DBHDS
Virginia Department of Behavioral Health and Developmental Services

OMNI INSTITUTE REPORT | DECEMBER 2024

Virginia State Opioid Response Grant Annual Report 2023-2024

OMNI

Submitted to:

Virginia Department of Behavioral Health and Developmental Services, Office of Behavioral Health Wellness

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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. OMNI Institute works with DBHDS as an evaluation partner and created this report to highlight results from the sixth year of the SOR grant (October 2023 through September 2024), also referred to in this report as SOR III Year 2.

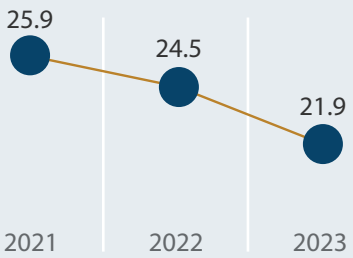
As shown in the visual below, DBHDS supports several state and local initiatives across the continuum of care to respond to needs and challenges related to opioid and stimulant use disorders and overdose deaths. This report is organized by the four core areas of the continuum of care that DBHDS is funding: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

Community-Based Prevention

The prevention objectives of the State Opioid Response (SOR) grant are intended to prevent and/or decrease opioid, stimulant, and prescription drug misuse and overdoses through the implementation of a broad array of evidence-informed strategies. DBHDS and CSBs approach the prevention of substance use holistically, allowing for more diverse and innovative strategies that address the root causes of substance use by reducing or mitigating contributing factors, such as building resiliency in youth and encouraging help-seeking behaviors. Across Virginia, strategies like Lock and Talk and SOR-supported messaging campaigns have contributed to a decrease in fatal opioid overdoses in the last few years - from 25.9 per 100,000 people in 2021 to 21.9 per 100,000 people in 2023.

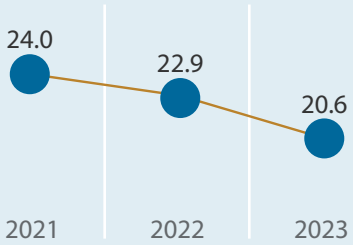
Overdose fatality rates have declined since 2021.

ANY OPIOID OVERDOSE



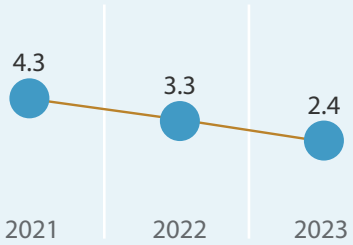
Any opioid-involved fatal overdose, per 100,000 people

FENTANYL OVERDOSES



Fentanyl and other synthetic opioids, per 100,000 people

PRESCRIPTION OVERDOSES



Prescription pain relievers: natural, semi-synthetic, and methadone, per 100,000 people

Community Mobilization and Coalition Capacity Building

Coalitions continue to be a vital partner to CSBs that allow them to deepen their impact by engaging community members from a variety of sectors, supporting shared messaging, and hosting community events. Several coalitions also focused on communities facing greater health disparities, such as Hispanic/Latine communities and youth under 18.

24
CSBs led SOR-funded coalitions.

40
coalitions utilized SOR funds to support their efforts.

1,342
adults and youth participated in coalitions.

23
was the median number of members per coalition, ranging from 6 to 255.

Community Awareness and Media Messaging

Media messaging across virtual platforms outpaced other formats as an education and outreach tool, reaching over 65% more than public broadcast, in-person events, or printed materials. CSBs participated in national Fentanyl Awareness Day and International Overdose Awareness Day activities to echo national messaging and reach more people than in previous years. Sixteen CSBs utilized the statewide, DBHDS-developed Activate Your Wellness media campaign materials to reach community members with recommendations and resources to enhance their health and wellness across eight dimensions, including physical, social, spiritual, emotional, financial, intellectual, occupational, and environmental health.

Horizon Behavioral Health's National Fentanyl Awareness Day poster

PUBLIC BROADCAST& DISPLAY

15.3M
individuals reached including
990,725 youth and 14.3M adults

SOCIAL MEDIA WEBSITES

28.1M
individuals reached including
108,024 youth and 27.1M adults

COMMUNITY EVENTS

309,758
individuals reached including
24,141 youth and 285,466 adults

PRINT MATERIALS

1.2M
individuals reached including
20,225 youth and 1.2M adults

Community Educational Opportunities

CSBs increased awareness and knowledge related to shared risk and protective factors in their communities that often lead to substance use, such as access to opioids and stimulants, and past trauma. Community members were given the tools to reverse an opioid overdose in REVIVE! Trainings, taught skills for supporting friends and family experiencing mental health challenges, and educated on the health impacts of Adverse Childhood Experiences (ACEs).

26,065
individuals provided with
REVIVE! Training

4,451
individuals provided with
prescriber and patient education

779,721
impressions reached from
prescription awareness campaigns on packaging

1,964
individuals provided with ACE Interface Training

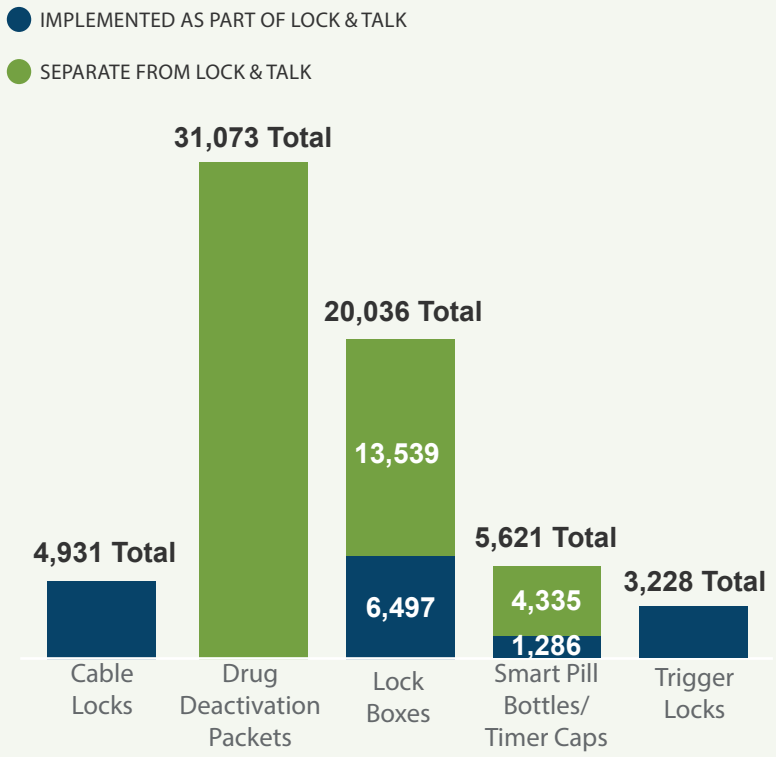
670
individuals provided with Mental Health First Aid Training

259
individuals provided Signs of Suicide (SOS) Training

63
individuals provided with safeTALK Training

Safe Storage and Disposal

CSBs addressed the dangers of medication misuse in Virginia communities through a variety of lethal means safety initiatives including the distribution of safety devices, drug take back days, permanent drug drop boxes, and medication safety campaigns to decrease access to opioid medication and lethal means. Substantial cost increases in safety devices reduced the overall distribution of these life-saving devices compared to previous years.



Lethal Means safety to prevent suicide

The implementation of Lock and Talk focuses on suicide prevention by promoting the safe storage of lethal means and encouraging individuals to discuss mental health. When distributed as part of Lock & Talk, items include mental health and suicide focused messaging and resources.

> "To encourage community-level medication safety, District 19 bolstered efforts to disseminate safe storage and disposal devices during activities and events that engaged parents/families. Partnerships with law enforcement, public schools, civic organizations, military/veterans, health care providers, and mental health agencies created opportunities to not only provide education but give families the needed resources to reduce access to harmful medications in the home."
>
> — District 19 CSB

Harm Reduction

REVIVE! Training and Naloxone Distribution

REVIVE! is Virginia's statewide opioid overdose and naloxone education program which 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 69,000 individuals to obtain skills and knowledge to reverse an opioid overdose and save a life. Almost three-fourths of those individuals received REVIVE! Training during the SOR III grant period.

> "We participated in Save a Life Day and utilized our SOR-funded peer for some of the outreach. We drove throughout the county distributing naloxone at over eight community locations and partnered with a school to provide drive-through trainings for parents at drop-off and pick-up, as well as staff trainings. Between all of this, we distributed over 350 boxes of naloxone. Our SOR-funded peer was especially successful at engaging young adults and teens at bus stops."
>
> — Arlington County CSB

	SOR I Y1	SOR I Y2	SOR II Y1	SOR II Y2	SOR III Y1	SOR III Y2	TOTAL
Trainings held	71	249	508	742	981	958	3,317
People trained	1,140	3,115	6,117	8,381	24,478	26,065	69,296

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.

8,972 fentanyl test strips purchased by 5 CSBs/Agencies in Year 2 of SOR III

7,278 fentanyl test strips distributed by 12 CSBs/Agencies in Year 2 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 144,000 naloxone kits have been distributed during the six years of the SOR grant, with 58,999 distributed in Year 2 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 Across the Continuum of Care

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

> "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."
>
> — Arlington County CSB

Treatment Services

7,630 individuals received SOR-funded treatment services in Year 2 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 was:

997
Group Counseling
Counseling or therapy groups

1,687
Individual Counseling
Individual counseling, therapy, psychiatry, or crisis support

1,775
MOUD Services
Prescription of medications such as buprenorphine for individuals with an OUD

1,487
Wraparound Services
Case management, transportation, and childcare for treatment appointments

655
Contingency Management
A therapeutic technique used in OUD and stimulant use disorder treatment to support adherence to treatment

262
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.

26
CSBs/Agencies provided treatment services in recovery courts, jails, or DOC facilities this year

280
Average number of individuals receiving MOUD services in a justice setting each quarter

316
Average number of individuals 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 Human Services

Participant Characteristics

The Government Performance and Results Act (GPRA) survey collects data from individuals receiving SOR-funded treatment services. A total of 3,587 current intake GPRA surveys were completed during Year 1 and Year 2 of SOR III, yielding the following information about participants' funded treatment services.

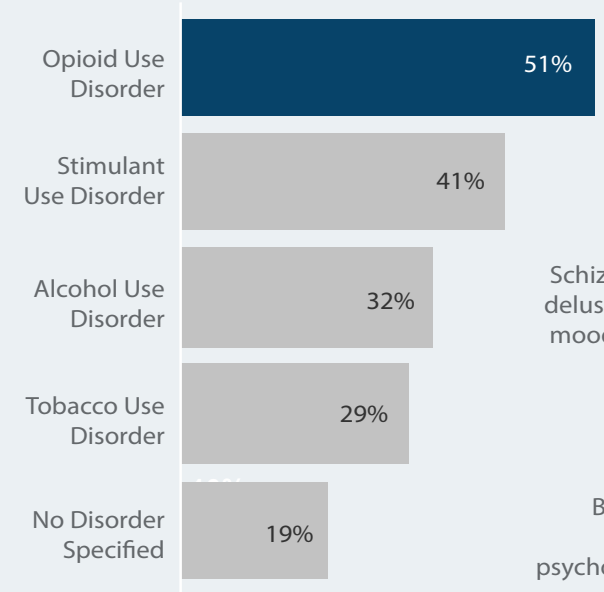
75%
of those screened had co-occurring mental health and substance use disorders.

74%
had been in treatment at least once before.

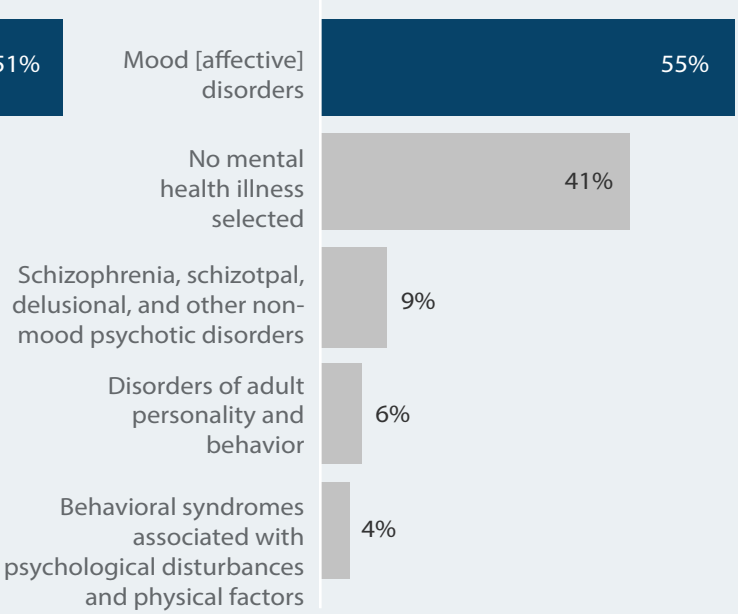
70%
had children under the age of 18.

42%
referred themselves to treatment and 30% were referred from a justice setting.

Opioid use disorders were the most frequently reported diagnosis.



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



Percentages in the chart may sum to more than 100% as participants 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 1,296 participants who completed both an intake and a "latest assessment" GPRA interview over the two-year SOR III grant period, resulting in a matched set of intake and latest assessment data.

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	-53% ▼	Any Stimulant Use	-55% ▼
Fentanyl	-50% ▼	Methamphetamine	-59% ▼
Heroin	-55% ▼	Cocaine or Crack	-55% ▼

92% of participants at intake had supportive interactions with family or friends, increasing slightly to 93% at the latest assessment.

PARTICIPANTS WHO:	INTAKE		LATEST ASSESSMENT*
Rated their quality of life as "good" or "very good"	68%	→	77%
Sought medical care in past 30 days	56%	→	47%
Needed to change social connections, negatively impacting recovery	69%	→	55%
Were employed full or part-time	32%	→	48%

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

Peer Recovery Support Services

Peer Recovery Specialists (PRS) 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 2 of SOR III to a variety of agencies that were 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 2 funding provided recovery-focused support to 36,620 individuals.

Community-Based Organizations (CBO)

34,443
individuals received SOR-funded recovery services through a CBO

82%
of SOR-funded recovery services in SOR III Year 2 were provided by peer supporters

144
organization-based peer supporters were funded by SOR in the last quarter of SOR III Year 2 (Jul-Sep 2024)

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

Average number served each quarter by community-based organizations:

- Group Support: 3,343 individuals
- Community Outreach: 5,847 individuals
- Individual Support: 4,941 individuals
- Warmline Support: 1,546 individuals
- Education Services: 2,370 individuals

Average specialized partnerships each quarter:

- 10 DOC Facilities
- 29 Recovery Courts
- 17 Jails
- 16 Emergency Departments

In CBOs, PRS and other recovery staff provided direct housing services through temporary recovery housing programs and connected individuals to housing programs and resources at other organizations.

- 23 organizations reported having PRS that provided housing support
- 15 organizations provided temporary recovery housing using SOR funds

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

81% believed they were further along in their recovery because they worked with a peer

Virginia Department of Health (VDH)

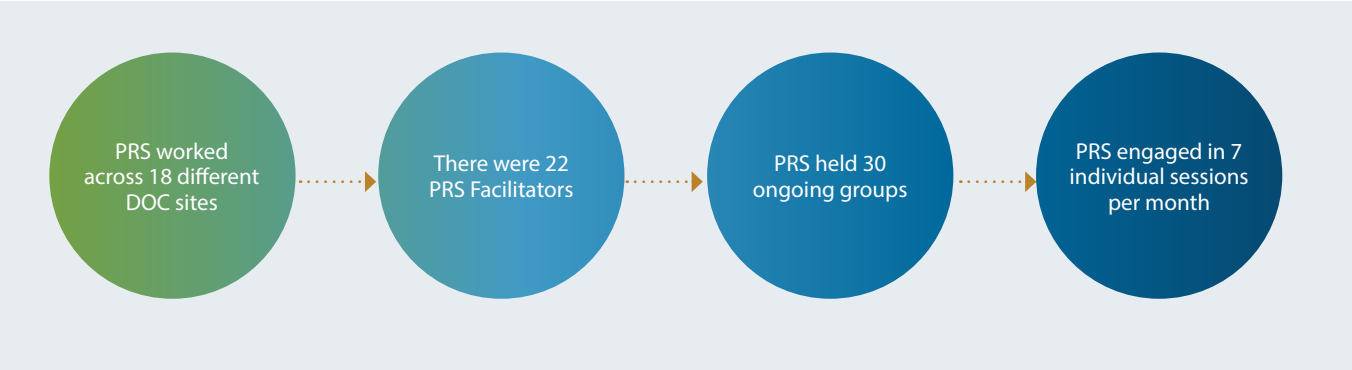
Throughout the year, 816 individuals received SOR-funded peer support from five PRS across four VDH sites. Each quarter, PRS supported over 300 individuals, with PRS serving the greatest number of people through individual and community outreach.

Average number of individuals served each quarter across VDH sites:

- Group Support: 74 individuals
- Community Outreach: 248 individuals
- Individual Support: 83 individuals

Virginia Department of Corrections (DOC)

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



> "Being a DOC-based PRS has helped so many people navigate the justice system and gives people hope"

Virginia DOC has been actively training individuals within the corrections setting to become PRS. Across eight trainings, 60 individuals graduated from PRS training while incarcerated in a DOC facility during SOR III Year 2.

> "My experience was emotional and life-changing with the help of [trainer] and her expert skills. Becoming a PRS will be a lifetime job, and I would be more than honored to take on such a task. I want to say thank you, thank you and thank you!"
>
> – DOC-based PRS Training Graduate

Project Recover

Project Recover is a unique program where Peer Recovery Specialists work alongside law enforcement and other community support agencies to support community members in crisis and engage in various recovery-related services.

Services delivered by the Project Recover PRS included:

- **420** Distributed Narcan Kits
- **625** Initial and 615 follow-up encounters
- **339** outreach events
- **523** recovery groups

Collegiate Recovery

SOR-funded Collegiate Recovery Programs (CRP) provided services to students and the surrounding communities.

In total, the nine CRPs supported:

- **356** Student Members
- **1,589** Recovery Focused 1:1s
- **272** Campus Events
- **1,043** Recovery Events

SOR-funded CRPs received over 180 hours of consultation and technical assistance from the lead program, Rams in Recovery at Virginia Commonwealth University.

Peer Recovery Outcomes

Peer recovery outcomes were collected through the BARC-10 survey, which provided information about the outcomes experienced by individuals engaging in peer recovery support services to demonstrate impact.

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

- Life Satisfaction
- Fulfilling Activities
- Energy Level
- 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 over 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 2 (October 2023 through September 2024), which is the sixth 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.

COMMUNITY-BASED PREVENTION

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

TREATMENT

- Medications for Opioid Use Disorder
- Complementary Treatment Services
- Participant Characteristics and Substance Use & Mental Health Status
- Participant Outcomes

HARM REDUCTION

- Naloxone Training and Distribution
- Fentanyl Test Strip Distribution
- Peer Support
- Stigma Reduction

PEER RECOVERY SUPPORT

- Peer Services in Community-Based Organizations
- Virginia Department of Health Peer Services
- Virginia Department of Corrections Peer Recovery Specialist Initiative
- Collegiate Recovery
- Peer Recovery Support Outcomes

Community-Based Prevention

Community-Based Prevention

The prevention objectives of the State Opioid Response (SOR) grant were intended to decrease opioid, stimulant, and prescription drug misuse and overdoses through the implementation of a broad array of evidence-informed strategies. In Year 2 of SOR III, all 40 Community Services Boards (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) recognizes that substance use and misuse are often related to mental health and thus, suicide.[1] Approaching substance use from a shared risk and protective factor framework allowed DBHDS to focus on more diverse and innovative strategies that addressed the root causes of substance use by reducing or mitigating contributing factors, such as building resiliency in youth and encouraging help-seeking behaviors.

Media campaign focused on increasing protective factors in youth from Blue Ridge Behavioral Healthcare, Roanoke Prevention Alliance, and the Resiliency Collective.

Key prevention strategies that have demonstrated positive impacts on Virginia communities and their efforts to reduce opioid, stimulant, and prescription drug misuse are noted below and discussed in the following sections of this report. These strategies include:

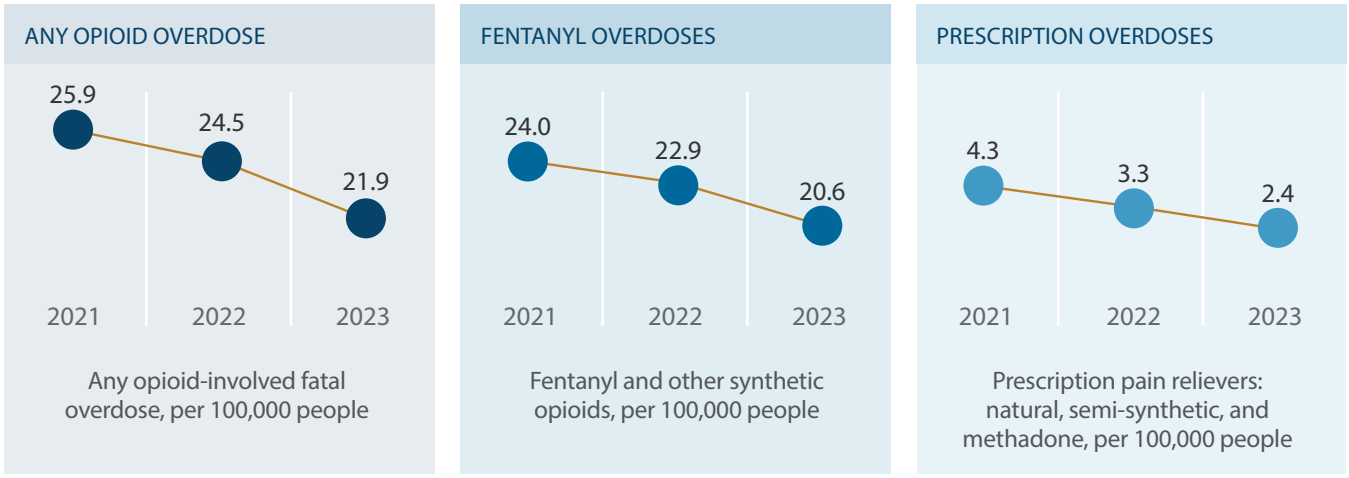
- Community Mobilization and Coalition Capacity Building
- Community Awareness and Media Messaging
- Community Educational Opportunities
- Safe Storage and Disposal

Data on prevention implementation activities and reach, as well as CSB achievements were provided by the mid- and end-of-year SOR reporting surveys completed by CSBs and implementation data captured in the Performance Based Prevention System (PBPS) database. See Appendix C for more information on these data sources.

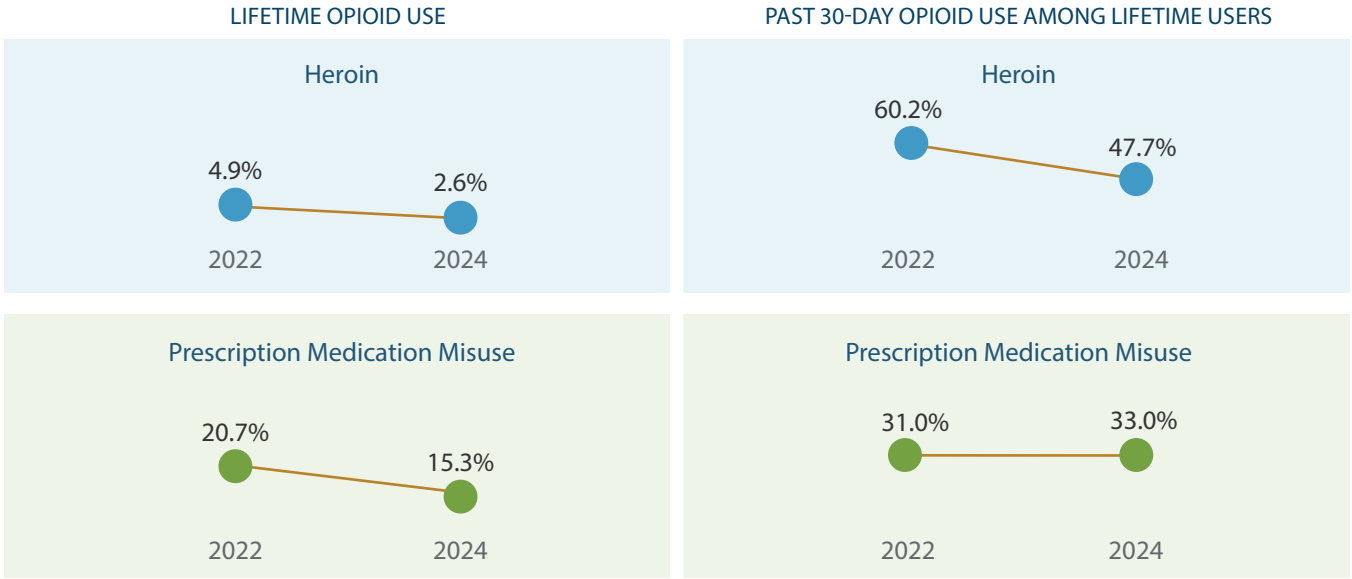
[1] Lynch, F.L., Peterson, E.L., Lu, C.Y. et al. Substance use disorders and risk of suicide in a general US population: a case control study. Addiction Science and Clinical Practice 15, 14 (2020). https://doi.org/10.1186/s13722-020-0181-1

In Year 2 of SOR III, CSBs expanded their capacity and impact in their communities by combining SOR grant funding with other resources, allowing for more community touchpoints and engagement. The impact of prevention services targeting opioids, stimulants and prescription drug misuse is beginning to be reflected in statewide health outcomes. Since 2021, overall deaths related to opioid overdoses have fallen from 25.9 per 100,000 people to 21.9 per 100,000 people, with a similar pattern emerging for deaths related to fentanyl.[2] The rate of fatalities due to suicide has remained mostly unchanged since 2020 and was 13.8 deaths per 100,000 people in 2022[3].

Overdose fatality rates have declined since 2021.



In 2024, the statewide Young Adult Survey (YAS) collected data on substance use and behavioral health prevalence and trends for young adults ages 18-25. When results were compared to previous YAS efforts, large decreases were seen in young adults reporting lifetime use of opioids and prescription drug misuse. Of those respondents who had used opioids or misused prescription drugs in their lifetime, there were mixed results on past 30-day use. Respondents reported a decrease in past 30-day opioid use but reported a slight increase in past 30-day prescription drug misuse– 31.0% (n=1,075, [28.2, 33.7]) in 2022 to 33.0% (n=892, [29.9, 36.0]) in 2024 for prescription drug misuse.



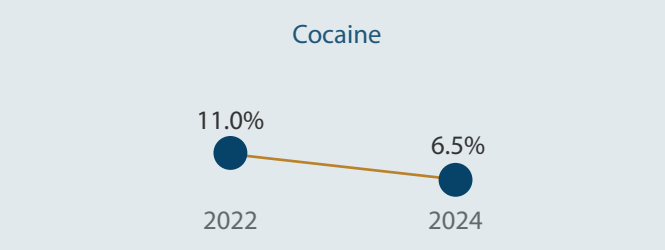
[2] Virginia Department of Health. (2024). Overdose deaths. Retrieved November 18, 2024, from https://www.vdh.virginia.gov/drug-overdose-data/overdose-deaths/

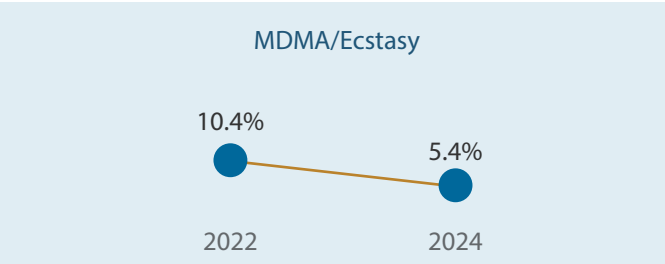
[3] Virginia Department of Health. (2024). Injury and violence deaths. Retrieved November 19, 2024, from https://www.vdh.virginia.gov/data/injury-violence/injury-and-violence-deaths/

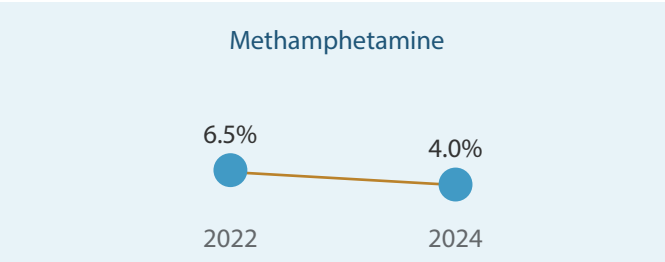
The YAS also included data on stimulant use prevalence and trends. Similar to opioids, trends in lifetime and past 30-day use for stimulants also displayed a downward trend from 2022 to 2024. When results were compared to previous YAS efforts, a decrease was reported in respondent cocaine use, MDMA/Ecstasy use, and methamphetamine use.

For cocaine, lifetime use rates decreased from 11.0% (n=5,244, [10.2, 11.9]) of YAS respondents reporting use in 2022 to 6.5% (n=5,884, [5.8, 7.1]) in 2024. Lifetime use of MDMA/Ecstasy also declined, decreasing from 10.4% (n=5,232, [9.6, 11.9]) to 5.4% (n=5,880, [4.9, 6.0]) between 2022 and 2024. Reported lifetime use rates for methamphetamine use also fell. In 2022, 6.5% (n=5,239, [5.9, 7.2]) of young adult respondents reported using methamphetamines at least once in their lifetimes, and that decreased to 4.0% (n=5,889, [3.5, 4.5]) in 2024.

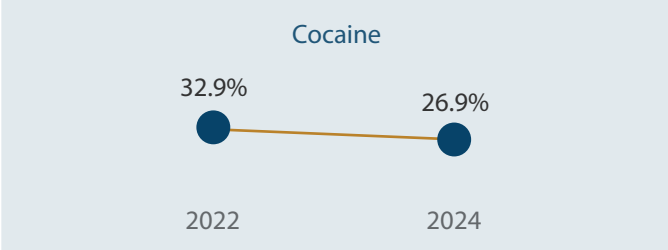
LIFETIME OPIOID USE

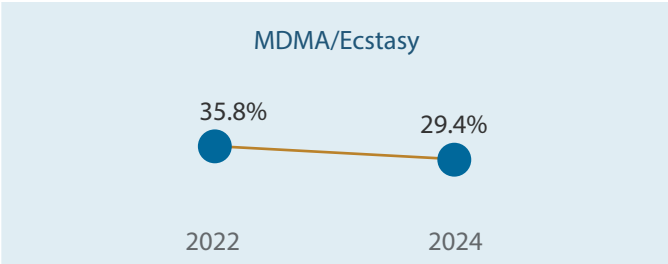


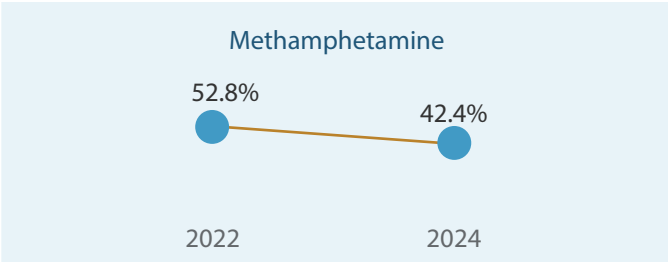




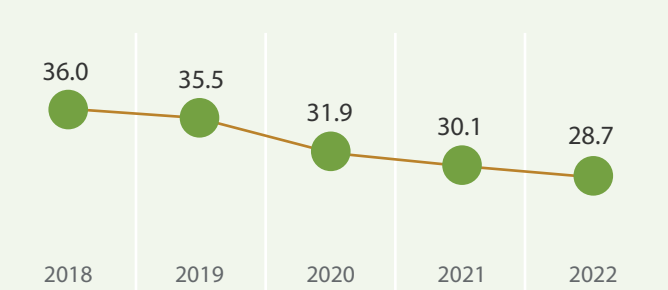
PAST 30-DAY OPIOID USE AMONG LIFETIME USERS







Additional evidence of the contributions of SOR-funded activities impacting residents statewide was demonstrated by the downward trend of data tracking the rate of self-harm injuries requiring hospitalization. The holistic approach of DBHDS's utilization of SOR funds through implementing strategies such as lethal means safety initiatives like Lock and Talk is maximizing its reach and capacity to affect change.

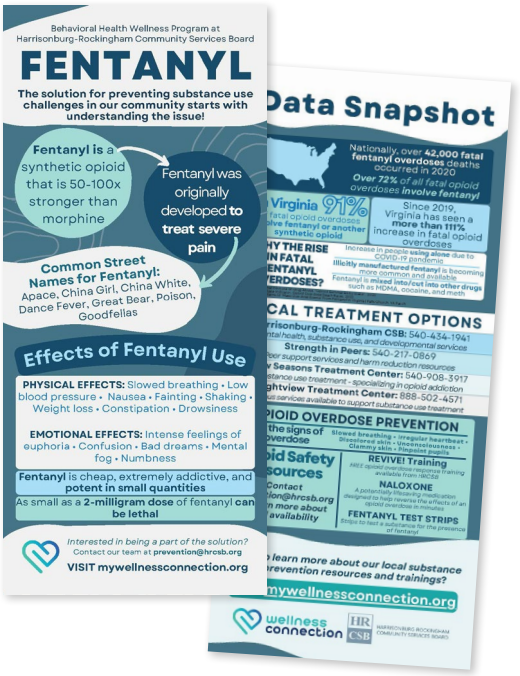


Self-harm hospitalization rates, per 100,000 people

Prevention Capacity

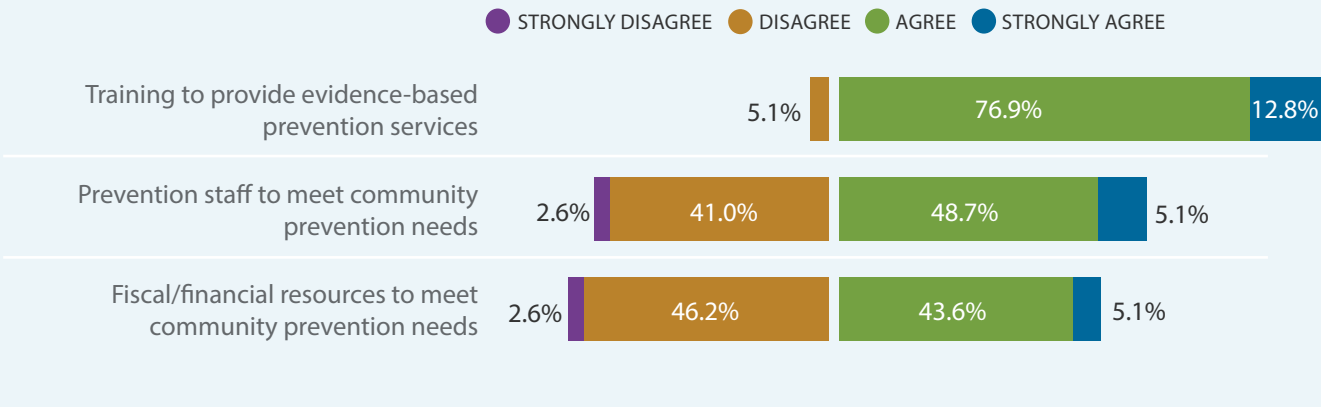
As evidenced by decreasing trends in opioids and stimulants over the past several years, SOR funding has enabled Virginia CSBs to create a larger, more sustainable impact on prevention goals. These gains may be due to a variety of factors, including the effectiveness of implementation strategies themselves, as well as the individual capacity within each community to collaborate and coalesce around common goals.

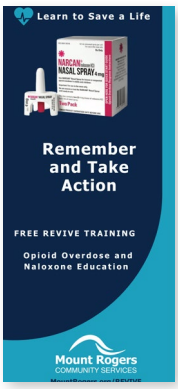
To measure the capacity of CSBs to implement SOR priorities, the annual SOR reporting survey collected data related to several capacity topics, including resources and staffing. Results for Year 2 of SOR III show that CSBs are divided in whether they 'agree' or 'disagree' that they have enough financial resources and staffing but overwhelmingly 'agree' that they have enough training to meet their needs. Almost half of CSBs 'agree' or 'strongly agree' that they have adequate financial resources or staffing levels, while half 'disagree' or 'strongly disagree.' These mixed results show room for increased support and a reevaluation of the prevention field's capacity, especially considering the ongoing community need for prevention services.



Harrisonburg-Rockingham CSB pharmacy rack card on fentanyl

After receiving SOR funding, my organization has enough...





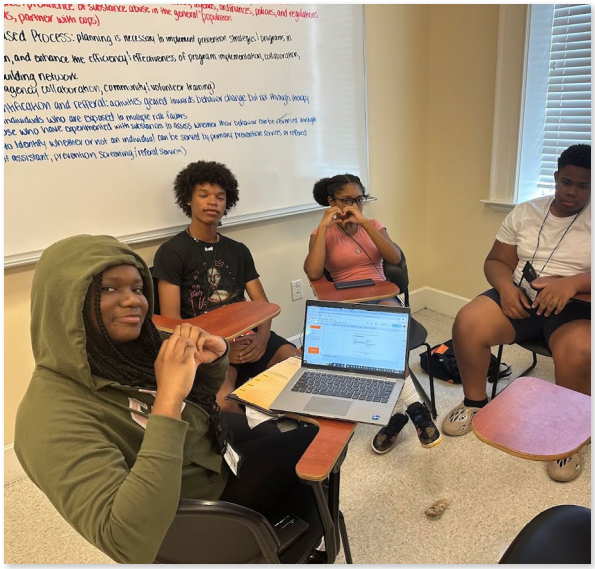
Left: Chesapeake CSB staff attending a community event in March 2024

Right: Advertisement for REVIVE! Training from Mount Rogers CSB

Community Mobilization and Coalition Capacity Building

CSBs continue to engage with coalitions to expand and deepen their impact in the community. Coalitions collaborate and support prevention efforts for the general community and are liaisons between CSBs and their respective localities. In Year 2 of SOR III, there was a decrease in the number of CSBs who led SOR-supported coalitions, going from 27 CSBs in Year 1 of SOR III, to 24 CSBs this year. This resulted in fewer active community coalitions and over 500 fewer coalition members.

This could be a result of coalition members being overburdened as they are mainly comprised of community volunteers with a more limited capacity to serve. Despite the reduction in the number of SOR-supported active coalitions and members this year, SOR funding supports over half of the total CSB-led prevention coalitions in the Commonwealth.



Henrico youth who participated in the Youth Alcohol and Drug Abuse Prevention Project (YA DAPP)

Coalitions continue to impact their communities by working with CSB staff to reduce substance use and provide prevention services to community members. Coalitions support CSBs in sharing important messaging, hosting community events, and helping to build and maintain relationships with community leaders and members. SOR-funded CSBs partnered with coalitions representing various sectors in the community, including schools, non-profit organizations, law enforcement, healthcare facilities, government agencies, businesses, media outlets, and more.

24
CSBs led SOR-funded coalitions.

40
coalitions utilized SOR funds to support their efforts.

1,342
adults and youth participated in coalitions.

23
was the median number of members per coalition, ranging from 6 to 255.

Based on data from the PBPS system, coalitions were most focused on addressing perceptions of the risk of harm associated with substance use, followed by the early onset of first use, and poor mental health. In addition to serving the general community, several coalitions around the Commonwealth focused their efforts on the following specific marginalized communities facing greater health disparities:

- Hispanic/Latine
- Black
- Asian American/Pacific Islander
- Individuals living in rural areas
- Young adults
- Youth under 18

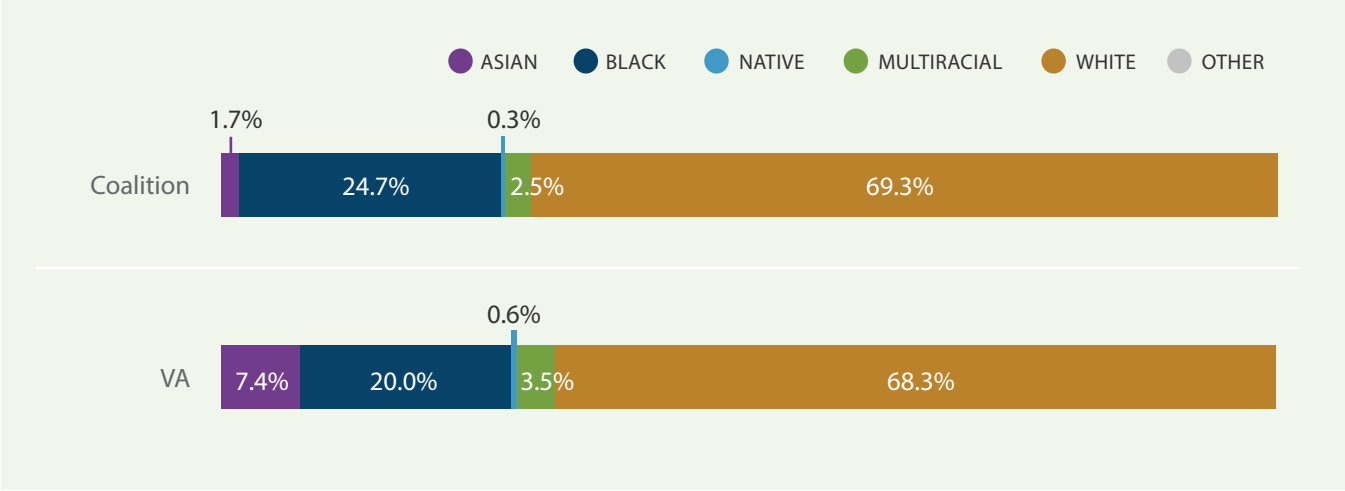
Some coalitions working with youth incorporated strengthening protective factors into their approach. For example, some coalitions provided opportunities for youth and adults to work together to reduce substance use. This allowed adults to serve as positive role models and mentors for youth, which can be a strong protective factor against substance use.

> "In addressing behavioral health equity, our program continues to actively engage the coalition Hispanos Sin Fronteras by providing technical assistance and training to coalition members so that they can better engage the Hispanic community when providing information and training in the community member's preferred language. Additionally, we are addressing shared risk factors for substance misuse and suicide focused on middle and high school Black females by providing awareness and education about managing increased mental health challenges."
>
> — Hampton-Newport News CSB

Members of the Hispanos Sin Fronteras Coalition, supported by Hampton-Newport News CSB, at a community event

Youth and young adult representation on coalitions across Virginia was around 10%, which is lower than the 17% of individuals aged 12-24 in the general population. This included 78 youths under age 21 and 59 young adults aged 21-25 who participated in SOR-funded coalitions. Interestingly, the racial makeup of coalition members was more reflective of statewide demographics: 405 (30.2% of) coalition members identified as Black, Asian, Native, Multiracial, or other racial identities, aligning closely with the 31.2% of non-white residents in Virginia.

Races of coalition members reflected Virgina's demographics.



In Year 2 of SOR III, CSBs and coalitions worked together to reach their communities through training, community education, information dissemination, events, and more. To do this, coalitions engaged in the following efforts:

- Coalitions expanded their partnerships across regions, and with schools, government agencies, and other partners to increase community engagement.
- Coalitions sponsored, hosted, or attended community trainings, summits, or workshops focused on opioid prevention, mental health, and wellness. Being part of these events in the community helped coalitions to successfully share prevention messaging and connect with other community members. This included offering REVIVE! Trainings (an opioid overdose prevention and naloxone administration training) and partnering on other harm-reduction strategies such as naloxone distribution.
- Coalitions identified ways to de-stigmatize substance use prevention and mental health efforts. This included outreach to families and marginalized communities (such as Hispanic/Latine) and faith-based communities. Coalitions used wellness-centered approaches throughout their campaigns, including Activate Your Wellness, a statewide media campaign based on SAMHSA's 8 Dimensions of Wellness. CSBs and coalitions aimed to reframe substance misuse in communities and use evidence-based information when interacting with their communities to better share how stigma drives substance use.

Loudoun County's Prevention Alliance of Loudoun (PAL) tabling at a community event.

Overall, coalitions play a vital role in expanding the reach and impact of CSBs in their communities by facilitating collaboration with community partners, promoting equity, and engaging diverse populations in substance use prevention efforts.

SUCCESS STORY

Building Coalition Capacity through Partnerships and Focus

Blue Ridge Behavioral Health Care had their RAYSAC Coalition attend the RX and Illicit Drug Abuse Summit in Atlanta, GA in the spring of 2024 to improve their coalition's capacity. This, among other educational tools, such as participating in "Train the Trainer" programs, has helped increase the capacity of their coalition members, but has also increased the number of partnerships and community members that can receive trainings. Within the first six months of the SOR grant, RAYSAC educated 235 youth and young adults. Some of their partnerships focused on youth- and young adult-serving organizations and provided education around opioid awareness and overdose safety. Other partnerships included The Virginia Department of Health (VDH) to support REVIVE! trainings to prevent duplicative work and increase reach in the community.

Community Awareness and Media Messaging

CSBs communicated prevention messaging and education through various methods. CSBs worked to create a well-rounded approach to media messaging by sharing valuable information via platforms that are the most accessible to their community (e.g., using posters in schools and social media to reach youth). The most successful methods of sharing information included public broadcast and display, as well as social media and websites. Compared to last year, the reach of public broadcast and displayed messaging increased by nearly 2 million. Social media and websites increased their reach by nearly 24 million.

CSBs may have increased their focus on virtual messaging as a result of lower capacity, financial resources, and staffing (as described in the 'Prevention Capacity' section above). Virtual or online messaging may require fewer resources of all kinds, compared to preparing, traveling, and participating in an in-person community event or sharing printed materials associated with a campaign. In addition, online sources are also a means to distribute the same information as printed materials, such as sharing virtual flyers or brochures.

Busboard ad for REVIVE! Trainings from District 19 CSB

The content of media messaging often included information about accessing prevention resources, by directing community members to CSB websites or hotlines, such as the mental health crisis line. Media messages were shared in multiple languages, including to various Spanish-speaking communities across Virginia. Seven CSBs disseminated information and messaging campaigns in Spanish, the second most commonly-spoken language at home in Virginia with 8.97% of Virginians speaking Spanish at home.[4]

These efforts included a coalition-managed Spanish-language Facebook page, resource cards and guides, messaging on pharmacy prescription bags, and a public service announcement (PSA) regarding naloxone. In all, Spanish messaging reached 279,828 people. Harrisonburg-Rockingham CSB reached Spanish-speaking parents by attending a community event at a local high school, providing them with information on multiple topics, including mental health. Harrisonburg-Rockingham CSB also distributed a local resource guide in nine languages to ensure that all community members had information on accessing needed services.

[4]U.S. Census Bureau. (2021). Language Spoken at Home by Ability to Speak English for the Population 5 Years and Over [Table B16001]. 2017–2021 American Community Survey 5-Year Estimates. Retrieved from https://data.census.gov/cedsci/table?q=B16001&g=0400000US51&tid=ACSDT5Y2021.B16001

PUBLIC BROADCAST & DISPLAY

15.3M

individuals reached including 990,725 youth 14.3M adults

Includes:

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

SOCIAL MEDIA/ WEBSITES

28.1M

individuals reached including 108,024 youth and 27.1M adults

Includes:

- Newsletters
- Website visits
- Social media
- Blogs

COMMUNITY EVENTS

309,758

individuals reached including 24,141 youth and 285,466 adults

Includes:

- Events & fairs (in-person or virtual)
- Tabling
- Presentations & townhalls
- Lock & Talk presentations

PRINT MATERIALS

1.2M

individuals reached including 20,225 youth and 1.2M adults

Includes:

- Mailers
- Brochures
- Flyers
- Promotional items
- Resource guides
- Permanent drug dropbox maps
- Wellness kits & bags

DBHDS staff members had multiple opportunities to speak across Virginia to raise awareness of the dangers of opioids and stimulants, and to share the holistic approach DBHDS used to address substance use prevention. Rebecca Textor-Bland, the Behavioral Health Wellness Consultant with OBHW who manages the SOR Prevention efforts across the state, spoke at a Department of Criminal Justice Services School and Campus Safety conference.

She educated attendees on current trends and prevalence rates, focusing specifically on fentanyl and other novel psychoactive substances. The occurrence and consequences of combining opioids and stimulants were also discussed, along with practical guidance for schools and families to implement life-saving prevention efforts.

Rebecca Textor-Bland, DBHDS staff, presenting at the Department of Criminal Justice Services School and Campus Safety conference on July 30, 2024.

CSBs promoted Fentanyl Awareness Day to the general community broadly, and to marginalized populations through new partnerships.

National Fentanyl Awareness Day is an annual event that brings together community members and organizations, prevention partners, business and government entities, and other relevant partners to help put an end to fentanyl overdoses and deaths. 21 CSBs collaborated with schools, faith communities, and law enforcement agencies to provide important and accessible messaging during National Fentanyl Awareness Day. CSBs disseminated information during these community events through posters, videos, REVIVE! trainings, and panel discussions, reaching 254,754 community members. A large portion of these events reached youth in schools, but other events also reached the general adult population.

254,754
community members reached regarding Fentanyl Awareness Day

> "We mailed resource packets out to over 170 faith communities across our catchment area. The packets included 4 posters that focused on increasing knowledge and understanding, building trust, creating spaces, and connecting people to resources."
>
> — Horizon Behavioral Health CSB

> "The Appalachian Substance Abuse Coalition (ASAC) and community partners have worked diligently to bring awareness of Fentanyl Awareness Day to youth across the region. The purpose of this event is to raise awareness and educate students on the harm of this dangerous substance and reduce the stigma around Narcan. During this reporting period, ASAC partnered with one school system and was vital in planning and organizing each event. The planning teams consisted of superintendents, principals, students, and community partners such as the local CSB, Virginia Department of Health, DEA, local law enforcement, and coalitions.
>
> Fentanyl Awareness Day brought in ten regional and local community partners to share educational information with students. ASAC also had a table with Narcan information and trained students with parents' permission. During this reporting period, Fentanyl Awareness Day occurred in one high school where 223 students were trained and received Narcan. The school was shown the video 'Dead Upon Arrival,' and many students said it impacted their decision to be Narcan-trained."
>
> — Appalachian Substance Abuse Coalition (ASAC)

Horizon Behavioral Health's National Fentanyl Awareness Day poster

CSBs promoted International Overdose Awareness Day messaging through a variety of partnerships and community events.

CSBs worked together with local colleges, libraries, and law enforcement to share the impact of drug overdoses with their communities. CSBs used visuals, such as flags marking the ground to demonstrate how many individuals died because of overdose, and videos to share messages emphasizing how one overdose death impacts the entire community. Along with awareness messaging, CSBs also held REVIVE! Trainings to educate community members on how to reverse a fatal overdose and provided harm reduction resources, such as fentanyl test strips.

Rappahannock Area CSB staff on International Overdose Awareness Day holding naloxone kits

Middle Peninsula – Northern Neck CSB's International Overdose Day social media post on Facebook, Instagram, and X (formerly Twitter)

Activate Your Wellness continues to expand beyond traditional prevention messaging into new wellness domains, such as spiritual wellness and sleep hygiene, to connect with a broader audience.

"Activate Your Wellness" (AYW) promotes well-being through awareness messages and calls to action. The campaign is focused on representing positivity, growth, and optimism by promoting a strength-based perception of maintaining overall wellness and promoting protective factors.

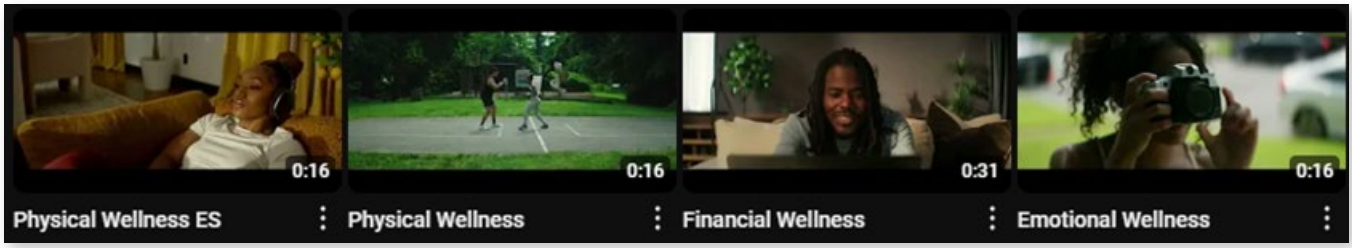
In Year 2 of SOR III, AYW continued to offer materials around SAMHSA's 8 Dimensions of Wellness (Emotional, Spiritual, Occupational, Intellectual, Environmental, Financial, Social, and Physical).[5] The AYW team developed a fact sheet about spiritual health and a general resource guide for individuals to find the CSB closest to them to access wellness resources. In addition to printed materials, short videos about physical, emotional, and financial wellness were developed, including one physical wellness video in Spanish.

Spiritual wellness and resource fact sheets available on virginiapreventionworks.org/activate

[5] https://www.virginiapreventionworks.org/activate/

Sixteen CSBs shared the campaign and its materials through social media and their community events, garnering 596,984 impressions. An additional 11.5 million impressions reached over 620,000 individuals through the work of Rigaud Global Company (RGC) -- the contracted media company for the campaign -- and DBHDS. RGC, OMNI and OBHW partnered to create materials based on the 8 Dimensions of Wellness and shared them with DBHDS to disseminate through the following channels:

Facebook | Instagram | YouTube | Radio | Audio Streaming | TV & Video Streaming



Screenshot of new AYW videos available on DBHDS's YouTube page

Social media proved to be a strong avenue for reaching Virginians with AYW messaging. The AYW 'Sleep Care' resource received the highest level of engagement by English users on social media, reaching over half a million individuals to provide education on the benefits of good sleep. Among Spanish users, the 'Find Your Balance' ad received the highest engagement with 86,000 impressions, spreading awareness that one's well-being can be improved by taking a break, saying no to others, and finding one's balance.

Activate Your Wellness social media posts

> "Our Check-In Youth Media campaign was well received by youth and community partners. Some partners displayed large posters on the walls and provided materials to youth who are worried about their friends and are seeking an easy way to find resources. This pairs well with the Activate Your Wellness strategy to support young people in using the 8 Dimensions of Wellness…"
>
> — Goochland-Powhatan CSB

In addition to sharing the Activate Your Wellness campaign online, CSBs shared AYW materials during local events to connect more directly with their communities.

The total impressions for AYW messaging decreased by over 18 million compared to last year. The focus of AYW in Year 2 of SOR III was resource development, rather than large media advertisements, such as billboards, as in previous years. Further, the onus for messaging dissemination shifted from DBHDS to CSBs. The decrease in overall reach may also be due to engagement in AYW through other means, such as through presentations or events, which reach fewer people.

Despite decreases in overall reach, CSBs continued to explore creative ways to engage their communities. Hampton-Newport News CSB created Wellness Wheels to distribute at their community events. Each wheel provided a brief overview of the 8 Dimensions of Wellness along with prompts to get community members thinking about their own wellness in each dimension.

Activate Your Wellness Wheel from Hampton-Newport News CSB

SUCCESS STORY

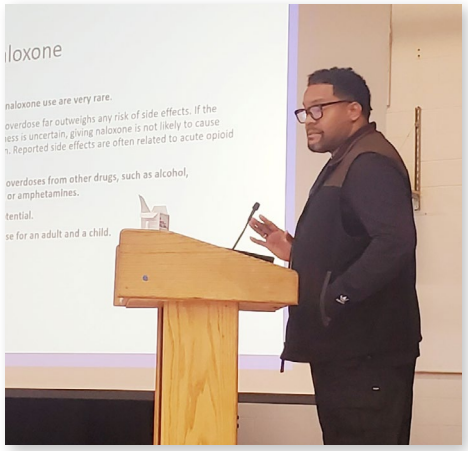
Activate Your Wellness has been Successfully Adapted into Presentations

District 19 CSB has developed an Activate Your Wellness presentation series, transforming the messaging and resources into speaking engagements to educate community members. In their inaugural efforts, District 19 spoke to 37 individuals about the multiple dimensions of wellness. At a presentation at a local library, District 19 focused on self-care strategies to address financial, physical, and spiritual wellbeing including budgeting approaches, low-impact exercises, and aromatherapy stress reduction.

Community Educational Opportunities

In Year 2 of SOR III, Community Services Boards (CSBs) across Virginia implemented a variety of education-based prevention strategies to build knowledge on multiple substances and mental health topics as part of their holistic approach. Some community-wide trainings included Adverse Childhood Experiences (ACEs) Interface trainings, mental health promotion and suicide prevention trainings, and overdose prevention trainings.

These strategies and initiatives were not only based in principles centering collaboration, cultural relevance, and health equity, but they were also designed with long-term impact in mind to promote sustained well-being. The American Public Health Association (APHA) and the Centers for Disease Control and Prevention (CDC) have linked ACEs, overdoses, and suicide together as being Urgent, Related and Preventable.[6]



District 19 CSB providing a REVIVE! Training to prevent an overdose.

URGENT:
Exposure to ACEs, overdose deaths, and suicide lead to many negative health outcomes and impact every community.

RELATED:
Exposure to ACEs increases the likelihood that one will experience an overdose and suicide in adulthood; being exposed to overdoses and suicide in childhood, especially by those closest to the child, is considered traumatic and an ACE.

PREVENTABLE:
Focusing on addressing strengths and protective factors in communities can break the repetitive cycle and relationship between ACEs, overdose, and suicide.

Providing educational opportunities on mental health topics and adversity allows for communities to focus on addressing the root causes of opioid and stimulant use, potentially breaking negative health cycles for generations.

Educating the community on mental health impacts and skills remained a large focus area during Year 2 of SOR III.

> "This past May, The Greater Williamsburg Trauma Informed Community Network (GW-TICN) hosted the 5th Annual Resilience Week from May 5 - May 11, 2024. During the week we had a variety of virtual and in-person trainings, activities, and presentations for people to attend that were put together by some of our community partners and members from the GW-TICN. On May 8, 2024, Prevention Services facilitated a virtual ACEs training for 18 people."
>
> — Colonial Behavioral Health

[6] American Public Health Association & Centers for Disease Control and Prevention. (n.d.). Urgent related preventable. Retrieved June 27, 2024, from http://www.urgentrelatedpreventable.org/

Implementing mental health trainings and community-based strategies allows individuals in the larger community to become equipped with the knowledge and skills necessary to recognize and intervene in challenging situations related to mental health and substance use/misuse. Over the last year, CSBs expanded their reach, engaging a larger population through training sessions compared to Year 1 of SOR III, likely due to increased community partnerships with local colleges, universities, and other community organizations.

CSBs conducted widespread recruitment and advertisement of trainings, connected with partners, and performed outreach to marginalized communities. Engagement with the community this year resulted in almost double the number of Mental Health First Aid trainings offered and quadrupled the number of participants, from 161 in Year 1 of SOR III to 670 in Year 2 of SOR III.

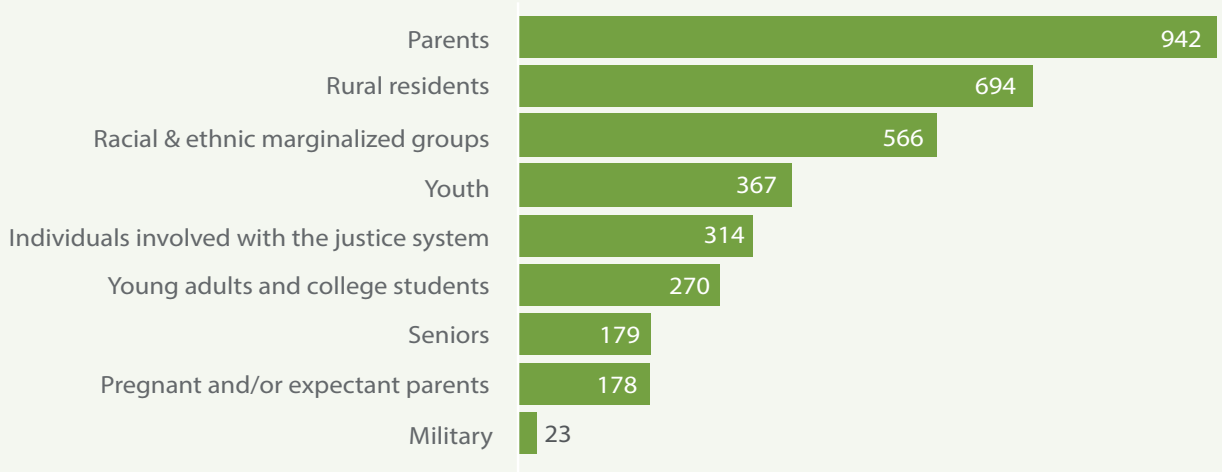
Training Type	Year 2 of SOR III	
	# of trainings	# of participants
ACE Interface Training	102	▲ 1,964
Mental Health First Aid	▲ 45	▲ 670
Signs of Suicide Training	6	▲ 259
safeTALK	▼ 2	▼ 63
TOTAL	▲ 155	1,956

▲ 10% OR GREATER INCREASE FROM PREVIOUS FISCAL YEAR ▼ 10% OR GREATER DECREASE FROM PREVIOUS FISCAL YEAR

CSBs focused efforts on reaching specific populations at higher risk of negative mental health outcomes. Expanding awareness and skills for these groups is intended to address the disparities some of these groups face. Through community partnerships, CSBs were able to provide trainings to the following sub-populations that each have unique needs and challenges related to substance use and mental health.

Parents were the most common sub-population of focus for ACEs Interface Training.

ACES TRAINING POPULATIONS OF FOCUS



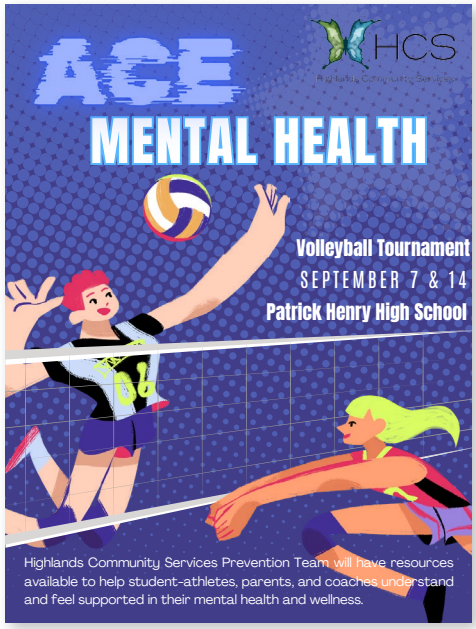
> "We have found that with our catchment area being mostly rural, with some locations not even having steady or available internet access, the best approach to reach these populations is boots on ground. Our team has devised a location list and canvassing list to physically go out to connect directly with the community to share our services. It is time consuming and hard work but aside from our partner collaborations, this has been the next best approach."
>
> — Western Tidewater CSB

> "We translated multiple education/resource materials into Spanish and have a Latino Coordinator at Hispanic Community Events. We also have Valpak mailing targeting high risk zip codes with information about safe storage/disposal of medications and Narcan trainings. We have been giving presentations to senior citizens and have a PSA targeting youth. Finally, we have worked with the Chesterfield County Police Department community division on Overdose Awareness Day to visit local hotel/motels in high-risk areas to provide education materials on opioids and other drugs along with providing Narcan. The materials were in both English and Spanish."
>
> – Chesterfield CSB

High participant engagement highlights the success of ACE Interface Trainings.

Adverse Childhood Experiences (ACEs) refer to traumatic events that occur at some point during an individual's childhood (0-17). Research demonstrates that a high prevalence of ACEs increases the likelihood of engagement in substance use and misuse[7]. The ACE Interface curriculum, implemented by CSBs across Virginia, serves to increase knowledge and understanding surrounding trauma and provides education to individuals within the community regarding the biological, physical, and psychological impact of ACEs.

Following ACE Interface trainings, CSBs administered the OMNI-developed ACEs Training Evaluation survey to participants. This tool collected participants' impressions of information provided throughout the training, as well as their experience, satisfaction, and likelihood of using their new knowledge and skills. The results from the ACEs Training Evaluation tool provided a snapshot of the participant group, offering valuable insights into general trends and experiences. It is important to note that these results did not capture the full range of individual perspectives due to voluntary participation in post-training surveys.



Highlands Community Services flyer for their ACEs Mental Health Volleyball Tournament

[7] Muchiri, W., Ogongi, W., Gitau, M., Mkuu, R., Cook, R., Lu, Y., & Cook, R. (2024). Adverse childhood experiences, substance use, and poor mental health outcomes among adults in the United States. Journal of Mental Health Counseling, 46(3), 259–280.

During Year 2 of SOR III, 1,385 individuals completed the ACEs Training Evaluation survey. Overall, participants found the ACE Interface training informative and engaging as a starting point to learn more about ACEs. The data below includes trainings funded by SOR and the Substance Use Prevention, Treatment, and Recovery Block Grant (SUPTRS BG).

84%
agreed or strongly agreed that they learned about the importance of identifying and addressing ACEs

85%
agreed or strongly agreed that they learned about ACEs' impact on the brain and behavior

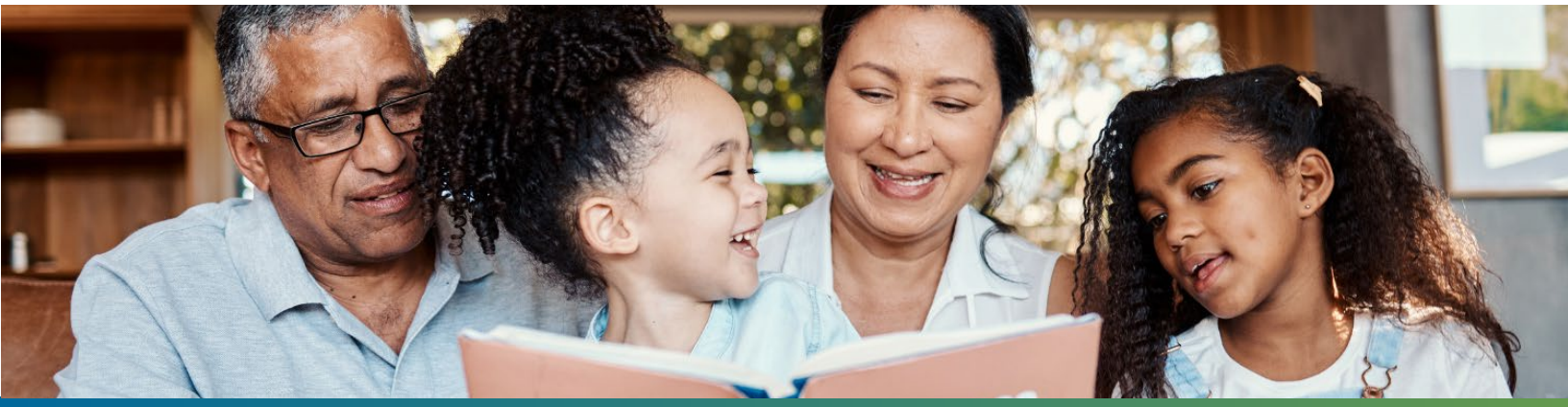
85%
agreed or strongly agreed that they want to seek more information and guidance regarding trauma-informed practices

93%
agreed or strongly agreed that many challenges people experience are rooted in their history of difficult life events

> "We are grateful to receive SOR-ACEs funding. During this reporting period we hosted our second cohort of ACE Interface train-the-presenter. We now have nine more presenters! The 3-day training was enhanced by participation from staff at Horizon Behavioral Health and Eastern Shore CSB. Locally, participants came from Germanna Community College, Mental Health America of Fredericksburg, Healthy Families Rappahannock Area, and Kenmore Club… We continue to offer in-person Understanding ACEs trainings for interested community members and organizations. We continue to share this curriculum as part of the Crisis Intervention Training (CIT) 40-hour training. This reporting period we provided two sessions of the training as part of a professional development workday for Spotsylvania County Public Schools. Additionally, the Rappahannock EMS Council received a youth emergency preparedness grant, and we were invited to provide the training for the adolescents."
>
> — Rappahannock Area CSB

Eastern Shore CSB mini resilience library in the community

Some CSBs have expanded their initiatives focused on ACEs and trauma-informed care, building on the success of their ACE Interface trainings. Eastern Shore CSB has installed a mini resilience library, offering materials and content focused on resiliency and overcoming obstacles.



Mental health skill-building trainings instill confidence in participants by equipping them with the skills and knowledge to recognize and support individuals experiencing a mental health crisis.

An additional effort focused on supporting the mental well-being of Virginians included the implementation of Mental Health First Aid (MHFA), safeTALK and Lock and Talk trainings, designed to build knowledge and skills to respond to indicators of poor mental health and/or substance use behaviors. These trainings provided individuals with the tools to engage in supportive dialogue with those in crisis to improve overall health outcomes.

Region Ten CSB t-shirt worn at a community event

> "Thank you for giving us the tools to give a voice to those that may be struggling." — safeTALK participant

Following any mental health and/or suicide prevention training (e.g., safeTALK, MHFA, and Lock and Talk trainings), CSBs administer the Suicide Prevention Training Evaluation (SuPrEv) tool to training participants. The tool was developed by OMNI in early 2023 through a partnership between CSBs and the Office of Behavioral Health Wellness (OBHW) staff. The results from the SuPrEv Tool provided a snapshot of the participant group, offering valuable insights into general trends and experiences. Similar to the ACEs Training Evaluation Tool, these results may not encompass the full range of individual perspectives, as participation was voluntary, and not all participants chose to engage in the evaluation process.

The data below was collected from 2,556 participants who engaged in trainings funded by SOR and the Substance Use Prevention, Treatment, and Recovery Block Grant (SUPTRS BG).

MHFA

98%

agreed or strongly agreed that they recognize the signs that someone may be dealing with a mental health crisis

SAFETALK

99%

agreed or strongly agreed that they learned about ACEs' impact on the brain and behavior

LOCK AND TALK

91%

agreed or strongly agreed that they recognize the signs that someone may be dealing with a mental health crisis

Overdose prevention education remains critical to addressing the opioid crisis in Virginia by training community members to intervene in an emergency as well as encouraging dialogue and destigmatizing misuse.

REVIVE! is the Opioid Overdose and Naloxone Education (OONE) program for the Commonwealth of Virginia. Training participants learn to recognize and respond in an opioid overdose emergency utilizing naloxone—an over-the-counter nasal spray that reverses opioid overdoses when administered correctly. CSBs also provided participants with information on the state of opioid use and misuse in their community. Across Virginia, the prevention workforce equipped more people to administer naloxone this year (26,065) compared to the previous year (24,478).

> "We have implemented REVIVE! training and disseminated naloxone to 634 people. This number is a significant increase from past years. We have also increased our collaboration with the health department to obtain Naloxone to disseminate for free, which includes an updated MOU to disseminate fentanyl test strips and benzodiazepine test strips as part of our harm reduction prevention methods."
>
> — Mount Rogers CSB

Mount Rogers CSB tabling for REVIVE! and Narcan distribution.

	Year 1 of SOR III	Year 2 of SOR III
REVIVE! trainings	981	958
REVIVE! participants	24,478 individuals	▲ 26,065 individuals
Naloxone kits distributed	11,346	11,142
Naloxone doses distributed	34,370	33,064

▲ 10% OR GREATER INCREASE FROM PREVIOUS FISCAL YEAR

Part of CSBs' overdose prevention work included implementation of prescriber, pharmacy, emergency department, and patient education and information dissemination strategies such as prescription bag stickers. These strategies impacted the community by providing residents with educational materials highlighting the dangers of opioid and prescription drug use and misuse in medical offices. In addition, these education strategies helped to create and sustain relationships between community members and medical providers. Patient education strategies also have benefits for medical professionals.

Prescribers can become better equipped to discuss risks with their patients and pharmacists can reinforce safety measures and practices, encouraging patients in the community to be well-informed. In the last year, CSBs greatly increased the number of prescription bag stickers disseminated through partnerships with local pharmacies, reaching over 350,000 more community members in Year 2 of SOR III than in Year 1 of SOR III.

Implementation of REVIVE! Training by Valley Community Services Board

> "The life-saving medication safety information was meticulously printed on 48,000 prescription medication bags, ensuring that vital information is always within reach for patients and caregivers."
>
> — Highlands Community Services

	Year 1 of SOR III	Year 2 of SOR III
Prescriber and patient education recipients	4,419 individuals	4,451 individuals
Prescription bag stickers or inserts distributed	422,890	▲ 779,721

▲ 10% OR GREATER INCREASE FROM PREVIOUS FISCAL YEAR

> "Our two rack cards -- medication disposal and mental health crisis -- are still a staple in our community. They continue to be well-known and well-received. In the first half of this fiscal year, we distributed 1,145 medication disposal cards and 1,750 mental health crisis cards. We have had the privilege to present to multiple groups such as senior communities, American Legion State Conference, and Chesapeake Regional Hospital on topics such as stress management, medication safety, substance use, and suicide, which totaled five presentations. In the last six months, we have also attended 13 tabling events including two fentanyl awareness events, two American Legion events, Chesapeake schools' youth summit, a Children's Hospital of the King's Daughter event, multicultural family night, Shatter the Silence, campus safety and violence forum, and Global Mental Health Day event, 2 townhalls, and a Valentine's Day community event. Our virtual education includes our monthly newsletter with relevant topics, our website (cibhprevention.com), and our Facebook page."
>
> — Chesapeake Integrated Behavioral Healthcare

Direct education for youth and families goes beyond providing information on risks of use and builds on protective factors like personal connections and resilience in youth.

Many CSBs continue to see great success in providing direct educational opportunities to youth in schools and through out-of-school programming. Direct education implementation allows for a greater connection to youth, strengthening protective factors like resiliency and having positive adults as role models. Direct education is also an opportunity to build awareness and comfort with topics such as substance use and mental health. Dickenson CSB reached 150 local middle school students by hosting an event that provided recreational and artistic activities, and the opportunity to learn about accessing mental health resources, such as 988, a suicide and crisis lifeline. Engaging youth early on in their education with topics related to mental health, and specifically on reaching out for support, can provide a foundation for youth to build resiliency and help-seeking behaviors into adulthood.

Additional direct education efforts focused on expanding youth's understanding and knowledge of substances and their risks. Chesterfield CSB reached youth with a first-time offense and their parents, increasing their knowledge and awareness of substance use and its impacts. Western Tidewater CSB held multiple sessions at local middle and high schools to educate students on cannabis, while Cumberland Mountain CSB continued reaching middle school students with substance use prevention education focused on over-the-counter medication.

> "With a national opioid crisis sweeping the U.S., Highlands Community Services partnered with Washington County School system and provided OTC/Opioid/Stimulant education to 1,200 6th and 9th graders, and included information about the signs, symptoms, and risks associated with a fentanyl overdose. Discussions are taking place with schools to dispense Narcan to the 9th graders after completing opioid overdose training."
>
> — Highlands Community Services

Safe Storage and Disposal

CSBs addressed the harms, risks, and dangers of medication misuse in Virginia communities through a variety of initiatives including the distribution of safety devices, drug take back days, permanent drug drop boxes, and medication safety campaigns. Throughout the year, CSBs worked to decrease access to medication and lethal means by participating in community events to distribute devices that safely store and dispose of medications such as prescription drug lockboxes, medication-deactivation packets, smart pill bottles, and cable locks or trigger locks for firearms.

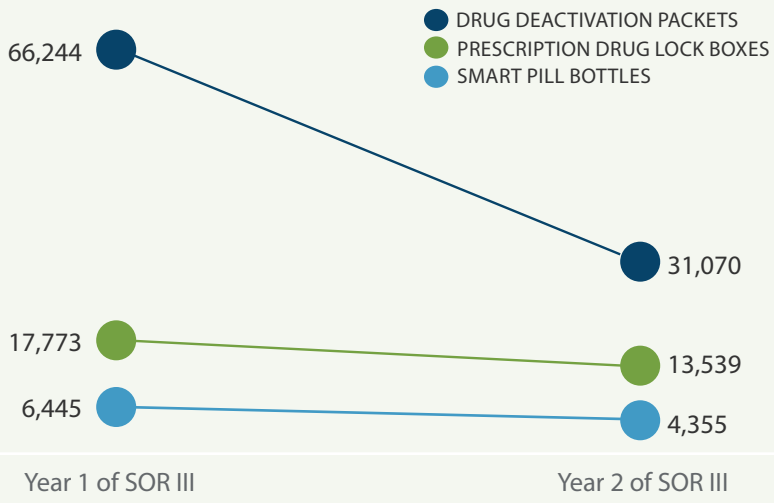
They coupled these offerings with education to raise awareness about access to lethal means in homes and the importance of limiting availability to high-risk groups, like children and individuals experiencing a mental health crisis. These strategies have continued to increase community awareness and provide space for learning and discourse about preventing substance use and misuse.

Eastern Shore CSB offers a public health vending machine, with free access to items like drug deactivation kits, cable locks and Naloxone.

Although a historically popular outreach strategy, the amount of safety devices and disposal kits that were distributed this past year decreased considerably. For example, less than half the amount of drug deactivation packets were given out to the community this year compared to the previous year. Some CSBs cited the rising costs associated with purchasing these items for distribution as a barrier. With limited resources, small increases in cost can have a large impact on the number of items CSBs can afford to distribute at community events and with partners.

Safety item distribution declined significantly due to costs and inventory availability.

SAFE STORAGE ITEM DISTRIBUTION



> "To encourage community-level medication safety, District 19 bolstered efforts to disseminate safe storage and disposal devices during activities and events that engaged parents/families. Partnerships with law enforcement, public schools, civic organizations, military/veterans, health care providers, and mental health agencies created opportunities to not only provide education but give families the needed resources to reduce access to harmful medications in the home."
>
> — District 19 CSB

Fairfax-Falls Church CSB collaborating with local law enforcement during a Drug Take Back Event.

Community partnerships continue to be the backbone of prevention outreach efforts.

CSBs continue to utilize local partnerships to help expand the scope and reach of safe storage and disposal events, including to hospitals, pharmacies, community centers, and schools. Partnerships with law enforcement and health providers helped to reinforce the importance of these messages by providing a united community approach and increasing legitimacy. Partnering with groups like schools, community centers, and libraries made drug supply reduction items more easily accessible to community members. By providing these partners with items, community members could pick up safe storage and disposal items at their convenience.

> "We have maintained our current partnerships and created new ones in order to distribute drug deactivation bags within our city. We consistently provide them to our Emergency Services Department, Chesapeake Health Department, libraries, community centers, town hall meetings, and now to our Peake team and our Crisis Resource Center."
>
> — Chesapeake CSB

Due in part to the efforts of CSBs, safe disposal of medications is becoming more commonplace and established in communities across Virginia.

Safe disposal efforts were a key SOR strategy to reduce the accessibility and availability of medications and therefore limit the possibility of both accidental and purposeful misuse. These efforts, like many others, relied on community partnerships to be successful. CSBs worked with partners on initiatives such as drug take-back events and the distribution of prescription bag stickers, where they were able to share the workload with partners and increase the reach of their messages. For example, many CSBs organized drug take back events in collaboration with local law enforcement and worked with pharmacies to incorporate safe disposal information onto pharmacy bags.

This year, some CSBs saw a decrease in the amount of medications collected during drug take-back events. However, CSBs noted that the decrease in medication collected during events could be due to the consistent promotion and increased use of permanent drug drop boxes helping the community dispose of unused medication regularly and at their convenience. Permanent drug drop boxes are set up at various locations throughout many communities, including outside of pharmacies, law enforcement offices, and emergency services. CSBs shared and promoted the locations of permanent drug drop boxes through mailers, media campaigns, interactive maps, news spots, and through their own websites. Both take-back options provided Virginia communities with a safe and secure way to dispose of expired or unused prescriptions.

Promotional flyer for a Drug Take Back Event by Rockbridge Area CSB.

Data reported by CSBs in PBPS only reflected the pounds of medication collected at events and community drop boxes CSBs have access to, and therefore, may only represent a portion of all medication collection efforts in Virginia.

- Total pounds collected across all CSBs: 16,152 pounds
- 19 CSBs implemented 80 Drug Take Back Events
- 19 CSBs implemented Permanent Drug Drop Boxes

> "Rx Take Back Days continue to be an important medication safety and capacity building activity for the Prevention Team. While the amount of medication we collect has decreased with the addition of several permanent drop boxes, in collaboration with Staunton Police Department, Prevention is still able to engage the community members who attend important conversations. Medication safety devices and permanent take back site information is available for distribution at these events."
>
> — Valley CSB

Alexandria CSB collaborated with local law enforcement during a Drug Take-Back Event to collect 510 pounds of medications.

Staff from Planning District 1 CSB offering safe storage and disposal items at a local community event.

New River Valley CSB at a local permanent drug drop box location.

Lock and Talk focuses on lethal means safety and encouraging conversations to prevent accidental or intentional use of medications or firearms for harm.

CSBs continued to implement Lock and Talk strategies to promote the safe storage of firearms and medications, with a focus on suicide prevention. Lock and Talk initiatives include social marketing campaigns and the distribution of lethal means safety devices and educational materials. Leveraging SOR and Substance Use Prevention, Treatment and Recovery Services Block Grant (SUBG) resources, Lock and Talk messaging reached 4.37 million individuals with information promoting safe storage and conversations about the mental health crisis during this reporting period.

Region Ten CSB offered lock boxes during a tabling event.

SUCCESS STORY

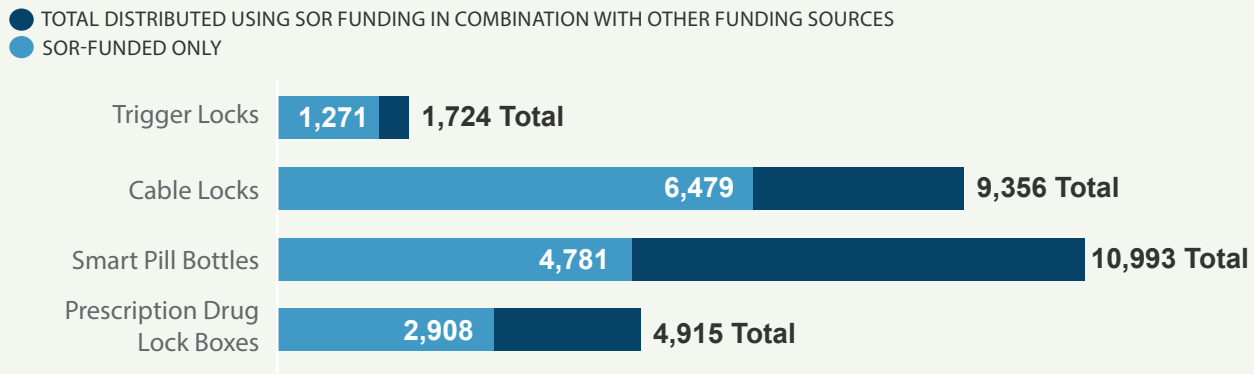
Lock and Talk PSA Wins International Award for Excellence

Lock and Talk Virginia, DBHDS and their media partner, Rigaud Global Company, recently produced an animated public service announcement (PSA) to raise awareness on signs of suicide and connect people to resources. This PSA won the 2024 Platinum MarCom award for excellence in marketing and communication, specifically calling out the "creativity and effectiveness in raising awareness about suicide prevention" efforts. MarCom Awards are highly regarded by marketing firms with over 6,500 entries annually. The Platinum Award is the highest award bestowed on entrants.

Lock and Talk Suicide Warning Signs animated PSA, which won the 2024 MarCom Platinum Award for excellence in marketing and communication.

CSBs highlighted the popularity of medication safety items and informational materials among attendees at community events. Additionally, CSBs increased access to these materials by supplying partners such as outpatient clinics, libraries, family programs, and local gun shops.

Impact of Lock and Talk in Virginia increased by 75% when SOR-funding was combined with all funding sources.



As was the situation with other safe storage and disposal devices, increased costs associated with purchasing Lock and Talk devices were challenging, and led to a decrease in CSBs' ability to supply as many devices as in previous years. In Year 1 of SOR III, 19,975 Lock and Talk safety devices were distributed, compared to 15,439 during this reporting period. However, overall, SOR provided funding for over half of the safety devices CSBs distributed to the community, doubling the impact of Lock and Talk in Virginia.

> "Prescription drug lock boxes: These items are popular like drug deactivation packets. We ensure to provide these mostly at community events. These items are always of interest to the general public and are always one of the first items we run out-of-stock with when at tabling events. They are particularly of interest to the elderly, care givers, or those with families. The community often seems extremely surprised when they learn there is no cost to receiving them. Feedback has been positive from the community and many feel that they are a needed practical prevention item for the home."
>
> — Western Tidewater CSB

Lock and Talk social media post by Eastern Shore CSB.

Billboard messaging by Rockbridge Area Community Services Board.

Harm Reduction

Harm Reduction

Harm reduction is an approach that involves engaging with individuals who use substances to prevent overdoses and generally improve their health, agency, and well-being. Harm reduction strategies serve to better the lives of individuals who use substances, and may also serve as a pathway to additional prevention, treatment, and recovery interventions.[1]

Harm reduction efforts in Virginia offered by Community Services Boards (CSBs) and other agencies 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. Peer supporters also offered harm reduction services. As a result of these efforts, broad swaths of 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! Training and Community 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, school staff, and others interested in preventing and reducing opioid overdoses. Since 2019, SOR funds have enabled over 69,000 individuals to obtain skills and knowledge to reverse an opioid overdose and save a life. Almost three-fourths of those individuals received REVIVE! training during the SOR III grant period.

DEFINITION

Naloxone is a medication that rapidly reverses life-threatening opioid overdoses. After a brief training, anyone can carry and administer naloxone to someone experiencing an overdose.

One CSB's REVIVE! and Naloxone Distribution Efforts

SUCCESS STORY

We participated in Save a Life Day and utilized our SOR-funded peer for some of the outreach. We drove throughout the county distributing naloxone at over eight community locations and partnered with a school to provide drive-through trainings for parents at drop-off and pick-up, as well as staff trainings. Between all of this, we distributed over 350 boxes of naloxone. Our SOR-funded peer was especially successful at engaging young adults and teens at bus stops."

— Arlington County CSB

[1] SAMHSA, 2024. Harm Reduction.

SOR funding has led to continuous growth over time in both the number of REVIVE! trainings held and the number of people trained. During SOR III, over 50,000 people were trained through more than 1,700 trainings.

	SOR I Y1	SOR I Y2	SOR II Y1	SOR II Y2	SOR III Y1	SOR III Y2	TOTAL
Trainings held	71	249	508	742	981	958	3,317
People trained	1,140	3,115	6,117	8,381	24,478	26,065	69,296

Over the five years of the SOR grant, more than 144,000 naloxone kits have been distributed, with 58,999 kits distributed in the current grant year alone. Kits have reached a wide range of partners, including local health departments, CSBs, harm reduction sites, and law enforcement agencies.

The continued increase in the number of individuals trained by CSBs/Agencies in Year 2 of SOR III can be attributed to several impactful initiatives. Key partnerships allowed CSBs/Agencies to broaden access to naloxone, including the approval for students to carry naloxone in schools, increasing awareness and preparedness in educational settings. Additionally, local fire departments launched leave-behind naloxone programs to enhance access in high-need areas. Grassroots harm reduction efforts, such as peer-led events, distributed naloxone kits and fentanyl test strips, providing vital education and connections to community resources. New training initiatives empowered peer recovery staff to certify additional trainers, increasing outreach for overdose prevention education. Finally, the involvement of recovery programs furthered naloxone distribution, reinforcing a strong, community-driven commitment to reducing opioid overdoses.

Fentanyl Test Strips

In 2021, SAMHSA authorized the use of SOR funds for purchasing fentanyl test strips (FTS), a tool that helps prevent fentanyl overdoses by identifying the presence of fentanyl in other substances.[2] FTS empower individuals to make informed choices, particularly in high-risk situations such as first-time use, obtaining substances from unfamiliar sources, or returning to use after recovery. Paired with naloxone distribution, FTS have become essential harm reduction tools for reducing opioid overdose risk and promoting safer practices.

8,972 fentanyl test strips purchased by 5 CSBs/Agencies in Year 2 of SOR III

7,278 fentanyl test strips distributed by 12 CSBs/Agencies in Year 2 of SOR III

SUCCESS STORY

Peer-Led Harm Reduction and Outreach Initiative

"CIBH has begun grassroots harm reduction outreach efforts out in the community that are peer-led, while we wait for our mobile harm reduction unit to be ready. These outreach events have included us partnering with several organizations throughout the community to set up tabling events and connect with community members, pass out harm reduction rescue bags that include naloxone and fentanyl test strips, and where we provide education on harm reduction and linkage to our services if community members are interested."

— Chesapeake Integrated Behavioral Healthcare

[2] SAMHSA, 2024. Fentanyl and Xylazine Test Strips.

Mobile Units

Mobile treatment, recovery, and harm reduction units in Virginia are launching and expanding to improve access to life-saving resources and support for individuals in underserved areas. SOR funding allows for the purchase and/or implementation of mobile units that provide appropriate privacy and adequate space to administer and dispense medications for OUD treatment in accordance with federal regulations.[3]

These mobile units bring services directly to communities, offering Medications for Opioid Use Disorder (MOUD) naloxone distribution, fentanyl test strips, safe-use supplies, and connections to treatment and recovery services. With the flexibility to reach people who may not access traditional health centers, mobile units are helping to reduce overdose risk, promote safer practices, and provide critical health education. Additionally, mobile units may offer assistance with essentials such as food, bedding, and hygiene products, as well as support for enrolling in insurance. As they continue to grow, these units strengthen Virginia's harm reduction network, meeting individuals where they are and building trust within communities.

SUCCESS STORY

Rapid Mobile Response Following Overdose Alert

"After having a bad batch alert and string of overdoses in our community I would take our mobile harm reduction unit out near that location the next day to distribute Narcan with training, testing strips, and provide education to the community. I would end up giving out 26 boxes of Narcan and educate many in the community about drug overdoses and poisonings."

— Wise County Health Department/ Lenowisco Health District

Eight CSBs/Agencies used SOR Treatment and/or SOR Recovery funds to support mobile services in SOR III Year 2. Services provided included:

- Community outreach from a peer (e.g., outreach events, meetings open to the public)
- Individual and/or group peer support
- Peer-led community education and training
- MOUD provision
- Individual treatment services (e.g., non-peer counseling, therapy, psychiatry, crisis support)
- Wraparound services
- Harm reduction services including naloxone training, and distribution of naloxone and fentanyl test strips.

These agencies reported serving 554 people through the mobile units.

3 Letter to OTP Directors, SOTAs, and State Directors from Kimberly Nelson, Acting Director of CSAT, and Letter to State Substance Abuse Directors on the adoption of mobile medication units from Miriam Delphin-Rittmon, Assistant Secretary for Mental Health and Substance Use.

Harm Reduction Peer Support

Through SOR funding from the Virginia Department of Health (VDH), five peer supporters at four sites provide essential harm reduction services, including individual and group support, community outreach, and a warmline. Additional information on VDH-funded peer services can be found in the Recovery section on page 82 and in Appendix A.

Hundreds of people received harm reduction peer support services each quarter of Year 2 of SOR III, with an average of 248 individuals served per quarter.

	QUARTER 1	QUARTER 2	QUARTER 3	QUARTER 4
Number of people who received individual support	268	228	228	267
Number of people who received group support	98	64	53	83

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.

Reducing Stigma of OUD

Across the continuum of care—prevention, harm reduction, treatment, and recovery—CSBs/Agencies actively work to reduce stigma surrounding OUD, overdose, and MOUD. Reducing stigma is a critical part of harm reduction, as stigma often prevents individuals with OUD from accessing needed services, sharing their needs with loved ones, or seeking support, all of which are essential to recovery.[4]

For individuals with OUD, stigma can lead to isolation, fear of judgment, and reluctance to engage in life-saving programs.[5] By addressing stigma, CSBs and agencies foster a more supportive, non-judgmental environment, empowering individuals to seek care, adopt safer practices, and connect with resources that can support their health, safety, and recovery journey.

Training and community engagement initiatives by CSBs/Agencies across the continuum of care (prevention, treatment, and recovery) further reduce stigma surrounding opioid use by reframing misconceptions of OUD and offering evidence-based information to the community.

To broaden the reach, CSBs/Agencies provide both in-person and virtual Rapid REVIVE! sessions made available in both English and Spanish.

Peer Recovery Specialists play a key role in addressing stigma, engaging high-risk and underserved communities at local events to spread hope and promote wellness strategies. By normalizing conversations on prevention and treatment, these efforts make it easier for individuals to seek and feel supported in addressing substance use. Strategic coalition leadership also enhances connections to services, raising awareness of treatment availability and fostering a stigma-free environment that supports recovery.

[4] CDC, 2024. Stigma Reduction. Stop Overdose.
[5] 5 Utah State University. Reducing Stigma Towards Opioid Use Disorder Treatment.

SUCCESS STORY

Breaking Stigma Through Youth Narcan Training

"In an effort to address the opioid crisis and equip young people with life-saving skills, our team provided Narcan training to the student body of J.I. Burton High School. On Overdose Awareness Day, observed on August 30th, 142 high school students received valuable education on overdose awareness and the proper use of Narcan. Dr. Jen Hammons, PharmD, RPh, Director of Pharmacy Services of St. Mary's Faith Pharmacy, led the training sessions, dedicating her time to ensure that these students understood how to safely administer Narcan in emergency situations. Her hands-on approach and passion for community health made a lasting impact on the students, many of whom are living with grandparents/guardians due to their parents' struggles with SUD/OUD. The training not only equipped these young individuals with the knowledge and confidence to potentially save lives within their own families and community, but also played a role in removing the stigma surrounding substance use disorders, fostering a more understanding and supportive environment. This initiative not only raised awareness about the dangers of overdoses but also empowered the next generation to become active participants in combating the opioid crisis. By training young adults in overdose response, we are fostering a safer, more prepared community."

— The Health Wagon

SUCCESS STORY

Virginia Harm Reduction Coalition's New Mobile Outreach in Roanoke

"The Virginia Harm Reduction Coalition services in Roanoke, VA, are on the brink of a major expansion, thanks to the upcoming addition of a new, fully equipped van. Once operational, this vehicle will enable our team to extend harm reduction services, including mobile HIV and Hepatitis C (HCV) testing, to two additional locations in the region.

This mobile outreach will have a significant impact on the Roanoke community, where many individuals face barriers such as limited transportation and access to healthcare. By bringing these critical services directly to people in need, we can address the challenges of distance and accessibility, ensuring that harm reduction resources and testing are within reach for our most underserved community members. The introduction of two new mobile outreach locations will also help build stronger relationships with underserved populations located further away from our office, offering them the knowledge, support, and supplies they need to make informed decisions about their health. We are excited about the future and the impact this new van will bring. It represents more than just transportation—it is a tool for improving health outcomes, reducing harm, and fostering a safer, healthier Roanoke."

— Virginia Harm Reduction Coalition

Treatment

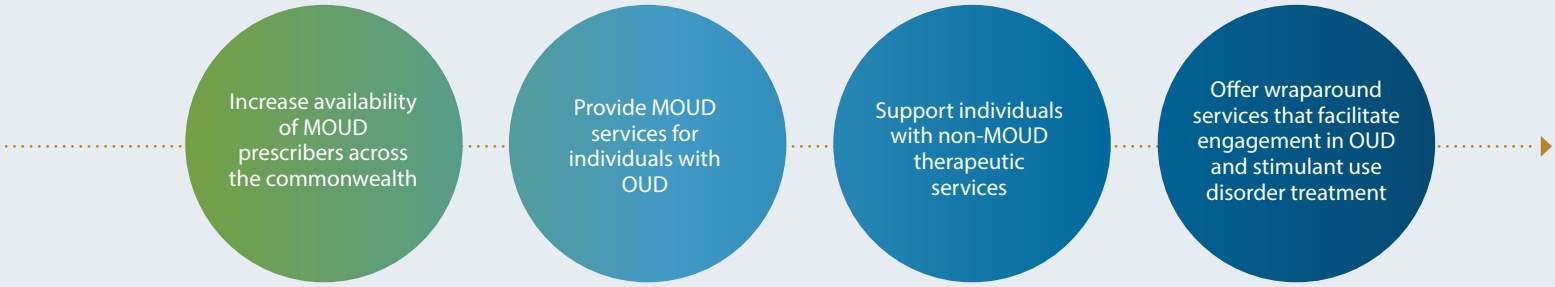
Treatment Services

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. A total of 37 agencies, including Community Services Boards (CSBs), community-based organizations, and government offices, received funding to provide treatment, including Medications for Opioid Use Disorder (MOUD)[1] and other modalities described throughout this section of the report.

DEFINITION

Medications for Opioid Use Disorder (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.[2]

Key Treatment Strategies



Treatment Capacity

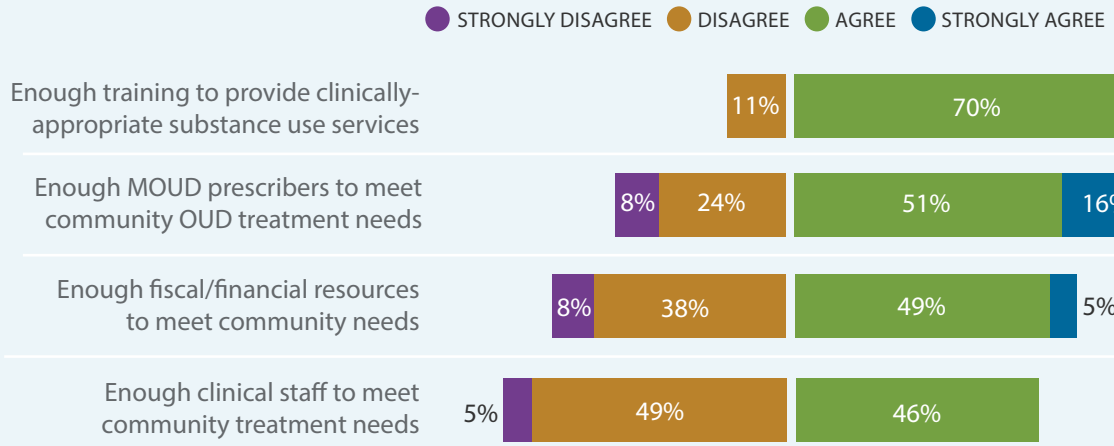
SOR funding has allowed CSBs/Agencies to expand services to better meet community treatment needs. To assess these changes in capacity, staff members were asked in the end-of-year quarterly survey to reflect on four statements about their organization's capacity using a scale of agreement from strongly disagree (1) to strongly agree (4).

Most CSBs/Agencies agreed they had the training, prescribers, and financial resources to deliver OUD and other services during SOR III Year 2.

[1, 2] SAMHSA, 2023.

Slightly more than half (54%) responded that they disagreed or strongly disagreed with having enough clinical staff to meet community OUD treatment needs. In all other areas, most CSBs/Agencies agreed with the statement.

TREATMENT CAPACITY



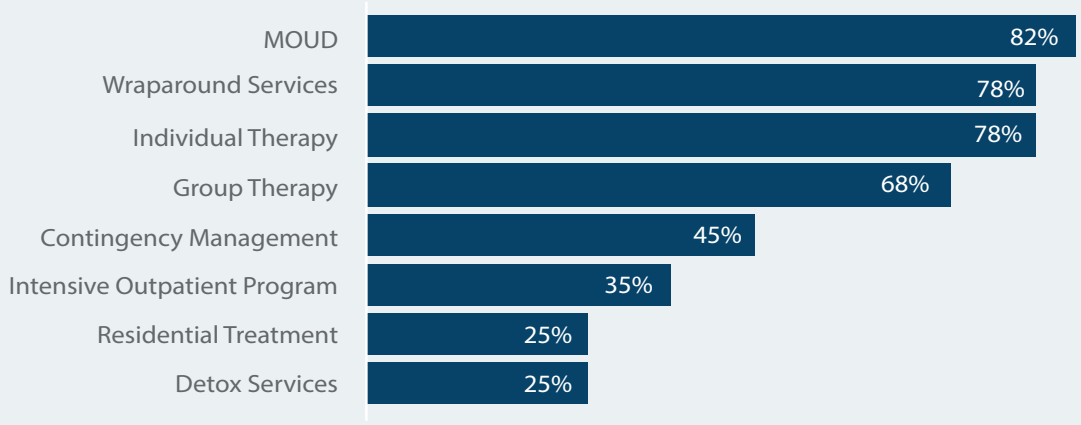
MOUD and Complementary Services

All SOR-funded CSBs/Agencies report on the availability of services and the number of people receiving them through the Treatment Quarterly Reporting Surveys (details in Appendix C). In Year 2 of SOR III, 37 SOR treatment-funded CSBs/Agencies completed quarterly surveys, identifying the services provided and noting successes and challenges encountered. Additionally, the data presented in this section highlights treatment services offered within justice settings.

Treatment Services Provided by CSBs/Agencies

The majority of CSBs/Agencies (30 out of 37) provided clients with MOUD services, and 29 CSBs/Agencies offered wraparound and individual services.

PERCENT OF CSBs/AGENCIES PROVIDING EACH SERVICE



Regarding MOUD, evidence consistently supports its effectiveness, especially medications like methadone and buprenorphine. Studies show these treatments significantly reduce opioid use, improve treatment retention, and lower mortality by approximately 50%. Methadone and buprenorphine are particularly effective in reducing overdose risk and improving social outcomes such as reduced HIV transmission and lower criminal justice involvement. While extended-release naltrexone shows some effectiveness in reducing opioid use, it has lower retention rates, limiting its impact. Overall, long-term, well-dosed treatment with methadone or buprenorphine is associated with the most substantial benefits for individuals with OUD.[3]

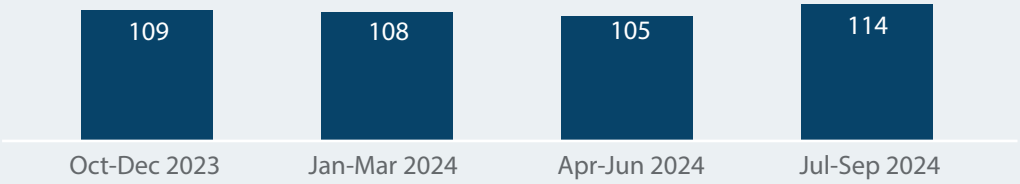
Another treatment modality that has strong empirical support for treating SUD is Contingency Management (CM). Studies have shown that CM has substantially increased treatment retention and abstinence rates in various clinical settings, These studies also show that CM, which offers rewards for those screening negative for stimulant use, helped nearly half of participants in psychosocial clinics complete 12 weeks of treatment, compared to 35% with standard care. Additionally, CM has proven effective in reducing the use of opioids, alcohol, marijuana, benzodiazepines, and even cigarettes.[4]

[3] National Academies of Sciences, E., Division, H. and M., Policy, B. on H. S., Disorder, C. on M.-A. T. for O. U., Mancher, M., & Leshner, A. I. (2019). The Effectiveness of Medication-Based Treatment for Opioid Use Disorder. In Medications for Opioid Use Disorder Save Lives. National Academies Press (US). https://www.ncbi.nlm.nih.gov/books/NBK541393/

[4] Petry, N. M. (2011). Contingency management: What it is and why psychiatrists should want to use it. The Psychiatrist, 35(5), 161. https://doi.org/10.1192/pb.bp.110.031831

In Year 2 of SOR III, the total number of MOUD prescribers across all CSBs/Agencies ranged from 105 to 114 per quarter. Individual agencies employed between 0 and 14 prescribers, averaging 3 per agency each quarter. This shows a slight decrease from Year 1, where agencies employed up to 20 prescribers.

NUMBER OF MOUD PRESCRIBERS ACROSS ALL SOR-FUNDED CSBs/AGENCIES



SUCCESS STORIES

Expanded Access to Buprenorphine: Transforming Treatment in Virginia

In 2022, 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. Buprenorphine can now be prescribed in Opioid Treatment Programs (OTPs), Office-Based Addiction Treatment (OBAT) settings, and other medical facilities. As of January 2024, Virginia had 50 licensed OTPs, including five public programs in Alexandria, Norfolk, Hampton, Newport News, Portsmouth, and Richmond, one at a VA hospital, and 44 private, for-profit OTPs.[5]

The Arlington County Sheriff's Office reported substantial benefits for individuals in custody participating in this program, including reduced cravings and less frequent dosing requirements. This initiative has promoted a more stable, supportive environment within the facility, and the Sheriff's Office plans to expand similar opportunities to aid rehabilitation and support inmates' health.[6]

A Path to Recovery

"D came into services when he was 17. He had recently overdosed on Fentanyl, which he was continuing to use regularly. He initially declined MOUD but engaged in therapy with our OBAT Supervisor. Two months after beginning therapy he overdosed again and received Narcan from his dad. After this overdose, he was willing to try MOUD. He received oral naltrexone in the office. When he returned to OBAT for a Vivitrol shot he was positive for opioids. Throughout his use, he faced consequences in many areas of his life, including being kicked out of school, becoming court involved, and almost being removed from the home, along with his younger sisters."

"Still, despite these consequences and multiple overdoses, he was unable to stop use. His OBAT Care Coordinator and the OBAT Supervisor found him residential treatment. Once he turned 18, he was able to leave. He made the decision to return to Valley CSB and enrolled in Substance Use Outpatient services. He has been attending groups multiple times per week. He has completed multiple drug screens since returning: they have been negative for all substances, including Fentanyl. He is taking classes at the adult learning center and is working at a restaurant. It is very possible that D would have died if he continued to use. At 17 years old he had already overdosed twice. He is now sober, in school, and working."

— Valley CSB

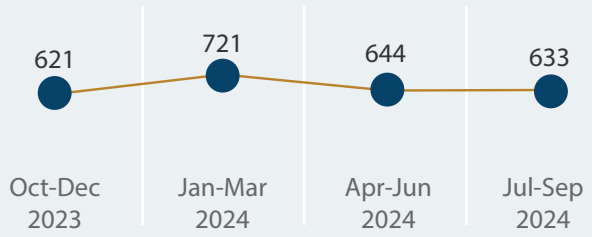
[5] Virginia Department of Behavioral Health and Developmental Services. (2024). Medication Assisted treatment in Virgina.
[6] Arlington County Sheriff's Department. (2024).Success with newest Medication Assisted Treatment (MAT) Program.

Individuals Served by CSBs/Agencies

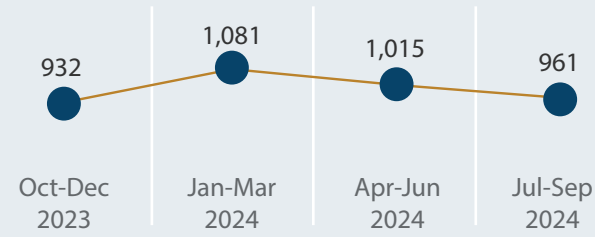
In Year 2 of SOR III, 7,630 individuals received SOR-funded treatment services, an increase of 672 individuals compared to Year 1.

These individuals received support through a wide range of treatment services. The number of most services varied only slightly from quarter to quarter. However, there was a 25% increase in the number of individuals receiving MOUD services in the fourth quarter (2,067) compared to the third quarter (1,655). This year's fourth quarter increase is similar to Year 1 of SOR III. It may be a recurring pattern related to the fourth quarter time frame, or, for this year, it may be related to the addition of a new agency offering MOUD toward the end of the grant year.

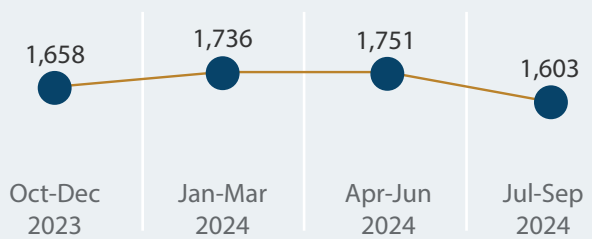
CONTINGENCY MANAGEMENT



GROUP COUNSELING

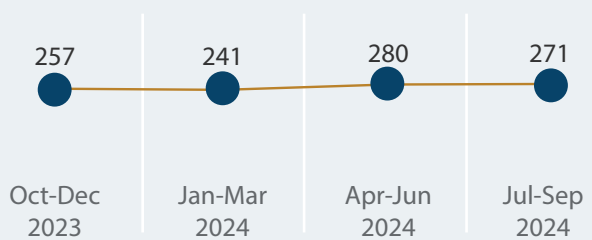


INDIVIDUAL COUNSELING

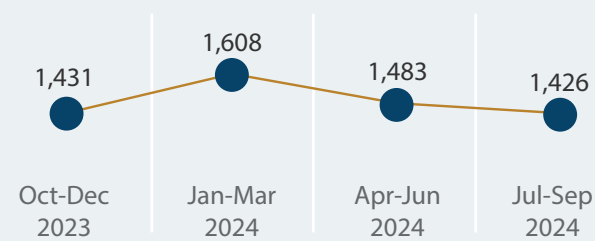


MOUD

OTHER SERVICES



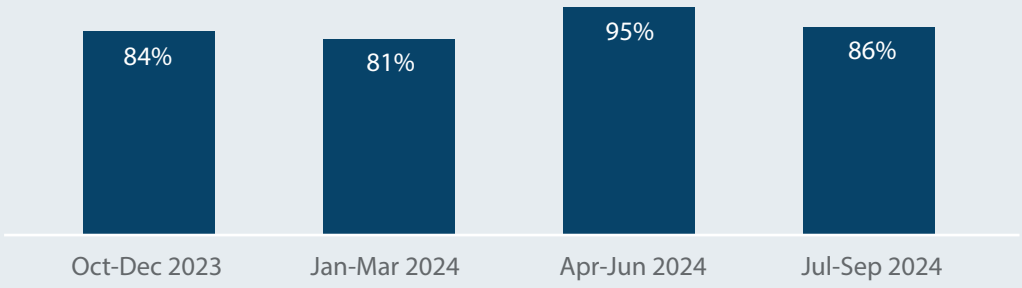
WRAPAROUND SERVICES



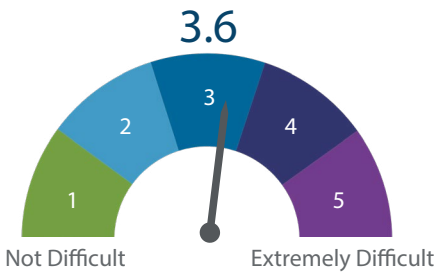
Successes and Challenges of Service Provision

Since October 2023, the percentage of CSBs/Agencies reporting that they were mostly or completely able to meet their clients' needs has fluctuated slightly each quarter.

MEETING CLIENT NEEDS



On a scale of 1 to 5—where 1 is "not difficult" and 5 is "extremely difficult", CSBs/Agencies rated their ability to fill open positions at an average of 3.6, indicating that it was somewhat challenging to fill positions.



Staffing challenges have persisted for several years, initially driven by the nationwide healthcare shortages stemming from the COVID-19 pandemic, which continue to impact CSBs/Agencies today. Even so, CSBs/Agencies have demonstrated resilience in their dedication to providing treatment services and meeting the needs of their clients.

> "Our MOUD team has reached a level of cohesion that allows us to provide consistent, quality care to those we serve. Though we have a variety of staff to provide the services our clients need when they need them, our staff exhibit a level of teamwork that allows seamless service."
>
> — Highlands CSB

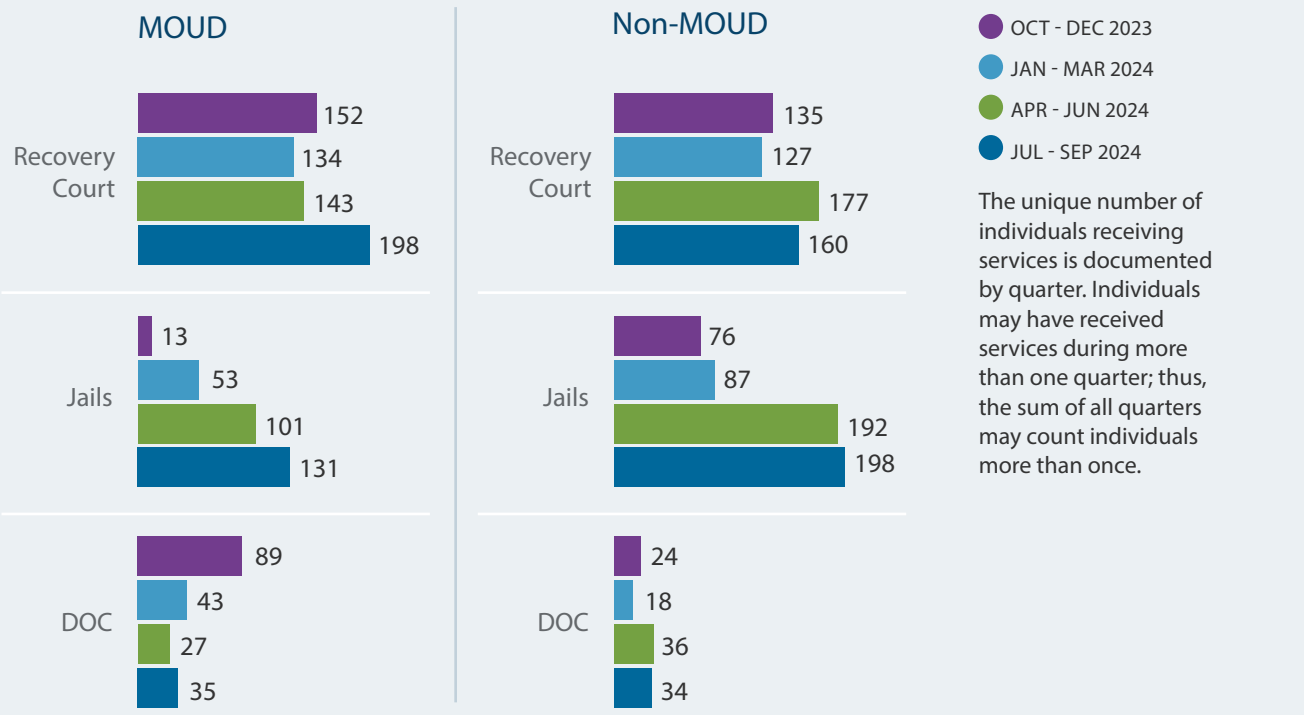
Treatment Services in Justice Settings

Individuals with substance use disorder (SUD) are disproportionately represented in the justice system, underscoring the need for more accessible treatment services within these settings. Virginia has expanded initiatives to improve service access in justice settings to address this.

SOR grant funding supports this expansion, which enables CSBs/Agencies to partner with jails and recovery courts—programs that offer judicially supervised treatment as an alternative to incarceration—to provide both MOUD and non-MOUD services. Non-MOUD services include individual and group counseling, case management, and other therapeutic supports. Data in this section were collected from the Treatment Quarterly Reporting Surveys throughout Year 2 of SOR III (see Appendix C for details).

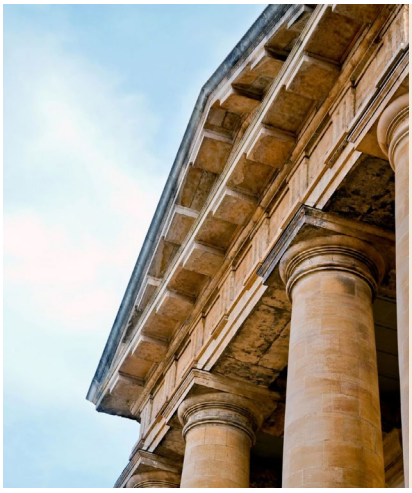
26 CSBs/Agencies reported providing treatment services in recovery courts, jails, and some Department of Corrections (DOC) facilities at some point during Year 2 of SOR III.

The charts below present the number of people who received MOUD services and non-MOUD services in a justice setting supported by SOR funding in Year 2 of SOR III:



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.



OUD Treatment Path from Drug Court to Recovery with Hope

SUCCESS STORY

"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

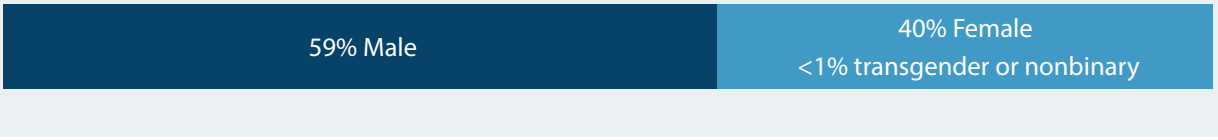
Participant Characteristics

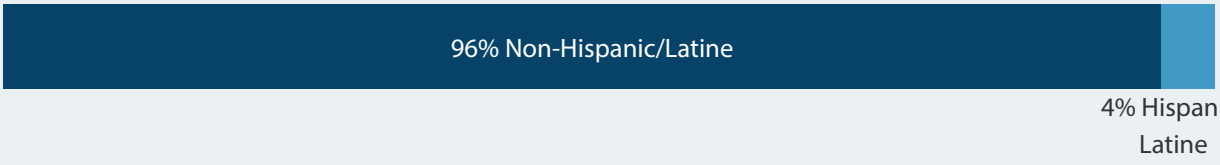
The Government Performance and Results Act (GPRA) survey collects data from individuals receiving SOR-funded treatment services who consent to participate in the evaluation.[7] Evaluation participants are asked to complete the GPRA survey at intake, 6 months after, and discharge from services. For more information on the survey, see Appendix C. The data in this section of the report are derived from 3,587 participants who completed a current intake GPRA survey at any point in SOR III Years 1 and 2.[8]

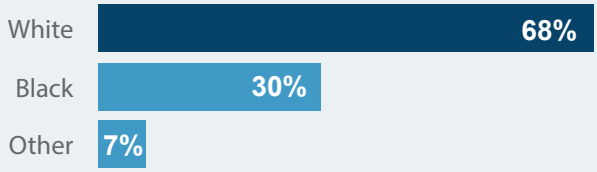
Demographics

More than half of the participants (59%) were male, and most identified as straight (90%) and non-Hispanic/Latine (96%).

The following charts and graphs highlight the overall makeup of the participants across several demographic categories.







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

The average age was 41 years and ranged from 18 to 86 years.

[7] 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.
[8] The data presented in this section are collected through the current intake GPRA, which SAMHSA introduced in January 2023. Data from the expired GPRA used for part of SOR III Year 1 was not included because specific GPRA questions, although similar, were not the same in both tools.

RELATIONSHIP STATUS

51% were single

15% were in a relationship

12% were married

LANGUAGES

98% spoke English at home

6% spoke another language at home

ORIENTATION

91% identified as straight

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

TREATMENT HISTORY

74% had been in treatment at least once before

42% referred themselves to treatment

30% were referred to treatment from a justice setting

7% were receiving treatment services in a jail or other criminal justice setting

EMPLOYMENT

79% earned less than $20,000

59% earned from $0 – $9,999

37% were looking for work

20% were employed full-time

14% were not looking for work

14% were not working due to a disability

11% were employed part-time

EDUCATION

46% had a high school diploma or equivalent

22% had less than a 12th-grade education

21% had some college

FAMILY STATUS

70% had children under the age of 18

2% were currently pregnant

INSURANCE

89% had insurance coverage

88% of those with insurance coverage had Medicaid

11% of those with insurance coverage had Medicare

5% of those with insurance coverage had private insurance

OTHER

96% never served in the military

63% always had reliable access to transportation

Substance Use & Behavioral Health History and Diagnoses

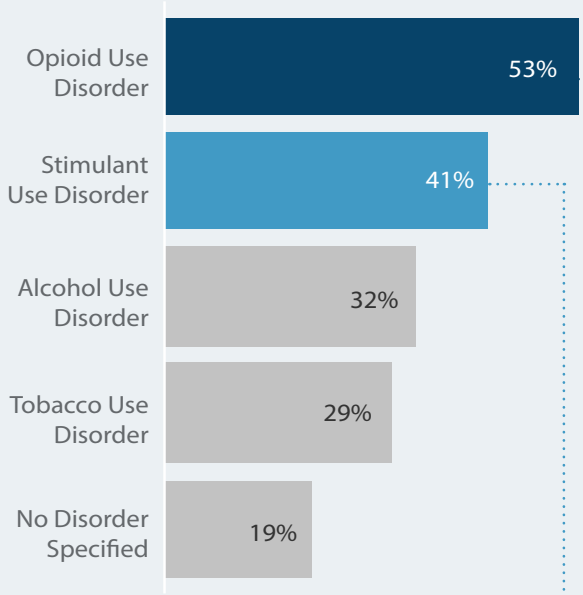
The GPRA collects information on participants' substance use and behavioral health diagnoses by directly asking participants if they have been diagnosed with any of four specific substance use disorders (alcohol, opioid, stimulant, and tobacco) and, if so, what type of evidence-based intervention was received.

The GPRA also asks participants if they have ever been diagnosed with a mental health illness by a healthcare professional. If so, the participant is asked to self-report their illness/disorder that falls under seven main categories (e.g., mood [affective] disorders, anxiety disorders, etc.).

Of all 3,587 participants who completed the current intake GPRA, 53% (1,912) reported having an OUD, and 41% (1,482) had a stimulant use disorder. Nearly half (43%) reported having two or more disorders. The chart shows the breakdown of the most common diagnoses reported on the current GPRA. Also shown are the top five planned services for those with an OUD and a stimulant use disorder.

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

SUBSTANCE USE



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

Top five planned services for OUD:

1. Case management: 69%
2. Treatment assessment: 68%
3. Alcohol/drug testing: 58%
4. Substance use education: 56%
5. Recovery planning: 54% (tie)
5. Screening: 54% (tie)

Of those with OUD, 64% reported receiving an FDA-approved medication for the treatment of the OUD in the past 30 days, with buprenorphine being most frequently noted at 51%.

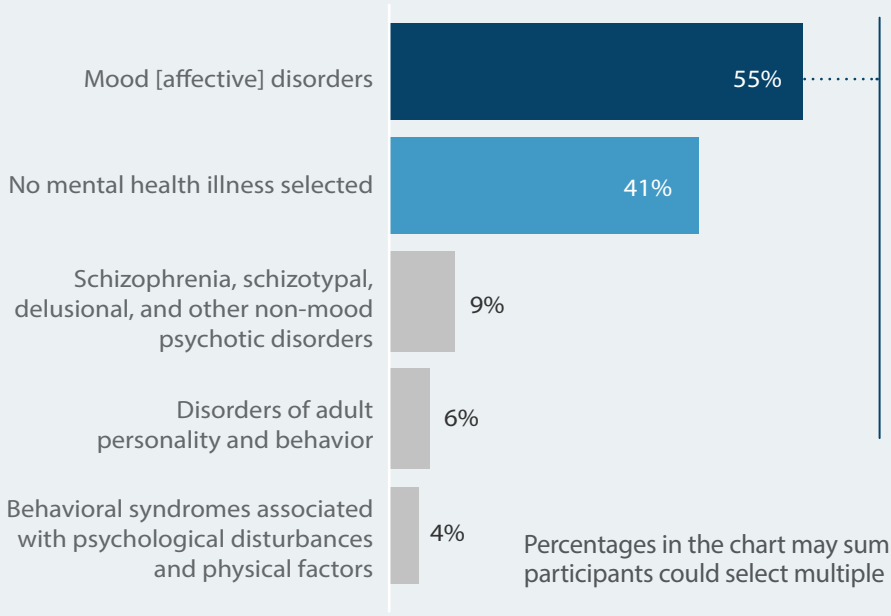
Top five planned services for Stimulant Use Disorder:

1. Treatment assessment: 69%
2. Case management: 67%
3. Alcohol/drug testing: 56%
4. Substance use education: 54%
5. Recovery planning/Screening: 53%

Of those with stimulant use disorder, most (72%) indicated they did not receive any evidence-based interventions in the past 30 days. Of those who did, cognitive behavioral therapy was most frequently noted (18%). Contingency management was reported by 5% of participants, and "other" unspecified interventions were reported by 8% of participants.

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

MENTAL ILLNESS



Of those with mood disorders, nearly half did not specify which type (45%). Of those that did:

36% reported recurrent major depressive disorder

24% reported bipolar disorder

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

SUCCESS STORY

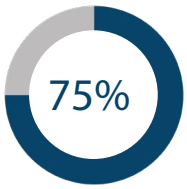
Treatment Program Graduate Notes Keys to Success

"Ms. A is a recent successful graduate of the Substance Use Disorder Program (SUDP). Her interaction with the Henrico County criminal justice system began in 2016; her charges were all directly related to her substance use. She had 7 admissions to Henrico Jail from 2016-2024. Early this year, she was admitted into SUDP programming, and she successfully graduated programming in August.

Not only did she maintain sobriety throughout program participation, but she also made great strides in improving her and her children's circumstances. She worked diligently to regain custody of her children. She obtained and maintained employment, all while she actively participated in treatment and readily engaged in all aspects of programming and treatment. She stated the level of support, case management, and peer services were the keys to her success. She reports she is very thankful for the program and believes it saved her life."

— Henrico Area Mental Health and Developmental Services

Co-occurring mental health and substance use disorders are prevalent among participants receiving treatment services.



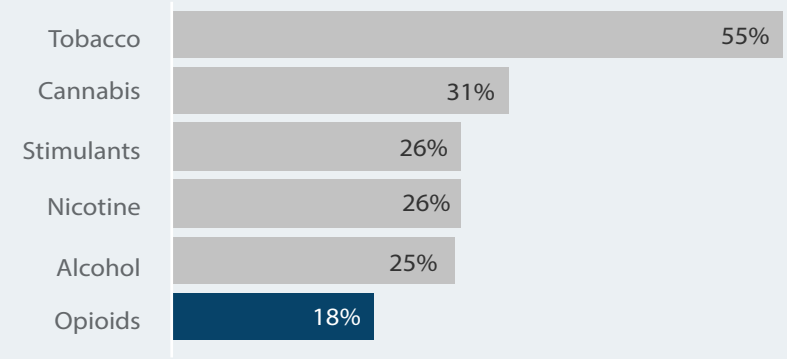
Of those who were screened had co-occurring health and substance use disorders.

94% of SOR participants were screened for a co-occurring disorder. Of those, 75% screened positively and were referred for further assessment. A "co-occurring disorder" describes when adults with mental health illnesses also have a substance use disorder. According to SAMHSA's 2022 National Survey on Drug Use and Health, approximately 21.5 million adults in the United States have a co-occurring disorder.[9] Co-occurring disorders are common among people seeking treatment, and those with a co-occurring disorder are more likely to be hospitalized than people with a mental health or substance use disorder alone.[10] Intake GPRA assessments are a critical component of treatment that may help indicate these complex cases.

Misuse of opioids of any kind in the past 30 days was reported by 18% of participants at intake.

Participants were asked how many days out of the past 30 they used any substance. Of those who answered, tobacco was the most frequently used substance (55%), followed by cannabis (35%), stimulants (26%), nicotine (26%), and alcohol (25%). Opioid use was reported less frequently than all of these (18%). The lower percentage of those reporting opioid use in the past 30 days may be due to the participant being in active treatment for an OUD.

SUBSTANCES USED IN THE PAST 30 DAYS



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

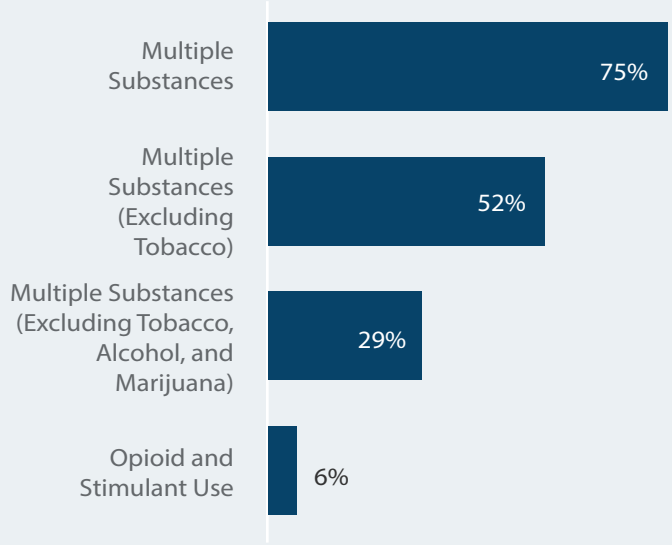
Preliminary numbers for 2023 indicated that fentanyl (prescription, illicit, and/or analogs) caused or contributed to death in 76.3% of all fatal overdoses in 2023.[11]

DEFINITION

Combining substances is known as polysubstance use. According to 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, intentionally or unintentionally."[12] Although the GPRA data does not record the specific polysubstance use, it does report on the use of multiple substances over the past 30 days.

[9] SAMHSA Co-occurring Disorders and Other Health Conditions, 2022
[10] SAMHSA The Case for Screening and Treatment of Co-Occurring Disorders, 2024
[11] Virginia Department of Health, Office of the Chief Medical Examiner. Fatal Drug Overdose Quarterly Report, October 2023.
[12] CDC. Polysubstance Use Facts.

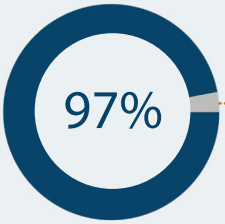
MULTIPLE SUBSTANCE USE



Excluding tobacco, 52% of participants said that they used multiple substances in the past 30 days; 6% of participants reported using both opioids and stimulants.

When substances are combined, especially opioids and stimulants, the risk of overdose greatly increases. In Virginia, the combination of opioids with stimulants has continued to be the cause of fatal overdoses. In 2023, the most common combination of substances causing fatal overdoses was cocaine and fentanyl, representing 34.2% of all overdose deaths.[12]

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



Of those who reported experiencing an overdose (n=115):

- 48% needed care in an emergency department
- 36% received naloxone
- 33% were admitted to a hospital
- 20% indicated the intervention they received was supervision by "someone else"

[12] CDC. Polysubstance Use Facts.

Participants in the Justice System: Treatment and Diagnoses

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

736
currently awaiting charges, trial, or sentencing.

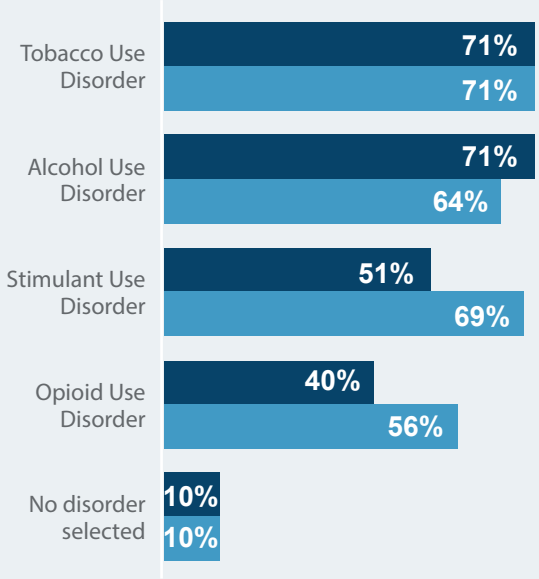
499
currently on parole or probation.

1,747
currently participating in a drug court or deferred prosecution agreement.

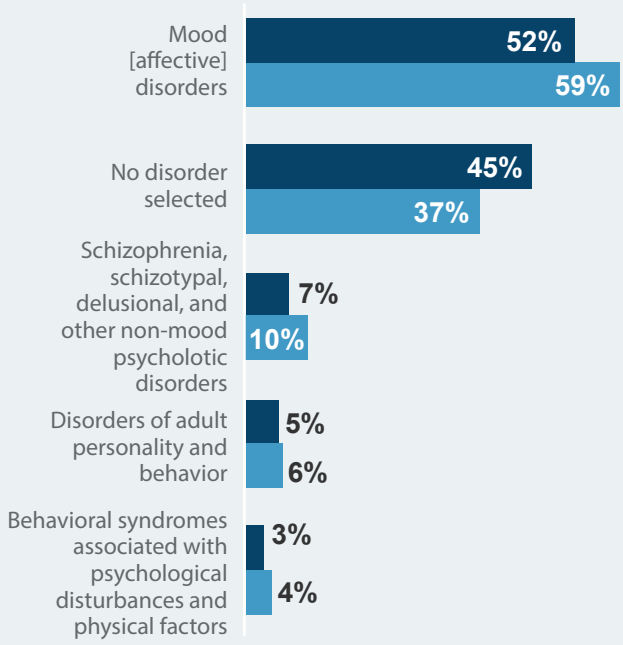
247
receiving treatment in the justice setting.

JUSTICE SETTING GENERAL POPULATION

The most common diagnoses for those in the justice system were similar to those reported by participants in the general population, with tobacco use disorder the same, alcohol use disorder higher in the justice setting, stimulant use disorder higher among the general population, and opioid use disorders the lowest among the justice participants of all diagnoses.



49% of those in justice settings reported not having a mental health illness. Of those who did, the reported mental health illnesses were similar to those reported by participants in the general population, with mood disorders being highest amongst both groups.[13]



Top five planned services for justice setting clients:

- Recovery planning: 77%
- Case management: 67%
- Treatment planning: 59%
- Screening: 55%

Settings in which SOR-funded services were provided:

- Prison (state): 45%
- Jail (city, county, regional): 32%
- Probation, parole, CCAP: 21%
- Drug/recovery court: 2%

[13] Because GPRA participants self-report substance use and mental health diagnoses, it is important to note that other factors (such as access to professional assessment and care) likely contribute to differences in reported rates between justice settings and the general population.

DEFINITION

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 and provide a positive return on investment of $2.21 in benefits for every dollar spent.[14,15,16]

Justice Setting Treatment Success

SUCCESS STORY

"The Virginia Beach Jail was able to start providing medications for opioid use disorder treatment starting in July 2024. This initiative began with discussions and planning over three years ago and finally was able to begin this year. In addition to Suboxone and Subutex[17], the jail has also begun Sublocade[18]. This has been tremendously helpful for the individuals incarcerated in the Virginia Beach City Jail."

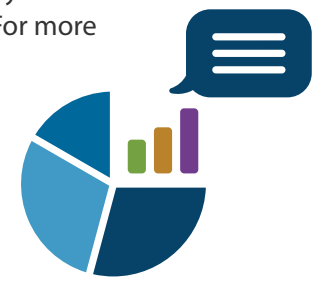
– Virginia Beach Human Services

[14] Medication Assisted Treatment in US Drug Courts: Results from a Nationwide Survey of Availability, Barriers and Attitudes
[15] 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."
[16] Drug Courts The U.S. Department of Justice provides a definition, types of, and the history of Drug Courts.
[17] Suboxone and Subutex are medications used to treat OUD. Suboxone contains both buprenorphine and naloxone, whereas Subutex contains only buprenorphine. https://americanaddictioncenters.org/suboxone/subutex-suboxone
[18] Sublocade is an injectable MOUD containing buprenorphine https://www.drugs.com/sublocade.html

Participant Outcomes

The data presented in this section of the report are derived from 1,296 participants who completed both an intake and a "latest assessment" GPRA interview over the two-year SOR III grant period, resulting in a "matched" set of intake and latest assessment data. The latest assessment could be a 6-month follow-up or a discharge interview. We analyzed the data to assess changes in participant responses over time and to demonstrate outcomes. Statistically significant changes (p-values less than 0.05) are indicated with an asterisk or they are marked as "yes" in the table on the next page. While statistically significant results ($p < 0.05$) suggest that the observed changes are unlikely to be due to chance, it is important to note that statistical significance does not guarantee practical significance. The likelihood that a significant result reflects a true relationship is higher when the result meets statistical significance, but uncertainty remains, particularly in social science research.

It is also best practice to compute and report effect sizes (d) to provide a more practical interpretation of the strength of the relationship between variables at the two distinctive time points. In this analysis, the effect sizes were generally small ($d = 0.2$ or less), indicating that while statistically significant changes were observed, the magnitude of the effect was small. Small effect sizes are common in the social sciences and should be interpreted within the context of the study design, sample size, and significance value. For this reason, since computed effect sizes were all smaller than 0.2, they are not included in this report. For more information on methods, statistical significance, and effect size interpretation, please refer to Appendix C.



Results show that SOR grant services positively impact the treatment and recovery journeys of individuals served in areas such as substance use, mental health, and quality of life.

In addition to any statistically significant changes, the outcomes in this section overall may represent meaningful changes in the daily lives of those receiving treatment and recovery services.

Substance Use & Treatment

From intake to the latest assessment, substance use decreased for almost all substances used in the past 30 days. Synthetic cannabinoids and other cannabis use remained the same, with 1% of the matched population reporting usage at intake and the latest assessment.

The largest decreases from intake to the latest assessment were for the two main focuses of the grant: stimulant misuse (55% decrease) and opioid misuse (53% decrease).

	Decrease in # of People Who Used in Past 30 Days	Statistically Significant Decrease	Intake Use Rate	Latest Assessment Use Rate
Any Substance Use	– 7%	yes	77%	72%
Any Substance Excluding Tobacco or Nicotine	– 31%	yes	50%	34%
Any Substance Excluding Tobacco, Nicotine, Alcohol, and Cannabis	– 52%	yes	25%	12%
Any Opioid Use	– 53%	yes	11%	5%
Fentanyl	– 50%	yes	4%	2%
Heroin	– 55%	yes	4%	2%
Any Stimulant Use	– 55%	yes	17%	8%
Methamphetamine	– 59%	yes	8%	3%
Cocaine or Crack	– 55%	yes	17%	8%
Legal Substances				
Tobacco or Nicotine	– 14%	yes	63%	54%
Alcohol	– 41%	yes	23%	13%
Cannabis[19]	– 25%	yes	27%	21%

The proportion of participants who reported injection drug use significantly decreased from intake (3%) to the latest assessment (1%).

At the latest assessment, on average, participants reported significantly fewer life disruptions – including experiences of stress, forgoing important activities, and experiencing emotional problems – due to alcohol or drug use.

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

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

- **13%** ▼ Experienced stress*
- **10%** ▼ Gave up on important activities
- **13%** ▼ Experienced emotional problems

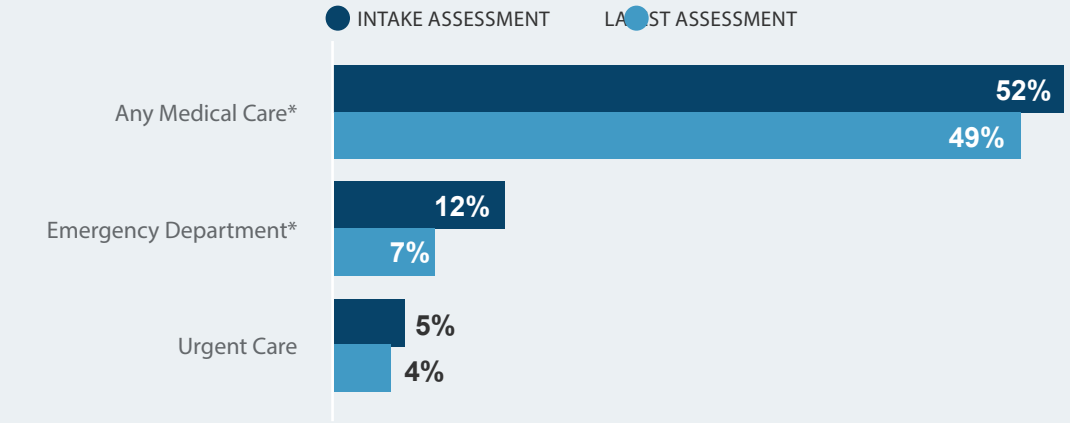
*statistically significant, $p < 0.5$

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

Another critical measure for assessing 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 ten 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 or emergency department services in the past 30 days significantly decreased from intake to the latest assessment. The chart below displays the percentage of participants who sought medical care in the past 30 days in various settings. While there was a decrease in urgent care services sought, that change was not statistically significant.

MEDICAL CARE



Region Ten's Successful Hospital Referral

SUCCESS STORY

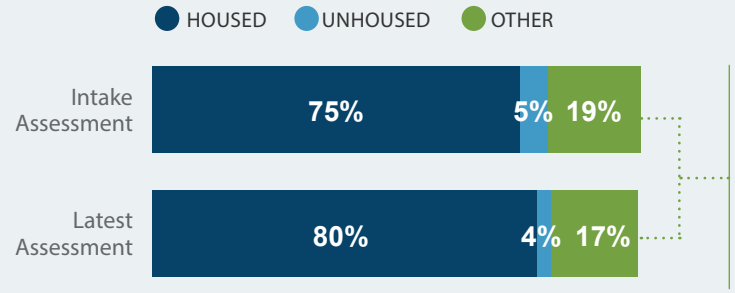
"One of our clients was referred to us from our local hospital where we provide Recovery Support Services. We were able to coordinate his admission to residential treatment where he completed the program and was ready to transition to sober living. This client has remained sober, has become an active member of his Oxford House, is working, and continues to access Region Ten outpatient services including the Blue Ridge Clubhouse where he regularly attends Acu-Detox sessions. SOR funding was provided to him in order to cover his deposit and rent in sober living for several weeks until he found gainful employment and was able to start making his payments himself."

-- Region Ten CSB

Social Environment and Relationships

At the latest assessment, there was a statistically significant increase in participants who reported stable housing compared to intake. Likewise, a statistically significant number of participants shifted from being unhoused into some form of stable housing. There were decreases for those reporting living in "other" settings, but that change was not significant.

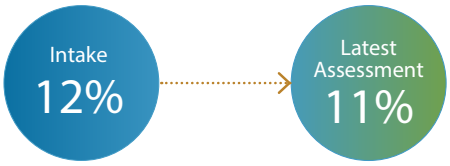
GPRA OUTCOMES



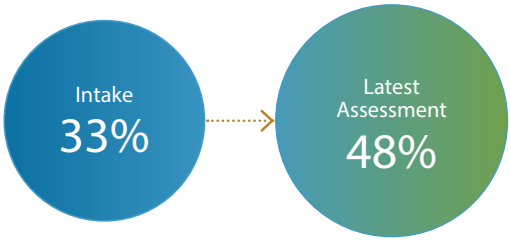
"Other" includes:

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

At the latest assessment, participants reported they 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 favorable treatment and recovery outcomes.



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



Nearly all participants indicated that they had interactions with family or friends who were supportive of their recovery at both intake (92%) and the latest assessment (93%), which is an essential component of the entire recovery journey.

SUCCESS STORY

Eastern Shore Inpatient Client Resilience

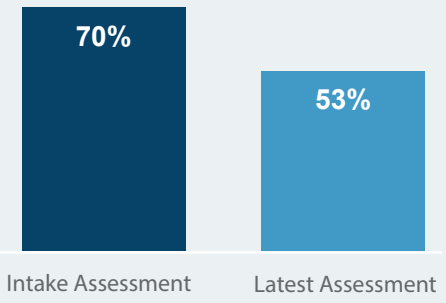
"We currently have an individual who was from a very remote area that provides no recovery resources for individuals. The client was an open CPS case and was on the verge of losing custody of her son due to her use. We were able to arrange for the client to go to inpatient treatment with her son to support both her as an individual as well as her as a parent. She has since moved back, secured housing, secured employment, and purchased a vehicle. She attends all appointments with her provider here at Eastern Shore CSB and does have custody of her son."

—- Eastern Shore CSB

The percentage of participants who reported a need to change social connections or places that negatively impact their recovery decreased from intake to the latest assessment.

At intake, when asked about the past 30 days, over two-thirds (70%) reported needing to make a change in social connections compared to just over half (53%) at the latest assessment. A decrease in this data point may be desireable if the participant had already made changes between intake and the latest assessment or maybe the individual had changed other aspects of their life and no longer needed to change social connections or places to maintain their recovery.

NEED TO MAKE A CHANGE IN SOCIAL CONNECTIONS

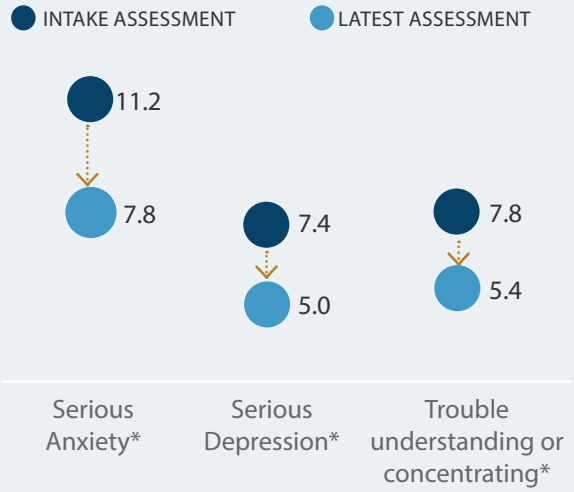


Mental Health and Quality of Life

Participants reported a significant decrease in the number of days that mental health issues were experienced over the past 30 days (78% at intake and 71% at the latest assessment), yet overall prevalence remained high, which may be anticipated as part of a person's path to treatment and their recovery journey. However, a part of the recovery process consists of finding healthy support systems and being included in a recovery-oriented community. A recovery journey may have thus reduced the need to make substantial changes because they would already be surrounded by positive support. Overall, ongoing mental health support is critical in maintaining and advancing progress made through treatment and recovery.

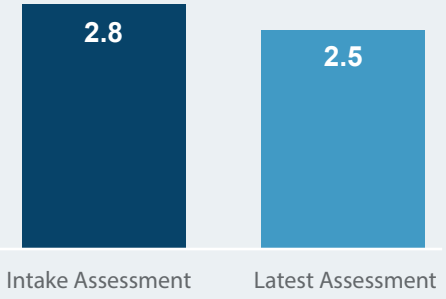
The average number of days in the past 30 days that participants experienced serious anxiety, depression, and trouble understanding or concentrating, significantly decreased.

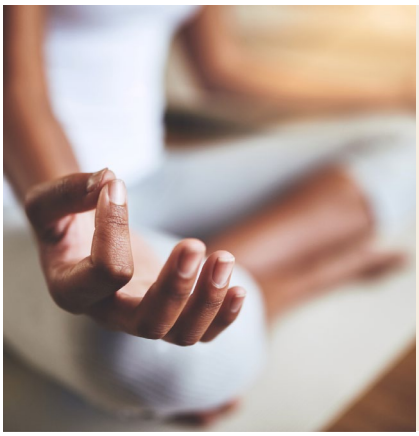
MENTAL HEALTH PAST 30 DAYS



Participants reported the extent to which they were bothered by psychological and emotional problems in the past 30 days using a scale from 1 to 5, where 1 is not at all bothered and 5 is extremely bothered. The mean score at intake was 2.8 and at latest assessment, 2.5, showing an improvement. These mean scores fall closest to the "moderately bothered" score of 3. Thus, there continues to be a need for attention to these problem areas by participants' care teams.

BOTHERED BY EMOTIONS PAST 30 DAYS





Justice-Setting Treatment and Recovery through Mindfulness

SUCCESS STORY

"As a part of Recovery Capital tracking, we identified that women in particular were not having as positive outcomes as their male peers. We ran a series of male and female trauma intensive workshops focusing on increasing participants' resilience. The course included objectives that help those that cope with trauma and finding tools to deal with any issues they encounter such as 'sound baths', meditation, and yoga."

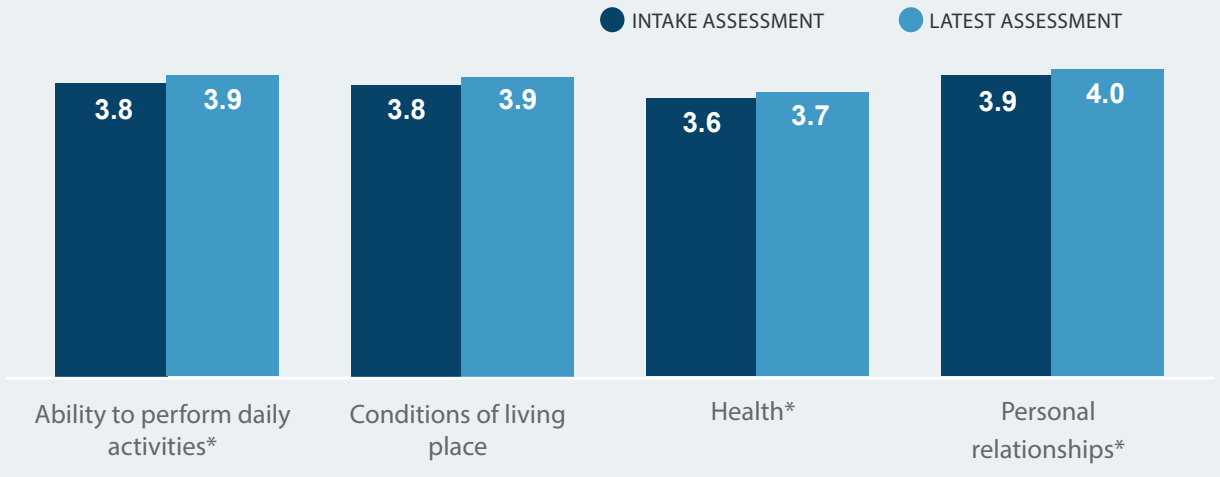
— Chesterfield County Jail

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

INTAKE	LATEST ASSESSMENT*
67% of participants rated their quality of life as "good" or "very good."	74% of participants rated their quality of life as "good" or "very good."

Additionally, participants reported small increases across four aspects of their lives over the past 30 days at the latest assessment compared to intake. The increases in these aspects were statistically significant except for satisfaction in conditions of living place.

QUALITY OF LIFE



Overall, the SOR III GPRA data show positive changes in the lives of evaluation participants. These changes highlighted throughout the sections above include improvements in the past 30-day substance use and other substance use indicators, social environment and relationships, and mental health and quality of life.

*statistically significant, p <0.5

Peer Recovery Support

Peer Recovery Support Services

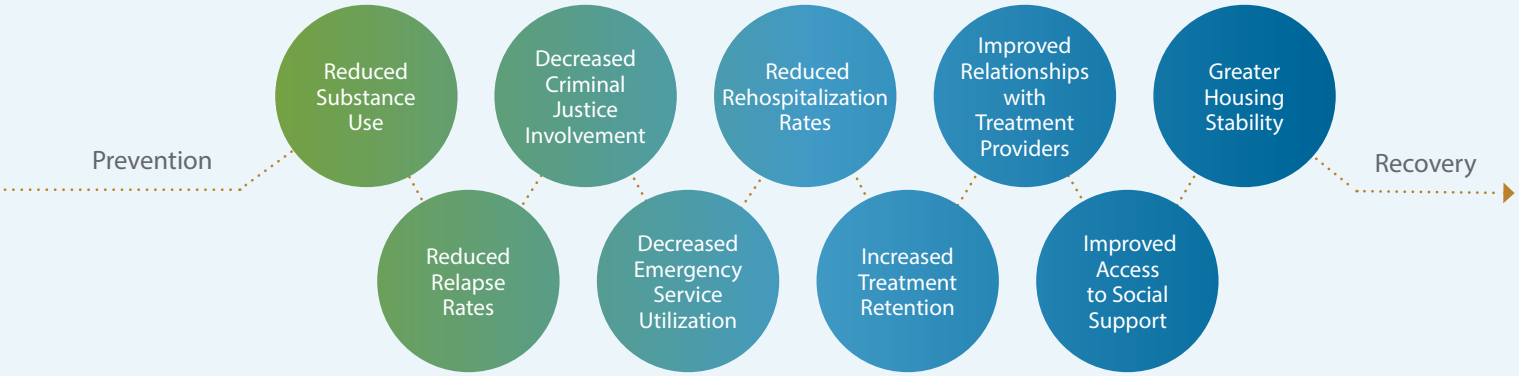
Peer Recovery Specialists (PRS) provide recovery support based on their own living experience of recovery from substance use and mental health disorders. PRS provide a wide breadth of services, including:

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

DEFINITION

Throughout the report, we use the term "living" experience instead of "lived" to emphasize the lifelong recovery journey.

Evidence shows that engaging in peer recovery support services, specifically working with a PRS, promotes recovery and reinforces sustained recovery. PRS have living expertise navigating the recovery process and are professionally trained to help others with their recovery journeys. Positive outcomes of peer recovery support span the continuum of care from prevention and harm reduction to treatment and recovery and include[2]:



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 recovery support services spanning the entirety of the continuum of care. Although PRS deliver the bulk of recovery services, a small portion are provided by other professionals. The following sections highlight SOR-funded recovery support services PRS and other professionals across Virginia provided in SOR III Year 2.

Note: SOR III Year 2 is the second year in the two-year grant cycle.

Key Peer Recovery Support Strategies

- Identify strategic partners to implement peer recovery support programs that maximize impact
- Implement peer recovery 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

> "One of our patients has been considering becoming a Peer Recovery Specialist (PRS), stating that he sees the value of what the PRS give to others and really wants to do something like that himself. We supported him in signing up for a 72-hour Peer Recovery Specialist training!"
>
> — Community Health Center of New River Valley

[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

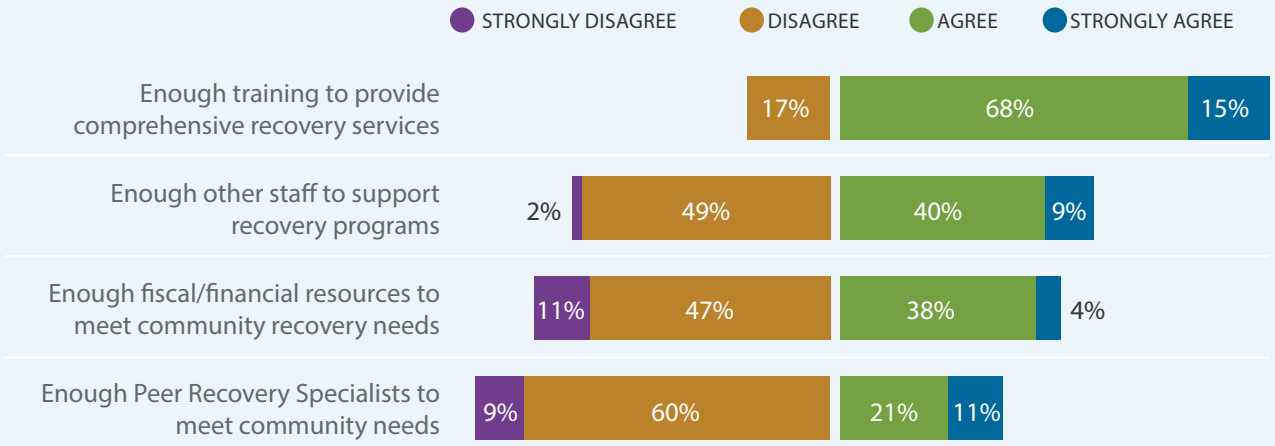
Peer Recovery Support Capacity

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

CBOs' greatest capacity challenges included not having enough PRS or financial resources to meet their communities' demands.

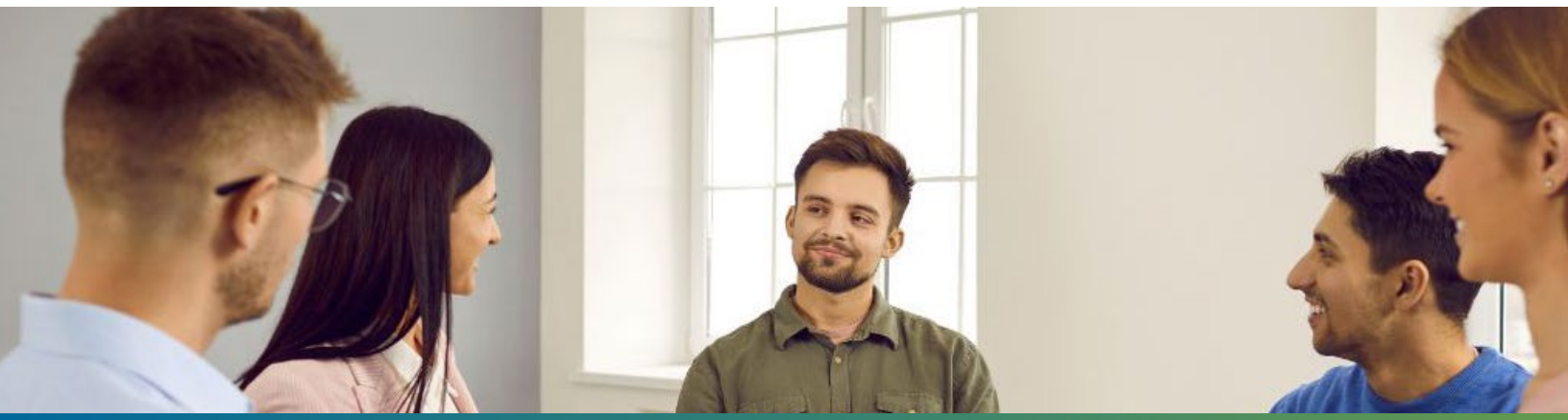
Over two-thirds of CBOs reported insufficient PRS to meet community needs, and nearly 60% reported not having the financial resources to meet community needs. CBOs did, however, feel their staff is prepared to provide comprehensive recovery services, with over 80% of organizations reporting that they had enough training to provide recovery services.

RECOVERY CAPACITY



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 2 funding provided recovery-focused support to 36,620 unique individuals across Virginia.

SOR-Funded Recovery Support Setting[3]	Number of Unique Individuals Served in SOR III Year 2
Community-Based Organizations (CBOs) provided a wide range of SOR-funded recovery supports, including in-house and community-based services (see page 75 for additional information).	34,443
Virginia Department of Health (VDH) sites provided SOR-funded peer recovery support that spans the continuum of care (see page 82 for additional information).	816
Collegiate Recovery Programs (CRPs) received SOR support to increase student membership, provide direct services, and provide campus-wide outreach (see page 90 for additional information).	736
Project Recover Peer Recovery Specialists work alongside law enforcement and other community support agencies to support community members in crisis and engage in various recovery-related services (see page 89 for additional information).	625
Total individuals served in SOR III Year 2	36,620

The table above summarizes various SOR-funded recovery service settings and the number of unique individuals served in each setting during SOR III Year 2. The following pages detail the recovery services provided in each location site listed below and the outcomes of these services.

Peer Support Integrated Across the Continuum of Care

SOR subrecipients highlighted numerous ways that peer supporters have been integrated into various programs, providing support that spans the continuum of care. Some examples of the work that PRS have accomplished 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 recovery groups
- Provided REVIVE! training and supported naloxone distribution
- Reduced the lag time for same-day access to care

[3] Note: The survey used to identify the number of unique individuals served by the Virginia Department of Corrections (DOC) PRS Initiative was not administered in SOR III Year 2, limiting the ability to accurately estimate unique individuals served. This number is not included in the total number of unique individuals served. Additional information about the DOC PRS Initiative can be found on page 85.

SUCCESS STORY

SAVES in Action: Life-Changing Peer Support at Radford University

"SAVES made it into the magazine at Radford University! Substance and Violence Education Support (SAVES) offers services to aid and educate the Radford University community in areas such as substance use, misuse, and interventions. Radford University Student Health and SAVES have further developed care coordination. One student was referred to services via a "warm handoff" after a dangerous experience involving alcohol. The student later shared "It was the wildest thing... I was at the doctor's office after being taken to the hospital. I was introduced to this random guy, apparently a "peer," and I didn't know it from talking to him at the time, but he changed my life forever."

— Radford University

Community-Based Organizations

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 and justice settings to create additional spaces where individuals can access peer recovery support services. These partnerships allow peer recovery services to meet the most vulnerable individuals when and where they need support. This section outlines the services provided by SOR-funded CBO subrecipients in SOR III Year 2. The 47 community-based organization sites included:

38 Community Service Boards (CSBs) & behavioral health authorities

2 Community health centers

2 Independent organizations that provide SUD mental health recovery services

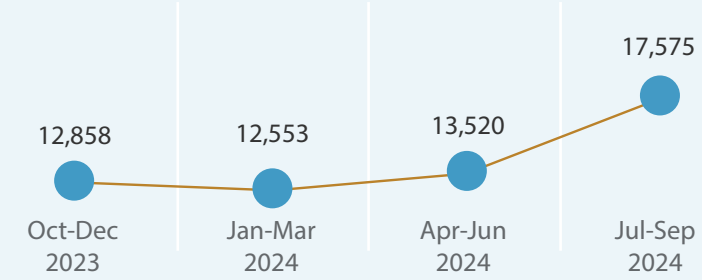
A detailed list of sites is available in Appendix A.

General Recovery Support Services

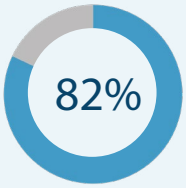
In SOR III Year 2, 47 CBOs delivered SOR-funded recovery services to a total of 34,443 unique individuals.

SOR-funded recovery services increased over the course of SOR III Year 2, with a peak of 17,575 unique individuals served from July - September 2024.

Note: The addition of four new subrecipients toward the end of the grant year contributed to the increase in reported services in Quarter 4.



The graph above shows the number of individuals served each quarter. Since individuals are counted each quarter they receive services, the sum of all quarters is greater than the number of unique individuals served annually (34,443).



Organizations estimated that Peer Recovery Specialists (PRS) provided 82% of SOR-funded recovery services in SOR III Year 2. The rest of the services were provided by other staff or clinicians.

Organization Capacity

In the Recovery Quarterly Reporting Survey, CBOs reported on changes in the number of clients seeking services, the level of care required, and the organization's capacity to manage these changes. Aligning with findings from previous years, at the end of SOR III Year 2:

- Most CBOs reported the same or greater numbers of clients seeking services compared to six months prior (89%).
- The majority of all CBOs reported that clients require the same or a higher level of care than they had six months prior (94%)
- Across all quarters, the majority of CBOs reported being "mostly" able to meet individuals' needs (73%) rather than "not at all," "somewhat," or "completely" able.

Recovery Services Provided by Peer Supporters

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

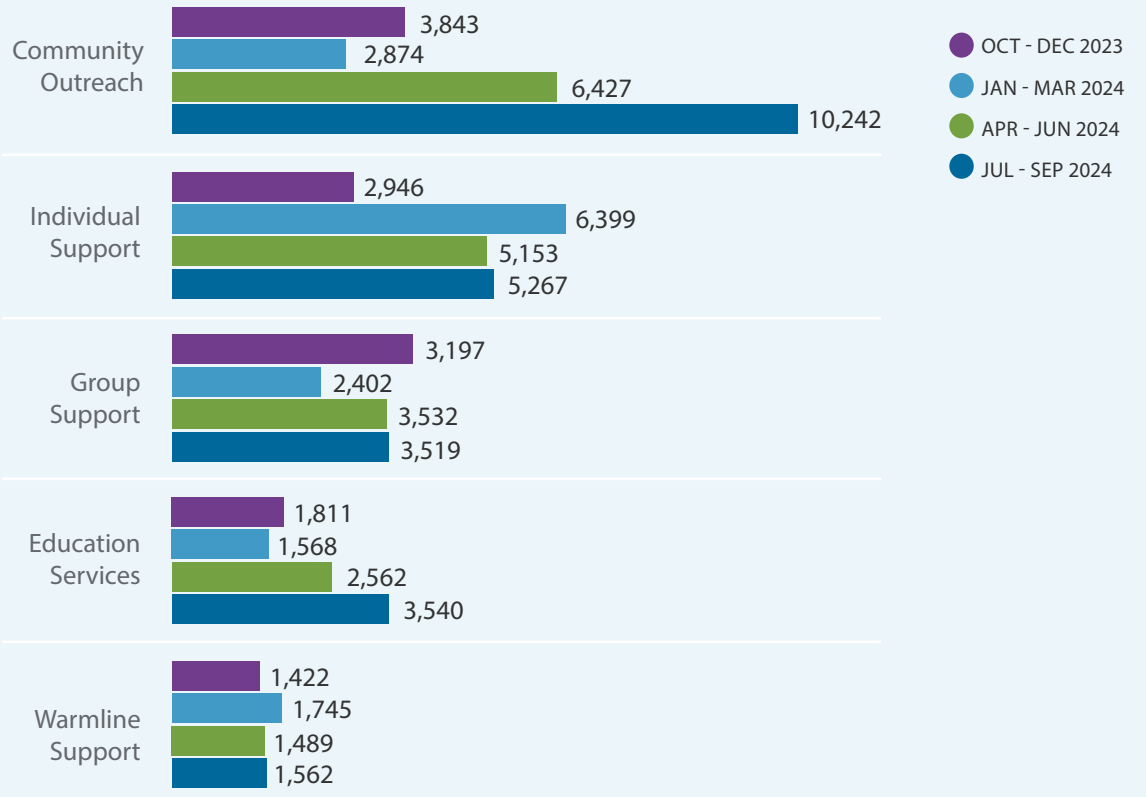
The number of PRS positions actively providing services across the state grew over the course of SOR III Year 2, increasing from 126 in Quarter 1 to 144 PRS in Quarter 4. Throughout the grant year, 15,284 individuals received recovery or peer coaching across 41 organizations.

- CBOs continued to support people above and beyond their traditional clients. In SOR III Year 2, CBOs grew their community outreach over the year, providing outreach to more than 10,000 individuals in Quarter 4 alone, which includes National Recovery Month in September.
- Quarter 1 was the only quarter where CBOs provided more group than individual support. Individual support more than doubled from Quarter 1 to Quarter 2 and then settled into numbers comparable to SOR III Year 1.
- The fewest people were served through warmlines[4], though the number served remained relatively stable throughout SOR III Year 2.

The graph below shows the fluctuation in the number of individuals served for each recovery support service: community outreach, individual support, group support, education services, and warmline support.

> "Our SOR-funded peer continues to engage in frequent outreach and has begun providing monthly Narcan trainings to individuals in our withdrawal management and residential settings. She leaves Narcan in their personal items to ensure everyone who is discharged has been trained on how to recognize and respond to overdose and has the tools to do it."
>
> —Alexandria CSB

SUPPORT SERVICES



[4]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.

SUCCESS STORY

Building Community and Outreach

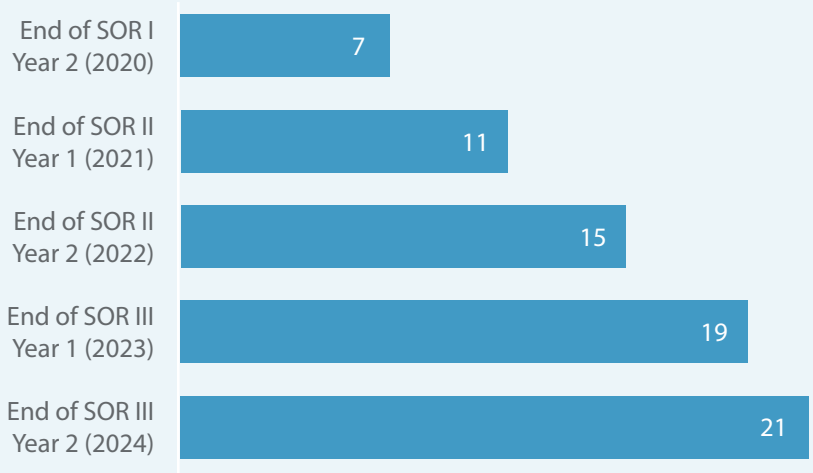
"On June 8th, the S.E.E. Recovery Center hosted its first-ever Rainbow Rockin' Recovery Rave as a part of celebrating diversity, equity, inclusion, and belonging during Pride Month. We had contests and prizes as well as thumping dance music, tasty food, and, of course, lots of glowsticks. Approximately 80 community members attended this event, and we look forward to hosting again next June. The Rave was also a part of S.E.E. Spirit Weeks hosted during the months of May and June. We had a different theme for each weekday (Motivation Monday, Mental Health Tuesday, "On Weds, We Wear Purple!" for overdose awareness, Jersey Thursdays, and PRIDE Fridays), and both staff and guests at the S.E.E. enjoyed participating and dressing to impress."

—Encompass Community Supports

> "Ms. C utilized both the Opioid Treatment Program (OTP) and peer support. She participated in individual and group services and shared her own experiences with new clients joining the program. She became employable and earned a supervisor position at a union-affiliated grocery store. She had previously completed the 72-hour Peer Support Certification training and wanted to find a location to complete her 500-hour internship, which she secured in Fredericksburg. She has also been working on rebuilding trust with her family."
>
> — Arlington County CSB

Peer Support Sustainability

MEDICAID REIMBURSEMENT GROWTH



The number of organizations collecting Medicaid reimbursement for peer recovery support services has grown over the course of the SOR grant. Expansion of Medicaid reimbursement-eligible services will promote the sustainability of funding for peer recovery services.

The Government Performance and Results Act (GPRA) Survey

The 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 at a follow-up, six months after intake, or an interview during discharge from services. For more information on the survey, see Appendix C.

The data included in this section of the report were collected from 40 community-based organizations. 3,587 participants completed an intake GPRA survey during the two-year SOR III grant period. Note that the number of participants who completed an intake GPRA is lower than those who received SOR-funded recovery services because 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). The GRPA survey included questions about whether participants worked with a PRS and their related experience.[5]

SUCCESS STORY

Peers Support Recovery and Connection

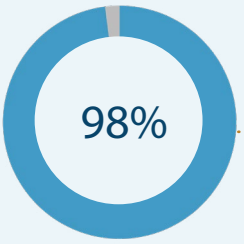
"In June 2024, our Peer Recovery Program hosted our Summer Peer Social Event at Claytor Lake State Park. These events were created so patients can have fun and socialize with others in recovery while they practice the skills they have learned while in treatment, emphasizing that you can still be social and have fun while in recovery. To date, this has been our most attended event with 37 participants."

— Community Health Center of New River Valley

Data in this section are based on the 1,282 individuals who completed both an intake and a "latest assessment" GPRA interview over the two-year SOR III grant period, resulting in a "matched" set of intake and latest assessment data.

In SOR III, over two-thirds (68%) of GPRA participants reported working with a PRS at some point.

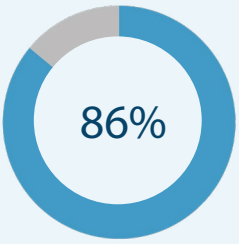
Nearly half (49%) of GPRA participants reported working with a PRS at their latest assessment (n=632). Participants agreed that working with a PRS was helpful for recovery outcomes. On their latest assessment:



98% reported that working with a PRS was helpful with recovery. (n=412)

98% Breakdown:

Slightly 5%
Moderately 9%
Considerably 25%
Extremely 59%



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.

- 82% of those who responded were working with a PRS voluntarily (n= 1,510). Participants not working with a PRS voluntarily reported being mandated to do so through courts/ treatment programs, drug court, probation, or gave no response.
- 84% of those who responded found their PRS through treatment services. Those who did not find their PRS through treatment services reported having found them through a friend or family member, probation or parole, drug court, or other recovery services.

[5] SAMHSA introduced a revised GPRA in January 2023 that is currently used.

Among those not working with a PRS at intake (n=1,705), 37% were not interested in working with a PRS and 31% planned to start with a PRS soon.

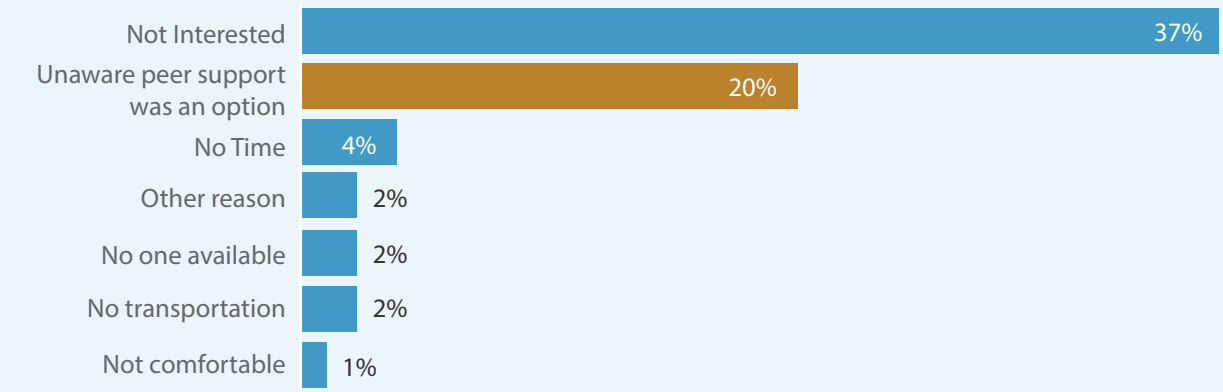
The top barrier for those who did not work with a PRS was a lack of awareness of peer recovery services (20%), suggesting that education about peer recovery support services and their role in an individual's recovery could be improved. The remaining respondents noted a lack of time, availability of PRS, transportation, and discomfort as other barriers to working with a PRS.

37% Not interested in working with a PRS

31% Planned on working with a PRS soon

20% Unaware of peer recovery services

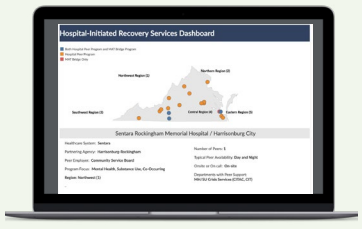
BARRIERS TO WORKING WITH PRS



Hospital and Emergency Department Peer Support

Hospital emergency departments (EDs) across Virginia have come to rely on peer support staff to provide critical services and facilitate 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.

16 organizations provided SOR-funded peer recovery support services to individuals in EDs during SOR III Year 2, peaking at 188 individuals served in Quarter 4 (July – September 2024).



Click to view dashboard

Virginia Hospital-Initiated Recovery Services Dashboard

PROGRAM HIGHLIGHT

DBHDS and OMNI launched the 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. Legislators, program directors, and the larger community can use the dashboard to support reporting and informational needs. Datapoints available include program structure (e.g., on-site vs. on-call peers), number of PRS in the program, program focus and services provided, and Hospital name and health care system.

SUCCESS STORY

Using Peers to Overcome Obstacles

A client was connected with the HOPE Initiative by Salem Fire-EMS, and after a few peer visits at Lewis Gale Medical Center, she was able to successfully admit via a bed-to-bed transfer into Mt. Regis due to support and navigation of a HOPE peer. She has successfully graduated from the program after 45 days of inpatient treatment and is currently in their outpatient aftercare program. The participant was faced with many obstacles, such as drug court, legal charges, and the possibility of losing her teaching license. She now has 3 months of recovery from all substances, is back to teaching, has had all her charges dismissed, is active in her children's lives, and continues to pursue her degree. She now plans on becoming involved in volunteer work in the addiction field and is currently an active volunteer at the Roanoke Rescue Mission.

—Bradley Free Clinic

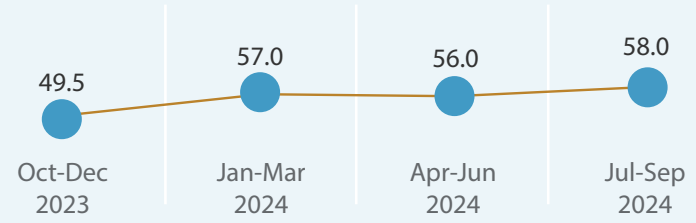
Justice Setting Peer Support

Justice-involved individuals are a priority population in Virginia's SOR strategy. To decrease service access barriers for this population, CBOs have provided peer recovery support services in regional and local jails and recovery-focused court programs (i.e., judicial monitoring of treatment and supervision of individuals in drug-related cases as an alternative to incarceration).

In addition, organizations have developed services for implementation in DOC facilities. Per the Recovery Quarterly Reporting Survey, SOR-funded PRS from 26 organizations provided recovery services to individuals in these settings at some point during SOR III Year 2.

In SOR III Year 2, an average of 55 PRS across quarters provided recovery support services in justice settings.

PRS IN JUSTICE SETTINGS



Note: In the above graph, .5 denotes a part-time PRS.

At their peak, organizations partnered with:

36	Recovery Counts
19	Jails
10	DOC Facilities

SUCCESS STORY

Peer Support Helps Create New Life

"Recently, the PRS received a hand-written letter from a person he worked with while he was incarcerated. The person detailed a long history of involvement in systems and a complete lack of trust in anything to improve his situation. He stated that working with the peer gave him hope that things could change, and he received the Vivitrol shot and went to residential treatment coordinated by the peer.The person stated he felt he owed his new life to the peer and was grateful he could have the chance to be a better father and husband."

—Hanover County CSB

Recovery Housing Support

In CBOs, PRS and other recovery staff provided direct housing services through temporary recovery housing programs and connected individuals to housing programs and resources at other organizations.

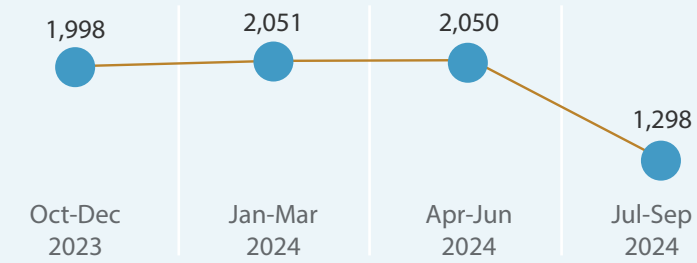
23 organizations reported having PRS that provided housing support. After three quarters of steady support, the number of individuals receiving housing support decreased dramatically in Quarter 4.

This decrease can be attributed to one site reporting a substantial decrease in individuals receiving housing support services for Quarter 4.

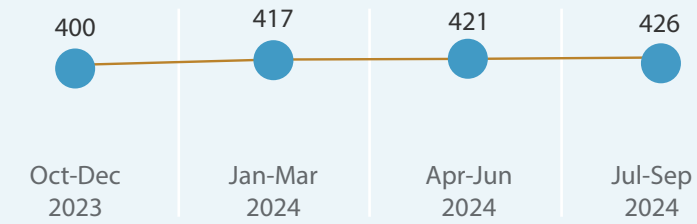
15 organizations provided temporary recovery housing using SOR funds.

PRS engaged with clients to navigate their housing needs, including facilitating referrals to rapid re-housing, transitional, and recovery housing. They also supported programs specifically for individuals experiencing housing insecurity, such as shelters.

HOUSING SUPPORT



TEMPORARY HOUSING



Opened First Recovery House!

SUCCESS STORY

"We successfully opened the first recovery home in our area, the HOPE House. This house is peer-recovery-specialist-operated serving six men at a time in their long-term recovery goals. A coalition of community partners, along with a dedicated board of Directors and the Community Foundation, made this possible."

— CFRBA/Rockbridge Recovery

Residential Peer-Led Support Continues in SOR III Year 2

PROGRAM HIGHLIGHT

The Healing Place at CARITAS was again responsible for most recovery housing services provided using SOR funds. The Healing Place provides residential recovery services to those experiencing homelessness in the Richmond metro area. In SOR III Year 2, Healing Place averaged over 300 individualized housing and counseling support sessions each quarter. Built on a peer-led model, their nine SOR-funded peers administered 100% of those services.

Virginia Department of Health Peer Support

Four local health districts received funding through the Virginia Department of Health (VDH) for Peer Recovery Specialist (PRS) positions. Though many of the Peer Recovery Support Services offered through VDH sites were similar to those provided by other community-based organizations, the VDH PRS 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:

1. Wise County Health Department, LENOWISCO Health District
2. Smyth County Health Department, Mount Rogers Health District
3. Lynchburg Health Department
4. Hampton and Peninsula Health District

Note: Hampton and Peninsula Health District began receiving SOR funding in Quarter 4 of SOR III Year 2 but did not provide any SOR-funded services.

VDH Peer Recovery Support Across the Continuum of Care

The image below highlights some of the ways VDH PRS provided services to individuals throughout the recovery process. These interactions exemplify their positive impacts.

> "[An individual] stated they do not plan to use, but also know that they could relapse and wanted clean supplies in case that happened. This is always an achievement in harm reduction, having a person come to us PRIOR to using in an unsafe way. Our peer staff talked about the increased risk of OD [Overdose] and made sure the individual was equipped with Narcan and test strips."

> "A young gentleman that I provide peer support to through our Harm Reduction program made a huge step in his recovery by entering a treatment program…but nothing could prepare me for the visit I would receive the day after Christmas. In for a short two-day visit during the holidays, he would come by to visit me at the office before his trip back. He looked very healthy and most of all, happy."

> "We have successfully rolled out the Alumni Program for graduates of the Lynchburg Adult Drug Treatment Court. This has been a long-awaited support for our graduates. We are meeting the third Saturday of each month."

Prevention & Harm Reduction → **Acute Care** → **Continuing Care**

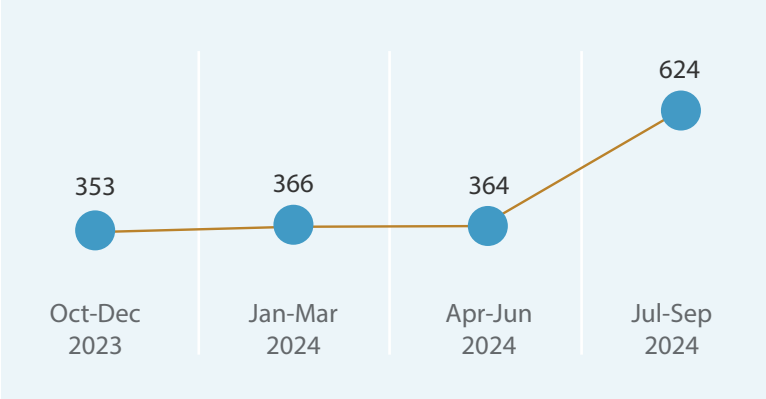
> "One of our Harm Reduction participants turned in his used syringes and said he was ready for help. During that past year or so he talked more and more about recovery and his family. One day he called and asked if he could just come in to turn in his used syringes and talk to me. Since then, I have talked with him almost every day and he is doing great."

> "Over 30 food boxes and various recovery chips-- celebrating from 30 days to multiple years of recovery-- were hand-delivered to 38 people across Wise County who receive or have received peer support by our peer support specialist."

Five PRS provided Peer Recovery Support Services to 816 individuals across four VDH sites.

The number of unique individuals served across the four VDH sites remained consistent within the first three quarters and nearly doubled in Quarter 4 of the grant year (July – September 2024).

Note: The 816 "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.



PRS provided peer recovery support services in different settings, including at VDH sites, in the community, and in justice-related facilities. PRS services can be individual, meaning they provide recovery support and mentoring one-on-one, or in a group setting where individuals in recovery meet to share their experiences.

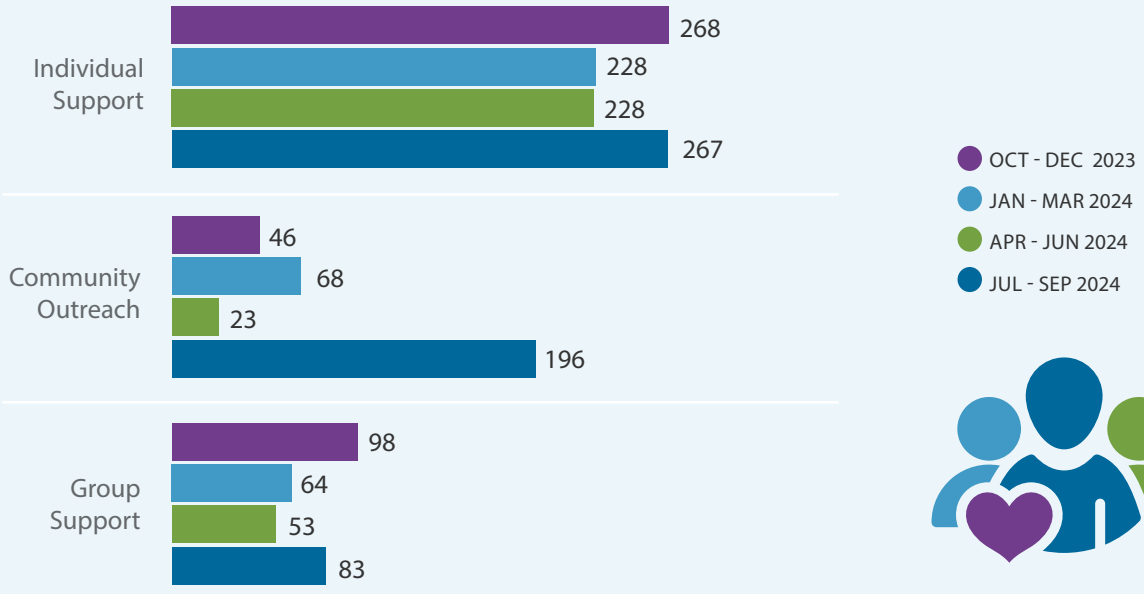
In SOR III Year 2, PRS served the greatest number of people through individual support, with over 200 individuals served per quarter.

PRS also provided care through community outreach and group support. The large increase in community outreach in Quarter 4 is responsible for the increased number of individuals served from July through September. Throughout the year, no warmline support services were provided using SOR funding.

HIRING CHALLENGES

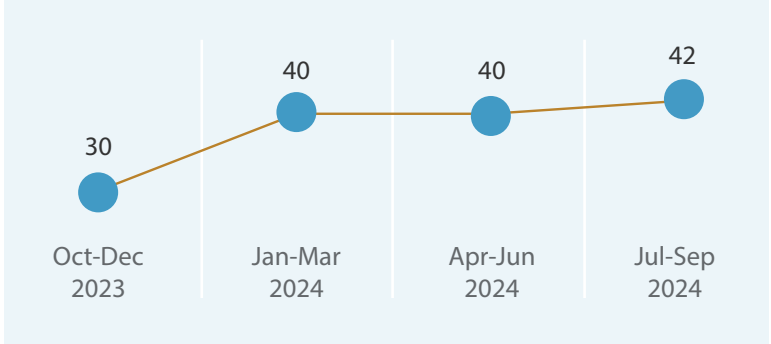
Two of the four sites reported having an open PRS position at one point throughout the year. As of Quarter 4, one site noted they had been trying to fill their peer position for a year. Sites cited the availability of qualified candidates, salary limitations, and barrier crimes (convictions for offenses that disqualify an applicant from employment) as challenges they faced in hiring.

TOTAL SUPPORT SERVICES CLIENTS



The number of individuals who received peer recovery support services in a justice setting increased from Quarter 1 to Quarter 2 and remained constant for the remainder of the year.

The number of individuals served in a justice setting in Quarter 4 was nearly four times higher than the eleven served in Quarter 4 the previous year.



SUCCESS STORY

Our Message is Hope

"We had an individual in our program who was incarcerated last April. The individual was released in November. I cried when the individual messaged me, thanking me, and wishing me a Merry Christmas. The individual shared with me that they are now housed and employed!!! This is a quote from the individual, 'I couldn't be more pleased with the way things are going for me.' Peer Support is so impactful, we are equals, and our message is hope."

— Smyth County Health Department, Mount Rogers Health District

VDH Site Capacity

The necessary capacity of sites increased throughout the year in terms of the number of individuals seeking services and the level of care needed to support them. Despite these increases, all sites reported that they were "mostly" able to meet the needs of the individuals throughout SOR III Year 2.

In Quarter 4, three of the four sites reported more individuals seeking services than six months ago.

In Quarter 4, all sites reported individuals requiring a higher care level than six months before. This number increased from last year when only two of four sites reported that individuals required a higher level of care.

SUCCESS STORY

Saving a Life

"A regular attendee at my weekly support group was able to save someone's life who had overdosed with the Narcan and training I provided them several weeks before the incident occurred. After seeing a male subject unconscious on the street sidewalk, they were able to use the training I provided them to get rescue to the scene quickly, revive the subject safely, and was able to keep them calm until rescue arrived."

— Wise County Health Department/LENOWISCO Health District

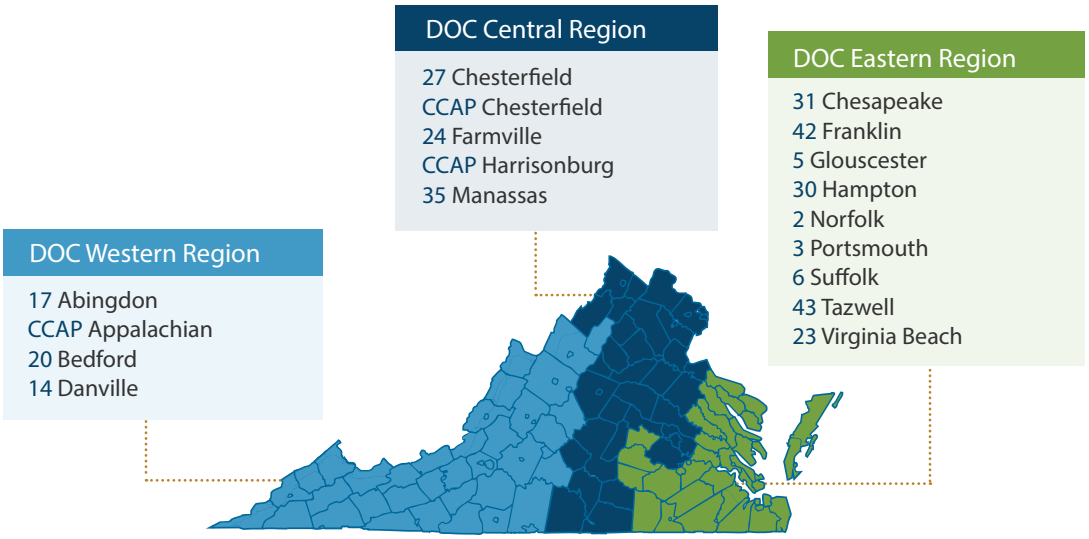
Department of Corrections PRS Initiative

The Virginia Department of Corrections (DOC) received SOR funds to implement the Peer Recovery Specialist (PRS) Initiative for individuals involved with the DOC across the commonwealth. The initiative contracted with PRS with living expertise to facilitate groups and individual sessions in DOC-affiliated settings. PRS facilitators completed the PRS Facilitator Reporting Survey to track the initiative's reach over SOR III Year 2 and evaluate the impact of SOR-funded activities.

For more information on this survey, refer to Appendix C.

PRS Initiative Facilitator Survey

Throughout SOR III Year 2, PRS facilitators worked across 18 different DOC sites.



The DOC PRS Initiative utilized SOR funds to support 22 Peer Recovery Specialists across Virginia.

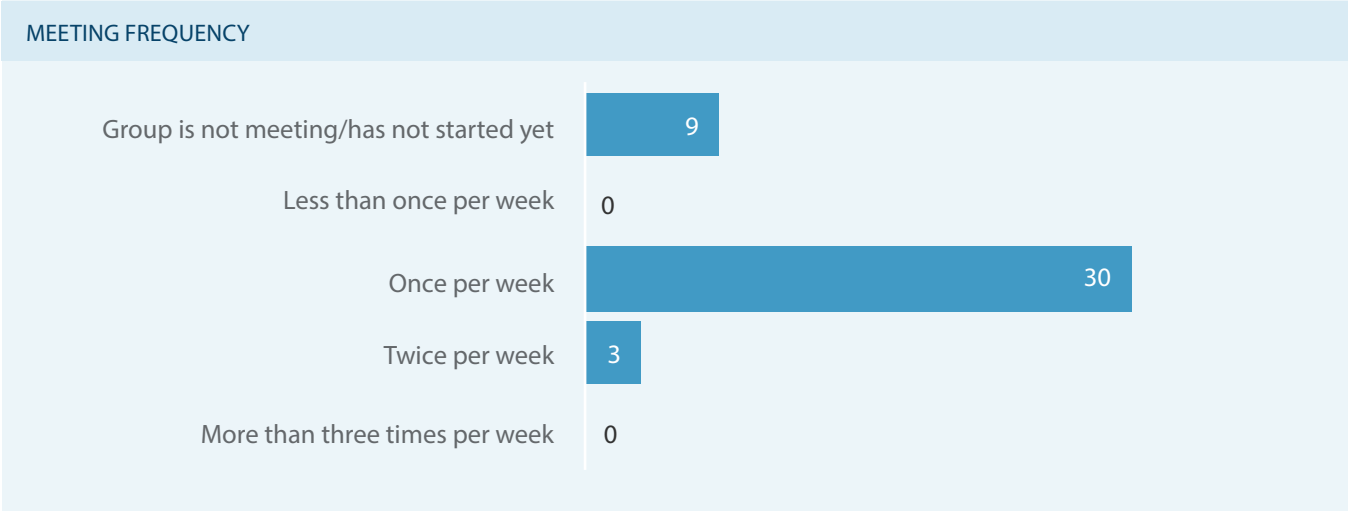
PRS held an average of 12.2 individual sessions per month in the first half of the grant year and 7 individual sessions per month in the second half.

18 recovery groups were held in the first half of the grant year, and 30 recovery groups were held in the second half.

Group sessions ranged from 1 to 10 participants per group.

At the end of SOR III Year 2, most of the 30 groups met once per week, while some met twice per week. Nine groups have not met or started yet.

Number of groups with each meeting frequency



Successes from PRS Facilitators

Facilitators were asked to share the benefits participants gained from individual and group sessions from their perspective. Below are some successes.

- Fostered connections among individuals in recovery to establish new support systems
- Offered an additional layer of support to help individuals reintegrate into society upon release
- Participants actively sought advice from fellow participants, which proved invaluable
- Created opportunities for participants to express themselves and share their past and present experiences
- Participants received group support and constructive feedback from peers in a collaborative setting
- Gained insight and inspiration from the challenges and successes of others, reinforcing the sense of community
- Focused on cultivating hope, setting internal goals, fostering a sense of belonging, promoting core values, and providing encouragement

Challenges from PRS Facilitators

Conversely, facilitators were asked to share information about additional support and other challenges PRS facilitators faced in their role. Below are commonly reported challenges.

- Experienced difficulties in identifying training opportunities to enhance the effectiveness of the PRS role
- Encountered challenges in securing referrals
- Lacked sufficient resources related to SUD and Recovery
- Experienced a shortage of housing and employment resources
- Additional full-time positions are needed to effectively support clients in meeting their essential needs for a healthy life

> "I have loved every moment of doing this job."
>
> – PRS Facilitator

> "It is rewarding to be able to give back and help those that are struggling with reentry."
>
> – PRS Facilitator

> "Being a DOC-based PRS has helped so many people navigate the justice system and gives people hope."
>
> – PRS Facilitator

DOC-Based PRS Training

In addition to supporting peers with living expertise and individuals engaging in recovery work, Virginia DOC actively trained individuals within the corrections setting to become PRS. Following the training, graduates work within their facility and offer additional peer support to those in or seeking recovery.

Across eight trainings, 60 individuals graduated from PRS training while incarcerated in a DOC facility during SOR III Year 2.

PROGRAM HIGHLIGHT

The Chesapeake Intensive Opioid Recovery (IOR) Program

The Chesapeake Intensive Opioid Recovery (IOR) program is designed for state-responsible probationers who are supervised by the Chesapeake Probation and Parole Office. These probationers undergo screening for a specialized caseload within 48 hours of being referred to the Probation Office. If they qualify for the IOR, they receive specialized probation supervision to increase their recovery capital and reduce the likelihood of re-incarceration.

The program is staffed by one full-time Senior Probation Officer and one Probation Officer, both of whom have advanced training and expertise in the treatment of substance use disorders (SUDs). Additionally, a dedicated part-time Recovery Support Specialist (PRS) is involved in the program.

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

91%

described the quality of the training as "excellent".

The remaining 9% described the training as "good".

"This was a great opportunity and I really hope DOC uses this program as a pathway for people struggling. Thank you so much for this opportunity."

"One of, no, the best program/training I've ever had. It's motivating, inspiring, thoughtful, interactive. It's made me realize that I have a calling. I would recommend any who truly wants to support making a change and helping other take this class."

94%

described the quality of the trainers as "excellent".

The remaining 6% described the trainings as "good".

"My experience was emotional and life changing with the help of [trainer] and her expert skills. Becoming a PRS will be a lifetime job and I would be more than honored to take such a task. I want to say thank you, thank you and thank you!"

"Overall, I would recommend this training to a friend or family member and I feel this is a very positive career path to go down to help other individuals who need peer support. Excellent training and an excellent trainer have made this possible for me."

97%

of graduates reported being "somewhat" or "very likely" to take the PRS Certification Exam in the future and 77% reported feeling "very prepared" for the exam.

The remaining 23% reported feeling "somewhat prepared"

"I'm convinced that the PRS training* is just a stepping stone because I will complete the process of certification, and taking this training has prepared me for that. I'm appreciative of the opportunity to undergo this training so that I can return to my community and be an asset. As a CPRS, I intend to advocate, assist, and role model recovery. I can't say enough how much this training has affected me, and how grateful I am."

"I am now ready to serve other men and share my life experience to help them grow."

*To become a Certified Peer Recovery Specialist, an individual must complete the DBHDS 72-hour Peer Recovery Specialist training, accumulate 500 hours of experience providing peer support services, pass the certification exam, have at least one year of recovery from mental health and/or substance use challenges or at least one year as a family member supporting a loved one with mental health and/or substance use challenges, have a high school diploma/GED, and agree to abide by a code of ethics.

Project Recover

Project Recover, first implemented in 2021, is a unique program where PRS work alongside law enforcement and other community support agencies to support community members in crisis and engage in various recovery-related services. SOR began funding Project Recover in 2022, allowing it to expand its reach throughout Virginia communities. .

Project Recover engaged in 1,240 individual encounters.

During SOR III Year 2, Project Recover provided services across six sites:

- Bon Secours Hospital
- Chesterfield Police Department
- Hanover Sheriff's Office
- Richmond Ambulance Authority
- Richmond Police Department
- Imagine the Freedom

The PRS through Project Recover engaged in a variety of services throughout the year including:

NARCAN KIT DISTRIBUTIONS
420 kits

Average per distribution: 8 kits

INITIAL CONTACTS
625 encounters

FOLLOW UP CONTACTS
615 encounters

OUTREACH/EDUCATION
339 events

RECOVERY GROUPS
523 groups

TRAININGS
27 trainings

Survey data collection was expanded to incorporate Recovery Groups and Training in February 2024, while Narcan Kit Distribution was incorporated into the survey in April 2024.

Collegiate Recovery Programs

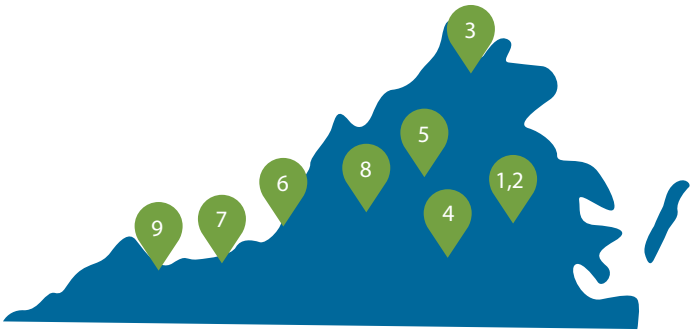
A Collegiate Recovery Program (CRP) is a college or university-provided program that provides a supportive environment within the campus culture and reinforces the decision to engage in a lifestyle of recovery from addiction and substance use disorder (SUD). CRPs offer educational opportunities alongside recovery supports 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 2 funding 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 2 funds have supported nine collegiate recovery programs.

SOR Subrecipient Institutions:

1. Virginia Commonwealth University, Richmond, VA
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

(Leads this initiative and supports the other programs)



Seven colleges and universities consistently implemented their programs in SOR III Year 2. Both the University of Lynchburg and the University of Richmond reported being in the early implementation phase.

- 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

Throughout SOR III Year 2, CRPs have consistently provided direct care and supported hundreds of student members.

CRPs offer various support, including direct services that engage different populations in recovery efforts. In the following sections, student members refer to students who 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 the CRP. Recovery-focused 1:1 meetings include any individual meeting CRP staff have with a student.

Throughout SOR III Year 2, CRPs have consistently provided direct care and engaged hundreds of student members:

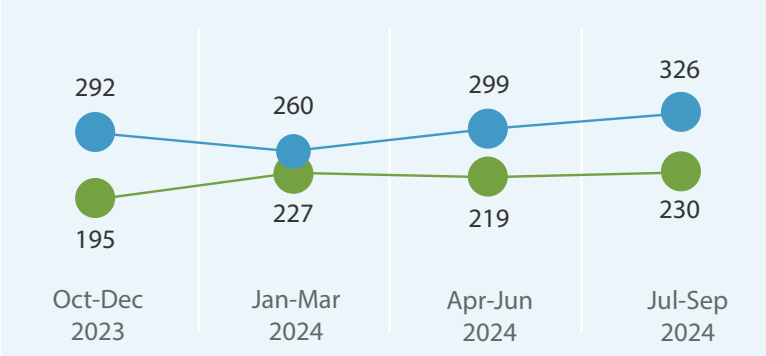
356 Student Members

380 Engaged Students

1,589 Recovery-focused 1:1

Student engagement slightly dipped in Quarter 2 (January 2024 – March 2024) but then increased steadily through Quarter 3 (April – June 2024) and Quarter 4 (July– September 2024), reaching its highest point in the final quarter.

Student membership continuously increased throughout SOR III Year 2, reaching its peak in Quarter 4 (July 2024 - September 2024).



Note: Since individuals are counted each quarter they receive services, the sum of all quarters is greater than the number of unique individuals served annually

The number of unique CRP student members (356) increased by nearly 60% from last year (226). This increase can be attributed to Virginia Commonwealth University, which nearly doubled membership, and Virginia Tech, which more than tripled membership compared to last year. The number of uniquely engaged students (380) also increased from last year (356).

> "This quarter, we began requiring a membership agreement and made it possible to book appointments online, which has strengthened our program. Students reported that it was a fair process and understood why it was a requirement."
>
> — Longwood University

> "Our student engagement through 1:1 coaching sessions has increased at a rapid pace due to a strong referral network between the dean's offices, counseling services, athletics, and campus/community members who are aware of the availability of recovery supports. These students are doing incredible healing work and span the spectrum of recovery from harm reduction to abstinence. These conversations have also invoked collaboration with the deans, professors, and parents to help best support students so that they may succeed in school and in achieving or maintaining their recovery goals."
>
> — University of Richmond

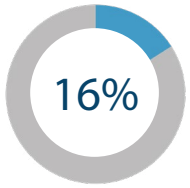
> "This quarter, our community really formed a consistent working group for our weekly All Recovery meeting, which has helped deepen connections and relationships amongst the active members of our CRP. On reading day (which is our university's study day before finals begin), we had students participate in a spaghetti dinner and engage together in the space while supporting each other in preparing for finals."
>
> – Virginia Tech University

CRPs held over a thousand (1,043) recovery meetings throughout SOR III year 2, averaging 4,070 attendees each quarter.

Note: The number of attendees includes individuals more than once if they attended multiple meetings.

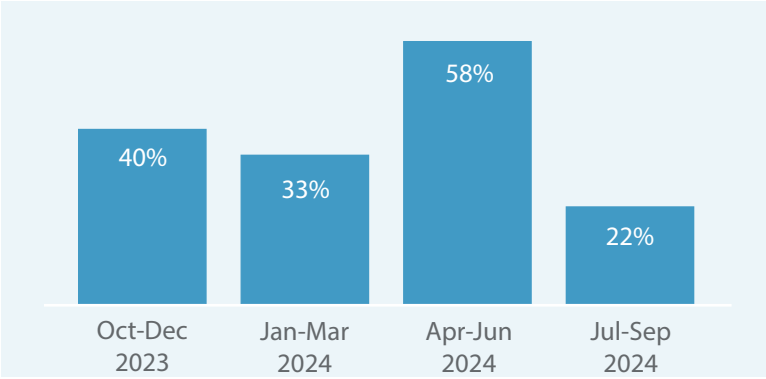
Most CRPs hold recovery meetings on campus but are open to the larger community.

Students accounted for 16% of recovery meeting attendances, signifying the vital role the CRPs play in providing recovery services to their communities more broadly.



Virtual sessions are essential for providing recovery services.

Virtual sessions allow students to remain connected to their campus recovery support teams wherever they are, even when classes aren't in session. The percent of virtual meetings peaked in the spring and summer months of Quarter 3 (April – June 2024), during which fewer students are typically on campus.



Outreach and Events

Outreach is a critical method CRPs used to recruit and engage individuals around recovery. Outreach efforts included recovery events (focused on CRP-involved students), campus outreach events (open to the entire student body), community outreach events (focused on engaging with the greater community), and Recovery Ally Training (training sessions where individuals learn ways to be a better ally to those in recovery).

Throughout SOR III Year 2, CRPs held 434 recovery-related events, reaching thousands of individuals.

1,043
Recovery events
16,280 individuals participated

272
Campus events
8,825 individuals participated

113
Community events
14,789 individuals participated

49 Recovery Ally trainings were provided to over 1,121 individuals throughout SOR III Year 2, increasing advocacy and awareness – a testament to the community's growing support for recovery efforts.

In addition to recovery-related events CRPs held throughout the year, colleges offered Recovery Ally Trainings nationwide. These trainings, developed out of VCU, raise awareness and educate participants on supporting recovery efforts. Anyone interested in supporting recovery efforts, including students, professionals, administrative staff, and community partners, can attend the training.

> "We've had a little bit of resistance from some campus stakeholders to our new Hornets in Recovery program, particularly from some who don't see the need. However, the dean of our College of Business (COB) attended a Recovery Ally training held earlier in the year, and because she was so taken by the training, she went back to her COB faculty and told them about it. This sparked enthusiastic interest from her faculty. We held a Recovery Ally training just for the business faculty, and it was well attended, and the feedback was very positive. Small change? Yes. But all movement toward a more recovery-friendly campus is movement in the right direction."
>
> —University of Lynchburg

> "One of our current CRP students, who is a recovering addict and has overcome many obstacles, is now presenting to our new students in orientation sessions about the recovery efforts at our college. This student is currently pursuing an associates degree in Human Services with a specialization in Substance Abuse in the Spring. She is also completing her internship with a community organization and has been more than willing to share her own story and struggles to connect with others. She is an inspiration to all of us who met her when she first came to our school a year ago. "
>
> — Wytheville Community College

> "This spring, we hosted more than 400 people at VCU for the 3-day 7th Research to Recovery conference. This year was our largest conference yet, and we capped it off with a student-focused dinner that celebrated 10 years of Rams in Recovery. Our student speakers included undergraduates and alumni for whom Rams in Recovery had made a huge difference. It was wonderful to welcome back numerous alumni to the event and celebrate students in recovery."
>
> —Virginia Commonwealth University

> "This quarter, our team members led an initiative to install opioid emergency kits at 75 campus locations. Members of our team have led training and communications efforts across campus for these boxes which are highly visible. Alongside this, we trained more than 1,800 people this last year to use naloxone and are excited to continue to grow these efforts."
>
> —Virginia Commonwealth University

> "A CRP student staying on campus over the summer reached out to an art therapist in our CAPS department and organized a collaborative art project for CRP students to work on together over the summer. It was a big hit and was a touchstone for students staying on campus to connect over the break."
>
> —University of Virginia

Images of CRP staff

Technical Assistance and Consultation Provided

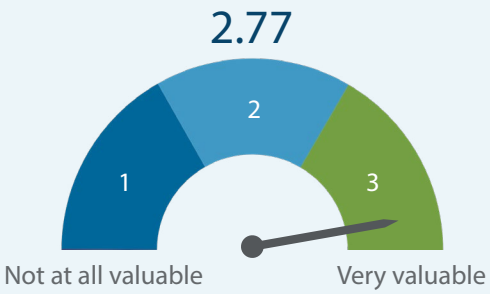
Under VCU's leadership, participating CRPs worked together to strengthen their programs by exchanging insights, addressing shared challenges, and offering education through training, guest speakers, and discussions. With the Rams in Recovery Program, VCU's Assistant Director of Substance Use and Recovery Support offers technical assistance (TA) and consultation on various CRP topics to subrecipient schools. Throughout SOR III Year 2, the Assistant Director led monthly TA meetings, emphasizing the importance of peer program support.

VCU's Ram's in Recovery Program provided over 180 hours of TA to the other eight participating schools in SOR III Year 2.

TA support for CRPs included:

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

> "In comparison to other statewide CRP initiatives, Virginia has substantially more cohesion and consistency in services and support. In part, I think this is because of our annual retreats, which most staff members attend alongside their students. These spaces create a natural support and idea exchange for staff doing this challenging work. This fall, we had our largest single retreat with 54 attendees."
>
> — Virginia Commonwealth University, Assistant Director of Substance Use and Recovery Support



On a scale of 1 to 3 ("1 = Not at all valuable" to "3 = Very valuable"), CRPs rated the TA support as "Very valuable" with an average sentiment score of 2.77.

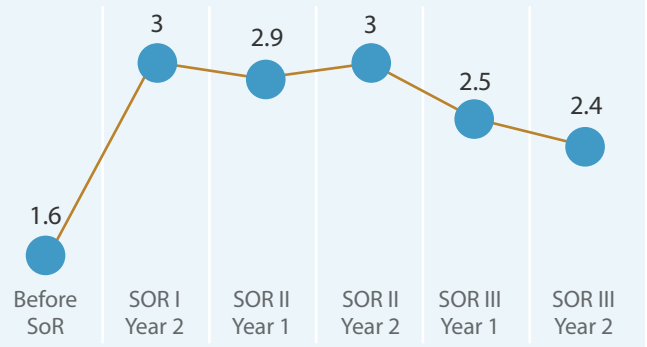
Capacity and Funding Impacts

The financial needs of CRPs have shifted since first receiving SOR funding, with over half (55%) of CRPs in SOR III Year 2 reporting that they do not have enough financial resources needed to support their programs. This is the first time since the CRPs began receiving SOR funding that the majority of programs reported that they do not have enough financial resources.

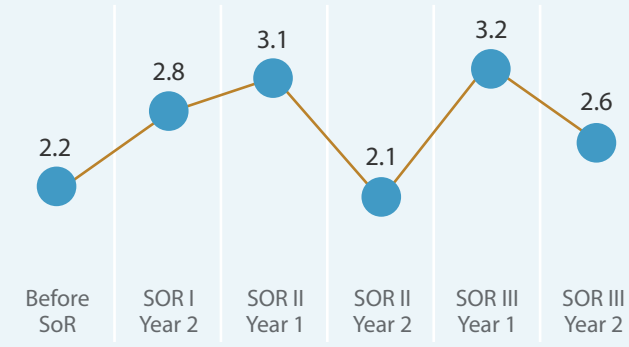
Administrative support for CRPs has shifted over the years. After a large increase in support from university administration reported in SOR III Year 1, CRPs reported a drop in administration support this fiscal year. Just over half (56%) of the programs reported that they have enough university support. Support and investment from schools are critical for the sustainability of CRPs. CRPs continued to seek financial and administrative support that recognized their value to their institutions and the impact they have on communities.

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

THE CRP HAS ENOUGH FINANCIAL RESOURCES TO MEET NEEDS



THE CRP HAS ENOUGH SUPPORT FROM THE UNIVERSITY ADMINISTRATION TO SUSTAIN SERVICES



Despite the general decrease in CRPs feeling like they had sufficient financial resources in SOR III Year 2, it was evident that four CRPs are moving toward program sustainability due to their institutions' financial support. SOR and other financial donors have played a crucial role in making the implementation and sustainability of these CRPs possible. From SOR III Year 1 to Year 2, the number of individual donors or groups contributing to CRPs increased by 40%, and the total grant funding increased by 10%.

233 individual donors or groups have contributed to CRPs.

$585K+ in total grant funding received during the past year, including SOR funding.

In SOR III Year 2, over 77% of CRPs agreed or strongly agreed that they had enough training to provide CRP services, a slight decrease from the previous year. Additionally, about two-thirds of CRPs agreed they had enough staff to meet their needs, a slight increase from last year.

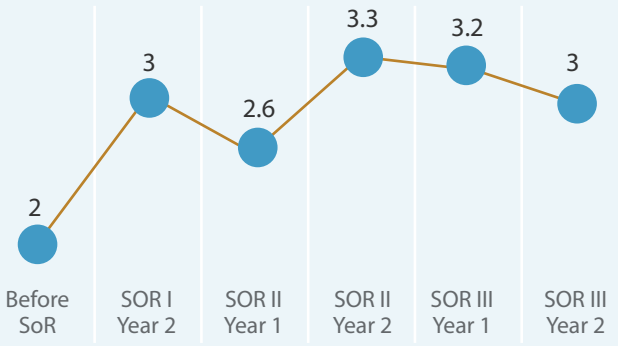
> "This quarter marks another milestone for the Radford Recovery Community. We secured a large grant from the Opioid Abatement Authority (OAA), which enables us to rapidly expand our capacity, including 2 new hires: a full-time peer coordinator and another part-time CPRS!"
>
> — Radford University

> We secured institutional funding for a term-limited Prevention and Recovery Support position due to all the hard work of the CRP to date. This is huge, and we look forward to revisiting a fully funded position in the new fiscal year."
>
> — University of Richmond

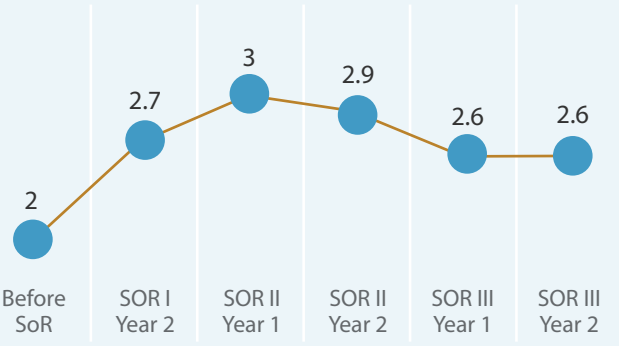
> Our CPRS delivered a very successful presentation for the UMW Alumni Association and secured $5000 in funding for Eagles in Recovery. This was especially impressive as 11 student organizations presented in competition for a total of $25,000. $5000 was the maximum any one organization could be awarded, and we are so proud that we were chosen for this honor."
>
> — University of Mary Washington

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

THE CRP HAS ENOUGH TRAINING TO PROVIDE CRP SERVICES



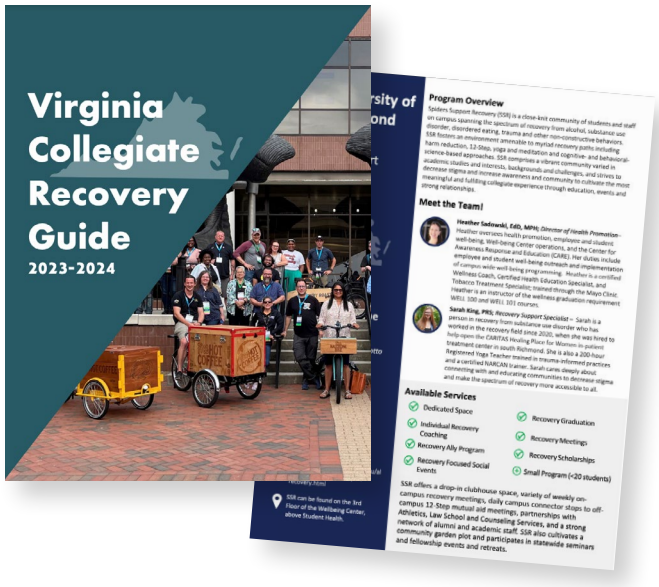
THE CRP HAS ENOUGH STAFF TO MEET NEEDS

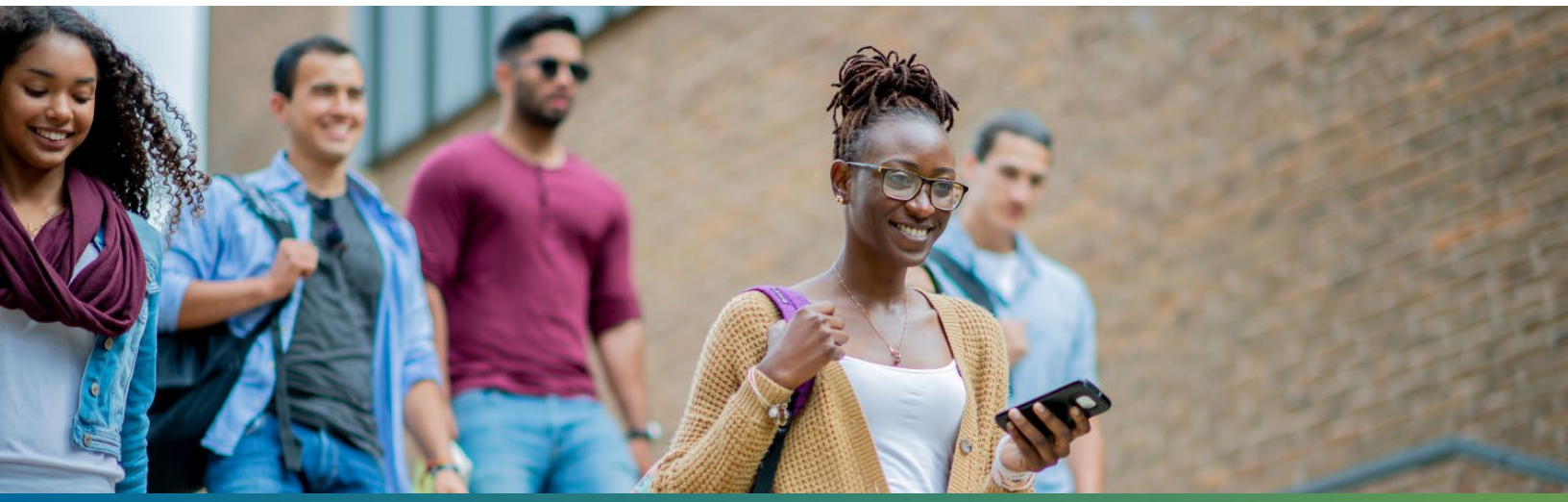


Collegiate Recovery Program Guide

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. Learn more about each program and for contact information, view the guide below.

Click to view guide





Peer Recovery Support Outcomes

As the work of PRS grow in popularity in recovery programs, there is an increased focus on demonstrating the positive impacts of this work. One goal of the SOR III Year 2 grant was to collect information about the outcomes experienced by individuals engaging in peer recovery support services to demonstrate impact. This section presents peer recovery support outcome data collected through two different surveys administered based on the service delivery setting. Each survey measured recovery capital to assess outcomes related to peer recovery support services.

Recovery Capital

The Brief Assessment of Recovery Capital (BARC-10) measures the impacts of recovery services on individuals.[7] This is the fourth 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.[8]

> WHAT IS THE BARC-10?
>
> The BARC-10 is a validated (tested and reliable) tool that measures levels of recovery capital, which is used in this evaluation to understand the impact of recovery and peer recovery 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 questionnaire assesses an individual's recovery capital through 10 questions that measure ten 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 recover 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.

[7] 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. [8] The BARC-10 Pilot Report is available here.

Data Collection Methods

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

GPRA

The GPRA was 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. The latest assessment may be a 6-month follow-up or interview conducted at discharge.

Peer Recovery Support Survey

The Peer Recovery Support Survey was completed by individuals participating in peer recovery-focused programs who did not complete the GPRA. A comparable Peer Recovery Support Survey was used to assess recovery capital, including the BARC-10 items, for organizations focusing on peer recovery support but not offering the GPRA. Five sites completed data collection using the Peer Recovery Support Survey:

- Bradley Free Clinic
- Central VA Health District (Lynchburg)
- Community Health Center of New River Valley
- The Up Center
- Wise County Health Department/Lenowisco Health District

Administering the Peer Recovery Support Survey

Throughout September 2024, OMNI Recovery TA team members met with the five site survey administrators to gather feedback and learn about the BARC-10 collection process.

Key Findings:

The BARC-10 surveys were able to be administered in both individual and group settings.

- Organizations have successfully administered BARC-10 surveys while providing services in mobile units
- Participants were interested to see how their scores changed over time from their first to the latest assessment
- Data received from the BARC-10 Annual Report was utilized to apply for and obtain additional funding

Using Evidence to Expand Peer Services

SUCCESS STORY

Bradley Free Clinic used the analysis of its BARC-10 scores as evidence for the success of its peer recovery support services in grant applications and community fundraising efforts. The data from these reports helped Bradley Free Clinic obtain a $500,000 grant to replicate its Hope program in six other free clinics across Virginia.

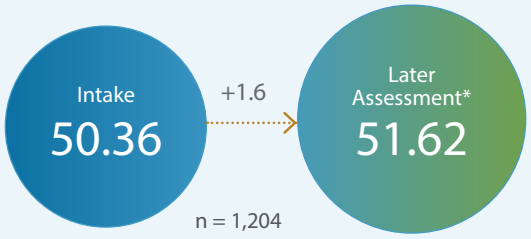
Recovery Capital Findings

GPRA

For individuals who received peer recovery support services through a GPRA-eligible community-based organization, their assessment included the BARC-10 to measure recovery capital. Of the 3,587 individuals who had completed the recovery-related section of the GPRA in SOR III, 1,282 matched pairs completed the BARC-10 assessment more than once (once at intake and again at follow-up or discharge).

Statistically significant changes (p-values less than 0.05) are indicated with an asterisk. While statistically significant results ($p < 0.05$) suggest that the observed changes are unlikely to be due to chance, it is important to note that statistical significance does not guarantee practical significance. The likelihood that a significant result reflects a true relationship is higher when the result meets statistical significance, but uncertainty remains, particularly in social science research.

The BARC-10 scores of the matched pair individuals increased significantly from intake to the latest assessment.



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

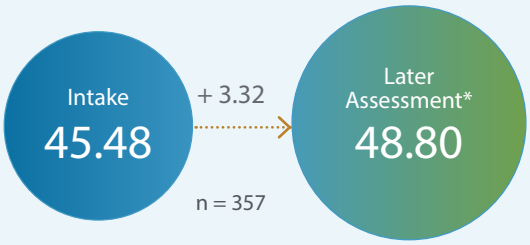
*Significant increase from intake to the latest assessment, $p < .05$.

Please note that although the first GPRA completed by an individual during SOR III is referred to as the "intake" GPRA, individuals may have received services before completing the first GPRA, which may explain why the intake number is so high.

Peer Recovery Support Survey

In SOR III Year 2, 587 unique survey respondents took the BARC-10 assessment as part of the Peer Recovery Support Survey, and 357 completed a follow-up assessment that allowed for the analysis of change over time.[9]

The 357 individuals who 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.



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

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

[9] BARC-10 scores have been collected at sites since August 2021. Although only follow-up scores that were collected during SOR III Year 2 are presented in this report, initial scores collected before SOR III Year 2 were used for comparison analysis where those responses existed.

For individuals who completed the assessment through the GPRA and the Peer Recovery Support Survey, there were significant increases in many of the individual BARC-10 items from intake/initial assessment to the latest assessment. The table below reports the average intake/initial and latest assessment scores. Scores can range from 1 to 6, with higher scores indicating greater recovery capital.

	GPRA		Peer Recovery Support Survey	
BARC-10 Question	Intake Assessment	Latest Assessment	Initial Assessment	Latest Assessment
Deprioritizing Substances	5.65	5.68	5.60	5.72*
Personal Responsibility	5.61	5.60	5.72	5.76
Recovery Progress	5.33	5.38*	4.68	4.98*
Fulfilling Activities	5.04	5.26*	4.31	4.73*
Social Support	4.63	4.80*	4.21	4.61*
Life Satisfaction	4.63	4.92*	3.79	4.36*
Supportive Housing	4.87	5.06*	4.15	4.64*
Life Functioning	5.36	5.31	5.13	5.26*
Energy Level	4.60	4.77*	4.12	4.44*
Community Belonging	4.51	4.62*	3.89	4.28*

*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 were:

GPRA	Peer Recovery Support Survey
Life Satisfaction	Life Satisfaction
Fulfilling Activities	Supportive Housing
Energy Level	Fulfilling Activities

Highest Scores

Domains with the largest increase in mean scores on the latest assessment were:

GPRA	Peer Recovery Support Survey
Deprioritizing Substances	Deprioritizing Substances
Personal Responsibility	Personal Responsibility
Recovery Progress	Life Functioning

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.

The highest domain scores across the two surveys were similar overall, suggesting consistencies in areas of growth associated with peer support across settings.

Appendices

Appendix A: SOR Grant Information

The State Opioid Response (SOR) grant is a federally funded grant distributed by the Substance Abuse and Mental Health Services Administration (SAMHSA). This report focuses on Year 2 of SOR III (October 2023 – September 2024).

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 over 40 Community Services Boards (CSBs) across the state. These entities offer direct substance use disorder and opioid use disorder or stimulant use disorder 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 Institute (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 2 of SOR III, DBHDS received twenty-seven million dollars in SOR funding. Funding was provided in separate allotments for prevention, treatment, and recovery for subrecipients and contractors. Below we list each organization that received funding and the type of funding they received.

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	●	●	●
Blue Ridge Regional Jail		●	
Chesapeake	●	●	●
Chesterfield	●	●	●
Colonial Behavioral Health	●	●	●
Crossroads	●		
Cumberland Mountain	●	●	●
Danville-Pittsylvania	●	●	●
Dickenson County	●	●	●
District 19	●		
Eastern Shore	●	●	●
Encompass	●		●
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	●	●	●
Rockbridge Recovery			●
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 received 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 received SOR recovery funding through the Virginia Department of Health (VDH) to provide peer support services. VDH also received SOR funding to purchase and distribute naloxone and fentanyl test strips.

- Hampton Peninsula Health Department
- Lynchburg Health Department
- Smyth County Health Department, Mount Rogers Health District
- Wise County Health Department, LENOWISCO Health District

Collegiate Recovery Program

The following sites received SOR recovery funding to support recovery programs on college campuses across Virginia.

- Longwood University
- Radford University
- University of Lynchburg
- University of Mary Washington
- University of Richmond
- University of Virginia
- Virginia Commonwealth University
- Virginia Polytechnic Institute & State University
- Wytheville Community College

Behavioral Health Equity (BHE) Grants

The following sites received prevention funding in the form of a behavioral health equity grant along with the main focus area reach by these grant funds.

- Blue Ridge Behavioral Healthcare, for the Asian American Community
- Capaz IT, for Spanish-speaking families
- Encompass Community Supports, for rural BIPOC individuals
- Formed Families Forward, for kinship/foster families
- Hampton Newport News CSB, for youth
- Henrico Area Mental Health and Developmental Services, for the Chickahominy Tribe
- Mount Rogers CSB, for older adults
- New River Valley CSB, for older adults
- Our Community Home, for youth
- Partnership for Community Wellness, for Black Youth
- Region Ten, for BIPOC individuals
- The Salam Initiative /Crecent Community Center, for Muslim residents
- Southside Behavioral Health, for the LGBTQ+ Community

Other Service Providers and Funded Programs

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

- Appalachian Substance Abuse Coalition (ASAC) – Prevention
- Health Wagon - Recovery
- Imagine the Freedom Foundation (Project Recover) – Recovery
- New Horizons Free Clinic - Recovery
- Northern Neck Middlesex Free Clinic – Recovery
- Rockbridge Recovery - Recovery
- Virginia Association of Recovery Residences - Recovery
- Virginia Harm Reduction Coalition - Recovery

Justice Settings

The following sites received SOR funding for treatment services in justice settings.

- Blue Ridge Regional Jail – Treatment
- Chesterfield County Jail – Treatment
- Virginia Department of Corrections – Treatment
- Western Virginia Regional Jail - Treatment

Appendix B: Grant Activities

Throughout the grant year, DBHDS and OMNI engaged in 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

- Grant Kickoff Webinar
  The SOR Treatment Team began the year with a SOR III Year 2 Kickoff Webinar with CSB/Agency staff to gear up for the upcoming grant year.
- GPRA Administration Training
  The SOR Treatment Team held a GPRA Refresher Training to remind CSB/Agency staff about key components of administration of the Intake and Follow-up/Discharge GPRAs and the TA that OMNI provides.
- Black, Indigenous, and People of Color (BIPOC) Mental Health Forum

  The OMNI SOR Prevention Team facilitated a community forum focused on BIPOC mental health.

Technical Assistance (TA)

- Prevention Data Management & TA
  The OMNI Prevention Team continued to support the CSBs in the use of the PBPS data entry system through a monthly newsletter focused on evaluation and data entry support resources. They also provided consultation on system-wide updates for better data quality and supported evaluation planning for CSBs across the commonwealth. This year, the OMNI Prevention Team also participated in the Office of Behavioral Health Wellness (OBHW)'s Think Tank workgroup.
- Treatment Data Management & TA
  The OMNI Treatment Team provided technical assistance for CSBs/Agencies on duplicated follow-up GPRAs and other related issues. Targeted TA was provided to CSBs with GPRA intake and follow-up rates lower than their goal throughout the year. TA was provided by email and website news posts as well as one-on-one calls or Zoom meetings. The Treatment Team also maintained and updated important guidance related to GPRA data collection on the Virginia SOR Support website.
- Recovery Data Management & TA
  The OMNI Recovery Team provided technical assistance and support to new and existing organizations to administer the Brief Assessment of Recovery Capital (BARC-10) survey. The OMNI Recovery Team also developed a new data reporting survey for use by Project Recover and provided support to Project Recover to expand their data collection efforts. TA was provided for Virginia DOC to gather their PRS facilitator data.

Grant Management

- Site Visits & DBHDS TA
  The SOR grant management team completed six meetings with stakeholders, 13 site visits, and 12 audits to subrecipients across the commonwealth to provide support and technical assistance.
- Conferences
  The SOR grant management team attended three conferences.
- Ribbon Cuttings
  The SOR grant management team attended ribbon cuttings at Rockbridge Recovery Hope House and Four Truths Recovery House.
- Presentations & Webinars
  The SOR grant management team participated in ten in-person presentations and webinars to the

public to highlight the work done through SOR. DBHDS also educated community health workers with the Institute for Public Health Innovation on SOR programs.

Deliverables & Reports

- Quarterly Reports
  Quarterly surveys summarizing SOR-funded activities and individuals served during each quarter of the grant year were published: Quarter 1, Quarter 2, Quarter 3, Quarter 4.
- Evaluation Roadmaps
  The OMNI Prevention Team developed and updated the evaluation roadmaps for the new fiscal year. The OMNI Prevention Team met with each CSB to update these roadmaps including logic models, measurement plans, and data entry plans.
- CSB Mid-Year Survey Report
  On behalf of OBHW, the OMNI SOR Prevention Team developed the SOR III Year 2 Mid-Year Survey for CSBs and created a report on the results.
- CSB/Agency-level Annual Reports
  The OMNI SOR Treatment Team in partnership with CSBs/Agencies produced site-level annual reports that were shared with each subrecipient.
- Targeted TA Results
  The OMNI SOR Treatment Team shared a summary report with DBHDS on the direct TA support needed by CSBs/Agencies and emerging issues gathered from targeted TA outreach.
- Agency-Level BARC-10 Reports
  The OMNI SOR Recovery Team created and disseminated quarterly or annual reports summarizing the BARC-10 results from each participating organization.
- DOC PRS Facilitator Bi-Annual Report
  The OMNI SOR Recovery Team created a brief report summarizing the DOC PRS Facilitator survey findings.
- Hospital-Initiated Recovery Programs Dashboard
  The OMNI SOR Recovery Team launched the Hospital-Initiated Recovery Programs Dashboard, highlighting MOUD Bridge and peer recovery services available in hospitals across Virginia.

Appendix C: Data Sources

Collegiate Recovery Program Reporting

Collegiate recovery subrecipients provided 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, subrecipient programs also shared their experiences and provided feedback on the technical assistance and consultation received through the SOR grant. Additionally, Virginia Commonwealth University provided data related to the frequency and amount of technical assistance and consultation provided to subrecipient CRPs. Data collected from all CRP parties were 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/Agencies and DOC sites providing treatment services with SOR funding administer the GPRA survey to individuals who consent to participate in the SOR treatment evaluation. One subrecipient agency providing recovery services also administers the GPRA. 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, living conditions, and participant demographics. 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 came from GPRA surveys collected within SOR III. The GPRA tool was updated in January 2023, partway through the first grant year. Due to changes in the GPRA tools we presented only on the updated current GPRA tool. A total of 3,587 participants completed a current intake GPRA, 1,549 participants completed a current follow-up GPRA, and 267 participants completed a current discharge GPRA (i.e., their "latest assessment") from January– September 2023. A total of 215 participants with a current intake GPRA could be matched to assess outcomes between their intake GPRA to the latest assessment. An additional 365 participants completed the expired intake GPRA from October 2022 to January 2023, with 317 completing a follow up new GPRA or new discharge GPRA. In this report we included only participants with intake and follow ups using the current GPRA tool, as this included the majority of individuals in this grant. This allowed us to examine the group of individuals in the outcomes section as appears in the client characteristics section, thereby streamlining analyses, reporting and ensuring a clear understanding of the analyses.

When reporting changes over time in the outcomes section, when appropriate, we calculated 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 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 .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 was noted in charts, graphs, and tables with an asterisk (*). However, statistical significance alone doesn't mean that the result is practically important or that it proves the existence of a meaningful effect. It's essential to interpret the results in the context of the effect size, the sample size, and the overall study design.

Effect size is a way to understand how big or meaningful a change or difference is. While a p-value tells us whether a difference is likely "real" or not due to chance, the effect size tells us how impactful or practically significant that difference might be. Effect sizes are noted in charts, graphs, and tables as d = .xx. A small effect size is around .2, .5 indicates a medium effect, and .8 indicates a large effect. In the social sciences, we often see small effect sizes because human behavior and social factors are complex and influenced by many factors. So, while a difference might be real, it might still be small.

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 described 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 was administered bi-annually (January and August) to all Peer Recovery Specialists (PRS) who led peer groups and/or provided individual support as part of the Department of Corrections PRS Initiative. The survey collected 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 Support Survey

For organizations that focused on peer recovery support but did not offer the GPRA, the comparable Peer Recovery Support Survey was 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 community-based organization.

Performance Based Prevention System (PBPS)

SOR-funded CSBs were 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 provided technical assistance to CSBs as well as a detailed review of data entered by CSBs to ensure accuracy. The PBPS site is managed by Collaborative Planning Group, Inc.

Project Recover Data

SOR began funding Project Recover in 2022, supporting their data collection efforts. OMNI created an online survey for PRS to report on and track program-related activities, including individual and follow-up encounters, recovery groups, outreach and education, training, and distributing harm reduction supplies such as Narcan kits. Data was collected across participating sites and continued to evolve as their programs grow.

Treatment and Recovery Quarterly Reporting Surveys

Each quarter, OMNI facilitated data collection on treatment and recovery activities funded by the SOR grant. The survey was 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 completed the survey as a requirement of the grant. Data collected included 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 provided setting-specific data (e.g., services provided in jails, prisons, or recovery courts). Occasionally, additional questions were added to learn about the agencies' successes, barriers, and challenges. Data collected through this survey was 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 commonwealth. Data on how many kits were purchased and the types of community organizations where they were distributed were tracked internally at VDH and shared with OMNI quarterly for SOR reporting.

Appendix D: SOR Reports and Resources

Unless otherwise noted, all reports below are from either year 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. The reports for this past year are linked below.

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.
- SOR III Year 1 Annual Report
  Annual report covering the prevention, treatment, and recovery evaluations from the fourth year of SOR funding (2022-2023). 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 E: 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
DOC	Virginia Department of Corrections
ED	Emergency Department
EMS	Emergency Medical Service
GPRA	Government Performance and Results Act
IOP	Intensive Outpatient Program
LGBTQ+	Lesbian, Gay, Bisexual, Transgender, Queer and other sexual/gender identities
MOUD	Mediation for Opioid Use Disorder
MAT	Medication Assisted Treatment
OBAT	Office-Based Addiction Treatment
OMNI	OMNI Institute
OTC	Over the counter
OUD	Opioid Use Disorder
PBPS	Performance Based Prevention System
PRS	Peer Recovery Specialist

Acronym	Description
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
TA	Technical Assistance
VCU	Virginia Commonwealth University
VDH	Virginia Department of Health