GREATER PRINCE WILLIAM AREA COMMUNITY HEALTH IMPROVEMENT PLAN (2016-2020)

Adapted from: [County Health Rankings and Roadmaps Action Cycle]

Prince William Health District
SENTARA HEALTHCARE
GEORGE MASON UNIVERSITY
Greater Prince William Community Health Center
Potomac Health Foundation
NOVANT HEALTH
UVA HEALTH SYSTEM

Community Healthcare Coalition of Greater Prince William

Improving the health of the residents of the Greater Prince William Area

To the residents of the Greater Prince William Area:

The purpose of the Community Healthcare Coalition of Greater Prince William (CHCGPW) is to bring together a multiagency and multidisciplinary group of entities and individuals to develop a sustainable dashboard of community health indicators (CHI) that represents the work of the coalition, and to use existing recognized platforms to identify and prioritize community health issues, conduct a community health assessment, and plan, implement and evaluate a community health improvement process. The Coalition will also be responsible for identifying ways limited, applicable resources can be used most efficiently and effectively.

The goal of the CHCGPW is to collectively improve the health of the residents of the Greater Prince William Area (GPWA) and jurisdictions served by the participating entities.

The goal of the Coalition to improve the health of the community and will be accomplished by:

- Use of a shared dashboard as a robust source of secondary data
- Collection of comprehensive primary data to support interpretation of secondary data and enhance the quality of community health assessments
- Prioritization of community health needs
- Coordination of comprehensive implementation strategies to maximize impact on specific health needs and priority communities
- Evaluation of implemented strategies and institution of quality improvement initiatives as needed
- Mobilization of expertise, resources, effective skills-based health education, and accountability for community health outcomes
- Establishment of stronger relationships and partnerships between the hospitals, community health center, Health District, George Mason University, and other members of the healthcare community
- Promotion of a safe, healthy environment, both physical and psychosocial and activities that improve access to health services

This Community Health Improvement Plan (CHIP) focuses on three identified priority areas to improve health and well-being for all in the Greater Prince William Area. Since many factors can

influence health, this CHIP will address more than just access to care in order to reach the coalition's vision of a community of healthy people.

Join the coalition's journey, as we work to create an environment for all in the GPWA to have the opportunity to be both physically and mentally healthy.

Sincerely,

Alison Ansher, M.D., MPH
Chairperson
Community Healthcare Coalition of Greater Prince William

Acknowledgements

The CHCGPW would like to acknowledge the participation of other community members, agencies, and non-profits that are dedicated to making the Greater Prince William Area a healthier and safer place to live, work and play.

- Active Prince William
- Anthem HealthKeepers Plus
- Federal Bureau of Investigation
- Freedom Aquatic and Fitness Center
- Kaiser Permanente- Medicaid
- Keep Prince William Beautiful
- Manassas Park Parks and Recreation
- Prince William County Community Services
- Prince William County Fire and Rescue
- Prince William County Parks and Recreation
- Prince William County Police
- Prince William County Sherriff Department
- Virginia Cooperative Extension
- Virginia Department of Health (VDH) - Tobacco Use Control Project
- Young Invincibles

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Executive Summary

Both qualitative and quantitative data was used to determine the most pressing public health issues to provide the foundation for the development of a comprehensive Community Health Needs Assessment (CHA), and to prioritize those issues to be addressed in the Community Health Improvement Plan (CHIP).

The 2016 Health Check Survey was distributed through various venues throughout the community. The purpose was to have residents assist in identifying in their opinion, the most pressing public health problems in the community in which they live. Nine hundred and eighteen surveys were analyzed, excluding those surveys without zip code identification, a zip code which was not in the defined service area, or more than two questions unanswered. In addition, each coalition member provided a list of community partners to send out a leadership survey, and requested that the respondent identify in their opinion, important community public health problems. Fifty-two respondents completed this survey. There were Town Hall Meetings on May 24, 2016 at the Northern Virginia Community College in Manassas, and June 6, 2016 at Sentara Northern Virginia Medical Center in Woodbridge, in order to obtain community input regarding the survey results. These meetings provided important qualitative information and robust discussions.

A modified multi-voting technique was utilized to prioritize health issues of importance that is impacting the health of the GPWA residents. The Health Check Survey 2016 allowed residents throughout the community to determine, in their opinion, the most important public health issues affecting the residents of the GPWA. Those results were analyzed by the George Mason University Informatics Department. Community leaders were also asked to prioritize health issues impacting the GPWA based upon their expertise. Town Hall meetings and written comments permitted on the surveys provided additional qualitative information to help prioritize health issues impacting the community.

The CHCGPW Coalition compared the two top ten selections from both surveys, and voted on what priorities the coalition would focus on for the GPWA 2016-2020 CHIP. The coalition also determined some of the top ten priorities that impacted each other; therefore they were combined into one priority to be addressed. (e.g. obesity, physical activity, and access to healthy foods).

Also taken into consideration by the coalition were the additional criteria below:

- Availability of a solution
- Impact on the community
- Availability of resources or the potential to build upon what was already occurring in the community

- Feasibility of the intervention
- Political importance

The three categories of public health needs identified were:

- Substance Abuse and Mental Health
- Obesity, Access to Healthy Foods, and Physical Activity
- Access to Health Care (included dental care)

The coalition broke up into three groups to address each category, and by involving other knowledgeable community partners, analyzed primary and secondary data from various sources in order to better understand community strengths, weaknesses, gaps, trends, and target populations that are most impacted by these health issues.

The coalition's hope is that through the work of coalition members and community partners, these will not be identified as pressing community public health issues in 2021.

Access to Health Care

Access to Health Care is defined as having "the timely use of health services to achieve the best outcomes." (Institute of Medicine, 1993)

Attaining adequate access to care requires three steps:

- Gaining entry into the health care system.
- Getting access to Health care sites where patients can receive needed services.
- Finding providers who meet the needs of individual patients and with whom patients can develop a relationship based on mutual communication and trust.

Health care access is measured in several ways, including:

- Structural measures of the presence or absence of specific resources that facilitate health care, such as having insurance or a medical home.
- Assessments by patients on barriers to health care.
- Utilization outcome measures of access to care such that there is successful receipt of needed services.

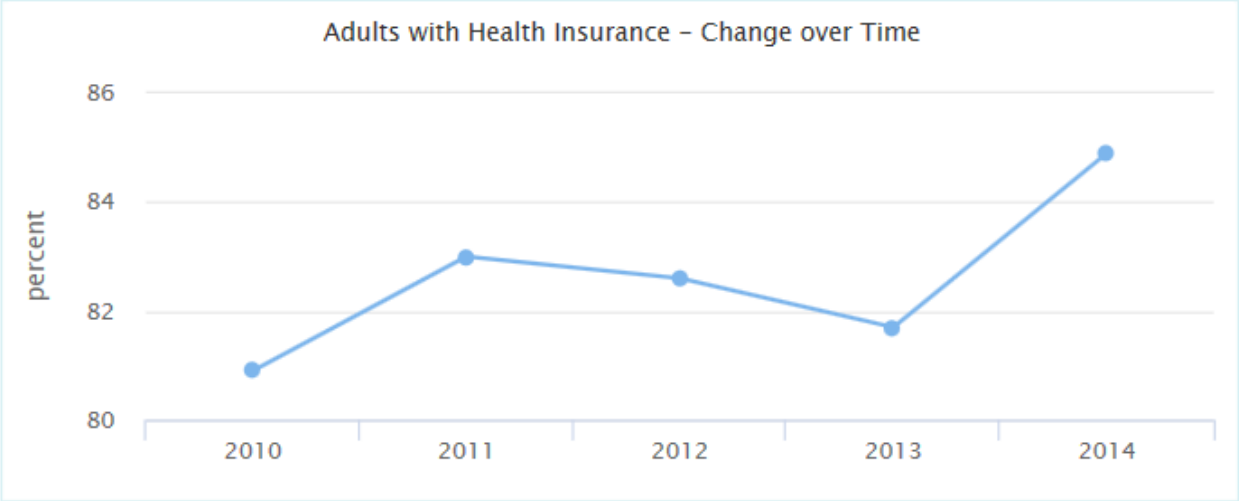
Facilitators and Barriers to Health Care

Facilitators and barriers to health care include health insurance, usual source of care (including having a usual source of ongoing care and a usual primary care provider), and patient perception of the need. (Agency for Healthcare Research and Quality, 2011)

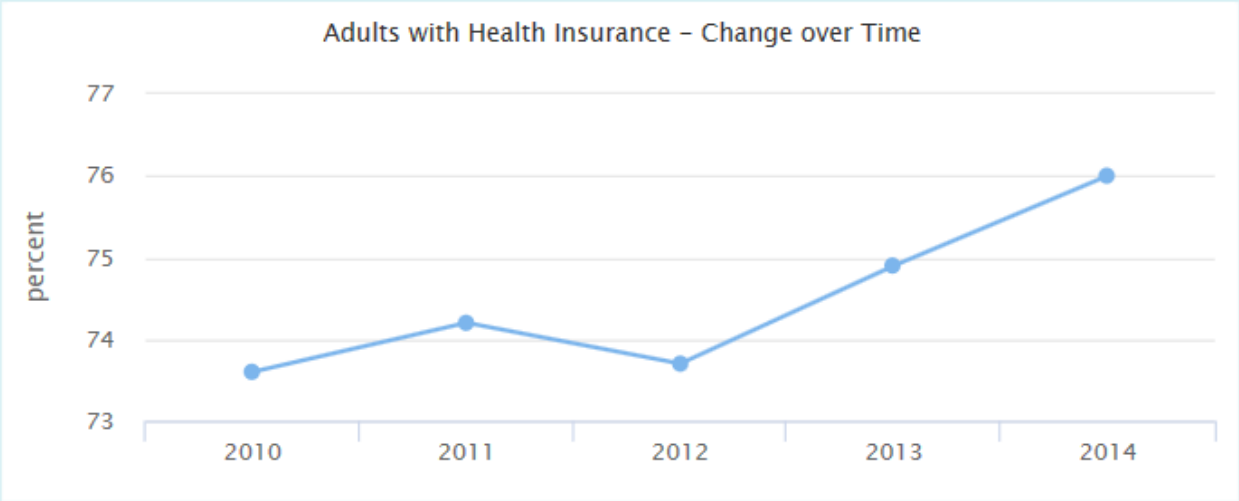
Qualitative Community Input	Quantitative Data
• Latino community has a big challenge finding affordable health care • Some with insurance cannot afford the co-pay • No inpatient mental health facility for children • Huge need for affordable health care • More dental care for those without insurance • More access to low cost health care • Lack of affordable transportation to health care • Community needs better access to specialty care needs • More clinics for non-urgent needs to keep hospital costs down • Need a greater variety of doctors in the area that take various insurances • As the population ages, we need geriatric care opportunities • Even people with insurance cannot afford medications • We need stronger preventive medicine programs for the entire community • Use more telemedicine for behavioral services • Mental health crisis is impacting hospital inpatient care • More collaboration to prevent the duplication of services • Dental care is not affordable for adults, especially dentures • Health care options and insurance availability is a concern • Need more pediatric expertise in concussion care	• 77.4% with private insurance and 16.5% of those insured with public insurance in the GPWA • In the GPWA, 23.9% of residents without health insurance • Although life expectancy has increased in the GPWA, life expectancy for males is greater in PWC than the cities by several years. • In Manassas City, the death rate from strokes and hypertension is twice that of the other two GPWA localities • Death from diabetes in Manassas Park City is twice that of the other GPWA localities • The rate of prostate cancer deaths in Manassas City are twice that of the other GPWA localities and the Healthy People 2020 (HP 2020) goal • The rate of breast cancer deaths in Manassas City are greater than that of the other GPWA localities and the HP 2020 goal • In Manassas Park, only 68.4% of pregnant women receive early prenatal care

Location	Adults Insured	VA Adults Insured	Trend
PWC	84.9%	85.2%	Increased percent
Manassas City	76.0%	85.2%	Increased percent
Manassas Park City	75.4%	85.2%	Increased percent

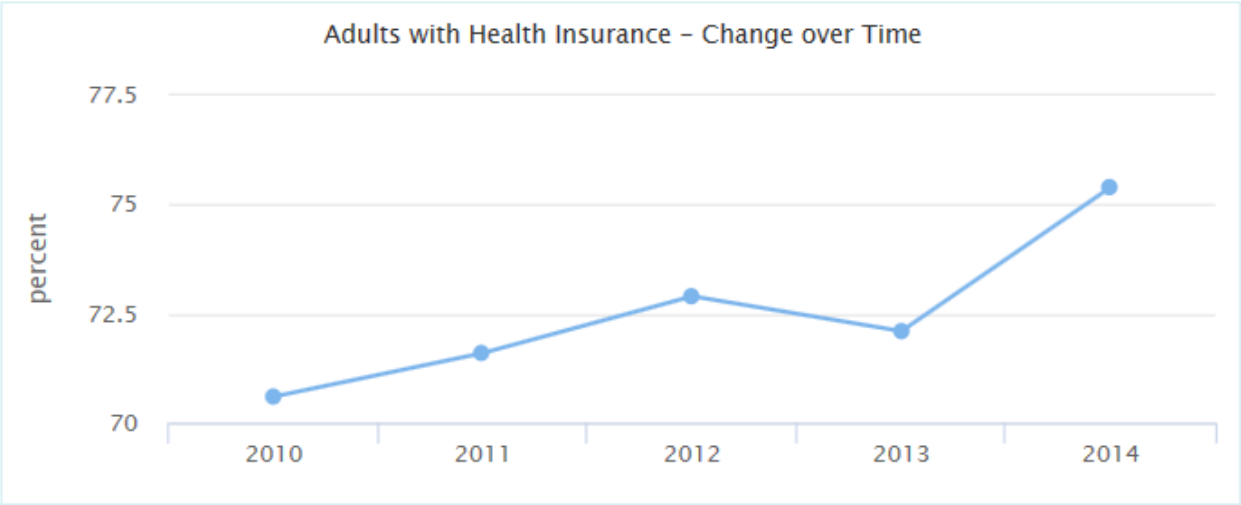
Prince William County



Manassas City



Manassas Park City

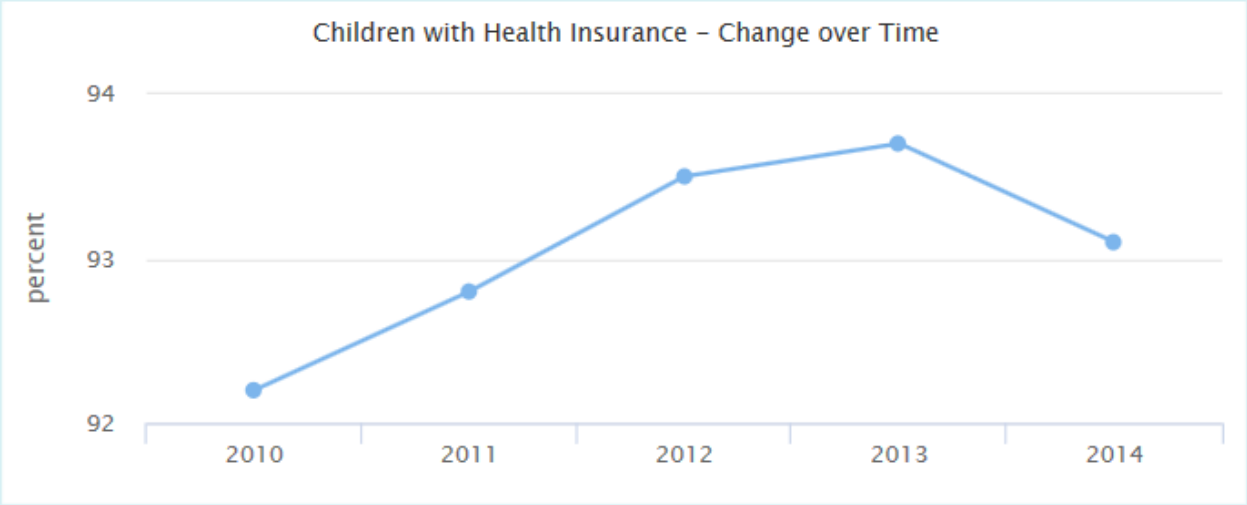


*How the change or repeal of the Affordable Care will impact the percentage of residents with insurance is unknown.

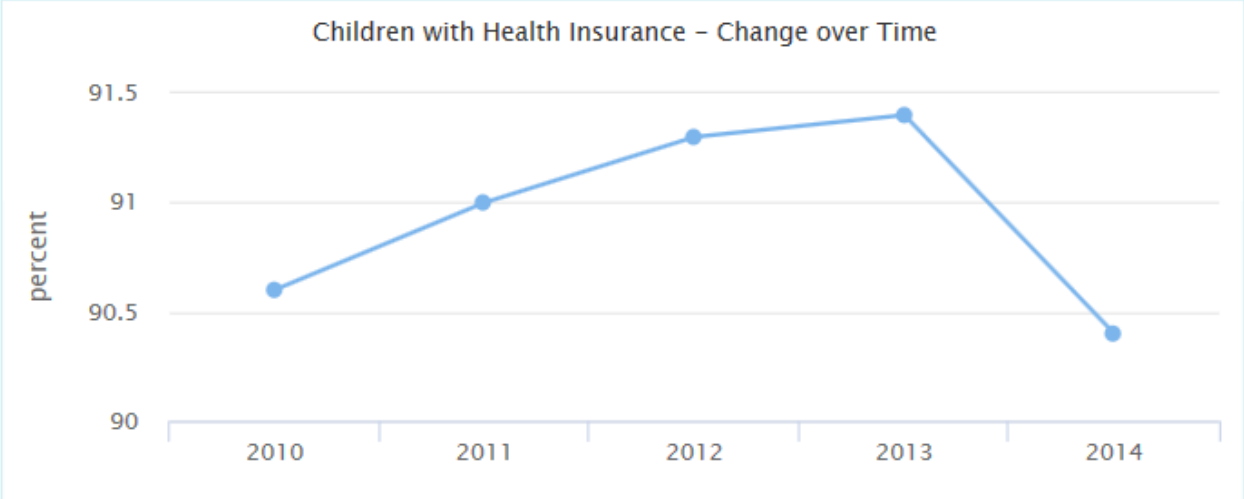
Location	Children Insured	VA Children Insured	Trend
PWC	93.1%	93.7%	Decreased
Manassas City	90.4%	93.7%	Decreased
Manassas Park City	89.9%	93.7%	Decreased

Small Area Health Insurance Estimates

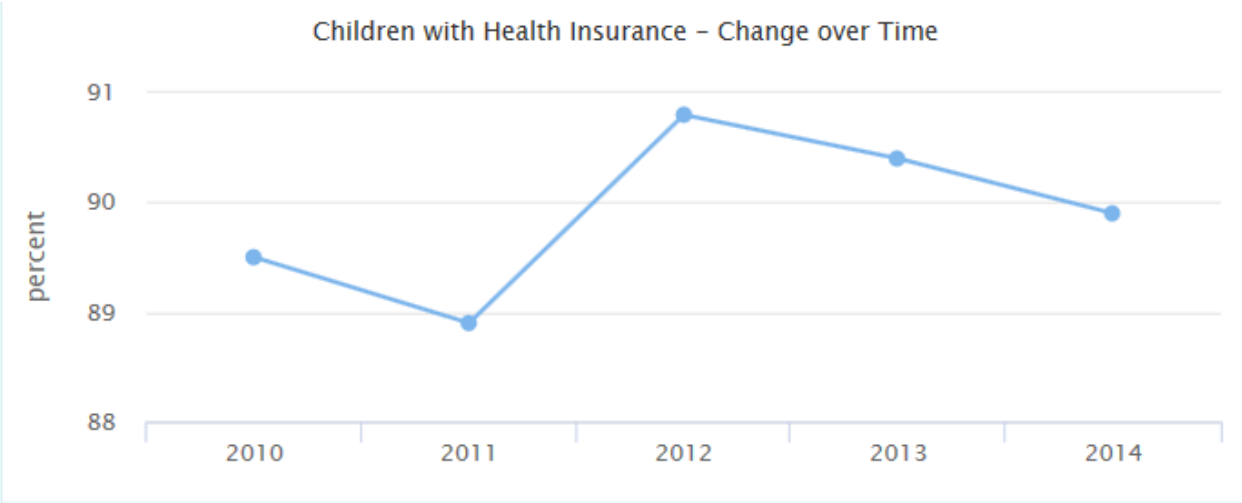
Prince William County

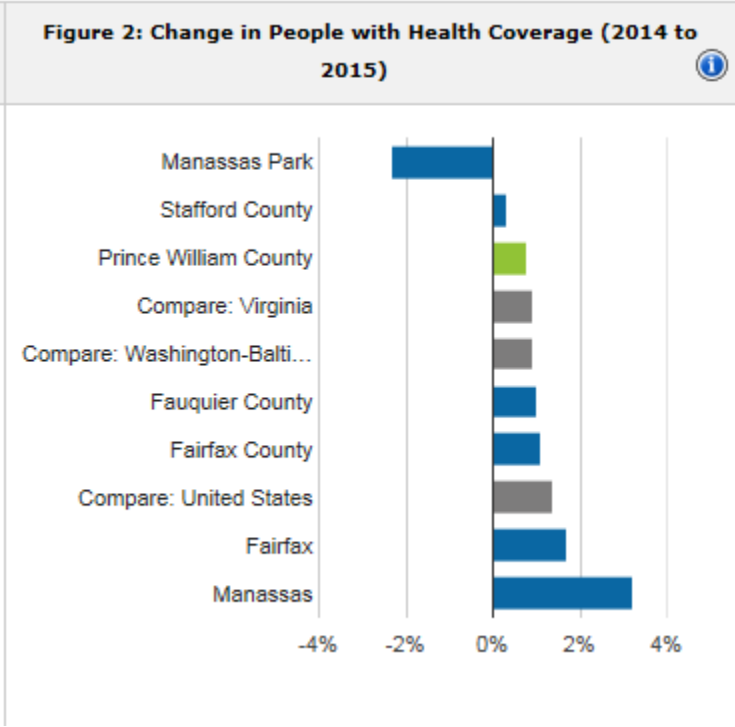


Manassas City

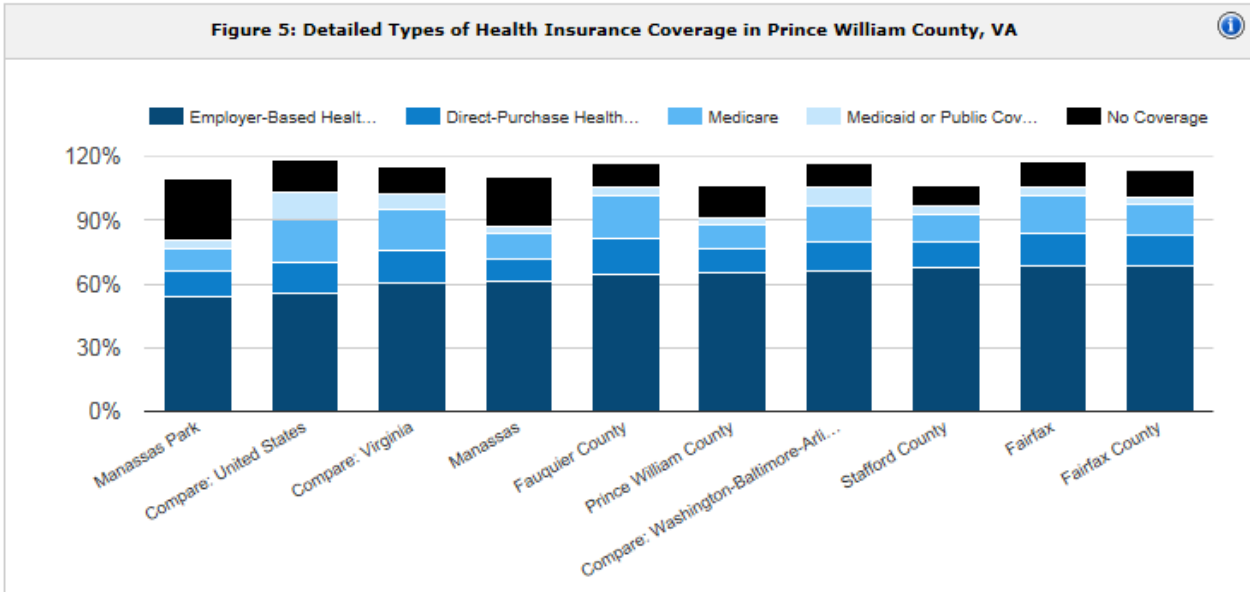


Manassas Park City





http://www.towncharts.com/Virginia/Healthcare/Prince-William-County-VA-Healthcare-data.html



http://www.towncharts.com/Virginia/Healthcare/Prince-William-County-VA-Healthcare-data.html

Prince William County, Virginia has 87% health insurance coverage which is less than most other localities in the area. Prince William County data indicates that there was 0.8% change in health insurance coverage which is less than most other localities in the area. The locality with the highest change in health insurance coverage in the area is Manassas with a change in insured of 3.2% and is approximately 4.0 times greater than before. Prince William County shows it has the largest change in the percentage of people not covered with insurance of 29% for people with income less than $25,000. Prince William County has one of the largest proportions of black or African Americans without coverage at 13%. The locality with the highest rate of children without Health Insurance in the area was Manassas Park with children without insurance of 17.0%, which is approximately 2.5 times greater than before.

http://www.towncharts.com/Virginia/Healthcare/Prince-William-County-VA-Healthcare-data.html

Opportunities:

- Coalition building
- Community Health Workers Network and certification
- Community education on changes to the Affordable Care Act (ACA) secondary to the repeal of the ACA or the new reality on health insurance

Challenges:

- Health care environment uncertainty
- Lack of available community providers, in particular for specialty care and for those uninsured or under insured
- High cost of health care
- Lack of insurance coverage - lack of adequate coverage makes it difficult for people to get the health care they need and, when they do get care, burdens them with large medical bills. Encourages crisis health care and not preventive care
- Virginia did not expand Medicaid, but a lot of uncertainty around how that will be impacted by the repeal of the ACA

Goal: GPWA residents will have access to culturally appropriate, affordable, timely and quality health care

Objective 1: Increase the capacity and strength of the health care safety net within the Greater Prince William Area.

Action Steps:

1. Hold focus groups to determine what health care needs are not being addressed in the community and develop a gap analysis to identify additional needed stakeholders.
2. Convene relevant stakeholders to coordinate efforts aimed at increasing access to and provision of high-quality chronic disease prevention and management services.
    a. Define a patient risk stratification plan, and develop a coordinated strategy for high utilizer patients within the healthcare system.
        i. Readmission prevention
        ii. Individual health care organizations
3. Work with community based organizations (CBO's) and partners to develop strategies to make health and wellness programs more accessible to persons with disabilities, the elderly, and persons with low incomes.
    a. School systems
    b. Health department
    c. Local churches
    d. Local vendors
    e. State/County/City government

    f. Associations (dental, medical, nursing, social work, behavioral health)
4. Develop a current list of available medical services for the uninsured and underinsured.
5. Develop a current list of available specialty providers for referral for uninsured and underinsured.
6. Educate community on community resources.
    a. Correct utilization of health care service
    b. Community social services
        i. Transportation
        ii. Food banks
        iii. Employment services
        iv. Housing services

Objective 2: Decrease barriers to care for culturally diverse populations across the lifespan.

Action Steps:

1. Identify the barriers to timely healthcare access in the GPW area.
2. Assess and define the financial barriers to access health care.
3. Expand the use of community health workers and patient navigators.
    a. Follow up and re-call services
    b. Community education
    c. Community resourcing
4. Implement and streamline chronic disease management programs.
5. Improve access to information.
    a. Develop and disseminate culturally appropriate and culturally sensitive information for consistent messaging across the county and across different media platforms (social, television, written, radio).
6. Development of a transportation list.

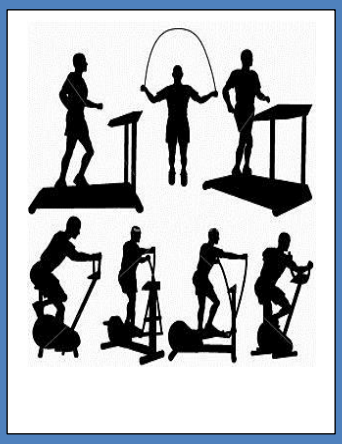
Objective 3: Increase coordination of community resources and linking of community prevention services.

Action Steps:

1. Create linkages with and connect patients to community resources.
    a. Develop www.behappybehealthyprincewilliam.com resident access link for professional development resources (employment services, food banks, housing services, clothing, etc.)
    b. Develop event coordination plan with local school systems
2. Develop Prevention Agenda goals and objectives.
    a. Monthly calendar on prevention initiatives taking place.
    b. Promote awareness and coordination for community preventive services through communication campaign
    c. Self-management and accountability promotion and training

3. Coordinate health-related messaging with local health care systems and public health agencies.
    a. Develop information and priority dissemination plan to health care organization.
4. Develop health-related messaging for residents on reporting requirements as it relates to access to care.

5. Provide health care organizations and clinicians with trainings related to quality improvement and the use of health information technology to increase the use of clinical preventive services and disease management.
6. Train community volunteers to become community health workers or patient navigators.
7. Support use of alternative locations to deliver preventive services.
8. Coordinate translation services to be utilized among health care organizations.
9. Standardize health literacy competency among health care organizations.
    a. “Ask Me 3” campaign
10. Coordinate medical record access for residents among safety net system.
11. Coordinate among safety net system off hour and weekend health services.
12. Coordinate data management needs among safety net systems.
    a. Work with GMU data experts to develop coordinated efforts for local data tracking and dissemination.



Obesity/Access to Healthy Foods/Physical Activity

Obesity is defined as having a body weight that is higher than what is considered as healthy for a given height. Obesity is commonly measured using the Body Mass Index (BMI) screening tool. To be considered obese, an individual must have a BMI over 30 and a waist circumference greater than 40 inches for men and 35 inches for females. Obesity results from a combination of causes and contributing factors, including individual factors such as behavior and genetics. Behaviors can include dietary patterns, physical activity, inactivity, medication use, and other exposures. Additional contributing factors in our society include the food and physical activity environment, education and skills, and food marketing and promotion. Centers for Disease Control (CDC)

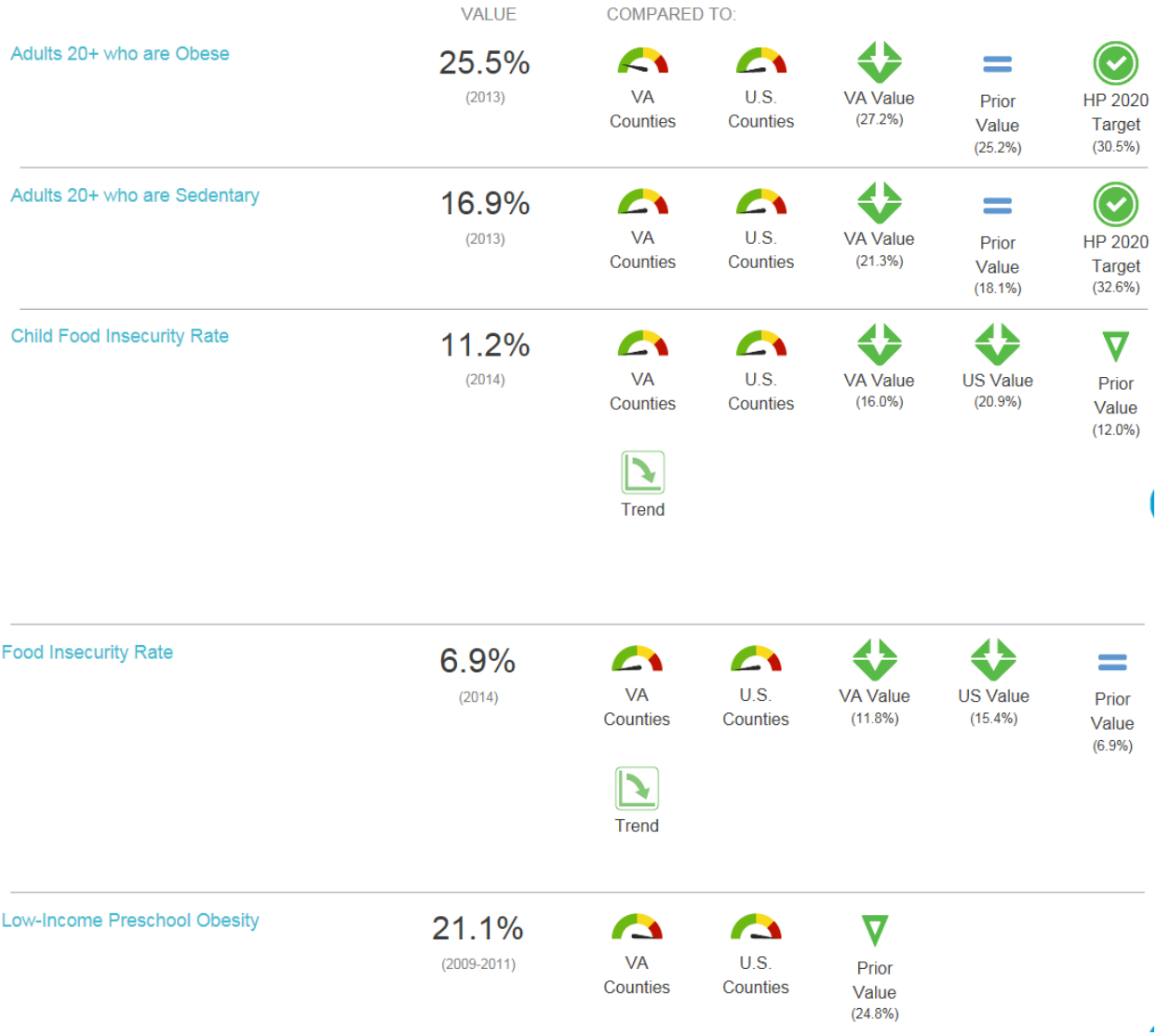
Healthy behaviors include a healthy diet pattern and regular physical activity. Energy balance of the number of calories consumed from foods and beverages with the number of calories the body uses for activity plays a role in preventing excess weight gain. A healthy diet pattern follows the Dietary Guidelines for Americans which emphasizes eating whole grains, fruits, vegetables, lean protein, and low-fat and fat-free dairy products and drinking water. The Physical Activity Guidelines for Americans recommends adults do at least 150 minutes of moderate intensity activity or 75 minutes of vigorous intensity activity, or a combination of both, along with two days of strength training per week. (CDC)

Physical activity levels are impacted by our structural environments, such as the availability of sidewalks, bike lanes, trails, and parks, as well as legislative policies that improve access to facilities that support physical activity. (Healthy People 2020) However, in the Greater Prince William Area, physical activity levels may also be affected by the commuting nature of our area. Those living and working within Prince William may have limited time to commit to physical activity after longer than average work commutes.

Qualitative Community Input	Quantitative Data
• Childhood obesity rates within Head Start program are concerning • Need more walking paths • Need nutritional education particularly for children • Fitness centers and gyms need to give a reduced rate or even free memberships for people with chronic diseases and no insurance • Develop community based coaching strategies to assist families in learning about nutrition and physical activity • Behavioral Health counselors should help with the difference with mindless eating versus mindful eating • Remains an issue particularly with children • Increased number of children with diabetes • It would be great to have more parks and trails • We need fast food restaurants to have healthier options • Need to make the community built environment that encourages activity • Not everyone can afford a gym membership • Community rental bikes • Congested roads are not friendly to pedestrians, bikes, or children playing • Haymarket does not have enough sidewalks • Better public transportation system • Community hospitals should offer more education on weight loss, nutrition, and other health related topics	• 23 percent of Head Start children are obese and 17 percent are overweight • Inactivity is higher for women (29.4%) than men (25.5%) • More adults with at least one chronic disease were less active (31.9%) compared to adults with no chronic disease (19.2%) • Low income preschool obesity rate has decreased form 24.8% to 21.0% • The percent of children receiving free lunches has increased in all three local jurisdictions • The percent of adults that are obese has increased in all three jurisdictions

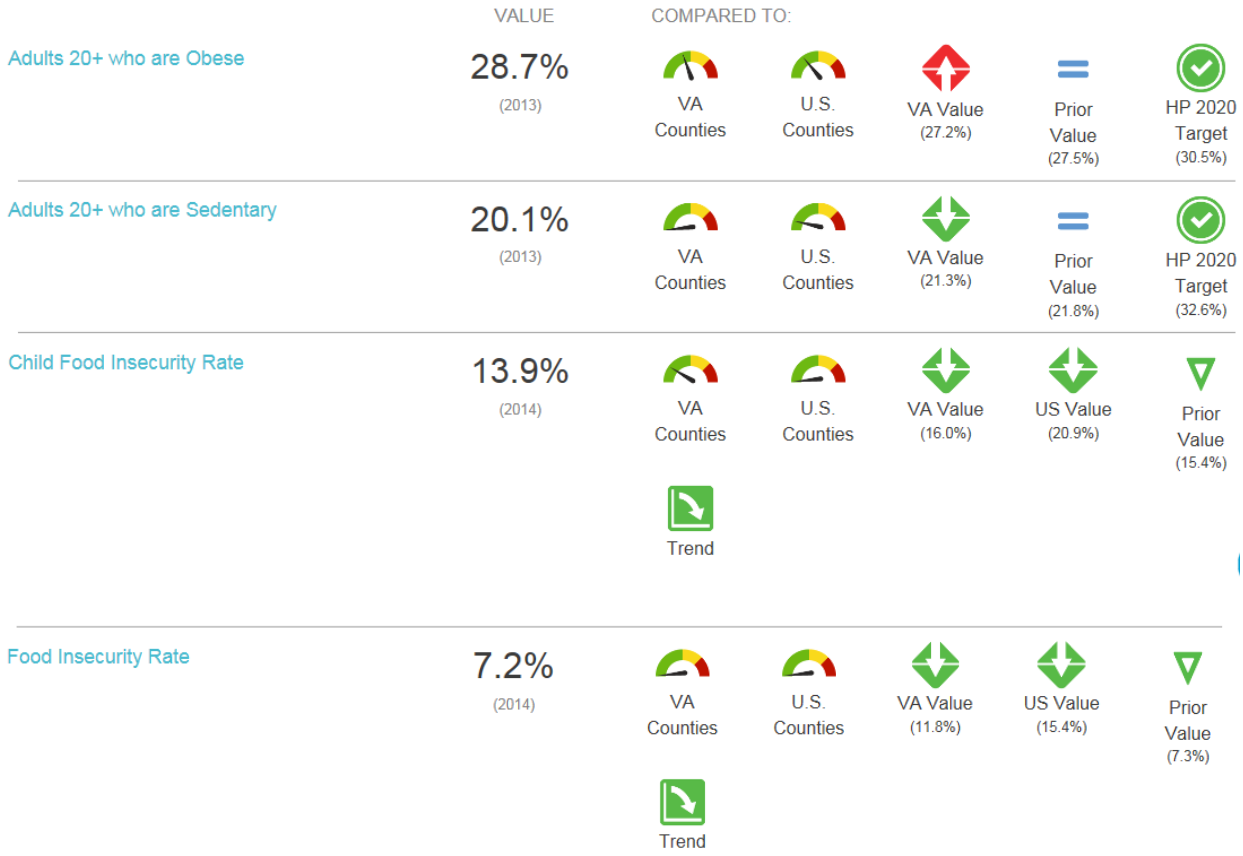
Prince William County

Health / Exercise, Nutrition, & Weight

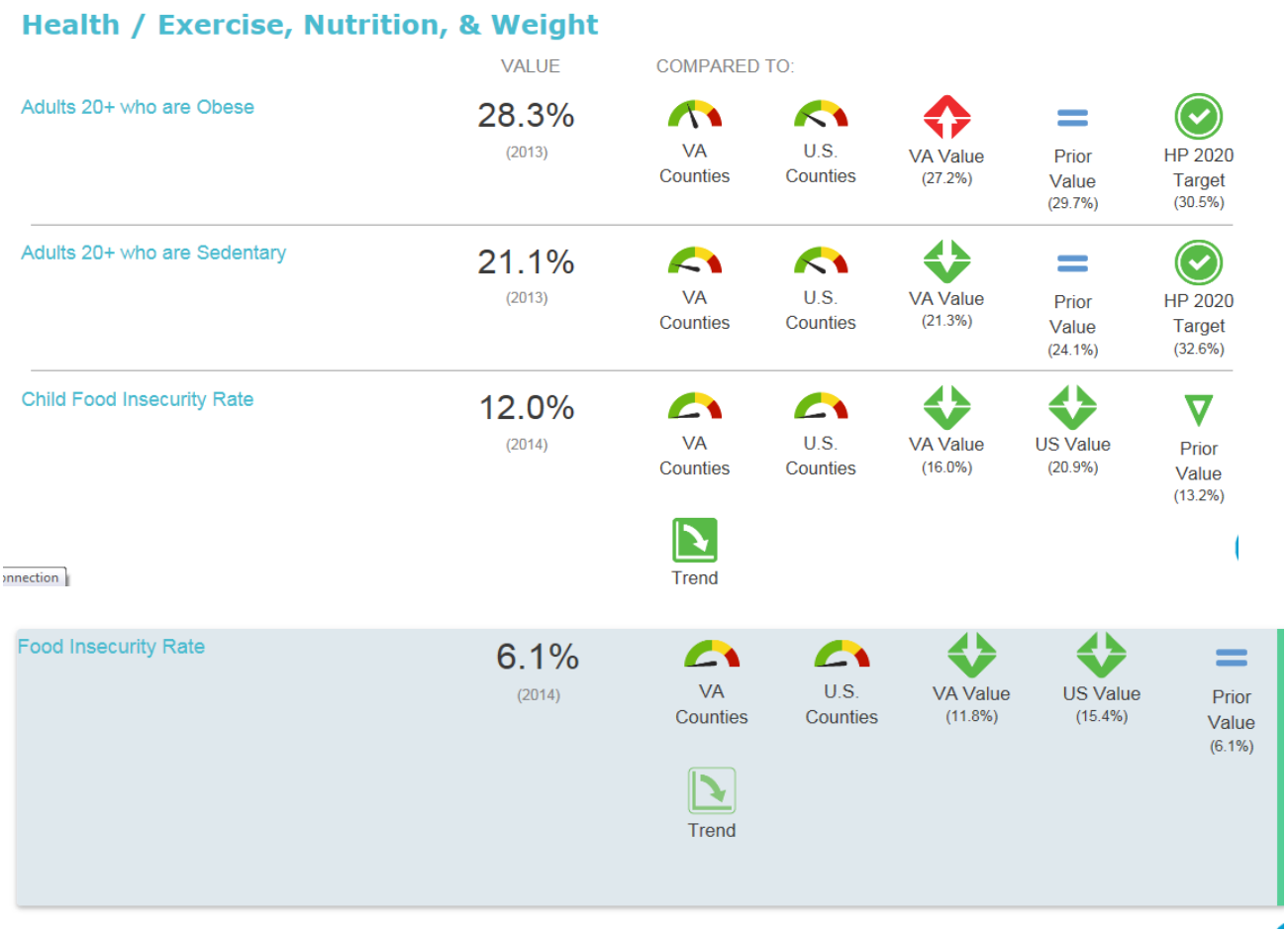


Manassas City

Health / Exercise, Nutrition, & Weight



Manassas Park City



Opportunities:

- Creation of additional revenue streams for local growers
- Improved well-being for local employees
- Multi-sectoral cooperation and opportunities to promote Health in All Policies
- Educate local employers on the benefits of worksite wellness policies and programs

Challenges:

- Traditions around workplace productivity and employee time in the work setting
- Farm-to-site set-up logistics, including obtaining permission to use commuter locations
- Coverage of lifestyle change programs through employee benefits plan
- Properly incentivizing individual behavior change

Goal: To improve access to healthy food and physical activity for those living and working in the Greater Prince William Area.

Objective 1: Increase the number of cities and towns within the Greater Prince William Area that adopt Healthy Eating and Active Living (HEAL) resolutions and other policies to shape their communities into places where it is easier for residents and employees to make healthy choices about physical activity and nutrition.

Action Steps:

1. Identify current HEAL and obesity initiatives being implemented by local governments throughout the Greater Prince William Area.
2. Engage local municipalities that have already adopted HEAL resolutions.
3. Reach out to the Institute for Public Health Innovation (IPHI) for technical assistance.
4. Engage local transportation, parks and recreation, and community services departments to ascertain interest in HEAL initiatives.
5. Identify a local elected official who could serve as a HEAL champion.
6. Present to City Councils in Manassas and Manassas Park.

Objective 2: Increase the number of local employers that adopt and implement worksite wellness policies that foster improved employee health by increasing support for, referral to, and enrollment in lifestyle change programs; increasing access to healthy foods; and providing opportunities to be more physically active at work.

Action Steps:

1. Identify worksite wellness best practices and compile a list of healthy steps to worksite wellness to be distributed to employers.
2. Identify and engage local worksite wellness champions.

3. Work with wellness champion to present healthy steps to worksite wellness to Chamber of Commerce.
4. Contact and meet with individual employers interested in worksite wellness policies.
5. Provide ongoing technical assistance to worksites interested in adopting and implementing worksite wellness policies.
6. Develop an awards program to celebrate the healthiest workplaces to encourage other workplaces to do the same.

Objective 3: Increase local fresh fruit and vegetable access points by establishing produce pick-up sites at Virginia Railway Express (VRE) stations, commuter lots, and other community locations such as sports activity fields where families frequent.

Action Steps:

1. Engage local fruit and vegetable growers (and possibly grocers) to ascertain interest in the project.
2. Identify potential access point locations.
3. Identify and engage key stakeholders associated with the identified locations.
4. Work with access sites and supplier(s) on planning and implementation.
5. Provide ongoing technical assistance as needed.

Substance Abuse/ Mental Health

Behavioral health can be defined by mental and emotional well-being, and can be influenced by what an individual does to impact his or her well-being. Both substance use and behavioral health were identified as public health concerns effecting the Greater Prince William Area.

Behavioral health issues are often associated with both mental health disorders as well as substance abuse disorders. Additionally, other health conditions are often impacted by behavioral health issues. There are a variety of substances that can be abused and include alcohol, prescription medication, illegal drugs, and tobacco.

In order to begin to address substance use, it is important to understand the difference between substance use and abuse. Substance use does not always lead to addiction, but does increase the risk of addiction. Substance abuse is when the individual's life is impacted by regular substance use, and the impact has negative consequences. Drug addiction occurs when an individual has difficulty refraining from using a substance regardless of the consequences. samhsa.gov

Hospitalizations and discharge data for mental health and drug overdoses and deaths may provide a general picture of the impact these issues play on the health of our residents. The data for GPWA and Northern Virginia implies that GPWA is not impacted by opioid abuse as significantly as other communities in Virginia. Presently, there is data for overdose hospital admissions and deaths, but this does not totally measure the amount of drug abuse that is occurring in a community that does not get measured. It is essential to address this growing public health issue in our community by gaining knowledge and lessons learned from other community's interventions to try to mitigate any further increase in substance abuse, and the potential negative impact on the community as a whole.

Qualitative Community Input	Quantitative Data
• Access to affordable behavioral health care is a significant community issue particularly for the uninsured • Need for more behavioral health services in general, particularly inpatient services for adults and children • Understanding that behavioral health issues impacts ones capacity to enjoy physical health in addition to general well-being • Appears to be shortage of behavioral health professionals, particularly multilingual, culturally appropriate health care professionals • Behavioral health issues often are associated with substance abuse problems • The cost of medication treatment is prohibitive • Prevalence of stigma associated with seeking mental health services particularly in certain cultures • Mental health crisis is impacting hospital care because client's suffering from mental health issues often end up in the emergency room • Integrated behavioral health care into primary care is needed • There is an overall impression that drug abuse is a huge issue in the GPWA and growing	• From 2013 to 2014 the number of visits to the emergency room for opioid overdose increased from 42 to 58 • The percent of days that residents noted frequent mental health stress was greater than the state reported percentages for all three jurisdictions • In Virginia, women age 35-64 had the highest risk of suicide, whereas for men age 25-64 • 2015 was the first year that drug overdoses was the most common cause of accidental deaths in age 35-44 in Virginia • The 2014 opioid death rate was .9 per 100,000 residents in the GPWA • The overall suicide rate decreased from 2013 to 2014, 10.27 per 100,000 to 9.53 per 100,00 respectively • The suicide rate for teens age 15-19 has declined between 2014 and 2013 from 14.69 per 100,000 compared to 14.73 per 100,000 respectively • In Manassas Park, the suicide rate from 2012 to 2013 went from 0 to 16.9 per 100,000 (0 to 3 respectively) • From 2011 to 2013, the suicide rate in PWC is trending upward (6.2, 8.9, 9.8) • Mental Health America ranked the state of Virginia 38 out of 51 states and D.C. for changes in the prevalence of mental health issues and access to mental health care

VDH VIRGINIA DEPARTMENT OF HEALTH

Table 1A. Count and Rate per 100,000 Population of ED Visits for Unintentional Overdose by Opioid or Unspecified Substance among Virginia Residents by Month and Health District, Previous 6 Months[**]

Health District	2015 Population Estimate	Apr 2016		May 2016		Jun 2016		Jul 2016		Aug 2016		Sept 2016	
		Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate
Alexandria	159,571	6	3.8	12	7.5	9	5.6	8	5.0	13	8.1	*	*
Alleghany	179,604	11	6.1	17	9.5	20	11.1	21	11.7	16	8.9	21	11.7
Arlington	234,678	9	3.8	13	5.5	10	4.3	11	4.7	13	5.5	13	5.5
Central Shenandoah	297,621	13	4.4	10	3.4	19	6.4	19	6.4	9	3.0	13	4.4
Central Virginia	259,900	22	8.5	25	9.6	28	10.8	15	5.8	21	8.1	32	12.3
Chesapeake	238,283	23	9.7	21	8.8	30	12.6	25	10.5	25	10.5	29	12.2
Chesterfield	379,107	42	11.1	41	10.8	39	10.3	36	9.5	23	6.1	35	9.2
Chickahominy	154,089	19	12.3	13	8.4	19	12.3	5	3.2	15	9.7	13	8.4
Crater	157,517	15	9.5	10	6.3	10	6.3	*	*	14	8.9	16	10.2
Cumberland Plateau	110,381	14	12.7	8	7.2	14	12.7	5	4.5	16	14.5	11	10.0
Eastern Shore	45,692	6	13.1	*	*	*	*	*	*	*	*	*	*
Fairfax	1,166,706	97	8.3	87	7.5	99	8.5	69	5.9	69	5.9	82	7.0
Hampton	138,626	10	7.2	15	10.8	13	9.4	15	10.8	20	14.4	10	7.2
Henrico	320,717	56	17.5	32	10.0	39	12.2	43	13.4	37	11.5	45	14.0
Lenowisco	91,830	11	12.0	14	15.2	21	22.9	15	16.3	16	17.4	10	10.9
Lord Fairfax	229,120	15	6.5	22	9.6	25	10.9	17	7.4	20	8.7	31	13.5
Loudoun	374,451	21	5.6	29	7.7	23	6.1	25	6.7	24	6.4	15	4.0
Mount Rogers	191,012	16	8.4	22	11.5	12	6.3	15	7.9	17	8.9	17	8.9
New River	182,991	12	6.6	16	8.7	9	4.9	22	12.0	10	5.5	10	5.5
Norfolk	247,189	44	17.8	24	9.7	25	10.1	21	8.5	24	9.7	18	7.3
Peninsula	353,464	25	7.1	48	13.6	37	10.5	29	8.2	46	13.0	41	11.6
Piedmont	104,667	6	5.7	10	9.6	8	7.6	11	10.5	7	6.7	12	11.5
Pittsylvania-Danville	105,799	8	7.6	20	18.9	11	10.4	*	*	15	14.2	14	13.2
Portsmouth	96,874	13	13.4	21	21.7	16	16.5	16	16.5	28	28.9	12	12.4
Prince William	500,740	42	8.4	35	7.0	32	6.4	13	2.6	30	6.0	34	6.8
Rappahannock	350,535	30	8.6	39	11.1	26	7.4	31	8.8	34	9.7	46	13.1
Rappahannock-Rapidan	171,228	35	20.4	28	16.4	21	12.3	18	10.5	20	11.7	23	13.4
Richmond City	217,938	38	17.4	28	12.8	42	19.3	30	13.8	19	8.7	44	20.2
Roanoke	99,681	18	18.1	17	17.1	23	23.1	20	20.1	23	23.1	21	21.1
Southside	84,304	*	*	*	*	*	*	8	9.5	11	13.0	11	13.0
Thomas Jefferson	248,500	27	10.9	25	10.1	24	9.7	24	9.7	21	8.5	24	9.7
Three Rivers	141,609	16	11.3	26	18.4	15	10.6	14	9.9	13	9.2	12	8.5
Virginia Beach	453,500	29	6.4	24	5.3	29	6.4	28	6.2	30	6.6	29	6.4
West Piedmont	141,119	17	12.0	30	21.3	19	13.5	22	15.6	24	17.0	14	9.9
Western Tidewater	153,950	14	9.1	11	7.1	6	3.9	14	9.1	7	4.5	16	10.4
VIRGINIA TOTAL	8,382,993	784	9.4	797	9.5	780	9.3	675	8.1	733	8.7	780	9.3

† Rate per 100,000 population based on 2015 U.S. Census estimates available at www.census.gov/popest/

* Visit counts of 1 to 4 and rates with numerators of 1 to 4 are suppressed to maintain confidentiality and accurate rate calculations.

Heroin Overdose Data

Jurisdiction	2013			2014			2015		
	Fatal	Non-Fatal	Total	Fatal	Non-Fatal	Total	Fatal	Non-Fatal	Total
Alexandria	2	3	5	1	2	3	1	5	6
Arlington County	N/A	N/A	N/A	1	6	7	2	6	8
Fairfax City	1	2	3	1	4	5	1	3	4
Fairfax County	9	32	41	17	58	75	6	65	71
Falls Church	0	0	0	0	1	1	0	1	1
Herndon	1	1	2	0	1	1	0	1	1
Leesburg	1	1	2	1	4	5	2	6	8
Loudoun County	6	12	18	11	20	31	9	26	35
Manassas	0	5	5	3	7	10	2	5	7
Manassas Park	1	0	1	2	2	4	0	0	0
Prince William County	2	7	9	8	25	33	7	48	55
Vienna	0	0	0	0	0	0	0	4	4

Heroin Overdose Data

Jurisdiction	Substance Identified									
	Marijuana	Cocaine	Heroin	Alprazolam	Oxycodone	Methamphetamine	Amphetamine	Fentanyl	Phencyclidine (PCP)	Lysergic acid diethylamide (LSD)
Arlington County	44	22	18	7	2	2	4	0	3	1
City of Alexandria	22	4	12	4	3	0	0	0	4	0
City of Fairfax	2	1	0	3	0	0	0	0	0	0
City of Manassas	0	0	2	0	0	0	0	0	0	0
Fairfax County	182	43	22	21	9	8	12	6	3	9
Loudoun County	18	9	11	9	5	6	1	1	1	0
Prince William County	83	40	20	12	6	4	1	6	1	0
Total Lab Submissions Analyzed	351	119	85	56	25	20	18	13	12	10

Opiate Deaths 2007-2014

LOCALITY	DATE	HEROIN	HEROIN AND PRESC	UNSPECIFIED OPIOD	PRESC OPIODS	TOTAL
PRINCE WILLIAM COUNTY	2007	0	1	0	10	11
	2008	0	0	0	10	10
	2009	2	3	0	17	22
	2010	2	2	0	14	18
	2011	1	5	0	19	25
	2012	1	4	0	27	32
	2013	6	3	0	16	25
	2014	9	2	0	22	33

Opiate Deaths 2007-2014

LOCALITY	DATE	HEROIN	HEROIN AND PRESC	UNSPECIFIED OPIOD	PRESC OPIODS	TOTAL
MANASSAS CITY	2007	0	1	0	3	4
	2008	0	0	0	3	3
	2009	1	0	0	1	2
	2010	0	0	0	1	1
	2011	0	0	0	2	2
	2012	3	0	0	4	7
	2013	0	0	0	1	1
	2014	2	2	0	3	7

community services
where change is possible

Opiate Deaths 2007-2014

LOCALITY	DATE	HEROIN	HEROIN AND PRESC	UNSPECIFIED OPIOD	PRESC OPIODS	TOTAL
MANASSAS PARK	2007	1	0	0	1	2
	2010	0	0	0	1	1
	2011	0	0	0	1	1
	2012	0	0	0	1	1
	2013	0	0	0	1	1
	2014	1	1	0	1	3

Prescription Opioids

Pain relievers with an origin similar to that of heroin. Opioids can cause euphoria and are often used non-medically, leading to overdose deaths. For more information, see the Prescription Drug Abuse Research Report

Street Names	Commercial Names	Common Forms	Common Ways Taken	DEA Schedule
Captain Cody, Cody, Lean, Schoolboy, Sizzurp, Purple Drank *With glutethimide:* Doors & Fours, Loads, Pancakes and Syrup	Codeine (various brand names)	Tablet, capsule, liquid	Injected, swallowed (often mixed with soda and flavorings)	II, III, V**
Apache, China Girl, China White, Dance Fever, Friend, Goodfella, Jackpot, Murder 8, Tango and Cash, TNT	Fentanyl (Actiq®, Duragesic®, Sublimaze®)	Lozenge, sublingual tablet, film, buccal tablet	Injected, smoked, snorted	II**
Vike, Watson-387	Hydrocodone or dihydrocodeinone (Vicodin®, Lortab®, Lorcet®, and others)	Capsule, liquid, tablet	Swallowed, snorted, injected	II**
D, Dillies, Footballs, Juice, Smack	Hydromorphone (Dilaudid®)	Liquid, suppository	Injected, rectal	II**
Demmies, Pain Killer	Meperidine (Demerol®)	Tablet, liquid	Swallowed, snorted, injected	II**
Amidone, Fizzies *With MDMA*: Chocolate Chip Cookies	Methadone (Dolophine®, Methadose®)	Tablet, dispersible tablet, liquid	Swallowed, injected	II**
M, Miss Emma, Monkey, White Stuff	Morphine (Duramorph®, Roxanol®)	Tablet, liquid, capsule, suppository	Injected, swallowed, smoked	II, III**
O.C., Oxycet, Oxycotton, Oxy, Hillbilly Heroin, Percs	Oxycodone (OxyContin®, Percodan®, Percocet®, and others)	Capsule, liquid, tablet	Swallowed, snorted, injected	II**
Biscuits, Blue Heaven, Blues, Mrs. O, O Bomb, Octagons, Stop Signs	Oxymorphone (Opana®)	Tablet	Swallowed, snorted, injected	II**

Possible Health Effects	
Short-term	Pain relief, drowsiness, nausea, constipation, euphoria, confusion, slowed breathing, death.
Long-term	Unknown.
Other Health-related Issues	Pregnancy: Miscarriage, low birth weight, neonatal abstinence syndrome. Older adults: higher risk of accidental misuse or abuse because many older adults have multiple prescriptions, increasing the risk of drug-drug interactions, and breakdown of drugs slows with age; also, many older adults are treated with prescription medications for pain. Risk of HIV, hepatitis, and other infectious diseases from shared needles.
In Combination with Alcohol	Dangerous slowing of heart rate and breathing leading to coma or death.
Withdrawal Symptoms	Restlessness, muscle and bone pain, insomnia, diarrhea, vomiting, cold flashes with goose bumps ("cold turkey"), leg movements.
Medications	• Methadone • Buprenorphine • Naltrexone (short- and long-acting)
Behavioral Therapies	Behavioral therapies that have helped treat addiction to heroin may be useful in treating prescription opioid addiction.

https://www.drugabuse.gov/drugs-abuse/commonly-abused-drugs-charts#prescription-opioids

State of Mental Health in America Overall Ranking

Rank	State
1	Connecticut
2	Massachusetts
3	Vermont
4	South Dakota
5	Minnesota
6	New Jersey
7	Iowa
8	North Dakota
9	Pennsylvania
10	Maine
11	Delaware
12	New York
13	Alaska
14	Maryland
15	Illinois
16	Hawaii
17	Michigan

Rank	State
18	District of Columbia
19	Kentucky
20	New Hampshire
21	Kansas
22	New Mexico
23	California
24	Oklahoma
25	Colorado
26	Ohio
27	Nebraska
28	Florida
29	Wyoming
30	Washington
31	Missouri
32	Texas
33	North Carolina
34	Georgia

Rank	State
35	Wisconsin
36	Rhode Island
37	South Carolina
38	Virginia
39	Montana
40	Utah
41	Tennessee
42	Louisiana
43	West Virginia
44	Mississippi
45	Indiana
46	Alabama
47	Arkansas
48	Idaho
49	Oregon
50	Arizona
51	Nevada

The analysis uses the most recently available state level data.

Mental Health America

Substance Exposed Infant Allegation Count
Selected State Fiscal Years
Data As Of 10/01/2016

Neonatal Abstinence Syndrome (NAS) happens when a baby is exposed to drugs in the womb before birth. A baby can then go through drug withdrawal after birth.

NAS most often is caused when a woman takes opioids during pregnancy. Opioids are painkillers (used to relieve pain) your provider may prescribe if you've been injured or had surgery. Prescription opioids include:

- Codeine and hydrocodone (Vicodin®)
- Morphine (Kadian®, Avinza®)
- Oxycodone (OxyContin®, Percocet®)

The street drug heroin also is an opioid. When you take these kinds of drugs during pregnancy, they can pass through the placenta and cause serious problems for your baby. The placenta grows in your uterus (womb) and supplies your baby with food and oxygen through the umbilical cord.

Problems that can occur with Neonatal Abstinence Syndrome

Babies with NAS are more likely than other babies to be born with low birthweight (less than 5 pounds, 8 ounces), have breathing and feeding problems and seizures. They usually have to stay in the hospital longer after birth than babies without NAS.

Taking opioids and other drugs during pregnancy can cause your baby to be born with birth defects. A birth defect is a health condition that is present at birth. Birth defects can change the shape or function of one or more parts of the body. They can cause problems in overall health, how the body develops, or in how the body works.

March of Dimes 2016

Locality	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Prince William	3	7	15	15	14	16	17	15	13	23	30	30	27	18	44	28	24
Manassas	1	1	1	2	2	2	3	5	4	1	2	3	4	6	4	3	3
Manassas Park	0	0	0	1	0	1	2	2	4	0	2	1	2	2	0	2	1

Sparks VDSS database Through October 2016

Opportunities:

- VA-Screening, Brief Intervention, and Referral to Treatment project
- Increasing the capacity of integrated behavioral health care
- Community education on the local opioid crisis (Chasing the Dragon)
- Increasing the number of Take Back boxes and educational events in the community
- Increasing knowledge about naloxone and its appropriate use among community members

Challenges:

- Lack of alignment of payment, practice delivery, training, and education that does not separate physical from behavioral health and substance abuse identification and treatment
- Stigma attached to mental health issues
- Lack of community providers for referrals for appropriate treatment and supportive services
- Covering the uninsured
- Lack of provider time
- Inadequate number of mental health providers or facilities

Goal: To improve the emotional well-being of and decrease substance abuse in adults over 18 years of age in the Greater Prince William Area.

Objective 1: Increase the availability of integrated care in the community by the Prince William Health District (PWHD) providing Screening, Brief Intervention, and Referral and Treatment (SBIRT) service into the Sexually Transmitted Infection (STI) and Chest clinics.

Action Steps:

1. Attend the orientation at George Mason University (GMU) for the SBIRT program and understand the district's role.
2. Attend training session at GMU for the SBIRT program.
    - Learn motivational interviewing techniques
    - Become comfortable with the tools to be used to assess the clients
    - Develop a consent form
    - Determine who will be screened
    - Identify referral sources and educational materials to give to the client
    - Develop a referral process
    - Determine how the intervention will be documented in the medical record
    - Business office will educate administrative support staff on billing clients if appropriate
    - Work with mentor on screening clients

Objective 2: Assess the availability of integrated health care in the community by determining the number of providers in the community that presently provides integrated health care and the barriers to providing integrated health care.

Action Steps:

1. Develop a survey and cover letter to identify the health care providers that provide integrated care and those that do not. What are the barriers to providing integrated care in their practice, as well as identify potential mentors?
2. Determine what type of practices will be surveyed and how these practices prefer to take a survey (electronic or paper).
3. Identify a facilitator for focus groups with health care providers to understand the barriers to providing integrated care.
4. Distribute survey and analyze results.
5. Schedule, advertise, and have focus groups analyze the results.
6. Provide result feedback to the participating health care providers.
7. Determine what is feasible to impact in addressing barriers to integrated health care.
8. Identify community partners to support eliminating barriers to integrated health care.

Objective 3: Educate the community about the local opioid crisis and the use of naloxone to prevent opioid overdose deaths.

Action Steps:

1. Determine and understand what organizations or agencies already have community education programs and what type of education these programs provide.
2. Engage Adult Detention Center (ADC) to determine what impact it has had on their census and recommendations in educating the public.
3. Identify naloxone training sites in Virginia to determine the feasibility of expanding this service to the community.
4. Engage community partners and advocates in providing a community opioid educational event.
5. Survey the event attendees to understand the value of the event and quality improvements.
6. If feasible, provide naloxone training to community members with loved ones at risk of an opioid overdose.
7. Survey the naloxone training attendees to determine satisfaction and potential quality improvements to the training.

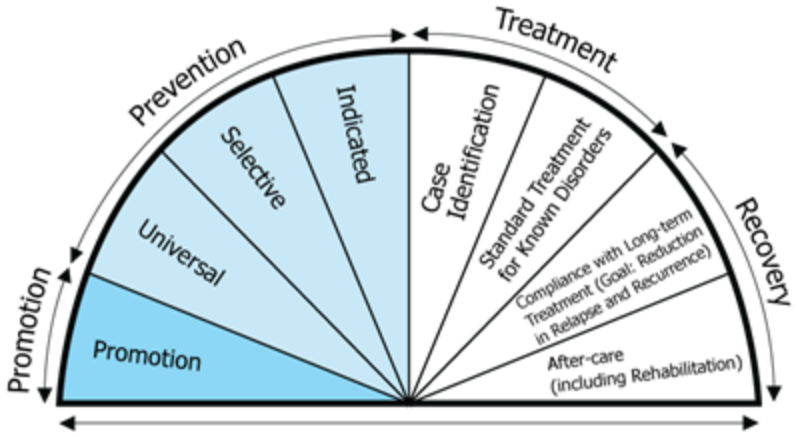
Objective 4: Offer opportunities to properly and safely dispose prescription drugs and decrease opportunities for abuse by making more medication disposal opportunities available in the community.

Action Steps:

1. Identify Take Back boxes in the community and discuss the issues and benefits.
2. Determine if CVS is still donating Take Back boxes.

3. Outreach to community stakeholders and advocates to participate in the expansion of Take Back boxes.
4. Identify sites for additional Take Back boxes.
5. Have present sites mentor newly identified sites (lessons learned).
6. Connect new sites with box provider for box installation.
7. Advertise to the community Take Back box sites.
8. Obtain Medication Disposal Pouches (MDP) from the Virginia Department of Health.
9. Identify community partners and determine how to distribute MDP to residents.
10. Determine a method to track MDP distribution.
11. Distribute MDP to community partners.
12. Community partners distribute pouches.
13. Community partners will provide distribution data to PWHD.

Continuum of Care



A comprehensive approach to behavioral health also means seeing prevention as part of an overall continuum of care. The Behavioral Health Continuum of Care Model recognizes multiple opportunities for addressing behavioral health problems and disorders. Based on the Mental Health Intervention Spectrum, first introduced in a 1994 Institute of Medicine report, the model includes the following components:

- **Promotion**—These strategies are designed to create environments and conditions that support behavioral health and the ability of individuals to withstand challenges. Promotion strategies also reinforce the entire continuum of behavioral health services.
- **Prevention**—Delivered prior to the onset of a disorder, these interventions are intended to prevent or reduce the risk of developing a behavioral health problem, such as underage alcohol use, prescription drug misuse and abuse, and illicit drug use.
- **Treatment**—These services are for people diagnosed with a substance use or other behavioral health disorder.
- **Recovery**—These services support individuals' abilities to live productive lives in the community and can often help with abstinence.

What is Integrated Care?

People with mental and substance abuse disorders may die decades earlier than the average person mostly from untreated and preventable chronic illnesses like hypertension, diabetes, obesity, and cardiovascular disease that are aggravated by poor health habits such as inadequate physical activity, poor nutrition, smoking, and substance abuse. Barriers to primary care coupled with challenges in navigating complex health care systems have been a major obstacle to care.

At the same time, primary care settings have become the gateway to the behavioral health system, and primary care providers need support and resources to screen and treat individuals with behavioral and general health care needs.

The solution lies in integrated care, the systematic coordination of general and behavioral health care. Integrating mental health, substance abuse, and primary care services produces the best outcomes and proves the most effective approach to caring for people with multiple health care needs.

samhsa.gov/integrated care

Screening, Brief Intervention, and Referral to Treatment (SBIRT)

Introduction

SBIRT is a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for persons with substance use disorders, as well as those who are at risk of developing these disorders. Primary care centers, hospital emergency rooms, trauma centers, and other community settings provide opportunities for early intervention with at-risk:

- Screening quickly assesses the severity of substance use and identifies the appropriate level of treatment.
- Brief intervention focuses on increasing insight and awareness regarding substance use and motivation toward behavioral change.
- Referral to treatment provides those identified as needing more extensive treatment with access to specialty care. WWW.SAMSHA.gov/SBIRT

George Mason University

- Received a grant: VA-SBIRT
- GMU will train and connect health care and behavioral health specialists in Northern Virginia to identify and address substance abuse in the Northern Virginia communities.
- PWHD will have their nurses and clinicians mentored and trained by an SBIRT provider to address substance abuse and appropriate referrals in the STI and Chest clinics, with the potential to expand to other district clinics.