



VIRGINIA OPIOID ABATEMENT AUTHORITY

OPERATION STOP! (SPECIFICALLY TARGETED OVERDOSE PREVENTION) GRANTS GUIDANCE

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Recent national and state data report a sharp decline in the number of fatal opioid overdoses in 2023 and 2024. While this signals progress, the total number of overdoses remains alarmingly high, with some communities experiencing increased fatality rates.

The opioid overdose crisis has evolved. Initially driven by over-prescribing and misuse of opioid medications, the majority of fatal overdoses in Virginia now involve fentanyl, frequently mixed with stimulants such as cocaine and methamphetamine. This shift has concentrated opioid overdoses in urban areas rather than rural areas.

Data from the Virginia Department of Health (VDH) for the Virginia Opioid Abatement Authority (OAA) reveal a 59% increase in opioid overdose deaths per 100,000 persons statewide from 2019 to 2023. Disparities are evident when comparing overdose rates among racial groups during the same time period:

- White Virginians: Overdose death rate increased by 11%
- Black Virginians: Overdose death rate increased by 41%

These trends align with national patterns.

- A June 2024 [analysis](#) by KFF News shows national drug overdose rates among Black individuals (47.5 per 100,000) surpass those of White individuals (35.6 per 100,000), reflecting recent sharper increases in Black communities.
- In August 2024, the National Institute on Drug Abuse (NIDA) [highlighted](#) that between 2015 and 2023, overdose deaths among non-Hispanic Black men aged 55 and older increased nearly fivefold. In 2023, deaths in this group were nearly triple the national average for their age demographic, with fentanyl and cocaine as the predominant contributors.

In response to this growing concern, the Virginia Opioid Abatement Authority (OAA) has launched **Operation STOP! (Specifically Targeted Overdose Prevention)**, a special grant program aimed at supporting cities and counties with the highest increases in fatal overdoses disproportionately affecting Black residents.

Operation STOP! Grants Overview

The OAA has identified a list of cities and counties that, according to data provided to the OAA by VDH, experienced a disproportionately high increase in opioid overdose death rates among Black individuals from 2019 to 2023. Eligible cities and counties must meet the following criteria:

- A 100% or higher increase in Black opioid overdose deaths per 100,000 population from 2019-2023
- At least 20 opioid overdose fatalities within the timeframe.

The OAA will make awards of *up to \$500,000 per grant award*, with a maximum total of all **Operation STOP!** Awards *not to exceed \$3 million*. **Operation STOP!** grants are competitive, only available to the individual cities and counties listed in this guidance document, and the evaluation criteria is established by the [Code of Virginia](#).

The primary focus of **Operation STOP!** is for cities and counties to implement an immediate short-term education/prevention program to reduce overdoses and deaths, while assisting the community in the development of a strategy to use other opioid settlement funds for long-term opioid abatement projects. The eligible cities and counties are listed in Attachment A.



Operation STOP! Grant Requirements

1. **Operation STOP!** grant applications should reference how data will be used in implementing the efforts ([Overdose Detection Mapping Application Program](#) (ODMAP) is an example).
2. Applicants **MUST** partner with at least one community-based organization¹ that has a track record of success in connecting with and successfully serving the specific population that is at the highest risk of overdose within the city or county.
3. The **Operation STOP!** grant application (narrative) must address how the cities and counties will specifically accomplish each of the following objectives. The OAA will pre-select appropriate performance measures for each city and county to report on based on their respective **Operation STOP!** application. The four objectives are as follows:
 - a. **Objective 1:**
Identify residents at the highest risk of overdose, and specifically those who may be difficult to reach using traditional outreach and education methods.
 - This objective should also include the inclusion of existing resources in the community to assist with identifying residents who are at the highest risk of overdose.
 - b. **Objective 2:**
Develop and implement a targeted outreach and communications strategy for high-risk individuals.
 - This outreach program should specifically focus on educating individuals about the risks of fentanyl being mixed into stimulants such as cocaine and methamphetamine and providing connections to various community resources. The outreach program should also include stigma reduction efforts specific to the identified individuals.
 - c. **Objective 3:**
Implement or expand harm reduction efforts targeting the identified high-risk population. Examples of harm reduction efforts include:
 - Mobile outreach
 - Distribution of educational materials
 - Distribution of naloxone, fentanyl test strips, xylazine test strips
 - Connections to healthcare services including Hepatitis C and HIV testing
 - d. **Objective 4:**
Implement or expand treatment and/or recovery support services for this high-risk population, potentially including:
 - Access to treatment and recovery support organizations
 - Medications for opioid use disorders, including mobile services
 - Assistance with transportation, job and skill training, and recovery housing
 - Support for justice-involved individuals transitioning back into the community
4. Applications must be submitted through the OAA's [Grants Portal](#) by the city or county. Click [here](#) for step-by-step instructions on how to enter the application information. If a city or county has not accessed the Grants Portal before, click [here](#) for the quick start guide.

¹ The partnering community-based organization(s) (CBO) must be separate organization(s) from the applicant city or county. The CBO(s) must have a record of success in connecting with and serving the specific population that is highest risk of overdose within the city or county. Community service boards and behavioral health authorities can be integrated as a partner for the **Operation STOP!** Project, but cannot fill the role of the required CBO.



5. Applications are **due on or before April 1, 2025**, and awarded funds will be available with the **initial period of performance of July 1, 2025 - June 30, 2026 (FY2026)**. Awarded Cities and counties will have the option to request to renew/extend the period of performance into FY2027 (July 1, 2026 - June 30, 2027) and carryforward grant fund balances if necessary or desired. This is a single award with a maximum of two performance periods.
6. The table below shows the statutory requirement for prioritization of awards, with examples of **Operation STOP!** evaluation criteria:

Statutory Language (Code of Virginia § 2.2-2370 B)	Examples of Evaluation Criteria for STOP! Grants
Collaborate with an existing program or organization that has an established record of success treating, preventing, or reducing opioid use disorder or the misuse of opioids.	In prioritizing awards, the OAA will evaluate the extent to which the partnering community-based organization(s) has an established record of connecting with and successfully serving people in the community who have the highest risk of overdose.
Treat, prevent, or reduce opioid use disorder or the misuse of opioids in a community with a high incidence of opioid use disorder or opioid death rate, relative to the population.	OAA will consider the opioid overdose death rate of the city or county when prioritizing awards.
Treat, prevent, or reduce opioid use disorder or the misuse of opioids in a historically economically disadvantaged community.	OAA will consider the extent to which a city or county meets State Code definition of “historically economically disadvantaged” when prioritizing awards.
Include a monetary match from or on behalf of the applicant, with higher priority given to an effort with a larger matching amount.	Monetary matches can be comprised of local government general fund contributions, opioid settlement direct distribution funds, OAA individual distributions, or any cash pledged on behalf of the applicant city or county.

Operation STOP! Advisory Group Recommendations:

The OAA recommends each applicant city or county form an advisory group for the **Operation STOP!** Grant project. The advisory group composition should include:

- Representative(s) from the partnering community-based organization(s).
- Individual(s) with lived experience of opioid use disorder.
- Local faith-based organization(s).
- Local Health Department/District representatives
- Emergency medical services (EMS) providers serving the community
- Business community representatives (e.g., chamber of commerce, or local private business).
- Representatives from local post-secondary institutions who could provide technical assistance.

Eligible cities and counties (listed on Attachment A) can apply for an **Operation STOP! Grant** by reviewing and following the step-by-step process available [here](#).



OAA Operation *STOP!* Grant Guidance Attachment A

Cities and Counties with Disproportionately High Black or African American Opioid Overdose Deaths

Data Timeframe: 2019 – 2023

Source: Virginia Department of Health

- (1) 5-year case counts of 20 or higher**
- AND**
- (2) rate of increase = 100% or higher**

City or County	Black / African American	
	Opioid Overdose Death Count	Percent of Rate Change
Chesapeake City	84	436%
Norfolk City	224	365%
Portsmouth City	172	300%
Richmond City	580	229%
Henrico County	212	167%
Newport News City	107	114%
Petersburg City	98	103%