
Blueprint for Action Rollout



Welcome and Introductions



- Happy Birthday: Today's meeting marks the RVCR 2-year anniversary
- Purpose: Review and celebrate our successes and to provide the official rollout of our Blueprint to Action
- Special welcome to our distinguished guests and the press for covering our story

RVCR Progress Update (ref. p. 9)

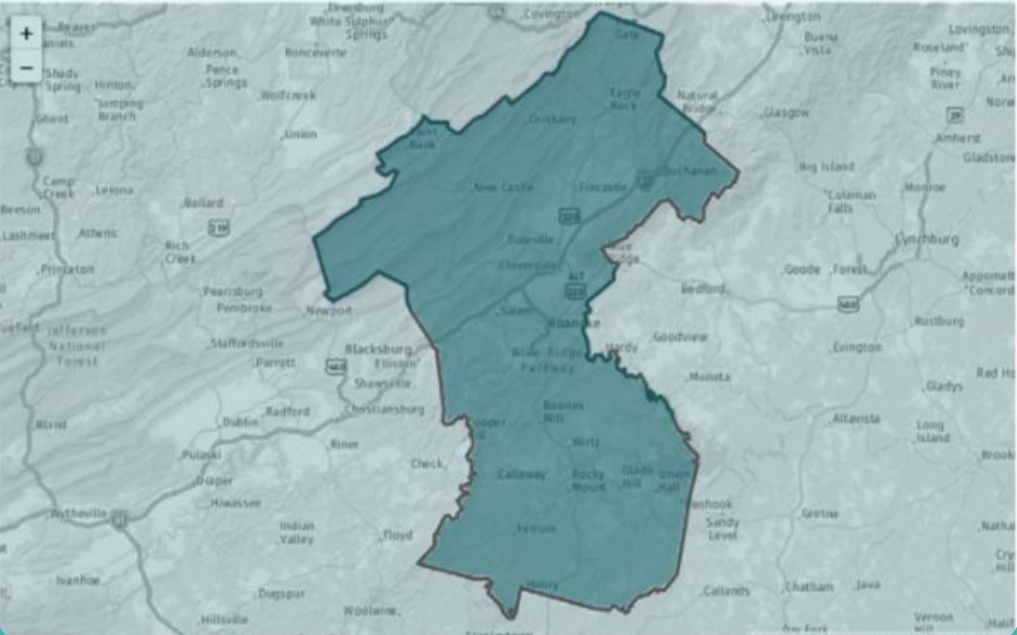
Who we are and who we serve

THE RVCR MISSION:



To re-chart the course of substance use disorder in our community—not only preventing, but ensuring that there are always pathways to healthy and sustainable living for those affected by addiction.

Roanoke, VA Metropolitan Statistical Area Boundary Map



Progress Update

(ref. p. 10-11)

Framework for success



COMMUNICATION

Progress Update

(ref. p. 14-16)

FOUNDED
SEPT. 2018

RAPID START-UP
FIXED MONTHLY
MEETINGS

MEETINGS
FIXED MONTHLY

EARLY SUCCESSES

5 WORKING GROUPS

- PREVENTION
- TREATMENT
- CHILD-FAMILY
 - CRISIS RESPONSE & CONNECTION TO CARE
- RECOVERY

8+ SECTORS

CIVIC GROUPS, LAW ENFORCEMENT, LOCAL GOVERNMENT, RESEARCHERS, FAITH COMMUNITIES, BUSINESSES, EDUCATION, HEALTHCARE

ENGAGED STAKEHOLDERS

280 INDIVIDUAL STAKEHOLDERS, 130 ORGANIZATIONS

GRANT FUNDING SECURED

ONGOING ASSESSMENT ASSET-GAP ANALYSIS

DATA SHARING

COLLABORATIVE BLUEPRINT DEVELOPMENT SUBMITTED

6+ JURISDICTIONS
ROANOKE CITY, ROANOKE COUNTY, SALEM CITY, VINTON, BOTETOURT COUNTY, & ALLEGHANY COUNTY

Blueprint Overview

Kimberly Horn

Executive Summary

(ref. p. 6)

SUMMARY

The RVCR Mission: To re-chart the course of substance use disorder in our community—not only preventing, but ensuring that there are always pathways to healthy and sustainable living for those affected by addiction.

The infographic is a vertical layout with a teal background. On the left is a 3-year timeline with five milestones. To the right are five main content blocks: a 2x3 grid of service icons (Prevention & Education, Treatment, Crisis Response & Connection to Care, Child & Family Support, Recovery), a large '300' statistic for stakeholders, a group of people icon for overdose statistics, and a magnifying glass icon for evidence-based recommendations.

- SEPTEMBER 2018**
STARTING RVCR
- SUMMER 2020**
OFFICIAL BLUEPRINT LAUNCH
- JANUARY 2020 - JANUARY 2021**
NEW DATA SHARING PLATFORM
- JANUARY 2020 - JANUARY 2021**
CONNECT LOCAL RESEARCHERS & COMMUNITY ORGANIZATIONS
- JULY 2020 - DECEMBER 2020**
SECURE FUNDING TO SUPPORT BLUEPRINT IDEAS

3-YEAR TIMELINE

PREVENTION & EDUCATION

TREATMENT

CRISIS RESPONSE & CONNECTION TO CARE

CHILD & FAMILY SUPPORT

RECOVERY

300
STAKEHOLDERS IN THE COMMUNITY

BETWEEN 2015-2018, 300 COMMUNITY MEMBERS DIED FROM DRUG OVERDOSES

22 EVIDENCE-BASED COMMUNITY DRIVEN RECOMMENDATIONS

For more information, go to <https://www.rvcollectiveresponse.org/>.

Introduction (ref. p. 16-19)

- Blueprint **purpose** is to provide a 3-year plan of action that identifies the greatest areas of need and offers innovative and evidence-based solutions tailored to our community.
- Working across our RVCR multi-sector stakeholders, the RVCR identified **five strategic working groups** to focus our recommendations: Prevention, Treatment, Crisis Response, Recovery, and Child and Family Support.
- Each of these groups was informed by a **broad range of experts**, including individuals with lived experience in recovery.
- These resulting **22 recommendations** are based on these insights, experiences, and backed by evidence to fullest extent possible. Recommendations are **not weighted or ranked**.
- Each includes **action steps, sustainability needs, and model program/practice options**.

Prevention and Education

PREVENTION AND EDUCATION

The infographic consists of seven teal-colored cards arranged in a grid. Each card contains a white icon and a text label. The icons include a gauge, a warning triangle, a bar chart, a pill bottle, a checklist, a magnifying glass, and a staircase with an arrow.

- PROMOTE SAFE & EFFECTIVE PAIN MANAGEMENT PRACTICES** (Gauge icon)
- EXPAND PREVENTION EDUCATION PROGRAMS** (Warning triangle icon)
- IMPLEMENT DATA DRIVEN APPROACHES** (Bar chart icon)
- ADOPT PRESCRIPTION REGULATION FOR OPIOIDS** (Pill bottle icon)
- FOLLOW PATIENT SCREENINGS PROTOCOL** (Checklist icon)
- IDENTIFY HIGH RISK POPULATIONS** (Magnifying glass icon)
- EXECUTE OUTCOMES-BASED PREVENTION** (Staircase with arrow icon)

For more information, go to <https://www.rvcollectiveresponse.org/>.

Priority 1: Prevention and Education (ref. p. 20)

PREVENTION AND EDUCATION



Priority 1: Use data-driven approaches to identify at-risk populations within the Roanoke Valley MSA with greatest prevention service needs.

Priority 2: Provide prevention education across a range of sectors emphasizing the need for and benefits of prevention, including prevention efficacy and economic benefit.

Priority 3: Apply the "Seven Strategies for Community Change" to implement new and expand existing prevention programs across the spectrum of severity and diverse populations.

Priority 4: Promote safe and effective pain management practices.

Priority 4: Promote safe and effective pain management practices, the spectrum of severity and diverse populations, to implement new and expand existing prevention programs across

Treatment

TREATMENT

- DATABASE SHARING**: Represented by two folder icons connected by dotted lines.
- RANGE OF TREATMENT SERVICES**: Represented by a white cross icon.
- ASSET MAPPING**: Represented by a hierarchical tree diagram.
- SOBER LIVING ENVIRONMENTS**: Represented by a pill bottle with a prohibition sign over it.
- COLLABORATION WITH DRUG COURTS**: Represented by a gavel icon.
- COMPATIBILITY IN DATA SYSTEMS**: Represented by two interlocking puzzle pieces.
- INCREASE INTERAGENCY COLLABORATION**: Represented by two interlocking gears.
- STRENGTHEN CONTINUUM OF CARE**: Represented by three arrows pointing to the right.

For more information, go to <https://www.rvcollectiveresponse.org/>

Priority 2: Treatment (ref. p. 27)

TREATMENT



Priority 1: Improve compatibility in data systems across the medical, planning, and emergency response sectors to enable more effective data sharing related to prescriptions and prior care.

Priority 2: Increase interagency collaboration to ensure that best treatment practices are available and applied across the continuum of care.

Priority 3: Strengthen continuum of care and transitions in care to reduce gaps and interruptions in treatment.

Priority 4: Initiate quick-response treatment options.

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Priority 3: Strengthen continuum of care and transitions in care.

Crisis Response and Connection to Care

CRISIS RESPONSE & CONNECTION TO CARE



IMPLEMENT HARM REDUCTION STRATEGIES INCLUDING NALOXONE



ODMAP & FAACCT PROGRAMS



INCREASE INCARCERATION TO COMMUNITY SUPPORT



INFORM CRISIS RESPONSE



IMPLEMENT TRAUMA INFORMED CARE

For more information, go to <https://www.rvccollectiveresponse.org/>

Priority 3: Crisis Response and Connection to Care (ref. p. 36)



CRISIS RESPONSE AND CONNECTION TO CARE

Priority 1: Use ODMAP and FAACT platforms to determine OUD/SUD overdose prevalence, predictors, and trends across the Roanoke Valley MSA and within distinct geographic communities.

Priority 2: Use ODMAP and FAACT platforms and other available data to inform geographic- and individual-level treatment strategies, including harm reduction.

Priority 3: Implement trauma informed response services to those at risk of and experiencing overdose.

Priority 4: Expand and create resources that complement existing programs through law enforcement and criminal justice efforts and support individuals transitioning into the community from incarceration.

Priority 5: Increase access to Naloxone and other harm reduction methods, with emphasis on high-risk geographic areas.

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support individuals transitioning into the community from

incarceration through law enforcement and criminal justice efforts and

Child and Family Support

CHILD & FAMILY SUPPORT



SUPPORT THE
UNSEEN VICTIMS
OF THE OPIOID
EPIDEMIC



CONNECT COMMUNITY
& CULTURAL INFLUENCERS



CREATE SAFE SPACES FOR CHILDREN &
FAMILIES AFFECTED BY THE OPIOID EPIDEMIC



SUPPORT
FAMILIES



IDENTIFY RESOURCES & FUNDING



IDENTIFY
STRATEGIES

For more information, go to <https://www.rvcollectiveresponse.org/>.

Priority 4: Child and Family Support (ref. p. 42)

CHILD AND FAMILY SUPPORT



Priority 1: Develop interagency processes to support families impacted by OUD/SUD.

Priority 2: Implement and monitor best practices to prevent family disruption and/or enable family reunification.

Priority 3: Educate the *Community at Large* about the effects of OUD/SUD on children and families and about impact in the Roanoke Valley.

Priority 4: Expand supportive networks and physical spaces for children and families impacted by active OUD/SUD.

children and families impacted by active OUD/SUD.
Priority 4: Expand supportive networks and physical spaces for

Recovery



Priority 5: Recovery (ref. p. 49)



RECOVERY

Priority 1: Educate multiple stakeholders, prioritizing businesses that are open to hiring people in recovery, about the many paths to recovery and the importance of coordinated care.

Priority 2: Build a roadmap for employers that provides information about how recovery can be mutually beneficial.

Priority 3: Establish and sustain dialogue with the insurance sector to increase coverage for recovery services.

Priority 4: Increase availability of recovery ("sober") housing and wrap-around services.

Priority 5: Improve human resource policies to support recovery in the workplace.

in the workplace

Priority 5: Improve human resource policies to support recovery wrap-around services

Next Steps:

- Continue to identify **resources and gaps** through asset mapping and working groups
- **Present** the Blueprint to various community stakeholder groups, regional and state officials, and individual stakeholders
- Develop an **evaluation** plan
- Prepare a **financial model** for budget estimates and financial sustainability
- Establish optimal means to **measure and access local data** on SUD
- Engage with the community as evaluation and **research partners**
- Secure **funding** sources
- Make prioritized **policy and practice** recommendations at local levels
- Generate blueprint **supplemental recommendations**
- Determine RVCR roles for short- and long-term **implementation** of blueprint recommendations
- Leverage the Blueprint for Advocacy

Leveraging the Collective Response for Advocacy

examples of how this could move the blueprint forward

David W. Hartman, MD

Policy changes will enable sustainable, local solutions:

- incentivizing comprehensive, interdisciplinary care broadening OBOT model to a an OBAT (office-based addiction treatment) approach to addiction treatment
- improved development of supported sober living opportunities
- expand access to data sharing platforms to assist with local collective response planning
- incentivize employment of persons in recovery
- integrate behavioral health best practices into correctional/law enforcement/judicial settings by strengthening direct engagement with treatment clinicians
- recovery centers and peer recovery services more flexibly funded by insurance payors

Leadership

- Kimberly Horn: Co-chair, Steering Committee
- Janine Underwood: Co-chair, Steering Committee
- Christine Baldwin: Steering Committee
- Jimmy Chapman: Steering Committee
- Lee Clark: Steering Committee
- Nancy Hans: Steering Committee
- Cheri Hartman: Steering Committee
- Robert Natt: Steering Committee
- Amy Pierce: Steering Committee
- Karen Pillis: Steering Committee
- Emma Howard-Woods: Project Manager

Our special thanks to RVCR leadership and all blueprint contributors.

Get the word out...

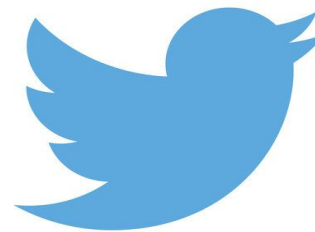


- PLEASE VISIT OUR **WEBSITE AT: [HTTPS://WWW.RVCOLLECTIVERESPONSE.ORG](https://www.rvcollectiveresponse.org)**

- **FACEBOOK:** Roanoke Valley Collective Response



- **TWITTER:** @RVCollectiveR



- **INSTAGRAM:** @RVCollectiveResponse

