OMNI

February 2024

OMNI INSTITUTE REPORT

Virginia State Opioid Response Grant Annual Report 2022-2023

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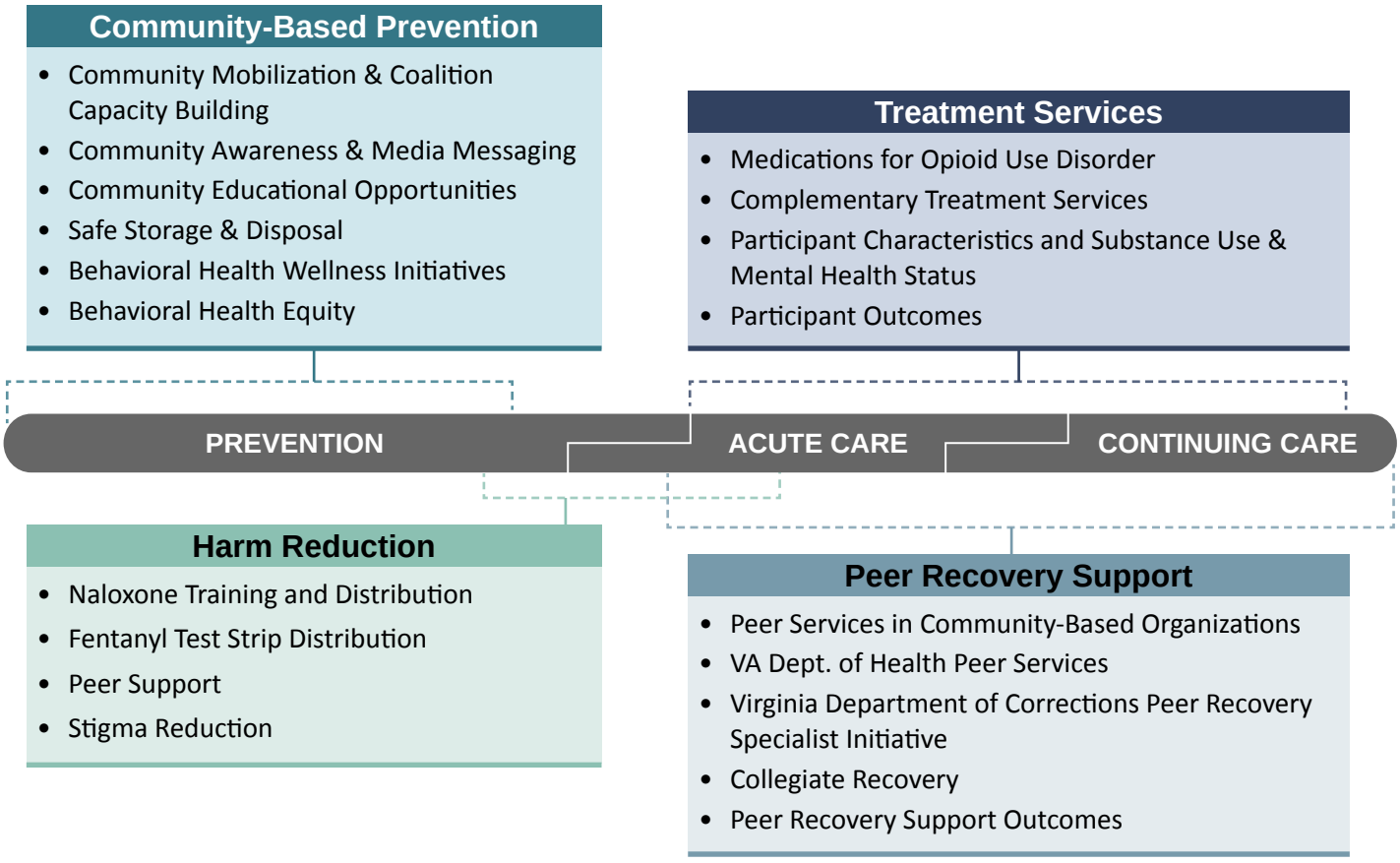
Virginia State Opioid Response Grant 2022-23 Annual Report: Executive Summary

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.



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DBHDS
Virginia Department of Behavioral Health and Developmental Services

For more information on the SOR grant or to see the full annual report, go to www.virginiasorsupport.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** **13,379,184 adults**

COMMUNITY EVENTS

reached **633,008** individuals

including **40,784 youth** **228,224 adults**

SOCIAL MEDIA / WEBSITES

reached **4.84M** individuals

including **180,368 youth** **4,666,272 adults**

PRINT MATERIALS

reached **2.97M** individuals

including **110,972 youth** **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

ACE* Interface Training
provided to
1,488
individuals

Mental Health First Aid Training
provided to
161
individuals

Signs of Suicide (SOS) Training
provided to
165
individuals

QPR Gatekeeper Training
provided to
41
individuals

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.

DRUG DEACTIVATION PACKETS
66,244 distributed

PRESCRIPTION DRUG LOCK BOXES
17,773 distributed

SMART PILL BOTTLES
6,445 distributed

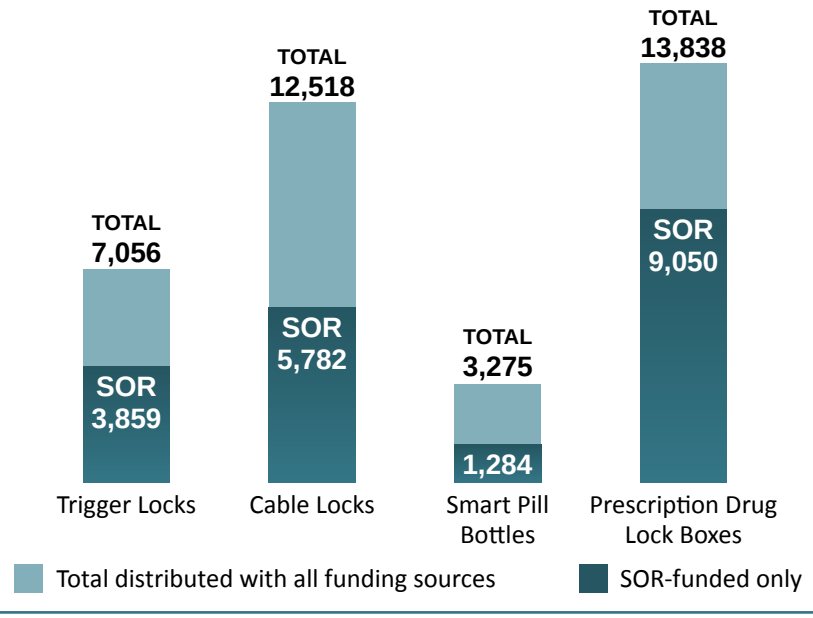
PERMANENT DRUG DROP BOXES
3.7M+ individuals with access

DRUG TAKE-BACK EVENTS
5,700+ individuals participated

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.

> "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*

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.

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.

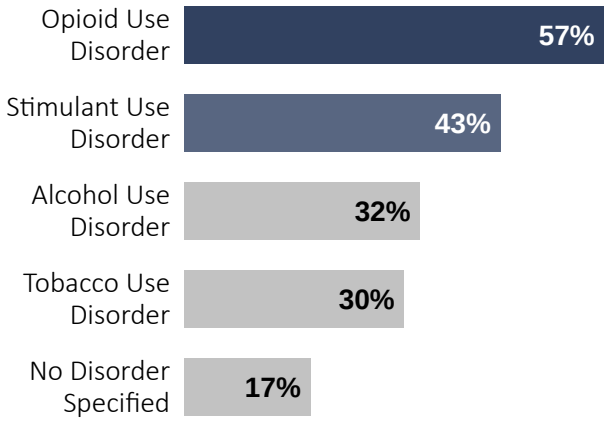
75% had been in treatment at least once before.

72% had children under the age of 18.

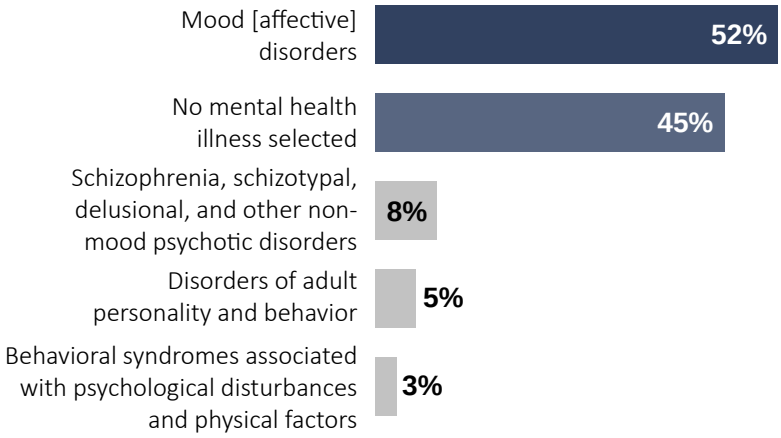
43% referred themselves to treatment and 32% were referred from a justice setting.

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 GPRA and either a current follow-up or discharge GPRA during Year 1 of SOR III.

GPRA 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.

SOR Focus Areas*			
Any Opioid Use	**-71%**	**Any Stimulant Use**	**-55%**
Fentanyl	**-73%**	Methamphetamine	**-75%**
Heroin	**-75%**	Cocaine or Crack	**-55%**

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%**

5% of GPRA 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.

92%

of participants had interactions with family/ friends supportive of recovery at both intake and latest assessment.

“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	Individual Support	Community Outreach	Warmline
60 individuals	272 individuals	331 individuals	14 individuals

Peer Recovery Support Services

Virginia Department of Corrections (DOC)

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

16 PRS facilitated

26 ongoing groups, resulting in approximately

159 participants served across Virginia

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:

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

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

> "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:**

226 Student Members

2,517 Recovery-Focused 1:1s

274 Campus Events

702 Recovery Events

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

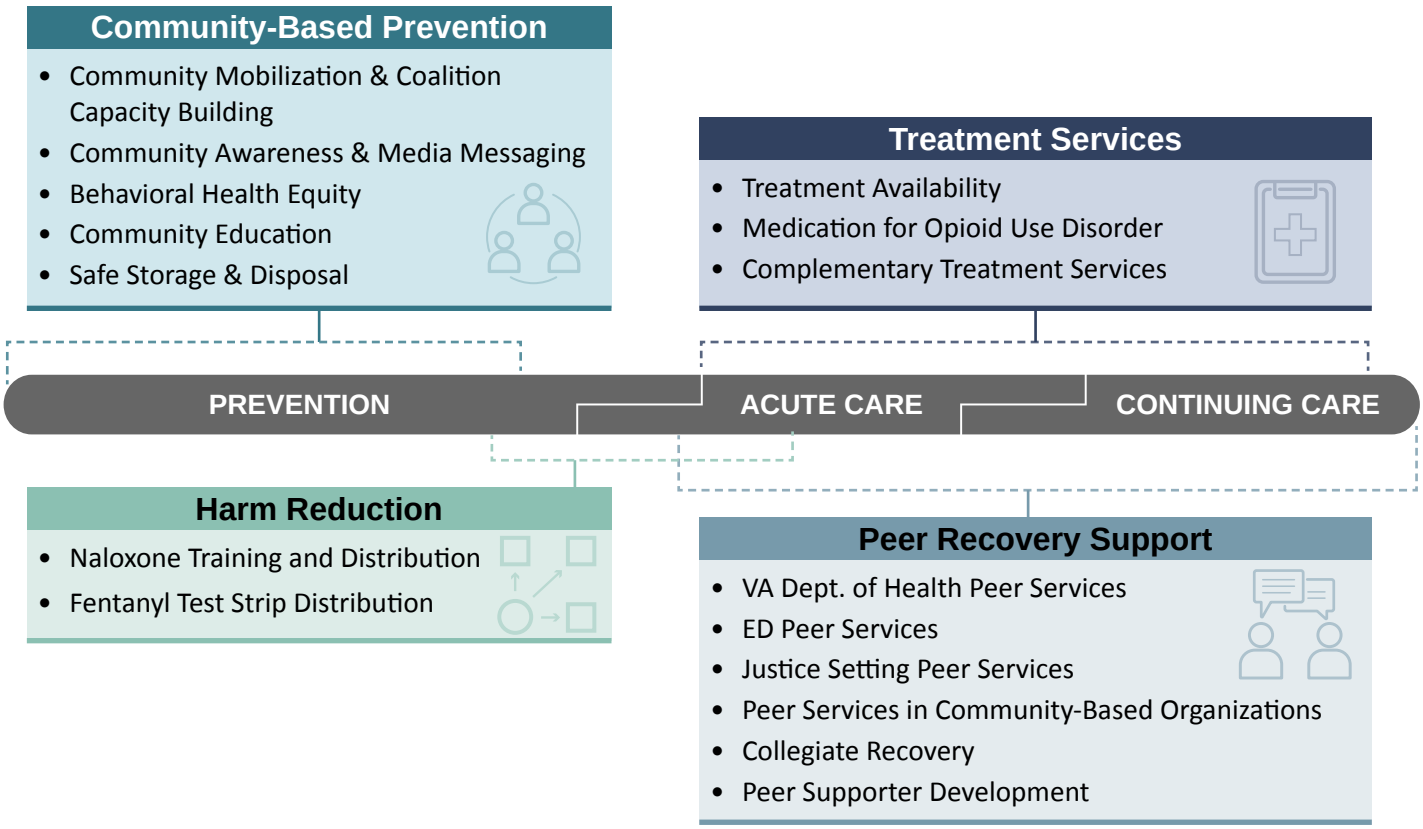
Introduction

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). The SOR grant has been funded in two-year cycles: SOR I from 2018-2020, SOR II from 2020-2022, and SOR III from 2022-2024.

OMNI Institute (OMNI) is DBHDS' evaluation partner for this grant and created this report to highlight SOR grant results from SOR III Year 1 (October 2022 through September 2023), which is the fifth year in total that DBHDS has received a SOR grant. 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.



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OMNI Institute Report: Virginia State Opioid Response Grant
Annual Report 2022-2023

Community-Based Prevention

Community-Based Prevention

The prevention objectives of the State Opioid Response (SOR) grant are intended to decrease opioid, stimulant, and prescription drug misuse and overdoses through the implementation of a broad array of evidence-informed strategies. In Year 1 of SOR III, all 40 CSBs and one coalition were funded to implement recommended evidence-informed strategies through an intentional, data-driven process based on the Substance Abuse and Mental Health Services Administration (SAMHSA) Strategic Prevention Framework (SPF). Virginia's Department of Behavioral Health and Developmental Services (DBHDS) utilizes a shared risk and protective factor approach to substance use prevention. This holistic approach recognizes that behavioral health challenges such as substance use disorders, suicide, and overdoses are interconnected and often have the same contributing factors and root causes. According to SAMHSA, more than one in four adults experiencing mental health disorders also experience substance use disorders. This high rate of comorbidity reflects the shared risk factors that underlie these behavioral health challenges, such as genetic/epigenetic vulnerabilities, brain chemistry, and early exposure to trauma or stress.

> "This Year, the Community Builders Network (CBN) conference focused on Wellness and Healing strategies to highlight the theme for the Champions of C.H.A.N.G.E (Connect, Heal and Grow Empowered.) project the Coalition is working on in the city of Newport News. The conference opened with looking at trauma as a root-cause for many of the mental health challenges and discussing how the brain is affected by our experience and how connections help the healing process."
>
> *– Hampton-Newport News CSB*

Using the shared risk and protective factor approach, CSBs are addressing behavioral health holistically by implementing programs and strategies to lessen the impact of underlying risk factors and promote protective factors that have the opportunity to simultaneously lower rates of substance use and suicide, as well as prevent the related negative impacts and consequences of substance use and mental health disorders, such as overdoses.

Key prevention strategies that address behavioral health holistically are listed below and described in detail in the following sections. This section contains data collected from mid- and end-of-year reporting surveys completed by CSB staff and the Performance Based Prevention System database. See Appendix C for more information on these data sources.

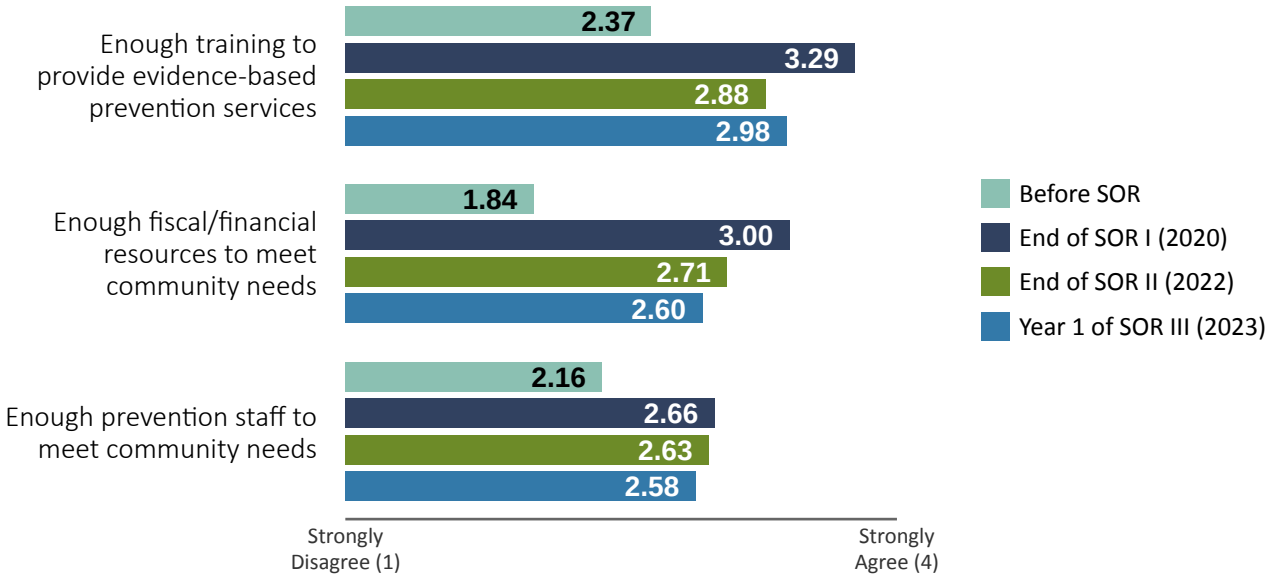
Participants in a Mt. Rogers CSB C.H.A.T.S. (Connecting Humans and Telling Stories) session in 2023.

Key Prevention Strategies

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

SOR funding has allowed CSBs to build prevention capacity and establish the necessary infrastructure for meeting their strategic goals. During end-of-year reporting, staff were asked to reflect on the impact of SOR funding on their organizational capacity. These results were compared with responses from the previous grant years, with findings indicating that, while prevention capacity has increased due to SOR funding, that impact has yet to be sustained over the years. CSBs report needing additional fiscal/financial resources and prevention workforce support to meet ever-increasing community needs and program growth.

Prevention capacity has increased overall because of SOR funding but has not been fully sustained over the years.



Staff from Norfolk Community Services Board tabling at a local community event.

Flyer from Region Ten's Community Mental Health and Wellness Coalition on fentanyl.

Community Mobilization and Coalition Capacity Building

Coalitions continue to see growth in Virginia, with an increase of 9 coalitions and 121 individual members since last year. They remain one of the key drivers towards community connection and collaboration.

Coalitions engage and support the general community and are a vital part of CSBs' prevention efforts. Coalition members contribute their time, often in a volunteer capacity, to support CSB staff in implementing prevention initiatives, supplementing staffing shortages, and building meaningful community relationships. SOR-funded CSBs partnered with coalitions representing various sectors in the community, including schools, non-profit organizations, faith-based communities, law enforcement, healthcare facilities, government officials, businesses, concerned citizens, civic groups, and more.

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.

> "We really wanted to highlight the continued growth of the Opioid Heroin Prevention Task Force over the past year. A testament to this growth is the overwhelming support, collaboration, and participation by many representatives from our multiple community partners in this year's Overdose Awareness Day event."
>
> *– Chesterfield CSB*

In addition to serving the general community, coalitions focused on reaching at-risk populations.

Outreach focused on individuals from the following communities:

- Native American/Alaska Native
- Black/African American
- Hispanic/Latinx/e
- Individuals in the justice system
- Individuals in rural areas
- Individuals with disabilities
- Older individuals
- Young adults
- Youth under 18
- College students
- Parents/caregivers
- Veterans

Many coalitions intentionally focus their efforts on youth under 18 because substance use often begins during adolescence. Due to the variety of contributing factors to youth substance use, coalitions often seek to address broad community challenges.

Alleghany-Highlands Healthy Youth Coalition table during Red Ribbon week.

SUCCESS STORY

Building Equity

On August 11, 2023, Blue Ridge Behavioral Healthcare's Roanoke Area Youth Substance Abuse Coalition (RAYSAC) organized a roundtable for community members with a theme of "Persisting in Prevention for Everyone." Topics discussed at the event included prevention messaging and trauma-informed trainings. Dr. Lauren Powell, a national health equity expert, presented a keynote about centering equity in prevention messages and how to create equitable coalitions. Although the event included community members from different sectors, it highlighted the perspectives of firefighters, emergency medical technicians, and pharmacists.

Blue Ridge Behavioral Healthcare's RAYSAC roundtable event.

Alexandria Community Services Board's tabling during their spring community cookout event.

CSBs and coalitions work together to reach their communities through training, community education events, and more, expanding their reach to more Virginians annually.

In Year 1 of SOR III, coalitions across Virginia identified their community's needs through outreach, focus groups, and needs assessments, focusing on what works best for each community. To do this, coalitions engaged in the following efforts.

- Coalitions sought to vary their sector partnerships and collaborations to ensure that the community is reached in accessible locations and by trusted organizations within their communities.
- Coalitions sponsored, hosted, or attended community trainings such as *REVIVE!*, an opioid overdose and naloxone administration training, 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.
- Coalitions identified ways to make their coalition efforts equitable, such as sustaining Spanish-speaking coalitions and conducting outreach to the Hispanic/Latinx/e communities.
- Coalition leads and members attended national conferences to expand their skillset in prevention work.
- CSBs and coalitions engaged in data-driven strategic planning to align coalition efforts with prevention needs.

"With 37 active members, the Eastern Shore Overdose Fatality Review Team (ESOFRT) methodically reviews an individual's life experiences from school records to health histories, criminal involvement, and social networks to identify service gaps, risk factors, and unmet needs that could be addressed by the community to improve future outcomes. The ESOFRT meets several times a year to review cases but also works in the community to address best practices, develop prevention campaigns to raise awareness, and administer community needs assessments."

— Eastern Shore CSB

Community Awareness and Media Messaging

Community awareness and media messaging campaigns enable CSBs to target large populations with information about adverse childhood experiences, overdose prevention and mental health wellness to support substance use prevention. In Year 1 of SOR III, CSBs used SOR funding to share prevention messaging across various platforms to help educate and influence behavior change on individual and community levels. These platforms can include media outlets like movie theaters, local TV and radio, social media platforms, podcasts, and online streaming radio and TV ads to reach community members of all ages.

Region Ten Community Services Board's Fentanyl Awareness Day tabling event.

CSBs utilized SOR funds to implement the DEA's One Pill Can Kill campaign, Fentanyl Awareness Day activities, and International Overdose Awareness Day.

Aside from general opioid prevention messaging, CSBs were encouraged to focus on at least one of these campaigns during the past year. These campaigns and events are dedicated to preventing opioid overdoses, including those caused by fentanyl. CSBs disseminated these campaign messages primarily through social media and print materials offered during in-person events or presentations. Through in-person events held in various locations, such as schools, libraries, and pharmacies, many CSBs reinforced their messaging by offering REVIVE! trainings. Some of these materials were translated into other languages to expand the reach to communities in CSB catchment areas, mainly focusing on increasing the available Spanish materials.

Danville-Pittsylvania Community Services One Pill Can Kill media campaign.

The overall reach of these media efforts are highlighted below. Numbers reflect individuals who may have seen the same media message more than once, and are not unduplicated individuals.

PUBLIC BROADCAST & DISPLAY	SOCIAL MEDIA/ WEBSITES	COMMUNITY EVENTS	PRINT MATERIALS
reached	reached	reached	reached
13.68M	4.84M	633,008	2.97M
including	including	including	including
299,058 youth	**180,368 youth**	**40,784 youth**	**110,972 youth**
13,379,184 adults	**4,666,272 adults**	**228,224 adults**	**2,856,636 adults**
Includes:	Includes:	Includes:	Includes:
• PSAs	• Newsletters	• Events & Fairs (in-person & virtual)	• Mailers
• Billboards	• Website visits	• Tabling	• Brochures
• Posters & signs	• Social Media	• Presentations & Townhalls	• Flyers
• Newspapers	• Blogs	• Lock & Talk Presentations	• Promotional items
• Interviews (radio & TV)			• Resource Guides
• Ads (radio, TV, streaming, targeted online)			• Permanent Drug Drop Box maps
			• Wellness kits & bags

The SOR-funded "Activate Your Wellness" statewide media campaign completed its second year, adding new fact sheets, resource sheets, and mini-documentaries.

Activate Your Wellness aims to promote positive mental health and well-being across the eight Dimensions of Wellness, adapted by SAMHSA. The campaign continued to be developed by Rigaud Global Media Company (RGC), which included social media posts and billboards, and this year, some additional resources, such as fact and resource sheets hosted on the Virginia Prevention Works! portal website. In addition to the new graphics, Hampton-Newport News and Horizon CSBs created mini-documentaries about how their community activates their wellness. These mini-documentaries are shared throughout the community in waiting rooms, gas stations, and other public places for their localities to view.

The campaign's reach increased by 11.8 million impressions from Year 2 of SOR II for a total of 29.7 million impressions across all media outlets.

Examples of the Activate Your Wellness campaign resource and fact sheets, including the financial wellness fact sheet, wellness journal, and Virginia-specific resource sheet.

SUCCESS STORY

Hampton-Newport News Involved Spanish-speaking Coalitions in Their *Activate Your Wellness* Campaign Mini-Documentary

Hampton-Newport News CSB continued its leadership in this campaign by intentionally collaborating with Spanish-speaking coalitions and highlighting them in their bilingual mini-documentary and other Activate Your Wellness Campaign-related activities. The mini-documentary walks through barriers in the community and how local partners address those barriers to support individuals in reaching overall wellness, such as combating stigma and increasing language accessibility.

Screenshot of Hampton-Newport News Community Services Board's mini-documentary campaign.

1 Rigaud Global Media Company. Activate Your Wellness 2023: July-September 2023 Year 2 Analytics.

The Lift Up Virginia (LUV) campaign created awareness for Adverse Childhood Experiences (ACEs) and Positive Childhood Experiences (PCEs) among Virginians.

The LUV campaign is an evidence-based initiative that encourages community leaders to share stories of growth and resilience with communities across the Commonwealth. Developed with SOR funding, it is a one-stop shop for preventative resources and trainings related to ACEs and PCEs. The focus of LUV is to build resiliency through relationships as it helps improve depression, smoking cessation, COPD, Asthma, and heavy drinking.

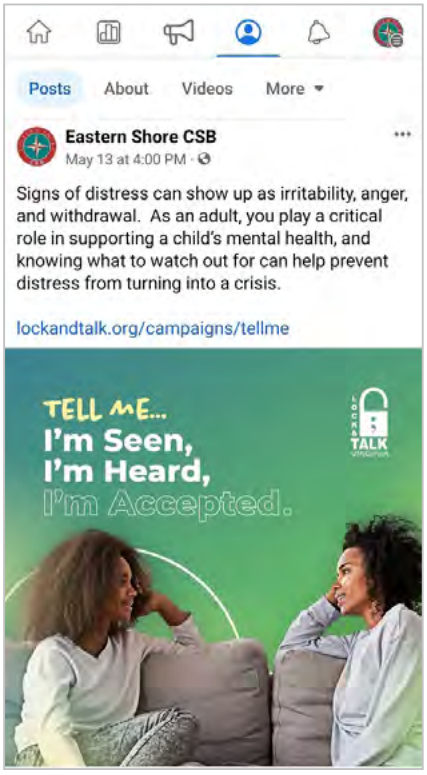
CSBs also utilized media and social marketing campaigns to promote behavioral wellness in their communities.

- Fairfax Falls CSB hosted a presentation on practical tools and techniques to combat stress and anxiety.
- Portsmouth CSB tabled at community events to provide individuals with foundational knowledge about behavioral wellness and mental health issues among adults. They also provided local resources related to employment, a common stressor that may cause individuals to be more vulnerable to mental health, physical health, and substance use.
- Virginia Beach CSB provided education on mental health and substance use services in the community and information on the local youth coalition that promotes healthy living.

Why We LUV Media Campaign graphic.

A local newspaper advertisement from Piedmont Community Services to raise awareness on fentanyl.

Highlands Community Services flyer focusing on the importance of youth mental wellbeing.



Eastern Shore Community Services Board utilized social media to spread Lock and Talk messaging.

Community Educational Opportunities

In Year 1 of SOR III, CSBs implemented various community educational strategies, including behavioral and mental health-related trainings, prescriber education, and curricula-based programs.

Mental health challenges can play a role in substance use and SUDs, as individuals may turn to substance use to cope with difficult emotions or stressors. Some stressors may be related to upstream factors, or the root causes of larger social and environmental issues like racism and poverty. This includes characteristics of the community and living conditions. These root causes often also include Adverse Childhood Experiences (ACEs), potentially traumatic events that occur during childhood. These factors may appear unrelated to behavioral health but are strongly connected to behavioral health outcomes among individuals and across populations. Downstream factors—including mental health, physical health, and substance use—are often the result of upstream factors. Therefore, it is important to acknowledge how multiple spheres of influence impact behavioral health-related behaviors and outcomes. Cultivating strong, positive mental health for Virginians can help reduce substance use in the future. CSBs in Virginia used SOR prevention funds to educate communities about ACEs, teach skills for supporting those in mental health crises, and help loved ones' reverse overdoses. All these efforts are designed to impact, reduce, and prevent future substance use.

CSBs have been expanding the focus of their prevention efforts to include trainings and resources related to protecting and improving mental health in their communities to combat future or worsening substance use.

ACE INTERFACE TRAINING	MENTAL HEALTH FIRST AID TRAINING	SIGNS OF SUICIDE (SOS) TRAINING	QPR GATEKEEPER TRAINING
provided to **1,488** individuals across **9** SOR-funded CSBs	provided to **161** individuals across **3** SOR-funded CSBs	provided to **165** individuals across **1** SOR-funded CSB	provided to **41** individuals across **1** SOR-funded CSB

ACEs trainings were integrated into professional training curriculums across the commonwealth through strong CSB relationships.

Adverse Childhood Experiences (ACEs) refer to potentially traumatic events that occur during childhood. There is a strong, positive correlation between the number of ACEs a person experiences in childhood and their risk for unfavorable outcomes later in life, such as chronic physical health conditions, mental health disorders, and substance use. The ACE Interface curriculum teaches participants about the biological, health, and social impacts of ACEs and traumatic childhood events, as well as strategies to support the health and well-being of community members. CSBs utilize different combinations of funding streams to provide these trainings in their communities. The above numbers represent the subset of ACEs trainings impacted by SOR.

> "We have been working collaboratively with our community school systems to provide ACEs trainings to teaching staff and faculty. The ESCSB provided a 6-hour engagement utilizing ACEs Interface curriculum [to 32 new teachers]. At the beginning of the class, the teachers were polled about their knowledge of the ACEs study. Zero teachers present were familiar with the study. The training opportunity provided much dialogue and discussion and the ESCSB Prevention Specialists provided many resources specific to classroom management of trauma response behaviors as well as community resources."
>
> *– Eastern Shore CSB*

Following ACEs trainings, participants indicated high levels of learning, a desire to expand their knowledge, and a desire to increase participation in ACE prevention efforts in their communities.

The data below includes trainings funded by the SOR Grant as well as the Substance Use Prevention, Treatment, and Recovery Block Grant (SUPTRS BG).

82% agreed or strongly agreed that they want to seek more information and guidance regarding trauma-informed practice.

83% indicated they learned a lot about the importance of identifying and addressing ACEs.

81% agreed or strongly agreed that they want to learn more about the causes and effects of ACEs.

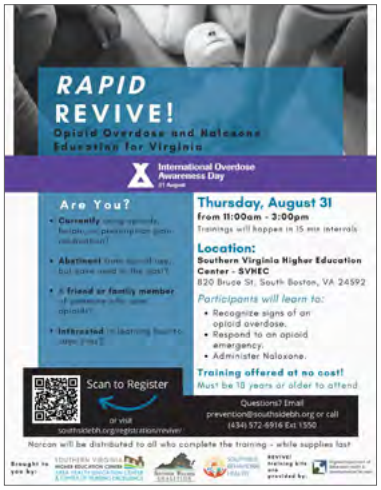
76% indicated they learned a lot about why their community needs to get organized and mobilized to identify and address ACEs.

"[As a result of this training, I will] remember to screen for ACEs more consistently and to make sure that our staff operates from a trauma-informed perspective."

– ACEs training participant

Prescriber and patient education doubled from 2,000 in Year 2 of SOR II, to reach over 4,400 in Year 1 of SOR III.

This included information dissemination at pharmacies with prescription bag stickers or marketing, or through individual doctor offices with messaging for waiting patients. These efforts continue to grow successfully as CSBs implement more outreach and develop more partnerships in their communities.



Southside Community Services Board flyer for Rapid REVIVE!.

Demand for *REVIVE!* training continues to grow and CSBs are meeting this demand with in-person and virtual training sessions.

Almost three times the number of people were trained in life-saving naloxone administration in Year 1 of SOR III – 24,478 individuals compared to 8,381 in Year 2 of SOR II. New and ongoing collaborations have helped this program expand and reach more people from different backgrounds. While some CSBs offer the training at community events, others have started to provide walk-in training in clinics and train health professionals and nursing students. With youth outreach in mind, Highlands partnered with Appalachian Substance Abuse Coalition (ASAC), Washington County School System, and Bristol School System to bring Fentanyl Awareness Day to youth. The purpose of these events is to raise awareness and educate students on the harm of fentanyl and opioids, and train youth in administering Narcan for Opioid Overdose. Additional outreach efforts to reach the public include ads on buses and plans to expand the training in rural communities.

PRESCRIBER & PATIENT EDUCATION
provided to

4,419 **individuals** → across **4** SOR-funded CSBs

***REVIVE!* TRAINING**
provided to

24,478 **individuals** → across **32** SOR-funded CSBs

> "We are continuously hearing that there is a need for this training, for the public and providers, and we plan to complete more sessions, spread across more rural locations, and have more participants for FY23-24."
>
> *– Western Tidewater CSB*

Additional Educational Impacts

Prevention staff utilized several curricula to reach specific populations within their communities – youth, adults, and parents. This year, they have also welcomed a new partnership with 5 Bridges to Wellness, a holistic health and wellness coaching program that focuses on multiple aspects of overall health, such as physical and social. The table below outlines the impact of three such approaches.

	Over-The-Counter (OTC) Medicine Safety Program	5 Bridges to Wellness	Hidden in Plain Sight
Purpose	Build responsible medication practices	Holistic behavioral wellness program incorporating multiple dimensions of health	Parent education program on youth substance use, including paraphernalia
Audience	12 years old and younger	Adults	Parents and caregivers
Reach	1,961	262	96
Number of CSBs Implementing	2	3	2

CSBs reached 1,961 youths, 12 years old and younger, through the evidence-based, Over-The-Counter (OTC) Medicine Safety Program.

Cumberland Mountain CSB facilitating an OTC curriculum in local schools.

The program aims to build responsible medication practices in youth through early education about OTC medicine safety and prevent youth from using it at an early age. During Year 1 of SOR III, two CSBs have succeeded in implementing the Scholastic OTC curriculum specifically designed for elementary school students and their families. The CSB Cumberland Mountain Community Services Board also presented the Medicine Safety Program to 766 5th-grade students in Russell and Tazewell counties. CSB Region Ten distributed the Scholastic OTC curriculum, reaching 607 6th to 8th-grade students in their catchment area's elementary and city schools' Health and Physical Education teachers. Other implemented strategies reached more than 358 adults through CSB partnerships with 5 Bridges to Wellness, a holistic behavioral wellness approach to multiple dimensions of health and coaching program, and Hidden in Plain Sight, a parent education program on the realities of substance use in youth, and how to identify substances and paraphernalia.

Safe Storage and Disposal

90% of Virginia communities have access to supply reduction items to lower the accessibility of medications and firearms.

CSBs provide secure storage solutions and facilitate public disposal methods for unwanted or expired prescriptions. The distribution of supply reduction items includes prescription drug lockboxes, medication-deactivation packets, smart pill bottles, and cable locks or trigger locks for firearms. Lockboxes and smart pill bottles restrict access to medications, while deactivation kits render prescription drugs inactive. Locks on firearms also restrict access to lethal means, making it much harder to discharge firearms for harm to oneself or others. Many CSBs organize and support local drug take-back events, provide disposal pouches, and establish medication drop-off boxes to reduce the amount of prescription medication in circulation.

DRUG DEACTIVATION PACKETS

66,244

distributed across **36** SOR-funded CSBs

PRESCRIPTION DRUG LOCK BOXES

17,773

distributed across **29** SOR-funded CSBs

SMART PILL BOTTLES

6,445

distributed across **13** SOR-funded CSBs

"Disposal pouches are always of interest to community members who come to our table at events. Many members of the community have never heard of disposal pouches before, which provides us the opportunity to educate community members on safe disposal practices, which include these pouches. Drug disposal pouches provide an excellent way for caretakers to dispose of medications in the home, as transportation to a permanent drug disposal box or other solutions may be a challenge in the more rural parts of our area."

– Rockbridge Area CSB

Alexandria Community Services Board collaborating with law enforcement during a Drug Take-Back Event.

Over 90,460 supply reduction items were distributed to communities across Virginia through community events and partnerships.

This represents a 54% increase in supply reduction items distributed to Virginians from the previous year, with 90,460 items distributed in Year 1 of SOR III compared to 58,500 by the end of SOR II. CSBs capitalized on the overall increase in community events post-COVID-19 to allocate resources and collect unused medications. Most safe disposal items were distributed at events focusing on mental health and suicide prevention, such as health and wellness fairs and drug take-back events.

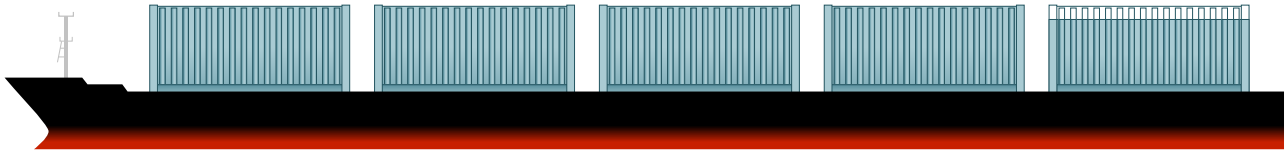
Population Focused Efforts

Specific populations are at higher risk of lethal opioid-related outcomes due to a variety of factors. Many CSBs focused their distribution efforts on these groups to increase their impact among those most vulnerable. Of note, more than half of CSBs performed outreach to parents and caregivers of youth, providing potentially life-saving supply reduction items and information. This included outreach to new community partners, presentations to faith groups, and engaging senior living communities. The table below represents focus populations and how many CSBs intentionally engaged these groups.

Higher Risk Population	CSBs with Intentional Outreach
Parents and Caregivers	23
Older Population (65+)	13
Black or African American Individuals	10
Individuals in Rural Areas	10
Individuals Experiencing Homelessness	8
Individuals with Disabilities	8

Thanks to law enforcement partnerships and community drop boxes, more than 24,200 pounds of medication were collected in Year 1 of SOR III – which would fill up over 4.5 standard shipping containers[1].

Drug take-back events, often held in collaboration with local law enforcement, provide opportunities for community members to drop off unused medications for safe disposal. These gatherings bring together many health and wellness community partners in one place and offer an ideal location for raising awareness and providing education. These events ensure that medication disposal sites are visible and accessible to communities in a variety of places as a supplement to the secure, permanent drop-off locations for medication disposal that are installed in places such as pharmacies and police stations.



PERMANENT DRUG DROP BOXES
provided access to

3.7M+ **individuals** → across **12** SOR-funded CSBs

DRUG TAKE-BACK EVENTS

5,700+ **individuals** → participated across **85** drug take-back events

CSBs shared information and messaging on the secure storage of medications and firearms through multiple media outlets, with almost 5 million impressions.

Community members may be represented more than once in the total number of impressions reported, as it includes individuals who were exposed to a message multiple times, such as on a billboard. CSBs promoted securing lethal means through social media, advertisements, billboards, and public service announcements. CSBs often also included educational materials within the medication lock boxes.

1 OpenAI. (November 29, 2023). How many shipping containers would 24,200 pounds of prescription medication fill? ChatGPT.

CSBs expanded their impact by utilizing SOR funds to implement *Lock and Talk Virginia*.

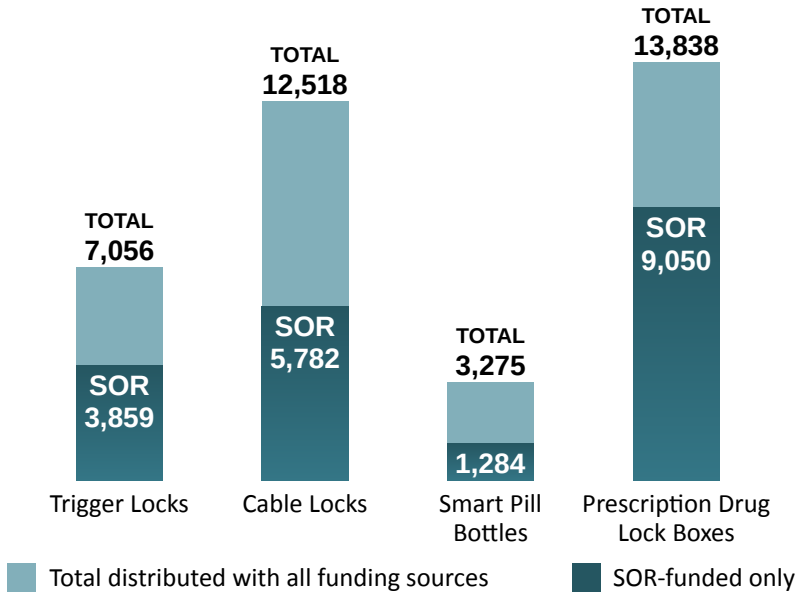
Lock and Talk focuses on encouraging open conversations among individuals, families, or friends about firearm and medication safety to help prevent suicide during a mental health crisis. SOR funds boosted the reach of Lock and Talk messaging by 410,647 Virginians, and when combined with other funding sources, over 5.9 million people heard or read the core message to lock up lethal items and talk about mental health. Although Lock and Talk originated in Virginia, it recently expanded to several New York counties that chose to implement this approach after learning of its success in Virginia.

Lock and Talk Virginia messaging is utilized across the commonwealth.

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



Lock and Talk Virginia messaging is utilized across the commonwealth.

Billboard messaging by Norfolk Community Services Board.

Behavioral Health Equity (BHE)

Throughout Year 1 of SOR III, Improving behavioral health equity (BHE) in prevention services remained a key objective.

Building on previous years, CSBs continued to expand efforts to reach under-resourced populations. In addition, DBHDS awarded BHE nine 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 (EOY) survey and final reporting from the nine mini-grant recipients.

CSBs' BHE efforts focused on serving communities comprising individuals who identify as:

- LGBTQ+
- Latine/x
- BIPOC
- Refugees
- Immigrants
- Residents of rural areas
- Individuals with low income
- Individuals currently experiencing homelessness

Rappahannock Area Community Services Board staff table at a local LGBTQ Pride event.

> "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*

More than half of CSBs highlighted translating materials to languages other than English

CSBs reported translating materials to languages such as Spanish, Kurmanji, Sorani, Arabic, Russian, Ukrainian, Swahili, and Kinyarwanda in the EOY survey, thereby increasing the impact and accessibility of outreach efforts and training materials.

Many CSBs emphasized the importance of building relationships with marginalized communities by attending key community events and expanding involvement with members of these communities. For example, Harrisonburg-Rockingham CSB attended various community events focusing on financial and housing insecurity, including a Community Cookout hosted by the local housing authority.

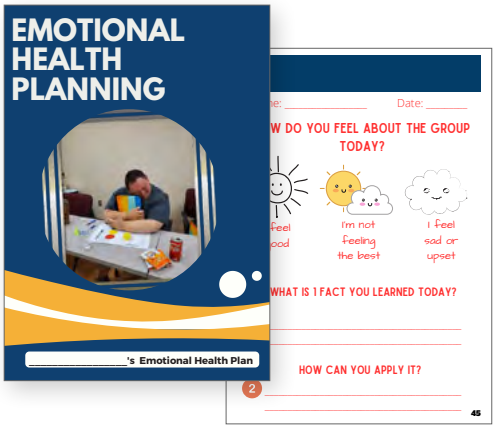
Behavioral Health Mini-Grants continue to build off last year's successes.

In this year of the SOR grant, $150,000 was awarded to nine CSBs through mini-grants to expand BHE efforts and promote community engagement among marginalized groups. In addition, approximately $100,000 in SOR funding was awarded to community-based organizations to support Bhutanese, Latino, LGBTQ+, faith communities, and youth leadership summer programs as part of the Virginia Refugee Healing Partnership program (See Appendix A).

CSB Spotlights

Chesterfield CSB

For the second year, Chesterfield CSB used BHE grant funding to promote social-emotional learning skills among individuals with developmental disabilities. The CSB partnered with Robin's Hope to develop a culturally responsive curriculum and provide a series of educational classes on identifying and communicating feelings, understanding trauma, developing coping skills, building self-esteem, and learning how substance use could negatively impact their emotional well-being. The response to the program continues to be overwhelmingly positive, with students, case workers, and families eager to continue the curriculum. This year, the project also hosted trainings for other CSBs and community partners interested in bringing the curriculum to their own agency.



A tool developed by Chesterfield Community Services Board for individuals with developmental disabilities.

Blue Ridge Behavioral Health

Blue Ridge Behavioral Health (BRBH) decided to expand the message and reach of its "You Matter" campaign, which was built with messaging and visuals from the community. The campaign was a response to the many Black residents who expressed that they did not feel included in Roanoke. The campaign's billboard and social media promotion led to a total of 1,890,967 impressions. Additionally, BRBH hosted community events that integrated substance misuse education for both youth and adult populations. Youth in 18 schools participated in a "Walking in Your Shoes" exercise, increasing empathy and conflict resolution skills. To reach adult populations, BRBH and partners hosted a Healing Centered Community Conference. The conference had 77 attendees and established trusted relationships with six new African American/Black religious organizations.

A billboard from Blue Ridge Behavioral Healthcare's You Matter campaign.

> "For the first time since the pandemic, [we] have been able to establish new and trusted relationships with African American/Black church leaders and key partners. Creating a panel of four church leaders and one holistic educator for a community Q&A conversation changed the trajectory of the BHE's Healing Centered Community Conference. Church leaders identified the need for more trainings/ conferences […] in the City of Roanoke. Religious leaders concluded that their youth need to hear the message of hope and resilience like in the RC's Be a Resilience Champion campaign.""
>
> *– BRBH CSB*

Southside Behavioral Health

Southside Behavioral Health's "We Stand Together Campaign" promoted messages of LGBTQ+ inclusivity, which organically reached 49 states in the previous grant cycle. This year, Southside expanded the campaign's reach by partnering with Danville-Pittsylvania CSB and a local organization, The Lean in Project. Together, the organizations continued last year's social media campaign, garnering 7,000 insights. They also hosted a conference on understanding and accepting the LGBTQ+ community. The We Stand Together Summit provided education on topics like active allyship, acceptance of LGBTQ+ in religious communities, and how caretakers can support LGBTQ+ youth. The conference also offered REVIVE trainings and resources distributed by several community partners and was featured in a local newspaper.

Flyer advertising the We Stand Together Summit hosted by Southside Behavioral Health and Danville-Pittsylvania Community Services.

An article from a local newspaper acknowledging the historic nature of the summit.

CSBs reported a range of additional accomplishments resulting from BHE grant funding, including:

- Partnered with a local NAACP branch to conduct outreach to Black, Indigenous, and People of Color communities to provide educational materials and information on self-help and stigma reduction related to behavioral health challenges.
- Provided LGBTQ+ youth with affirming allies, conversations, and an educational summit in the local area.
- 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.

OMNI Institute Report: Virginia State Opioid Response Grant
Annual Report 2022-2023

Harm Reduction

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, but not always, serve as a pathway to additional prevention, treatment, and recovery interventions.[1]

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 and fentanyl test strips 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 (OUD) 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	Reducing stigma of OUD and treatment

REVIVE! Training and Naloxone Distribution

REVIVE! is the statewide opioid overdose and naloxone education program for Virginia. With the support of SOR funding, *REVIVE!* Trainings were offered to community members, health professionals, law enforcement, emergency medical services, and others interested in preventing and reducing opioid overdoses.

From Year 2 of SOR II to Year 1 of SOR III, CSBs/agencies *tripled* the number of individuals they trained, providing the skills and knowledge required to reverse an opioid overdose and save lives.

	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
CSBs offering training	20	22	31	31	32	--

The substantial increase in the number of individuals trained by CSBs/agencies in Year 1 of SOR III can be attributed to several key factors. Notably, CSBs/agencies were granted approval to purchase or create their own naloxone kits which allowed them to hold more trainings without relying on other organizations to obtain naloxone for distribution. Additionally, CSBs/Agencies in Southwest Virginia extended their training efforts to entire schools, expanding theia reach and impact across the lifespan. Simultaneously, there was a notable surge in engagement with overdose prevention initiatives and heightened awareness campaigns concerning fentanyl. The introduction of drive-through Rapid *REVIVE!* training sessions streamlined the process. Lastly, policymakers played a significant role in promoting and expanding naloxone training programs, reflecting a shared commitment to reducing opioid overdoses.

1 SAMHSA. Harm Reduction, 2022.

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. Many illicit drugs contain deadly doses of fentanyl, including illegally made fentanyl that comes in different forms. When powdered, it can be mixed with heroin, cocaine, and methamphetamine, and made into pills that resemble prescription opioids. Many people may be unaware that their drugs are laced with fentanyl.[2]

Studies have found that the use of fentanyl test strips leads to safer drug use behavior.[3,4] Together with the distribution of naloxone, fentanyl test strips are an important harm reduction strategy to 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 this grant year.** Kits were distributed to a variety of partners including local health departments, CSBs, harm reduction sites, and law enforcement agencies.

Harm Reduction Peer Support

Five peer supporters at four sites are funded by SOR through the Virginia Department of Health (VDH) to provide harm reduction services. Services provided by peers at the four VDH sites included individual or group support, community outreach activities, and a warmline. For more information on the VDH-funded peer services, see Appendix A.

Hundreds of people received harm reduction peer support services each quarter of Year 1 of SOR III, with the greatest number of individuals served in the first quarter.

	Q1	Q2	Q3	Q4
Number of people who received individual support	373	277	203	232
Number of people who received group support	31	86	61	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.

2 CDC. Fentanyl Facts.

3 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.

4 Krieger M.S., et al. Use of rapid fentanyl test strips among young adults who use drugs.

SUCCESS STORY

REVIVE!

"The growth of the Behavioral Health Wellness (BHW) Program's *REVIVE!* work was tremendous during Year 1 of SOR III. In total, we had 40 occurrences where *REVIVE!* Training was provided and naloxone was distributed - this includes Lay Rescuer Trainings, Rapid *REVIVE!* offered at events, and 1:1 Rapid *REVIVE!* with individual community members. Over these 40 events, we engaged in opioid overdose education with 400 individuals, 350 of whom received a box of nasal naloxone (each containing 2 doses). We hosted Rapid *REVIVE!* once a month at the Harrisonburg Farmer's Market, Shenandoah Pride, and a local Community Serve Day event. The BHW Program also entered into a collaborative relationship with Massanutten Regional Library to begin offering recurring *REVIVE!* Trainings at their Central Library. At the organizational level, trainings were also provided to local Department of Social Services staff, Sentara RMH's Athletics Trainers, Eastern Mennonite University's residential life staff, and other staff of various local, non-profits/ public entities. With the growth of our *REVIVE!* efforts, we have expanded our print materials to include more locally-focused English and Spanish brochures and in-person training guides. As *REVIVE!* has become more of a recognizable, "household" name, we have also been able to, with the support of local funding, grow our SOR-funded website, Wellness Connection, to have a page dedicated to opioid and *REVIVE!* education: https://mywellnessconnection.org/rockingham-county-opioid-resources.

– Harrisonburg-Rockingham CSB

Reducing Stigma of OUD

Reducing stigma surrounding OUD, overdose, and the use of medications for opioid use disorder (MOUD) is an important component of harm reduction for treatment and recovery. Stigma may prevent individuals from seeking MOUD, and the perspective of MOUD being just "another drug," — despite the evidence-based nature of MOUD — can contribute to stigma.[5,6] Individuals and families may experience stigma as well. Friends and families play an important role in treatment and recovery success, so dispelling stigma around MOUD and overdose is key. CSB/agency staff play an important role in reducing stigma of MOUD, but also in dealing with the aftermath of overdose.

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

At least two CSBs are directly addressing stigma in their prevention work. Eastern Shore CSB created and disseminated messaging to reduce stigma around substance use disorders and Northwestern CSB reaches their community through a weekly radio show broadcast on "Mental Health Mondays" to reduce the stigma associated with opioid use disorder. These two campaigns alone reached 773,951 people with this messaging during Year 1 of SOR III.

SUCCESS STORY

Reducing Stigma in Practice

"The SOR grant funds a certified peer recovery specialist who provides overdose outreach in our community. Our peer will contact people to provide education about overdose, access to harm reduction tools, and connections with peer support and treatment. Our peer contacts witnesses [of overdoses] and provides education on overdose and offers Narcan. As part of the overdose outreach, she reaches out to family and loved ones following a fatal overdose and offers grief support and resources. This human-to-human connection has been invaluable in helping family members process grief and decrease the feeling of stigma related to overdose."

– Arlington CSB

5 Chou, J.L., Patton, R., Cooper-Sadlo, S. et al. Stigma and Medication for Opioid Use Disorder (MOUD) Among Women. https://doi.org/10.1007/s11469-022-00768-3

6 Erin Fanning Madden, Suzanne Prevedel, Timothy Light & Sandra H. Sulzer (2021) Intervention Stigma toward Medications for Opioid Use Disorder: A Systematic Review, Substance Use & Misuse: 10.1080/10826084.2021.1975749

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

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Treatment

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 CSBs and the Department of Corrections received funding to provide treatment including Medications for Opioid Use Disorder (MOUD)[1] and other treatment modalities described throughout this section of the report.

Key Treatment Strategies

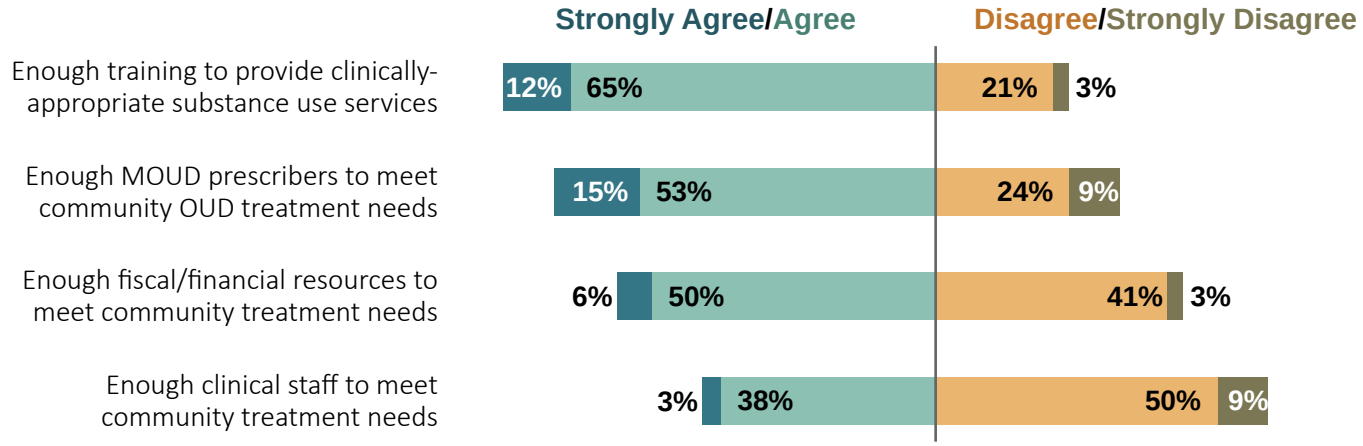
Increase availability of MOUD prescribers across the state	Provide MOUD services for individuals with OUD	Support individuals with non-MOUD therapeutic services	Offer wraparound services that facilitate engagement in OUD and stimulant use disorder treatment

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).

Most CSBs agreed that they had the training, prescribers, and financial resources to deliver OUD and other services during Year 1 of SOR III, the first year in a two year grant cycle.

The only area in which more than half responded that they disagreed or strongly disagreed was having enough clinical staff to meet community OUD treatment needs.



DEFINITION

MOUD are used to treat opioid use disorders (OUD). Buprenorphine, methadone, and naltrexone are the most common medications used. These medications operate to normalize brain chemistry, block the euphoric effects of alcohol and opioids, relieve physiological cravings, and normalize body functions without the negative and euphoric effects of the substance used. They are used in combination with counseling and behavioral therapies, to provide a whole-patient approach to the treatment of substance use disorders.[1]

1 SAMHSA, 2023.

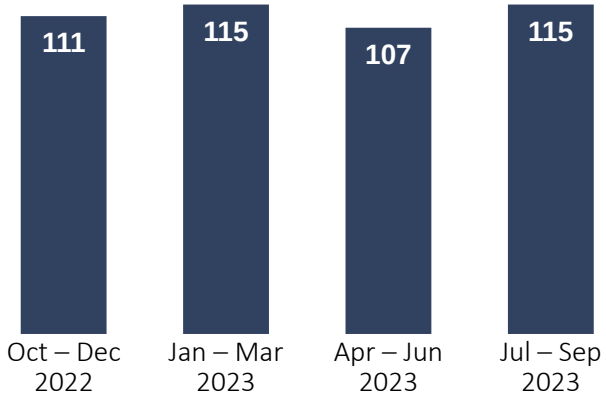
MOUD and Complementary Services

Data on the 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). In Year 1 of SOR III, 34 SOR treatment-funded CSBs/agencies completed quarterly surveys that identified the types of services provided along with successes and challenges experienced. Data on treatment services provided in justice settings is also highlighted.

Availability of Services in CSBs/Agencies

In Year 1 of SOR III, the total number of MOUD prescribers for each quarter across all CSBs/agencies ranged from 107 to 115. Individual agencies employed between 0 and 20 prescribers, averaging 3 prescribers per agency in each quarter.

Total MOUD prescribers across all CSBs/agencies for each quarter.



The Buprenorphine Waiver Elimination Has Changed the MOUD Prescription Landscape

Previously, practitioners were required to have a special waiver to treat patients with OUD and had a limit on the number of patients with OUD they could treat with buprenorphine (an effective MOUD) at a given time. A federal change at the end of 2022, called the Mainstreaming Addiction Treatment Act (MAT Act), removed the federal requirement for practitioners to have a waiver to prescribe buprenorphine and removed the limit that was in place on the number of patients each prescriber could treat.

This change is expected to increase access to buprenorphine across Virginia, but especially in rural areas of the Commonwealth where there are fewer prescribers available to serve the population. There are still barriers to providing MOUD care, including geographical healthcare disparities, regulatory barriers, and stigma from both the physician and the patient that will need to be addressed.

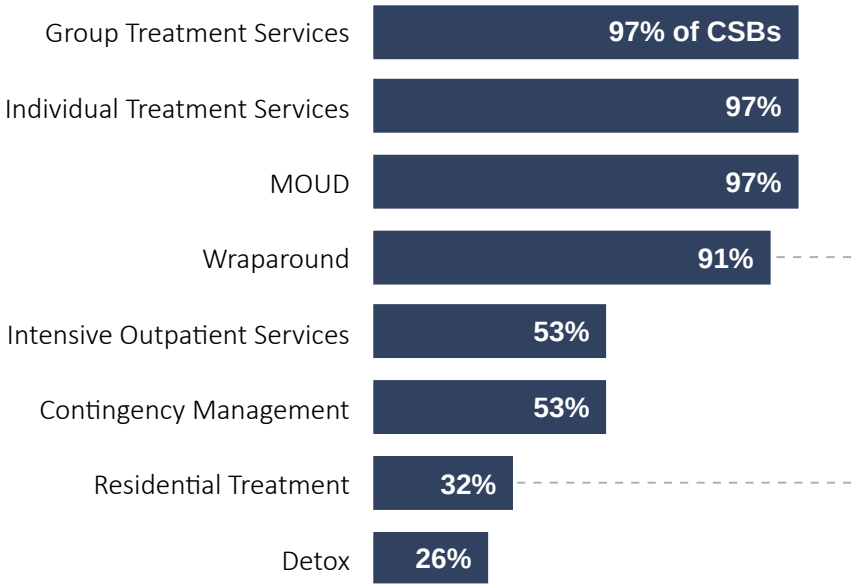
SUCCESS STORY

Positive Impacts of Medications for Opioid Use Disorder

"S. entered OBAT (Office Based Addiction Treatment) in November 2021 to begin Vivitrol for OUD. She is also involved in drug court. During her time in OBAT she has managed to remain sober from all illicit substances. She has completed several Substance Use Outpatient programs, including intensive outpatient services and two level 1 groups. She has also engaged in N.A. and received her 1-year chip several months ago. When she first entered treatment, she was involved in an abusive relationship. She was able to end that and has not been involved in an abusive relationship since. Additionally, she has been able to maintain employment and received a promotion at work."

– Valley CSB

Almost all CSBs/agencies (33 out of 34) supported clients with individual and group treatment services and MOUD. Most provided wraparound services.



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

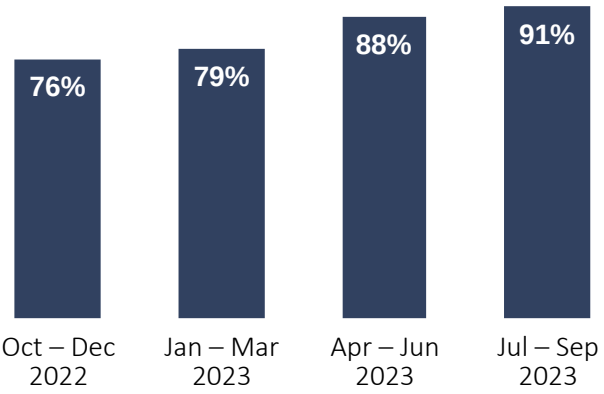
Residential treatment is a persistent community need and few CSBs/agencies are currently equipped to provide it.

The use of MOUD has mounting evidence to suggest that it is an effective tool to fight the opioid epidemic. MOUDs include medications such as methadone, buprenorphine, and naltrexone, which have been shown to reduce opioid use, the risk of infectious disease transmission (e.g., HIV/AIDs, Hepatitis C), and criminal justice involvement and are associated with improved social supports and employment. These medications also increase the likelihood that a person will remain in treatment. It is estimated that patients who use buprenorphine are almost two times more likely to stay in treatment, have an estimated 22% reduction in overdoses and a 14% reduction in death.[1,2]

Successes and Challenges of Service Provision

Since October 2022, the percentage of CSBs/agencies reporting they were mostly or completely able to meet their client's needs has increased each quarter.

Challenges noted were related to not having enough clinical staff to meet community treatment needs.

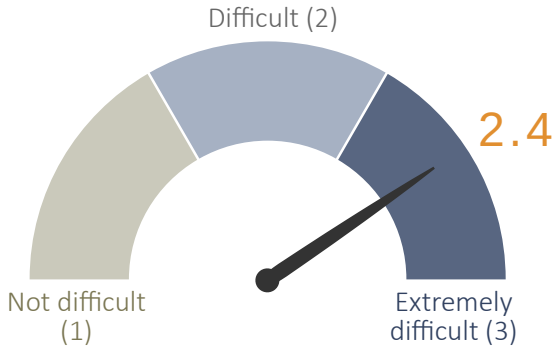


1 NIDA. Medications to Treat Opioid Use Disorder: How effective are medication to treat opioid use disorder?

2 Fairley, M., Humphreys, K., Joyce, V.R. Cost-effectiveness of Treatments for Opioid Use Disorder.

On a scale of 1 to 3 — not difficult to extremely difficult — CSBs/agencies on average rated their ability to fill open positions as a 2.4 out of 3, meaning that they felt it was extremely difficult to fill positions.

CSBs/agencies have continued to experience staffing challenges for the past several years. This trend was first noted during the nationwide healthcare shortages that resulted from the COVID-19 pandemic and still continue today.



> "Clinician positions are hard to fill since they require a license, and counselor positions in the MAT program are difficult since they require both a master's degree and a Certified Substance Abuse Counselor (CSAC) credential. Candidates have applied, but only have a bachelor's degree and CSAC."
>
> *– Norfolk CSB*

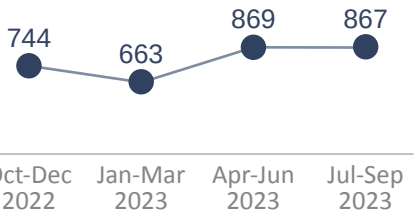
Individuals Served by CSBs/Agencies

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

These individuals were supported through a wide range of treatment services. Trends across services differed in the past year. MOUD and individual counseling saw the most dramatic increases in the fourth quarter (July – September 2023) after having served roughly the same number of people for the first three quarters. Wraparound and other supports had an initial increase in the second quarter but continued to decrease slightly during the last two quarters. All services, except for those under "other services" below, ultimately ended the year with higher numbers than at the start.

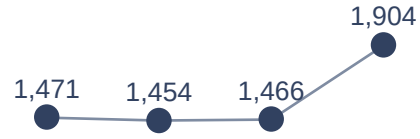
Group Counseling

Counseling or therapy groups



Individual Counseling

Individual counseling, therapy, psychiatry, or crisis support

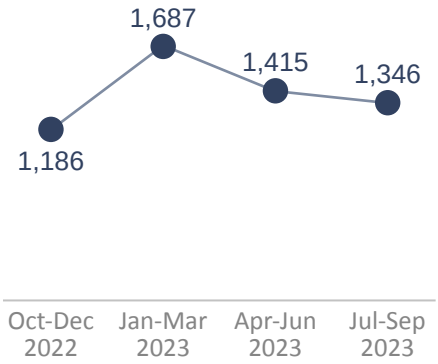


MOUD Services

Prescription of medications such as buprenorphine for individuals with an OUD

Wraparound

Case management, transportation, and childcare for treatment appointments

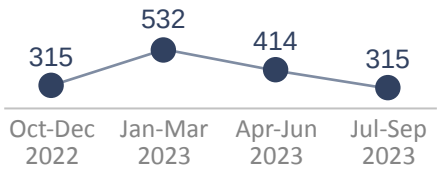


Contingency Management

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

Other Services[3]

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



Treatment Services in Justice Settings

Individuals who have experienced a substance use disorder are overrepresented in the justice system[4], 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 CSBs/agencies to form partnerships with jails and recovery courts (judicial monitoring of treatment and supervision of individuals in drug and drug-related cases as an alternative to incarceration) to provide MOUD and non-MOUD services. Non-MOUD 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 1 of SOR III (see details in Appendix C).

Contingency management interventions offer incentives or rewards to encourage specific behavioral goals. The approaches have shown consistent success, with drug use disorders ranging from opiate and cocaine dependence to nicotine dependence. A recent study summarizing results from 74 randomized clinical trials shows that contingency management is associated with both abstinence and adherence to treatment when compared to controls.[5]

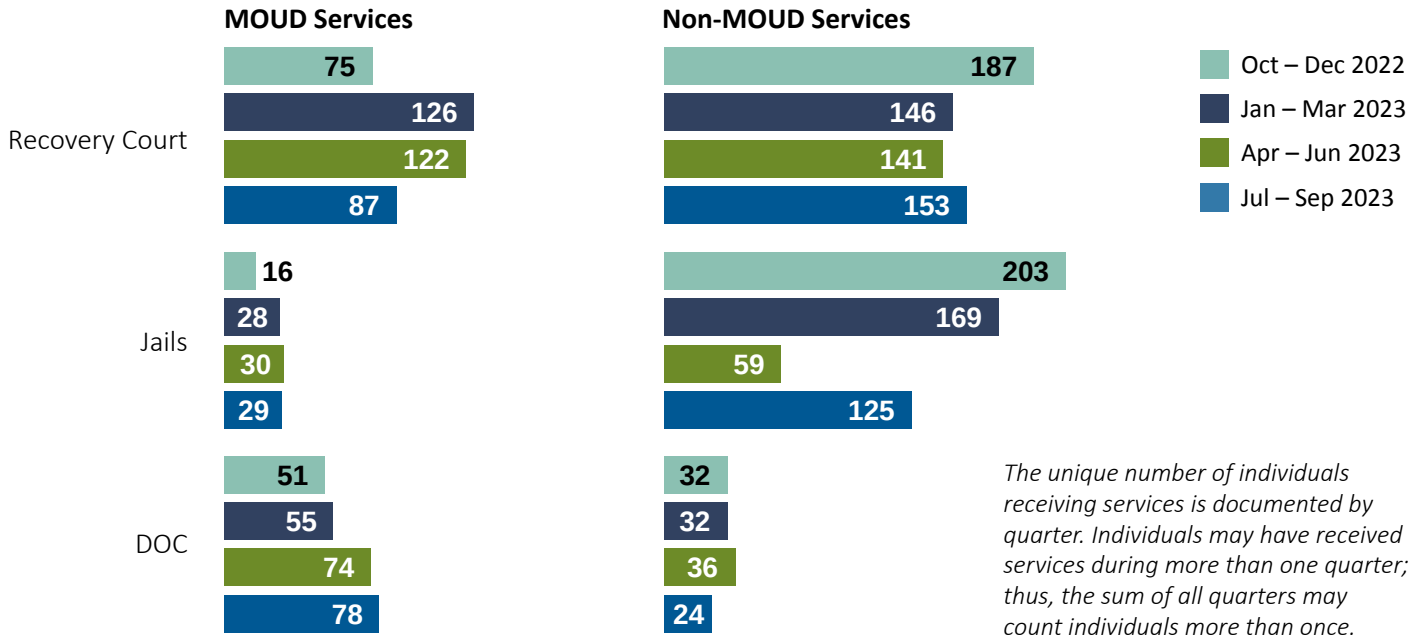
3 Other Services is the sum of clients who received detox, residential treatment, and IOP, so clients may be double counted to the extent that they received both services.

4 James, D. J. and Glaze, L. E. Mental Health Problems of Prison and Jail Inmates. Bureau of Justice Statistics Special Report.

5 Bolívar, H., Klemperer, E. Coleman, S., et al. Contingency Management for Patients Receiving Medication for Opioid Use Disorder: A Systematic Review and Meta-analysis.;
Dutra, L., Stathopoulou, G., Basden, S., et al. A Meta-Analytic Review of Psychosocial Interventions for Substance Use Disorders.

25 CSBs/agencies reported providing treatment services in recovery courts, jails, and some Department of Corrections (DOC) facilities at some point during Year 1 of SOR III.

Number of people who received MOUD services and non-MOUD services in a justice setting supported by SOR funding in Year 1 of SOR III:



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

In addition to funding CSBs/agencies to partner with jails and recovery courts, SOR funding is provided to the Virginia DOC for OUD services.

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)

15 This initiative was implemented in 15 pilot sites, including six Community Corrections Alternative Programs (CCAPs), seven prisons, and two Work Units.

19 As of the end of July 2023, there were 19 active participants and 45 referrals.

26 There have been 26 graduates through July 2023.

43 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 all 15 MATRI pilot sites for individuals being released from incarceration, plus the State Farm Correctional Center. 2,100 Narcan kits were distributed from September 2020 through July 2023.
- The program ordered an additional 890 kits through May 2023, based on estimated projections and the success of the initiative.

SUCCESS STORY

OUD Treatment Path from Drug Court to Recovery with Hope

"Mr. S. has been enrolled in Drug Court for several months. He has received peer services, case management, individual counseling, and group treatment during this time. During his time in Drug Court, he has obtained employment. Mr. S. works on a regular basis while continuing to meet Drug Court obligations. He has worked hard to regain his driver's license and has recently purchased a vehicle. He continues to pass drug screens and is making significant progress in treatment. He continues to set a good example for others in recovery."

– Dickenson County Behavioral Health Services

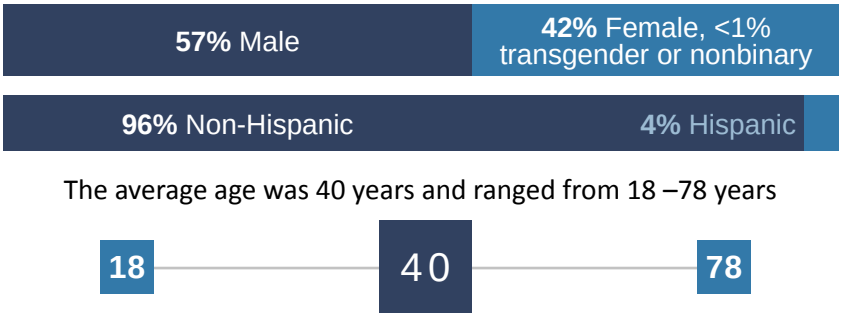
Participant Characteristics

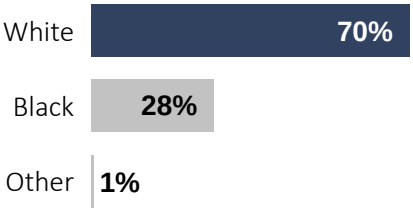
The Government Performance and Results Act (GPRA) survey collects data from individuals receiving SOR-funded treatment services who consent to participate in the evaluation.[1] Evaluation participants are asked to complete the GPRA survey at intake, 6-months after intake, and at discharge from services. For more information on the survey, see Appendix C.

SAMHSA introduced a revised GPRA in January of 2023 that is currently used. Data presented in this section are from the current GPRA intake. We did not combine results with the expired GPRA because certain GPRA questions, although similar, were not the same in both tools. The data presented in this section of the report is derived from 1,519 participants who completed a current intake GPRA survey from January – September 2023, representing 66% of all GPRA intakes for this year.

Demographics

More than half of participants are male (57%), and most participants identified as straight (91%) and non-Hispanic/Latinx/e (96%).





Other participants identified as Alaska Native, American Indian, Asian, and Pacific Islander

Relationship Status

50% were single

17% were in a relationship

13% were married

Treatment History

75% had been in treatment at least once before

43% referred themselves to treatment

32% were referred to treatment from a justice setting

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

Languages

98% spoke English at home[2]

8% spoke another language at home[2]

Education

47% had a high school diploma or equivalent

22% had some college

22% had less than a 12th grade education

Family Status

72% had children under the age of 18

2% were currently pregnant

Orientation

91% identified as straight

9% identified as lesbian, gay, bisexual, transgender, queer, or another sexuality

Employment

15% were not looking for work

15% were not working due to a disability

36% were looking for work

11% were employed part-time

21% were employed full-time

59% earned from $0 – $9,999

75% earned less than $20,000

1 The total number of people who received SOR-funded treatment services is higher than GPRA totals because some individuals are not enrolled in the evaluation if (a) they do not receive ongoing services (e.g., individuals who only receive crisis services) and/or (b) do not consent to participate.

2 This question was not asked of all current intake GPRA respondents, as it was added after the current GPRA's launch in January 2023. Thus, the total number or respondents for this particular question was just 205 out of 1,519 total current GPRA respondents.

Insurance Coverage

89% had insurance coverage

87% of those with insurance coverage had Medicaid

11% of those with insurance coverage had Medicare

6% of those with insurance coverage had private insurance

Other

64% always had reliable access to transportation

97% never served in the military

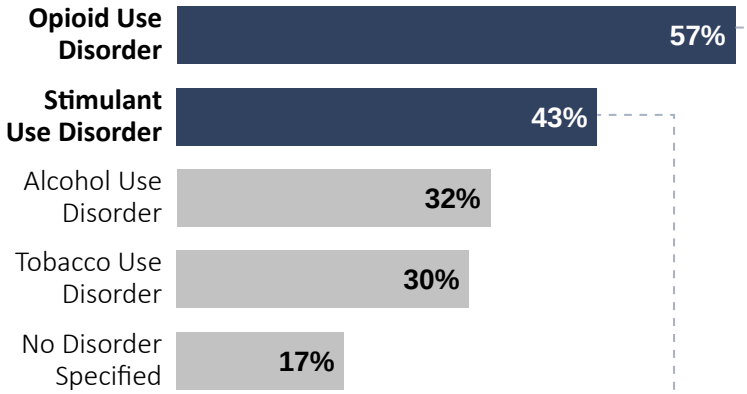
Substance Use & Behavioral Health History and Diagnoses

The GPRA collects information on participants' substance use and behavioral health diagnoses. The current GPRA explores this content by directly asking participants if they have been diagnosed with four specific substance use disorders (alcohol, opioid, stimulant, and tobacco) and if so, what type of evidence-based intervention was received. The current GPRA also asks the respondent if they had ever been diagnosed with a mental health illness by a health care professional. If so, the respondent is asked to self-report their illness/disorder that falls under seven main categories (e.g., mood [affective] disorders, anxiety disorders, etc.).

Of all 1,519 participants who completed the current intake GPRA, 869 reported having an OUD and 651 had a stimulant use disorder. The chart shows the breakdown of the most common diagnoses in the current GPRA. Also shown are the top five planned services for those with an OUD and those with a stimulant use disorder.

Opioid use disorders and stimulant use disorders were the most frequently reported diagnoses. This aligns with the SOR grant's substances of focus.

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



Top five planned services for OUD:

1. Case management 66%
2. Treatment assessment 63%
3. Alcohol/drug testing 57%
4. Substance use education 55%
5. Recovery planning 54% (tie)
5. Screening 54% (tie)

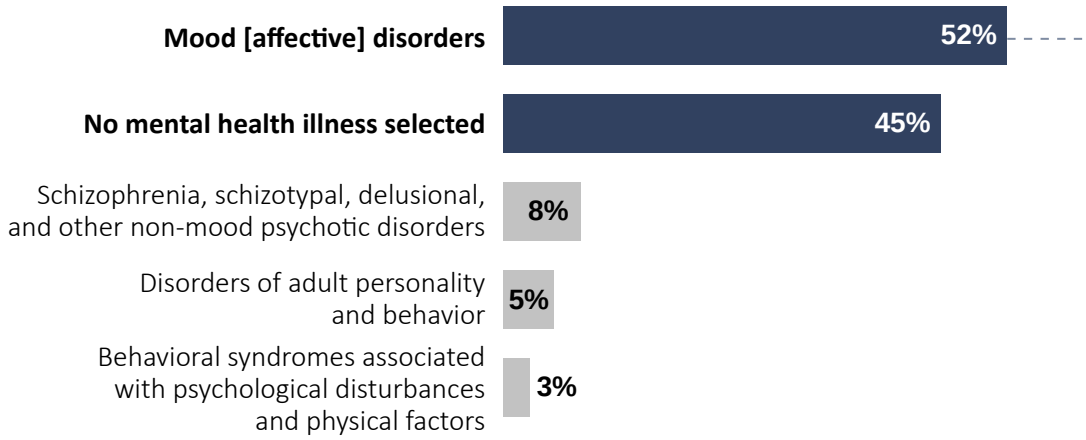
Of those with an OUD, 69% reported receiving an FDA-approved medication for the treatment of the OUD in the past 30 days, with buprenorphine being most frequently noted at 55%.

Top five planned services for Stimulant Use Disorder:

1. Case management 65%
2. Treatment assessment 65%
3. Alcohol/drug testing 55%
4. Peer coaching/mentoring 54%
5. Substance use education 53%

Of those with a stimulant use disorder most (70%) did not indicate having received any evidence-based interventions in the past 30 days. Of those who did, the most frequently noted was cognitive behavioral therapy (21%). Contingency management was noted by 5% of respondents.

Mood disorders were the most frequently reported of all mental health illnesses; however, nearly half reported not having any mental health illness.



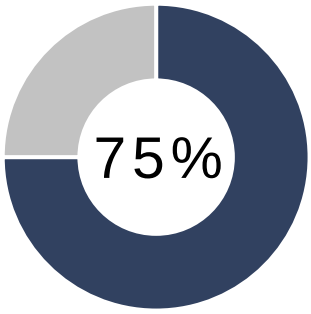
Of those with mood disorders, nearly half did not specify which type. Of those that did:

- 35% reported recurrent major depressive disorder
- 22% reported bipolar disorder

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

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

92% of SOR participants were screened for a co-occurring disorder.



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

73% of those who screened positive were referred for further assessment. Approximately 9.2 million adults have a co-occurring disorder in the United States, which can create additional barriers and stress for those seeking treatment.[4]

SUCCESS STORY

Co-occurring Disorder Treatment Experience

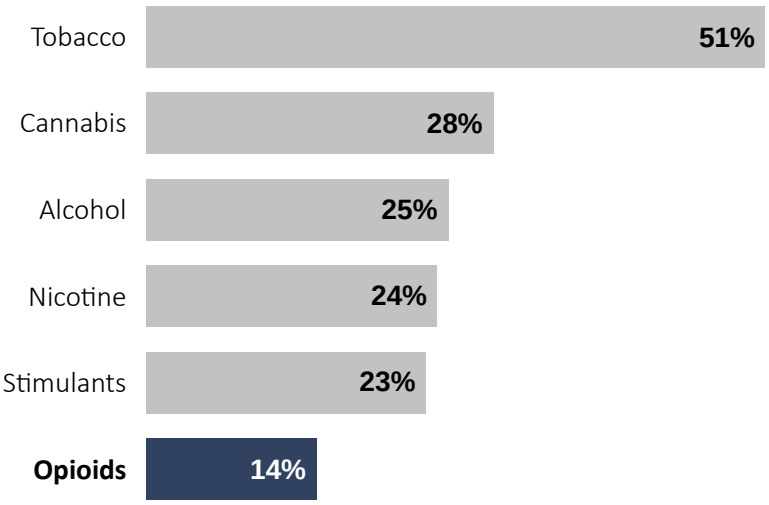
"We had a patient enter our Office Based Addiction Treatment (OBAT) with a history of co-occurring disorder, DUIs, and treatment for mental health and substance use disorder. The patient attended all OBAT appointments with treatment staff, maintained employment, and maintained family stability. There were no unfavorable urine screens while in treatment and no issues with medication counts. The patient engaged in community supports at discharge and is doing well."

– Northwestern CSB

4 SAMHSA Co-occurring Disorders and Other Health Conditions, 2022.

Misuse of opioids of any kind in the past 30 days was reported by 14% of participants at intake.

In the current GPRA, participants were asked how many days in the past 30 they used any substance. Of those who answered, tobacco was the most-frequently used substance (51%), followed by cannabis, alcohol, nicotine, and stimulants, which were reported by roughly a quarter of participants.

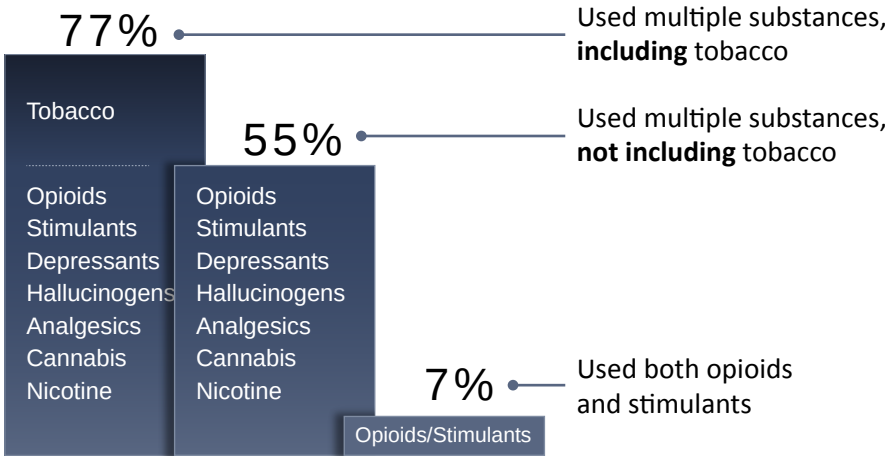


5% of participants indicated they had used fentanyl in the past 30 days.

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.[5]

Excluding tobacco, 55% of participants said that they used multiple substances in the past 30 days; 7% of participants used both opioids and stimulants.

Per the Centers for Disease Control and Prevention (CDC), "the use of more than one drug, known as polysubstance use, is common. This includes when two or more are taken together or within a short timeframe, either intentionally or unintentionally."[6] Though the GPRA data do not indicate when one substance is taken in relation to any other, the data do show that some participants used multiple substances over the course of the past 30 days.



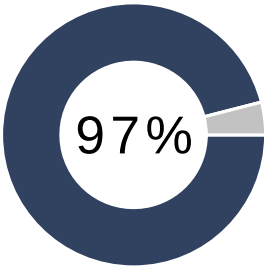
When substances are combined, especially opioids and stimulants, the risk of overdose greatly increases. In Virginia, the most common combination of opioids and stimulants causing fatal overdose was fentanyl and cocaine. This represents 30.6% of all overdose deaths in 2022.[7]

5 Virginia Department of Health, Office of the Chief Medical Examiner. Fatal Drug Overdose Quarterly Report, October 2023.

6 CDC. Polysubstance Use Facts.

7 Virginia Department of Health, Office of the Chief Medical Examiner. Fatal Drug Overdose Quarterly Report, October 2023.

Roughly 97% of participants reported they did not experience an overdose in the past 30 days.



Of those who reported experiencing an overdose (n=51):

- 51% needed care in an Emergency Department
- 47% were admitted to a hospital
- 33% received naloxone
- 29% were supervised by someone else.

Participants in the Justice System: Treatment and Diagnoses

A subgroup of the participants described on the previous pages are involved in the justice system. Of all participants completing a current intake GPRA, 872 (57%) were involved with the justice system in one or more ways listed below:

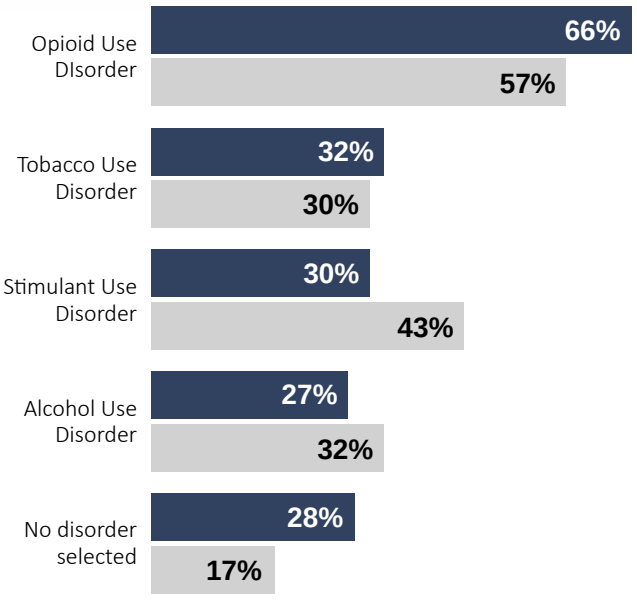
292 respondents were currently awaiting charges, trial, or sentencing.

757 respondents were currently on parole or probation.

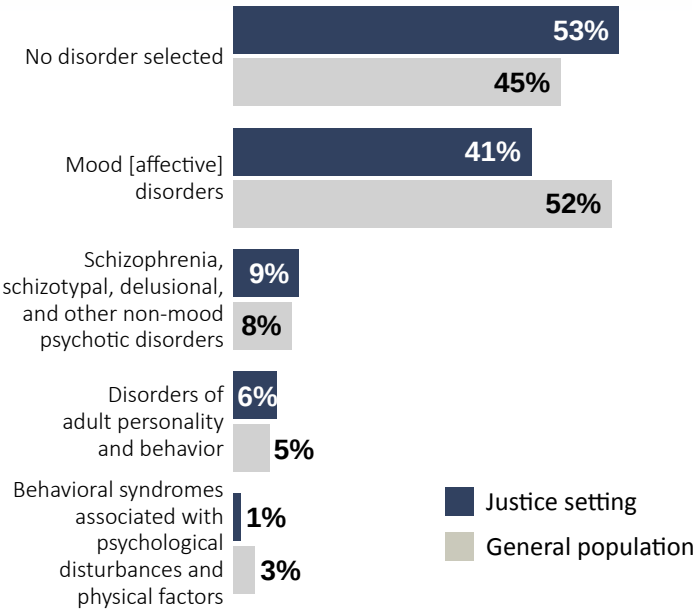
218 respondents were currently participating in a drug court or deferred prosecution agreement.

88 respondents were receiving treatment in the justice setting.

The most common diagnoses for those in the justice system varied somewhat from those reported by participants in the general population. Opioid and tobacco use disorders were higher among justice respondents, while reported alcohol and stimulant use disorders were lower.



53% of those in justice settings said they had no mental health illnesses. Of those who did, the reported mental health illnesses were similar to those reported by participants in the general population except for mood disorders which were less frequently reported among the justice population.



Top five planned services for justice setting clients:

- Recovery planning 83%
- Case management 56%
- Screening 52%
- Outpatient therapy 48%
- Treatment planning 45%

Settings in which SOR-funded services were provided:

- Jail (city, county, regional) 59%
- Probation, parole, CCAP 23%
- Prison (state) 14%
- Drug/recovery court 3%

Drug court programs are "specialized court docket programs that allow individuals to enter long-term drug treatment and agree to court supervision rather than receive a jail sentence." Evidence suggests that drug courts "reduce crime and illicit drug use," reducing recidivism by 8 to 26%. In addition to the individual benefits, drug courts help cut costs for drug-related cases in the justice system. For every dollar spent, drug courts provide a positive return on investment of $2.21 in benefits.[8,9,10]

SUCCESS STORY

Justice Treatment Success

"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

8 Medication Assisted Treatment in US Drug Courts: Results from a Nationwide Survey of Availability, Barriers and Attitudes

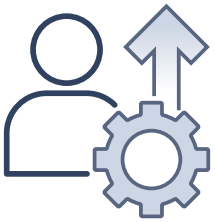
9 Drug Courts | Overview | Office of Justice Programs: "The Office of National Drug Policy Control defines Drug Courts as a smart approach to Criminal Justice and a proven tool for improving public health and public safety."

10 Drug Courts The U.S. Department of Justice provides a definition, types of, and the history of Drug Courts.

Participant Outcomes

The data presented in this section of the report are derived from 215 participants with both a complete intake and "latest assessment" GPRA interview over the course of Year 1 of SOR III using the current GPRA tool.[1] A "latest assessment" may be a 6-month follow-up interview or a discharge interview. The data were analyzed to determine changes in participant responses over time and demonstrate outcomes. Statistically significant changes (p-values less than 0.05) are noted with an asterisk. More information on methods and statistical significance can be found in Appendix C.

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



In addition to any statistically significant changes, the outcomes in this section overall may 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 decreased for all substances used in the past 30 days.

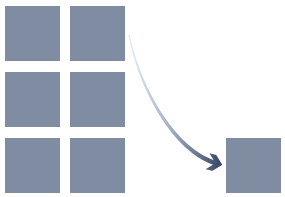
The largest decreases were for any opioid misuse (71% decrease), one of the main focuses of the grant. Stimulant use, the other focus of the grant, decreased by 55% from intake to the latest assessment.

	Decrease in # of People Who Used in Past 30 Days	Statistically Significant Decrease	Intake Use Rate	Latest Assessment Use Rate
Any Substance Use	**– 8%**	**no**	**75%**	**69%**
Any Substance Excluding Tobacco or Nicotine	– 44%	yes	51%	29%
Any Substance Excluding Tobacco, Nicotine, Alcohol, and Cannabis	– 56%	yes	26%	12%
Any Opioid Use	**– 71%**	**yes**	**15%**	**4%**
Fentanyl	– 73%	yes	8%	2%
Heroin	– 75%	yes	6%	2%
Any Stimulant Use	**– 55%**	**yes**	**17%**	**8%**
Methamphetamine	– 75%	yes	8%	2%
Cocaine or Crack	– 55%	yes	17%	8%
Legal Substances				
Tobacco or Nicotine	– 13%	no	61%	53%
Alcohol	– 40%	yes	24%	14%
Cannabis[2]	– 43%	yes	27%	15%

1 Only 215 participants with a current intake GPRA could be matched to assess change between their intake GPRA to the latest assessment due to the change in the GPRA tool mid-year.

2 Cannabis remains illegal at the federal level, even though Virginia has legalized its use for adults 21 and older.

The proportion of participants who reported injection drug use significantly decreased from intake (6%) to latest assessment (1%).



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 scale from 1 to 4, where 1 indicated no disruptions and 4 indicated extremely frequent disruptions due to substance use. Overall, scores were very low (indicating low disruptions) at both time points – no higher than 2 on the scale. However, there were reductions overall, the greatest of which was related to stress experienced from substance use which was statistically significant.

Reduction in life disruptions due to substance use from intake to latest assessment

15%	5%	3%
Experienced stress*	Gave up important activities	Experienced emotional problems

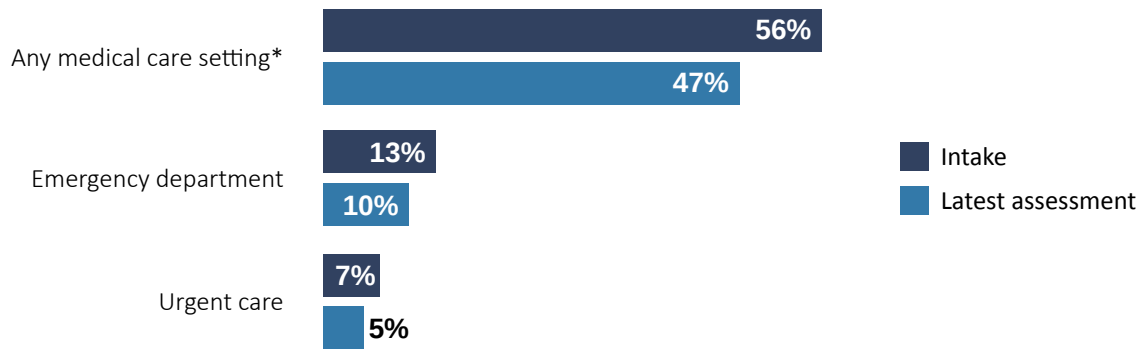
> "I've been with the program over three years. The people you have employed here go above and beyond their job titles. They are family to me. I'm an alcoholic to the fullest -- drinking half a gallon of bourbon a day for 8 to 10 years. Through your program I started Vivitrol injections. It changed my life. I no longer drink alcohol and my quality of life has never been better. I truly believe it could help thousands that suffer like I did."
>
> *– Highlands CSB client*

Another measure important to participant recovery is recovery capital. 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 (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. Every participant who completed a GPRA survey as a part of the SOR III grant 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 sought any medical care in the past 30 days significantly decreased from intake to latest assessment.

In addition, there were decreases in emergency department and urgent care services sought, though these changes were not statistically significant.

Percentage of participants who sought medical care in the past 30 days in various settings:



* Statistically significant, $p < .05$

SUCCESS STORY

Integration of Behavioral Health & Primary Care

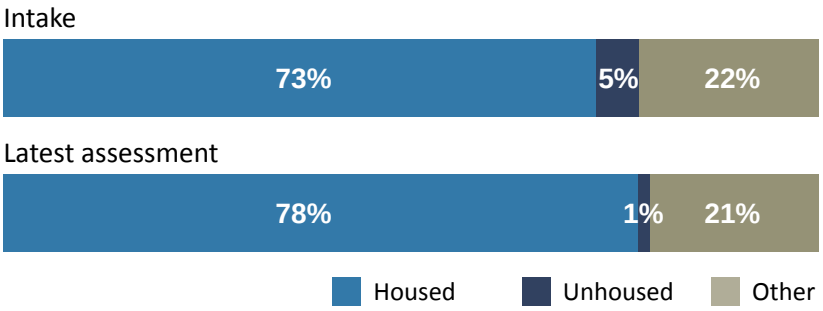
"In March, Horizon's OBAT services celebrated the first successful completion of MOUD services with a client who worked with the team to taper off suboxone after 11 months in the program. While in services, this individual has developed a strong support network to sustain her recovery and is now living a healthy and active lifestyle. In addition, she connected with a primary care provider, developed stable housing, and regained her driver's license."

– Horizon Behavioral Health

Social Environment and Relationships

At the latest assessment, there was an increase in participants who reported stable housing.

Though the increase was not statistically significant, this is still a positive trend.

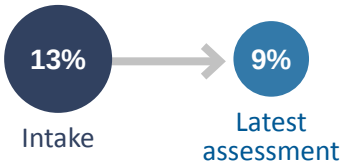


"Other" includes:

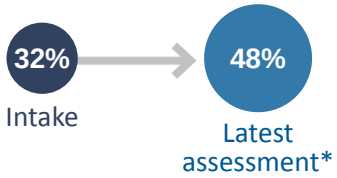
- Transitional living
- Treatment
- Correctional facility
- Nursing home
- Hospital
- Group home
- Veteran home
- Hotel or motel
- Vehicle

At latest assessment, participants were less likely to have lived with someone in the past 30 days who regularly used alcohol or other substances.

This decrease was not statistically significant, but these changes may contribute to other positive treatment and recovery outcomes.



The percent of employed participants (part-time or full-time) increased significantly between intake and latest assessment.



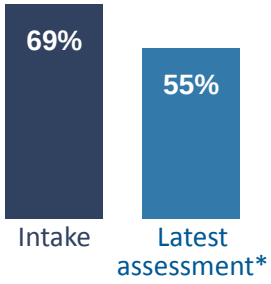
Nearly all participants (92%) indicated that they had interactions with family or friends who were supportive of their recovery at both intake and latest assessment, which is an important component of the entire recovery journey.

This is consistently high at both intake (also 92%) and latest assessment.

* Statistically significant, $p < .05$

There was a significant decrease from intake to the latest assessment in the percentage of participants who reported needing to change social connections or places that negatively impact their recovery.

At intake, when asked about the past 30 days, over two-thirds (69%) reported needing to make a change in social connections compared to just over half (55%) at the latest assessment. This change was statistically significant, but it is unclear what might explain the differences between the two time points. For example, there could be a decrease in the need to change because the participant already made changes between intake and latest assessment, or there could be a decrease because the individual had changed other aspects of their life and no longer needed to change those social connections or places to maintain their recovery.



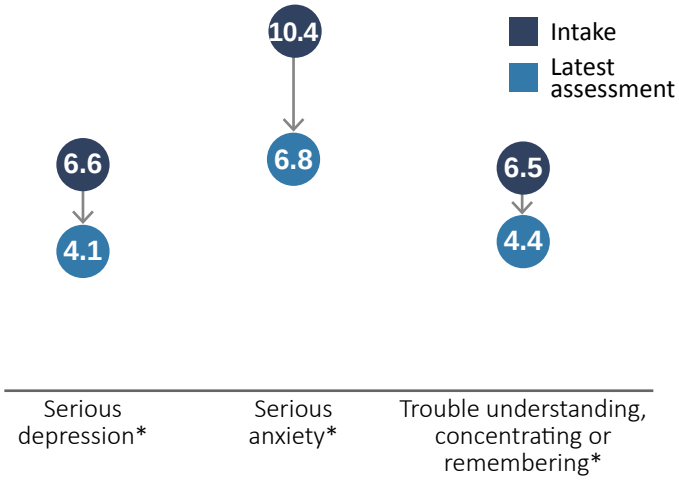
Mental Health and Quality of Life

Participants reported a significant decrease in mental health issues over the past 30 days (77% at intake and 62% at the latest assessment), yet overall prevalence remained high compared to the general population.

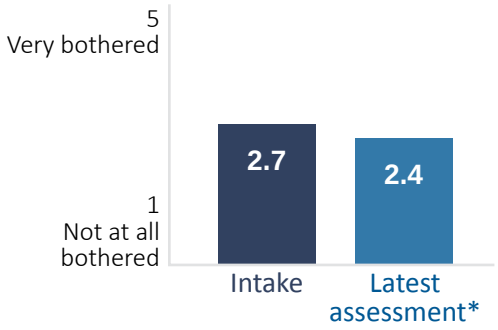
Ongoing mental health support is critical to maintain and advance gains made through treatment and recovery.

The average number of days in the past 30 days that participants experienced the following specific mental health issues significantly decreased:

Average Number of Days Experienced in Past 30



Participants were significantly less bothered by psychological and emotional problems at latest assessment compared to intake, on average. Despite the decrease, this remains high and warrants further attention among participants' care teams.



SUCCESS STORY

MOUD Treatment and Improved Life Satisfaction

"There is a client who has been successful in his recovery. He has continued to demonstrate that he is serious about his recovery and maintained negative drug screenings during this period. He went from being unemployed to obtaining a full-time job (with benefits). He also continues to receive Vivitrol injections and has a goal of working towards becoming a certified peer to help others. This client stated that participating in the GPRA survey has also helped him with transportation (bus tickets) and played a big part in his seeking and obtaining employment."

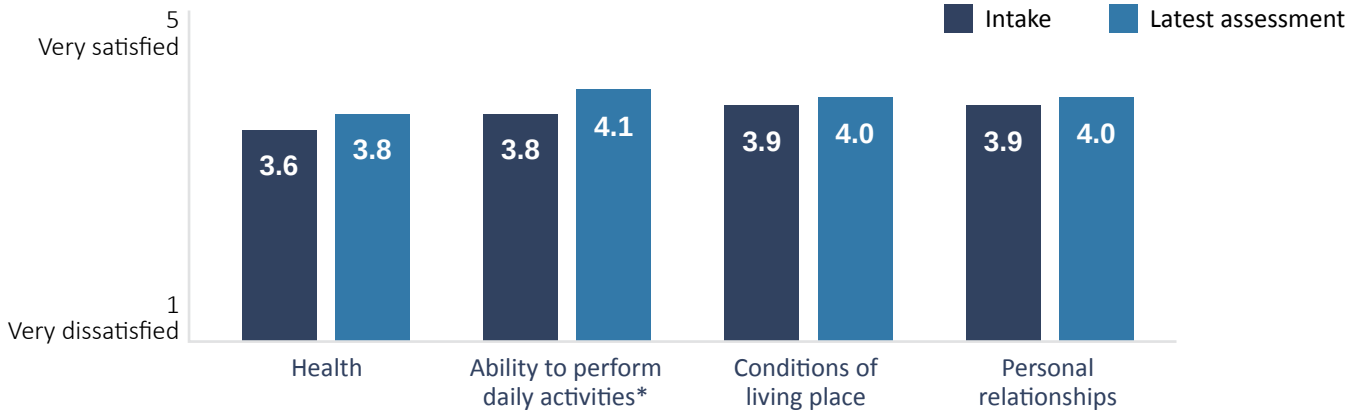
– Norfolk CSB

* Statistically significant, $p < .05$

Significantly more participants rated their quality of life as good or very good at their latest assessment.

Intake	Latest assessment*
68% of participants rated their quality of life as "good" or "very good."	77% of participants rated their quality of life as "good" or "very good."

Additionally, participants reported small increases in satisfaction levels over the past 30 days in four aspects of their life at latest assessment compared to intake.



Overall, GPRA data show positive changes in the lives of evaluation participants during the past year. These changes highlighted throughout the sections above include improvements in past 30-day substance use and other substance use indicators, social environment and relationships, and mental health and quality of life. As use of the current GPRA tool is continued in future years, we will be able to do additional analyses to measure impact of these services over time.

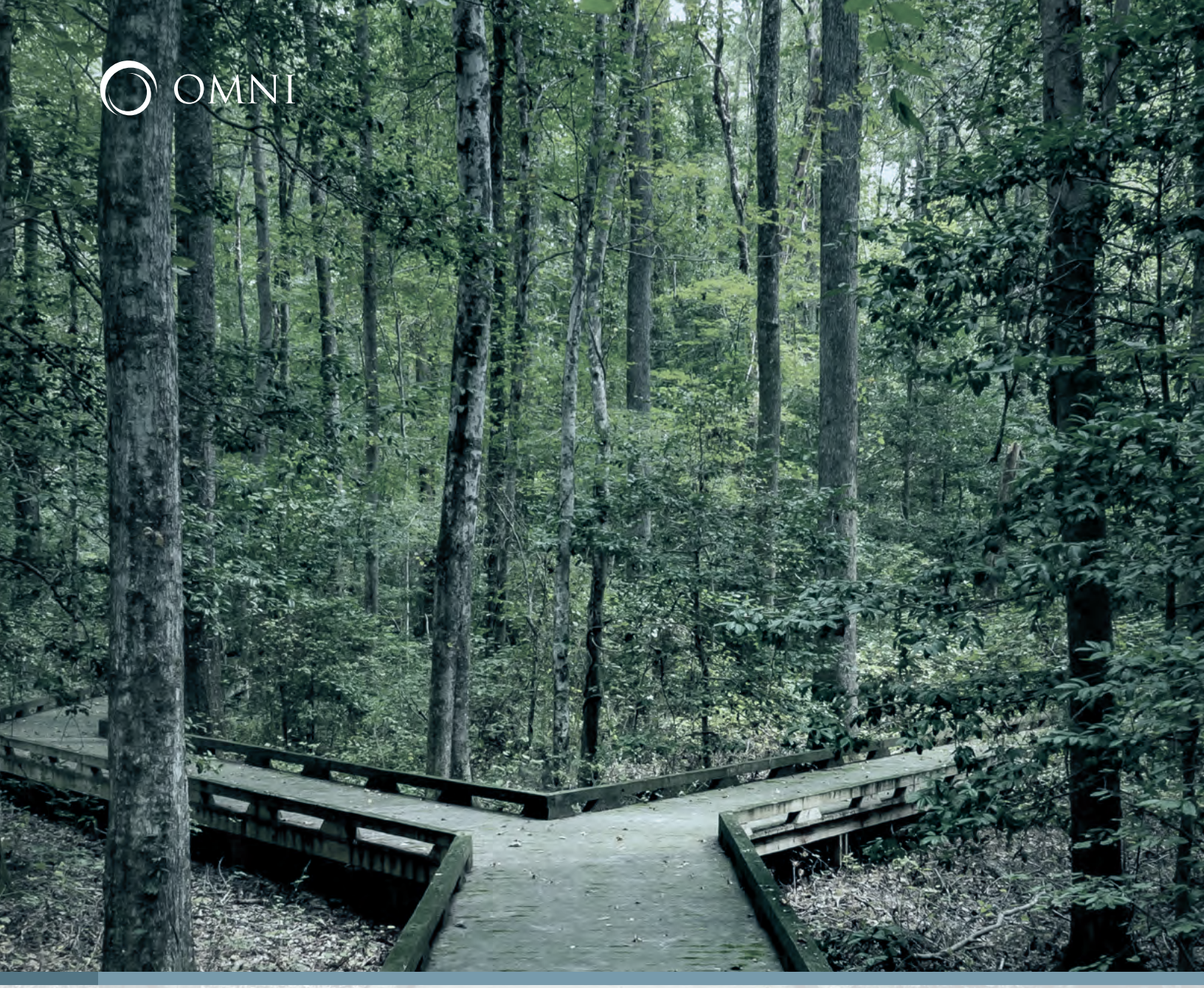
SUCCESS STORY

Ms. E's Recovery Journey

"Ms. E began using substances at age 12. She graduated to 'shooting' heroin at 16. Her first experience with the criminal justice system came when she was 15, and she'd been in and out of jail, with upwards of 30 arrests. In 2022, Ms. E was incarcerated in Henrico County jail. She had accrued substance use charges in three jurisdictions. She was four-months pregnant and had lost hope. She was granted bond with the condition that she participate in the Henrico Mental Health Substance Use Diversion Program (SUDP). She was admitted directly to the RBH Women and Children's Treatment Center. She successfully completed that program and was released into recovery housing. Treatment included groups, individual therapy, case management, peer services, and MOUD. Today she celebrates one year, one month and two days of sobriety! She secured an apartment for her and her daughter. She is actively parenting her daughter and has developed a loving relationship with her son. She has excelled at programming, and her roles as mother, daughter, employee, and friend. She reconnected with family and obtained employment and a vehicle. She has taken care of health needs [which were] neglected for years. She attributes her success to wanting to be a mom and the assistance she received from the SUDP. She graduated from the SUDP and staff are convinced she will continue to excel."

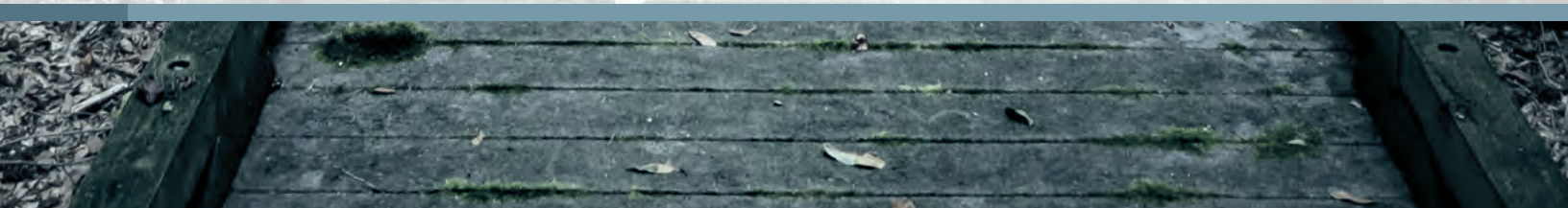
– Henrico Area Mental Health and Developmental Services

* Statistically significant, $p < .05$



OMNI Institute Report: Virginia State Opioid Response Grant Annual Report 2022-2023

Recovery



Peer Recovery Support Services

Peer recovery supporters, also referred to as peers or Peer Recovery Specialists (PRS), provide recovery support based on their own living experience of recovery from substance use and mental health disorders. The specific services provided by peer supporters vary significantly but commonly include:

- Individual and group support
- Crisis support
- Referrals or accompaniment to other services.[1]

Evidence shows that working with peers during recovery is a predictor of recovery and sustained recovery. Peer supporters have living expertise in the recovery process and are professionally trained to help others navigate their recovery journeys. Positive outcomes of peer support span the continuum of care from prevention and harm reduction to treatment and recovery and include reduced relapse rates, increased treatment retention, reduced rehospitalization rates, reduced substance use, decreased criminal justice involvement, improved relationships with treatment providers, decreased emergency service utilization, improved access to social supports, and greater housing stability.[2]

DEFINITION

Throughout the report, we use the term "living" experience instead of "lived" to emphasize the lifelong journey of recovery. For peer supporters who use their experiences to educate, advocate, or support others in recovery, we use the term "living expertise," as they are professionally trained experts in this field.

The peer recovery support services funded by the State Opioid Response (SOR) grant this year build on partnerships established in previous grant years with agencies well-positioned to provide peer support services that span the entirety of the continuum of care. Although peer supporters provide the bulk of recovery services, a small portion of services are provided by other professionals. The following sections 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

1 For information about recovery and peer support, see Measuring Outcomes of Peer Recovery Support Services.

2 For more information on peer-related evidence-based strategies see, Benefits of peer support groups in the treatment of addiction and Value of Peers Infographics: Peer Recovery

Peer Recovery Support Capacity

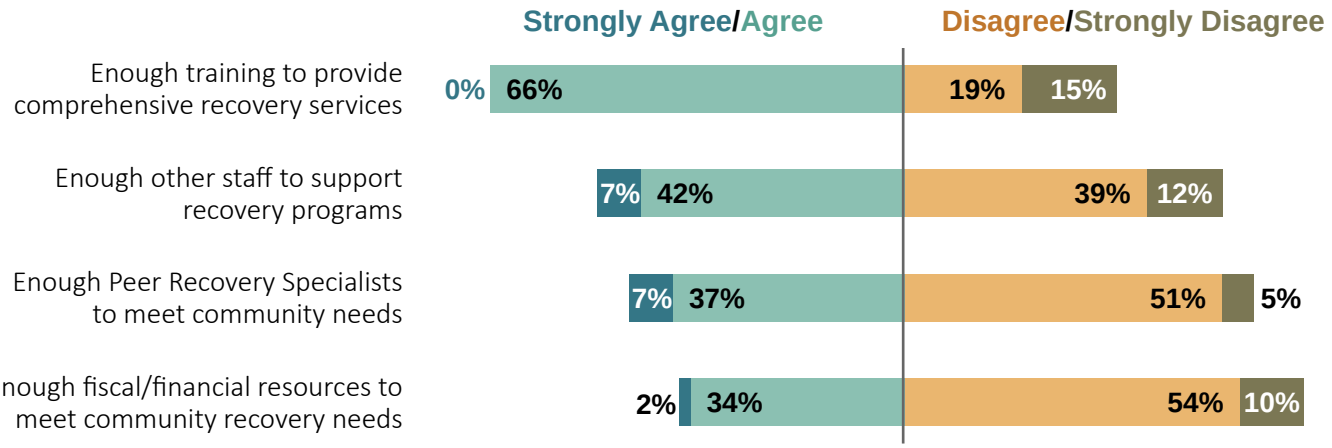
SOR funding has allowed community-based organizations (CBOs) to build capacity and resources that strengthen peer support services and other recovery-focused programming. Organizations reported their current capacity in the Recovery Quarterly Reporting Survey (Appendix C).

> "SOR funding currently supports the agency's capacity to provide peer recovery support services. However, there is a greater need for PRS and funding to meet the needs of the agency and the community. The PRS currently assist the city's Emergency Medical Services (EMTs) and Crisis Intervention Teams with following up on individuals who have overdosed."
>
> *– Portsmouth Department of Behavioral Health Services*

Capacity for recovery-related services and support continues to challenge subrecipients in SOR III Year 1.

Note: SOR III Year 1 is the first year in the two year grant cycle.

One of the most prominent capacity challenges is having adequate funding to meet the community's needs related to recovery. Additionally, many CBOs note challenges with filling peer supporter positions that could help meet community needs. Despite these challenges, over two-thirds of organizations agreed they had enough training to provide recovery services.



Recovery Support Services Overview

This section overviews the numbers served across various settings through quarterly data collection surveys. Each survey was uniquely tailored to capture recovery-related information across community-based organizations, health departments, the Department of Corrections, and collegiate programs.

Across all partners and providers, SOR III Year 1 funding provided recovery-focused support to 29,895 individuals across Virginia.

SOR-Funded Recovery Support Setting	Number of Unique Individuals Served in SOR III Year 1
Community-Based Organizations (CBOs) provided a wide range of SOR-funded recovery supports, including in-house and community-based services (see page 54 for additional information).	**27,023**
Virginia Department of Health (VDH) sites provided SOR-funded peer support that spans the continuum of care (see page 61 for additional information).	**2,131**
Virginia Department of Corrections (DOC) Peer Recovery Specialist Initiative provided peer-led group support within the DOC system (see page 64 for additional information).	**159**
Collegiate Recovery Programs (CRPs) received SOR support to increase student membership, provide direct services, and provide campus-wide outreach (see page 69 for additional information).	**582**
Total individuals served in SOR III Year 1:	**29,895**

The table above summarizes various SOR-funded recovery service settings and the number of unique individuals served in each setting during SOR III Year 1. The following pages detail the recovery services provided in each of the locations listed below and the outcomes of these services.

Peer Support Integrated Across the Continuum of Care

SOR subgrantees highlighted numerous ways that peer supporters have been integrated into various programs and efforts to provide support that spans the continuum of care. Some examples of the work that peers have done include:

- Engaged in outreach to connect with community members outside of the agency
- Bridged the gaps in services and staff
- Integrated into specialty programs such as drug courts, crisis intervention training, and co-response
- Coordinated with outpatient clinicians to co-facilitate and cover groups
- Provided *REVIVE!* training and supported naloxone distribution
- Reduced the lag time for same-day access to care

Community-Based Organizations

CBOs 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 CBOs that offer space to provide peer support services. These partnerships allow peer services to meet the most vulnerable individuals when and where they need support the most. This section outlines the services provided by SOR-funded CBO subgrantees. The 41 community-based organization sites included:

37 Community Service Boards (CSBs) & behavioral health authorities

2 community health centers

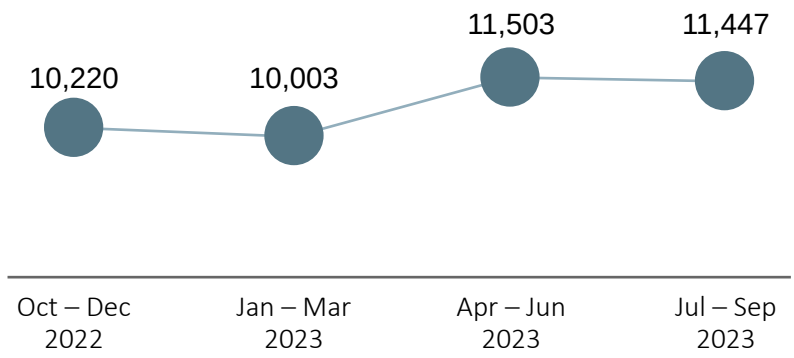
2 independent organizations that provide SUD mental health recovery services

A complete list of sites is available in Appendix A.

General Recovery Support Services

In SOR III Year 1, 41 sites delivered SOR-funded recovery services to 27,023 unique individuals.

The number of SOR-funded recovery services increased over SOR III Year 1, with a peak of 11,503 unique individuals served from April – June 2023.



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 (27,023).

Organizations estimated that peer supporters provided

85%

of SOR-funded recovery services in SOR III Year 1. The rest of the services were provided by other staff or clinicians.

PROGRAM HIGHLIGHT

The Virginia SOR Grant Recovery Hiring Report

As the data indicate, when organizations lose even a single peer, the number of individuals served by that organization can drop dramatically. Each April, hiring data is collected to analyze how many organizations have open positions and the barriers organizations face when hiring peers. The Virginia SOR Grant Recovery Hiring Report was updated this year to include data from 2021-2023. In April 2023, over two-thirds of organizations reported at least one open recovery position and 22% reported it took over six months to fill a recovery position. The top challenges organizations faced in hiring were barrier crimes[1], lack of availability of qualified candidates, and salary limits.

1 Barrier crimes refer to previous convictions that prevent individuals from being employed in the behavioral health field.

SUCCESS STORY: HENRICO AREA MENTAL HEALTH AND DEVELOPMENT SERVICES

Providing The Services and Support Clients Need To Be Successful

"[Client] was arrested in Henrico County; she was pregnant at the time of her arrest. She was released from jail into the Henrico Mental Health Substance Use Diversion Program (SUDP) in June 2022. Program staff facilitated her admission into [a treatment program], and she successfully graduated. During her tenure in the program, Henrico Mental Health staff provided intensive treatment to include therapy, group work, peer services, and SUD case management. She was able to obtain and maintain stable housing, obtained gainful employment, and has remained sober!!! In Fall 2022, she gave birth to a healthy son. She has reconnected with her family and has worked diligently to be afforded the opportunity to reconnect with her daughter, and she has been granted unsupervised visitation. [Client] successfully graduated from the SUDP and recounted how the program has assisted her in recovery: 'I have tried to get clean 3,000 times, but I needed to want it, and I needed to have the right support, care, and treatment. The SUDP provided me with the perfect amount of attentiveness and therapeutic treatment and really helped me believe that I could be successful. They provided resources and really, really cared, which made all the difference. I am so very grateful.'"

– Henrico Area Mental Health and Developmental Services

CBOs reported on the changes they witnessed in the number of clients seeking services, the level of care required, and the organization's capacity to manage these changes in the Recovery Quarterly Reporting Survey.

Similar to SOR II Year 2, at the end of SOR III Year 1:

- Nearly all organizations reported the same or greater numbers of clients seeking services compared to six months prior.
- Nearly all organizations reported that clients required the same or a higher level of care than they had six months prior.
- Across all quarters, most organizations reported being "mostly" able to meet individuals' needs rather than not at all, somewhat, or completely able.

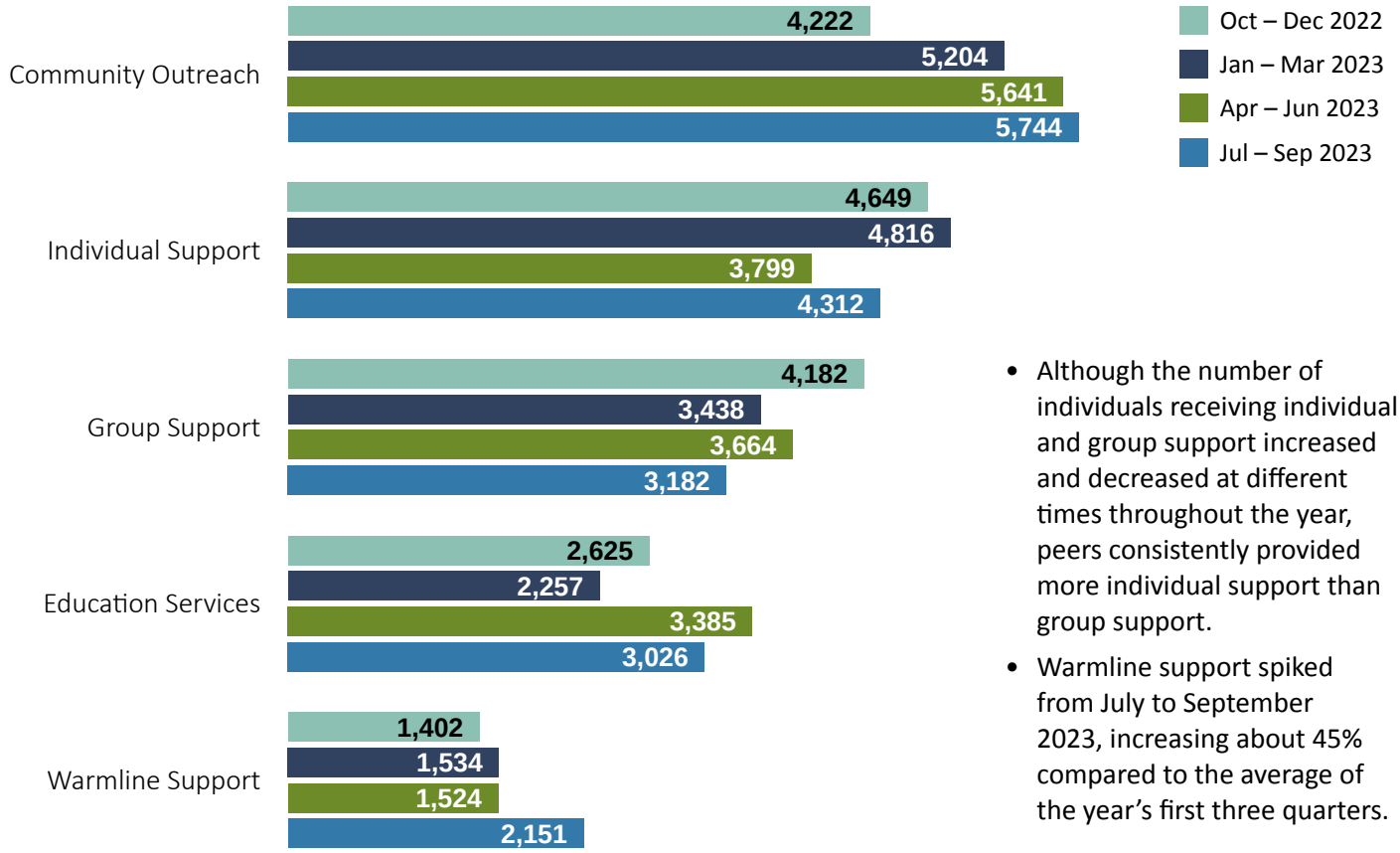
> "We have been able to hire a full-time peer recovery specialist and are in the process of seeking to fulfill another full-time peer position. Our clients have been able to receive the support of our recovery specialist in their recovery process which has been a great asset as most of our clients do not have adequate support in the community."
>
> *– Danville-Pittsylvania CSB*

Recovery Services Provided by Peer Supporters

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

The number of peer supporter positions actively providing services across the state grew throughout SOR III Year 1, increasing from 121 peer supporters in quarter 1 to 132.5 peer supporters in quarter 4 (part-time peer positions are counted as ".5"). Throughout the grant year, 14,755 individuals received recovery or peer coaching across 37 organizations.

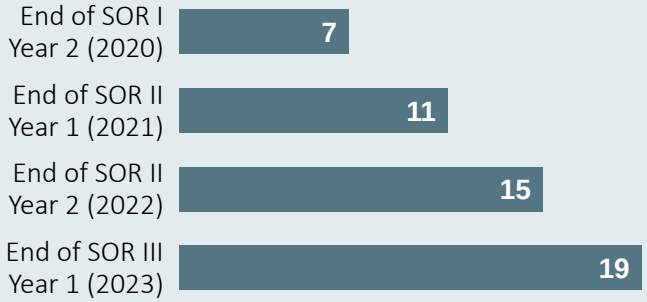
Organizations grew their community outreach over the year, reaching individuals beyond their traditional clients.



- Although the number of individuals receiving individual and group support increased and decreased at different times throughout the year, peers consistently provided more individual support than group support.
- Warmline support spiked from July to September 2023, increasing about 45% compared to the average of the year's first three quarters.

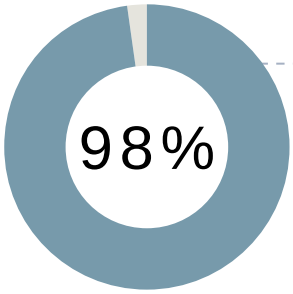
Peer Support Sustainability

Over the course of the SOR grant, the number of organizations collecting Medicaid reimbursement for peer recovery support services has grown. These efforts will support sustainable funding for peer services in the future.



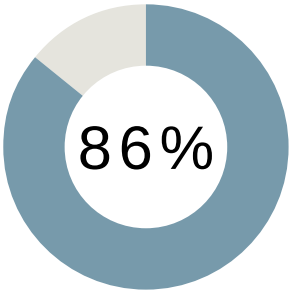
The Government Performance and Results Act (GPRA) survey collects data from individuals receiving SOR-funded treatment and recovery services who consent to participate in the evaluation. Evaluation participants are asked to complete the GPRA survey at intake and the "latest assessment," which can be a follow-up six months after intake or an interview during discharge from services. For more information on the survey, see Appendix C.

49% of GPRA participants reported working with a peer at their latest assessment. Participants agreed that working with a peer supporter was helpful for recovery outcomes. On their latest assessment:



98% breakdown:
Slightly: 3%
Moderately: 11%
Considerably: 28%
Extremely: 56%

98% reported that working with a peer supporter was helpful with recovery (n=255).

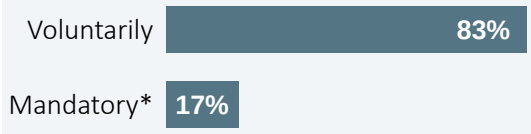


86% believed they are further along in their recovery because they worked with a peer (n=93).
Note: This was a question only on the current GPRA released in January 2023 and, therefore, had fewer responses.

The data included in this section of the report were collected at 40 community-based organizations and are based on the 2,300 participants who completed an intake GPRA survey during SOR III Year 1. Note that the number of participants who completed an intake GPRA is lower than those who received SOR-funded recovery services because some individuals are only enrolled in the evaluation if they receive ongoing services (e.g., individuals who only receive warmline support or community outreach are not enrolled[2]). The survey includes questions about whether the participant is working with a peer supporter and what that experience has been like for them.

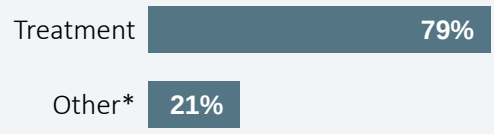
In SOR III Year 1, over half (53%) of GPRA participants reported working with a peer supporter at intake. Participants were also asked how they were connected to the peers with whom they worked and whether that contact was mandatory or voluntary.

83% were working with a peer supporter voluntarily



**These individuals were mandated to work with a peer supporter through a treatment program (13%) or the court system (3.5%); or gave no response (.5%).*

79% found their peer supporter through treatment services

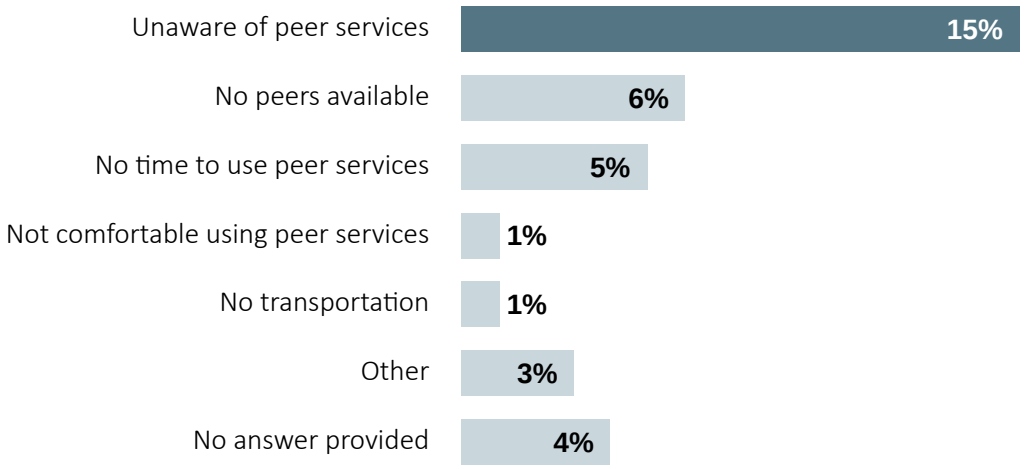


** These individuals were connected through a jail/ prison setting (7%), an AA/NA sponsor (6%), a support group (4%), a hospital (2%), or another source (2%).*

2 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.

Among those not working with a peer supporter at intake, 40% were not interested in working with a peer supporter, and 27% planned to start with a peer supporter soon.

The top barrier for those who did not work with a peer was lack of awareness of peer services. This suggests that there could be improved education about peer support services and the role they could play in an individual's recovery.



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 EDs across Virginia.

PROGRAM HIGHLIGHT

Virginia Hospital-Initiated Recovery Services Dashboard

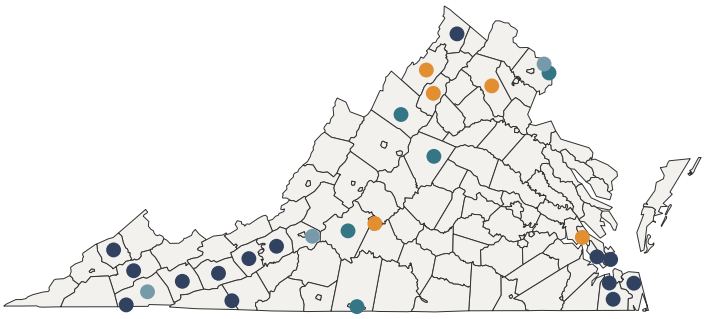
DBHDS and OMNI continue to make progress on a Hospital-Initiated Recovery Services Dashboard. Hospital-initiated recovery programs include peer recovery support programs based in the ED or other hospital departments and Medications for Opioid Use Disorder (MOUD) Bridge programs, which connect ED patients with opioid use disorder to MOUD services before they leave ED care. Once completed, legislators, program directors, and the larger community can use the dashboard to support reporting and informational needs. The dashboard is expected to launch in early 2024.

Data collection to inform the dashboard has identified over a dozen hospital-initiated recovery programs across Virginia thus far.

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

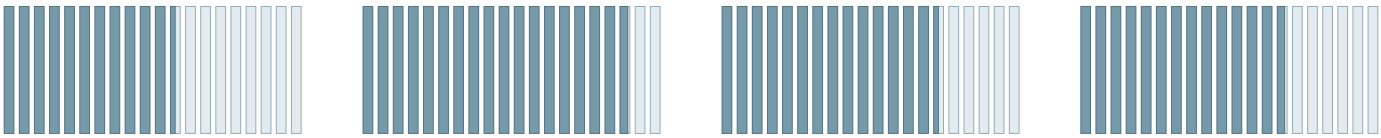
Datapoints available will include:

- Program structure (e.g., on-site vs. on-call peers)
- Average number of patients served per month
- Number of peers in the program
- Hours of operation
- Hospital name and health care system



14 organizations provided SOR-funded peer services to individuals in EDs during SOR III Year 1, with the greatest number of individuals served in the second quarter (January - March 2023).

Number of individuals who received peer services in the ED each quarter.

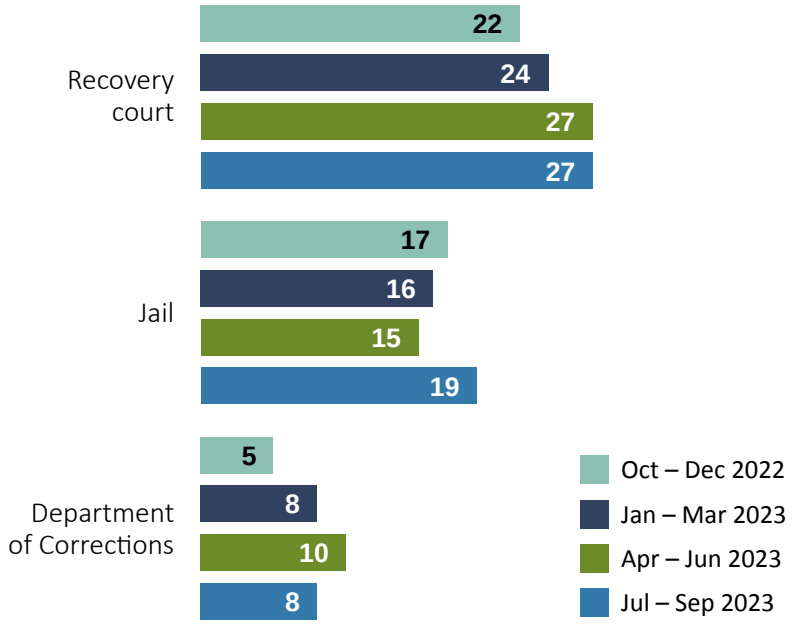


114	178	145	137
Oct – Dec 2022	Jan – Mar 2023	Apr – Jun 2023	Jul – Sep 2023

Justice Setting Peer Support

As justice-involved individuals are a priority population in Virginia's SOR strategy, community-based subrecipients have provided peer support services in regional and local jails and recovery-focused court programs (i.e., 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 26 organizations provided recovery services to individuals in these settings at some point during SOR III Year 1.

In SOR III Year 1, an average of 45 peers provided recovery support in justice system settings each quarter. Peers provided the majority of recovery support services in recovery courts and jails, with the greatest number of recovery court and jail peer services occurring in the fourth quarter.



"We have started sending one of our community-based peers that's SOR funded to one of our drug courts on a regular basis. This has led to an increase in engagement with individuals participating in drug court. We've seen an increase in group attendance, participation in other treatment services, and for those who have engaged with our PRS, a decrease in negative consequences from drug court as they are meeting all of their court ordered requirements."

– Rappahannock-Rapidan CSB

At their peaks, organizations partnered with

27 Recovery Courts

19 Jails

10 DOC Facilities

to provide peer recovery support services.

PROGRAM HIGHLIGHT

Project Recover

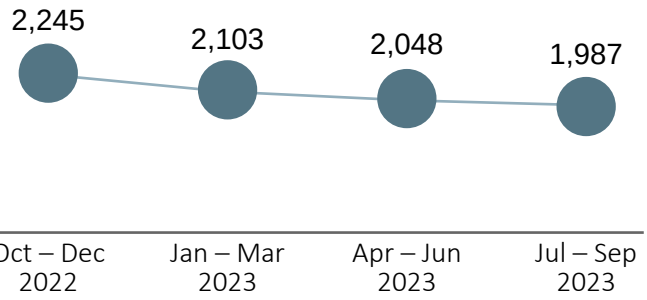
Project Recover, first implemented in 2021, is a unique PRS program where peers work alongside law enforcement and other community support agencies to engage in various recovery-related services. SOR began funding Project Recover in 2022, allowing it to expand its reach throughout Virginia communities. During SOR III Year 1, Project Recover provided services across five regions that included:

Naloxone Kit Distributions	Initial Contacts	Follow-Up Contacts	Outreach/Education and Training Support
1,248 kits	1,142 encounters	632 encounters	1,087 events

Recovery Housing Support

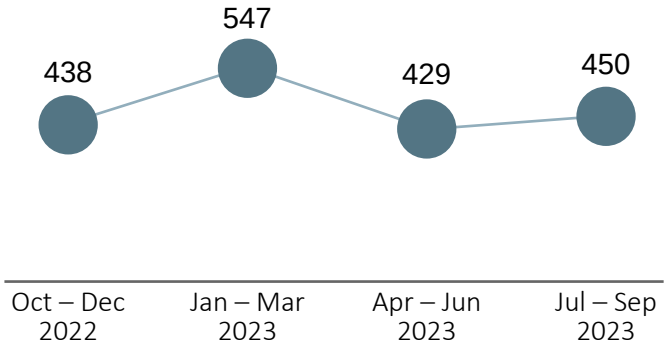
In CBOs, peer supporters and other recovery staff provide direct housing services through temporary recovery housing programs and connect individuals to housing programs and resources at other organizations.

Peer supporters at 24 organizations provided housing support. The number of individuals receiving housing support decreased slightly across the funding year, with a peak of 2,245 individuals in the first quarter.



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

15 organizations provided temporary recovery housing using SOR funds. The number of individuals receiving temporary recovery housing peaked at 547 in quarter 2.



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

PROGRAM HIGHLIGHT

Residential Peer-Led Support Continues in SOR III Year 1

The Healing Place at Caritas was again responsible for most of the recovery housing provided using SOR funds. This program provides residential recovery services to those experiencing homelessness in the Richmond metro area. In SOR III Year 1, the Healing Place averaged nearly 350 individuals with housing and counseling support each quarter. Built on a peer-led model, 100% of services were administered by their nine SOR-funded peers.

Virginia Department of Health Peer Support

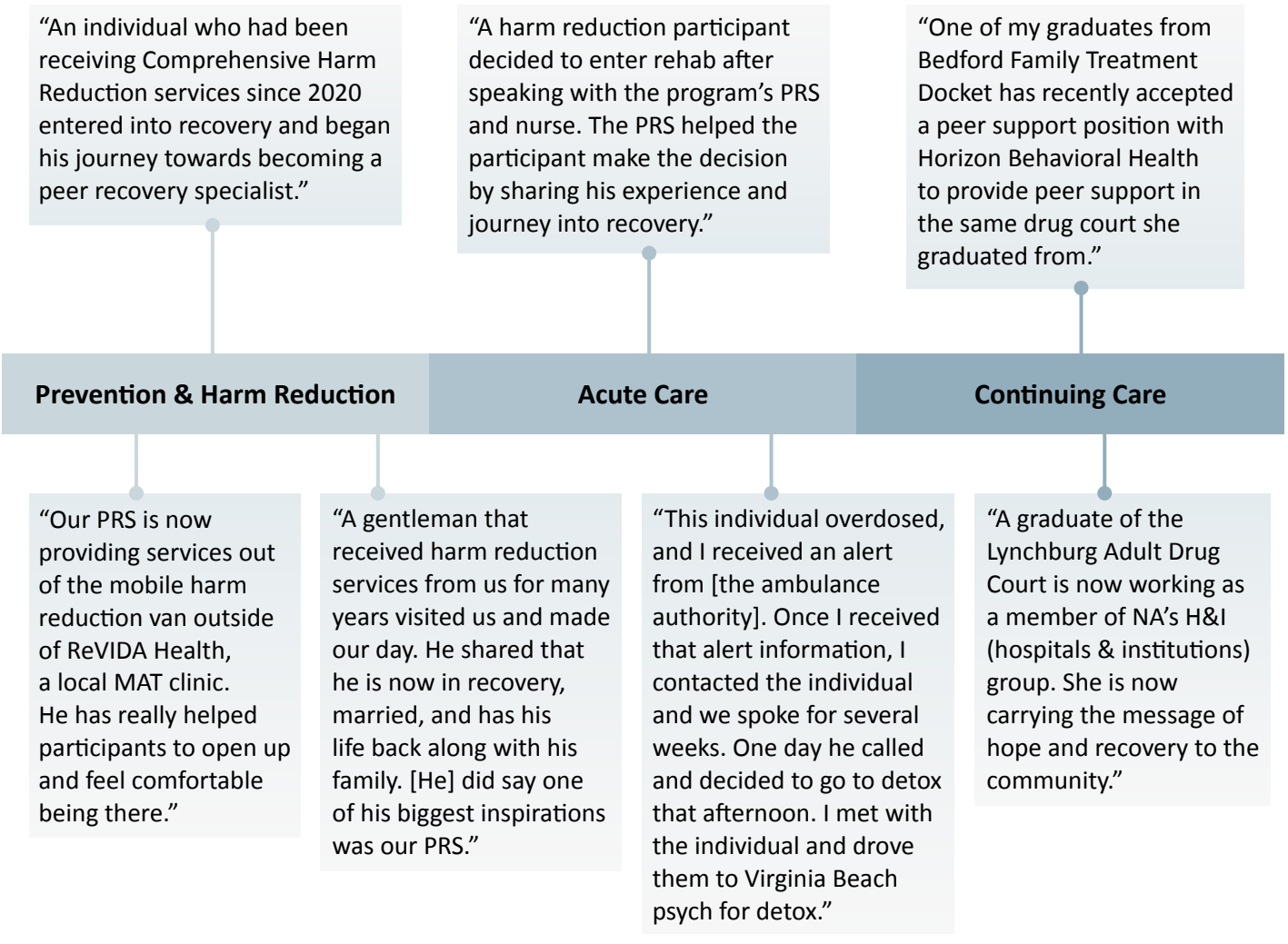
Four local health districts continued to receive funding through the Virginia Department of Health (VDH) for peer recovery support (PRS) positions. Though many of the services offered through VDH sites are similar to those provided by other community-based organizations, the VDH peer supporters are intentionally placed in critical intersection points, including harm reduction centers, emergency departments, and court systems, to support individuals missed by more traditional services. This section reports on data collected from the VDH Peer Quarterly Reporting Survey.

The VDH Sites Include:

- Smyth County Health Department, Mount Rogers Health District
- Lynchburg Health Department
- Richmond City Health Department
- Wise County Health Department, LENOWISCO Health District

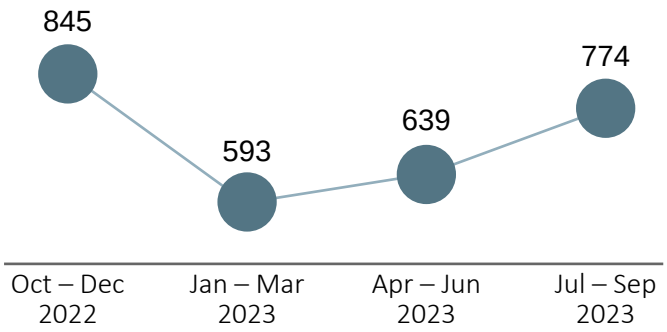
VDH Peer Recovery Support Across the Continuum of Care

The image below highlights some examples of the many ways that VDH peers provide support to individuals throughout the recovery process. These interactions exemplify their positive impacts.



Five peer supporters across four VDH sites provided services to 2,131 individuals.

Each quarter, peers supported over 500 individuals. The number of individuals receiving services dropped in the second quarter (January – March 2023) of the grant year but bounced back in the third and fourth quarters.

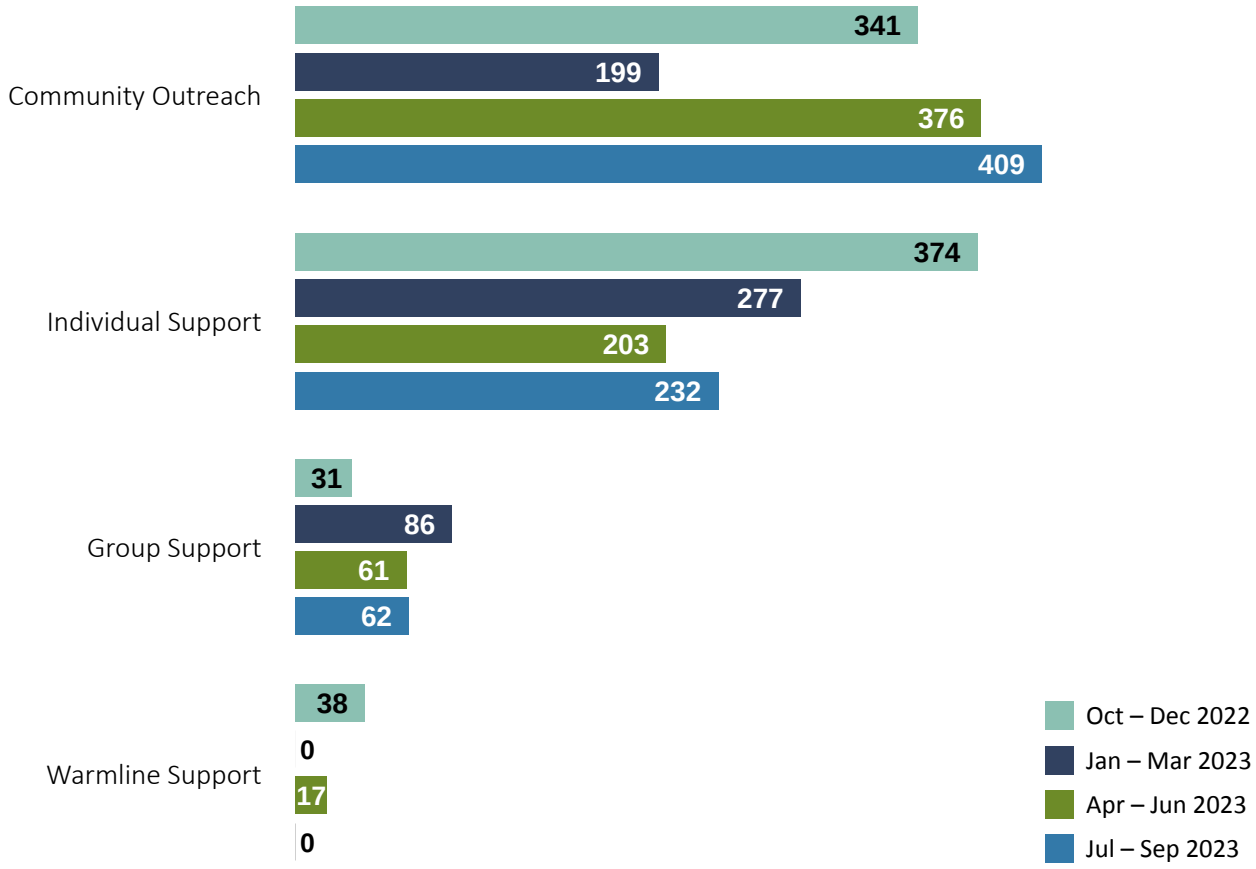


CHALLENGES

Capacity issues due to peer turnover and hiring challenges account for a lot of the fluctuation in individuals served. Three of the four organizations reported having an open position at one point throughout the year.

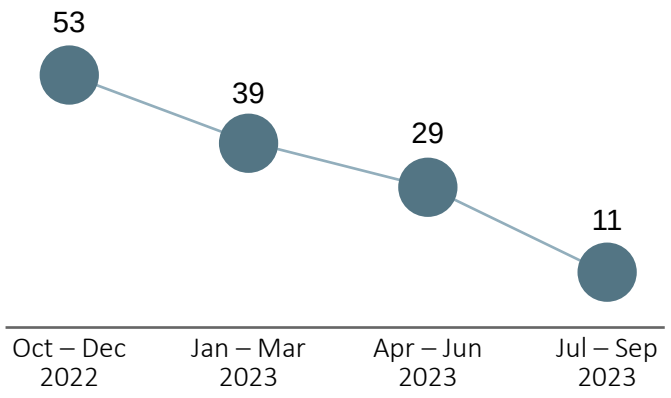
Note: The 2,131 "annual total individuals" refers to unique individuals and is, therefore, less than the sum of quarters 1 through 4 since some individuals received peer support in multiple quarters.

Peers served the greatest number of people through individual support and community outreach. Peers also provided care through group support and warmline services.



Support in justice settings tapered off throughout the year, likely due to the peer supporter staffing and capacity challenges.

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



SUCCESS STORY

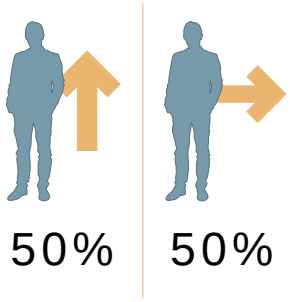
Reducing Transportation Barriers

"I've been able to partner with a local transportation provider that has agreed to provide transportation for our participants in drug court. This has helped clients to remain in the program and to become successful. This provider is conducting a clinical trial to show the effectiveness of this service and the effect on outcomes in regard to transportation being a social determinant of health."

– Central VA Health District (Lynchburg)

VDH Site Capacity

During SOR III Year 1, half of the VDH sites reported an increase in the number of clients seeking services compared to 6 months ago, with the other half reporting "about the same" number of clients.



All sites reported they were able to "mostly" meet the needs of their clients, and nearly all sites noted that SOR funding is the only reason they can afford to provide peer services. Only one of the four VDH sites stated that individuals seeking services currently required a higher level of care than six months before. This number decreased from the previous year when three of five sites reported that individuals required a higher level of care.

SUCCESS STORY

Going the Extra Mile For Your Clients

"A participant of the Comprehensive Harm Reduction Program decided she was ready for change and committed to staying at a long-term treatment facility. This participant had almost died twice in the month previous. Once from an overdose and the other from major health problems stemming from years and years of abusing drugs. Finding a treatment center that could take care of all her needs was going to be difficult. After six hours of calling different facilities, we finally found one that would accept her, that night. What she said when leaving that evening will always stick with me: 'I would not be going anywhere today if it weren't for you being in my shoes before. Not many would have gone the extra mile to get me help, but you did.' Today, almost one month later, she is doing fabulous, and her health becomes better each day."

– Wise County Health Department/LENOWISCO Health District

Department of Corrections PRS Initiative

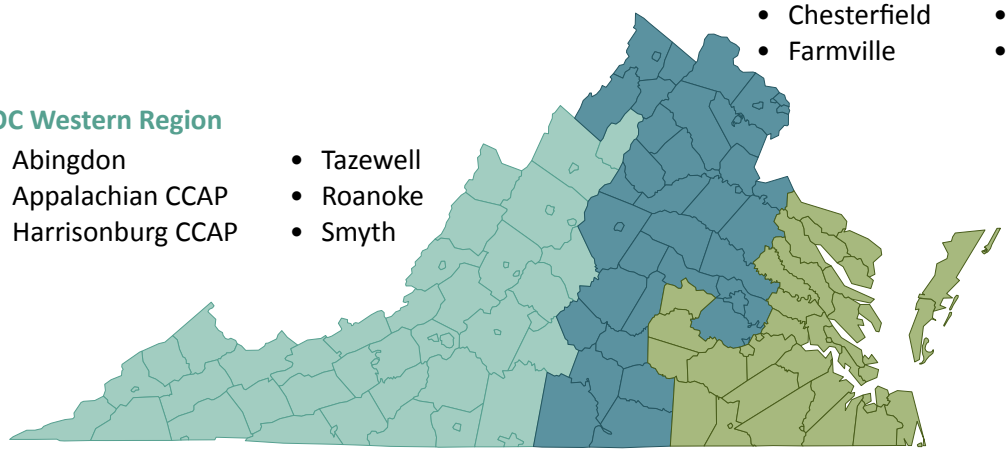
The Virginia Department of Corrections (DOC) received SOR funds to implement the Peer Recovery Specialist (PRS) Initiative for individuals involved with DOC across the commonwealth. The initiative contracts with PRS or peers with living expertise to facilitate groups and individual sessions in DOC-affiliated settings. The initiative supported the distribution of two surveys throughout the year to evaluate the SOR-funded efforts.

1. PRS facilitators completed the PRS Facilitator Reporting Survey to document the reach of the initiative.
2. Individuals completed the Participant Impact Survey to assess individual and group engagement and outcomes, including recovery capital as measured by the BARC-10 tool (see the Peer Recovery Outcomes: Recovery Capital section for more information and related findings).

For more information on these surveys, see Appendix C.

PRS Initiative Facilitator Survey

Throughout SOR III Year 1, PRS facilitators worked across 18 different DOC sites.[1]



DOC Central Region
- Ashland
- Chesterfield
- Farmville
- Henrico
- Manassas
- Richmond

DOC Western Region
- Abingdon
- Appalachian CCAP
- Harrisonburg CCAP
- Tazewell
- Roanoke
- Smyth

DOC Eastern Region
- Chesapeake
- Franklin
- Newport News
- Norfolk
- Portsmouth
- Virginia Beach

The DOC PRS Initiative utilized SOR funds to support 16 Peer Recovery Specialists across Virginia.

PRS held an average of

5.5 individual sessions

a month in the first half of the grant year and an average of

6.3 individual sessions

a month in the second half.

24 recovery groups

were held in the first half of the grant year, and

26 recovery groups

were held in the second half.

Group sessions ranged from

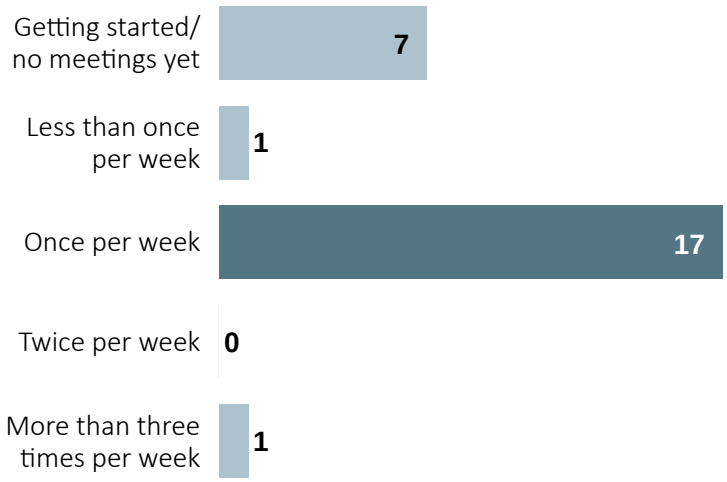
2 to 15 participants

per group and typically met weekly.

1 CCAP stands for "Community Corrections Alternative Program."

At the end of SOR III Year 1, most of the 26 total groups met weekly, with some meeting twice or more per week; 7 groups are still in the process of getting started.

Number of groups with each meeting frequency:



> "I absolutely love working with DOC!! I feel I am making a difference with the probationers. They seem to enjoy group and I enjoy it!!!"
> *– PRS Facilitator*

> "This is my favorite job even though it is my part-time job because I love the peer support."
> *– PRS Facilitator*

> "My experience as a VA DOC-based PRS is amazing!! I came into the program about a year and 4 months ago and have kept this position along with my other full time Peer Recovery position at the local CSB because I truly enjoy it so much!! I feel so appreciated by not only the probationers, but also by the staff!!"
> *– PRS Facilitator*

Overcoming Workforce Challenges

The number of active recovery groups and individuals impacted during SOR III Year 1 decreased from the previous year, during which 20 PRS provided more than 30 groups in each half of the year. According to DOC PRS Initiative staff, the reduction in the number of PRS and the number of groups held are a result of several challenges, including workforce shortages and staff turnover. Although the need and demand for peers with living expertise are increasing, there are still barriers to onboarding peers in a correctional setting. Common challenges identified by Virginia DOC staff include:

Recruiting in Rural Areas: Even when using the VA Peer Specialist Network, it can be challenging to recruit.

Limited Contracting Hours: Those qualified often request part-time or full-time work, while the PRS positions available are independent contractor positions.

Limited PRS Referrals: There are still misunderstandings around how and when to refer to PRS compared to other positions within the DOC system.

DOC has developed innovative approaches to building up the workforce from within facilities to alleviate some of these challenges. Throughout SOR III Year 1, DOC implemented PRS training in several facilities to increase recovery support behind the walls. The goal of this initiative was to reduce substance use overdoses and prepare incarcerated individuals for the peer workforce after release (see DOC-Based Peer Training section for additional information).

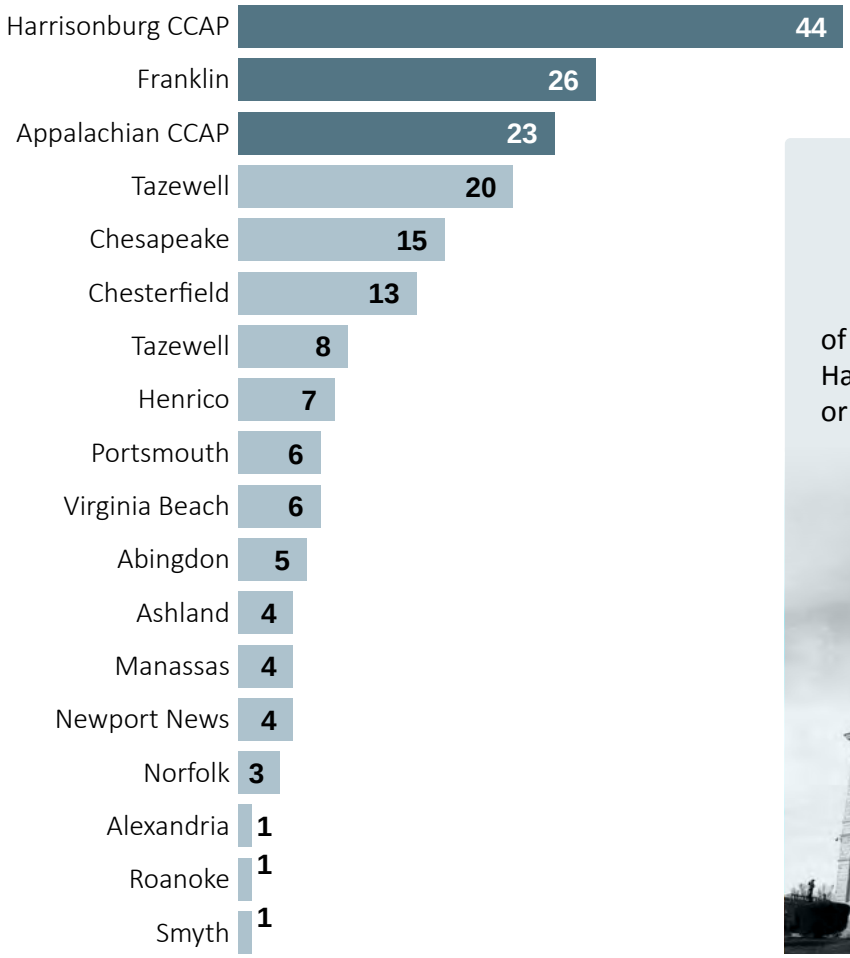
PRS Initiative Participant Impact Survey

Participants who completed the PRS Participant Impact Survey at least once during SOR III Year 1 provided the data for this section. Overall, **159 unique individuals completed 191 surveys**[2], and the respondents reported attending an average of 7 group sessions in the three months prior to completing the survey.

2 Individuals could have completed the survey more than once across the 3 survey timepoints.

Responses came from 18 Virginia sites distributed across the 3 DOC Regions (Western, Central, and Eastern).

The graph below shows the number of participants who completed the PRS Participant Impact Survey at each site:



49%

of participants came from Harrisonburg CCAP, Franklin, or Appalachian CCAP

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

99% reported that working with a peer supporter was helpful with recovery.

96% reported that working with a peer supporter was helpful in maintaining sobriety.

Twenty-one participants reported they had experienced a drug overdose in the last year. Naloxone was used in an average of 86% of the 21 overdoses reported, indicating the critical nature of practical naloxone training and delivery for this population. Out of all 191 participants:

- **43%** have been trained in how to administer naloxone, and
- **33%** carry naloxone on them in case of an emergency.

DOC-Based PRS Training

In addition to supporting peers with living expertise and individuals engaging in recovery work, Virginia DOC has been actively training individuals within the corrections setting to become PRS. After completing training, the goal is for graduates to continue this professional work within their facility and offer additional peer support to those in or seeking recovery.

81% of survey participants were familiar with naloxone and what it does, suggesting a high prevalence of relevant training for this population.

When participants were asked "What is most helpful about participating in peer support groups," they shared the following:

"Listening to others' experiences."

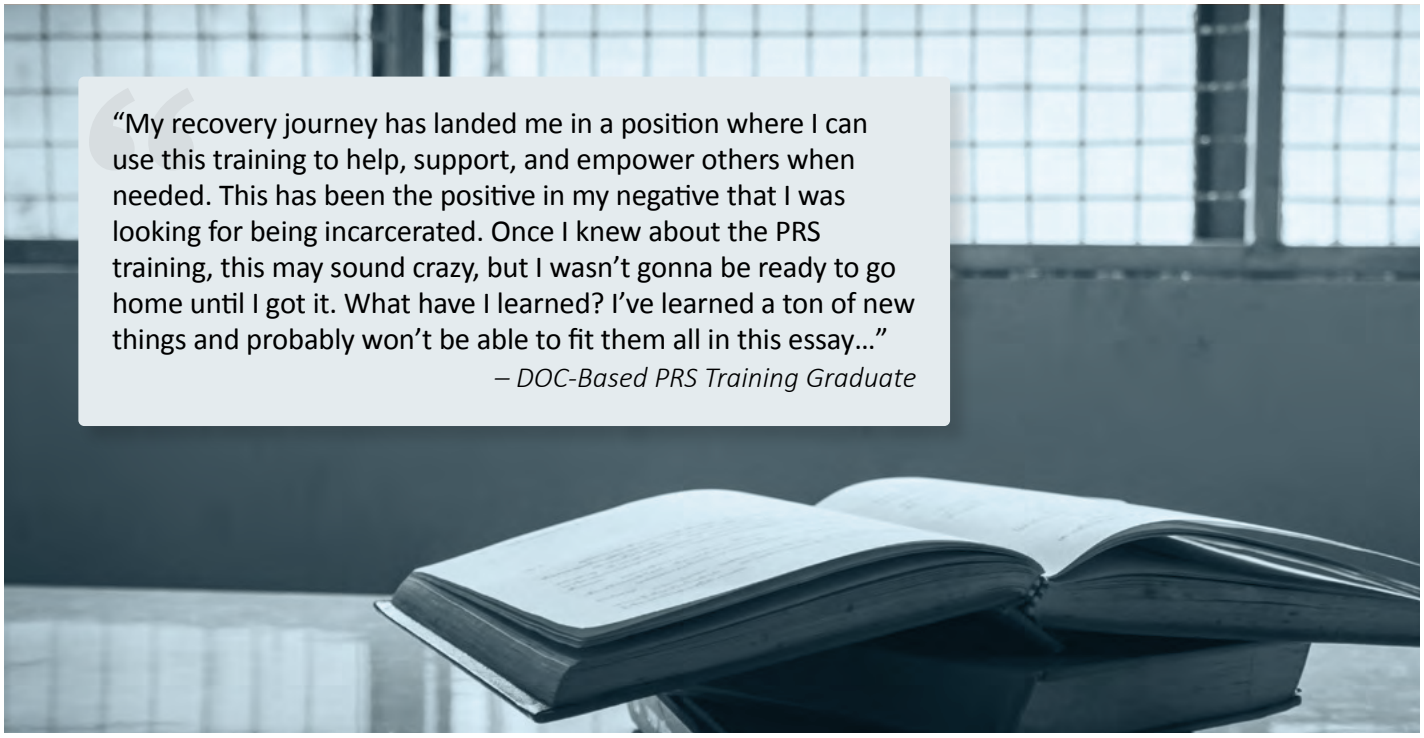
"Seeing somebody that has been in my shoes succeed has been good motivation."

"I feel like I can relate in a way I am not able to with others not in recovery."

"The feeling of genuine caring and understanding."

"Learning new coping skills."

"They let me know I'm not the only one that had a problem. And make me feel welcomed."



"My recovery journey has landed me in a position where I can use this training to help, support, and empower others when needed. This has been the positive in my negative that I was looking for being incarcerated. Once I knew about the PRS training, this may sound crazy, but I wasn't gonna be ready to go home until I got it. What have I learned? I've learned a ton of new things and probably won't be able to fit them all in this essay…"

– DOC-Based PRS Training Graduate

Across six trainings, 54 individuals graduated from PRS training while incarcerated in a DOC facility during SOR III Year 1.

29 individuals completed PRS Training evaluation forms from four of the six trainings. In the training evaluations:

90% described the quality of the training as "excellent."
The remaining 10% described the trainers as "good."

"I am ready to play a role as a leader in my community by being more supportive."

"It helped me out to handle my issues. It helped me form a brotherhood. I have people that I can turn to. Having a peer to teach the class, that showed us not to be ashamed."

"Getting this training is one of the highlights of my life."

97% described the quality of the trainers as "excellent."
The remaining 3% described the trainers as "good."

"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."

"I feel like she has to be the best trainer. I was mind blown by how well she did her job and about how knowledgeable she was. I think she answered every question we asked and explained to us exactly what and how to do our job."

"[The trainer] demonstrated the ideal balance between a person in long term recovery and a teacher of difficult material."

"The trainer had way of brining out the strength of myself that I didn't even know I had."

97% of graduates reported being "very likely" to take the PRS Certification Exam in the future, and 79% reported feeling "very prepared" for the exam.
The remaining 21% reported feeling "somewhat prepared."

"This is what I want to do for the rest of my life. Spread recovery, help people realize recovery, and feel like I make a difference."

"PRS is where my heart is. I feel that I have been trained very well. I'm ready to help people."

Collegiate Recovery Programs

A Collegiate Recovery Program (CRP) is a college or university-provided program that includes a supportive environment within the campus culture and reinforces the decision to engage in a lifestyle of recovery from addiction/substance use disorder. CRPs provide an educational opportunity alongside recovery support to ensure that students do not have to sacrifice one for the other. Led by Virginia Commonwealth University (VCU), CRPs across Virginia received SOR III Year 1 funds to increase membership, provide direct services, and connect and engage students in recovery through campus-wide outreach. Nine Virginia CRPs provided data in this section via quarterly surveys. For more information on these surveys, see Appendix C.

SOR III Year 1 funds supported nine collegiate recovery programs, an increase from the eight programs supported in the previous year.

(1) Virginia Commonwealth University, Richmond, Virginia

SOR Subgrantee Institutions:

(2) University of Richmond, Richmond, VA

(3) University of Mary Washington, Fredericksburg, VA

(4) Longwood University, Farmville, VA

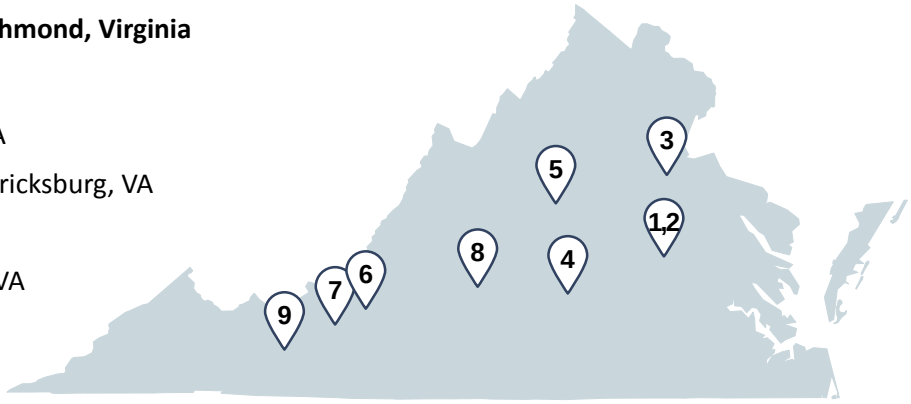
(5) University of Virginia, Charlottesville, VA

(6) Virginia Tech, Blacksburg, VA

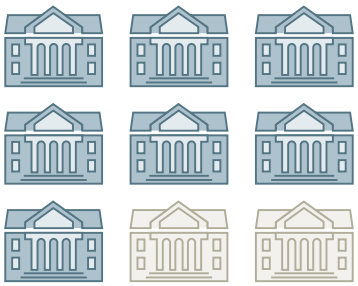
(7) Radford University, Radford, VA

(8) University of Lynchburg, Lynchburg, VA

(9) Wytheville Community College, Wytheville, VA



Seven schools consistently implemented their programs in SOR III Year 1. Two schools, the University of Lynchburg and Wytheville Community College, received SOR funding for the first time this year and are in the early implementation phase.[1]



- Consistent implementation includes holding consistent meetings and events and working to engage more students over time.
- Early implementation includes occasional engagement with students and 1-2 events per semester.

Direct Care and Engagement

Collegiate recovery programs offer various supports, including direct services that engage different populations in recovery efforts. In the following sections activities, **student members** meet school-specific CRP membership requirements, such as commitment to sobriety and event or meeting attendance. In comparison, **engaged students** refer to any student who participated in a CRP. Recovery-focused 1:1 meetings include any individual meeting staff have with a student.

Throughout SOR III Year 1, CRPs have consistently provided direct care and supported hundreds of student members.

1 Virginia Tech Southwest, who participated last year, was not included in this year's SOR funding.

While student members increased slightly from SOR II Year 2 (212), the number of engaged students decreased by over 40% (642). This drop is due to the elimination of a Recovery Scholars program at one school.

Conversely, CRP staff and students were more connected this year, participating in more than twice as many recovery-focused 1:1 meetings as last year (1,179).

226
student members

356
engaged students

2,517
recovery-focused 1:1s

"UVA experienced an incredibly tragic shooting on campus in November 2022, and three student lives were lost. Students actively involved in the CRP rallied around each other, offered each other support, space, and encouragement in the days following the violence. CRP staff witnessed an outpouring of care and concern from the students toward each other and expressed concern for each other's sobriety/recovery. Thankfully, we didn't experience any return to use as a result of the traumatic event, and I'd like to think that's in part to the work the students have done to build community this fall."

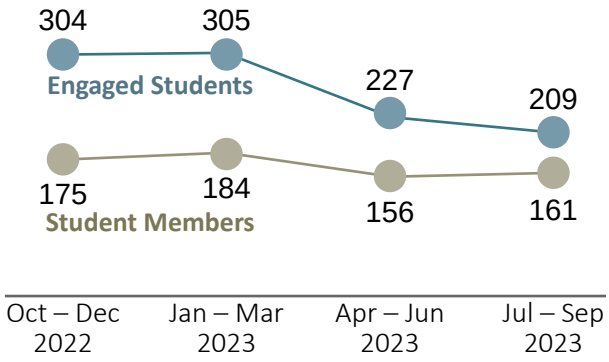
– University of Virginia

"We have been able to implement an online inquiry system that also allows new and current members to schedule 1:1 recovery meetings with staff. This system will be useful in tracking data related to referral sources, website engagement, 1:1 participation, and general demographics of our community members and addiction/recovery patterns present on our campus."

– Virginia Tech

Student engagement remained steady through quarters one and two (October 2022 through March 2023) and fell during quarters three and four (April 2023 through September 2023). This drop aligns with the end of the school year and summer break, during which engagement is lower.

Student membership remained mostly steady throughout the year, peaking in quarter two.

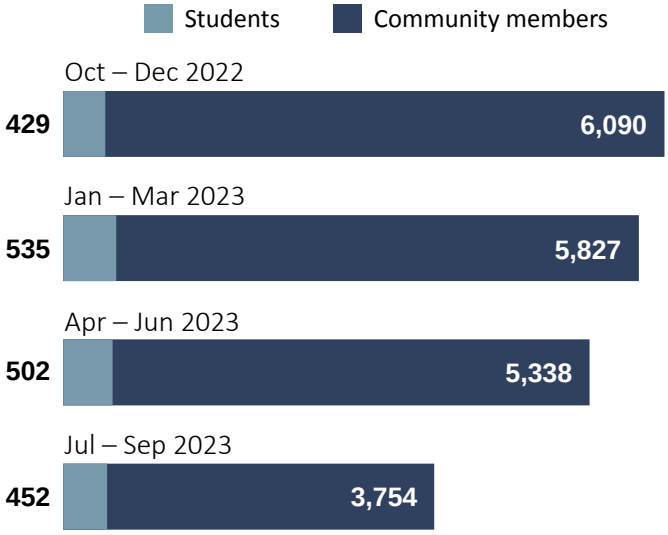


"The most notable achievement in expansion is the development of certain students engaging in leadership positions amongst Radford Recovery Community. These students were eager to participate in a PRS training sponsored by the Virginia Alliance for Recovery Resources and are now working toward certification as peer recovery specialists - indicating Radford University's beginning transformation to produce a new wave of collegiate Peer Recovery Specialists."

– Radford University

CRPs held 1,973 recovery meetings annually and averaged over 5,200 attendees each quarter. Students accounted for less than 10% of recovery meeting attendees, signifying the important role the CRPs play in providing recovery services to their communities more broadly.

Most CRPs hold recovery meetings on campus, but they are open to the community at large. The graph below shows the proportion of students who attended recovery meetings compared to non-student community members.

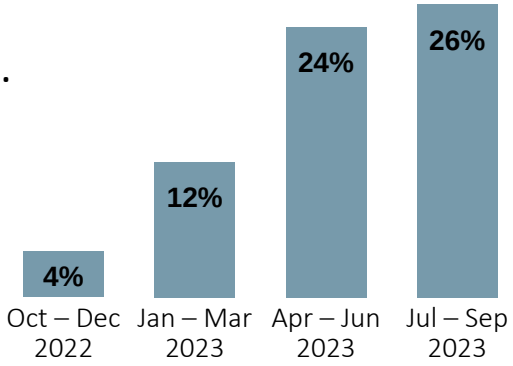


"We started our first weekly on-campus AA meeting, a Y12SR (the yoga of 12 step recovery) meeting… and strengthened existing relationships to create a functional referral pipeline between counseling services and the campus deans to recovery support resources. We also expanded shuttle service to off-campus 12-step mutual aid meetings, and are gearing up to host our first big Recovery Ally training! An average of 1-2 new students are exploring meetings every week."

– University of Richmond

Over the year, the percentage of virtual sessions increased.

Although the need for virtual meeting spaces was vital during COVID-19, the continued use of virtual sessions allows students to remain connected to their campus recovery support teams wherever they are, even when classes aren't in session, as demonstrated by the peak in virtual meetings during the summer months.



Outreach and Events

A critical method CRPs use to recruit and engage individuals around recovery is outreach. Outreach practices 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 ways to be a better ally to those in recovery).

"We had the privilege of working with the student engagement activities department on campus to create a Recovery Concert in which members of Eagles in Recovery as well as members of Rams in Recovery from VCU performed in the Heslep Amphitheater in a celebration of the arts and recovery. We have had consistent engagement and an increase in one-on-one meetings with our CPRs. Students have expressed interest in becoming more engaged in the program and training to run the coffee bike to facilitate more advocacy on campus for students in recovery in the coming fall 2023 semester."

– University of Mary Washington

Throughout SOR III Year 1, CRPs held 1,176 events, reaching thousands of individuals.

RECOVERY EVENTS

7,371 individuals participated in **702** Recovery events

CAMPUS EVENTS

9,895 individuals participated in **274** Campus events

COMMUNITY EVENTS

3,897 individuals participated in **200** Community events

The 30 Recovery Ally trainings provided to over 750 individuals throughout SOR III Year 1 increased advocacy and awareness.

In addition to recovery-related events CRPs hold throughout the year, colleges offer a Recovery Ally Training nationwide, developed out of VCU, to bring awareness and education on supporting recovery efforts. Anyone interested in supporting recovery efforts can join the training, including students, professionals, administrative staff, and community partners.

Collegiate Recovery Program Guide

VCU, with OMNI's support, developed a Collegiate Recovery Program Guide to help families and future students better understand available resources and how to get involved with programs that support recovery. This year, the team revamped the guide to highlight each school's unique offerings and spotlight staff who drive each program's success. To learn more about each program and for contact information, view the guide here.

Technical Assistance and Consultation Provided

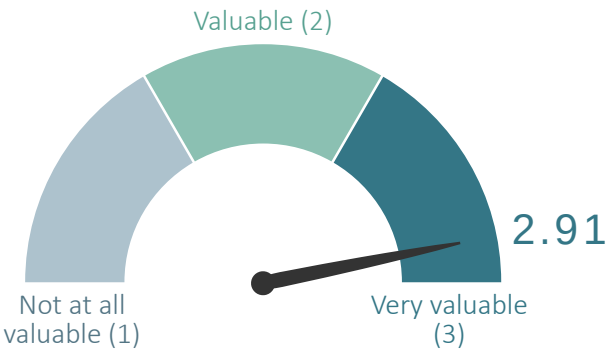
Under the leadership of VCU, participating CRPs worked collaboratively to build their programs by sharing insights, problem-solving common challenges, and providing education through training, guest speakers, and discussions. VCU's Assistant Director of Substance Use and Recovery Support provides technical assistance (TA) and consultation on various CRP topics to subgrantee schools. In SOR III Year 1, VCU's Assistant Director of Substance Use and Recovery Support continued to lead monthly technical assistance meetings focused on peer program support.

VCU's Ram's in Recovery Program provided over 400 hours of TA to the other eight participating schools in SOR III Year 1.

TA support for CRPs included:

- Site visits
- Grant expansion calls
- Individual calls and meetings to provide TA
- Recovery "Drive-In" meetings[2]
- Ad-hoc TA support
- Recovery Ally Training

All CRPs note the benefits the TA has provided to their programs and, on average, find the TA to be very valuable.



SUCCESS STORY

Building Strong Relationships

"What stands out to me is the incredibly strong relationships and connections that have been built between staff and students among the grantee network. We had 8 staff members at the Mid-Atlantic Recovery Retreat and each is incredibly supportive of each other and the students. It has been an incredible gift to be able to work with these awesome staff members from across the state."

– VCU Assistant Director of Substance Use and Recovery Support

SUCCESS STORY

Technical Assistance Impacts

"The relationship that we have with Tom Bannard [VCU Assistant Director of Substance Use and Recovery Support] and the Rams community and the wealth of recovery knowledge they have shared with us has been instrumental in our success. We have also really appreciated Tom's visits to our campus and his tireless advocacy for our program as well as consultation on best use of grant money, time, and decisions relating to individual students. No question is too big or too small and the response to emails/texts/phone calls is always super helpful as well. This support has been invaluable to our program's development as well as the personal professional development of our CRPs who has the benefit of these mentors."

– University of Mary Washington

2 Drive-in meetings refer to extended in-person meetings attended by CRP staff and hosted by different schools rotationally.

Capacity and Funding Impacts

In SOR III Year 1, CRPs reported a large increase in university administrative support compared to the previous year, reaching an all-time high since the beginning of SOR grant funding.

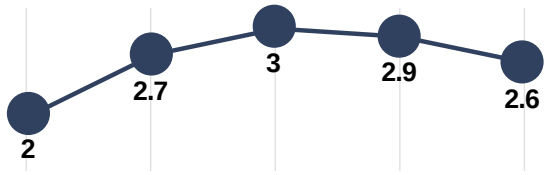
Increased support and investment from schools show the value they bring to their institutions and the impacts on the communities. Increased administrative buy-in increases the sustainability of CRPs and impacts all students on campus. This year, it was evident that four CRPs are moving towards program sustainability due to their institutions' financial support, and two more are on their way. Although some CRPs generated more buy-in from their institutions, they reported capacity and financial challenges.

> "We have had considerable administrative support in the work we are doing with Narcan training and are now working with the office of the Vice President of Student Affairs to schedule a training/ presentation for all faculty members on campus."
> *– University of Mary Washington*

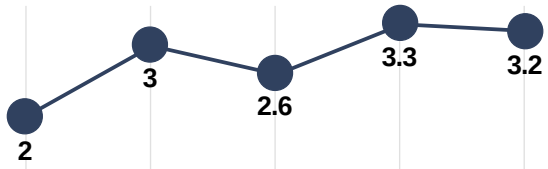
CRPs noted lower program capacity metrics related to staffing and financial support compared to previous years of SOR funding, indicating that not all schools have the resources to meet their growing needs.

CRPs rated their agreement on a scale from 1 (indicating Strongly Disagree) to 4 (indicating Strongly Agree).

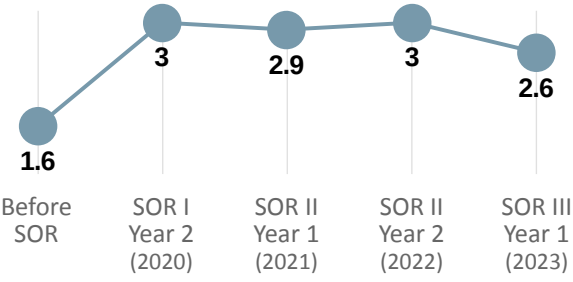
The CRP has enough staff to meet needs.



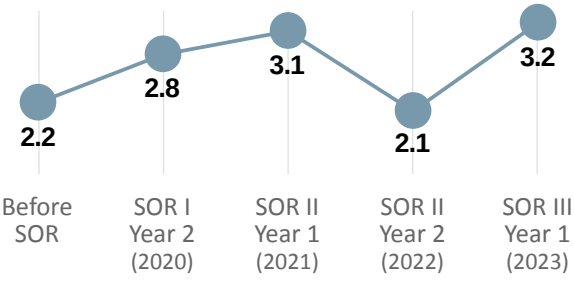
The CRP has enough training to provide CRP services.



The CRP has enough financial resources to meet needs.



The CRP has enough support from university administration to sustain CRP services.



SOR and other financial donors have made the implementation and sustainability of these CRPs possible. With the fluctuations in donations and grant funding from year to year, institutional support is imperative for long-term sustainability.

166 individual donors or groups have contributed to CRPs.

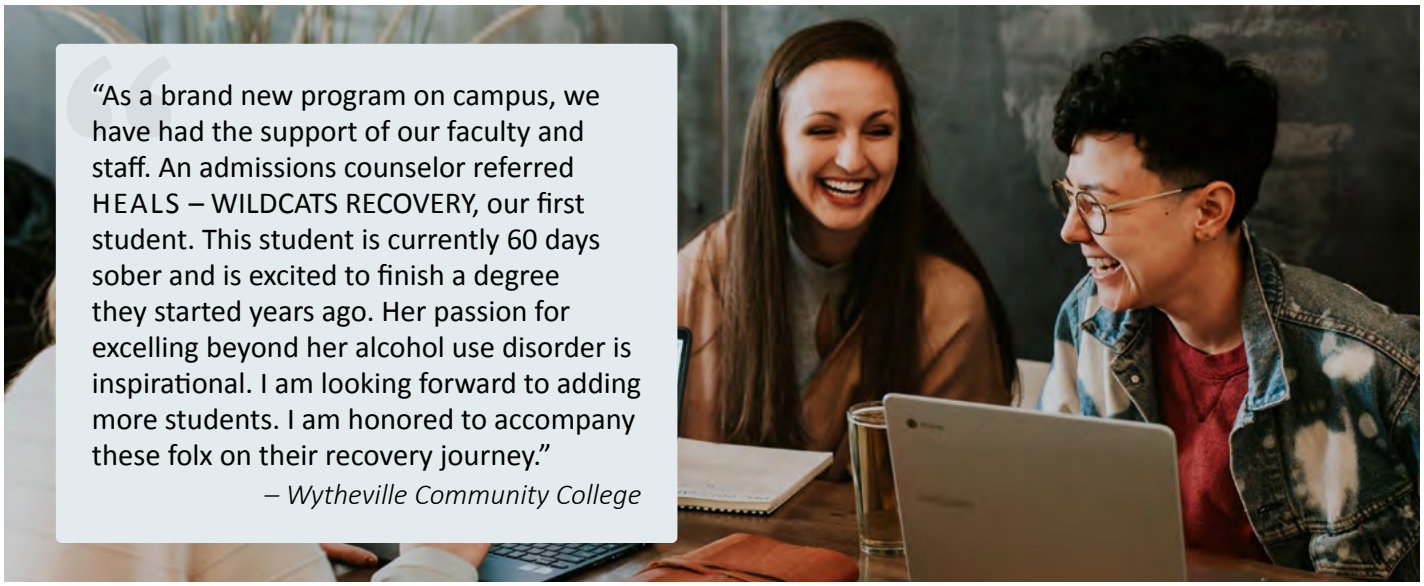
520K in total grant funding received during the past year, including SOR funding.

"Funding from SOR has allowed us to hire a full-time coordinator that supports the assistant director with student-facing, day-to-day programming, and recovery support provision. It has also allowed us to implement the Narcan emergency boxes on our campus and continue to provide high-quality experiences to strengthen the bonds of our CRP students and our relationship with campus stakeholders."

– Virginia Tech

"SOR funding has been foundational in the growth of our CRP. One former SOR-funded position was internally funded this year, allowing us to grow our staff. The National Collegiate Recovery Study has been very successful in publishing its first paper and creating an opportunity to apply for an NIH (National Institutes of Health) Grant."

– Virginia Commonwealth University

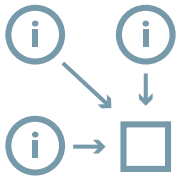


"As a brand new program on campus, we have had the support of our faculty and staff. An admissions counselor referred HEALS – WILDCATS RECOVERY, our first student. This student is currently 60 days sober and is excited to finish a degree they started years ago. Her passion for excelling beyond her alcohol use disorder is inspirational. I am looking forward to adding more students. I am honored to accompany these folx on their recovery journey."

– Wytheville Community College

Peer Recovery Support Outcomes

As Peer Recovery Specialists (PRS) and the work of peers with living expertise grows in popularity, there is an increased focus on demonstrating the positive impacts of this work. Thus, one goal of the SOR grant is to collect information about the outcomes experienced by individuals engaging in peer recovery support services. This section presents peer support outcome data collected through three different surveys. Each survey measured outcomes related to peer recovery support services and was administered based on the service delivery setting.



Recovery Capital

The **Brief Assessment of Recovery Capital (BARC-10)** is used to measure the impacts of recovery services on individuals.[1] This is the third year that the BARC-10 has been included in the GPRA Assessment and other areas of the SOR recovery evaluation to capture the recovery experience of individuals receiving SOR-funded treatment and recovery services.[2]

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. 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.

1 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.

2 The BARC-10 Pilot Report is available here

Data Collection Methods

All data included in this section were collected during SOR III Year 1. Below are the three forms of BARC-10 data collection. The icons below are used throughout this section to indicate which survey instrument was administered. For more additional information on the data sources below, see Appendix C.

DOC PRS Initiative Participant Impact Survey

Completed by participants in the Virginia Department of Corrections (DOC) PRS Initiative. Individuals who received peer support services through the DOC PRS Initiative were offered the chance to complete the Participant Impact Survey each quarter throughout their participation in the program. There were 191 who completed at least one survey (i.e., an "initial survey"), and 25 completed at least one follow-up survey.

GPRA

Completed by individuals receiving treatment and recovery services at community-based organizations. GPRA-eligible individuals receiving services in community-based settings had their progress measured from intake to the latest assessment time point interviewed. The intake GPRA refers to the first GPRA assessment completed during SOR III Year 1. The latest assessment may be a 6-month follow-up interview or a discharge interview, whichever was conducted last. A total of 730 individuals completed the recovery-related section of the Intake GPRA. Among those, 684 completed a follow-up or discharge survey used to track changes over time.

Peer Recovery Support Survey

Completed by individuals participating in peer recovery-focused programs that do not complete the GPRA. For organizations that focus on peer recovery support but do not offer the GPRA, a comparable Peer Recovery Support Survey is used to assess recovery capital that includes the BARC-10 items. Three sites completed data collection: Bradley Free Clinic, Wise County Health Department/ Lenowisco Health District, and the Community Health Center of New River Valley. 697 individuals completed an initial survey, and 246 completed a follow-up survey to track changes over time.

Recovery Capital Findings

For 191 individuals receiving recovery services in DOC, the average BARC-10 score was 51.61.

The DOC PRS Initiative had relatively few participants who received services across multiple quarters and could complete follow-up 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 chances for long-term remission from substance use disorder. Additionally, the average total scores are similar to the latest assessment averages from the other surveys, suggesting some consistency in BARC-10 scores across settings.

The BARC-10 scores of 684 individuals receiving recovery services through a community-based organization who completed the GPRA significantly increased from intake to the latest assessment.

For individuals who receive recovery services through a GPRA-eligible community-based organization, their assessment includes the BARC-10 to measure recovery capital. Of the 730 individuals who had completed the recovery-related section of the GPRA, 684 matched pairs completed the BARC-10 assessment more than once (once at intake and again at either follow-up or discharge).

The initial and sustained BARC-10 recovery capital scores averaged well over 47, indicating higher chances for long-term remission from substance use disorders.

n=684

Note: Although the first GPRA completed by an individual during SOR III Year 1 is referred to as the "intake" GPRA, individuals may have received services before completing the first GPRA, which may be relevant as to why the intake number is so high with minimal change over time.

The 246 individuals engaged with peer support services at non-GPRA community-based sites also showed significant increases in BARC-10 scores from intake to their latest assessment.

A total of 697 unique survey respondents took the BARC-10 assessment as part of the Peer Recovery Support Survey, and of that total, 246 survey respondents completed it more than once to allow for analysis of change over time.

The average BARC-10 score at intake was slightly above 45 and increased over time to scores above the sustained remission marker of 47, indicating an increased likelihood of sustained remission over time.

n=246

* Statistically significant increase from intake to the latest assessment, $p < .05$.

There were significant increases on many of the individual BARC-10 items from Intake/Initial assessment to the latest assessment for individuals who completed the assessment through the GPRA and the Peer Recovery Support Survey.

The table below reports the average scores at intake/initial assessment and the latest assessment. Scores can range from 1 to 6, with higher scores indicating greater recovery capital.

	GPRA		Peer Recovery Support Survey		DOC Participant Impact Survey
BARC-10 Question	Intake Assessment	Latest Assessment	Initial Assessment	Latest Assessment	All Assessments
Deprioritizing Substances	5.71	5.73	5.63	**5.80***	5.63
Personal Responsibility	5.64	5.66	5.72	5.77	5.73
Recovery Progress	5.41	5.44	4.73	**5.16***	5.46
Fulfilling Activities	5.09	**5.35***	4.28	**4.95***	5.04
Social Support	4.72	**4.88***	4.14	**4.69***	4.84
Life Satisfaction	4.77	**5.05***	3.72	**4.53***	4.90
Supportive Housing	5.01	5.11	4.12	**4.86***	5.12
Life Functioning	5.40	5.38	5.20	5.30	5.11
Energy Level	4.62	**4.82***	4.05	**4.56***	5.18
Community Belonging	4.51	**4.77***	3.87	**4.44***	4.60

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

Largest Increases

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

Highest Scores

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

GPRA	Peer Recovery Support Survey	DOC Participant Impact Survey
• Deprioritizing Substances • Personal Responsibility • Recovery Progress	• Deprioritizing Substances • Personal Responsibility • Life Functioning	• Personal Responsibility • Deprioritizing Substances • Recovery Progress

BARC-10 data from the GPRA and the Peer Recovery Support surveys showed similar but slightly different domain increases, with life satisfaction and fulfilling activities having some of the largest impacts. The individuals who completed the Peer Recovery Support Survey had more domains with significant change and more change in those domains over time.

When looking at the highest domain scores across the three surveys, overall they were similar domains, suggesting consistencies in areas of growth associated with peer support across settings.

OMNI

OMNI Institute Report: Virginia State Opioid Response Grant Annual Report 2022-2023

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 Year 1 of SOR III (October 2022 – September 2023).

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 services 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.

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.

Funding

In Year 1 of SOR III, funding was provided in separate allotments for prevention, treatment, and recovery for subgrantees and contractors. Below is the full amount budgeted for prevention, treatment, and recovery.

Prevention	Treatment	Recovery
$4,182,819.00	$9,999,267.00	$9,483,099.00

CSB Funding

CSB funding is provided in separate allotments for prevention, treatment, and recovery as outlined in the table below.

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	●	●	●
Encompass Community Supports	●		●
Fairfax-Falls Church	●		●
Goochland-Powhatan	●	●	●
Hampton-Newport News	●	●	●
Hanover County	●		●
Harrisonburg-Rockingham	●		●
Henrico Area Mental Health and Developmental Services	●	●	●

Community Services Board	P	T	R
Highlands	●	●	●
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 Area	●	●	●
Region Ten	●	●	
Richmond Behavioral Health	●	●	●
Rockbridge Area	●	●	●
Southside	●	●	●
Valley	●	●	●
Virginia Beach	●	●	●
Western Tidewater	●	●	●

Community-Based Organizations Providing Peer Recovery Support Services

In addition to the CSBs noted above, the following four sites receive SOR recovery funding to provide peer 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 four sites receive SOR recovery funding through the Virginia Department of Health (VDH) to provide peer support services. VDH also receives SOR funding to purchase and distribute naloxone and fentanyl test strips.

- Smyth County Health Department, Mount Rogers Health District
- Lynchburg Health Department
- Richmond City Health Department
- Wise County Health Department, LENOWISCO Health District

Refugee Prevention Programs

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

- Bhutanese Community of Greater Richmond
- Capaz IT
- Commonwealth Catholic Charities - Newport News
- Commonwealth Catholic Charities - Richmond
- Commonwealth Catholic Charities - Roanoke
- Church World Service Harrisonburg
- Edu Futuro
- Loving Hands
- Lutheran Social Services National Capital Region
- One Community Social Services
- ReEstablish Richmond

Other Service Providers and Funded Programs

The following sites received SOR funding for prevention, treatment, or recovery work.

- Appalachian Substance Abuse Coalition (ASAC) – Prevention
- Framework for Addiction Analysis and Community Transformation (FAACT - Treatment)
- Merakey Behavioral Health – Treatment and Recovery
- Virginia Association of Recovery Residences - Recovery
- Virginia Commonwealth University – Recovery
- Virginia Department of Corrections – Treatment and Recovery

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

- **GPRA Orientation & Refresher Trainings**
  The treatment evaluation team hosted trainings for agencies reviewing GPRA administration and follow-ups, as well as technical assistance resources.
- **New GPRA Information Session**
  The treatment evaluation team developed and delivered a New GPRA Information Session to CSB/agency staff to introduce them to substantial changes made to the SOR III GRPA, provide them an in-depth walk-through of these changes, outline the timeline for launch of the new tool, and highlight the TA that OMNI provides to them.
- **Community Forum on Behavioral Health Equity**
  The prevention evaluation team facilitated a community forum that focused on Behavioral Health Equity. This forum included CSB spotlights and large group discussion involving over 40 prevention staff.

Technical Assistance

- **CSB/Agency One-on-One Check-Ins**
  The treatment evaluation team conducted 30-minute one-on-one meetings with all treatment-funded CSBs/agencies across Virginia, learning about GPRA administration successes and challenges, and providing tips to support the evaluation.
- **Prevention Data Management & TA**
  The prevention evaluation team assisted with monthly data management and TA and produced a monthly newsletter to support data entry.
- **Supporting Administration of New GPRA Tool**
  The treatment evaluation team supported the launch of the new GPRA tool in January of 2023 and developed new protocols to support an efficient batch upload of the GPRA data to the SPARS system.

Grant Management

- **Task Force and Work Groups**
  The DBHDS team completed over 23 task force and work group meetings, including the Right Help Right Now work groups.
- **Site Visits & DBHDS TA**
  Thirty-four site visits, events and check-ins were completed by the DBHDS grant management team. This included visits with several CSBs and correctional facilities, events at colleges, and project meetings. They also conducted extensive ongoing TA with partners and community stakeholders, including phone calls, emails, and in-person meetings.
- **Conferences**
  The DBHDS team completed in-person presentations to the public to highlight the work done through SOR in Virginia, and attended the RX Summit.

Deliverables & Reports

- **Evaluation Roadmaps**
  The prevention evaluation team developed and updated the evaluation roadmaps for this grant year. The team met with each CSB to update these roadmaps that include logic models, measurement plans, and data entry plans.
- **GPRA Dashboards and Data Reporting**
  The treatment evaluation team developed and launched dashboards for tracking GPRA intakes, follow-ups, and discharges.
- **DOC PRS Initiative, Collegiate Recovery Program, and BARC-10 Peer Pilot Reports**
  The recovery evaluation team produced DOC PRS Initiative Quarterly Participant Impact and Collegiate Recovery Program Quarterly Reports. In addition, they also produced the BARC-10 Peer Pilot Report.
- **CSB Prevention 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 2023 SOR Recovery Hiring Report to summarize challenges and successes to the recovery support hiring processes.
- **Quarterly Grant Summary Reports**
  Quarterly reports summarizing SOR-funded activities and individuals served during each quarter of the grant year were published: Quarter 1, Quarter 2, Quarter 3, Quarter 4.
- **Special Reports**
  OMNI's evaluation team created two special reports this year to highlight the success of Virigina's SOR grant. The Four Years of SOR report highlights the impact that the funding has had across the state. The Virginia SOR Success Stories Report catalogs personal and community successes that have come out of the grant.

Appendix C. Data Sources

Collegiate Recovery Program 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 (CRPs) (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/agency. It covers substance use history and diagnoses, treatment services, mental and physical health needs, relationships and social connections, 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 GPRA surveys collected within SOR III Year 1. The GPRA tool was updated in January of 2023, partway through this grant year. Due to changes in the GPRA tools we present only on the updated current GPRA tool. A total of 1,519 participants completed a current intake GPRA, 1,014 participants completed a current follow-up GPRA, and 493 participants completed a current discharge GPRA (i.e., their “latest assessment”) from January – September 2023. However, only 215 participants with a current intake GPRA could be matched to assess outcomes between their intake GPRA to the latest assessment. This is because the majority of the individuals having a latest assessment in place had an intake GPRA from before January 2023, and thus used the now-expired tool. We did not combine current GPRA data with data from the expired GPRA because certain GPRA questions, although similar, were not the same in both tools.

When reporting changes over time in the outcomes section, when appropriate, we calculate the statistical significance of the change 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. Generally, 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, Wilcoxon tests, or McNemar’s tests. Statistically significant change is noted in charts, graphs, and tables with an asterisk (*).

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 implementation of 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 (January and August) 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 or individual sessions 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 (excluding the 4th quarter due to Peer work limitations) to all individuals who participate in peer support 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 treatment and recovery services from a CBO. The survey 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.

Peer Recovery Support Survey

For organizations that focus on peer recovery support but do not offer the GPRA, the comparable Peer Recovery Support Survey is used to measure peer recovery support outcomes through the Brief Assessment of Recovery Capital (BARC-10). The survey closely mirrors the recovery-related section of the GPRA that is administered to individuals receiving treatment and recovery services from a CBO.

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 data collection 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/agencies and VDH peer sites receiving one or both areas of funding complete the survey as a requirement of the grant. Data collected include the number of individuals receiving SOR-funded services and the number of SOR-funded providers (e.g., MOUD 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 agencies' successes, barriers, and challenges. Data collected through this survey is then cleaned, analyzed, and reported by OMNI.

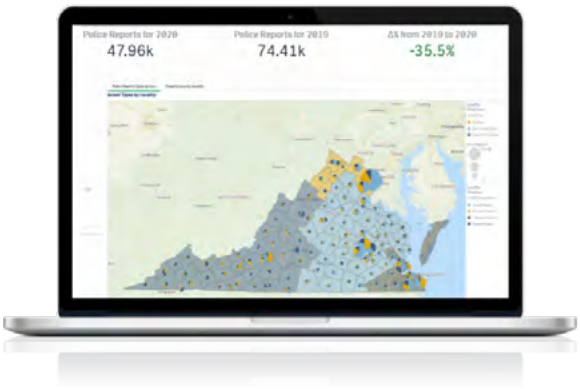
Virginia Department of Health Naloxone Data

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 quarterly for SOR reporting.

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 across 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 addiction before it begins.

FAACT was developed 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 the development of the platform.

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

Read more about Qlarion and FAACT here.

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.

Appendix E. SOR Reports and Resources

Unless otherwise noted, all reports below are from Year 1 of the SOR III grant. Links to these reports and additional historical reports from the grant 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).

BARC-10 Pilot Report

Summarizes the results of a pilot program developed to capture data related to the unique support Peer Recovery Specialists provide individuals in their recovery from substance use.

Quarterly SOR Progress Reports

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

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

Recovery Hiring Report

Summary of CSBs' responses to a survey about challenges with hiring and maintaining recovery staff. Surveys were conducted yearly in April starting in 2021 and continuing through 2023. Results from all three time points are included in the report.

SOR Annual Reports

- **SOR I Year 1 Annual Report**
  Annual report covering the prevention, treatment, and recovery evaluations from the first year of SOR funding (2018-19).
- **SOR I 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 II Year 1 Annual Report**
  Annual report covering the prevention, treatment, and recovery evaluations from the third 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.
- **SOR II Year 2 Annual Report**
  Annual report covering the prevention, treatment, and recovery evaluations from the fourth year of SOR funding (2021-2022). 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

Provides a comprehensive overview of collegiate recovery programs across Virginia including services available, information on the teams, a program overview, and how to get connected.

Virginia's Four Years of SOR Report

This report demonstrates the impact of State Opioid Response (SOR) funds to address opioid and stimulant use issues in communities throughout Virginia across the first "Four Years of SOR."

Virginia SOR Support Website

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

Virginia SOR Success Stories

This report highlights some of the inspiring stories of lives saved and transformed, and community support made possible through SOR funding.

Appendix F. Acronym List

Acronym	Description
ACE	Adverse Childhood Experience
ASAC	Appalachian Substance Abuse Coalition
BARC-10	Brief Assessment of Recovery Capital-10
BHE	Behavioral Health Equity
CBO	Community-Based Organization
CCAP	Community Corrections Alternative Programs
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
ED	Emergency Department
EMS	Emergency Medical Service
EOY	End of Year
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
LUV	Lift Up Virginia Campaign
MOUD	Mediation for Opioid Use Disorder
MAT	Medication Assisted Treatment
MATRI	Medication Assisted Treatment Reentry Initiative
OBAT	Office-Based Addiction Treatment
OBOT	Office-Based Opioid Treatment
OMNI	OMNI Institute
OTC	Over the counter
OUD	Opioid Use Disorder
PBPS	Performance Based Prevention System
PRS	Peer Recovery Specialist
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
SUPTRS BG	Substance Use Prevention, Treatment, and Recovery Block Grant

Appendix F. Acronym List

Acronym	Description
TA	Technical Assistance
TIPS	Technology Innovation for Public Safety
VCU	Virginia Commonwealth University
VDH	Virginia Department of Health