

	Year 1	Year 2	Year 3	Total
Trainings held:	71	249	508	**828**
People trained:	1,140	3,115	6,117	**10,372**

The number of *REVIVE!* trainings continued to increase in year 3, resulting in **twice the number of trainings as year 2**.

Bringing *REVIVE!* to the Community

"Some of the *REVIVE!* trainings [provided] took place at locally owned gas stations in each of the 7-county catchment area. Partnering with local businesses has allowed us to reach high-risk populations that we may not otherwise reach. Many of the community members who take the Rapid *REVIVE!* trainings share stories of family members and friends in their community who have overdosed recently and thank us for providing these types of trainings in places that they have access to. Because of the success and positive responses we have been getting from community members and local businesses, we will continue to offer this type of community training in places that are at higher risk."

– Crossroads CSB

Naloxone Distribution

In the third year of the SOR grant, the Virginia Department of Health distributed 30,736 naloxone kits, bringing the total number of kits distributed over the three years of SOR to 53,164.

The Virginia Department of Health utilized SOR funds to purchase the naloxone kits. 30,736 kits were purchased this year and distributed to the following partners:

2,798 kits to **local health departments**

7,082 kits to **Community Services Boards**

16,460 kits to **harm reduction sites**

4,216 kits to **law enforcement agencies**

In addition, 180 kits were distributed to Department of Corrections locations.

Treatment Services

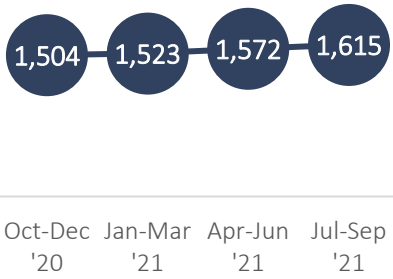
6,488 individuals received SOR-funded treatment services in year 3.

Medication-Assisted Treatment (MAT) and Complementary Services

SOR funding provides a wide array of services for thousands of clients each quarter. Throughout the third year of the grant, there was continued growth in the number of people receiving SOR-funded services, shown below by the number of people receiving services each quarter.

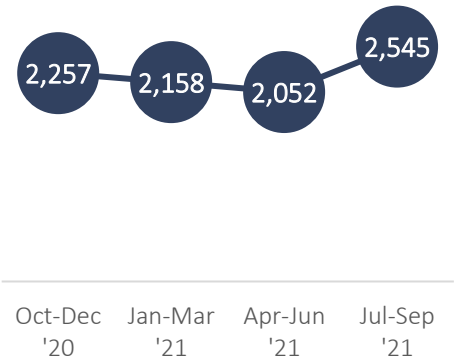
MAT Services

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



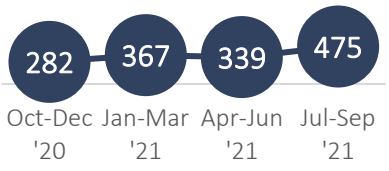
Non-MAT Treatment Services

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



Contingency Management

A therapeutic technique used in OUD and stimulant use disorder treatment to support adherence to treatment



Justice-Based Services

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

33
Recovery court, jail, or DOC facilities provided SOR-funded **treatment services** this year.

158
people received **MAT services** in a justice setting.

175
people received **other treatment services** in a justice setting. This includes counseling, case management, and other types of treatment services.

Funding MAT Services to Strengthen Outcomes

"SOR treatment funding provides critical support to the medical/MAT department and medication management of the individuals receiving MAT services. SOR funds provided funding for over 82 individuals needing Suboxone, Vivitrol and other psychiatric meds that stabilize their treatment and strengthen their recovery outcomes. Without SOR funds these vital components of OUD and SUD treatment and recovery could not be sustained."

– Eastern Shore CSB

Client Characteristics

The Government Performance and Results Act (GPRA) survey collects data from individuals receiving SOR-funded treatment services. **A total of 3,352 intake GPRA surveys were completed during the three years of the SOR grant, yielding the following information about participants.**

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

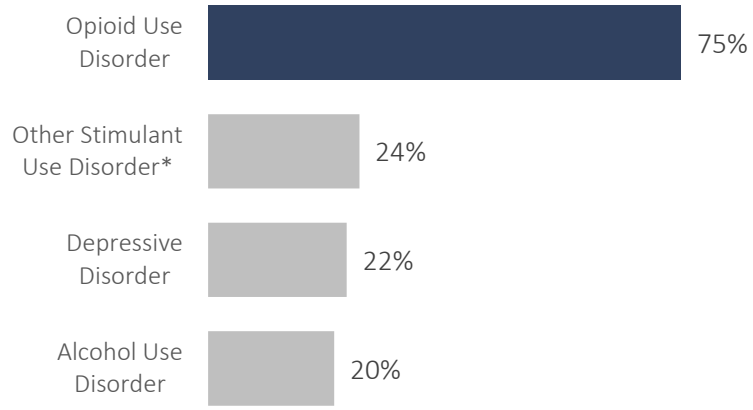
70% have experienced trauma at some point in their life.

88% had been in **treatment at least once before.** 64% had been in treatment at least twice.

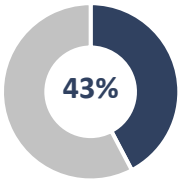
40% referred themselves to treatment and 27% were referred from a justice setting.

Medication-Assisted Treatment

Opioid use disorders were the most frequently reported diagnoses.



*Any stimulant use disorder besides cocaine-related disorders.



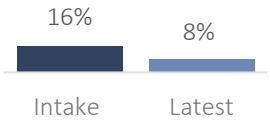
of participants (1,341 people) have **overdosed on drugs at least once** in their life.

672 participants reported they have been **revived from an overdose** with naloxone.

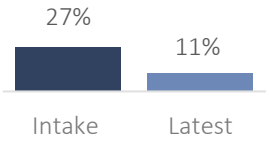
Client Outcomes

For all the following measures, there were statistically significant changes in the desirable direction from intake to latest available assessment. 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 1,153 individuals from the three years of the grant who completed an intake and a second assessment.

Substance Use

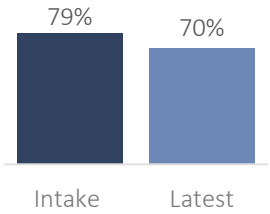


Any stimulant use in the past 30 days decreased by about half.

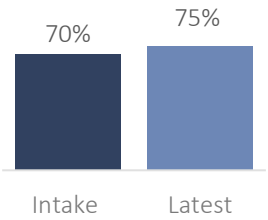


Misuse of any opioids in the past 30 days decreased by 60%.

Mental Health

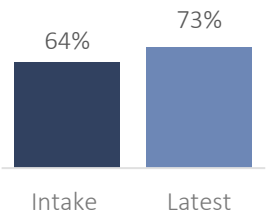


The percentage of participants reporting **mental health issues** decreased over time but remains high.

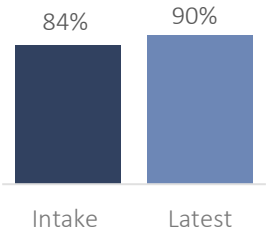


More participants reported **"good" or "very good" quality of life** at latest assessment.

Social Environment



At the latest assessment, more participants reported having **enough money to meet their needs**.



At the latest assessment, more participants reported having **stable housing**.

Outcome domains can assess change for treatment participants on various aspects of health. Selected items from the GPRA assessment were grouped to create domains that represent outcome areas of everyday life: satisfaction and impacts of substance use. Analysis of these domains showed:

Negative impacts of substance use on participants' lives decreased significantly from intake to latest assessment.

Life satisfaction increased significantly from intake to latest assessment.

Peer Support Services

Peer supporters, also referred to as peers or Peer Recovery Specialists, provide recovery support based on their own lived experienced of substance use and/or mental health disorder and recovery. SOR funding was provided in year 3 to a variety of agencies that are well positioned to provide peer support services across Virginia that span the entirety of the continuum of care.

Across all partners and providers, year 3 of SOR funding provided recovery-focused support to

37,845 individuals.

Community Services Boards

33,010

individuals received SOR-funded recovery services through a CSB.

87%

of SOR-funded recovery services in year 3 were **provided by peer supporters**.

125

CSB-based **peer supporters were funded by SOR** in the last quarter of year 3 (July-September 2021).

CSB-based peer supporters provided services to thousands of individuals in CSB facilities and other settings, ensuring access to peer services in many formats and locations.

Average number served each quarter in CSB facilities:

Community outreach
1,561 individuals

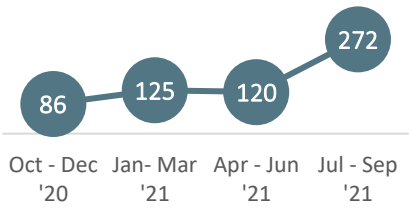
Warmline support
1,708 individuals

Individual support
3,162 individuals

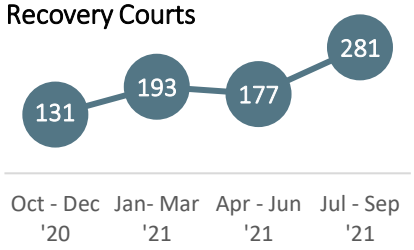
Group support
1,337 individuals

Number served each quarter in other settings:

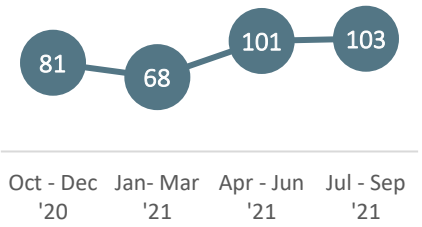
Emergency Departments



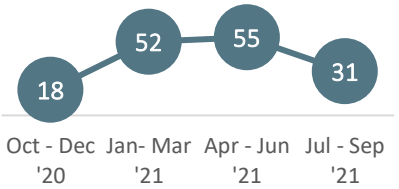
Recovery Courts



Jails



Department of Corrections



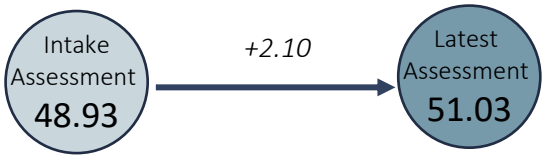
Participants overwhelmingly agree that working with a CSB-based peer supporter was helpful.

95% of individuals working with a peer supporter found it helpful with their recovery.

92% of individuals working with a peer supporter found it helpful in maintaining sobriety.

In year 3, the BARC-10 (Brief Assessment of Recovery Capital) was implemented to better understand the impact of recovery and peer support services. Scores can range from 10 to 60. Scores of 47 or higher that are sustained over time indicate higher chances for long-term remission from substance use disorders.

Individuals engaged in CSB-based treatment and recovery services showed significantly increased recovery capital from intake to latest assessment.



Recovery capital domains on the BARC-10 that showed the largest increase in scores:

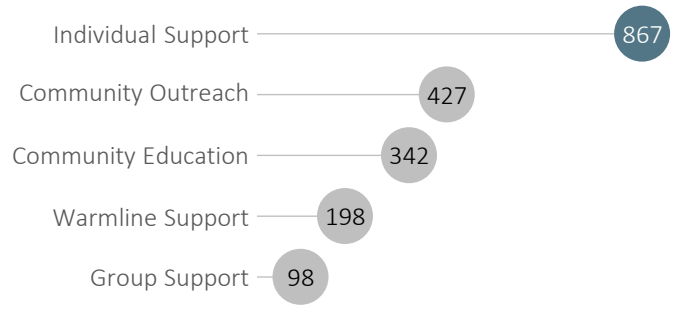
- Global psychological health
- Fulfillment in life without substance use

Peer Support Services

Virginia Department of Health (VDH)

Throughout year 3, 3,557 individuals received SOR-funded peer support from 12 peers at seven VDH sites.

Number of individuals served across VDH sites, July - Sept 2021:



"A couple participating in my recovery groups regained custody of their children after having them removed because of their addiction issues over a year ago… I am very proud of these two and look forward to watching both of them grow."

- VDH Peer Supporter

Virginia Department of Corrections (DOC)

Through the SOR-funded DOC Peer Recovery Specialist (PRS) Initiative:

18 PRS facilitated

39 ongoing groups, serving

136 participants across Virginia.

The majority of DOC PRS group participants found the support helpful.

- **91%** reported that working with a peer supporter was helpful with recovery.
- **87%** reported that working with a peer supporter was helpful with maintaining sobriety.

Collegiate Recovery

SOR-funded collegiate recovery programs (CRP) provided services to students and the surrounding communities. In total, the seven programs supported:

584
Student Members

1,053
Recovery-Focused One-on-Ones

859
Recovery Meetings

103
Campus Events

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

In total, Rams in Recovery provided almost 500 hours of TA and consultation that supported:

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

"**The support and consultation have been extremely impactful in our efforts to develop and implement a CRP at our University.** Without their support I don't think it is something we would have on our campus at all."

- CRP Lead

For more information on the SOR grant or to see the full annual report, visit www.virginiasorsupport.org/

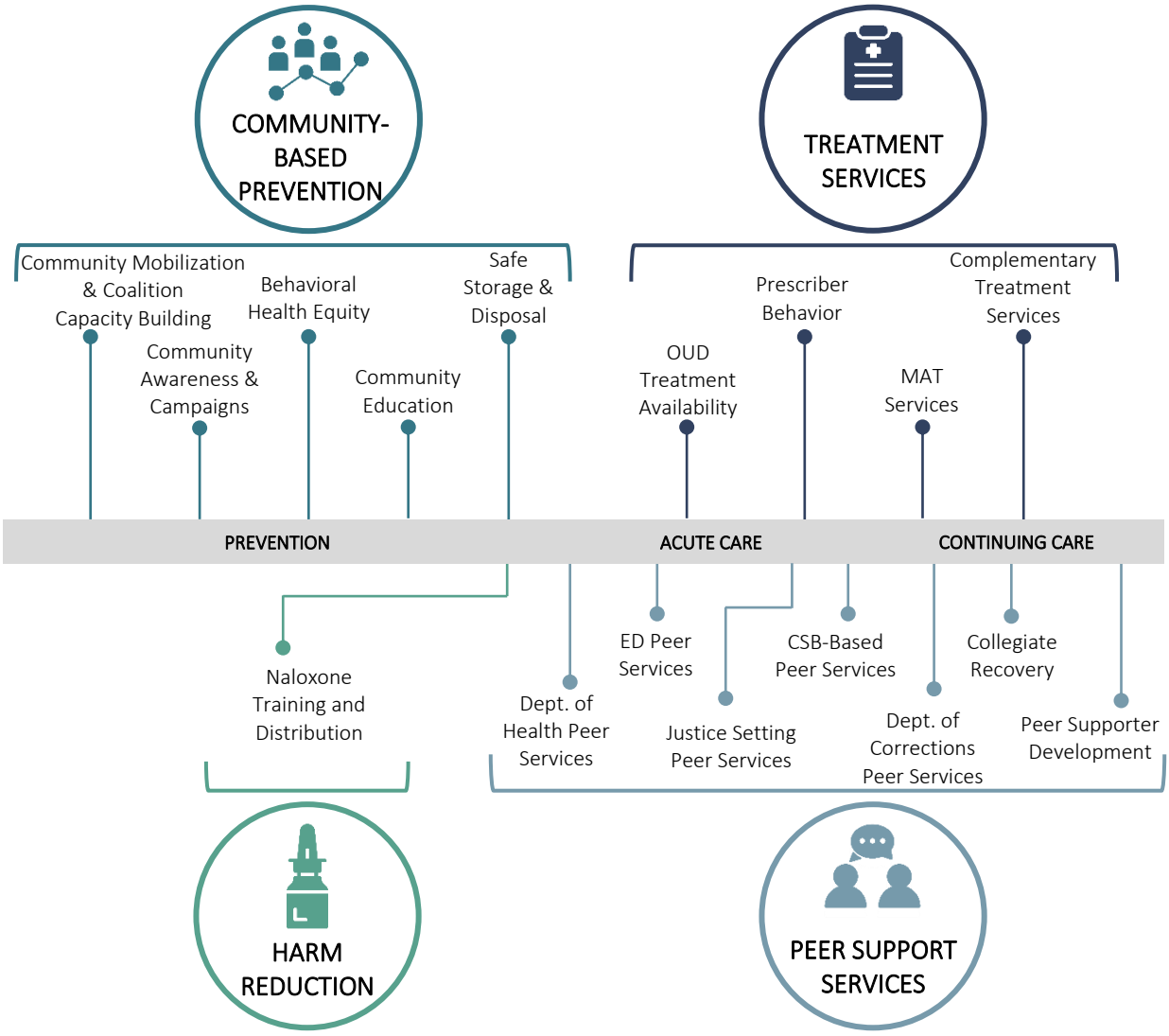
Introduction

About the SOR 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). Since 2018, the grant has been distributed to 40 Community Services Boards (CSBs) and other grant partners to address opioid and stimulant use across Virginia. See Appendix A for more information about the SOR grant and grant partners.

OMNI Institute (OMNI) works with DBHDS as an evaluation partner and created this report to highlight results from the third year of the SOR grant (October 2020 through September 2021), along with historical data from years 1 and 2 (2018-19 and 2019-20). DBHDS and OMNI have continued to build on evaluation work from previous years, spanning the continuum of care. This report is organized by the four core areas of the continuum of care DBHDS has funded: community-based prevention, harm reduction, treatment services, and peer support services.

See Appendix B for details on activities that DBHDS and OMNI conducted throughout the year to support SOR-funded agencies, including events and trainings, technical assistance, grant management, and reports.



Heath Disparities and Substance Use

The SOR grant addresses substance use through prevention, treatment, harm reduction, and peer support services. To understand the importance and impact of this work, a broader understanding of the factors that impact health among populations is needed.

A **health disparity** is a systematic and avoidable difference in health between groups of people who have relatively different positions in society.[1] Health disparities exist because not all people have an equal opportunity to be healthy or access health resources. These unequal opportunities can be due to factors such as age; disability status; gender; geographic location; mental health status; race or ethnicity; religion; sexual orientation or gender identity; and socioeconomic status.[2] These underlying causes of health disparities are known as social determinants of health. **Social determinants of health** are "life-enhancing resources… whose distribution across populations effectively determines length and quality of life."[3] They include the quality of social and physical conditions where people live, work, learn, and play.

Health disparities and social determinants of health affect all areas of health, including substance use and behavioral health. This is especially evident in the opioid crisis. For example, populations that historically have been the most marginalized and affected by social, economic, and environmental inequities have been more likely to see higher rates of substance overdose deaths.

The social-ecological model is a useful framework for identifying specific ways to address health disparities and social determinants of health. The **social-ecological model** considers how individual, relationship, community, and societal factors all intertwine to impact health outcomes.[4] For example, structural factors such as drug enforcement policies and stigma towards substance use affect individual factors such as one's mental health status.

The Social-Ecological Model, adapted from the Centers for Disease Control and Prevention.

The SOR grant aims to address health disparities by funding strategies that impact social determinants of health and target all four levels of the social-ecological model. For example, in addition to funding evidence-based substance use disorder treatment services, the SOR grant has focused on improving access to these services by addressing barriers such as housing, transportation, and language. Many prevention interventions target community and societal levels, such as reducing supply of opioids in the community or reducing stigma around substance use prevention and treatment, while treatment and recovery initiatives target individual factors such as mental health and community factors such as availability of services or access to culturally specific providers and peer supporters.

While it is beyond the scope of this report to examine all the ways in which SOR activities are impacting social determinants of health or the levels of the social-ecological model, this report provides data on the reach of SOR services and, where available, the impact on those served. Continued work by the SOR grant and other providers in Virginia will be needed for many years to come to address health disparities in substance use and behavioral health to ensure all Virginians can attain their highest level of health.

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[1] P. Braveman. Health Disparities and Health Equity: Concepts and Measurement.
[2] The Secretary's Advisory Committee. Recommendations for the Framework and Format of Healthy People 2020.
[3] Centers for Disease Control and Prevention. Promoting Health Equity - A Resource to Help Communities Address Social Determinants of Health.
[4] Centers for Disease Control and Prevention. The Social-Ecological Model: A Framework for Prevention.

Community-Based Prevention

The prevention objectives of the State Opioid Response (SOR) grant are intended to decrease opioid, stimulant, and prescription drug misuse and overdoses through the implementation of a broad array of evidence-based strategies. In this grant year, all 40 Community Services Boards (CSBs) were funded to implement strategies through an intentional, data-driven process based on SAMHSA's Strategic Prevention Framework (SPF). Key strategies are listed below and described in detail in the sections that follow. Prevention data were collected from mid- and end-of-year reporting surveys completed by CSB staff as well as the Performance Based Prevention System database. See Appendix C for more information on these data sources.

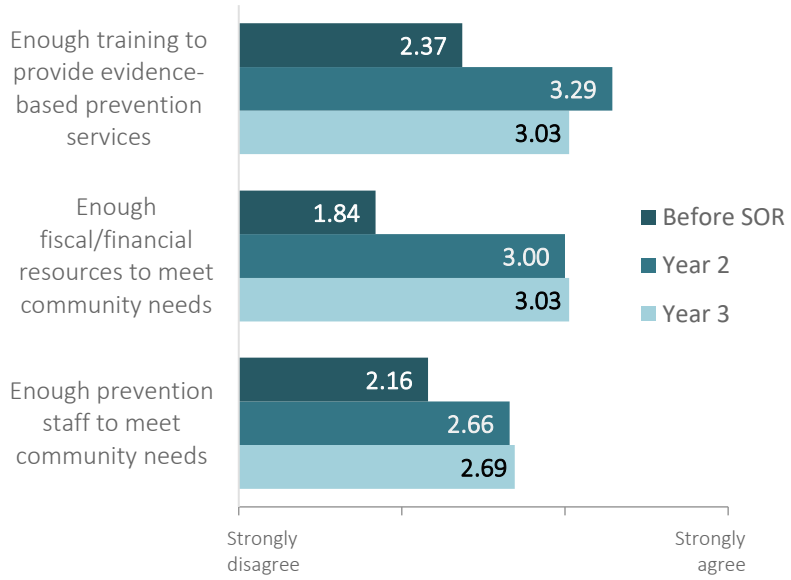
Key Prevention Strategies

- Community Mobilization and Coalition Capacity Building
- Community Awareness and Campaigns
- Community Educational Opportunities
- Safe Storage and Disposal of Prescription Opioids
- 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. These results were compared with questions from the prior grant year, in which CSBs reflected on their capacity before and after receiving SOR funding.

Prevention staff reported nearly equal capacity in years 2 and 3 of funding, maintaining increases from before SOR funding began.



"We have been able to provide valuable resources to community members that we might not have been able to supply otherwise. We have been able to get creative with the delivery of our strategies and maintain a meaningful reach in our communities that might have been stunted by COVID-19. SOR funding has helped us to maintain that reach and even create new ways to reach out."

– Planning District 1 CSB

Community Mobilization and Coalition Capacity Building

Coalitions are increasingly effective in driving community prevention efforts, leveraging collaborative partnerships to implement strategies, and mobilizing the community. This year there was marked sophistication in coalition work, including demonstrated expertise with data-driven prevention planning and partnership development. SOR funding has supported internal coalition development, training, and capacity building, which in turn supports prevention activities and mobilization efforts in the larger community. SOR-funded CSBs partnered with a broad range of stakeholders both within coalitions and as mobilization partners. These include schools, faith-based communities, law enforcement, government, marginalized communities, treatment providers, businesses, concerned citizens, and more.

> "Henrico's Too Smart 2 Start Coalition learned through data that there was increasing improper use of over-the-counter (OTC) medicine. The coalition and the Henrico Youth Ambassadors/Leadership Program partnered to invest in research-based strategies to prevent and reduce the use of OTC medicine. Initiatives include youth-created/targeted messaging, prosocial activities, and conversations about OTC use between youth and parents."
>
> – Henrico CSB

29 CSBs led between 1 and 5 SOR-funded coalitions.

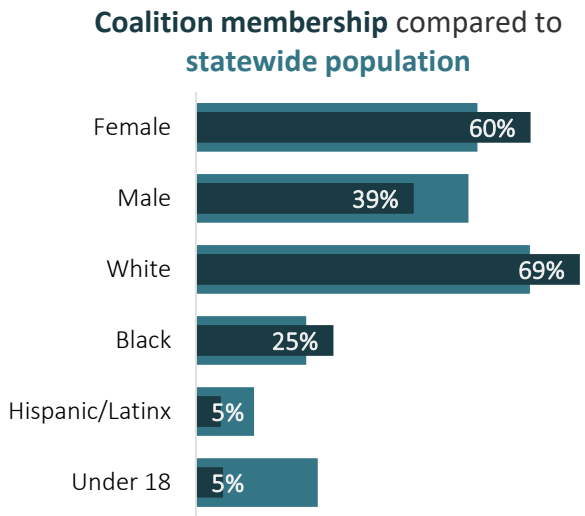
39 SOR-funded coalitions were in place this grant year.

1,612 adults and youth participated in these coalitions.

25 was the median number of members per coalition, ranging from 8 to 452.

Coalition demographic makeup was largely white, female, and non-Hispanic.

The percentage of female (60%) and white coalition members (69%) is overrepresented compared to Virginia's statewide female and white population percentages (51% and 60%). The percentage of Black coalition members (25%) exceeded that of the statewide Black population (20%). Hispanic/Latinx individuals were underrepresented in coalitions (5% compared to 11% statewide), as were youth under 18 (5% compared to 22% statewide).[5] Coalitions across the commonwealth are continually working to recruit diverse memberships, often focusing on increasing their representation of youth and groups that have been socially and economically marginalized.



[5] Statewide percentages from US Census 2020. Coalition demographics collected in PBPS. Coalition demographics for one large coalition were not available.

CSBs reported a broad array of successes in their work with coalitions, with many efforts focused on capacity-building and continued growth.

- ✓ CSBs sent staff or coalition representatives to the Community Anti-Drug Coalitions of America and National Prevention Network conferences, as well as other capacity-building trainings. Many coalitions also sponsored, hosted, or attended community prevention trainings.
- ✓ CSBs increased their capacity to meet the prevention needs of their communities by adding staff to support coalition efforts or assigning coalition-specific roles to existing staff.
- ✓ CSBs engaged in data-driven strategic planning to align coalition efforts with prevention needs.
- ✓ CSBs collected and shared data with coalition partners to drive planning and implementation.
- ✓ CSBs and coalitions broadened partnerships and collective efforts by engaging community stakeholders.
- ✓ Coalitions continued to prioritize youth engagement.
- ✓ CSBs and coalitions worked together to target community members across the lifespan (youth, adults, seniors) with prevention messaging.

Photo of Southside Wellness Coalition members at a Coalition National Night Out event.

"The Southside Wellness Coalition continues to grow in capacity and strength. It has an active base of 55 members. The coalition sponsors a monthly e-newsletter with over 300 subscribers. It launched the 'Reduce Misuse of Over-the-Counter Medications' media campaign and has a strong social media presence. The membership supports many virtual events such as a LGBTQ Behavioral Health Equity event and continues to participate in online prevention trainings such as *REVIVE!*, Youth Mental Health First Aid, and Adverse Childhood Experiences."

– Southside CSB

The COVID-19 pandemic continued to bring challenges to coalitions but also offered opportunities to thrive. Coalitions adapted meetings and community presentations to virtual formats, as they had last year. However, they noted pandemic-related challenges such as member retention, youth recruitment and retention, and simply the lack of in-person connection that dampened efforts of some coalitions. Overall, coalitions continued to demonstrate great resilience as they adapted processes to keep their prevention work moving forward. In some cases, the shifts were quite positive.

COVID-19 Impact: Virtual coalition meetings provide flexibility for youth

"Holding meetings over Zoom has been beneficial for our Youth Advisory Council (YAC) members. It has eliminated transportation barriers and allowed students to be more flexible with their time. Many members are involved in afterschool activities that overlap with YAC meetings. Students are able to log into Zoom from their phones and participate on the way to practice, while waiting on a parent to pick-up or drop off for another activity, or waiting on a sibling to finish practice."

– Danville-Pittsylvania CSB

Community Awareness and Media Messaging

Community awareness and media messaging campaigns enable CSBs to target large populations with messaging around substance use prevention and mental health wellness. This grant year, CSBs used SOR funding to share prevention messaging across a variety of platforms to help educate and influence behavior change on the individual and community level.

CSBs and coalitions increased the overall reach of their prevention messaging from prior years by utilizing a variety of established methods of dissemination while also exploring new and innovative ways to share information.

As in prior years of SOR funding, CSBs shared various prevention messages to their communities through TV broadcasts, billboards, print materials, and social media. In addition to these more established methods of message dissemination, CSBs' prevention messages were transmitted on gas station and vending machine screens and streaming applications such as Twitch TV. This year also saw a increase in distribution of promotional items carrying prevention messages, such as magnets, coasters, pizza boxes, rain gauges, blessing boxes, hand sanitizer, and COVID-19 masks/gaiters.

Chesapeake CSB was the first in their region to display prevention messages on Gas Station TV.

Public Display targeted
17.9 million
1,061,299 youth
16,921,873 adults

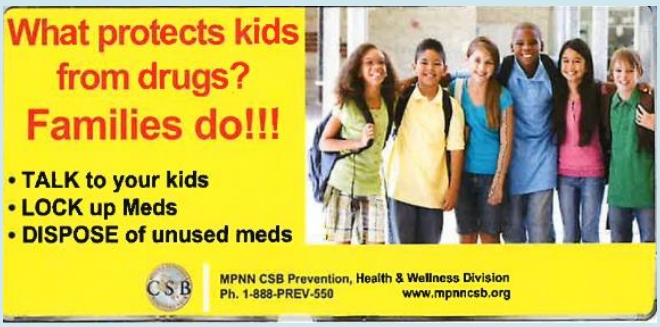
Social Marketing targeted
6.6 million
264,485 youth
6,372,737 adults

In-Person/Virtual Events reached
417,993
64,735 youth
353,258 adults

Print Materials provided to
819,085
25,843 youth
793,242 adults

***Numbers above include duplicate individuals targeted by more than one media messaging campaign. Numbers reported by CSBs for media campaigns often include entire targeted catchment area populations.*

Broadcast	Online	Direct	Print
✓ Cable TV	✓ Blogs	✓ Promotional Items	✓ Billboards (including digital)
✓ Gas Station/ Vending Machine Screen Ads	✓ Click-through Ads	✓ Cell Phones	✓ Bus Ads
✓ Movie Theaters	✓ Online Periodicals	✓ Email	✓ Newspaper
✓ Podcasts	✓ Online Videos	✓ Postal Mail	✓ Posters/Flyers
✓ Radio	✓ Social Media	✓ Tablets	✓ Rack Cards
	✓ Streaming Applications		✓ Rx Bag Stickers



Left to right: Print advertisement from Northwestern Prevention Collaborative and billboard from Middle Peninsula-Northern Neck CSB.

CSBs expanded their implementation of media campaigns through virtual and other platforms in response to COVID-19 restrictions yet faced technological limitations and barriers to reaching marginalized populations.

To connect with communities when in-person opportunities were not possible, virtual media campaign development and dissemination became a priority for CSBs across the state. Many expanded the reach of their media campaigns through virtual platforms, with one CSB describing "tripling" their prior social media presence. Despite success reaching thousands through social media and virtual platforms, CSBs also found difficulty reaching some populations due to issues such as lack of broadband internet, technological or cultural barriers, and low availability or high cost of interpretation and translation services. CSBs responded to these challenges by working to safely attend in-person events, move indoor events to outdoor locations when weather permitted, and partner with local business and organizations to distribute prevention messaging to those who were not able to engage with virtual efforts. CSBs also tried to identify culturally responsive ways of communicating with harder to reach populations (e.g. using different technology platforms such as WhatsApp when other options were not available). These types of barriers highlight the importance of considering the social-ecological model when delivering prevention services and applying these learnings and solutions to future years of prevention planning to ensure that prevention messages can reach all community members.

CSB staff distributing resource bags with prevention messaging at the Virginia Beach Food Pantry event.

"This year, we added coalition social media campaign projects to our strategies. Because our area is rural and the nature of the pandemic in the area, we wanted to share our information in new ways. With the money that we spend on social media posts vs. printed materials and/or billboards, we see a higher return on investment... **we have increased followers by 25% from last year; resulting in higher attendance at virtual coalition meetings and events**." – Mount Rogers CSB

"Throughout this past [year], **we made a much more concentrated effort on our social media campaign** as a means to share information, build capacity, and educate our community about multiple prevention related topics." – Rockbridge Area CSB

Community Education Opportunities

Community education is an important pillar of substance misuse prevention. This grant year, CSBs implemented a variety of curriculum-based trainings in their communities including *REVIVE!* opioid overdose and naloxone education trainings, Mental Health First Aid Trainings, and Adverse Childhood Experience (ACE) Interface Trainings. CSBs also provided education directly to prescribers and patients on the harms of opioid misuse. Due to COVID-19, most trainings were held virtually or in an outdoor setting. Direct prescriber and patient education efforts reached the most individuals through distribution of informational resource cards and materials on safe drug storage and disposal.

CSBs provided various curriculum-based trainings and educational opportunities throughout their communities. Of these, *REVIVE!* trainings reached the greatest number of individuals.

Prescriber and Patient Education
provided to
1,428
individuals across
6
SOR-funded CSBs.

***REVIVE!* Trainings**
provided to
6,117
individuals across
31
SOR-funded CSBs.

ACE Interface Training
provided to
1,553
individuals across
8
SOR-funded CSBs.

Mental Health First Aid Training
provided to
47
individuals across
2
SOR-funded CSBs.

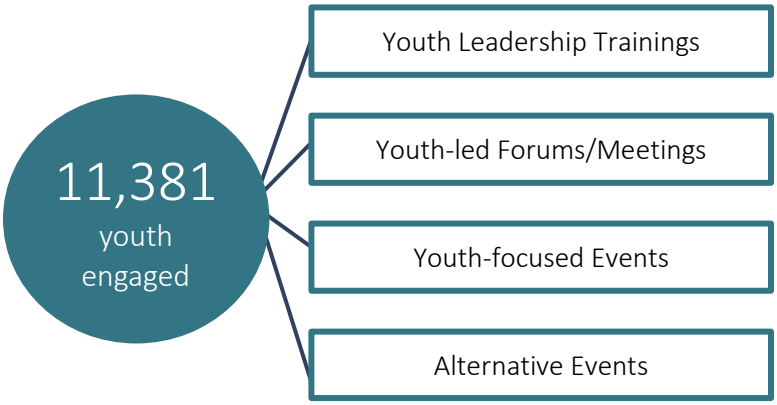
Six CSBs received additional funding to expand community education on the impact of ACEs and build trauma-informed community networks.

ACEs efforts have remained a priority for the SOR grant due to the importance of addressing the root causes of substance use and mental health issues and the unequal distribution of ACEs among marginalized populations. ACEs trainings work to educate the community on the impacts of early childhood trauma and provide resources to prevent, recognize, and respond to this trauma through community networks. The six CSBs that received additional funding (Eastern Shore, Fairfax-Falls Church, Highlands, Rappahannock Area, Rockbridge, and Southside) hired new staff and increased the number of ACEs trainers and trainings in their catchment areas. CSBs also expanded efforts to grow and participate in local Trauma-Informed Community Networks by building relationships with relevant organizations and groups, such as substance use recovery programs, jail-based services, and schools. Additional uses of the funds included engaging with marketing professionals to promote and distribute ACEs messaging and materials, planning for participation in the Creating Trauma-Sensitive Schools conference, and starting book clubs for community members that address ACE topics and impacts.

"SOR funding has given us the ability to enhance and expand all ACEs work. Two additional staff were trained as trainers for ACE Interface. Staff are active members of two Trauma-Informed Community Networks covering 13 counties and two cities."

– Highlands Community Services

CSBs implemented youth-specific educational programming through enrichment programs, alternative events, forums, and meetings. Most of the youth-specific educational programming focused on leadership skills to address and prevent substance use. CSBs utilized programs such as Teen Intervene and Red Ribbon Week to reach youth. Region Ten CSB implemented a Rise Above program for fourteen middle and high school students and their families. The program utilized a trauma-informed, social-emotional approach to substance use prevention.



Youth participating in the Hampton-Newport News Youth Enrichment Program.

Imagery from a flyer advertising a Clinician Awareness Training Program hosted by Hanover County CSB.

CSBs partnered with various community organizations to offer community education on incorporating cultural competency into their work. One CSB partnered with a wellness consultancy to provide in-person trainings to community and coalition members on addressing implicit bias and microaggressions. Another CSB partnered with Fire-EMS in their county to develop a clinician awareness training program focusing on cultural competency. Clinical staff were trained to better understand Fire-EMS culture and provide culturally competent behavioral health care, mental health resources, and peer support to firefighters.

Operation Parent Handbook: Prevention Education for Parents

This grant year, Cumberland Mountain CSB distributed 3,000 Operation Parent Education handbooks to parents of elementary and middle school age youth in the CMCSB catchment area at events, *REVIVE!* and other prevention trainings, and throughout all three public school systems. The handbook is a practical guide for parents (and others who interact with teens and preteens) to addressing today's toughest issues including communication tips, screen time, social media, alcohol, tobacco, nicotine, vaping, marijuana, prescription drugs, opioids, anxiety, depression, suicide, self-harm, eating disorders, bullying, and more. Printed in full color, this unique, visually appealing 64-page resource raises awareness and educates readers on the latest trends, warning signs, and tips for effective parent/child communication so that prevention is truly possible.

Safe Storage and Disposal

Across Virginia, CSBs work to reduce access to opioids and other substances by promoting safe disposal and storage of prescription medications, including implementing and promoting permanent drug drop boxes, providing community education, and distributing prescription drug lockboxes and other devices that help people securely store medication and restrict access to lethal means to prevent suicide.

CSBs continued efforts to reduce the supply of opioids in their communities by distributing over 45,000 devices to safely store and dispose of medications to community members and organizations. Device distribution efforts rely on CSB partnerships, which include nursing homes and care facilities, faith-based organizations, libraries, schools, first responders, community centers, non-profits, pharmacies, and medical providers. These relationships were critical in allowing CSBs to reach individuals across their catchment areas, especially in light of continued COVID-19 restrictions and hesitancy to engage in-person and attend large events.

Drug Deactivation Packets

30,326

distributed across

34

SOR-funded CSBs.

Prescription Drug Lockboxes

7,958

distributed across

22

SOR-funded CSBs.

Smart Pill Bottles

6,773

distributed across

9

SOR-funded CSBs.

"**Distributing the prescription lockboxes is one of the ways we draw people to learn about the CSB services.** The boxes put the CSB on the map for some community members and through that new relationship we can disseminate more information about opioid awareness and other prevention initiatives."

– Alleghany Highlands

RESTRICTING LETHAL MEANS ACCESS TO PREVENT SUICIDE

CSBs utilize SOR funding to implement Lock and Talk strategies focused on suicide prevention through restricting access to lethal means and encouraging individuals to discuss mental health.

17 CSBs implemented at least one Lock and Talk strategy

334
Trigger Locks Distributed

168
Cable Locks Distributed

5,032
Prescription Drug Lockboxes Distributed

138,250
Information Dissemination Impressions

Drug take back events and permanent drug drop boxes provided community-wide opportunities to reduce the supply of prescription drugs. Environmental supply reduction strategies continue to grow and make an impact throughout the state. With the increase in individuals and families at home over the past year due to the COVID-19 pandemic, large scale efforts to remove unused medications from homes and facilities have been especially important. This grant year, CSBs were able to leverage partnerships and significantly increase the reach of permanent drug drop boxes and drug take back events from previous years. Dissemination of information regarding permanent drug drop box locations and drug take back events facilitated this success. Valley CSB was able to create a mailer "…that will reach 51,239 households across the cities of Staunton and Waynesboro and the counties of Augusta and Highland… [with] drop box location, medication safety tips, proper disposal, and information on Drug Enforcement Agency Drug Take Back Days." Permanent drug drop boxes and drug take back events allowed for the collection of nearly **16,000 pounds of unused and expired medications across 17 CSBs** (not all CSBs implementing these strategies were able to report pounds collected).

Permanent Drug Drop Boxes

1,056,913

individuals with access across

10

SOR-funded CSBs.

Drug Take Back Events

15,001

individuals participated across

20

SOR-funded CSBs.

Left to right: Drug Take Back Event hosted by Loudoun County CSB and a permanent drug drop box installed by Blue Ridge Behavioral Healthcare.

CSB and Community Partnership in Establishing Permanent Drop Box

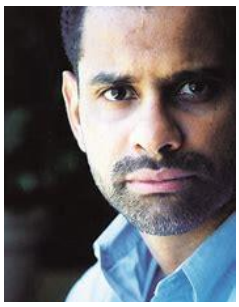
"Horizon partnered with Campbell County Sheriff's Department to place a permanent drop box at their office located in Rustburg, VA. In an effort to increase community awareness of the new drop box, we printed posters and handouts to be placed at various businesses and organizations throughout the community. This has increased the number of permanent drop boxes in our service area to 12. Over the past year, we have also distributed 110 medication lock boxes and 641 medication disposal bags."

– Horizon Behavioral Health

Behavioral Health Equity (BHE)

Improving behavioral health equity in prevention services continues to be a key SOR objective. This grant year these efforts included a third annual Behavioral Health Equity Summit hosted by DBHDS as well as expanded outreach to refugee communities. In addition, DBHDS awarded BHE mini-grants which supported CSBs with tools, programming, and educational opportunities to strengthen behavioral health equity in their prevention services. Data in this section came from evaluation surveys conducted at the BHE summit as well as final reporting from mini-grant recipients.

In May 2021, DBHDS hosted the third annual Behavioral Health Equity summit, with a focus on promoting health equity through community engagement. The summit included a morning and afternoon session both presented by Ivan Juzang, the founder and president of MEE, a behavioral health communications business. The morning session was open to the public and included a training with strategies for developing trauma-informed and culturally relevant health communications. The afternoon session was restricted to CSB staff and included an interactive workshop on how to build ongoing relationships with hard-to-reach populations.



BHE Summit presenter Ivan Juzang

"Fantastic, fantastic training! Relevant information presented in an easy-to-understand way with actual useful, helpful strategies that we can implement in our work and personal lives to effect change on a greater scale."
– Training Participant

97% of participants agreed or strongly agreed that the training helped them understand trauma-informed communications.

99% of participants agreed or strongly agreed that the training provided helpful strategies to engage communities of color.

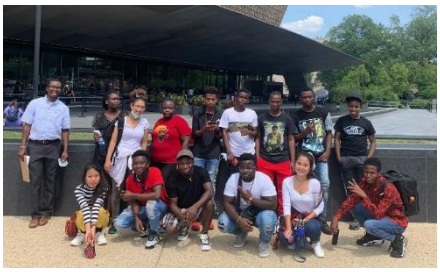
100% of participants surveyed agreed or strongly agreed that the community engagement workshop will help them build ongoing relationships with hard-to-reach populations.

100% of participants surveyed agreed or strongly agreed that they will use insights and strategies from the community engagement workshop in their own work.

DBHDS also awarded 13 mini-grants to promote community engagement among groups that have been socially and economically marginalized. CSBs focused their efforts on a variety of groups including LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, Queer and other sexual/gender identities) communities, Black and African American communities, Hispanic and Latinx communities, and youth who have experienced marginalization due to systemic racism, poverty, or other trauma. CSBs used their funds to engage these communities in focus groups/conversations, community support groups, trainings, and assessments. One CSB hired an external consultant to conduct an organizational equity assessment within their organization. Several CSBs focused on engaging the LGBTQ+ community through equity trainings for CSB staff or community members (e.g., teachers, students, youth service providers, local police) as well as dissemination of informational materials and targeted outreach to LGBTQ+ youth through the creation of safe and affirming spaces. Other CSBs focused on

Hispanic/Latinx communities through community conversations, focus groups, or internal CSB assessments to better understand behavioral health issues facing these communities, barriers to engagement, and potential improvements to behavioral health services. The CSBs who focused their efforts on Black and African American communities did so by conducting community conversations and internal trainings around Black and African American history, systemic and institutional racism, and mental health concerns in these communities.

SOR funding supported expanded prevention outreach to refugee communities across Virginia. This year, several grants were awarded to non-profit and faith-based organizations to provide outreach services to refugee communities. Organizations located in Chesterfield, Harrisonburg, Richmond, Roanoke, and Hampton-Newport News worked with community partners to host programs geared toward refugee youth. Program staff used a mixture of virtual and in-person formats to deliver workshops, webinars, and multi-day retreats. Staff had to navigate COVID-19 restrictions but were still able to provide valuable experiences for youth of refugee communities. Programs had similar goals in the following broad areas:



Harrisonburg's Summer Youth Substance Abuse Prevention Program on a field trip to the Library of Congress in Washington, DC.

Substance Use Prevention: Several organizations developed programs to raise awareness of the opioid crisis, the dangers of substance use, and promotion of healthy lifestyles.

Community/Social Support: Programs worked to enhance community belonging among youth by helping them to see themselves as part of the larger community. Programs also encouraged youth to provide social support to their peers going through difficult life circumstances.

Mental Health Wellness: Programs provided mental health training and support to promote wellness. They also helped youth identify protective factors to minimize their risk of engaging in substance use.

Organizations from Chesterfield, Harrisonburg, Richmond, Roanoke, and Hampton-Newport News delivered the programs.

Youth ages 13-18 participated in prevention events and programs.

Program participants included youth from Afghanistan, Republic of Congo, and Ivory Coast.

Butterflies with Voices: Prevention through training and mentoring

Butterflies with Voices (BWV) was founded in 2014 by six adolescent girls (ages 14-17) with a passion to empower and support their peers struggling with behavioral health issues in communities in Virginia, Connecticut, and New York. This year, BWV received SOR funds to conduct a 6-week summer substance use prevention project with 10 girls in Richmond, VA. The project included mentoring and workshops aimed at providing them with strategies and support for mental health promotion and substance use prevention. Workshops focused on preventing the use of alcohol, tobacco, cannabis, opioids, and other illicit drugs. One-on-one mentoring helped the girls develop self-care plans, monitor their progress, and identify a support system. From this project, the girls were able to work with their peers to address their challenges and realize their potential to make positive changes.

Harm Reduction

Harm reduction efforts include statewide trainings on how to administer the overdose reversal drug naloxone. In addition, State Opioid Response (SOR) funds are used to purchase and distribute naloxone kits across communities. 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, Community Services Boards (CSBs), harm reduction sites, and law enforcement

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. Historical *REVIVE!* training data shows that following training, 98% feel comfortable administering naloxone and 72% of participants plan to obtain naloxone. This emphasizes the importance and effectiveness of funding *REVIVE!* as a SOR initiative.

SOR funds have enabled more than 10,000 individuals to gain the skills and knowledge to reverse an opioid overdose and save a life.

	Year 1	Year 2	Year 3	Total
Trainings held:	71	249	508	**828**
People trained:	1,140	3,115	6,117	**10,372**

The number of *REVIVE!* trainings continued to increase in year 3, resulting in **twice the number of trainings as year 2**.

Bringing *REVIVE!* to the Community

"Some of the *REVIVE!* trainings took place at locally owned gas stations in each of seven counties in the catchment area. Partnering with local businesses has allowed us to reach high-risk populations that we may not otherwise reach. Many of the community members who take the Rapid *REVIVE!* trainings share stories of family members and friends in their community who have overdosed recently and thank us for providing these types of trainings in places that they have access to. Because of the success and positive responses we have been getting from community members and local businesses, we will continue to offer this type of community training in places that are at higher risk."

– Crossroads CSB

Naloxone Distribution

Naloxone is a medication used to rapidly reverse a life-threatening opioid overdose.[6] Anyone who has received a short training on the use of naloxone can carry or administer it to an individual experiencing an overdose. SOR funding is used to purchase naloxone for distribution across Virginia communities.

In this year of the SOR grant, the Virginia Department of Health distributed 30,736 naloxone kits, bringing the total number of kits distributed over the three years of SOR to 53,164.

The Virginia Department of Health utilized SOR funds to purchase the naloxone kits. 30,736 kits were purchased this year and distributed to the following partners:

In addition, 180 kits were distributed to Department of Corrections locations.

Every one of the more than 53,000 naloxone kits distributed since 2018 is an opportunity to save the life of an individual who is overdosing.

In 2021, SAMHSA authorized the use of SOR funds to purchase fentanyl test strips, which can be used to test drugs for the possible presence of fentanyl and prevent fentanyl overdoses. Since this approval, Alexandria CSB has purchased and distributed test strips to 600 individuals through a variety of methods:

- Peer supporters have distributed them in interactions with community members.
- The Alexandria Opioid Response Coordinator has monitored an anonymous CSB email address and distributed test strips in response to requests received from community members.
- The Alexandria Detention Center has provided them to individuals discharging from their center.
- Individuals in private re-entry housing have been given strips to share with individuals they know who are not in recovery.

Together with distribution of naloxone, fentanyl test strips are an important harm reduction strategy that is poised to grow in future years of the SOR grant and prevent fatal opioid overdoses.

[6] Substance Abuse and Mental Health Services Administration. MAT Medications, Counseling, and Related Conditions: Naloxone.

Treatment Services

The treatment objectives of the State Opioid Response (SOR) grant are designed to improve access and availability of opioid use disorder (OUD) and stimulant use disorder treatment services and increase the number of people who receive OUD and stimulant use disorder treatment. Thirty-seven Community Services Boards (CSBs) and four sites through a Department of Corrections partnership received funding to provide treatment, including Medication-Assisted Treatment (MAT) and other treatment modalities.

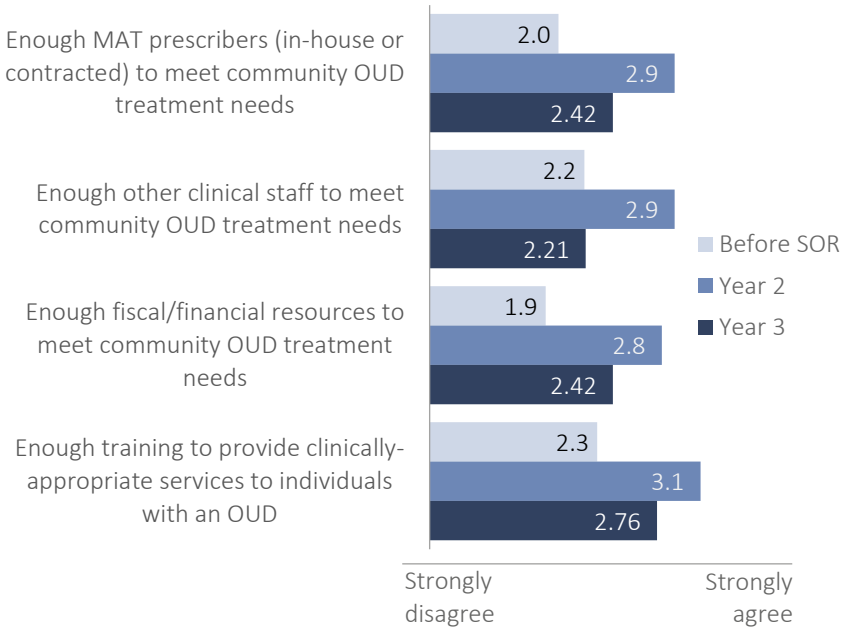
Key Treatment Strategies

- Increase availability of MAT prescribers across the state
- Provide MAT services for individuals with OUD or stimulant use disorder
- Support individuals with non-MAT therapeutic services
- Offer supportive services that facilitate engagement in OUD and stimulant use disorder 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. These results were compared with questions from the prior grant year, in which CSBs reflected on their capacity before and after receiving SOR funding.

Capacity for OUD services in year 3 is lower overall compared to year 2, but still higher than before SOR-funding began. This could be influenced by several things, including an increased need for services in the community over the last year, continued challenges with staffing, and an increased complexity of client needs.



"SOR funding has greatly helped our capacity to provide treatment for opioid use disorder and stimulant use disorder… We rely on and appreciate SOR funding as it assists us in attempting to sustain a workforce to provide needed MAT services as well as provide for the treatment and medication needs of individuals we are serving."

– Cumberland Mountain CSB

Data Sharing Capacity

FAACT

In 2017, the Virginia Department of Criminal Justice Services partnered with the Department of Behavioral Health and Developmental Services (DBHDS) to create a data-sharing platform: the Framework for Addiction Analysis and Community Transformation (FAACT). Partially funded by the SOR grant with an initial focus on opioid data, the dataset now includes data from the Department of Forensics Services, the Office of the Chief Medical Examiner, Emergency Medical Services, and the Census Bureau among other datasets. Data sharing is a strong tenant of this project, with extensive work put into the project to create data sharing agreements and build trust among stakeholders. Data is shared to partners through a variety of methods including emailed reports and dashboard access. Individuals from nonprofits, agencies, research organizations, and students can request access to data through the Virginia FAACT website: https://www.cdo.virginia.gov/faact/. FAACT offers one place to access previously siloed data across different agencies and systems and encourage individuals to use data to address substance use issues in their communities.

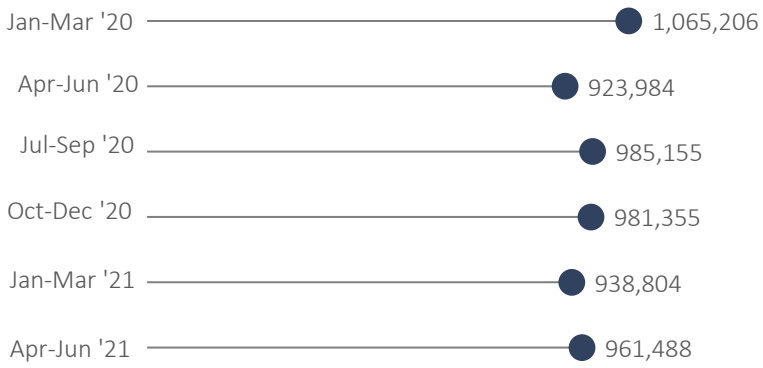
Prescriber Availability and Behavior

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 from January 2020 through June 2021. See Appendix C for more details.

Prescriptions in Virginia

Over the past year-and-a-half, opioid prescriptions have declined. There was a 9.7% decrease in opioid prescriptions from January of 2020 to June of 2021.

Number of opioid prescriptions in Virginia each quarter:



Alignment with CDC Prescription Guidelines

From April-June 2021, only 6% of patients had an average dose of ≥90 MME (morphine milligram equivalents)/day of opioids. Keeping dosage below 90 MME/day aligns with the Centers for Disease Control and Prevention (CDC) dosage guidelines.

Prescribing Practices

From January 2020 to June 2021 there was decreased opioid prescribing and a decrease in the rate of multiple episodes of care, indicating more prescribers are following safe prescribing standards to prevent opioid misuse across Virginia.

Decreased Opioid Prescribing

- **10%** decrease in number of opioid prescriptions dispensed.
- **3.6%** decrease in number of unique prescribers.
- **63%** decrease in the rate of multiple episodes of care. This may indicate better care coordination or less "doctor shopping".

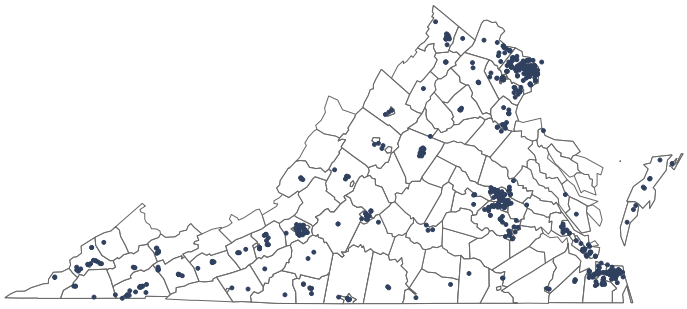
Increased PMP Utilization

- **5%** increase in number of patient history queries.

Availability of Prescribers

Buprenorphine is a form of Medication-Assisted Treatment and is important for the treatment and recovery of individuals with an OUD. Increasing the availability of MAT prescribers across the state is one of the key goals of the treatment component of the SOR grant. Prescriber availability is extremely important when looking at behavior of patients and prescribers.

As of October 2021, there were 908 buprenorphine prescribers publicly listed in Virginia.



Some areas of the state do not have any publicly listed providers. It is possible there are providers in those areas who can treat individuals but have chosen not to have their information listed publicly on the Substance Abuse and Mental Health Services Administration's (SAMHSA) website, meaning MAT access may be more difficult to locate for individuals in those areas. Conversely, some providers may be publicly listed and shown on this map but not actively accepting new patients for MAT services. To note, providers of naltrexone and methadone (other forms of MAT) are not listed on this map due to a lack of available data but may be added in future iterations. Continued monitoring of this information is needed to determine where the gaps in MAT services are across the state and how SOR initiatives can help to address them. For more information on this data source see Appendix C.

In October 2021, CSBs indicated on the Treatment Quarterly Reporting Survey that there were **110 MAT providers total across CSBs.** This indicates that many of the publicly listed providers are located outside of CSBs.

MAT and Complementary Services

Data on availability of services and the number of people receiving them are provided by all SOR-funded CSBs and other agencies through the Treatment Quarterly Reporting Surveys (see Appendix C for details).

Availability of Services in CSBs

In year 3, over half of the CSBs who received treatment funding (20) increased the number of MAT prescribers at their location compared to year 2.

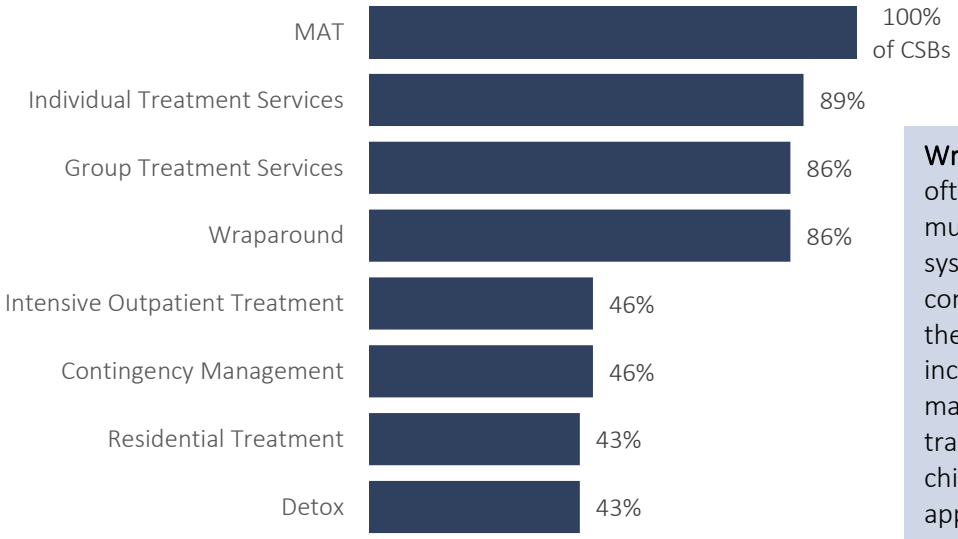
7 CSBs maintained the same number of MAT prescribers as last year, while 10 saw a decrease.

Funding MAT Services to Strengthen Outcomes

"SOR treatment funding provides critical support to the medical/MAT department and medication management of the individuals receiving MAT services. SOR funds provided funding for over 82 individuals needing Suboxone, Vivitrol and other psychiatric meds that stabilize their treatment and strengthen their recovery outcomes. Without SOR funds these vital components of OUD and substance use disorder (SUD) treatment and recovery could not be sustained."

– Eastern Shore CSB

All funded CSBs supported clients through MAT and most provided individual and group counseling as well as wraparound services.

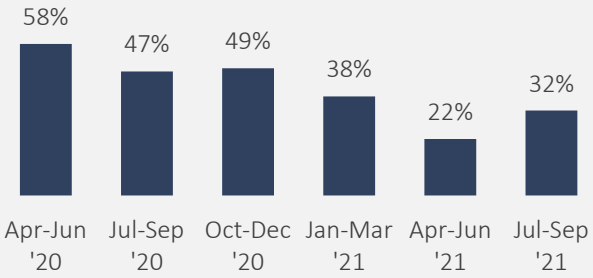


Wraparound services often bring together multiple services or systems to address the comprehensive needs of the person. These include case management, transportation, and childcare for treatment appointments.

COVID-19 Impact: Difficulties meeting client needs and hiring staff

The COVID-19 pandemic continues to have impacts on CSBs' abilities to provide treatment services. Across all agencies, many note challenges in finding and retaining staff, decreases in enrollment and referrals, and clients having increased needs or more complex issues. However, some CSBs state they have seen recent rebounds in client numbers.

Since April 2020, the percentage of CSBs unable to meet their clients' needs at the same level as before COVID-19 has slowly declined.

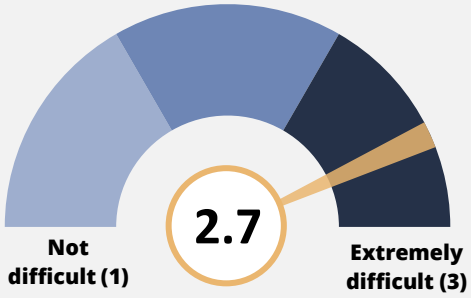


"The number of consumers requesting treatment has increased due to COVID-19. **Consumers are also requiring higher levels of care due to issues surrounding COVID-19** and they are experiencing challenges due to their overall ability to adjust to telehealth/virtual means of service delivery."

– Portsmouth CSB

While there are likely factors beyond COVID-19 at play, the staffing shortage and inability to fill new positions has been an increased challenge for most CSBs in the past year.

On a scale of 1 to 3 (not difficult to extremely difficult), on average CSBs rated their ability to fill open positions as a 2.7, meaning that it is very difficult to fill positions.



"**Workforce shortage issues continue to be a significant impact on the overall system**. We have had long recruitment periods for SOR-funded positions because of limited applicant pools."

– Region Ten CSB

CSB staff mention staff turnover, long hiring processes, and lack of qualified candidates as the biggest obstacles to filling positions. Licensed clinicians, counselors, nurses, and peer supporters have been the hardest positions to fill.

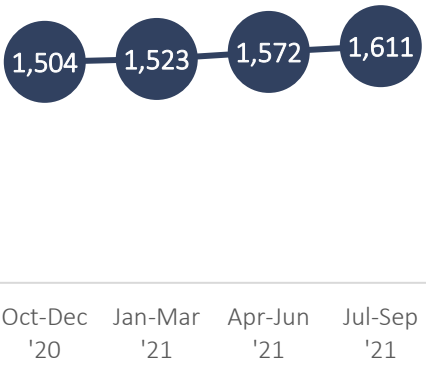
Individuals Served by CSBs

6,488 individuals received SOR-funded treatment services in year 3.

These individuals were supported through a wide range of services. Trends across services differed in the past year. MAT and contingency management had small, but steady increases in individuals served across each quarter. Wraparound services took an initial dip and leveled out as the year went on. Counseling services decreased the first three quarters but had an uptick in July – September 2021. The fluctuations may be tied to the changes in the number of clients receiving any services from CSBs since most CSBs observed initial drops in clients during the pandemic, but some have seen recent rebounds.

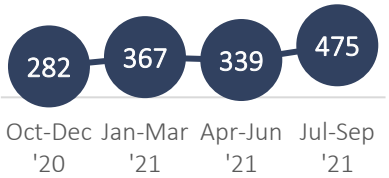
Number of People Served by Quarter:

MAT Services
Prescription of medications such as buprenorphine for individuals with an OUD

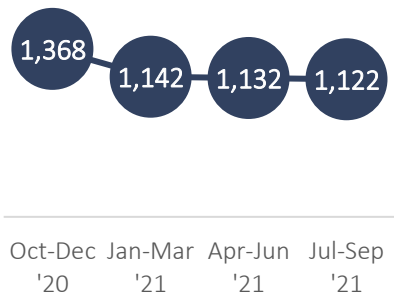


Counseling Services
Individual and group counseling, therapy, psychiatry, and crisis support

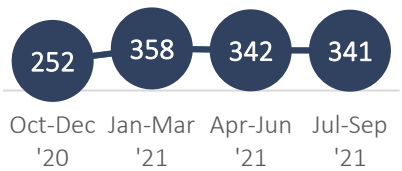
Contingency Management
A therapeutic technique used in OUD and stimulant use disorder treatment to support adherence to treatment



Wraparound
Case management, transportation, and childcare for treatment appointments

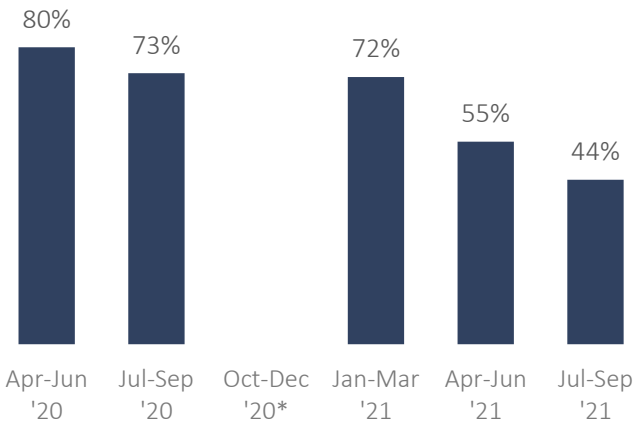


Other Services
Detox, residential treatment, Intensive Outpatient Program (IOP)



CSBs continued to provide telehealth services to clients but compared to year 2 more services were in-person. All but one CSB was offering some telehealth services as of July 2021. However, overall, the percent of appointments that are virtual has been decreasing since June 2020. While virtual services can expand access to certain individuals, specifically those with transportation and childcare barriers, agencies have found it can also lead to less client accountability.

Percentage of appointments held virtually:



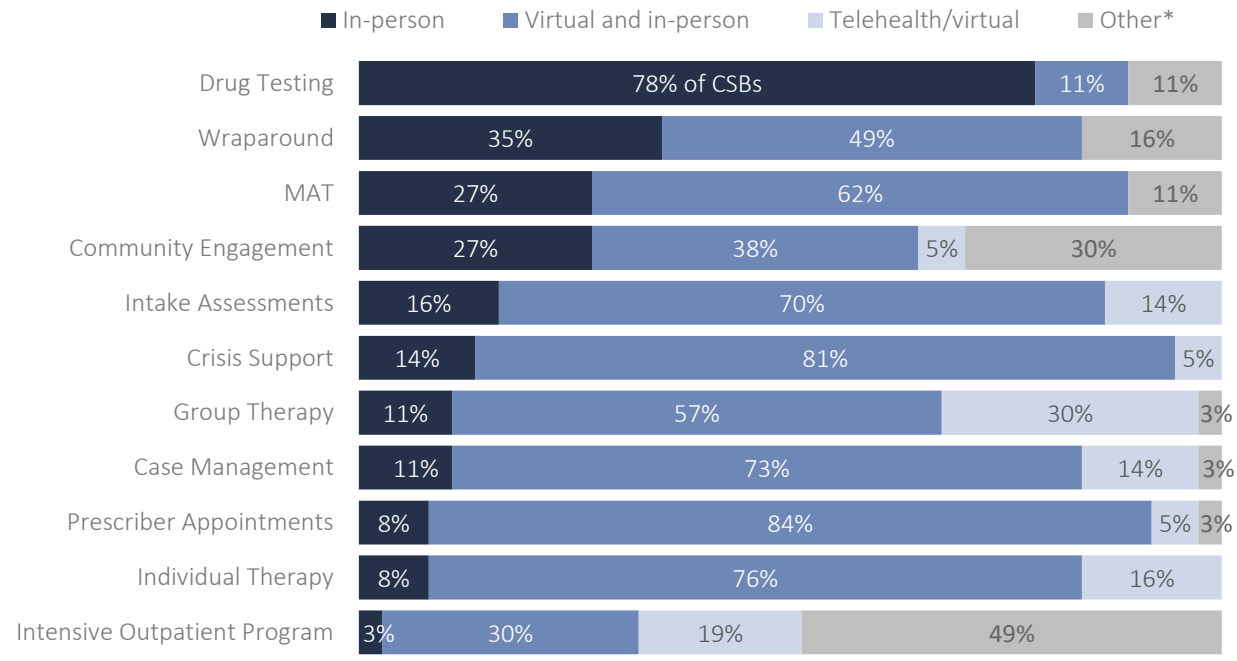
**This question was not asked in Quarter 1 of year 3.*

"We have seen improved adherence to appointments due to the flexibility of tele-services (Zoom and phone). Transportation has always been an issue in our area, but the virtual education programming placed additional burdens on families relative to childcare as well, so having the ability to access services from home was essential for those caregivers."

– Mount Rogers CSB

Services like drug testing, wraparound services and MAT were most likely to be administered in person rather than virtually by CSBs.

However, case management, group and individual therapy continue to commonly be implemented virtually. Overall, compared to year 2, many services have moved from virtual to in-person, but the change was less drastic for individual and group therapy.



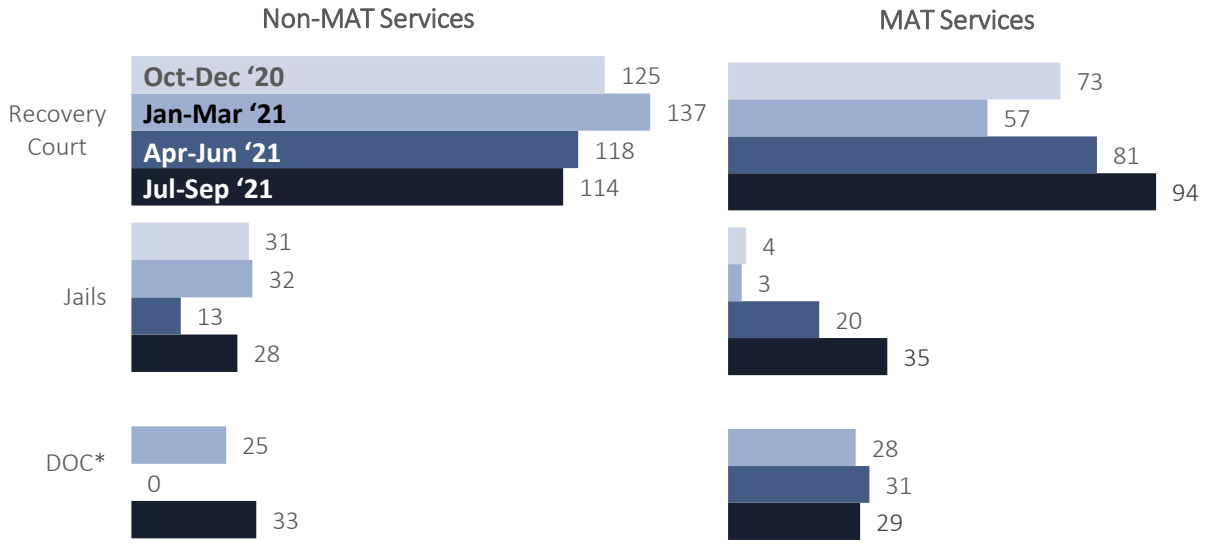
**Other responses include CSBs that responded unsure, not currently providing, and have never provided. Services may total to greater or less than 100% due to rounding.*

Treatment in Justice Settings

Individuals who have experienced a substance use disorder are overrepresented in the justice system[7], indicating a need for increased access and availability of treatment services in a justice setting. Over the last several years, Virginia has expanded its programs to improve access to services for people in justice settings. Part of this expansion includes funding from the SOR grant to support jails with MAT services. Often these jails are in a partnership with a CSB to provide MAT and non-MAT services using SOR funding. Non-MAT services include individual and group counseling, case management, and other types of treatment services. Data in this section was provided through the Treatment Quarterly Reporting Surveys throughout year 3 (see Appendix C for details).

33 CSBs provided treatment services in recovery courts, jails, and some Department of Corrections (DOC) facilities this year.

Number of people in MAT services and non-MAT services supported by SOR funding in the last grant year:



**CSBs were not asked about the services they provide in DOC settings for Quarter 1 (Oct-Dec '21)*

As of September 2021, four Department of Corrections facilities offered MAT services using SOR funds.

In the last year of the grant, SOR funding allowed for the launch of an MAT program in partnership with DOC. An MOU was signed in June 2021 to collect data for the SOR evaluation from DOC MAT participants. By the end of June, the first participant was enrolled into the MAT program and the SOR grant evaluation. As of the September 30, 2021, four sites were up and running: Chesapeake Intensive Opioid Recovery Program, Brunswick Community Corrections Alternative Program (CCAP), Chesterfield Women's CCAP, and Stafford CCAP. The program will continue to expand over the next grant year.

Virginia Secretary of Public Safety and Homeland Security Brian Moran speaks at a DOC MAT program graduation ceremony in July 2021.

[7] James, D. J. and Glaze, L. E. Mental Health Problems of Prison and Jail Inmates. Bureau of Justice Statistics Special Report, U.S. Department of Justice.

Client Characteristics

The Government Performance and Results Act (GPRA) survey collects data from individuals receiving SOR-funded OUD and stimulant use disorder 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 3,352 participants who have completed an intake GPRA survey during the three years of the SOR grant. Looking at data across the entirety of the SOR grant allows us to examine the entire impact of the grant and gives a larger dataset for looking at outcomes in the data.

3,352*
individuals completed an intake GPRA.

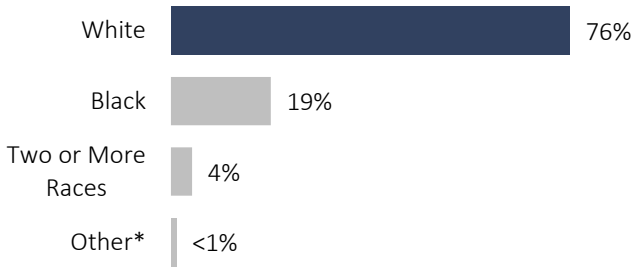
1,893
individuals completed a 6-month follow-up GPRA.

1,093
individuals completed a discharge GPRA.

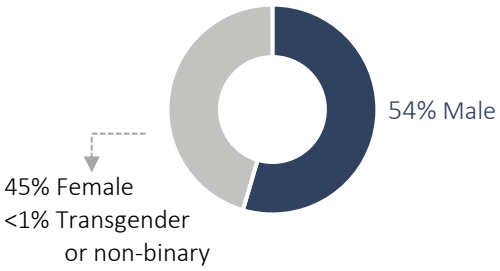
**This number reflects those who completed a GPRA. The total number of people who received SOR-funded treatment services is higher because some individuals are not enrolled in the evaluation if they do not receive ongoing services (e.g., individuals who only receive crisis services) and some individuals do not consent to participate in the evaluation.*

Demographics

More than half of participants are male (54%), and most participants identified as straight and non-Hispanic white.



**Due to small sample size, other includes Alaskan Native, American Indian, Asian, and Pacific Islander.*



Average age was **40 years** and ranged from 18-74 years.

3% identified as **Hispanic or Latinx.**

93% identified as **straight,** 4% as bisexual, 2% as gay/lesbian, and 1% as other.

96% reported **never serving** in the military.

77% have a **high school diploma or higher education.**

37% are **employed**, 21% are looking for work, and 19% are disabled and not looking for work.

88% had been in **treatment at least once before** and 64% had been in treatment at least twice.

70% have **experienced trauma** at some point in their life.[8]

14% of women were **pregnant or had given birth** in the past year.

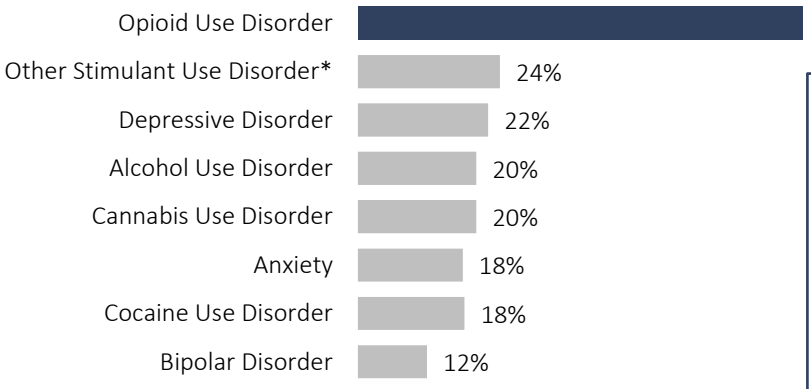
40% referred themselves to treatment and 27% were referred from a justice setting.

6% were receiving treatment services **in a jail or other justice setting.**

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%. Approximately 9.2 million adults have a co-occurring disorder in the United States, which can create additional barriers and stress for individuals seeking treatment.[9]

Opioid use disorders and other stimulant use disorders were the most frequently reported diagnoses.



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

75% of participants

Among those with an OUD, the majority had a diagnosis of moderate or severe OUD.

- **67%** Moderate/severe, uncomplicated
- **14%** Moderate/severe in remission
- **13%** Mild, uncomplicated
- **4%** Mild, remission
- **3%** Unspecified

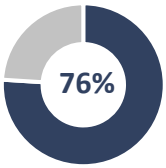
Numbers may total to greater than 100% due to rounding

[8] 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."

[9] SAMHSA. Co-occurring Disorders and Other Health Conditions.

Co-occurring mental health and substance use disorders (SUD) are very common among individuals receiving treatment services.

84% of SOR participants were screened for a co-occurring disorder.



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

COVID-19 Impact: SUD and Mental Health

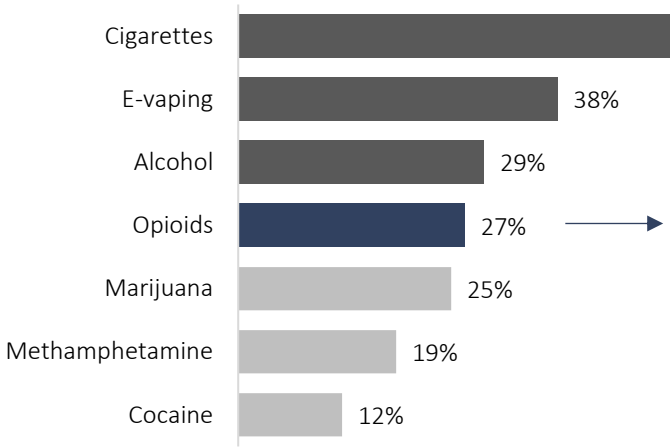
"We have noticed a decrease in SUD client referrals and an increase in mental health referrals. However, the SUD referrals have more intense level needs compared to pre-COVID referrals."

– Blue Ridge Behavioral Health

Nearly one-third of participants reported misusing opioids in the past 30 days.

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

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



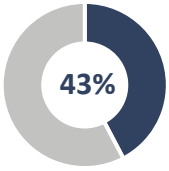
Of those who misused opioids:

- 38% misused prescription opioids only
- 36% misused non-prescription opioids only
- 25% misused both types

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

Numbers may total to less than 100% due to rounding

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



of participants (1,341 people) have overdosed on drugs at least once in their life.

672 participants reported they have been revived from an overdose with naloxone.

Client Outcomes

To measure changes in client outcomes over time, intake and latest assessment data from all three years were matched by unique IDs. The goal was to analyze a person's progress in the grant from intake to the latest time point when they were interviewed to capture the full period of services. A latest assessment may be a 6-month follow-up interview, a discharge interview, or a subsequent intake interview if the individual re-entered services. There were **1,153 individuals with both a complete intake and latest assessment GPRA interview** over the course of the three-year grant. The data from these individuals were analyzed using paired-samples t-tests or a McNemar's test to determine changes in client responses over time. Throughout this section, data from the 1,153 individuals with matched intake and latest assessment interviews is presented and statistically significant changes (*p*-values less than 0.05) are noted. More information on methods can be found in Appendix C.

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 latest GPRA assessment, substance use significantly decreased for all substances. The largest decreases were reported in opioid misuse and stimulant use, which are the main focus areas of the SOR grant.

Use of any illegal drugs dropped by half and opioid misuse rates decreased by 60%.

	Decrease in Number of People Who Used in Past 30 Days	Statistically Significant Decrease	Intake Use Rate	Latest Assessment Use Rate
Alcohol and Tobacco Use				
Electronic Vaping	↓ 28% decrease	☑	35%	25%
Other Tobacco	↓ 43%	☑	28%	16%
Alcohol	↓ 26%	☑	23%	17%
Cigarettes	↓ 5%	☑	84%	80%
Any Illegal Drug Use	↓ 49%	☑	41%	21%
Any Opioid Misuse	↓ 60%	☑	27%	11%
Non-Prescription Opioid Misuse	↓ 58%	☑	16%	7%
Prescription Opioid Misuse	↓ 66%	☑	17%	6%
Any Stimulant Use	↓ 51%	☑	16%	8%
Methamphetamine	↓ 53%	☑	14%	7%
Cocaine	↓ 52%	☑	10%	5%
Marijuana Use	↓ 40%	☑	22%	13%

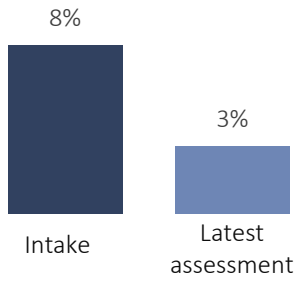
SOR Focus Areas

Leveraging SOR Funds to Increase Access to Treatment

"The SOR funding has made treatment of SUD, specifically OUD more diverse and available to our rural community. We continue to be appreciative of the funding and availability for our individuals. We continue to use our Mobile Unit to provide SOR funding services to people in the community. We have been able to increase access to this due to positive clinical rapport and engagement from our PRS staff."

- Eastern Shore CSB

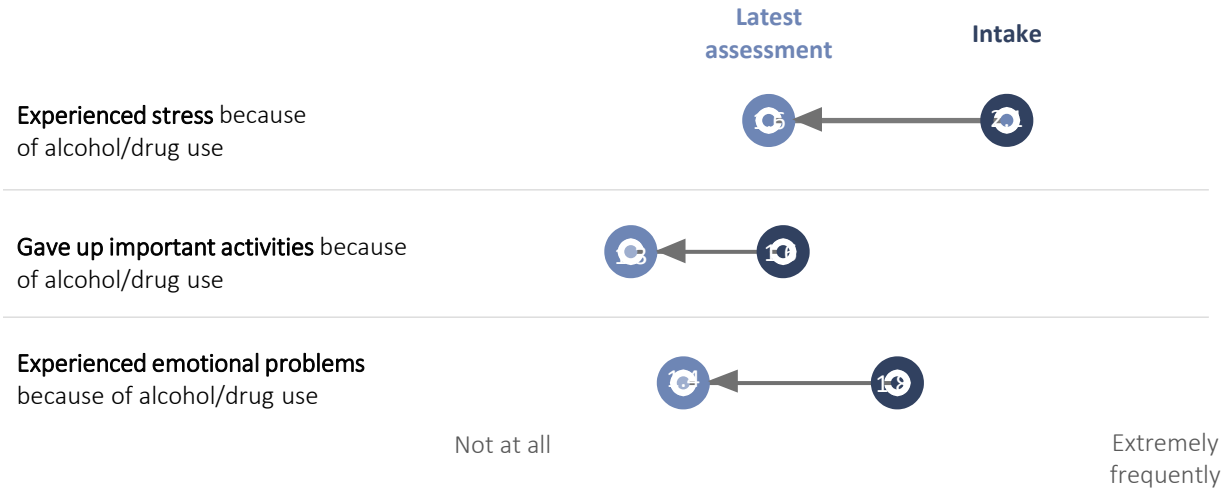
The frequency of injection drug use among participants significantly decreased from intake to latest assessment.



Another measure important to a participant's recovery is recovery capital. The BARC-10 (Brief Assessment of Recovery Capital) is a validated questionnaire that assesses an individual's recovery capital through 10 questions that measure 10 domains of recovery capital. Starting in year 3 of the grant, every client who completed a GPRA survey was administered the BARC-10 as well. For results on these outcomes see the Peer Support Services section (page 51).

At latest assessment, participants reported fewer life disruptions—including experiences of stress, forgoing important activities, and experiencing emotional problems—due to alcohol or drug use.

Frequencies of these life disruptions due to substance use were rated on a 1 to 5 scale, where 1 indicated no disruptions and 5 indicated extremely frequent disruptions due to substance use.

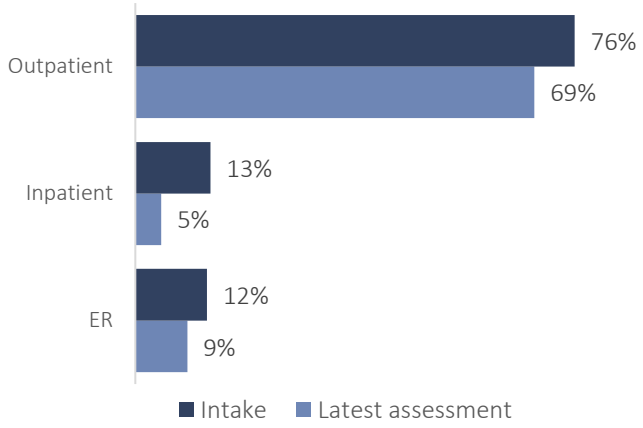


The percentage of participants who required inpatient, outpatient, or emergency room (ER) treatment for any medical issue in the last 30 days significantly decreased from intake to latest assessment.

In addition to the decreases in treatment for any medical issue, there were also **significant decreases in substance use-related treatment in inpatient, outpatient, and ER settings.**

At latest assessment, 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 latest assessment.

Percentage of participants who required any type of medical treatment in the past 30 days in each setting:



Impact of Substance Use and Length of Time in Treatment

Research has shown that a longer amount of time spent in treatment is associated with more positive outcomes. When we compare data of participants who were active in treatment for 0 to 3 months compared to those who were in treatment for longer than 3 months, there was a significant reduction in the negative impact of substance use in the latter group. **This cohort was less likely to have experienced stress, reducing or giving up important activities, or experiencing emotional problems due to alcohol and/or substance use.**

Mental Health

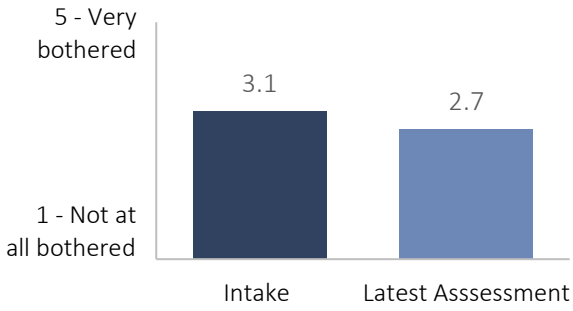
The percentage of participants reporting mental health issues significantly decreased at latest assessment, but the overall prevalence of mental health issues remains high. Ongoing mental health support is critical to maintain and advance gains made through treatment and recovery services.

Although there was a significant decrease in participants experiencing any mental health issues (79% at intake; 70% at latest assessment), mental health issues continue to be challenging for the majority of participants. The following specific mental health issues decreased:

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

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

Participants rated problems on a 1 to 5 scale, where 1 indicated "not at all bothered" and 5 indicated "very bothered."



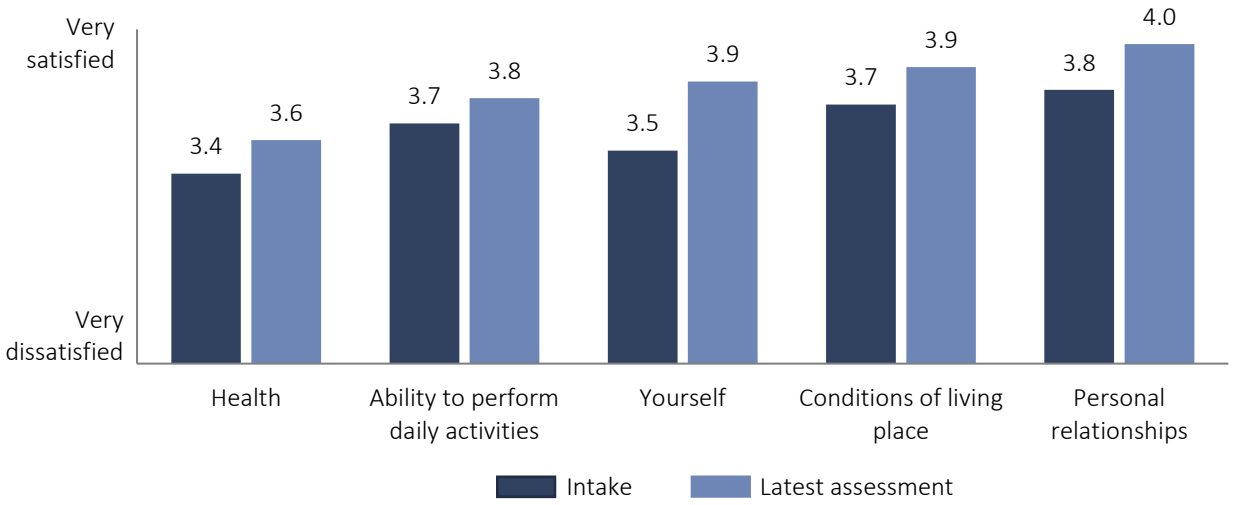
Participants reported significantly higher quality of life and satisfaction with five aspects of their life at latest assessment compared to intake.

Intake

70% of participants rated their quality of life as "good" or "very good"

Latest assessment

75% of participants rated their quality of life as "good" or "very good"



Social Environment

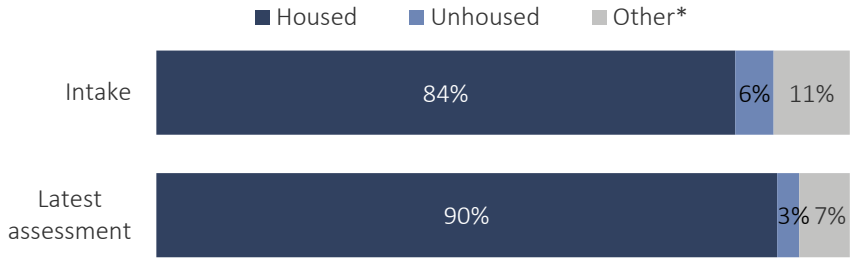
At latest assessment, more participants reported having enough money to meet their needs.

The percentage of participants who had enough money to meet their needs increased significantly from 64% at intake to 73% at latest assessment. The percentage who received public assistance income also increased from intake to assessment, although not significantly. 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 latest assessment.

96% of participants reported having access to transportation (car or public transportation) at intake, and 97% at latest assessment. It is likely that individuals without access to transportation are not well-represented in this sample because they may have faced difficulties enrolling in treatment in the first place.

At latest assessment, more participants reported having stable housing and fewer reported being unhoused.[10]

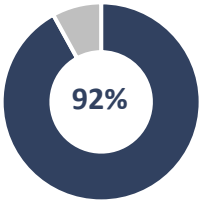


Numbers above may total to more than 100% due to rounding

*Other includes:

- Treatment
- Correctional facility
- Transitional living
- Group home
- Veteran home
- Nursing home

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



of participants reported at latest assessment 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 89% at intake.

Impact on Communities

"We have been very appreciative of the funding to support our communities. These funds allow for an opportunity to innovate and make a far greater impact in the lives of individuals and families."

-Mount Rogers CSB

Mental Health and Quality of Life Outcome Domains

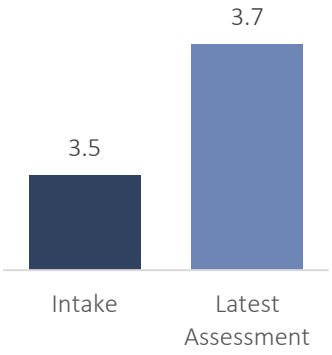
Outcome domains can be a helpful way to assess change for treatment participants on various aspects of health. Selected items from the GPRA assessment were grouped to create three domains that represent outcome areas of everyday life: satisfaction, substance use impact, and overall mental health. Information on how the domains were established and tested is available in Appendix C.

In addition to testing each domain to see if there was significant change from intake to latest assessment, comparisons were made between clients who improved domain scores and those who didn't to see if there are differences between these cohorts at latest assessment. 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 assessment outreach efforts as different approaches may be needed to engage the groups that are currently under-represented in the latest assessment data.

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

Life Satisfaction

Participants (n = 1,163) rated their level of agreement with several statements about various areas of life satisfaction. Scores could range from 1 to 5. A higher score indicates higher satisfaction, which is desirable.



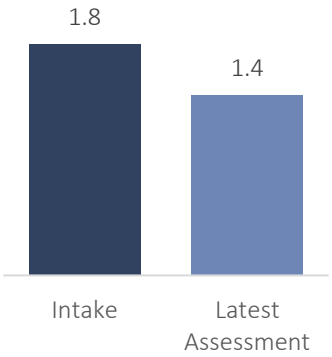
Life satisfaction increased significantly from intake to latest assessment.

At latest assessment, compared to those who did not improve their life satisfaction score, **participants who improved their life satisfaction**:

- Were more likely to be working with a peer supporter
- Were more likely to be employed
- Were less likely to have used illegal drugs, any type of opioid, or any stimulants in the past 30 days

Negative Impacts of Substance Use

Participants (n = 899) rated their level of agreement with three statements about how much substance use impacted their stress level, important activities in their life, and emotional problems. Scores could range from 1 to 4. A lower score indicates a smaller impact on the participant, which is desirable.



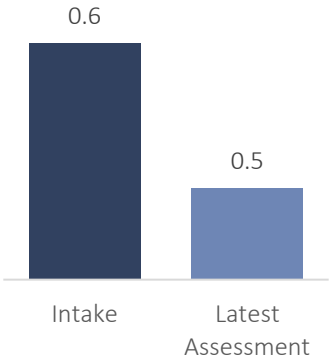
Negative impacts of substance use on participants' lives decreased significantly from intake to latest assessment.

At latest assessment, compared to those who did not improve their substance use impact score, **participants who improved their substance use impact score**:

- Were more likely to be working with a peer supporter
- Were less likely to have used illegal drugs, any type of opioid, or any stimulants in the past 30 days

Mental Health Concerns

Participants (n = 1,114) reported whether they experienced depression, anxiety, or trouble concentrating or understanding in the past 30 days. Scores could range from 0 to 1. A lower score indicates fewer mental health concerns over the past 30 days, which is desirable.



Mental health concerns decreased significantly from intake to latest assessment.

At latest assessment, there were no significant differences in life circumstances between those who had and those who had not reported decreases in mental health concerns.

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. The specific services provided by peer supporters vary significantly but commonly include individual and group support, crisis support, and referrals or accompaniment to other services.[11] Year 3 of the State Opioid Response (SOR) grant included partnership with agencies that are well positioned to provide peer support services that span the entirety of the continuum of care. The sections that follow highlight these partners and the breadth and depth of SOR-funded peer support services across Virginia.

Key Peer Support Strategies

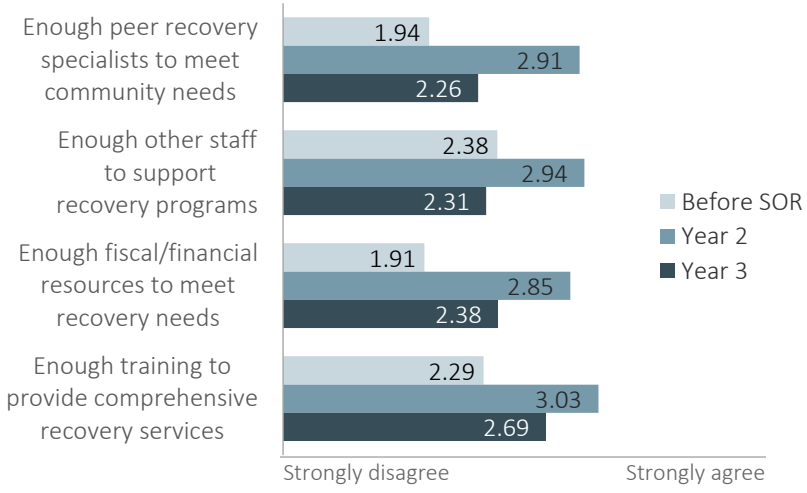
- Identify strategic partners to implement peer support programs that maximize impact
- Implement peer support services across a broad range of settings, including emergency departments, justice programs, universities, and other community-based locations
- Build support by measuring outcomes of peer support services that span the continuum of care

Peer Support Capacity

SOR funding has allowed Community Services Boards (CSBs) to build capacity and resources that support peer support services and other recovery-focused programming. CSBs reported on their current capacity, as well as their capacity in previous years, in the Recovery Quarterly Reporting Survey (see Appendix C)

On average, capacity for peer support services in year 3 is lower overall compared to year 2, but still higher than before SOR-funding began.

This trend likely reflects several factors, including increased awareness of and demand for peer services, challenges with staffing, and increased complexity of community needs. (See page 47 for more information about CSB capacity.)



"Our Health Center's Peer Recovery Program is very new… We have now hired two of four peer positions. **We anticipate much growth of the program in the coming 12 months.**"

"**The SOR grant has been exceptionally helpful with expanding the capacity to serve our community** and remove barriers to care and access."

– CSB Leadership

[11] For information about recovery and peer support, see *Measuring Outcomes of Peer Recovery Support Services*.

SOR Recovery Partners

Across all partners and providers, year 3 of SOR funding provided recovery-focused support to a total of 37,845 individuals across Virginia.

The table below summarizes various partners that SOR has engaged to provide peer support services, as well as the total number of unique individuals served by that partner during year 3 of funding. In year 3, the Brief Assessment of Recovery Capital (BARC-10) was implemented to track recovery-focused outcomes across several areas of SOR-funded recovery work. The partners who implement the BARC-10 are also noted. (For more information about the BARC-10, see page 51.)

SOR Partner	Number of unique individuals served in year 3	Track BARC-10 outcomes?
Community Services Boards provide a wide range of SOR-funded recovery supports, including in-house and community-based services. (See page 46 for additional information.)	33,010	☑
The Healing Place at Caritas provides peer-led residential recovery services to those experiencing homelessness. (See page 47 for additional information.)	342	
Virginia Department of Health sites provide SOR-funded peer support that spans the continuum of care. (See page 55 for additional information.)	3,557	☑ (Pilot program; results not yet available)
Virginia Department of Corrections (DOC) Peer Recovery Specialist Initiative provides peer-led group support within the DOC system. (See page 59 for additional information.)	136	☑
Collegiate Recovery Programs receive SOR support to increase student membership, provide direct services, and provide campus-wide outreach. (See page 62 for additional information.)	800 engaged students	☑ (Part of a separate Student Outcomes Study; results not included in SOR report)

The pages that follow detail the recovery services provided by each of the partners listed above and the outcomes of these services.

Community Services Boards

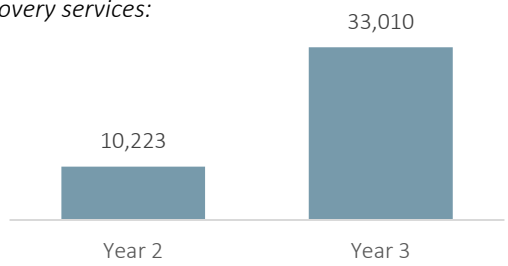
Community Services Boards are an integral provider of SOR-funded services. In addition to providing in-house SUD recovery services, CSBs partner with hospitals and justice settings to provide peer support services that meet the most vulnerable individuals when and where they need support the most. Thirty-eight CSBs and one health center[12] received SOR funding to implement recovery services across Virginia. Though most recovery services are provided by peer supporters, other clinical and administrative CSB staff are also engaged.

Substance Use Disorder Recovery Services

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

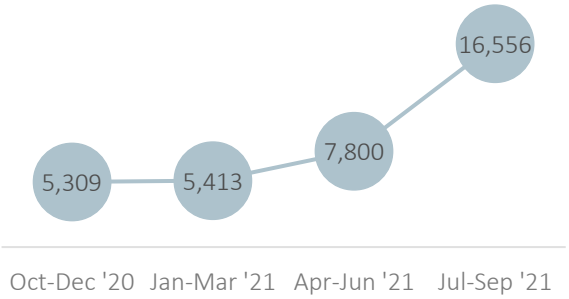
In year 3, 39 sites delivered SOR-funded recovery services to a total of 33,010 unique individuals.

Number of unique individuals receiving SOR-funded recovery services:



CSBs provided recovery services to more than **three times as many** unique individuals in year 3 than year 2.

SOR-funded recovery services grew significantly across year 3, culminating in 16,556 unique individuals served between July 1 and September 30, 2021.



Note: The graph above reflects the number of individuals served each quarter. Individuals are counted each quarter they received services, which is why the sum of all quarters is greater than the total number of unique individuals served across the whole year (33,010).

CSBs estimated that peer supporters provided

87%

of SOR-funded recovery services in year 3. The rest of the services were provided by other staff or clinicians at CSBs.

[12] In the remainder of this section, the term CSB includes data from all 38 CSBs and the health center (The Healing Place at Caritas).

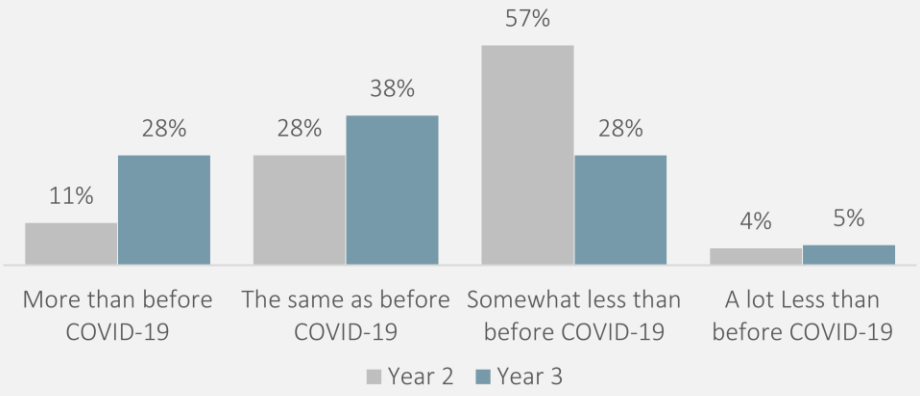
Residential Peer-Led Support

The Healing Place at Caritas was a new grantee in year 3. This organization provides residential recovery services to those experiencing homelessness in the Richmond metro area. Between July 1 and September 30, 2021, the Healing Place provided **342 individuals** with housing and counseling support. Built on a peer-led model, **100%** of its services were administered by their **7 peers**.

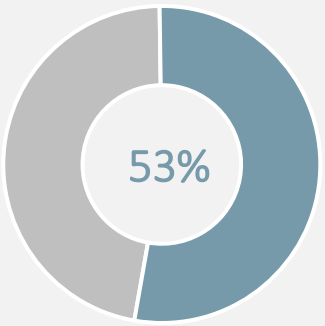
COVID-19 Impact: Increased demand and capacity for recovery services

Despite the continued challenges posed by the COVID-19 pandemic, CSBs indicated an increase in their ability to meet clients' needs in year 3 of the SOR grant. In year 2, 11% of CSBs indicated they were **more able to meet their clients' needs** than before the start of the COVID-19 pandemic; this **increased to 28% of CSBs** in SOR year 3.

Percentage of CSBs who reported each type of change in ability to meet clients' needs:



More than half of CSBs indicated an **increase in demand for recovery services** between October 2020 and March 2021.

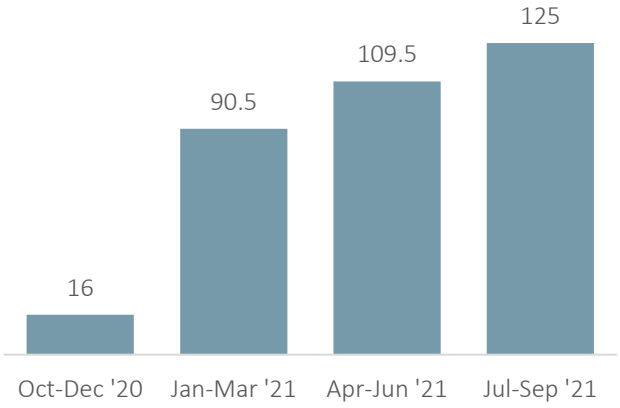


of CSBs indicated in April 2021 that there were more clients requesting services from their site compared to six months prior.

Recovery Services Provided by Peer Supporters

The section below highlights SOR-funded recovery services provided by CSB-based peer supporters and is informed by data collected in the Recovery Quarterly Reporting Survey.

The number of peer supporter positions that were actively providing recovery services across the state increased every quarter of grant year 3.

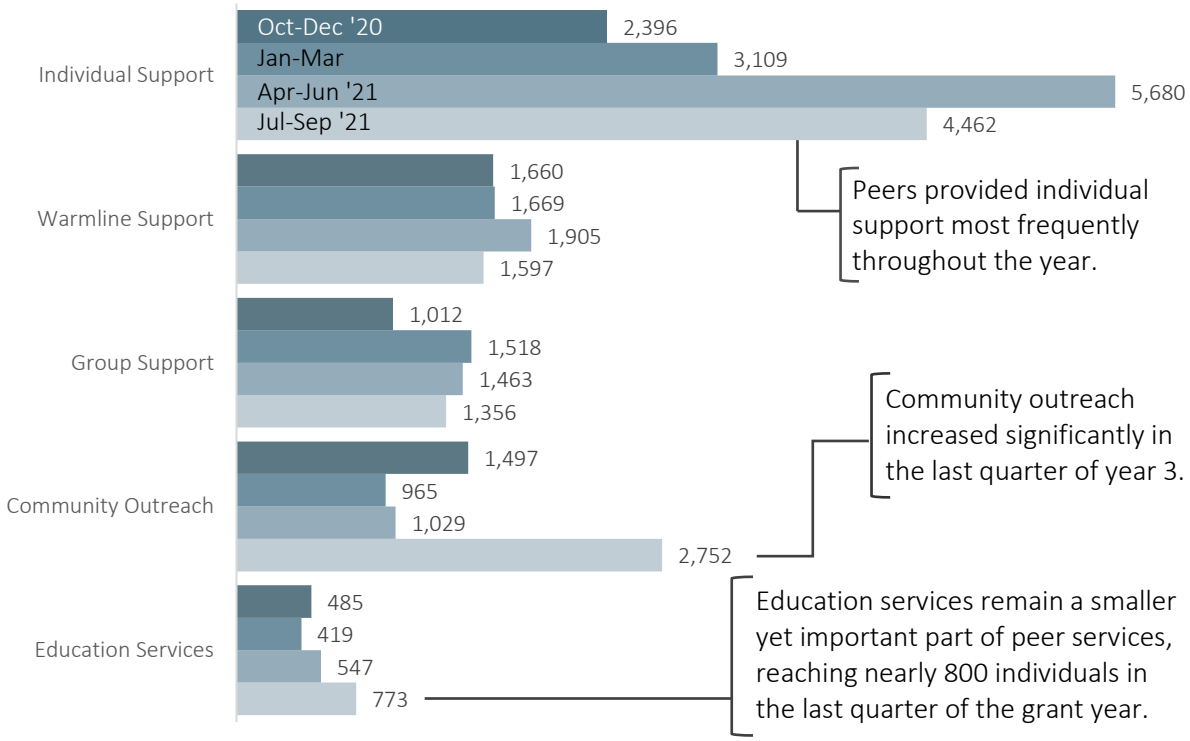


Note: Part-time peer positions are included as ".5"

Peer Support Sustainability

At the end of year 3, **11 CSBs reported receiving Medicaid reimbursement for peer support services, a 57% increase** from the 7 CSBs who reported Medicaid reimbursement in year 2 of the grant. Consistently collecting Medicaid reimbursement will support sustainable funding for peer services in years to come.

Throughout the grant year, 15,009 individuals received recovery or peer coaching across 30 CSBs. The specific services provided by peers peaked at different points throughout the year.



Peer Support Engagement

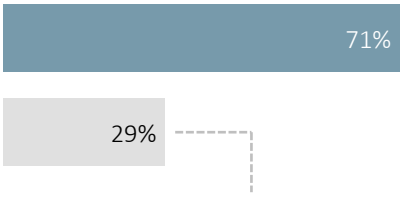
The Government Performance and Results Act (GPRA) survey collects data from individuals receiving SOR-funded treatment and recovery services. Evaluation participants are asked to complete the GPRA survey at intake, 6-months after intake, and at discharge from services. The survey includes questions about whether the individual is working with a peer supporter and what that experience has been like for them. For more information on the survey, see Appendix C. Data in this section of the report are based on the 3,352 participants who completed an intake GPRA survey during the three years of the SOR grant. Note that the number of individuals who completed an intake GPRA is lower than the number who received SOR-funded recovery services because some individuals are not enrolled in the evaluation if they do not receive ongoing services (e.g., individuals who only receive warmline support or education) and some individuals do not consent to participate in the evaluation.

Throughout the SOR grant, 46% of GPRA participants reported working with a peer supporter at intake to services. Among those individuals:

77% were working with a peer supporter voluntarily

Others were mandated to work with a peer supporter through a treatment program (18%), the court system (3%), or another entity (2%).

71% were connected to their peer supporter by a CSB

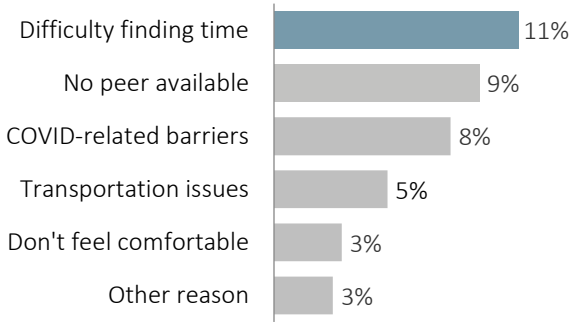


Others were connected through a jail/prison setting (8%), an AA/NA sponsor (7%), a support group (6%), a hospital (2%), or another source (6%).

Individuals who engaged with a peer supporter over the course of the SOR grant were significantly more likely to identify as female, be employed, and be unhoused or homeless. Encouraging engagement of individuals with these characteristics while also addressing barriers for others may lead to increased engagement and positive outcomes. In particular, Virginia service providers should aim to recruit a diverse peer supporter workforce so that individuals are able to connect with peer supporters with a range of shared experiences and backgrounds that match their identities.

Among those not working with a peer supporter at intake, 31% were not interested in working with a peer supporter and 23% planned to start with a peer supporter soon. The rest were interested but cited barriers to working with a peer supporter, most commonly difficulty finding the time.

Percentage of respondents (n = 1,781) who cited each barrier to working with a peer supporter:

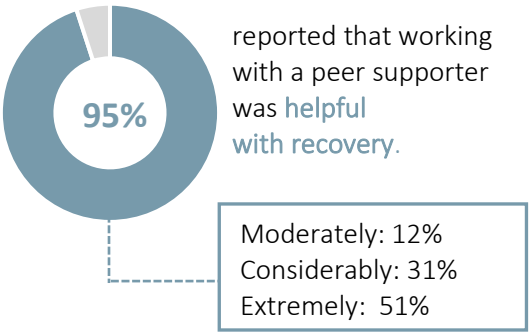


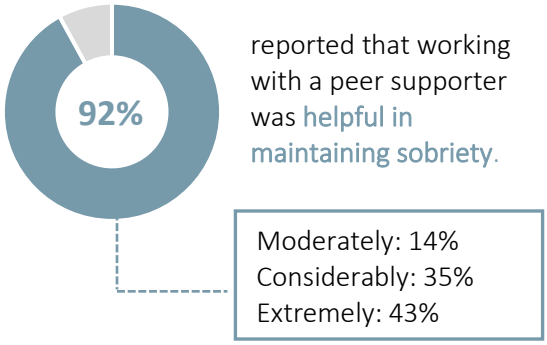
Reasons that clients did not work with a peer supporter can inform capacity building needs and expansion of peer services. Among those who were working with a peer supporter at intake but had stopped working with one by their latest assessment (n = 177), more than half reported they were no longer interested in working with the peer supporter. Nine percent reported not having time as a barrier to continued engagement. **Peer services that maximize time and flexibility, including virtual offerings, will likely reduce barriers and increase engagement.**

Peer Support Outcomes

To measure changes in outcomes over time, a person's progress was measured from intake to the latest time point when they were interviewed. A latest assessment may be a 6-month follow up interview, a discharge interview, or a subsequent intake interview if the individual re-entered services. There were **1,208 individuals with a complete intake and latest assessment GPRA interview** who had completed the recovery-related section of the GPRA. Among those, 776 worked with a peer supporter at some point, 592 of whom reported working with a peer supporter on their latest assessment. Throughout this section, data from these 1,208 individuals is presented. More information on analysis can be found in Appendix C.

Participants agree that working with a peer supporter was helpful for treatment and recovery outcomes. On their latest assessment:





There were **significant increases from intake to latest assessment in the percentage of people who said working with a peer supporter was helpful** with recovery (92% to 95%) and was helpful in maintaining sobriety (86% to 92%).

Individuals who worked with a peer supporter were more likely to report several positive changes in their lives between their intake and latest assessment as compared to individuals who were not working with a peer supporter, including:

- Increased importance of substance use treatment
- Less stress because of substance use
- Fewer instances of giving up important activities due to substance use
- Fewer emotional problems due to substance use
- Increased rating of their quality of life
- Increased energy for everyday life
- Greater satisfaction with their ability to perform daily activities
- Greater satisfaction with themselves

While this analysis does not mean that peer supporters were the sole cause for these improvements, there is an association between engagement with a peer supporter and reporting these impacts. It is possible that the positive impacts are the result of a combination of factors, such as peer supporter engagement in conjunction with other services the individual has received.

Recovery Capital

Beginning in year 3, the Brief Assessment of Recovery Capital (BARC-10) was included as a part of the GPRA assessment and other areas of the SOR recovery evaluation to better understand the recovery experience of individuals receiving SOR-funded treatment and recovery services.

What is the BARC-10?

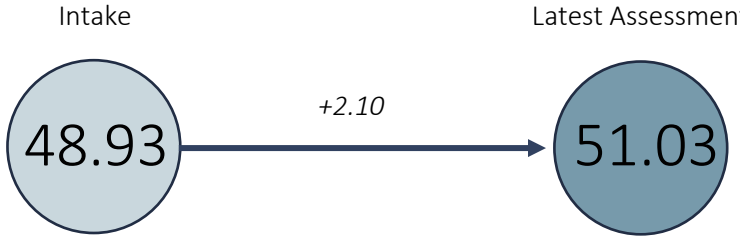
The Brief Assessment of Recovery Capital (BARC-10) is a validated (tested and reliable) tool that collects recovery capital data to better understand the impact of recovery and peer support services.[13] Recovery capital is defined as the characteristics and assets that a person develops on the recovery journey from a substance use disorder. The BARC-10 is a questionnaire that assesses an individual's recovery capital through 10 questions that measure 10 domains of recovery capital. Total scores can range from 10 to 60. **Scores of 47 or higher that are sustained over time indicate higher chances for long-term remission from substance use disorders.**

The BARC-10 was implemented in various areas of recovery work in SOR year 3, including:

- CSB-based treatment and recovery services
- Virginia Department of Health peer supporter programs
- Department of Corrections Peer Recovery Specialist Initiative
- Collegiate Recovery Programs Student Outcomes Survey

Use of the BARC-10 in these settings is explained in sections below.

Individuals engaged in CSB-based treatment and recovery services showed significantly increased BARC-10 scores from intake to latest assessment.



The average BARC-10 score at intake was **above 47 and increased slightly over time**, indicating a higher chance for long-term remission.

[13] Vilsaint, C. L., Kelly, J. F., Bergman, B. G., Groshkova, T., Best, D., & White, W. Development and Validation of a Brief Assessment of Recovery Capital (BARC-10) for Alcohol and Drug Use Disorder.

Mean scores significantly increased from intake to latest assessment on all but one domain (social support) of the BARC-10.

BARC-10 Question	Intake	Latest Assessment
Substance Use Priorities *There are more important things to me in life than using substances.*	5.59	**5.70***
Accountability *I take full responsibility for my actions.*	5.52	**5.63***
Recovery Experience *I am making good progress on my recovery journey.*	5.08	**5.30***
Meaningful Activities *I regard my life as challenging and fulfilling without the need for using drugs or alcohol.*	4.89	**5.23***
Social Support *I get lots of support from friends.*	5.34	5.21
Global Psychological Health *In general, I am happy with my life.*	4.61	**5.00***
Housing Status *My living space has helped to drive my recovery journey.*	4.78	**4.94***
Recovery Support Engagement *I am happy dealing with a range of professional people.*	4.52	**4.73***
Global Physical Health *I have enough energy to complete the tasks I set for myself*	4.37	**4.66***
Civic and Community Engagement *I am proud of the community I live in and feel a part of it.*	4.29	**4.50***

**Significant increase from intake to latest assessment, $p < .05$.*

Largest Increases

Domains with the largest increase in mean scores from intake to latest assessment:

- Global psychological health including happiness with life
- Fulfillment with meaningful activities over substance use

Highest Scores

Domains with the highest mean scores on the latest assessment:

- Substance use priorities
- Accountability for actions

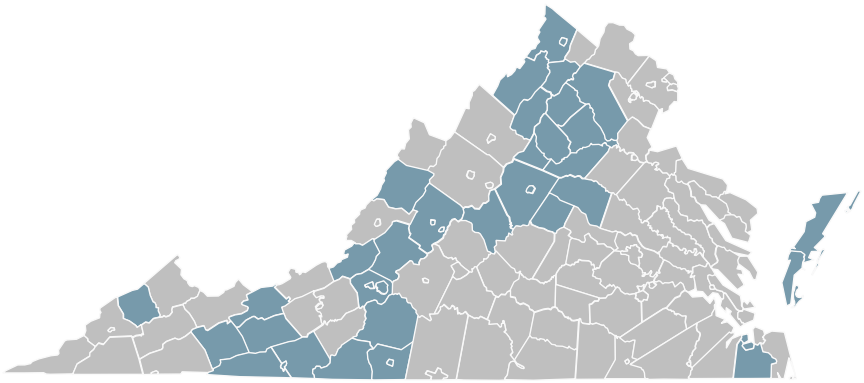
Hospitals and Emergency Department Peer Support

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.

SOR funding allows CSBs to partner with hospitals in their catchment area to provide peer support in emergency departments across Virginia.

The map below highlights counties in Virginia with at least one active ED-based peer support program at some point during SOR year 3, as reported in the Recovery Quarterly Reporting Survey.

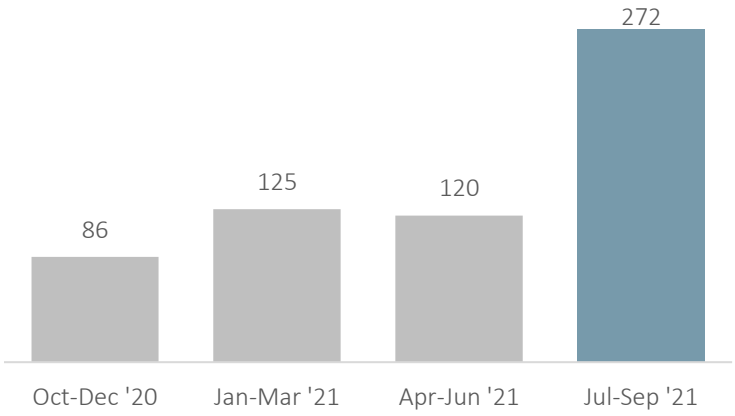
As the number of partnerships and peer supporters in the ED setting grows, so does the opportunity to reach individuals who would benefit from these services.



"The entire peer support staff worked with the on-call crisis intervention team in helping the CSB's pre-screeners when potential clients are in need of emergency services. Some individuals were referred to inpatient treatment while others left the emergency department with a safety plan which the peer staff would follow up on the next working day in order to [facilitate] a fluid transition into receiving services through the utilization of Same Day Access."

- CSB Staff

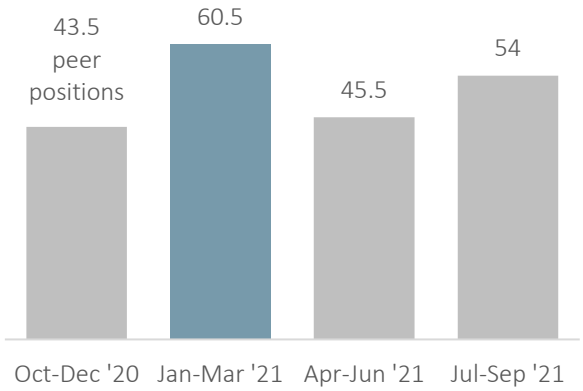
Eleven CSBs provided SOR-funded peer services to individuals in emergency departments during year 3, with the greatest number of individuals served in the fourth quarter, July through September.



Justice Setting Peer Support

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, CSBs have developed services for Department of Corrections (DOC) facilities. Per the Recovery Quarterly Reporting Survey, SOR-funded peers from 26 CSBs provided recovery services to individuals in these settings at some point during SOR year 3.

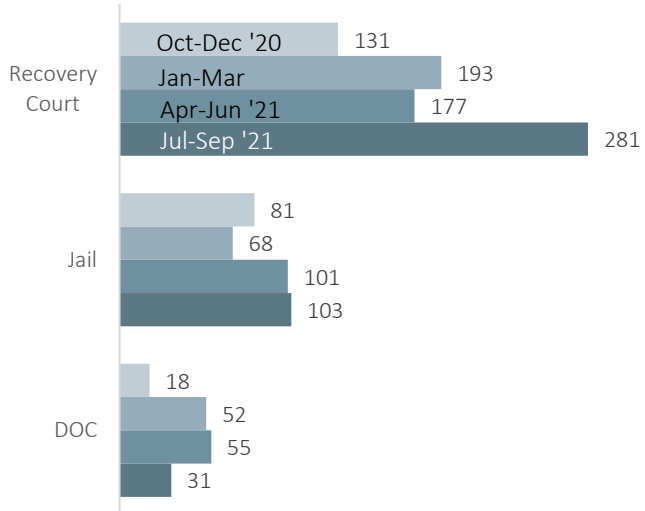
At the end of SOR year 3, there were a total of 54 peer support positions in justice system settings, which was a small decrease from the peak of 60.5 peer positions in January to March 2021.



Note: Part-time peer positions are included as ".5" on the graph above.

A Peer Recovery Specialist leads a group in the Striving to Achieve Recovery (STAR) program in Fairfax County Jail.

Among the justice settings, recovery courts had the most individuals served by peer supporters. The greatest number of individuals received peer services in recovery courts and jails during the fourth quarter of funding.



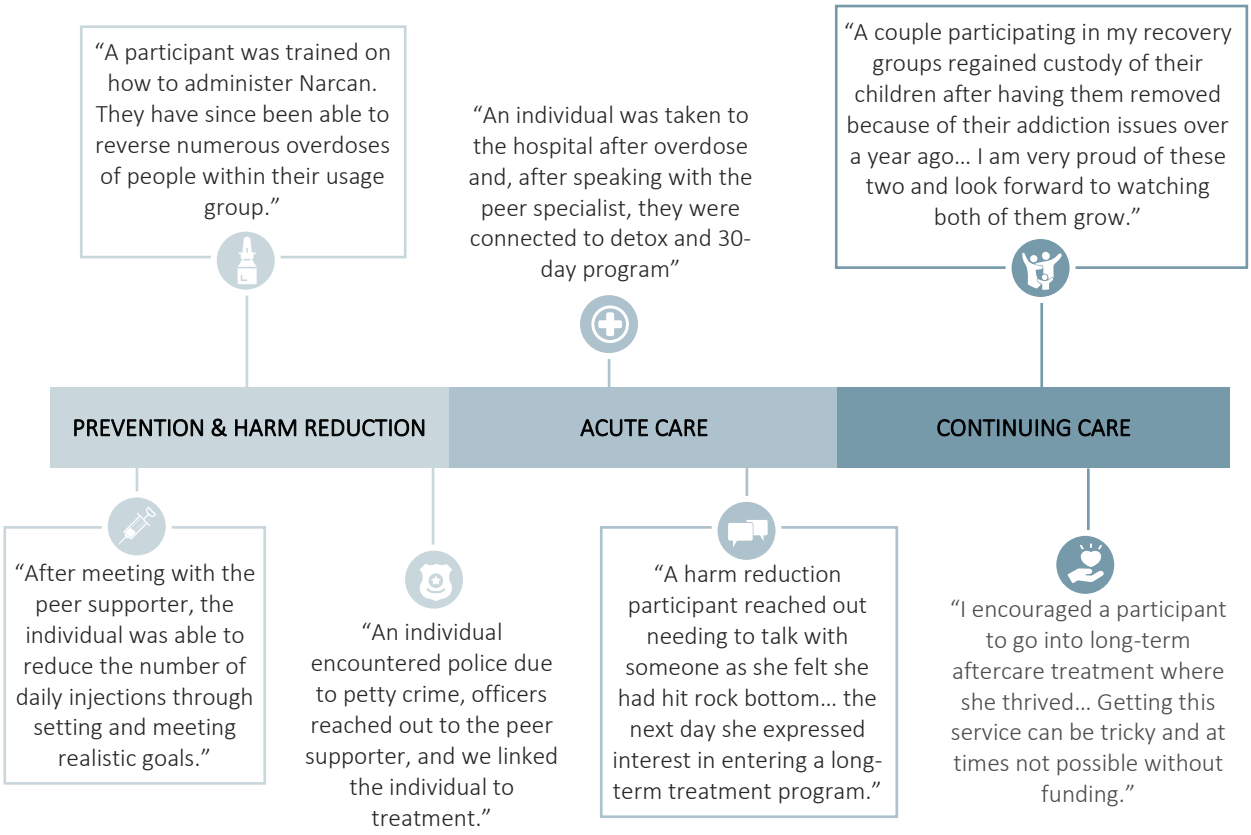
Peer supporters can have a significant impact in justice settings; however, individuals in these systems frequently experience barriers to accessing support.

For additional context about peer support in justice settings and recommendations on program implementation, please see the *Peer Support Implementation Guide for Justice Settings*, created with SOR support.

Virginia Department of Health Peer Supporters

Seven local health districts (see Appendix A for list of sites) continued to receive SOR funding through the Virginia Department of Health (VDH) for peer support positions, often piloting new and creative programs that fully exemplify the range of the peer role. Services offered through these roles cross critical intersection points, including harm reduction centers, emergency departments, and court systems. Data for this section was collected from the VDH Peer Quarterly Reporting Survey.

VDH peers provide support and have successes with clients that span the continuum of care, as exemplified by these VDH peer interactions.



12 VDH peers (up from 9 in year 2) provided peer support services to 3,557 unique individuals during SOR year 3.

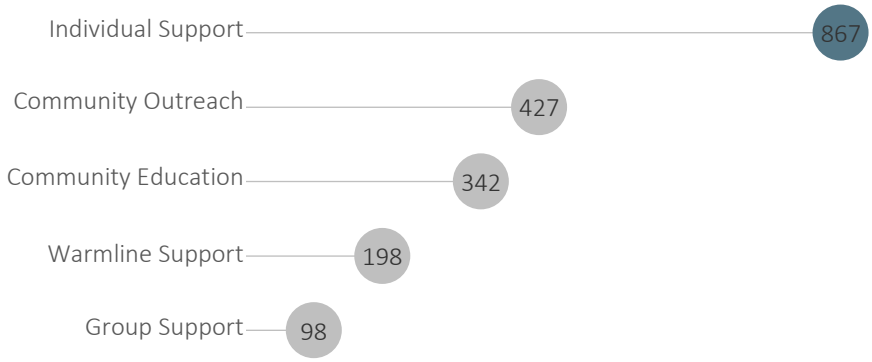
The number of individuals receiving services increased from 835 to more than 1,000 unique individuals during the second quarter of the grant and remained steady through the year.

Vital Connection to Services

VDH peer supporters provide vital connections to programs in their community, such as recovery and governmental housing, physical and mental health services, and employment assistance. At each turn, they use their own experience to help individuals navigate systems that may discriminate against them because of their history.

Individual support was the most common service provided by VDH peer supporters each quarter for year 3.

Number of individuals served across VDH sites from July – September of 2021:



Individual support includes individual meetings, support during or after an intake, outreach following an overdose, referrals and accompaniment or transportation to meetings or other services. Community outreach includes events and meetings open to the public, while education is often provided through talks and trainings. Peer supporters provide warmline support to individuals who call in seeking support.

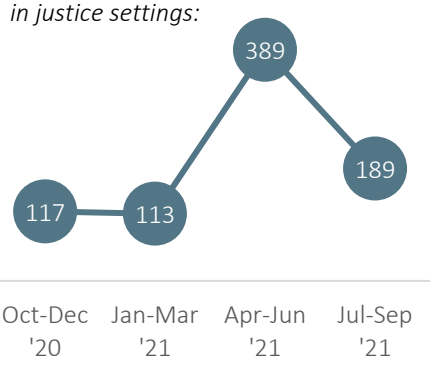
VDH peer supporters also work with individuals in justice and emergency department settings.

In justice settings, peer supporters provide recovery coaching to individuals in jails and connect them to Recovery courts. Over the past year, services provided in the justice setting peaked in April - June 2021.

"I began coaching a young lady in jail – speaking with her daily and providing readings to get her through the day. I encouraged her to join the Recovery Court program. She is now over a month into Recovery Court. She already has a job, and we are trying to find her a place to rent."

– VDH Peer Supporter

Number of people served by quarter in justice settings:

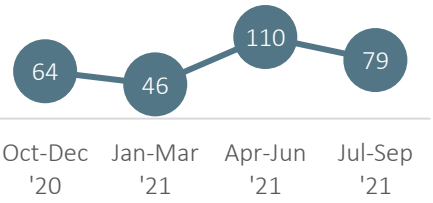


In Emergency Departments (EDs), peer supporters connect with individuals in substance use crisis. They provide person-centered care and administer warm handoffs to needed services. Similar to justice services, services provided in EDs peaked in April - June 2021.

"We connected with an individual through a referral from local EMS after a substance related incident. We reached out and were able to facilitate his admission into detox the same day and arrange transfer to a long-term inpatient program."

– VDH Peer Supporter

Number of people served by quarter in EDs:



VDH Peer Supporter Capacity

All seven VDH peer sites noted the increased capacity the SOR funding has granted their agency.

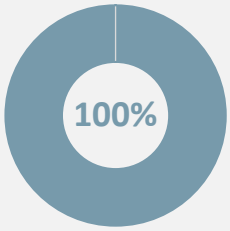
Many noted that without this funding they would not have peer support at their site. Others state the funding has dramatically increased the breadth of people they reach and the depth of the connection created.

"SOR funding allows for us to provide clinical services in conjunction with PRS services. We have seen how the support of someone with lived experience cultivates a different relationship that is therapeutic in a unique way. We are able to get out in the community and work with community partners to link people to services they might not have considered without a peer supporter."

– The Up Center

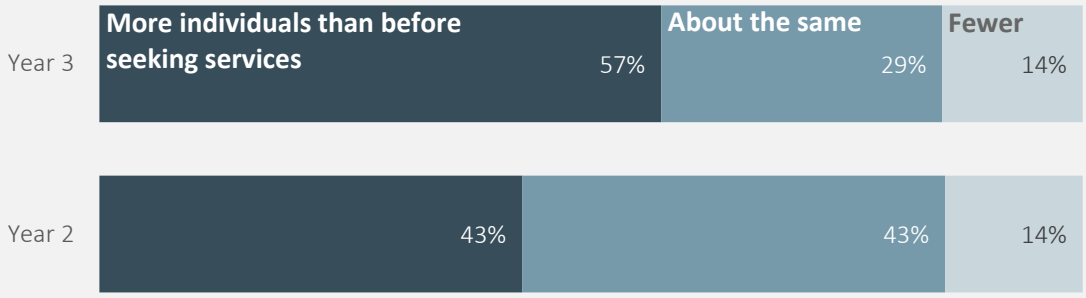
COVID-19 Impact: Greater demand for recovery services

COVID-19's lasting impacts have led to increased community need both in number of individuals and the level of care required.



In April 2021, all VDH sites stated that individuals seeking services required a higher level of care in the past 6 months. In year 2, only 57% agreed with this statement.

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



However, sites continue to show resilience in the face of the pandemic. All transitioned at least some of their care virtually to continue to meet client needs.

"COVID-19 has been the primary focus of our agency for the last almost two years. We have been able to keep our comprehensive harm reduction and peer services going without interruption throughout COVID-19, which we are very proud of, and glad to have been able to continue to serve our community."

– Mount Rogers Health District

The BARC-10 Peer Pilot

In addition to using the BARC-10 as a data collection tool with the GPRA, we wanted to explore the feasibility of using it as a mechanism to guide PRS interactions, and to pilot the use of it as a standalone data collection tool. The resulting BARC-10 Peer Pilot Evaluation supports two SOR grant goals: 1) expanding and enhancing recovery services delivered by substance use and mental health peer supporters, and 2) developing and using a consistent measurement tool for individuals receiving services from peer supporters.

The Brief Assessment of Recovery Capital (BARC-10) is the tool used in this pilot program at VDH sites to collect data to better understand the impact of peer support services and is the same tool that is used with the GPRA to collect data from individuals receiving SOR treatment and recovery services more generally. (For more information on recovery capital and the Brief Assessment of Recovery Capital measure, please see page 51.) This pilot was initiated to explore how the use of the BARC-10 survey can be helpful for peer supporters in guiding discussion and expanding support services. There are three overarching goals for the BARC-10 Peer Pilot:

1. Inform Peer Service Delivery: Provide real-time feedback for peer supporters to use to support individual and caseload-wide work.
2. Build a Peer Service Dataset: Generate a pool of BARC-10 data from individuals receiving peer support to develop a dataset that can be used to track different areas of effectiveness for peer support services.
3. Assess Feasibility of Future BARC-10 Administration Expansion: Test the best way to administer the BARC-10 as a part of peer support services.

To date, OMNI has onboarded and trained five VDH sites to start this work. Currently OMNI is supporting two of those sites, the Bradley Free Clinic and Wise County Health Department, in implementation of this survey. Initial implementation at these sites has been successful, with peer supporters describing using the BARC-10 to initiate conversation with individuals, inform treatment planning, and track progress. OMNI plans to support BARC-10 pilot data collection throughout SOR year 4, summarizing results as well as interviewing sites to evaluate the impacts of the BARC-10 on peers in various settings.

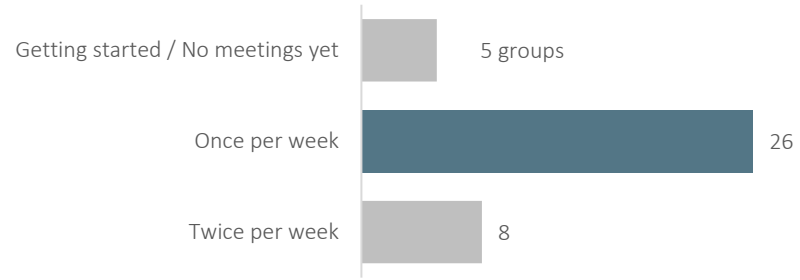
Department of Corrections PRS Initiative

The Virginia Department of Corrections (DOC) received SOR funds to implement the Peer Recovery Specialist (PRS) Initiative across the state for individuals on probation. The initiative contracts with PRS to facilitate groups in DOC-affiliated settings. During SOR year 2, a DOC data collection team was formed to consider the intended outcomes of the program and determine how to measure them. In year 3, two surveys were implemented: 1) group participant outcomes, including recovery capital as measured by the BARC-10 tool (see page 51 for details), were assessed through the PRS Participant Impact Survey, and 2) PRS group facilitators completed the PRS Facilitator Reporting Survey to document the reach of the support provided by the initiative. For more information on these surveys, see Appendix C.

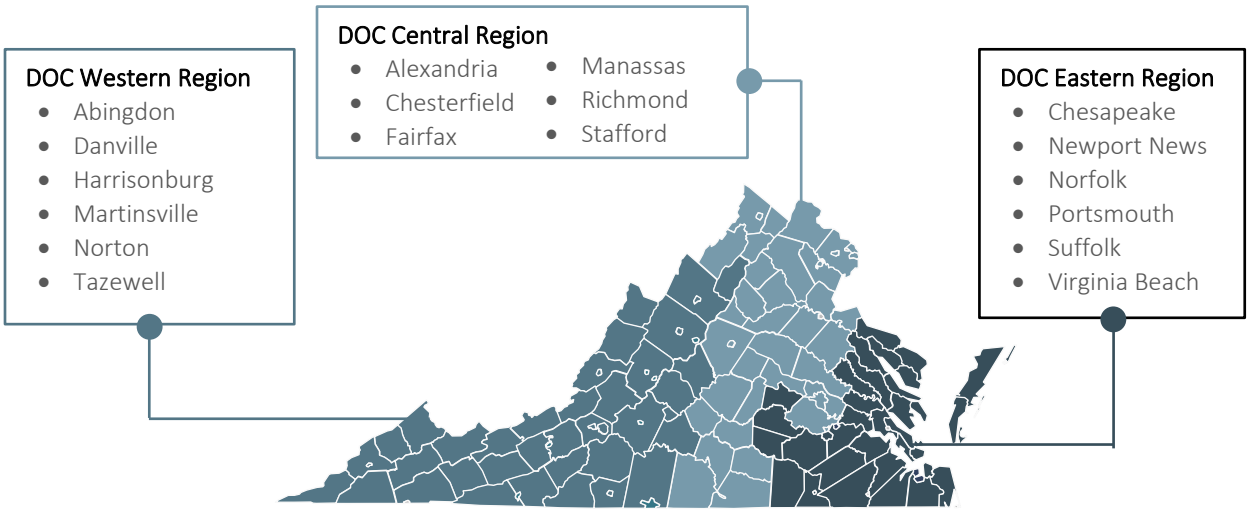
The DOC PRS Initiative supported 18 Peer Recovery Specialists who facilitated 39 ongoing groups serving 136 participants across Virginia during SOR year 3.

By the end of year 3, most groups met once per week. Some met twice per week, and others were still getting started or had yet to begin meeting.

Number of groups with each meeting frequency:



The DOC PRS Initiative leadership team worked to expand the program's reach across the state, resulting in PRS-led groups in each of the three DOC regions.



In September 2021, DOC released a video highlighting the PRS Initiative and the recovery support it provides to individuals. Watch the video to learn more about the program and the Peer Recovery Specialists who share their lived experience to help others who are under supervision with DOC. The program grew throughout 2021 and continues to expand to new locations across the state.

Si'Andra Lewis, a Registered/Certified Peer Recovery Specialist, and the DOC Statewide PRS Coordinator, speaks about her experiences in the DOC video.

Group Participant Impacts

The data in this section were provided by the 57 group participants who completed the PRS Participant Impact Survey.

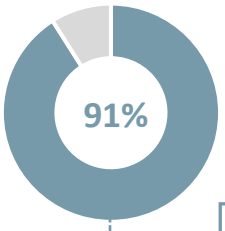
5.6 meetings

is the average number of meetings group participants reported **attending each quarter**. This suggests that most clients remain active in their participation over time.

59%

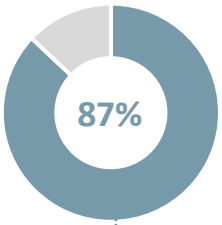
of group participants report **working with a PRS voluntarily**. The rest report that their involvement is mandated as part of their probation.

The majority of PRS group participants found that working with a peer supporter was helpful in their recovery and maintaining sobriety.



reported that working with a peer supporter was helpful with recovery.

Moderately: 13%
Considerably: 40%
Extremely: 38%

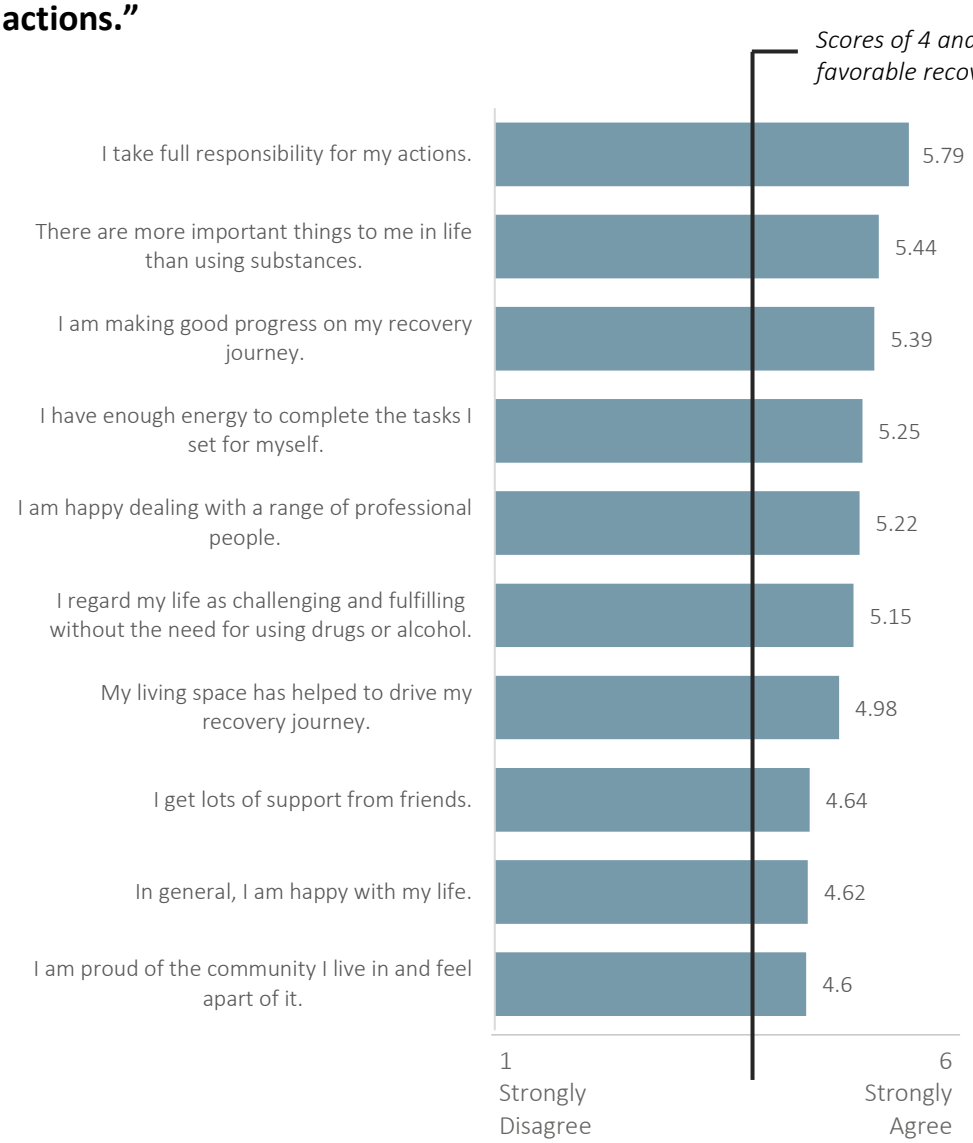


reported that working with a peer supporter was helpful in maintaining sobriety.

Moderately: 20%
Considerably: 36%
Extremely: 31%

PRS group participants reported high levels of recovery capital, with an average BARC-10 score of 48.44 (out of 60 possible points).[14]

Mean scores on individual items were also generally indicative of high levels of recovery capital. The highest rated item was "I take full responsibility for my actions."



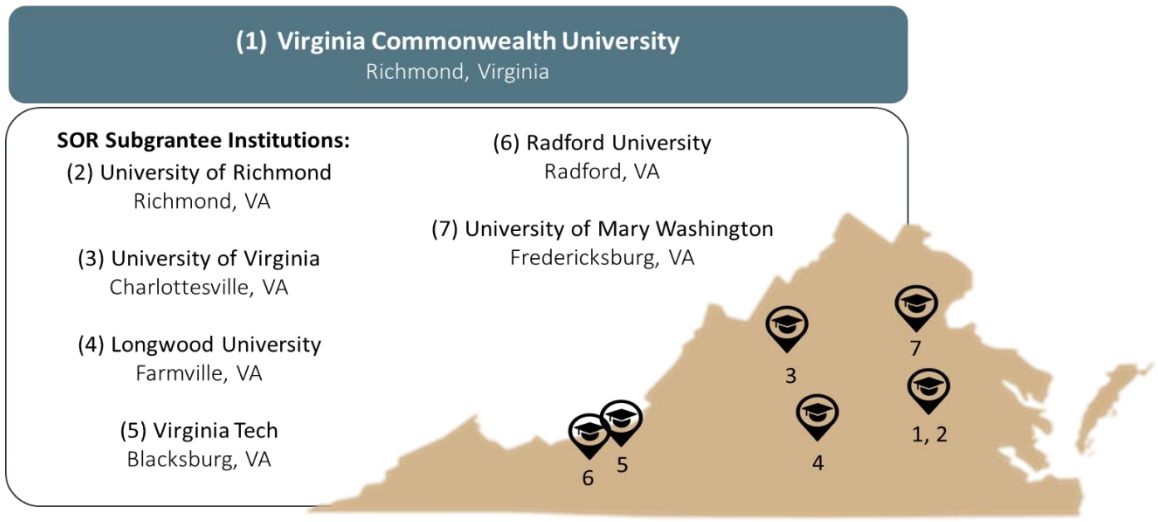
Participants who view their peer supporter as helpful in recovery and maintaining sobriety also tend to have higher BARC-10 scores.
This suggests that when participants develop a helpful relationship with a peer supporter it empowers their recovery journey.

[14] For more information on recovery capital and the BARC-10 measure, please see page 51.

Collegiate Recovery Programs

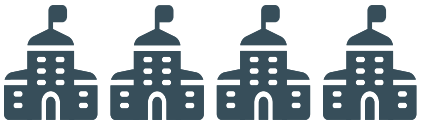
Led by Virginia Commonwealth University (VCU), Collegiate Recovery Programs (CRPs) across Virginia received SOR support to increase membership, provide direct services to students, and connect and engage students through campus-wide outreach. CRPs provided data in this section via quarterly surveys. For more information on these surveys, see Appendix C.

The SOR grant supported seven Collegiate Recovery Programs in year 3.



Four out of the seven schools are consistently implementing their programs.

Consistent implementation includes holding consistent meetings and events and working to engage more students over time.



The other three schools are in the early implementation phase.

Early implementation includes occasional engagement with students and 1-2 events per semester.

Reaching Community Colleges

In addition to working with their own campus community, leaders at Virginia Tech saw an opportunity to increase access to recovery support and resources in the rural Southwestern Virginia area. The Recovery Organization for Community College Students (ROCCS) partners with community colleges to provide convenient support to students who may not have time or resources to access it elsewhere. So far, ROCCS has hosted Recovery Ally and *REVIVE!* Trainings and started a weekly online meeting.

Direct Care and Engagement

Collegiate Recovery programs offer a wide variety of supports including direct services that engage different populations in recovery efforts. In the sections that follow, engaged students refers to any student who participated in CRP activities, while student members meet school-specific CRP membership requirements, such as commitment to sobriety and event or meeting attendance.

Throughout year 3, CRPs have consistently provided direct care and engaged hundreds of student members.

Engaged Students

800

Student Members

584

Recovery-Focused 1:1s

1,053

COVID-19 Impact

"Engagement of students throughout COVID was the most challenging issue for our CRP. Students no longer wanted to attend anything that was virtual and yet, when we could meet in-person, there was a fear of getting COVID."

- CRP Lead

Collegiate Recovery Outcome Study

In addition to supporting Virginia CRPs, the SOR grant funded a study of national CRPs examining their impact on the students these programs support. The data below come from this national study, which includes 32 universities located in 12 states and Canada.[15] As this study extends beyond the Virginia CRPs funded through this grant, the below characteristics may not align exactly with the makeup of the SOR-funded programs. However, they provide general context about individuals in collegiate settings who engage in CRPs.

Of the participants involved in this study: 83% identified as White, 49% identified as cisgender female, 61% identified as heterosexual/straight, and the average age was 30.

- **65%** had experienced an **academic disruption** because of substance use or mental health.
- **52%** have had **past involvement with the criminal justice system.**
- At the time in their life when participants were using the most,
  - **83%** met criteria for a **severe alcohol use disorder.**
  - **88%** met criteria for a **severe substance use disorder.**
- Most participants had a history of comorbidity of substance use and mental health challenges.
- Across the board, participants recorded a **high level of recovery capital**, **53.2 out of 60**.

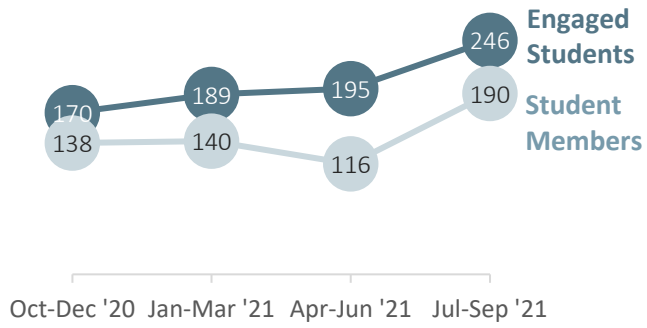
[15] Dick, D., Bannard, T., & Smith, R. (2021). *The Impact of Collegiate Recovery Programs on Participating Students "National CRP Study" Fall 2020 – Spring 2021 Data Report* (pp. 1–46) [Review of *The Impact of Collegiate Recovery Programs on Participating Students "National CRP Study" Fall 2020 – Spring 2021 Data Report*]. Virginia Commonwealth University.

Collegiate Recovery Outcome Study

Data from the national CRP study show students find CRPs to be an invaluable resource in their success and wellbeing. Most (93%) reported **CRP staff provide a safe and welcoming environment**. Additionally, they agreed CRPs helped them:

- **Grow personally** (76%)
- **Maintain recovery** (74%)
- **Achieve academically** (66%)
- **Improve their social lives** (60%)

Student engagement increased 45% and student membership grew 38% from the first quarter of the year (Oct-Dec 2020) to the last (Jul-Sep 2021).

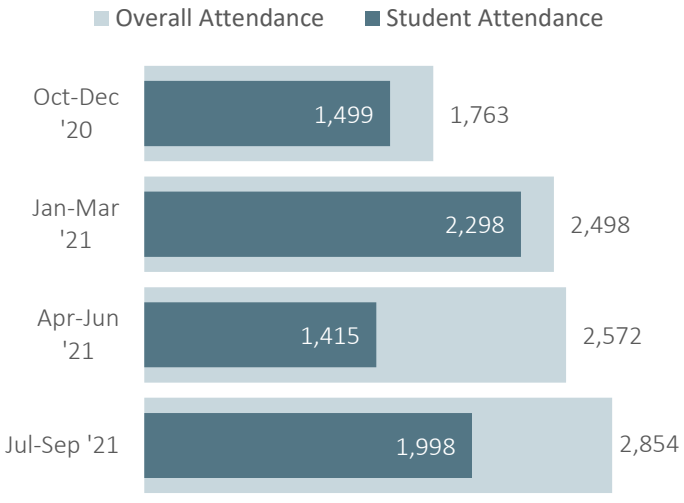


"I love this place. It's amazing to think about where I was when I came in three years ago. I feel ownership of this place. It's mine and I feel a responsibility towards it. I make sure it is a safe supportive place."

– CRP Student

CRPs held 859 recovery meetings over the course of the year and averaged 2,422 attendees each quarter.

For most CRPs, recovery meetings are held on campus, but they are open to the community at large. The graph below shows the proportion of individuals who attend recovery meetings that are students.



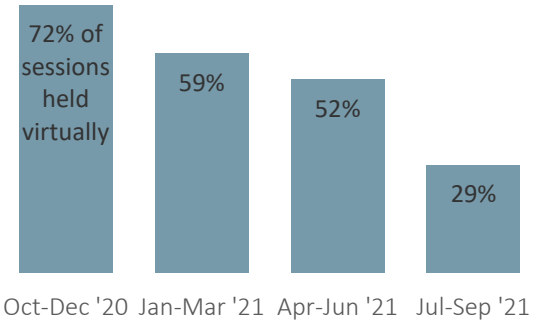
Community Engagement

"This summer we partnered with a local recovery community organization, Substance Abuse & Addiction Recovery Alliance of Virginia, as they launched their local Young People in Recovery Chapter. We provided outdoor activities with students and community members together. The activities included hiking, Yoga, a ropes course, and tubing."

– CRP Lead

Over the course of the year, the percentage of sessions held virtually gradually decreased.

This is likely due to changes in COVID-related protocols on campus and increases in in-person activities.



COVID-19 Impact: Virtual engagement of students

"As the campus closed down our meetings moved online and initially that led to an absolute decline in numbers. Through social media advertising we were able to highlight our community and bring people back to virtual meetings. [Later], having space led more students to come."

– CRP Lead

Outreach and Events

A critical method CRPs use to recruit and engage individuals is through outreach. Events include recovery events (focused on CRP-involved students), campus outreach events for which the primary audience was the campus, community outreach events (focused on engaging with the community), and Recovery Ally Trainings (training sessions where individuals learn how to be a better ally to those in recovery).

Reaching Underserved Communities

In the past year, CRPs have tried to reach out to underserved communities. Many have had success in creating women/non-binary and LBGTQ+ recovery groups as well as creating partnerships with local black churches, LBGTQ+ groups, and first-generation centers on their campuses. **This work is aimed at making individuals from all backgrounds feel comfortable engaging in recovery services.**

Recovery Events

1,461

individuals participated in

147

Recovery events

Campus Events

3,236

individuals participated in

103

Campus events

Community Events

2,913

individuals participated in

161

Community events

Ally Trainings

1,438

individuals participated in

62

Ally Trainings

Technical Assistance and Consultation Provided

Under the leadership of VCU, participating CRPs worked collaboratively to build their programs by sharing insights, problem-solving common challenges, and providing education through training, guest speakers, and discussions. VCU's CRP Program Coordinator provides technical assistance (TA) and consultation on a wide range of CRP topics to subgrantee schools.

VCU's Program Coordinator provided almost 500 hours of TA to the other 6 participating schools in year 3.

68% of those hours were spent on individual calls with CRPs and ad-hoc TA support.

Recovery Ally Trainings, individual calls, drive-in meetings, site visits, and grant expansion calls accounted for the other 32%.

Program Growth

Many CRPs have seen staff growth in the past year:

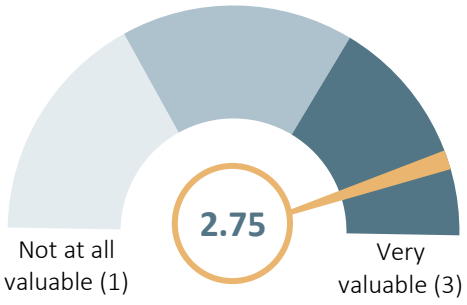
"We have been able to hire two part-time student workers who have been very beneficial in the growth of our program."

"We were able to hire individuals to help take our CRP to the next level with documents like intake forms, Excel spreadsheets for documentation, and more!"

– CRP Leads

All CRPs note the immense impact the TA has provided to their programs and on average they find the TA to be very valuable.

On a scale of 1 to 3 ("not at all valuable" to "very valuable"), CRPs rated the TA support as 2.75.



TA Impact on CRP Success

"The support and consultation have been extremely impactful in our efforts to develop and implement a CRP at our university. Without their support I don't think it is something we would have on our campus at all."

"I think we would have been very lost without the TA/consultation as a resource. It has offered us significant ideas on how to improve outreach."

"[We were] late to the game in the process of CRP development… if there had not been a grant and TA/consultation from the team, I am uncertain that any programming would have been allowed or initiated."

– CRP Leads

Capacity and Funding Impacts

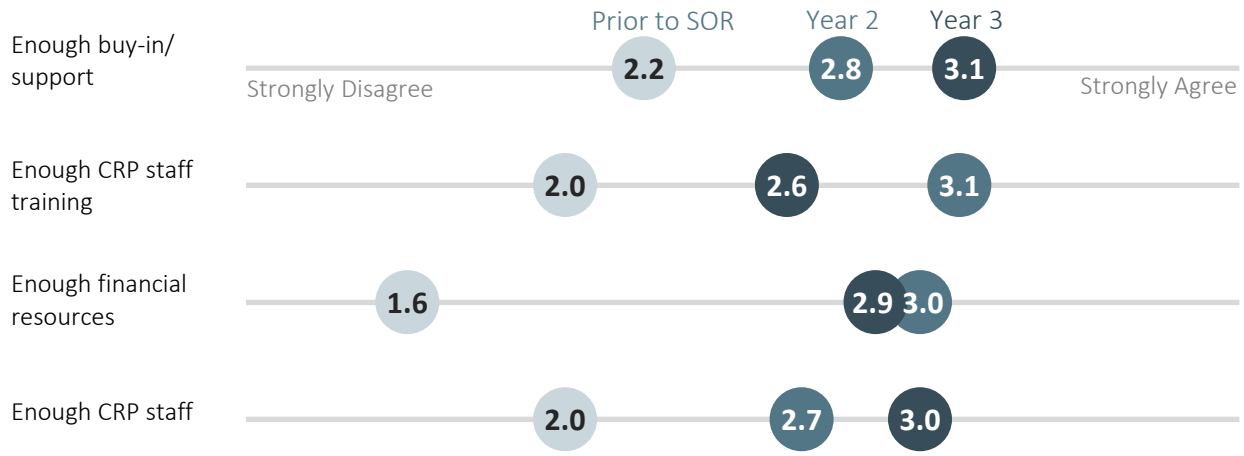
CRPs noted increases in all metrics of program capacity compared to before SOR funding, but COVID-19 negatively affected some areas of capacity this year.

On average, CRP buy-in from university administration and staff's ability to meet students' needs are up from year 2 of the SOR grant. However, for year 3, CRPs reported a lower capacity score for staff training and financial resources. COVID-19 continued to impact CRPs' ability to operate as normal as well as increased students' stress. In combination this may explain the drop in perceived capacity in staff training and financial resources.

COVID-19 Impact: Student relationships

"We have had students struggle with relapse and recovery. Part is due to the isolation COVID has imposed on these students. But the students have been supportive of each other for the most part and it is neat to see those relationships develop over the last quarter."

– CRP Lead



"**Our program would be in a very different place if not for SOR funding.** We would not be able to serve non-VCU students, we would not have sufficient staffing to support our students, and we would be able to be open far fewer hours and provide far fewer services. We would not be able to provide outreach to either other collegiate recovery programs or our community. I also doubt we would have the university support that we do without the SOR grant."

– CRP Lead

SOR and other donors make the implementation and sustainability of these programs possible.

122 individual donors or groups have contributed to CRPs.

$730,500 in total grant funding received during the past year, including SOR funding.

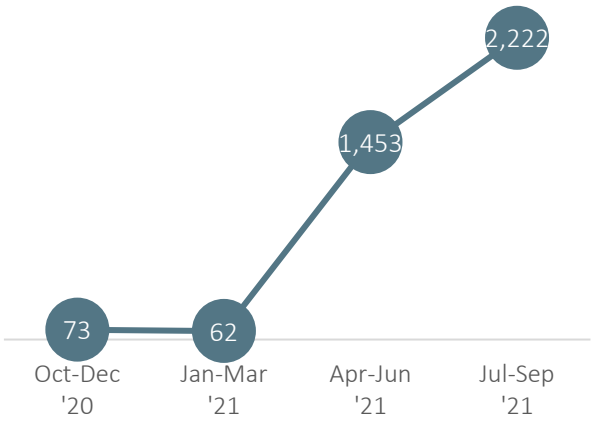
Recovery Housing

Recovery Housing Services Provided by CSBs

CSBs provided housing services directly through temporary recovery housing programs as well as connecting individuals to housing services at other organizations.

Peer supporters at 18 CSBs provided housing support.

Peer supporters engaged with clients around housing needs, including referrals to rapid re-housing, transitional housing, and recovery housing programs, and provided support in programs specifically for individuals dealing with housing insecurity, such as shelters.



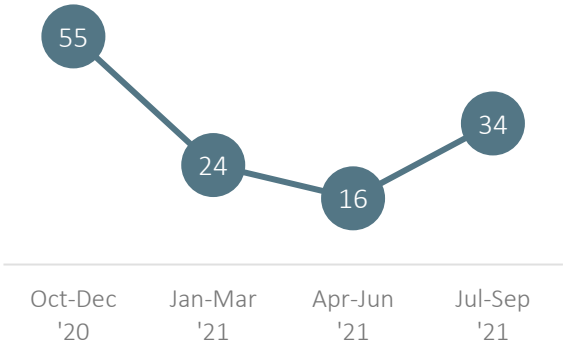
Peers Support Shelter Residents

The substantial increase in housing support was spurred almost solely by Norfolk CSB. Last year, the city converted an old bus station to a shelter for people experiencing housing instability called "The Center." The shelter has since moved to a hotel purchased by the city. Through The Center and another shelter, the Safety Hotel, Norfolk CSB has been able to provide housing to many more individuals.

16 CSBs provided temporary recovery housing.

CSBs utilized SOR funding to provide temporary recovery housing directly through the CSB or by partnering with other recovery housing organizations. This may include housing for individuals re-entering society after incarceration.

Over the course of year 3, individuals receiving recovery housing each quarter dipped but regained an upward trend from July-September 2021.



Virginia Association of Recovery Residences Housing Outcomes

The Virginia Association of Recovery Residences (VARR) monitors, evaluates, and improves standards to build the highest level of quality for recovery residences. VARR has utilized SOR funding to partner with Recovery Outcomes Institute (ROI) and implement ROI's REC-CAP Assessment and Recovery Planning Tool. This tool measures recovery capital for individuals receiving VARR services and is administered on a regular basis to help them track recovery strengths, barriers, and unmet service needs. More information about the REC-CAP assessment can be found on ROI's website: http://www.recoveryoutcomes.com/.

The REC-CAP data in this section is provided by ROI for all individuals receiving services from VARR during year 3 of the SOR grant (October 2020 through September 2021). Services provided by VARR were not funded by SOR, rather the SOR funds supported this evaluation so that VARR is able to better assess the impact of the services that it provides.

Participant Demographics and Program Status

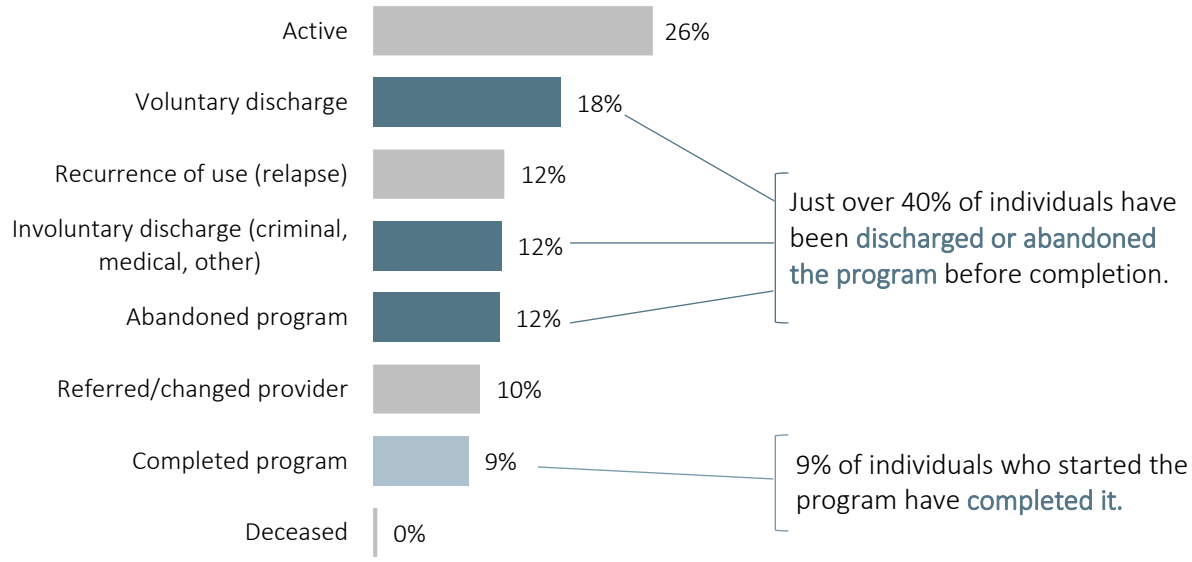
The demographic data below represent 2,079 individuals who were enrolled in VARR services and completed at least one REC-CAP assessment at some point during year 3 of the SOR grant.

Average age was **37 years** and ranged from 18-75 years

66% identified as **Caucasian,** 24% identified as Black or African American, 6% as Alaska Native. Less than 2% identified as Hispanic, less than 2% as another race or ethnicity, and less than 1% as Asian.

65% identified as **male,** 34% as female, and 1% as non-binary, agender, or other

Current status of individuals who started the program:

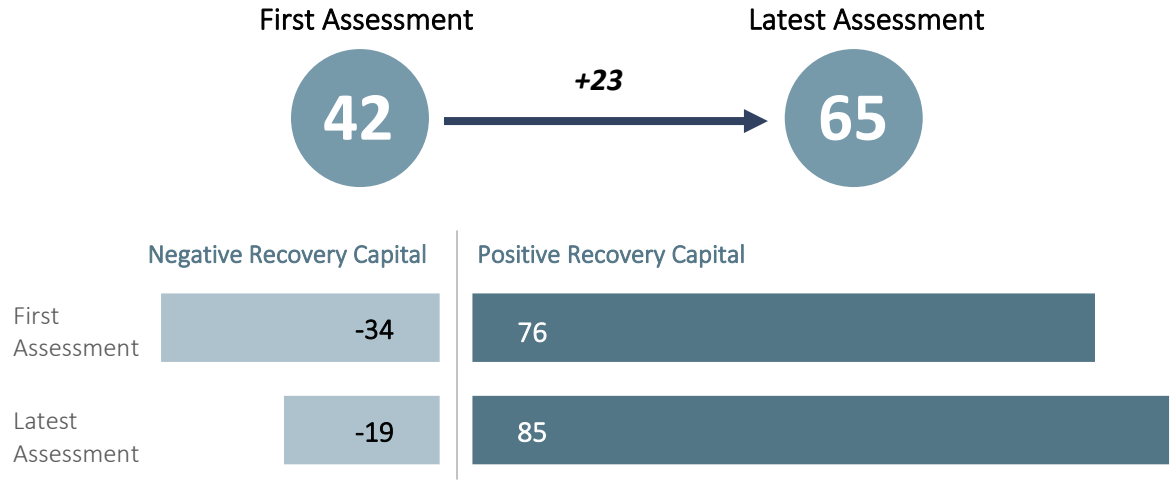


Participant Outcomes

There were 409 individuals who had at least two REC-CAP assessments completed during year 3 of the SOR grant with at least 90 days between the assessments. Data for these 409 individuals are included in this section. For any individual with more than two completed assessments, the first and last assessment completed during year 3 are included in analysis.

Recovery Capital Index (RCI) scores significantly increased from first to latest assessment during year 3 of the grant.

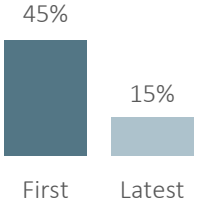
Higher RCI scores indicate greater recovery capital. They are made up of the sum of an individual's positive capital (recovery strengths) and negative capital (recovery barriers and unmet service needs). Negative recovery capital decreased, and positive recovery capital increased significantly from first to latest assessment during year 3 of the grant.



There were significant increases over time in the percentage of individuals who reported on the REC-CAP that they were involved in the following activities:

- Full- or part-time **employment** (increased from 32% to 66% of individuals)
- **Sport and leisure** activities (53% to 66%)
- **Volunteering** or performing service for recovery meetings/group (12% to 27%)
- **Education**, training, or efforts to improve themselves (5% to 7%)

There were no changes from first to latest assessment in housing insecurity, criminal justice involvement (recent offense, probation, or parole status), or injection drug use in the past 90 days.



Substance use decreased significantly from first to latest assessment.

This included a decrease in the percentage of people who reported using any substances in the past 90 days from **45% to 15%** and a decrease in the average number of days substances were used in the past 90 days from **17 days to 6 days**.

Supporting the Peer Recovery Field

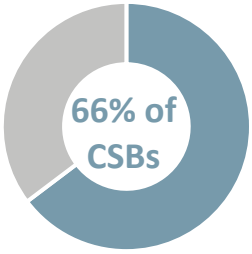
Peer support is a growing field associated with numerous positive outcomes for individuals both receiving and providing support. Supporting the careers and professional development of peer supporters is a fundamental goal of the SOR grant. In response to the increasing visibility of and engagement with peer support, the SOR grant administration team has prioritized several areas of work that contribute to the growth of the field as a whole. During the first two years of the SOR grant, this resulted in multiple research-based resources that provide applicable information to propel the field of peer support forward. The following initiatives were completed in the third year of the grant to support growth of the field across Virginia and other states.

Read more about the research and reports that the Virginia SOR grant has supported to help grow and standardize the peer recovery field here: virginiasorsupport.org/peers.

Examining Challenges with Hiring in the Recovery Field

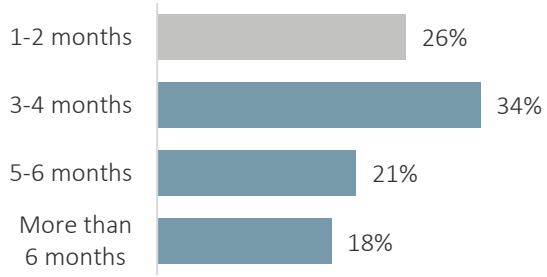
As the peer recovery field continues to grow, the need for qualified individuals to fill recovery positions is also increasing. This has introduced a challenge for organizations who recognize the value of peer services and want to offer them to individuals in their community but face difficulties hiring and retaining individuals in these roles. In April 2021, the 38 CSBs who receive SOR recovery funding completed a survey about recovery hiring to inform the needs and challenges in this aspect of the field. The key findings from this survey are highlighted below and the full report is available at https://www.virginiasorsupport.org/reports.

25 out of 38 CSBs (66%) reported they currently have at least one open recovery position.



Most CSBs report that it takes three or more months to fill an open recovery position.

Percentage of CSBs who selected each length of time:

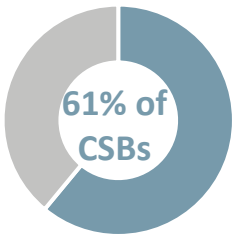


"We have found that it is often best to advertise the positions as part-time and bring staff on in a part-time manner as many of these individuals have not had a history of stable employment and the transition from being unemployed directly to full-time employment can be difficult."

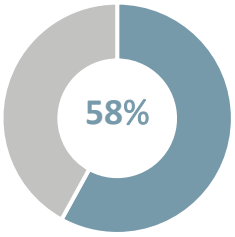
- CSB Staff

Top three challenges identified by CSBs in trying to fill recovery positions:

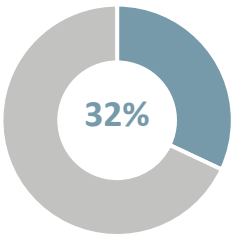
Barrier crimes



Availability of quality candidates



Salary limits



Other challenges in the hiring processes were grant funded/term-limited nature of the positions, benefits packages, job locations, and staff burnout resulting in frequent openings.

"Workforce development in Southwest Virginia is a struggle in general. The inability to bill while someone is in the process of getting their hours to become certified and **the low reimbursement rate for the service creates limits with salaries that also impact hiring**."

- CSB Staff

Recovery Roundtables

In September 2020, OMNI and DBHDS hosted the first recovery roundtable discussion for SOR grant administrators across the United States. Attendees from multiple states and Washington, DC 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. The success of the first roundtable led to two additional sessions during this grant year:

March 2021 session focused on recovery housing with state spotlights on recovery housing initiatives in Kentucky and Virginia.

June 2021 session focused on recovery in the justice setting with a state spotlight on peer programs in the Louisiana Department of Corrections.

Recovery Roundtable Participants from 2020-2021:

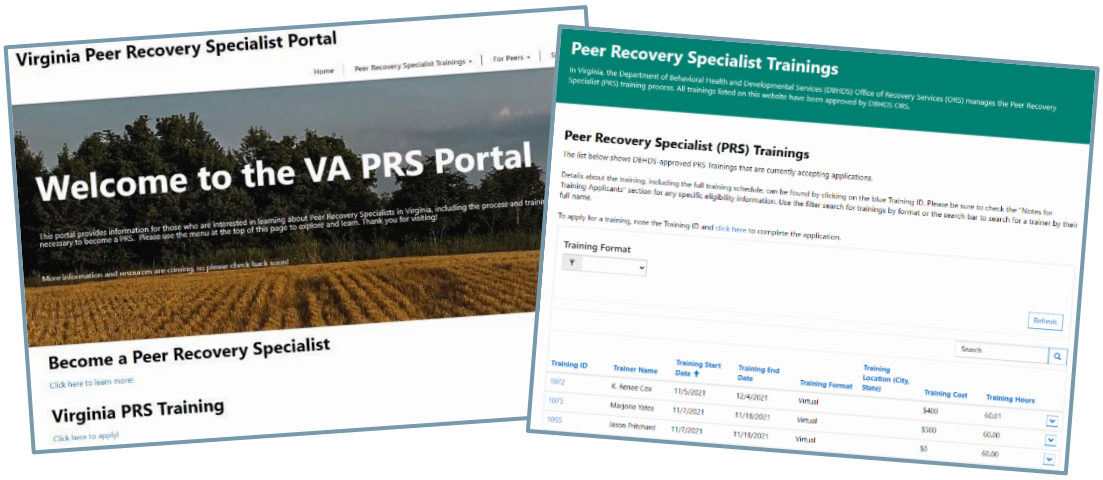
- Georgia
- Kentucky
- Louisiana
- Maryland
- North Carolina
- Virginia
- Washington, DC
- Wisconsin
- West Virginia

Peer Recovery Specialist Training Management

With funding from the SOR grant, the DBHDS Office of Recovery Services (ORS) collaborated with OMNI to establish the Virginia Peer Recovery Specialist Portal. ORS serves as a liaison between Virginia's behavioral health recovery community and DBHDS. They also oversee PRS training across the state,

including management of the training curriculum, oversight of trainers, and provision of train-the-trainer sessions.

The Virginia Peer Recovery Specialist Portal (www.vaprs.org) was launched in September 2021 to synthesize PRS training info and establish a centralized place to publicize PRS trainings, accept applicants to trainings, and manage information about current trainers and training graduates. As the recovery field grows and more individuals seek training to become PRSs in Virginia, ORS will be able to leverage this SOR-funded infrastructure and maintain its capabilities in supporting peers and training many more peers to support Virginians in need.



Images of the Virginia Peer Recovery Specialist Portal, which was launched in September 2021.

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 third year of the SOR grant (October 2020 – September 2021), but also includes data from the first two years of the SOR grant (October 2018 – September 2020) 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. These entities offer direct substance use disorder and opioid use disorder (OUD) programs and services to address prevention, harm reduction, treatment, and recovery in communities across the state. In addition to CSBs, several other Virginia state agencies and organizations are engaged as partners on the SOR grant, both in implementation and evaluation roles (see at right).

Agencies Who Have Received SOR Funding:

- All 40 Virginia Community Services Boards (see next page for details)
- Project ECHO (year 1 only)
- Refugee Prevention Programs (see page 76)
- The Healing Place – Caritas
- Virginia Commonwealth University's Virginia Higher Education Collaborative
- Virginia Department of Corrections
- Virginia Department of Health (see next page for details)
- Virginia Department of Social Services (year 1 only)
- Virginia Higher Education Opioid Consortium (years 1 and 2 only)

Virginia SOR initiatives align with the strategic goals of Virginia's Governor's Executive Leadership Team on Opioids and Addiction.[16] 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 ways that DBHDS and OMNI supported all funded agencies throughout the grant year, see Appendix B. For more information on the data sources used in this report, see Appendix C.

[16] Virginia Governor's Executive Leadership Team on Opioids and Addiction. Virginia Action Plan.

CSB Funding

In year 3 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	●	●	●

Virginia Department of Health Funding

The following seven sites receive SOR recovery funding through the Virginia Department of Health (VDH) to provide peer support services:

- Smyth County Health Department, Mount Rogers Health District
- Lynchburg Health Department
- The Up Center, Norfolk Health Department
- Richmond City Health Department
- Bradley Free Clinic, Central Shenandoah Health District
- Rockbridge Area Health Center, Central Health District
- Wise County Health Department, LENOWISCO Health District

Refugee Prevention Programs

The following sites received SOR prevention funding to provide refugee prevention programs during year 3:

- Commonwealth Catholic Charities – Richmond
- Commonwealth Catholic Charities – Roanoke
- Commonwealth Catholic Charities – Newport News
- Bhutanese Community of Greater Richmond
- Butterflies with Voices Incorporated
- CWS Refugee Resettlement Office, Harrisonburg
- ReEstablish Richmond
- African Community Network - Richmond
- Edu Futuro - Fairfax, VA

Appendix B: Grant Activities

Throughout the grant year, DBHDS and OMNI engaged in several activities to support subrecipients in implementing and evaluating SOR-funded strategies. These activities are summarized below and provide context for the ways in which subrecipients were supported and funded throughout the year.

Events & Trainings

- Coalition Sustainability Training
  Facilitated training for SOR prevention staff around coalition sustainability so they can work to sustain substance prevention coalitions in their communities.
- Contingency Management Training
  Held training focused on contingency management (CM) basics and tips on incorporating CM in SOR.
- GPRA Trainings
  Held two trainings around GPRA administration: a follow-up training focused on follow-up engagement and tracking; and a refresher training covering GPRA processes for SOR II.
- Behavioral Health Equity Summit
  Hosted the third annual Behavioral Health Equity Summit in May 2021, which included a presentation on developing trauma-informed health communications to engage communities of color. Previous recipients of the BHE mini-grants also shared their experiences and impact.
- SOR Recovery Roundtables
  Hosted two roundtables with SOR recovery leads from a variety of states to discuss recovery programs and share insights on SOR work.
- Department of Corrections GPRA Training
  Held a training around GPRA administration for Department of Corrections (DOC) staff providing MAT services.

Technical Assistance

- SOR Prevention Roadmaps
  Provided one-on-one TA support to each CSB to develop a logic model, measurement plan, and data entry plan (collectively called their "roadmap") for their SOR-funded prevention strategies.
- Community Forum on OTC Drug Misuse Prevention Strategies
  Facilitated a virtual community forum for SOR prevention staff to share ideas and successes for prevention strategies that address over-the-counter (OTC) medication misuse.
- Media Campaign Team Meetings & Survey
  Held advisory committee meetings to identify target audience for the wellness campaign and plan for campaign content development. Created and distributed a market research survey to better understand media consumption for the target audience.
- Community Forums
  Hosted two community forums for prevention staff (Evaluation Planning; Gaming and Gambling) and one for treatment staff (GPRA Follow-up Strategies).
- Targeted GPRA TA Outreach
  In addition to ongoing notices and tracking sheets, reached out to CSBs based on GPRA intake and follow-up rates to encourage GPRA completion. Revamped several TA materials and created a new best practices document to better support CSBs in tracking GPRAs.

Grant Management

- New Program Funding
  Funded three new treatment and recovery programs in Q2 and established contracts with six CSBs to implement the Adverse Childhood Experiences (ACEs) Project. In Q4 approved funding for a Family Support Partner pilot project, a project connecting peers and EMS, and a new treatment provider for Hopewell-Prince George Drug Court.
- Prevention Mini-Grants
  Awarded nine mini-grants to address prevention among refugee populations and 13 Behavioral Health Equity mini-grants for prevention activities.
- Prevention Funding to Support Refugee Populations
  Approved requests for additional funding to support working with refugee resettlement agencies, non-profits, and coalitions to provide prevention and wellness trainings and events to refugee populations in their communities.
- Site Visits & DBHDS TA
  Completed more than 35 site visits across the state and conducted virtual site visits. Toured CSB-run OBOTs as well as recovery housing and community organizations. Conducted extensive ongoing TA with partners and community stakeholders, including phone calls, emails, and in-person meetings.
- SOR Partner Feedback Survey
  Reached out to treatment and recovery partners and external stakeholders to receive feedback on grant management, including strengths and areas for improvement.
- VDH Peers Support
  Provided bi-monthly TA meetings for funding managers and peer supervisors and approved funding to expand VDH peers staffing in strategic areas.

Deliverables & Reports

- Emergency Department Peer Support Program Toolkit
  Published a toolkit on developing emergency department peer support programs based on experiences of Virginia-based programs.
- Peer Recovery Implementation Guides
  Published guides with recommendations to address common challenges of peer implementation in three settings: colleges, hospitals, and justice settings.
- CSB-Level GPRA Reports
  Generated reports for CSBs based on SOR I GPRA data and outcomes.
- BARC-10 Information Sheet
  Published an information sheet on the BARC-10 questionnaire, a measure of recovery capital, and developed a system for agencies to receive BARC-10 scores for clients completing the GPRA. Implemented BARC-10 recovery evaluation metrics in selected pilot sites through VDH.
- Recovery Hiring Report
  Published a report summarizing information on hiring recovery support positions from 38 CSBs.
- DOC Report
  Generated a report for DOC using Peer Recovery Specialist survey data from participants in the peer program.
- Recovery Initiatives Fact Sheet
  Published and distributed a new fact sheet outlining SOR-funded recovery initiatives.
- Quarterly Reports
  Published quarterly surveys summarizing SOR-funded activities and individuals served during each quarter of the grant year: Quarter 1, Quarter 2, Quarter 3, Quarter 4.

Appendix C. Data Sources

Buprenorphine Provider Data

The Substance Abuse and Mental Health Services Administration (SAMHSA) updates a locator map with buprenorphine providers for every state. Providers have been authorized to treat opioid dependency with buprenorphine and have authorized SAMHSA to share their data publicly. Data was downloaded through SAMHSA's website and mapped by OMNI.

Collegiate Recovery Reporting

Collegiate recovery subgrantees provide evaluation data through an online quarterly reporting survey created and administered by OMNI. Survey 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. As part of the final survey of the grant year, subgrantee programs also share their experiences and provide feedback on the technical assistance and consultation received through the SOR grant. Additionally, Virginia Commonwealth University provides quarterly data related to the frequency and amount of technical assistance and consultation provided to subgrantee CRPs. Data collected from all CRP parties 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 DOC sites 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 DOC. 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 three-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 or McNemar's test. Cronbach's alpha was used for reliability testing for the three health domains (see next page).

Mental Health and Quality of Life Outcome Domains

Three outcome domains were created using questions from the GPRA survey. Each outcome domain consisted of multiple questions related to the domain topic. Reliability analyses were conducted on each domain to ensure consistency of responses on each question within the domain. Cronbach's alpha is a reliability coefficient which determines how consistent the responses are. Domains were considered reliable if the Cronbach's alpha coefficient was greater than or equal to 0.6. The following tables include items which were combined within each domain.

Satisfaction Domain	
Question	Response choices
How satisfied are you with your health?	Very Dissatisfied; Dissatisfied; Neither satisfied nor dissatisfied; Satisfied; Very Satisfied
Do you have enough energy for everyday life?	Not at all; Somewhat; Moderately; Mostly; Completely
How satisfied are you with your ability to perform your daily activities?	Very Dissatisfied; Dissatisfied; Neither satisfied nor dissatisfied; Satisfied; Very Satisfied
How satisfied are you with yourself?	Very Dissatisfied; Dissatisfied; Neither satisfied nor dissatisfied; Satisfied; Very Satisfied

Impact of Substance Use Domain	
Question	Response choices
During the past 30 days, how stressful have things been for you because of your use of alcohol and/or drugs?	Not at all; Somewhat; Considerably; Extremely
During the past 30 days, has your use of alcohol/drugs caused you to reduce or give up important activities?	Not at all; Somewhat; Considerably; Extremely
During the past 30 days, has your use of alcohol/drugs caused you to have emotional problems?	Not at all; Somewhat; Considerably; Extremely

Mental Health Domain	
Question	Response choices
During the past 30 days, how many days have you experienced serious depression?	Response choices were condensed into two groups: • Those who reported zero days • Those who reported one or more days.
During the past 30 days, how many days have you experienced serious anxiety or tension?	Response choices were condensed into two groups: • Those who reported zero days • Those who reported one or more days.
During the past 30 days, how many days have you experienced trouble understanding, concentrating, or remembering?	Response choices were condensed into two groups: • Those who reported zero days • Those who reported one or more days.

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. The prevention section of this report includes qualitative data gathered from these mid- and end-of-year reports for the SOR grant year.

Peer Recovery Services Facilitator Reporting Survey (Department of Corrections)

The PRS Facilitator Reporting Survey was administered for the first time in September 2021 with all Peer Recovery Specialists (PRS) who lead peer groups as part of the Department of Corrections PRS Initiative. The survey collects information from each PRS on what location(s) they facilitate groups in, how frequently each group meets, and average attendance at group sessions. This survey will continue to be administered approximately every six months to maintain accurate data on the current status of all PRS Initiative groups.

Peer Recovery Services Participant Impact Survey (Department of Corrections)

The PRS Participant Impact Survey is administered quarterly to all individuals who participate in a group as part of the Department of Corrections PRS Initiative. The survey closely mirrors the recovery-related section of the GPRA that is administered to individuals receiving CSB-based treatment and recovery services. It includes questions on whether the individual is working with a peer voluntarily or because of a mandate, how helpful the peer has been to the individual's recovery and sobriety, and the BARC-10 questions.

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 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. SOR Reports and Resources

All reports noted below can be found on the Virginia SOR Support website on the reports page (https://www.virginiasorsupport.org/reports) or the peer recovery support page (https://www.virginiasorsupport.org/peers).

Bridging the Care Gap
A guide for developing emergency department peer support programs.

Collegiate Recovery Programs Technical Assistance (TA) 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.

Peer Recovery Support Implementation Guides
Guides with recommendations to address common challenges of peer implementation in three settings where peer work is growing.

- Collegiate Settings
- Hospitals and Emergency Departments
- Justice Settings

References for the three implementation guides can be found here.

Quarterly SOR Progress Reports
Quarterly reports on SOR prevention, treatment, and recovery evaluation activities for the state. Includes data from quarterly surveys, GPRAs, and PBPS.

- Quarter 1
- Quarter 2
- Quarter 3
- Quarter 4

Recovery Hiring Report
Summary of CSBs' responses to a survey about challenges with hiring and maintaining recovery staff. Survey was conducted in April 2021.

Review of Peer Support Specialist Training
A comparison of the peer support training and certification processes in Virginia and other states.

SOR-Funded Recovery Initiatives
Fact sheet outlining recovery services CSBs and SOR partners offer; specific work accomplished in each area; how this work has expanded the peer recovery field; and original research resources developed by

OMNI for the SOR grant that anyone can access to learn more about supporting others in the field doing similar work.

SOR Year 1 Annual Report
Annual report covering the prevention, treatment, and recovery evaluations from the first year of SOR funding (2018-19).

SOR Year 2 Annual Report
Annual report covering the prevention, treatment, and recovery evaluations from the second year of SOR funding (2019-20). The link above includes the full report and an executive summary. A separate document with just the executive summary is available here.

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

Appendix E. Acronym List

Acronym	Description
ACE	Adverse Childhood Experience
BARC-10	Brief Assessment of Recovery Capital
BHE	Behavioral Health Equity
BWV	Butterflies with Voices
CCAP	Community Corrections Alternative Program
CDC	Centers for Disease Control and Prevention
CM	Contingency Management
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
ER	Emergency Room
FAACT	Framework for Addiction Analysis and Community Transformation
GPRA	Government Performance and Results Act
IOP	Intensive Outpatient Program
LGBTQ+	Lesbian, Gay, Bisexual, Transgender, Queer and other sexual/gender identities
MAT	Medication-Assisted Treatment
OBOT	Office-Based Opioid Treatment
OCME	Office of the Chief Medical Examiner
OMNI	The OMNI Institute
OTC	Over-the-counter
OUD	Opioid Use Disorder
PMP	Prescription Monitoring Program
PRS	Peer Recovery Specialist
RCI	Recovery Capital Index
ROCCS	Recovery Organization for Community College Students
ROI	Recovery Outcomes Institute
SAMHSA	Substance Abuse and Mental Health Services Administration
SOR	State Opioid Response

SPF	Strategic Prevention Framework
SUD	Substance Use Disorder
TA	Technical Assistance
VARR	Virginia Association of Recovery Residences
VCU	Virginia Commonwealth University
VDH	Virginia Department of Health
YAC	Youth Advisory Committee