

NPN Presentation  
August 15, 2024

# From the Status Quo to Data-Driven Prevention

## The Role of Collaborative Partnerships in Transforming the Prevention Landscape in Virginia



PRESENTED BY

Eden Griffin, PhD (she/her)  
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*CEO & Founder, CPGSI*



# Agenda

- 01 | Introductions and Background
- 02 | OBHW Prevention Vision
- 03 | Data System Partnership with CPGSI
- 04 | OMNI's Role as Evaluation Partner

# Today's Presenters



**Eden Griffin**  
Director,  
OMNI Institute



**Colleen Hughes**  
Director of the  
Office of Behavioral  
Health Wellness,  
DBHDS



**Keri-Lyn Coleman**  
CEO & Founder,  
CPGSI

# Background and History of the Virginia Prevention System



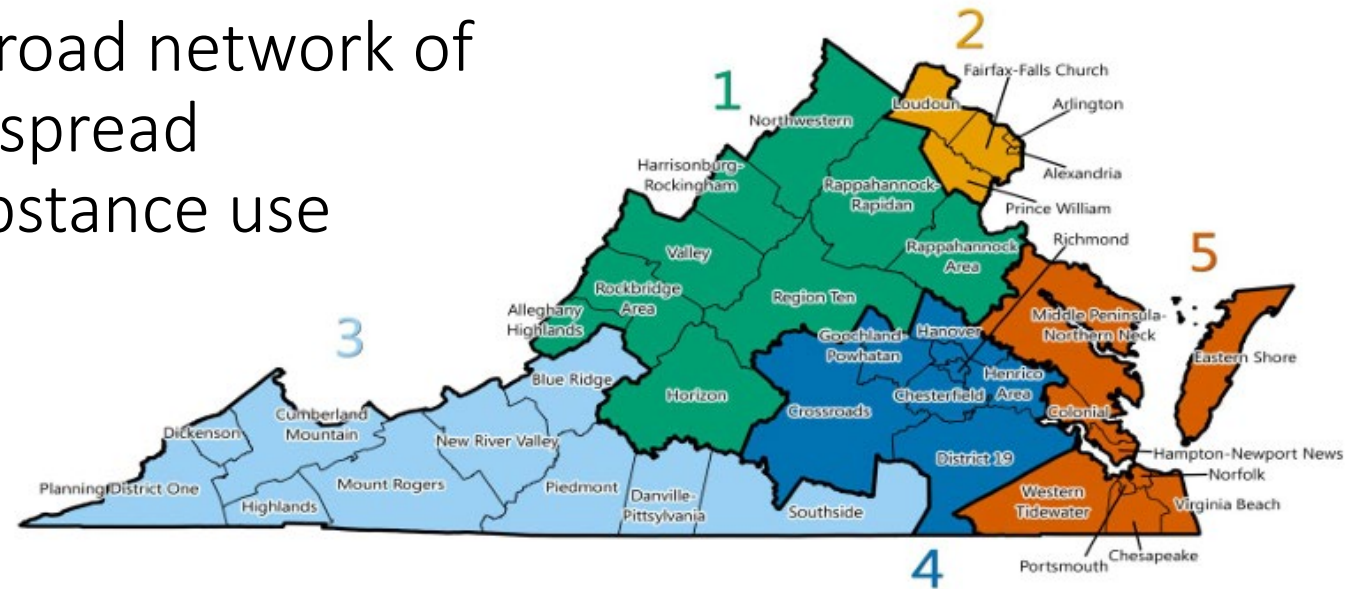
# Virginia Prevention System Structure

- The Virginia Department of Behavioral Health and Developmental Services (**DBHDS**) Office of Behavioral Health Wellness (**OBHW**) distributes Block Grant and discretionary prevention funds to 40 Community Services Boards (**CSBs**) across the commonwealth to plan, implement, and evaluate prevention activities aimed at preventing and/or decreasing substance use.
- CSBs work collaboratively with OBHW and function as the local authority for the substance use disorder system of care



# Virginia Prevention System Structure

- Virginia's 40 CSBs are separated into five primary DBHDS regions and are the primary entities responsible for carrying out prevention initiatives across the state.
- CSBs also collaborate with a broad network of local community coalitions to spread awareness and implement substance use prevention initiatives



Primary DBHDS Regions for Community Services Boards

# OBHW's Vision for Data-Driven Prevention in Virginia



# OBHW's Vision for Data-Driven Prevention

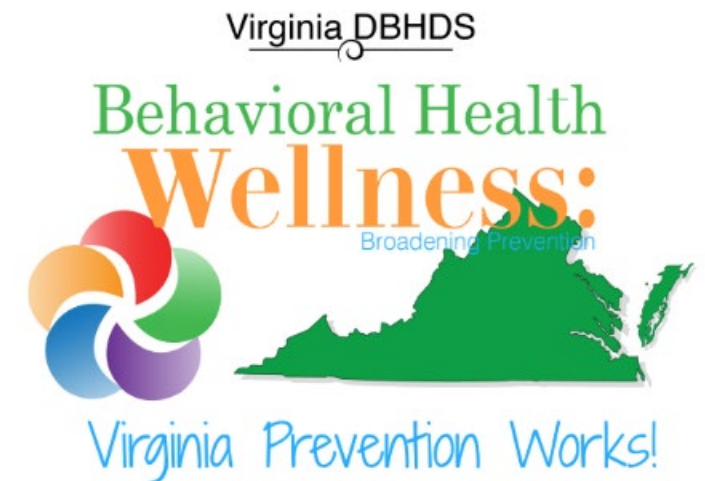
- Develop a holistic prevention system by:

Utilize the SPF to make data-driven decisions

Build the capacity of the prevention workforce

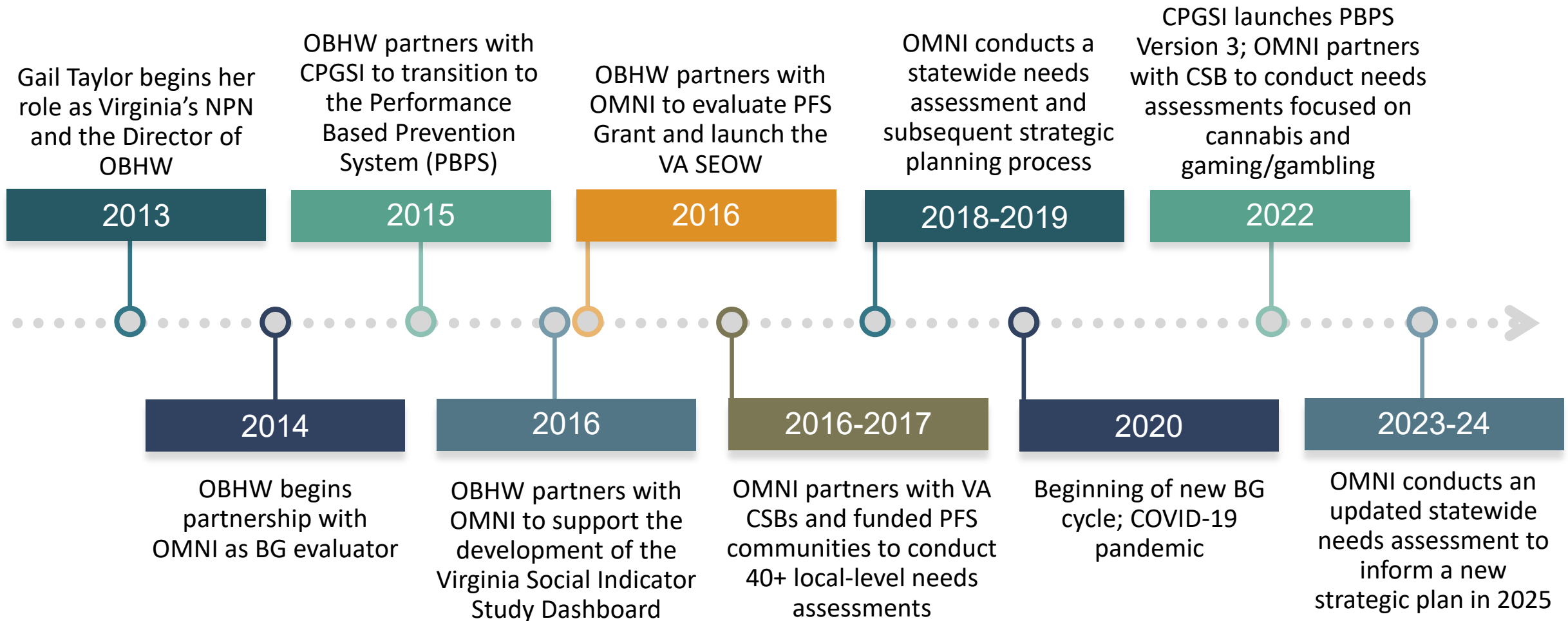
Break down data silos and centralize access to BH data

Increase state focus on health disparities and equity





# Key Events on the Road to Data-Driven Prevention





# Data System Partnership with CPGSI



# About CPGSI

- CPGSI is a behavioral health technology company that provides states, prevention providers and prevention coalitions throughout the country with customized, state-of-the-art data collection systems to report on prevention data.
- Our online databases and reporting systems, the CMS and PBPS, assist prevention organizations in systematically collecting data, developing useful reports, and evaluating the effectiveness of activities, programs, coalitions, and partnerships.



# The Performance Based Prevention System

Collaborative PLANNING GROUP

Dashboard Resources Help Account CPG Admin

Assess Needs PBPS Demo Account  
Collect data that assesses population needs

Build Capacity  
Manage your resources and track your readiness

Plan Define cohorts and campaigns

Implement Record your prevention efforts

Review Submit and approve Activity Log

Evaluate Run reports to understand your effectiveness

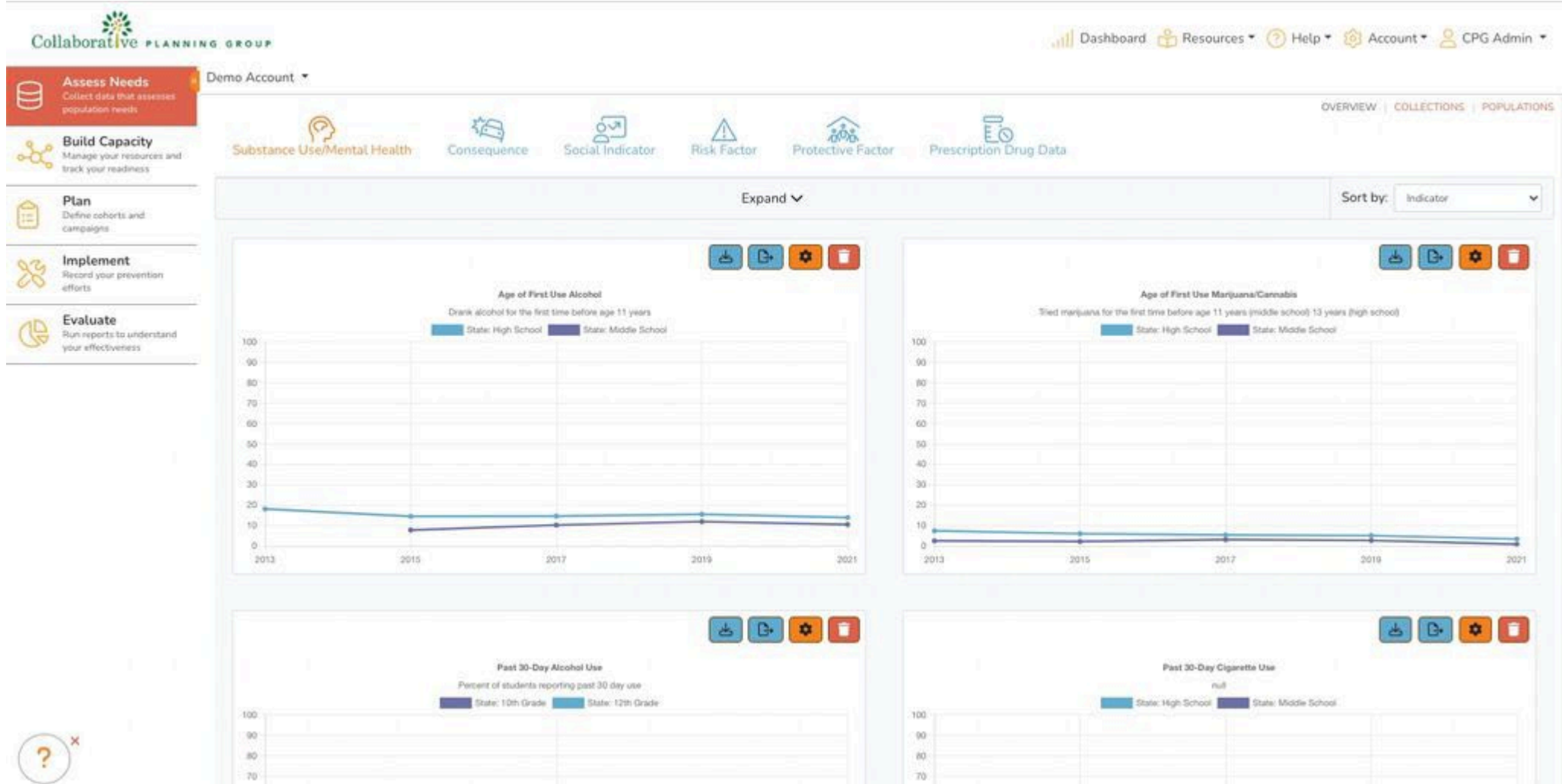
OVERVIEW | LOGIC MODELS | INITIATIVES | COHORTS | CAMPAIGNS | PARTICIPANTS

Problems	Risk/ Protective Factors	Contributing Factor	Initiatives
Alcohol	Easy Access	Alcohol is easily accessible through friends, family, and at retail	
ATOD	Increase Health Behaviors	EBP programming is needed in schools to address ATOD use	
ATOD	Other	Other	
Illicit and/or Rx Opioids/Opiates and/or Stimulants	Access (General)	Access is easy and use is widespread	
Marijuana	Perceived Risk/Harm	Perceived "safe" because it's legal now in some states for either medical and/or recreational use	

# Key PBPS elements

- System is customizable in partnership with clients
- Data system “channels” follow the steps of the SPF
- Additional review channel provides the ability to ensure accurate data entry
- Accounts available at the state-level and individual accounts for each CSB or “user”
- Users have access to their own data and can generate and save custom reports in the system

# Assessment



# Capacity

Collaborative PLANNING GROUP Dashboard Resources Help Account CPG Admin

Assess Needs PBPS Demo Account

Build Capacity **Capacity Activities** Add Activity  
 Manage your resources and track your readiness From 01/01/2023 to 11/27/2023

Plan Define cohorts and campaigns

Implement Record your prevention efforts

Review Submit and approve Activity Log

Evaluate Run reports to understand your effectiveness

Group Filter Export Print Search:

Showing 1 to 3 of 3 entries

Date	Problem Statement	Initiative	Funding Source	Description	IOM Target	CSAP Strategy/Code	Output	Status
02/28/2023	ATOD => Other => Other	Coalition Development	Block Grant	Technical Assistance on Data Collection and Evaluation	Universal Indirect	Community Based Processes	0 Youth 0 Adults 0 Unk	Pending
02/23/2023	Illicit and/or Rx Opioids/Opiates and/or Stimulants => Access (General) => Access is easy and use is widespread	Use Only As Directed	SOR II	Meeting with City Council	Universal Indirect	Environmental	0 Youth 0 Adults 0 Unk	Pending
01/13/2023	ATOD => Other => Other	Coalition Development	Block Grant	Training on Diversity and Inclusion	Universal Indirect	Community Based Processes	0 Youth 0 Adults 0 Unk	Pending

Show 50 entries Previous 1 Next

# Planning

Collaborative PLANNING GROUP

Dashboard Resources Help Account CPG Admin

PBPS Demo Account

Assess Needs: Collect data that assesses population needs

Build Capacity: Manage your resources and track your readiness

**Plan**: Define cohorts and campaigns

Implement: Record your prevention efforts

Review: Submit and approve Activity Log

Evaluate: Run reports to understand your effectiveness

OVERVIEW | LOGIC MODELS | INITIATIVES | COHORTS | CAMPAIGNS | PARTICIPANTS

Problems	Risk/ Protective Factors	Contributing Factor	Initiatives
Alcohol	Easy Access	Alcohol is easily accessible through friends, family, and at retail	Add Initiative
ATOD	Increase Health Behaviors	EBP programming is needed in schools to address ATOD use	Youth Education
	Other	Other	Coalition Development
Illicit and/or Rx Opioids/Opiates and/or Stimulants	Access (General)	Access is easy and use is widespread	Information Dissemination and Media Messaging
Marijuana	Perceived Risk/Harm	Perceived "safe" because it's legal now in some states for either medical and/or recreational use	
Vaping	Perceived Risk/Harm	Low Perceived risk of harm from vaping	





# Implementation

Collaborative PLANNING GROUP

Dashboard Resources Help Account CPG Admin

Assess Needs PBPS Demo Account

Build Capacity

Plan

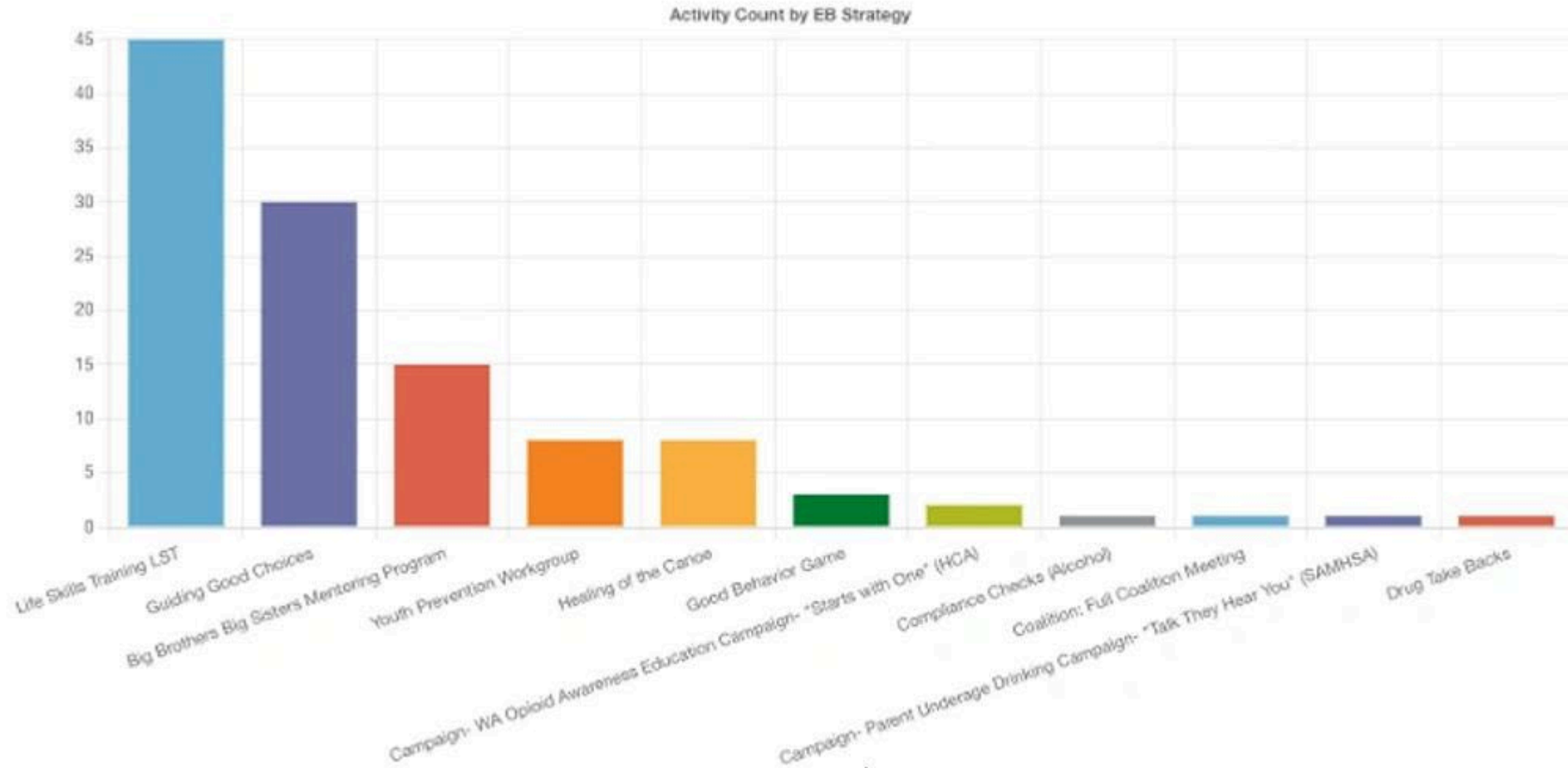
Implement

Review

Evaluate

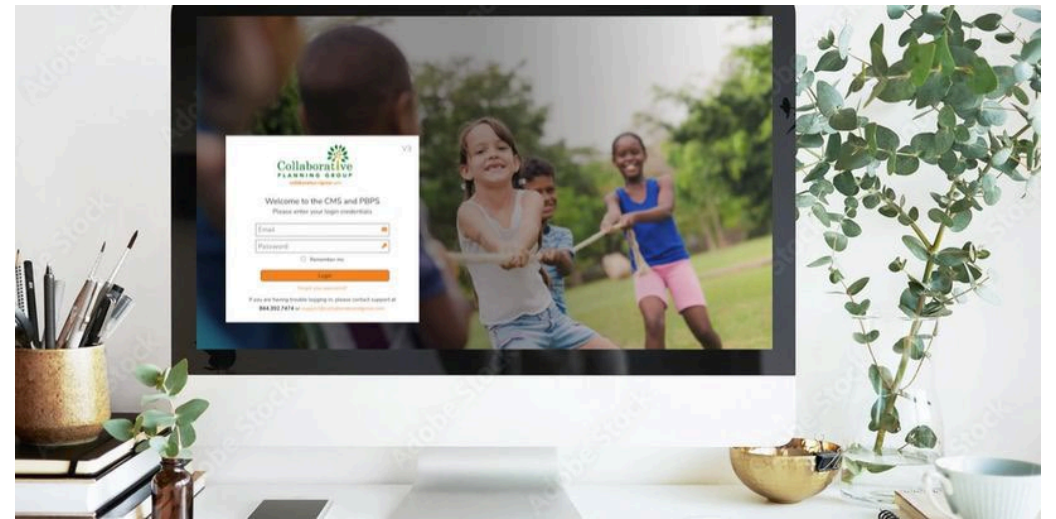
Date	Initiative	Funding Source	Description	IUM Target	CSAP Strategy/Code	Output	Status
ATOD => Increase Health Behaviors => EBP programming is needed in schools to address ATOD use							
02/13/2023	Youth Education	Block Grant	TGFD- Southside - 6th grade: TGFD Session 1	Universal Direct	Education 14: Education programs for youth groups	12 Youth 0 Adults 0 Unk	Pending
02/20/2023	Youth Education	Block Grant	TGFD- Southside - 6th grade: TGFD Session 2	Universal Direct	Education 14: Education programs for youth groups	12 Youth 0 Adults 0 Unk	Pending
02/27/2023	Youth Education	Block Grant	TGFD- Southside - 6th grade: TGFD Session 3	Universal Direct	Education 14: Education programs for youth groups	12 Youth 0 Adults 0 Unk	Pending
Illicit and/or Rx Opioids/Opiates and/or Stimulants => Access [General] => Access is easy and use is widespread							
02/22/2023	Use Only As Directed	SOR II	Multi Media Campaign: Social media messaging related to a take back day	Universal Indirect	Information Dissemination 9c: Social Media and Networking	57 Youth 243 Adults 0 Unk	Pending
ATOD => Increase Health Behaviors => EBP programming is needed in schools to address ATOD use							
02/10/2023	Youth Education	Block Grant	Life Skills Training, ABC Middle, Ms Smith, 3rd Period: Week 3 of LST	Universal Direct	Education 12: Ongoing classroom and/or small group sessions	0 Youth 0 Adults 0 Unk	Pending
02/23/2023	Youth Education	Block Grant	Life Skills Training, ABC Middle, Ms Smith, 3rd Period: Week 4 of LST	Universal Direct	Education 12: Ongoing classroom and/or small group sessions	0 Youth 0 Adults 0 Unk	Pending
07/03/2023	Youth Education	Block Grant	Life Skills Training, ABC Middle, Ms Smith, 3rd Period: Session 5	Universal Direct	Education 12: Ongoing classroom and/or small group sessions	0 Youth 0 Adults 0 Unk	Pending
ATOD => Other => Other							
04/28/2023	Information Dissemination and Media Messaging	Drug Free Communities	Safe Prom Messaging	None	Information Dissemination	200 Youth 0 Adults	Pending

# Evaluation



# How PBPS solves common data problems

- System streamlines reporting for grant requirements
- Users don't just enter data, they can get it out!
- Visual structure mirrors logic models and evaluation plans
- System can support entry of data for initiatives that braid funding



# OMNI's Role as Evaluation Partner



# About OMNI

OMNI Institute is a nonprofit social science consultancy that provides integrated research, evaluation, and capacity-building services to foster understanding, guide collaboration, and inform action to accelerate positive social change.



**We believe in the power of data** to inspire and support individuals and organizations in changing their world.



**Our clients are change-makers** working in government, nonprofits, foundations, and social enterprises to make a positive difference in their communities.

# How OMNI supports Virginia's Prevention Vision

- State Evaluation Planning and Infrastructure Support
- Local-level Evaluation TA, Capacity Building, and Training
- Data System Technical Consulting, Review, and TA
- VA Prevention Portal Development and Hosting
- Strategy-specific evaluations and reports
- Reporting to meet grant requirements
- Dissemination of findings through highly visual reports
- VASIS Dashboard Development and Hosting
- Facilitation of the Virginia SEOW & Development of Epi Deliverables

# How OMNI supports Virginia's Prevention Vision



Utilize the SPF to make data-driven decisions

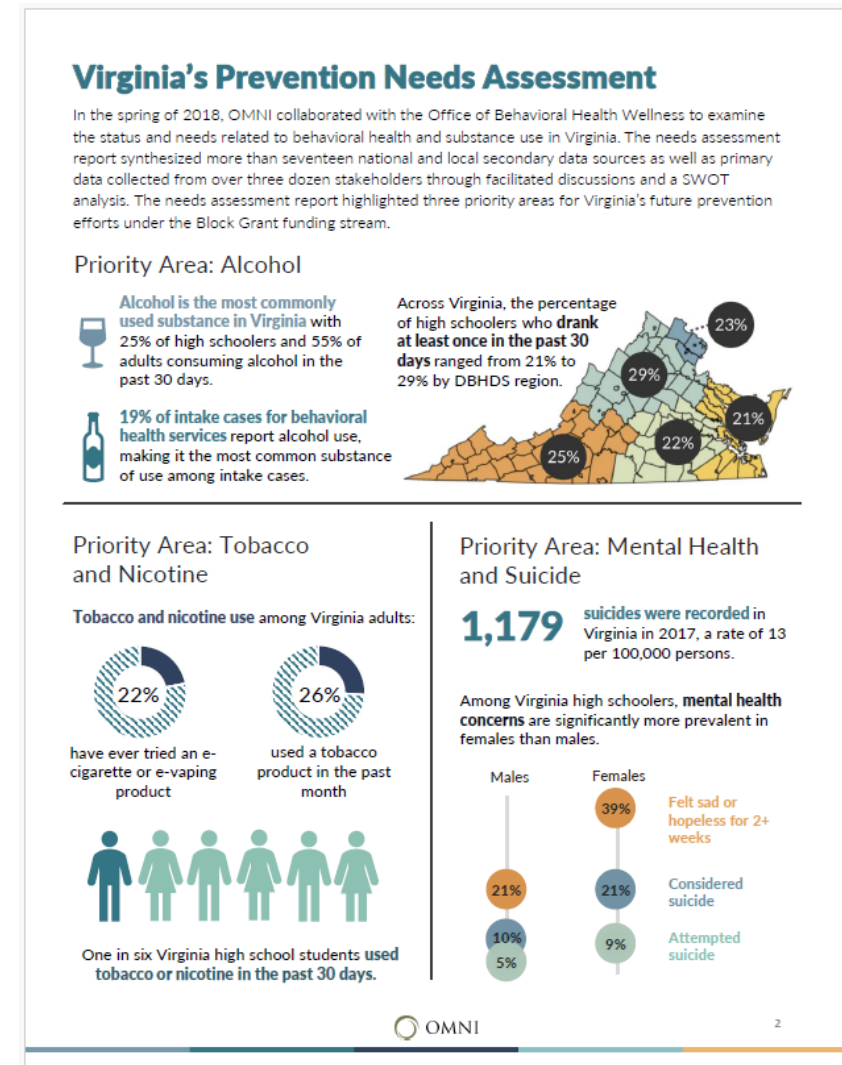
Build the capacity of the prevention workforce

Break down data silos and centralize access to BH data

Increase state focus on health disparities and equity

# Utilizing the SPF: Assessment

- In 2018, OMNI conducted a statewide needs assessment that identified three 'priority areas' and 'areas to watch'
- **Data-driven:** The assessment included synthesis of more than 17 national and local secondary data sources and primary data collection with SEOW members, OBHW staff, and CSB staff





# Utilizing the SPF: Planning

- Strategic planning process followed the 2018 needs assessment
- **Data-driven:** Process utilized data to identify targeted risk and protective factors underlying the priority areas
- Priority strategies were selected to impact targeted r&p factors

## DBHDS Priority Prevention Strategies

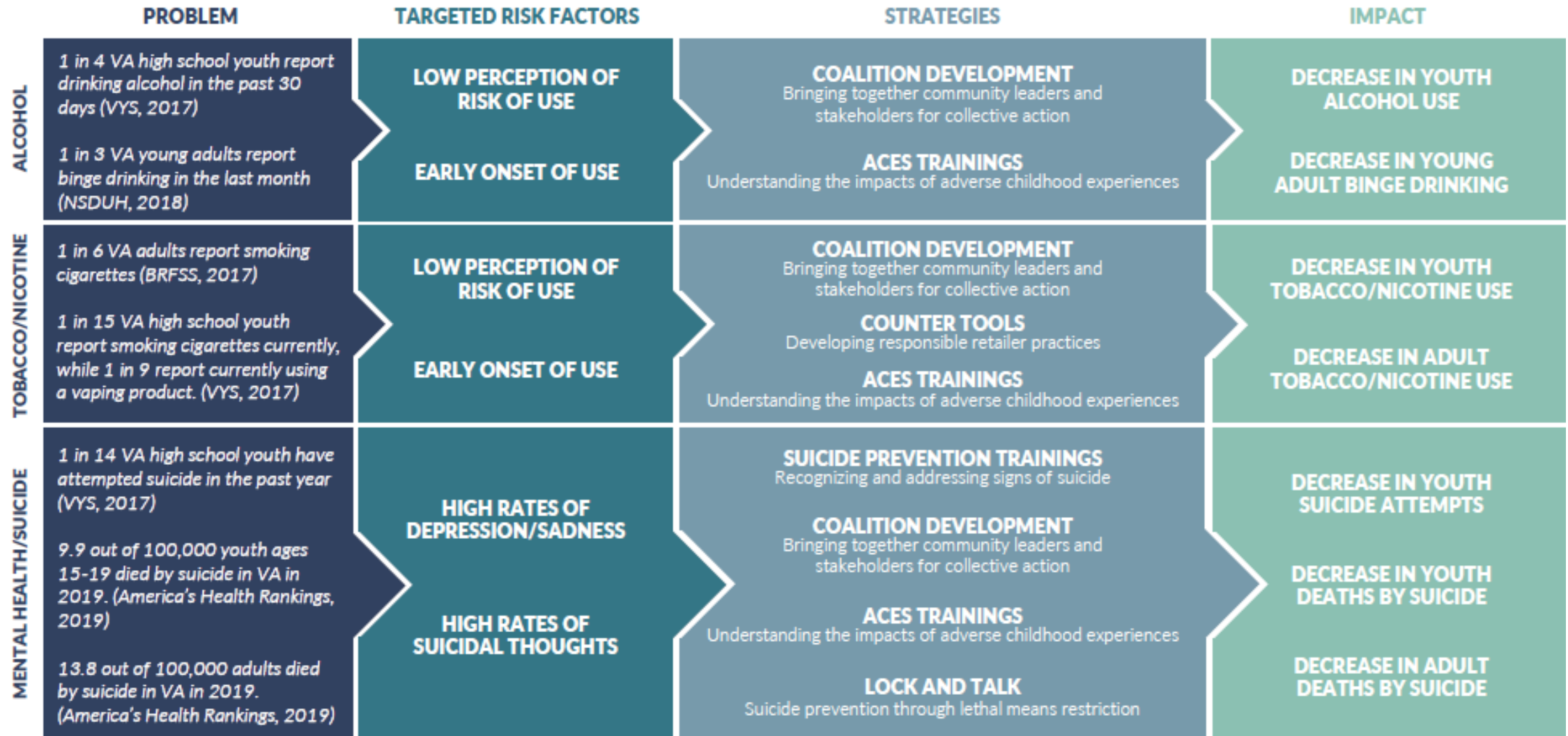
The figure below shows DBHDS priority prevention strategies that align with statewide prioritized risk and protective factors. These strategies impact retail access, norms related to use, ACEs, and youth and adult mental health and have an impact on alcohol, tobacco, mental health and suicide across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

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



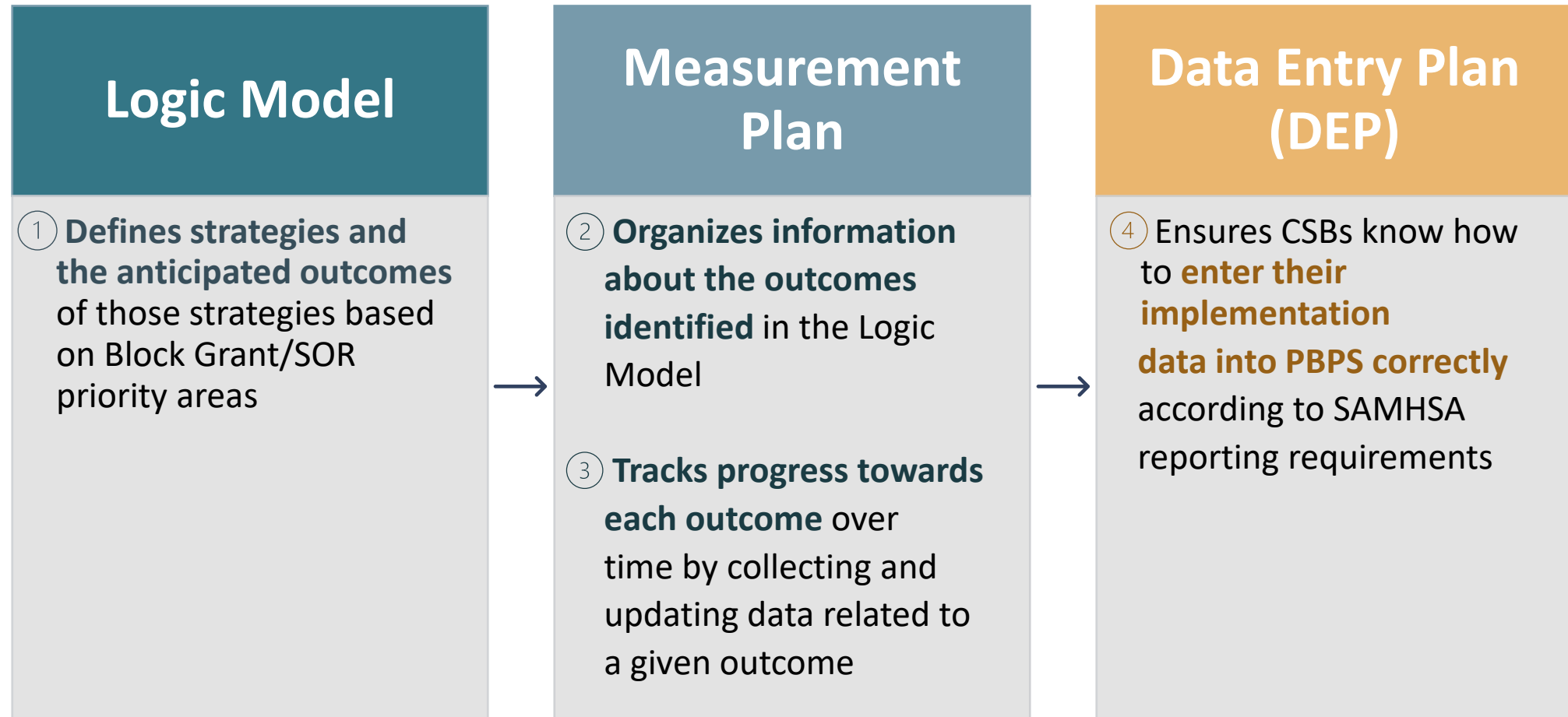
- 1 **CounterTools** - A comprehensive data collection and management tool to measure tobacco product availability, pricing, placement, promotions and marketing in retail environments.<sup>4</sup>
- 2 **ACE Interface Training** - A bridge and connecting point for multiple disciplines and service sectors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

# The 2020-25 Virginia Substance Use Block Grant Logic Model



# Utilizing the SPF: Evaluation

## CSB Evaluation Roadmaps



# Utilizing the SPF: Evaluation

## Dissemination of findings through highly visual reports



# Utilizing the SPF: Evaluation

## Reporting to meet grant requirements

- CPGSI created custom reports to pull required data for BG Report Tables
- OMNI also supports GPRA reporting for SOR and reporting for other SAMHSA grants through SPARS

The screenshot displays the Collaborative Planning Group (CPG) software interface. The top navigation bar includes the CPG logo and the text "Collaborative PLANNING GROUP". Below the navigation bar, there is a sidebar with six main sections: "Assess Needs" (Collect data that assesses population needs), "Build Capacity" (Manage your resources and tracks), "Plan" (Define contracts, initiatives, cohorts and campaigns), "Implement" (Record your prevention efforts), "Review" (Review and approve activities), and "Evaluate" (Run reports to understand your effectiveness). The "Evaluate" section is currently selected and highlighted in a dark blue color. To the right of the sidebar, there is a dropdown menu showing "VA DBHDS". Below the sidebar, there is a report configuration panel. The panel has a "Report" dropdown menu with "Table 31" selected. Below the dropdown menu, there are icons for a grid, a printer, and a share icon. There is also a "Filters:" label with a dropdown arrow. At the bottom of the panel, there are three buttons: "Run Report" (orange), "Clear Options" (grey), and "Hide Options" (blue).

## Block Grant Reports

Date Range: Current Year

Filters:

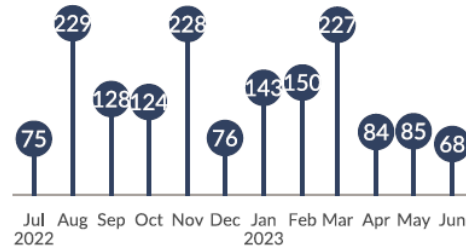
# Utilizing the SPF: Evaluation

## Strategy-specific evaluations and reports

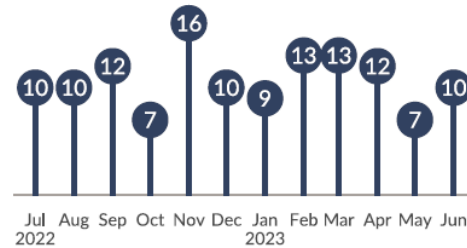
### ACEs Evaluation Assessment July 1st, 2022 through June 30th, 2023

CUMULATIVE

1617 Participants were trained this year\*



129 trainings occurred this year\*



\* Numbers reflect post-training evaluation data, and may not reflect actual number of participants and trainings held.

How satisfied were you with the presenter's level of knowledge?

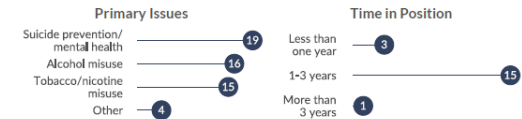


How satisfied were you with the presenter's delivery of the content?

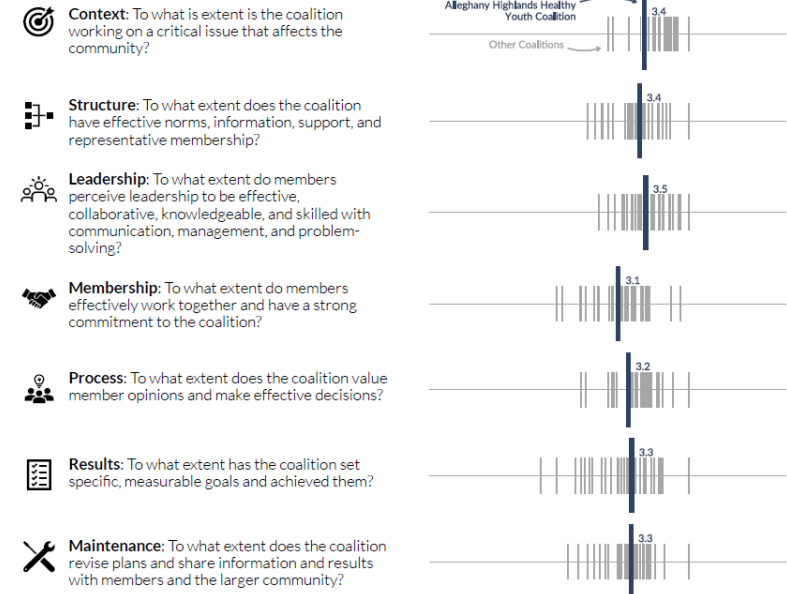


Very Dissatisfied Dissatisfied Satisfied Very Satisfied

### Allegheny Highlands Healthy Youth Coalition



### COALITION READINESS DOMAINS (AVERAGE SCORE: 3.3)



# Building the Capacity of the Prevention Workforce

## TA and Capacity Building

- Monthly newsletters on evaluation topics, upcoming trainings, and data entry best practices
- Dedicated TA team and email account for fielding CSB questions
- Annual Evaluation Planning Kick-off Meetings and subsequent TA calls to set up the “Evaluation Roadmap”
- Community Forums
- Support Onboarding New Prevention Staff

## Training Examples

- Evaluation 101
- Logic Models
- Understanding and Sharing Data
- Coalition Sustainability
- Data Visualization
- Social Media 101
- Risk and Protective Factors
- Data Storytelling
- Qualitative Data Collection

# Building the Capacity of the Prevention Workforce

Excel spreadsheet titled "FY22-23 Evaluation Roadmap-RappahannockRapidan.xlsx" showing a table for recording activities in the Plan Channel. The table is divided into two main sections: "Create Cohort/Campaign" and "OMNI Pre-fill".

Record in Plan Channel		Record in PI					
Name of cohort or campaign (CSBs can customize these names, like "ABC Coalition")  (Please tag each name with FY2022-23 in Plan Channel)	Data Entry Notes & Instructions	Create Cohort/Campaign		OMNI Pre-fill			
		Is this strategy a Cohort or a Campaign?	Description	Start and End Date (OMNI Admin only)	Initiative Name	Funding Source	Associated with Regional Suicide Prevention Initiative? (BG funded only)
	to be recorded as a separate activity. If distributing multiple device types at one event (i.e. you gave out Lock and Talk lockboxes and trigger locks at a presentation), these can be entered as one activity -- lumping together multiple events into one activity (i.e. recording an activity for all devices distributed during a month) is NOT permitted. In the fields provided, enter the number of items distributed for each		and reduce suicide risk.				
Lock and Talk Merchant Education	Set up one cohort in the Plan Channel for Lock and Talk Merchant Education for your entire catchment area. Record an activity in the Implement Channel for each retailer visited. Demographics should reflect the entire catchment area's population - young children included. May need to utilize the downloadable demographic calculator to narrow down to a particular locality, if not catchment, if applicable. Staff time spent on Merchant Education during the same day can be	Cohort	Presentations with gun shop owners and law enforcement to promote gun safety, legal sales, etc. to reduce suicide.	7/1/2021 - 6/30/2023	Lock and Talk	SOR	Yes



## OMNI TA Newsletter

Volume 61 | January 16, 2024

### YAS Launching January 16th!

The Young Adult Survey (YAS) launches TODAY, January 16th! Please review the [full YAS Protocol](#) for all the important administration information. Review [our community forum trainings](#) for even more. Some key points are outlined below. You will also see a portal post and email with this information and much more.



#### Key YAS Administration Points:

For in-person administration, please review the [2024 YAS Talking Points & Admin Tips for In-Person Surveys](#). PDFs of the survey are available at [box.com](#). To enter paper survey data, or if you have respondents complete surveys in person on tablets or laptops, **contact OMNI for unique survey links** to make it easier for repeated data collection at the same location.

For online administration, Slick Text is ready! This is the primary way to ask people to take the survey, as it helps maintain data integrity. Promotional flyers and social media graphics have instructions to text the word Virginia to **888-688-5128** to receive the survey link.

#### Important Data Monitoring Information! Help us keep the survey spam and bot-free!

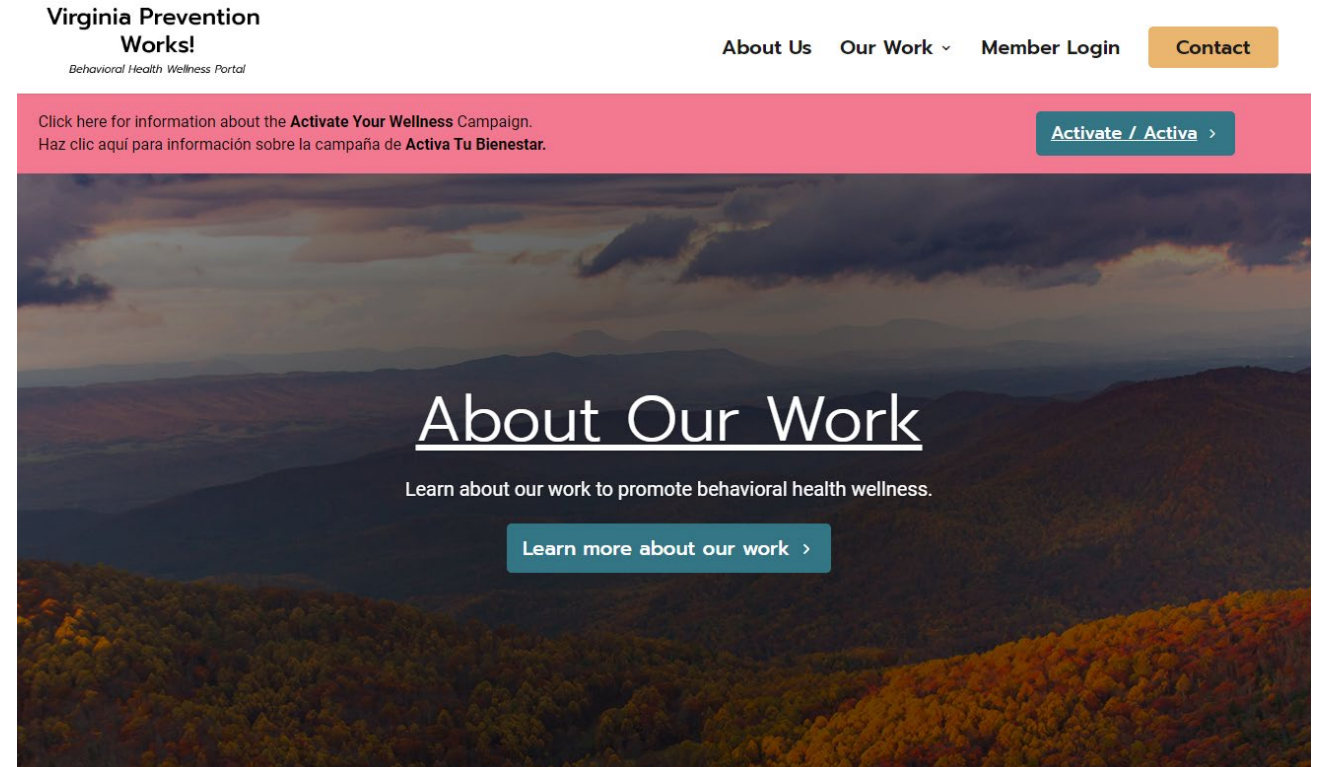
- OMNI has a YAS response dashboard where you can monitor incoming responses. It will be **updated every Tuesday and Friday** with the latest count to see how many survey responses have been collected in your catchment area so far. Review at least once a week.
- Incentive Form Data: Review "How to Avoid Scammers/Survey Fraud" in the [YAS Protocol Appendix](#). **If you notice or suspect fraud in your incentive data, reach out to OMNI so we can help problem-solve.**



# Building the Capacity of the Prevention Workforce

## VA Prevention Portal Development and Hosting

- Website for external sharing of prevention information
- Members-only access for OBHW staff, CSB staff, coalition members
- Members can share information, post events, and access onboarding materials



[virginiapreventionworks.org](http://virginiapreventionworks.org)

# Breaking down data silos and centralizing access



## **Data System Consulting, Review, TA**

- Consistent communication and collaboration between OMNI and CPGSI
- OMNI supports CPGSI in the provision of data system TA
- OMNI evaluation team reviews all implementation data entered across the 40 CSBs

# Breaking down data silos and centralizing access

## VIRGINIA SOCIAL INDICATOR SUMMARY

Behavioral Health Wellness: Virginia Prevention Works!



**OMNI**

Step 1: Select a year  
2021

Step 2: Select a geographic level  
 Region Level  
 CSB Level  
 Locality Level

Step 3: Select demographic filters, if desired  
 Select a Demographic Category: (All)  
 Select a Sub-Group: (All)

Note: Filtering by demographics will only impact the visualizations for Arrest Rates per 100,000 Population. The Arrestee Characteristics visualizations will not be affected.

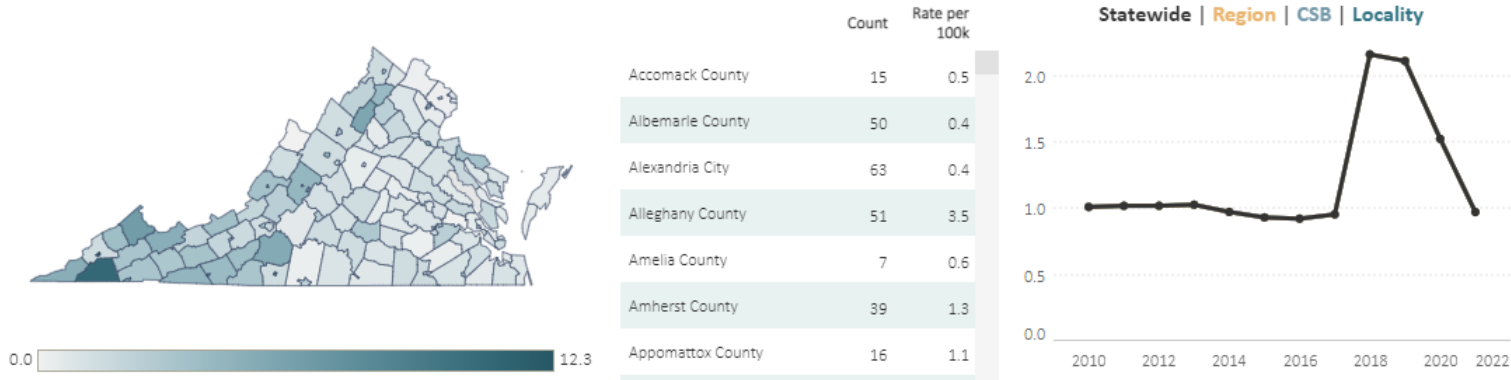
Step 4: Select additional filters for drug and arrest type, if desired

Uniform Crime Reports | Drug Cases | Juvenile Justice

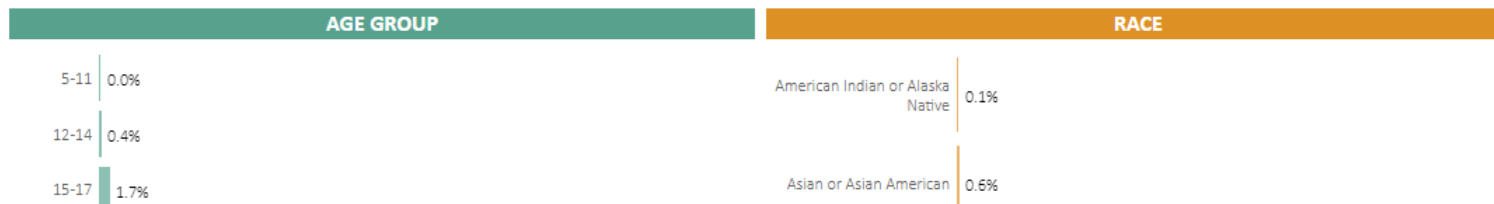
### Uniform Crime Reports: Drug and Narcotic Arrests

Data Source: Dept. of Criminal Justice Services

#### Arrest Rate in 2021 per 100,000 Population, by Locality Level



#### Demographic Characteristics of Arrests in 2021



# Breaking down data silos and centralizing access

## Virginia SEOW

- The SEOW originated under VA's 2015 PFS grant
- OMNI facilitates quarterly meetings of the SEOW, bringing together data experts from across the Commonwealth
- SEOW develops and disseminates deliverables that focus on relevant BH topics



# Examples of SEOW Deliverables

February 2020

## Adverse Childhood Experiences: Data Trends and Prevention Efforts in Virginia

This document provides background on adverse childhood experiences (ACEs) and explores ACEs data in Virginia. OMNI Institute prepared this brief for the Virginia State Epidemiological Outcomes Workgroup, which is funded by the Virginia Department of Behavioral Health and Developmental Services with a SAMHSA Partnerships for Success grant.

### Adverse Childhood Experiences (ACEs) Defined

ACEs are all types of abuse, neglect, and other potentially traumatic experiences that occur in childhood (under age 18), including household challenges, in which a child observes violence or instability in the home.

In recent years, data collection on ACEs has become a more common feature of public health surveillance data. The ACEs listed below are asked about on Virginia's Behavioral Risk Factor Surveillance Survey (BRFSS). This survey asks Virginia adults about which ACEs they experienced as a child. The Virginia-specific data in this document is based on 2017 BRFSS data.

- Physical abuse
- Sexual abuse
- Emotional abuse
- Substance misuse in the household
- Incarcerated household member
- Parental separation or divorce
- Mental illness in the household
- Intimate partner violence in the household (e.g., hitting, kicking)

### Consequences of Exposure to ACEs

ACEs have wide-reaching effects and lasting impacts not only during childhood but also into adulthood. In both youth and adults, ACEs can impact risk behaviors, mental health, and health status.

**In youth, higher ACE scores have been linked to higher rates of...**

- Medical issues (e.g., asthma, frequent infections)
- Childhood obesity and poor growth
- Behavioral problems, including delinquency
- Learning difficulties

**In adults, higher ACE scores have been linked to higher rates of...**

- Substance misuse (e.g., alcohol, prescription drugs)
- Cancer, including breast, lung, and cervical cancers
- Cardiovascular disease
- Lifetime history of depression

Recent research from Merrick et al. estimated the impact of preventing all ACEs on some of the most common chronic conditions and behaviors in adults. They found that preventing ACEs could significantly reduce the number of people with certain chronic conditions, as well as the number who engage in risky substance use.

**Preventing ACEs could reduce the number of U.S. adults who...**

Have Depression	Currently Smoke	Have COPD*	Have Asthma	Engage in Heavy Drinking
by 44%	by 33%	by 27%	by 24%	by 23%

\*Chronic obstructive pulmonary disease

1

September 2023

## Gaming and Gambling

### Impacts on Virginia Youth and Young Adults

April 2023

## Youth Mental Health in Virginia

### Prevention and Stigma Reduction Efforts

Mental health, a person's psychological and emotional well-being, has been an increasing concern nationwide in recent years. The COVID-19 pandemic, social isolation, school closures, ongoing struggle for racial justice, and increasing social media use have taken a toll on youth mental health. In 2021, the U.S. Surgeon General declared a state of emergency in children and adolescent mental health.

In response to youth mental health-related trends, OMNI Institute, in collaboration with the Virginia State Epidemiological Outcomes Workgroup (SEOW), funded by the Virginia Department of Behavioral Health and Developmental Services (DBHDS), focused on generating a report to support Virginia communities. This report summarizes the status of youth mental health in Virginia, current prevention efforts in Virginia that aim to protect mental health, the role of stigma as a barrier to mental health support, and information on mental health resources available in Virginian communities.

**More than 1 in 5 high school students reported poor mental health in 2021.**

# Behavioral Health Data Spotlights

## Data Spotlight: Framework for Addiction Analysis and Community Transformation (FAACT)

Spring 2023

To support Virginia's substance use prevention, treatment, and recovery efforts, the Virginia State Epidemiological Outcomes Workgroup (SEOW), facilitated by OMNI Institute, is developing a set of data spotlights to feature behavioral health-related data sources and how they can be utilized across the state. This is the eleventh spotlight of the series.



### What is in the dataset?

The **Framework for Addiction Analysis and Community Transformation (FAACT)** is a secure data-sharing project led by the Department of Criminal Justice Services (DCJS) in collaboration with the Office of Data Governance and Analytics (ODGA). FAACT combines previously siloed data from different agencies, secretariats, localities, social services, public safety and corrections, drug courts, community coalitions, and private healthcare systems. Its original purpose was to respond to the opioid epidemic, and it expanded to combat the spread of COVID-19.

FAACT collects data from agencies and organizations across the Commonwealth. FAACT data sources include:

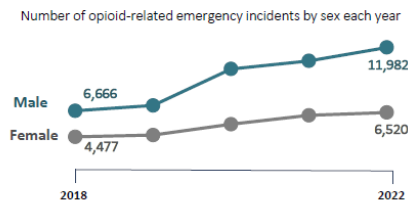
- Emergency Medical Services – opioid-related emergencies
- Community Service Board – substance use and mental illness
- Department of Forensic Science - substance lab analysis reports
- Office of the Chief Medical Examiner - fatal overdoses
- Virginia State Police - substance-related arrests
- Child Protective Services– cases needing intervention



### What are the data telling us?

The Emergency Medical Services (EMS) data on the FAACT platform tracks opioid-related emergency incidents and allows examination of the data by demographic groups, geographic areas, and diagnosis/emergency type. The data below highlights the biological sex disparities in opioid emergency-related incidents over the past four years.

**From 2018 to 2022, there was a 66% increase in overall opioid-related emergency incidents. Males consistently account for a much greater proportion of these incidents than females.**



In 2018 Males had 1.5x the number of opioid-related incidents compared to Females. This gap has continued to increase to 1.8x the number of incidents in 2022.

## Virginia Behavioral Health Data Spotlight: Virginia Cannabis Control Authority



Fall 2023

To support Virginia's substance use prevention, treatment, and recovery efforts, the Virginia State Epidemiological Outcomes Workgroup (SEOW), facilitated by OMNI Institute, is developing a set of data spotlights to feature behavioral health-related data sources and how they can be utilized across the state. This is the thirteenth spotlight of the series.



### What is in the dataset?

The Virginia Cannabis Control Authority (CCA) is responsible for regulating cannabis policies, education, and practices. The CCA promotes public health and safety while also protecting communities in the Commonwealth. In 2022, the CCA contracted with Stratacomm to conduct a survey measuring Virginians' attitudes toward cannabis use and driving, as part of a safe driving campaign highlighting the risks of cannabis-impaired driving. The CCA aims to conduct the survey again in 2024.

#### Topics in the Cannabis Survey Include:

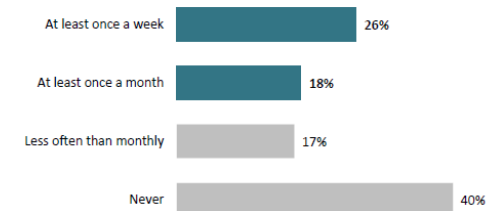
- ✓ Demographics
- ✓ Cannabis consumption
- ✓ Operating a vehicle after consuming cannabis
- ✓ Having been a passenger in a car driven by someone who has consumed cannabis
- ✓ Knowledge and perception of legal consequences of driving under the influence of cannabis



### What is the data telling us?

Below is a data highlight from the CCA's Impaired Driving Survey that can be used to analyze trends related to impaired driving and cannabis usage.

**44% of survey respondents who identify as past 3-month cannabis users reported driving under the influence of cannabis at least once a month.**



# Increase state focus on health disparities and equity

PREVENTION

## Behavioral Health Equity (BHE)

Throughout Year 1 of SOR III, Improving behavioral health equity (BHE) in prevention services remained a key objective.

Building on previous years, CSBs continued to expand efforts to reach under-resourced populations. In addition, DBHDS awarded BHE nine mini-grants, which supported CSBs with tools, programming, and educational opportunities to strengthen BHE within their prevention services. Data in this section came from the SOR end-of-year (EOY) survey and final reporting from the nine mini-grant recipients.

CSBs' BHE efforts focused on serving communities comprising individuals who identify as:

- LGBTQ+
- Latine/x
- BIPOC
- Refugees
- Immigrants
- Residents of rural areas
- Individuals with low income
- Individuals currently experiencing homelessness



Rappahannock Area Community Services Board staff table at a local LGBTQ+ Pride event.

"We have had materials translated into languages other than English and Spanish. We are intentional on when and where we offer trainings in the community. We look for opportunities to participate in events held in support of marginalized communities so that we can bring resources directly to those individuals."

– Rappahannock Area CSB

More than half of CSBs highlighted translating materials to languages other than English

CSBs reported translating materials to languages such as Spanish, Kurmanji, Sorani, Arabic, Russian, Ukrainian, Swahili, and Kinyarwanda in the EOY survey, thereby increasing the impact and accessibility of outreach efforts and training materials.

Many CSBs emphasized the importance of building relationships with marginalized communities by attending key community events and expanding involvement with members of these communities. For example, Harrisonburg-Rockingham CSB attended various community events focusing on financial and housing insecurity, including a Community Cookout hosted by the local housing authority.

Behavioral Health Mini-Grants continue to build off last year's successes.

In this year of the SOR grant, \$150,000 was awarded to nine CSBs through mini-grants to expand BHE efforts and promote community engagement among marginalized groups. In addition, approximately \$100,000 in SOR funding was awarded to community-based organizations to support Bhutanese, Latino, LGBTQ+, faith communities, and youth leadership summer programs as part of the Virginia Refugee Healing Partnership program (See Appendix A).

## Health Disparities An Overview and Examples from Virginia's Substance Use Prevention Efforts

This document was produced in 2020 by OMNI Institute in collaboration with the Virginia State Epidemiological Outcomes Workgroup (SEOW). OMNI and the SEOW compiled this document as a starting point to share a common definition of health disparities, demonstrate examples of disparities in Virginia, and highlight how these disparities are being addressed. This document serves as an introduction to health disparities and how to use data to address them. For more extensive resources and further learning on this topic, please see the references section. For more information on the SEOW, please visit [VirginiaSEOW.org](http://VirginiaSEOW.org).

### What are Health Disparities? Health Disparity Defined

Clear and contextually relevant definitions are needed to ensure policy and interventions address the right issues.<sup>1</sup> Two terms that are often used together but require clear definitions are "health disparity" and "health inequity."

A health disparity is a systematic and potentially avoidable difference in health between groups of people who have relatively different positions in society.<sup>2</sup> Health disparities adversely affect the health of people linked to social, economic, and environmental disadvantages.<sup>3</sup>

Examples of health disparities include barriers to health due to race or ethnicity; religion; socioeconomic status; gender; age; mental health status; disability status; sexual orientation or gender identity; and geographic location.<sup>3</sup> The reason these characteristics result in barriers to health is largely due to years of systemic discrimination and exclusion based on these characteristics. This discrimination has existed for centuries and has led to greater rates of poverty, lack of access to jobs with fair pay, poor education, unsafe housing, and lack of health care among marginalized groups. All those factors contribute to poorer physical, emotional, and mental health, resulting in health disparities.

When a health disparity exists in a community, health equity cannot exist at the same time. Health equity exists only when everyone in a community can attain their highest level of health regardless of factors like race, income, and zip code.<sup>4,5</sup>

Everyone can attain their highest level of health only if obstacles to health such as poverty and discrimination, and their consequences, are eliminated.

#### Why Define?

There are many ways health disparities can be defined. In some instances, the difference between definitions is related to the intended audience, while other differences reflect divides in values and beliefs that might influence policies and practices.<sup>6</sup> How an organization defines health disparities is important because it helps determine which metrics they are relying on to track health disparities. Clear definitions also help organizations identify what is important to them, allocate resources to those priorities, and evaluate progress.<sup>6</sup> Providing a definition for health disparities in this document is intended to clarify how this term is used here.



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## Equitable and Accessible Data-Sharing Guide

A Resource for Data Users and Owners



# Increase state focus on health disparities and equity



**OMNI**  
**CSB Community Forum**  
**Behavioral Health Equity (BHE) in Prevention**




June 7, 2023





**OMNI**  
**CSB Community Forum**  
**Black, Indigenous, and/or People of Color (BIPOC)**  
**Mental Health**

May 21, 2024



***Closing the Gap: Examining the Behavioral Health Needs of Marginalized Young Adults in Virginia***  
Virginia Young Adult Survey (YAS) 2022  
August 15, 2023





# Key Takeaways

- Systems change takes time
- Collaboration and shared vision are essential
- Important to meaningfully invest in:
  - Data Infrastructure
  - Workforce Capacity Building
  - Robust evaluation to 'tell the story' of impact



# Thank you to the OBHW team, CPGSI, and the entire prevention workforce in Virginia!





# Thank you!

Any questions?

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