

# Virginia Substance Abuse Prevention Block Grant

## Strategic Planning Report - 2019

In order to best meet the needs of the statewide prevention system, the Office of Behavioral Health Wellness (OBHW) within the Virginia Department of Behavioral Health and Developmental Services (DBHDS) has been implementing a multi-pronged approach to shift state and local prevention efforts towards data-driven planning. This report summarizes the progress made in state-level strategic planning efforts for the Substance Abuse Prevention Block Grant, which is funded by the Substance Abuse and Mental Health Services Administration (SAMSHA). Grant funds are distributed by DBHDS to 40 Community Service Boards (CSBs) to implement behavioral health wellness, substance misuse and use disorder prevention strategies.

This report was prepared by The OMNI Institute, a nonprofit social science consultancy that provides integrated research and evaluation, capacity building, and data utilization services to accelerate positive social change. DBHDS has contracted with OMNI since 2014 to evaluate Virginia's Block Grant activities as well as provide training and technical assistance to build evaluation capacity among Virginia's prevention workforce.

### DBHDS Vision

We, OBHW, work to support the creation of thriving communities that promote healthy outcomes.

## Strategic Prevention Framework

Since 2014, DBHDS and OMNI have partnered to implement the Strategic Prevention Framework (SPF)<sup>1</sup> to build capacity for data driven prevention. The SPF consists of a set of steps and principles that are designed to ensure effective substance use prevention services. The first three steps of the SPF were a primary focus for strategic planning efforts, and are briefly described below.

### ASSESSMENT

1 2017-2018: conducted a systematic assessment of the behavioral health needs across Virginia using epidemiological data.

### CAPACITY

2 Ongoing: supported capacity building across Virginia through training and technical assistance to embed the SPF model at the state and local levels.

### PLANNING

3 2018-2019: facilitated the development of a strategic plan based off of assessment and capacity data to guide funding decisions and to select prevention strategies.



# Virginia's Prevention Needs Assessment

In the spring of 2018, OMNI collaborated with the Office of Behavioral Health Wellness to examine the status and needs related to behavioral health and substance use in Virginia. The needs assessment report synthesized more than seventeen national and local secondary data sources as well as primary data collected from over three dozen stakeholders through facilitated discussions and a SWOT analysis. The needs assessment report highlighted three priority areas for Virginia's future prevention efforts under the Block Grant funding stream.

## Priority Area: Alcohol

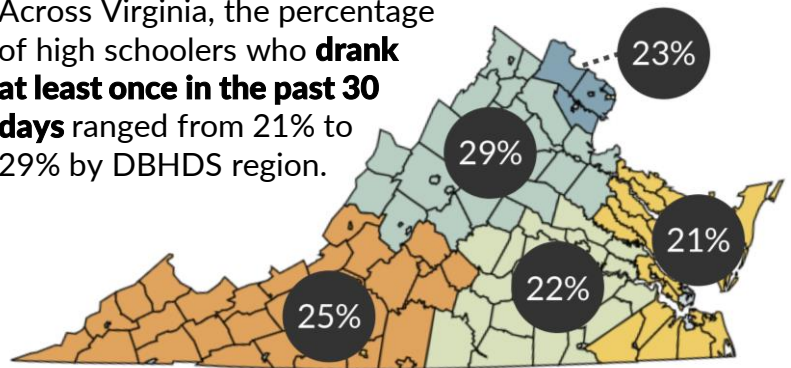


**Alcohol is the most commonly used substance in Virginia** with 25% of high schoolers and 55% of adults consuming alcohol in the past 30 days.



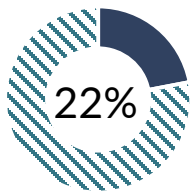
**19% of intake cases for behavioral health services** report alcohol use, making it the most common substance of use among intake cases.

Across Virginia, the percentage of high schoolers who **drank at least once in the past 30 days** ranged from 21% to 29% by DBHDS region.

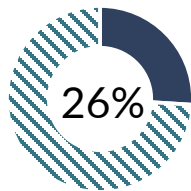


## Priority Area: Tobacco and Nicotine

**Tobacco and nicotine use** among Virginia adults:



have ever tried an e-cigarette or e-vaping product



used a tobacco product in the past month

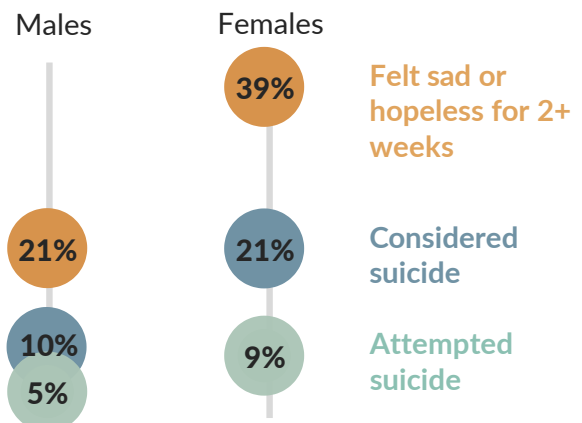


One in six Virginia high school students **used tobacco or nicotine in the past 30 days.**

## Priority Area: Mental Health and Suicide

**1,179 suicides were recorded** in Virginia in 2017, a rate of 13 per 100,000 persons.

Among Virginia high schoolers, **mental health concerns** are significantly more prevalent in females than males.



# Risk and Protective Factors

Extensive national research has demonstrated a strong association between specific social conditions, personal characteristics, and experiences with the involvement in unhealthy behaviors. These influences are known as Risk and Protective factors<sup>2</sup>. Risk factors may increase the chances of engaging in unhealthy behaviors, while Protective factors may reduce the risk. Together, Risk and Protective factors influence behavioral health trends in healthy or unhealthy directions.

Best practices in prevention science recommend assessing these factors through a data-driven process and prioritizing strategies that will influence risk and protective factors to make the greatest impact. Many risk and protective factors are shared across behavioral health issues such as substance use, mental health, suicide, and violence. In order to impact the three prevention priority areas, DBHDS and OMNI considered the associations between prioritized outcomes and risk and protective factors.

## Data-Driven Decision Making

DBHDS reviewed data on risk and protective factors from their 2017-2018 needs assessment findings and identified retail access, youth and adult mental health, Adverse Childhood Experiences (ACEs), and norms related to use as key contributing factors to leverage in addressing alcohol, tobacco, mental health and suicide prevention<sup>3</sup>.

8,497

The number of **tobacco retailers** in Virginia, which amounts to 1 retailer for every 1,002 individuals.

19,523

The number of **active liquor licenses** in Virginia, which amounts to 1 license for every 436 individuals.

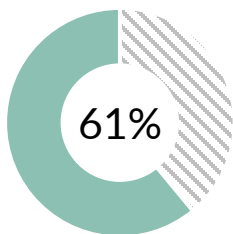


30% of Virginia high schoolers **felt sad or hopeless for two or more weeks in a row within the past year.**

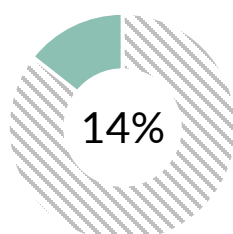


15% of Virginia adults **report poor mental health** on 8 or more days in the past month.

Prevalence of ACEs among Virginia adults



have experienced **at least one** adverse childhood experience.



have experienced **four or more** adverse childhood experiences.



**Less than half** of Virginia youth (41%) say they have talked with their parents/adults about tobacco, alcohol, or other drugs within the last year.

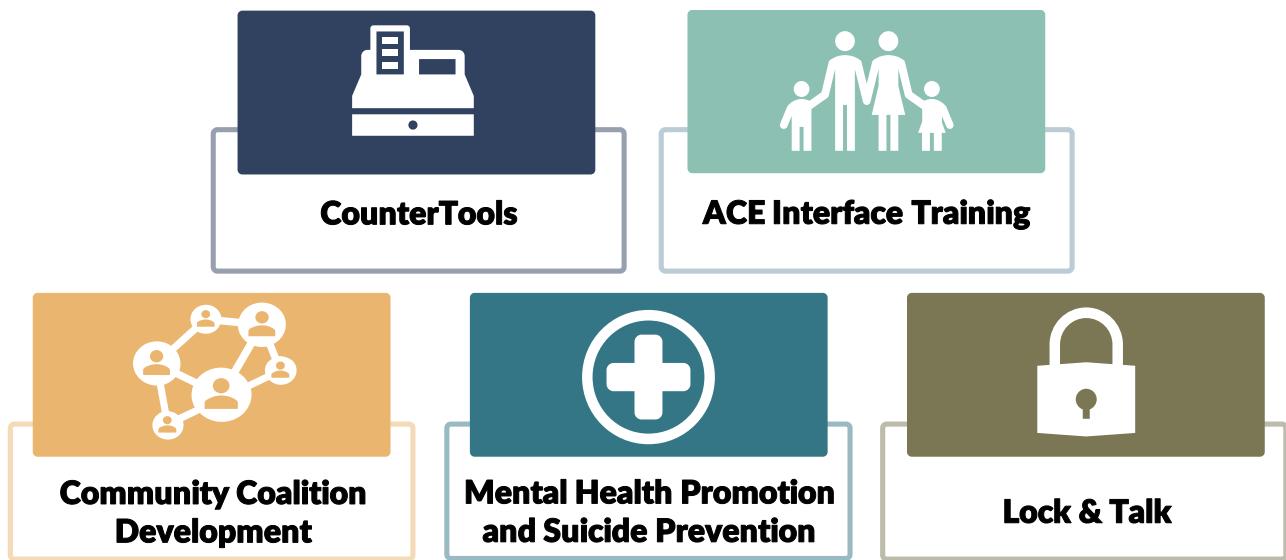


Nearly **1 in 4** high school students think young people who smoke cigarettes definitely or probably have more friends.

# DBHDS Priority Prevention Strategies

The figure below shows DBHDS priority prevention strategies that align with statewide prioritized risk and protective factors. These strategies impact retail access, norms related to use, ACEs, and youth and adult mental health and have an impact on alcohol, tobacco, mental health and suicide across the commonwealth.

The majority of block grant funding will be focused on these primary strategies. CSBs will have the opportunity to submit additional strategies that will impact other data-driven needs.



- 1 CounterTools** – A comprehensive data collection and management tool to measure tobacco product availability, pricing, placement, promotions and marketing in retail environments.<sup>4</sup>
- 2 ACE Interface Training** - A bridge and connecting point for multiple disciplines and service sectors and diverse communities for ACE-informed innovation.<sup>5</sup>
- 3 Community Coalition Development** - Includes professional and grassroots members committed to work together to influence long-term health and welfare practices in their community. Research suggests that high functioning coalitions are more likely to be involved with long term sustainability of evidence-based approaches in their community.<sup>6</sup>
- 4 Mental Health Promotion & Suicide Prevention Trainings & Awareness** – Includes Mental Health First Aid (MHFA)<sup>7</sup> and Applied Suicide Intervention Skills Training (ASIST)<sup>8</sup> as well as additional community suicide prevention trainings such as: Suicide Alertness for Everyone (SafeTALK)<sup>9</sup> and SuicideTALK<sup>10</sup>, Question Persuade Refer (QPR) Suicide Prevention Training<sup>11</sup>, Kognito At-Risk Suicide Prevention Training<sup>12</sup>, and Signs of Suicide (SOS) Prevention Program<sup>13</sup>.
- 5 Lock & Talk** – Promotes safe and responsible care of guns, medications and other lethal means through awareness, alertness, and intervention training and resources<sup>14</sup>.

# Strategic Planning Next Steps

DBHDS Office of Behavioral Health Wellness is preparing to revisit current block grant processes and funding during the next grant cycle starting July 2020. Future changes to the funding process may focus on the identified priority strategies to ensure a broader state-wide impact and alignment of prevention efforts. Other considerations for the OBHW to incorporate into future funding decisions include:

- Identifying minimum funding allocations and associated requirements for CSBs (i.e. staffing requirements, national conference attendance, data system license and compliance).
- Developing a formalized application process for communities that have emerging prevention needs different from, but aligned with, OBHW's prioritized issues and strategies.
- Balancing funding formulas to accommodate demonstrated need, alignment with priority strategies, and local context.



## References

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