

# Virginia Opioid Abatement Authority Application for Individual Awards to Cities and Counties

**1. Contact Information**

- a. Name of City or County: City of Roanoke  city  county
- b. Physical address: 215 Church Avenue SW, Suite 364, Roanoke, VA 24011
- c. Mailing address: Same as above  
(if different than physical address)
- d. Contact Person for this application
  - i. Name: Wayne Leftwich
  - ii. Job Title: Assistant to the City Manager
  - iii. Office Phone: 540-853-6357 Cell Phone: 540-524-2282
  - iv. Email: wayne.leftwich@roanokeva.gov

**2. Distribution Information**

- a. Provide the following regarding how the city or county has used (or is planning to use) its direct distributions (from the settlement administrator):
  - i. For the **Distributors Settlement**:

Amount of direct distributions received during FY2023 (Amounts can be found here)	FY23: \$113,125; FY22 \$75,593
Amount appropriated by the governing body in FY2023	\$0
FY2023 actual expenditures	\$0
FY2023 encumbered but not yet expended	\$0
FY2023 remaining unspent and unencumbered balance	FY23: \$113,125; FY22 \$75,593
FY2024 anticipated direct distribution from Distributor Settlement (Amounts can be found here)	FY24: \$79,445

ii. For the **Janssen Settlement**:

Amount of direct distributions received during FY2023 ( <a href="#">Amount can be found here</a> )	\$327,967
Amount appropriated by the governing body in FY2023	\$0
FY2023 actual expenditures	\$0
FY2023 encumbered but not yet expended	\$0
FY2023 remaining unspent and unencumbered balance	\$327,967

iii. Provide a narrative reflecting the uses (actual or planned) of the direct distributions for the city or county from the Distributors and Janssen for both FY2023 and FY2024. Include a description of project(s) funded with these direct distributions, the target audience or population, names and responsibilities of subrecipients or contractors, and any outcomes that have been achieved. If no funds have been used, state the city or county’s plans for these funds. (Attach additional sheets if needed).

The City Council for the City of Roanoke has established a five year plan for the opioid settlement funds. The City Council approved a resolution adopting the first year of spending and projects as defined in the five-year plan for the opioid settlement funds and authorizing the City to apply for local grants and cooperative grants through the Opioid Abatement Authority. The resolution adopted on May 1, 2023 also establishes that the City of Roanoke will agree to meet the gold standard with all their allotted and awarded settlement funds.

See attached:  
Five-Year Plan Opioid Settlement Funds May 2023  
Adopted Resolution No. 42640-050123

b. Does the city or county intend to reserve any portion of its direct distributions from FY2023 or FY2024 for future year abatement efforts?

Yes

No

*If yes, see [Terms and Conditions](#) item #2.d.*

c. Does the city or county intend to apply for the OAA's city or county "Gold Standard" incentive program in FY2023 and FY2024?

Yes

No

*If yes, complete the form entitled "Application and Terms and Conditions to Receive OAA Incentive Funds"*

d. For each proposed project in FY2023 and FY2024, complete and attach Part 4 "Project Proposal" of this application. If there is more than one project, use the [additional project proposals](#) file. The total amount of funding requested should not exceed the amount for the city or county as published in this [document](#).

e. Attach a copy of a resolution from the governing body of the city or county providing signatory authority. If the city or county is requesting the Gold Standard incentive, ensure this is noted in the resolution from the governing body. A [sample resolution](#) can be found in this application packet.

**3. Signature**

Signature section must be completed by the person designated with signatory authority in the resolution noted in Part 2.e 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 Robert S. Cowell, Jr.

Title City Manager

Date May 5, 2023

# Virginia Opioid Abatement Authority Application and Terms and Conditions for Cities and Counties to Receive OAA “Gold Standard” Incentive Funds

## 1. Contact Information

- a. Name of City or County: City of Roanoke, VA  city  county
- b. Physical address: 215 Church Avenue SW, Suite 364, Roanoke, VA 24011
- c. Mailing address: Same as above  
(if different than physical address)
- d. Contact Person for this application
- i. Name: Wayne Leftwich
- ii. Job Title: Assistant to the City Manager
- iii. Office Phone: 540-853-6357 Cell Phone: 540-524-2282
- iv. Email: wayne.leftwich@roanokeva.gov

## 2. Agreements

The governing body of the city or county named in this application is applying to the OAA to receive the incentive that increases the city or county's OAA Distribution by 25% for FY2023 and FY2024. To qualify for the incentive, the city or county agrees to the terms and conditions set forth for the OAA Distributions to Cities and Counties as well as the following requirements:

- a. The city or county will create and maintain separate accounting records for funds received from the OAA Distribution and from Direct Distribution in accordance with relevant guidance published by the Auditor of Public Accounts.
- b. The city or county voluntarily agrees to apply the requirements of Code of Virginia [§2.2-2370 \(A\)](#), to its Direct Distributions. These set of requirements are known as the “Gold Standard.”
- c. The city or county has adopted and attached a resolution noting that it will voluntarily agree to meet the OAA's “Gold Standard” requirements in return for a 25% increase in OAA funding for FY2023 and FY2024.

**Application and Terms and Conditions for Cities and Counties  
to Receive OAA "Gold Standard" Incentive Funds**

**3. Signature**

Signature section must be completed by the person designated with signatory authority in the resolution noted in Part 2.c 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 Robert S. Cowell, Jr.

Title City Manager

Date May 5, 2023

IN THE COUNCIL OF THE CITY OF ROANOKE, VIRGINIA

The 1<sup>st</sup> day of May 2023.

No. 42640-050123.

A RESOLUTION authorizing the City Manager or his designee to make grant applications to the Virginia Opioid Abatement Authority (“VOAA”) on behalf of the City of Roanoke for grant funds, to enter into cooperative agreements with our regional partners for regional grants from the VOAA, and acknowledging the City’s voluntary agreement to adhere to the VOAA’s “Gold Standard” requirements that will allow the City to receive a 25% increase in funding.

WHEREAS, the City Council seeks to mitigate and abate the impacts of the opioid epidemic in the City of Roanoke, Virginia;

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

WHEREAS, the VOAA has invited localities in Virginia to submit proposals for grants to support efforts to treat, prevent, and reduce opioid use disorder and the misuse of opioids in the Commonwealth;

WHEREAS, the financial assistance offered by the VOAA is needed to provide opioid mitigation and abatement efforts in the City of Roanoke;

WHEREAS, the City of Roanoke has prepared individual grant proposals for Fiscal Years 2023 and 2024 that accepts the terms and conditions required by the VOAA;

WHEREAS, the City of Roanoke, voluntarily agrees to meet the VOAA’s “Gold Standard” requirements in return for a 25% increase in VOAA funding eligibility; and

WHEREAS, the City of Roanoke grant request for fiscal years 2023 and 2024 seeks an estimated total of up to \$252,867 in grant funding from the VOAA, including the incentive amount.

THEREFORE, BE IT RESOLVED by the Council of the City of Roanoke as follows:

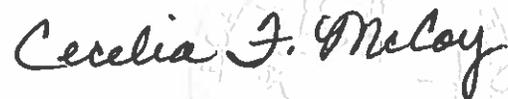
1. The City Manager or his designee is authorized to execute, submit and accept an individual grant application on behalf of the City of Roanoke from the Virginia Opioid Abatement Authority for fiscal years 2023 and 2024 for an estimated total of up to \$252,867.

2. The City Manager or his designee is hereby authorized to enter into cooperative agreements with our local partners and to file cooperative grant applications with the Virginia Opioid Abatement Authority to receive grant funds to mitigate and abate the impacts of the opioid epidemic within the Roanoke Valley region.

3. If the grant applications described above are approved by the Virginia Opioid Abatement Authority, the City Manager or his designee is further authorized to accept the grant awards, and to execute any and all documents necessary in connection therewith.

4. Finally, the City of Roanoke, voluntarily agrees to meet or exceed the Virginia Opioid Abatement Authority's "Gold Standard" requirements as set forth in the Council Report dated May 1, 2023 in return for receiving a 25% increase in funding.

ATTEST:



*Cecelia J. McCoy*

City Clerk.

# Virginia Opioid Abatement Authority Additional Project Proposals

## 4. Project Proposal

Complete the information below **for each project** the city or county is requesting to be funded.

a. Name of City or County: \_\_\_\_\_ city      county

b. Project name: \_\_\_\_\_

c. Contact Person for this application

i. Name: \_\_\_\_\_

ii. Job Title: \_\_\_\_\_

iii. Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

iv. Email: \_\_\_\_\_

d. Is this project:

A new effort for the city / county.

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? \_\_\_\_\_

e. Provide a brief narrative description of the proposed project.

f. Describe the objectives of this project

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

h. 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.

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

j. Is the project classified as evidence-based?

Yes

No

*If yes, attach supporting information to this application.*

k. Is the project classified as evidence-informed?

Yes

No

*If yes, attach supporting information to this application.*

l. 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.*

m. Has this project received any awards or recognition?

Yes

No

*If yes, attach supporting information to this application.*

n. 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)?*

o. Attach a budget for FY2023 and a budget for FY2024 with line-item details for the project. If carry-over of OAA funds from FY2023 into FY2024 is expected, include this in the line item budget.

p. Complete and attach the [project timeline workbook](#) for each project covering both FY2023 and FY2024

q. Complete and attach the [performance measurement workbook](#) for each project covering both FY2023 and FY2024

r. *(Optional)* Attach any letters of support, articles, or other items that may assist the OAA Board of Directors in making an award decision for this project.

Budget- Marketing Warm Line at Blue Ridge Behavioral Healthcare

Marketing Campaign Budget - \$25,000

## Research on effectiveness of peer navigators (Peers for Warm Line)

Cos TA, LaPollo AB, Aussendorf M, Williams JM, Malayter K, Festinger DS. Do Peer Recovery Specialists Improve Outcomes for Individuals with Substance Use Disorder in an Integrative Primary Care Setting? A Program Evaluation. *J Clin Psychol Med Settings*. 2020 Dec;27(4):704-715. doi: 10.1007/s10880-019-09661-z. PMID: 31520183.

Hansen MA, Modak S, McMaster S, Zoorob R, Gonzalez S. Implementing peer recovery coaching and improving outcomes for substance use disorders in underserved communities. *J Ethn Subst Abuse*. 2022 Jul-Sep;21(3):1029-1042. doi: 10.1080/15332640.2020.1824839. Epub 2020 Sep 24. PMID: 32969329.

Barker SL, Maguire N. Experts by Experience: Peer Support and its Use with the Homeless. *Community Ment Health J*. 2017 Jul;53(5):598-612. doi: 10.1007/s10597-017-0102-2. Epub 2017 Feb 7. PMID: 28176210; PMCID: PMC5438434.

Parkes T, Matheson C, Carver H, Foster R, Budd J, Liddell D, Wallace J, Pauly B, Fotopoulou M, Burley A, Anderson I, MacLennan G. A peer-delivered intervention to reduce harm and improve the well-being of homeless people with problem substance use: the SHARPS feasibility mixed-methods study. *Health Technol Assess*. 2022 Feb;26(14):1-128. doi: 10.3310/WVVL4786. PMID: 35212621; PMCID: PMC8899911.

Parkes T, Matheson C, Carver H, Budd J, Liddell D, Wallace J, Pauly B, Fotopoulou M, Burley A, Anderson I, MacLennan G, Foster R. Supporting Harm Reduction through Peer Support (SHARPS): testing the feasibility and acceptability of a peer-delivered, relational intervention for people with problem substance use who are homeless, to improve health outcomes, quality of life and social functioning and reduce harms: study protocol. *Pilot Feasibility Stud*. 2019 Apr 29;5:64. doi: 10.1186/s40814-019-0447-0. PMID: 31164989; PMCID: PMC6489271.

Chinman, M., Shoai, R., & Cohen, A. (2010). Using organizational change strategies to guide peer support technician implementation in the Veterans Administration. *Psychiatric Rehabilitation Journal*, 33, 269–277. <https://doi.org/10.2975/33.4.2010.269.277>

Hebert, M., Rosenheck, R., Drebing, C., Young, A. S., & Armstrong, M. (2008). Integrating peer support initiatives in a large healthcare organization. *Psychological Services*, 5, 216–227. <https://doi.org/10.1037/1541-1559.5.3.216>

Kaufman, L., Kuhn, W., & Stevens-Manser, S. (2016). *Peer specialist training and certification programs: A national overview*. Austin, TX: Texas Institute for Excellence in Mental Health, School of Social Work, University of Texas at Austin.

Repper, J., & Carter, T. (2011). A review of the literature on peer support in mental health services. *International Journal of Mental Health Nursing*, 20, 392–411. <https://doi.org/10.3109/09638237.2011.583947>

Corrigan P, Sheehan L, Morris S, Larson JE, Torres A, Lara JL, Paniagua D, Mayes JI, Doing S. The Impact of a Peer Navigator Program in Addressing the Health Needs of Latinos With Serious Mental Illness. *Psychiatr Serv*. 2018 Apr 1;69(4):456-461. doi: 10.1176/appi.ps.201700241. Epub 2017 Dec 15. PMID: 29241431.

Corrigan PW, Pickett S, Schmidt A, Stellon E, Hantke E, Kraus D, Dubke R; Community Based Participatory Research Team. Peer navigators to promote engagement of homeless African Americans with serious mental illness in primary care. *Psychiatry Res.* 2017 Sep;255:101-103. doi: 10.1016/j.psychres.2017.05.020. Epub 2017 May 17. PMID: 28535474; PMCID: PMC5545154.

# Performance Measurement Worksheet for Project Number #4

Proposed by: City of Roanoke, VA  
(Insert name of city or county)

Project Name Marketing for Warm Line at Blue Ridge Behavioral Healthcare

**Project Performance Measures (complete for all that apply)**

		Required			Optional	
		FY23	FY24	FY25	FY26	FY27
<b><u>Prevention/Education/Awareness Efforts</u></b>						
1	No. of children, infant to 5 years old, participating in prevention/education programming		1,000			
2	No. children, elementary school age, participating in prevention/education programming					
3	No. of children, middle school age, participating in prevention/education programming					
4	No. of children, high school age, participating in prevention/education programming					
5	No. adults from the general public participating in prevention/education programming					
6	No. of pregnant and/or nursing women participating in prevention/education programming					
7	No. of teachers participating in prevention/education programming					
8	No. of health care professionals participating in prevention/education programming					
9	No. of law enforcement officers participating in prevention/education programming					
10	No. of court-related professionals participating in prevention/education programming					
11	No. of key officials / policy makers participating in prevention/education programming					
<b><u>Efforts Directed Toward Pregnant / Nursing Women with Substance Use Disorders</u></b>						
12	No. of pregnant / nursing women completing some form of detox					
13	No. of pregnant / nursing women tested for communicable diseases					
14	No. of pregnant / nursing women testing positive for communicable diseases					
15	No. of pregnant / nursing women connected to treatment for communicable diseases					
16	No. of pregnant / nursing women connected to therapeutic counseling services					
17	No. of pregnant / nursing women connected to MOUD					
18	No. of pregnant / nursing women connected to professional mental health care					
19	No. of pregnant / nursing women connected to peer supports					
20	No. of pregnant / nursing women connected to housing					
21	No. of pregnant / nursing women connected to childcare					
22	No. of pregnant / nursing women connected to education or job training					
23	No. of pregnant / nursing women connected to a job / employment					
24	No. of babies with neonatal abstinence syndrome treated					

# Performance Measurement Worksheet for Project Number #4

Proposed by: City of Roanoke, VA  
(Insert name of city or county)

Project Name Marketing for Warm Line at Blue Ridge Behavioral Healthcare

**Project Performance Measures (complete for all that apply)**

		Required			Optional	
		<u>FY23</u>	<u>FY24</u>	<u>FY25</u>	<u>FY26</u>	<u>FY27</u>
<b><u>Efforts Directed Toward Children with Substance Use Disorders</u></b>						
25	No. of children (up to age 18) completing some form of detox					
26	No. of children (up to age 18) connected to therapeutic counseling services					
27	No. of children (up to age 18) connected to MOUD					
28	No. of children (up to age 18) connected to professional mental health care					
29	No. of children (up to age 18) connected to peer supports					
30	No. of children (up to age 18) tested for communicable diseases					
31	No. of children (up to age 18) testing positive for communicable diseases					
32	No. of children (up to age 18) connected to treatment for communicable diseases					
<b><u>Efforts Directed Toward Individuals with SUD who are Criminal Justice Involved</u></b>						
33	No. of individuals receiving SUD screening while incarcerated					
34	No. of individuals completing some form of detox while incarcerated					
35	No. of individuals tested for communicable diseases while incarcerated					
36	No. of individuals testing positive for communicable diseases while incarcerated					
37	No. of individuals connected to treatment for communicable diseases while incarcerated					
38	No. of individuals provided SUD therapeutic counseling while incarcerated					
39	No. of individuals provided Medication Assisted Treatment for SUD while incarcerated					
40	No. of individuals provided professional mental health care while incarcerated					
41	No. of individuals connected to peer supports while incarcerated					
42	No. of individuals provided with education or job training while incarcerated					
43	No. of individuals incarcerated provided with an SUD-specific release plan					
44	No. of individuals diverted from incarceration to treatment					
45	No. of individuals diverted from incarceration to housing					
46	No. of individuals connected to SUD therapeutic counseling while on monitored release					
47	No. of individuals connected to MOUD while on monitored release					
48	No. of individuals enrolled into court approved SUD-related deferred adjudication					
49	No. of individuals successfully completing the terms of SUD-related deferred adjudication					

# Performance Measurement Worksheet for Project Number #4

Proposed by: City of Roanoke, VA  
(Insert name of city or county)

Project Name Marketing for Warm Line at Blue Ridge Behavioral Healthcare

**Project Performance Measures (complete for all that apply)**

		Required			Optional	
		FY23	FY24	FY25	FY26	FY27
50	No. of drug court participants enrolled					
51	No. of drug court participants graduated					

**Efforts Directed Toward Adults with SUD who are not incarcerated or pregnant/nursing**

52	No. of adults completing some form of detox					
53	No. of adults tested for communicable diseases					
54	No. of adults testing positive for communicable diseases					
55	No. of adults connected to treatment for communicable diseases					
56	No. of adults connected to therapeutic counseling services					
57	No. of adults connected to MOUD					
58	No. of adults connected to professional mental health care					
59	No. of adults connected to peer supports					
60	No. of adults connected to housing					
61	No. of adults connected to childcare					
62	No. of adults connected to education or job training					
63	No. of adults connected to a job / employment					

**Harm Reduction Efforts**

64	No. of people engaged during harm prevention outreach efforts					
65	No. of Naloxone kits distributed to at-risk individuals					
66	No. of Fentanyl test kits distributed to at-risk individuals					
67	No. of clean syringe exchanges conducted					
68	Reported No. of overdoses reversed					

Virginia Opioid Abatement Authority  
**Timeline for Project Number #4**

Proposed by: City of Roanoke, VA  
*(insert name of city or county)*

Project Name: Marketing Campaign for Warm Line at Blue Ridge Behavioral Healthcare

Insert Project Objectives and place an "X" in the appropriate month/year. Add additional objectives as needed.

#	Objective	REQUIRED												Optional																
		FY23				FY24								FY25				FY26				FY27								
		March	April	May	June	July	August	September	October	November	December	January	February	March	April	May	June	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
1	Solicit proposal for marketing campaign					X																								
2	Select marketing consultant						X																							
3	Develop marketing materials							X	X																					
4	Distribute marketing materials/ Advertising									X	X	X	X	X	X	X	X													
5																														
6																														
7																														
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