



Virginia Department of
Behavioral Health &
Developmental Services

CSB/BHA Onboarding

SOR III

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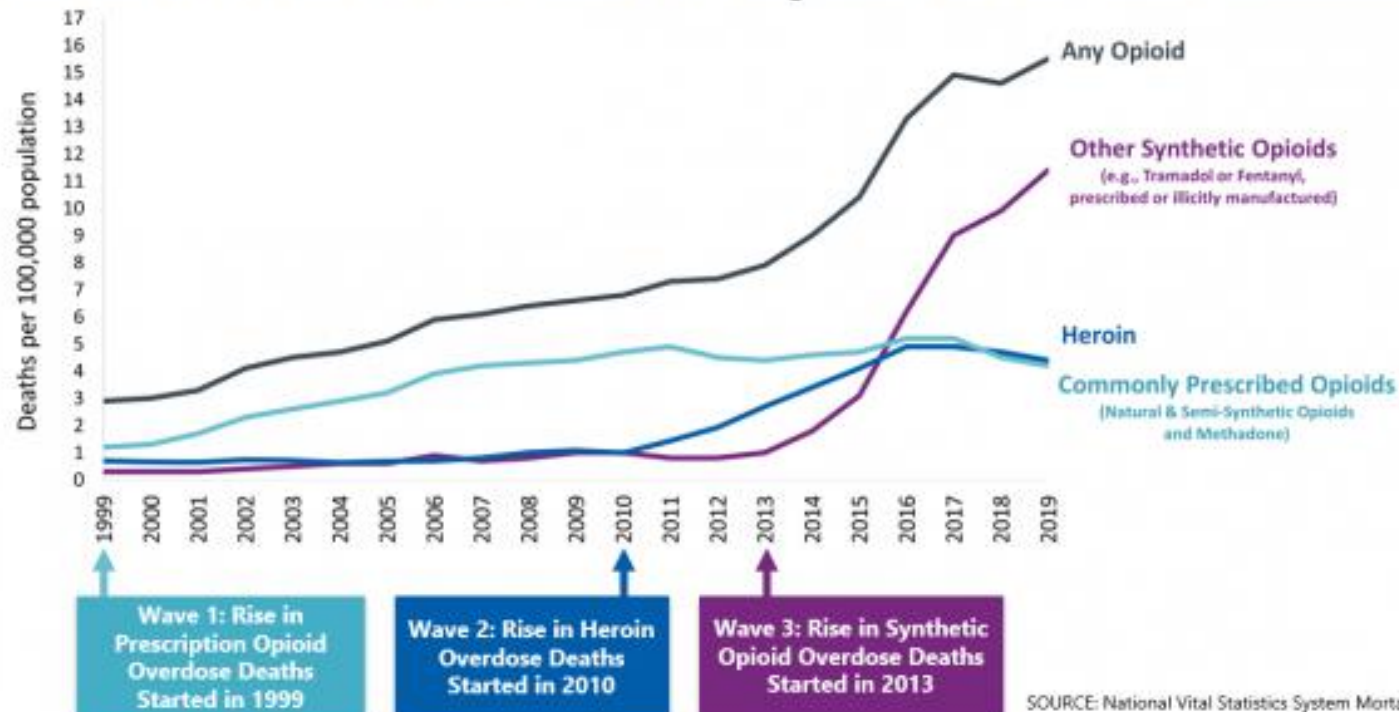


wellness:
Broadening Prevention

State Opioid Response (SOR) History

- <https://www.cdc.gov/drugoverdose/epidemic/index.html>

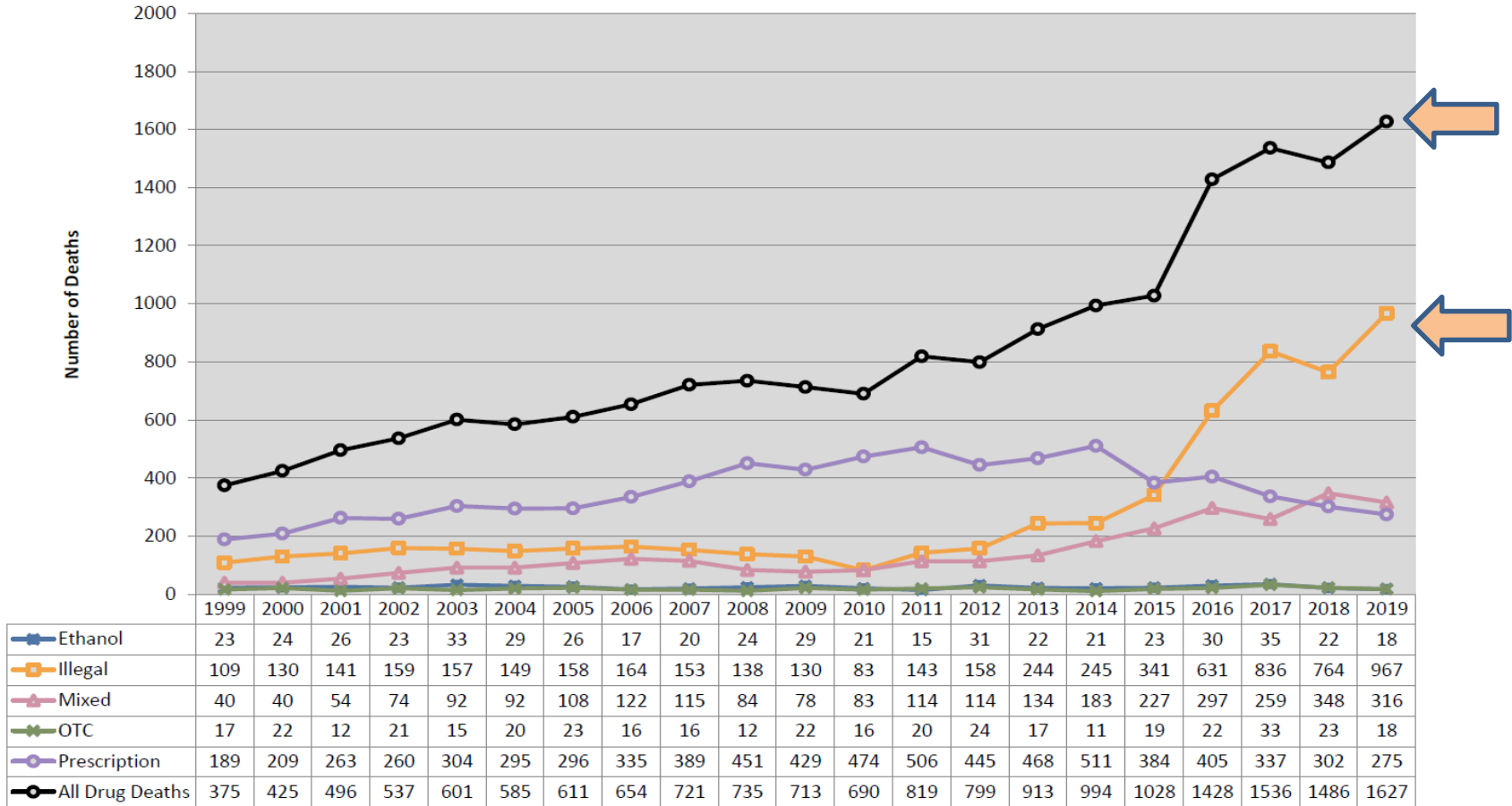
Three Waves of the Rise in Opioid Overdose Deaths



Urgency of Overdose Prevention

In Virginia (2019),

- Over 96% of all fatal opioid overdoses were accidents.
- The majority of overdose deaths involved drugs used illegally:



Note: all other categories of fatal drug overdose were excluded from this analysis because of low annual case counts (<20 deaths)

State Opioid Response (SOR) History

- Virginia is a recipient of federal-awarded funds called State Opioid Response from Substance Abuse and Mental Health Services Administration (SAMHSA)
- This year will be the 3rd release of 2 –year SOR funding cycles (SOR III), which begins on October 1, 2022. Based on Virginia’s action plan, put forth by Governor’s Executive Leadership Team on Opioids and Addiction:
 - SOR I: 2019 and 2020: Promotion of strong coalitions that use evidence-based strategies linked to local data will reduce the risk of and to prevent the development of addiction
 - SOR II: 2021 and 2022: Reducing opioid overdose related deaths through the provision of prevention activities for opioid use disorder (OUD) (including illicit use of prescription opioids, heroin, and fentanyl and fentanyl analogs). This program also supports evidence-based prevention to address stimulant misuse and use disorders, including for cocaine and methamphetamine.
 - SOR III: 2023 and 2024: Application pending approval. This cycle continues with stimulant and opioid misuse prevention, and over the counter drug misuse prevention, with increased emphasis on outreach to underserved populations.

Upcoming SOR III Priorities

Overview of SOR Grant Activities

Treatment

- Medication for Opioid Use Disorder (MOUD)
- Treatment transition for individuals reentering communities from criminal justice settings or other rehabilitative settings
- Purchase/implement mobile and/or non-mobile medication units*
- Treatment of stimulant misuse and use disorders, including the use of Contingency Management*

Recovery Support Services

- Implement recovery support services, including but not limited to:
 - Peer supports
 - Recovery coaches
 - Employment support
- Recovery Community Organizations (RCO)
- Recovery Housing

Harm Reduction

- Provide harm reduction services, either through support of integrated harm reduction services within treatment settings, treatment providers collaborating with community-based harm reduction organizations, or through the support of syringe service programs.
- Provide HIV and viral hepatitis testing
- Purchase and distribution of fentanyl test strips*
- ~~Naloxone distribution and saturation plan~~
- Naloxone related services including training on opioid overdose recognition and naloxone administration
- ~~Purchase and distribution of naloxone~~

Prevention

- Strategic messaging on the consequences of opioid and stimulant misuse
- School-based prevention programs and outreach
- Outreach activities that focus on underserved and/or diverse populations

*allowable activity, not required.

SAMHSA
Substance Abuse and Mental Health

CURRENT APPLICATION, JULY 18, 2022

SORIII Prevention Funds the Following

- SOR work at CSBs
 - Coalition building/strengthening
 - Opioid/stimulant/medication abuse community education
 - Distribution of safety devices and disposal kits
 - REVIVE! Trainings
 - RX TakeBack events
 - Many CSBs fund at least part of their SOR staff through this grant, too.
- ACEs education expansion
- Refugee outreach
- Behavioral Health Equity Mini-grants
- Statewide Media Campaign
- TA to CSBs

SOR Prevention Evolution in Virginia

ACEs, Opioids, Suicide = Urgent, Related, Preventable

Message Framework

PURPOSE OF MESSAGING FRAMEWORK

1. Provide strategically connected messages about ACEs, overdose, and suicide that strengthen the work of advocates for, and subject matter experts in, each of these issues.
2. Advance an overarching narrative that adverse childhood experiences (ACEs), overdose, and suicide are urgent, related, and preventable public health challenges.
3. The acceptance of this narrative among stakeholders will inform their decisions about effective, prevention-focused public health policies, approaches, and funding.

USING THE MESSAGING FRAMEWORK

We recognize that subject matter experts in each of these three issues already have messaging designed to help increase understanding of both their issue and the opportunity for policy and systems change to address it. The purpose of this collective message framework is not to replace issue-specific messaging, but to provide guidance on how to broaden the perspective of stakeholders so they better understand the connection between these three issues and the need to break down silos to more effectively address them both individually and collectively.

Thus, subject matter experts in each issue area should be given specific language that enables them to bridge to this collective message framework from their more issue-specific messaging and from this collective message framework to focus on their specific issue in more depth. Below is an example of how these bridges might be put into practice.

BRIDGING TO THE COLLECTIVE MESSAGE FRAMEWORK

(after having shared talking points based on one of the three issues)



ISSUE-SPECIFIC MESSAGING → **COLLECTIVE MESSAGING**
proceed with talking points adapted from the collective message framework captured on the left.

Example: Today, we've been talking a great deal about (issue) and I'm glad we've had the chance to focus on it specifically. I'd also like to take this opportunity to talk about the bigger picture, since we believe more progress can be made on (issue) by thinking about it holistically.

In practical application, specific messaging and tools created (and the level of detail they contain) should be modified for stakeholders depending on their level of:

- awareness
- understanding of public health
- need for data, etc.

This document aims to define the overarching message that will advance the consistent narrative that is reflected in all messaging and communication tools.

BRIDGING FROM THE COLLECTIVE MESSAGE FRAMEWORK

(after having shared talking points based on the collective message framework)



ISSUE-SPECIFIC MESSAGING ← **COLLECTIVE MESSAGING**
proceed with issue-specific talking points.

Example: I hope this context has been helpful in explaining why we at the CDC are focused on addressing all three of these issues. Now, I'd like to focus a bit more specifically on (issue) and what we can be doing today to more effectively address it.



ACEs.Overdose.Suicide.PREVENTABLE

Deterrent Devices Given Out With Education



Example of a locking medication box



LOCK & TALK VIRGINIA

New SOR Initiative

LOCK MEDS.

Lock Your Medications For Safety www.lockandtalk.org

- Take inventory of your prescription and over the counter medication
- Properly dispose of unused, unwanted, or expired medications
- Take medications strictly as directed
- Talk to your children about the dangers of overdose and prescription drug abuse



Call National Suicide Prevention Hotline if you or someone you know is in crisis: 1-800-273-8255; Press 1 for Veterans
Español: 1-888-628-9454
Poison Control Center: 1-800-222-1222 English

Seguridad en el almacenamiento de medicamentos www.lockandtalk.org

- Asegure bien los medicamentos y haga un inventario tanto de los recetados y los de venta libre.
- Deseche correctamente los medicamentos no usados, no deseados o vencidos.
- Tome los medicamentos exactamente como se indica.
- Hable con sus niños sobre los peligros de sobredosis y abuso de medicamentos recetados.



Llame a la Línea Nacional de Prevención del Suicidio si alguien que conoce está en crisis: 1-800-273-8255; Línea de Crisis para Veteranos, presión 1
Español: 1-888-628-9454
Centro para el Control de Envenenamientos: 1-800-222-1222 Spanish

سالمة تخزين الأدوية www.lockandtalk.org

- تأم في وجود الوصفات الطبية والأدوية التي ال تحتاج إلى وصفة طبية؛
- التخلص بشكل صحيح من الأدوية غير المستخدمة أو غير المرغوب فيها أو منتهية الصلاحية؛
- تناول الأدوية بدقة حسب التوجيهات؛
- توعية الأطفال عن أخطار الجرعات الزائدة وتخطي الموصوفة بوصفة طبية؛



إذا كنت في أزمة أو إذا كان أي شخص تعرفه في اتصال بالخدمة الوطنية "شريان الحياة للوقاية" 1-800-273-8255 ، خط الأزمات قدامي
مركز مراقبة: 1-800-222-1222 Arabic

TALK SAFETY.

약품 보관 관련 안전 사항 www.lockandtalk.org

- 일반 약품 및 처방전을 안전하게 보관하십시오.
- 사용하지 않는, 필요없는, 유통기한이 지난 약품을 적절한 방법으로 버리세요.
- 철저히 지시대로 약품을 복용하세요. 그리고
- 아이들에게 처방전 약품 오용 및 과용 위험에 대해 교육하십시오.



본인 또는 지인이 위기에 처했다면 국가 자살 방지 라인에 전화하십시오: 1-800-273-8255; 지역 군인 위기 라인은 +1번을 누르십시오. 중독 제어 센터: 1-800-222-1222 Korean

Cất Giữ Thuốc Men An Toàn www.lockandtalk.org

- Đảm bảo an toàn và kiểm kê các loại thuốc kê đơn cũng như không kê đơn;
- Thái bỏ đúng cách các loại thuốc không dùng đến, không cần thiết hoặc đã hết hạn;
- Tuyệt đối sử dụng thuốc theo đúng chỉ định; và
- Giải thích cho trẻ biết về sự nguy hiểm của việc dùng thuốc quá liều và lạm dụng thuốc kê đơn.



Gọi cho Đường Dây Nóng Quốc Gia Về Ngăn Chặn Tự Sát nếu quý vị hoặc người quen đang gặp Khủng hoảng: 1-800-273-8255; Đường Dây Hỗ Trợ Khủng Hoảng dành Cho Cựu Chiến Binh, nhân Trung Tâm Kiểm Soát Chất Độc: 1-800-222-1222 Vietnamese

औषधि भण्डारण सुरक्षा www.lockandtalk.org

- आफ्नो निर्धारित औषधि र ओभर-दो-काउन्टर/पसलमा सजिलो किन्न पाउने) औषधिहरूको सूची लिएर सुरक्षित राख्नुहोस्;
- प्रयोग नगरिएका, आवश्यक नभएका वा म्याद समाप्त भएका औषधिहरूलाई राम्रोसँग व्यवस्थित गर्नुहोस्;
- औषधिहरू निर्देशित गरिए अनुसार खाई माग्नुहोस् र
- आफ्ना बालबालिकसँग अधिक मात्रा (ओभरडोज) लिनु र निर्धारित औषधिको दुरुपयोग गर्नुका खतराहरूको बारेमा कुनै कुरा नगर्नुहोस्।



यदि तपाईं वा तपाईंको चिन्नुभएको कोही व्यक्ति संकटमा हुनुहुन्छ भने, राष्ट्रिय आत्महत्या रोक्नुमा लाग्नुहोस्। 1-800-273-8255; अरेल संकट लाइन, 1 चिन्नुहोस्। Español 1-888-628-9454 विष नियन्त्रण केन्द्र: 1-800-222-1222 मा कल गर्नुहोस्। Nepali

Pharmacy Bags with the Insert Card Translated Front/Back

- Take inventory of your prescription and over the counter medication
- Properly dispose of unused, unwanted, or expired medications
- Take medications strictly as directed
- Talk to your children about the dangers of overdose and prescription drug abuse

+ Suicide Prevention Hotline Contact Information and Poison Control Information

Endorsed by the Virginia Pharmacists Association and spreading statewide.



SOR Supports Safe Medication Disposal

- Detera Kit Distribution
- Permanent Drop Box Installation
- Drug Take Back Events

Drug Take Back Day
 Saturday, April 24, 2021
 10 a.m. – 2 p.m.

DEA NATIONAL [&] TAKEBACK

✓ Drop off unused or expired medications at the locations listed below.
(Accepted items: prescription and non-prescription pills, cigarettes and vaping devices with batteries removed, small liquid packages for cigarettes and vaping devices, prescription containers, and medications for pets. Not accepted: illegal drugs, pressurized containers (inhalers/aerosol cans), needles, large sources of liquids, non-prescription containers and lotions.)

✓ Disposal is FREE, convenient, confidential, and safe.

✓ Safe handling of unused or expired medications:

- Protects the environment.
- Prevents drug misuse.
- Prevents accidental poisoning.

Find your round disposal center – visit fairfaxcounty.gov and search "medication disposal"

Drop-Off Sites

Fair Oaks District Station 12300 Lee Jackson Memorial Highway Fairfax, VA 22033	McLean District Station 1437 Balls Hill Road McLean, VA 22101	Sully District Station 4900 Stonecroft Boulevard Chantilly, VA 20151
Franconia District Station 6121 Franconia Road Alexandria, VA 22310	Mount Vernon District Station 2511 Parkers Lane Alexandria, VA 22306	West Springfield District Station 6140 Rolling Road Springfield, VA 22152
Mason District Station 6507 Columbia Pike Annandale, VA 22003	Reston Hospital Center 1850 Town Center Parkway Reston, VA 20190 <i>Outside Fairfax & access from Parking Garage B</i>	

Need help with a substance misuse issue? Learn more about local services at www.fairfaxcounty.gov/soa.

Can't make it to Drug Take Back Day? No problem. Learn about year-round prescription and over the counter medication disposal, including those prescribed by veterinarians at www.fairfaxcounty.gov/soa/soa-disposal.

The DEA Drug Take Back Day is coordinated by the Fairfax County Police Department in collaboration with various Fairfax County government departments: Fairfax Falls Church Community Services Board, Health Department, Neighborhood and Community Services, Public Works and Environmental Services, and in partnership with the Rotary Clubs of Fairfax County, the Fairfax Prevention Coalition and local businesses.

© Fairfax County, VA, 2021. For more information or to request a brochure in an alternate format, call the Community Services Bureau at 703-241-7900, TTY 711.



SOR Supports REVIVE! And Rapid REVIVE!



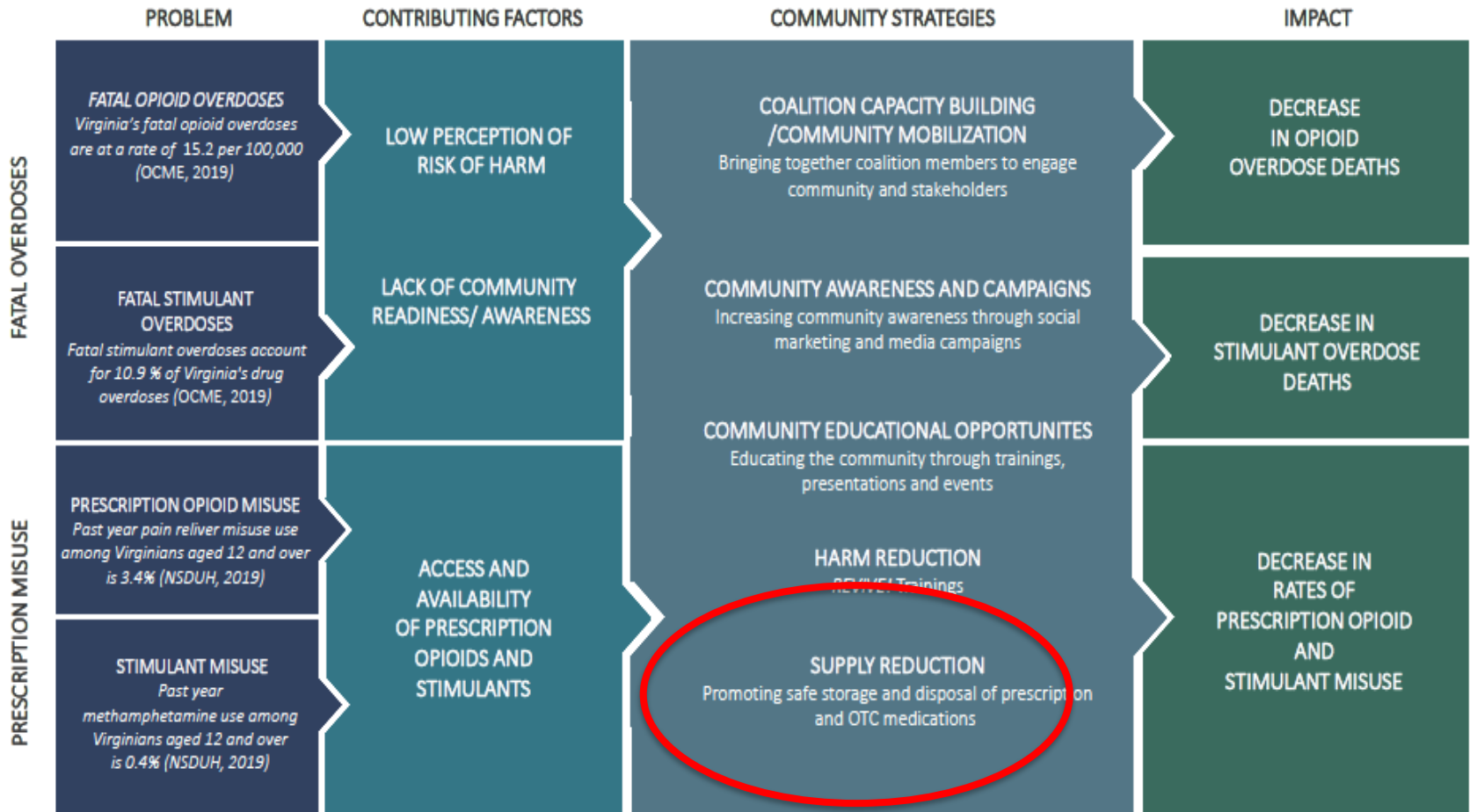
Opioid Overdose & Naloxone Education for Virginia

REVIVE! is the Opioid Overdose and Naloxone Education (OONE) program for the Commonwealth of Virginia. REVIVE! provides training on how to recognize and respond to an opioid overdose emergency using naloxone.

Naloxone is a prescription medicine that reverses opioid overdoses. It works by temporarily blocking the effects of opioids and helps the person to breathe again. Naloxone is the generic name but can be found under the branded name of [Narcan](#).


To place orders for REVIVE! kits <https://www.surveymonkey.com/r/3K6WFX3>.
Please contact Tiffani Wells at: tiffani.wells@dbhds.virginia.gov

VIRGINIA STATE OPIOID RESPONSE LOGIC MODEL 2020-22



For more information on Virginia's prevention efforts, contact: Gail Taylor, Director, Office of Behavioral Health Wellness: gail.taylor@dbhds.virginia.gov



 2019, 6 CSBs awarded SOR funds \$5,000

 2020, all 40 CSBs awarded SOR funds of \$5,000 each for OTC

Safe Dosing

MEDICINE MEASURING TOOLS

Why do medicines come with dosing devices?

Because measurement is an exact science

- All medicines should be dosed and used *under the supervision of a parent or a trusted adult.*
- Measure carefully—accuracy is important.
- When the recommended dose is not followed, medicines can cause harm.



BACK TO SCHOOL OVER-THE-COUNTER MEDICATION TIPS!

Protect you and your kids from over-the-counter medication misuse this school year!

90% of children have admitted to have taken OTC medication on their own by age 16- it's important for them to know proper medication safety!

Teach kids how to read medicine labels

Store medications safely away from young children

Teach kids how to properly measure medications

Encourage your children to consult you or another trusted adult before taking any medication



SOR Statewide Media Campaign

“Activate Your Wellness” Campaign

- Website (in early phase of development)
- Graphics to use in social media
- Billboards
- PSAs
- Print



2022 Efforts in Tandem with OBHW Team

SOR Behavioral Health Equity Mini-grants

- SOR funded several BHE Mini-grants this fiscal year
- Mini-grants are awarded to CSBs/BHAs and other helping organizations
- Projects reach all areas of Virginia, and include programs for Vietnamese Americans, Women of Color, Black Youth, LGBTQ+ Youth and Adult Populations, Adults with Developmental Disabilities, Rural Minorities, Spanish Speaking Youth, African American Families, Childcare Providers.

Prevention for Refugee Population

- Summer, 2022: 4 of the leader-participants helped conduct the 32-hour Summer Youth Prevention Program alongside subject matter experts.

ACEs Prevention Education

- Development of the LUV (Lift Up Virginia) campaign. This campaign will define a lot of the community trauma work as a compassionate and empathetic approach to lifting up all Virginians. Supported Building Resilient Communities conference, also sent over 3,000 teachers and community stakeholders to the Creating Trauma Sensitive Schools Conference.

Reporting on SOR to DBHDS-OBHW

- Mid-year Report Covers: First day of October- last day of March
- End-Year Report Covers: First day of April- last day of September

Reports are 2-parts:

1) OMNI sends a report questionnaire (on the behalf of DBHDS-OBHW) in the form of a Survey Monkey survey for Prevention SOR point person to complete. Attach images/links of SOR events and projects that you have collected for that reporting period.

2) Prevention SOR point person will then request their CSB accounting office to submit a simple Excel spreadsheet with the budget, expenditures through the end of the report period, and the balance remaining. This is emailed to:

Rebecca.Textor@dbhds.Virginia.gov as an attachment.

SOR Resources

- SOR Support--OMNI
 - <https://www.virginiadorsupport.org/about-sor>
- Phase 1 SOR Media Campaign website
 - <https://www.virginiapreventionworks.org/activate/>
- Cross-priority Framework
 - www.UrgentRelatedPreventable.org
- REVIVE! Information
 - <https://dbhds.virginia.gov/behavioral-health/substance-abuse-services/revive/>
- Johnson and Johnson Scholastic Curriculum and Toolkit
 - <https://www.scholastic.com/otc-med-safety/index.html>
- Lock and Talk
 - <https://www.lockandtalk.org/>

Contact Information

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