BG Evaluation Summit Recap: October 1, 2019 – Hotel Roanoke, Roanoke, VA

Presenters/Hosts:

OMNI: Eden Griffin, Ivonne Parra, Lynette "T" Schweimler, Cheryl Winston
DBHDS: Gail Taylor, Colleen Hughes, Keith Cartwright, Jennifer Farinholt, Nicole Gore

Overview of the day's activities

- OMNI provided an overview of the day's agenda.
- Jennifer provided SOR funding updates.
- OMNI presented on the VASIS data dashboard, including an introduction to the revamped dashboard and new resources that are coming soon.
- OMNI provided a mini-training and demo of the updated Demographic Calculator Tool
- Strategic Planning Presentation
    - OMNI shared about the recent report, the process, and the priorities
    - DBHDS provided context and ideas around next steps.
- Strategic Planning SWOT Analysis
    - OMNI facilitated a breakout group discussion and activity around the following:

        "What are the strengths, weaknesses, opportunities, and threats in Virginia around addressing the priority areas and risk and protective factors identified in the strategic planning report?"
    - Attendees weighed in and then reported out their thoughts.
    - OMNI recorded the data for future sharing and integration into planning. (Preliminary highlights of SWOT Activity presented below on page 2 with full results starting on page 3.)
- Keith and Colleen discussed upcoming site visits and priorities for these.
- Gail provided General DBHDS updates

Strengths	Weaknesses
More frequently noted: • Passionate, knowledgeable, motivated people • Strong collaboration • Statewide leadership and cohesiveness • Partnership with OMNI • Lock and Talk: centralized state-wide branding • Workforce/Professional development • Data driven/informed/VASIS Unique points: • Potential to lead the state in assessment and evaluation of prevention, treatment and recovery. "Telling our story."	More frequently noted: • Lack of funding/staff capacity • "Where is marijuana?" • How does Step VA affection prevention? • Sustainability • Overwhelming--more on do more w/ less. • Hard to prove outcomes Unique points: • Staff leaving prevention for more money in other agencies/Seasoned prevention professionals leaving the field (loss of wisdom).
Opportunities	**Threats**
• Emphasis on ACEs • State focus on vaping • Regional messaging, media • Share messaging via social media for youth and young adults • Share products among CSB's -- clearing house! • Risk and protective framework in prevention/treatment • Trauma informed networks • Prevention's connection to social equity • Prevention's role in social media • Translated materials and interpreters • Working with univ/e.g. work force development Unique points: • Faith partnerships • Prevention at the legalization table for marijuana	• Hyper focus on 1 solution/risk factor instead of across shared risk factors • Opioid attention overpowers other prevention needs • State priority not reflective of local priority • Local CSB directives sometimes in conflict with state directives • Not included in STEP-VA • RVR increase threatens BG • Short term turnaround for spending funds and meeting objectives • 6 CSAP strategies (can't use funds for educational programs) Unique points: • Lack of diversity funding • Focus on opioids distracts from emerging issues (i.e. marijuana)

Below are the SWOT analysis results identified by each group at the BG Summit 2019. Each category had two groups. The numbers in parentheses, e.g. (2), represent the number of checkmarks next to the bulleted item.

Strengths Group 1	**Strengths Group 2**
Community stakeholder buy in	Flexible
Diverse funding streams	Wear many hats
Training opportunities	SAPST trained
Open communication w/ OBH	Potential to lead the state in assessment and evaluation of prevention, treatment and recovery. "Telling our story.
Regional partnerships	Creating an avenue to and ability to speak a common language in the community and state through ACE's
Prevention portal communication	More young people entering the workforce in urban areas
Direct communication/emails with DBHDS	TOPS facilitation training
No finger pointing	Data driven/informed VASIS (2)
Real Outcome measures exist	Diversity population we serve (1)
Longevity and sustainability	Expertise/experienced (1)
Statewide leadership and cohesiveness • Gail's voice (3)	State level support (1)
Innovative strategies with "local flavor" (1)	State expectations are clear (1)
Emphasis on community-based coalition work (1)	Strategic road map (1)

Focus on workforce development (2)	Strong collaborative (3)
Strategic focus on shared risk factors	Community relationships (1)
Open dialogue about SUD & Suicide MH	Regionally and locally value for and support of (2)
Community Readiness increased!	Professional development (2) • NPN, CADCA, VACSB Conference
Existing infrastructure focused on suicide prevention	Creative with limited resources (2)
Partnership with Counter Tools (1)	Passionate, knowledgeable, and motivated people (3)
More master trainers for ACEs (1)	5 regional CSBs groups/planning/sharing. Up to 13 counties (1)
Lock and Talk (2) Centralized state-wide branding!	Gail - fights/advocates (1)
Strong mechanisms in place to make a difference - already implementing.	Additional funding sources brought in
Everyone (state/csbs) are using SPF	State and local entities collaborating more
Formal database	OMNI - ongoing TA
Partnership with OMNI (2)	Strong presence within communities (1)
	Increased value on CSB prevention (internally) (1)
	Board of directors' support (1)

Weaknesses Group 1	**Weaknesses Group 2**
No CSB feedback into prioritization process or strategy/funding selection	Promoting prevention in communities (1)
Not aware of community input into process?	Double reporting/duplicate post/CPG
Where is marijuana? (2)	Reactionary (not proactive). Logic models, data entry plans, etc. Always catching up.
Risk Factor: youth violence?	Staff skillset (started in prevention to work with kids) • Doing things outside internal capacity • Wearing so many hats (1) • Now more public health positions
Balance between local priorities, disparities, and state planning (1)	Lack statewide messaging (create and make available to each to localize) Staff leaving prevention for more money in other agencies.
How does Step VA affection prevention? (2)	No one knows what prevention means.
Lack of funding for MH promotion activities and suicide prevention (1)	Prevention isn't sexy
Lack of credibility for prevention incongruent with required body of work (i.e. logic models, outcomes measures, evidence-based practices) and available funding (i.e. smaller cut of $) (1)	Funding (e.g. staff, capacity) (5)
Underutilization of portal (1)	Hard to prove outcomes (2)
Sustain without $ or unrealistic	Low capacity - CSB Support of prevention services (value; funding) (2)
Small workforce = too many hats, spread too thin	Lack of input from local experts

Deadlines vary per stakeholders + may conflict (1)	Sustainability (2)
Entering same data multiple times (when OMNI changes plan, when ask for separate report)	Overwhelming - keep adding more on do more w/ less (2)
Staff turnover (not paid enough for retention)	Community buy-in from community leaders
Prevention staff not prioritized - not recognized by CSB + take positions (1)	Limits in engaging target population
	Unclear state expectations
	Lack if consistent communication
	Lack of awareness of prevention community needs assessment and outcomes within and outside of CSB's!
	Seasoned prevention professionals leaving the field (loss of wisdom)
	Lack of engagement of marginalized populations • need continued education of how to engage • need to identify community leaders from within

Opportunities Group 1	Opportunities Group 2
Increased trainings for youth	Risk and protective framework in prevention/treatment (2)
Utilization of BG funding (1)	Measure success
Increased opportunities for regional messaging/media (2)	TICN - Trauma informed networks (2)
Better conversation - "tell our prevention story." We have to prove ourselves, that we can tackle other substances. (1)	Prevention's connection to social equity (2)
Share messaging via social media for youth and young adults (2)	Prevention's role in social media (paired with risk - enhance policies + support) (2)
Share products among CSB's clearing house! (2)	Developmental assets framework (1)
Partnering with TI Community through ACEs that includes prevention (1)	Emphasis on ACEs (3)
ACEs in general --> gate way to universal prevention conversation	Translated materials and interpreters (2)
Building trust among media outlets (1)	Integration of systems of care
More media attention to vaping university partnerships	BH system re-design
Learn how to better tell the "prevention story"	Increased awareness of MH/SP/recovery + health promotion by celebrities
Increased media attention on trainings (local)	Opioids - opened doors to LE, faith communities + increased/strengthened relationships -> get seat at the table
Increased and diverse partnerships (1)	Tobacco 21 - quick passage
Increased focus on MH + suicide prevention (safe media messaging) training for diverse organizations (1)	Teen MHFA

Increased use of data (strategic use) (1)	Multi-cultural focus (1)
Faith partnerships	State focus on vaping (3)
Counter tools with alcohol that may lead to marijuana conversation in future	Working with univ/e.g. work force development (available resources) and (train re: prevention, better informed) (2)
Prevention at the legalization table for marijuana	Working with h.s. and work (1) force development + state funding (GA) ?
Opportunity to expand environmental strategies	Time to tell our stories (outcomes, highlight more) (2)
Moving toward using PBPS with OMNI to generate visual reports to share to tell story	Working with tx and recovery (1)
Diverse strategies invite us to more tables	Promote SPF - assessment info in prevention for prev/tx/recovery (to drive CSB system) (1)
Utilization for local priorities (local needs)	Integrated approach to healthcare (1)

Threats Group 1	Threats Group 2
Lack of communication with universities, VDH, Department of Ed., etc. Silos (2)	Workforce shortages/competitive wages for CSBs (1)
Data and data sharing	Managed health care
Stakeholder confusion regarding diluted messages (1)	Loss of TST programs -> increased youth risk? Crisis stab days
Lack of understanding of coalition work, territorial (1)	Crisis of addiction
Collecting accurate and up to date data	Big $ in promoting substances - increases access, loosening of Alc. Laws in VA (e.g. social media)
Lot of changes causes confusion with partners because can no longer continue with previous projects	Mandating tx options/approaches (lack of person-centered approach) (1)
Limited targeted strategies (less indicated, etc.)	Legalization of MJ? Lack of planned transition and lessons learned (1)
Opioid attention overpowers prevention needs (4)	Lack of legislative support/understanding (1)
Short term turnaround for spending funds and meeting objectives (2)	As more $ -> tx crisis, less available for prevention (1)
RVR increase threatens BG (2)	Lack of diversity funding
6 CSAP strategies $ (can't use funds for educational programs) (2)	Too many restrictions to funding (1)
Local CSB directives sometimes in conflict with state directives (2)	Not included in STEP-VA (3)
Lack of knowledge/understanding of common risk factors for all substances (1)	National/state politics (1)
Focus on opioids distracts from emerging issues (i.e. marijuana)	State priority not reflective of local priority (2)

Stigma	Hyper focus on 1 solution/risk factor instead of across shared risk factors (4)
"Feeding frenzy" for prevention $ (e.g. VFHY, universities, etc.)	Expanded/broadened target audience -> shift from C/A to adult
Increase in suicide rate with lack of understanding of influencing variables	VDH/VFHY (self-promotion) (1)
Restrictive and dwindling funding	Getting to broad/pendulum swings
	Continued buy-in from community partners (1)