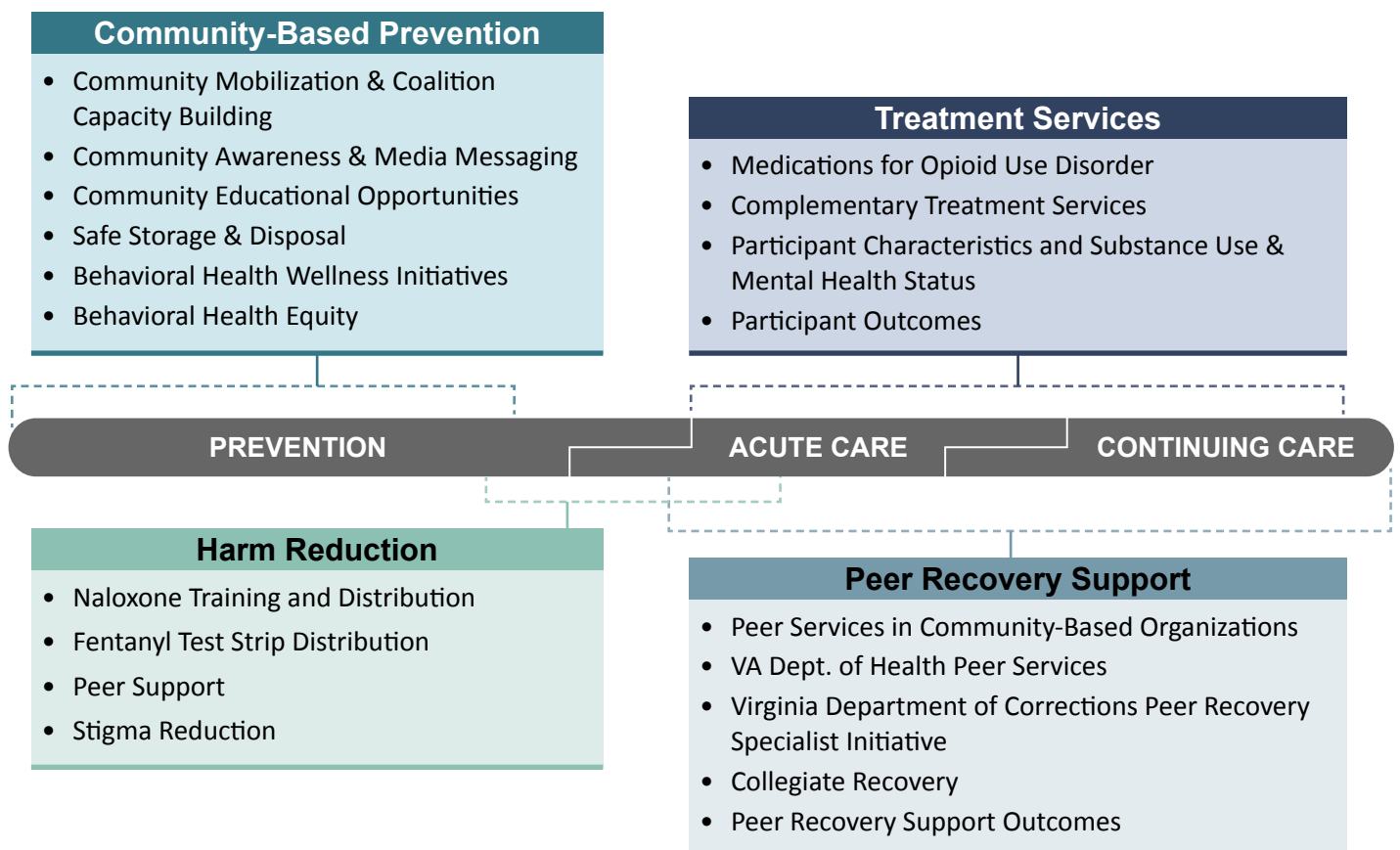


Virginia State Opioid Response Grant 2022-23 Annual Report: Executive Summary

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 fifth year of the SOR grant (October 2022 through September 2023), also referred to in this report as SOR III Year 1.

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 that DBHDS is funding: community-based prevention, harm reduction, treatment services, and peer recovery support services.



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

Community-Based Prevention

The prevention objectives of the State Opioid Response (SOR) grant are intended to decrease opioid, stimulant, and prescription drug misuse and overdoses through the implementation of a broad array of evidence-informed strategies. CSBs emphasized strategies that focused on the root causes of substance use – larger-scale social and environmental factors that can impose undue stress and emotional distress on individuals. Cultivating strong, positive mental health for Virginians can help reduce substance use in the future.

Community Mobilization and Coalition Capacity Building

The membership and presence of coalitions increased in Virginia, furthering the impact of community mobilization efforts, engagement with diverse populations, and education in their communities.

27

CSBs led between one to five SOR-funded coalitions.

53

SOR-funded coalitions were active this grant year.

1,908

adults and youth participated in coalitions.

25

was the median number of members per coalition, ranging from 9 to 255.

Community Awareness and Media Messaging

Media messaging continued to grow as an education and outreach tool for CSBs and coalitions, including participation in national Fentanyl Awareness Day and International Overdose Awareness Day activities.

PUBLIC BROADCAST & DISPLAY



reached **13.68M** individuals including **299,058 youth** and **13,379,184 adults**

COMMUNITY EVENTS



reached **633,008** individuals including **40,784 youth** and **228,224 adults**

SOCIAL MEDIA / WEBSITES



reached **4.84M** individuals including **180,368 youth** and **4,666,272 adults**

PRINT MATERIALS



reached **2.97M** individuals including **110,972 youth** and **2,856,636 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.*

Community Educational Opportunities

CSBs significantly grew their training offerings reaching more than twice the number of community members for prescriber and patient education, and almost three times as many people participated in *REVIVE!* trainings.



REVIVE!
Training
provided to
24,478
individuals

**Prescriber and
Patient Education**
provided to
4,419
individuals

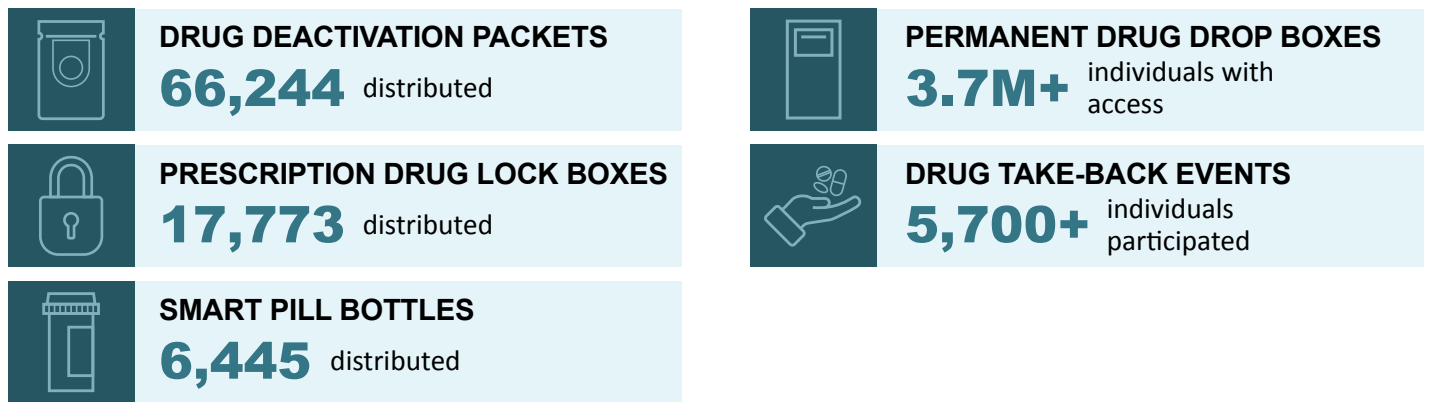
**Curriculum-Based
Trainings**
provided to
2,319
individuals

Community-Based Prevention



Safe Storage and Disposal

CSBs emphasized lethal means safety in their communities by focusing on supply reduction item distribution, medication collection efforts, and through media messaging across various platforms, with more than half of CSBs intentionally concentrating efforts on parents and caregivers.



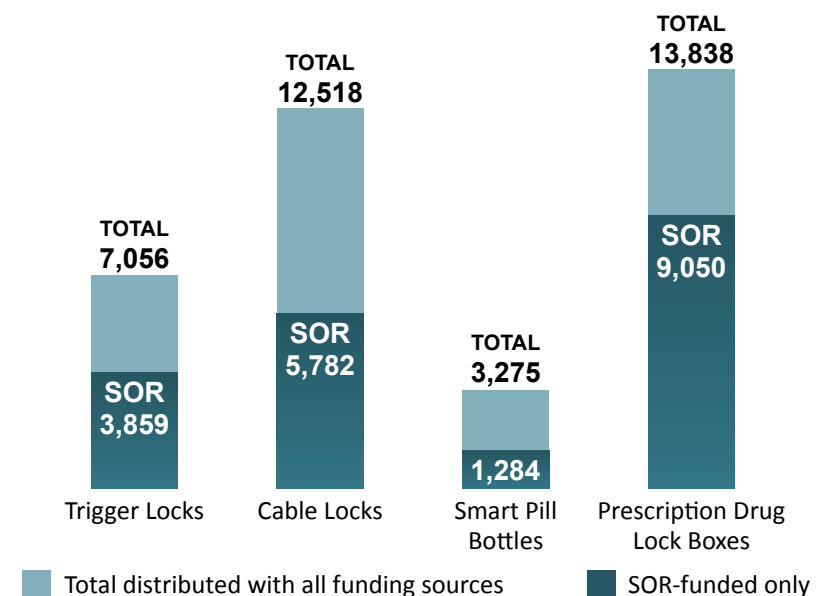
Lethal means safety to prevent suicide

22 CSBs combined SOR funding with other resources to maximize the impact of Lock and Talk Virginia.

Implementation focuses on suicide prevention by promoting the safe storage of lethal means and encouraging individuals to discuss mental health.



SOR Funding Doubled the Impact of Lock and Talk in Virginia



* Adverse Childhood Experiences

Community-Based Prevention

Behavioral Health Equity

DBHDS awarded more than \$150,000 in mini-grants to increase nine CSBs' capacity to reach and engage marginalized groups with prevention messaging.



Educated local barbers

...on supporting the mental health of young Black men and on administering naloxone so they can take that knowledge to their barbershops when interacting with youth in their neighborhoods.



Increased LGBTQ+ youth inclusiveness

...by creating safe environments for LGBTQ+ youth and promoting allyship and acceptance across the Southside and Danville areas through the successful social media campaign "We Stand Together."



Reached Black and African American communities

...through outreach and partnerships with community members and religious leaders on behavioral health and reducing associated stigma.



Empowered people with developmental disabilities

...through the development and implementation of a successful Emotional Health Planning Curriculum focused on identifying and communicating feelings, understanding trauma, and substance misuse prevention that is being considered for statewide expansion.

"We have had materials translated into languages other than English and Spanish. We are intentional on when and where we offer trainings in the community. We look for opportunities to participate in events held in support of marginalized communities so that we can bring resources directly to those individuals."

– Rappahannock Area CSB

Harm Reduction

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 over 43,000 individuals to gain the skills and knowledge to reverse an opioid overdose and save a life. More than half of those individuals were trained during SOR III Year 1, the first year in the two year grant cycle.

“The growth of our REVIVE! work was tremendous. We held 40 trainings where naloxone was distributed, reaching 400 individuals.”

– Harrisonburg-Rockingham CSB

	SOR I Y1	SOR I Y2	SOR II Y1	SOR II Y2	SOR III Y1	TOTAL
Trainings held	71	249	508	742	789	2,359
People trained	1,140	3,115	6,117	8,381	24,478	43,231

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.

26,304 fentanyl test strips purchased by 12 CSBs/agencies in Year 1 of SOR III.

13,935 fentanyl test strips distributed by 13 CSBs/agencies in Year 1 of SOR III.

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 85,000 naloxone kits have been distributed during the five years of the SOR grant, with 32,408 distributed in Year 1 of SOR III alone. Kits were distributed to a variety of partners, including local health departments, CSBs/agencies, harm reduction sites, and law enforcement agencies.



Reducing Stigma of Opioid Use Disorder (OUD)

Across the continuum of care (prevention, harm reduction, treatment, and recovery), CSBs/agencies are combatting stigma in their communities

Reducing Stigma Across the Continuum of Care

“Prevention [staff] work closely with our peer recovery specialists. They will often help us represent our CSB at various health fairs and events. We have been able to get individuals in long-term recovery to share their stories on camera. These are then integrated into our prevention messaging. Most recently that coordinated effort has led to stigma-reducing messages.”

– Northwestern CSB

“Prevention Specialists and Peer Recovery Specialists work collaboratively on local harm reduction efforts. Prevention staff provide community/population-based education, media promotion, and training efforts while peers do individual education/engagement and distribution of harm reduction kits. Both groups collaborate on advocacy and stigma reduction in this effort.”

– Eastern Shore CSB

Treatment Services



6,958 individuals received SOR-funded treatment services in Year 1 of SOR III.

Medications for Opioid Use Disorder (MOUD) and Complementary Services

SOR funding provides a wide array of treatment services for thousands of clients each quarter. The average number of people receiving these selected services each quarter:

778

Group Counseling

Counseling or therapy groups

1,574

Individual Counseling

Individual counseling, therapy, psychiatry, or crisis support

1,628

MOUD Services

Prescription of medications such as buprenorphine for individuals with an OUD

1,409

Wraparound Services

Case management, transportation, and childcare for treatment appointments

594

Contingency Management

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

394

Other Services

Detox, residential treatment, and Intensive Outpatient Program (IOP)



Treatment Services in Justice Settings

Ongoing partnerships between CSBs/agencies and justice settings (local jails, recovery courts, and Department of Corrections [DOC]), is a key component of treatment.

25

CSBs/agencies provided treatment services in recovery courts, jails, or DOC facilities this year.

193

Average number of those receiving MOUD services in a justice setting each quarter

327

Average number of those receiving non-MOUD services in a justice setting each quarter (e.g. counseling, case management)

“A female peer recently released from jail in the Virginia Beach Drug Court program has successfully maintained her sobriety for over 3 months and meets and exceeds all expectations and goals. She was recently offered and accepted employment at a museum at which she had been volunteering, due to her consistent hard work and positive attitude during the times she volunteers.”

– Virginia Beach CSB



Participant Characteristics

The Government Performance and Results Act (GPRA) survey collects data from individuals receiving SOR-funded treatment services. A total of 1,519 current intake GPRA surveys were completed during Year 1 of SOR III, yielding the following information about participants.

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

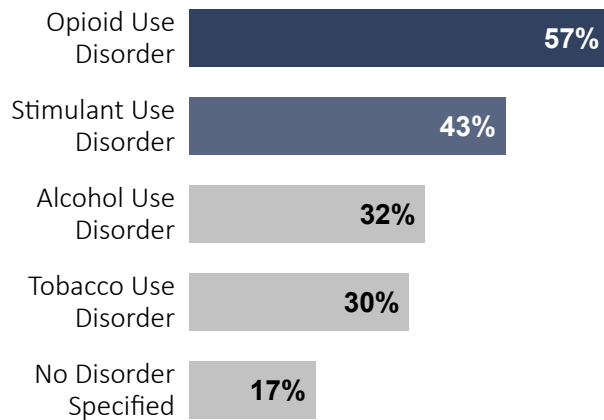
75% had been in treatment at least once before.

72% had children under the age of 18.

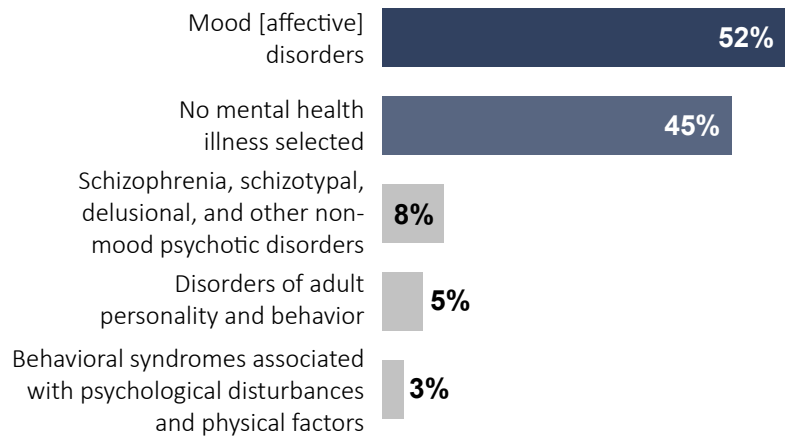
43% referred themselves to treatment and 32% were referred from a justice setting.

Treatment Services

Opioid use disorders were the most frequently reported diagnosis.



Of reported mental health illnesses, mood disorders were most frequently reported.



Percentages in chart may sum to more than 100% as respondents could select multiple responses.

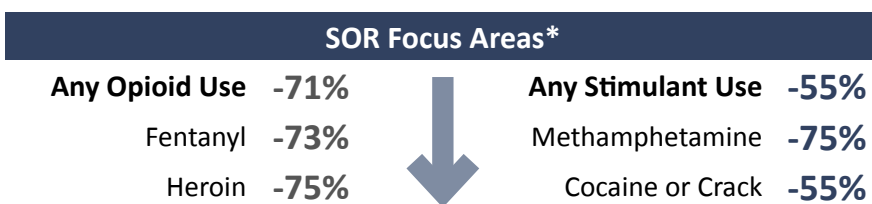
Participant Outcomes

For the below measures, there were statistically significant (*) changes in a desirable direction from intake to latest available assessment. These data show that the SOR grant is meaningfully impacting the treatment and recovery journeys of the individuals served. The data below reflect the outcomes of 215 participants who received a current intake GPR and either a current follow-up or discharge GPR during Year 1 of SOR III.

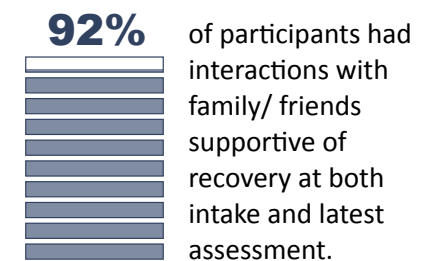
GPR data show positive changes including improvements in past 30-day substance use and other substance use indicators, social environment and relationships, physical and mental health, quality of life, and even employment status.

5% of GPR participants indicated they had used fentanyl in the past 30 days.

Fentanyl (prescription, illicit, and/or analogs) is of particular concern because it caused or contributed to death in 75.7% of all fatal overdoses in Virginia in 2022.



Participants Who:	Intake	Latest Assessment*
Rated their quality of life as "good" or "very good"	68%	77%
Sought medical care in past 30 days	56%	47%
Needed to change social connections, negatively impacting recovery	69%	55%
Were employed full or part-time	32%	48%



"While in services, a client has developed a strong support network to sustain her recovery and is now living a healthy and active lifestyle. She connected with a primary care provider, developed stable housing, and regained her driver's license."

— Horizon Behavioral Health

Peer Recovery Support Services

Peer supporters, also referred to as peers or Peer Recovery Specialists, provide recovery support based on their own living expertise of substance use and/or mental health disorders and recovery. SOR funding was provided in Year 1 of SOR III 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, SOR III Year 1 funding provided recovery-focused support to

29,895
individuals.

Community-Based Organizations (CBO)

27,023

individuals received SOR-funded recovery services through a CBO.

85%

of SOR-funded recovery services in SOR III Year 1 were provided by peer supporters.

132.5

organization-based peer supporters were funded by SOR in the last quarter of SOR III Year 1 (Jul-Sep 2023).

.5 = part-time positions

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

Average number served each quarter

...by community-based organizations



Group Support

3,617
individuals



Individual Support

4,394
individuals



Community Outreach

5,203
individuals



Warmline Support

1,653
individuals

...in specialized settings



Emergency Department
144 individuals



Recovery Court
25 individuals



Jail
17 individuals

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

98%

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

86%

believe they are further along in their recovery because they worked with a peer.

Virginia Department of Health (VDH)

Throughout the year, 2,131 individuals received SOR-funded peer support from five peers across four VDH sites.

Each quarter, peers supported over 500 individuals, with peers serving the greatest number of people through individual and community outreach.

Average number of individuals served each quarter across VDH sites:

Group Support

60

individuals

Individual Support

272

individuals

Community Outreach

331

individuals

Warmline

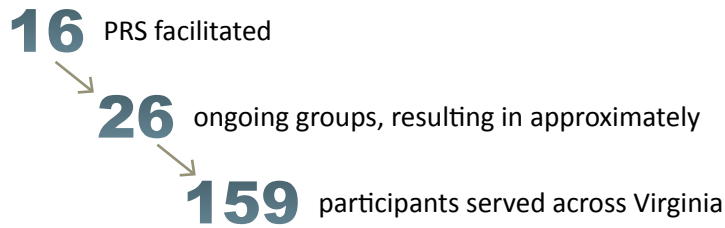
14

individuals

Peer Recovery Support Services

Virginia Department of Corrections (DOC)

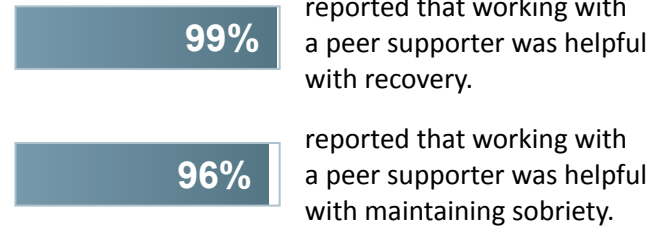
Through the SOR-funded DOC Peer Recovery Specialist (PRS) Initiative:



Naloxone was used in an average of 86% of the 21 overdoses reported by survey participants. Out of all survey participants, 81% were familiar with naloxone and its purpose.

Virginia DOC has been actively training individuals within the corrections setting to become PRS. Across six trainings, 54 individuals graduated from PRS training while incarcerated in a DOC facility during SOR III Year 1.

The vast majority of participants found peer support helpful:

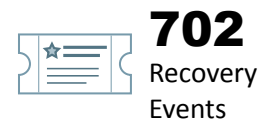


“I could not have asked for someone better to help me navigate this field. A true, personal level of experience paired with a passion for what they do. I have felt inspired by the training, which I feel will benefit me just as much as being educated.”

– DOC-based PRS Training Graduate

Collegiate Recovery

SOR-funded Collegiate Recovery Programs (CRP) provided services to students and the surrounding communities. In total, the nine CRPs supported:



SOR-funded CRPs received over 400 hours of consultation and technical assistance from the lead program, Rams in Recovery at Virginia Commonwealth University.

Peer Recovery Outcomes

In SOR III Year 1, the BARC-10 (Brief Assessment of Recovery Capital) was implemented in multiple settings to better understand the impact of peer support services.

Individuals receiving recovery services at various community-based sites had statistically significant increases in BARC-10 scores from initial to latest assessments.

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

- Life Satisfaction
- Fulfilling Activities
- Community Belonging
- Supportive Housing

Recovery capital domains on the BARC-10 that showed the highest scores:

- Deprioritizing Substances
- Personal Responsibility
- Recovery Progress
- Life Functioning