Virginia State Opioid Response Grant

Annual Report
2021-2022

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2021-22

Submitted to:

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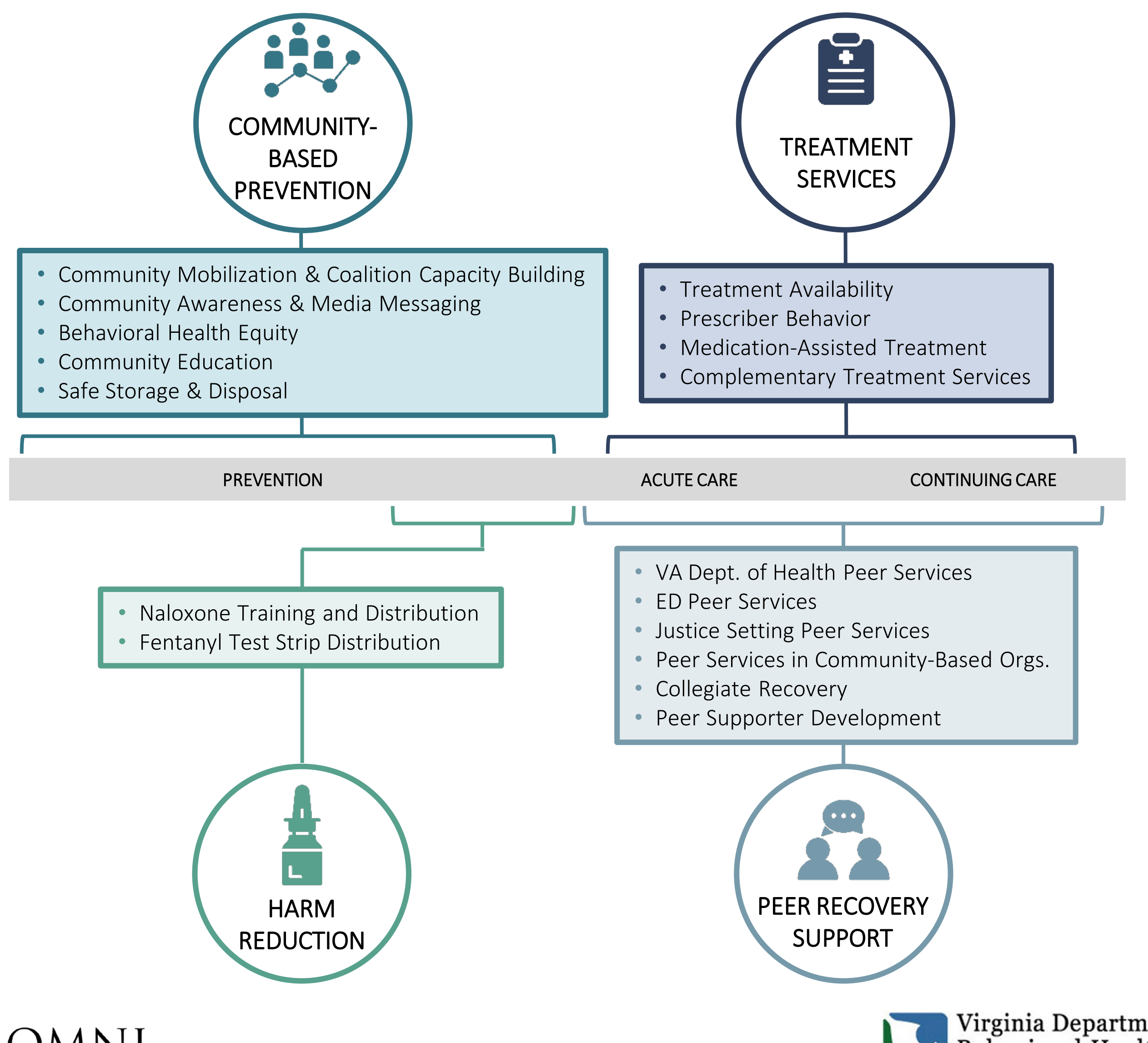
Virginia State Opioid Response Grant 2021-22 Annual Report: Executive Summary

About the State Opioid Response Grant

The State Opioid Response (SOR) grant is distributed by the Substance Abuse and Mental Health Services Administration 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 fourth year of the SOR grant (October 2021 through September 2022).

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.



OMNI

Virginia Department of Behavioral Health & Developmental Services

Community Mobilization and Coalition Capacity Building

Coalitions remain an integral component of prevention efforts, leveraging collaborative partnerships to implement strategies and mobilize the community.

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

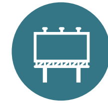
44 SOR-funded coalitions were in place this grant year.

1,787 adults and youth participated in these coalitions.

23 was the median number of members per coalition, ranging from 9 to 611.

Community Awareness and Media Messaging

CSBs and coalitions continue to diversify their methods for disseminating prevention messages to strategically reach their communities.



Public Broadcast & Display targeted

13.1 million

2,145,743 youth

10,985,746 adults

Social Media/Websites reached

2.87 million

645,814 youth

2,225,555 adults

Community Events reached

258,726

63,879 youth

194,847 adults

Print Materials provided to

2.36 million

327,899 youth

2,029,647 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.

Public Broadcast & Display
- PSAs
- Billboards
- Posters & signs
- Ads (radio, TV, targeted online, streaming)
- Newspaper
- Interviews (radio & TV)
- Podcasts

Social Media/Websites
- Newsletters
- Website visits
- Social Media
- Blogs

Community Events
- Events & Fairs (in person & virtual)
- Tabling
- Presentations & Townhalls
- Lock & Talk Presentations

Print
- Mailers
- Brochures
- Flyers
- Promotional Items
- Resource Guides
- Permanent Drug Dropbox Maps
- Wellness Kits & Bags

Community Educational Opportunities

This fiscal year, CSBs increased their community reach through various curriculum-based trainings and other educational opportunities.

Curriculum-Based Trainings

provided to 9,657 individuals

Prescriber and Patient Education

provided to 2,004 individuals

Youth-Specific Education

provided to 1,430 individuals

Community-Based Prevention

Safe Storage and Disposal

CSBs reduce community access to opioids by offering individuals safe storage items for use in the home as well as community disposal options to discard unused or expired medications. Over 58,500 supply reduction items were distributed to communities across Virginia through community events and partnerships.

Drug Deactivation Packets

42,149

distributed across

36

SOR-funded CSBs.

Prescription Drug Lockboxes

8,962

distributed across

18

SOR-funded CSBs.

Smart Pill Bottles

7,464

distributed across

18

SOR-funded CSBs.

Permanent Drug Drop Boxes

1.6 million

individuals with access across

10

SOR-funded CSBs.

Drug Take Back Events

12,000

or more individuals participated across

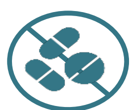
19

SOR-funded CSBs.

LETHAL MEANS SAFETY TO PREVENT SUICIDE

CSBs utilize SOR funding to implement Lock and Talk strategies focused on suicide prevention that promote safe storage of lethal means and encourage individuals to discuss mental health.

Of the 40 CSBs implementing Lock and Talk strategies, 19 utilized SOR funding to increase their impact.



13,369
Prescription Drug Lock Boxes Distributed

2,374
Cable Locks Distributed

2,070
Trigger Locks Distributed

46,357
Information Dissemination Impressions

Behavioral Health Equity

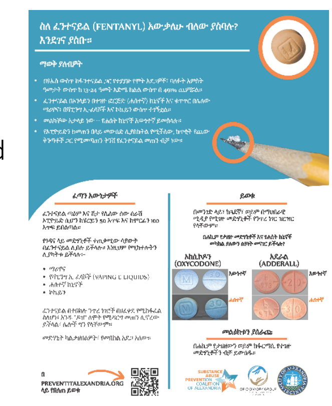
DBHDS mini-grants expanded the capacity of CSBs to better reach and engage marginalized groups with prevention messaging.

Focused outreach on varied populations such as adults with developmental disabilities, non-English speakers, refugee communities, rural communities, and those recently released from prison.

Conducted focus groups and listening sessions to better understand needs by hearing directly from those groups.

Educated the community on LGBTQ+ inclusiveness and created safe and affirming spaces to reach this population.

Reached Black and African American communities through media campaigns on behavioral health services developed in collaboration with community members.



Example of Alexandria CSB's opioid educational materials in Amharic.

REVIVE! Training and Naloxone Distribution

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.

Since 2019, SOR funds have enabled nearly 19,000 individuals to gain the skills and knowledge to reverse an opioid overdose and save a life.

	Year 1	Year 2	Year 3	Year 4	Total
Trainings held:	71	249	508	742	**1,570**
People trained:	1,140	3,115	6,117	8,381	**18,753**

The number of REVIVE! trainings and people trained has increased each year of the SOR grant.

Community Naloxone Distribution

Naloxone is a medication used to rapidly reverse a life-threatening opioid overdose. Anyone who has received a short training on the use of naloxone can carry or administer it to an individual experiencing an overdose. **More than 53,000 naloxone kits have been distributed during the four years of the SOR grant.** Kits were distributed to a variety of partners, including local health departments, CSBs, harm reduction sites, and law enforcement agencies.

Fentanyl Test Strips

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.

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.

fentanyl test strips **purchased by CSBs** in the last six months of the grant year.

fentanyl test strips **distributed by CSBs** in the last six months of the grant year.

Fentanyl Test Strips with *REVIVE!* Trainings

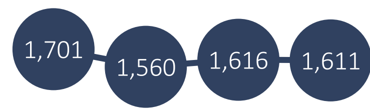
"We partnered with Virginia Beach Peer Recovery to provide naloxone and fentanyl strips to participants who attended the in-person REVIVE! trainings. BHWPS is very excited about partnering with Peer Recovery to provide naloxone and fentanyl strips. Peer Recovery staff will now be present at all REVIVE! trainings to provide this service on a continual basis."
– *Virginia Beach Department of Health*

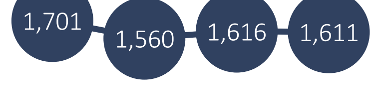
7,865 individuals received SOR-funded treatment services in year 4.

Medication-Assisted Treatment (MAT) and Complementary Services

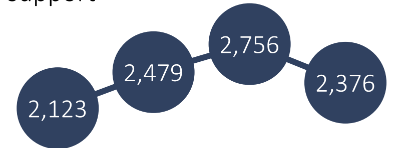
SOR funding provides a wide array of services for thousands of clients each quarter. Throughout the fourth year of the grant, there was continued growth in the number of people receiving SOR-funded services, shown below by the number of people receiving these selected services each quarter.

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

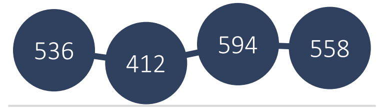




Counseling Services
Individual and group counseling, therapy, psychiatry, and crisis support



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



Justice-Based Services

Partnerships between CSBs and justice settings (local jails, recovery courts, and Department of Corrections [DOC] facilities) have been steadily developing over the course of the grant.

18
Recovery court, jail, or DOC facilities provided SOR-funded **treatment services** this year.

146
people received **MAT services** in a justice setting.

403
people received **other treatment services** in a justice setting. This includes counseling, case management, and other types of treatment services.

On the "Fast Track" to Drug Court Graduation

"Since enrolling in drug court, [a female in the program] is now employed full-time, has her own transportation (does not need bus tickets she informed us), and is on the 'fast track' in drug court to graduate. She has obtained her own housing and now has a healthier support system in place."
-Norfolk CSB

Client Characteristics

The Government Performance and Results Act (GPRA) survey collects data from individuals receiving SOR-funded treatment services. **A total of 4,939 intake GPRA surveys were completed during the four years of the SOR grant, yielding the following information about participants.**

75% of those screened have co-occurring mental health and substance use disorders.

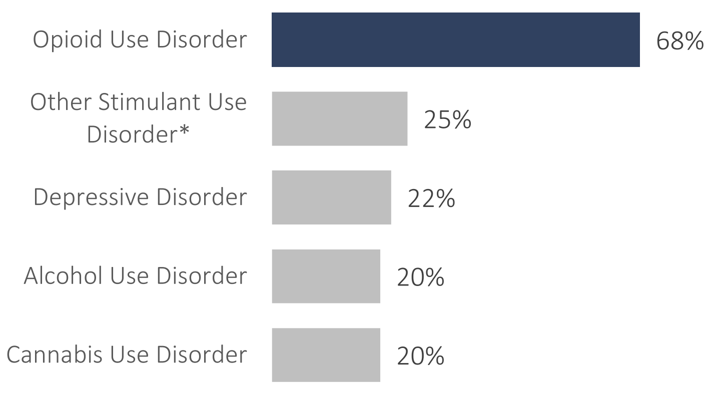
65% have experienced trauma at some point in their life.

87% had been in treatment at least once before. 62% had been in treatment at least twice.

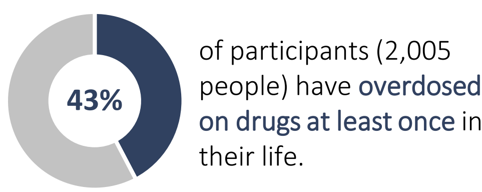
39% referred themselves to treatment and 29% were referred from a justice setting.

Medication-Assisted Treatment

Opioid use disorders were the most frequently reported diagnoses.



*Any stimulant use disorder besides cocaine-related disorders.

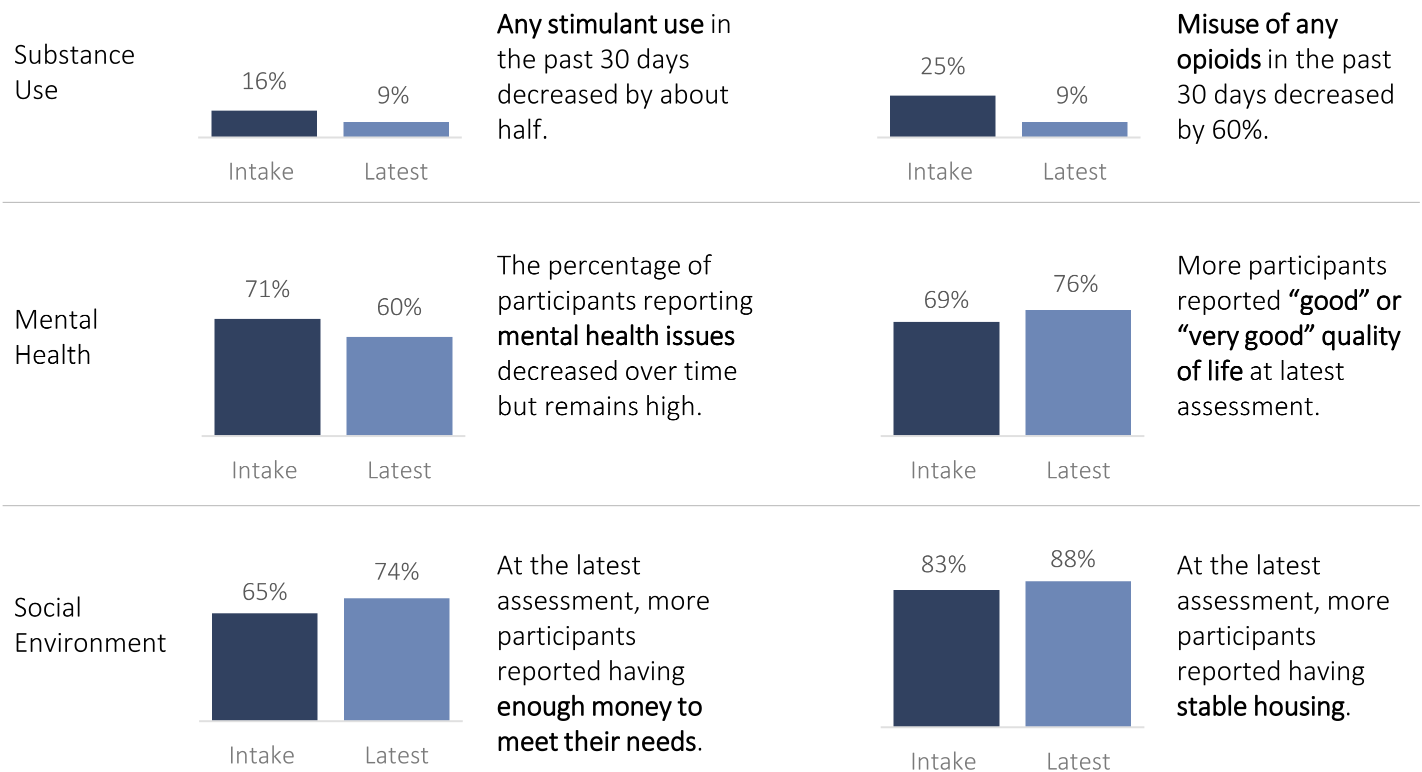


of participants (2,005 people) have overdosed on drugs at least once in their life.

1,053 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 2,049 individuals from the three years of the grant who completed an intake and a second assessment.



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 Recovery 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 4 to a variety of agencies that are well positioned to provide recovery support services across Virginia that span the entirety of the continuum of care.

Across all partners and providers, year 4 of SOR funding provided recovery-focused support to **30,633** individuals.

Community-Based Organizations

27,399

individuals received SOR-funded recovery services through a community-based organization.

88%

of SOR-funded recovery services in year 4 were **provided by peer supporters**.

125.5 (".5" is part-time positions)

organization-based **peer supporters were funded by SOR** in the last quarter of year 4 (July-September 2022).

Peer supporters provided services to thousands of individuals in the organizations' facilities and other settings, ensuring access to peer services in many formats and locations.

Average number served each quarter in the organizations' facilities:

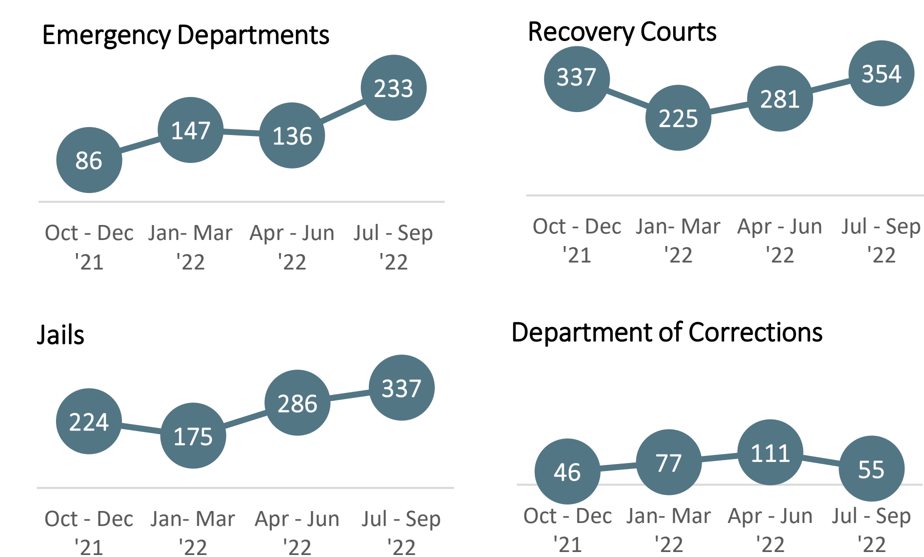
Community outreach
3,458 individuals

Warmline support
1,097 individuals

Individual support
3,845 individuals

Group support
3,655 individuals

Number served each quarter in other settings:



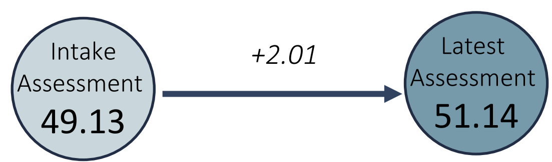
Participants overwhelmingly agree that working with an organization-based peer supporter was helpful.

94% of individuals working with a peer supporter found it helpful with their recovery.

90% of individuals working with a peer supporter found it helpful in maintaining sobriety.

In year 4, the BARC-10 (Brief Assessment of Recovery Capital) was implemented in multiple settings 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 treatment and recovery services at a community-based organization showed significantly increased recovery capital from intake to latest assessment.



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

Life Satisfaction

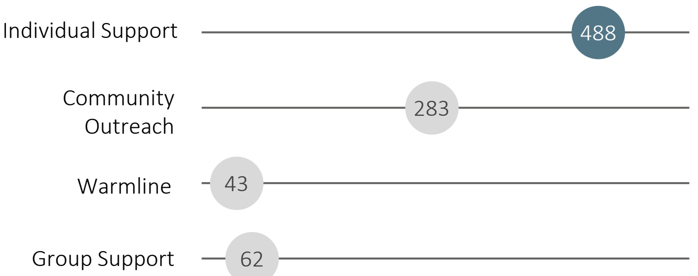
Fulfilling Activities

Virginia Department of Health (VDH)

Throughout the year, 2,121 individuals received SOR-funded peer support from six peers at five VDH sites.

Individual support was the most common service provided from July to September 2022, the quarter with the highest number of individuals served.

Number of individuals served across VDH sites, July - Sept 2022:



Individuals engaged in VDH-based peer recovery support also completed the BARC-10 assessment. **These participants also saw a statistically significant increase in total score between intake and their latest assessment.**

Intake Assessment 47.15 → +4.12 → Latest Assessment 51.27

Virginia Department of Corrections (DOC)

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

20 PRS facilitated

36 ongoing groups

259 participants served across Virginia

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

97% reported that working with a peer supporter was helpful with recovery.

92% 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:

212
Student Members

1,179
Recovery-Focused One-on-Ones

1,000
Recovery Meetings

205
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 over 1,000 hours of TA and consultation that supported:

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

"Our consultation experience has been exceptional. Tom Bannard has made himself available to us in every way he possibly can, be it adding an extra meeting a month when we needed it, to visiting us in person, to co-facilitating our Recovery Ally trainings as we worked on presenting the trainings ourselves without his assistance."- CRP Lead

Introduction

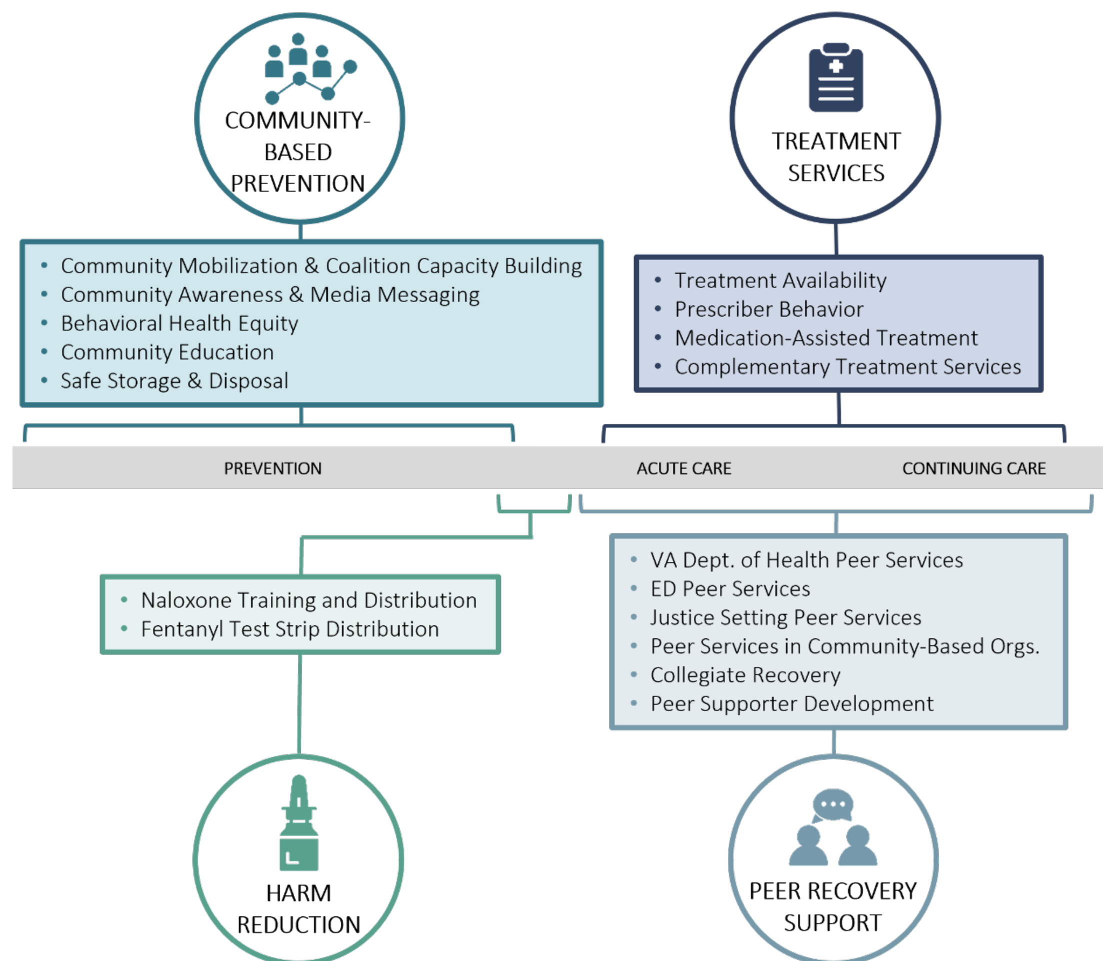
About the SOR Grant

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) is DBHDS' evaluation partner for this grant and created this report to highlight SOR grant results from year 4 (October 2021 through September 2022), along with historical data from years 1 through 3 (2018-2021).[1] DBHDS and OMNI have continued to build on evaluation work from previous years which spans 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 recovery support services.

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

SOR-Funded Activities Across the Continuum of Care



[1] The SOR grant was funded in two cycles, each lasting two years: SOR I from 2018-2020 and SOR II from 2020-2022.

Four Years of the SOR Grant: Growth, Innovation, and Impact

Throughout the four years of the SOR grant, the breadth and depth of services have adapted to reflect shifting priorities from SAMHSA as well as changing community needs, partnerships, and capacity. Virginia has strategically navigated these changes, resulting in continuous improvements in service provision along with innovation and implementation of new programs. **Below are selected examples of growth and expansion that have occurred in each area of the grant since 2018. Each of these areas reflect additional areas of work beyond the day-to-day service provision and implementation of strategies that have been consistent throughout the grant.**

Prevention

Behavioral health equity has been a growing focus for communities since 2018. DBHDS began hosting Behavioral Health Equity Summits and provided behavioral health equity mini-grants.

Prevention services for refugee communities became a focus beginning in the second year of the grant as refugee communities grew in size and need for tailored prevention information.

Starting in 2020, CSBs began using SOR funds to implement prevention activities targeting the misuse of **over-the-counter (OTC) medications**, an emerging area of concern.

The idea for a **statewide media campaign** began with the first round of SOR funding in 2018. In the subsequent years of the grant OMNI worked with the SOR coordinator and a CSB Advisory Committee to select a target audience, conduct community-based participatory research, and refine campaign messaging, resulting in the launch of the "Activate Your Wellness" campaign.

Harm Reduction

The availability of ***REVIVE!* (training on naloxone administration) and naloxone** expanded substantially to reach communities most impacted by overdoses.

After SAMHSA approved the use of SOR funds for **fentanyl test strip distribution**, several sites began providing this harm reduction tool to community members through treatment facilities and interactions with peer recovery supporters.

Treatment

The SOR grant significantly **expanded treatment services in justice settings** (medication-assisted treatment and other services) throughout Virginia jails, recovery courts, and Department of Corrections facilities, increasing access to the standard of care for substance use disorders.

Treatment providers increased offerings for **stimulant use disorder treatment** to reflect growing needs and an expanded grant focus, including increasing use of contingency management.

Many treatment sites hired **peer recovery supporters to work in tandem with treatment providers** and ensure a more integrated experience for clients across the continuum of care.

Peer Recovery Support

Virginia has been a leader in contributing to the **development of the peer recovery support field** by producing reports such as a literature review on measuring peer support outcomes and implementation guides for various settings, as well as hosting roundtables with other states to share best practices.

The presence of **peer recovery support services in justice settings,** including Department of Corrections facilities, has grown and strong partnerships are in place to sustain these efforts.

SOR funds have supported the **growth of collegiate recovery programs** to new schools in Virginia and helped existing programs expand their reach and impact.

Throughout year 4 of the grant, recovery work included webinars designed to provide **support for peers and their supervisors** to prevent burnout and connect with others in the field to share best practices.

Evaluation

The evaluation team added and refined **quarterly, mid-year, and end-of-year surveys** over time to align with changes in SAMHSA reporting requirements and the growing scope of services funded by the grant.

Implementation of the **Brief Assessment of Recovery Capital (BARC-10)** began in 2020 to measure impacts of SOR-funded services on recovery capital. The Virginia SOR team has shared information about the selection of the BARC-10 and the outcomes of the assessment in several conference presentations.

With four consecutive years of data collection, the evaluation is able to analyze long-term impacts of SOR-funded services and conduct more **in-depth longitudinal analyses** to understand strengths and areas of growth for SOR-funded services.

SOR funds have supported development of the award-winning **Framework for Addiction Analysis and Community Transformation (FAACT) platform** which enables community-level evaluation of substance use trends and needs. (See more details about FAACT on the page 88.)

Adaptations During the COVID-19 Pandemic

The COVID-19 pandemic required subrecipients to overhaul service delivery mechanisms to include **virtual options.** Many sites have sustained their virtual options because of their benefits.

As with many other industries in the wake of the pandemic, behavioral health providers are experiencing **staff shortages and seeking to hire** enough staff to meet growing community needs across the continuum of care.

Community-Based Prevention

The prevention objectives of the State Opioid Response (SOR) grant are intended to decrease opioid and prescription drug misuse and overdoses through the implementation of a broad array of evidence-based strategies. In this grant year, all 40 CSBs were funded to implement strategies through an intentional, data-driven process based on the Substance Abuse and Mental Health Services Administration (SAMHSA) Strategic Prevention Framework (SPF). Key prevention strategies are listed below and described in detail in the sections that follow. Capacity data presented in this section was collected from mid- and end-of-year reporting surveys completed by CSB staff. Data related to the implementation of prevention efforts in communities was collected via the Performance Based Prevention System (PBPS) database. See Appendix C for more information on these data sources.

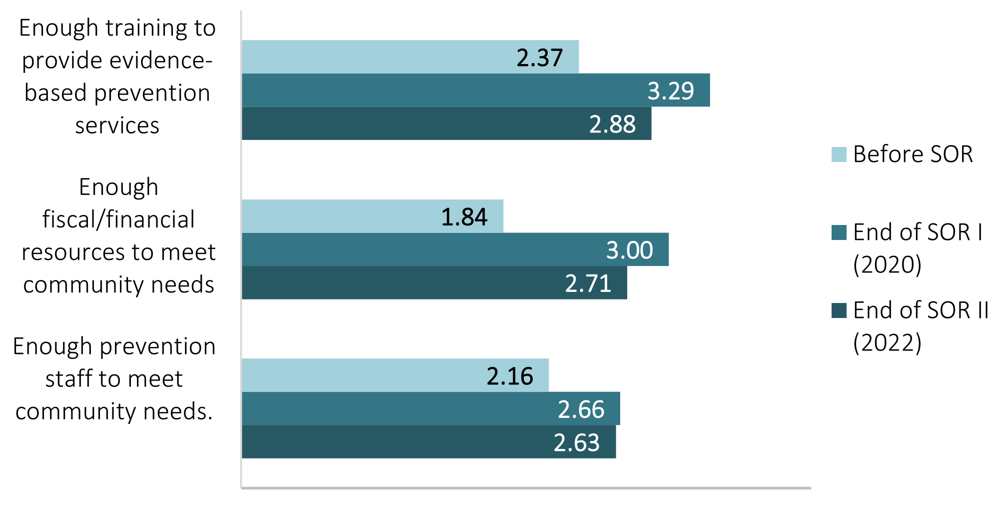
Key Prevention Strategies

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

Prevention Capacity

SOR funding has allowed CSBs to build prevention capacity to contribute to their strategic goals. To assess these changes in capacity, staff were asked in their end-of-year reporting to reflect on their organization's capacity after receiving SOR funding. These results were compared to previous grant years, finding an overall slight decline in capacity from SOR I, which may be due to staffing challenges.

Prevention capacity has increased overall as a result of SOR funding but decreased somewhat from the end of SOR I to SOR II.



Community Mobilization and Coalition Capacity Building

Coalitions remain an integral component of prevention efforts, leveraging collaborative partnerships to implement strategies and mobilize the community. The number of reported coalitions rose to 44 from 39 the prior year. SOR-funded CSBs partnered with a broad range of stakeholders both within coalitions and as mobilization partners. These include schools, youth, non-profit organizations, faith-based communities, law enforcement, healthcare providers, government officials, marginalized communities, peer recovery specialists and treatment providers, businesses, concerned citizens, civic groups, and more.

Two young supporters of the Alleghany-Highlands Healthy Youth Coalition handing out suicide prevention materials at a Juneteenth Celebration in 2022.

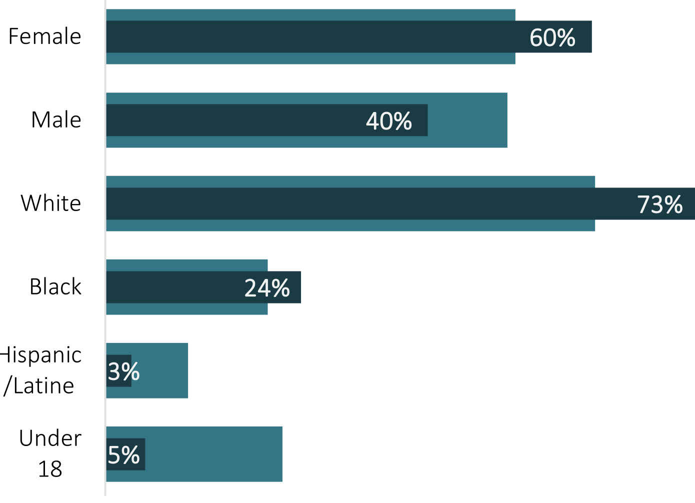
29 CSBs each led between 1 and 5 SOR-funded coalitions.

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

1,787 adults and youth participated in these coalitions.

23 was the median number of members per coalition, ranging from 9 to 611.

Coalitions' demographic makeup was predominantly white, female, and non-Hispanic/Latinx/e. The percentage of female (60%) and white coalition members (73%) is overrepresented compared to Virginia's statewide female and white population percentages (51% and 60%). In fact, the percentage of white members rose from 69% in year 3 to 73% in year 4. The percentage of Black coalition members (24%) exceeded that of the statewide Black population (21%), though dropped by one percentage point from year 3. Hispanic/Latinx/e individuals in coalitions dropped from 5% to 3% and again were underrepresented compared to 10% statewide, as were youth under 18 (1.5% compared to 22% statewide).[2]



[2] Statewide percentages from US Census, American Community Survey, 2021. Coalition demographics collected in PBPS. Coalition demographics for one large coalition were not available (n=611).

CSBs and coalitions deeply engage with their communities, offering training, harm-reduction strategies, community education, and more as they continue to build their prevention capacity. In year 4, coalitions across Virginia continued to expand their reach and increase the effectiveness of CSB prevention efforts as indicated by these noteworthy achievements:

- ✓ Varied sector partnerships and collaborations sustain and broaden the reach of CSB and coalition prevention work in their communities.
- ✓ Coalition members engaged in capacity-building by attending Community Anti-Drug Coalitions of America and National Prevention Network conferences, and trauma-informed prevention trainings.
- ✓ Coalitions sponsored, hosted, or attended community trainings such as *REVIVE!* (training on naloxone administration) and partnered on other harm-reduction strategies such as naloxone distribution.
- ✓ CSBs were able to hire dedicated coalition staff and broaden recruitment efforts in the community.
- ✓ CSBs and coalitions engaged in data-driven strategic planning to align coalition efforts with prevention needs (e.g., using the SPF for planning and incorporating community-level and program evaluation data in their planning).
- ✓ CSBs and coalitions targeted community members across the lifespan (youth, adults, seniors) with prevention messaging.

The Cumberland CSB team attended national trainings during the year.

"Collaboration between community partners continues to be an area where our region thrives. Not only has the Rockbridge Area Prevention Coalition been holding on throughout the pandemic, but the community partners have also made significant strides to help the coalition as it continues to gain some speed again."

Building Equity

A key priority for Virginia CSBs has been enhancing equity in their work. For example, Hampton-Newport News CSB partnered with the Hispanic Sin Fronteras Coalition, who participated in the Hampton Roads Conference on Prevention. The group presented a session in Spanish on the "Significance of Integrating Language Access and Culture in Prevention Programs." Participants used remote interpretive technology to understand the session. Presenters hoped participants would build empathy and recognize the importance of language access when providing services. The CSB also for the first time was able to send adult and youth coalition members to participate in the full Spanish language CADCA training. Members brought back learnings from the training and are implementing this information with the local coalition in their native language.

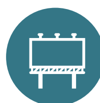
Community Awareness and Media Messaging

Community awareness and media messaging campaigns enable CSBs to target large populations with information around opioid use prevention and mental health wellness. In year 4, 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 continue to diversify their methods for disseminating prevention messages to strategically reach their communities. As in prior years, CSBs shared various messages to their communities through public broadcasts and displays; community events (in-person and virtual); a wide variety of print materials; and social media and websites. CSBs continued to think creatively and strategically, using media outlets like movie theaters, local TV and radio, paired with platforms like TikTok, YouTube, and Instagram to reach community members where they are with consistent messaging. In addition to more established methods, newer strategies included podcasts, streaming radio and TV ads, as well as targeted ads that reach community members online.

Alleghany Highlands CSB staff distributing items at a Halloween event.

14 CSBs collaborated with pharmacies and doctor's offices to distribute printed pharmacy bags, stickers, and inserts with prevention messaging.
Partners include Medibag, an advertising company; grocery chains; and local providers and pharmacies. Messaging about *REVIVE!* trainings and opioid/over-the-counter (OTC) misuse awareness reach large audiences through staff deliveries of these materials.

 Public Broadcast & Display	Social Media/Websites	Community Events	Print Materials
targeted	*reached*	*reached*	*provided to*
13.1 million	2.87 million	258,726	2.36 million
2,145,743 youth	645,814 youth	63,879 youth	327,899 youth
10,985,746 adults	2,225,555 adults	194,847 adults	2,029,647 adults

Public Broadcast & Display

- PSAs
- Billboards
- Posters & signs
- Ads (radio, TV, streaming, targeted online)
- Newspaper
- Interviews (radio & TV)
- Podcasts

Social Media/ Websites

- Newsletters
- Website visits
- Social Media
- Blogs

Community Events

- Events & Fairs (in person & virtual)
- Tabling
- Presentations & Townhalls
- Lock & Talk-Presentations

Print Materials

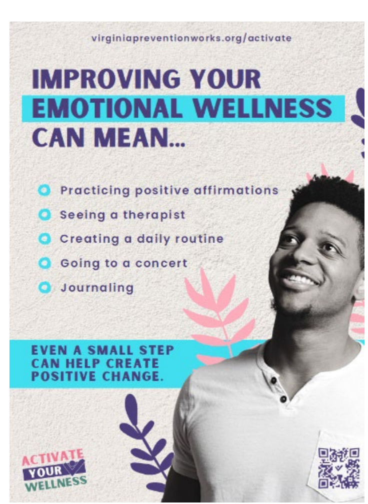
- Mailers
- Brochures
- Flyers
- Promotional Items
- Resource Guides
- Permanent Drug Dropbox Maps
- Wellness Kits & Bags

Lessons learned through the pandemic continue to shape how CSBs implement awareness and media messaging: community events remain part of their strategies but less so than materials, media, and online strategies. CSBs used broadcasts, displays, printed materials, and social media to reach their communities. These strategies leverage staff capacity for the greatest reach. CSBs refined and expanded these efforts, reporting new strategies like designing and launching resource websites, adding campaigns addressing gambling and wellness, and collaborations for prescription bag messaging. While CSBs were enthusiastic about the return of in-person events, they reached fewer people than last year through this strategy. Strategies that proved successful during the pandemic remain important to CSBs' prevention messaging.

Example of an ad for Valley CSB's "Begin with Hope" campaign.

The official campaign logo.

The SOR-funded statewide media campaign titled "Activate Your Wellness" officially launched in July 2022. The purpose of Activate Your Wellness is to promote positive mental health and well-being across the 8 Dimensions of Wellness, adapted by SAMHSA. The target audience for the campaign is Virginians between the ages of 18 and 34, with a focus on communities of color, particularly individuals who identify as Black, African American, Hispanic, Latinx/e, biracial or multiracial. The campaign content, informed by a wealth of media use and behavioral health data collected by CSB members of the Statewide Media Campaign Advisory Committee, was created and delivered by Rigaud Global Media Company (RGC). The campaign content, also translated into Spanish, was vetted and steered by the Virginia SOR Prevention Coordinator and OMNI. RGC ran the campaign on social media (e.g., Facebook, Instagram, YouTube), TV (e.g., Food Network, CNN, Samsung TV), radio, and website outlets until September 2022. CSBs actively shared the campaign through social media using the hashtag #ActivateYourWellness. **The campaign's reach totaled over 17.5 million impressions across all media outlets.**



Examples of the Activate Your Wellness campaign above include Spanish graphic stating "Find Your Balance"; social media post emphasizing community wellness; and a campaign poster about the dimensions of emotional wellness.

Community Educational Opportunities

Community education is an important pillar of opioid misuse prevention. This grant year, CSBs implemented a variety of curriculum-based trainings in their communities including *REVIVE!* trainings (naloxone administration education), 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. While restrictions due to COVID-19 eased, CSBs continued to deliver trainings virtually and in-person. Several CSBs noted that virtual trainings offer flexibility that participants appreciate. *REVIVE!* trainings reached the most individuals through both virtual and in-person formats.

This fiscal year, CSBs increased their community reach through various curriculum-based trainings and other educational opportunities, with *REVIVE!* trainings reaching the greatest number of individuals.

Prescriber and Patient Education provided to

2,004

individuals across

2

SOR-funded CSBs.

REVIVE! Training provided to

8,381

individuals across

31

SOR-funded CSBs.

ACE Interface Training provided to

1,146

individuals across

11

SOR-funded CSBs.

Mental Health First Aid Training provided to

130

individuals across

2

SOR-funded CSBs.

CSBs built new partnerships to expand their community reach with *REVIVE!* trainings. Implementing both in-person and virtual sessions, communities developed new partnerships across the commonwealth to train community members in the signs of an opioid overdose and how to intervene with naloxone. Prince William County and Fairfax-Falls Church CSBs now offer the training in Spanish. Additionally, some CSBs engaged peer recovery specialists to deliver the training, who share their lived experiences and the impact of naloxone. Providing trainings to organizations, community groups, and at events reached individuals and staff with a variety of affiliations including:

- Schools
- Shelters for those experiencing homelessness
- Disability resource centers
- Youth centers
- Parks & recreation departments
- Local social services & health departments
- Local law enforcement agencies
- Performing arts venues
- Universities & community colleges
- Libraries
- Recovery groups
- Food banks
- Churches
- Private providers

Cumberland Mountain CSB staff conducting a REVIVE! Training at TriPride 2022.

CSBs delivered educational programming to 1,430 youth through enrichment, leadership, and mentor programs. OTC medication safety was emphasized with the Scholastic OTC curriculum, while at-risk youth were served through the Teen Intervene, Youth Workforce Development Program, and SOR Youth Leadership. Other strategies that were implemented, reaching more than 1,000 adults in the commonwealth, included 5 Bridges to Wellness, Hidden in Plain Sight, and Applied Suicide Intervention Skills Training (ASIST).

ACEs trainings were integrated into professional training curriculums across the state through CSBs' strong collaborative relationships.

ACEs trainings were provided to entire catchment areas' school districts, included in local Crisis Intervention Team curriculum, and delivered to social services staff, among other successes. Fewer individuals were trained this year than last year, but partners were committed to providing ACEs trainings to their staff. Cumberland Mountain CSB shared that the superintendent of their local county school system presented with CSB staff at a regional coalition meeting on the benefit of creating common language about trauma throughout our communities.

> "As a result of the ACEs training, I will look more at my own children with patience in trying to understand the reason behind something to resolve instead of reacting at times, and teaching my partner to do the same."
> *-ACEs Training participant, Virginia Beach CSB*

Community Partners Came Together for Wider Impact

Chesterfield's SAFE Opioid and Heroin Taskforce Prevention Outreach and Education Committee partnered with several local and statewide organizations – Department of Behavioral Health and Developmental Services (DBHDS), Virginia Pharmacists Association, Chesterfield Health District Medical Reserve Corps, and the Virginia chapter of the National Association of Chain Drug Stores – to distribute educational materials on the importance of safe storage and disposal of medications. Lock Meds Talk Safety materials were printed in six different languages and distributed at 53 local pharmacies (see example at right). These educational inserts reached over 9,000 community members, providing important information in the form of an insert or attachment to all prescription orders.

Image of Chesterfield's multi-lingual Lock Meds Talk Safety pharmacy inserts.

Safe Storage and Disposal

CSBs reduce community access to opioids by offering individuals safe storage items for use in the home as well as community disposal options to discard unused or expired medications. CSBs' efforts decrease the likelihood of opioid overdoses and suicide by restricting potentially lethal means. Some physical items that CSBs provide to restrict means are prescription drug lock boxes, drug deactivation packets that destroy medications, and smart pill bottles that show if someone has accessed your medication before your dose. Community disposal options are primarily done through drug take back events and drop boxes across the state.

Drug Deactivation Packets

42,149

distributed across

36

SOR-funded CSBs.

Prescription Drug Lockboxes

8,962

distributed across

18

SOR-funded CSBs.

Smart Pill Bottles

7,464

distributed across

18

SOR-funded CSBs.

"The prescription drug lock boxes that we provide to community members are one of the few things that I feel can save multiple lives. Our community includes households that have many generations living together and individuals being able to lock up their medications is essential to keeping individuals safe. The lock boxes are also expensive and may be beyond the budget of many families."
-Alleghany Highlands CSB

Over 58,500 drug supply reduction items were distributed to communities across Virginia through community events and partnerships. Similar to previous years, CSBs relied on community events and local partnerships to reach their community and distribute safe storage items and/or disposal items. This year, more CSBs participated in in-person community events where they were able to distribute these safe storage items and collect unused medications. Most of the items were distributed at events that centered around mental health and suicide, such as "Shatter the Silence," local health fairs, and national drug take back days. Although attending these community events was a large part of their efforts, items were also distributed at faith-based events, food drives, and school events to reach the general public. Outside of community events, several CSBs directly distributed items to local hospice locations and other health care facilities, pharmacies, and local organizations. All of these organizations were vital partners in reaching the community to promote restricting access to opioids and lethal means items.

Eastern Shore CSB providing lock boxes during a Drug Take Back Event.

Thanks to partnerships and events, 13,518 more safe storage items were distributed across Virginia compared to last year. Among all partnerships, law enforcement played a vital role supporting the distribution of items and providing accessibility to destruction of medication as they were a key part of drug take back events and management of medication drop boxes. These drop boxes and drug takeback events collected more than 14,000 pounds of unused medication.

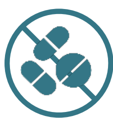
Permanent Drug Drop Boxes	Drug Take Back Events
1.6 million	12,000
individuals with access across	or more individuals participated across
10	19
SOR-funded CSBs.	SOR-funded CSBs.

In addition to these items and disposal events, several CSBs also used SOR funds to support Lock and Talk efforts and distribute lock boxes that can be used to store prescription medication or guns, and cable and trigger locks. The intention behind Lock and Talk is to encourage individuals to talk with family or friends and lock up lethal means to prevent suicide.

LETHAL MEANS SAFETY TO PREVENT SUICIDE

CSBs utilize SOR funding to implement Lock and Talk strategies focused on suicide prevention that promote safe storage of lethal means and encourage individuals to discuss mental health.

Of the 40 CSBs implementing Lock and Talk strategies, 19 used SOR funding to increase their impact.

			
13,369	2,374	2,070	46,357
Prescription Drug Lock Boxes Distributed	Cable Locks Distributed	Trigger Locks Distributed	Information Dissemination Impressions

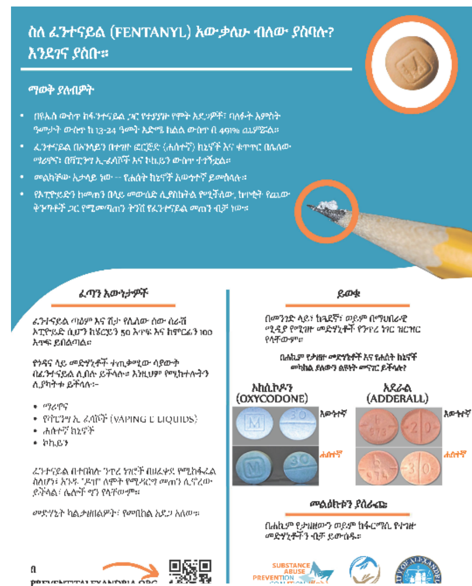
In addition to distribution of items, CSBs shared messaging about safely storing medications and firearms. Messages about locking away lethal means were shared through social media, newspaper ads, billboards, and public service announcements. CSBs also provided information inside lock boxes so that the recipients could learn more about the importance of safe storage.

Example of Lock and Talk messaging.

Behavioral Health Equity (BHE)

Improving behavioral health equity in prevention services continues to be a key SOR objective. In this year of the SOR grant, CSBs continued to expand efforts to reach underserved or under-resourced areas. In addition, DBHDS awarded BHE mini-grants which supported CSBs with tools, programming, and educational opportunities to strengthen BHE within their prevention services. Data in this section came from the SOR end-of-year survey as well as reports from mini-grant recipients.

Numerous CSBs highlighted the importance of building relationships with marginalized communities by attending community events and engaging in conversations about how CSBs can best serve sub-populations. Many CSBs focused on increasing accessibility of the language used in outreach and training materials. This includes translating materials to languages other than English, and ensuring the language used could be easily understood by diverse audiences and was culturally appropriate.



Example of Alexandria CSB's opioid educational materials in Amharic.

DBHDS mini-grants expanded the capacity of CSBs to better reach and engage marginalized groups with prevention messaging. A total of $240,000 was awarded through two different mini-grants to expand BHE efforts and promote community engagement among marginalized groups. CSBs reported a range of accomplishments resulting from this funding expansion:

- ✓ Educated the community on LGBTQ+ inclusiveness and created safe and affirming spaces to reach this population.
- ✓ Reached Black and African American communities through media campaigns on behavioral health services developed in collaboration with the community.
- ✓ Focused outreach on varied populations such as adults with developmental disabilities, Spanish speakers, Vietnamese residents, refugee communities, childcare workers, rural communities, and those recently released from prison.
- ✓ Provided mental and behavioral health resources on ACEs and generational trauma.
- ✓ Conducted focus groups and listening sessions to better understand needs by hearing directly from those groups.

"We make sure that we are knowledgeable of any groups or persons we are in front of for events and presentations before we even arrive. We use multiple methods of informing the community of our efforts to make sure all are able to equitably receive the information. We often seek input from specific community members about how we can best serve their subpopulation. For example, we met with local LGBTQIA+ students to ensure they felt included in our efforts and learn what we can do to better support them."
-Planning District 1 CSB

Harm Reduction

Harm reduction is an approach that involves engaging with individuals who use substances to prevent overdoses and generally improve their well-being. Harm reduction strategies often serve as a pathway to additional prevention, treatment, and recovery interventions.[3]

Harm reduction efforts in Virginia included statewide trainings on how to administer the overdose reversal drug naloxone as well as the purchase and distribution of naloxone kits across communities. In addition, peer supporters offered harm reduction services. As a result of these efforts, community members, first responders, corrections officials, and the family and friends of individuals with an opioid use disorder were equipped with the knowledge and tools to prevent opioid overdose deaths.

Key Harm Reduction Strategies

- *REVIVE!* trainings and distribution of naloxone
- Distribution of fentanyl test strips
- Harm reduction peer support

REVIVE! Training and Naloxone Distribution

REVIVE! is the statewide opioid overdose and naloxone education program for Virginia. *REVIVE!* trainings were 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% of participants feel comfortable administering naloxone and 72% plan to obtain it. This emphasizes the importance and effectiveness of funding *REVIVE!* as a SOR initiative.

Since 2019, SOR funds have enabled CSBs to train nearly 19,000 individuals on the skills and knowledge to reverse an opioid overdose and save a life.

	Year 1	Year 2	Year 3	Year 4	Total
Trainings held:	71	249	508	742	**1,570**
People trained:	1,140	3,115	6,117	8,381	**18,753**
CSBs offering training:	20	22	31	31	

The number of *REVIVE!* trainings and people trained has increased each year of the SOR grant. The number of CSBs offering training has grown by more than 50% since year 1 of the grant.

[3] Harm Reduction, 2022. SAMHSA.

Community Naloxone Distribution

Naloxone is a medication used to rapidly reverse a life-threatening opioid overdose. Anyone who has received a short training on the use of naloxone can carry or administer it to an individual experiencing an overdose. **More than 53,000 naloxone kits have been distributed during the four years of the SOR grant.** Kits were distributed to a variety of partners including local health departments, CSBs, harm reduction sites, and law enforcement agencies.

Naloxone Distribution and Emergency Medical Service (EMS) Calls

Data from the FAACT platform shows that from October 2021 to September 2022, there were a total of **18,710 reported EMS opioid-overdose incidents** across Virginia. Of those incidents, roughly **16% had naloxone administered**. This suggests that the proportion of emergencies in which naloxone was administered is too low and future efforts are needed to expand distribution of naloxone to reach saturation across the state and ensure it is available during a greater proportion of overdoses.

Fentanyl Test Strips

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.

Studies have found the use of fentanyl test strips lead to safer drug use behavior.[4,5] 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.

fentanyl test strips **purchased by 9 CSBs** in the last six months of SOR year 4.

fentanyl test strips **distributed by 9 CSBs** in the last six months of SOR year 4.

Fentanyl Test Strips with *REVIVE!* Trainings

"We partnered with Virginia Beach Peer Recovery to provide naloxone and fentanyl strips to participants who attended the in-person *REVIVE!* trainings. Virginia Beach Department of Behavioral Health, Wellness, and Prevention Services is very excited about partnering with Peer Recovery to provide naloxone and fentanyl strips. Peer Recovery staff will now be present at all *REVIVE!* trainings to provide this service on a continual basis."
 – *Virginia Beach Department of Health*

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[4] Peiper N.C., Clarke S.D., Vincent L.B., Ciccarone D., Kral A.H., & Zibbell J.E. Fentanyl test strips as an opioid overdose prevention strategy.
[5] Krieger M.S., et al. Use of rapid fentanyl test strips among young adults who use drugs.

Harm Reduction Peer Support

Six peer supporters at five sites are funded by SOR through the Virginia Department of Health (VDH) to provide harm reduction services. Services provided by peers at the five VDH sites include individual or group support, community outreach activities, and a warmline. For more information on the VDH funded peer services, see page 56.

Hundreds of people received harm reduction peer support services each quarter of year 4, with the greatest number of individuals served in the last quarter of the year.

		Q1	Q2	Q3	Q4
	Number of people who received individual support	460	278	460	488
	Number of people who received group support	49	28	49	62

Note: the unique number of individuals receiving services is documented by quarter. Individuals may have received support during more than one quarter; thus the sum of all quarters may count individuals more than once.

Continued Peer Recovery Support

"We had a community member over the course of the last few months come in and ask for a Harm Reduction Kit [containing Narcan, fentanyl test strips, and an array of harm reduction items]. She spoke with the same Certified Peer Recovery Specialist (CPRS) each time. In late June she called and requested support with entering detox. The peer supported her entrance to detox, provided transportation, worked with her as she had completed detox. The CPRS then supported her entry into residential treatment that included Medication Assisted Recovery. The CPRS is currently in contact with her in residential treatment and is supporting her in transferring to long term residential treatment and recovery housing."
– *Rappahannock-Rapidan CSB*

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 these services. Thirty-five Community Services Boards (CSBs) and six Department of Corrections sites received funding to provide treatment, including medication-assisted treatment (MAT)[6] and other treatment modalities described throughout this section of the report.

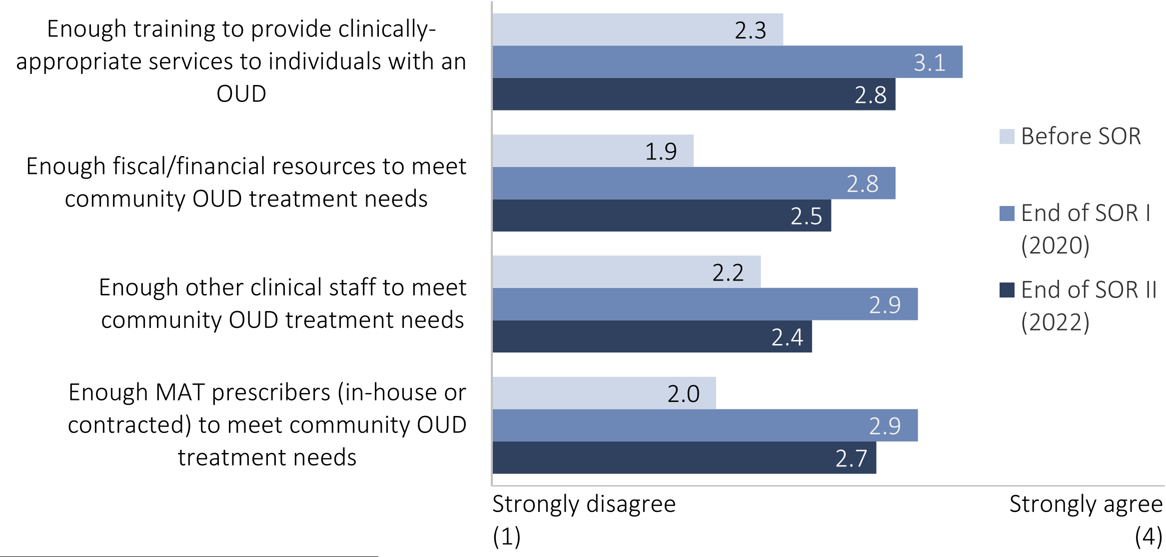
Key Treatment Strategies

- Increase availability of MAT prescribers across the state
- Provide MAT services for individuals with OUD
- 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 agencies to expand services to better meet community treatment needs. To assess these changes in capacity, staff members were asked in the end of year quarterly survey to reflect on four statements about their organization's capacity using a scale of agreement from strongly disagree (1) to strongly agree (4). These results were compared with questions from the previous grant years.

Capacity for OUD services at the end of SOR II is lower overall compared to the end of SOR I, but still higher than before SOR-funding began. This could be due to greater need for services in the community, a shortage of staff, or other complications related to the COVID-19 pandemic.



[6] Medication-assisted treatment (MAT) is the use of medications, in combination with counseling and behavioral therapies, to provide a whole-patient approach to the treatment of substance use disorders. SAMHSA, 2022.

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 to June 2022. See Appendix C for more details.

Utilizing the PMP assists health professionals in identifying patients who may be misusing prescription drugs or who may be at risk for misuse before they provide a new prescription. Virginia's PMP is now integrated with electronic health record systems used by over 26,638 prescribers statewide. This allows healthcare providers to check the PMP quickly and easily as part of their regular workflow and 69% of PMP queries are now done this way.

Prescriptions in Virginia

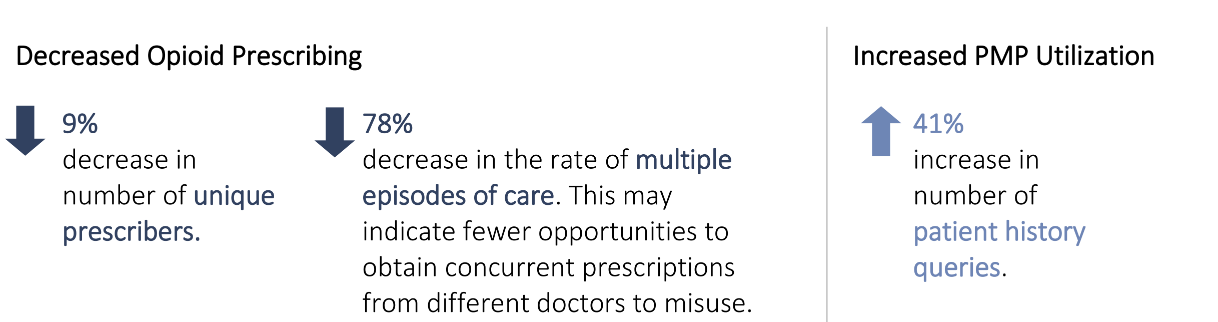
There was a 20% decrease in the number of opioid prescriptions per quarter from January 2019 (Quarter 1 2019) to June 2022 (Quarter 2 2022).

1,143,469 prescriptions
923,984
919,837
1,200,000
1,000,000
800,000
600,000
400,000
200,000
0
Q1 Q2 Q3 Q4 Q1 Q2 Q3 Q4 Q1 Q2 Q3 Q4 Q1 Q2
2019 2020 2021 2022

This decline mainly happened from January 2019 to April 2020. After that time frame, there was little decline in the number of opioid prescriptions.

Prescribing Practices

From January 2019 to June 2022 there was a decrease in the number of prescribers of opioids and the rate of multiple episodes of care, indicating more prescribers are following prescribing standards to prevent opioid misuse across Virginia.



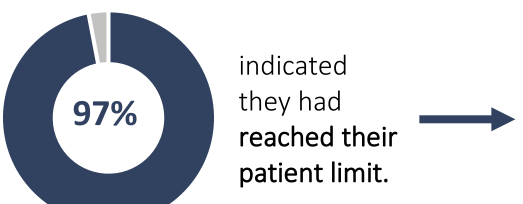
Availability of Prescribers

MAT is an important tool in the treatment and recovery of individuals with an OUD. Research shows that for some people struggling with addiction, MAT can help sustain recovery. MAT is also used to prevent or reduce opioid overdose.[7] Buprenorphine is a form of MAT and thus increasing the availability of its prescribers across the state is one of the key goals of the treatment component of the SOR grant.

As of October 2022, there were 914 buprenorphine prescribers publicly listed in Virginia, although most reported they had reached their patient limit.

The number of providers publicly listed has increased by five providers from October 2021. In October 2022, CSBs indicated on the Treatment Quarterly Reporting Survey that there were 112 MAT providers across CSBs. This indicates that many of the publicly listed prescribers are located outside of CSBs.

Of the 914 publicly listed providers,



This indicates **access to MAT may be limited** in areas of Virginia where there is a **shortage of providers or a limited number of providers accepting new patients**. Rural areas of Virginia may be especially affected by low rates of prescribers accepting new patients.

These numbers were pulled from a publicly available list of providers on the Substance Abuse and Mental Health Services Administration's (SAMHSA) website. It is important to note that this number may not capture all MAT providers, as some providers may have chosen to not be publicly listed on SAMHSA's website. Additionally, providers of other forms of MAT, such as naltrexone and methadone, are not included in this total. 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.

Positive Impacts of Medications for Opioid Use Disorder

"Before attending IOP, I wasn't sure I'd stay clean this go around. I had just lost my parental rights to my 2 boys and was in a bad place mentally. However, after I started signing in regularly (with a push from my P.O.) and actually listened to the other group members share, I became more comfortable and brutally honest with not only myself but everyone.

I appreciate Mrs. Green calling 'a duck a duck' as well as the coping skills she shared. I found so much support in the group and was referred to the MAT clinic. Since being on suboxone and attending groups along with many Narcotics Anonymous meetings, I have a positive outlook on life today. I don't have to use to get through hard times. I've been clean and have faith I'll stay clean because of the help and support from Colonial Behavioral Health as well as my support system."
-Colonial Behavioral Health Client

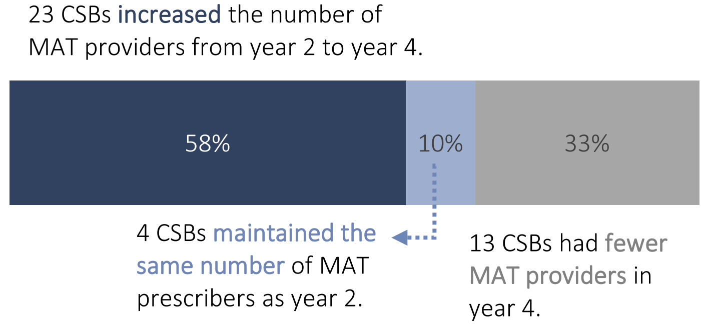
[7] Medication-Assisted Treatment, 2022. SAMHSA.

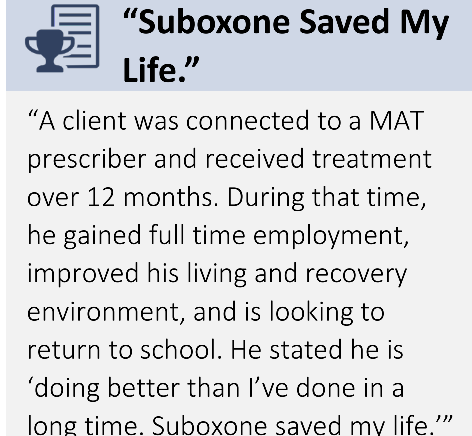
MAT and Complementary Services

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

By the end of year 4, over half of the CSBs who received treatment funding had increased the number of MAT prescribers at their location compared to the number they had in year 2.

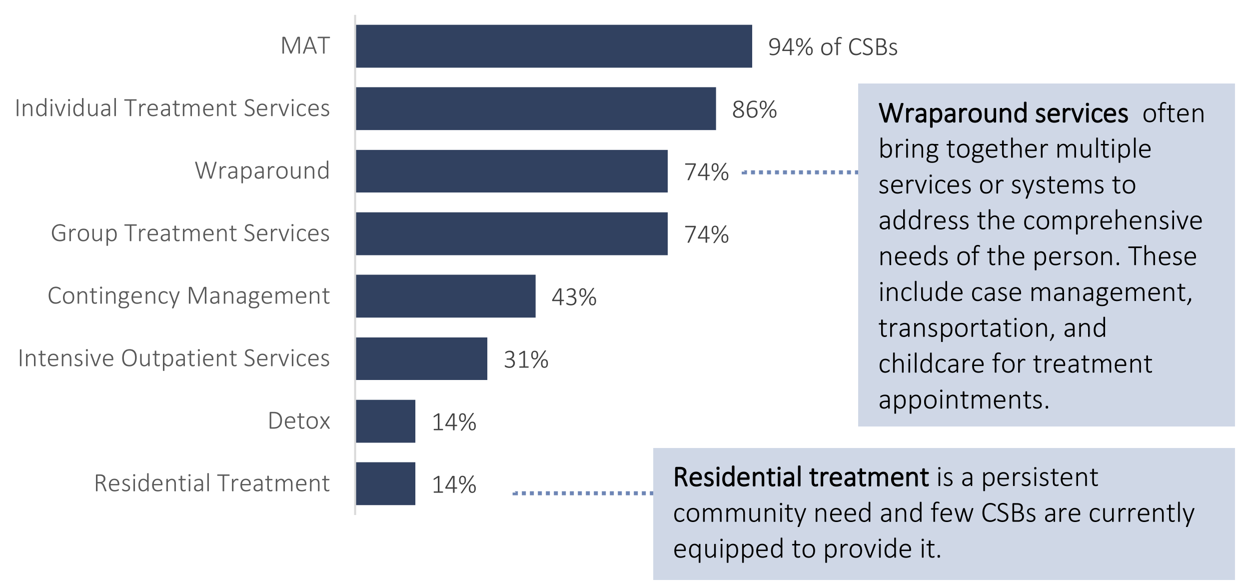




"Suboxone Saved My Life."

"A client was connected to a MAT prescriber and received treatment over 12 months. During that time, he gained full time employment, improved his living and recovery environment, and is looking to return to school. He stated he is 'doing better than I've done in a long time. Suboxone saved my life.'"
-Loudoun County Mental Health, Substance Abuse, and Developmental Services

Almost all CSBs (33 out of 35) supported clients with MAT and most provided individual treatment services.



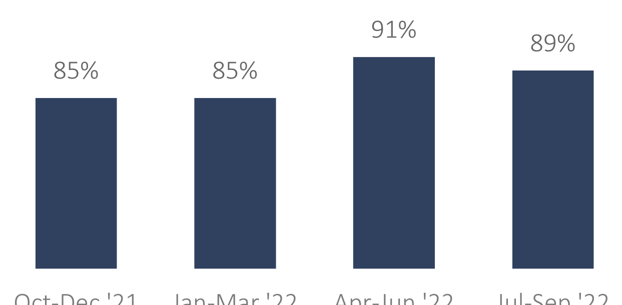
Wraparound services often bring together multiple services or systems to address the comprehensive needs of the person. These include case management, transportation, and childcare for treatment appointments.

Residential treatment is a persistent community need and few CSBs are currently equipped to provide it.

Challenges of Service Provision

The effects of the COVID-19 pandemic on CSBs' abilities to provide treatment services is steadily wearing off as CSBs continue to increase their ability to meet clients' needs at the same level as before COVID-19.

Since October 2021, the percentage of CSBs mostly or completely able to meet their clients' needs has remained high.

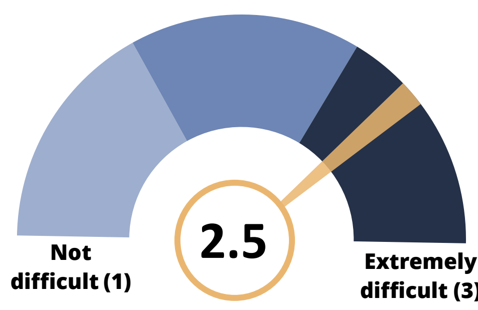


Increasing Staffing to Meet Clients' Needs

"We have increased our staffing for the Residential Recovery services, Food services and Administration services. These additional positions ultimately improve the quality of services provided to all of our participants and allow for better outcomes tracking."
-Caritas

On a scale of 1 to 3 (not difficult to extremely difficult), on average CSBs rated their ability to fill open positions as a 2.5, meaning that it is very difficult to fill positions.

As of September 2022, the staffing shortage and inability to fill new positions remained a challenge for many CSBs in the past year. This may be an effect of nationwide staffing shortages in 2022, potentially a lingering challenge from the COVID-19 pandemic.



CSB staff mention staff turnover, long hiring processes, and lack of qualified candidates as the biggest obstacles to filling positions. CSBs also mentioned heavy workloads and low pay as specific challenges to hiring, and some CSBs reported using hiring incentives, such as sign on bonuses or increases in starting salaries, to address these issues.

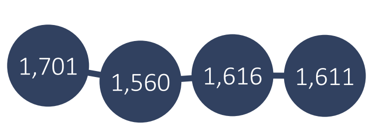
Individuals Served by CSBs

7,865 individuals received SOR-funded treatment services in year 4.

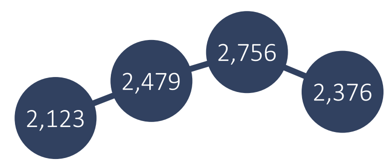
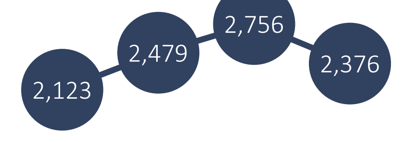
These individuals were supported through a wide range of treatment services. Trends across services differed in the past year. Wraparound services had an initial decrease in the first quarter, but steadily increased during the last three quarters. MAT and contingency management (CM) services also took an initial dip but leveled out as the year went on. Counseling services increased for the first three quarters but decreased in July – September 2022. These fluctuations may be tied to the changes in service method from CSBs since there has been an increase in in-person services across the grant year.

Number of People Served by Quarter:

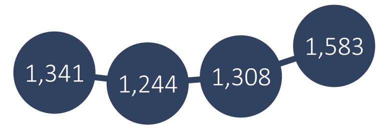
MAT Services
Prescription of medications such as buprenorphine for individuals with an OUD



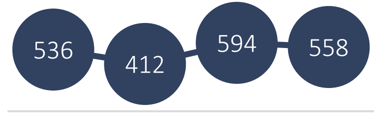
Counseling Services
Individual and group counseling, therapy, psychiatry, and crisis support

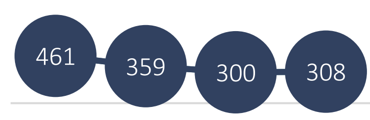
Wraparound
Case management, transportation, and childcare for treatment appointments



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



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

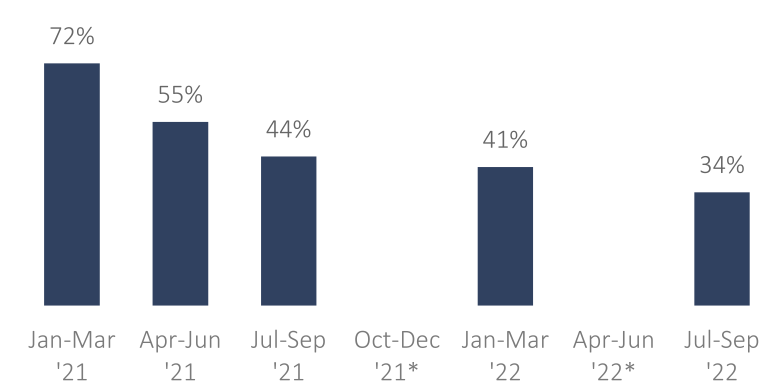


CM Success

"Our program began providing contingency management. This has been used to support participation in therapy, completion of necessary assessments and GPRA survey follow-ups. While this is still fairly new to us, we have seen an increase in client engagement."
-Valley CSB

CSBs continued to provide telehealth services to clients but compared to year 3 more services were in-person. All but three CSBs were offering some telehealth services as of September 2022. However, the percentage of virtual appointments has been decreasing since March 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:

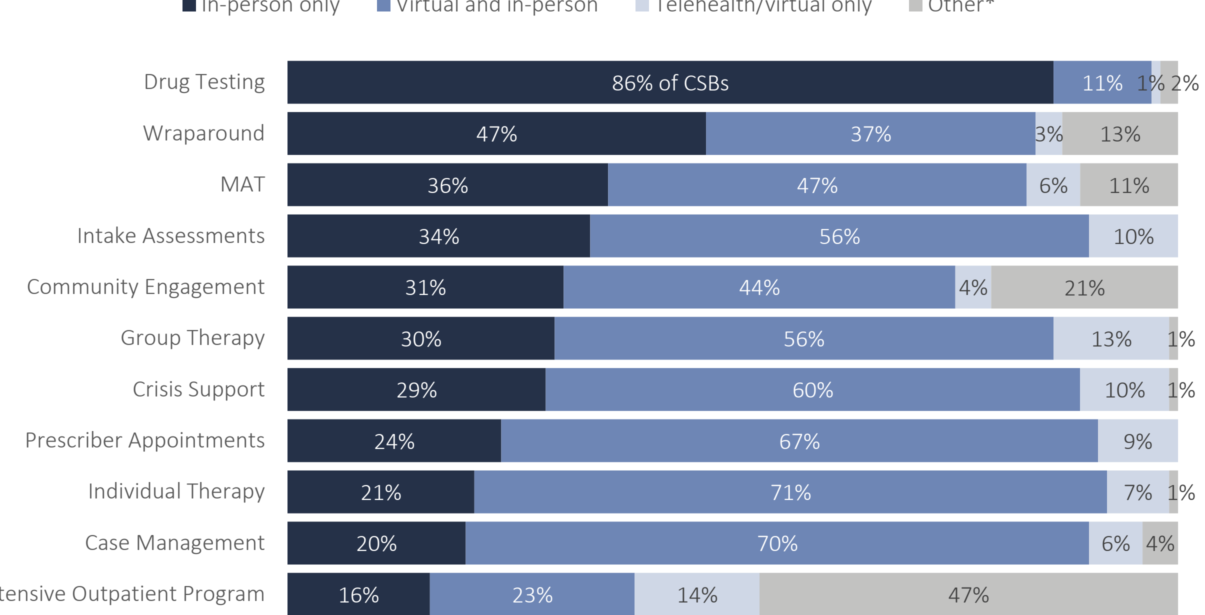


**This question was not asked in these quarters.*

Family Reunited

"A client that has been in/out of our program, entered our program over the summer. He has now completed IOP, has a stable job, just moved into three-bedroom apartment so his two kids can move back in with him. Him and his children are so excited to live together again!"
-New River Valley 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 be commonly implemented virtually. Overall, compared to year 3, many services have continued to move 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 the service, and have never provided the service. 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[8], indicating a need for increased access and availability of treatment services in a justice setting. Virginia has expanded its programs to improve access to services in these settings. Part of this expansion includes funding from the SOR grant to support jails and recovery courts (judicial monitoring of treatment and supervision of individuals in drug and drug-related cases as an alternative to incarceration) in forming partnerships 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 collected through the Treatment Quarterly Reporting Surveys throughout year 4 (see details in Appendix C).

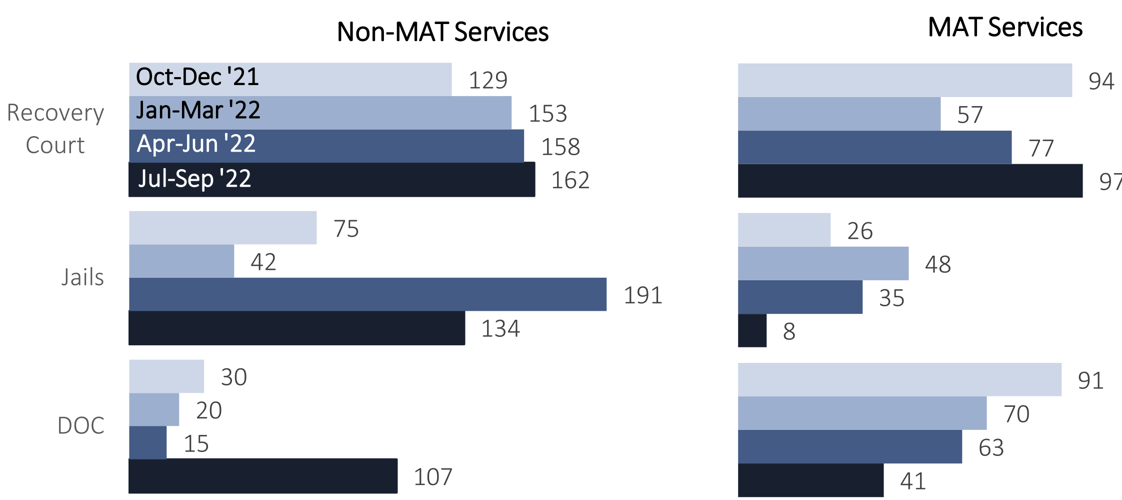
Hopewell-Prince George Drug Court

The Hopewell-Prince George Drug Court partnered with Merakey Parkside Recovery to provide various treatment services to 19 drug court participants, including:

- **132** outpatient group sessions
- **32** individual counseling sessions
- **132** peer recovery group or individual sessions
- Narcan training and distribution of Narcan kit for every participant

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

Number of people in MAT and non-MAT services supported by SOR funding in justice settings in year 4:



"On the Fast Track" to Drug Court Graduation

"Since enrolling in drug court, [a female enrolled in the program] is now employed full-time, has her own transportation (does not need bus tickets she informed us), and is on the 'fast track' in drug court to graduate. She has obtained her own housing and now has a healthier support system in place."
-Norfolk CSB

[8] 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.

SUD Jail Diversion Creating Hope and Opportunity

"An individual served by the program was incarcerated and pregnant at time of program admission. She had no natural supports, and no money; she was homeless and hopeless. Had she been sentenced to her guidelines, which would have meant giving birth while incarcerated and losing custody of her child. As a participant in the Substance Use Diversion Program (SUDP) was afforded the opportunity to be in a women and children's residential program. She gave birth to a healthy baby girl. She received the tools she needed to maintain her sobriety and parent, and she successfully completed residential treatment. Over the past year, with the support of SUDP programming, she obtained an apartment in a newly constructed apartment complex. She is starting her new life with the resources, recovery capital, and natural supports she will need to reach her goals of becoming a certified peer recovery specialist and giving back to others."

-Henrico CSB

With SOR funds, DOC has continued to grow OUD services to develop comprehensive programs that serve individuals while incarcerated, in preparation for release, and after release.

Medication Assisted Treatment Reentry Initiative (MATRI)

- This initiative was started in **13 pilot sites**, including six Community Corrections Alternative Programs (CCAPs), five prisons, and two Work Units.
- There have been **14 graduates** and an additional three expected December 2022.
- This initiative is open to all 43 releasing probation and parole jurisdictions.

Narcan/Naloxone Take Home Initiative

- Take home kits with naloxone are available at the 13 MATRI pilot sites for individuals being released from incarceration. **1,400 Narcan kits** were distributed from September 2020 to October 2022.
- The program ordered an additional 1,788 kits based on estimated projections and the success of the initiative.

Client Characteristics

The Government Performance and Results Act (GPRA) survey collects data from individuals receiving SOR-funded 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 4,939 participants who completed an intake GPRA survey during the four years of the SOR grant.

4,939* individuals completed an intake GPRA.

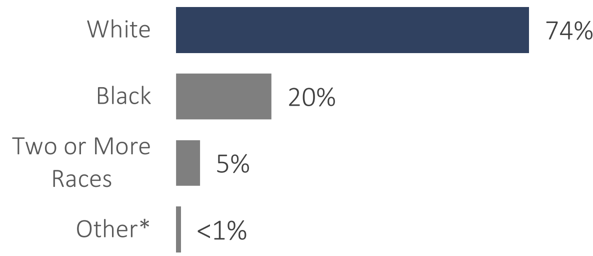
3,594 individuals completed a 6-month follow-up GPRA.

1,874 individuals completed a discharge GPRA.

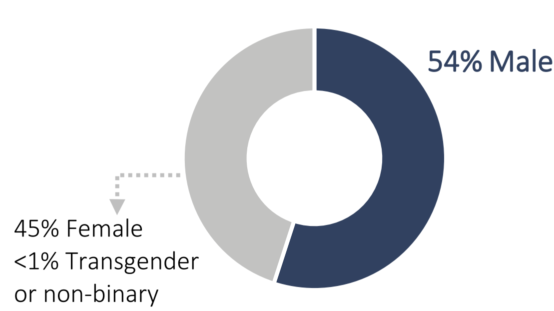
**This number reflects those who completed an intake GPRA. The total number of people who received SOR-funded treatment services is higher because some individuals are not enrolled in the evaluation if they do not receive ongoing services (e.g., individuals who only receive crisis services) and some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

Demographics

More than half of participants are male (54%), and most participants identified as straight (92%) and non-Hispanic/Latinx/e white (96%).



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



Average age was 40 years and ranged from 18-75 years.

4% identified as Hispanic or Latinx/e.

93% identified as straight, 4% as bisexual, 2% as gay/lesbian, and 1% as another sexual orientation.

77% have a high school diploma or higher education.

96% reported never serving in the military.

97% reported having reliable access to transportation.

36% are employed, 30% are looking for work, and 17% are disabled and not looking for work.

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

5% of women were pregnant or had given birth in the past year.

39% referred themselves to treatment and 29% were referred from a justice setting.

87% had been in treatment at least once before and 62% had been in treatment at least twice.

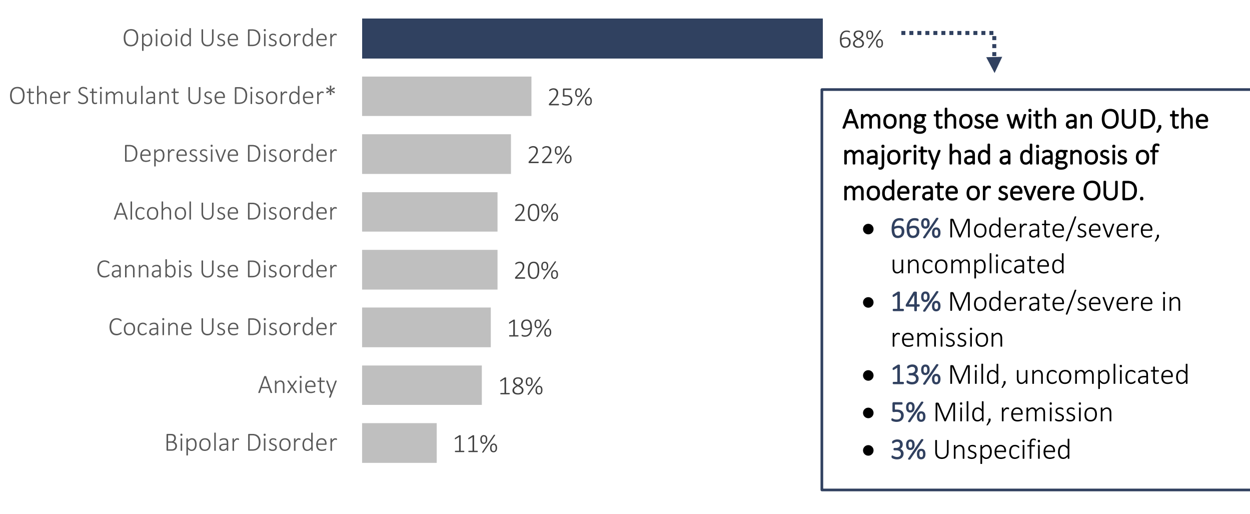
65% have experienced trauma at some point in their life.[9]

[9] SAMHSA defines trauma as physically or emotionally harmful or life-threatening experiences that have lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.

Substance Use History and Diagnoses

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

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



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

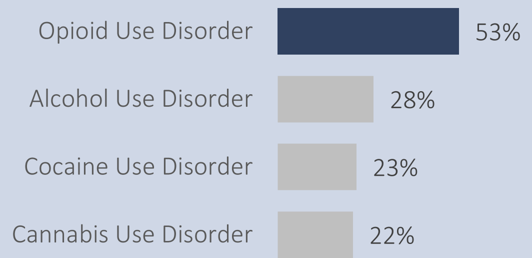
Numbers may total to greater than 100% due to rounding.

Justice Setting Treatment and Diagnoses

A subgroup of the individuals described above and on the previous page are involved in the justice system as follows:

- 1,042 individuals were currently **awaiting charges, trial, or sentencing**.
- 2,365 individuals were currently **on parole or probation**.
- 209 individuals were receiving treatment in the **justice setting.**

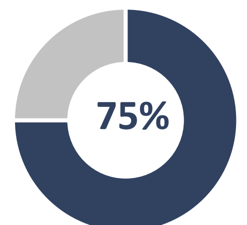
The most common diagnoses for those in the justice system varied from the general population. Cocaine and cannabis use disorders were in the top four most common diagnoses for this group but not for the general population.



- 81% of these individuals received peer recovery support
- 80% recovery support
- 63% relapse prevention
- 60% substance use disorder education
- 50% individual counseling

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.

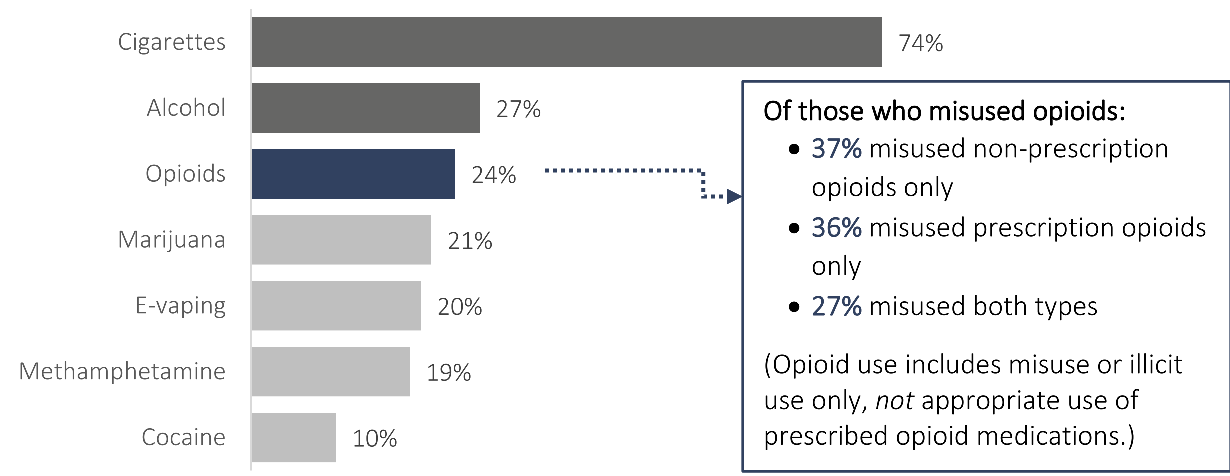
Approximately 9.2 million adults have a co-occurring disorder in the United States, which can create additional barriers and stress for individuals seeking treatment.[10]

Co-occurring Disorder Recovery Experience

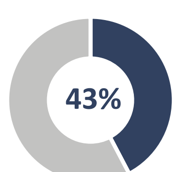
"A client in our OBOT program started using drugs at age 15 and continued use until age 48. In addition to substance use disorders, she also deals with multiple sclerosis, anxiety, and PTSD. With the help of rehab, NA meetings, her recovery house, sponsor, therapist, and other providers, she has been sober for one year now. She credits her great relationship with her providers, and says she feels she can be honest with them to receive the help she needs. She says the hardest part of her recovery was experiencing her emotions without drugs, and she would not have been able to get through it without the support and treatment she received."
-Richmond Behavioral Health Authority

Nearly a fourth of participants reported misusing opioids in the past 30 days.

Cigarettes and alcohol were the only substances with higher use rates than opioids.



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



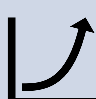
of participants (2,005 people) have overdosed on drugs at least once in their life.

1,053 participants reported they have been revived from an overdose with naloxone.

[10] Co-occurring Disorders and Other Health Conditions, 2022. SAMHSA

Client Outcomes

To measure changes in client outcomes over time, intake and latest assessment data from all four years were matched by unique IDs. The goal was to analyze a person's progress from intake to the latest time point when they were interviewed to capture the full period of SOR-funded services. A latest assessment may be a 6-month follow-up interview or a discharge interview. There were **2,049 individuals with both a complete intake and latest assessment GPRA interview** over the course of the four-year grant. The data from these individuals was analyzed to determine changes in client responses over time. Throughout this section, data from the 2,049 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 and statistical significance can be found in Appendix C.



Results shows that SOR grant services are positively impacting the treatment and recovery journeys of individuals served across areas including substance use, mental health, and social connection.

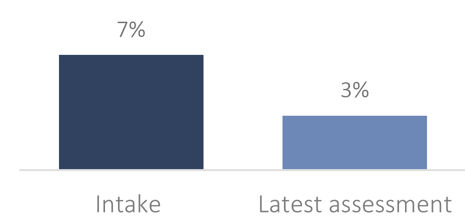
In addition to their statistical significance, many of the changes in this section represent meaningful change in the daily lives of those receiving treatment and recovery services.

Substance Use & Treatment

From intake to the latest assessment, substance use significantly decreased for all substances. The largest decreases were reported in opioid misuse, one of the main focuses of the grant. Stimulant use, the other focus of the grant, decreased by 46% from intake to latest assessment.

		Decrease in Number of People Who Used in Past 30 Days	Statistically Significant Decrease	Intake Use Rate	Latest Assessment Use Rate
	Any Illegal Drug Use	↓ 51% decrease	☑	38%	19%
SOR Focus Areas	**Any Opioid Misuse**	↓ 64%	☑	25%	9%
	Non-Prescription Opioid Misuse	↓ 59%	☑	15%	6%
	Prescription Opioid Misuse	↓ 73%	☑	17%	5%
	Any Stimulant Use	↓ 46%	☑	16%	9%
	Methamphetamine	↓ 30%	☑	16%	11%
	Cocaine	↓ 29%	☑	12%	9%
	Alcohol and Tobacco Use				
	Electronic Vaping	↓ 22%	☑	39%	30%
	Other Tobacco	↓ 36%	☑	29%	19%
	Alcohol	↓ 34%	☑	24%	16%
	Cigarettes	↓ 7%	☑	83%	78%
	Marijuana	↓ 28%	☑	26%	19%

The proportion of participants who reported injection drug use significantly decreased from intake to latest assessment.

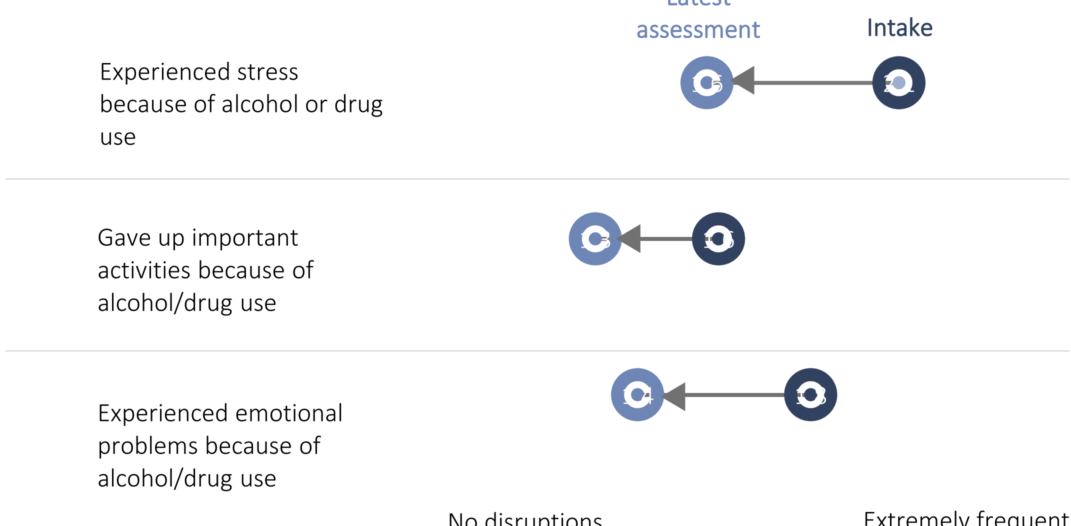


Long-Term Program Engagement

"A client has been participating with OBAT treatment services for 3 years without a return to using illicit opiates. She is now expecting her second child and has completed college classes. She is in a stable relationship with her long-term partner."
-Valley CSB

At the latest assessment, on average, 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.

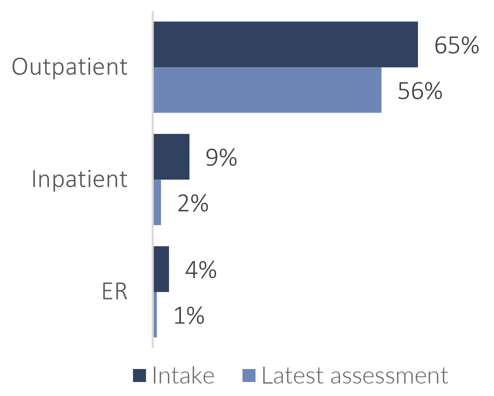


Another measure important to a participant's recovery is recovery capital. Recovery capital is the characteristics and assets that a person develops on the recovery journey from a substance use disorder. The BARC-10 (Brief Assessment of Recovery Capital) is a validated questionnaire that assesses an 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 Recovery Support Services section (page 72).

The percentage of participants who required inpatient, outpatient, or emergency department (ED) treatment for substance use in the last 30 days significantly decreased from intake to latest assessment.

There were also significant decreases in treatment for any medical issue in inpatient, outpatient, and ED settings.

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



Integration of Behavioral Health and Primary Care

"Our agency is proud that we have begun to utilize primary care services for our consumers enrolled in case management and MAT. Primary care has been instrumental to those consumers who have lacked this valuable resource in the past. With our service they are able to receive care in a friendly, familiar environment. Once they have received their initial physical, check-up, and blood work, primary care providers in the community are more willing to enroll them in permanent care. This allows the consumer to be treated for ongoing medical concerns such as hepatitis C with a provider who can continue to care for their physical health on an ongoing basis. We look forward to continuing to expand this valuable service and are so grateful to SOR for providing the funding to make it possible."

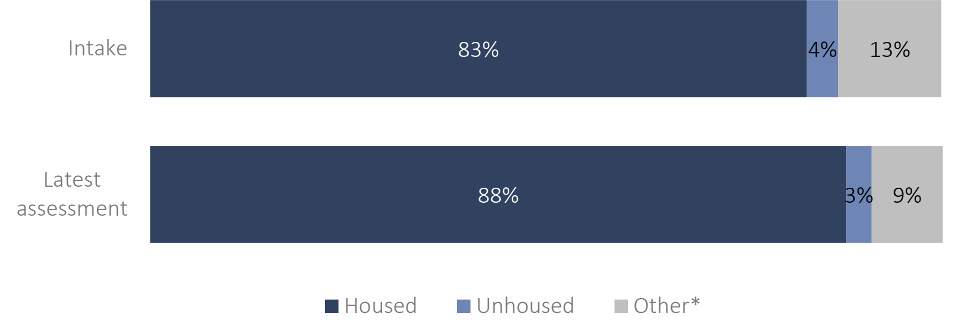
-Highlands CSB

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 65% at intake to 74% at latest assessment.

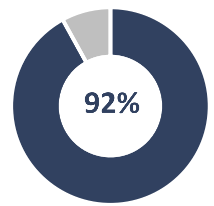
At the latest assessment, there was a statistically significant increase in participants who reported stable housing.



*Other includes:

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

Most participants report having friends or family 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 is consistently high at both intake (90%) and the latest assessment.

Mental Health and Quality of Life

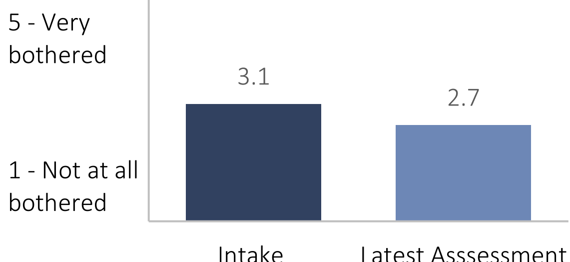
The percentage of participants reporting mental health issues significantly decreased at latest assessment, but the overall prevalence of mental health issues remains high. Ongoing mental health support is critical to maintain and advance gains made through treatment and recovery services.

Although there was a **significant decrease in participants experiencing any mental health issues (71% at intake; 60% 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

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

Amount that participants were bothered by psychological and emotional problems:



Medication-Assisted Treatment and Improved Life Satisfaction

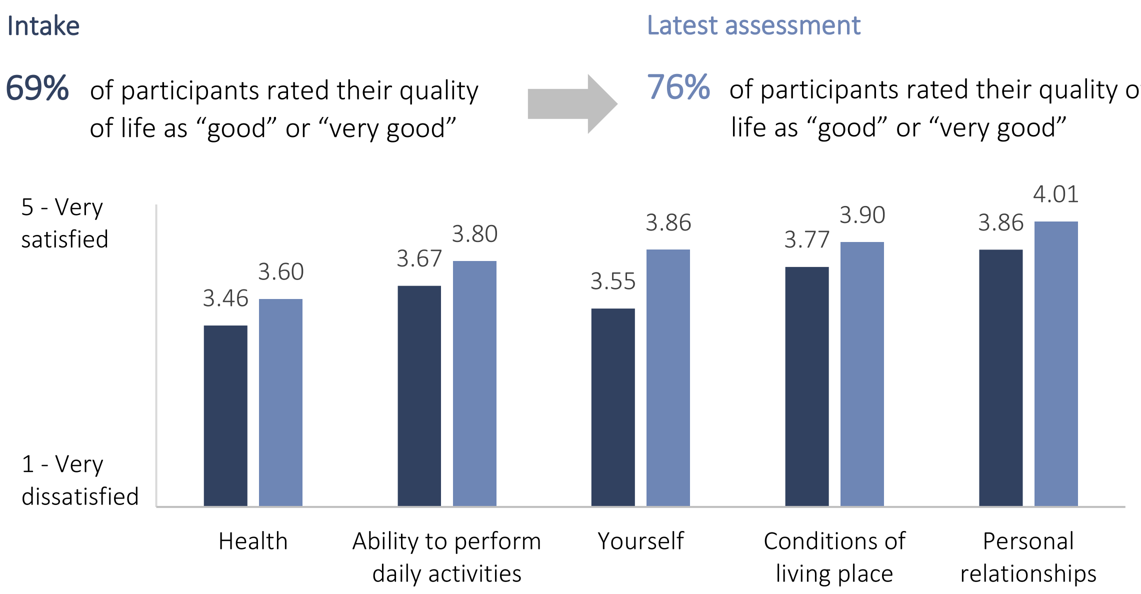
"Mr. Lawrence has been enrolled in our MAT program for several months. He has made great progress during this time. Mr. Lawrence has reported improved relationships with family members and states that he feels much better physically.

Mr. Lawrence reports that he 'was about as bad as you could get' during active addiction. He states that he spent $15,000 on substances in one year.

Since beginning treatment, he reports a significant improvement in his life. He reports 'I just drove by the office and decided to turn in one day. It was one of the best decisions I ever made.' He states that he and his spouse are getting along much better.

Throughout his time in treatment, Mr. Lawrence has been a great example of the benefits of the MAT program. He attends all treatment appointments, is open, and continues to pass drug screens. Mr. Lawrence appears to be making strides in his personal life, mental health, and financial stability."
-Dickenson County Behavioral Health Services

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

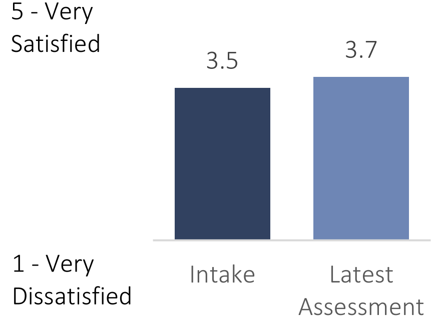


Outcome domains can be a helpful way to assess change for treatment participants on various aspects of health. Selected items from the GPRA assessment were grouped to create three domains that represent outcome areas of everyday life: satisfaction, substance use impact, and overall mental health. Information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

Life Satisfaction Domain Scores

Participants (n = 1,954) 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.



On average, 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 Domain Score

Participants (n = 1,417) 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.

4 - Strongly Agree
1.8
1.4
1 - Strongly Disagree
Intake
Latest Assessment

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**:

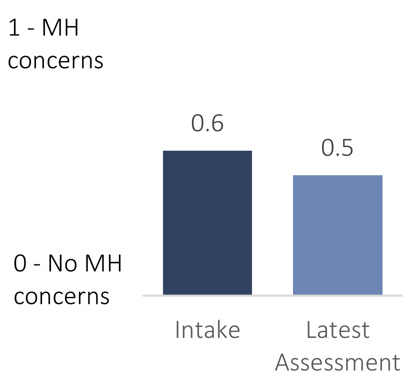
- Were more likely to have a valid driver's license
- Were more likely to be employed
- Were less likely to have used illegal drugs, any type of opioid, or any stimulants in the past 30 days

Gabbie's Recovery Experience

"'Gabbie's story is filled with ups and downs, and tragedies which she has turned into triumphs. She has regained full custody of her daughter with a closed CPS case; she processed life trauma and gained acceptance of her experiences; she has built a recovery network; she has remained abstinent from alcohol; and she has acquired full-time employment and housing! In her own words:

'Recovery is amazing. I hear my daughter laugh now and it's the greatest song. I see her smile and it's as if it's the first time every time. I cannot thank the staff at RBHA enough for being so compassionate and caring and just finding a career to help people like me. The help I received has changed my life for the better. They taught me some life skills I never thought I was capable of. Because of them, I'm in line to have a place of my own, I have my daughter back, and I have an incredible job. I have come to see obstacles as another way for me to make my daughter and myself so proud. My stay at RBHA was an incredible one. I'm so lucky to have the amazing support of these incredible women and continue to make them proud. They've unleashed dreams I cannot wait to start to bring to life.'"
-Richmond Behavioral Health Authority

Mental Health Concerns Domain Scores



Participants (n = 1,876) 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 Recovery 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 4 of the State Opioid Response (SOR) grant built on partnerships established in previous grant years with agencies that are well positioned to provide peer support services that span the entirety of the continuum of care. Although the bulk of recovery services are provided by peer supporters, a small portion of recovery services are provided by other professionals. The sections that follow highlight SOR-funded recovery support services provided by peer supporters and others across Virginia.

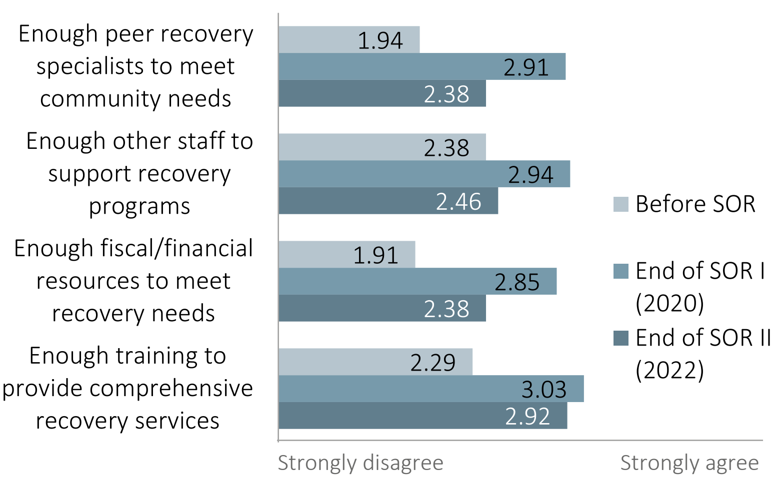
Key Peer Recovery Support Strategies

- 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
- Increase buy-in for peer recovery services that span the continuum of care by measuring outcomes

Peer Recovery Support Capacity

SOR funding has allowed organizations to build capacity and resources that strengthen peer support services and other recovery-focused programming. Organizations 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 at the end of SOR II is lower compared to the end of SOR I, 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 50 for more information about organization capacity.)



> "SOR Funding provided an opportunity to increase capacity of peer and recovery services for our community. We used SOR funding to directly support individuals in the recovery house, peer groups, and the ED setting."
>
> "We continue to struggle as a rural agency to provide all of the services that our community needs to flourish."
>
> – Organization Leadership

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

Recovery Support Services Overview

Across all partners and providers, year 4 of SOR funding provided recovery-focused support to a total of 30,633 individuals across Virginia.

The table below summarizes various settings where SOR-funded recovery services were provided, as well as the total number of unique individuals served in each setting during year 4 of funding. The pages that follow detail the recovery services provided in each of the settings listed below and the outcomes of these services.

SOR-Funded Recovery Support Setting	Number of unique individuals served in year 3
Community-Based Organizations provided a wide range of SOR-funded recovery supports, including in-house and community-based services. (See page 49 for additional information.)	27,399
Virginia Department of Health sites provided SOR-funded peer support that spans the continuum of care. (See page 56 for additional information.)	2,121
Virginia Department of Corrections (DOC) Peer Recovery Specialist Initiative provided peer-led group support within the DOC system. (See page 59 for additional information.)	259
Collegiate Recovery Programs received SOR support to increase student membership, provide direct services, and provide campus-wide outreach. (See page 63 for additional information.)	854 students

Peer Support Integrated Across the Continuum of Care

SOR subgrantees highlighted numerous ways that peer supporters are being integrated into various programs and efforts to provide support that spans the continuum of care. Some examples include:

- ✓ Participating in prevention activities such as coalition meetings or drug take-back events
- ✓ Planning community events, such as recovery month celebrations
- ✓ Attending or co-presenting prevention webinars and trainings
- ✓ Developing programming and resources, such as harm reduction kits
- ✓ Providing *REVIVE!* training and supporting Naloxone distribution
- ✓ Co-facilitating clinical groups in collaboration with treatment providers

"Peer Recovery Specialist are vital assets to helping shine light and depth of truth to the struggles that individuals seeking recovery resources and guidance [face]." – Prevention Staff

Community-Based Organizations

Community-based organizations are integral providers of SOR-funded services. In addition to providing in-house substance use disorder (SUD) recovery services, many of these organizations partner with hospitals, justice settings, and community spaces to provide peer support services that meet the most vulnerable individuals when and where they need support the most. This section outlines the services provided by the community-based organizations that received SOR recovery funding. A full list of sites is available in Appendix A.

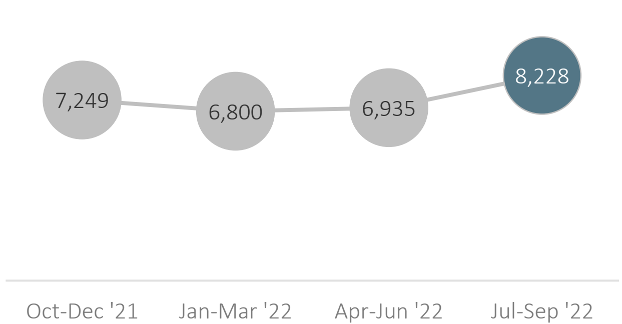
General Recovery Support Services

In year 4, 41 sites delivered SOR-funded recovery services to a total of 27,399 unique individuals.

The 41 community-based organization sites included:

- 37 Community Services Boards and Behavioral Health Authorities*
- 2 Community Health Centers
- 2 independent organizations that provide SUD mental health recovery services

SOR-funded recovery services remained relatively consistent across year 4, with a small increase to 8,228 unique individuals served from July – September 2022.



Organizations estimated that peer supporters provided

88%

of SOR-funded recovery services in year 4. The rest of the services were provided by other staff or clinicians.

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 (27,399).

Supporting PRS Training

"We used SOR funding to host a PRS training to support clients in pursuit of becoming a Certified PRS. One of the participants stated that she knew that she had a higher calling to help others but did not know how to do this. Through the course, she has gained a thorough understanding of the benefit of sharing her story and experience, coaching others, and empowering people. She states that she feels that she survived her 30+ years of extensive substance dependence to get to this point and help others so that they do not have to sustain what she went through."

-Arlington County CSB

**Due to data collection challenges, one organization was not able to provide accurate quarterly numbers. Numbers provided by this organization are included in the annual total but are excluded from all data reported by quarter.*

Recovery Support Services Capacity

Organizations providing recovery services have described experiencing shifts in the needs of the individuals they support over recent years. Organizations were asked questions about the changes they witnessed in the number of clients seeking services and the level of care they required, as well as the organization's capacity to manage these changes in the Quarterly Reporting Surveys.

"We have seen how transformative peers are and have been looking for additional ways to implement peer related services within our agency and furthering the peer's scope of practice within SOR."
- *Western Tidewater CSB*

"We are in a process of revamping our peer services to incorporate more avenues for clients to get the benefit of working with our peers individually. We could always use more peers... However, we have 12 positions in the agency for peers and we average having 8 of those positions filled at any given time."
- *Blue Ridge Behavioral Healthcare*

- ✓ Throughout year 4, **the majority of organizations reported the same number of clients or more clients seeking services** as compared to six months ago.
- ✓ Throughout year 4, **all organizations reported that clients required the same or a higher level of care** than they had six months prior.
- ✓ Across all quarters, **the majority of organizations reported being "mostly" able to meet individuals' needs**, rather than not at all, somewhat, or completely able.

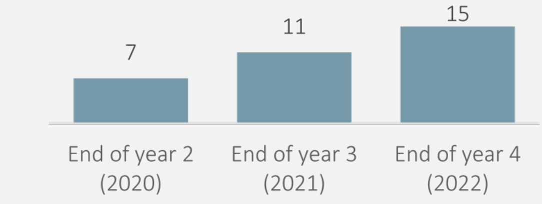
Recovery Services Provided by Peer Supporters

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

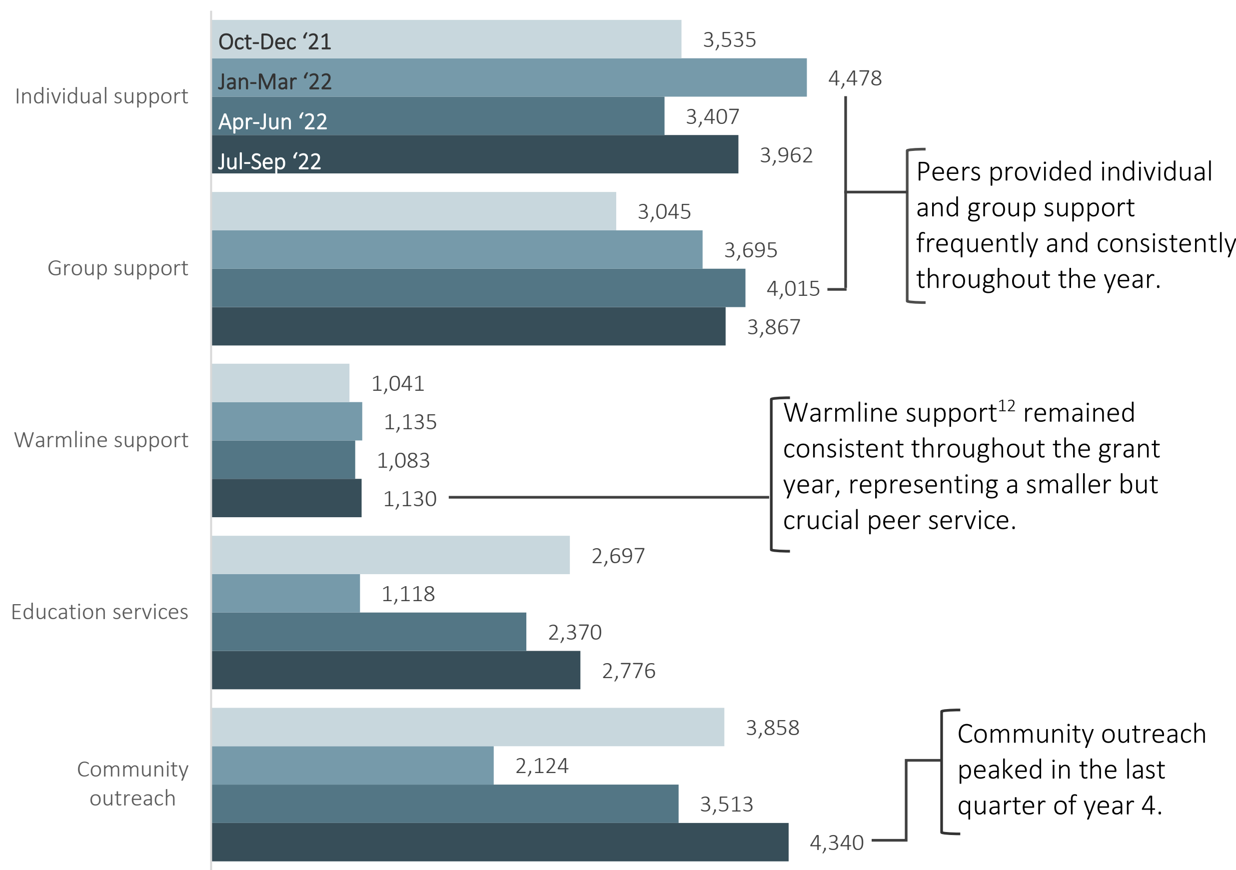
The number of peer supporter positions that were actively providing services across the state grew through grant year 4, increasing from 115 peer supporters in quarter 1 to 125.5 peer supporters in quarter 4. (Part-time peer positions are counted as ".5".)

Peer Support Sustainability

Throughout the SOR grant, **the number of organizations collecting Medicaid reimbursement for peer recovery support services continues to grow**. These efforts will support sustainable funding for peer services in the future.



Throughout the grant year, 19,791 individuals received recovery or peer coaching across 35 organizations. This growth represents a 32% increase in individuals served from year 3, and a 17% increase in agencies providing recovery or peer coaching.



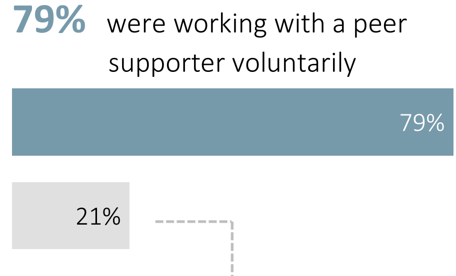
Peer Support Engagement

The Government Performance and Results Act (GPRA) survey collects data from individuals receiving SOR-funded treatment and recovery services at 38 of the community-based organizations included in this section. 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. 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 4,939 participants who completed an intake GPRA survey during the four years of the SOR grant.

[12] Warmline support is offered through free, peer-run phone lines that connect callers to resources or other SUD-related needs. They do not typically offer acute, crisis management like hotlines.

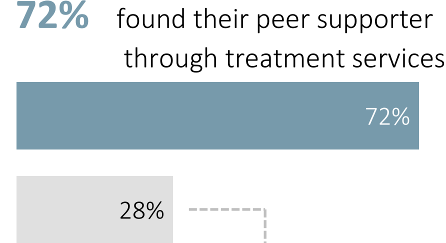
Throughout the SOR grant, 48% of GPRA participants reported working with a peer supporter at intake to services. Among those individuals:

79% were working with a peer supporter voluntarily



The other 21% were mandated to work with a peer supporter through a treatment program (16%), the court system (4%), or another entity (1%).

72% found their peer supporter through treatment services



The other 28% were connected through a jail/prison setting (9%), an AA/NA sponsor (6%), a support group (6%), a hospital (3%), or another source (4%).

When compared to individuals not working with a peer supporter, **individuals who did report working with a peer were more likely to report**:

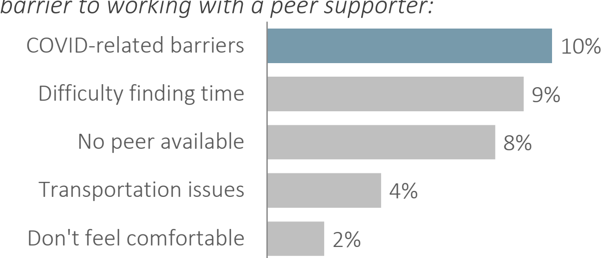
- Higher reported importance of substance use treatment
- Less stress because of substance use
- Fewer instances of giving up important activities due to substance use
- Fewer emotional problems due to use
- Increased rating of their quality of life
- Increased energy for everyday life
- Greater satisfaction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

Because these differences were present at intake as well as latest assessment, the individuals working with a peer were likely further along in their recovery process at intake. These individuals maintained greater rates of desirable outcomes at their latest assessment, despite growth in these areas for both groups. Further, despite the differences noted above, there were no meaningful demographic differences (e.g., gender, race, age) between those working with a peer and those who were not, suggesting that whether a person engages in peer support may be related to where they are in their recovery process rather than demographic characteristics.

Among those not working with a peer supporter at intake, 30% were not interested in working with a peer supporter and 21% planned to start with a peer supporter soon. The rest were interested but cited barriers to working with a peer supporter, most commonly COVID-related barriers.

Notably, the majority of barriers cited were situational (e.g., COVID constraints, time limitations, and transportation challenges), while a very small percentage of respondents reported being unaware of peer services or feeling uncomfortable working with a peer supporter. These results suggest that awareness of the peer support role may be growing, while stigma related to peer support may be decreasing.

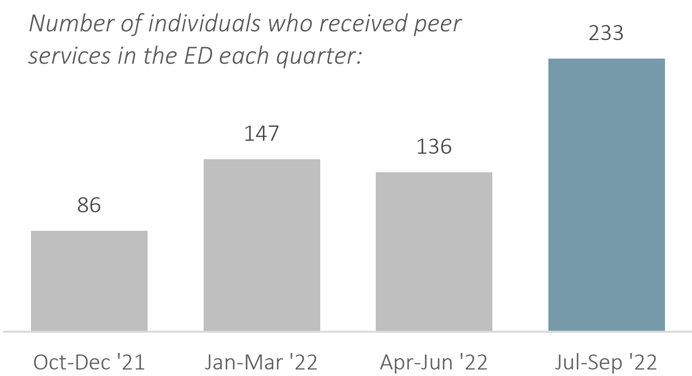
Percentage of respondents (n = 1,734) who cited each barrier to working with a peer supporter:



Hospital 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 organizations to partner with hospitals to provide peer support in emergency departments across Virginia.

13 organizations provided SOR-funded peer services to individuals in emergency departments during year 4, with the greatest number of individuals served in the fourth quarter, July through September.



Virginia Hospital and ED-Based Peer Recovery Support Dashboard

One goal for year 4 of the SOR grant was to gain a more accurate understanding of the ED-based peer recovery support that is available across Virginia. To date, several barriers have interfered with sharing accurate information in this area, such as the number of hospitals in Virginia, the wide range of program models, and frequent changes in services being provided. During year 4, OMNI and the DBHDS SOR team began developing an updated process for collecting and sharing this data that addresses these challenges. Initial steps in this effort include:

- Implementing a survey with SOR subgrantees to collect initial information about existing ED-based peer recovery support.
- Designing a live, online dashboard that will share the most updated information available about these programs.
- Developing an ongoing, public survey that allows organization or hospital staff to share information about their ED-based peer programs in a streamlined way.

The public dashboard will include program-specific information that can be viewed in various ways, including table and visualization options like the map shown below.

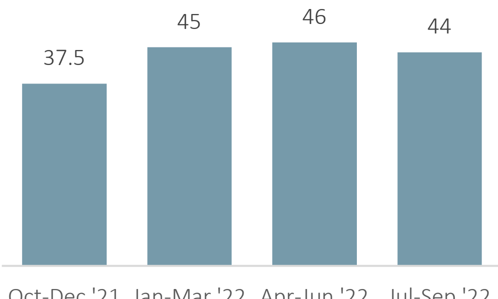
Some of the datapoints available will include:

- Program structure (e.g., on-site vs. on-call peers, peer employer)
- Average number of patients served per month
- Number of peers in the program
- Hours of operation
- Hospital name and association
- Sustainability efforts taken by the program

Justice Setting Peer Support

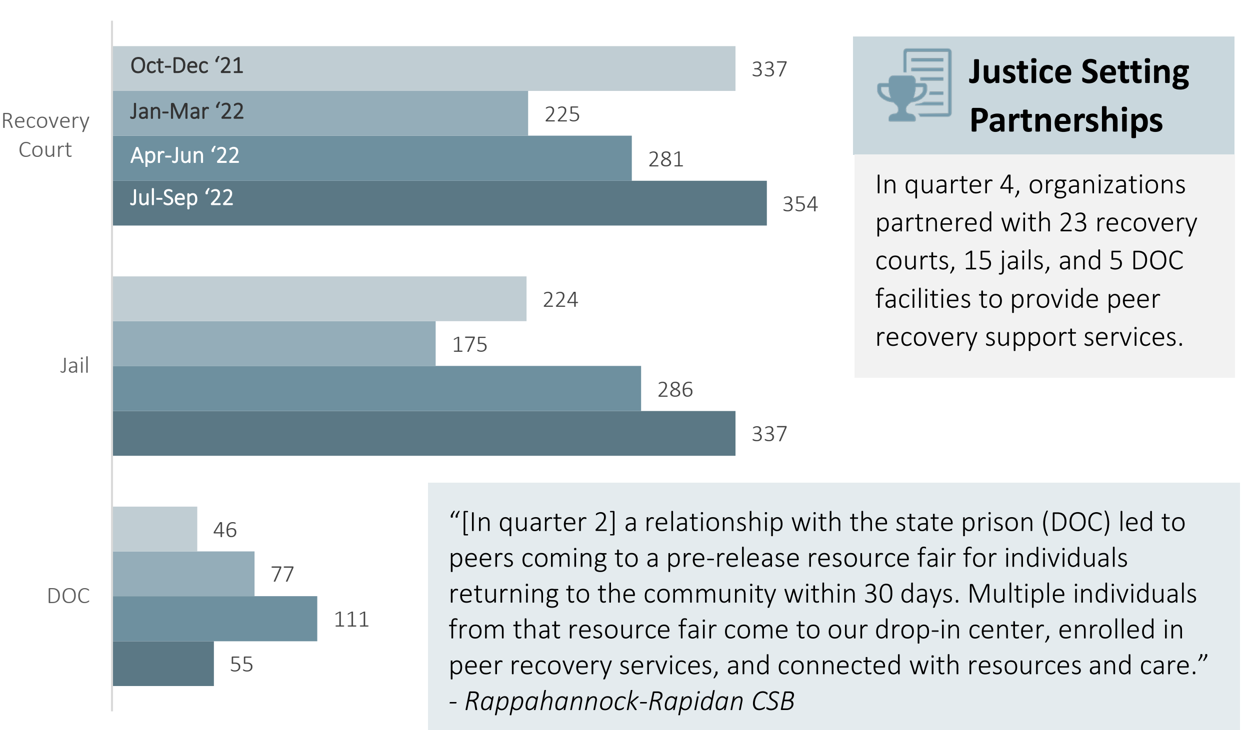
As justice-involved individuals are a priority population in Virginia's SOR strategy, community-based subgrantees have provided peer support services in regional and local jails and recovery-focused court programs (judicial monitoring of treatment and supervision of individuals in drug and drug-related cases as an alternative to incarceration). In addition, organizations have developed services for Department of Corrections (DOC) facilities. Per the Recovery Quarterly Reporting Survey, SOR-funded peers from 28 organizations provided recovery services to individuals in these settings at some point during SOR year 4.

In SOR year 4, an average of 43 peers provided recovery support in justice system settings each quarter. The number of peers providing these services increased after the first quarter and then remained consistent.



"Hanover CSB completed our first year at the regional jail with a SOR-funded peer embedded in the jail to discuss receiving Vivitrol with interested inmates. Twelve individuals received an injection at the jail this year, as well as a resource bag which contains Narcan and other resources at their release."
- Hanover CSB

The majority of peer recovery support services were provided in recovery courts and jails. The greatest number of individuals received peer services in recovery courts and jails during the fourth quarter of year 4.



Justice Setting Partnerships

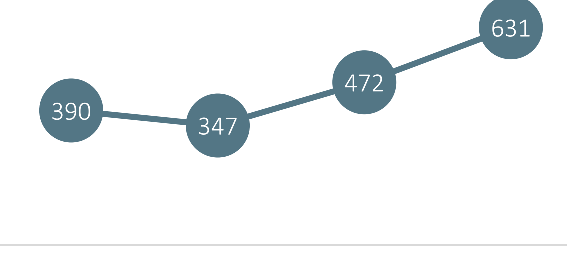
In quarter 4, organizations partnered with 23 recovery courts, 15 jails, and 5 DOC facilities to provide peer recovery support services.

"[In quarter 2] a relationship with the state prison (DOC) led to peers coming to a pre-release resource fair for individuals returning to the community within 30 days. Multiple individuals from that resource fair come to our drop-in center, enrolled in peer recovery services, and connected with resources and care."
- Rappahannock-Rapidan CSB

Recovery Housing Support

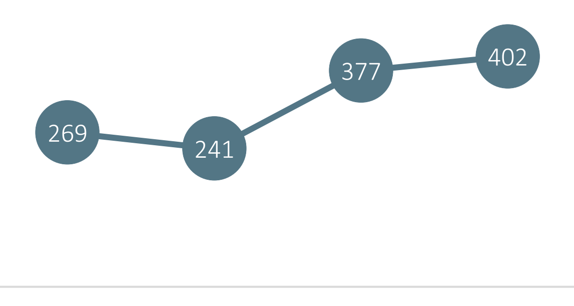
In community-based organizations, peer supporters and other recovery staff provided direct housing services through temporary recovery housing programs as well as connecting individuals to housing programs and resources at other organizations.

Peer supporters at 21 organizations provided housing support. The number of individuals receiving housing support grew across the funding year, reaching a peak of 631 individuals in the fourth quarter.



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.

16 organizations provided temporary recovery housing using SOR funds. The number of individuals receiving temporary recovery housing also increased across the funding year, reaching a peak of 402 individuals in the fourth quarter.



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

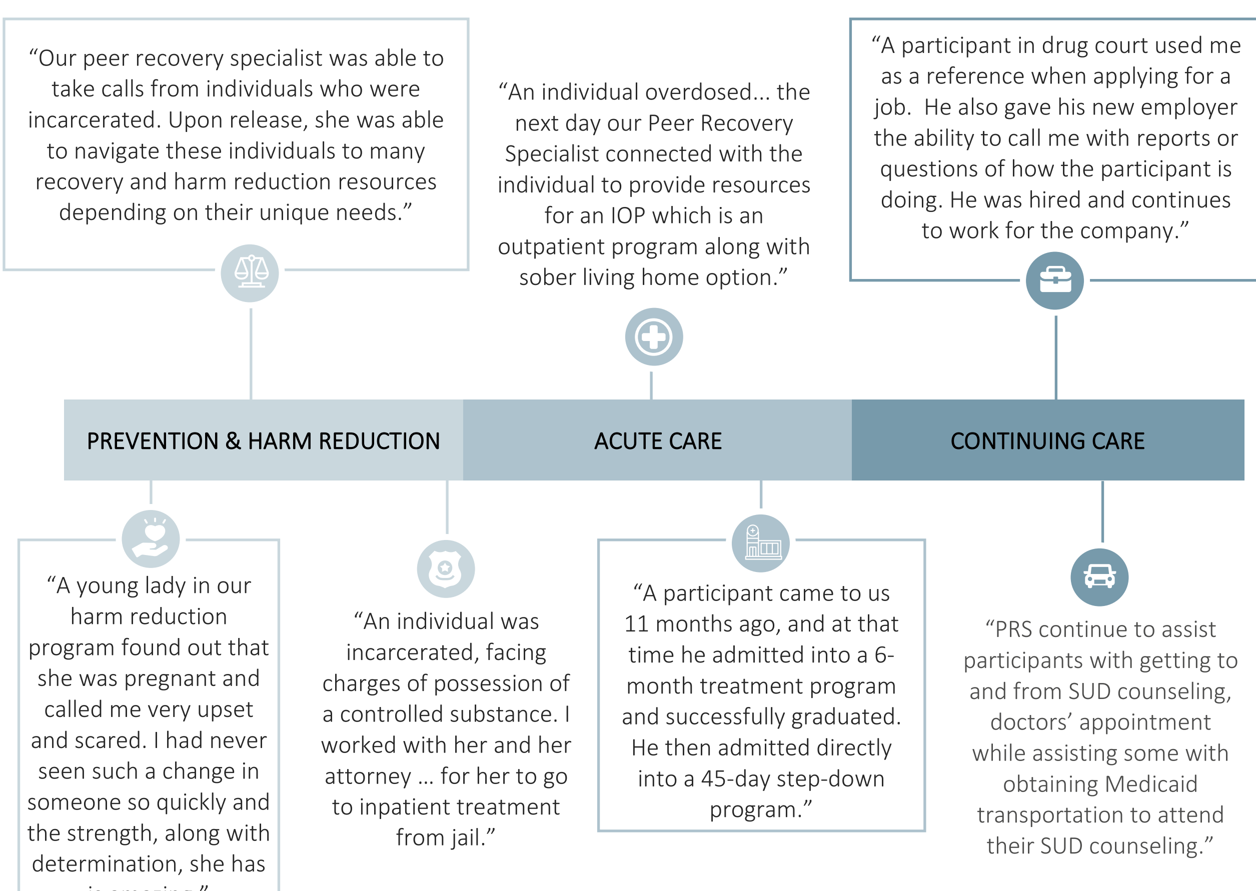
Residential Peer-Led Support Continues in Year 4

The Healing Place at Caritas was responsible for the majority of recovery housing provided in SOR year 4. This program provides residential recovery services to those experiencing homelessness in the Richmond metro area. In the last quarter of the year alone, the Healing Place provided 361 individuals with housing and counseling support. Built on a peer-led model, 100% of services were administered by their 9 peers.

Virginia Department of Health Peer Support

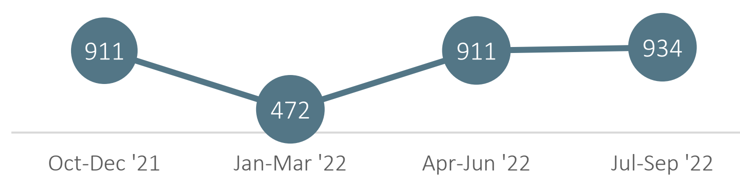
Five local health districts (see Appendix A for list of sites) continued to receive SOR funding through the Virginia Department of Health (VDH) for peer support positions, often piloting new and creative programs that fully exemplify the range of the peer role. Though many of the services offered through VDH sites are similar to those provided by other community-based organizations, the VDH peer supporters are intentionally placed in critical intersection points, including harm reduction centers, emergency departments, and court systems, in an effort to support individuals missed by more traditional services. 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.



Six peer supporters at 5 VDH sites provided services to 2,121 individuals.

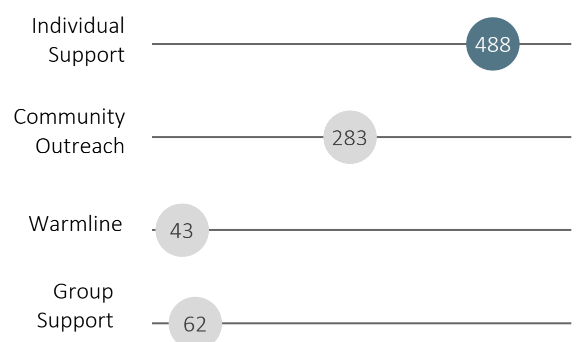
The number of individuals receiving services dropped in the second quarter of the grant year but bounced back in the third and fourth quarters.



Oct-Dec '21 Jan-Mar '22 Apr-Jun '22 Jul-Sep '22

In quarter 2, multiple VDH sites reported lower numbers of individuals served than in other quarters. One site attributed the reduced numbers to having one of their two peer positions vacant during that time.

Individual support was the most common service provided from July to September 2022, the quarter with the highest number of individuals served.

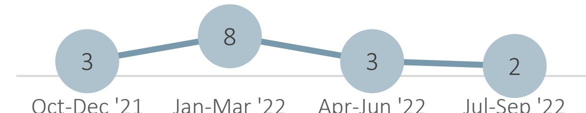


Answering the Call

"Just a couple of days ago, one of my peers got some really bad news and instead of doing what she is used to doing, which is using to numb the feelings she doesn't like to feel, she picked up the phone and called me and asked if I could please come and sit with her just so she could have someone positive in her presence. She is still sober today!"
- *Rockbridge Area Health Center (Lexington)*

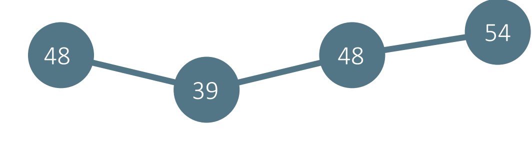
Peer support in EDs provided by VDH peer supporters peaked in the second quarter, while support in justice settings fell in the second quarter and peaked in the fourth quarter of the grant.

Number of individuals receiving services in an ED each quarter:



Oct-Dec '21 Jan-Mar '22 Apr-Jun '22 Jul-Sep '22

Number of individuals receiving services in a justice setting each quarter:



Oct-Dec '21 Jan-Mar '22 Apr-Jun '22 Jul-Sep '22

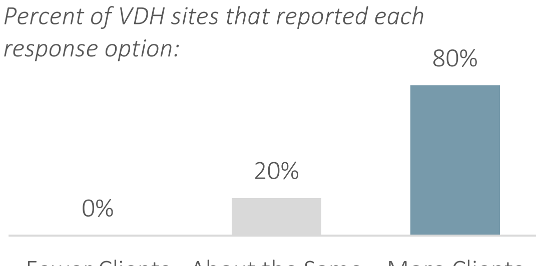
60%

of VDH sites stated that individuals seeking services **required a higher level of care** in the previous 6 months. This reflects a decrease from year 3, when 100% of sites reported that individuals required a higher level of care.

In year 4, most VDH sites reported that the number of individuals seeking services had increased compared to 6 months ago.

This reflects an increase from 2021, when 57% of sites reported more individuals. Despite the increase in the number of individuals seeking services, **86% of sites reported they were able to "mostly" or "completely" meet the needs of their clients**. Nearly all sites noted that **SOR funding is the only reason they can afford to provide peer services**.

Percent of VDH sites that reported each response option:



Supporting Clients from Harm Reduction to Recovery

"A syringe exchange and harm reduction participant had been talking to me the past couple months about getting clean and moving back home to start over. After speaking to her we both agreed it would be a good idea, but only if she had a plan. So, she and I came up with a plan that involved receiving treatment for her substance abuse issues, attending local meetings, finding a job, and calling me once a week. A week later she called to let me know that she had made it home and that she had already accomplished everything we planned out for her to do. She was even able to get her job back that she used to have before she left to come here. The past two weeks she has sounded so happy and full of joy."
- *Wise County Health Department/Lenowisco Health District*

Department of Corrections PRS Initiative

The Virginia Department of Corrections (DOC) received SOR funds to implement the Peer Recovery Specialist (PRS) Initiative for individuals involved with DOC across the commonwealth. The initiative contracts with PRS to facilitate groups in DOC-affiliated settings. To support evaluation efforts, two surveys were implemented throughout year 4 of SOR funding:

1) Group participants completed the PRS Participant Impact Survey to assess engagement and outcomes, including recovery capital as measured by the BARC-10 tool (see page 72 for more information and related findings), 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.

SOR year 4 supported 20 PRS who facilitated more than 30 active recovery groups, impacting 259 participants.

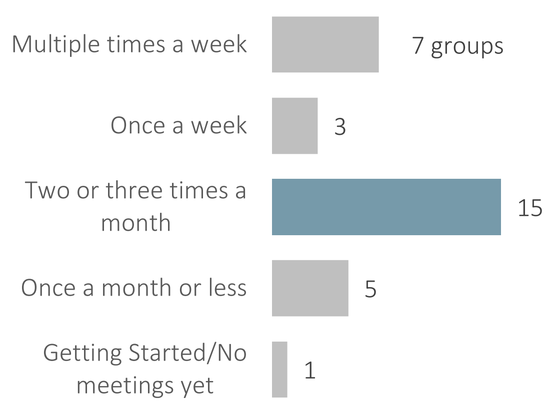
The DOC PRS Initiative supported **20 Peer Recovery Specialists.**

36 unique recovery groups were held in the first half of the grant year, and **32 unique recovery groups** were held in the second half.

Group sessions averaged 4 participants per group **impacting over 250 participants across Virginia** during SOR year 4.

By the end of year 4, most groups met two to three times a month, with some weekly or multiple times per week, and one new group getting started.

Number of groups with each meeting frequency:

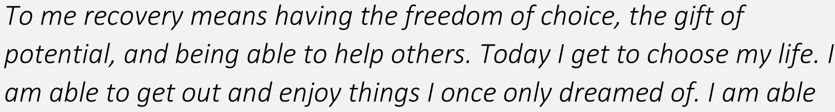


"Peer Recovery Support helps me in so many ways. It gives me the confidence and motivation I needed to help me overcome my addiction. It allowed me to feel safe in a judgment free zone to...openly talk about my addiction. It also helped me put together a plan to take the necessary steps to overcome my addiction."
- *PRS Initiative Participant*

"The best part of peer support groups is the people you meet and the testimony that you hear from different people who have similar life experiences, which gives me the motivation I need to stay on the right path on my journey through recovery."
- *PRS Initiative Participant*

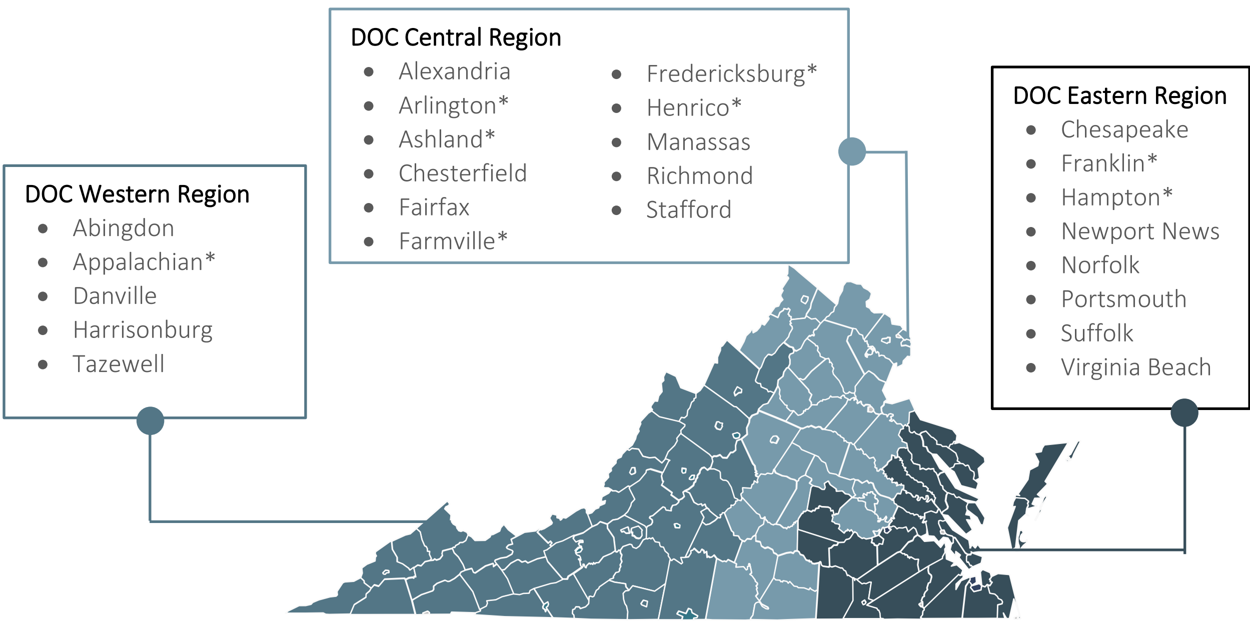
What Recovery Means to Me

The term "recovery" can mean different things to different people. Peer Recovery Specialists working for DOC were asked to share what the word "recovery" meant to them. DOC Certified PRS Jared Smith wrote this response:



To me recovery means having the freedom of choice, the gift of potential, and being able to help others. Today I get to choose my life. I am able to get out and enjoy things I once only dreamed of. I am able to spend time with and make memories with my daughter. I don't wake up every morning with my first thought being "how am I going to get high today"? I get to choose what my day is going to be. I also now have potential. I am no longer "stuck". I am able to achieve almost anything I am willing to put time and effort into. Mostly though it means I can be proof to others that recovery is possible. If sharing my story with others helps just one person that would make me happy.

The DOC PRS Initiative leadership team worked to expand the program's reach across Virginia, adding PRS services in eight additional sites in year 4 and resulting in PRS-led groups in each of the three DOC regions.

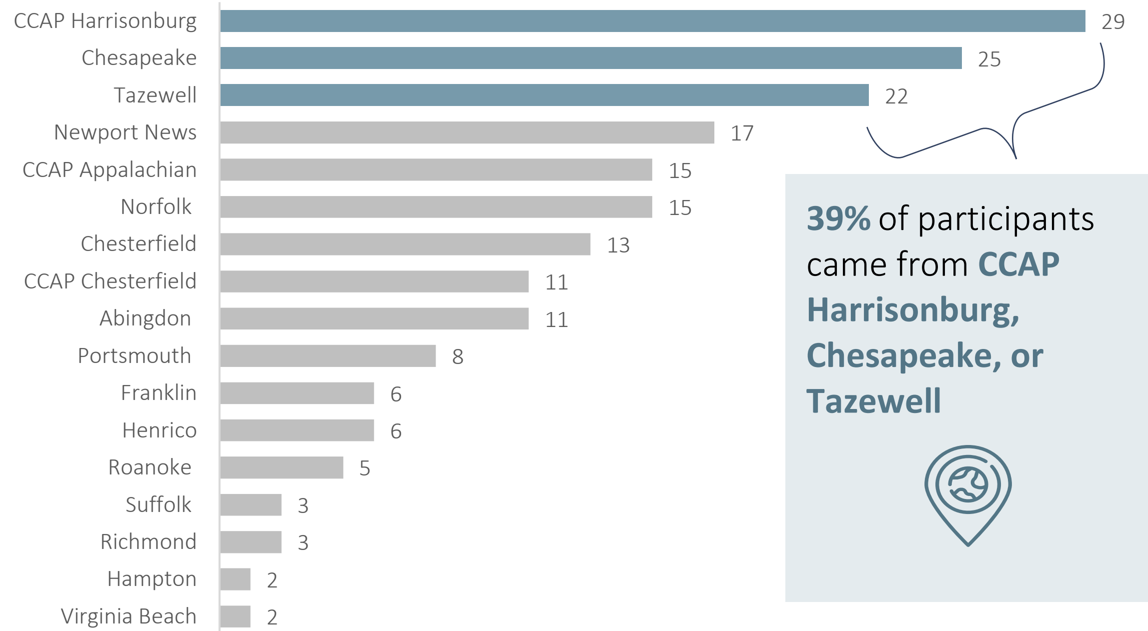


**Indicates a new site in year 4.*

Group Participant Impact Survey

The data in this section were provided by the **197 group participants** who completed the PRS Participant Impact Survey at least one time during year 4 of SOR funding. Responses came from 21 different sites, as outlined in the graph below.*

Number of participants who completed the PRS Participant Impact Survey at each site:



39% of participants came from **CCAP Harrisonburg, Chesapeake, or Tazewell**

*CCAP Stafford, Ashland, Fredericksburg, and Danville each had one survey response.

What Recovery Means to Me

DOC PRS who were asked to write about what "recovery" means to them tapped into their own life experiences, making each definition unique, like their journeys.

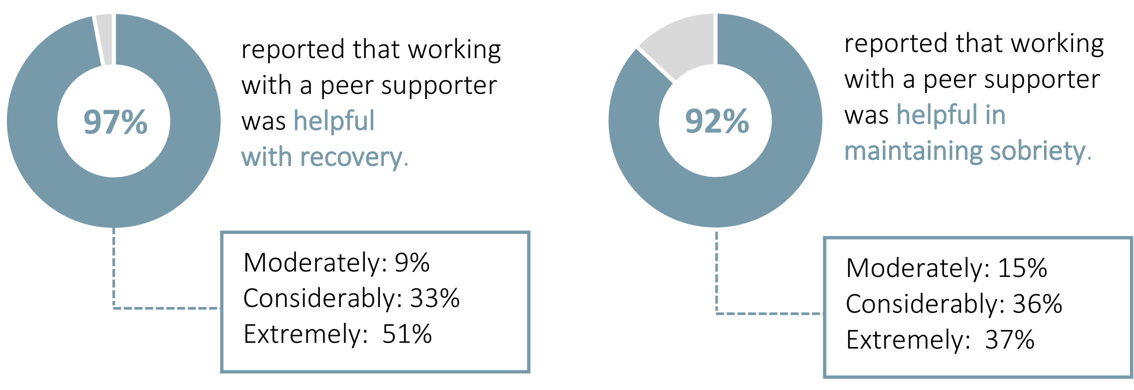
When I hear the word recovery it makes me think of hope. Recovery has given me another chance at life. Not a second chance, but maybe more like a twelfth chance. I say that because I am an individual that required many opportunities before I finally took advantage of what was being offered to me. I think it is important I mention the many setbacks and lost opportunities because that is the experience of many who suffer from a substance use disorder. Recovery is not always linear. Recovery is a journey, a progression of wellness that requires me to make the choice day after day to continue on my path... Within the Department of Corrections, I believe it is crucial that the topic of recovery is discussed openly and honestly. This is one way I can aid in diminishing stigma because we can and do recover... I used what was given to me as a punishment, as a tool to help me be accountable. [Recovery] is about being better today than I was yesterday. Progress. Hope. Healing.

Article written by DOC Certified PRS, Murriel Weaver

7.2 meetings
is the average number that group participants reported **attending each quarter**.

63% of participants
reported **working with a PRS voluntarily**. The rest reported that their involvement was 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.



Participants reported whether they had ever overdosed on drugs and if so, if anyone ever gave them Naloxone (also called Narcan or Evzio), a life-saving medication, during the overdose.

Naloxone was used in 82% of the overdoses reported in the survey.
This data shows the reach and impact of Naloxone and just how critical it is to continue to teach and train individuals on administering it across settings.

Chesapeake Probation & Parole Intensive Opiate Recovery Program

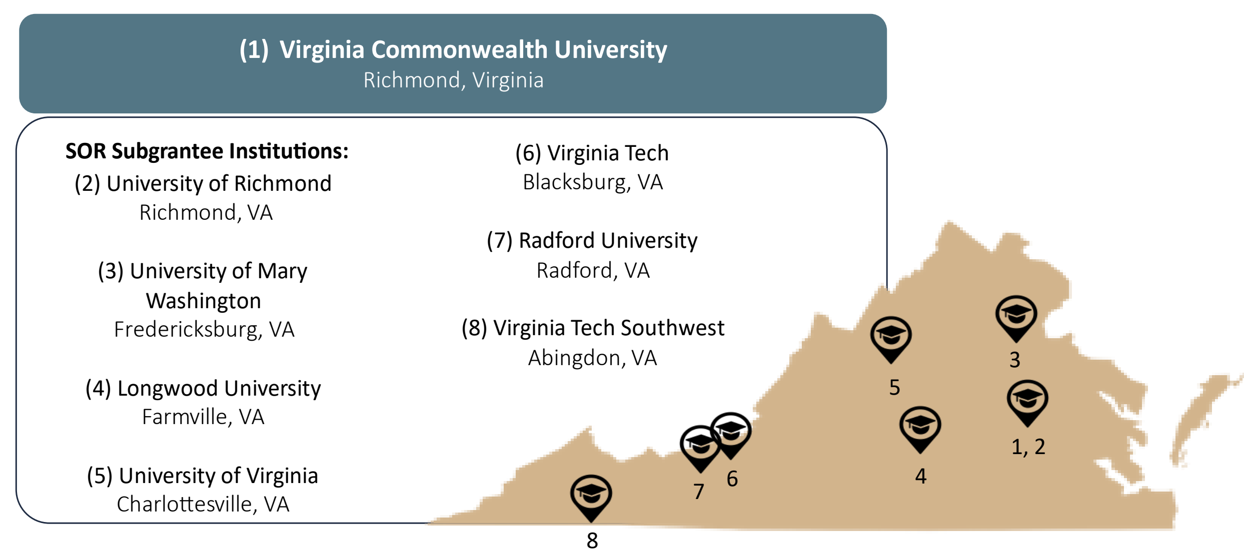
In December 2019, the Chesapeake district established an Intensive Opioid Recovery Program as a result of SOR funding, with the goal to immediately identify individuals with past or present opiate use and evaluate them for treatment services including Medication Assisted Treatment (MAT), peer support, and counseling services. Through this program, which continued through SOR year 4, probation and parole officers act as treatment and supervision providers and participants receive support services from PRS assigned to the district. As a result of this program, individuals who live in the surrounding jurisdictions of Virginia Beach, Norfolk and Portsmouth are able to remain on supervision with Chesapeake Probation. Individuals who have successfully completed the program have gone on to report:

- ✓ Early probation release
- ✓ Peer recovery certifications
- ✓ Active and stable employment
- ✓ Positive community engagement
- ✓ College enrollment
- ✓ Licensure reinstatements

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 eight collegiate recovery programs in year 4.

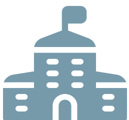


Seven out of the eight schools are consistently implementing their programs.

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

One school is in the early implementation phase.

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



Expanding Community College Reach

Virginia Tech Southwest Recovery Organization for Community College Students (ROCCS) continues to engage community colleges across the state and has successfully encouraged New River Community College and Wytheville Community College to apply for the SOR grant. Their goal is to hire a full-time person to oversee and help develop each school's recovery community and program. The SOR funding allows various schools to bring more individuals on board and **expand CRP programming to other community colleges.**

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 4, CRPs have consistently provided direct care and engaged hundreds of student members.

Engaged Students

642

Student Members

212

Recovery-Focused 1:1s

1,179

"Students at RU immediately engaged the first day of Fall semester, some communicated throughout summer, which is a significant indicator of sustained engagement."

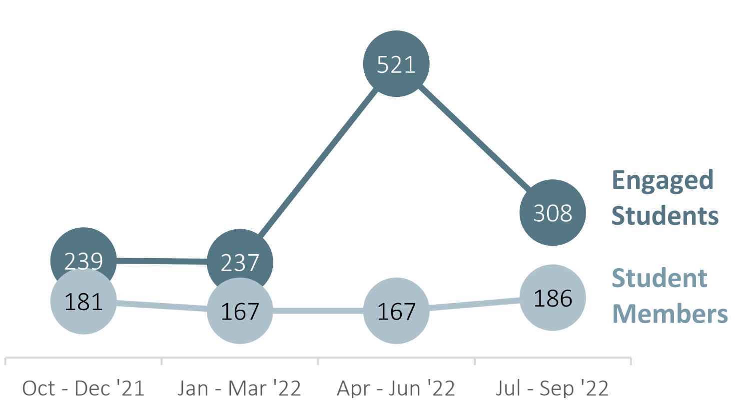
- Radford University

Collegiate Recovery Program Guide

To support the growth and engagement in CRPs across Virginia, the CRPs came together to collectively identify key program components to be included in a comprehensive *Collegiate Recovery Program Guide*. The guide was developed to support families and future students better understand available resources and how to get involved with programs that support recovery. The program guide contains the following sections:

- Program Overview
    - Examples include size, history, and member engagement
- Meet the Team!
    - Bios for key program team members
- Services and Program Highlights
    - Examples include dedicated spaces, recovery events, and individual recovery coaching
- Steps to take if you are interested in joining
    - Contact information
    - Program Location
- Additional Program Highlights

Student engagement more than doubled from the first quarter (October – December 2021) to the third quarter (April – June 2022), which aligns with the end of the spring semester. Student membership remained steady from the first quarter of the grant year to the last.



Planting Roots on Campus

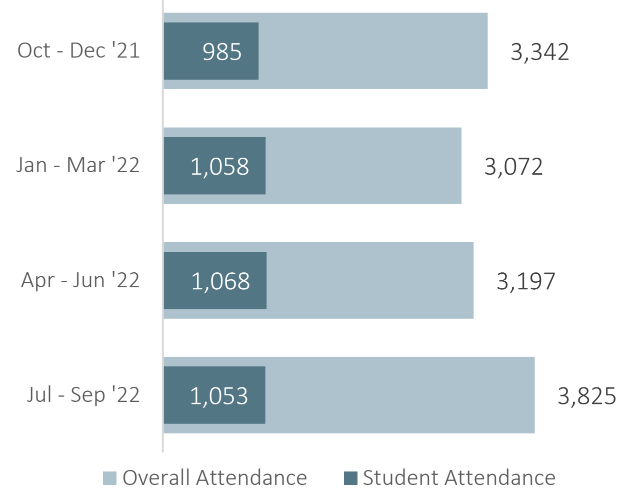
"This quarter marked the end to a full circle opportunity to develop a Collegiate Recovery Program on the campus where my own Recovery began. We have a firmly rooted program with a wide range of campus relationships and collaborations taking hold."

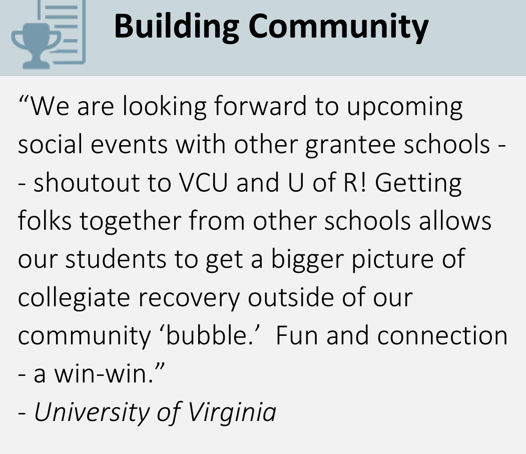
-University of Richmond

CRPs held 1,000 recovery meetings over the course of the year and averaged 3,359 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.

Students made up approximately one third of recovery meeting attendees, suggesting significant community engagement with CRPs.



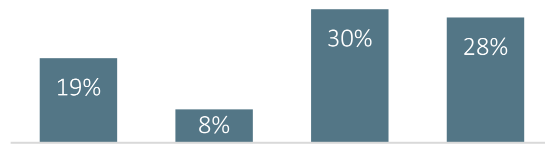


Building Community

"We are looking forward to upcoming social events with other grantee schools -- shoutout to VCU and U of R! Getting folks together from other schools allows our students to get a bigger picture of collegiate recovery outside of our community 'bubble.' Fun and connection - a win-win."

- *University of Virginia*

Over the course of the year, the percentage of sessions held virtually increased.
Providing virtual opportunities allows students to participate in a way that best meets their needs.



"Our virtual recovery meetings picked up attendance this semester, and community meetings were very well attended as was our speaker series."
– *Virginia Commonwealth University*

Outreach and Events

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

Connecting with New Students

"Longwood Recovers was represented during our welcome tailgate for incoming students. Students flocked to our booth throughout the entire event and were very open to learning about the program. The event was highly successful in terms of outreach and the student reception was more than we could have asked for."
- *Longwood University*

Pictured above is a Recovery Coffee Bike event that took place at Virginia Commonwealth University. "Coffee Bikes help people find recovery programs with greater ease, less shame, and less stigma attached to the process of asking us for help." - CRP Lead

Throughout year 4 of the SOR grant, Collegiate Recovery programs held over 700 recovery-related events.

Recovery Events

4,153

individuals participated in

359

Recovery events

Campus Events

7,383

individuals participated in

205

Campus events

Community Events

4,050

individuals participated in

160

Community events

Recovery Ally Trainings

In addition to recovery-related events CRPs hold throughout the year, colleges offer a Recovery Ally Training, developed out of Virginia Commonwealth University, to bring awareness and education on supporting recovery efforts. VCU, in conjunction with DBHDS, decided to expand the training evaluation efforts to examine the effectiveness and impacts of the training. The following summarizes the results of these evaluation efforts.

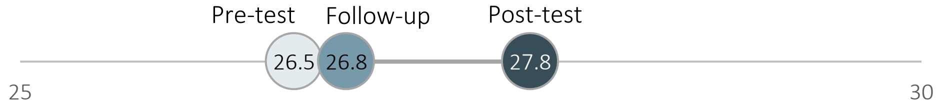
"This was one of the most eye-opening experiences about this topic I've had through the school environment. I felt that I learned important skills and way to approach difficult topics."
-Recovery Ally Training Participant

1,481 individuals participated in **84** Recovery Ally Trainings

OMNI built an evaluation tool that sought to capture two important aspects of allyship—readiness/attitudes around allyship and behavior/engagement with allyship. Readiness attitudes are related to awareness of the problem and the sense of responsibility. Behavior and engagement relate to actions rather than internal attitudes that impact a marginalized group. The OMNI team used existing literature on allyship, the Recovery Ally training content, and the expertise of Tom Bannard, Assistant Director of Substance Use and Recovery Support for Rams in Recovery, to develop a pre-training survey, a post-training survey, and a follow-up Recovery Ally training survey.

Overall, participants of the Recovery Ally training demonstrated increase in readiness and behavior engagement from pre- to post-training. In both areas, the follow-up scores decreased, but still remained above pre-training scores.

With a minimum score of six and a maximum score of 30 on the readiness scale, Recovery Ally training participants came to the training with high readiness and maintained relatively stable readiness throughout. Still, participants showed a **1.3-point increase in their readiness-attitude scores** between their pre- and post-test, with most of the increase maintained at follow-up.



With a minimum score of eight and a maximum score of 40 on the behavior engagement scale, Recovery Ally training participants also came to the training with high behavioral engagement. Training participants showed a **5.6-point increase in behavior engagement scores** between their pre- and post-test. Follow-up scores only fell by 0.8 points, meaning that most of the change was maintained over time.

Across all Behavior Action Follow-Up items, most participants reported that yes, they did engage in the behavior or that they did not have an opportunity to engage in the following behaviors.

- ✓ Intentionally **avoid stigmatizing language** in various settings
- ✓ **Speak up** when someone uses stigmatizing language around substance use and recovery
- ✓ **Talk with a friend/family member/colleague** about substance use, addiction, or recovery
- ✓ **Approach a friend I thought was engaging in harmful substance use** and let them know that I was there to support them
- ✓ **Empathetically support** a friend who is in recovery
- ✓ **Plan an event** with the needs of people in recovery in mind
- ✓ Participate in or refer others to **participate in a Naloxone training**, Recovery Ally training, or another mental health/substance use training
- ✓ **Provide a warm hand-off** to someone in need of the treatment or recovery services on campus/in my community

The evaluation of the training highlights its effectiveness at increasing an individual's ability to be a recovery ally. This is accomplished by increasing awareness and education around substance use recovery and taking action to support recovery efforts. The feedback around the training also showed its impact and continued need across collegiate communities.

"I have taught at the college and university level for nearly 28 years, and this was one of the best training sessions I have ever attended. Superb!!!"
-Recovery Ally Training Participant

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 over 1,000 hours of TA to the other 7 participating schools in year 4.

TA support for CRPs included:

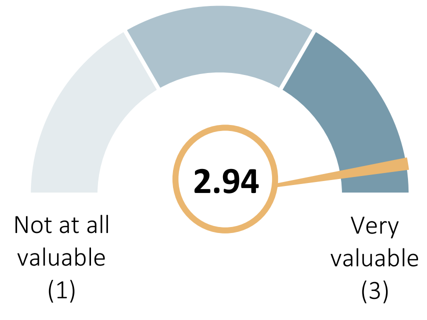
- ✓ Site visits
- ✓ Grant expansion calls
- ✓ Individual calls and meetings to provide TA
- ✓ Recovery "Drive-In" meetings
- ✓ Ad-hoc TA support
- ✓ Recovery Ally Training

Conference Participation

This year VCU took part in hosting two major conferences related to recovery work: the Association of Recovery in Higher Education Conference and the Research to Recovery Conference. These large conferences were great opportunities for grantees to interact with the leaders in the field.

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 2.94.



Technical Assistance Impacts

"Tom Bannard provided a high degree of individual support to our school when leadership changed unexpectedly and staffing transitions (related to grant's end) neared. Tom's abilities to anticipate needs, educate, and inform new team leadership at [our school] helped to provide crucial stability."
-CRP Lead

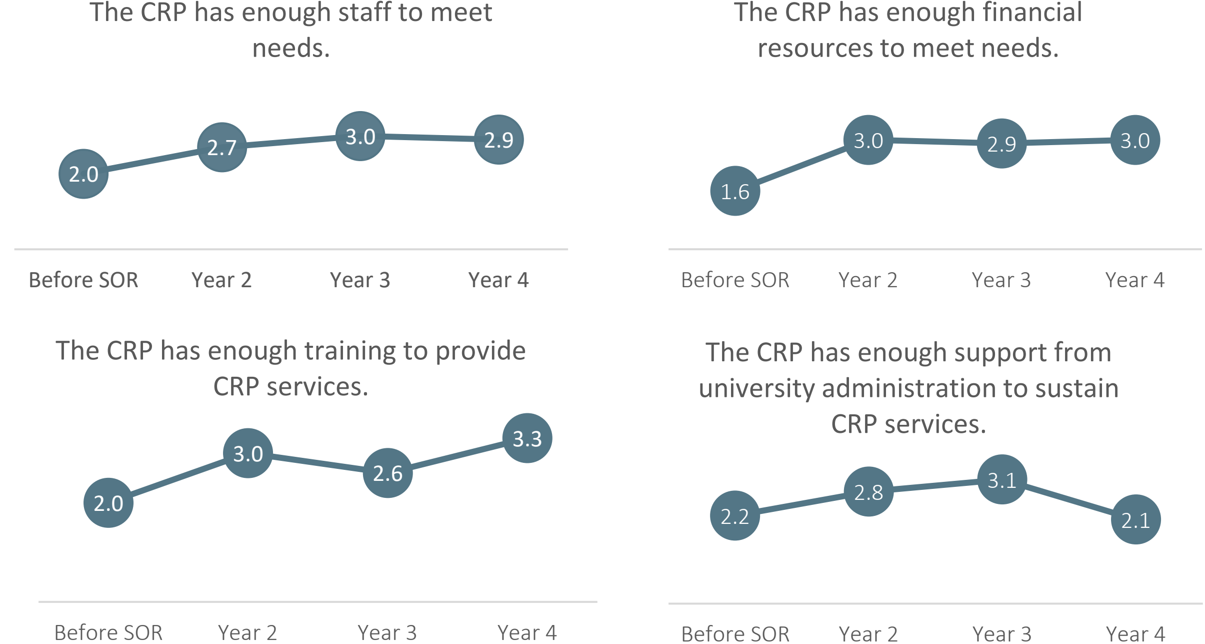
"Our consultation experience has been exceptional. Tom Bannard has made himself available to us in every way he possibly can, be it adding an extra meeting a month when we needed it, to visiting us in person, to co-facilitating our Recovery Ally trainings as we worked on presenting the trainings ourselves."
-CRP Lead

Capacity and Funding Impacts

Although for year 4 CRPs reported a higher capacity score for staff training and financial resources to meet campus needs, CRP buy-in from university administration is at an all-time low since the beginning the of SOR grant funding. Generating university buy-in is critical for program sustainability.

CRPs noted increases in almost all metrics of program capacity compared to before SOR funding except for generating buy-in from their universities.

Average CRP agreement rating (1 =Strongly Disagree to 4 = Strongly Agree)



"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 [only] 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 have made the implementation and sustainability of these CRPs possible.

238 individual donors or groups have contributed to CRPs.

$390,889 in total grant funding received during the past year, including SOR funding.

Peer Support Outcomes

As peer recovery support grows in popularity, increased focus is put on demonstrating the positive impacts of this work. Thus, one goal of this grant was to begin collecting information about the outcomes experienced by individuals engaging in peer recovery support services. Peer support outcome data were gathered using three different surveys designed to measure outcomes related to peer recovery support services, which were administered based on the setting of service delivery. The icons noted below are used throughout this section to indicate in which setting the data was collected.

GPRA

Completed by individuals receiving treatment and recovery services at community-based organizations.

See page 50 for additional information.

DOC PRS Initiative Participant Impact Survey

Completed by participants in the Virginia Department of Corrections PRS Initiative.

See page 61 for additional information.

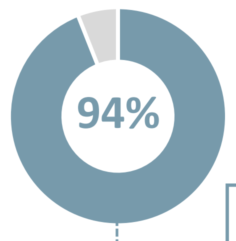
VDH Participant BARC-10 Survey

Completed by individuals receiving peer support from Virginia Department of Health sites.

See page 72 for additional information.

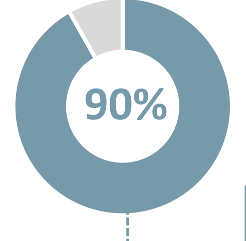
For those who were eligible to take the GPRA, a person's progress was measured from intake to the latest time point when they were interviewed. A latest assessment may be a 6-month follow up interview, a discharge interview, or a subsequent intake interview if the individual re-entered services. There were 2,049 individuals with a complete intake and latest assessment GPRA interview who had completed the recovery-related section of the GPRA. Among those, 1,316 worked with a peer supporter at some point, 991 of whom reported working with a peer supporter on their latest assessment. Throughout this section, data from these 2,049 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:



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

Moderately: 11%
Considerably: 30%
Extremely: 53%



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

Moderately: 12%
Considerably: 33%
Extremely: 45%

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 94%) and was helpful in maintaining sobriety (86% to 91%).

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.**

To complete the BARC-10, participants rate their agreement with each statement on a scale from 1 to 6, with higher scores indicating greater agreement (and greater recovery capital).

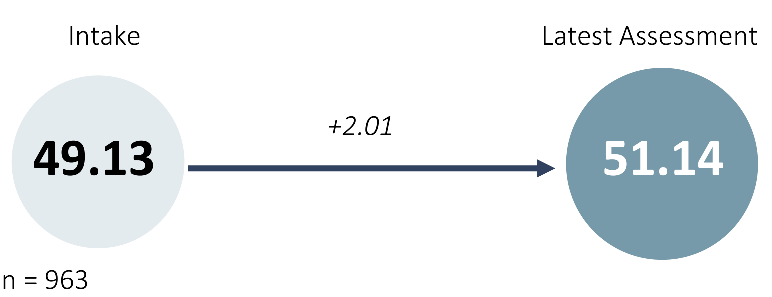
- **Deprioritizing Substances:** There are more important things to me in life than using substances.
- **Personal Responsibility:** I take full responsibility for my actions.
- **Recovery Progress:** I am making good progress on my recovery journey.
- **Fulfilling Activities:** I regard my life as challenging and fulfilling without the need for using drugs or alcohol.
- **Social Support:** I get lots of support from friends.
- **Life Satisfaction:** In general, I am happy with my life.
- **Supportive Housing:** My living space has helped to drive my recovery journey.
- **Life Functioning:** I am happy dealing with a range of professional people.
- **Energy Level:** I have enough energy to complete the tasks I set for myself.
- **Community Belonging:** I am proud of the community I live in and feel a part of it.

For 182 individuals in the Department of Corrections, the average BARC-10 score was 50.93.

Due to various factors, the DOC PRS Initiative had few participants who received services across multiple quarters and were able to complete multiple BARC-10 surveys. As a result, the average of all BARC-10 survey responses is reported here, rather than looking at change over time. However, it is notable that the average BARC-10 score for the PRS Initiative is above 47, suggesting higher changes for long-term remission from substance use disorder, and lies in between the intake and latest assessment averages from the other surveys, suggesting some consistencies in BARC-10 scores across settings.

[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.

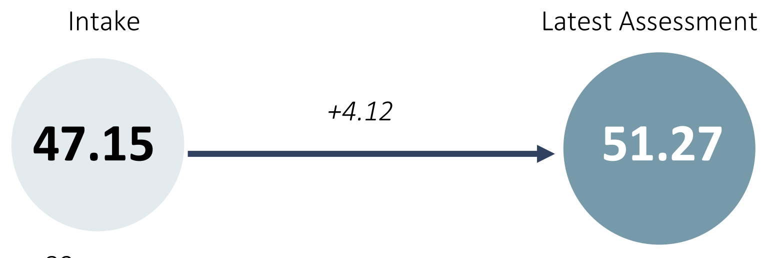
Individuals engaged in CSB-based treatment and recovery services showed significantly increased BARC-10 scores from intake to latest assessment.



Although the amount of increase in total BARC-10 scores was similar for individuals engaged with a peer and individuals who were not, those who worked with a peer **started with higher BARC-10 scores and still achieved significant increases in recovery capital from that higher baseline.**

VDH peer support outcome data were collected at VDH sites as part of a pilot program that had two main purposes: to measure the outcomes related to Peer Support services and to begin to establish a dataset on those outcomes. The pilot program included two sites with PRS as part of the recovery service team. A total of 322 people took the BARC-10 at least once as a part of this pilot program. The mean BARC-10 score for those 322 respondents was 43.94.

Individuals engaged with peer support services at VDH sites showed statistically significant increased BARC-10 scores from intake to their latest assessment.



The average BARC-10 score at intake was **slightly above 47 and increased over time**, indicating an increased likelihood of sustained remission over time.

There were significant increases on most of the individual BARC-10 items from intake to latest assessment.

On the individual BARC-10 items, each representing a domain of recovery capital, mean scores significantly increased from intake to latest assessment on all domains for participants who took the GPRA and for all but two domains (energy level and life functioning) for participants in the VDH survey of the BARC-10. Average scores at intake and latest assessment are reported in the table on the next page. For the DOC survey, the average scores of all assessments are reported below. Scores can range from 1 to 6, with higher scores indicating greater recovery capital.

BARC-10 Question	GPRA		VDH Survey		DOC Survey
	Intake Assessment	Latest Assessment	Intake Assessment	Latest Assessment	All Assessments
Deprioritizing Substances	5.60	**5.67***	5.56	**5.74***	5.58
Personal Responsibility	5.53	**5.59***	5.58	**5.74***	5.69
Recovery Progress	5.21	**5.34***	4.90	**5.25***	5.45
Fulfilling Activities	4.87	**5.24***	4.60	**5.20***	5.13
Social Support	4.52	**4.71***	4.24	**4.76***	4.77
Life Satisfaction	4.62	**5.00***	4.27	**4.91***	4.87
Supportive Housing	4.77	**4.92***	4.49	**5.02***	4.88
Life Functioning	5.21	**5.29***	5.04	5.26	5.10
Energy Level	4.42	**4.69***	4.40	4.67	5.05
Community Belonging	4.28	**4.54***	4.06	**4.71***	4.52

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

Largest Increases

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

- Life Satisfaction
- Fulfilling Activities

Highest Scores

Domains with the highest mean scores on the latest assessment are:

- Deprioritizing Substances
- Personal Responsibility

BARC-10 data from the GPRA and the VDH surveys showed largest increases and highest scores in the same domains, suggesting consistencies in areas of growth associated with peer support across settings. Data from the DOC surveys also shared highest scores with the other two survey groups.

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 while SOR funding was provided (January 8, 2020, through November 2, 2022). 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.

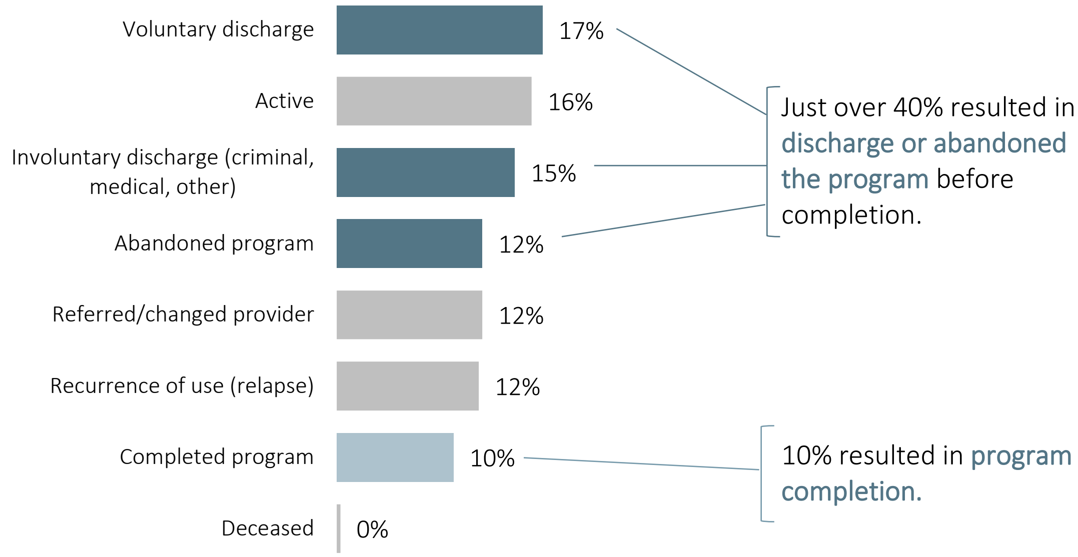
Participant Demographics and Program Status

The demographic data below represents 6,670 individuals who were enrolled in VARR services and completed at least one REC-CAP assessment during the reporting period (January 8, 2020, through November 2, 2022).

Average age was **38 years** and ranged from 18-74 years

65% identified as female, 33% as male, and 2% as another gender identity, such as non-binary, trans, or agender.

Some of the individuals described above received services in multiple recovery residences, resulting in 7,500 enrollments. Of the 7,500 total enrollments:

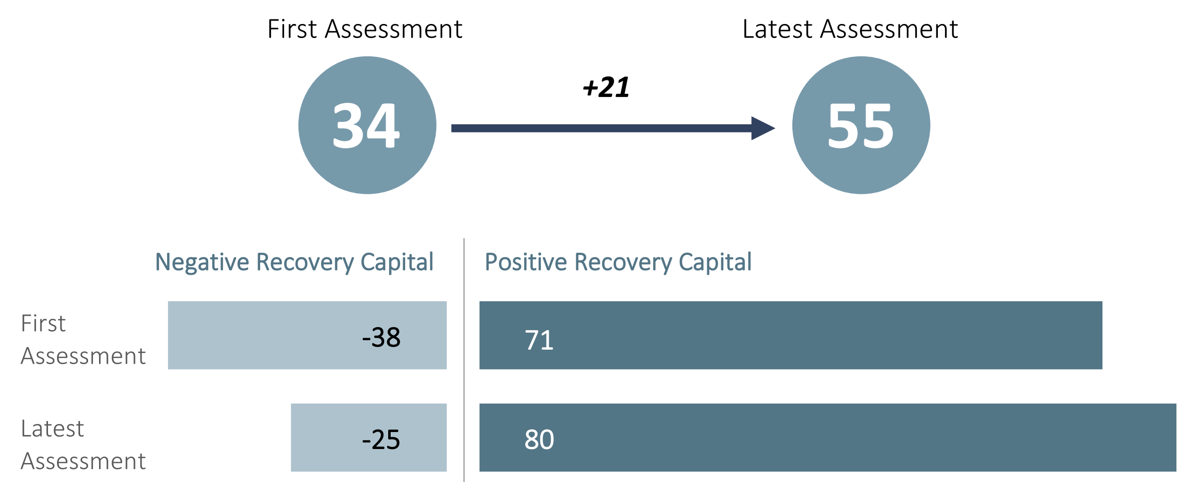


Participant Outcomes

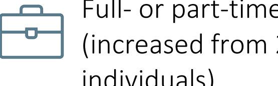
There were 1,303 individuals who completed at least two REC-CAP assessments with at least 90 days between the assessments. Data for these 1,303 individuals are included in this section. For any individual with more than two completed assessments, the first and last assessment are included in analysis.

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.



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:



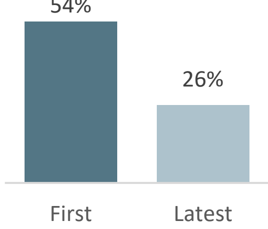
Full- or part-time **employment** (increased from 24% to 56% of individuals)

Volunteering or performing service for recovery meetings/group (12% to 23%)

Sport and leisure activities (50% to 64%)

Education, training, or efforts to improve themselves (4% to 6%)

There were no significant 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 54% to 26% and a decrease in the average **number of days substances were used** in the past 90 days from 21 days to 9 days.

Supporting the Peer Recovery Field

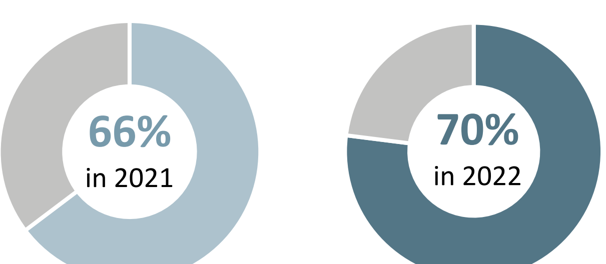
Peer support is a growing field associated with numerous positive outcomes for individuals both receiving and providing support. Supporting the careers and professional development of peer supporters is a fundamental goal of the SOR grant. In response to the increasing visibility of and engagement with peer support, the SOR grant administration team has prioritized several areas of work that contribute to the growth of the field as a whole. The following initiatives were completed in the fourth year of the SOR 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

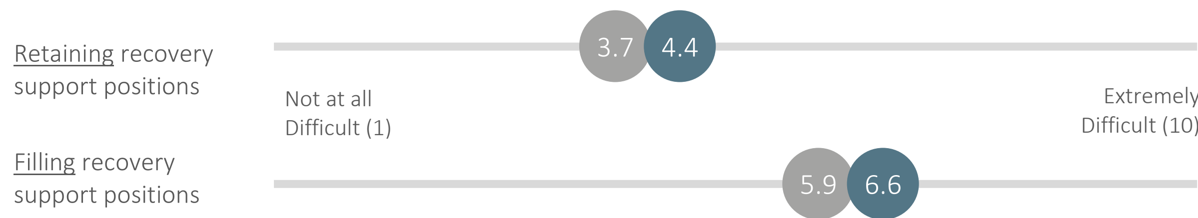
As the peer recovery field continues to grow, the need for qualified individuals to fill recovery positions is also increasing. Organizations that recognize the value of peer services and want to offer them to individuals in their community continue to face difficulties hiring and retaining individuals in these roles. In an effort to inform the needs and challenges in this aspect of the field, agencies who receive SOR recovery funding were asked about their experiences hiring and retaining recovery support workers, including peer supporters. The data in the section below was collected in April 2021 and April 2022; 38 agencies responded in 2021 and 39 responded in 2022, with slight variations in participating agencies between the two years. Key findings from this survey are highlighted below and the full report is available at https://www.virginiasorsupport.org/reports.

The percentage of agencies that reported they currently have at least one open recovery position increased in 2022.

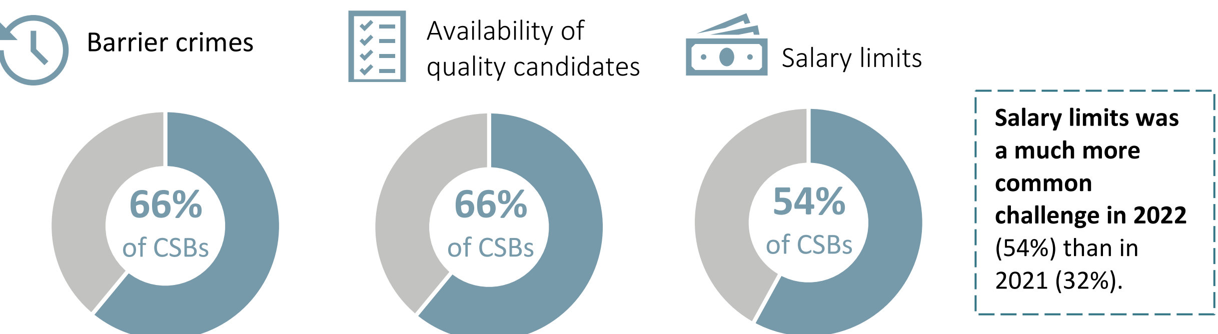


The average length of time it takes to fill recovery positions was slightly shorter in 2022 than 2021. However, more agencies reported an **average hiring time of five or more months** in 2022 than in 2021.

Organizations reported that the difficulty of filling and retaining recovery support positions increased from 2021 to 2022.



In 2022, the top three challenges identified by agencies in trying to fill recovery positions were:



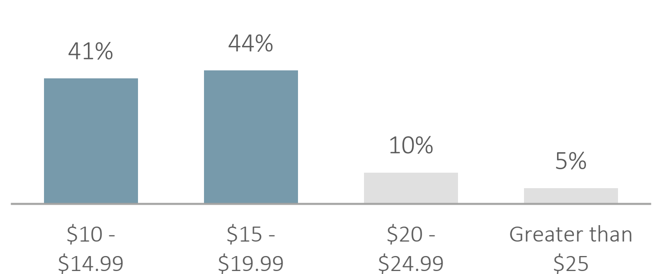
Salary limits was a much more common challenge in 2022 (54%) than in 2021 (32%).

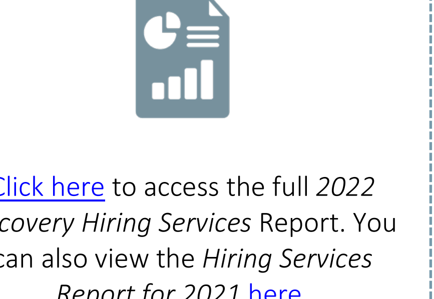
Barrier crimes, availability of qualified candidates, and salary limits were the top challenges in both 2021 and 2022 for filling recovery positions.

Other challenges in the hiring processes include staff being heavily recruited by private or other state agencies that offer higher compensation, low Medicaid reimbursement rates, benefits packages, job locations, and staff burnout resulting in frequent openings.

"Barrier crimes statutes remain the biggest obstacle to hiring experienced and knowledgeable peers. Lived experience is what makes peers valuable but unfortunately, it also makes them ineligible, and the agency and consumers miss out on the benefit of that experience."
- *Organization Staff*

85% of agencies' hourly wage for entry-level peer positions is between $10 and $19.99 per hour.





Click here to access the full *2022 Recovery Hiring Services* Report. You can also view the *Hiring Services Report for 2021* here.

"Some of our challenges [with hiring are related to] the quality of the peer support worker. This job is [electronic health record] heavy and all peers that come into this position are not comfortable with the level of documentation required. Peers coming from other jurisdictions have less office/professional experience which makes it a more challenging adjustment… Peers all come from different backgrounds with limited professional experiences, and that can be challenging when interacting with other peers and their co-workers."
-*Organization Staff*

Peer Supporter Webinars

As an additional way to strengthen peer supporters working in the recovery field, OMNI, in collaboration with the DBHDS SOR team, developed and facilitated a series of webinars designed for peer supporters and their supervisors around the commonwealth. These webinars were developed to provide peers working in a variety of recovery settings with additional professional support and professional development in their roles. Three webinars were presented, each covering a unique topic: Peer Supporter Burnout, Defining the Peer Role, and Making Meaning: The Sixth Stage of Grief. Webinar engagement was high, with more than 70 registrants and 30-60 attendees at each session.

Webinar satisfaction was high. On average, participants' ratings of the webinars engagement and utility were higher than 9 out of 10.

A survey to capture PRS and supervisor satisfaction after the webinar was sent out for the *Defining the Peer Role* and *Making Meaning: The Sixth Stage of Grief* webinars. When asked how engaging and how useful the Defining the Peer Role webinar was, the average response was 9.4 out of 10 to both questions. Responses to the survey on the Making Meaning webinar were equally positive. When asked how useful the content of the Making Meaning webinar was, respondents gave it an average score of 9.7 out of 10. In response to a question about how engaging the webinar was, the average response was 9.8 out of 10.

Flyer and informational handout from the Defining the Peer Role webinar. See Appendix E for links to all webinar materials.

Appendices

Appendix A. SOR Grant Information

The State Opioid Response (SOR) grant is a federally funded formula grant distributed by the Substance Abuse and Mental Health Services Administration (SAMHSA). This report focused on the fourth year of the SOR grant (October 2021 – September 2022), but also includes data from the first three years of the SOR grant (October 2018 – September 2021) 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).

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.

Agencies That Have Received SOR Funding:

- All 40 Virginia Community Services Boards (see next page for details)
- Community-based organizations providing peer recovery support services (see page 81 for details)
- Project ECHO (year 1 only)
- Refugee Prevention Programs (see page 82)
- Virginia Commonwealth University's Rams in Recovery Program
- Virginia Department of Corrections
- Virginia Department of Health (see next page for details)
- Virginia Department of Social Services (year 1 only)

CSB Funding

In year 4 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	●	●	●

Community-Based Organizations Providing Peer Recovery Support Services

- Bradley Free Clinic
- Community Health Center of New River Valley
- The Healing Place – Caritas
- The Up Center

Virginia Department of Health Funding

The following five 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
- Richmond City Health Department
- Rockbridge Area Health Center, Central Health District
- Wise County Health Department, LENOWISCO Health District

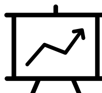
Refugee Prevention Programs

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

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

- DOC Refresher GPRA Training
  The treatment evaluation team hosted a training to inform administration of the GPRA at Department of Corrections facilities and onboarded new sites to the SOR grant processes.
- Recovery Roundtable
  The recovery evaluation team hosted a recovery roundtable on peer supporter burnout and program sustainability.
- GPRA Orientation & Refresher Training
  The treatment evaluation team hosted a training for agencies reviewing GPRA administration and follow-ups, as well as technical assistance resources.
- Community Forum on Understanding Data
  The treatment evaluation team hosted a community forum on sharing data to inform their teams, community, funders, and stakeholders.
- Peer Supporter & Supervisor Peer Role Definition Webinar
  The recovery evaluation team hosted a guided problem-solving discussion for peer supporters and their supervisors to understand how building shared expectations and distinct roles can help reduce confusion and conflict among their teams.
- 2022 Public Health in the Rockies
  The recovery evaluation team presented at the 2022 Public Health in the Rockies Conference in Keystone, CO on "Connection & Hope: Demonstrating the Innovation and Impact of Peer Recovery Specialists in the Opioid Crisis."

Technical Assistance

- New Prevention Portal
  The prevention evaluation team updated and launched the new Virginia Prevention Works portal to facilitate information sharing and TA support.
- Collegiate Recovery Program TA Overviews
  The recovery evaluation team created overviews of each CRP to support the documentation of TA provided by the grant and progress toward program goals.
- Agency One-on-One Check-Ins
  The treatment evaluation team conducted 30-minute one-on-one meetings with all funded agencies across Virginia, learning about GPRA administration successes and challenges and providing tips to support evaluation.
- Monthly Data Management & TA
  The prevention evaluation team assisted with monthly data management and TA for CSBs implementing the coalition readiness and effectiveness assessment or the ACEs post-training survey.
- Getting Started with GPRA Administration
  The treatment evaluation team published a resource for new agencies to start planning for administering the GPRA and to introduce new staff members to the SOR grant.
- Collegiate Recovery Program Data Tracking Sheet
  The recovery evaluation team published a new data tracking sheet to support program staff in collecting quarterly recovery data for collegiate recovery programs.

Grant Management

- Funding
  The SOR grant management team utilized CSB proposals to adjust funding amounts for year 4 of the grant. The SOR grant management team worked on the conversion to a new invoicing system for CSBs. They also helped all sub-grantees create sustainability plans.
- MAT in Jails
  The SOR grant management team coordinated with the local/regional jails offering MAT. Currently, 15 CSBs utilize SOR funding in their working relationship with jails in their catchment areas.
- Site Visits & DBHDS TA
  The SOR grant management team conducted more than 15 site visits and 80 stakeholder meetings. They also conducted extensive ongoing TA with partners and community stakeholders, including phone calls, emails, and in-person meetings.
- Conferences
  Grant Manager, Mike Zohab, presented two workshops at the National Association of Recovery Residences' Annual Summit. SOR Grant Recovery Services Coordinator, Angela Weigh, along with Jenna Lee Mathews of OMNI, presented on Values Driven Evaluation Tools at the Wisconsin 2021 Mental Health and Substance Use Recovery Conference and VCU's Research to Recovery Summit.
- Senior Leadership Briefs & Presentations
  The SOR grant management team provided 7 briefings about the SOR grant to senior leadership within DBHDS. Additionally, the SOR grant management team. conducted two webinar presentations and nine public in-person presentations.

Deliverables & Reports

- VDH Peer Supporter Annual Summary
  The recovery evaluation team created a report summarizing the work of peer supporters at SOR-funded Virginia Department of Health sites.
- Burnout in the Peer Supporter Role Info Sheet
  The recovery evaluation team created an information sheet and hosted a webinar about Burnout, Secondary Trauma, and Compassion Fatigue in the Peer Support Role.
- DOC PRS Initiative Report
  The recovery evaluation team produced the quarterly Department of Corrections (DOC) PRS Initiative Report highlighting successes of the program.
- CSB Reports
  The prevention evaluation team supported CSBs with data collection and analysis as they completed mid-year reports and developed end-of-year reporting for CSBs.
- Recovery Hiring Report
  The recovery evaluation team produced the 2022 SOR Recovery Hiring Report to summarize challenges and successes to the recovery support hiring processes.
- COVID Impacts on Behavioral Health Services
  The treatment evaluation team produced the COVID Impacts on Behavioral Health Services report to explore substance use services in Virginia during the pandemic.
- Quarterly Reports
  Quarterly surveys summarizing SOR-funded activities and individuals served during each quarter of the grant year were published: 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.

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 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 four-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 0.7. 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 is administered bi-annually to 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.

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, as well as experiences of overdose and Naloxone use.

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

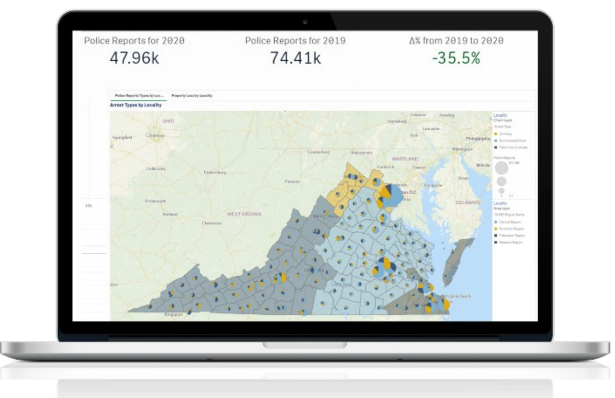
Virginia's Prescription Monitoring Program (PMP) is a 24/7 database containing information on dispensed controlled substances included in Schedule II, III and IV; those in Schedule V for which a prescription is required; naloxone, all drugs of concern, and cannabidiol oil or THC-A oil dispensed by a 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. FAACT Platform

Bringing Behavioral Health Data to Action

About the FAACT Platform

The Framework for Addiction Analysis and Community Transformation (FAACT) platform is a data-sharing initiative, partially funded by the SOR grant, that helps communities in the Commonwealth combat Virginia's opioid addiction crisis. The platform combines previously siloed data from across a variety of different agencies, secretariats, and local organizations – including healthcare and social services, public safety and corrections, drug courts, and community coalitions – to generate insights about the contributing factors to opioid use disorders and the most effective ways for communities to respond. The result is a solution designed to help people in need today, while stopping the addiction before it begins.



FAACT was developed starting in 2017 to address an escalating triple threat caused by the opioid crisis: a rising number of opioid-related deaths, escalating treatment costs and increased crime rates. The Commonwealth needed to proactively combat the growing challenge posed by opioid addiction and improve the efficacy of prevention and treatment, but to do that, government leaders needed a better way to understand what was causing the epidemic and how best to target their efforts.

In response, Governor Northam signed the Government Data Collection and Dissemination Practices Act into law. This legislation resulted in the hiring of Virginia's first Chief Data Officer (CDO) and called for the CDO to "focus their initial efforts on developing a project for the sharing, analysis, and dissemination among and between state, regional, and local agencies of data related to substance abuse, with a focus on opioid addiction, abuse, and overdose."

The Department of Criminal Justice Services (DCJS) took the lead in making the Governor's vision a reality, winning a grant from the Bureau of Justice Assistance under the Technology Innovation for Public Safety (TIPS) project grant, to develop and implement a data-sharing platform to address the growing opioid crisis. DBHDS also contributed SOR funds to support development of the platform.

DCJS contracted with Qlarion to create the platform and Virginia's Framework for Addiction Analysis and Community

One local agency participating in the FAACT platform found that 50% of all EMS incidents involving opioids were initially diagnosed as mental or behavioral disorders instead of opioid related. This is seminal for targeted training for first responders, who can save lives by administering Narcan (naloxone) early. Comparisons of erroneous primary impressions with accurate diagnoses could lead to better understanding of the symptomatic differences between opioid and psychoactive substance use.

Transformation (FAACT) was born. The platform generates insights about contributing factors to substance use and delivers actionable intelligence to enhance community leaders timely and effective responses utilizing advanced data analytics, an intuitive interface, and pre-built visualizations. A self-service analytics layer allows users to create reports and dashboards, look at incident maps and more effectively collaborate with other agencies' responses in their localities. With this information in-hand, Commonwealth leaders can identify users who need help now, as well as those who may be more susceptible to opioid use disorders in the future based on their individual circumstances.

The Impact of FAACT

FAACT is distinct from other platforms around the nation due to its community involvement model; while other states use data to measure the impact of the opioid crisis, FAACT uses data to empower on-the-ground decision-making by community responders. Here is a sampling of some of the valuable insights and actions FAACT has generated:

In one community, cocaine use was strongly correlated with an increase in violent crimes, whereas heroin addiction resulted in an increase in burglaries.

By comparing data on "Age of First Use" and "Age of First Arrest," one county saw a strong connection between middle school marijuana experimentation and future addiction. As a result, the county worked with the school district to create an early intervention program called the "Give Me a Reason" program.

A community saw higher police and emergency room encounters with opioids on Tuesdays, Wednesdays, and Thursdays (versus a higher propensity for drugs like marijuana, which was more prevalent on the weekends). That community realized they needed to conduct opioid prevention outreach mid-week and then quickly shift its focus to marijuana prevention programs over the weekend.

One community discovered that 20% of the people seeking drug-related treatment were from West Virginia or Maryland, resulting in high-cost uncompensated care. This led to an effort to point these individuals to resources within their states of residence.

Successful outcomes from utilization of the FAACT platform led to a $1.1 million grant from CVS Health to continue its development.

The FAACT platform was recognized with the 2020 National Association of State Chief Information Officers' (NASCIO) State IT Recognition Award, which honors transformational projects and initiatives that address critical business problems, improve business processes, and elevate the citizen experience. In addition, the platform received the 2019 Virginia Governor's Technology Award which recognizes innovation by state agencies, localities, and educational institutions. FAACT was named a winner within the "Innovative Use of Big Data and Analytics" Category.

Read more about Qlarion and FAACT here.

Appendix E. 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.

COVID Impacts on Virginia Behavioral Health Services
An overview of impacts of COVID on service utilization and characteristics of individuals seeking support using SOR grant data and publicly available sources.

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.

Peer Supporter Webinars
DBHDS and OMNI Institute are committed to understanding the impact peer supporter work has on those they serve and the peer supporters themselves and thus have hosted a series of webinars exploring this topic. (See page 78 for more information.) Materials from each of these webinars are available at the link above:

- Addressing Burnout in Virginia's Peer Support Field (December 2021)
- Defining the Peer Support Role – A Guided Discussion (April 2022)
- Making Meaning: Webinar on Using the 6th Stage of Grief (July 2022)

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.

- Year 3: Quarter 1, Quarter 2, Quarter 3, Quarter 4
- Year 4: 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 and April 2022. Results from both timepoints are included in the report.

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.

SOR Year 3 Annual Report
Annual report covering the prevention, treatment, and recovery evaluations from the second year of SOR funding (2020-21). The link above includes the full report and an executive summary. A separate document with just the executive summary is available here.

Virginia Collegiate Recovery Program Guide
A guide to the SOR-funded collegiate recovery programs across Virginia, including services available, information on the teams, a program overview, and how to connect with the program.

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

Appendix F. Acronym List

Acronym	Description
ACE	Adverse Childhood Experience
BARC-10	Brief Assessment of Recovery Capital-10
BHE	Behavioral Health Equity
CCAP	Community Corrections Alternative Program
CM	Contingency Management
CPRS	Certified Peer Recovery Specialist
CRP	Collegiate Recovery Program
CSB	Community Services Board
DBHDS	Virginia Department of Behavioral Health and Developmental Services
DCJS	Department of Criminal Justice Services
DOC	Virginia Department of Corrections
DSM-5	Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition
ED	Emergency Department
EMS	Emergency Medical Service
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
MATRI	Medication Assisted Treatment Reentry Initiative
OBOT	Office-Based Opioid Treatment
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
SUDP	Substance Use Diversion Program
TA	Technical Assistance
TIPS	Technology Innovation for Public Safety
VARR	Virginia Association of Recovery Residences
VCU	Virginia Commonwealth University
VDH	Virginia Department of Health