OPIOID NEEDS ASSESSMENT REPORT FOR STAUNTON CITY, AUGUSTA COUNTY, AND WAYNESBORO CITY

September 2024

Prepared by Knowledge Advisory Group and the Carter Foundation

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Knowledge ADVISORY GROUP

CARTER CONSULTING

TABLE OF CONTENTS

TABLE OF CONTENTS

I. EXECUTIVE SUMMARY

Overview

In December 2023, the City of Waynesboro contracted with Knowledge Advisory Group (KAG) and the Carter Foundation (CF) to conduct a needs assessment to plan for opioid abatement efforts in Staunton City, Augusta County, and Waynesboro City (collectively known as "SAW"). This project was guided by an Advisory Committee with one local government representative from each of the localities that comprise the SAW region.

Background

This assessment was funded by a planning grant from the Opioid Abatement Authority (OAA). The OAA was established by the Virginia General Assembly in 2021 *"to abate and remediate the opioid epidemic in the Commonwealth through financial support from the Fund, in the form of grants, donations, or other assistance, for efforts to treat, prevent, and reduce opioid use disorder and the misuse of opioids in the Commonwealth*" (*Code of Virginia*, § 2.2-2366). The "Fund" refers to the *Opioid Abatement Fund.* Per the *Code of Virginia §* 2.2-2374, "*All funds appropriated to the Fund, all funds designated by the Attorney General under § 2.2-507.3 from settlements, judgments, verdicts, and other court orders relating to claims regarding the manufacturing, marketing, distribution, or sale of opioids, and any gifts, donations, grants, bequests, and other funds received on the Fund's behalf shall be paid into the state treasury and credited to the Fund*."

Methodology

In addition to reviewing sections from the *Code of Virginia* relevant to the OAA (See Appendix A), the KAG/CF consulting team initiated this project by conducting background research on evidence-based strategies to address opioid misuse and interviewing key informants (subject matter experts) from ten organizations in the SAW region to determine the needs and resources available to individuals who misuse opioids. This information was used to identify critical issues to explore further on a survey distributed to a broader group of community stakeholders. This assessment also includes a review of published community health data and opioid abatement resources for the SAW localities. In July 2024, preliminary findings and recommendations based on the interviews, stakeholder survey, and published data were shared at two town hall meetings with residents in the SAW region and one town hall meeting with service providers in the SAW region to collect additional community feedback before this report was finalized.

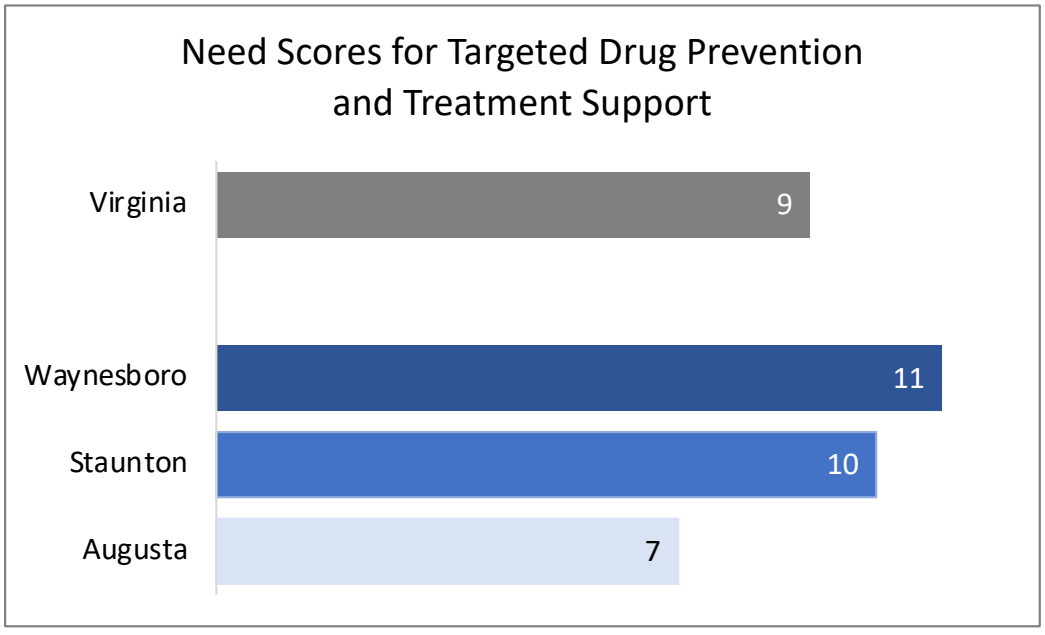
I. EXECUTIVE SUMMARY

Key Findings

Key findings from the community needs assessment are described below.

Key Finding #1. Two of the localities within the SAW region (Staunton and Waynesboro) are classified by VDH as high need for targeted drug prevention and treatment support, and there is evidence to suggest that opioids are one of the drugs misused by residents.

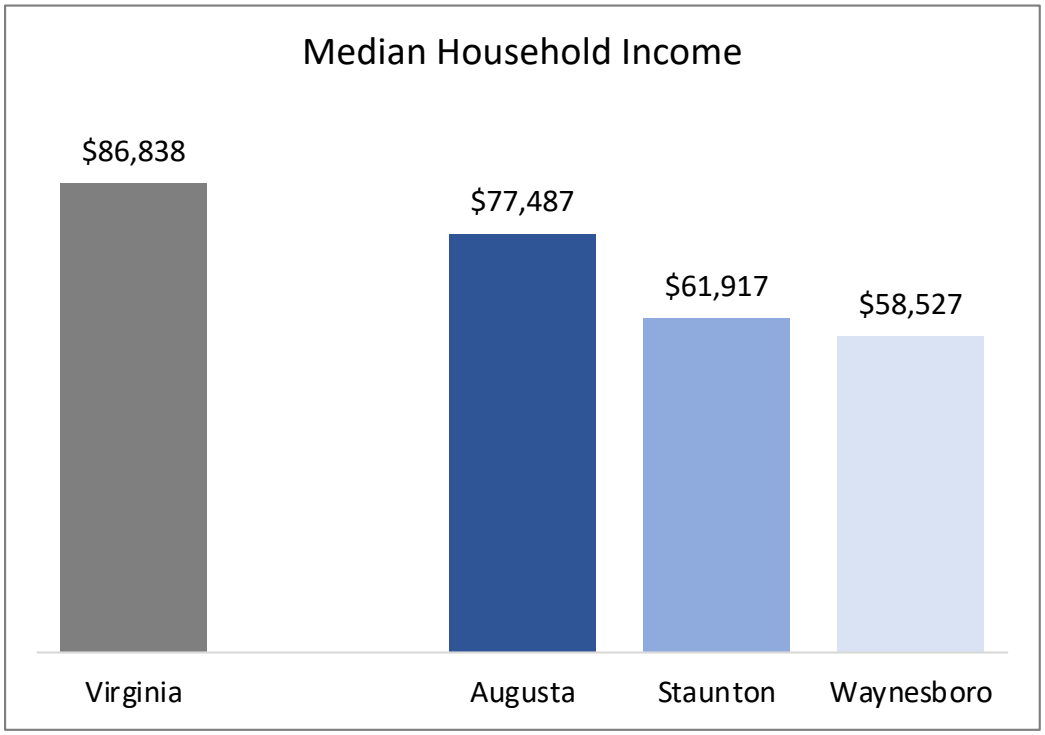
Based on a scoring tool developed by the Virginia Department of Health (VDH) to identify communities that may need more targeted drug prevention and treatment support, Staunton and Waynesboro are both classified as *High Need* compared to other localities across the state. Although this tool is not specific to opioids, there are several indicators that opioids may have had a disproportionate impact on the SAW region. For example, Augusta and Waynesboro residents had a higher rate of deliveries with maternal opioid disorder and higher rates of EMS responses to opioid related events compared to Virginia overall. In addition, Waynesboro had a higher opioid death rate (per 100,000) compared to the statewide rate. Several key informants mentioned that methamphetamine was the most significant drug related issue in the region, but opioid misuse (particularly involving fentanyl) is also rising. Also, 65% of survey respondents described opioid misuse as a significant problem in the SAW region, and 93% indicated they had known someone who struggles with opioid misuse in the SAW region.



Source: Virginia Department of Health.

Key Finding #2. Relatively poor economic conditions in the SAW region may contribute to opioid misuse among its residents.

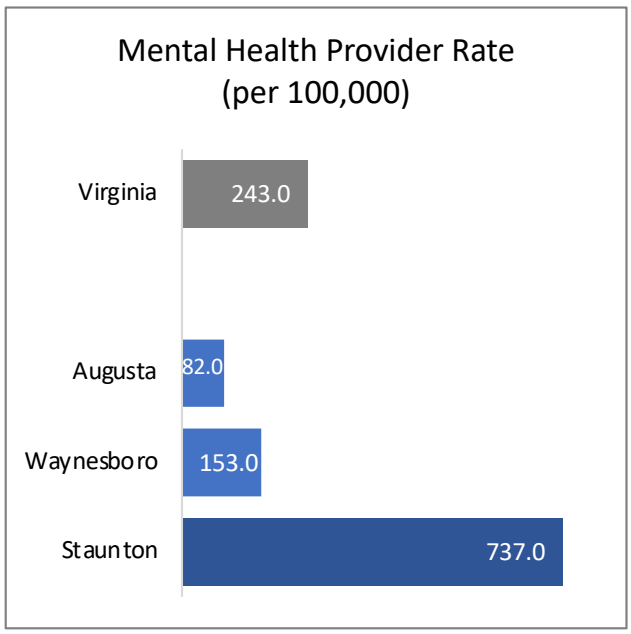
Research suggests that poverty increases addiction risk factors such as stress, feelings of hopelessness, low self-esteem, decreased social support, and decreased access to affordable health care. A review of published data suggests that residents in the SAW region may be particularly vulnerable to addiction due to the economic conditions in this area of the state. For example, median household incomes in Augusta County ($77,487), the City of Staunton ($61,917), and the City of Waynesboro ($58,527) are lower than the median income for Virginia overall ($86,838). Poverty rates in the cities of Staunton (11%) and Waynesboro (16%) are both higher than the statewide rate (10%), although the poverty rate is slightly lower in Augusta County (8%). The percentage of cost-burdened households, which means that housing costs are more than 30% of total household income, is also higher in the cities of Staunton (30%) and Waynesboro (35%), compared to the statewide rate (26%).

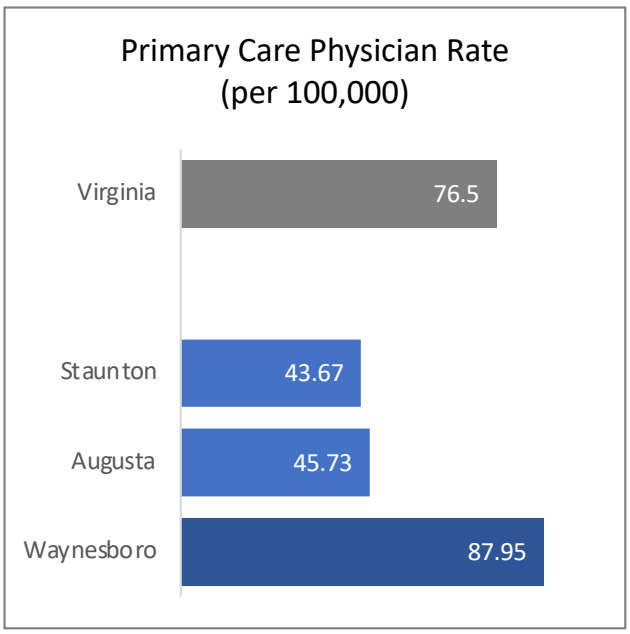


Source: U.S. Census Bureau, American Community Survey, 2018-2022.

Key Finding #3. Residents of the SAW region have access to fewer mental health and primary care providers compared to Virginia overall, which likely makes it more difficult for those with substance use disorders (including opioid misuse) to obtain help from trained professionals.

The mental health provider rate (which includes psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, mental health providers that treat alcohol and other drug abuse, and advanced practice nurses specializing in mental health care) was about 37% lower in Waynesboro (153 per 100,000) and 66% lower in Augusta (82 per 100,000) compared to the statewide rate (243 per 100,000). While rates appear relatively higher in Staunton (737 per 100,00), this may be attributed to the location of Western State Hospital, which provides services to residents outside the SAW region. In addition, the primary care physician rate was lower in Augusta (45.73 per 100,000) and Staunton (43.67 per 100,000) compared to the statewide rate (76.5 per 100,000). Relatively lower rates of mental health providers and primary care physicians among residents of the SAW region is another factor that could make it difficult for those who are misusing opioids to access the professional help they need. Key informants also mentioned there are too few providers in the region and the lack of providers affects timeliness of treatment. Also, 10% of SAW residents ages 18-64 are uninsured, which could create another barrier to obtaining treatment for opioid misuse, when needed.



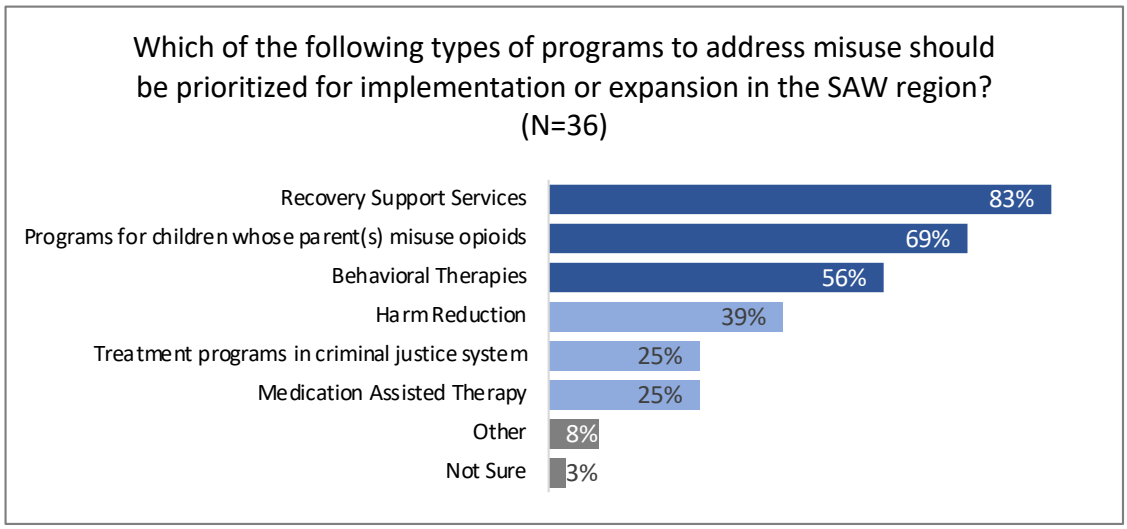


Source: Provider workforce supply data from US Department of Health & Human Services, Health Resources and Services Administration, HRSA - Area Health Resource File. Accessed via County Health Rankings, 2021-2023.

Note: The high rate of mental health providers for Staunton may be attributed to Western State Hospital, which provides services to residents outside the SAW region.

Key Finding #4. Stakeholders recommend implementation or expansion of recovery support services, programs for children whose parents misuse opioids, and behavioral therapies, and residents suggested consideration of additional possible strategies to address opioid misuse.

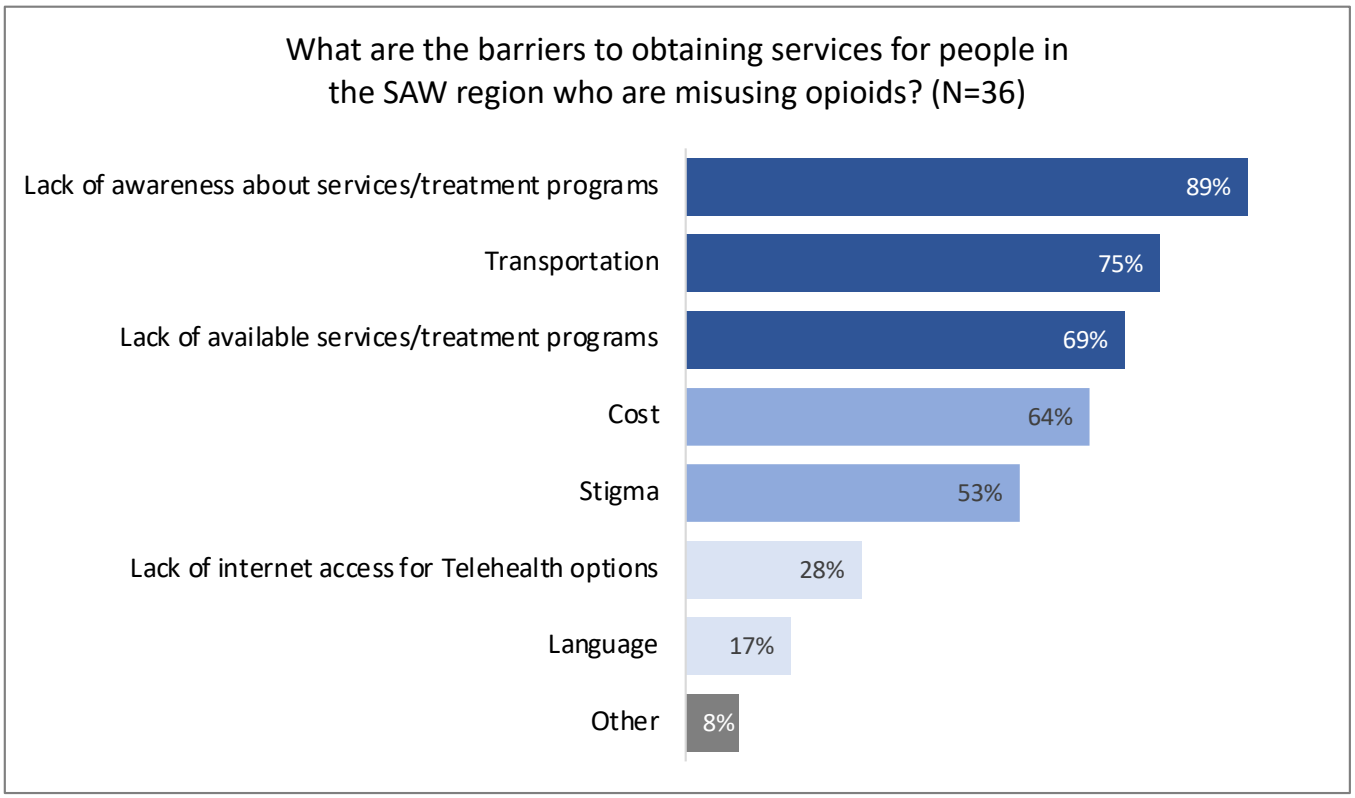
When asked on the stakeholder survey to select up to three evidence-based programs that should be prioritized for implementation or expansion in the SAW region, recovery support services was selected by more respondents (83%) than any other option, followed by programs for children whose parents misuse opioids (69%) and behavioral therapies (56%). According to a review of community resources in the SAW region, there are at least nine substance use disorder (SUD) providers that offer recovery support services and/or behavioral therapies, but it is unclear if they have the capacity to serve everyone who needs those services. When asked about family interventions for children of parents who misuse drugs, no specific programs were mentioned by key informants or survey respondents. A review of opioid abatement resources in the SAW region confirms that the remaining options, which were selected by less than half of the stakeholders as a priority for implementation or expansion, may not be well-known to residents, or may not need to be expanded. For example, harm reduction programs, including Narcan (Naloxone) and trainings on how to use it, are available through the Valley Community Services Board (CSB) and the Central Shenandoah Health District. There are also several treatment programs available through the criminal justice system, including the Drug Court at Blue Ridge Court Services, the Pathways Program at the Augusta County Commonwealth's Attorney's Office, and programs within the Middle River Regional Jail. In addition, there are at least six medication assisted therapy programs in the region. During the town hall meetings, different priorities emerged that should also be considered, including harm reduction programs, detoxification and crisis center services, and inpatient treatment.



Source: SAW Community Stakeholder Survey, 2024.

Key Finding #5. The most common barriers to obtaining services for opioid misuse are lack of awareness about services/treatment programs, transportation, and lack of available services/treatment programs.

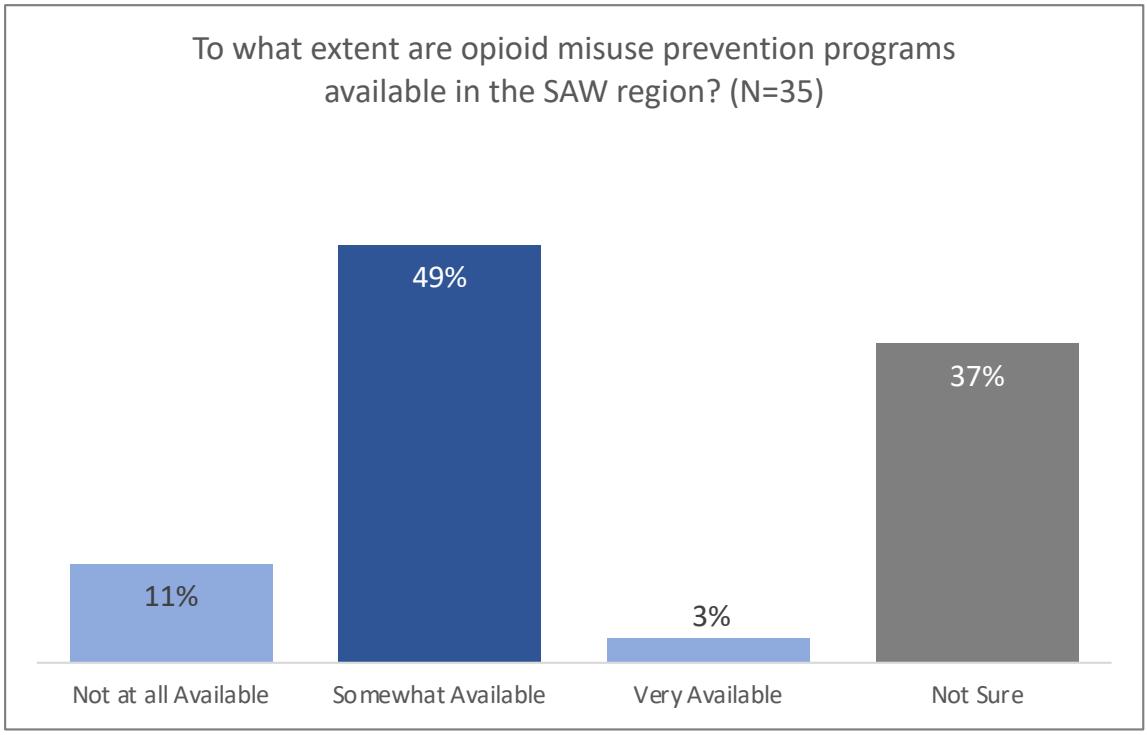
When asked on the stakeholder survey to identify barriers to obtaining services for people in the SAW region who are misusing opioids, lack of awareness about services/treatment programs was selected by more respondents (89%) than any other option, followed by transportation (75%), lack of available services/treatment programs (69%), cost (64%), and stigma (53%). Several key informants mentioned there is a lack of education on availability of services among residents. They also noted that transportation and the stigma associated with substance use are both barriers to accessing services. Published data indicating that the number of households without a vehicle is slightly higher in Staunton and Waynesboro, compared to other localities across the state, also confirms that transportation is likely to be a need in those localities. In addition to these barriers, key informants noted a few other factors that may prevent individuals who misuse opioids from getting help, such as concerns about the safety of medication-assisted treatment, distrust of government, public behavioral health systems, and programs operated by law enforcement.



Source: SAW Community Stakeholder Survey, 2024.

Key Finding #6. According to community stakeholders, opioid misuse prevention programs are *Somewhat Available* in the SAW region, but they only mentioned a few "light touch" programs available through the schools and Valley CSB when asked to identify them.

Nearly half of the community stakeholder survey respondents indicated that prevention programs are *Somewhat Available* in the SAW region, although 11% indicated they are *Not at all Available*, and more than one-third indicated they were *Not Sure*. When asked to identify prevention programs, stakeholders and survey respondents mentioned that the Valley CSB offers medication lock boxes and prescription medication disposal kits provided at no cost to the community, and that they have a prevention team that hosts events and provides education focused on SUD prevention. There are also several educational programs for students who attend public schools in the region, including a 90-minute presentation offered by the Office on Youth each year, which may include information on vaping/tobacco, marijuana, alcohol, and other drugs (among other topics). In addition, Staunton High School recently provided students with information from the "One Pill Can Kill" campaign created by the U.S. Drug Enforcement Administration (DEA).



Source: SAW Community Stakeholder Survey, 2024.

I. EXECUTIVE SUMMARY

Primary Recommendations on Funding Priorities

The following recommendations are based on community feedback, published data, an analysis of existing resources in the SAW region, a review of evidence-based practices, relevant legislation on conditions and restrictions on use of the funds, and established principles for the use of opioid settlement funds.

Expand the number of substance use disorder providers and the array of evidence-based programs and services to address opioid misuse.

1. Expand number of substance use disorder (SUD) providers.

There is a lack of mental health care providers according to published data and stakeholders. Although this problem is not unique to the SAW region, stakeholders indicated that the primary barrier to recruitment of providers in the SAW region is low pay and low Medicaid reimbursement rates. To address this barrier, it may be helpful to identify incentives for providers to practice in the area or pursue grant opportunities that focus on shortages of behavioral health professionals in rural communities, such as the recent RFP issued by the Foundation for Opioid Response Efforts in June 2024.

2. Expand recovery support services for opioid misuse.

When asked to identify the types of programs needed to address opioid misuse in the region from a list of evidence-based strategies, community stakeholders selected recovery support services more often than any other option. This could include drug-free housing; self-help/mutual support groups, which are both supported by research on evidence-based practices. It may also include childcare; case management, employment counseling and support; and peer support/peer providers, which are also supported by research on evidence-based practices, but to a lesser extent. Although the community resource inventory indicates several of these programs exist, it is unclear how many of them have the capacity to serve the residents who need them.

3. Expand programs for children whose parents misuse opioids.

About 69% of community stakeholders identified programs for children whose parents misuse opioids as a priority for implementation or expansion in the SAW region, and none were able to identify any family intervention services specifically for opioid misuse.

Specific programs that would fill this gap while satisfying conditions for funding from the Opioid Abatement Authority include those that "*address the needs of pregnant or parenting women with opioid use disorder and any co-occurring substance use disorder or mental health conditions and the needs of their families, including infants with neonatal abstinence syndrome, through evidence-based or evidence informed methods, programs, or strategies"* (*Code of Virginia*, § 2.2-2370). The OAA has also indicated that "kinship navigation services" to support family members who step in to care for children when parents are undergoing SUD treatment would also be an allowable use of this funding.

4. Expand opioid misuse prevention and education efforts.

Prevention programs for youth appear to be very limited in the SAW region. Evidence-based interventions that could be considered are available from initiatives such as the *Blueprints for Healthy Youth Development*, a project within the Institute of Behavioral Science at the University of Colorado Boulder. One example of an intervention identified by this organization as a "model program" is the *Project Towards No Drug Abuse*, which is a high school classroom-based drug prevention program that aims to prevent teen drinking, smoking, marijuana, and other hard drug use. Other model programs to consider may be identified through the Office of the Surgeon General.

5. Consider expanding harm reduction programs, providing additional funding for a planned detoxification and crisis center, and providing local access to inpatient treatment.

Although not identified as priorities on the community stakeholder survey, harm reduction programs, detoxification and crisis center services, and inpatient treatment were identified as priorities by many town hall meeting participants. Some harm reduction programs do exist in the SAW region, including Narcan (Naloxone) and Narcan trainings available through the Valley CSB and the Central Shenandoah Health District, although more of these programs may be needed to meet the demand. In addition, efforts are currently underway to build a detoxification and crisis center in the SAW region, but additional funding could be used to expand upon this project. While the lack of inpatient SUD treatment in the SAW region was mentioned as a priority by town hall participants, the total cost to build and sustain this type of project is likely beyond the scope of OAA funding and would require additional investments by local government in the region that may not be available.

Additional Recommendations

Address common barriers to accessing treatment for opioid misuse.

6. Improve awareness about services/treatment programs to address opioid misuse.

Stakeholders identified a lack of awareness about services/treatment programs as the top barrier to obtaining services, and therefore it may be important to better publicize opioid treatment options for those who need them. Key informants noted that it is also important to ensure services are accessible and welcoming to all, including diverse populations such as the LGBTQ+ community and residents who have been involved in the criminal justice system.

7. Improve transportation options for residents who need services for opioid misuse.

Transportation was also identified as a top barrier to accessing treatment for opioid misuse. One example of a strategy that may be considered to address this concern is specialized transportation vouchers for residents who are enrolled in opioid treatment programs. The expansion of telehealth SUD treatment appointments for individuals who do not require in-person services is another strategy that could be considered to address the transportation barrier.

Create a coordinated response to address opioid misuse in the SAW region.

8. Establish a planning and oversight committee to track initiatives related to opioid misuse in the region.

To ensure the most efficient use of resources and avoid any unnecessary duplication of efforts, an opioid planning and oversight committee could be established to track all new and existing opioid initiatives in the region. This committee could also be responsible for oversight and reporting to the OAA, as required by the *Code of Virginia* § 2.2-2370 to ensure all money received from the Opioid Abatement Fund is being used as intended. This committee could include the team comprised of local government officials involved in planning for this project as well as representatives from social services, healthcare, law enforcement, education, and others community professionals as deemed appropriate.

9. To the extent possible, enhance information-sharing agreements among agencies who may way wish to coordinate services for residents.

Stakeholders noted that service coordination for clients among agencies can sometimes be a challenge due to the Health Insurance Portability and Accountability Act of 1996 (HIPPA), which protects the privacy of individuals' health information. To ensure that health information may be shared for the benefit of clients, it will be important to implement consent forms and other data sharing agreements among all providers, including any that receive opioid abatement funds.

10. Create a standardized process for responding to opioid events that prioritizes immediate help over incarceration

To reduce the rate of fatal opioid overdoses, the SAW region may wish to consider implementing policies that focus on health care and diversion from arrest and incarceration when there is an opioid-related medical emergency. Key informants suggested the following strategies to ensure that residents get the help they need: training officers to recognize signs of opioid overdoses; including clinicians in first responder teams; educating citizens that officers will provide assistance, rather than arresting them; and establishing a crisis response center for assessment and triage.

Implement other established principles for the use of opioid settlement funds.

The Johns Hopkins Bloomberg School of Public Health published five principles for the use of opioid settlement funds. (See Appendix B for a full description of these principles and how to implement them.) Principle 3 (Invest in Youth Prevention) is covered by recommendation 4 above, and Principle 5 (Develop a fair and transparent process for deciding where to spend the funding) is covered by the activities performed for this needs assessment report and Recommendation 7 above. The SAW region may wish to consider the three additional principles when planning for the use of opioid abatement funds, as reflected in the recommendations below.

11. Spend the money to save lives.

Recommended strategies to support this principle include establishing a dedicated fund in which to put the dollars, which has already been done in Virginia, and using the dollars to supplement rather than supplant existing funding. Another strategy is not spending all the money at once to ensure any efforts initiated through funding received from the Opioid Abatement Fund may be sustained over time.

12. Use evidence to guide spending.

Recommended strategies to support this principle include removing any policies that may block adoption of programs that work and building data collection capacity. Both of these activities could be part of the work performed by the planning and oversight committee.

13. Focus on racial equity.

Recommended strategies to support this principle include investing in communities affected by discriminatory policies, supporting diversion from arrest and incarceration, funding anti-stigma campaigns, and involving community members in solutions.

Develop a competitive grant application for OAA funding.

14. Submit a collaborative application to the Opioid Abatement Authority (OAA) for additional grant funding.

By continuing to work together, the SAW entities can maximize their impact, ensure a coordinated response to the opioid crisis, and leverage collective resources and expertise to support initiatives that will have the greatest benefit to the community. This strategy not only strengthens the application but also promotes efficiency and cohesion in addressing local needs.

15. Consider other factors that will be used by the Opioid Abatement Authority (OAA) to prioritize the distribution of opioid abatement funding in Virginia.

To maximize the funding received from the OAA, the SAW region's proposal for funds should align with the *Code of Virginia* § 2.2-2370 (B), which directs the OAA to prioritize applications for financial support based on the criteria listed below.

1. *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;*
2. *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 population;*

3. *Treat, prevent, or reduce opioid use disorder or the misuse of opioids in a historically economically disadvantaged community; or*
4. *Include a monetary match from or on behalf of the applicant, with higher priority given to an effort with a larger matching amount.*

16. Use OAA resources to develop a comprehensive plan and budget.

To increase the likelihood of receiving competitive grant funds from OAA, representatives from the SAW region may attend the OAA Academy to learn more about strategies for creating a comprehensive plan and budget to submit with a grant application. For example, in September the OAA Academy is offering a workshop on *Financial management of opioid settlement funds (including grants) for Virginia cities and counties* which will explain how to create a multi-year funding strategy to ensure the sustainability of opioid abatement programs. Representatives from the SAW region could also meet with OAA staff who are available to assist localities with grant applications to improve their chances of writing a successful grant.

Identify service providers to address community needs to address opioid misuse.

17. Develop an RFP process to identify service providers for the implementation of opioid abatement programs.

Based on the results of this needs assessment, priority needs in the SAW region to address opioid misuse include expanding the number of SUD providers, recovery support services, programs for children whose parents misuse opioids, and prevention/education programs. Additional initiatives to consider supporting with opioid abatement funds include the expansion of harm reduction programs, supporting a new detoxification and crisis center, and providing access to local inpatient treatment, if feasible. To ensure that the selection of service providers is transparent and fair, the SAW region may wish to develop an RFP process for those providers who would like to be considered and prioritize funding to applicants who align with community needs and evidence-based strategies.

II. INTRODUCTION

Purpose

In December 2023, the City of Waynesboro contracted with Knowledge Advisory Group (KAG) and the Carter Foundation to conduct a needs assessment to plan for opioid abatement efforts in Staunton City, Augusta County, and Waynesboro City (collectively known as "SAW"). This project, which is funded by an Opioid Abatement Authority (OAA) planning grant, is guided by an Advisory Committee with one local government representative from each of the localities that comprise the SAW region.

Methodology

The KAG/CF consulting team initiated this project by interviewing key informants (subject matter experts) from ten organizations in the SAW region to determine the needs and resources available to individuals who misuse opioids. The team also reviewed conditions and restrictions on financial assistance from the *Code of Virginia* § 2.2-2370 (see Appendix A) and research on best practices for addressing opioid misuse. One key document that was used as a framework for this project is a review of evidence-based strategies to address opioid misuse published by the Partnership to End Addiction (See Exhibit 1). Information from the key informants and the research on best practices was used to identify critical issues to explore further on a survey distributed to a broader group of community stakeholders in the SAW region.

Other sources of information examined for this assessment included:

- Published data from the SAW region on social determinants of health, access to healthcare, substance use prevalence, substance use healthcare utilization, substance use mortality rates, opioid related crime statistics, the estimated cost of opioids in the region and other community indicators of the need for targeted drug prevention and treatment support.

- A review of information on substance use disorder providers and support groups in the SAW region compiled by the Pathways Program at the Augusta County Commonwealth Attorney's Office in the *Community Resource Guide* and the resource locator tool published by *Curb the Crisis.*

In July 2024, preliminary findings and recommendations based on the interviews, stakeholder survey, and published data were shared at two town hall meetings with residents in the SAW region and one town hall meeting with service providers in the SAW region to collect additional community feedback before this report was finalized.

II. INTRODUCTION

Exhibit 1

Evidence Based Strategies for Abatement of Harms from the Opioid Epidemic
(Partnership to End Addiction, 2020.)

The *Partnership to End Addiction* summarized takeaways from its report as follows:

- *Treatment settings or programs that offer the greatest number of evidence-based components (FDA-approved medications for opioid use disorder (MOUD); behavioral therapies; and recovery support services) tend to have the greatest likelihood of facilitating recovery. Yet very few patients with opioid use disorder (OUD) receive effective treatment.*

- *Harm reduction approaches enable people who are unable to stop using opioids to make positive changes in behavior that can improve their health and minimize the risks of opioid use (i.e.: syringe services and naloxone distribution).*

- *Lack of resources and coordination between health and criminal justice sectors, and policy failures, combined with racially discriminatory drug policies, have failed to effectively address the health needs of people with SUDs and criminalized a health problem resulting in the arrest and incarceration of many people with SUD for reasons unrelated to drug crimes.*

- *Policies that limit the supply and improve the safety of opioid analgesics prescribed in health care settings have the potential to decrease misuse of prescription opioid analgesics, and also subsequent illicit opioid use. However, there are several limitations to the evidence base for policies that limit the supply of opioid analgesic prescribing and the abrupt cessation or overly aggressive tapering of chronic, long-term opioid therapy is discouraged.*

- *Laws and policies that punish pregnant women for opioid misuse are potentially harmful, given widespread clinical experience and emerging research evidence indicating that such initiatives might impede access to both OUD treatment and prenatal care, thereby harming the health of the mother and infant.*

- *Data infrastructure is an essential tool in: judging whether opioid-related amelioration efforts are having any impact; for mapping the resources available to address the opioid crisis; and informing a community's plans to deploy those resources and identifying gaps. Yet, many data-monitoring efforts are inadequate.*

III. PUBLISHED DATA

Opioid data measures encompass various topics, including but not limited to prevalence rates, overdose rates, hospitalization and emergency department visits, treatment and recovery services utilization, criminal justice data, and socioeconomic indicators. These measures can collectively identify areas of need and inform strategies for prevention and access to care. This section includes a summary analysis of opioid-related data indicators for which there were readily available data to provide broad insight into the opioid use status and access to care in the SAW region.

1. Social Determinants of Health

Social determinants of health (SDOH) are the conditions in which people are born, grow, live, work, and age, and they play a crucial role in shaping health outcomes, including oral health. Understanding disparities in substance use requires considering these SDOH variables for several reasons. SDOH such as socioeconomic status, education level, and employment status influence access to substance use treatment. They may face barriers such as lack of insurance coverage, transportation issues, or financial constraints. Overall, considering SDOH variables is essential for understanding and addressing opioid use disparities comprehensively. SDOH highlight the complex interplay of social, economic, environmental, and behavioral factors contributing to differential health outcomes among populations. Research by Pear et al. (2019) suggests that poverty increases addiction risk factors such as stress, feelings of hopelessness, low self-esteem, decreased social support, and decreased access to affordable health care. As shown on the following page, the SAW region has an older, more rural, less racially and ethnically diverse population, that has a lower socioeconomic status than Virginia as a whole.

III. PUBLISHED DATA

1. Social Determinants of Health

Social Determinants of Health

	VA Total	SAW Region Total	Augusta	Staunton	Waynesboro
Total Population	8,624,511	125,355	77,433	25,581	22,341
Population Density (Per Square Mile)	218	125	80	1284	1492
Female	51%	50%	49%	54%	51%
Male	50%	50%	51%	46%	49%
Age 0-17	22%	19%	19%	19%	22%
Age 18-44	36%	33%	31%	36%	35%
Age 45-64	26%	27%	28%	24%	25%
Age 65+	16%	21%	22%	21%	17%
White	63%	86%	91%	82%	76%
Black	19%	7%	4%	11%	11%
Asian	7%	1%	0%	1%	2%
American Indian or Alaska Native	0%	0%	0%	0%	0%
Native Hawaiian or Pacific Islander	0%	0%	0%	1%	0%
Some Other Race	4%	1%	1%	1%	2%
Multiple Races	7%	4%	3%	5%	9%
Hispanic or Latino Ethnicity	10%	5%	3%	4%	9%
Median Household Income	$85,838	--	$77,487	$61,917	$58,527
Population in Poverty	10%	10%	8%	11%	16%
Cost-Burdened Households (30% of income is spent on HH expenses)	28%	25%	20%	30%	35%
No High School Diploma	9%	10%	10%	7%	12%
Population with Limited English Proficiency (Age 5+)	6%	2%	1%	2%	4%
Population with a Disability	12%	15%	14%	15%	17%
Unemployed	3%	--	3%	3%	3%

"--" data not available Source: Data Source: US Census Bureau, American Community Survey. 2018-22 via Virginia Community Health Data Portal; and Bureau of Labor Statistics via County Health Rankings, 2023

2. Access to Healthcare

Lack of health insurance, a shortage of primary care and behavioral health providers, and insufficient transportation significantly impede access to opioid treatment. Without health insurance, individuals often cannot afford the high costs of treatment services, medications, and necessary follow-up care. The shortage of primary care and behavioral health providers limits the availability of essential treatment and support, leading to long wait times and reduced quality of care. Additionally, lack of transportation prevents many from reaching treatment facilities, especially in rural or underserved areas, thereby exacerbating the challenges in obtaining timely and effective opioid treatment. These barriers collectively hinder efforts to combat the opioid crisis, emphasizing the need for comprehensive solutions to improve access to care.

As shown below, the SAW region has lower rates of mental health and primary care providers. While rates of mental health providers are higher in Staunton, compared to the rest of the state, this may be attributed to Western State Hospital, which provides services to residents outside the SAW region. The SAW region also has a higher rate of households who rent without a vehicle than Virginia as a whole. Within the region, Waynesboro has a higher rate of uninsured adults.

Access to Healthcare

	VA Total	SAW Region Total	Augusta	Staunton	Waynesboro
Pop. Age 0-18 w/o Insurance, Percent	4%	5%	5%	4%	5%
Pop. Age 18-64 w/o Insurance, Percent	9%	10%	10%	9%	12%
Mental Health Provider Rate per 100,000 population	243.0	228.6	82.0	737.0	153.0
Primary Care Physician Rate per 100,000 population	75.5	53.02	45.73	43.67	87.95
Total Occupied Households	3,289,776	50,551	30,056	11,064	9,431
Households with No Motor Vehicle	6%	6%	4%	9%	8%
Owner-Occupied Households with No Motor Vehicle	3%	2%	2%	2%	4%
Renter-Occupied Households with No Motor Vehicle	13%	15%	13%	19%	13%

Source: Data Source: US Department of Health & Human Services, Health Resources and Services Administration, HRSA - Area Health Resource File via Virginia Community Health Data Portal

3. Substance Use Prevalence

Substance use prevalence estimates are crucial for developing effective opioid prevention and treatment strategies. By providing a clear picture of the extent and distribution of opioid use within a community, these estimates help identify high-risk populations and areas with the greatest need for intervention. They enable healthcare providers and policymakers to allocate resources more efficiently, design targeted prevention programs, and tailor treatment services to address specific local challenges. Moreover, tracking prevalence trends over time can inform the effectiveness of ongoing strategies and guide adjustments to enhance their impact. Overall, substance use prevalence estimates are foundational for creating data-driven, responsive approaches to mitigate the opioid crisis.

As shown below, survey results from a recent local hospital needs assessment indicate over one-third of SAW region residents have been personally impacted by substance use. Additionally, 16% of survey respondents reported using an opioid prescription in the past year. A higher rate of Staunton and Waynesboro respondents reported seeking help for an alcohol or drug problem, as compared to the region overall.

Substance Use Prevalence-Local Survey Data

	VA Total	SAW Region Total	Augusta	Staunton	Waynesboro
Survey Respondents	--	756	401	185	170
Illicit Drug Use in Past Month	--	3.1%	2.6%	3.3%	4.2%
Used a Prescription Opioid in Past Year	--	15.8%	16.0%	14.6%	16.6%
Ever Sought Help for Alcohol or Drug Problem	--	3.7%	2.0%	5.3%	6.8%
Personally Impacted by Substance Abuse	--	39.5%	37.4%	40.4%	44.0%

"--" data not available Source: 2022 Augusta Health Community Health Needs Assessment PRC Community Health Survey, PRC, Inc. [Item 49]

4. Substance Use Healthcare Utilization

By identifying emergency department/urgent care visits and hospitalizations due to opioid use, healthcare providers and policymakers can pinpoint critical intervention points, allocate resources to high-need areas, and develop targeted outreach programs. Additionally, analyzing these rates helps in assessing the effectiveness of existing treatment programs, guiding improvements, and enhancing coordination between acute care and long-term treatment services. Overall, these metrics are crucial for creating informed, data-driven strategies to reduce opioid-related harm and improve community health outcomes.

As shown on the following pages, SAW region residents generally had opioid healthcare utilization rates comparable to or slightly lower than Virginia as a whole. However, the region had higher drug overdose (which includes all drugs) hospitalizations. Augusta and Waynesboro residents had a higher rate of deliveries with maternal opioid disorder. Further, Staunton and Waynesboro residents had higher rates of substance use disorder hospitalizations.

Additionally, residents in Augusta and Waynesboro had higher rates of Emergency Medical Services (EMS) responses for opioid-related calls, and the SAW region had higher rates of naloxone administered for opioid-related calls than Virginia overall. Naloxone is a medicine that rapidly reverses an opioid overdose; therefore, it is helpful for this treatment to be administered when an individual is experiencing an overdose.

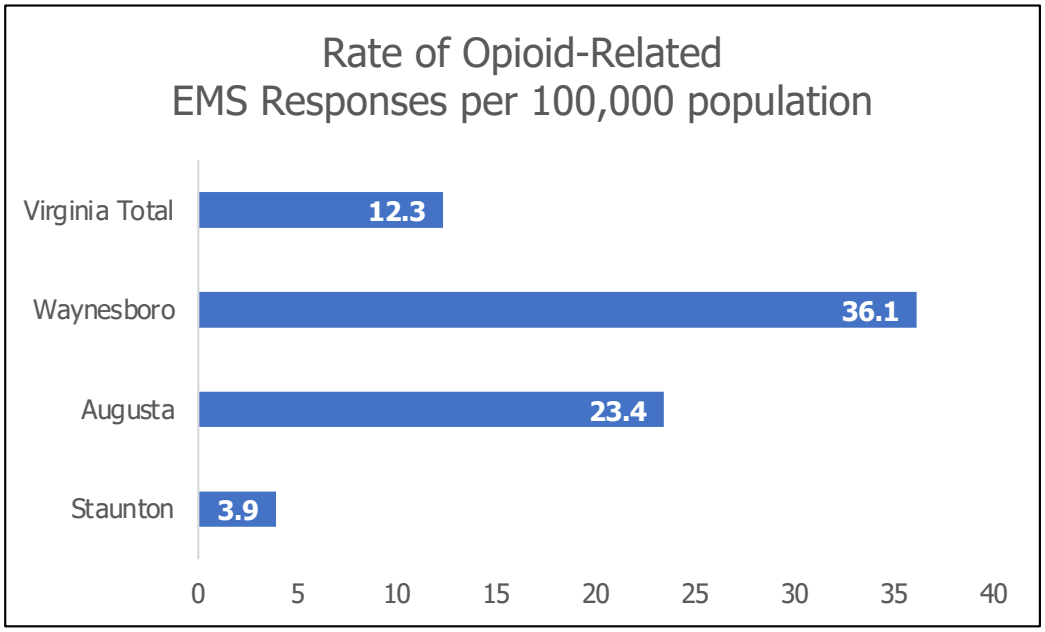
4. Substance Use Healthcare Utilization

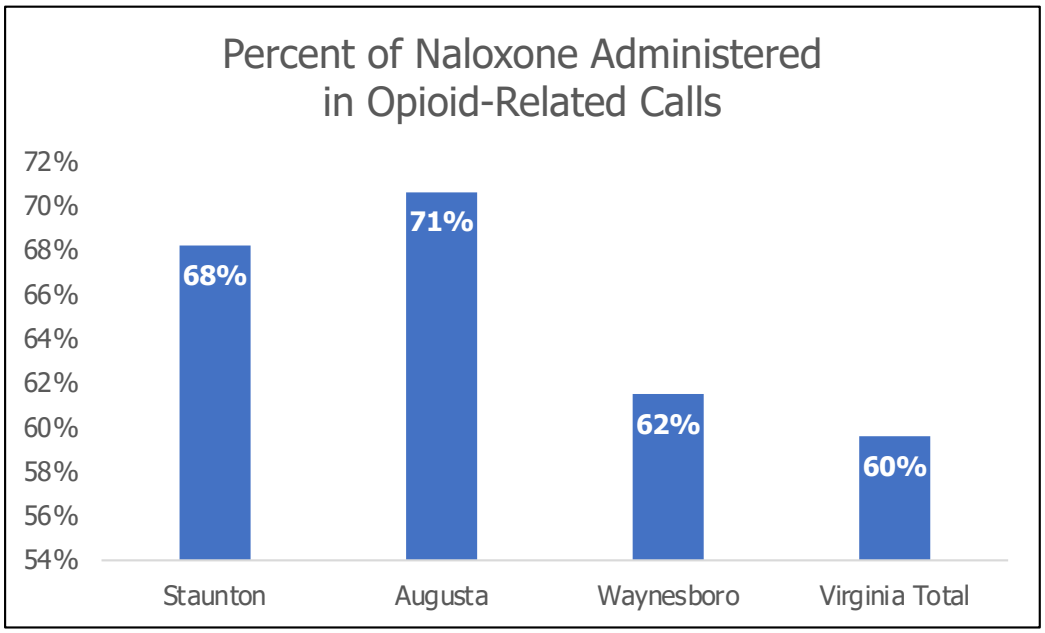
Substance Use Healthcare Utilization-Emergency, Urgent Care and Hospitalizations

	VA Total	SAW Region Total	Augusta	Staunton	Waynesboro
Calendar Year 2022					
Birth Hospitalizations with NAS	474	--	0	1	2
Birth Hospitalizations with NAS, Rate(per 1,000 Birth Hospitalizations)	5.7	--	0	2.9	5.9
Delivery Hospitalizations with Maternal Opioid Use Disorder	397	--	4	1	3
Delivery Hospitalizations with Maternal Opioid Use Disorder (OUD), Rate(per 1,000 Delivery Hospitalizations)	4.72	--	9.39	2.86	8.82
Hospitalizations with Drug Overdose	7,725	128	49	43	36
Hospitalizations with Drug Overdose, Rate(per 100,000 Total Population)	89.92	102.83	64.02	170.7	158.3
Hospitalizations with Substance Use Disorder	6,447	88	27	24	37
Hospitalizations with Substance Use Disorder, Rate(per 100,000 Total Population)	75.05	70.7	35.27	95.28	162.7
Overdose ED Visits (All Drugs)	22,398	--	--	--	--
Overdose ED Visit (All Drugs) Rate (per 100,000 ED Visits)	62.8	58.3	--	--	--
Overdose ED Visits (Opioids)	11,502	--	--	--	--
Overdose ED Visit (Opioids) Rate (per 100,000 ED Visits)	32.2	30.1	--	--	--
March 2024 Data					
ED Visits	777	11	--	--	--
12 Month Moving Avg	909	13	--	--	--
Rate per 10k ED Visits	23.7	20.0	--	--	--
Rate per 100k population	9.0	8.8	--	--	--

"--" data not available Source: Data Source: Virginia Department of Health, Division of Surveillance and Investigation

4. Substance Use Healthcare Utilization



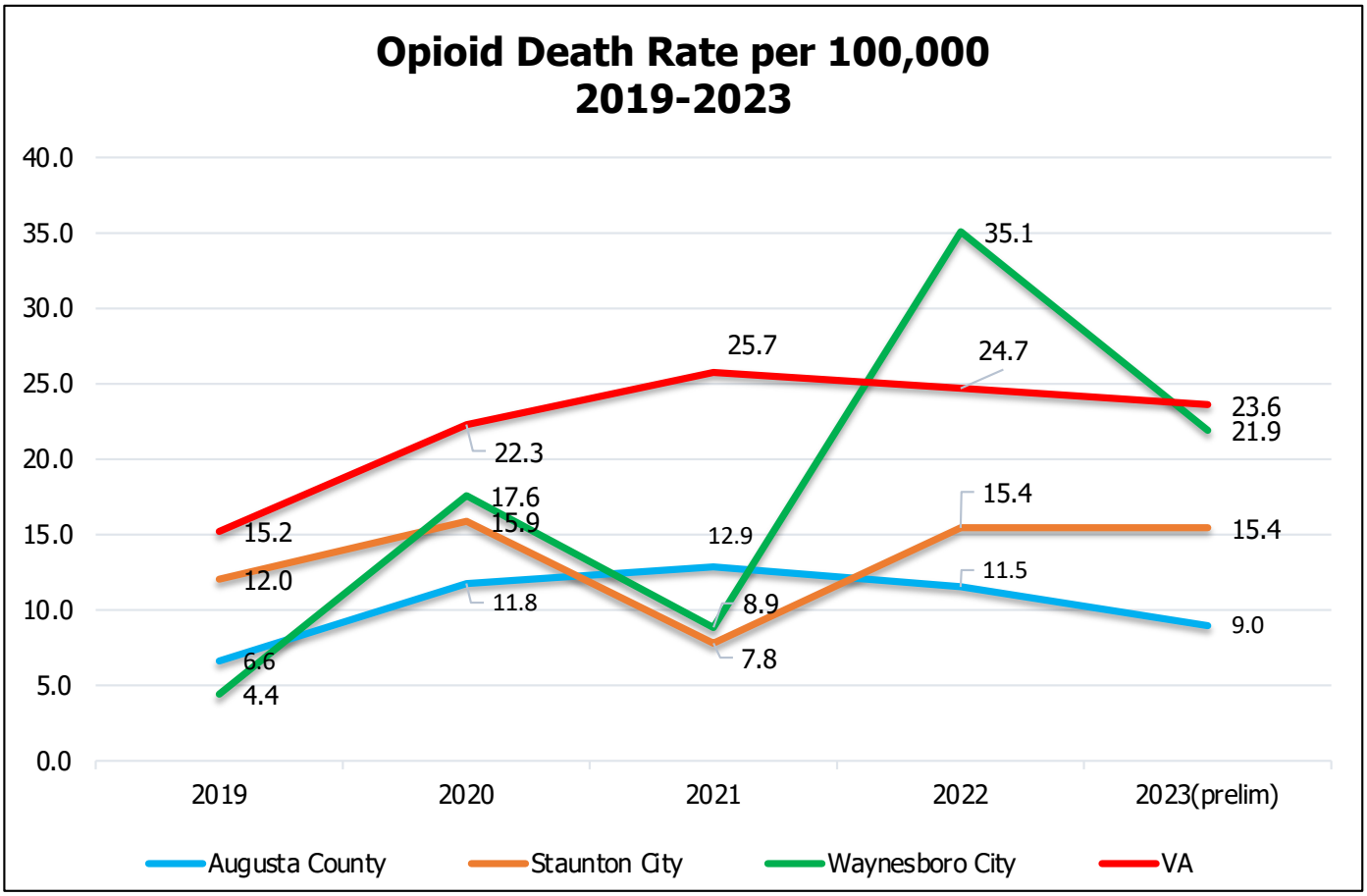


Source: EMS Locality Report, Emergency Medical Services Virginia Department of Health, 2022-2024

5. Opioid-Related Deaths

Opioid death rates are a critical metric for developing opioid prevention and treatment strategies. These rates highlight the severity and fatal consequences of opioid misuse, helping to identify the most affected populations and regions.

As shown below, SAW region residents had a lower opioid use death rate than Virginia as a whole. Trend data on fatal opioid death rates since 2019 show a peak in 2022.



Source: Office of Chief Medical Examiner, Virginia Department of Health, 2019-2023

6. Opioid-related Criminal Justice

These data provide insights into the prevalence and patterns of opioid-related criminal activity, revealing hotspots of drug misuse and distribution. By understanding where and how frequently drug arrests occur, policymakers and healthcare providers can identify communities most affected by opioid misuse and target them with specific interventions. Additionally, arrest data can highlight the need for integrating law enforcement efforts with public health initiatives, promoting strategies like drug diversion programs and treatment-focused alternatives to incarceration.

As shown below, in 2019, there were 137 drug certificates for opioids in the SAW region. In Virginia, when someone is convicted of a felony (other than a Class 1 felony) committed on or after January 1, 2000, they must undergo a substance abuse screening. If the screening indicates a substance abuse or dependence issue, they must also have an assessment by a certified substance abuse counselor employed by the Department of Corrections or supervised by one.[2] Additionally, the rates of prescription opioids seized and tested were higher for the SAW region than the statewide rate.

Felony Drug Certificates, 2019

	VA Total	SAW Region Total	Augusta	Staunton	Waynesboro
Fentanyl	--	14	9	0	5
Heroin	--	32	9	10	13
Prescription Opioids	--	91	58	10	23

"--" data not available
Source: Comprehensive Criminal Justice Report For the Central Shenandoah Valley Population and Crime Data for 2010-2019

Felony Drug Certificates

	VA Total	SAW Region Total	Augusta	Staunton	Waynesboro
Felony Drug Certificates for Fentanyl	--	14	9	0	5
Felony Drug Certificates for Heroin	--	32	9	10	13
Felony Drug Certificates for Prescription Opioids	--	91	58	10	23

"--" data not available Source: Comprehensive Criminal Justice Report For the Central Shenandoah Valley Population and Crime Data for 2010-2019

[2] Code of Virginia. https://law.lis.virginia.gov/vacode/title18.2/chapter7/section18.2-251.01/

7. Estimated Cost of Opioids and Need Score

The Virginia Department of Health (VDH) developed a scoring tool to identify communities that may need more targeted drug prevention and treatment support. The Center for Society and Health at Virginia Commonwealth University also developed a methodology to estimate the costs associated with the opioid epidemic at the locality level.

The need tool was developed using twelve indicators related to drug overdose and misuse, infectious disease outcomes, and socioeconomic factors. These indicators include nonfatal drug overdoses (emergency department visits), fatal drug overdoses (deaths), infectious disease outcomes associated with drug use (HIV and hepatitis C), and arrests for drug/narcotic violations. Socioeconomic indicators such as poverty and unemployment are also included, as they are linked to a higher risk of drug overdose and misuse within a community.

The cost estimate includes costs by sector (lost labor, healthcare, crime, and others) and costs by payer (households, plus state, local, and federal government)

As shown on the following page, Staunton and Waynesboro counties had a higher needs assessment score for drug overdose and related outcomes. Additionally, SAW region localities were estimated to have a lower per capita cost than Virginia as a whole.

7. Estimated Cost of Opioids and Need Score

Substance Use-Cost of Opioids and Needs Score					
	VA Total	SAW Region Total	Augusta	Staunton	Waynesboro
Total Per Capita Cost (2021)	$580	--	$410	$345	$358
Lost Labor	$3.3 B	$487	$220	$120	$147
Healthcare	$1.07M	$279	$100	$88	$91
Crime/Other	$657M	$348	$91	$137	$120
Household	--	$431	$187	$112	$132
Total Cost (2021)	$5,020,792,988.00	$48,816,446	$31,872,404	$8,862,424	$8,081,618
Lost Labor	--	$23,475,118	$17,073,023	$3,080,669	$3,321,426
Healthcare	--	$12,071,954	$7,759,166	$2,264,234	$2,048,554
Crime/Other	--	$13,269,375	$7,040,215	$3,517,521	$2,711,639
Household	--	$20,371,436	$14,507,985	$2,882,677	$2,980,774
Needs Assessment Score for Drug Overdose and Related Outcomes [If a locality received a score of ten (10) or higher, it is considered at higher need for drug overdose-related outcomes and substance use.]	9	--	7	10	11

"--" data not available Source: Understanding the Costs of the Opioid Epidemic (2021) https://costofaddictionvirginia.com; Needs Assessment Tool for Drug Overdose and Related Outcomes (2021) https://www.vdh.virginia.gov/data/need-assessment-tool-for-drug-overdose-and-related-outcomes/

IV. KEY INFORMANT INTERVIEWS

Introduction

To gain an understanding of the field's perspective regarding opioid use and misuse in the SAW region, the project team conducted interviews with a variety of key stakeholders. This group represented the following organizations:

- Augusta County Fire and Rescue
- Augusta Health
- Blue Ridge Court Services
- Central Shenandoah Valley Office on Youth
- Community Foundation of Central Blue Ridge
- Middle River Regional Jail
- Shenandoah Valley Social Services
- Staunton Police Department
- Valley Community Services Board

In addition, based on preliminary discussions, Strength In Peers, a service provider in the Harrisonburg area, was also contacted for an interview.

IV. KEY INFORMANT INTERVIEWS

Key questions from the key informant interviews included:

1. To what extent is opioid misuse a problem in the SAW region?
2. What are the causes of opioid misuse in the SAW region?
3. What are the barriers to obtaining services for people in the SAW region who are misusing opioids?
4. What else could be done to better address opioid misuse in the SAW region?
5. What strategies are in place to address opioid misuse in the SAW region?

Responses to these Questions 1-4 are summarized below. Information gleaned from Question 5 is provided in Chapter VI of this report, which summarizes opioid abatement resources in the SAW region.

Prevalence of Opioid Use and Misuse

When asked about the prevalence of opioid misuse in the SAW region, multiple sources reported that methamphetamine use is more prevalent than opioids. Opioid use, including fentanyl, was reported to be on the rise but perhaps less prevalent in Augusta County. Fentanyl is becoming increasingly common and poses a significant danger due to its potency and its use as mixed with other drugs. One interviewee suggested that opioid misuse, especially among youth, is under-recognized due to stigma and lack of awareness. Further, participants acknowledged community needs assessments as identifying addiction and mental health as top community concerns.

Regarding the impact of opioids on crime and public safety, a considerable amount of local crime, particularly property crime, is attributed to drug users supporting their habits. Law enforcement indicated that a small number of people are contributing to opioid-related crime, much of which seems to be prompted through prescription drug use. However, high-profile cases have involved significant resources to apprehend perpetrators. Law enforcement faces challenges due to changes in laws affecting their ability to investigate and prosecute drug-related crimes. Collaboration between local law enforcement agencies in the region was described as somewhat inconsistent.

A variety of interviewees suggested an increase in drug-related incidences both in health and social services, such as rescue-based NARCAN administration, emergency department visits, and neonatal abstinence syndrome cases. Further, substance use has been a major factor in child abuse/neglect and adult services cases, as well as a barrier in foster care. There is an ongoing effort to enhance addiction medicine training for primary care providers and expand screening and treatment programs.

IV. KEY INFORMANT INTERVIEWS

Overall, interviewees recognized a complex substance use problem in the region with methamphetamine being the most significant issue, but opioid misuse, particularly involving fentanyl, is also rising. There is a concerted effort among law enforcement, healthcare providers, social services, and community organizations to address these challenges, though varying levels of success and cooperation were noted.

Causes of Opioid Use and Misuse

When asked about the causes of opioid use and misuse in the SAW region, interviewees relayed several themes.

1. Adverse Childhood Experiences (ACEs) and Trauma:
Several respondents highlight ACEs and trauma as significant factors leading to opioid misuse, noting that traumatic experiences in childhood are linked to impacts on brain development, self-medication and substance use disorders.

2. Economic and Social Factors:
The industrial history and work culture of the region (e.g., prevalence of shift work) was mentioned as a contributing factor to substance use. Economic pressures, poverty, housing insecurity, and lack of meaningful employment were also suggested as critical factors.

3. Lack of Social Support and Connections:
Several interviewees suggested the absence of strong social networks and meaningful connections as a major driver of addiction. Support systems can act as protective factors against substance misuse and disorders.

4. Medical Practice and Prescription Policies:
Changes in medical practices, from over-prescription to restrictive prescription policies, have reportedly influenced opioid misuse in the region. Interviewees noted that people may be turning to unsafe street drugs (e.g., methamphetamine) due to limited access to prescription opioids, and these prescription opioids are a common starting point for addiction. Opioid use also has patterns of progress from early drug use to more severe drugs like fentanyl.

5. Mental Health and Behavioral Challenges:
Mental health issues were frequently mentioned as co-occurring with substance use disorders. Such behavioral health challenges often exacerbate the risk of opioid misuse. In addition, interviewees indicated a lack of treatment providers in the region which further affects the timeliness of treatment.

6. Geographic and Trafficking Factors:
The SAW region's geographic location on major interstate corridors (I-81/I-64) was also mentioned as a factor contributing to opioid misuse. This situation facilitates drug trafficking, increasing street-level access to illicit drugs.

7. Lack of Education and Awareness:
Several interviewees indicated there is a notable gap in education regarding opioids, their effects, and how to handle overdoses. Both youth and adults lack critical information, such as awareness about fentanyl contamination, which may be contributing to its impact in the region.

8. Public Health and Community Response:
Further, the need for a coordinated community approach and public discourse on addiction as a health problem was emphasized. One interviewee described the current dialogue as "very conflicted" because the issue is stigmatizing, and people are deeply impacted. This polarization was described as a hinderance to effective harm reduction efforts. It was recommended that conversations be paced and sequenced in a way that recognizes these challenges to continue moving forward.

9. Youth and School Influence:
Responses also suggested that teenagers are particularly vulnerable to opioid issues due to easy access to drugs and complex family issues. In some instances, drug use may be normalized, impact the danger among youth. Accordingly, schools were identified as critical areas for intervention.

These themes illustrate the multifaceted nature of opioid misuse in the SAW region, emphasizing the need for comprehensive, multi-pronged strategies to address the crisis.

Barriers to Services

Interviewees were also asked to share their perspectives on the barriers to obtaining services for people in the SAW region who are misusing opioids. The following barriers were noted:

- Accessibility
  - Lack of broadband internet services for virtual SUD treatment
  - Limited public transportation to obtain SUD treatment in-person
  - Limited translation capabilities/language barriers

- Communication
  - Lack of education on availability of services
  - Lack of official response tailored to substance use issues
- Financial
  - Depressed Medicaid reimbursement rate
  - Difficulties with Medicaid enrollment
  - Limited funding for services/supports
  - Unaffordable service fees
- System Capacity
  - Delays in getting intervention started
  - Gaps in the service array
  - Lack of diversity among providers
  - Housing insecurity/Lack of stable or affordable housing
  - Lack of long-term care
  - No crisis detox or long-term detox centers locally
  - Too few providers in the region
- Support-Related
  - Concerns about the use of medication-assisted treatments
  - Lack of support and involvement of family in treatment plans
  - Stigma associated with mental health challenges, especially substance use
- Other
  - Distrust of government, public behavioral health systems, and programs run by law enforcement
  - Healthcare community is behind on interdisciplinary treatment for addiction
  - History of poor experiences – feeling that providers think they are "less than"

Opportunities for Improvement

Finally, interviewees were asked for suggestions to better address opioid use and misuse in the SAW region. Regional organizations are currently working together to tackle substance abuse through initiatives such as drug courts, federal grants, naloxone distribution programs, and partnerships with local treatment centers and health departments. Several key themes to improve opioid response emerged, as shown below.

1. **Address Root Causes:**
   - Focus on social determinants of health (e.g., housing, employment, education).
   - Break down barriers to community-level change.
2. **Improve Regional Cooperation:**
   - Continue to foster collaboration among neighboring cities (e.g., Augusta, Staunton, Waynesboro), including participation of Waynesboro on the regional taskforce.
   - Consider shared resources and coordinated efforts.
3. **Re-Imagine Crisis Intervention and Immediate Help:**
   - Train police officers to recognize mental health and substance use issues.
   - Avoid relying solely on police departments for mobile crisis response.
   - Utilize clinicians as part of the first responder team.
   - Standardize a response that prioritizes immediate help over incarceration.
   - Educate citizens that officers won't arrest them but will provide assistance.
   - Address funding gaps to establish receiving centers for crisis response (assessment and triage).
   - Develop low-barrier shelter options for those with drug use.
4. **Emphasize Prevention and Education:**
   - Intervene early in schools (starting in elementary school).
   - Educate youth, parents, and school systems about opioid misuse.
5. **Enhance Information Sharing:**
   - Address challenges related to HIPPA compliance and sharing information across agencies.
   - Obtain consent to share relevant data with providers.
6. **Expand Provider Accessibility:**
   - Address barriers to improve provider recruitment to the region (e.g., Medicaid acceptance, suppressed pay)
   - Improve public transportation options for accessing services.
7. **Improve Outreach and Inclusion Efforts:**
   - Ensure services are accessible and welcoming to all, including diverse populations (e.g., justice-involved, LGBTQ+).
   - Ensure services address community needs before education efforts.

To effectively combat opioid use and misuse effectively in the SAW region, stakeholders recommend a blended approach of collaboration, prevention, education, crisis response, and systemic changes.

V. COMMUNITY STAKEHOLDER SURVEY FINDINGS

Introduction

Information provided by the key informants was used to identify issues to explore further on a survey of opioid misuse among community stakeholders in the SAW region. Specific topics explored on the survey included the following: the extent of opioid misuse, the availability of evidence-based treatment options for people who struggle with opioid misuse, and recommendations on the types of treatment programs that should be prioritized for expansion in the SAW region. In addition, community health professionals were asked a series of questions regarding other services that should be expanded to address opioid misuse in the SAW region, barriers to obtaining services for people who are using opioids, and experiences with training on opioid misuse among community health professionals.

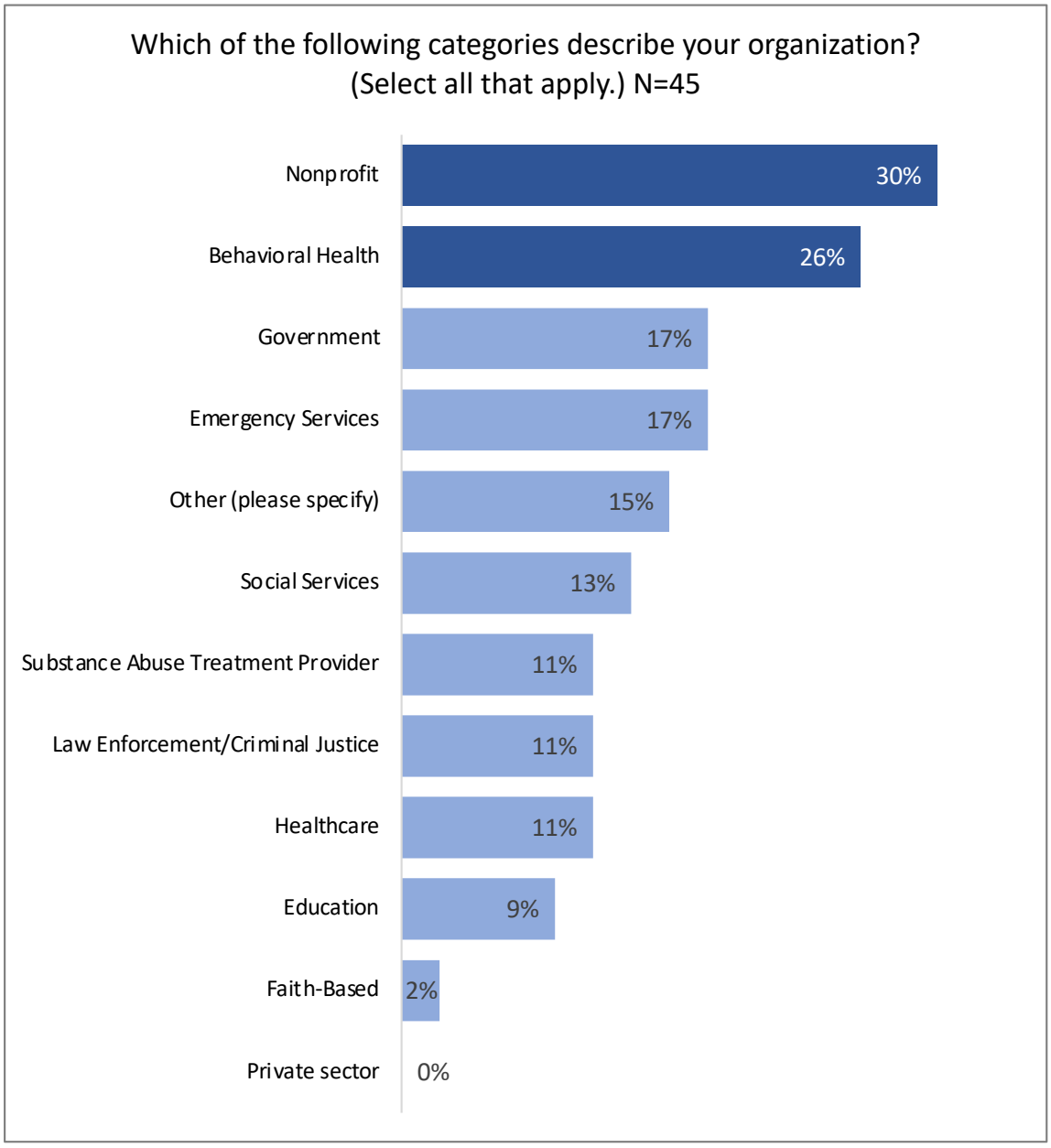
METHODOLOGY

The KAG/CF consulting team developed a list of about 40 community stakeholders in the SAW region based on information obtained from key informants and the Advisory Committee for this project. In April 2024, the community stakeholder survey was distributed to everyone on this list, along with a request to forward the survey to others within their organization who may be knowledgeable about the issue of opioid misuse in the SAW region. A total of 46 community stakeholders completed the survey over a 4-week period.

V. COMMUNITY STAKEHOLDER SURVEY FINDINGS

DESCRIPTION OF SURVEY PARTICIPANTS

As shown in the figure below, most of the survey respondents were from Nonprofit (30%) or Behavioral Health (26%) organizations, followed by Government (17%), Emergency Services (17%), and Other types of organizations not listed on the survey (15%). The remaining respondents were from Social Services (13%), Substance Abuse Treatment Providers (11%), Law Enforcement/Criminal Justice (11%), Healthcare (11%), Education (9%), or Faith-Based organizations (2%).

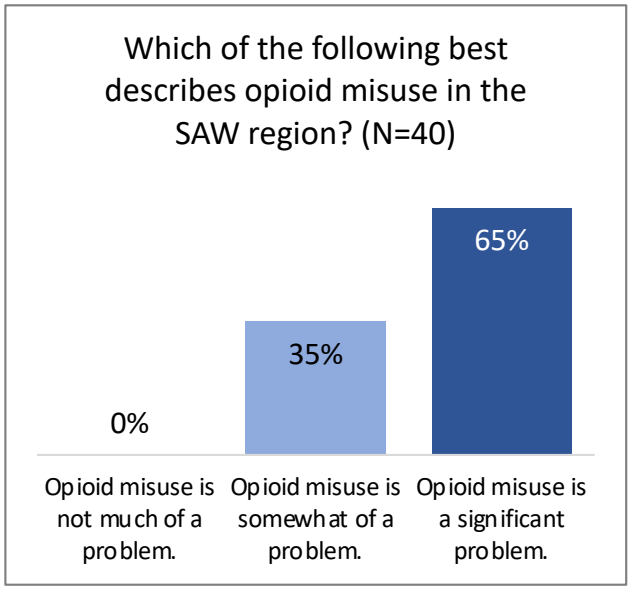


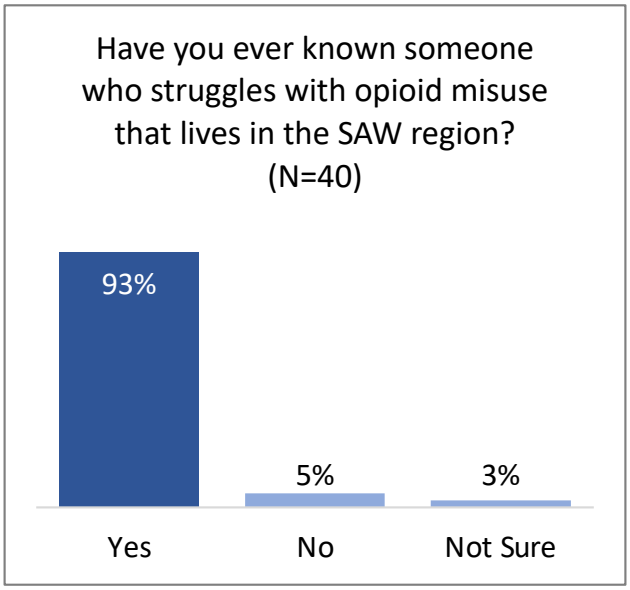
Note: The total percentage may not equal 100% due to rounding.

V. COMMUNITY STAKEHOLDER SURVEY FINDINGS

EXTENT OF OPIOID MISUSE IN SAW REGION

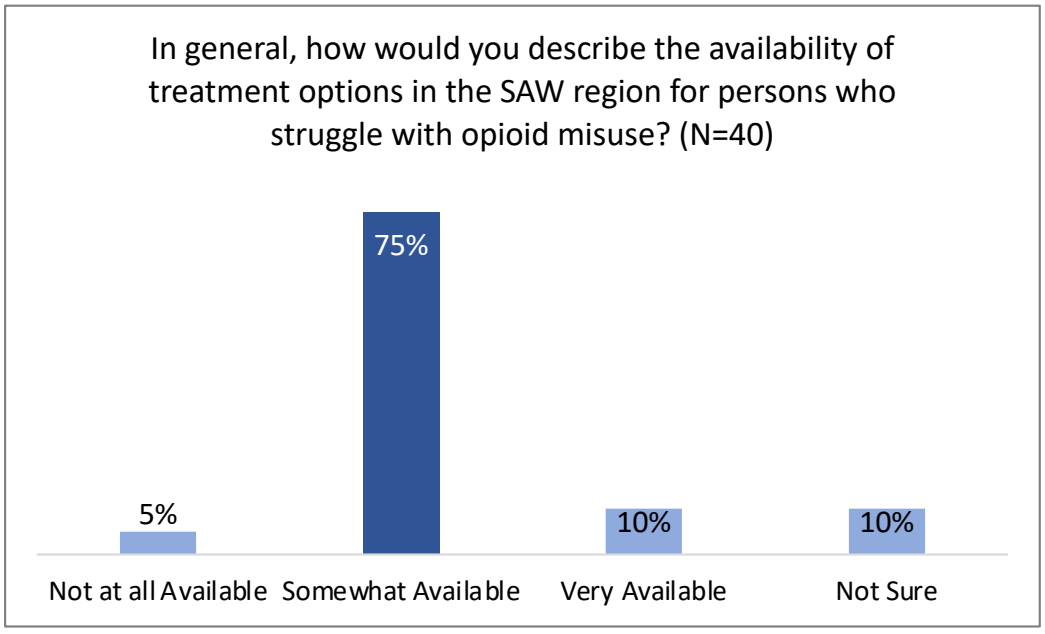
Nearly two-thirds of the survey respondents believe that opioid misuse is a *Significant Problem* in the SAW region, while about one-third believe it is *Somewhat of a Problem*. Nearly all survey respondents have known someone who struggles with opioid misuse in the SAW region.





Note: The total percentage may not equal 100% due to rounding.

About 75% of the survey respondents indicated that the availability of treatment options for people who struggle with opioid misuse in the SAW region is *Somewhat Available*, while 10% believe it is *Very Available*, and 5% believe it is *Not at all Available.* Another 10% are *Not Sure*.



Note: The total percentage may not equal 100% due to rounding.

V. COMMUNITY STAKEHOLDER SURVEY FINDINGS

AVAILABILITY OF EVIDENCE BASED STRATEGIES TO ADDRESS THE OPIOID EPIDEMIC

Survey respondents were asked to evaluate the availability of various interventions to address opioid addiction and misuse based on a list of evidence-based opioid abatement strategies identified by the Partnership to End Addiction in 2020.

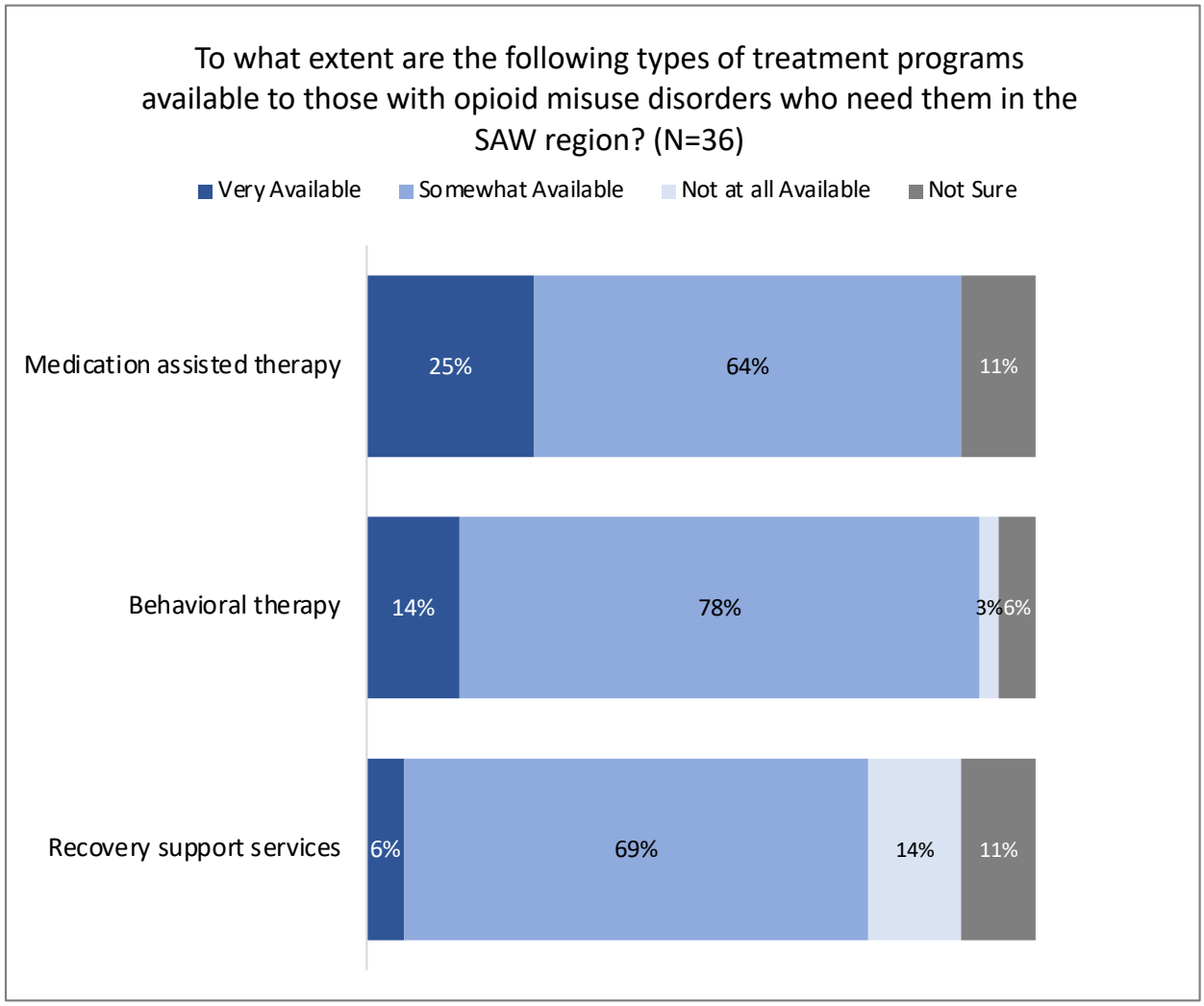
Specific Treatment Components- First, survey respondents were asked to assess the availability of the following evidence-based substance use disorder treatment components:

- Medication assisted therapy- Includes medications for opioid use disorder, such as Methadone, Buprenorphine and Naltrexone.
- Behavioral therapy- This includes Contingency Management, Cognitive Behavioral Therapy, and Family Therapy.
- Recovery support services- This includes Drug Free housing, Self-help/Mutual Support groups, Childcare; Case Management, Employment counseling and support; and Peer Support/Peer Providers.

V. COMMUNITY STAKEHOLDER SURVEY FINDINGS

AVAILABILITY OF EVIDENCE BASED STRATEGIES TO ADDRESS THE OPIOID EPIDEMIC

Most survey respondents indicated that all three treatment components were *Very Available* or *Somewhat Available* in the SAW region. Medication assisted therapy was rated as *Very Available* by more respondents than Behavioral therapy (14%) or Recovery support services (6%). About two-thirds or more of the survey respondents rated all three strategies as *Somewhat Available*. None of the survey respondents indicated that Medication assisted therapy was *Not at all Available*, although 11% were *Not Sure*. About 3% indicated that Behavioral therapy was *Not at all Available*, while 6% were *Not Sure*. About 14% of the survey respondents indicated that Recovery support services were *Not at all Available*, while 11% were *Not Sure*.



Note: The total percentage for each bar may not equal 100% due to rounding.

V. COMMUNITY STAKEHOLDER SURVEY FINDINGS

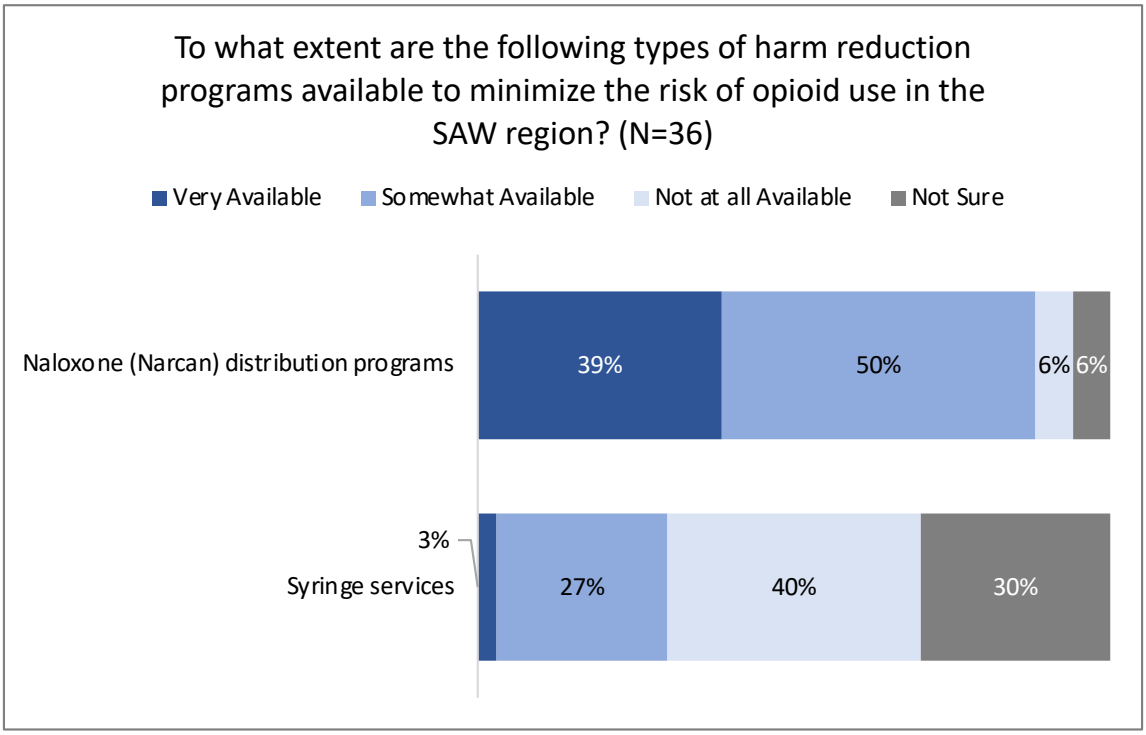
AVAILABILITY OF EVIDENCE BASED STRATEGIES TO ADDRESS THE OPIOID EPIDEMIC

Harm Reduction Programs- Next, survey respondents were asked to assess the availability of the following evidence-based harm reduction programs in the SAW region:

- Syringe services- This includes programs to provide sterile syringes to people who inject drugs to reduce infectious disease transmission.

- Naloxone (Narcan) distribution programs- This includes the distribution of Naloxone for use in the event of an opioid overdose.

Most survey respondents indicated that Naloxone (Narcan) distribution is *Very Available (39%)* or *Somewhat Available (50%)* in the SAW region, although 6% indicated it was *Not all Available* and 6% were *Not Sure*. About 40% of the survey respondents indicated that Syringe services were *Not at all Available*, while 27% indicated they were *Somewhat Available*, and 3% indicated they were *Very Available*. Nearly one-third of the survey respondents (30%) were *Not Sure* if Syringe services were available.



Note: The total percentage for each bar may not equal 100% due to rounding.

V. COMMUNITY STAKEHOLDER SURVEY FINDINGS

AVAILABILITY OF EVIDENCE BASED STRATEGIES TO ADDRESS THE OPIOID EPIDEMIC

Family interventions- Survey respondents were also asked to assess the availability of several interventions identified by the Partnership to End Addiction as having the strongest evidence of effectiveness in mitigating harm experienced by children whose parents misuse opioids.

- Integrated substance use disorder (SUD) treatment with health and family services- Programs that combine and coordinate services across multiple sectors, like health care and child welfare services.

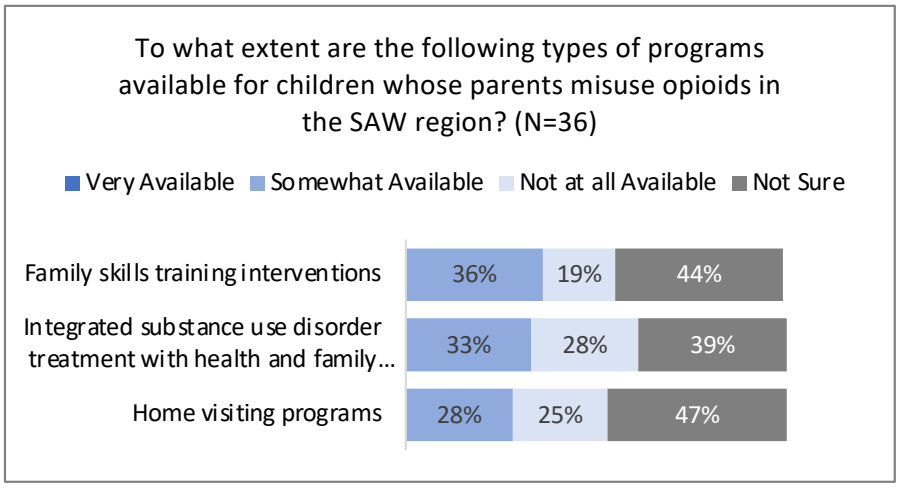
- Home visiting programs- Programs that are initiated in the prenatal period by staff who are highly trained in providing culturally competent care, and addressing challenges such as mental illness, SUD, trauma, and domestic violence.

- Family skills training interventions- Effective programs include the following key components: 1) typically last between 7 and 15 sessions; 2) target children ages 3 through adolescence; 3) are adapted to be age appropriate; 4) use trained and supervised staff, including prevention specialists, to deliver interventions; 5) involve both parents; 6) use culturally sensitive program adaptations to improve retention of families from racial/ethnic minority backgrounds; and 7) offer incentives for attendance to improve overall recruitment.

V. COMMUNITY STAKEHOLDER SURVEY FINDINGS

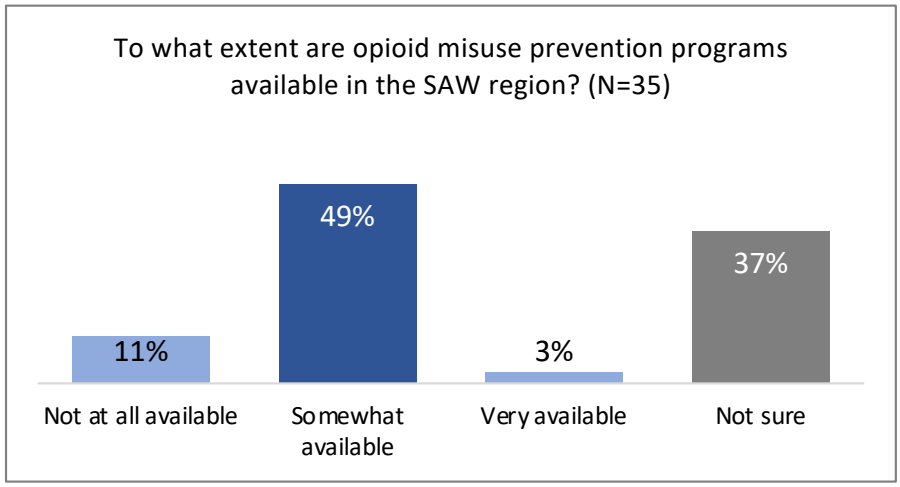
AVAILABILITY OF EVIDENCE BASED STRATEGIES TO ADDRESS THE OPIOID EPIDEMIC

A majority of respondents indicated that each of the family interventions programs was either *Not at All Available* or they were *Not Sure*. More survey respondents indicated that Family skills training was *Somewhat Available* than any other family intervention, followed by Integrated SUD treatment (33%) and Home visiting programs (28%). None of the survey respondents indicated that the three family interventions were *Very Available.*



Note: The total percentage for each bar may not equal 100% due to rounding.

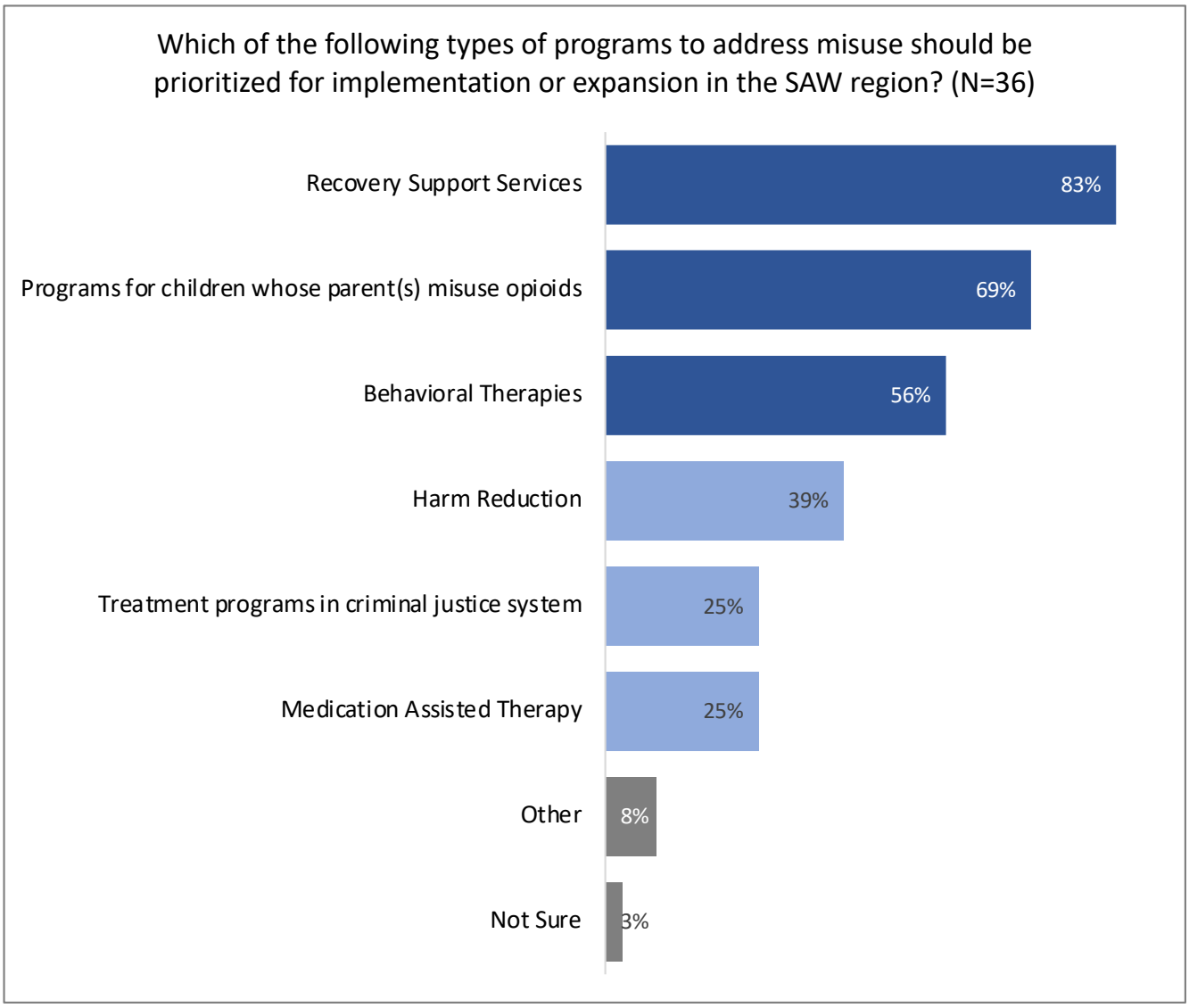
Prevention- Survey respondents were asked to assess the availability of opioid misuse prevention programs in the SAW region as well. Nearly half of the respondents indicated prevention programs were *Somewhat Available*, while only 3% indicated they were *Very Available*. About 11% of the respondents indicated that prevention programs were *Not at all Available* and 37% were *Not Sure*.



Note: The total percentage may not equal 100% due to rounding.

RECOMMENDATIONS FOR OPIOID ABATEMENT PROGRAMS TO IMPLEMENT OR EXPAND IN THE SAW REGION

When survey respondents were asked to identify the types of opioid abatement programs that should be prioritized for implementation or expansion in the SAW region, the most common response was recovery support services (83%), followed by programs for children whose parent(s) misuse opioids (69%), and behavioral therapies (56%). Less than half of the respondents selected harm reduction (39%), treatment programs in the criminal justice system (25%), medication assisted therapy (25%), or other types of programs (8%).

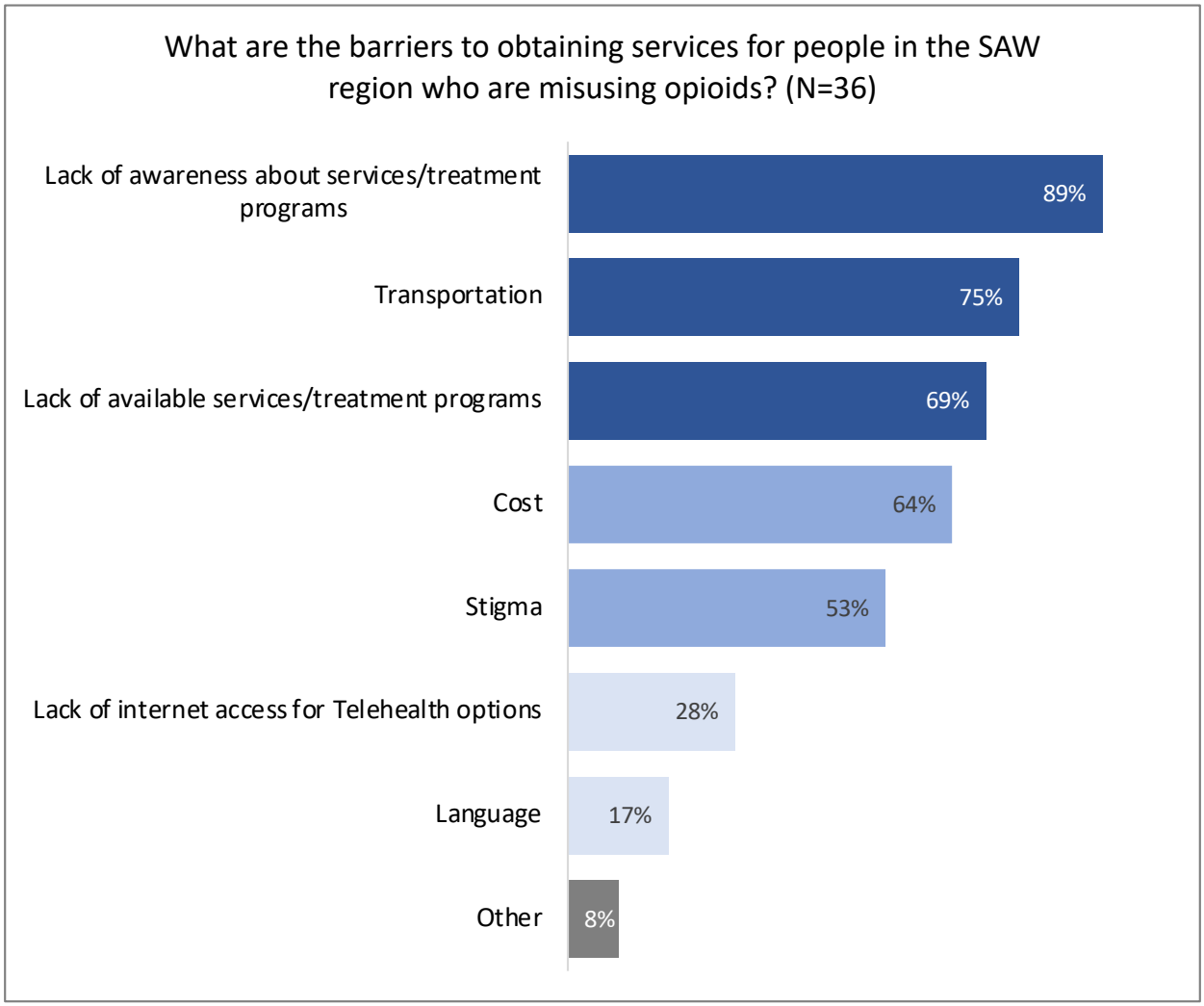


Note: The total percentage exceeds 100% because respondents were instructed to select up to three responses.

V. COMMUNITY STAKEHOLDER SURVEY FINDINGS

BARRIERS TO OBTAINING SERVICES

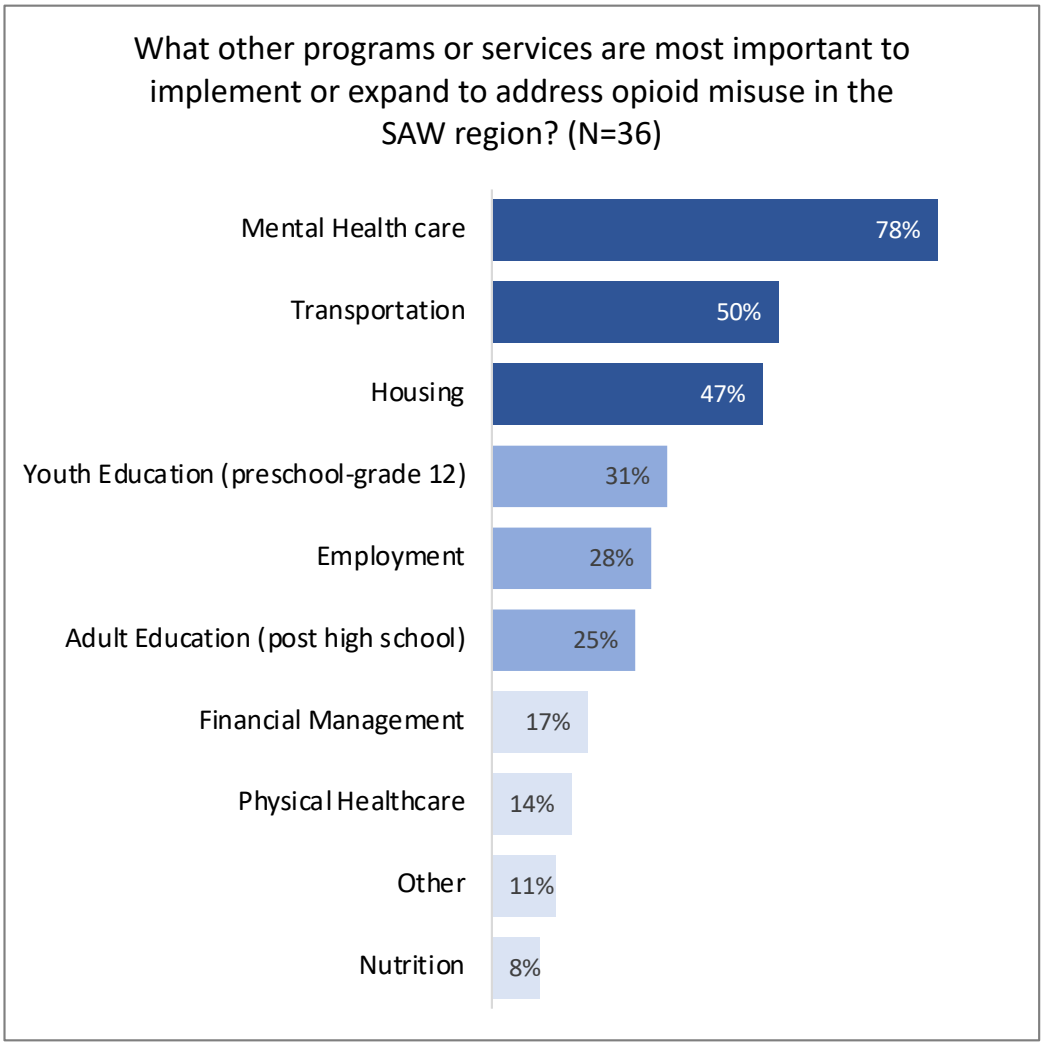
When survey respondents were asked to identify the barriers to obtaining services for people in the SAW region who misuse opioids, the most common responses were lack of awareness about services/treatment programs (89%), transportation (75%), and lack of available services/treatment programs (69%), followed by cost (64%) and stigma (53%). Less than half of the respondents selected lack of internet access for Telehealth options (28%), language (17%), or other reasons (8%)



Note: The total percentage exceeds 100% because respondents could select more than one response to this question.

RECOMMENDATIONS FOR OTHER PROGRAMS OR SERVICES TO IMPLEMENT OR EXPAND IN THE SAW REGION

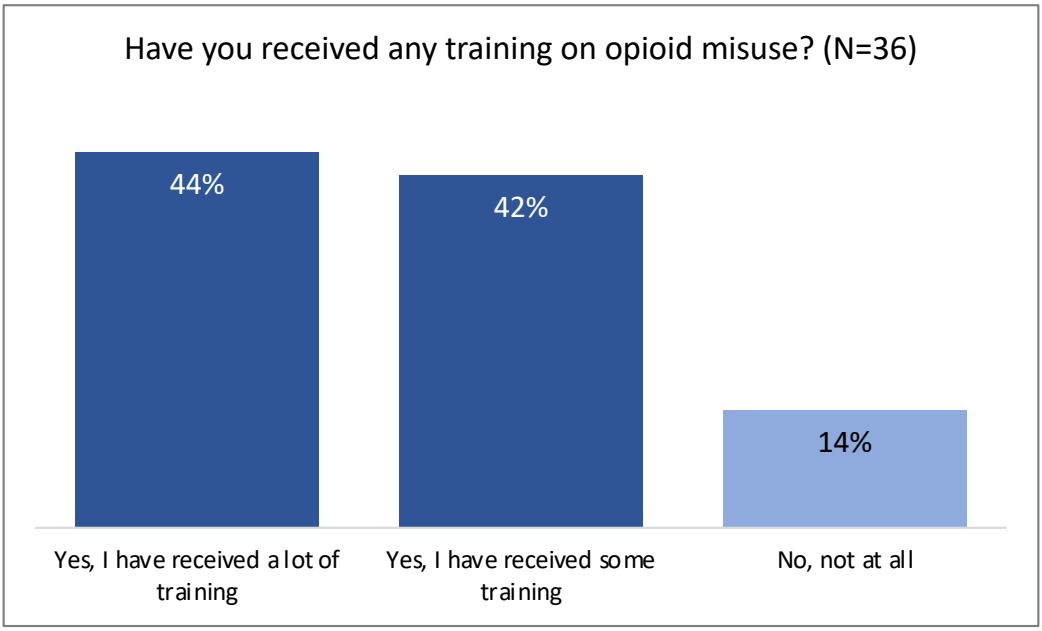
When survey respondents were asked to identify other programs or services that are important to implement or expand to address opioid misuse in the SAW region, the most common responses were mental health care (78%), transportation (50%), and housing (47%). Less than half of the respondents selected youth education (31%), employment (28%), or adult education (25%). Further, less than one-quarter of the respondents selected financial management (17%), physical health care (14%), nutrition (8%) or other types of programs (11%).



Note: The total percentage exceeds 100% because respondents were instructed to select up to three responses.

TRAINING ON OPIOID MISUSE

Survey respondents were also asked if they had received any training on opioid misuse, such as how to recognize opioid use problems, what to do if someone overdoses on opioids, or where to refer people who need help with opioid misuse. About 44% of these community stakeholders indicated they had received a lot of training, while 42% indicated they had received some training. About 14% of the survey respondents indicated they had not received any training at all.



VI. OPIOID ABATEMENT RESOURCES IN THE SAW REGION

Introduction

To provide additional context on potential service capacity, the KAG/CF consulting team obtained information on resources and programs in the SAW region to address opioid misuse from the sources described below.

1. The *Community Resource Guide* (CRG) published by the Pathways Program at the Augusta County Commonwealth Attorney's Office was the primary source of information used to identify substance use disorder (SUD) providers in the region. All resources listed in this document are updated at least once per year by students interns who contact the providers to confirm contact numbers, emails, specific persons to request, and any additions or deletions to the services listed. The CRG was most recently updated in April 2024.

2. The Virginia Department of Health Improvement Data Portal was also examined to identify addiction/SUD providers in the SAW region. This search yielded two additional providers in the region.

3. The resource locator tool published by *Curb the Crisis* was reviewed as well to identify information on services and facilities for substance use disorders located within the SAW region, but no additional resources appeared in this search.

4. Information obtained from key informant interviews, the community stakeholder survey, and town hall participants was used to identify harm reduction programs, criminal justice programs, family interventions, and other initiatives related to opioid abatement throughout the SAW region.

SUBSTANCE USE DISORDER (SUD) PROVIDERS

As shown in the table below, there are a total of 9 SUD providers located within the SAW region that provide behavioral therapy, medication-assisted treatment, recovery support or other services. A review of substance use disorder (SUD) providers listed in the Pathways CRG indicates there are a total of 10 SUD providers who are partners of the Pathway Program, 17 SUD providers who offer medication-assisted treatment, and 46 SUD adult residential therapy providers; however, some of these providers are outside the SAW region and SAW residents may travel to receive services from them. A search of the VDH Health Improvement Data Portal indicates there may be up to three private practices located in the SAW region which are not in the CRG, but no additional SUD providers were identified through key informants, community stakeholders, or the *Curb the Crisis* resource locator tool.

VI. OPIOID ABATEMENT RESOURCES IN THE SAW REGION

Substance Use Disorder Providers in SAW Region				
Organization Name	**Behavioral Therapy**	**Medication Assisted Treatment**	**Recovery Support**	**Other**
ARROW Project- Offers a substance use group. (Staunton)			Yes	
Augusta Health- Provides care for overdoses and substance use disorders. (Augusta)				Yes
Augusta Health Recovery Choice- Specializes in alcoholism, opioid addiction, substance use, and mental health. Includes outpatient, intensive outpatient, general outpatient, and general hospital addiction treatment service. (Augusta)	Yes			
BHG Staunton Treatment Center- Individual-group counseling and case management, outpatient opioid medication-assisted treatment with individual group counseling, social service support, and work on co-occurring disorders. (Staunton)	Yes	Yes	Yes	

Source: Pathways Community Resource Guide (updated April 2024).

Substance Use Disorder Providers in SAW Region (continued)				
Organization Name	**Behavioral Therapy**	**Medication Assisted Treatment**	**Recovery Support**	**Other**
Mid-Atlantic Recovery Center- Recovery services for opioid addiction. Offer medication-assisted treatment as well as individual and group counseling. (Waynesboro)	Yes	Yes		
Patient Care Plus- Suboxone care. (Staunton)		Yes		
SaVida Health Staunton- In-house counseling, case management, and recovery assistance services. Medication assisted treatment. (Staunton)	Yes	Yes	Yes	
Spero Health- Group/ individual counseling, medication-assisted therapy for substance use, care coordination. (Staunton)	Yes	Yes	Yes	

Source: Pathways Community Resource Guide (updated April 2024).

Substance Use Disorder Providers in SAW Region (continued)				
Organization Name	**Behavioral Therapy**	**Medication Assisted Treatment**	**Recovery Support**	**Other**
Valley Community Services Board- Office-based addiction treatment and medication-assisted treatment is available with prescriber and nurse. Peer based 12-step and other support meetings.	Yes	Yes	Yes	

Source: Pathways Community Resource Guide (updated April 2024).

SUPPORT GROUPS

There are also 11 Narcotics Anonymous (NA) support groups listed in the Pathways CRG. Of those, there are a total of 6 Narcotics Anonymous (NA) support groups in the SAW region.

Support Groups in SAW Region	
Organization Name	**Address**
NA "A Chance for Gratitude" Central United Methodist Church	14 North Lewis St. Staunton, VA 24401
Narcotics Anonymous Waynesboro Library	600 South Wayne Avenue Waynesboro, VA 22980
NA "Find a New Way to Live" Main Street Methodist Church	601 W. Main Street Waynesboro, VA 22980
NA "Just for Today" Valley Mission	1513 West Beverly Street Staunton, VA 24401
NA Meeting Valley Community Services Board	85 Sanger's Lane Staunton, VA 24401
NA "No Matter What" Christ United Methodist Church	1512 Churchville Avenue Staunton, VA 24401

Source: Pathways Community Resource Guide (updated April 2024).

VI. OPIOID ABATEMENT RESOURCES IN THE SAW REGION

HARM REDUCTION PROGRAMS

According to stakeholders and survey respondents, Valley CSB and local health departments offer harm reduction programs in the SAW region. Valley CSB provides harm reduction kits that include Fentanyl and Xylazine test strips, sterile water, first aid kits, pill bottles with childproof tops, personal sharps containers, etc. Valley CSB also offers REVIVE! Trainings on how to use Narcan/Naloxone for agencies, schools and the community. The Central Shenandoah Heath District offers harm reduction items such as free Naloxone and fentanyl test strips. In addition, police and first responders are reportedly trained in the use of NARCAN. The Strength in Peers program distributes Naloxone in four mobile sites in Augusta County and is in the process of applying to start a more comprehensive harm reduction program in the SAW region that would include syringe services.

CRIMINAL/JUVENILE JUSTICE PROGRAMS

Stakeholders and survey respondents identified several SUD programs in the criminal justice system:

- Blue Ridge Court Services- The Drug Court program offers treatment to individuals who have been involved in criminal activity arising from their addictions to alcohol or illegal substances.

- Pathways Program- This program was created by the Augusta County Commonwealth's Attorney's Office to allows individuals to enter treatment for substance abuse and/or mental health issues instead of facing criminal charges if they successfully complete the recommended services.

- Middle River Regional Jail- The jail screens for drugs during intake and helps individuals experiencing withdrawal. If an individual is already in a treatment program, the jail will continue with methadone or other treatments. The jail also holds NA meetings, and it has an addiction program called Re-Wired for any substance abuse disorder. Valley CSB has a grant to provide individuals at the jail with medical treatment (Vivitrol) for opioids and alcohol. The health department also offers some prenatal/maternal health navigation services for women in jail.

VI. OPIOID ABATEMENT RESOURCES IN THE SAW REGION

CRIMINAL/JUVENILE JUSTICE PROGRAMS

- Virginia Alcohol Safety Action Program (VASAP) Youth Offender Program- This program is for juveniles who have committed a non-driving alcohol-drug related offense, such as underage possession of alcohol, tobacco/vaping, cannabis, and other drugs. This is a diversionary program/service through the Office on Youth for juveniles referred by the juvenile courts. Participation in the program may result in either a reduced charge or dismissal of the original charge.

- 3rd Millennium Classrooms- This is a diversionary program/service offered by the Office on Youth for juveniles referred through the juvenile courts. Courses cover alcohol, cannabis, vaping, prescription, and illicit drug use, shoplifting, anger and conflict management, and parent training. Participation in the program may result in either a reduced charge or dismissal of the original charge.

FAMILY INTERVENTIONS

When asked about family interventions for children of parents who misuse drugs, no specific programs were mentioned by stakeholders or survey respondents, although one stakeholder noted that Augusta Health has included children in Narcan training for a mother with the parent's consent. One survey respondent noted that minor children are removed from the home by the Department of Social Services and temporarily placed with non-using, safe relatives or in the foster care system. One town hall participant noted that there are at least two private family therapy providers in the SAW region, including Family Preservation Services and National Counseling Group, which often receive referrals from FAPT or the courts.

PREVENTION PROGRAMS

Other opioid abatement initiatives mentioned by stakeholders and survey respondents included the following prevention programs:

- Valley CSB- Offers medication lock boxes and Rx disposal kits provided at no cost to the community. Also has a prevention team that hosts events and provides education focused on SUD prevention.

VI. OPIOID ABATEMENT RESOURCES IN THE SAW REGION

PREVENTION PROGRAMS

- Addiction 101- This curriculum was developed by a physician, Dr. Mary McMasters, who is a Distinguished Fellow of the American Society of Addiction Medicine and a resident of Augusta County. Dr. McMasters has taught Addiction 101, which can be tailored to meet the needs of different audiences, to health providers seeking continuing education credits, members of an Augusta County church, and other organizations around the country.

- Office on Youth- Offers a 90-minute presentation as part of the Family Life education curriculum for middle schools and high schools in Staunton City and Waynesboro City each year, which may include information on vaping/tobacco, marijuana, alcohol, and other drugs (among other topics). The Office on Youth also offers a prevention program called "3rd Millennium Classrooms" which covers alcohol, cannabis, vaping, prescription, and illicit drug use, shoplifting, anger and conflict management, and parent training for students referred to them for disciplinary issues at school. (As noted above, the 3rd Millennium Classroom is also offered as a diversion program for first-time and low-risk juvenile offenders who are involved with the courts.)

- Staunton High School- Provided students with information from the "One Pill Can Kill" campaign created by the U.S. Drug Enforcement Administration (DEA).

VII. COMMUNITY FEEDBACK FROM TOWN HALL MEETINGS

INTRODUCTION

To collect community feedback on preliminary findings and recommendations from the needs assessment, the consulting team held a series of town hall meetings in July 2024. The public was invited to attend the first two meetings through advertisements on local government websites and newspapers in the SAW region, a press release, and other outreach to service providers to encourage community participation. The first public meeting was held virtually (via Zoom), while the second public meeting was held in-person at Staunton Council Chambers. For the third town hall meeting, the consulting team invited professionals in the SAW region that work in organizations that interact with individuals who may have substance use disorders such as behavioral health providers, law enforcement, and social services. This meeting was held in-person at the Augusta County Government Center.

OVERVIEW

There were a total of 19 participants in the two public town hall meetings, which included representatives from nonprofits, local government, and behavioral health providers who were interested in the use of opioid abatement funds for personal and professional reasons, as well as friends and family members of individuals with substance use disorders. When attendees were asked to share their experiences and general thoughts about opioid misuse, they mentioned wait lists for treatment and the lack of information and education, among other issues. Specific concerns mentioned by participants are listed below.

- The amount of time it takes to get people into treatment.
- The wait list for inpatient treatment.
- The lack of information in Augusta County.
- The need for education among children.
- Who will track the funds and police them.
- The need for more strategies and outreach for the LGBTQ population, which is disproportionately affected by opioid misuse.
- The need to charge more dealers for distribution, possession, and domestic terrorism.
- Kids in foster care because of parents' drug abuse.

VII. COMMUNITY FEEDBACK FROM TOWN HALL MEETINGS

OVERVIEW

In addition, one attendee mentioned there will be a new crisis stabilization and detoxification program, which is projected to be up and running in a few years.

There were a total 28 participants in the town hall meeting for professionals, including representatives from the court system, behavioral health care, law enforcement, social services, health care, youth organizations, and education. When attendees were asked to share their experiences and general thoughts about opioid misuse, they mentioned the need for more programs, difficulties with sustaining a detoxification program due to changes in regulations, and gaps in education/training, among other issues. Specific concerns mentioned by participants are listed below.

- The need for more acute psychiatric services and detoxification programs, with the long-term goal of a crisis recovery center.
- The need for more harm reduction programs.
- Lack of programs for teens struggling with use and overdosing.
- Gaps in education that are inclusive and accessible.
- The need for more training for both consumers and providers.
- Gaps in referrals from primary health care to behavioral health care treatment.
- Gaps between the emergency department and behavioral health treatment.
- The stigma of behavioral health and substance use disorders treatment and judgment of medical providers.

In addition, one attendee mentioned that the Valley CSB was operating a detoxification program, but they did not have the capacity to sustain it when the regulations changed.

FEEDBACK ON PRELIMINARY RECOMMENDATIONS

Next, town hall participants were asked to provide feedback on the primary recommendations from the needs assessment.

VII. COMMUNITY FEEDBACK FROM TOWN HALL MEETINGS

FEEDBACK ON PRELIMINARY RECOMMENDATIONS

Recommendation 1- Expand number of substance use disorder (SUD) providers.

When asked to provide feedback on Recommendation 1, public town hall meeting attendees noted challenges with recruitment because fewer people are pursuing this field, and the pay is low. They also mentioned that the cost of private SUD providers is too high for many people who need those services, and therefore more providers that accept Medicaid are needed. Specific comments from participants are provided below.

- Fewer people are going into the field. We struggle every day to get more providers in the door to do this. Mental health and substance use has to be a mission. It's not about the money.
- Speaking to recruitment access, it really is a "calling". Students who train in the area are passionate, but they don't stay in the region. How do we get them to stay?
- You have to get the right people into these positions.
- The intake process is long, and so is the wait list for provider assignments.
- Need to contract with more providers.
- Need to have access to providers at minimal cost for patients.
- The CSB did a market adjustment, but they can't compete with private care. The CSB has wonderful staff, but they can make $20,000 more per year elsewhere. Pay rates are a factor.
- Providers must take Medicaid or self-pay; not just add providers here.
- The problems is not just opioids.
- How can we get more reliable data to know the current provider capacity? Or the need?

In addition, one participant noted that many hours of law enforcement time are lost each month because officers are in search of a place for someone in crisis, and they sometimes must take an entire day to drive people to treatment in other localities. He noted that they are now taking many people to the Tidewater area for inpatient services, which means they are not near a support system of family or friends.

VII. COMMUNITY FEEDBACK FROM TOWN HALL MEETINGS

FEEDBACK ON PRELIMINARY RECOMMENDATIONS

When attendees at the town hall meeting for professionals were asked to provide feedback on Recommendation 1, there was verbal and nonverbal agreement that more SUD providers are needed, and most participants raised their hands when asked if residents are often unable to receive services. Specific comments and observations regarding the lack of service providers included the following:

- There is a "brain drain" of people getting educated and leaving the area.
- Accessibility for underinsured and uninsured is needed.
- Need wraparound services, not just medication prescribers.

Recommendation 2- Expand recovery support services for opioid misuse.

When asked to provide feedback on Recommendation 2, public town hall meeting attendees noted the importance of peer support providers, crisis care, and comprehensive treatment models, among other suggestions. Specific comments and recommendations provided by participants are listed below.

- Encouraging more peer support and peer providers is very important.
- Peer support has been very helpful for us. They bring compassion to ladies who are struggling, and it makes a difference to people when they know a person has gone through the same thing. They work well for us. Valley CSB has excellent peer support specialists.
- Many people don't seek help for a loved one because they don't trust law enforcement. We need a separate team of care givers to respond to people in crisis.
- I love non-profits and they do great work, but this type of crisis care needs to be done by a state agency.
- IOP (Intensive Outpatient Programs) programs are in-depth.
- Need a treatment facility that starts from ground zero and takes time as issues are not "fixed that quickly".

VII. COMMUNITY FEEDBACK FROM TOWN HALL MEETINGS

FEEDBACK ON PRELIMINARY RECOMMENDATIONS

Recommendation 2- Expand recovery support services for opioid misuse.

- Need to replicate models that have a full process from intake to the transition home.
- Need these resources in the community so patients have their support system nearby.
- Transportation is an issue, however, even the Harrisonburg facilities have a waitlist.
- The available programs only take health insurance.
- A local detox center run by Valley CSB shut down, the closest is in Galax. The regulatory responsibilities increased for detox programs and Valley CSB didn't have the resources.

When attendees at the town hall meeting for professionals were asked to provide feedback on Recommendation 2, there was general agreement that more recovery support services are needed. Specific comments and observations included the following:

- Wraparound is crucial. They need touchpoints inside the clinical settings.
- There are triggers that if we don't address, we are going in circles.
- There is a need for transportation.
- There is a need for more diverse access (language, literacy level and times they can get services).

Recommendation 3- Expand programs for children whose parents misuse opioids.

When asked to provide feedback on Recommendation 3, public town hall meeting attendees acknowledged that there is a need for such services. Participant comments included the following:

- Yes, absolutely. It's a family disease. Waynesboro has a lot of children born with opioids in their system and they need special care. They should be followed by a substance use specialist to bring the whole family together.

VII. COMMUNITY FEEDBACK FROM TOWN HALL MEETINGS

FEEDBACK ON PRELIMINARY RECOMMENDATIONS

Recommendation 3- Expand programs for children whose parents misuse opioids.

- It's a great idea. I am the last person to throw a blanket on this but how do you get them in without law enforcement? Parents who are using drugs are not going to seek treatment.
- Many kids are in foster care due to their parent's drug use.
- Money is needed for parents to get clean so they can stay at home.
- Money is needed for parents to keep kids in the home.

In addition, one participant noted that the Middle River Regional jail is one of the main treatment centers for addiction in the SAW region, and this should change.

When attendees at the town hall meeting for professionals were asked to provide feedback on Recommendation 3, there was verbal and nonverbal agreement that programs for children whose parents misuse opioids are needed. Participants noted that children of parents with substance use disorders are at-risk of truancy and behavioral problems at school. They also noted there is a lack programs to address substance use disorders among parents such as follow-up services for new mothers with substance use disorders and family treatment courts. Additional comments included the need for programs to address drug use among youth and harm reduction programs. Specific participant observations included the following:

- Truancy is related to parents' substance use. Kids get stressed and have anxiety and behavioral health issues in schools. Half of the current caseload is students whose parents have substance use issues.
- There is an increase in truancy related to behavioral health issues.
- There is an increase in the drug testing of kids coming into CPS. They have to go to Harrisonburg for providers who drug test the littlest kids.
- Augusta Hospital sends moms with SU home with a safety plan but no monitoring. We are waiting for them to fail.
- Recovery court is fantastic, need to push for regional recovery schools. There are 3 others in Virginia. (There was a lot of agreement about this among other attendees.)

VII. COMMUNITY FEEDBACK FROM TOWN HALL MEETINGS

FEEDBACK ON PRELIMINARY RECOMMENDATIONS

Recommendation 3- Expand programs for children whose parents misuse opioids.

- Virginia is not good at implementing innovative or collaborative projects. The Family treatment court model in Charlottesville is the only one in the state.
- By the time they get to the court system, we are looking at years and years of use.
- Law enforcement is trying to get traction on "auto referrals" but it is slow.
- Wraparound services are needed outside of school hours and resources are limited.
- There is no juvenile drug court. There is a desire among organizations but no providers.
- They need at-risk funds not just for opioids.
- Kids cannot give Narcan, and they are worried about their parents who use.
- They are trying to "go after dealers vs users".
- Law enforcement says vaping is a gateway.
- Need more proliferation on Narcan while waiting for EMS. We don't have the resources now to expand to the general community.
- There is a need to expand Narcan training to sports programs. We need to get more of it into the hands of folks without the stigma barriers.
- There is a disconnect between professional access vs resident access to harm reduction resources.

Recommendation 4- Expand opioid misuse prevention and education efforts.

When asked to provide feedback on Recommendation 4, public town hall meeting attendees expressed the need for education in the medical community and people of all ages, and they provided a few examples of potential prevention/education programs to implement.

VII. COMMUNITY FEEDBACK FROM TOWN HALL MEETINGS

FEEDBACK ON PRELIMINARY RECOMMENDATIONS

Recommendation 4- Expand opioid misuse prevention and education efforts.

- This is important in the medical community. Doctors are taught how to prescribe medication for pain management but don't know how to get people off opioids.
- Sometimes people get addicted after a health condition or surgery. It should be community wide education. Not just children. My husband's grandmother got addicted to pain killers. Need to reach across all age groups.
- Opioids are in all drugs now including marijuana.
- Programs were available for at-risk population pre-fentanyl.
- Need to expand programs for everyone, not just at-risk.
- Expand programs across the region not just the city of Staunton.
- All area schools should have information.
- DARE again but for all ages.
- Scared straight but for all drug misuse.

In addition, one participant noted that the Valley CSB held a prevention program at her church which included Narcan training. She noted that a lot of people were very unaware of this problem in the community, but this information was well received by those who attended.

When attendees at the town hall meeting for professionals were asked to provide feedback on Recommendation 4, there was verbal and nonverbal agreement that prevention and education efforts should be a priority. Specific comments and observations included the following:

- Communication channels are needed so people are aware.
- It is a timing issue.
- Money is an issue for staffing to get the word out and offer more education.
- VACSB has just two people on prevention for many issues not just opioid. (When asked, most nodded that funding is the issue with prevention resources.)
- Need to focus on training and knowledge for the youth.

VII. COMMUNITY FEEDBACK FROM TOWN HALL MEETINGS

FEEDBACK ON PRELIMINARY RECOMMENDATIONS

Recommendation 4- Expand opioid misuse prevention and education efforts.

In addition, one participant asked, "How can we limit the influx of opioid prescribing patterns?", which implies that more education is needed among health professionals.

FUNDING PRIORITIES

When public town hall meeting attendees were asked which approaches to address opioid misuse should be prioritized among those assessed on the survey, harm reduction programs and recovery support programs were selected more often than the remaining options (Behavioral therapies, Medication assisted therapy, Opioid misuse prevention and education efforts, Programs for children whose parent(s) misuse opioids, and Treatment programs in criminal justice system).

There was also considerable support for a few other options not specifically assessed on the survey. For example, 11 participants expressed support for an inpatient treatment center and 4 participants expressed support for the new detoxification and crisis center.

In addition, one participant noted that the Valley CSB should receive all the funds because they have been most impacted by the opioid crisis, as reflected in the following comment:

> *The over prescribing of Opioids lead to many deaths and ruined lives that affected individuals, their families, friends and the community as a whole. The Valley Community Service Board is the frontline organization in Staunton, Waynesboro, and Augusta county providing critical service to people affected with Opioid addiction. Because they have been the organization most impacted by this crisis, they should receive all the settlement funds in our region. These funds are needed to increase staffing and provide increased services at the Valley CSB as they prepare to build the Crisis Receiving Center in Fishersville.*

VII. COMMUNITY FEEDBACK FROM TOWN HALL MEETINGS

FUNDING PRIORITIES

Other comments included:

- Thank you for the work you are doing to receive public comment on how to support our community with the Opioid settlement funds.
- In SAW one of the largest providers of behavioral health and mental healthcare is the Middle River Regional Jail. We need to treat many more people outside the criminal justice system, so they don't become criminals.
- Currently many of the programs are run by non-profits, I love what non-profits can do for people, but to me this needs to be managed and operated by state government agencies.

When attendees at the town hall meeting for professionals were asked which approaches to address opioid misuse should be prioritized among those assessed on the survey, recovery support programs and prevention/education programs were selected more often than the remaining options, although a few participants selected programs for children whose parents misuse opioids.

IMPROVING AWARENESS

When public town hall meeting attendees were asked if improving awareness about services/treatment programs should be a priority, several participants pointed out that it could backfire if those programs do not have the capacity to serve the people who need them. In addition, one participant noted that it may be helpful to raise awareness among local elected officials. When asked for suggestions to improve awareness, attendees noted that people need to have a centralized place to call.

When attendees at the town hall meeting for professionals were asked if improving awareness about services/treatment programs should be a priority, there was verbal and nonverbal agreement. Attendees acknowledged that there would be a loss of trust if awareness is expanded but treatment capacity is unavailable to those who reach out for help. In addition, one participant noted that it is important for them to promote other providers and not work in silos.

VII. COMMUNITY FEEDBACK FROM TOWN HALL MEETINGS

TRANSPORTATION AND OTHER BARRIERS TO TREATMENT

There was unanimous agreement among attendees at all three town hall meetings that improving transportation options for residents who need treatment services should be a priority. One participant suggested that bus passes could be provided to those who need them. Another participant noted that the Bright Bus currently provides rides to the Vally CSB three times per day, and an hourly bus schedule may be implemented in the future.

When public town hall meeting attendees were asked about other barriers to obtaining services, they mentioned childcare, funding, marginalized communities, and stigma. Specific participant comments regarding barriers to treatment are below:

- When they have to attend meetings, they need childcare to participate. If you have several children, the bus can be difficult. We used to have childcare for women in treatment. It was a respite program for women with children, but the funding ran out. We were able to engage more women with children. It's a challenge when they have to walk with a stroller and children.

- Funding is a barrier. Valley CSB served 5,000 people. Augusta County only paid 1/3 of what was requested for mental health care. This is why funding should go to the Valley CSB.

- Anyone who is marginalized including LGBTQ or persons of color.
- The stigma of trying to obtain services is also a barrier.
- It is good to have co-located services, so it is not known that you are seeking opioid treatment.
- Anonymity is important in a small town; stigma is a problem.

APPENDIX A- Opioid Abatement Authority

Code of Virginia § 2.2-2365 - § 2.2-2377

§ 2.2-2365. Definitions. As used in this article, unless the context requires a different meaning:
"Authority" means the Opioid Abatement Authority.
"Board" means the board of directors of the Authority.
"Community services board region" means a region as determined by the Department of Behavioral Health and Developmental Services for purposes of administering Chapter 5 (§ 37.2-500 et seq.) of Title 37.2.
"Fund" means the Opioid Abatement Fund.
"Historically economically disadvantaged community" means the same as such term is defined in § 56-576.
"Local apportionment formula" means any formula submitted to the Attorney General by participating localities pursuant to the provisions of subsection B of § 2.2-507.3.
"Participating locality" means any county or independent city that agrees to be bound by the terms of a settlement agreement entered into by the Attorney General relating to claims regarding the manufacturing, marketing, distribution, or sale of opioids, and that releases its own such claims.
"Regional effort" means any effort involving a partnership of at least two participating localities within a community services board region.
2021, Sp. Sess. I, cc. 306, 307.

§ 2.2-2366. Opioid Abatement Authority established. The Opioid Abatement Authority is established as an independent body. The purpose of the Authority is to abate and remediate the opioid epidemic in the Commonwealth through financial support from the Fund, in the form of grants, donations, or other assistance, for efforts to treat, prevent, and reduce opioid use disorder and the misuse of opioids in the Commonwealth. The Authority's exercise of powers conferred by this article shall be deemed to be the performance of an essential governmental function and matters of public necessity for which public moneys may be spent and private property acquired.
2021, Sp. Sess. I, cc. 306, 307.

§ 2.2-2367. Board of directors; members. A. The Authority shall be governed by a board of directors consisting of 11 members as follows: (i) the Secretary of Health and Human Resources or his designee; (ii) the Chair of the Senate Committee on Finance and Appropriations or his designee and the Chair of the House Committee on Appropriations or his designee; (iii) an elected member of the governing body of a participating locality, to be selected from a list of three submitted jointly by the Virginia Association of Counties and the Virginia Municipal League; (iv) one representative of a community services board or behavioral health authority serving an urban or suburban region containing participating localities and one representative of a community services board or behavioral health authority serving a rural region containing participating localities, each to be selected from lists of three submitted by the Virginia Association of Community Services Boards; (v) one sheriff of a participating locality, to be selected from a list of three submitted by the Virginia Sheriffs' Association; (vi) one licensed, practicing county or city attorney of a participating locality, to be selected from a list of three

submitted by the Local Government Attorneys of Virginia; (vii) two medical professionals with expertise in public and behavioral health administration or opioid use disorders and their treatment; and (viii) one representative of the addiction and recovery community.
The member appointed pursuant to clause (i) shall serve ex officio, and the members appointed pursuant to clauses (iii) through (viii) shall be appointed by the Governor. If the term of the office to which a member appointed pursuant to clause (iii) or (v) was elected expires prior to the expiration of his term as a member of the board, the Governor may authorize such member to complete the remainder of his term as a member or may appoint a new member who satisfies the criteria of clause (iii) or (v), as applicable, to complete the remainder of the term.

B. 1. After an initial staggering of terms, members of the Board shall serve terms of four years. No member shall be eligible to serve more than two terms. Any appointment to fill a vacancy shall be for the unexpired term. A person appointed to fill a vacancy may be appointed to serve two additional terms.
2. Ex officio members shall serve terms coincident with their terms of office.
C. The Board shall elect annually a chairman and vice-chairman from among its membership. The chairman, or in his absence the vice-chairman, shall preside at all meetings of the Board.
D. A majority of the members of the Board serving at any one time shall constitute a quorum for the transaction of business.
E. The Board shall meet annually or more frequently at the call of the chairman.
2021, Sp. Sess. I, cc. 306, 307.

§ 2.2-2368. Duties of the Authority. The Authority shall:
1. Establish specific criteria and procedures for awards from the Fund;
2. Establish requirements for the submission of funding requests;
3. Evaluate funding requests in accordance with the criteria established by the Authority and the provisions of this article;
4. Make awards from the Fund in a manner that distributes funds equitably among all community services board regions of the Commonwealth, including the establishment of mandatory minimum percentages of funds to be awarded from the Commonwealth to each participating locality;
5. Evaluate the implementation and results of all efforts receiving support from the Authority; and
6. Administer the Fund in accordance with the provisions of this article.
2021, Sp. Sess. I, cc. 306, 307.

§ 2.2-2369. Powers of the Authority. In order to carry out its purposes, the Authority may:
1. Make grants and disbursements from the Fund that support efforts to treat, prevent, and reduce opioid use disorder and the misuse of opioids or otherwise abate or remediate the opioid epidemic;
2. Pay expenditures from the Fund that are necessary to carry out the purposes of this article;
3. Contract for the services of consultants to assist in the evaluation of the efforts funded by the Authority;

4. Contract for other professional services to assist the Authority in the performance of its duties and responsibilities;
5. Accept, hold, administer, and solicit gifts, grants, bequests, contributions, or other assistance from federal agencies, the Commonwealth, or any other public or private source to carry out the purposes of this article;
6. Enter into any agreement or contract relating to the acceptance or use of any grant, assistance, or support provided by or to the Authority or otherwise in furtherance of the purposes of this article;
7. Perform any lawful acts necessary or appropriate to carry out the purposes of the Authority; and
8. Employ such staff as is necessary to perform the Authority's duties. The Authority may determine the duties of such staff and fix the salaries and compensation of such staff, which shall be paid from the Fund. Staff of the Authority shall be treated as state employees for purposes of participation in the Virginia Retirement System, health insurance, and all other employee benefits offered by the Commonwealth to its classified employees. Staff of the Authority shall not be subject to the provisions of Chapter 29 (§ 2.2-2900 et seq.) of Title 2.2. 2021, Sp. Sess. I, cc. 306, 307.

§ 2.2-2370. Conditions and restrictions on financial assistance. A. The Authority shall provide financial support only for efforts that satisfy the following conditions:
1. The efforts shall be designed to treat, prevent, or reduce opioid use disorder or the misuse of opioids or otherwise abate or remediate the opioid epidemic, which may include efforts to:
a. Support treatment of opioid use disorder and any co-occurring substance use disorder or mental health conditions through evidence-based or evidence-informed methods, programs, or strategies;
b. Support people in recovery from opioid use disorder and any co-occurring substance use disorder or mental health conditions through evidence-based or evidence-informed methods, programs, or strategies;
c. Provide connections to care for people who have, or are at risk of developing, opioid use disorder and any co-occurring substance use disorder or mental health conditions through evidence-based or evidence-informed methods, programs, or strategies;
d. Support efforts, including law-enforcement programs, to address the needs of persons with opioid use disorder and any co-occurring substance use disorder or mental health conditions who are involved in, or are at risk of becoming involved in, the criminal justice system through evidence-based or evidence-informed methods, programs, or strategies;
e. Support drug treatment and recovery courts that provide evidence-based or evidence-informed options for people with opioid use disorder and any co-occurring substance use disorder or mental health conditions;
f. Support efforts to address the needs of pregnant or parenting women with opioid use disorder and any co-occurring substance use disorder or mental health conditions and the needs of their families, including infants with neonatal abstinence syndrome, through evidence-based or evidence-informed methods, programs, or strategies;

g. Support efforts to prevent overprescribing and ensure appropriate prescribing and dispensing of opioids through evidence-based or evidence-informed methods, programs, or strategies;
h. Support efforts to discourage or prevent misuse of opioids through evidence-based or evidence-informed methods, programs, or strategies;
i. Support efforts to prevent or reduce overdose deaths or other opioid-related harms through evidence-based or evidence-informed methods, programs, or strategies; and
j. Support efforts to provide comprehensive resources for patients seeking opioid detoxification, including detoxification services;
2. The efforts shall be conducted or managed by any agency of the Commonwealth or participating locality;
3. No support provided by the Authority shall be used by the recipient to supplant funding for an existing program or continue funding an existing program at its current amount of funding;
4. No support provided by the Authority shall be used by the recipient for indirect costs incurred in the administration of the financial support or for any other purpose proscribed by the Authority; and
5. Recipients of support provided by the Authority shall agree to provide the Authority with such information regarding the implementation of the effort and allow such monitoring and review of the effort as may be required by the Authority to ensure compliance with the terms under which the support is provided.
B. The Authority shall give priority to applications for financial support for efforts that:
1. 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;
2. 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 population;
3. Treat, prevent, or reduce opioid use disorder or the misuse of opioids in a historically economically disadvantaged community; or
4. Include a monetary match from or on behalf of the applicant, with higher priority given to an effort with a larger matching amount.
2021, Sp. Sess. I, cc. 306, 307.

§ 2.2-2371. Cooperation with other agencies. All agencies of the Commonwealth shall cooperate with the Authority and, upon request, assist the Authority in the performance of its duties and responsibilities.
2021, Sp. Sess. I, cc. 306, 307.

§ 2.2-2372. Form and audit of accounts and records. A. The accounts and records of the Authority showing the receipt and disbursement of funds from whatever source derived shall be in such form as the Auditor of Public Accounts prescribes.
B. The accounts and records of the Authority are subject to an annual audit by the Auditor of Public Accounts or his legal representative.
2021, Sp. Sess. I, cc. 306, 307.

§ 2.2-2373. Annual report. The Authority shall submit to the Governor and the General Assembly an annual executive summary of the interim activity and work of the Authority no later than the first day of each regular session of the General Assembly. The executive summary shall be submitted as a report document as provided in the procedures of the Division of Legislative Automated Systems for the processing of legislative documents and reports and shall be posted on the General Assembly's website. The executive summary shall include information regarding efforts supported by the Authority and expenditures from the Fund. 2021, Sp. Sess. I, cc. 306, 307.

§ 2.2-2374. Opioid Abatement Fund. A. There is hereby created in the state treasury a special, nonreverting fund to be known as the Opioid Abatement Fund, referred to in this section as "the Fund," to be administered by the Authority. All funds appropriated to the Fund, all funds designated by the Attorney General under § 2.2-507.3 from settlements, judgments, verdicts, and other court orders relating to claims regarding the manufacturing, marketing, distribution, or sale of opioids, and any gifts, donations, grants, bequests, and other funds received on the Fund's behalf shall be paid into the state treasury and credited to the Fund. Interest earned on moneys in the Fund shall remain in the Fund and be credited to it. Any moneys remaining in the Fund at the end of each fiscal year, including interest thereon, shall not revert to the general fund but shall remain in the Fund. Expenditures and disbursements from the Fund, which may consist of grants or loans, shall be authorized by majority vote of the Board.

B. Moneys in the Fund shall be used to provide grants and loans to any agency of the Commonwealth or participating locality for the purposes determined by the Authority in accordance with this article and in consultation with the Office of the Attorney General. The Authority shall develop guidelines, procedures, and criteria for the application for and award of grants or loans in consultation with the Office of the Attorney General. Such guidelines, procedures, and criteria shall comply with the terms of any applicable settlement, judgment, verdict, or other court order, or any agreement related thereto between the Attorney General and participating localities.

C. The Authority shall fund all staffing and administrative costs from the Fund. Its expenditures for staffing and administration shall be limited to those that are reasonable for carrying out the purposes of this article.

D. For every deposit to the Fund, the Authority shall allocate a portion to the following purposes:

1. Fifteen percent shall be restricted for use by state agencies;

2. Fifteen percent shall be restricted for use by participating localities, provided that if the terms of a settlement, judgment, verdict, or other court order, or any agreement related thereto between the Attorney General and participating localities, require this portion to be distributed according to a local apportionment formula, this portion shall be distributed in accordance with such formula;

3. Thirty-five percent shall be restricted for use for regional efforts; and

4. Thirty-five percent shall be unrestricted. Unrestricted funds may be used to fund the Authority's staffing and administrative costs and may be distributed for use by state agencies, by participating localities, or for regional efforts in addition to the amounts set forth in subdivisions 1, 2, and 3, provided that the Authority shall ensure that such funds are used to accomplish the purposes of this article or invested under subsection F.

E. In distributing money from the Fund under subsection D, the Authority shall balance immediate and anticipated needs with projected receipts of funds to best accomplish the purposes for which the Authority is established.

F. The Board may designate any amount from the Fund to be invested, reinvested, and managed by the Board of the Virginia Retirement System as provided in § 51.1-124.40. The State Treasurer is not liable for losses suffered by the Virginia Retirement System on investments made under the authority of this section.

2021, Sp. Sess. I, cc. 306, 307.

§ 2.2-2375. Exemption from taxes or assessments. The exercise of the powers granted by this article shall be in all respects for the benefit of the people of the Commonwealth, for the increase of their commerce and prosperity, and for the improvement of their health and living conditions, and as the operation and maintenance of projects by the Authority and the undertaking of activities in furtherance of the purpose of the Authority constitute the performance of essential governmental functions, the Authority shall not be required to pay any taxes or assessments upon any project or any property acquired or used by the Authority under the provisions of this article or upon the income therefrom, including sales and use taxes on tangible personal property used in the operations of the Authority, and shall at all times be free from state and local taxation. The exemption granted in this section shall not be construed to extend to persons conducting on the premises of a facility businesses for which local or state taxes would otherwise be required.

2021, Sp. Sess. I, cc. 306, 307.

§ 2.2-2376. Exemption of Authority from personnel and procurement procedures . The provisions of the Virginia Personnel Act (§ 2.2-2900 et seq.) and the Virginia Public Procurement Act (§ 2.2-4300 et seq.) shall not apply to the Authority in the exercise of any power conferred under this article.

2021, Sp. Sess. I, cc. 306, 307.

§ 2.2-2377. Commonwealth Opioid Abatement and Remediation Fund. There is hereby created in the state treasury a special nonreverting fund to be known as the Commonwealth Opioid Abatement and Remediation Fund, referred to in this section as "the Fund." The Fund shall be established on the books of the Comptroller. Interest earned on moneys in the Fund shall remain in the Fund and be credited to it. Any moneys remaining in the Fund at the end of each fiscal year, including interest thereon, at the end of each fiscal year shall not revert to the general fund but shall remain in the Fund. All funds received pursuant to a settlement, judgment, verdict, or other court order relating to consumer protection claims regarding the

manufacturing, marketing, distribution, or sale of opioids that are intended to be used for opioid abatement or remediation, excluding funds designated for transfer to the Opioid Abatement Authority established under this chapter and funds designated for transfer to participating localities, as defined in § 2.2-2365, pursuant to an agreement between the Attorney General and those participating localities, shall be deposited by the Office of the Attorney General in such amounts into the Fund, or appropriated for such purpose, and any gifts, donations, grants, bequests, and other funds received on its behalf shall be paid into the state treasury and credited to the Fund. Any moneys in the Fund shall be used solely for the purposes of efforts to treat, prevent, or reduce opioid use disorder or the misuse of opioids or to otherwise abate or remediate the opioid epidemic, or for any other approved purposes to the extent that such purposes are described in a related settlement, judgment, verdict, or other court order. To the degree practicable, the implementation and maintenance of performance measures associated with the use of such funds shall be documented and remitted to the Opioid Abatement Authority upon request. Expenditures and disbursements from the Fund shall be made by the State Treasurer on warrants issued by the Comptroller upon written request signed pursuant to the appropriation act.
2023, c. 717.

APPENDIX B- Principles for the Use of Funds From the Opioid Litigation (Johns Hopkins Bloomberg School of Public Health, 2024)

Principle 1: Spend money to save lives.
Given the economic downturn, many states and localities will be tempted to use the dollars to fill holes in their budgets rather than expand needed programs. Jurisdictions should use the funds to supplement rather than replace existing spending.

In addition to its dramatic health impacts, the COVID-19 pandemic has also harmed the U.S. economy, leaving gaps in localities' operating budgets. Despite the increasing number of overdose deaths, many state and local governments have already made cuts to substance use and behavioral health programs. However, at current funding levels, these programs are already not meeting the needs of people who use drugs. For example, only an estimated 10% to 20% of people with opioid use disorder are receiving any treatment at all. Accordingly, groups like the American Medical Association and the American Bar Association have called for all settlement funds to address the substance use epidemic.

How can jurisdictions adopt this principle?

1) Establish a dedicated fund. Ensuring that funds from the opioid lawsuits are being used to help people with substance use disorders is easier if dollars resulting from the various legal actions go into a dedicated fund. When establishing such a fund, jurisdictions should include specific language that the money from the fund cannot be used to replace existing state investments and outline the acceptable uses of the dollars when establishing this fund. (See Principle 2—Use evidence to guide spending for examples.)
2) Supplement rather than supplant existing funding. In order to be sure that funds are being used to expand programs, jurisdictions should understand their baseline level of spending on substance use disorders, including prevention efforts. This will help ensure that dollars from any legal actions are additive to existing efforts. Most jurisdictions have already developed comprehensive strategic plans focused on opioids; these plans can be used as a starting point for prioritizing new investments.
3) Don't spend all the money at once. Ameliorating the toll of substance use, and addressing the underlying root causes, will require sustained funding by states and localities. Jurisdictions should avoid the temptation to exchange future payments that result from the opioid litigation for an upfront lump sum payment, as happened in many states with dollars from the tobacco settlements. Should the opioid lawsuits result in a lump sum payment to jurisdictions, they should consider establishing an endowment so that the dollars can be used over time.
4) Report to the public on where the money is going. Jurisdictions should publicly report on how funds from opioid litigation are being spent. The expenditures should be categorized such that it is easy to understand the goals of a particular program and the measures that they are using to determine success, such as, for naloxone distribution programs, the amount of naloxone distributed

Principle 2: Use evidence to guide spending.
At this point in the overdose epidemic, researchers and clinicians have built a substantial body of evidence demonstrating what works and what does not. States and localities should use this information to make funding decisions.

Jurisdictions run the risk of using new dollars on programs that do not work or are even counterproductive if they do not rely on evidence to guide the spending. As one example, people with opioid use disorder in many residential treatment facilities are prohibited from being treated with methadone or buprenorphine, despite evidence that these medications reduce the chance of overdose death by 50% or more. To address this gap, jurisdictions can use the dollars to help residential programs transition to offering a full range of medication treatment options.

How can jurisdictions adopt this principle?

1) Direct funds to programs supported by evidence. Jurisdictions should fund initiatives demonstrated by research to work and not fund programs shown not to work. Interventions that work, ranging from youth prevention efforts to harm reduction programs to communications campaigns that address stigma, have been compiled by a number of different organizations. See Appendix 1 for examples of these summaries, which should serve as references as jurisdictions determine which interventions to fund. Additionally, state and local agencies that oversee substance use interventions have significant expertise regarding programs that work. Should jurisdictions fund programs that have not been studied, they should also allocate sufficient dollars to confirm their effectiveness.
2) Remove policies that may block adoption of programs that work. In many jurisdictions, state and local policy change may need to occur in order for affected communities to implement evidence-based models. For example, state restrictions may cap the number of methadone clinics that may operate in the state, may make it difficult for nurse practitioners to prescribe buprenorphine, or may impede good harm reduction practices by banning syringe service programs. States should ensure that their regulations are not more restrictive than federal guidelines.
3) Build data collection capacity. An important part of determining which programs are working in a given jurisdiction is collecting sufficient data. Jurisdictions should consider using opioid settlement funds to build the capacity of their public health department to collect data and evaluate policies, programs, and strategies designed to address substance use.

In particular, jurisdictions should be sure that they have sufficient data to ensure that they are meeting the needs of minority populations. Localities should make data available to the public in annual reports and on publicly facing data dashboards.

Principle 3: Invest in youth prevention.
States and localities should support children, youth, and families by making long-term investments in effective programs and strategies for community change. Any comprehensive effort to reduce the toll of substance use generally—and opioids specifically—must invest in youth primary prevention programs.
• Overdoses among children have increased steadily over the past decade; nearly 8,000 adolescents ages 15–19 died of an opioid overdose between 1999 and 2016.
• Substance use by children often persists into adulthood; approximately one-half of all people with substance use disorders start their substance use before age 14.

Primary prevention efforts—which are designed to stop use before it starts—can interrupt the pathways to addiction and overdose. Youth primary prevention also reduces the risk of substance use and lessens other negative outcomes, including low educational status, under- and unemployment, unintended parenthood, and an increased risk of death from a variety of causes.

Youth prevention programs also have a very favorable return on investment—$18 dollars for every dollar spent by one estimate.

How can jurisdictions adopt this principle?
Direct funds to evidence-based interventions. Youth primary prevention programs address individual risk factors (such as a favorable attitude towards substance use) and strengthen protective factors (such as resiliency); they can also address elements at the family and community levels.

Research demonstrates that not all prevention programs are created equal. While there are many examples of effective prevention programs, investments in ineffective prevention initiatives persist. Jurisdictions should be sure that the programs that they are funding are supported by a solid evidence base.

Numerous compilations of effective youth primary prevention interventions already exist, including the following:
• Blueprints for Healthy Youth Development.
• Facing Addiction in America, the Surgeon General's Report on Alcohol, Drugs, and Health, 2016.

Jurisdictions should also fund long-term evaluations of youth prevention programs to ensure that they are having their desired effect.

Principle 4: Focus on racial equity.
States and localities should direct significant funds to communities affected by years of discriminatory policies and now experiencing substantial increases in overdoses.

Although minority communities experience substance use disorders at similar rates as other racial groups, in recent years the rate of opioid overdose deaths has been increasing more rapidly in Black populations than in white ones. Additionally, historically racist policies and practices have led to a differential impact of the epidemic. In particular, minorities are more likely to face criminal justice involvement for their drug use. Black individuals represent just 5% of people who use drugs, but 29% of those arrested for drug offenses and 33% of those in state prison for drug offenses. Minority groups are also more likely to face barriers in accessing high quality treatment and recovery support services.

These disparities have contributed to ongoing discrimination as well as racial gaps in socioeconomic status, educational attainment, and employment. Without a focus on racial equity when allocating settlement funds, localities run the risk of continuing a cycle of inequity.

How can jurisdictions adopt this principle?

1) Invest in communities affected by discriminatory policies. Historical patterns of discrimination will take sustained focus to overcome. Jurisdictions should fund programs in minority communities that will tackle root causes of health disparities and eliminate policies with a discriminatory effect.
2) Support diversion from arrest and incarceration. Localities should: • Elevate and expand diversion programs with strong case management and link participants to community-based services such as housing, employment, and other recovery support services. • Fund community-based harm reduction programs that provide support options and referrals to promote health and understanding for people who use drugs • Increase equitable access to treatments for opioid use disorder including medications for opioid use disorder.
3) Fund anti-stigma campaigns. Stigma against people who use drugs is pervasive and frames drug use as a moral failure. This stigmatization may contribute to the use of discriminatory punitive approaches to address the epidemic, particularly among racial minority communities, as opposed to more effective ones grounded in public health. In order to address this, jurisdictions should use funds to support campaigns based in evidence that reduce stigma.
4) Involve community members in solutions. Jurisdictions should fund programs in minority communities with diverse leadership and staff, and a track record of hiring from the surrounding neighborhood. Programs with a diverse workforce of staff, supervisors, and peers are more likely to provide relatable and effective services.

Principle 5: Develop a fair and transparent process for deciding where to spend the funding. This process should be guided by public health leaders with the active engagement of people and families with lived experience, as well as other key groups.

How can jurisdictions adopt this principle?

1) Determine areas of need. Jurisdictions should use data to identify areas where additional funds could make the biggest difference. For example, data may show that various groups in the state are not reached by current interventions; or that certain geographic areas would benefit from specific programs such as housing assistance or syringe services programs. Existing strategic plans may contain much of this information.
2) Receive input from groups that touch different parts of the epidemic to develop the plan. Jurisdictions should draw upon public health leaders with expertise in addiction and substance use to guide discussions and determinations around the use of the dollars. They should also include groups with firsthand experience working with youth and people who use drugs—including prevention and treatment providers, law enforcement personnel, recovery community organizations, social service organizations, and others—who have insights into strategies that are working, those that need to be revised, and areas where new investments are needed. Once a jurisdiction has conducted an initial assessment of areas where additional resources would be helpful, it should solicit and integrate broad feedback to design a plan that will meet the needs of the local community. Jurisdictions should be sure to include people with lived experience, including those receiving medications as part of their treatment, as part of the decision-making process. The Ryan White Program, which distributes HIV funds to affected communities, demonstrates one way to do this; at least one-third of the members of the community Planning Councils that allocate funds to treatment providers must receive program services themselves. In addition to the groups from which a jurisdiction may formally seek input, they should also solicit and use input from the public. This will help raise the profile of the newly developed plan and give those with particular insights—such as families and other members of the recovery community—a chance to weigh in.
3) Ensure that there is representation that reflects the diversity of affected communities when allocating funds. To ensure equitable distribution of funds to communities of color, representation from these communities should be included in the decision-making process. Community representatives, leaders, and residents can help leverage community resources and expertise while giving insights into community needs.

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