

Virginia Opioid Abatement Authority Application for Awards for Cooperative Projects Involving Cities and Counties

1. Contact Information

This application is for cooperative projects consisting of a cooperative partnership between at least two cities and/or counties within the same Department of Behavioral Health and Developmental Services (DBHDS) region.

Complete this table for all cities and/or counties involved in the cooperative partnership.

Name of City/County	Contact Person	Mailing Address	Phone #	Email
Albemarle County	Doug Walker	401 McIntire Road, Charlottesville VA 22902	434-296-58 41	dwalker3@albemarle.org
Nelson County	Candice McGarry	P.O. Box 336 Lovington, VA 22949	434-263-7000	CMcgarry@nelsoncounty.org
Louisa County	Christian Goodwin	1 Woolfolk Avenue, Suite 301, Louisa VA 23093	540-967-3400	cgoodwin@louisa.org
Greene County	Brenda Garton	40 Celt Road, Stanardsville, VA 22973	434-985-5201	bgarton@gcva.us
City of Charlottesville	Michael C. Rogers	PO Box 911, Charlottesville, VA 22902	434-970-3103	rogersmc@charlottesville.gov
Fluvanna County	Eric M. Dahl	132 Main St, Palmyra, VA 22963	434-591-1910 x1058	edahl@fluvannacounty.org

2. Fiscal Agent

- a. One of the participating cities or counties must serve as the fiscal agent for the cooperative project. The fiscal agent will be responsible to ensuring compliance with both financial and programmatic reporting requirements on behalf of the cooperative partnership.
- b. City/County Serving as Fiscal Agent County of Albemarle city county
- c. Physical address: 401 McIntire Road Charlottesville, VA 22902
- d. Mailing address: _____
(if different than physical address)
- e. Contact Person for this application
- i. Name: Kaki Dimock
- ii. Job Title: Director of Social Services
- iii. Office Phone: 434-972-4011 ext 3177 Cell Phone: _____
- iv. Email: kdimock@albemarle.org

3. Agreements

- a. Attach a copy of the cooperative partnership agreement between the participating cities and/or counties for the project. The agreement should also designate the city or county selected as fiscal agent for the cooperative project. A SAMPLE agreement is available here.
- i. If any participating city and/or county elects to allocate a portion of its Individual Distribution from the OAA to this regional project, the Cooperative Partnership Agreement should clearly document the commitment and amount.

4. Signature

Signature section must be completed by a person designated with signatory authority in the MOU/MOA noted in Part 3.a of this application.

"I swear or affirm that all information contained in and attached to this application is true to the best of my knowledge."

Signature 

Print Name Doug Walker

Title Deputy County Executive

Date 5-5-2023

5. Project Proposal

Complete the information below for the project the cooperative partnership is requesting to be funded.

a. Is this project:

- A new effort for the participating cities/counties.
- A proposed supplement or enhancement to a project or effort that is already in place.
 - How long has the project existed? _____
- A combination of enhancing an existing project/effort with new components.
 - How long has the project existed? CITAC has existed since February 2022; the Crisis Response (23-hr bed) program would be a new component. _____

b. Provide a brief narrative description of the proposed project including the requested term (1-5 years).

The Region Ten CSB Crisis Response and CITAC Expansion proposal includes a plan for an initial year of funding, with an additional four years to expand capacity and increase the number of individuals served. The proposal includes a plan to treat, prevent, and reduce the misuse of opioids and other Substance Use Disorders (SUD), as well as co-occurring mental health concerns, through a receiving center (also known as a CITAC) and a stabilization facility that provides short-term (under 24 hours) observation, assessment, support, information, resources, and crisis stabilization services in a comfortable, non-hospital environment. The 23-hour bed program will primarily divert people who are under the influence of substances and in crisis, and who, with time and support, are able to connect to services and stay in the community rather than going into a more restrictive treatment setting. Based on timing, capacity, and clinical presentation, the Crisis Intervention Team Assessment Center (CITAC) is able to divert emergency assessments that meet clinical criteria. All crisis assessments where a person can be diverted from inpatient hospitalization with 23-hour intervention will be served in this program. These two services are offered in combination because they are part of the core of a crisis services best practice model that includes Crisis call centers, Mobile response teams, and Crisis receiving and stabilization facilities, including CITACs, which are required elements for a best practice continuum of crisis response. Although there are a number of evidence-based SUD services that will be incorporated into the continuum of a comprehensive system of care, these three programmatic components represent the three true crisis service elements when delivered to the fidelity of the Crisis Service Best Practice guidelines. Following the initial grant award, Region Ten will use subsequent annual funding to continue to build and expand capacity in order to increase the number of individuals served, reduce inpatient hospitalizations, and abate the opioid epidemic by providing information about Opioid Use Disorder (OUD), training on harm reduction strategies such as naloxone administration and supplies, fentanyl test strips, and clean needles, and to care for people who have, or are at risk of developing, OUD and any co-occurring substance use disorder or mental health conditions. These efforts are outlined more in the timeline and performance measures workbooks.

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c. Describe the objectives of this project

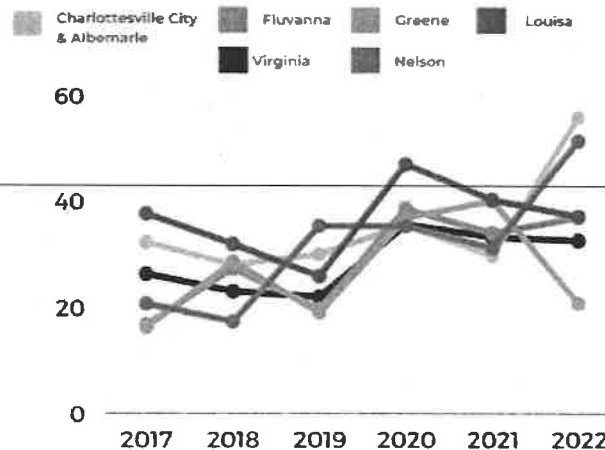
The goal of the Crisis Response (23-hour bed) program is to provide the appropriate level of assessment and support to people who are experiencing a psychiatric emergency while diverting from involuntary inpatient hospitalization where appropriate. This goal would primarily be achieved through a 23-hour bed program, which is defined as a period of up to 23 hours during which assessment and stabilization services are provided at less than an acute level of care. These are generally indicated for those situations where a person appears to be actively under the influence of substances and/or at risk for harm to self or others but does not require admission to an inpatient setting. This level of care offers an opportunity for re-assessment and the gathering of additional data which may support the appropriateness of admission to a less restrictive treatment setting. Other objectives to support this program include harm reduction activities such as providing access to Rapid REVIVE overdose prevention training, as well as distribution of Narcan and fentanyl test strips. Success of this program would lead to a decrease in overall hospitalizations and improvement in community connection to SUD-specific resources and supports.

The goal of CITAC Expansion is to provide support, assessment, and response to people who are experiencing a psychiatric emergency in a respectful, confidential setting. The program accepts transfers of Emergency Custody Orders (ECOs) based on CITAC capacity and appropriate referral parameters. Objectives include 1) providing emergency assessment for psychiatric hospitalization and law enforcement transfer of custody for people who are under an ECO and in need of an assessment for inpatient psychiatric hospitalization, 2) providing information, education, and resources to everyone who is served to abate the opioid epidemic through prevention efforts, 3) provide evidence-based and evidence-informed treatment and connect people who have SUD concerns to longer term treatment. The outcomes for this program include a decreased reliance on law enforcement, diversion from hospitalization and incarceration for people experiencing a psychiatric and/or SUD-related emergency, and an increased connection to evidence-based and evidence-informed services and supports.

d. How was the need determined and how does that need relate to abatement?

Data from the local Opioid Stakeholder workgroup, a multidisciplinary team that meets regularly to address the growing opioid and stimulant misuse crisis in our community, shows a steady increase in EMS calls for opioid related incidents in recent years. The Opioid Stakeholder group uses the evidence-based Strategic Prevention Framework to carry out its work, an approach that leverages local coalitions to address prevention, treatment, and recovery needs to address opioid and substance misuse. According to the Virginia Department of Health, Region Ten's catchment area consistently has had higher rates of Emergency Department visits for opioid overdose than the state for many years. In 2020, opioid rates across the catchment area rose substantially, and remain higher than the pre-pandemic baseline. The Opioid Stakeholder group attributes the rise in OUD to a variety of factors, including increased availability of fentanyl, including fake prescription pills, increased polydrug use with opioids and stimulants, and possible factors related to the pandemic. According to data from VDH and local EMS providers, overdoses are concentrated in the urban, North Downtown neighborhood of Charlottesville, on the Route 29 commercial corridor of Albemarle County, and in the rural Counties of Louisa and Nelson. By diverting individuals in crisis with opioid use concerns from the Emergency Department to the Region Ten CITAC and 23-hour bed program, it will provide an opportunity to treat, prevent, and reduce opioid misuse and abate the opioid epidemic.

RATE PER 10K OF EMERGENCY DEPARTMENT VISITS FOR OPIOID OVERDOSES



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- e. Who are the targeted beneficiaries, and how many persons are expected to participate per year?

Targeted beneficiaries for the Crisis Response and CITAC Expansion programs include individuals who use opioids and are at risk for opioid and/or substance misuse, as well as those with co-occurring mental health concerns. Individuals will be served across Region Ten's catchment area of Charlottesville City, Albemarle, Fluvanna, Greene, Louisa and Nelson Counties, with a focused outreach to areas with highest concentration of Opioid overdoses which are Charlottesville City, Albemarle, Louisa and Nelson counties.

In the last year, Region Ten's Emergency Services team conducted 2,463 crisis evaluations, which includes 624 ECO evaluations. We anticipate that we could potentially see as many as 30-40 individuals per month in the CITAC based on timing, capacity, and clinical presentation. Based on how the Crisis Response program builds out, which would include a fully functioning CITAC and 23-hour bed program, law enforcement could potentially serve more than 1,000 people per year. These numbers would steadily increase over the additional four year grant periods.

- f. Briefly describe (name or organization, description of role, budget, etc.) the organization(s), including any sub-recipients or contractors (if known) that will be involved in this project. Attach any contracts and/or memoranda of understanding/agreement. If not fully executed, a draft or a narrative describing the scope of services may suffice.

Region Ten is the largest behavioral health provider in the region and serves more than 9,000 individuals across its localities each year. Of the adults served in FY 22, an average of 58 percent, or 5,220 people served had a substance use disorder as part of their diagnosis, as well as co-occurring mental health disorders and significant trauma histories. This proposal aims to serve that population by steadily increasing the number of adults over the five year grant period who complete some form of detox, as well as connect people with therapeutic counseling services, professional mental health care, and peer supports. Additionally, over the five year grant period Region Ten will gradually increase the number of people who are engaged in harm prevention outreach efforts such as Naloxone and fentanyl test kits distribution, as well as clean syringe exchanges. All of these efforts will be likely to increase the number of overdoses that are reversed.

Region Ten has a long history of providing recovery-based and trauma-informed care, which is crucial since research from the National Institutes of Health* shows that individuals with opioid use disorders (OUD) have a significantly greater incidence of exposure to traumatic events and developing Post-Traumatic Stress Disorder (PTSD). This study also found very high rates of trauma among individuals with OUD with a majority of participants reporting a history of childhood sexual, physical, or emotional abuse, physical neglect, or violent trauma. This research is consistent with Region Ten's organizational data that shows nearly 10 percent of individuals with SUD concerns have a primary or secondary diagnosis of PTSD. Additional information from the Children's Mental Health Network shows that trauma is often the "gateway drug" to addictions due to the fact that individuals with a high exposure to adversity in childhood (also known as a high ACE score) are 46 times more likely to be IV drug users compared to people who report no ACEs. For the last five years, Region Ten's prevention team has leveraged this research and offered regular trainings to the community, free of charge, related to trauma and Adverse Childhood Experiences (ACEs).

*<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3681508/>

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g. Is the project classified as evidence-based?

Yes

No

If yes, attach supporting information to this application.

h. Is the project classified as evidence-informed?

Yes

No

If yes, attach supporting information to this application.

i. Has this project been certified or credentialed by a state/federal government agency, or other organization/non-profit?

Yes

No

If yes, attach supporting information to this application.

j. Has this project received any awards or recognition?

Yes

No

If yes, attach supporting information to this application.

k. Does this project have components other than opioid-related treatment as defined?

No, it is 100% related to opioid treatment

Yes, there are other substances involved

If yes, what is the approximate percentage of the project that covers opioid-related abatement (i.e., 20% of the patients who seek services have opioid-related disorders)?

In the last year, approximately 11 percent of individuals served by Region Ten had a primary diagnosis of OUD, which is a slight decline from previous years. This difference may be attributed to the rise in amphetamine, methamphetamine, and cocaine use across all six of our localities served. Of the 11 percent who had a primary diagnosis of OUD, Alcohol Use Disorder (AUD) and PTSD were secondary and tertiary diagnoses. Alcohol has consistently been the preferred drug of choice with 20-25 percent of people served identifying AUD as their primary diagnosis in the last 3 years. While the 11 percent of people with an OUD diagnosis will receive connections to OUD care and treatment through this project proposal, the remaining 89% of people served will receive OUD prevention and education to help abate the opioid epidemic.

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- i. Attach a budget for that minimally includes FY2024 with line-item details for the project. If carry-over of OAA funds from FY2024 into FY2025 is expected, include this in the line-item budget. If there is intention to renew the funding (maximum of 4 renewals), include the projected budget for each subsequent fiscal year.
 - i. If a city or county in the cooperative partnership is allocating any of its Direct Distributions and/or any of its Individual Distributions from the OAA to this cooperative project, include line items for each as funding sources for the project.
- m. Complete and attach the project timeline workbook for the project minimally for FY2024. If there is intention to renew the funding (maximum of 4 renewals), complete the timeline for each subsequent fiscal year.
- n. Complete and attach the performance measurement workbook for the project minimally for FY2024. If there is intention to renew the funding (maximum of 4 renewals), include the complete the performance measures for each subsequent fiscal year.
- o. *(Optional)* Attach any additional narrative materials explaining the project, along with any research, data, plans, letters of support, articles, or other items that may assist the OAA Board of Directors in making an award decision for this project.

Virginia Opioid Abatement Authority Cooperative Agreement

WHEREAS, the mission of the Virginia Opioid Abatement Authority (OAA) is to abate and remediate the opioid epidemic in the Commonwealth through financial support in the form of grants, donations, or other assistance; and

WHEREAS, the OAA operates a financial assistance program to support certain cooperative partnerships of cities and/or counties in Virginia that implement regional efforts to treat, prevent, and reduce opioid use disorder and the misuse of opioids; and

WHEREAS, the cities and/or counties listed below have committed to work together to develop and jointly submit an application for regional cooperative partnership funding from the OAA; and


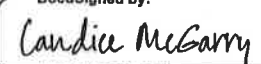
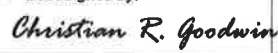

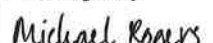
WHEREAS, at least two of the cities and/or counties listed below are located within the same region of the Department of Behavioral Health and Developmental Services; and

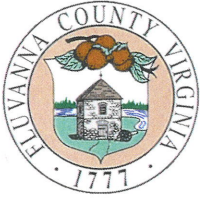
WHEREAS, the cities and/or counties and other organizations listed below agree they will execute a legally binding agreement formalizing the cooperating partnership if the application for financial assistance is approved; and

WHEREAS, the cities and/or counties and other organizations listed below agree that Albemarle County will serve as the fiscal agent for the cooperative partnership if it is awarded; and

WHEREAS, the cities and/or counties and other organizations listed below seek a total of **\$1,711,325** in grant funding from the OAA for Fiscal Year 2024.

NOW, THEREFORE, BE IT RESOLVED, the cities and/or counties and other organizations listed below hereby authorize Albemarle County to execute all documents in connection therewith.

Name of City, County, or Organization	Printed Name of Authorized Signor	Title of Authorized Signor	Signature
Albemarle County	Doug Walker	Albemarle Deputy County Executive	
Nelson County	Candice McGarry	Nelson County Administrator	DocuSigned by: 
Louisa County	Christian Goodwin	Louisa County Administrator	BB84686ED9B14F1... DocuSigned by: 
Greene County	Brenda Garton	Greene County Administrator	739994A934AE41B... DocuSigned by: 
City of Charlottesville	Michael C. Rogers	City Manager	76042F184AA64E8... DocuSigned by: 
Fluvanna County	Eric. M Dahl	Fluvanna County Administrator	787B5B88A6F456...



BOARD OF SUPERVISORS
 County of Fluvanna
 Palmyra, Virginia
RESOLUTION No. 15-2023

**A RESOLUTION IN SUPPORT OF A GRANT APPLICATION TO THE
 OPIOID ABATEMENT AUTHORITY TO FUND
 OPIOID ABATEMENT PROGRAMMING**

WHEREAS, the Commonwealth of Virginia established in 2021 the Opioid Abatement Authority (OAA) to allocate and use proceeds from opioid-related settlements in the form of grants; and

WHEREAS, the mission of the Virginia Opioid Abatement Authority (OAA) is to abate and remediate the opioid epidemic in the Commonwealth through financial support in the form of grants, donations, or other assistance; and

WHEREAS, in November 2021 the County of Fluvanna signed a Memorandum of Understanding with the OAA in order to be included in allocations from the opioid-related settlements; and

WHEREAS, the OAA operates a financial assistance program to support certain cooperative partnerships of cities and/or counties in Virginia that implement regional efforts to treat, prevent, and reduce opioid use disorder and the misuse of opioids; and

WHEREAS, the Region Ten Community Services Board serves residents in the counties of Fluvanna, Albemarle, Greene, Louisa, and Nelson, and the City of Charlottesville; and

WHEREAS, the localities served by the Region Ten Community Services Board have committed to working together to develop and jointly submit an application for regional cooperative partnership funding from the OAA; and

WHEREAS, the Region Ten Community Services Board has drafted a proposal and seeks a total of \$1,711,325 in grant funding;

WHEREAS, the OAA will accept applications for fiscal year 2024 proposals until May 5, 2023; and

NOW, THEREFORE, BE IT RESOLVED that the Fluvanna County Board of Supervisors does hereby lend its support of an application to the Virginia Opioid Abatement Authority in order to create and expand programming for the abatement of opioid substance abuse.

THE FOREGOING RESOLUTION WAS DULY AND REGULARLY ADOPTED by the Fluvanna County Board of Supervisors of Fluvanna County on this 3rd day of May 2023.

	AYE	NAY	ABSTAIN	ABSENT	MOTION	SECOND
Mozell H. Booker, Fork Union District	✗					
Patricia B. Eager, Palmyra District	✗					✗
Chris Fairchild, Cunningham District	✗				✗	
Anthony P. O'Brien, Rivanna District	✗					
John M. Sheridan, Columbia District	✗					

Attest:

Mozell H. Booker
 Mozell H. Booker, Chair
 Fluvanna County Board of Supervisors