# SAMSHA Strategic Prevention Framework – Partnerships for Success 2020 Strategic Plan Valencia County, NM

Please note that while the strategic plan is a grant deliverable, it should also be considered a living document that is updated as project evolves. Strategic Plans within the New Mexico prevention system are revisited annually.

The strategic plan should be accessible to key prevention team staff within your program and your coalition and key stakeholders. It can also be used as a tool for community engagement, providing documentation of your prevention program's goals and objectives and the work of the program.

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## Community Description

Valencia County is the second smallest county in the state. The county is rich in family, tradition and religion. One of the towns in this county is Belen, which is the Spanish for Bethlehem. According to the U.S. Census Bureau, Valencia county has a total area of 1,068 square miles. As of 2019, the population estimates 76,688, The population breakdown is as follows: residents under the age of 18 make up 23.3% and the population, while persons over 65 years old, make up 18.2% of the demographic. Valencia county has a reported female population of 49.9%. The racial makeup of the county is as follows: White 88.5%, Black and African American 1.8%, American Indian and Alaska Native 6.4%, Asian 0.2%, Two or more races 2.4% and Hispanic or Latino account for 61.1% of the average. Housing units' number 31,576 as of 2019, with a median value of owner-occupied housing units of \$142,600. The median gross rent approximates \$876 dollars per month. There are an estimated 27,010 households in Valencia county with persons per household at 2.76. An average of 30.6% of the population over 5 years old in Valencia county speaks a language other than English. Educational wise, persons 25 years and older have a high school diploma or general education equivalency and up to an associate degree is 84.5%,

and persons 25 years and older obtain a bachelor's degree or higher is 18.5%. Persons with a disability under the age of 65 years old is 14.5%. An average of 12.6% of the population under the age of 65 years old are without health insurance. The county has a reported \$117,544 in total health care and social assistance receipts/revenue. Median household income is \$48,945. Persons in poverty rates 17.6%.

Current efforts addressing substance use prevention, intervention, and treatment in Valencia County include the Community Wellness Council, Valencia County Behavioral Health Council Task Force, Los Lunas Public Health Department, Recovery Services of New Mexico, Southwest Family Guidance Center, First Choice Community Healthcare – Belen, Village of Los Lunas DWI Council, Guidance Foundation Counseling and Substance Use, Full Circle Recovery Treatment Center, and the Dedicated Outreach and Prevention Education D.O.P.E Services.

#### Sources:

U.S Census Bureau Quick Facts -

https://www.census.gov/quickfacts/fact/table/valenciacountynewmexico, US/PST045219

PFS20 Coalition and Partnership Establishment – Presbyterian Healthcare Services 2021

Goal 1	Reduce polysubstance use overdose deaths in Valencia County among adults aged 25 to 64 in Valencia.
Goal Indicators	<ul> <li>Rate of polysubstance overdose deaths in Valencia</li> <li>ER visits for non-fatal overdose</li> <li>Percent reporting past 30-day use of two or more substances on an occasion (NMCS PFS20 Module)</li> </ul>
Intervening Variable	Social Norms/Attitudes
Goal 1 Objective 1 Harm Reduction	Implement a media campaign to increase community awareness of the harms of polysubstance use in Valencia County by 2% by June 30, 2022.
Objective Indicator(s)	<ul> <li>How much do people risk harming themselves when they:         <ul> <li>take multiple substances on single occasion?</li> <li>mix alcohol with drugs, including prescription medications?</li> <li>These are ideas for items to add to the NMCS.</li> </ul> </li> <li>(Note: Won't have NMCS baseline on these indicators for this year, but we can look at alternatives to collect baselined data this fall.)</li> </ul>

Strategy for Objective	Media Campaign Strategy PFS20-R4z: Polysubstance Use Media Use media resources (paid, earned and social media) to increase community awareness of and community concern about the frequency and impact of polysubstance use, its initiation and frequency in high school, the contribution of polysubstance use to overdose, dangers of taking multiple substances simultaneously, the danger of mixing alcohol and other drugs, inclusive of specific binge drinking and high-risk alcohol use campaign.
Rationale for Strategy for Objective	Valencia County has a population base of approximately 76,688, from which the most recent report has identified 107 overdose deaths due to multiple substances from 2015 – 2019. The percent of adults who reported using prescription painkillers for any reason has fluctuated over time but has been around 11.5% on average in Valencia County. Prescription opioids make up the largest share of deaths at 37.6% followed closely by heroin and methamphetamine. Ninety-six percent of alcohol deaths involve at least one other substance and heroin and prescription opioids are most often found in conjunction with alcohol deaths. Similar trends exist for other substances including heroin, where 83.4% of deaths involve another substance and the substances most commonly found are meth and prescription opioids.  Methamphetamine overdose deaths follow a similar pattern and are often paired with heroin and prescription opioids. Prescription opioids are often paired with heroin and alcohol. It appears that there is substantial overlap among all substances. The quantitative data is supported qualitatively, with key informant interviews, in addition to our Capacity Readiness assessment. It is evident that Valencia County has a lack of resources and little to no knowledge of Polysubstance use. This puts the community at a disadvantage. Valencia County would benefit on education of what Polysubstance is and what the term means; the dangers associated with Polysubstance, and harm reduction strategies are currently available. Through collaboration with community members, council members, we can create a messaging platform to educate and instill knowledge throughout the community. Education is the primary foundation. Distributing education through media platforms, can ultimately increase awareness of polysubstance use, its risks and dangers.
Intervening Variable	Access to Naloxone

Goal 1 Objective 2 Harm Reduction	Increase the number of community-based agencies trained on the use of Naloxone to increase access points of Naloxone by 2% in Valencia County by June 30, 2022.
Objective Indicator(s)	<ul> <li>"Have Naloxone available" among those who have/use opioids, have friends / family members who are at risk of overdose (NMCS)</li> <li>"Know how to use Naloxone" (NMCS)</li> <li>Number of opioid overdose reversals (Harm Reduction program, DOH)</li> <li>Awareness/understanding of Good Samaritan Law</li> <li>Focus group participant "Greater need for Narcan"</li> <li>Identify three new naloxone outlets</li> </ul>
Strategy for Objective	Access to Naloxone Strategy 1: Increase Naloxone access points Identify current Narcan providers and trainers in community, identify needed access points for individuals and agencies who serve people who use drugs, and facilitate the establishment of additional Narcan distribution sites where needed. Coordinate with OSAP statewide Narcan training and distribution programs to facilitate end-user trainings, train-the-trainer trainings, and Narcan distribution effort where they do not exist  1: Identify current Narcan providers and trainers in community and identify needed access points for individuals and agencies who serve people who use drugs. Coordinate with statewide Narcan programs directed by OSAP to facilitate end-user trainings, train-the-trainer trainings, and Narcan distribution effort where they do not exist
Rationale for Strategy for Objective	There are a multitude of risks and safety concerns affiliated with Polysubstance use. Capacity reports identified a level of Vague Awareness in Valencia County. In addition to the vague awareness level, there tends to be a denial/resistance mentality to recognize problematic Polysubstance Use. Quantitative reports noted the combination of methamphetamines with prescription opioids account for approximately 12.75% of the reported deaths in Valencia County from 2015 – 2019. People who have chronic opioid use has increased quarterly in 2019 according to the PDMP. The percent of people with chronic opioid use with PMP request in past three months generally remained constant in 2019 with a slight increase in early 2020. The quantitative data indicates the chronic use of opioids, by implementing a harm reduction strategy, such as Narcan training, Narcan training would allow our community to become prepared should they be placed in a life or death situation. Per the initial previous request of education as a preliminary foundation, we could coordinate Naloxone training as form of a

harm reduction strategy. This training would equip the community with education and knowledge of harm reduction tools. Currently, Narcan can be found at a local pharmacy or department of health office. We would like to expand and educate the community on additional locations throughout the county. We are aware of the multitude of substances available throughout our community, through community partnerships with the Department of Health and State Narcan Coordinator, we can implement life-saving or harm reduction techniques, such as Naloxone training and disbursement to combat some of the dangers associated with Polysubstance use. Education, harm reduction strategies and messaging will assist in community awareness for further intervention of Polysubstance use.

Intervening Variable	Mode of Use (Risk of Harm of Polysubstance Use)
Goal 1 Objective 3 Harm Reduction	Increase awareness of the harms of polysubstance use by developing and disseminating a "provider guide" so that medical providers increase their direct education of patients in Valencia County by 2% by June 30, 2022.
Objective Indicator(s)	New Mexico Department of Health (NMDOH) - (all of 2020 data is not present but a reduction of 6,415.56 from Q2-2020)  Focus group participant "Harm Reduction Services and Materials"  Provider information among those participating in the strategy: (Number of providers who share information about polysubstance use.) Baseline for this measure will be collected during strategy initiation.
Strategy for Objective	Provider Guide/Patient Education  Mode of Use Strategy 7 (PFS20-R3h): Work directly with human service providers, treatment providers, medical providers, and harm reduction providers so they can directly educate or encourage patients to reduce high-risk polysubstance use: develop and disseminate among providers a "provider guide" that could include: information handouts, Federal guidelines on proper disposal of prescription opioids and local data related to polysubstance use, overdose, involvement of alcohol, and prescription opioid non-medical use, ways to bring the topic up for discussion with patients and families, as well as about the dangers of misuse, dangers of taking multiple prescriptions

	simultaneously (especially opioids and benzodiazepines), Less risky use strategies, danger of combining opioids and alcohol, dangers and detection of fentanyl, safe opioid storage and harm reduction strategies of use to the target population.+
Rationale for Strategy for Objective	Through PFS20 Key Informant Interviews and the Capacity Readiness Assessment process, it was identified that Valencia County has a lack of resources and little to no knowledge of Polysubstance use, putting the community at a disadvantage. Education would be an essential first step in the strategic plan process. Beginning with providing education to providers, patients and to the community. Recent data indicted an overlapping trend of Benzodiazepine and Prescription Opioids within a Concurrent Use period (PDMP, NMDOH 2019-2020 by quarter). High dose opioids with benzodiazepine prescriptions have decreased from 2019-2020 – by about 22% from Q4 of 2019 to Q4 of 2020. Prescribers with at least 50% high dose opioid prescriptions decreased by about 40% from Q3 of 2019 to Q3 of 2020. These efforts are a reduction in risky prescribing. Continuance of this trend would be beneficial to Valencia County. Education and awareness geared towards our providers would be essentially beneficial. This in turn, would continue through their patients and community members. Harm reduction education and training techniques would benefit the community, and would increase the overall understanding of Polysubstance use, its risks and dangers.

Intervening Variable	Mode of use (Risk of Harm of Polysubstance Use)
Goal 10bjective 4	Increase perception of harm among adults aged 25 to 64 who self-reported binge drinking by 2% in Valencia County by June 30, 2022.
Objective Indicator(s)	Reduce the percentage by 2% to 13% in Valencia County by June 30, 2022, Per NMCS 2017 – 2019. The percentage of people who have reported binge drinking an average of 15% in the prior 30 days.
Strategy for Objective	Media Campaign Mode of Use Strategy 6: Use well targeted media resources (paid media, social media, and informational pamphlets) to increase awareness of polysubstance use harm, esp. potential for overdose; to increase knowledge of the harms of particular combinations within applicable populations; to increase the

Rationale for Strategy for Objective	knowledge of less risky use strategies for particular substance combinations with very targeted approaches to appropriate audiences, including use of alcohol with other substances.  Binge drinking attributes to the dilemma of Polysubstance use. Work with coalition to create messages with the effects associated with binge drinking and the long-term effects. The messaging will be incorporated with polysubstance use, which
Goal 2	includes alcohol use. The perception of binge drinking is "alcohol is legal" creating a sense of low to no harm. This stigma or perception needs to be addressed. Through targeted messaging emphasizing the perception of harm binge drinking creates, in collaboration with the DWI coalition, the messaging would target all combinations of polysubstance use to include binge drinking. The messaging platform will address the goals listed above, problematic polysubstance use, prevention of polysubstance use and binge drinking. Valencia county is scored as Vague awareness, with limited resources. Through implementation of the goals listed, this rating can improve, while educating the community, with compassion and empathy. Destigmatizing the current mindset and helping our community flourish. Lack of awareness and resources, creates opportunities for improvement. This mentality inflates the abstinence only model and punitive prevention mentality for people who use substances. In conjunction with council members and community members, we can increase our coalition team. Recruiting community members through education and messaging. Improving on the current stigma associated with substance use. Develop a Contingency Management method with Prevention Strategies and Polysubstance Use Education base. Deterring behaviors associated with the stigma of people who use substances. Create a more cognitive approach. Education and messaging will create a positive, non-judgmental, non-coercive approach.
Godi 2	risk in Valencia County.
Goal Indicator	Coalition Capacity Checklist
Intervening Variable	Coalition Capacity Checklist, Sections D & E
Goal 2 Objective 1	Increase Coalition capacity in collaboration with community members and wellness council members by 4% in Valencia County by June 30, 2022.

#### Objective Indicator(s)

Increase number of Capacity coalition members to create an infrastructure of community awareness and education of Polysubstance use and dangers associated with use.

Community knowledge of contributing factors and the nature of substance use/misuse, and stigma of substance use

### Strategy for Objective

Coalition Outreach and Communications

Coalition Strategy C3: Build coalition capacity by increasing outreach and communications between members, key stakeholders, and specific groups, through sharing of activities and seeking feedback from community residents. Activities to include: development and dissemination of newsletters with articles and data that highlight prevention efforts related to polysubstance use, harm reduction and overdose; website updates, social media promotion such as live Facebook events; work with local media groups to promote coalition efforts and help educate the public about polysubstance use and overdose; regular communication maintained with coalition members and regular meetings.

#### Rationale for Strategy Selection

Increase the support of the community through Coalition engagement. Coalition members display a sense of trust throughout the community. Strength in numbers is a true statement when used in the prevention capacity. Coalition collaboration would increase an environment of prevention and awareness. A Polysubstance specific campaign has not taken place in Valencia County at this time. By joining forces with health councils, we can become an alliance. As an alliance, we will educate our community by creating an effective messaging process to engage our community in the prevention of Polysubstance use. A separate OSAP campaign on prescription substance use education/prevention/harms and DWI/Underage Drinking prevention campaigns have been created through the Community Wellness Campaign face book platform, although there were no attempts to educate on Polysubstance use specifically. Education of Polysubstance will be the foundation and primary beginning step in the strategic plan process of the 5year grant. Create a messaging platform with the dangers and risks associated with Polysubstance use. Update the current resource directories, County and internal hospital database, with current medication assisted treatment facilities available within a local setting.

Goal 3	Increase Community Readiness to address polysubstance use and risk in Valencia County.
Goal Indicators	Stage of Community Readiness (1-9)
Intervening Variable	Community Readiness Score
Goal 3 Objective 1	Increase the composite Community Readiness score of 3 associated with the prevention of Polysubstance Use by 1 readiness stage to 4 by June 30, 2022.
Objective Indicator(s)	Increase the composite Community Readiness score of 3 associated with the prevention of Polysubstance Use by 1 readiness stage to 4 by June 30, 2022.
Strategy for Objective	Improve Community Climate D1 Strategies to increase community awareness
	<ul> <li>Increase awareness of community prevention, polysubstance use prevention, and harm reduction efforts, who programs serve, gaps in prevention and harm reduction services, the longevity of efforts, etc.</li> <li>Develop a plan / action steps for informing the community about this continuum of prevention efforts (convening community meetings, etc.)</li> <li>Assess and address the strengths and weaknesses of current efforts</li> <li>Identify formal and informal policies, practices or laws related to these issues</li> </ul>
Rationale for Strategy for Objective	The Capacity and Readiness report confirmed the current community level 3 – Vague Awareness. Few community members are aware of this issue, and there is not an immediate motivation or desire to become proactive regarding Polysubstance use. Providing education and knowledge through coalitions will engage community participation and involvement, which will improve capacity and readiness status. Capacity and readiness can be improved by highlighting the resources that are currently available to the county such as, harm reduction strategies; i.e. Department of Health syringe exchange, another evidence-based approach is medication assisted treatment. Upon identifying key informant interviewees, a few are providers who specialize in medication assisted treatments, that include medication and therapy programs. Research and identify providers who dispense medication as a harm reduction strategy, continuously update the community resource directory available to the county; in addition to the Presbyterian Now Pow

resource system utilized by our Peer Support team. This would improve the current Capacity and Readiness level.

#### Sources:

New Mexico Community Survey (NMCS) <a href="http://www.nmprevention.org/Evaluation-Instruments.html">http://www.nmprevention.org/Evaluation-Instruments.html</a>

Behavioral Risk Factor Surveillance System (BRFSS) https://ibis.health.state.nm.us

