

# 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
Wise County	Michael Hatfield County Admin	PO Box 570 Wise, VA 24293	276-328-23 21	hatfield_m@wisecounty.org
Lee County	Dane Poe County Admin	PO Box 367 Jonesville, VA 24263	276-346-77 14	ddpoe@leecova.org
Scott County	Freda Starnes County Admin	190 Beech St Suite 201 Gate City, VA 24251	276-386-65 21	fstarnes@scottcountyva.com
Norton City	Fred Ramey City Manager	PO Box 618 Norton, VA 24273	276-679-11 60	fredr@nortonva.org

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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 Wise  city  county
- c. Physical address: County Administrator, 206 E Main Street; Suite 223; Wise, VA 24293
- d. Mailing address: PO Box 570; Wise, VA 24293  
(if different than physical address)
- e. Contact Person for this application
  - i. Name: Michael Hatfield
  - ii. Job Title: County Administrator
  - iii. Office Phone: (276) 328-2321 Cell Phone: (276) 298-5411
  - iv. Email: hatfield\_m@wisecounty.org

**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 Michael Hatfield

Title County Administrator

Date 5/2/23

**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).

This program is an Intensive Outpatient Treatment program that will assist in working with adolescents 13-18 who may have been court-involved and struggling from use/misuse or at a greater risk for use due to behaviors seen within the schools and communities. The mission of the program will be to help youth discover better alternatives to facing and coping with stress, while building problem-solving skills that proactively steer them away from harmful coping skills.

These youth will be individuals referred by the court system, the school systems of Lee, Scott, Wise and the City of Norton, families and by community partners. Initially we plan to serve 10 youth. Then increase the number of participants, based on needs within the communities.

Services will include, but not be limited to: Individual, group and family therapy; Case Management; healthy coping and social skills; provide educational services; GED training; aftercare- to support and assist as youth navigate back into their communities; random drug testing; breakfast, lunch and snacks will be provided.

Youth will attend the program 5-days weekly to begin between 8:30am to 2:30pm and then taper down as they progress through the program. The hours of the program may change depending on needs within the community as well as transportation to and from program. The length of stay of the program will vary depending on the needs of the individuals as well as the direction of court officials, school officials and guardians. A typical stay is between 3 to 6 months.

We are requesting the full 5-year term.

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### c. Describe the objectives of this project

The general objectives of this program is to help youth discover better alternatives to facing and coping with stress; build problem solving skills that proactively steer them away from harmful coping skills and to provide continued education for students by partnering with schools so that students do not get behind. In addition to the general objections there are several goals:

- 1- All enrolled youth will remain drug free while enrolled in the program.
- 2- All enrolled youth will learn at least two new activities they can engage in that do not involve drug use.
- 3- All enrolled youth will learn at least three new ways to cope with stress without using drugs.
- 4- All youth will participate in and engage in learning about drugs through psychoeducational & peer group therapy, individual counseling, and family therapy.
- 5- All enrolled youth will have the opportunity to cont. their education while in the program so they do not get behind or miss academic progress.

Additional outcome goals:

- 1- 60% of enrolled youth will successfully complete the program and graduate.
- 2- 70% of enrolled youth who successfully complete the program will not have drug related criminal charges within 1 year after graduation. (self-report surveys)
- 3- 50% of enrolled youth who complete the program will be not be using illegal drugs within the year after graduation. (self-report surveys)

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

We determined need based on growing numbers of adolescents seen in our outpatient sites currently struggling with substance use with few intensive treatment opportunities to assist with them with their recovery. This was also supported by the Virginia Adolescent Substance use needs assessment. There is a gap in services, specifically for the region we serve. This was a gap in care that we wanted to meet. communities.

We also serve adolescents who are at risk of substance use issues based on their environments and the growing opioid and other substance abuse epidemic in our region. We have seen a significant increase in adults, families and adolescents who struggle with these issues and believe that if we can provide intensive treatment and support for adolescents we can potentially prevent them from continuing into addiction as an adult. Based on the Virginia Adolescent Substance use needs assessment, we know that approximately 20% of adolescents report vaping, 17% report using marijuana and nearly 13% report binge drinking (Virginia Youth Survey 2019)

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

We will target adolescents age 13-18. Initially we aim to have one facility that will serve 10 youth and expand that number as the service develops and referrals are received. The goal would ultimately be to open other facilities that are dispersed throughout the Planning District One Region and increase the capacity.

- 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.

Planning District One Behavioral Services (CSB) in partnership with Frontier Health would provide the direct on-site services for this program. We would work with juvenile courts and school systems within our regions to coordinate care and services. Should we receive funding, MOUs would be developed to assist with expectations and deliverables.

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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 **\*N/A since it is an evidence-based model**

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)?*

The Planning District One's service area has been at the forefront of the Opioid Epidemic, with families struggling from opioid addiction. We anticipate that at least 40% of youth served would come from families who have/had experience with opioid use/misuse which places them at a higher risk. We have seen an increase in substance use/misuse within our current adolescent population served in our outpatient setting which has included youth who are at high risk due to their family circumstances. Based on the Virginia Adolescent Substance use needs assessment, we know that approximately 20% of adolescents report vaping, 17% report using marijuana and nearly 13% report binge drinking (Virginia Youth Survey 2019)

# 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

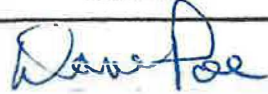

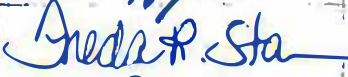

WHEREAS, the cities and/or counties and other organizations listed below agree they will execute a legally binding agreement formalizing the cooperating partnership if the application for financial assistance is approved; and

WHEREAS, the cities and/or counties and other organizations listed below agree that Wise County 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 \$276977 in grant funding from the OAA for Fiscal Year 2024.

WHEREAS, the following localities have committed to allocate 20% of the total cost of the first year from its Individual Distribution from the OAA Lee County \$13,542; Wise County \$42,770; Scott County \$10,254; and Norton \$2679

NOW, THEREFORE, BE IT RESOLVED, the cities and/or counties and other organizations listed below hereby authorize Wise County 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
LEE COUNTY	Dane Poe	County Administrator	
WISE COUNTY	Michael Hatfield	County Administrator	
SCOTT COUNTY	Freda Stames	County Administrator	
NORTON CITY	Fred L Ramey Jr.	City Manager	

*\*\*Italicized section is optional and only required if a participating city or county is allocating their Individual Distribution to the project. If multiple cities and/or county are allocating, create an additional line for each.*