OAA Toolkit:
Learning from Virginia Communities to Develop a Comprehensive Toolkit

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ACORN
Virginia Ambulatory Care Outcomes Research Network

VCU
Family Medicine and Population Health
School of Medicine

Outline

- Overview of OAA Toolkit & Process
- Innovative and Evidence-Based Programs in Virginia
- Review of Community-Level Data
- Community Outreach & Consultation
- Ideas and Feedback for Toolkit

Our Team

- Collaborative, community-engaged project by **VCU and Virginia Society of Addiction Medicine**
- **Funded by the OAA**
- **Wright Center for Clinical and Translational Research**
- **Virginia Ambulatory Care Outcomes Research Network (ACORN)**

VCU Wright Center & VASAM

- The VCU Wright Center for Clinical and Translational Research seeks to advance science and foster partnerships that accelerate translational research for the betterment of human health.
  - Wright Center's NIH Clinical and Translational Science Award Aim: "Use health outcomes data to develop tools and methods to document differences in health outcomes within the community to support the goal of achieving health equity."
- Virginia Society of Addiction Medicine (VaSAM) serves as a medium for Virginia physicians and trainees with interests in addiction medicine.

Acknowledgements

- Opioid Abatement Authority, Tony McDowell
- VCU Team: Alex Krist, Gerry Moeller, Jackie Britz, Marshall Brooks, Tyler Burton, Leah Gregory, Ben Webel, Roy Sabo, Jong H. Lee, Adam Funk, Leslie Bobb
- Virginia Department of Health
- VCU C. Kenneth and Dianne Wright Center for Clinical and Translational Research

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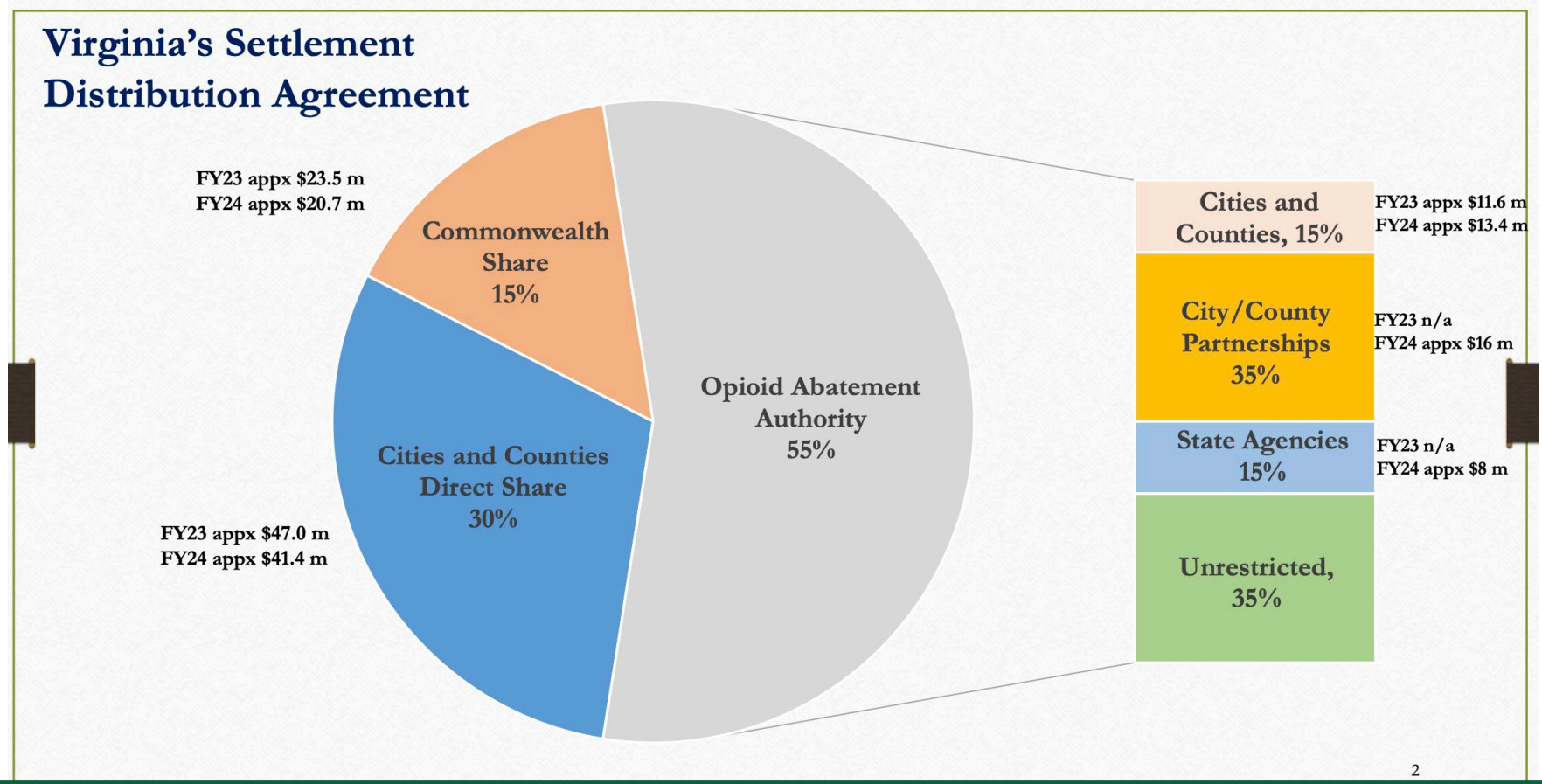
A Path Forward for Virginia Opioid Abatement Funds



The OAA Toolkit

- Evidence-based toolkit for **cities and counties** to aid **apply for** and **use** OAA funds
- Online resource with **community-specific** data: direct communities to evidence-based practices and resources for prevention/treatment that are more likely to succeed in their community
- Facilitate partnerships

Chief Components of the Toolkit

- Build a toolkit based on the nine opioid settlement use categories from Exhibit E
- Evaluation of gaps and what is needed
- Research, compile, and evaluate promising interventions to determine whether they belong in the toolkit
- Community outreach
- Provide consultation to cities and counties

Process

Needs Assessment

Toolkit Development

Iterative Community Engagement and Refining of Toolkit

Dissemination and Assessment

- Bright Spot data 2022-2023
- Community-level protective factors
- **Surveys**
- **Meeting with communities, cities/counties**
- OAA Workshops
- Assessing currently available resources

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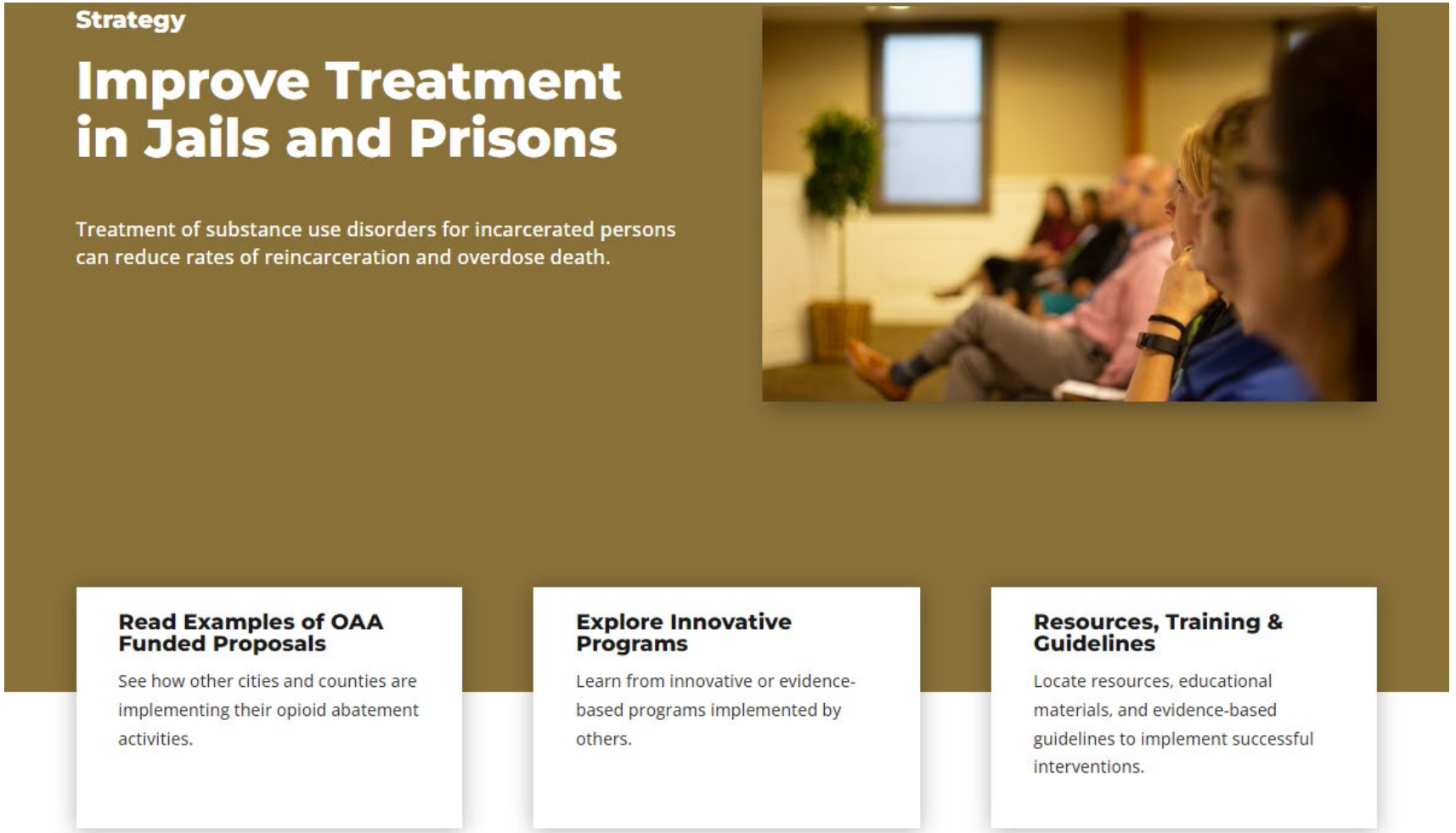
Navigating the OAA Toolkit



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Innovative and Evidence-Based Programs

- The Virginia Department of Social Services' "Kinship Navigator (KinNav) Expansion"
- VCU Motivate Clinic & OB Motivate
- Virginia Foundation for Healthy Youth
- Chesterfield Sheriff's Office Helping Addicts Recover Progressively (HARP)
- Eastern Shore Community Services Board Harm Reduction Vending Machines
- Carilion ED Bridge to Treatment Program
- Chesterfield EMS Mobile Integrated Health Team and Peer Recovery Specialists

Chesterfield Sheriff's Helping Addicts Recover Progressively (HARP)

- Est. 2016, the opt-in program for incarcerated individuals
- Has served **over 3,000+** with breaking the cycle of incarceration
- Wide range of therapies
- HARP provides access to **recovery housing after incarceration**

U.S. Senator Mark Warner speaking to the inmates participating in the HARP program at the Chesterfield County jail .

Photo from Holmes, E. (2024, June 25). How a Chesterfield recovery program has changed the lives of its participants. Local News 6 Richmond, Virginia. https://www.wtvr.com/news/local-news/harp-program-chesterfield-june-25-2024

Carilion ED Bridge to Treatment Program

- Launched in 2018, ensures a seamless transition for OUD patients from ER care to long-term recovery (prescriptions, peer guidance, and access to treatment)
- Rates of follow up (for ER patients with OUD symptoms) increased from 10 to 82 percent

Chesterfield EMS Mobile Integrated Health Team and Peer Recovery Specialists

- In 2014, Chesterfield County embedded a Mobile Integrated Healthcare (MIH) unit within their Fire and EMS force
- In 2017, partnered with local CSB to incorporate **Peer Recovery Specialists** into their established MIH teams
- Provide home visit, naloxone, and facilitates connections with other community services and treatment centers

City/County (OAA Grantee)	Intervention	Outcomes
Accomack County	Partner with Eastern Shore CSB to enhance harm reduction, prevention education, and clinical services	• **Mental health care to over 50 incarcerated individuals** • 400 adults linked to **peer recovery** support • 90 individuals have accessed **therapeutic services** • 530 individuals engaged in **harm reduction** efforts
Buena Vista County	Opened the HOPE House in April 2024, recovery housing	• **Prevention education and awareness** to 353 children and 10 professionals • More than 60 individuals engaged in **harm reduction** efforts • Successfully **diverted multiple individuals from incarceration** • **Connected incarcerated individuals to peer recovery** specialists to develop substance use disorder-specific release plans
Culpeper	Partnership with volunteer EMS stations	• Trained 98 individuals in the **REVIVE program** • Distributed 2,175 **harm reduction kits** • Team of 4 PRS have connected over 50 adults to **detoxification services and provided peer support** to 115 individuals

City/County (OAA Grantee)	Intervention	Outcomes
Louisa County	Region Ten has opted to expand its services using OAA funds	• **Connected more than 130 individuals with counseling services** and are aiming to hire a new clinical counselor • Engaged over 500 individuals in harm prevention outreach • Distributed more than 100 naloxone kits and fentanyl test strips
Smyth County	Partnership to provide medication-assisted treatment through office-based opioid addiction services	• **Hired a Peer House manager** • The associated localities have served over 190 individuals by offering therapeutic counseling services, professional mental health care, connections to employment, peer recovery services, and medications for opioid use disorder
Stafford County	Utilizing opioid abatement funds for data collection efforts; acquired the First Watch software	• The county has successfully **identified geospatial hotspots for opioid use** and promoted community interventions in those areas • First Watch software enables the EMS team to **monitor overdose patterns in real time**, resulting in the reversal of over 15 non-fatal overdoses

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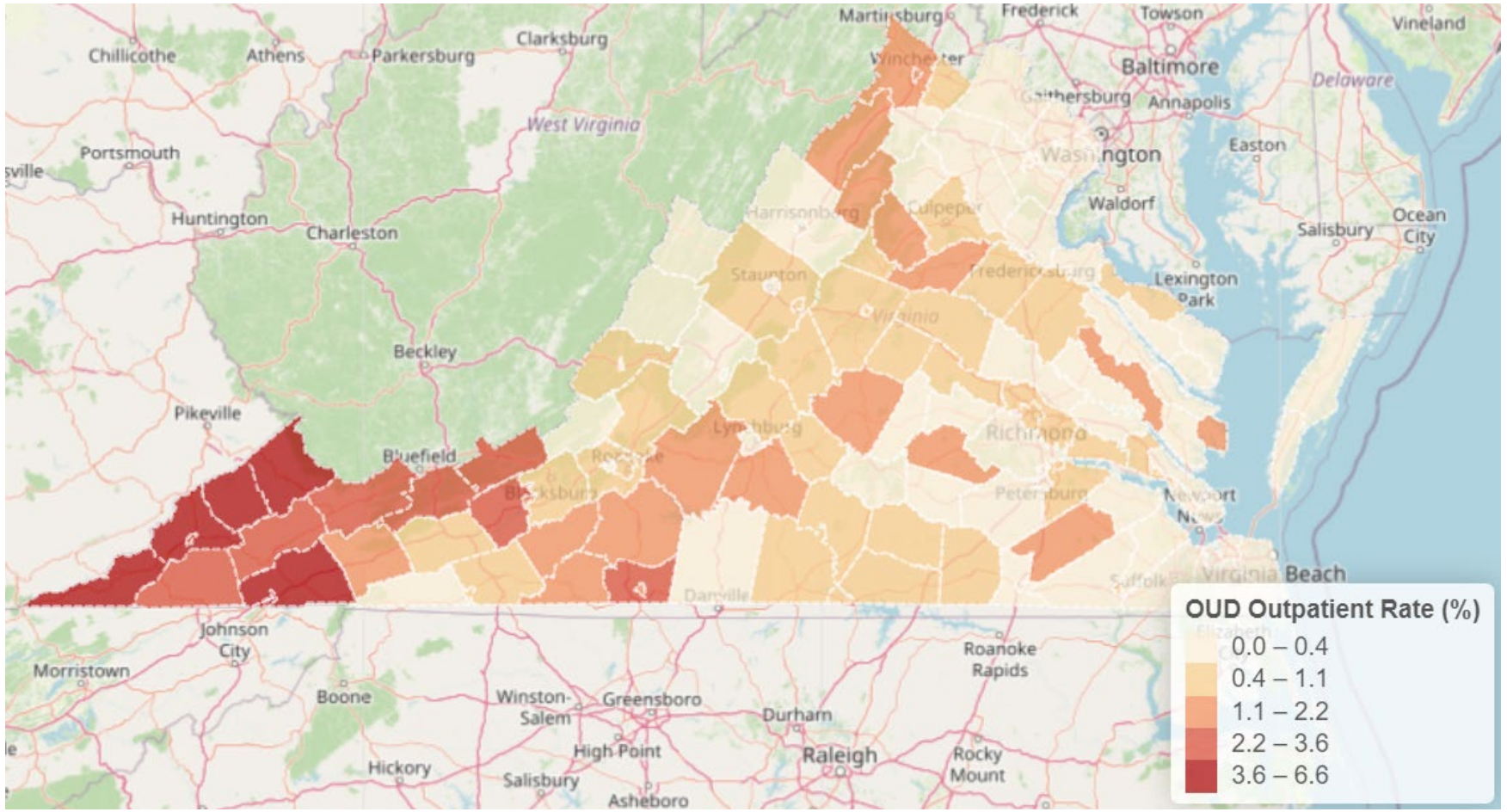
Next Steps:
Using Community-Level Data to Inform Evidence-Based Programming

AMERICAN COMMUNITY SURVEY

ALL PAYER CLAIMS DATABASE

VIRGINIA DEPT. OF HEALTH, OFFICE OF THE CHIEF MEDICAL EXAMINER

Pregnancy Outcomes: Outpatient Diagnosis Opioid Use Disorder



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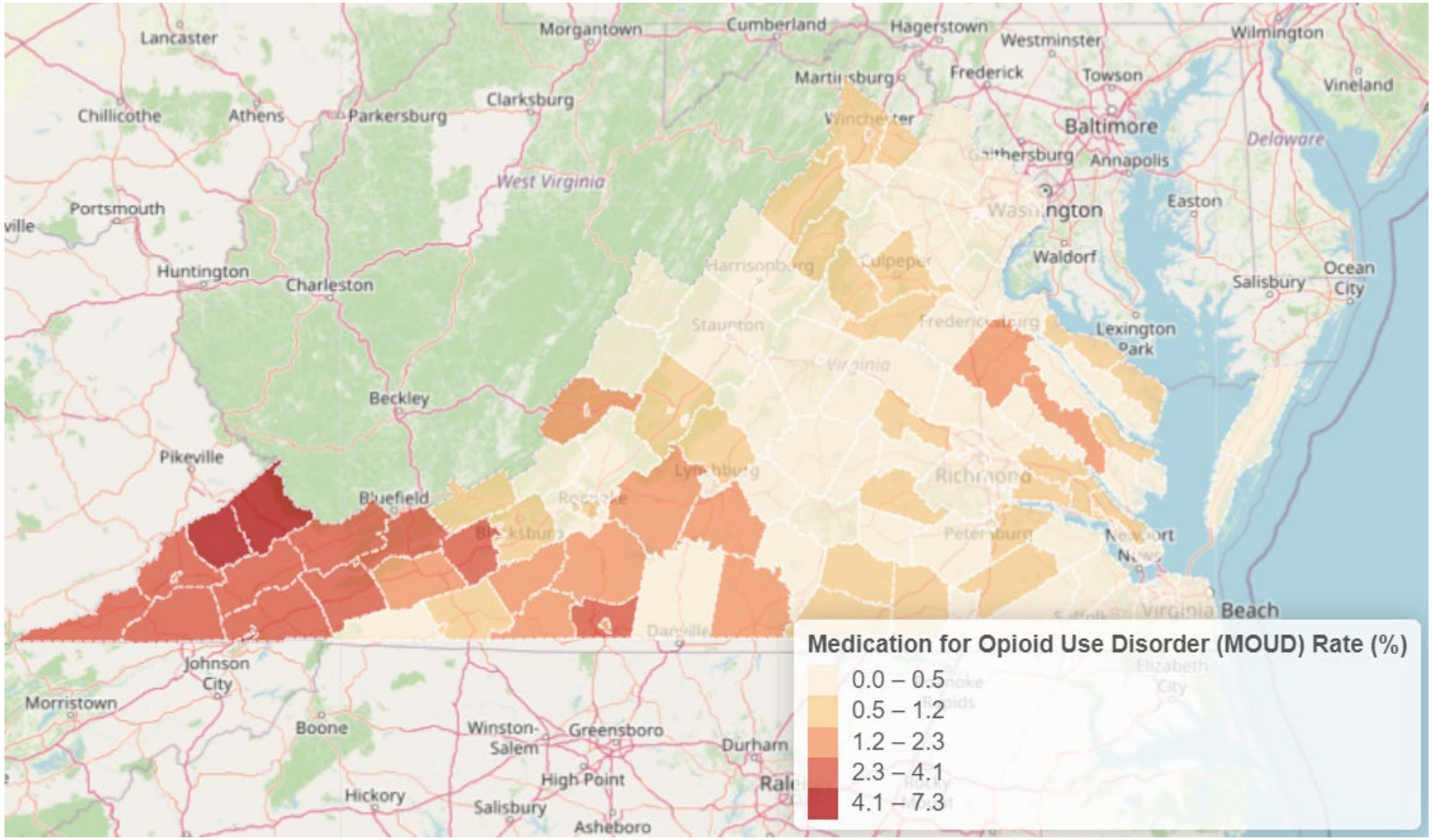
Pregnancy Outcomes: MOUD for Pregnant Women with OUD



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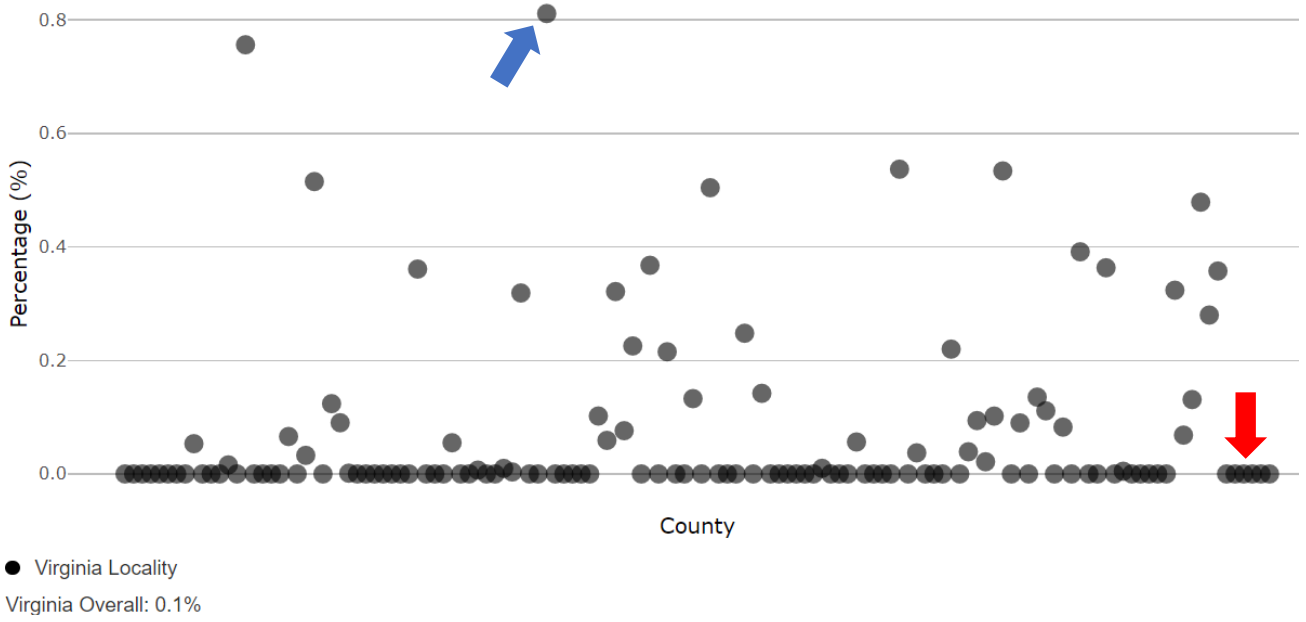
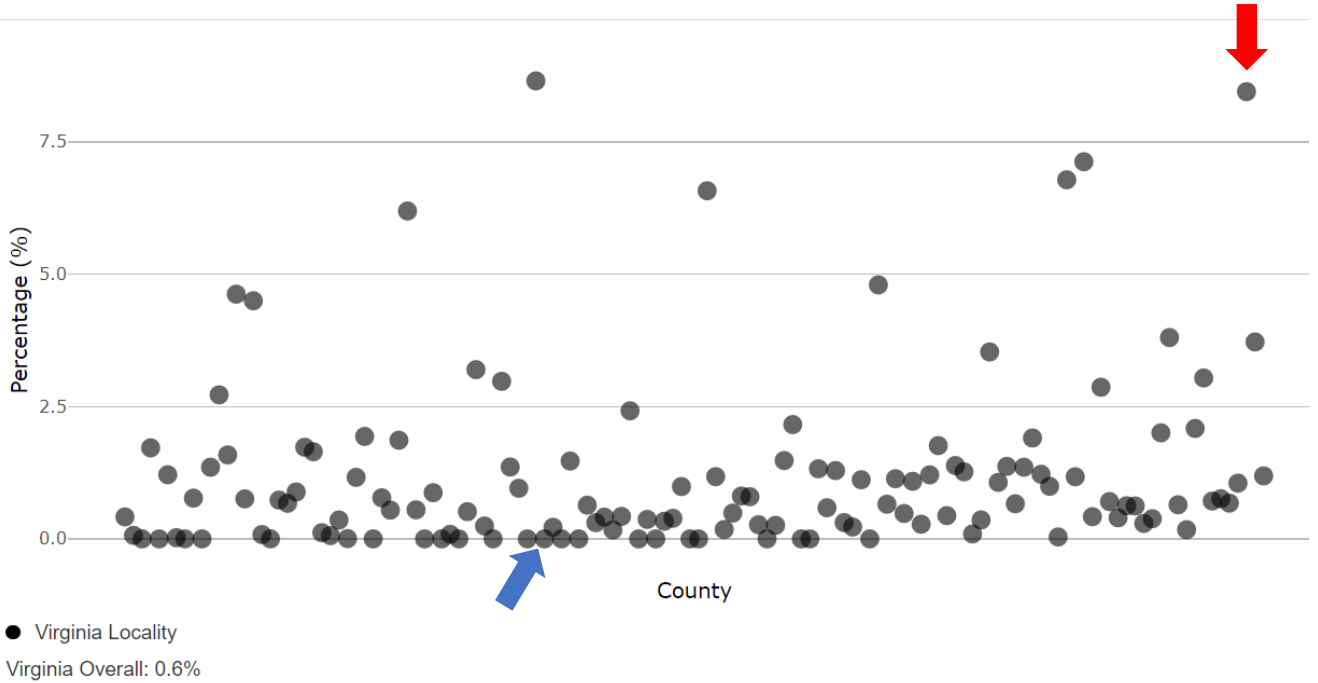
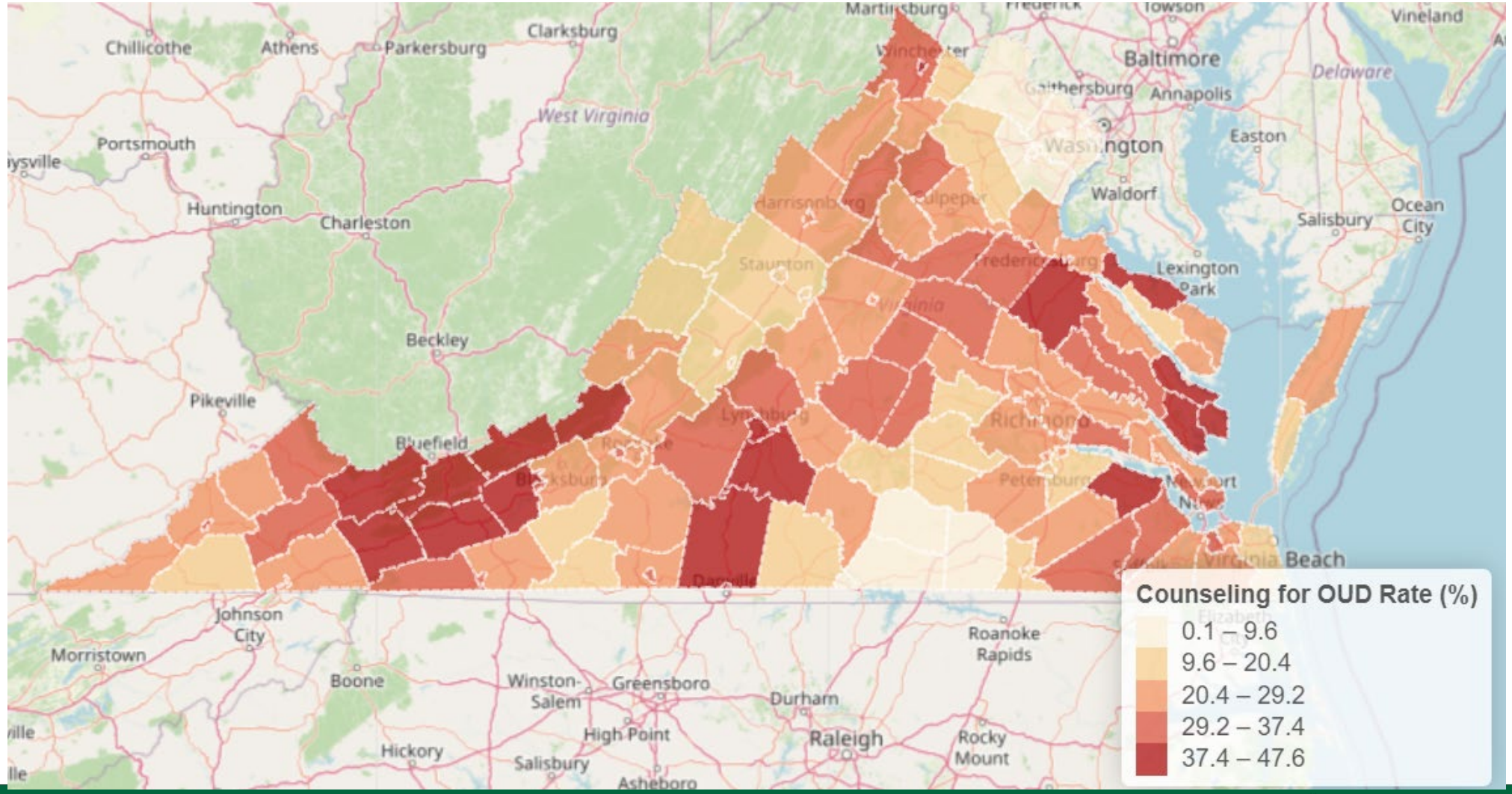
Rate of ER Visits for Opioid Overdose among Postpartum Women by County



Rate of MOUD among Postpartum Women by County



Rate of Counseling for All Individuals with OUD



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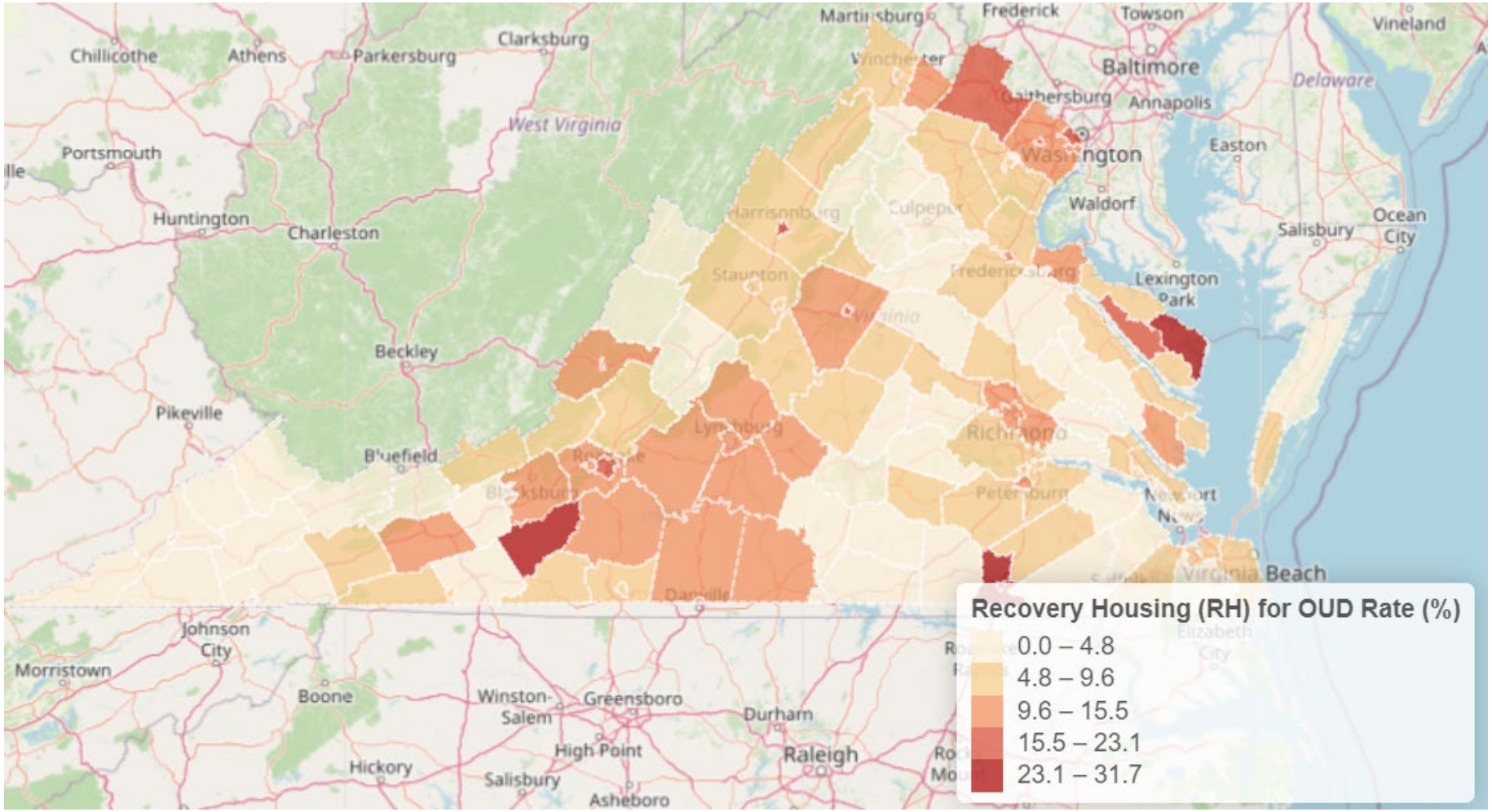
Rate of Recovery Housing Among All Individuals with OUD



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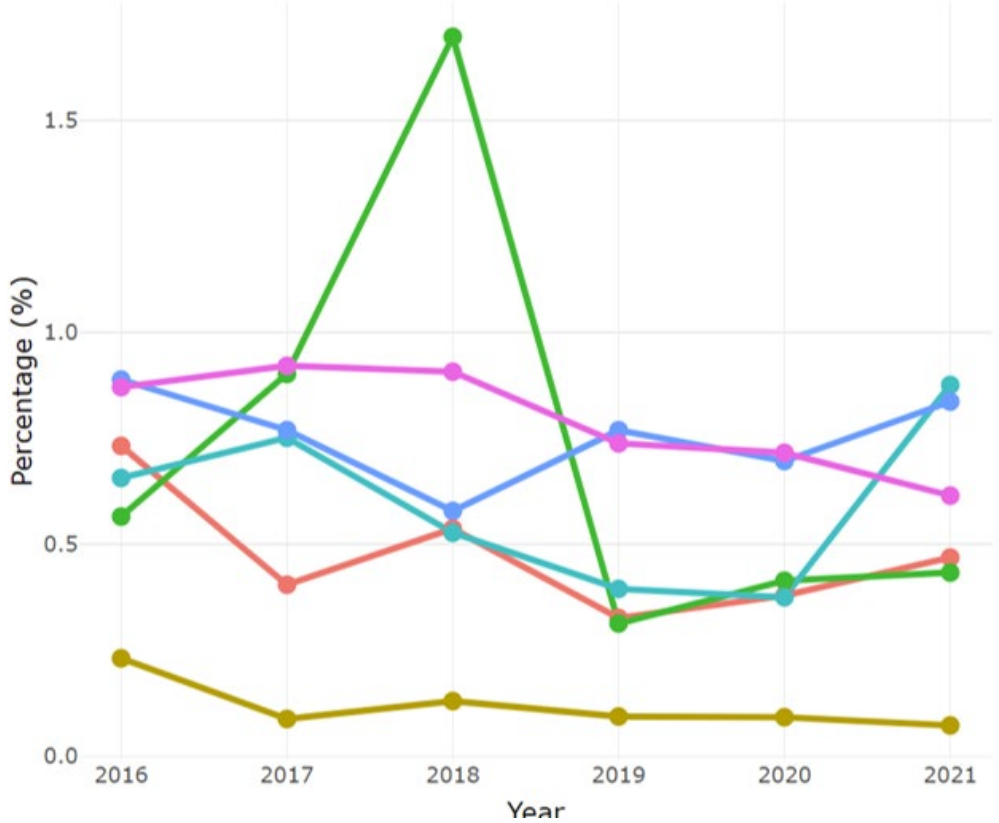
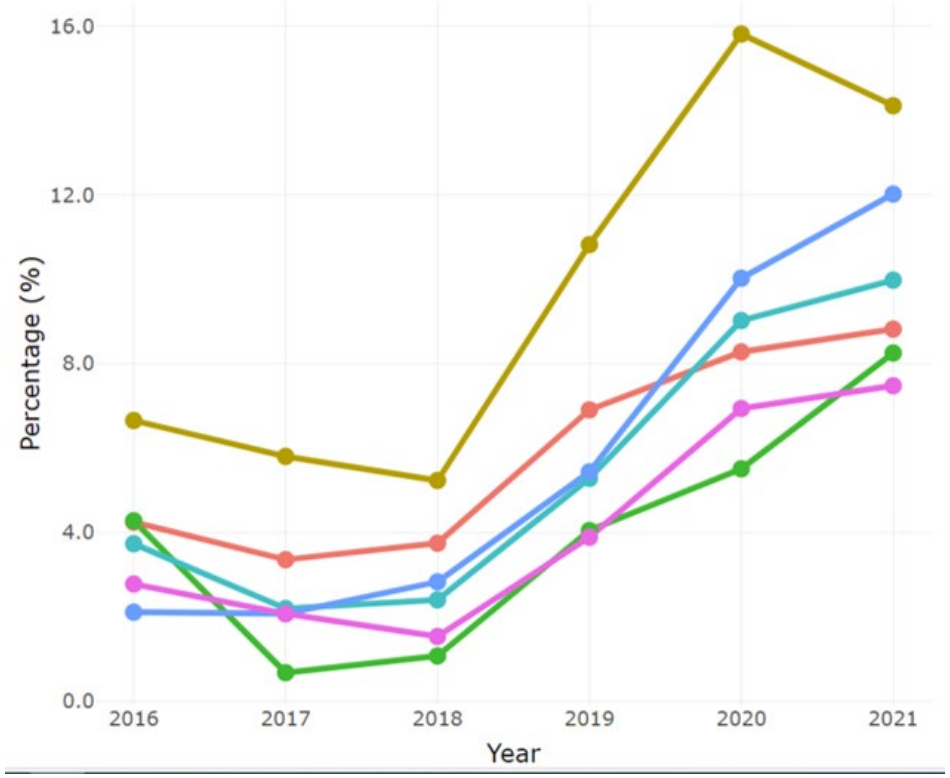
Assessing Trends Over Time

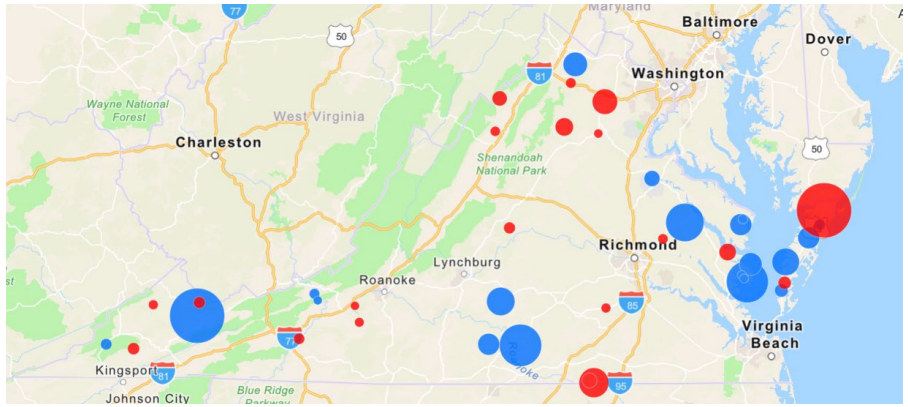


Rate of Neonatal Abstinence Syndrome by City/County



Rate of Recovery Housing for Individuals with OUD by City/County

The Virginia Bright Spot Project



Our team aimed to identify communities with better-than-expected outcomes with regard to opioid use

Strength-based approach

Funded by the Virginia Department of Medical Assistance Services (DMAS) through a SUPPORT Act grant

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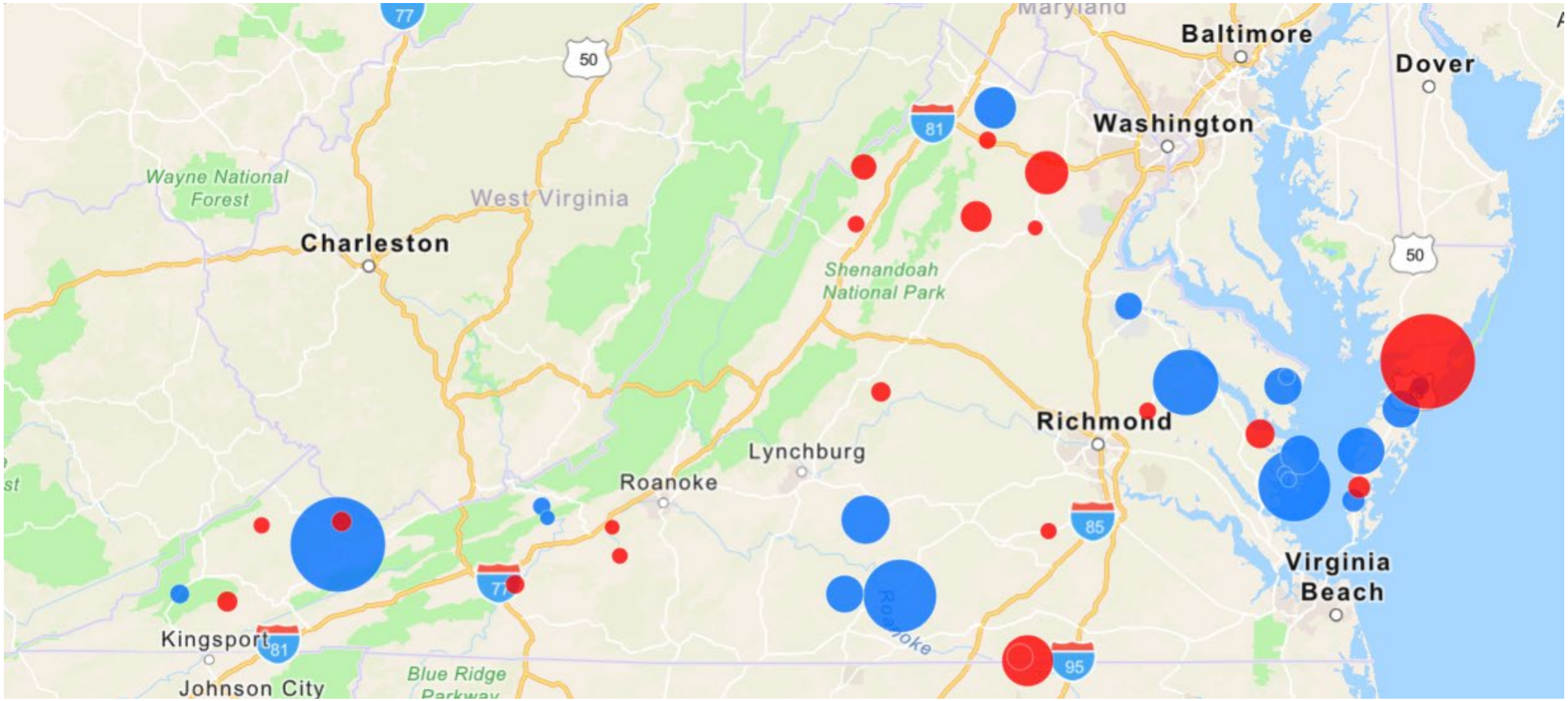
Top 20 Bright and Cold Spots by Residual Size



Only updated through 2020

Bright Spot
(Better outcomes than predicted)

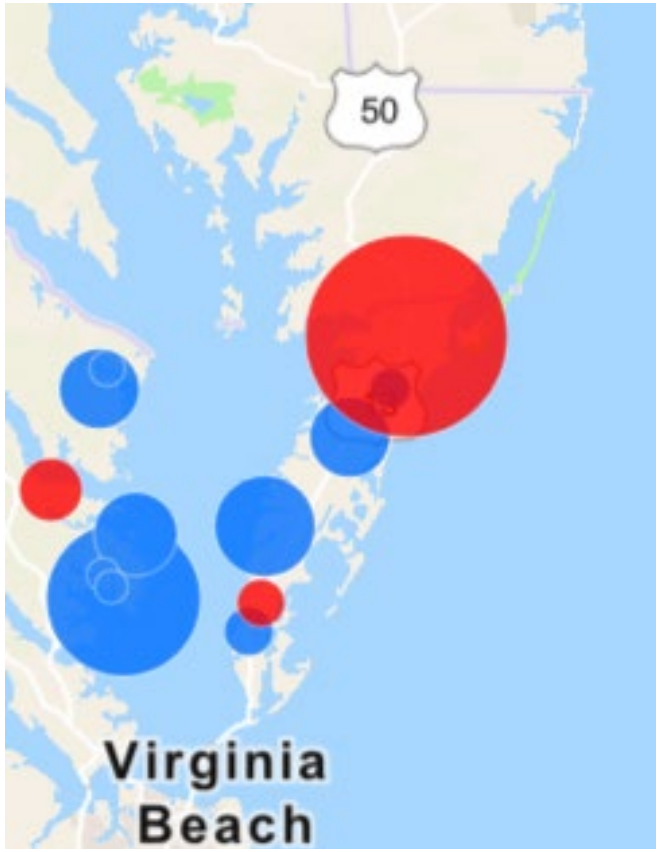
Cold Spot
(Worse outcomes than predicted)

Healthcare Access

	Bright Spot (score mean)	Cold Spot (score mean)	p value
PCP visits per 1000	41.47	20.87	<.0001
Mental Health Diagnoses per 1000	41.86	21.48	<.0001
Opioid Use Disorder Diagnosis per 1000	39.32	22.95	.0003
Outpatient Visit for Opioid Use Disorder Diagnosis per 1000	38.33	23.90	.0015

Eastern Shore Overdose Fatality Review Team

- **First overdose review team in VA**
- VA Legislation signed into law in April 2018
- **Years of community partnership and interventions at multiple levels:**
  - Mobile clinics (partner with food bank)
  - Weekly rounds with PCP/CSB
  - REVIVE trainings
  - Engaging housing and employment
  - Training for clinicians



Next Steps

Identify Priorities

Integrating Community Context with Socioecological Data

Refine Toolkit

Expand Menu of Evidence-Based Programs

Translate Evidence into Practice

Support Communities in Implementing Best Practices

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Please Share Comments & Suggestions!

- Helpful resources and data (gaps in currently available resources/data)
- Resources for rural communities
- Core priority areas
- Community-level data that would help guide OAA applications and programs

Questions or Comments?

Contact Jacqueline Britz, MD MSPH, VCU Wright Center for Clinical and Translational Research

Jacqueline.britz@vcuhealth.org

Submit comments and suggestions:

https://virginiaopioidtoolkit.org/contact/