Annual Report 2018-19

Virginia Partnerships for Success Grant

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Submitted to:

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Feb 2020

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Acknowledgements

The OMNI Institute wants to thank the Department of Behavioral Health and Developmental Services and Collective Health Impact, LLC. for their collaboration on the PFS evaluation. OMNI is grateful for the consistent data collection and reporting done by the nine PFS communities, which was essential for this report.

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Virginia Partnerships for Success 2018-19 Annual Report: Executive Summary

Background

In 2015, the Virginia Department of Behavioral Health and Developmental Services (DBHDS) was awarded a Partnerships for Success (PFS) grant by the Substance Abuse and Mental Health Services Administration (SAMHSA). The PFS grant seeks to leverage resources and funding at the state and local levels for prevention work and infrastructure building, as well as enhance state and community capacity to identify and address health disparities. DBHDS provides PFS grant funds to nine communities to address opioid and heroin use among youth aged 12-25 years old.

The OMNI Institute has partnered with DBHDS as the evaluator for Virginia's PFS initiative. OMNI prepared this report to provide an update on the progress made during the latest fiscal year of the grant (October 2018 through September 2019) and on community substance use outcome data. As this is an intermediary update in the grant cycle, the data in this report are a snapshot of current status rather than a comprehensive analysis on how outcomes have changed over time.

Building Prevention Capacity

PFS funding has afforded subgrantee communities opportunities to build prevention capacity and resources. These important infrastructure improvements during the initial years of the grant contribute to effective planning, implementation, and evaluation of prevention strategies at this later point in the funding cycle.

Highest-Rated Capacity Areas

- Using data in prevention evaluation
- Sustaining prevention efforts over time
- Collaborating with other organizations on prevention interventions

Greatest Capacity Gains Over Time

- Experience with the target population
- Have staff with the right skills
- Enough fiscal resources

After four years of PFS-funded capacity building, **communities agree more than ever that they have enough capacity to implement prevention interventions.**

Substantial stakeholder involvement continues in 2019 with PFS communities reporting an average of 56 active stakeholders each.

PFS communities have increased health disparity-related activities **focused on implementation, evaluation, and sustainability.**

Communities focused their efforts on collaboration and partnership with other organizations to integrate prevention activities beyond the agency.

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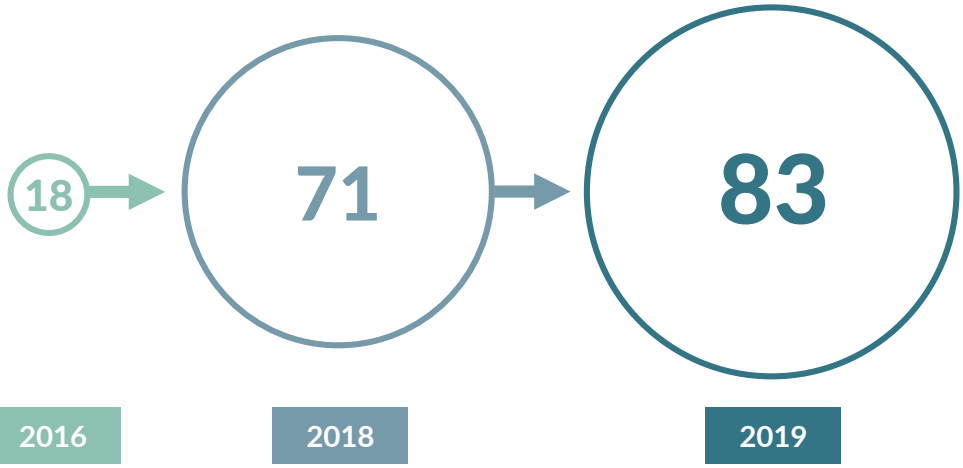
Capacity Building to Address Health Disparities

The total number of health disparity-related activities reported by communities has grown substantially since the PFS grant began.



"This year we actively engaged several areas of the Spanish-speaking community. We sought collaboration to pursue a grant … and participated in a resource fair in a community that houses Spanish-speaking families."

Implementing Prevention Strategies

From local media campaigns to Naloxone trainings, PFS communities implemented a variety of strategies throughout the year to engage their communities in preventing substance use and reducing access to substances. Some of the most commonly implemented strategies are described below.

Drug Take Back Events & Permanent Drug Dropboxes

37,739 individuals attended | **28** events across | **5** communities

Drug Deactivation Kits

15,938 kits distributed across | **65** activities in | **6** communities

Naloxone Trainings

1,173 individuals attended | **79** trainings across | **5** communities

Media Campaigns & Targeted Media Messaging

919,367 impressions through | **58** activities across | **7** communities

Following a *REVIVE!* training, "one gentleman shared that he 'hadn't heard much' about Narcan but that he had seen enough issues with co-workers and customers that he was glad he now had something to 'help other people if they need it.'"

Implementation Successes

Events addressed stigma associated with substance use disorders by **engaging community members with lived experience.**

Successful media campaigns included the **stories and perspectives of a broad cross-section of community members.**

Widespread stakeholder involvement and collaboration led to increased community participation.

Communities demonstrated responsiveness to feedback and participation from community members.

Challenges and Barriers

Time constraints and communication challenges interfere with engaging stakeholders and community partners.

Increasing engagement with diverse communities remains a challenge— impacted by lack of staff and other resources.

Rural communities face unique challenges that interfere with community engagement, coalition development, and in turn, program implementation.

Monitoring Substance Use Patterns

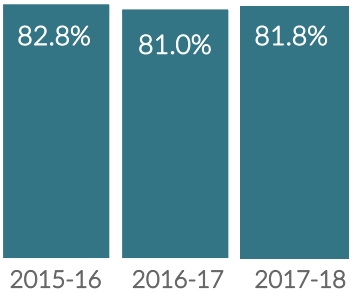
PFS evaluation efforts have monitored substance use patterns at three levels: risk and protective factors, substance use, and consequences of use. Due to limited data availability during this fiscal year all risk and protective factor data and substance use data come from the National Survey on Drug Use and Health 2017-18. The final PFS report will contain a comprehensive look at changes in these indicators over the grant cycle.

Risk and Protective Factors

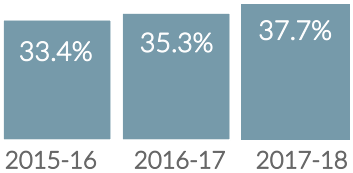
The number of young adults who perceive binge drinking as posing a great risk has trended slightly upward in recent years, while the perceived risk of heroin and heavy cigarette use remain stable.

Percentage of young adults in Virginia who perceive "great risk" of...

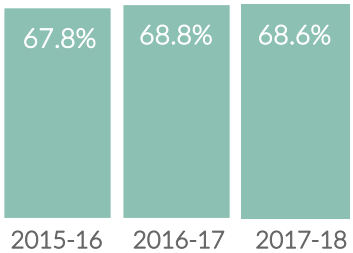
Heroin Use



Binge Drinking



Heavy Cigarette Use



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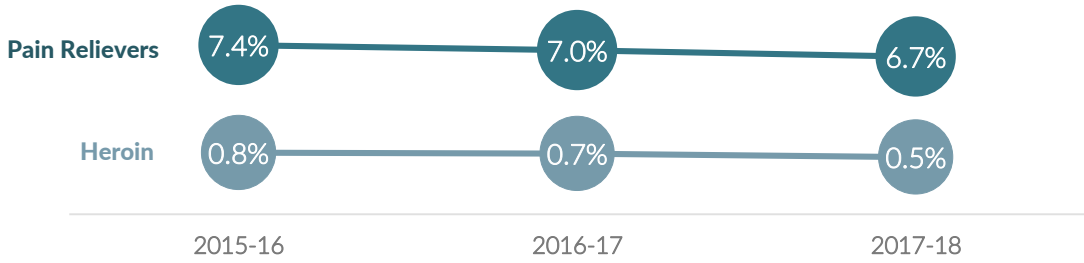
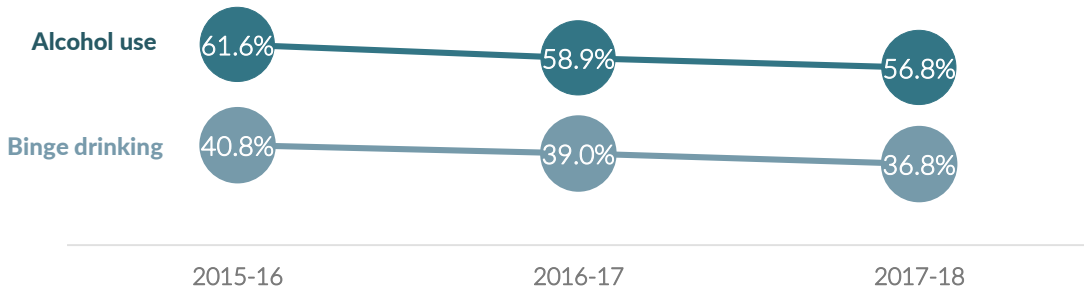
Substance Use

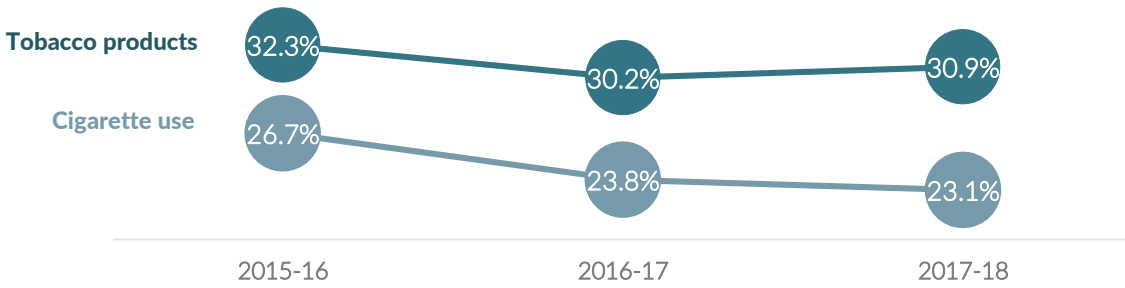
The percentage of young adults who have used heroin and/or misused pain relievers within the last year declined slightly between 2015 and 2018.



Both alcohol use and binge drinking among young adults within the last month declined slightly between 2015 and 2018.



Cigarette use in the last month among young adults declined between 2015 and 2018, while use of any tobacco products in the last month ticked slightly upwards in 2017-18, possibly driven by increases in vaping.



Consequences of Substance Use

Fatal Overdoses

Fatal fentanyl and heroin overdoses increased between 2016 and 2017 across Virginia.

Overdose rates for these substances are higher, on average, in PFS communities demonstrating a continued need for prevention strategies aimed at reducing overdose rates.

Substance Use Services

Admission rates to substance abuse services remained steady from 2016 to 2017.

Yet, PFS communities have higher admissions rates, on average, across substances than non-PFS communities.

Substance-Related Crime

There was no change in the percentage of crimes that were substance related from 2016-2017.

PFS communities saw decreases in alcohol- and heroin-related crime, but these decreases were not statistically significant.

For more information about the PFS grant or substance use prevention efforts in Virginia, contact Gail Taylor, Director, Office of Behavioral Health Wellness: gail.taylor@dbhds.virginia.gov

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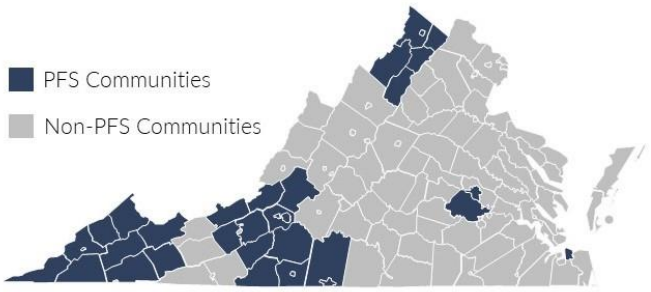
Introduction

In 2015, the Virginia Department of Behavioral Health and Developmental Services (DBHDS) was awarded a five-year Partnerships for Success (PFS) grant by the Substance Abuse and Mental Health Services Administration (SAMHSA). The goals of this grant are to (1) reduce and prevent prescription drug misuse and abuse (PDU) among White males and females, ages 12 to 25 and (2) reduce and prevent heroin use among White and Black youth and young adults, ages 15 to 25, with an emphasis on males. The PFS project also seeks to leverage resources and funding at the state and local levels for prevention work and infrastructure building, as well as enhance state and community capacity to identify and address health disparities.

Virginia funds nine communities to implement substance use prevention strategies targeting the two priority substances (prescription drugs and heroin). Eight of the nine communities represent the catchment area of a Community Service Board (CSB). One community is comprised of a collaborative between four rural CSBs. In this report, the word community is used to reference the catchment areas targeted in the PFS grant.



Prevention efforts within these funded communities follow the strategic prevention framework (SPF), SAMHSA's model for planning, implementation, and evaluation of prevention work. In addition, Virginia serves as a comparison group for other PFS grantees who are targeting underage alcohol use among people 12 to 20. Because of this, Virginia is tracking data related to underage drinking, but does not implement specific strategies targeting alcohol.

In February 2016, OMNI Institute (OMNI) was selected as the evaluator for Virginia's PFS initiative. OMNI's role is to lead the design and implementation of the Commonwealth's evaluation, including the identification of measures and provision of technical assistance (TA) to funded communities on collection of these measures. OMNI's team of technical assistance providers has supported communities to: complete needs assessments to identify local prevention needs; develop logic models illustrating prevention goals; and write evaluation plans that document how evaluation data will be collected and analyzed throughout the implementation phases of the project. In the final year of the grant cycle, OMNI will continue to support the implementation and evaluation of prevention activities as well as engage the communities in planning for the sustainability of these efforts beyond the PFS grant.

The purpose of this report is to provide process data from the latest year of the PFS grant (the fiscal year spanning October 2018 through September 2019) and to update outcome data points on substance use that were included in previous PFS annual reports. The data in this report are a snapshot of current status. As this is an intermediary update in the grant cycle, it does not include comprehensive analyses on how outcomes have changed over time. A full analysis of change over the PFS grant will be included in the final report at the close of the grant cycle in September 2020. In order to focus on key findings in the report, each data source is briefly introduced in the sections below for context. Additional details on methodology and all data sources used can be found in the appendix.

In the 2018-19 fiscal year, PFS communities and OMNI participated in statewide and community-level activities to strengthen prevention capacity and infrastructure. Statewide initiatives focused on engaging key stakeholders, providing TA and data collection support to communities, and producing statewide deliverables and grant reports. Community-level activities focused on planning and strategy implementation as well as data collection, visualization, and reporting.

Statewide Initiatives

State Epidemiology Outcomes Workgroup (SEOW): OMNI continued to facilitate Virginia's SEOW, a group of stakeholders from state agencies who examine substance use patterns and work to increase the availability of data to inform prevention efforts across the commonwealth. The SEOW met in March and September 2019 to discuss dashboard data updates and goals for future SEOW deliverables.

Virginia Social Indicator Study Dashboard (VASIS): In partnership with DBHDS and various state agencies, OMNI worked to update the VASIS dashboard with new data and user-friendly features. OMNI also worked with the SEOW to develop a statewide data directory available on the dashboard that includes information and links to sources that collect and publish Virginia-specific substance use and behavioral health related data. The dashboard can be accessed at www.omni.org/vasis.

Ongoing SAMHSA Reporting: OMNI continued to work with the PFS Project Manager to compile and submit quarterly progress reports and annual outcomes data. Reports are submitted via SAMSHA's Performance Accountability and Reporting System (SPARS) in order to meet grant reporting requirements.

Qualitative Reporting: OMNI worked with DBHDS and PFS communities to conduct a qualitative study of PFS prevention efforts (report available on the VASIS dashboard). OMNI conducted key informant interviews with a prevention staff member from each PFS community as well as the PFS project manager to highlight community stories, key prevention successes, and challenges related to PFS funding and implementation activities.

Ongoing Evaluation Technical Assistance: OMNI provided ongoing training and technical assistance to PFS communities to support the implementation of prevention strategies. OMNI continued to refine and share resources and tools to build evaluation capacity across the PFS prevention workforce.

Community-Level Activities

Measurement Planning: Communities developed measurement plans to organize the data collection tools and timelines for each of the outcomes identified in their 2017-18 logic models. This process ensures that communities can appropriately track their progress toward desired outcomes for each strategy.

Data Entry Planning: OMNI TAs worked with each PFS community to develop data entry plans to outline the strategies they will implement and how they should be entered in the Performance Based Prevention System (PBPS). OMNI TAs worked to develop tools and resources to guide communities to accurately record implementation activities in order meet SAMHSA reporting requirements.

Ongoing Reporting: Communities continued to record prevention implementation data in the PBPS online tracking system. Communities also submitted quarterly reports to DBHDS summarizing key activities and progress toward implementing the strategies specified in their action plans and logic models.

PFS Grantee Meetings: OMNI, DBHDS, and the PFS Grant Manager hosted grantee meetings in March and September 2019. In these meetings, PFS staff participated in trainings designed to increase their capacity to utilize and visualize implementation data from PBPS for reporting. The first training provided data visualization best practices and the second training provided guidance and resources on pulling reports from PBPS as well as a working session where communities could practice their data viz and reporting skills. The PFS manager also led communities through a "Wall of Wonder" activity (pictured below) to reflect on the past, present, and future role of Virginia CSBs and coalitions in substance use prevention at the national, state, and community levels.

PFS community leaders, the PFS program manager, and OMNI staff attended the PFS Grantee Meeting in September 2019.

Building Prevention Capacity

Annual Capacity Assessment

Data in this section are self-reported by PFS staff in each community through an annual capacity assessment survey. Details on this assessment (known formerly as the Community-Level Instrument) are available in Appendix A.

PFS Community Capacity Gains

After four years of PFS-funded capacity-building opportunities, communities agree more than ever that they have enough capacity to implement prevention interventions.

In 2019, more than half of PFS communities reported continuing capacity-building activities from 2018, including coordinating or improving technical resources, identifying key organizational or coalition activities and goals, improving cultural competency, identifying coalition leaders, and training staff.

Highest-Rated Capacity Areas

In 2019, PFS communities most strongly agreed that they have enough capacity to engage in the following activities:

- Collaborate with other organizations on prevention interventions
- Use data in prevention evaluation
- Sustain prevention efforts over time

Greatest Capacity Gains

In 2019, PFS communities reported that capacity has grown the most in the following areas:

- Experience with the target population
- Staff with the right skills
- Enough fiscal resources

The highest-rated capacity areas highlight the positive effect of implementation, evaluation, and sustainability-focused TA and training provided to communities by the PFS Project Manager and OMNI. The high capacity rating on collaboration also suggests the positive impact of collaborative opportunities offered by DBHDS. Areas with the greatest increases in capacity from baseline may also be attributable to the PFS grant funding. Having greater experience with the target population may be expected over time, but funding has also bolstered staff hiring and skills development.

"Community engagement is key to community change. Being intentional about collective impact, focusing on common risk factors/intervening variables is the driver of the work. The incorporation of logic models in our work and requesting logic models from other collaborative partners have become a staple in our work."
-PFS Staff Member

Stakeholder Involvement

Engaging community stakeholders is an essential part of the PFS grant. In the annual capacity assessment, PFS communities reported success in building their stakeholder networks in a variety of community sectors.

Substantial stakeholder involvement continued in 2019 with PFS communities reporting an average of 56 active stakeholders each.

The greatest numbers of active stakeholders came from the sectors described below. Consistent with active stakeholders reported in 2018, sectors represented continue to be well-aligned with current PFS interventions.

- → Youth groups/representatives and other youth-service organizations represented the largest number of stakeholders across communities. These stakeholders continue to bring their perspectives and ideas to youth-focused prevention work.
- → Clergy and faith-based organizations and substance abuse treatment organizations showed the greatest increases in the number of active stakeholders from 2018 to 2019, reflecting continued integration of PFS community initiatives into the broader community.
- → Law enforcement agencies were active partners around the PFS priority of installing prescription drug drop boxes in law enforcement buildings.
- → Healthcare professionals and agencies were enlisted to encourage healthcare professionals to utilize Virginia's Prescription Drug Monitoring Program.

Notably, organizations serving LGBTQ individuals had the fewest number of active stakeholders with only one community reporting one active stakeholder.

> "The biggest strength of the coalition is… the people in attendance and their wide and varied backgrounds… There is an atmosphere of respect that is created and maintained, even among people who do not share the same perspective."
> -PFS Staff Member

Planning for Sustainability

All communities continued efforts to plan for the sustainability of prevention activities beyond the PFS grant cycle. In fact, PFS communities demonstrated the increased commitment to sustainability that is expected towards the end of a funding cycle, with the average number of sustainability activities per community increasing from three in 2018 to four in 2019. Further, as shown in the table below, from 2018 to 2019 the number of communities completing specific sustainability activities increased for 4 of the 6 activities listed, suggesting a broadening of types of strategies engaged.

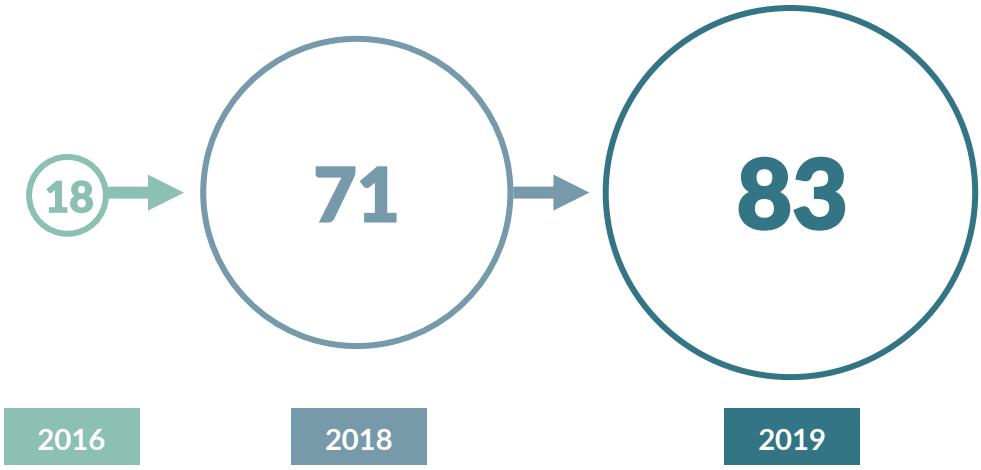
Communities focused their efforts on collaboration and partnership with other organizations to integrate prevention activities beyond the agency.

Number of communities engaged in sustainability activities		
	2018	2019
Developed a partnership structure that will continue to function beyond the end of the PFS grant period	4	9
Incorporated prevention intervention activities into the missions, goals, and activities of other organizations (e.g., schools, law enforcement)	5	7
Leveraged, redirected, or realigned other funding sources or in-kind resources (e.g., used the success of PFS efforts to secure other funds)	6	6
Folded prevention staff positions into other organizations (e.g., school districts, community agencies)	4	6
Gained formal adoption of prevention activities into other organizations' practices (e.g., school curriculum, organizational policy change)	4	5
Implemented local level laws, policies, or regulations to guarantee the continuation of prevention intervention activities or outcomes	5	2

Capacity-Building to Address Health Disparities

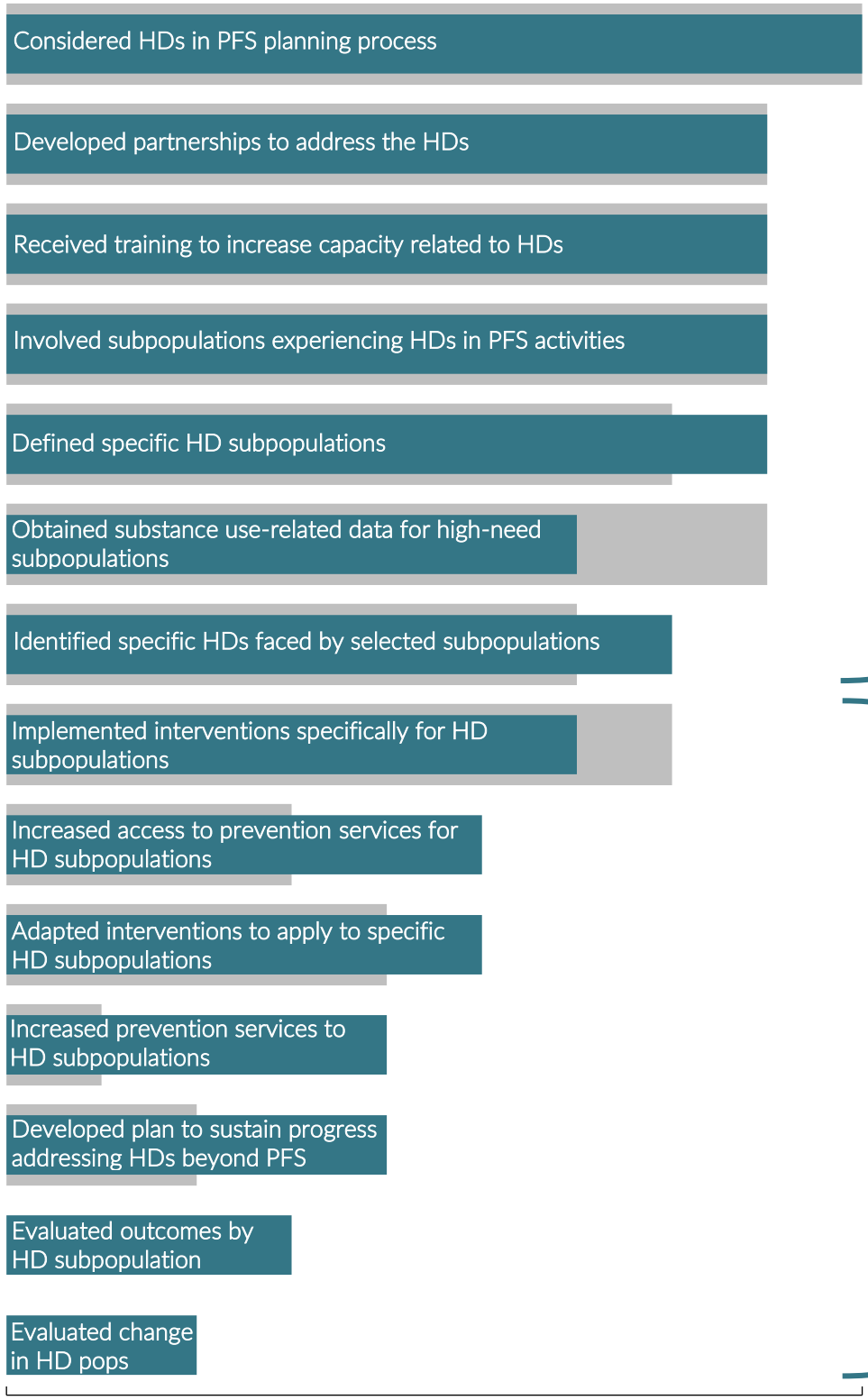
Consistent with funding priorities, PFS communities have shown a particularly strong commitment to increasing their capacity to address heath disparities and engage diverse groups. On the 2019 annual capacity assessment, communities reported completing an average of nine out of 14 health disparity-related activities, compared to an average of two in 2016, a statistically significant change ($p < 0.01$).

The total number of health disparity-related activities reported by communities has grown substantially since the PFS grant began.



This increasing trend reflects communities' commitment to populations experiencing disparities as well as the effectiveness of related TA and trainings provided by the PFS Project Manager.

From 2018 to 2019, PFS communities increased health disparity-related activities focused on implementation, evaluation, and sustainability.



Planning and Capacity-Building

Similar to **2018**, all or most PFS communities engaged in planning and capacity building activities to address health disparities in **2019**.

Communities consistently engaged in efforts to better define and identify HD populations, allowing for an informed shift into implementation, evaluation, and sustainability.

Implementation, Evaluation, and Sustainability

Compared to **2018**, more PFS communities prioritized increasing access to prevention interventions for HD populations specifically in **2019**.

Though implementation is a crucial goal of PFS, the emergence of evaluation and sustainability efforts indicates communities' shift into later stages of the funding timeline, supporting the development of more effective prevention efforts over time.

Capacity-Building Successes

Through the PFS quarterly monitoring reports, communities highlighted their capacity-building successes. These data support annual capacity assessment findings while also providing on-the-ground examples of this important work.

Direct collaboration and engagement with diverse communities increased the accessibility of services.

"The community-based ***REVIVE!*** trainings are an innovative approach – going into the disparate neighborhoods where the people are [rather than holding trainings in our CSB building]. The campaign…promoted intergovernmental cooperation and coordination in addressing a shared problem, (i.e. the heroin/opioid overdose rates in our community)."

"[Staff] has begun teaching in the drug treatment pod… Inmates report learning a great deal, and the level of hope that recovery is possible continues to rise. Efforts have gotten several of the participants into inpatient drug treatment…after leaving the jail."

"This year we actively engaged several areas of the Spanish-speaking community. We sought collaboration to pursue a grant … and participated in a resource fair in a community that houses Spanish-speaking families."

Coalitions continued to expand communities' capacity to provide impactful prevention interventions.

"Since starting the Annual Rx Take Back in 2010, the area has collected more than 35,000 pounds of unwanted, expired, or unused prescriptions. [The Coalition] added two new sites, bringing the total site numbers to 14."

"[The Coalition] has actively sought partnership with other members to embark upon a collective impact strategy to build capacity in the community, engage community members, enhance awareness, and promote wellness."

Sustainability efforts focused on anticipating communities' future needs and securing funding to support targeted efforts.

"Much of our targeted populations live in public housing. These areas are host to concentrated poverty, unemployment, high rate of dropouts, high instances of child trauma, single parent homes. It is our plan to take information, resources, and services to these communities [and] to equip residents with knowledge and tools needed as they transition into the community at large."

"[The Coalition] received a Centers for Disease Control, Virginia Department of Health grant for an Opioid Response Outreach Coordinator who is helping with community outreach into neighborhoods with high overdose rates and disparate populations."

Implementing Strategies

Reach & Engagement

PFS communities reported 1,294 prevention activities over the past fiscal year with a combined 1,070,796 people served. PFS communities continue to report greater reach and engagement within their catchment areas through a variety of efforts focusing on safe storage and disposal of prescription medications, training and education of community members, and dissemination of educational messaging.

Communities were increasingly able to reach populations experiencing health disparities, with larger percentages of people reached from communities of color then are represented in the local population distribution. These efforts are recognized throughout this section with an equity stamp denotation (pictured right). PFS communities were particularly effective in reaching Black and African American populations as well as Latinx individuals.

Safe Storage & Disposal

Efforts supporting safe storage and disposal of prescription opioid medications reached 56,490 individuals. Safe disposal events and device distribution efforts are largely facilitated through partnerships with law enforcement, hospitals, nursing homes, and other health centers.

Drug Take Back Events & Permanent Drug Dropboxes

37,739 individuals attended | **28** events across | **5** communities

Drug Deactivation Kits

15,938 kits distributed across | **65** activities in | **6** communities

Prescription Drug Lockboxes

1,411 lockboxes distributed across | **42** activities in | **4** communities

Smart Pill Bottles

1,402 bottles distributed across | **19** activities in | **2** communities

Community Education

Educational efforts reached a combined 86,428 individuals across 85 activities and 7 communities. Naloxone training efforts have been notably successful in reaching populations experiencing health disparities, with 1.7x higher reach among Black and African American populations and 1.3x higher reach among Latinx populations when compared to the population distribution of the overall community.

REVIVE! Naloxone Trainings

1,173 individuals attended

79 trainings across

5 communities

Prescriber, Pharmacy, Emergency Dept. & Patient Education

85,255 individuals impacted by

6 activities across

2 communities

> Following a *REVIVE!* training, "one gentleman shared that he 'hadn't heard much' about Narcan but that he had seen enough issues with co-workers and customers that he was glad he now had something to 'help other people if they need it.'"
> -PFS Staff Member

Information Dissemination

Information dissemination efforts achieved a combined 932,322 impressions. These efforts have been noted by PFS communities as key in creating community awareness and interest in activities.

Media Campaigns & Targeted Media Messaging

919,367 impressions through

58 activities across

7 communities

Social Marketing

12,955 impressions through

4 activities across

2 communities

Community Implementation Successes

Through anecdotal sharing and quarterly PFS grant monitoring reports, several common implementation successes emerged across grantee communities. **The first two themes listed represent new PFS implementation successes and the last two themes are consistent with successes from prior years.**

Events addressed stigma associated with substance use disorders by engaging community members with lived experience.

"One attendee – who sits on one of our local town councils - commented, 'You have completely changed my perception on what addiction is.'"

"We had two recovery testimonies and a panel discussion of local resources. The highlight of the night: local drug court participants were in attendance. They were very attentive, and I think they felt supported by their community."

Successful media campaigns included the stories and perspectives of a broad cross-section of community members.

"The billboard that was developed by an inmate has been very well received."

"We launched six new media messages at the end of September with real life stories from people in recovery focusing on getting trained to dispense Narcan, the impact of trauma on their later use, and how they got started.'"

"By involving local residents in the development and implementation of the ['Don't Be an Accidental Drug Dealer'] campaign, we created an opportunity to enhance the level of citizen participation in addressing this topic."

Widespread stakeholder involvement and collaboration led to increased community participation.

"We had 60 community members attend… The event provided presenters from the recovery community, sheriff's office, and CSB… a *REVIVE!* training, information about adverse childhood experiences (ACEs), Hidden in Plain Sight, available resources for the area, and a deputy outlining what community members can do to keep their neighborhoods safe from drug trafficking."

"[The coalition and CSB] collaborated…with multiple community organizations and participated in a targeted neighborhood outreach event… It was a very well attended event and we were able to reach a previously defined disparate population. EMS followed up a month later to say that one of the participants from the *REVIVE!* training at the event used their Narcan to save a person who overdosed on heroin."

Communities demonstrated responsiveness to feedback and participation from community members.

"The community has been extremely receptive of these conversations and have expressed a desire to continue these types of presentations."

"Our recent efforts have organically started to generate attention and interest."

"Evaluations from the events were positive and plans are being considered for a second opioid awareness event in the fall."

Challenges & Barriers to Implementation

Feedback from PFS communities on the annual capacity assessment and quarterly monitoring reports identified common challenges and barriers to implementing prevention strategies. PFS staff at the state and local level may take findings from this section to inform training, TA, and strategy development for the remaining year of the PFS grant.

PFS communities reported changes in the level of impact of barriers over time; however, the highest impact barriers have remained relatively consistent.

Highest-Impact Barriers	
2018	2019
• High poverty rates/low socioeconomic status	• High poverty rates/low socioeconomic status
• Lack of drug-free activities for area youth	• Lack of drug-free activities for area youth
• Easy access to prescription drugs for underage youth	• Easy access to alcohol for underage youth

Notably, there was a shift from easy access to prescription drugs to alcohol as a high-impact barrier. This shift suggests the success of activities aimed to decrease access to prescription drugs that lead to opioid addiction. However, this shift also indicates a need for additional resources to address the ease of alcohol access for youth across Virginia, as well as continued opportunity to focus on shared risk and protective factors.

The table below highlights changes in the impact of specific barriers across the grant cycle, as reported in the annual capacity assessment. Although communities likely reflect on different circumstances when rating barriers, the decreases in impact ratings for the risk factors of easy access and lack of community awareness suggest the positive influence of communities' prevention work in addressing these factors. Barriers that increased in impact are larger societal issues that, despite being closely related to substance use disorder prevention, are fueled by many external factors.

Changes in Impact of Barriers from 2017 to 2019	
Decreasing Impact	Increasing Impact
• Lack of community awareness of the extent or consequence of substance abuse • Easy access to prescription drugs for nonmedical use	• Lack of trust in law enforcement, government, social services • Large recent refugee/ immigrant population

"There seems to be hesitation [in the Latino community] to make contact because the registration for a *REVIVE!* training is recorded in a state database. The community has voiced concern that they do not want to be associated with anything drug related, and they do not want their name registered in a database. We continue to try to build our relationship of trust so we can bring a *REVIVE!* training to their community members." -PFS Staff Member

Quarterly monitoring reports provided insight into the challenges impacting implementation across PFS communities. These themes highlight challenges that impact entire PFS communities as well as challenges specific to certain subpopulations. Despite the ongoing nature of many of these challenges, subgrantees continue to develop and implement creative solutions that address the unique needs of their communities.

Time constraints and communication challenges interfere with engaging stakeholders and community partners.

"[A challenge has been] bringing many different groups together to define each group's role in creating positive community change."

"We continue to struggle with [youth coalition] attendance. Many of our students play sports, work, are involved with so many other activities that it is difficult to find a time that works for them to attend the meetings."

Increasing engagement with diverse communities remains a challenge—impacted by lack of staff and other resources.

"A major challenge with engaging the Hispanic community is the very evident demonstration of being overwhelmed. While they very much want to partner, they verbalize the great demands placed on them and not having enough staff to meet the needs."

"[It has been challenging to] increase diverse representation of members that match the surrounding community."

Rural communities face unique challenges with community engagement, coalition development, and in turn, program implementation.

"Community members often do not have transportation to get to community meetings, or because community members work outside of the county, they cannot attend meetings due to time restraints. The poor internet connections hinder communication by emails and/or telecommunication."

"We have difficulty with the awareness campaign due to the size of the county, transportation needs of the county, and seemingly a lack of interest in the trainings offered."

"It can be challenging to find neutral meeting space in rural communities."

Monitoring Substance Use Patterns

In order to monitor substance use patterns over time, it is important to consider the factors that predict substance use as well as the downstream consequences of use. Throughout the PFS grant cycle, OMNI has worked with the PFS Project Manager and DBHDS to monitor substance use patterns at three levels: risk and protective factors, substance use, and consequences of use.

These factors represent specific social conditions, personal characteristics, and environmental influences that make an individual more or less likely to engage in substance use. Risk factors are related to an increased likelihood of substance use, while protective factors are related to a decreased likelihood of substance use.

Measuring substance use often involves the collection of self-report data from individuals on the substances of interest. Common sources of substance use data include measures of current use, such as past 30-day use, as well as lifetime use.

Monitoring data on the consequences of substance use can help to provide a clearer picture of the impact of substance use within a community and illustrate the context surrounding broader societal costs of use. Decreasing these community and societal impacts of substance use is a long-term goal of the PFS funding stream.

Data detailing risk and protective factors as well as substance use across Virginia is generally collected through three sources for PFS communities: the Virginia Youth Survey, the Young Adult Survey, and the National Survey on Drug Use and Health (NSDUH). At the time of the creation of this report, data on risk and protective factors and substance use were only available from NSDUH for fiscal year 2017-18. More information on this data source is available in Appendix A.

Due the timing of bi-annual data collection for the Virginia Youth Survey and Young Adult Survey, new data from these sources are not available or included in the current report. As such, this year's report has limited data describing risk and protective factors as well as substance use, based on available NSDUH data. Historical data from the last administrations of the Virginia Youth Survey and the Young Adult Survey are available in last year's PFS report available on the VASIS dashboard.

Risk and Protective Factors

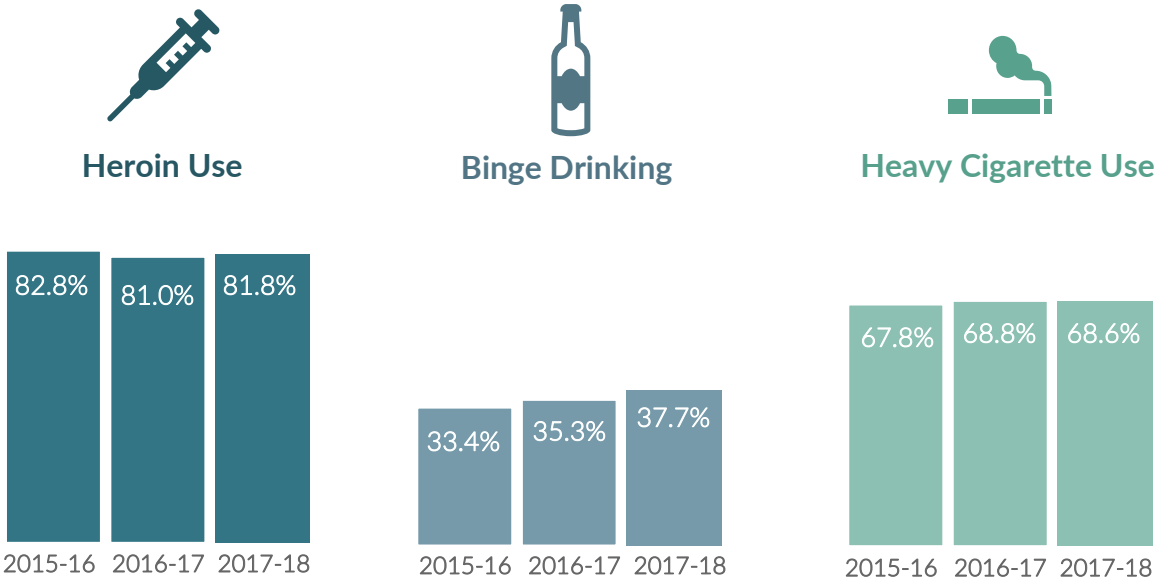
Virginia substance use data from NSDUH are reported below. Data presented are focused on the PFS target population of young adults, aged 18 to 25 years. Binge drinking is defined as consuming five or more alcoholic beverages at least once a week. Heavy cigarette use refers to smoking at least one pack of cigarettes per day. Heroin use refers to trying heroin once or twice.

The number of young adults who perceive binge drinking as posing a great risk has trended slightly upward in recent years, while the perceived risk of heroin and heavy cigarette use remain stable.

These data show a non-significant positive trend over the past three years, with more young adults recognizing binge drinking as posing a great risk to themselves.

Similar to previous years, NSDUH data demonstrate that young adults view heroin use as posing more risk than binge drinking or heavy cigarette use.

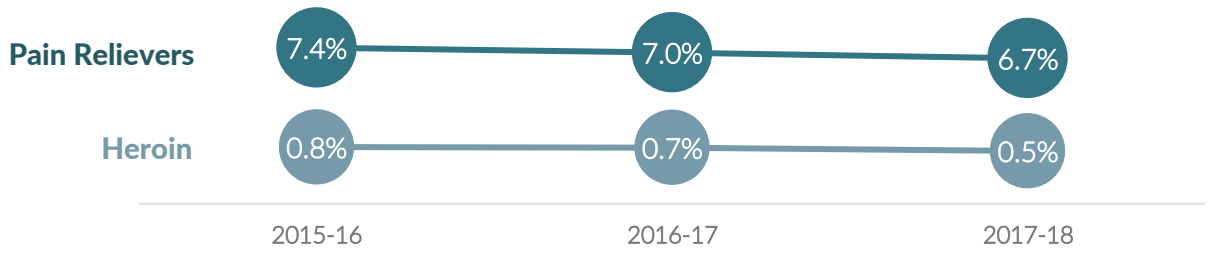
Percentage of young adults in Virginia who perceive "great risk" of...



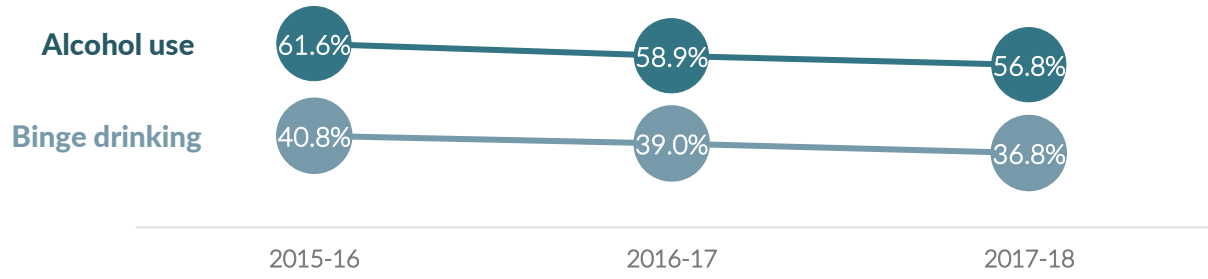
Substance Use

Virginia substance use data from the NSDUH are reported below. Overall, among young adults aged 18-25 years, use and misuse trends for substances targeted by PFS strategies are declining over time, though not all declines in substance use are statistically significant.[1]

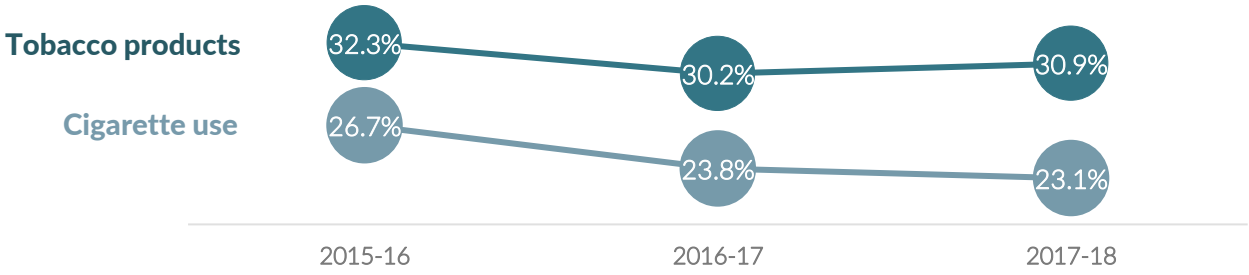
The percentage of young adults who have used heroin and/or misused pain relievers within the last year declined slightly between 2015 and 2018.



Both alcohol use and binge drinking among young adults within the last month declined slightly between 2015 and 2018.



Cigarette use in the last month among young adults declined between 2015 and 2018, while use of any tobacco products in the last month ticked slightly upwards in 2017-18, possibly driven by increases in vaping.



[1] The decline in heroin use between 2016-17 and 2017-18 is significant at the $p<0.05$ level. The decline in alcohol use between 2015-16 and 2016-17 is significant at the $p<0.10$ level. The decline in cigarette use between 2015-16 and 2016-17 is significant at the $p<0.05$ level.

Consequences of Substance Use

Consequence data related to alcohol, prescription drugs, heroin and fentanyl[2] are reported below, and can also be viewed on the Virginia Social Indicator Dashboard at www.omni.org/vasis. In the tables below, data related to both PFS and non-PFS communities are reported for 2016 and 2017. Regression analysis was completed to determine if changes in indicator data occurring between 2016 and 2017 were statistically significant. Note that statistically significant change cannot be directly attributed to PFS funding or strategies, as other factors may have played a role. In addition, PFS communities were selected for funding due to indicator data that demonstrated higher need than other communities across the commonwealth. Therefore, it is expected that PFS communities may show higher rates of some indicators than non-PFS communities.

Further, the data presented in these tables provide a snapshot of change in consequence indicators across a one-year period; most PFS communities began implementing their strategies in the summer of 2016, so this data reflects the first year of the active implementation period. It is expected to see a delay in changes in indicator data as significant change is unlikely to occur after a single year of implementation. Future reporting will examine multiple years of change across the grant period.

PFS communities saw decreases in alcohol- and heroin-related crime, but these decreases were not statistically significant.

Substance Related Crime, 2016-2017		Percentage of Crimes (2016)	Percentage of Crimes (2017)	Statistical change from 2016 to 2017
Alcohol-Related Crime (Ages 12-25)	PFS Communities	7.15%	6.77%	No change
	Non-PFS Communities	7.68%	7.39%	No change
Prescription Drug-Related Crime[3] (Ages 12-25)	PFS Communities	0.93%	1.08%	No change
	Non-PFS Communities	0.86%	1.25%	No change
Heroin-Related Crime (Ages 15-25)	PFS Communities	0.95%	0.66%	No change
	Non-PFS Communities	0.69%	0.75%	No change

[2] See Appendix B for more information on fentanyl and why it is included in this report.
[3] There is not a single category for prescription drug-related arrests. A prescription drug category was created which included arrests coded as involving morphine, other narcotics, other stimulants, barbiturates, other depressants, or other drugs. This categorization may include some arrests involving non-prescriptions drugs, such as bath salts, and exclude some arrests involving prescription drugs such as Adderall.

Fatal fentanyl and heroin overdoses significantly increased between 2016 and 2017 for both PFS and non-PFS communities. Alcohol overdoses decreased in both PFS and non-PFS communities, though this change was only statistically significant in non-PFS communities.

Overdose rates in PFS communities are higher, on average, across years for both heroin and fentanyl when compared to non-PFS communities, demonstrating a continued need for strategies aimed at reducing overdose rates in these communities.

Fatal Overdoses, 2016-2017		Rate per 100,000 (2016)	Rate per 100,000 (2017)	Statistical change from 2016 to 2017
Alcohol[4] Overdoses	PFS Communities	3.07	2.61	No change
	Non-PFS Communities	2.15	1.75	↓ Decreased
Opiate Prescription Drug[5] Overdoses	PFS Communities	7.44	7.11	No change
	Non-PFS Communities	4.00	4.42	No change
Heroin Overdoses	PFS Communities	6.48	8.92	↑ Increased
	Non-PFS Communities	4.58	5.42	↑ Increased
Fentanyl Overdoses	PFS Communities	8.54	11.47	↑ Increased
	Non-PFS Communities	6.45	7.60	↑ Increased

[4] Death involved a blood alcohol concentration >0.08%.
[5] One or more opiate prescription drugs caused or contributed to death (codeine, hydrocodone, hydromorphone, methadone, morphine-no-heroin, oxycodone, oxymorphone, tramadol).

Admissions to substance abuse services did not significantly change between 2016 and 2017. Yet, PFS communities have higher admissions rates, on average, across substances than non-PFS communities.

Admission rates in PFS communities did increase from 2016 to 2017 for most substances reported here, but any changes were not statistically significant. Non-PFS communities saw slight decreases in admission rates for alcohol and other opiates/synthetics, but these changes did not reach significance. Future years of data will help to illuminate stronger trends in substance abuse services admission rates.

Admission to Substance Abuse Services, 2016-2017		Rate per 10,000 (2016)	Rate per 10,000 (2017)	Statistical change from 2016 to 2017
Alcohol	PFS Communities	20.98	21.44	No change
	Non-PFS Communities	17.63	15.92	No change
Heroin	PFS Communities	11.06	12.41	No change
	Non-PFS Communities	5.83	6.07	No change
Other Opiate/ Synthetic	PFS Communities	17.94	18.30	No change
	Non-PFS Communities	5.15	4.83	No change
Other Amphetamine/ Stimulant	PFS Communities	0.84	0.88	No change
	Non-PFS Communities	0.61	0.62	No change
Benzodiazepine	PFS Communities	5.23	5.05	No change
	Non-PFS Communities	1.36	1.33	No change

Fentanyl drug seizures increased in both PFS and non-PFS communities from 2016 to 2017, though these changes were not statistically significant.

The magnitude of the change in fentanyl seizures is noteworthy—PFS communities saw fentanyl drug seizures rates double, while non-PFS communities saw their rates nearly double. Seizures for heroin and opiate prescription drugs decreased slightly for both PFS and non-PFS communities but these changes were not statistically significant. It is important to note that these changes may reflect changes in drug enforcement, not necessarily changes in drug availability in the community.

Drug Seizures, 2016-2017*		Rate per 100,000 (2016)	Rate per 100,000 (2017)	Statistical change from 2016 to 2017
Opiate Prescription Drug[6] Seizures	PFS Communities	123.59	117.68	No change
	Non-PFS Communities	47.15	41.18	No change
Heroin Drug Seizures	PFS Communities	98.46	89.93	No change
	Non-PFS Communities	56.16	54.12	No change
Fentanyl Drug Seizures	PFS Communities	22.11	44.54	No change
	Non-PFS Communities	18.51	33.06	No change

*Minor adjustments to 2016 data have been made since last year's PFS report based on corrections from the Virginia Department of Forensic Science.

[6] Drug seizure cases involving at least one prescription opioid painkillers, such as Vicodin and OxyContin.

Appendix

A. Methodology and Data Sources

Methodology

This report includes a variety of process data reported by PFS communities as well as outcome data collected from external agencies. This is intended to be an update to the PFS baseline report produced in 2017 and the PFS annual report produced in 2018. It builds on the data included in those reports by adding trend data collected since those reports were produced, allowing for an examination of the progression of communities since the beginning of the PFS grant. This report is designed to provide an intermediary look at progress in communities. Where appropriate, statistical tests were used to determine whether changes since the most recent annual report are statistically significant. OMNI intends to produce a final report at the end of the PFS grant that will allow for a more comprehensive and in-depth look at the outcomes of the five-year grant.

Data Sources

Annual Capacity Assessment (formerly the Community-Level Instrument)

The Community-Level Instrument (CLI) was a SAMHSA-required reporting tool for the first two years of the PFS grant. It was administered every six months, starting in 2016 and ending with the last administration completed at the end of 2017. SAMHSA discontinued use of the CLI in 2018. OMNI and the PFS project management team identified select questions from the CLI that were important to continue measuring for evaluation of the project and administered a shortened version of the CLI to PFS communities in October 2018 and 2019. These questions, now referred to as the Annual Capacity Assessment will be administered to communities a final time in 2020.

Drug Seizures

Data provided by the Virginia Department of Forensic Science via the National Forensic Laboratory Information System reflects cases in which drugs were seized and tested by law enforcement agencies throughout the commonwealth. When multiple drug samples of the same type of drug were submitted as part of the same case, they were only counted a single time. When multiple samples of different drug types were submitted as part of the same case, they were counted as a single case for each included drug type. Data presented in this report represent drug seizure rates of PFS communities and non-PFS communities for prescription opioids, heroin, and fentanyl.

Fatal Overdoses

Drug mortality data are provided through the Virginia Medical Examiner Database System (VMEDS). VMEDS is an internal agency database which contains detailed information on all deaths reported to the Office of the Chief Medical Examiner (OCME). Data include accepted cases of either full autopsy or external exams, accidental and undetermined fatal drug overdoses. Due to

the nature of law enforcement and OCME death investigation, all deaths are based upon locality of occurrence and not residential status of the decedent.

National Survey on Drug Use and Health (NSDUH)

The NSDUH is an annual survey administered by SAMHSA that measures consumption rates of several substances, perceived risk of substance use, and prevalence of mental health and substance use disorders. NSDUH data are also used to "identify the extent of substance use and mental illness among different sub-groups, estimate trends over time, and determine the need for treatment services."[7] SAMSHA also provides comparisons of NSDUH state prevalence estimates across time. All NSDUH comparisons across years and statistical tests referenced in this report were conducted by SAMSHA.

Performance Based Prevention System (PBPS)

PFS communities are required to report process data (numbers served and reached) in the PBPS on an ongoing basis. OMNI provides regular technical assistance to communities as well as detailed review of data entered by communities to ensure accuracy. The PBPS site is managed by Collaborative Planning Group, Inc.

Quarterly Reports from Communities

All PFS communities complete quarterly progress reports that were designed jointly by the PFS Project Manager and the OMNI team. In these reports, communities identify activities completed, accomplishments, and technical assistance needs that arose over the past quarter. This report includes qualitative data gathered from the 2018-19 fiscal year quarterly reports.

Substance Abuse Services Admissions

Data on admissions to substance abuse services are provided by the Virginia Department of Behavioral Health and Developmental Services from the Community Consumer Submission 3 (CCS3) dataset. This dataset collects information on the number and characteristics of individuals receiving substance abuse services from CSBs. Data reflect information collected at admission to care and may be duplicated across individuals receiving multiple episodes of care over the time period. Geographic data (PFS/non-PFS) reflects place of service provision, not residence of the individual seeking services. The table in this report presents admission rates for alcohol, heroin, other opiate/synthetics, other amphetamine/stimulants, and benzodiazepines. Prescription drug misuse is likely to be captured across the latter three categories of substances.

Substance-Related Crime

Crime data was provided by the Virginia Department of Criminal Justice Services Research Center from the Virginia Uniform Crime Reports (UCR). Virginia UCR data are submitted by local law enforcement agencies to the Incident-Based Crime Reporting Repository, administered by the Virginia Department of State Police. Substance use-related crime includes producing, distributing, buying, using, or possessing controlled substances. Percentages were calculated for the specific

[7] National Survey on Drug Use and Health, SAMHSA, U.S. Department of Health and Human Services. https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health

age group of interest (12-25 for alcohol and prescription drugs, 15-25 for heroin) by taking the number of substance related crimes divided by the total number of crimes in that region.

It is worth noting that drug arrests are a nuanced consequence measure because they can be reflective of many other contextual factors. More specifically, these rates are likely more reflective of local law enforcement strategies rather than reliable estimates approximating drug use in a given community. It is possible for a community with a high drug use rate to have a low drug arrest rate due to limited law enforcement resources or different priorities in the area. Similarly, a community with a low drug use rate could have a high arrest rate if law enforcement resources are being allocated toward drug monitoring and control in that community. Therefore, changes in this measure over time should be interpreted with caution since they may not illustrate changes in drug use, but rather changes in drug enforcement.

B. Note about Fentanyl Data

Fentanyl is a powerful synthetic opioid drug that is 50-100 times more potent than morphine. It is manufactured legally as a medical prescription painkiller and is also produced illicitly and sold on the illegal drug market. It can be used as a stand-alone drug; however, fentanyl is most often mixed with heroin without the user's knowledge, or sold as tablets that mimic other less potent opioids. Fentanyl is cheaper to make than heroin and much more potent, which equates to more doses per batch at a lower cost compared to other drugs.

Fentanyl is included in this report because illicitly manufactured fentanyl is the main driver of the recent increase in overdose deaths involving synthetic opioids at both the national and commonwealth level. From 2010 to 2015, annual overdose deaths involving opioids in the United States increased by nearly 57%. This notable rise in deaths was attributed to synthetic opioids other than methadone, which rose from 3,007 to 9,580, an increase of 219%.[8] From 2010 through 2013, the rate of synthetic opioid overdose deaths in Virginia was about 1 per 100,000. Then from 2013 to 2015, the rate more than tripled, reaching 3.1 per 100,000 people.[9]

Data from the Drug Enforcement Agency's National Forensic Laboratory Information System (NFLIS) indicate that drug submissions testing positive for fentanyl (fentanyl reports) rose dramatically in Virginia from 42 in 2010 to 557 in 2015.[10] Prescribing rates for pharmaceutical fentanyl in Virginia remained stable between 2010 and 2015, at a prescription rate of about 17 per 1,000 people. These figures demonstrate the increasing role that illicitly produced fentanyl plays in the opioid epidemic in Virginia, and the importance for its inclusion in this report examining consequences associated with substance use.

[8] Centers for Disease Control and Prevention (2017). Prescription Behavior Surveillance System: Issue Brief. https://www.cdc.gov/drugoverdose/pdf/pbss/PBSS-Report-072017.pdf
[9] Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2015 on CDC WONDER Online Database, released 2016.
[10] Centers for Disease Control and Prevention (2017). Prescription Behavior Surveillance System: Issue Brief. https://www.cdc.gov/drugoverdose/pdf/pbss/PBSS-Report-072017.pdf