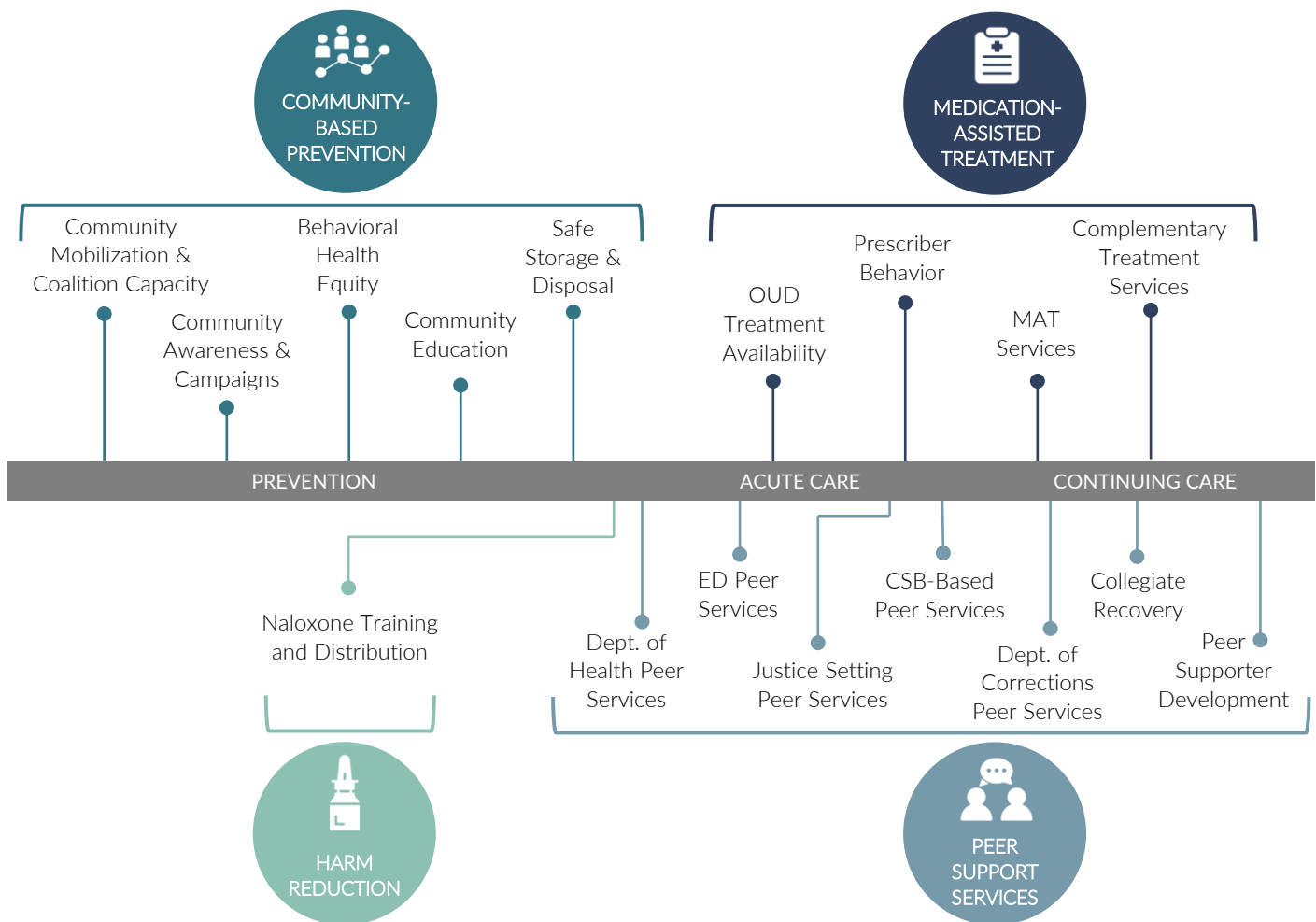


# Virginia State Opioid Response Grant 2019-2020 Annual Report: Executive Summary

## About the State Opioid Response Grant

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

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





## Community Mobilization and Coalition Capacity Building

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



**25** CSBs led or supported SOR-funded coalitions.

**1,300** adults and youth participated.



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

## Community Awareness and Campaigns

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



**Public Display**  
targeted

**4.5 million**

837,512 youth  
3,661,019 adults



**Social Marketing**  
targeted

**8.3 million**

399,810 youth  
7,965,274 adults



**In-Person Events**  
reached

**122,635**

15,121 youth  
107,514 adults



**Print Materials**  
provided to

**702,684**

13,745 youth  
688,939 adults

### Broadcast

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

### Online

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

### Direct

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

### Print

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

## Community Educational Opportunities

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

### Curriculum-Based Trainings



provided to  
**3,921**  
individuals

### Provider and Patient Education



provided to  
**1,005**  
individuals

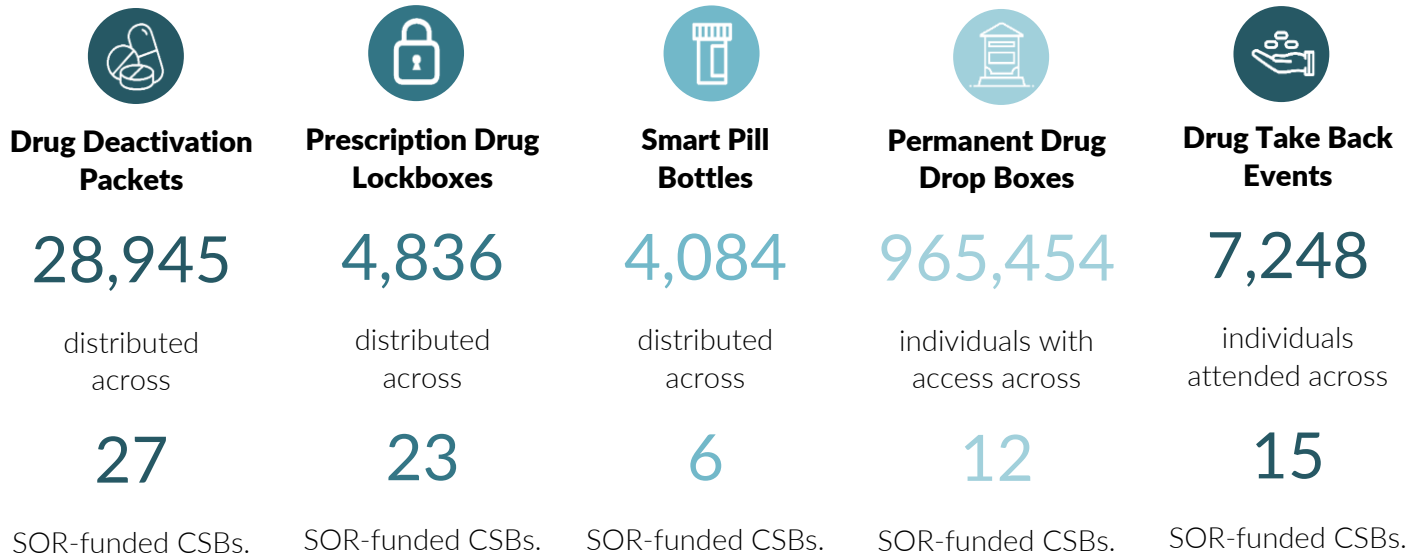
### Youth-Specific Education



provided to  
**23,245**  
individuals

## Safe Storage and Disposal

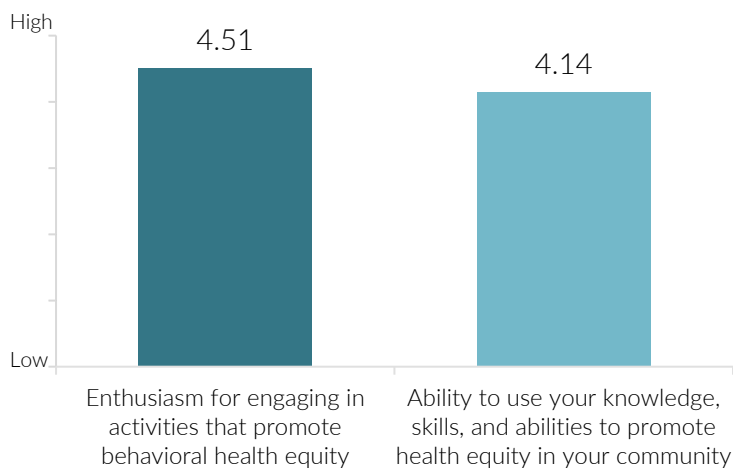
SOR funds supported the distribution of devices to safely store and dispose of medications. Drug Take Back events and permanent drug drop boxes helped to address supply reduction at the community level.



## Behavioral Health Equity

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

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



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

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



## REVIVE! Training

REVIVE! is the statewide opioid overdose and naloxone education program for Virginia. REVIVE! training is offered to community members, health professionals, law enforcement, emergency medical services, and others interested in preventing and reducing opioid overdoses.

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

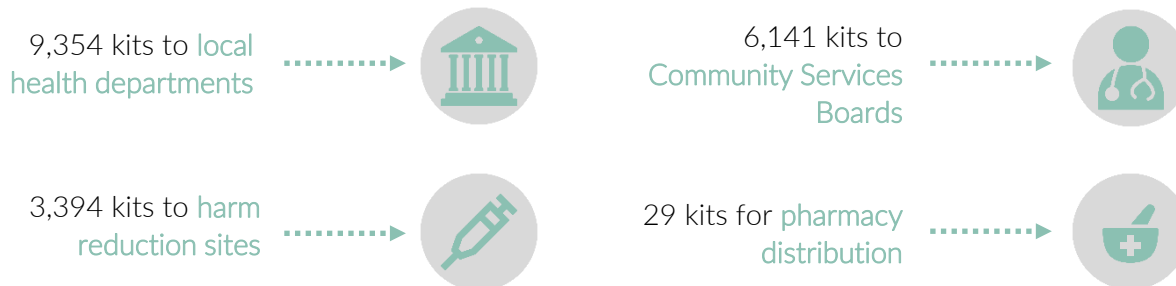
	Year 1	Year 2	Total
Trainings held:	71	249	318
People trained:	1,140	3,115	4,255

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

## Naloxone Distribution

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

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



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



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



## Prescriber Behavior

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

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

### Decreased Opioid Prescribing

19%

decrease in number of opioid prescriptions.

### Increased PMP Utilization

9%

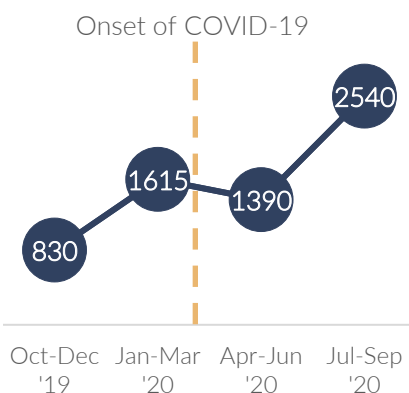
increase in number of patient history queries.

## MAT and Complementary Services

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

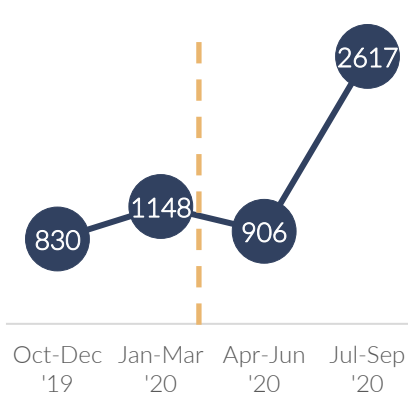
### MAT Services

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



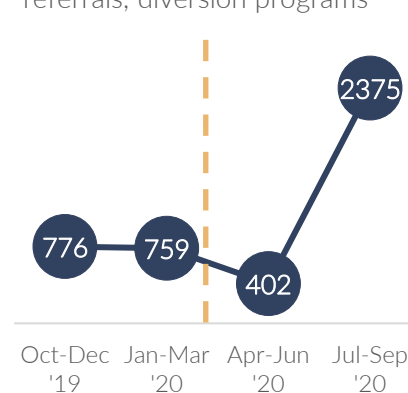
### Non-MAT Treatment Services

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



### Other Services

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



## Justice-Based Services

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

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

On average, each quarter:

**29**

people received MAT services in a justice setting

**129**

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



### Access to Quality Addiction Treatment

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

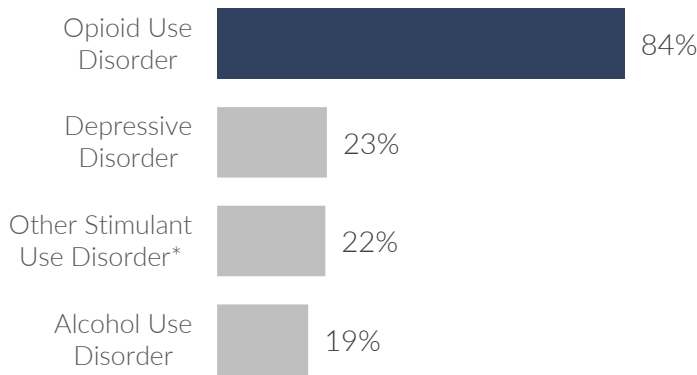
- Dickenson County Behavioral Health Services



## Client Characteristics

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

### Opioid use disorders were the most frequently reported diagnoses.



\*Any stimulant use disorder besides cocaine-related disorders.



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



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



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

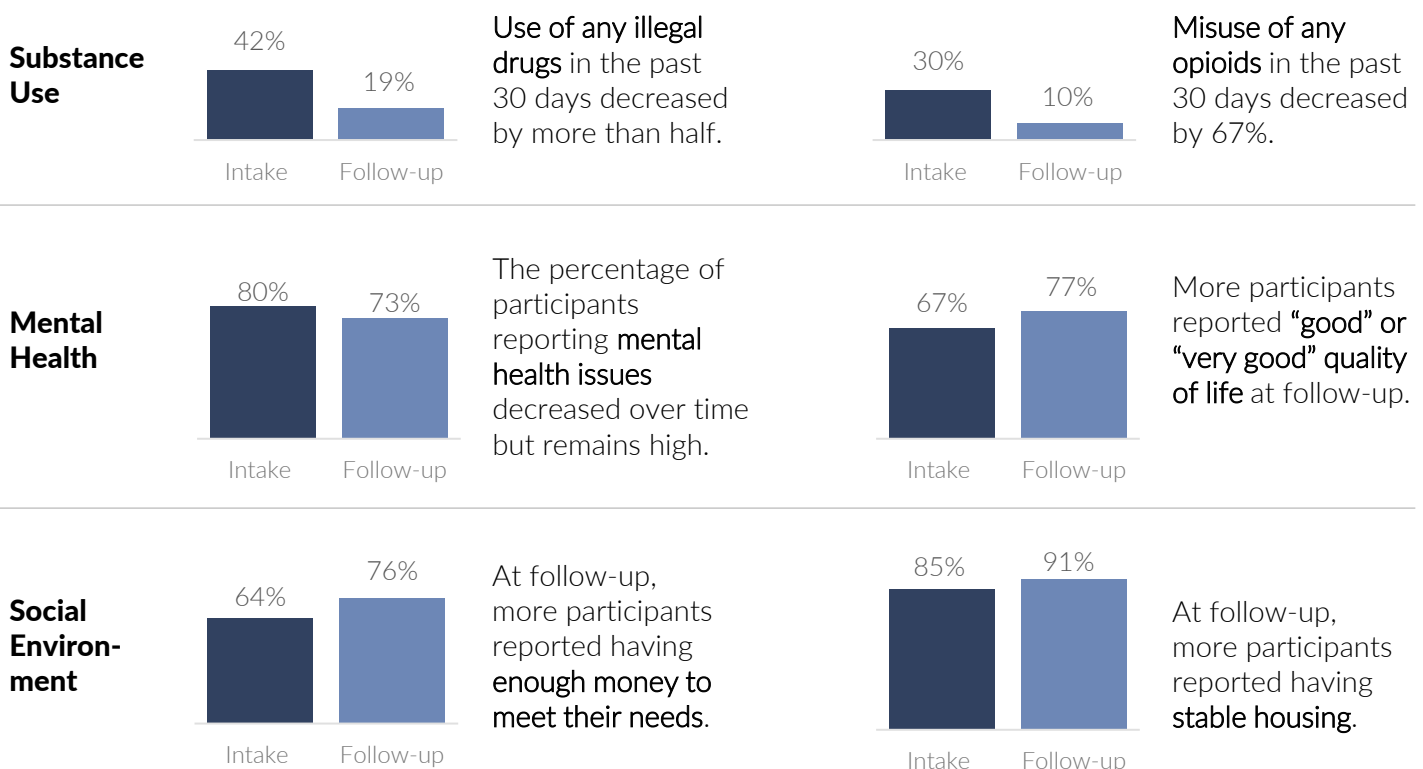


41% referred themselves to treatment and 27% were referred from a justice setting.

## Client Outcomes

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

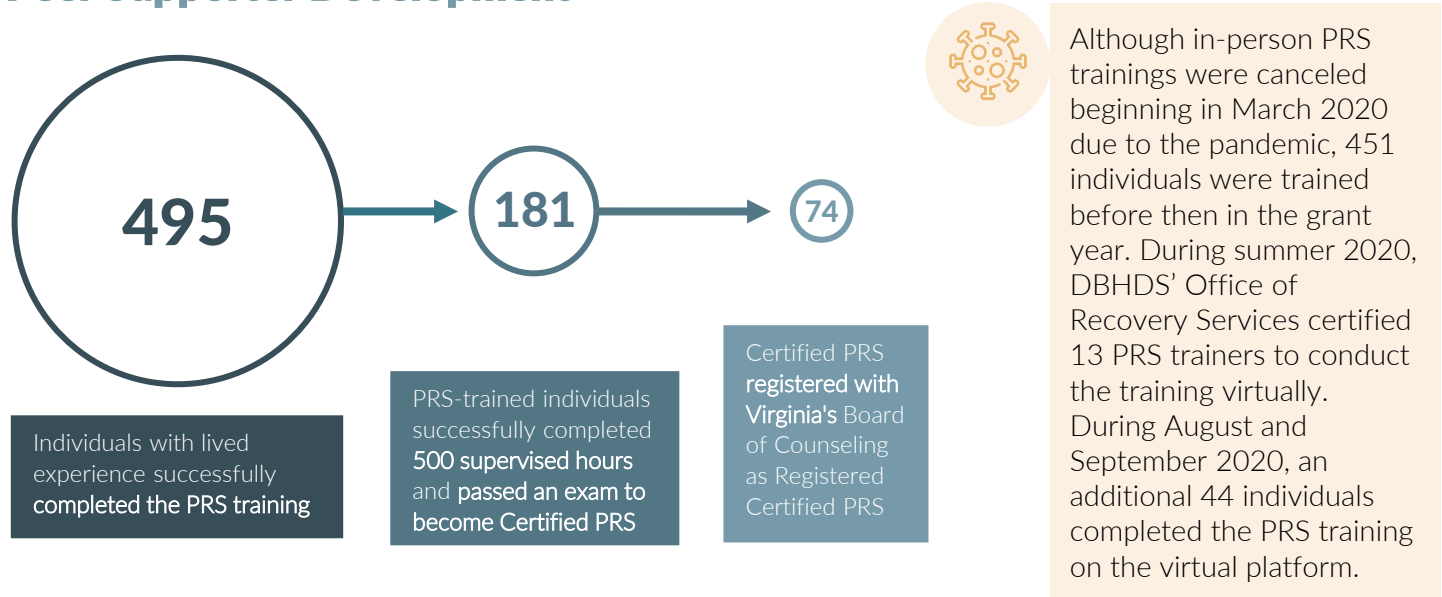
The data below reflect the 615 individuals from the two-year grant who completed an intake and follow-up. All changes shown here were statistically significant ( $p < .05$ ).





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

## Peer Supporter Development



## Implementing Peer Support Services

**10,223**

individuals received SOR-funded recovery services through a CSB.

**52%**

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

**98%**

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

On average, each quarter peer supporters provided:



**Community Outreach**  
to  
**2,027**  
individuals



**Warmline Support**  
to  
**1,243**  
individuals



**Individual Support**  
to  
**2,254**  
individuals



**Group Support**  
to  
**1,298**  
individuals

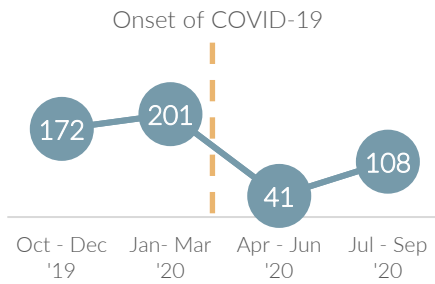
An additional 2,563 individuals received SOR-funded peer support through seven Virginia Department of Health sites.

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

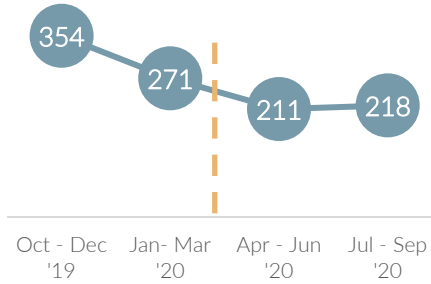


Peer supporters provided SOR-funded services in traditional and non-traditional settings.

## Emergency Departments

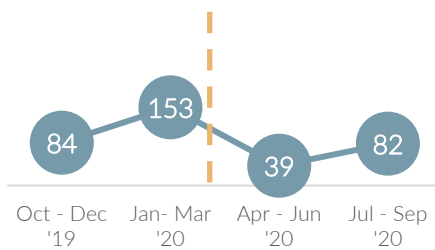


## Recovery Courts

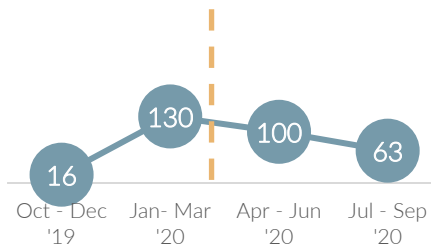


The onset of the COVID-19 pandemic significantly impacted peer services across all settings and programs. In the graphs to the left, this is shown by decreases in numbers of individuals receiving services in the months following the onset of COVID-19. Despite many challenges, Peers developed creative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

## Regional and Local Jails



## Department of Corrections Facilities



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



449

Student Members



1,721

Recovery-Focused  
One-on-Ones



1,190

Recovery  
Meetings



131

Campus Events

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

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

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

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

- CRP Coordinator