

# Alabama SPF-Rx 2.0

## Annual Report

Strategic Prevention Framework for  
Prescription Drugs

FY2023



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Prescription Drugs

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Office of Prevention  
Alabama Department of Mental Health  
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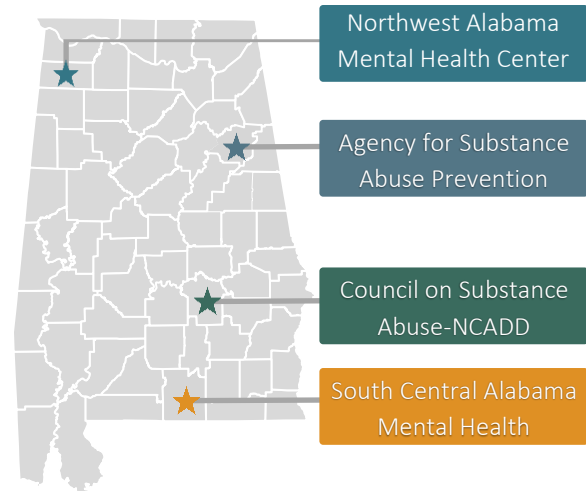
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# Introduction

## 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, Montgomery, Covington, and Franklin 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.<sup>1</sup> 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 second fiscal year of the grant, or FY2023 (September 30, 2022 through September 29, 2023). 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.

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<sup>1</sup>SAMHSA. (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 second year of the SPF-Rx 2.0 grant in partnership with ADMH to meet the evaluation goals of the grant.

Initiative	Description
<b>Statewide Evaluation Plan</b>	OMNI worked with ADMH to review and revise the Statewide SPF-Rx Evaluation Plan to align with project changes and clarify systems for tracking progress toward grant outcomes.
<b>Annual Reporting Tool</b>	OMNI worked with ADMH to complete SAMHSA’s Annual Reporting Tool (ART), which collects data annually about SPF-Rx implementation, including progress through the Strategic Prevention Framework (SPF) and specific prevention interventions being implemented by providers.
<b>Monthly Provider Reports</b>	Using the monthly report template developed by OMNI and ADMH, providers reported monthly progress on intervention implementation, as well as successes, challenges, and any technical assistance needs for grant activities.

<b>Ongoing SAMHSA Reporting</b>	OMNI reviewed monthly provider reports and synthesized the data into themes, which were submitted to SAMHSA’s SPARS system to meet quarterly reporting requirements. This included accomplishments and barriers across the steps of the SPF.
<b>Ongoing Evaluation Technical Assistance</b>	OMNI provided ongoing evaluation technical assistance, including a TA call at the beginning of FY2023 to update provider logic models and measurement plans, including the identification of new short-term outcomes for FY2023.
<b>Ongoing Trainings</b>	OMNI provided ongoing trainings to providers to support evaluation activities. A key training for FY2023 included an introduction to the ART and the associated reporting requirements.

# Assessment and Planning

## Statewide Assessment and Planning

### Evaluation Plan

As mentioned above, OMNI reviewed the state-level evaluation plan at the beginning of FY2023 to review and update all the measures that will be used to track progress toward SPF-Rx goals. The review did not result in significant changes to the evaluation plan or scope, but mostly focused on clarifying and refining data collection processes.

In the future, OMNI will continue to make annual edits to the evaluation plan to reflect adjustments to the evaluation scope and ensure alignment with the 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 during the first fiscal year of SPF-Rx 2.0. These plans are specific to the local needs, resources, and prevention strategies and are updated annually as needed.

### Key Indicators

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

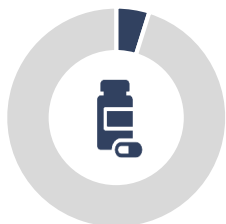
#### Prescription Drug Misuse

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).”<sup>2</sup> Data on prescription drug misuse among the SPF-Rx

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

target population of 18-25 year-olds are collected through the National Survey on Drug Use and Health (NSDUH).<sup>3</sup>

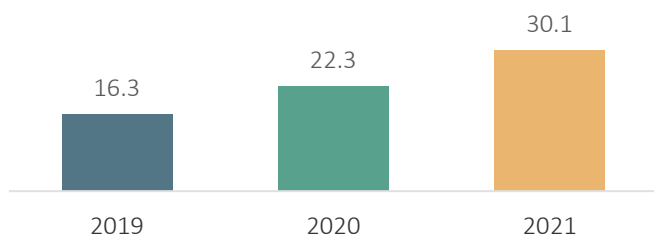


**3.15% of Alabamians aged 18-25 misused prescription pain relievers in the past year (NSDUH, 2021). This is down from 4.85% of Alabamians aged 18-25 who previously reported past year prescription pain reliever misuse (NSDUH 2019-2020).**

### 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 outcome annually, 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 continued to increase from 2019 and 2020 to 2021.<sup>4</sup> These increases are likely connected to increases in the presence of fentanyl and fentanyl-related overdoses in the state.<sup>5</sup>**



In 2021, there were **1,408** overdose deaths in Alabama, an increase from **1,209** deaths in 2020 and **768** deaths in 2019.

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 69.6 per 100,000 in 2022. The most recent data available at the time of this report show that 34 of Alabama's 67 counties (51%) had non-fatal overdose rates that were greater than the national average, and 11 of 67 counties had rates higher than 129.21 per 100,000.<sup>6</sup>



**Just over half (51%) of Alabama counties have non-fatal opioid overdose rates that are greater than the national average.**

<sup>3</sup> NSDUH state-level data are available here: <https://www.samhsa.gov/data/nsduh/state-reports>

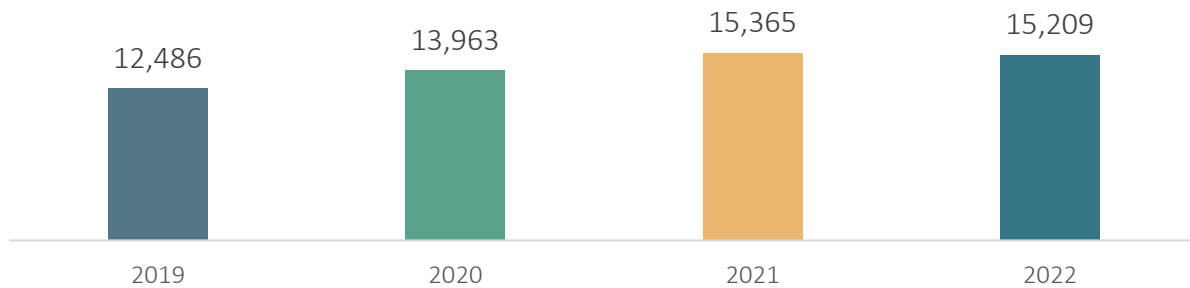
<sup>4</sup> Data on drug overdose mortality by state can be found here: [https://www.cdc.gov/nchs/pressroom/sosmap/drug\\_poisoning\\_mortality/drug\\_poisoning.htm](https://www.cdc.gov/nchs/pressroom/sosmap/drug_poisoning_mortality/drug_poisoning.htm)

<sup>5</sup> More information on fentanyl in Alabama can be found here: <https://druguse.alabama.gov/assets/files/2023AlabamaDrugThreatAssessment.pdf>

<sup>6</sup> 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 the date range of October 23, 2022 to October 22, 2023. More information about the NEMESIS data can be found here: <https://nemsis.org/opioid-overdose-tracker/>

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 decreased slightly from 2021 to 2022 but remained higher than previous years.<sup>7</sup>



## Provider-Level Assessment and Planning

In year 2 of the grant, OMNI worked with providers to revisit the evaluation planning process and to support staff at each agency in reviewing and updating established problem areas and relevant data points, risk factors, prevention strategies, and desired outcomes, as needed. This year, the evaluation planning process included one-on-one TA calls to update logic models and measurement plans based on any changes to planned implementations for the year as well as to identify progress toward short term outcomes. Additionally, OMNI provided continued assistance with ART submissions and monthly reporting.

### Annual Report Tool Training

OMNI hosted a training for providers to introduce SAMHSA’s Annual Reporting Tool and explain how to use their data for future entries.



### Monthly Reporting

Providers submitted monthly reports to ADMH with data on implementation progress for each selected strategy.



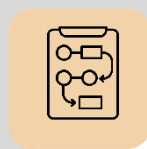
### One-on-One TA Calls

OMNI TA consultants conducted calls with providers to support the revision of each providers’ logic model and data measurement plan to reflect changes.



### Evaluation Planning Updates

OMNI supported each provider in updating their logic models and measurement plans to track progress toward short-term, intermediate, and long-term outcomes.



In December 2022, the OMNI evaluation team hosted a capacity-building training on SAMHSA’s Annual Reporting (ART) tool to provide an overview of the platform and provide guidance on data entry ahead of the projected January 2023 launch. Following the training, OMNI TA consultants worked with ADMH and

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<sup>7</sup> 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>



PEPC to provide additional guidance for prevention providers to ensure they had all necessary documents for future data submission.

Each provider had the option to meet with an OMNI TA consultant to discuss data requirements, data entry walkthrough in the ART, and to document any current gaps in data. The meetings included a review and discussion of SPF-Rx interventions along with recommendations for how to measure impact and potential reach using sources such as the United States Census. OMNI TA consultants also used these meetings to learn more about the provider agency, learn about the strategies providers implemented in the second SPF-Rx grant cycle (if applicable), and to discuss track implementation for reporting. Providers will submit data into the ART annually throughout the five-year grant with support from OMNI TA consultants.

It should be noted that this year was the initial rollout of the ART system and the first time that ADMH and providers were expected to report on grant progress using the ART. Due to delays in launching the reporting system, the deadline to complete this reporting was moved to March of 2023. In future years, the reporting deadline will be in the fall of each new fiscal year.

## Building Capacity

Although OMNI did not collect data to assess capacity in FY2023 (qualitative data collection was planned for FY22, FY24, and FY26 or years 1, 3, and 5 of the grant), OMNI continued to support providers in building their evaluation capacity through technical assistance opportunities and feedback on monthly report entries.

ADMH provides workforce development training to all prevention providers, including SPF-Rx providers, to support the prevention workforce and allow providers to obtain and maintain the needed certifications required to conduct their work. OMNI hosted two of these trainings during FY2023, including a training on using social media in prevention efforts, and another focused on understanding and implementing environmental strategies. Other trainings hosted by ADMH included Prevention Ethics, Managing Disruptive Audiences, Developing a Prevention Plan, The Strategic Prevention Framework, and Prevention Newcomers.

## Implementing Strategies

The following section highlights the strategies that providers implemented throughout FY2023 of SPF-Rx 2.0. Data in this section are drawn from the providers' logic models and measurement plans, Annual Reporting Tool (ART), monthly reports, and the Alabama Substance Abuse Information System (ASAIS).

### SPF-Rx Year 2 Prevention Strategies

At the beginning of the grant (FY2022), SPF-Rx providers specified the strategies they intended to implement throughout the five-year grant cycle. In FY2023, providers made any necessary updates to their logic models and measurement plans, sometimes reflecting changes to the strategies they planned to implement. Below is a description of the strategies implemented by providers in FY2023. For more information on specific providers and the strategies they implemented, OMNI also produced provider-level reports for FY2023, which can be accessed by contacting ADMH.



### **Drug Take Back Events**

All four providers implemented drug take back events during FY2023. These events aim 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 and non-prescription medications. Two providers held take back days in alignment with National Drug Take Back Day and partnered with local pharmacies to host take back events. One provider partnered with local law enforcement to host take back events and another provider hosted take back events at Alabama Historically Black Colleges and Universities (HBCUs) in their catchment area.



### **Community Events and Presentations**

All four providers hosted community events or presentations during FY2023 as well as attended additional community events. One provider attended and hosted events at HBCU campuses to talk with students and staff about opioids, fentanyl, the dangers of keeping old prescription medications and the importance of properly disposing of unused medications. Another provider conducted presentations on prescription drug misuse and how it affects the body, and another provided presentations to various local senior centers on how to properly dispose of prescription drugs.



### **Permanent Drug Drop Box Installation and Promotion**

Three of the four providers were working to install and/or promote permanent drug drop boxes in their communities during FY2023. These drop boxes provide a consistent and convenient option for community members to dispose of unused medications. Permanent drop boxes were installed at local police departments and one provider installed a drop box at a local town hall building. Additional implementation activities related to permanent drop boxes included planning for installation, purchasing the drop boxes, establishing partnerships in service of drop box installation, and promoting the use of existing drug drop boxes through flyers, media campaigns, and other information dissemination methods.



### **Distribution of Prevention Materials**

Three providers distributed prevention materials to their community during FY2023. Distribution included handing out fact sheets, brochures, and other media materials to inform the community of the dangers of prescription drug misuse. Materials also focused on information regarding the safe storage and disposal of prescription drugs as well as information designed to change social or community norms that favor the use of opioids.



### **My Smart Dose Media Campaign**

Two of the four providers implemented the My Smart Dose media campaign during FY2023. One provider shared media messages, materials, and promotional items at local community events and provider-hosted events. They purchased a “portable billboard that will be placed at various locations in their respective counties.” Another provider began planning for the implementation of the My Smart Dose campaign at its local HBCU for the upcoming school year.



### **Distribution of Lockboxes and Deactivation Kits**

One provider reported distributing prescription drug lock boxes and deactivation kits to community members at events to reduce the supply and social availability of prescription drugs. In addition, they launched a Senior Lockbox Initiative where provider staff distributed lock boxes and gave presentations at local senior centers on the proper storage and disposal of prescription drugs.



### **Opioid Round Table**

One provider successfully recruited, planned, and hosted a hybrid Opioid Roundtable event that offered a space for community members to discuss and ask questions about the local impacts of the opioid epidemic. This year's event has the largest participation the group had seen since the inception of the event in 2019.



### **Data Collection for the Prescription Drug Monitoring Program**

One provider successfully disseminated PDMP surveys and completed data collection for the Prescription Drug Monitoring Program. The data collected will be sent to the Alabama Department of Public Health (ADPH).

## **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.<sup>8</sup> All prevention strategies implemented this year fall under one of these four CSAP categories: Environmental strategies, Information Dissemination strategies, Community-Based Processes, and Problem Identification and Referral.

- **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 360 prevention activities throughout FY2023, an increase from 306 activities in the prior year. More than half of prevention activities reported in the ASAIS data were [environmental strategies](#).

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<sup>8</sup> Office for Substance Abuse Prevention (US). Division of Community Prevention and Training. (1991). *The Future by Design: A Community Framework for Preventing Alcohol and Other Drug Problems Through a Systems Approach*.--. US Department of Health and Human Services; Public Health Service; Alcohol, Drug Abuse, and Mental Health Administration, Office for Substance Abuse Prevention, Division of Communication Programs.



More than 9,000 individuals were served by SPF-Rx prevention strategies in the second year of the grant cycle, a decrease from over 13,000 individuals served in the first year of the grant.

CSAP Strategy	Number of People Served FY2022	Number of People Served FY2023
Environmental	8,629	3,648
Information Dissemination	4,480	5,197
Community Based Processes	716	245

## Implementation Accomplishments and Barriers

This section details successes and challenges to implementation collected through monthly reports.

### Accomplishments and Achievements



#### Building Key Partnerships

- Providers built relationships with local law enforcement and met with police chiefs and sheriffs who will support events.
- Providers developed relationships with administrators at K-12 schools by attending open houses and back-to-school events.
- Providers generated buy-in from new community partners such as local pharmacies to assist with take back events and local businesses to share information.



#### Community Impact

- Providers installed permanent drop boxes at various locations and promoted existing drop boxes.
- Providers hosted many successful drug take back events, engaging community members and reducing the supply of opioids in their communities.
- Providers attended many community events to engage with and disseminate information to community members.
- To increase outreach to young adult populations, providers utilized pre-existing relationships with universities to attend events and deliver presentations.

## Challenges and Barriers



### Difficulty Engaging New Partnerships

- Some providers experienced a lack of responsiveness and engagement from new partners. Building trust in these new partnerships remains a goal for these providers moving forward.



### Strategy Implementation at Schools/Colleges

- Providers had difficulty receiving timely follow-up from school administrators.
- 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.

## 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.

- Encourage providers to take advantage of TA calls to troubleshoot ongoing challenges with data collection, strategy implementation, and community partner engagement.
- Continue offering opportunities for providers to engage with and learn from each other such as monthly and/or quarterly provider meetings. Many providers are implementing similar strategies and may have valuable lessons to share from their experience.
- Continue to share relevant information needed for annual reporting such as training, updates to the ART manual, and ART submission schedules to facilitate OMNI TA and provider reporting.
- Provide additional training and resources around strategy implementation and data-driven decision-making. These and other relevant trainings are needed to help build evaluation capacity and a culture of evaluation among providers.
- Offer continuous monthly reporting guidance to ensure providers include quantifiable and detailed information for required reporting.
- Explore possibilities to engage more with the local community city council, parks and recreation summer programs, local and YMCA administration. These are key avenues to increase numbers served and to capture youth/young adults outside of school hours as well as during school breaks.