

Substance Misuse and Substance Use Disorder Prevention

Governor's Substance Abuse Services Council

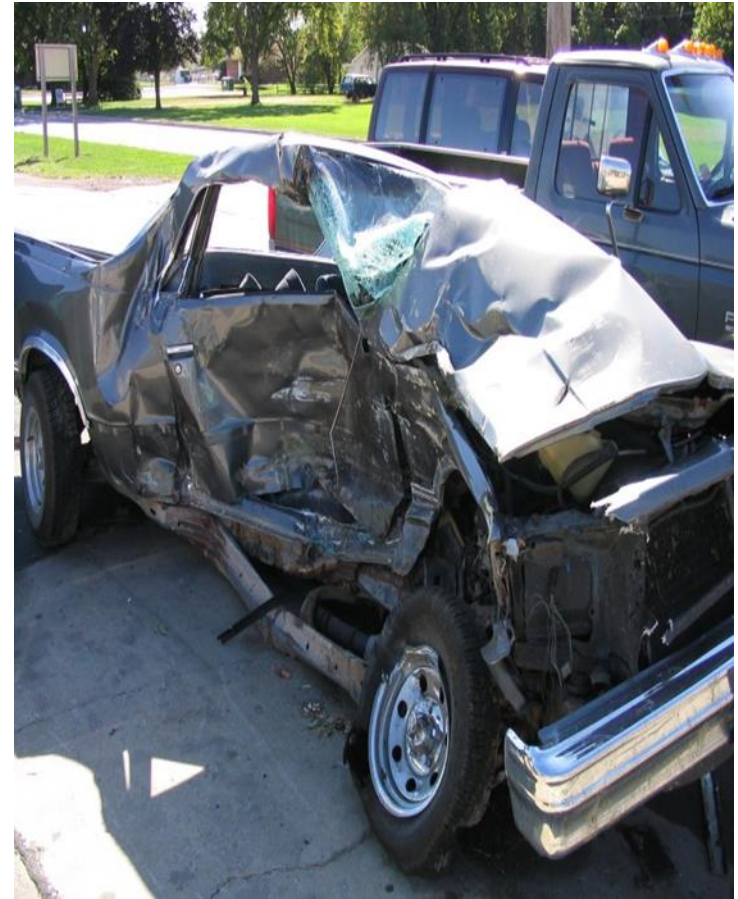
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Director, Office of Behavioral Health Wellness
Virginia Department of Behavioral Health and Developmental Services
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Prevention is in an environment that has EVOLVED

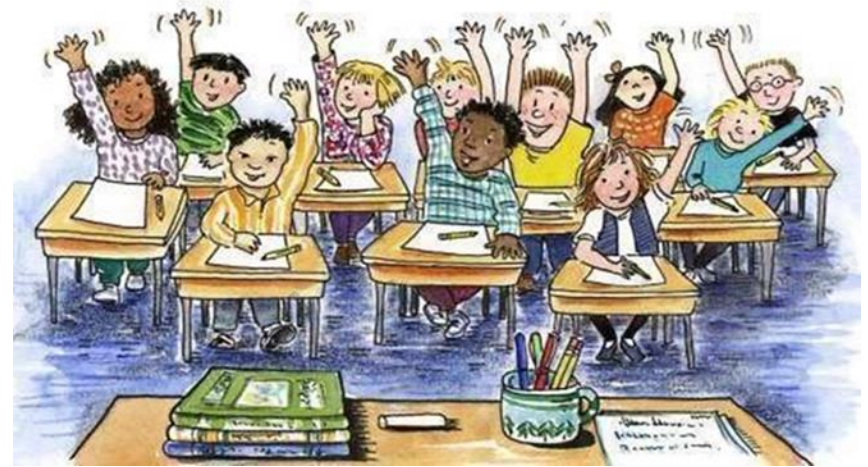
Historical Prevention

Scared Straight



Historical Prevention

JUST SAY
NO DRUGS



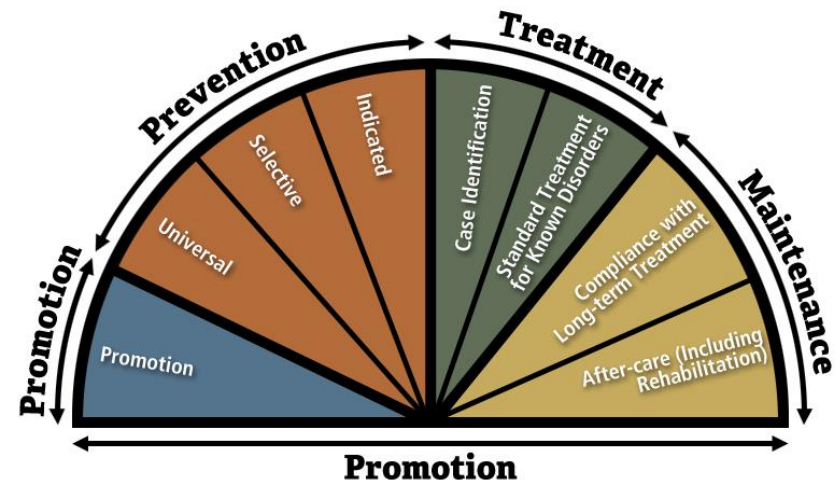


re·search | 'rē

(noun) 1 the system of study of materials which facts

Behavioral Health Continuum of Care Model

- **Promotion:** These strategies are designed to create environments and conditions that support behavioral health and the ability of individuals to withstand challenges. Promotion strategies also reinforce the entire continuum of behavioral health services.
- **Prevention:** Delivered prior to the onset of a disorder, these interventions are intended to prevent or reduce the risk of developing a behavioral health problem, such as underage alcohol use, prescription drug misuse and abuse, and illicit drug use.



Institute of Medicine (IOM)

Risk Factors for Adolescent Problem Behavior	Problem Behaviors					
	Substance Abuse	Delinquency	Teen Pregnancy	School Drop-Out	Violence	Depression & Anxiety
Community						
Availability of Drugs	✓				✓	
Availability of Firearms		✓			✓	
Community Laws and Norms Favorable Toward Drug Use, Firearms and Crime	✓	✓			✓	
Media Portrayals of the Behavior	✓				✓	
Transitions and Mobility	✓	✓		✓		✓
Low Neighborhood Attachment and Community Disorganization	✓	✓			✓	
Extreme Economic Deprivation	✓	✓	✓	✓	✓	
Family						
Family History of the Problem Behavior	✓	✓	✓	✓	✓	✓
Family Management Problems	✓	✓	✓	✓	✓	✓
Family Conflict	✓	✓	✓	✓	✓	✓
Favorable Parental Attitudes and Involvement in the Problem Behavior	✓	✓			✓	
School						
Academic Failure Beginning in Late Elementary School	✓	✓	✓	✓	✓	✓
Lack of Commitment to School	✓	✓	✓	✓	✓	
Peer / Individual						
Early & Persistent Antisocial Behavior	✓	✓	✓	✓	✓	✓
Rebelliousness	✓	✓		✓	✓	
Gang Involvement	✓	✓			✓	
Friends Who Engage in the Problem Behavior	✓	✓	✓	✓	✓	
Favorable Attitudes Toward the Problem Behavior	✓	✓	✓	✓	✓	
Early Imitation of the Problem Behavior	✓	✓	✓	✓	✓	
Constitutional Factors	✓	✓			✓	✓

The goal...
Healthy behaviors
for all children and youth

Start with...
Healthy beliefs & clear standards
...in families, schools, communities and peer groups

Build...
Bonding
■ Attachment ■ Commitment
...to families, schools, communities and peer groups

By providing...
Opportunities By providing...
Skills By providing...
Recognition
...in families, schools, communities and peer groups

And by nurturing...
Individual characteristics

Key Concept

Individual Strategies

- Individual strategies, such as drug education classes, are based on the premise that substance abuse develops because of deficits in knowledge about negative consequences, inadequate resistance skills, poor decision making abilities and low academic achievement.
- Individuals do not become involved with substances solely on the basis of personal characteristics. They are influenced by a complex set of factors, such as institutional rules and regulations, community norms, mass media messages and the accessibility of alcohol, tobacco and other drugs (ATOD).
- But these efforts, while important in a multiple strategy approach, do little to independently alter the overall environment in which people live and work.

- Community Anti-Drug Coalitions of America
CADCA

Individual Strategies

SAMHSA CSAP

- Information Dissemination
- Education/Skill Building
- Alternative Activities
- Problem ID and Referral



CADCA

- Provide information
- Enhance Skills
- Provide support



Key Concepts

Environmental Strategies

- Environmental strategies are effective in modifying the settings where a person lives, which plays a part in how that person behaves.
- Costs associated with implementation, monitoring and political action within a community can be considerably lower than those associated with ongoing education, services and therapeutic efforts applied to individuals.
- Finally, environmental strategies are cost effective given the potential magnitude of change. Community mobilization is central to creating population level change.

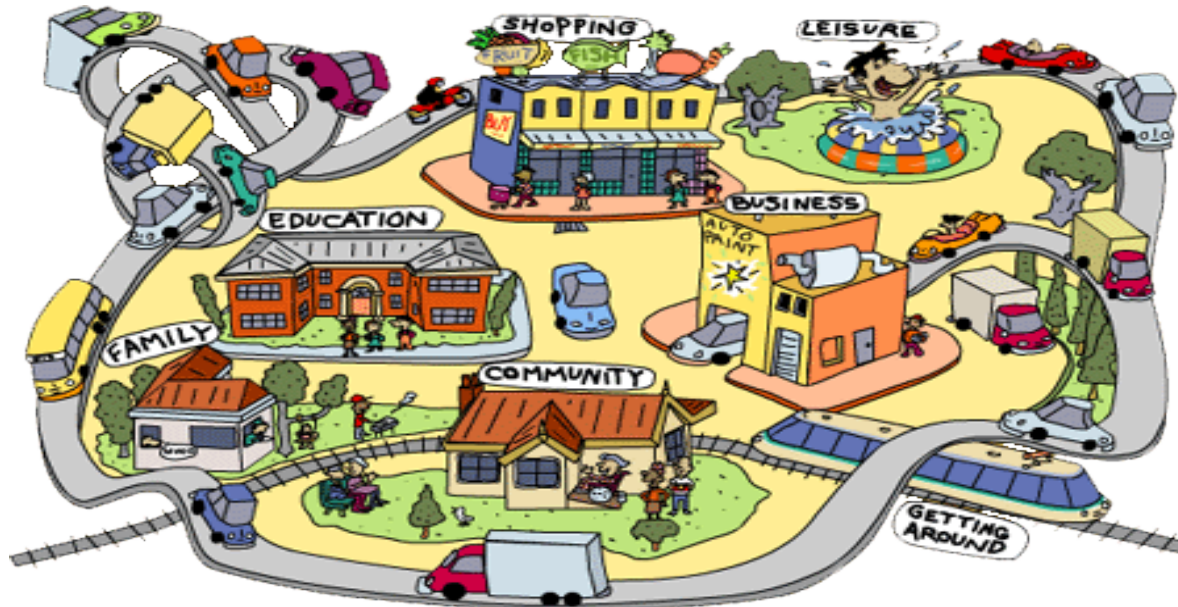
Effective Community and Environmental Strategies

SAMHSA CSAP

- Coalitions/Community Mobilization
- Environmental Approach

CADCA

- Enhance access/reduce barriers
- Change consequences (Incentives/Disincentives)
- Physical design
- Modifying/changing policies



Prevention Today

- **Strategic Prevention Framework**
- **Coalitions**
- **Environmental Strategies to impact Population Health**
- **Prevention across the Lifespan**
- **Integration of mental health and primary care**

Office of Behavioral Health Wellness

Prevent mental and/or substance use disorders and suicide through the promotion of mental health and reduction of community risk indicators for these conditions by implementing individual, community and environmental strategies across the lifespan.

- Director
- 2 Behavioral Health Wellness Consultants
- Mental Health First Aid Coordinator
- Suicide Prevention Coordinator
- Workforce Development Specialist
- Data Manager



Local Prevention System

Map of CSB Locations

Partner with Community Coalitions



SAMHSA CSAP Prevention Set Aside- \$8,098,544 (Annually)

SAMHSA Partnership for Success - \$9,244,000 (5 years)

SAMHAS Opiate STR- \$1,7 (2 years)

Substance misuse
and abuse is a
community issue
that requires a
community
response.....



Shifting the Paradigms

- Integration of substance abuse prevention, mental health promotion and primary care across the lifespan
- Shifting from the delivery of prevention services to the development of Prevention Systems that deliver prevention services based on the Strategic Prevention Framework
- Focus more on population level or environmental change strategies complimented by individual/family strategies that target those at greatest risk

Strategic Prevention Framework- SPF



Assessment



State Epidemiological Outcomes Workgroup-
state agency epi leads

Social Indicator Study- Data linked to risk and protective factor indicators, consumption and consequences at the State and County/City/Regional levels for Substance Abuse, Mental Health and Adverse Childhood Experiences (ACE) factors. County/City Epidemiological Profiles that are aligned.

Needs Assessments- 40 CSBs for their catchment areas

Why is this important?

- Allows to establish priorities based on data, i.e. target populations, substances, key issues, geographic areas, etc.
- Outcome measures for State and community performance
- Informed decisions around resource allocations

Capacity Building



- **Policy-** CSB Prevention Staff are required to partner with local community coalitions
- **Infrastructure Enhancements**
- **Partnerships**
- **Training and Workforce Development**

WORKFORCE DEVELOPMENT

DBHDS OFFICE OF BEHAVIORAL HEALTH WELLNESS

SAPST
LEAD & SEED
PREVENTION STAFF
COALITION PARTNERSHIPS

SUBSTANCE ABUSE PREVENTION SKILLS TRAINING (SAPST) - SAMHSA'S CENTER FOR SUBSTANCE ABUSE PREVENTION CURRICULUM

~123 prevention
professionals
SAPST trained

10 SAPST
Trainers



4 DBHDS staff
4 CSB employees
2 prevention
professionals/coalition
members

2 SAPST
Master
Trainers



Through SAMHSA's Center
for the Application of
Prevention Technologies
by August 2016

LEAD
&
SEED

The goal of Lead and Seed is to prepare youth to serve as community leaders, so they can help facilitate community-level change. The program focuses on the use of social marketing strategies, community mobilization skills, media advocacy tactics, innovative and creative problem solving strategies, civic engagement and the strategic and action planning necessary for youth to collaborate effectively and make a collective impact.

↓ 8 Lead & Seed Trainers ↓

3 DBHDS staff - 4 CSB employees - 1 prevention professional/coalition member



CSB PREVENTION STAFF EMPLOYEES

Every CSB is required to work with their community coalitions.

~ 67 coalitions in partnership
with the 40 CSBs

COALITION
PARTNERSHIPS

Strategic Planning



- CSBs are in the process of creating a Strategic Plan based on needs assessment data in partnership with their community coalitions
- Logic model

Implementation



- Focus more on population level or environmental change strategies complimented by individual/family strategies that target those at greatest risk
- Evidenced based programs, practices and strategies identified by an Evidenced Based Work Group

Strategic Prevention Framework

DBHDS Office of Behavioral Health Wellness

S P F

5 STEPS

ASSESSMENT

Assessment helps prevention professionals identify pressing substance use and related problems and their contributing factors, and assess community resources and readiness to address these factors.



CAPACITY

Building capacity focuses on identifying resources and readiness for addressing substance misuse in communities.



PLANNING

Planning shows how to plan effectively by prioritizing risk and protective factors and building logic models. This includes reviewing the needs assessment, building a logic model, and selecting effective interventions.



IMPLEMENTATION

Implementation is where prevention professionals develop action plans to implement their chosen prevention intervention. This step requires acknowledgement of factors that may influence implementation, as well as fidelity and adaptation.



EVALUATION

Evaluation the challenges and successes of implementing a prevention program. The collected information should be used to improve the effectiveness of a program, as well as whether or not to continue the program.



Sustainability: build stakeholder support for program, showing and sharing results, and obtaining steady funding
Cultural Competence: ability to interact effectively with people of different cultures, helps to ensure the needs of all community members are met.

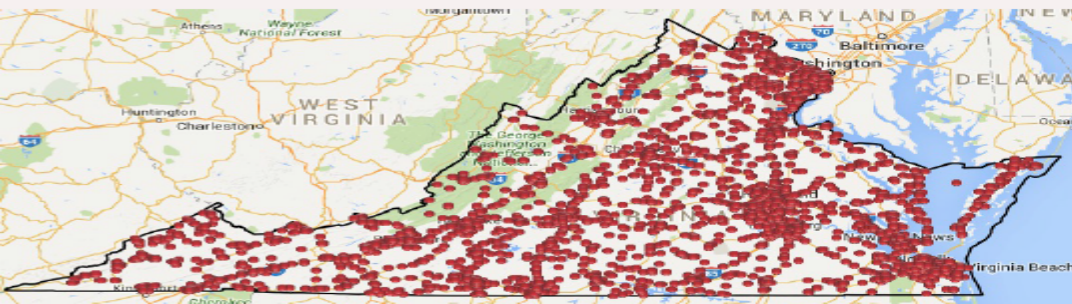


DISTINCTIVE FEATURES

1. DATA DRIVEN
2. DYNAMIC
3. FOCUSED ON POPULATION-LEVEL CHANGE
4. CONSIDERS PREVENTION ACROSS THE LIFESPAN
5. RELIANT ON A TEAM APPROACH

SYNAR INITIATIVE

DBHDS Department of Behavioral Health Wellness



Each red dot indicates a tobacco retailer

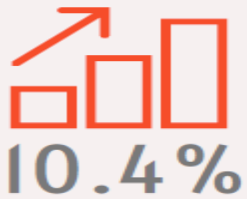

7,161
TOBACCO RETAILERS


56,416
MILES DRIVEN TO VERIFY ALL VA TOBACCO RETAILERS


301
STORES ADDED IN THE FIELD


1,646
NUMBER OF RETAILERS REMOVED FOR NOT SELLING TOBACCO PRODUCTS

100% OF RETAILERS WILL RECEIVE MERCHANT EDUCATION IN THE NEXT TWO YEARS



2015 RETAILER VIOLATION RATE

INCREASE FROM LAST YEAR
GOAL: 8% OR LESS BY 2018



394

STORES THAT ARE VAPOR OR TOBACCO EXCLUSIVE

WE DO NOT SELL

TOBACCO OR NICOTINE VAPOR PRODUCTS TO ANY PERSON UNDER 18.

COUNTER ACT

CONVENIENCE STORE (WITH OR WITHOUT GAS): **3,477**

GROCERY: **701**

GENERAL/MASS MERCHANDISE/DISCOUNT STORE: **517**

DRUG STORE/PHARMACY: **331**

TOBACCO SHOP: **254**

VAPE SHOP: **140**

TOBACCO AND NICOTINE
MERCHANT SUPPORT GUIDE

COUNTER ACT



THE GOAL OF THE SYNAR INITIATIVE IS FOR UNDERAGE RETAIL ACCESS TO ALL

PARTNERSHIPS FOR SUCCESS

DBHDS Department of Behavioral Health Wellness

The grant will be addressing heroin use among 12-25 year olds and prescription drug use among 15-25 year olds in the Commonwealth of Virginia

Grant Details

\$8.5 Million - Five years (2015-2020)

Community coalitions are key to the success of this effort because addiction is a community problem.

25 COUNTIES & 10 CITIES

BLUE RIDGE

Counties of Botetourt, Craig, & Roanoke
Cities of Roanoke & Salem

DANVILLE/PITTSYLVANIA

County of Pittsylvania
City of Danville

NEW RIVER VALLEY

Counties of Floyd, Giles, Montgomery, & Pulaski
City of Radford

NORTHWESTERN

Counties of Clarke, Frederick, Page, Shenandoah, & Warren
City of Winchester

PIEDMONT

Counties of Franklin, Henry, & Patrick
City of Martinsville

County of Chesterfield

SOUTHWEST COLLABORATIVE

Counties of Buchanan, Dickenson, Lee, Russell, Scott, Tazwell, Washington, and Wise
Cities of Bristol & Norton

City of Norfolk

City of Richmond

STRATEGIC PREVENTION FRAMEWORK

- (FY 15-16) Assessment:** complete community needs assessment
- (FY 16-17) Building Capacity:** finding and building relationships with key stakeholders
- (FY 17-18) Planning:** analyzing resources and mapping out a community plan
- (FY 18-19) Implementation:** putting community plan into action
- (FY 19-20) Evaluation:** testing the effectiveness of the plan and see if changes need to be made



Sustainability and Cultural Competence all throughout



This will be implemented using the SAMHSA Strategic Prevention Framework Model.

The goal is to apply one step to each year. It is highly important throughout this process to be available to help the communities build a stronger coalition and help these coalitions to become a large part of implementing this grant.

\$1.25 million invested in building stronger families across 15 Virginia communities

Over 500 Families Served

Over 2000 individuals served

Physical

Spiritual

Intellectual

Social

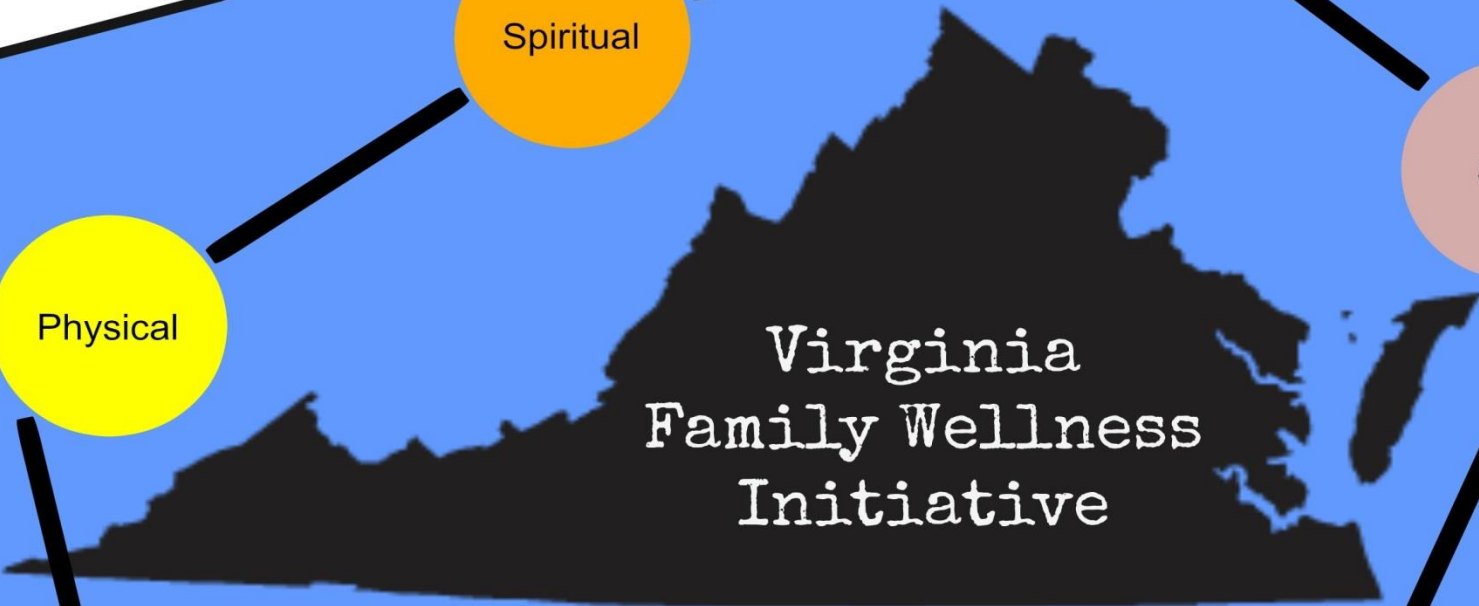
Environmental

Financial

Emotional

Breaking down risk factors

Building protective factors



Virginia Family Wellness Initiative



SUICIDE PREVENTION EFFORTS

DBHDS Department of Behavioral Health Wellness

Major public health concern
41,000+ people die by suicide each year in the United States
11th leading cause of death overall in VA

Suicide is a complex issue with very individualistic factors

Studies show that people who know the signs of suicide and resources are more likely to take action that could save a life

While every suicide may not be prevented, suicide is preventable and people with suicidal thoughts and feelings can be treated



Regional Suicide Prevention Initiatives

In an effort to increase capacity to address suicide and the stigma of mental illness from a prevention standpoint, DBHDS Behavioral Health Wellness provides funding for regional suicide prevention plans (based on local need and data) which implement evidenced based programs and strategies.



Applied Suicide Intervention Skills Training

ASIST is a two-day interactive workshop in suicide first-aid. ASIST teaches participants to recognize when someone may be at risk of suicide and work with them to create a plan that will support their immediate safety.

*39 active trainers
*1,010 trained

Suicide Prevention Interagency Advisory Group

DBHDS coordinates the activities of the agencies of the Commonwealth pertaining to suicide prevention in order to develop & carry out a comprehensive suicide prevention plan addressing public awareness, the promotion of health development, early identification, intervention and treatment, and support to survivors. We utilize the [Suicide Prevention across the Lifespan Plan for the Commonwealth](#) as our framework.



Zero Suicide

The Zero Suicide Initiative is a commitment to suicide prevention in health and behavioral health care systems. We serve as a liaison to partners across the commonwealth to; assist in development and implementation of work plans for their locality, encourage sharing of ideas, and promote best practices for the Commonwealth.

MENTAL HEALTH FIRST AID



CURRENTLY

DBHDS
DEPARTMENT
OF BEHAVIORAL
WELLNESS



NUMBERS

Virginia has a total of 21,068 consumers trained as Mental Health First Aiders
Overall VA has 580 MHFA Instructor certifications

239 certified in Adult MHFA

Public safety designation: 31

Veterans designation: 22

Higher Education designation: 15

Spanish designation: 11

Older Adults designation: 10

Rural designation: 2

287 certified in Youth MFHA

Spanish Youth designation: 3



MHFA training is being used as a refresher for those who are CIT trained



Partners with Fauquier County Public School system with their local AWARE grant



Currently scheduled to provide the MHFA Higher Education training to Campus Security at Roanoke & Arlington



The Suicide Prevention planning group is in the process of updating the "Suicide Prevention Across the Lifespan Plan for the Commonwealth of Virginia"



BREAKDOWN

Suicide Prevention and MHFA programs provide grants to each of the five Regions of \$125,000 each, for a total of \$625,000. Each region has developed and submitted local suicide prevention plans, focusing on the needs of the individuals' localities.



DETAILS

AWARE Grant

We collaborate with the VADOE for the federal "Now is the Time: AWARE" grant.

We support the grant by providing MHFA Youth. We also provide YOUTH MHFA Instructor trainings to DEP personnel. In the Fauquier County Public School system, their local AWARE grant alongside sponsored Youth MFHA Instructor training is being implemented.

Suicide Prevention

The Suicide Prevention planning group is in the process of updating the "Suicide Prevention Across the Lifespan Plan for the Commonwealth of Virginia," with our partners:

Virginia Department of Health
Virginia Department of Veteran Services
Virginia Department of Health Campus Suicide Prevention
National Alliance on Mental Health
Virginia Department of Health/Office of the Chief Medical Examiner
The Planning Council
Virginia Department of Education
Virginia Association of Community Service Boards Prevention Council
Virginia Department of Social Services
Virginia Department of Corrections
and many more!

Higher Education

Our unit supports MHFA training for DCJS. We are currently scheduled to provide the MHFA Higher Education training to Campus Security at two different campuses, Roanoke and Arlington, in the state. We also provide information/resources material tables at most DCJS conferences around the state. We are currently slated to provide at the 2016 Virginia School and Campus Safety Training Forum in August.

Evaluation

OMNI Institute



- Creating data matrices for consistent data entry across CSBs
- Creating an evaluation plan for each CSB and DBHDS OBHW
- Five Regional Technical Assistance providers

We need to be able to measure system performance and the behavioral outcomes achieved for our investment!

Contact Information

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