

Alabama SPF-Rx 2.0 Annual Report FY24

Strategic Prevention Framework for
Prescription Drugs



Alabama Department
of Mental Health
connecting mind and wellness

Alabama SPF-Rx 2.0 Annual Report

Strategic Prevention Framework for Prescription Drugs FY24

Submitted to:
Office of Prevention
Alabama Department of Mental Health
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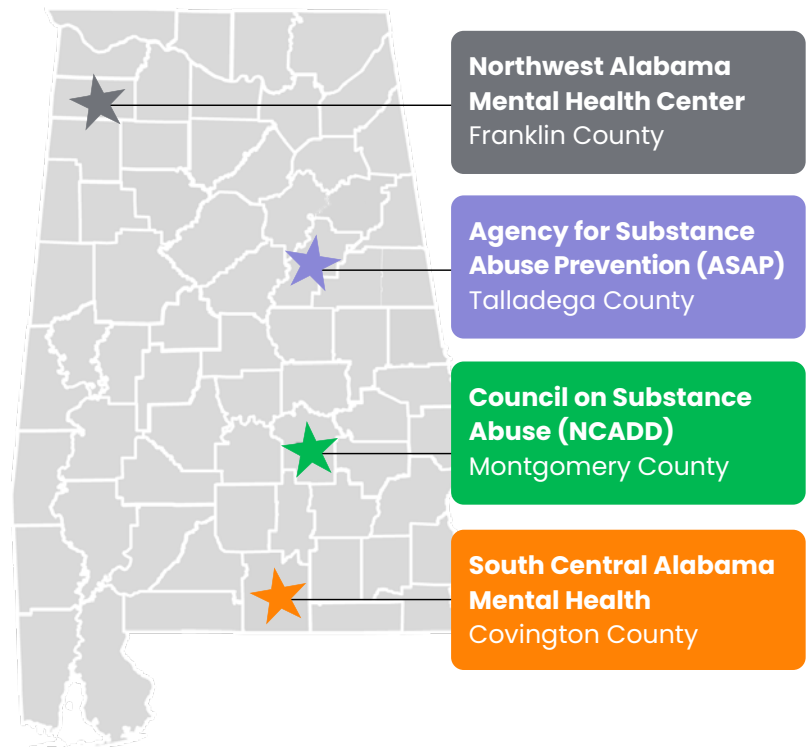


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INTRODUCTION

About the SPF-Rx 2.0 Grant

The Alabama Strategic Prevention Framework for Prescription Drugs: 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 Talladega, Montgomery, Covington, and Franklin Counties) to plan, implement, and evaluate prevention strategies and activities aimed at preventing and/or decreasing prescription drug misuse.



Overall, 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. 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 third year of the five-year grant period, or FY24 (September 30, 2023 through September 29, 2024). 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.

State Goals and Initiatives

A key goal of the Alabama Strategic Prevention Framework for Prescription Drugs (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

Prevent and reduce young adult prescription drug misuse in communities with health disparities

Reduce prescription misuse-related problems in Alabama communities that have less access to care and poorer behavioral health outcomes

Improve prevention capacity, coordination and infrastructure at the state and community levels

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 third 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 conduct an annual review of the Statewide SPF-Rx Evaluation Plan and made revisions to align with project changes. |
| Qualitative Data Collection | OMNI conducted qualitative data collection activities to gain a better understanding of providers’ organizational capacity, infrastructure, and stakeholder engagement. |
| Monthly Provider Reports | 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. |
| Ongoing SAMSHA Reporting | OMNI reviewed monthly provider reports and synthesized the data into themes, which were submitted by ADMH to SAMHSA’s SPARS system to meet quarterly reporting requirements. This included accomplishments and barriers across the steps of the SPF. |
| Ongoing Evaluation Technical Assistance | OMNI provided ongoing evaluation technical assistance, including a TA call at the beginning of FY24 to update provider logic models and measurement plans, including the identification of new short-term outcomes for FY24. |

Assessment and Planning

Statewide Assessment and Planning

Evaluation Plan

As mentioned above, ADMH and OMNI reviewed the state-level evaluation plan at the beginning of FY24 to review and update all the measures that will be used to track progress toward SPF-Rx goals. There were no changes made to the Evaluation Plan this year. However, ADMH highlighted that future SPF-Rx work should include a greater focus on emphasizing the deaf, hard of hearing, and blind populations along with associated measures of success.

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 providers, and SAMHSA grant requirements.

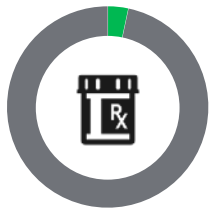
The state-level evaluation plan is focused only on statewide goals and objectives. Each SPF-Rx provider worked with OMNI to create a logic model and measurement plan for their community during the first fiscal year of SPF-Rx 2.0. These plans are specific to the local needs, resources, and prevention strategies for each provider and are updated annually as needed.

Key Indicators

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

Prescription Drug Misuse

A key focus of SPF-Rx 2.0 prevention activities is reducing prescription drug misuse. 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).”¹ Data on prescription drug misuse among the SPF-Rx target population of 18-25 year-olds are collected through the National Survey on Drug Use and Health (NSDUH).²



3.5% of Alabamians aged 18-25 misused prescription pain relievers in the past year (NSDUH, 2021-2022). This increased just slightly from 3.2% the prior year. However, it still represents a decrease from 2019-2020, when 4.9% of Alabamians reported past year prescription pain reliever misuse (NSDUH 2019-2020).



¹ [Misuse of Prescription Drugs Research Report, 2020, National Institute on Drug Abuse.](#)

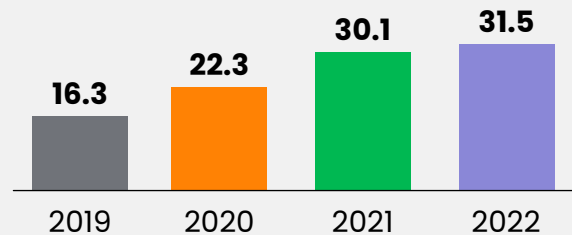
² NSDUH state-level data are available here: <https://www.samhsa.gov/data/nsduh/state-reports>

Drug 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 drug overdose death rates, non-fatal overdose rates reported by emergency medical services (EMS), and emergency room (ER) visits for overdoses across the state.

Rates of Fatal Drug Overdoses

Rates of fatal drug overdoses in Alabama continued to increase from 2019 to 2022.³ In **2022, there were 31.5 fatal overdoses per 100,000 people** compared to the **30.1 fatal overdoses in 2021**. These increases are possibly connected to the continued presence of fentanyl and resulting fentanyl-related overdoses in the state.⁴



Source: CDC. Drug Overdose Mortality by State.

In 2022, there were 1,492 overdose deaths in Alabama, a slight increase from the 1,408 in 2021. The trend has slightly plateaued but is still greater than rates from 2020 (1,209) and 2019 (768).

According to the National Emergency Medical Services Information System (NEMSIS) Non-Fatal Opioid Overdose Surveillance Dashboard, the national rate of non-fatal opioid overdoses was 75.1 per 100,000 in 2023, an uptick from 69.6 reported in 2022. Data from 2023 show that 20 of Alabama's 67 counties (30%) had non-fatal opioid overdose rates greater than the national average of 154.21 per 100,000, and 6 of these 67 counties had rates "much higher" than that.⁵

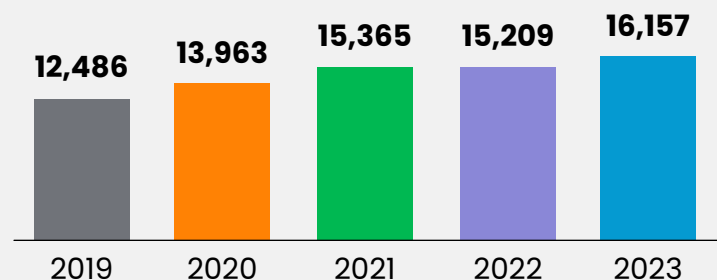


In 2023, 20 Alabama counties (30%) had non-fatal opioid overdose rates exceeding the national average. This is a decrease from the 51% of counties reported in 2022. This means that overdose rates increased in some counties while decreasing in others.

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.

Overdose-related ER Visits

In **2023**, the number of overdose-related ER visits in Alabama increased from **2022**, to **the highest number of visits in at least four years: 16,157.**⁶



³ Data on drug overdose mortality by state can be found here: https://www.cdc.gov/nchs/pressroom/sosmap/drug_poisoning_mortality/drug_poisoning.htm

⁴ More information on fentanyl in Alabama can be found here: <https://druguse.alabama.gov/assets/files/2023AlabamaDrugThreatAssessment.pdf>

⁵ 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 NEMSIS data can be found here: <https://nemsis.org/drug-overdose-surveillance-dashboard/>

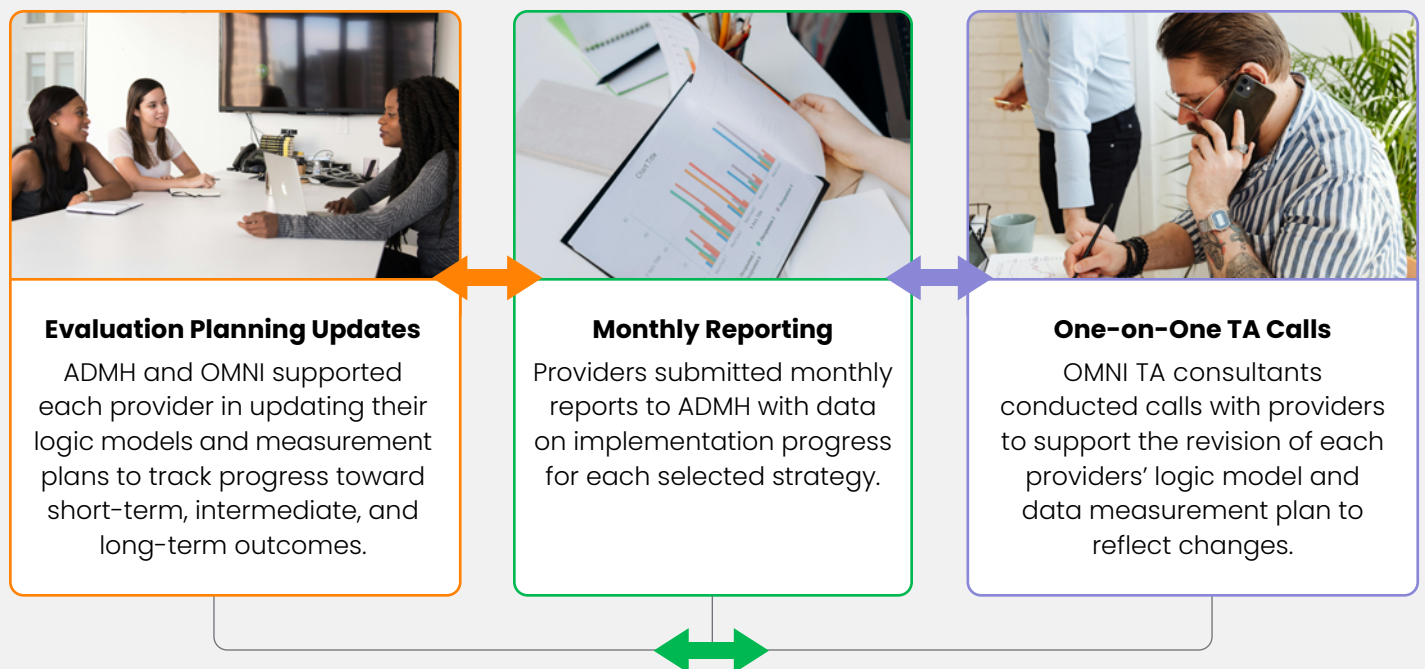
⁶ These data include all emergency room visits for suspected or confirmed drug overdose. Not all overdoses are opioid-related. More information and NSSP data can be found here: <https://druguse.alabama.gov/emergencyroom.html>

Provider-Level Assessment and Planning

In Year 3 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 with ADMH and SPF-Rx providers at the beginning of the fiscal year 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. During these calls, ADMH supplied grant-focused guidance to providers including strategies for engaging community members, key health disparity resources, and data collection considerations for the year. Finally, providers revisited their Year 3 or intermediate goal.

Providers updated their logic models to reflect several changes. Some providers added new activities to their strategies including implementing the Smart Moves, Smart Choice campaign in schools, identifying additional locations for permanent drop box installation, and hosting promotional events to build community awareness of services as well as resources. Additionally, providers reviewed and updated their short-term outcomes to reflect current partnerships such as with the Helen Keller Foundation, local Drug Taskforce, and the Alabama Institute for the Deaf and Blind (AIDB). In those instances, providers focused their efforts towards hosting new drug take back events, partnering for community engagements (e.g. health fairs, forums), and expanding access to prevention resources and services for community members.

Further, OMNI provided continued assistance with monthly reporting during monthly ADMH-hosted provider meetings and one-on-one data chat discussions to address implementation barriers as well as offer reporting guidance.



Throughout 2024, OMNI connected with providers to address questions regarding monthly reporting including data measurement and strategies to increase community engagement. ADMH hosted and facilitated several Monthly Provider Meetings to enhance connection amongst SPF-Rx providers. These meetings offered a space for providers to connect, exchange best practices, and raise any challenges that might be shared across the group. Additionally, ADMH provided further support through engaging in individual calls to inquire about implementation accomplishments and barriers as well as share one-on-one technical assistance. Finally, OMNI provided additional ad hoc technical assistance around community engagement, connecting with medical staff for data collection, and identifying critical local data sources.

Building Capacity

For FY24, OMNI continued to support providers in building their evaluation capacity through ad-hoc technical assistance opportunities including 'Data Chats' hosted by ADMH to gather feedback on monthly report entries as well as identify implementation barriers and challenges in real-time.

Additionally, to better understand the impact of SPF-Rx 2.0 funding on enhancing provider capacity, OMNI conducted qualitative interviews with each provider. The information gathered was analyzed to assess the existing capacity and infrastructure supporting SPF-Rx 2.0 prevention activities, as well as the current extent of stakeholder engagement. OMNI plans to conduct the final qualitative interviews during the fifth and final year of the grant to assess changes in provider capacity over the life of the grant.

Capacity



"It's typically just myself. Sometimes I'll have coworkers go along with me when I needed them to fill in the role. Just kind of get their feet wet so they know what SPF-Rx is about."

–SPF-RX PROVIDER

Capacity refers to the resources and readiness of provider staff and their organization. Providers were asked to speak on organizational capacity to implement SPF-Rx 2.0 strategies and programs by describing staff capacity, available resources, and key barriers to capacity-building activities. The following themes emerged from their responses:

- **Providers stated that they are typically the main contact for their SPF-Rx programs.** Other staff may join for table display activities and/or presentations but grant responsibilities such as reporting remain with the SPF-Rx Program Manager/Coordinator.
- In Year 3, **providers noted that their staff were more knowledgeable** about SPF-Rx either through direct work or via proximity to other substance use initiatives (i.e. Block Grant) and possessed the necessary skills (e.g. facilitation, data collection, community engagement) for implementation.
- Providers mentioned that their **organizations do not offer capacity-building trainings specifically for the grant.** Providers further reported that coalition meetings and roundtables help by offering additional information through networking. Additionally, other organizational staff, OMNI, and ADMH personnel provide additional resources to support implementation as well as promote program awareness including:
 - + Previous SPF-Rx trainings (e.g. Social Media 101, ART Reporting) through ADMH and/or OMNI
 - + Professional development trainings (e.g. Stakeholder Engagement)
 - + How-to documents and guides
- Providers reported that distance to the communities they serve can hinder SPF-Rx implementation and participation due to staff not living in the same area. One provider mentioned having to drive at least 2 hours to implement programming in some of their counties, which can lead to a disconnect with the target community. Another provider noted that to accommodate community member schedules, they have incorporated flexibility into their own schedules, such as having meetings in the evenings after work or hosting virtual meetings instead of in-person events.

Infrastructure

“

*“The trainings [help us] to be able to **facilitate and articulate what it is that we want to implement** in the school, on campus, and in the communities.”*

–SPF-RX PROVIDER

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 accessing up-to-date information remains a challenge due to a lack of local data. Providers have implemented local needs assessments and surveys to address data gaps, especially for the 18-25 population. In 2024, OMNI worked with providers to implement the second administration of Alabama Young Adult Survey (YAS), in part to support SPF-Rx data needs. Response rates were lower than anticipated, but data are available at regional levels for use in future planning.
- For data collection and storage, providers typically use Excel spreadsheets, activity sheets, logic models, monthly reports, and calendars to track events including attendance, community reach, and pounds of prescription drugs collected.

Partner Engagement

“

*“I really think it just boils down to **getting that participation**. Finding the right time [for] individuals.”*

–SPF-RX PROVIDER

Partner engagement involves providers' interaction with coalitions, partnerships, and their local communities. In FY24, providers expanded their networks to by partnering with additional youth coalitions engaging with treatment centers, and engaging with more medical personnel. The following themes were surfaced when providers were asked about current levels of partner engagement:

- Providers reported that partnerships provide ideas, insights, and strategies for community engagement as well as opportunities for providers to engage in local events such as sporting events, roundtables, and fairs. Community partnerships play a major role in connecting the providers to community needs.
- Providers attend their local Children's Policy Councils (CPCs) as well as city council meetings to engage with the community and local government. Additionally, providers focused on developing deeper connections with established partners such as law enforcement, local pharmacies, universities and colleges, as well as other organizations. This involvement has elevated the visibility of provider agencies and uncovered additional opportunities for events and partnerships.

- Providers noted key barriers such as lack of engagement from partners and institutional barriers (e.g. relationship hesitancy, leadership changes). Further, providers reported that some communities are hesitant to meet anyone from outside the community and therefore relationship-building can take time. To encourage partner engagement providers are working on raising awareness of different events and services to promote engagement through social media, media advertisements, and word-of-mouth.
- Conducting meetings, using virtual settings such as Zoom, and making phone calls to partners were noted as key elements of establishing, building, and maintaining partner relationships. Phone calls are particularly helpful for providers with staff outside of the selected communities.
- Finally, providers stated that alignment with partners in mission and vision has helped in establishing connections, especially with schools, health centers, and law enforcement.

Special Note:

Engagement with 18–25 Year Olds

- Providers mentioned a myriad of ways they engage with the 18-25 year-old population in their communities, including hosting events at areas where 18-25 year-olds congregate (e.g. college events, YMCAs, military recruitment offices, etc.), asking them to volunteer with recruitment or awareness, providing free food at health fairs, and targeting local restaurants.
- Some providers have reported difficulties in engaging with this group due to a lack of local colleges/universities as well as counties having a low number of 18-25-year-old residents.

“We’re all the local resources around here. That way we’re able to give [services/resources] when it’s needed.”

–SPF-RX PROVIDER



Implementing Strategies

The following section highlights the strategies implemented by providers throughout FY24 (the third grant year) of SPF-Rx 2.0. Data in this section are drawn from the providers' logic models and measurement plans, monthly reports, and the Alabama Substance Abuse Information System (ASAIS).

SPF-Rx Year 3 Prevention Strategies

In FY24, providers made any necessary updates to their logic models and measurement plans, sometimes reflecting changes to the strategies they had originally planned to implement when the grant began in FY22. Below is a description of the strategies implemented by providers in FY24. For more information on specific providers and the strategies they implemented, OMNI also produced provider-level reports for FY24, which can be accessed by contacting ADMH.



Drug Take Back Events

All four providers implemented drug take back events during FY24. 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. The events are traditionally held at pharmacies, law enforcement agencies, and universities. This year, all four providers held take back days in alignment with National Drug Take Back Day. Several providers partnered with local law enforcement and pharmacies to host additional take back events. One provider hosted take back events at Historically Black Colleges and Universities (HBCUs) school events in their catchment area.



Community Events and Presentations

All four providers hosted community events or presentations during FY24 and attended additional community events such as county fairs, health fairs, and sporting events to share prevention messaging. One provider spoke with senior residents about safe storage, the dangers of keeping old prescription medications, and the importance of properly disposing of unused medications. Another provider conducted a table display at Historically Black Colleges and Universities (HBCUs) in their catchment areas for National Black HIV/AIDS Awareness Day to promote awareness of the opioid epidemic and also provided students with recent data on the number of young adults who lost their lives due to the misuse of opioids and other drugs. One provider facilitated a Fentanyl Forum (and screened the "Dead on Arrival" documentary) with university staff and students accompanied by a Narcan training. Finally, providers implemented additional safe disposal activities by using Rx Destroyer All-Purpose liquid disposal bags to collect and dispose of all unused and expired medications on campuses.



Distribution of Prevention Materials

All four providers distributed prevention materials to their community during FY24. 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 misuse of prescription medications. Providers traveled extensively to churches, pharmacies, medical facilities, and schools to disseminate materials to community members. One provider attended basketball games and an Honor Band concert to distribute materials.



Permanent Drug Drop Box Installation and Promotion

Two of the four providers installed new permanent drug drop boxes in their communities during FY24. One provider continued to engage with local law enforcement to promote awareness about the location of permanent drop boxes. Three out of the four providers worked with local pharmacies and law enforcement to identify ways to encourage community member use through awareness campaigns and drug take back events. These drop boxes provide a consistent and convenient option for community members to dispose of unused medications. 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. Further providers are utilizing Rx Destroyer All-Purpose liquid disposal bags to collect and dispose of all unused and expired medications where permanent drug drop boxes are unavailable such as at community events and health centers.



My Smart Dose and Caring is Not Sharing Media Campaigns

Two of the four providers implemented the 'My Smart Dose' and 'Caring is Not Sharing' media campaigns during FY24. One provider shared media messages, materials, and promotional items at local community events such as sporting events and holiday parades. Another provider hosted various events where they shared media campaign items at display tables. Along with standard billboards, one provider continues to use a mobile billboard to reach rural and remote communities in their catchment area with prevention messaging.



Distribution of Lockboxes, Lock Bags 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. These items were disseminated at local colleges, religious meetings, and other events. In addition, the provider continued efforts to engage with senior residents in their community by distributing lock boxes and giving presentations at local senior centers. These presentations focused on the proper storage and disposal of prescription drugs. In addition to lockboxes, lock bags were distributed as well as promoted at community events and presentations as another method for safe storage.



Opioid Round Table

One provider successfully recruited, planned, and hosted a hybrid Opioid Roundtable event for the 6th year in a row. This event offered a space for community members to network and exchange best practices as well as discuss and ask questions about the local impacts of the opioid epidemic. This year's event boasted 515 registrants and 243 participants across 14 states.



Data Collection for the Prescription Drug Monitoring Program

One provider continued to successfully disseminate PDMP surveys and completed data collection for the Prescription Drug Monitoring Program. The data collected will be shared with 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. All prevention strategies implemented this year fall under one of these three CSAP categories: Environmental, Information Dissemination, 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 472 prevention activities throughout FY24, an increase from 360 activities in the prior year. More than half of prevention activities reported in the ASAIS data system were **environmental strategies**, followed by **information dissemination**, and then **community-based processes**. There were no activities in the CSAP category of Problem Identification and Referral this year.

40,493 individuals were served by SPF-Rx prevention strategies in the third year of the grant cycle, an increase from around 13,000 individuals served in the first year of the grant.

| CSAP Strategy | # of People Served FY22 | # of People Served FY23 | # of People Served FY24 |
|----------------------------------|-------------------------|-------------------------|-------------------------|
| Environmental | 8,629 | 3,648 | 44,749 |
| Information Dissemination | 4,480 | 5,197 | 6700 |
| Community Based Processes | 716 | 245 | 477 |

7 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.

Implementation Accomplishments and Barriers

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

Accomplishments and Achievements



Maintaining and Building Key Partnerships

- Providers built upon existing relationships with local colleges and universities for the installation of permanent drop boxes as well as planning for prevention events such as presentations and drug take back events.
- Providers continued to develop lasting relationships with business owners, municipalities, and school officials to host prevention events as well as share prevention information.
- Providers implemented local surveys for youth and adults to assess local needs, identify barriers to engagement, and gain a clearer picture of their community.



Community Impact

- Providers installed permanent drug drop boxes at various locations and held ribbon-cutting ceremonies to promote awareness. Additionally, providers hosted events to promote existing drop boxes.
- Providers organized numerous impactful drug take back events, fostering community participation and effectively reducing the availability of opioids within their areas. All providers collected a minimum of 30lbs of unused medications and/or expired prescriptions during their take back events.
- Providers attended various community events (e.g. basketball games, concerts, county fairs, local meetings, parades, etc.) to engage with and disseminate information to community members.
- To increase outreach to the deaf and hard of hearing community, providers worked with the Alabama Institution for the Deaf and Blind (AIDB), university health centers, offices for disabilities, and other groups to develop relevant prevention materials. This included creating videos with an American Sign Language (ASL) interpreter and designing prevention materials in Braille.



Challenges and Barriers



Community Engagement with Drop Boxes

- Some community members have stated they are hesitant to use permanent drop boxes located at law enforcement agencies. Providers continue to work towards building trust through awareness campaigns and other promotional activities.



Difficulty Establishing Community Connections

- Providers expressed difficulties getting schools, law enforcement, medical facilities, or other organizations on board for strategy implementation leading to such challenges as being denied the ability to execute the My Smart Dose Campaign on college campuses. Some providers noted that staffing changes may also delay implementation as new relationships need to be established before proceeding with activities, especially in smaller communities.
- Some providers faced challenges reaching student populations and school staff due to semester/holiday breaks. Providers are working to align strategy implementation with school calendars.



Data Collection Challenge

- A few providers noted that pharmacists have been reluctant to participate in PDMP surveys.
- Providers mentioned that engaging with 18–25-year-olds outside of college or university settings for data collection can be challenging as this population can be spread out across their catchment area.



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 ADMH, OMNI and providers can work together to increase capacity, build and maintain relationships with stakeholders, as well as further develop evaluation activities.

- Assist providers in obtaining Memoranda of Understanding and other data-sharing agreements with local coroners and medical examiners. Many providers have noted that this connection has helped gather overdose and emergency room data for their counties.
- Continue connecting providers to alternative local data sources to address gaps in data, especially for the 18-25-year-old population. ADMH and OMNI can continue to encourage providers to collect data for the Alabama YAS (the next administration of the survey is expected in 2026) to support filling these data gaps.
- Promote TA calls to providers to troubleshoot ongoing challenges with data collection, strategy implementation, and community partner engagement.
- Continue offering 'Data Chats' and other opportunities for providers to engage ADMH and OMNI for data collection, implementation, and evaluation guidance. Providers enjoyed the one-on-one discussions and were able to effectively troubleshoot with ADMH and OMNI during these calls.
- Continue to offer connection opportunities with other providers to enhance networking and increase the exchange of ideas, such as with monthly and/or quarterly provider meetings. Many providers are implementing similar strategies and can benefit from learning from each other's experiences.
- Continue to offer continuous monthly reporting guidance to ensure providers include quantifiable and detailed information for required reporting. Focus on how to transfer the data in the monthly reporting to the new WITS data system.
- Encourage providers to expand their reach in the community through exploring summer programs, workforce development centers, military recruitment offices, and local businesses to engage with the 18-25-year-old population. These avenues were identified as ways to increase the numbers served and to capture youth/young adults who may not attend school after high school graduation.

