

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

1. Contact Information

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

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

Name of City/County	Contact Person	Mailing Address	Phone #	Email
City of Lynchburg	Wynter Benda	900 Church Street Third Floor Lynchburg, VA 24504	434-455-3990	wynter.benda@lynchburgva.gov
Campbell County	Frank Rogers	PO Box 100 47 Courthouse Ln Rustburg, VA 24588	434-332-9525	fjrogers@campbellcountyva.gov

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2. Fiscal Agent

- a. One of the participating cities or counties must serve as the fiscal agent for the cooperative project. The fiscal agent will be responsible to ensuring compliance with both financial and programmatic reporting requirements on behalf of the cooperative partnership.
- b. City/County Serving as Fiscal Agent City of Lynchburg city county
- c. Physical address: 900 Church Street Lynchburg, VA 24504
- d. Mailing address: 900 Church Street, Third Floor Lynchburg, VA 24504
(if different than physical address)
- e. Contact Person for this application
 - i. Name: Donna Witt
 - ii. Job Title: Chief Financial Officer
 - iii. Office Phone: 434-455-3968 Cell Phone: 434-401-1256
 - iv. Email: donna.witt@lynchburgva.gov

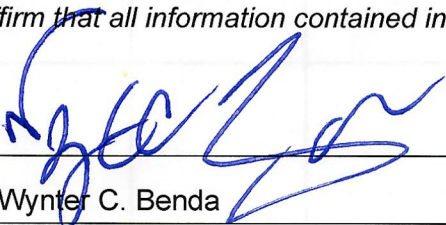
3. Agreements

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

4. Signature

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

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

Signature 

Print Name Wynter C. Benda

Title City Manager

Date 5/5/2023

5. Project Proposal

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

a. Is this project:

A new effort for the participating cities/counties.

A proposed supplement or enhancement to a project or effort that is already in place.

How long has the project existed? _____

A combination of enhancing an existing project/effort with new components.

How long has the project existed? _____

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

Our localities propose to partner with Horizon Behavioral Health, a Community Service Board in Central Virginia, to provide partial funding for site acquisition and renovation costs as programming/direct service costs for Horizon's Crisis Receiving Center (CRC) which will include acute substance use treatment for individuals with opioid use disorders (OUDs). More specifically, the CRC will house 16 beds for adults requiring American Society of Addiction Medicine (ASAM) level 4 care (i.e., medical detoxification) and/or crisis stabilization. In addition, the CRC will house 16 chairs for 23 hour crisis observation for individuals with an OUD and/or a co-occurring mental health diagnosis. Our proposal will also fund programming and direct service operations of the detoxification unit. Leadership for Horizon's CRC will be provided by Alva Harold, LPC. Mr. Harold has been working in community mental health settings for over 11 years and has worked with both the seriously emotionally disturbed (SED) and Seriously Mentally Ill (SMI) populations during the last 8 years at Horizon. During this time he has worked providing crisis stabilization and intervention services to children and adolescents and has worked as a supervisor of various programs since 2016. He currently oversees the Ambulatory Crisis Programs, The Women's Recovery Residence (a residential facility for women with substance use disorders), the admissions team, the forensics team and the emergency services team. He will provide oversight of the program including staff supervision, budget oversight, admissions to the program, and day-to-day operations. Our proposal will fund site acquisition and renovation costs for FY24 and a portion of FY25 and programming/service costs for years FY25 - FY28.

c. Describe the objectives of this project

The proposal's goals are twofold. First, Horizon's aim is to keep individuals with an OUD out of local and state hospitals and safely maintained in other settings. Second, Horizon intends to serve individuals with an OUD who are in crisis at Horizon's CRC rather than the Emergency Departments (EDs). With funding, we plan to keep individuals in the least restrictive setting and locally where they have greater access to services and natural supports to address their opioid addiction. Within the CRC, Horizon will provide evaluations for ensuring medical clearance rather than sending clients to the ED. Second, to address possible access barriers, the location of the CRC will be easily accessible to law enforcement and located on a local bus route to encourage individuals with an OUD to seek help on their own before they reach a point in their crisis where they seek help in a hospital or ED. Horizon's crisis stabilization and detoxification units will be regionally accessible. Horizon's vision for the CRC and crisis services expansion is to provide care for individuals with an OUD through a trauma-informed approach that realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; responds by fully integrating knowledge about trauma into policies, procedures, and practices; and seeks to actively resist re-traumatization (SAMHSA, 2019). We adhere to the six principles of trauma informed care: safety, trustworthiness and transparency, peer support, collaboration and mutuality, empowerment voice and choice, and cultural, historical, and gender issues. Horizon's CRC will include walk in access to clients with an OUD as well as access to law enforcement for voluntary and involuntary evaluation and services. The CRC will provide rapid assessment, intervention services, physical health assessment, substance use detoxification services and community resource linkage. Social, linguistic, or religious barriers encountered (i.e. clients who speak a different language or who may come from a different culture or have different religious beliefs) will be addressed through Horizon's hiring and training practices. Horizon values hiring and retaining culturally competent staff who reflect the cultural make-up of the community.

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

The need for funding was determined through an analysis of local opioid data through multiple data sources. According to the Framework for Addiction Analysis and Community Transformation (FAACT) 2022 report, there were two statistically significant changes in opioid-related emergencies in Virginia between January 2020 and April 2021. In July 2020, there was a downswing in incidents while there was an upswing in January 2021. Locally in 2020, Central Virginia Emergency Medical Services (EMS) data reported about 57.8% of primary impressions were directly reported as opioid-related and 51.2% were opioid-related in 2021. About one quarter of these incidents in the region had naloxone administered. Within the region, Amherst County reported the highest usage of naloxone (36.36% in 2020, 33.33% in 2021). Our proposal converges with opioid abatement activities as Horizon has an extensive history in addressing opioid addiction. For example, Horizon provides Medication Assisted Treatment (MAT) for OUDs in our Lynchburg clinic, and our proposal to support our CRC detoxification program adds a needed continuum of care for individuals with an OUD. Our program has a steadfast focus on client satisfaction through qualitative analyses (e.g., client interviews, satisfaction surveys). Furthermore, our psychosocial treatment emphasizes development of positive and therapeutic relationships with clients. MAT integrates evidence-based psychosocial services including behavioral therapies and recovery supports. Treatment service level needs are determined through the American Society of Addiction Medicine (ASAM) dimensional assessment and placement tool, and individual preferences/needs. The ASAM Criteria is the most widely used and comprehensive set of guidelines for placement, continued stay, transfer, or discharge of patients with addiction and co-occurring conditions (Gastfriend & Mee-Lee, 2008). This instrument has been used extensively with OUD populations and takes language, norms, and values into consideration. This assessment will provide a determination of an OUD diagnosis and identify individuals with a high risk of relapse. To ensure that evidence-based substance use treatment is provided at our detox program, staff will be trained in Community Reinforcement Approach (CRA). CRA was developed and tested with adults with a substance use disorder (e.g., Azrin et al., 1982; Hunt & Azrin, 1973).

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

Targeted beneficiaries of our proposal are adults ages 18 and over with an OUD. We will prioritize individuals living in Horizon's catchment area; however, we will accept individuals regionally. Exclusion criteria include individuals younger than 18 and those that do not have an OUD. We expect to serve 96 individuals per year. We will sustain our CRC through third-party payors and grant funding. We will leverage our strong clinical outcomes to sustain and grow our CRC program. Another sustainability strategy ties into one of our program objectives (i.e., cross-train staff, including first responders and stakeholders in crisis intervention best practices). This strategy highlights the influence of an individual's ecology (e.g., home, neighborhood, community) inasmuch as police, social services, and other stakeholders become part of the ecology for many individuals with an OUD who become involved in multiple community systems. Our CRC staff will remain in regular phone, face-to-face, and electronic mail contact with our stakeholders and referral sources. These relationships keep direct lines of communication open between our program and community agencies, thereby reducing the potential for triangulation among individuals with multiple providers. Triangulation can result in individuals resisting interventions or pitting agencies against each other when multiple agencies are involved in serving the same families (Ungar et al., 2012). Finally, these meetings and contacts are important because research highlights that for community stakeholders to be able to interface with behavioral health resources, they should have relationships and specific contacts on how to access these resources (Deinse et al., 2019). We will use these meetings to share information with key partners to develop mutual accountability for our outcomes with our community partners. Our plan for sustainability beyond the funding is based on successful sustainability strategies on previous federal awards and on the use of our cross-sector coalition to develop a sustainability plan as research suggests some reasons for cross-sector collaboration may include that organizations recognize that individually they have limitations in resources or funding that may be barriers toward achieving effective outcomes (Provan, 1984; Zuckerman & D' Aunno, 1990).

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

It is the mission of our sub-recipient, Horizon Behavioral Health, to be the premier provider of mental health, substance use, and intellectual disability services in Central Virginia. Horizon's mission is to support and promote the health, independence, and self-worth of individuals and families in Central Virginia by providing a continuum of community-based prevention, early intervention, treatment, aftercare, and emergency services for persons affected by mental health, intellectual disabilities, substance use and co-occurring disorders. Their vision is to provide behavioral healthcare services that are accessible, consumer-centered, cost effective, and quality outcome-based. They value the following: each individual and family's right to participate in decisions affecting his or her life; each individual and family's right to be safe from harm; providing timely services in the least-restrictive setting which are accessible, affordable, efficient and adaptable to an individual's need; developing and retaining a well-trained and culturally diverse staff; evaluating services regularly as they relate to client and community needs; working cooperatively with other agencies and organizations to provide the community with fully integrated services. Since their inception in 1969, Horizon has been committed to improving the lives of adults, children, and families including those with an OUD. Horizon has focused their efforts on developing and implementing evidence-based programs and services that help increase years of life and the quality of those life years and reduce the disparities in health outcomes for individuals with an OUD. Because of their experience and dedication offering community-based services, their vision includes expanding empirically supported crisis and emergency services in the community for individuals struggling with opioid addiction. They have extensive experience operating and developing programs to meet the needs of under-served and vulnerable populations. During their last fiscal year Horizon provided services to over 15,000 individuals and families. Services provided included 6,584 receiving mental health services, 8,367 received emergency and evaluation services, 1,096 received substance use services, 4,000 received HIV and prevention/wellness services, and 866 served had an intellectual disability. Horizon has multiple MOUs in place with community partners at present (e.g., Adult Drug Court).

g. Is the project classified as evidence-based?

Yes

No

If yes, attach supporting information to this application.

h. Is the project classified as evidence-informed?

Yes

No

If yes, attach supporting information to this application.

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

Yes

No

If yes, attach supporting information to this application.

j. Has this project received any awards or recognition?

Yes

No

If yes, attach supporting information to this application.

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

No, it is 100% related to opioid treatment

Yes, there are other substances involved

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

Horizon anticipates an approximate percentage of clients with an OUD who will access the detoxification unit of the CRC to be between 40-70%. These estimates are based on data extracted from our electronic health record on clients in crisis who are prescreened for an Emergency Custody Order (ECO). Data suggests that 85 of 713 clients had an OUD at the time of prescreening during the last fiscal year. In addition, 508 clients had an OUD during the last fiscal year with Horizon's MAT program serving 94 clients with an OUD. Rhonda Turner, clinical supervisor of two Central Virginia drug treatment courts, reports that 56% (10/18) of current Lynchburg Adult Drug Court (LADC) participants and 67% (6/9) of current Bedford Family Treatment Drug Court (FTDC) participants have OUD

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

Virginia Opioid Abatement Authority

Cooperative Agreement

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

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

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

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

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

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


WHEREAS, the cities and/or counties and other organizations listed below seek a total of **\$1,946,372** from the OAA for Fiscal Year 2024.

WHEREAS, the following localities have committed to allocate the following amounts of their Individual Distribution from the OAA to this project for Fiscal Year 2024

Lynchburg City \$ 0

Campbell County \$ 0

NOW, THEREFORE, BE IT RESOLVED, the cities and/or counties and other organizations listed below hereby authorize **Lynchburg City** to execute the cooperative partnership grant application to the Virginia Opioid Abatement Authority and to execute all documents in connection therewith.

Name of City, County or Organization	Printed Name of Authorized Signor	Title of Authorized Signor	Signature
City of Lynchburg	Wynter C. Benda	City Manager	
Campbell County	Frank Rogers	County Administrator	