

Alabama SPF-Rx 2.0

Annual Report

Strategic Prevention Framework for
Prescription Drugs

FY 2021-2022



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Prescription Drugs

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Submitted to:

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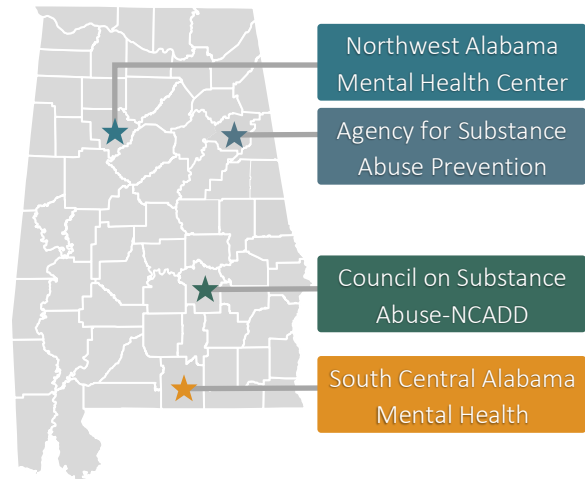
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Introduction

About the SPF-Rx 2.0 Grant

The Alabama Strategic Prevention Framework Prescription: Only Yours as Prescribed 2.0 (SPF-Rx 2.0) grant is funded by the Substance Abuse and Mental Health Services Administration (SAMSHA). Alabama's Department of Mental Health (ADMH) Office of Prevention distributes grant funds to four prevention providers (in Calhoun, Chambers, Covington, and Walker Counties) to plan, implement, and evaluate prevention strategies and activities aimed at preventing and/or decreasing prescription drug misuse.



The grant seeks to prevent and reduce prescription drug misuse and the negative consequences associated with it while improving capacity and infrastructure in communities with health disparities, less access to care, and poorer behavioral health outcomes. The population of focus is young adults (18-25 years old) in the identified high need populations within the state with a specific focus on deaf and/or hard of hearing individuals.

Alabama's SPF-Rx activities are selected and implemented by providers through a data-driven approach based on the Strategic Prevention Framework (SPF) developed by SAMHSA.¹ The SPF is made up of a set of steps and guiding principles designed to ensure effective substance use prevention services. The steps of the SPF include assessment, capacity, planning, implementation, and evaluation. The steps are further guided by the principles of sustainability and cultural competence. This is used as the foundation for SPF-Rx implementation and overall evaluation.



This evaluation report prepared by OMNI Institute (OMNI), provides an overview of SPF-Rx 2.0 prevention activities during the first fiscal year of the grant (October 1, 2021 through September 30, 2022). OMNI serves as the evaluator for Alabama's SPF-Rx 2.0 grant and is a nonprofit, social science consultancy that provides integrated research and evaluation, capacity building, and data utilization services to accelerate positive social change. This report serves to summarize the strategies, intervention activities and accomplishments of Alabama's SPF-Rx 2.0 grant and includes challenges and barriers experienced by providers to identify lessons learned as well as suggest recommendations for future program development, implementation, and evaluation.

¹SAMHSA. (December 1, 2017). Applying the Strategic Prevention Framework (SPF). Retrieved from <https://www.samhsa.gov/capt/applying-strategic-prevention-framework>

State Goals and Initiatives

The goal of the Alabama Strategic Prevention Framework Prescription (SPF-Rx 2.0) is to raise community awareness of the dangers of sharing prescription medications and increase the capacity of the state to analyze and utilize collected data. The State of Alabama Department of Mental Health (ADMH) has identified the following evaluation goals for the SPF-Rx 2.0 grant based on SAMHSA’s Strategic Prevention Framework (SPF), the Office of Prevention Services’ mission and strategic goals, and state needs:

SPF-Rx Evaluation Goals:

The SPF-Rx evaluation objectives are:

1. By 2026, reduce prescription drug misuse and its negative consequences among young adults aged 18-25 by 3%.
2. Annually identify and collaborate efforts with pharmaceutical and medical communities in each of the four regions, to address the risks of overprescribing.
3. Provide outreach and awareness initiatives, tools, trainings, and technical assistance (TA) to a minimum of 400 individuals per year (100 individuals per region) to ensure successful outcomes are sustained over time resulting in a minimum of 2,000 individuals reached during the project period.

Statewide Initiatives

OMNI completed the following statewide initiatives during the first year of the SPF-Rx 2.0 grant in partnership with ADMH to meet the evaluation goals of the grant.

| Initiative | Description |
|------------------------------------|---|
| Statewide Evaluation Plan | OMNI worked with ADMH to develop a Statewide Evaluation Plan to measure progress towards the SPF-Rx 2.0 project goals and long-term objectives. |
| Qualitative Data Collection | OMNI developed qualitative data collection activities to gain a better understanding of providers’ organizational capacity, infrastructure, and stakeholder engagement. |
| Monthly Provider Reports | OMNI worked with ADMH to create a monthly report template for providers to report successes, challenges, and any support needed to carry out grant activities. |

| | |
|--|--|
| Ongoing SAMHSA Reporting | All data collected from monthly reports was synthesized into themes and submitted to SAMHSA to meet quarterly reporting requirements. This included accomplishments and barriers across the steps of the SPF. |
| Ongoing Evaluation Technical Assistance | Ongoing evaluation technical assistance included a variety of meetings with providers throughout the year. Key activities included the development of logic models and measurement plans for each provider. |
| Ongoing Trainings | Ongoing trainings were developed and implemented with providers to address evaluation activities and data collection. Key activities for this fiscal year included a training to introduce logic models to providers and plan for their use in SPF-Rx 2.0. |

Assessment and Planning

Statewide Assessment

Evaluation Plan

OMNI developed a state-level evaluation plan to document all the measures that will be used to track progress towards SPF-Rx goals. OMNI recognizes that ADMH’s priorities and prevention strategies may evolve over the course of the 5-year grant period. Thus, the evaluation plan reflects the initial evaluation activities for the first year of the grant and will be revisited annually. OMNI will make edits to reflect adjustments to the evaluation scope and ensure alignment with changing needs and priorities of ADMH, the four funded counties, and SAMHSA grant requirements.

The state-level evaluation plan is focused only on statewide goals and objectives. Each SPF-Rx provider worked with OMNI to create a logic model and measurement plan for their community. These plans are specific to the local needs, resources, and prevention strategies and are updated annually as needed.

| Evaluation Questions | Measures |
|--|--|
| Which prevention services were delivered across the state? | This question focuses on information such as the number and types of strategies implemented, the number of people served by provider and CSAP strategy, and the successes and challenges encountered implementing prevention strategies. |
| To what degree were prevention services effectively implemented? | This question focuses on whether providers met the goals and objectives outlined in their logic models and measurement plans and what successes and barriers they encounter during implementation of prevention services. |
| How was prevention capacity and infrastructure strengthened at the state and county-level? | This question focuses on understanding provider capacity to implement the SPF-Rx 2.0 grant, including their organizational capacity, their ability to engage relevant stakeholders, and technical assistance needed to deliver programs. |
| To what extent did providers meet strategy-level goals and outcomes in the counties they serve? | This question focuses on the outcomes identified for each strategy and the progress providers make each year toward reaching those outcomes. For example, this could mean increased attendance at drug take back events or changes in knowledge or behavior as the result of prevention education. |

| | |
|--|---|
| How does young adult (18-25) prescription drug misuse change over time? | This question focuses on trends in prescription drug misuse among young adults (18-25) as well as trends in underlying risk/protective factors. |
| How do provider prescribing patterns change over time? | This question focuses on understanding prescribing patterns and their impacts across the state. Relevant measures include rates of opioid emergency department visits, state and county opioid dispensing rates, reports of types of education on prescribing practices delivered by providers, and number of providers reached by education. |
| To what extent were prevention services able to serve populations who experience disparities in behavioral health outcomes? | This question focuses on strategies that providers used to identify and reach populations who experiencing disparities including number of people served by strategy stratified by relevant demographic subpopulations as well as number and type of prevention adaptations reported by providers. |
| What services did providers implement in communities experiencing health disparities? | This question focuses on the number and types of services implemented in communities experiencing health disparities. |

Key Indicators

The following indicators will be tracked at the state level to assess progress towards the previously stated evaluation goals.

Prescription Drug Misuse

Reducing prescription drug misuse in Alabama is a key focus of SPF-Rx 2.0 prevention activities. Misuse of prescription drugs means “taking a medication in a manner or dose other than prescribed; taking someone else’s prescription, even if for a legitimate medical complaint such as pain; or taking a medication to feel euphoria (i.e., to get high).”² According to the National Survey on Drug Use and Health (NSDUH), young adults aged 18-25 are the age group with the highest prevalence of prescription pain reliever misuse across Alabama.³



4.85% of Alabamians aged 18-25 misused prescription pain relievers in the past year (NSDUH 2019-20).

Opioid Overdoses

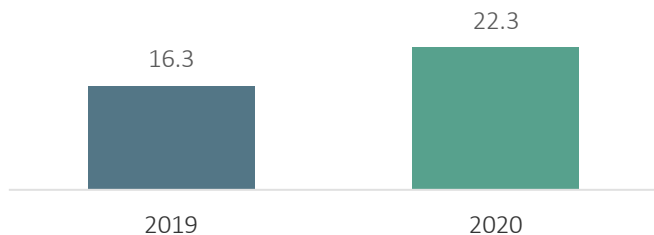
Preventing and reducing the consequences of prescription drug misuse, including opioid overdoses and overdose deaths, is another key focus of the SPF-Rx 2.0 grant. To measure progress towards this

² [Misuse of Prescription Drugs Research Report, 2020. National Institute on Drug Abuse.](#)

³ NSDUH 2019-20 data are available here: <https://www.samhsa.gov/data/report/2019-2020-nsduh-state-specific-tables>

outcome, OMNI will be tracking overdose death rates, non-fatal opioid overdose rates reported by emergency medical services (EMS), and emergency room (ER) visits for overdoses across the state.

Rates of fatal opioid overdoses (per 100,000) in Alabama increased from 2019 to 2020.



According to the CDC, opioid overdose death rates were **higher in urban counties than in rural counties** for 19 states including Alabama in 2019.³

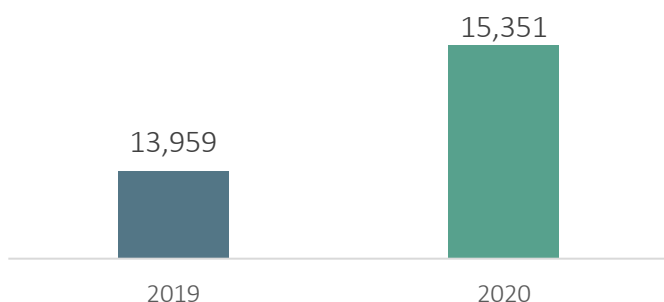
According to the National Emergency Medical Services Information System (NEMESIS) Non-Fatal Opioid Overdose Surveillance Dashboard, the national rate of non-fatal opioid overdoses was 58.9 per 100,000 in 2021. The most recent data available at the time of this report⁴ show that 35 of Alabama's 67 counties had non-fatal overdose rates that were greater than the national average, and 14 of 67 counties had rates higher than 106.9 per 100,000.



More than half (52%) of Alabama counties have non-fatal opioid overdose rates that are greater than the national average.

Overdose-related ER visit data are reported by emergency rooms across Alabama to the Alabama Department of Public Health (ADPH), who then send the data to the National Syndromic Surveillance Data Program (NSSP) within the CDC.

The number of overdose-related ER visits in Alabama increased by more than 1,000 from 2019 to 2020.⁵



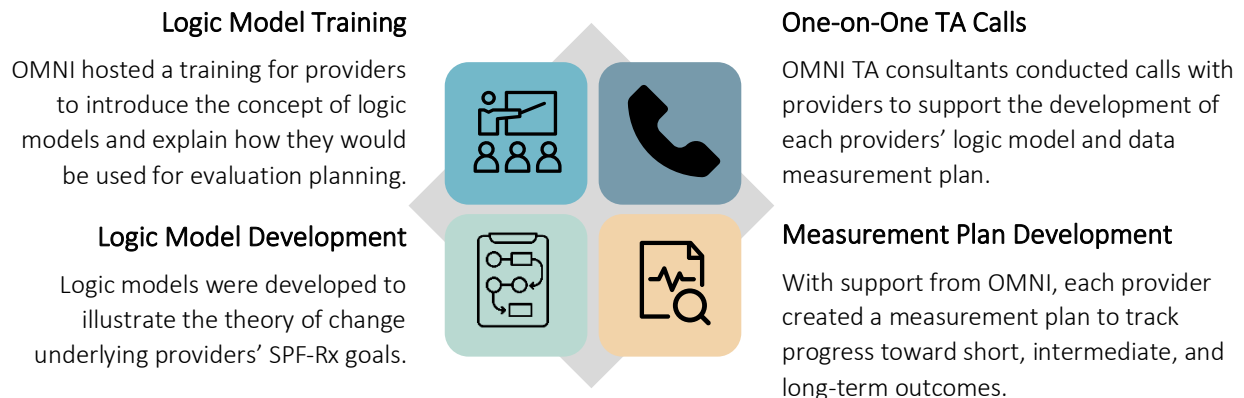
³ Hedegaard H, Spencer MR. Urban–rural differences in drug overdose death rates, 1999–2019. NCHS Data Brief, no 403. Hyattsville, MD: National Center for Health Statistics. 2021.

⁴ Data on the Non-Fatal Opioid Overdose Surveillance Dashboard are visualized in rolling 365 Days' time periods. The rates referred to in this report are from date range of December 5, 2021 to December 4, 2022. More information about the NEMESIS data can be found here: <https://nemsis.org/opioid-overdose-tracker/>

⁵ These data include all emergency room visits for suspected or confirmed drug overdose. Not all overdoses are opioid-related. More information and NSSP data can be found here: <https://druguse.alabama.gov/emergencyroom.html>

Provider-Level Assessment

An evaluation planning process was conducted at the provider level to support each of the four providers in specifying initial problem areas and relevant data points, risk factors, prevention strategies, and desired outcomes. The evaluation planning process included a logic model training, one-on-one TA calls, and the development of provider-level logic models and measurement plans.



In April 2022, the OMNI evaluation team hosted a capacity-building training on developing logic models, understanding theory of change, and the benefits of using logic models for data-driven evaluation planning. Following the training, OMNI TA consultants reached out individually to the providers to support the development of each providers' logic model and measurement plan. The measurement plan is designed to organize information about all outcomes identified in the logic model. It is a tool to ensure that providers know what data will be collected, who will be responsible for data collection/tracking and the data collection timeline.

Each provider had multiple meetings with an OMNI TA consultant. The meetings included review and discussion of state and local opioid-related problem data as well as risk and protective factor data that underlie the problem areas identified by providers (common risk factors included ease of access to prescription medications, high social availability of opioids, and lack of community awareness about safe storage and use). OMNI TA consultants also used these meetings to learn more about the provider agency, learn about the strategies providers implemented in the first SPF-Rx grant cycle (if applicable), and to discuss barriers to implementation.

After defining problem area and risk factor data, providers identified the strategies and activities they would undertake for SPF-Rx 2.0 to address the problems as well as short-term, intermediate, and long-term outcomes. For each strategy that a provider specified, a short-term outcome directly related to their prevention efforts (such as number of pounds of drugs collected at a drug take back event or number of social media impressions for a media campaign) was defined to track progress throughout the grant period. Intermediate outcomes were defined based on the desired change in risk and protective factor data (anticipated change in the data point over a 2- to 3-year period). Finally, long-term outcomes (over a 5-year period) were defined to reflect the change in the problem area data anticipated as a result of the work during the full grant period. Providers will revisit and update their logic models and measurement plans annually throughout the five-year grant with support from OMNI TA consultants.

Building Capacity

To understand the impact of SPF-Rx 2.0 funding on strengthening provider capacity, OMNI conducted qualitative interviews with each provider. Data collected from these interviews were analyzed to assess current levels of capacity and infrastructure in place to support the implementation of SPF-Rx 2.0 prevention activities, as well as current levels of stakeholder involvement. OMNI plans to conduct follow-up interviews in years three and five of the grant to assess changes in provider capacity over the life of the grant.

Capacity

Capacity refers to the resources and readiness of provider staff and organization. Providers were asked to speak on capacity by describing staff capacity, available resources, and key barriers to capacity building activities. The following themes emerged from their responses:

- Providers often wear multiple hats to implement SPF-Rx 2.0 activities.
- Providers identified needing additional training in conducting focus groups, survey best practices, reporting, and data storytelling.
- Providers mentioned that their organizations do not offer capacity building trainings, but that they do attend workforce development trainings offered by ADMH, as well as CADCA and NPN trainings.
- Staff prefer trainings and resources that clearly break down concepts and give examples, so that they can apply key learnings to their work.
- Provider agencies have hired new staff to address capacity gaps in implementation, although most hires are not specifically onboarded just for SPF-Rx 2.0 activities.
- Building staff capacity has been focused on getting staff comfortable and knowledgeable about SPF-Rx 2.0 goals and objectives.
- For providers, sustainability and institutional knowledge are overarching long-term goals built to continue SPF-Rx 2.0 activities after the end of the grant.
- Staff turnover, degree restrictions, and budget limit providers ability to hire and retain individuals who are deeply engaged and interested in this work.



“We don't really have, you know, a specific title. It kind of depends on what we're actually working on at the moment. So primarily I am responsible for our prevention services.”

“Since OMNI has come on board, I have a better understanding about...how to get the data and why it is important.”

“[Barriers around staffing] would probably be the pay...and the requirements of being hired. I know we have some amazing people who would love to work here, but because they don't have a degree it's hindering them. Not everybody wants to go back to school. Or if they have an Associate's [degree], you know, could we hire them that way? But in our policy, I think it's required that you have a Bachelor's [degree].”

“As far as the understanding what the whole goal is, for [SPF-Rx 2.0], yes, they [staff] have a very good understanding of that. And we're very well received within our community.”

Infrastructure

Infrastructure refers to the guidelines, policies, and systems in place within an organization that support their SPF-Rx 2.0 work. When asked about systems and policies, the following themes were surfaced:

- Overall, providers felt that there are good systems in place, however data collection and accessing up-to-date data can sometimes be difficult.
- For data collection and storage, providers typically use Excel spreadsheets, activity sheets, and calendars to track events including attendance and pounds of prescription drugs collected.
- Providers noted that a stable infrastructure is key for the sustainability of SPF-Rx activities.

“ ”

“From the very beginning, the thing that I wanted to do with sustainability was to make sure I had a sustainability plan in place. And from what I’ve learned from the original SPF is that infrastructure is crucial and by infrastructure it’s not necessarily just at my organization, but it’s community infrastructure.”

Stakeholder Engagement

Stakeholder engagement involves providers’ interaction with coalitions, partnerships, and their local communities. The following themes were surfaced when providers were asked about current levels of stakeholder engagement:

- Partnerships provide ideas, insights, and strategies for community engagement as well as opportunities for providers to engage in local events such as pharmacy openings and fairs.
- Providers attend their local Children’s Policy Council (CPC) meetings and engage with these councils when able. This participation has helped raise the profile of provider agencies and identify other events and opportunities for partnership.
- This year, partnerships focused on two main groups: law enforcement to assist with drug take back events and prescription drug collection activities and educational institutions such as public schools and universities to engage with youth and young adults.
- Providers noted key barriers such as lack of engagement from stakeholders and institutional barriers (e.g. establishing Memorandums of Understanding, IRB processes, leadership changes).
- Building and maintaining stakeholder relationships can be difficult due to time constraints as well as low staff capacity.

“ ”

“I look for folks that actually live in a community and have children that live in the community or grandchildren that live in the community or nieces and nephews because it seems to me that if they have another generation coming behind them, they tend to be more invested in the future.”

“I value their [stakeholder’s] passion. Anybody can just work and do a job, but if you have the passion for it, it shows, and it just really puts in that positive energy needed to do this job.”

“We are very new in that area, so we don’t have a lot of existing relationships up there. So, we literally are starting with law enforcement and then when school starts back, we are going to try to ‘woo’ the schools I guess...we are also looking at, because I feel like something that we leave out a lot of times, is the business community.”

Implementing Strategies

The following section highlights the strategies that providers implemented throughout the 2021-22 SPF-Rx 2.0 fiscal year. Data in this section are drawn from the providers' logic models and measurement plans, monthly reports, and the Alabama Substance Abuse Information System (ASAIS). This section also details perceived successes and challenges to implementation collected through monthly reports.

SPF-Rx Prevention Strategies

During the evaluation planning process, SPF-Rx providers specified the strategies they intended to implement during this fiscal year. Below is a description of those strategies and examples of how they were implemented by providers. For more information on specific providers and the strategies they implemented, OMNI also produced provider-level reports which can be accessed by contacting ADMH.



Drug Take Back Events

All four providers implemented drug take back events during the 2021-22 fiscal year. These events help to reduce the supply of prescription drugs in the community by providing a safe and effective way for community members to dispose of unused or expired prescription medications and non-prescription medications. One provider partnered with local law enforcement to host take back events and another provider held take back days in alignment with National Drug Take Back Day.



Permanent Drug Drop Box Installation and Promotion

All four providers were working to install and/or promote permanent drug drop boxes in their communities during the 2021-22 fiscal year. These drop boxes allow community members to dispose of unused medications year-round. In addition to planning and establishing partnerships in service of drop box installation, providers were also promoting the use of existing drug drop boxes through flyers, media campaigns, and other information dissemination methods.



My Smart Dose Media Campaign

Three of the four providers implemented the My Smart Dose media campaign this fiscal year. Providers shared media messages and materials with businesses, churches, and other community partners. They also printed safe storage and disposal messaging on pharmacy bags for local pharmacies. One provider worked to reach college students by planning the launch of their My Smart Dose campaign to align with the college semester schedule.



Community Events and Presentations

Two providers hosted community events or presentations during this fiscal year. One provider adapted My Smart Dose campaign content to align with grade levels, and then held school-wide presentations attended by both teachers and students in local area elementary, middle, and high schools. They also included the campaign messaging in their Red Ribbon Week activities. At a back-to-school parents' event they provided media messaging on safe storage and disposal of prescription drugs. Another provider partnered with local colleges to bring awareness of opioid misuse to students through presentations, events, rack cards, and fact sheets.



Distribution of Prevention Materials

Two providers distributed prevention materials to their community this fiscal year. Distribution included handing out fact sheets, brochures, and other media materials as well as posting videos and other content on social media. Materials focused on information regarding safe storage and disposal of prescription drugs and information designed to change social or community norms that favor the use of opioids.



Distribution of Lockboxes and Deactivation Kits

One provider reported distributing prescription drug lock boxes and deactivation kits to community members at events as a way to reduce the supply and social availability of prescription drugs.



Opioid Roundtable

One provider worked to recruit and plan for opioid roundtable events that offered a space for community members to discuss and ask questions about the local impacts of the opioid epidemic.



Data Collection for the Prescription Drug Monitoring Program

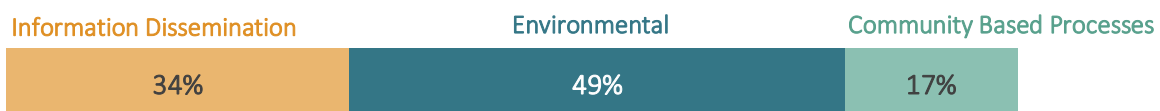
One provider began planning to disseminate PDMP surveys to at least 20 physicians' offices in their catchment area. The data collected will be sent to the Alabama Public Health Department.

Numbers Served and CSAP Strategy Information




The SAMHSA Center for Substance Abuse Prevention (CSAP) has developed a classification system for all prevention activities which allows for grouping of similar strategies for evaluation purposes. All prevention strategies implemented this year fall under one of these three CSAP categories: Environmental strategies, Information Dissemination strategies, and Community-Based Processes.

- **Environmental** strategies focus on establishing or changing written and unwritten community norms and attitudes to influence the incidence and prevalence of substance use in a population.
- **Information dissemination** strategies provide awareness and knowledge of the nature and extent of substance use. Information dissemination is characterized by one-way communication from the source to the audience, with limited contact between the two.
- **Community based processes** focus on establishing collaborative groups and services to enhance the ability of the community to provide substance use prevention services more effectively. Services may include building capacity, planning, implementing, and evaluating the efficiency and effectiveness of interagency collaboration, coalition building, and networking.

In total, providers completed 306 prevention activities throughout the fiscal year. Nearly half of prevention activities reported in the ASAIS data were **environmental strategies**.



More than 13,000 individuals were served by SPF-Rx prevention strategies in the first year of the grant cycle.

| CSAP Strategy | Number of People Served* |
|---|--------------------------|
|  Environmental | 8,629 |
|  Information Dissemination | 4,480 |
|  Community Based Processes | 716 |

**Note: Data for one of the providers was limited, so these totals are likely underreporting the total number of individuals served by SPF-Rx strategies.*

Implementation Accomplishments and Barriers

Accomplishments and Achievements



Stakeholder Engagement and Partnerships

- Providers built relationships with local government and community members through regularly attending city council meetings.
- Providers built relationships with other local public health organizations to pool limited resources and maximize community impact.
- Providers attended and participated in Children’s Policy Council meetings when able, leading to opportunities for new partnerships.
- Providers generated buy-in from new community partners such as local pharmacies to assist with take back events.



Agency Capacity

- Provider agencies expanded their capacity through hiring new staff members to support program implementation.



Community Impact

- Providers hosted dozens of “grand openings” for new drug take back drop boxes placed throughout the community.
- Providers hosted many successful drug take back events, engaging community members and reducing the supply of opioids in their communities.
- To increase outreach to young adult populations, providers utilized pre-existing relationships with universities to attend events and deliver presentations.

Challenges and Barriers



COVID-19 Pandemic

- Community engagement and outreach were hindered at times by the pandemic, especially in partnerships with schools and colleges.
- Providers experienced challenges reaching community members during times of isolation.



Stakeholder Engagement and Partnerships

- Providers experienced difficulty establishing partnerships in areas where they were newly providing services.
- Providers experienced a lack of responsiveness and engagement from new partners. Building trust in these new partnerships remains a goal for providers moving forward.



Strategy Implementation at Schools/Colleges

- Providers had difficulty obtaining the necessary supplies for some community events, such as bulk drop boxes for drug take back events.
- Some providers faced challenges reaching students during the summer when school was not in session.



Agency Capacity

- Providers noted that they were lacking staff with knowledge of the new communities they were serving.
- Providers mentioned staff turnover and hiring as barriers to implementation.

Recommendations

Below is a list of recommendations for the implementation and evaluation of SPF-Rx 2.0 in the coming years of the grant cycle. These recommendations illustrate ways in which OMNI, ADMH, and providers can work together to increase capacity, build/maintain relationships with stakeholders, as well as further develop evaluation activities.

- Continue offering opportunities for providers to learn from each other. Many providers are implementing similar strategies and may have valuable lessons to share from their experience.
- Provide additional trainings and resources around evaluation planning and data collection. These are needed to help build evaluation capacity and a culture of evaluation among providers.
- Brainstorm additional ways to bolster stakeholder engagement such as leveraging additional staff or using existing relationships to support new initiatives.