

Office of Behavioral Health Wellness



“Virginia’s Approach to Prevention”
Office of Behavioral Health Wellness

Guiding Principles

- **Substance use disorder and mental illness is a community issue that requires community a response...**
- **Across the Lifespan..... not just for youth**
- **Programs, Practices and Strategies that address individuals and environments**
- **Trauma is a gateway to many life challenges**

CSAP PREVENTION STRATEGIES

INDIVIDUAL LEVEL STRATEGIES

- *Information Dissemination
- *Education
- *Alternatives
- *Problem Identification and Referral

POPULATION LEVEL STRATEGIES

- *Community-based process / Coalitions
- *Environmental Approach

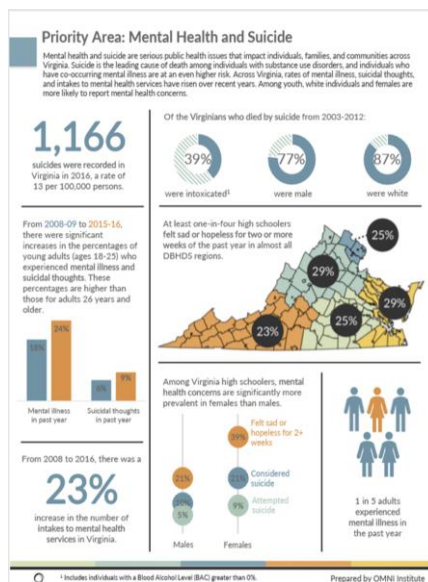
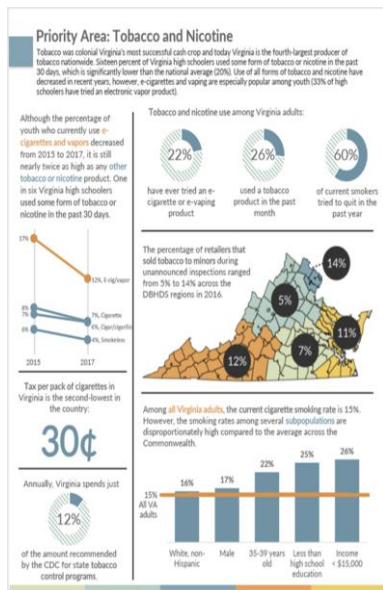
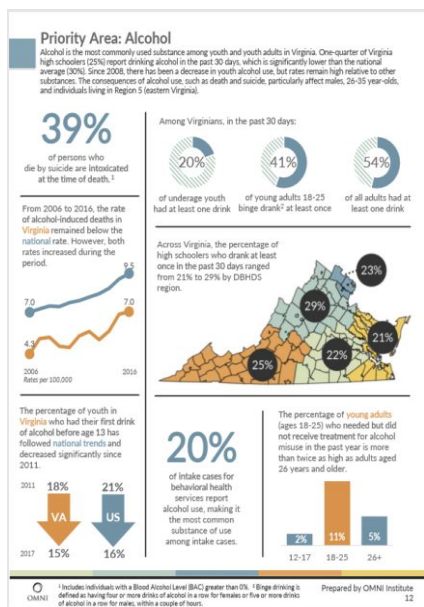
SAMHSA Strategic Prevention Framework (SPF) - Outcome Based Planning model



Prevention System build around SPF that delivers evidenced based Prevention initiatives
Fund 40 CSBs that coverage the entire geographic area of the State.

Priority Issue Areas identified in Needs Assessment:

- **Tobacco/Nicotine and Alcohol (with opioids and marijuana emerging)**
- **Mental Health Promotion and Suicide Prevention**
- **Adverse Childhood Experiences (ACEs)**



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.⁴
- 2 ACE Interface Training** - A bridge and connecting point for multiple disciplines and service sectors and diverse communities for ACE-informed innovation.⁵
- 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.⁶
- 4 Mental Health Promotion & Suicide Prevention Trainings & Awareness** - Includes Mental Health First Aid (MHFA)⁷, and Applied Suicide Intervention Skills Training (ASIST)⁸ as well as additional community suicide prevention trainings such as: Suicide Alertness for Everyone (SafeTALK)⁹ and SuicideTALK¹⁰, Question Persuade Refer (QPR) Suicide Prevention Training¹¹, Kognito At-Risk Suicide Prevention Training¹², and Signs of Suicide (SOS) Prevention Program¹³.
- 5 Lock & Talk** - Promotes safe and responsible care of guns, medications and other lethal means through awareness, alertness, and intervention training and resources¹⁴.

Evaluation Roadmap Process

Logic Model

Illustrates the shared relationships between problem areas, strategies, activities, and outcomes. Is a visual representation of CSBs' prevention plans.



Measurement Plan

Organizes data sources used to measure progress toward desired outcomes identified in block grant logic models.



Data Entry Plan

Outlines how implementation data will be entered into the Performance Based Prevention System (PBPS) to meet grant requirements and inform progress.

Data Driven Decision Making



VIRGINIA SOCIAL INDICATOR DASHBOARD

Behavioral Health Wellness: Virginia Prevention Works!

Home

View by Data Source

Community Level Reports

Resources

WHAT IS THIS DASHBOARD?

The Virginia Social Indicator Dashboard is a compilation of behavioral health data from agencies and organizations across the state. The goal of the dashboard is to centralize key indicators of behavioral health and wellness to use as a resource for needs assessment, epidemiological monitoring and planning.

USING THIS DASHBOARD AND ITS FEATURES

<https://vasisdashboard.omni.org/rdPage.aspx?rdReport=Home>

Virginia State Epidemiological Outcomes Workgroup – SEOW

Fentanyl Brief: Data Trends and Prevention Efforts in Virginia



This document provides information on fentanyl use and resources in Virginia. OMNI Institute prepared this information sheet for the Virginia State Epidemiological Outcomes Workgroup (SEOW), which is funded by the Virginia Department of Behavioral Health and Developmental Services (DBHDS). View the [reference sheet](#) to learn more.

What is Fentanyl?

Fentanyl is a **synthetic opioid** initially developed to treat chronic severe pain. (1) It can be prescribed for medical use by a licensed medical professional. (2)

Prescriptions for fentanyl can come in the form of a (3)



Fentanyl has a **high potency**, and if misused, can be very dangerous and can lead to overdose or death. People prescribed any form of fentanyl must be monitored by their doctor or prescriber. (1, 2, 3)

Fentanyl is **50x the strength of heroin** and **100x the strength of morphine**.



Illicit Forms of Fentanyl

Illicit, or illegal, fentanyl is fentanyl that is used or sold against the law. There are two forms of fentanyl: one made by pharmaceutical labs and one associated with almost all fentanyl deaths over the last several years, made illegally in non-pharmaceutical labs. (4)

Fentanyl is often **mixed with other illicit drugs** to increase their strength. Fentanyl mixed with **heroin, methamphetamine, cocaine, or marijuana** can increase the risk of dying from an overdose. (5)

Fentanyl Brief: Data Trends and Prevention Efforts in Virginia

This [brief report](#) provides background information on fentanyl use and prevention and harm reduction resources in Virginia.

[Click here](#) to view references for the brief.

Download

Marijuana Legalization in Virginia: What it Means for Prevention & Behavioral Health

July 2022

OMNI Institute prepared this report for the Virginia State Epidemiological Outcomes Workgroup (SEOW), funded by the Virginia Department of Behavioral Health and Developmental Services (DBHDS). View the [reference sheet](#) to learn more.

Virginia is one of several states which has voted to legalize the growth, purchase, and use of marijuana. This document includes information on marijuana legalization in Virginia and the impacts of legalization in Virginia and other states including changes in adult use, youth use, the criminal justice system, business, and community development. It is designed to provide context and lessons learned from other states as Virginia moves toward the implementation of retail marijuana and the need for new and different public health efforts related to marijuana use. **The marijuana landscape is rapidly changing in Virginia; this document is up to date as of July 2022.**

Introduction to Marijuana Legalization and Timeline

What is marijuana and how is it used?

Marijuana is the dried leaves, flowers, and stems of the *Cannabis sativa* or *Cannabis indica* plant and is used as a mind-altering or psychoactive drug. It can be cultivated in outdoor or indoor settings. Although there are over 500 chemicals in cannabis plants, **tetrahydrocannabinol (THC)** is known to be the main ingredient that produces the mind-altering effects. The higher the amounts of THC, the stronger the effects on the brain. Most commonly, marijuana is smoked, vaped, or mixed into foods or drinks (edibles). Additionally, some people inhale the oil concentrates and other extracts from the cannabis plant, which is known as dabbing.

Terminology

Language and words can have an impact on perpetuating stigmas. The information below highlights some terms often used related to marijuana and the decision to use certain terms throughout this document.

Marijuana versus Cannabis

The terms cannabis and marijuana are often used to describe the same thing. The word **cannabis** refers to **all products** derived from *Cannabis sativa* or *indica* plants, and **marijuana** refers to parts of or products from the plant that contain **substantial amounts of THC**. As the use of language for this substance evolves, it is important to use terms that will avoid confusion and are specific to the situation. For consistency, this document will use the term marijuana.

Retail versus Recreational

In efforts to reduce stigma associated with legal marijuana, some states have been using **retail** rather than **recreational** marijuana. The term retail focuses on the action (sale) rather than how someone might consume the product. This document will use the term retail when referencing the legal sale of marijuana (in applicable states) to support reduction of negative stigmas. Note that marijuana cannot yet be legally sold in Virginia for non-medical purposes but is legal to possess and consume.

Marijuana Legalization in Virginia: What it Means for Prevention & Behavioral Health

This report summarizes information on marijuana legalization in Virginia and the impacts of legalization in Virginia and other states. [Click here](#) to view the references for this report, and [click here](#) to see the executive summary.

Download

SEOW members include representatives from:

- [Collective Health Impact Inc.](#)
- [Community service boards](#)
- [Office of the Chief Medical Examiner](#)
- [Violent Death Reporting System](#)
- [Virginia Alcoholic Beverage Control Authority](#)
- [Virginia Department of Criminal Justice Services](#)
- [Virginia Department of Forensic Science](#)
- [Virginia Department of Health Professions](#)
- [Virginia Department of Health](#)
- [Virginia Department of Juvenile Justice](#)
- [Virginia Department of Social Services](#)
- [Virginia Foundation for Healthy Youth](#)
- [Virginia National Guard](#)
- [Washington/Baltimore High Intensity Drug Trafficking Areas](#)

<https://www.virginiaseow.org/>

Community Coalition Capacity Building

Adverse Childhood Experiences (ACEs)

State Opioid Response: Prevention Efforts

Lock and Talk: Lethal Means Safety

Suicide Prevention

Youth Cannabis Use Prevention

Mental Health First Aid

SYNAR (Counter Tools & Merchant Education)

Workforce Development

Behavioral Health Equity

Problem Gambling Prevention

Refugee Behavioral Health

Language Access

O



Nicole Gore
Director



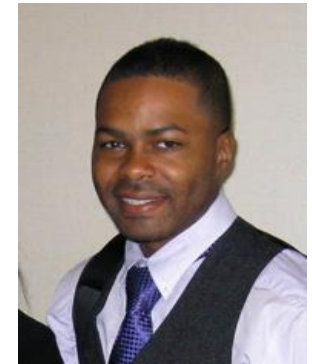
Colleen Hughes
BHW Consultant



Keith Cartwright
BHW Consultant



Jennifer Farinholt
BHW Consultant



Marfel Barnett
BG Data Manager

B



Anne Rogers
Problem Gambling Prevention



Alisha Jarvis
MHFA Coordinator



Rebecca Textor
BHW Consultant



Eva Stitt
Refugee BH Coordinator



Guadalupe Lucero
Language Access Specialist

H

W



Glencora Gudger
BH Equity Consultant



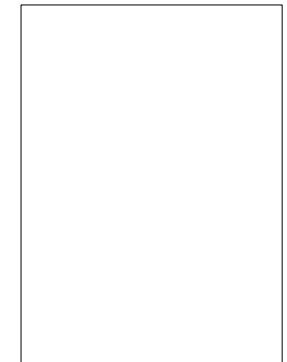
Marrin Scalone
Trauma-Informed Care



Lindsay Martin
Suicide Prevention Coordinator



Charmayne Wyche
Workforce Development



Vacant
BHW Consultant

ASK FOR WHAT YOU NEED AND OFFER WHAT YOU CAN





**KEEP
CALM
AND
PRACTICE
SELF-CARE**

Contact Information

Nicole Gore, Director
Office of Behavioral Health Wellness
DHBDS

nicole.gore@dbhds.virginia.gov

804-219-7531