

# Virginia Substance Use Prevention Block Grant Annual Report

2022-23



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# Virginia Substance Use Prevention Block Grant Annual Report

## 2022-23

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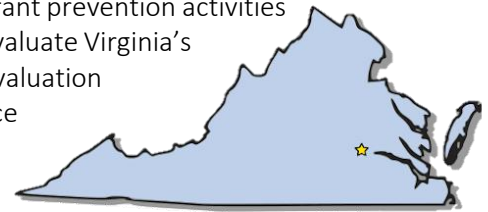
# Virginia Substance Abuse Prevention Block Grant

## Annual Report 2022-23: Executive Summary



The Substance Abuse Block Grant (SABG) is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). Virginia's Department of Behavioral Health and Developmental Services (DBHDS) Office of Behavioral Health Wellness (OBHW) distributes grant 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.

This report, prepared by OMNI Institute (OMNI), provides an overview of block grant prevention activities during the 2022-23 fiscal year. OBHW has contracted with OMNI since 2014 to evaluate Virginia's block grant activities and provide training and technical assistance (TA) to build evaluation capacity among Virginia's prevention workforce. OMNI is a nonprofit social science consultancy that provides integrated research and evaluation, capacity building, and data utilization to accelerate positive social change.



## Strategic Planning and Prevention Priorities

Since 2014, OMNI and OBHW have partnered to implement the Strategic Prevention Framework within block grant activities to provide program structure, build capacity for data-driven prevention, and promote sustainability. In 2017 and 2018, OMNI conducted a statewide needs assessment to identify prevention needs and determine program direction. From this effort, the following priority areas were identified:

### Block Grant Prevention Priority Areas

Alcohol	Alcohol is the most used substance in Virginia with 25% of high school youth and 56% of adults consuming alcohol in the past 30 days.
Tobacco and Nicotine	23% of high school youth used tobacco or electronic vapor products in the past 30 days. 21% of adults used tobacco products in the past 30 days.
Mental Health and Suicide	1,202 suicides were recorded in Virginia in 2020, a rate of 14 per 100,000 persons. 16% of Virginia high school youth have considered suicide.

Data on high school youth from the 2019 Virginia Youth Survey. Data on adult substance use from the 2019-2020 National Survey on Drug Use and Health. Data on suicide rates from the Center for Disease Control, 2020.

## 2022 Needs Assessment Process

New legislative changes in Virginia have thrust emerging focus areas into the spotlight – Problem Gaming and Gambling, and Cannabis. Considering these developments, CSBs conducted local needs assessments in the fall of 2021 to understand the scope of these issues and the readiness of their local communities to address them. This led OBHW to identify these two as emerging areas for CSBs to address with prevention strategies.

### Block Grant Prevention Emerging Areas

Cannabis	55% of young adults who participated in the Virginia 2022 Young Adult Survey have used cannabis in their lifetimes, with 89% of those individuals using cannabis for the first time under the legal age of 21.
Problem Gaming and Gambling	64% of young adults who participated in the Virginia 2022 Young Adult Survey had engaged in at least one gaming or gambling activity in the past 30 days.

# Prevention Capacity



Valley CSB table at the Health and Wellness Hub of Shenandoah LGBTQ Center's Pride Celebration in Staunton

OMNI provides capacity building services to CSBs in addition to support around assessment, planning, implementation, and evaluation of prevention efforts. In end-of-year reporting, **CSBs indicated that they have ample capacity to implement their block grant prevention interventions.** The majority of CSBs (36 out of 40) agreed that they have experience collaborating with other organizations on relevant prevention interventions, the capability to use data in prevention planning, and experience with relevant prevention interventions. However, over half of all CSBs (26) disagreed or strongly disagreed that they have enough staff, and only half of CSBs (20) reported having enough fiscal/financial resources.

**Additionally, CSBs indicated a continued focus on specific populations experiencing health disparities.** Fewer CSBs this year than last (27 vs. 21) increased the availability of substance use prevention services for subpopulations experiencing disparities, while 13 (vs. six last year) developed a plan to sustain progress made in addressing substance use-related disparities into the future.

## Block Grant Priority Strategies

To impact Virginia's three prevention priority areas and reach desired outcomes, the OBHW team explored data from the 2017-18 needs assessment and selected key risk and protective factors underlying the priority areas that could be targeted through new or existing prevention strategies. Based on these discussions, OBHW selected five priority strategies and began requiring their implementation in 2020. Data from the priority strategies in this fiscal year are highlighted below.



### Community Mobilization and Coalition Capacity Building

**Coalitions mobilize communities and are key in supporting prevention efforts and disseminating prevention messages.** This fiscal year, CSBs partnered with and created local coalitions to plan and implement prevention activities, collect data, engage in community outreach efforts, and nurture partnerships with community stakeholders to spread prevention messaging.



**33 CSBs**  
led or facilitated  
coalitions



**70**  
active  
coalitions



**2,006**  
Coalition  
members



### Lock and Talk Suicide Prevention and Awareness

**CSBs implemented Lock and Talk efforts focused on suicide prevention through restricting access to lethal means, community and merchant education, and media messaging.** Lock and Talk messaging acknowledges that suicide and overdose prevention are incomplete without knowledge of safe storage of lethal means and access to locking devices.

CSBs worked to expand Lock and Talk efforts to reach more diverse populations and with more responsive devices, such as smart pill bottles.



**40 CSBs**  
implemented  
Lock & Talk



**5.6 M**  
Total impressions/  
reach through  
social marketing



**34,192**  
Total devices  
distributed

**13,552** Lock boxes  
**11,427** Cable locks  
**7,048** Trigger locks  
**2,165** Smart pill  
bottle/Timer caps

Powhatan Courts "wove [Lock and Talk] into their Conceal and Carry program so that people automatically get cable locks and prevention education as part of the program." – Goochland Powhatan CSB



# Block Grant Priority Strategies



## Mental Health Promotion and Suicide Prevention Trainings

Thirty-eight of 40 CSBs implemented mental health and suicide prevention trainings to almost 24,000 people in their communities, increasing their reach by 43% more than the prior year. This fiscal year, all CSBs were expected to implement Mental Health First Aid (MHFA) trainings. CSBs were also required to offer one of three suicide prevention trainings: Applied Suicide Intervention Skills Training (ASIST), Safe Talk, or Question. Persuade. Refer. (QPR).



**38 CSBs**  
conducted  
trainings



**839**  
trainings



**23,925**  
people trained



**36 CSBs**  
implemented  
campaigns



**13 M**  
impressions/  
reach

Thirty-six CSBs implemented specific mental health promotion and suicide awareness activities through media campaigns, community events, and presentations, doubling their reach from last year.



*Suicide Prevention and Awareness Event with Moose Lodge – Northwestern CSB*



## Adverse Childhood Experiences (ACEs) Trainings

CSBs provided ACE Interface trainings to bring awareness of the impact of ACEs on health and behavior. The ACE Interface curriculum teaches participants about the biological, health, and social impacts of ACEs as well as strategies to support the health and well-being of community members.

After ACEs trainings, participants indicated high levels of learning and a desire to expand their knowledge and increase participation in ACEs efforts in their communities.



**35 CSBs**  
conducted  
trainings



**363**  
Trainings/  
presentations



**5,731**  
people  
trained



**78%** agreed or strongly agreed that they **want to seek more information** and guidance regarding trauma-informed practice.



**80%** indicated they **learned a lot** about identifying and addressing ACEs and ACEs' impact on brains and behavior.



**77%** agreed or strongly agreed that they **want to learn more** about the causes and effects of ACEs.



**74%** indicated they **learned a lot** about why their community needs to get organized and mobilized to identify and address ACEs.



## Counter Tools Youth Retail Tobacco Prevention and Merchant Education

Merchant education visits have created positive relationships between CSBs and tobacco retailers. More than a quarter of CSBs visited more than 100 retailers in their catchment area. The long-term relationships that have been formed between CSBs and retailers facilitated Counter Tools and merchant education strategies being perceived by retailers as informative and helpful in keeping up with the trends, and as opportunities to prevent underage tobacco, alcohol, and now vaping and marijuana use.



**27 CSBs**  
provided  
education



**2736**  
merchants  
visited

# Block Grant Emerging Areas

In response to changing legislation, CSBs conducted local needs assessments in 2022 focused on Cannabis and Problem Gaming and Gambling. Each CSB was tasked with completing the following: an environmental scan on problem gaming and gambling; community readiness assessments for problem gaming and gambling and for cannabis; and the implementation of the Virginia Young Adult Survey (YAS). OMNI synthesized and compiled the results to provide a clearer picture of problem gaming and gambling, and cannabis across the commonwealth. In response to these findings, this year, OBHW identified Problem Gaming and Gambling and Cannabis as two emerging prevention needs.



## Youth Cannabis Prevention

In the Commonwealth, individuals 21 years or older can legally possess cannabis after July 1, 2021. **CSBs have since aimed to share awareness, education, and prevention messages with their communities.** Over a fourth of CSBs implemented prevention messaging about the risks of cannabis use through social media, radio or TV Public Service Announcements, and media campaigns such as the Marijuana Social Norms campaign promoting StartTheTalk.org.



**11 CSBs**  
implemented  
cannabis related  
strategies



**1.4 M**  
impressions/  
reach



## Problem Gambling Prevention

In 2020, the Virginia legislature legalized internet lottery, sports betting, and casinos. **CSBs have since focused on building their capacity and implementing prevention strategies.** Many prevention staff attended the CADCA Problem Gambling Prevention Bootcamp training, learning skills and effective strategies to take back to their communities.



**32 CSBs**  
implemented  
related strategies



**18.5 M**  
impressions/  
reach

The most common efforts included media campaigns, community events and presentations, and merchant education. Many messages focused on providing resources, such as hotlines.



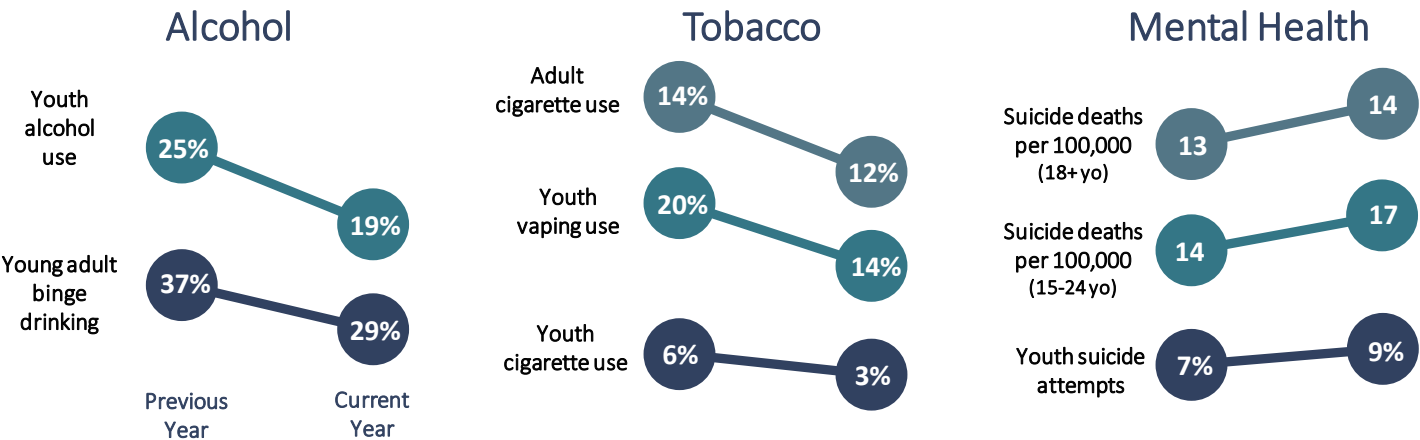
Problem gaming and gambling media campaign. – *Rappahannock Rapidan CSB*



Problem gaming and gambling resources billboard. – *Highlands CSB*

# Prevention Outcomes

Through planning, capacity building, and implementation efforts, all Virginia CSBs worked toward common goals set by OBHW through the strategic planning process and the 2020-25 statewide logic model. Below is the change over time.



# Introduction

The Substance Use Prevention, Treatment, and Recovery Services (SUPTRS) Block Grant, or SUBG for short, (formerly the Substance Abuse Prevention and Treatment [SAPT] Block Grant) is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). Virginia's Department of Behavioral Health and Developmental Services (DBHDS) Office of Behavioral Health Wellness (OBHW) distributes grant 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.

This report, prepared by OMNI Institute (OMNI), provides an overview of block grant prevention activities during the 2022-23 fiscal year (July 2022 through June 2023). OBHW has contracted with OMNI since 2014 to evaluate Virginia's block grant activities and provide training and technical assistance (TA) to build evaluation capacity among Virginia's prevention workforce. OMNI is a nonprofit social science consultancy that provides integrated research and evaluation, capacity building, and data utilization to accelerate positive social change.

## Strategic Planning Process

Since 2014, OMNI and OBHW have partnered to implement the Strategic Prevention Framework<sup>1</sup> within block grant activities to provide program structure, build capacity for data-driven prevention, and promote sustainability. In 2017 and 2018, OMNI conducted a statewide needs assessment<sup>2</sup> to identify prevention needs and determine program direction. The assessment synthesized a broad array of national, state, and local secondary data sources to better understand the status and needs related to behavioral health in Virginia. The assessment also utilized primary data collection through facilitated discussions with the Statewide Epidemiological Outcomes Workgroup and OBHW staff. In addition, a SWOT (strengths, weaknesses, opportunities, and threats) analysis with local prevention staff to gather information and understand prevention priorities was conducted. From this effort, the following priority areas were identified:



### Block Grant Prevention Priority Areas<sup>3</sup>

<b><i>Alcohol</i></b>	Alcohol is the most used substance in Virginia, with 25% of high school youth and 56% of adults consuming alcohol in the past 30 days.
<b><i>Tobacco and Nicotine</i></b>	23% of high school youth used tobacco or electronic vapor products in the past 30 days. 21% of adults used tobacco products in the past 30 days.
<b><i>Mental Health and Suicide</i></b>	1,188 suicides were recorded in Virginia in 2021, a rate of 13 per 100,000 persons. 16% of Virginia high school youth have considered suicide.

<sup>1</sup> Substance Abuse and Mental Health Services Administration (2019). A Guide to SAMHSA's Strategic Prevention Framework. Rockville, MD: Center for Substance Use Prevention.

<https://www.samhsa.gov/sites/default/files/20190620-samhsa-strategic-prevention-framework-guide.pdf>

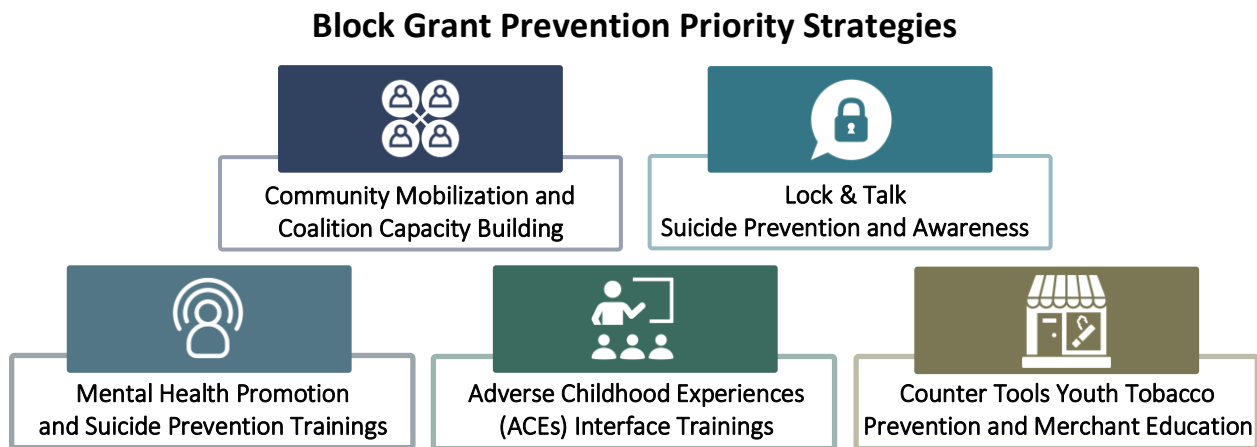
<sup>2</sup> OMNI Institute (2018). Virginia Statewide Substance Use and Behavioral Health Needs Assessment.

[https://vasisdashboard.omni.org/ExportFiles/VA%20Needs%20Assessment%20Report\\_August%202018\\_Final.pdf](https://vasisdashboard.omni.org/ExportFiles/VA%20Needs%20Assessment%20Report_August%202018_Final.pdf)

<sup>3</sup> Data on high school youth from the 2019 Virginia Youth Survey. Data on adult substance use from the 2019-2020 National Survey on Drug Use and Health. Data on suicide rates from the Center for Disease Control, 2021.



To impact Virginia’s prevention priorities to reach desired outcomes, the OBHW team explored data from the 2018 needs assessment and selected key risk and protective factors underlying the priority areas that could be targeted through new or existing prevention strategies. Based on these discussions, the OBHW team set five priority prevention strategies to target alcohol use, tobacco use, and mental health and suicide prevention across the commonwealth. For more detailed information on the strategic planning process, please see OMNI's 2019 Strategic Planning Report.<sup>4</sup>



As a result of strategic planning, OMNI developed a statewide logic model for the 2020-2025 Block Grant funding period that details the shared relationships between the three priority areas, the risk and protective factors underlying these areas, the priority strategies selected to target those factors, and the desired short-term and long-term impacts of these strategies (See Appendix A). CSBs were required to implement all five priority prevention strategies while reserving some prevention funds to implement strategies focused on local priorities.

Following the strategic planning process, OBHW and OMNI partnered in fiscal year 2021-22 to conduct extensive local needs assessments across all 40 CSBs related to Problem Gaming and Gambling and Cannabis. Each CSB was tasked with completing the following: an environmental scan on problem gaming and gambling; community readiness assessments for problem gaming and gambling as well as for cannabis; and the implementation of the Virginia Young Adult Survey (YAS) to gather data on behavioral health and substance use among adults aged 18-25.

<b>Environmental Scan</b>	Measure the physical landscape around gaming and gambling and the scope of online gaming and gambling advertisements.
<b>Community Readiness Assessment</b>	Determine each community’s level of knowledge, leadership, and attitudes around problem gaming and gambling, and cannabis.
<b>Young Adult Survey</b>	Comprehensive survey of 18–25-year-olds on various subjects, including substance use, mental health, and gambling.

For the implementation of the Virginia YAS in the spring of 2022, CSBs connected with local partners to maximize outreach and recruitment. Over 5,000 young adults were recruited at colleges, recreation

<sup>4</sup> OMNI Institute (2019). Virginia Substance Abuse Prevention Block Grant Strategic Planning Report. [\[https://omni.org/va-sabg-strat-plan-report\]](https://omni.org/va-sabg-strat-plan-report)

centers, and local businesses to share their experiences and perspectives on substance use, mental health, and gaming and gambling. Results from the statewide survey effort can be found online on the [Virginia Social Indicator Summary \(VASIS\) Dashboard webpage](#).

OMNI synthesized and compiled the results of each completed Environmental Scan and Community Readiness Assessment results to provide a clearer picture of problem gaming and gambling, as well as cannabis prevention needs across the commonwealth. Reports on each component can be found on the ['Reports' page of the VASIS Dashboard website](#). In response to these findings, this year, OBHW identified Problem Gaming and Gambling and Cannabis as two emerging prevention needs.

## Block Grant Prevention Emerging Areas

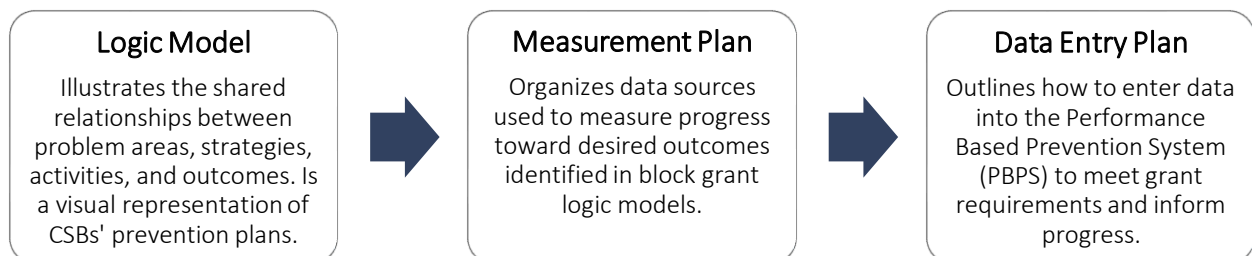
<b><i>Cannabis</i></b>	55% of young adults who participated in the Virginia 2022 Young Adult Survey have used cannabis in their lifetimes, with 89% of those individuals' using cannabis for the first time under the legal age of 21.
<b><i>Problem Gaming and Gambling</i></b>	63.6% of young adults who participated in the Virginia 2022 Young Adult Survey had engaged in at least one gaming or gambling activity in the past 30 days.

In early 2023, CSBs began implementing problem gaming and gambling prevention strategies across Virginia and will begin implementing cannabis prevention strategies in fiscal year 2023-2024. OBHW did not specify the required strategies for either emerging area, allowing CSBs to determine what prevention interventions would best meet their local needs.

OBHW, led by OMNI, will begin a comprehensive statewide needs assessment in fiscal year 2023-2024 to further understand impacts made over the last several years on alcohol, tobacco, and mental health and understand the growing needs for problem gambling and gaming, and cannabis prevention work in Virginia. The 2023-2024 needs assessment results will support renewed strategic planning efforts in 2024-2025. An updated statewide logic model will be developed at the end of this process to reflect renewed OBHW statewide priorities.

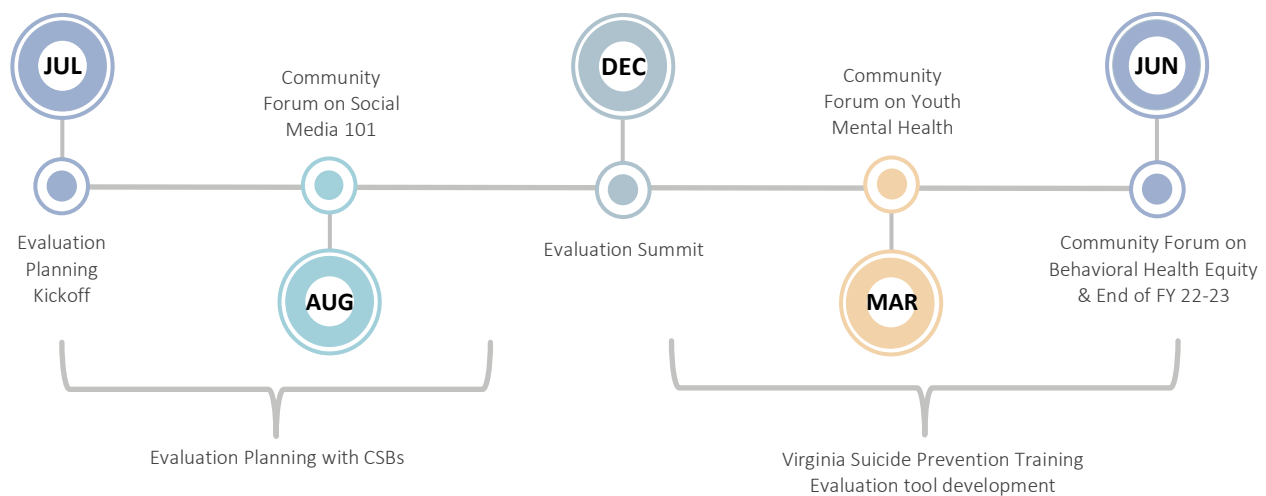
## Evaluation Planning Process

To support CSBs in creating individual prevention evaluation plans to monitor progress toward local and state outcomes, OMNI created a comprehensive approach, known to CSBs as the “evaluation roadmap.” The roadmap integrates each community’s logic model, measurement plan, and data entry plan into one document for ease of use in data entry and reporting. Each roadmap component is linked to the others, allowing CSBs to organize their data to illustrate the prevalence of each priority area, show progress toward outcomes, and track implementation data. Each roadmap component is described below.



## Timeline of Evaluation Activities

During the 2022-23 fiscal year, OMNI worked with CSBs to support the implementation of prevention strategies, provide TA around data entry and reporting requirements, and host events to provide ongoing discussions around CSB interests and needs – both in person at the Evaluation Summit, and virtually via Community Forums. OMNI also provided regular evaluation data to CSBs for ACEs and coalition assessments throughout the year and has worked to develop the new Suicide Prevention Training Evaluation tool to assess the impacts of various mental health-related curricula CSBs facilitate in their communities. This tool will be implemented in the 2023-24 fiscal year. In addition, OMNI reviewed and approved all prevention implementation data in PBPS. The timeline below provides an overview of critical activities in the 2022-23 fiscal year.

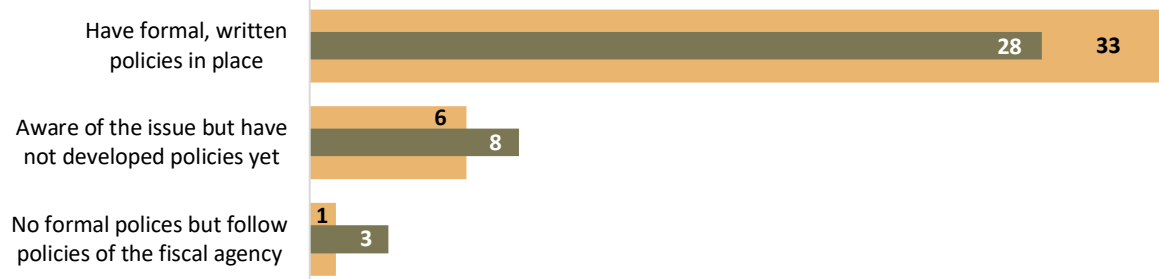


## Prevention Capacity

OMNI provides capacity-building services to Virginia CSBs as well as support around the other steps of the SPF, including assessment, planning, implementation, and evaluation of prevention efforts. Capacity-building efforts remain focused on promoting data literacy and supporting the prevention workforce in building the necessary skills and relationships to effectively engage in data-driven prevention. In Block Grant (BG) Year 1 (FY20-21), OMNI developed an end-of-year survey of CSB staff to help assess the capacity of the prevention workforce across the steps of the SPF, with some questions adapted from Community Level Instrument, developed by PEP-C (Program Evaluation for Prevention Contract)<sup>5</sup>. The survey also focuses on understanding CSB capacity around the SPF principles of cultural competence and sustainability. The BG end-of-year survey was repeated in FY21-22 and FY22-23, and OMNI plans to repeat it through all five years of the grant cycle. Selected data from this survey are shared in this section to demonstrate the current capacity of the BG prevention workforce. In some cases, comparisons are noted between Year 2 and Year 3.

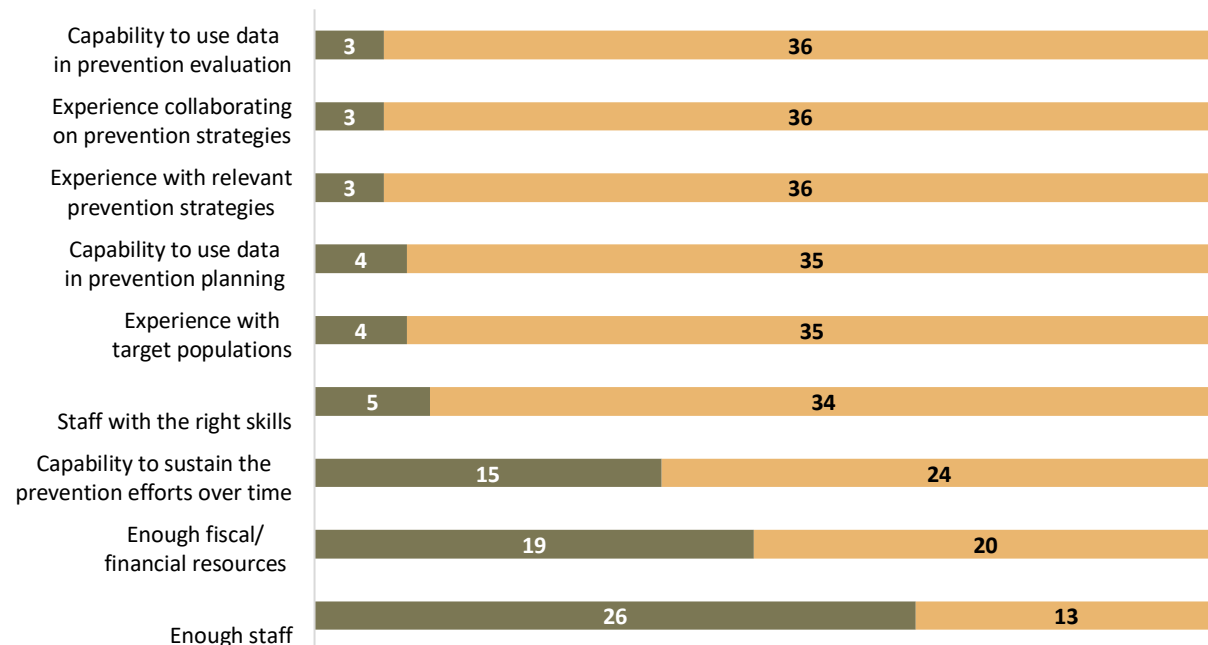
<sup>5</sup> Program Evaluation for Prevention Contract (PEP-C). (2014) Community-Level Instrument-Revised (CLI-R). <https://www.samhsa.gov/sites/default/files/pfs-com-lev-inst.pdf>

**In FY22-23, fewer CSBs (28) reported having formal, written cultural competence policies in place than the prior year, FY21-22.** The reason for this decrease is not clear but could be due to staff turnover and new prevention staff being unaware of existing agency policies. Two additional CSBs reported following the fiscal agency’s policies and have not developed guidelines this year.



**In FY22-23, CSBs continued to agree that they have ample capacity to implement their block grant prevention interventions.** CSBs were asked how much they agreed or disagreed that their organizations have enough capacity in nine key areas to implement their interventions effectively. As shown in the chart below, most CSBs (36) agreed that they have the capacity to use data in prevention evaluation, experience with and collaborating on prevention strategies, and experience with relevant strategies. Interestingly, more than half of all CSBs disagreed that they have enough staff (26), yet most agreed that their team has the right skills (34). Half of the CSBs agree they have enough fiscal/financial resources, while the other half disagree. These capacity findings regarding sustainability and financial resources have changed somewhat over the past three years. For instance, fewer CSBs this year than last (20 vs. 28) agreed that they had enough fiscal/financial resources, while more CSBs (24 vs. 34) agreed that they have the capability to use data in prevention planning this year.

### CSBs Agree/Strongly Agree or Disagree/Strongly Disagree they have enough capacity in each area



## In FY22-23, CSBs focused more on specific populations experiencing health disparities than the previous year.

These populations include specific demographic, language, age, socioeconomic status, sexual or gender identity, or literacy groups that experience limited availability of, or access to, substance use prevention services or who experience worse substance use prevention outcomes. CSBs were asked to identify which of 14 health disparities-related activities they conducted during FY22-23. Some highlights include:

- Similar to last year, most CSBs (34) developed partnerships with agencies, organizations, or community partners to address disparities, received training to increase their capacity in this area (32), and considered disparities in prevention planning (28).
- Fewer CSBs this year than last (21 vs. 27) increased the availability of substance use prevention services for subpopulations experiencing disparities, while 13 (vs. six last year) developed a plan to sustain progress made in addressing substance use-related disparities in the future.
- More than half of CSBs reported adapting their strategies to make them apply to subpopulations experiencing health disparities (20), defined specific health disparities for subpopulations (23), implemented strategies targeting subpopulations (24), involved subpopulations in Block Grant activities (24), increased access to services (24), and identified substance use related health disparities faced by selected subpopulations (25).

“CMCSB decided to lengthen Mental Health Awareness Week to a full month to allow folks in the community more time to participate in events specifically designed to promote Mental Wellness. Staff then reached out to community members to ask for partnerships. The positive response was overwhelming.”

– Cumberland Mountain CSB

“We can write a book regarding the many challenges that we have faced in prevention this past fiscal year. We have endured 4 staff changes among our Prevention Specialists and faced many hurdles in collaborating with our financial department to get prevention-related purchases and events approved. We overcame our staff shortage by building up the skillset of the remaining staff.” – Crossroads CSB

“We have enough funds for strategies, but do not have a way to sustain the level of staffing needed to implement strategies with the depth/focus required for change.”

– Hanover County CSB

**CSBs reported on various barriers they encountered when conducting their prevention activities, surfacing that 33 CSBs view easy access to alcohol for underage youth as a moderate or high barrier.** CSBs were asked to indicate which of 19 demographic, environmental, or cultural factors introduced barriers to their Block Grant prevention activities. They also shared the level of impact (low, medium, high) that each factor had in the past fiscal year.



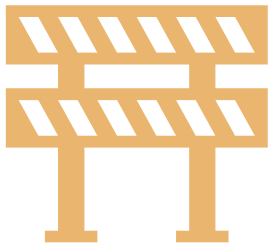
Goochland Powhatan CSB staff at the Out of the Darkness Walk.



### Number of CSBs Reporting Medium or High Impact for Common Barriers

- Cultural norms, attitudes, or practices favoring substance use and easy access to alcohol for underage youth (33 CSBs)
- Lack of community awareness of the extent or consequences of substance use/misuse (33 CSBs)
- Lack of transportation, difficulty reaching some parts of the community (32 CSBs)
- Lack of trust in law enforcement, government, and social services (30 CSBs)
- High poverty rates/low socioeconomic status (29 CSBs)
- Lack of supervision for area youth (27 CSBs)
- Easy access to prescription drugs for nonmedical use (27 CSBs)

The response option for “other factors” outside of the list (above) garnered additional challenges. Other barriers most frequently noted as having an impact are:



- Lack of employment opportunities for youth
- Increase in community violence
- Lack of information about alternative occupations for youth after high school
- Shortage of staff (social workers, teachers, law enforcement, behavioral health clinicians, primary care doctors)
- Specific demographic groups being targeted with political rhetoric
- Increase in the discrimination of LGBTQ+ and BIPOC individuals

Throughout the year, CSBs have consistently exhibited remarkable resilience in their response to the challenges presented by COVID-19. Despite staffing shortages and financial constraints, they have maintained their commitment to coordinating initiatives and addressing community needs. Additionally, CSBs have prioritized fostering partnerships and collaborations with schools, colleges, local organizations, and community events to overcome these challenges.

**“We are resilient. We need more staff, but we are going to keep on working and keep our community coalitions involved!” – Rappahannock-Rapidan CSB**



*Fairfax-Falls Church CSB raising awareness at a local community event.*

## Prevention Priorities

The following sections of the report describe the implementation and impact of the five priority strategies across the commonwealth during this fiscal year, as well as the two emerging areas. Implementation data in these sections were drawn from the Performance Based Prevention System (PBPS), and narrative data were collected through an end-of-year reporting survey completed by CSB staff. The most common shared risk and protective factors for each focus area are highlighted.

# Community Mobilization and Coalition Capacity Building



**CSBs continued to partner with and create coalitions in their communities to support the planning and implementation of prevention activities, data collection, and community engagement.**

This fiscal year, CSBs partnered with and involved community leaders, partner organizations, and various community members to implement prevention activities, collect data, engage in community outreach, and re-strategize prevention efforts.



**33 CSBs**

led or  
facilitated  
coalitions



**70**

active  
coalitions



**2,006**

Coalition  
members

“One highlight from this year was a series of student roundtable discussions that the Coalition hosted in conjunction with regular meetings at each of the three high schools in Russell County. Students with varied backgrounds, experiences, and perspectives were selected by school administration for participation in the discussions.”

– **Cumberland Mountain CSB**

**CSBs and affiliated coalitions welcomed new collaborations and community engagement opportunities and developed innovative efforts to attract youth voices in their coalitions.**

Many CSBs have highlighted their efforts to grow and embrace youth membership for the coming fiscal year. Out of the 72 active coalitions, there are four youth Coalitions in FY22-23, with 24% youth membership of 18 and under across all active coalitions. Cumberland Mountain CSB strategized county-wide awareness and messaging campaigns for students, parents, and the community through direct partnerships with the local school system by including youth voices and perspectives through student roundtable discussions. Other active coalitions hired younger social media staff to establish their social media presence, while others hosted Youth summits and camps. There was also a trend involving youth perspectives in planning for services and identifying further youth needs.

Out of the 72 active coalitions, five coalitions have an active Trauma Informed Care Network – a diverse, invested partnership that supports and comes together to address the needs of individuals exposed to Adverse Childhood Experiences (ACEs). The Virginia Department of Social Services (VADSS) Office of Trauma and Resilience Policy’s VA HEALS Toolkit was instrumental in launching a training series for and by coalition members. Rappahannock Area CSB and Region Ten CSB partnered to facilitate a series of Trauma Informed Leadership certification workshops led by Rick Griffin from Community Resilience Initiatives.



*Rappahannock Area CSB and Region Ten CSB facilitated a training by Rick Griffin with Community Resilience Initiative that was delivered to 90 Virginia community leaders.*

## Strong partnerships between CSB staff and local coalitions were instrumental in member engagement and coalition leadership development.

Our coalition is working to help sustain our prevention intervention activities and outcomes into the future.



Our CSB involves our coalition in evaluation planning.



Our CSB has a strong partnership with one or more local coalitions in our locality.



The coalition is fully integrated into the larger community, recognized, and consulted as an authority on the topic of focus.



The coalition is having a positive impact on an important issue facing the community.



■ Somewhat Agree

■ Agree

■ Disagree

■ Somewhat Disagree

CSBs forged successful relationships with community partners, agencies, and organizations, resulting in coalition development and professional development opportunities for members. Some coalition members attended an annual conference hosted by Community Coalitions of Virginia (CCoVA), collaborated with the Veterans Administration, hosted trainings, and networking events, and some partnered with local schools. Data from the end-of-year survey show that CSBs have strong partnerships with local coalitions, involve their coalitions in evaluation planning, work with their coalitions to sustain prevention activities into the future, and view their coalitions as positively impacting the community. Fewer CSBs agreed that their coalition is fully integrated into the larger community.

Data from the end-of-year survey show that across CSBs, the following sectors had the highest engagement in BG activities: schools, law enforcement agencies, State, local, or tribal agencies with expertise in substance abuse, healthcare professionals, and religious or fraternal organizations. The sectors that were least engaged in BG activities were civic and volunteer groups, youth (persons under 18 years of age), and other military and LGBTQ organizations involved in reducing substance use.

In the 2022-23 fiscal year, 31 CSBs implemented a Coalition Readiness and Effectiveness Assessment\*. Four hundred eighty-eight members across 49 coalitions assessed their coalition across eight dimensions on a scale of 1 to 4 (with 1 indicating low readiness and 4 indicating high readiness).











### Risk & Protective Factors

- Early Onset of Use
- High Rates of Depression/Sadness
- Low Perception of Risk of Use

**“We continued to work collaboratively with the Community Mental Health and Wellness Coalition, which completed the Mapp2Health community needs assessment with community stakeholders, increased Narcan training and fentanyl test strip distribution, and increased harm reduction community outreach, education, and getting safety devices to the community.”**

**– Region Ten CSB**

**Coalition members reported the highest levels of readiness in the domains of context, leadership, and process, reflecting the ability of their coalitions to address their community's most critical issues and members' opinions while maintaining confidence in their leaders.**

		2022-23	2020-21
Domains of Coalition Readiness and Effectiveness		Average score (Out of 4)	Average score (Out of 4)
	<b>Context:</b> To what extent is the coalition working on a critical issue that affects the community?	3.62	3.53
	<b>Structure:</b> To what extent does the coalition have effective norms, information, support, and representative membership?	3.38	3.28
	<b>Leadership:</b> To what extent do members perceive leadership to be effective, collaborative, knowledgeable, and skilled in communication, management, and problem-solving?	3.49	3.40
	<b>Membership:</b> To what extent do members effectively work together and have a strong commitment to the coalition?	3.24	3.08
	<b>Process:</b> To what extent does the coalition value member opinions and make effective decisions?	3.39	3.24
	<b>Results:</b> To what extent has the coalition set specific, measurable goals and achieved them?	3.28	3.12
	<b>Maintenance:</b> To what extent does the coalition revise plans and share information and results with members and the larger community?	3.32	3.18
	<b>Institutionalization:</b> To what extent is the coalition integrated into the larger community, recognized, and consulted as an authority on the focus topic by other organizations, legislative bodies, or government entities?	3.16	2.94

*\*Although CSBs are encouraged to administer this assessment at any time to evaluate their coalitions' health, the assessment guidelines state it should be deployed every other year. Most CSBs completed the assessment during FY2022-23 and therefore will not collect and report assessment data during the next fiscal year.*

In 2020-21, 36 coalitions participated in the Coalition Readiness and Effectiveness Assessment. Despite the different makeup of participating coalitions, comparisons over time provide valuable evidence of continued coalition strengths. In both 2020-21 and 2022-23, the domains with the highest readiness and effectiveness were Context and Leadership. Coalition members felt they had effective leaders who focused on important issues to the community. Interestingly, Institutionalization, the concept of the coalition being ingrained in the broader community and population was the domain showing the most room for growth in both years – although there was measurable change in the overall scores, increasing from 2020-21 to 2022-23.

# Lock and Talk Suicide Prevention and Awareness



**CSBs implemented Lock and Talk efforts focused on suicide prevention through restricting access to lethal means, community and merchant education, and media messaging.**

Lock and Talk messaging recognizes that suicide and overdose prevention are incomplete without knowledge of safe storage of lethal means and access to locking devices. CSBs tripled social marketing impressions and grew their reach through community presentations compared to last year.

  
**40 CSBs**  
Implemented  
Lock & Talk

  
**5.6 M**  
Total impressions/  
reach through  
social marketing

  
**9,778**  
Reached through  
presentations

  
**113**  
Gun retailers  
visited

  
**34,192**  
Total devices  
distributed

13,552 Lock boxes  
11,427 Cable locks  
7,048 Trigger locks  
2,165 Smart pill  
bottles/Timer caps

All CSBs participated in Lock and Talk efforts for the second year, and implementation continues to expand and diversify. DBHDS approved the distribution of smart pill bottles and timer caps as part of the strategy this year. The Lock and Talk message continues to resonate with communities. The success of the Lock and Talk approach has been noticed outside of Virginia as several communities in New York have begun implementing Lock and Talk as part of their comprehensive suicide prevention and prescription drug misuse initiatives.



## Risk & Protective Factors

- High Rates of Depression/Sadness
- Low Awareness and/or Knowledge

## CSBs expanded partnerships, reaching more communities, and integrating into community life.

By partnering with various organizations, CSBs served LGBTQ+ community members, agricultural workers, and veterans, amongst many others. In an innovative example of governmental partnership, Goochland-Powhatan CSB shared that the Powhatan Courts “wove this strategy into their Conceal and Carry program so that people automatically get cable locks and prevention education as part of the program.”

## District 19 CSB Finds Advocate in Local Retailer

In their first year of merchant education, D19 has found a Lock and Talk partner in TDM Tactical Gun Shop in Prince George. The shop promotes safe storage, and proper use of firearms by distributing educational materials and gun locks to customers.

*D19 prevention staff with TDM Tactical Gun Shop*





# Mental Health Promotion and Suicide Prevention Trainings



**Thirty-eight of 40 CSBs implemented mental health and suicide prevention trainings to over 23,000 people in their communities, increasing their reach by 45% from the prior year.** Expanding mental

health services and trainings aims to decrease substance use risk factors, prevent suicide, and promote positive mental health. All CSBs were expected to implement Mental Health First Aid (MHFA) trainings this fiscal year. CSBs were also required to offer one of three suicide prevention trainings: Applied Suicide Intervention Skills Training (ASIST), safeTALK, or Question. Persuade. Refer. (QPR).



**CSBs implemented ten different suicide prevention curricula, with Mental Health First Aid continuing to be the most-delivered training.**

Across all CSBs, MHFA (youth, adult, and MHFA teen) was provided extensively across regions, with CSBs training 7,305 individuals combined. Many CSBs have trained new staff members to enhance their training capacity and have exceeded the required number of trainings. CSBs have noted successful outcomes for participants of suicide prevention trainings by changing attitudes, addressing biases, promoting mental wellness, and fostering dialogue.

“MHFA is our major suicide prevention training program. While only 3 are required, our goal is to engage the community as often as possible, minimally once a month. This year we engaged 119 in MHFA-Youth and 125 in MHFA-Adult, totaling 244.”

– Richmond CSB

Training Type	# of Trainings
Mental Health First Aid (MHFA)- Adult	312
Mental Health First Aid (MHFA)- Youth	181
Question. Persuade. Refer. (QPR)	95
safeTALK	84
SOS (Signs of Suicide)	31
Applied Suicide Intervention Skills Training (ASIST)	28
Crisis Intervention Team (CIT)	11
Talk Saves Lives	8
Other (Stress First Aid Training, Zero Suicide)	35

QPR trainings decreased from the prior year (114 to 95), with gains in most other curricula, including ASIST (from 20 to 28) and safeTALK (from 35 to 84). The 140% increase in safeTALK trainings is due to regional and community partnerships with CSBs. CSBs noted that trainings are offered in-person and virtually, catering to different audiences, including community members, school staff, emergency services teams, college students, and more.

**CSBs are collaborating with their communities and partners to expand suicide prevention efforts.** Several CSBs reported offering and expanding their suicide prevention training efforts in collaboration with their communities and partners, reaching a diverse audience.

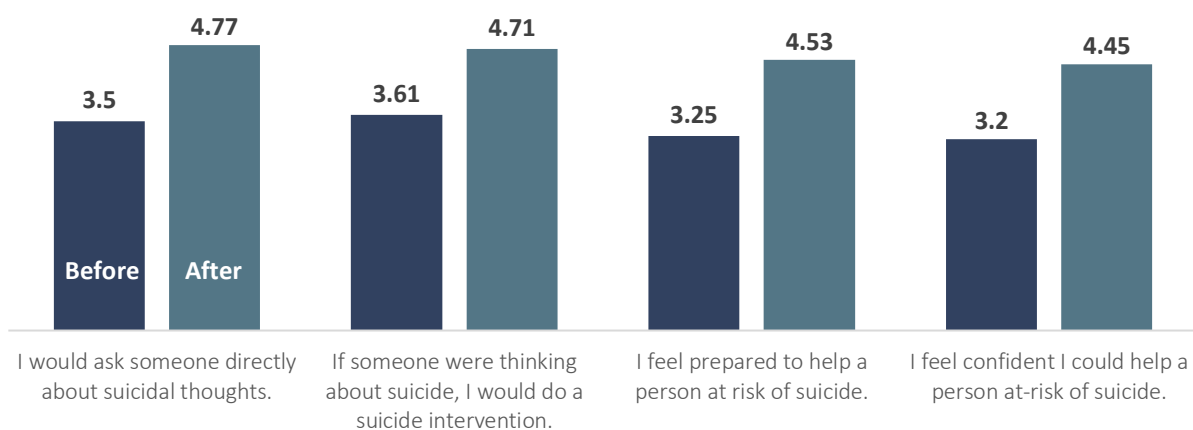
Implementation included more training sessions, incorporating training into school curriculums, reaching targeted populations, and exploring new partnerships. In the 2022-2023 fiscal year, Cumberland Mountain CSB partnered with the Regional Adult Education program to facilitate safeTALK trainings, substance use seminars and REVIVE! trainings with Narcan for Certified Nursing Assistants and phlebotomy students. This partnership allowed students to earn credit for their curriculum requirements for substance abuse and opioid misuse.

**ASIST participants reported feeling prepared identify signs of suicide and confident in their ability to intervene in a mental health-related situation after completing the training,** according to ASIST training evaluations.


MHFA participants also participated in an evaluation survey; however, aggregate information is not readily available from the curricula developer. SafeTALK is designed to complement ASIST, LivingWorks' two-day suicide intervention skills workshop. Safe TALK training focuses on using the TALK steps—Tell, Ask, Listen, Keep Safe—to engage persons with thoughts of suicide and help to connect them with life-affirming resources, while using ASIST skills helps provide safety from suicide for now. Based on the data, a majority (69.2%) of safeTALK participants felt prepared to talk directly and openly to a person regarding their suicidal thoughts. On the other hand, a majority (96.5%) of ASIST participants would recommend the training to others, showing the valuable experiences these participants shared about what they learned.

“[They had] exceptional trainers who equipped me more to help a person at risk of suicide. The class motivated me to become a trainer/facilitator with the Fairfax County Police Department.”

– Valley CSB ASIST training participant



Trainings are valuable in serving the community, as CSBs recognize that many mental health wellness challenges still prevail following the COVID-19 pandemic, including social isolation, increased substance use, increased rates of depression, and suicides. For instance, a Region Ten ASIST participant “came into the training feeling undereducated on how to properly discuss suicide, which [has] completely changed - I feel more confident due to the level of engagement exercises.”



### Risk & Protective Factors

- High Rates of Depression/Sadness
- High Rates of Suicidal Thoughts
- Low Awareness and/or Knowledge


## CSBs are implementing diverse outreach strategies to meet prevention needs in their communities.

Collaborations with schools, colleges, local organizations, and community events were instrumental in reaching a diverse audience and spreading awareness about available resources. These efforts extended beyond training to include events like Suicide Prevention walks, workshops on coping and healing through writing, and distributing informational materials via non-traditional methods, like pizza boxes. Northwestern CSB had a “new partnership with the Front Royal Moose Lodge this year. They promoted events and offered space for the first annual suicide prevention motorcycle ride and awareness event, a candlelight vigil for International Overdose Awareness Month on August 31, and a benefit lunch for the second annual Suicide Prevention Ride and Awareness Event.” Northwestern then provided additional trainings. “There is interest in expanding this partnership on a regional level with the hope of it becoming a statewide initiative between Moose Lodges and CSBs.”



*Northwestern CSB hosted a Suicide Prevention and Awareness Event with Moose Lodge*

  
**36 CSBs**  
implemented  
campaigns

  
**13M**  
impressions/  
reach

## Thirty-six CSBs implemented specific mental health promotion and suicide awareness activities through media campaigns, community events, and presentations, reaching millions of people and doubling their reach from the prior year.

Activities ranged from Facebook or website posts and other social media, broadcast media, and resource guide distribution, to community walks and events. Presentations were held at places of worship, senior centers, colleges, and more. Employee wellness presentations and targeted information sharing for managing grief and loss demonstrated the breadth of reach in the community.

In January 2023, the Human Resources Department at Partners Excavating Co. contacted the Behavioral Health Wellness Program at Harrisonburg Rockingham CSB “to request suicide awareness and prevention education for their staff of over 100 laborers and machine operators. The previous year, the Partners lost a member of their crew to suicide. They expressed concern that the “culture” of this industry may make staff less likely to ask for help if they were thinking about suicide. With staff demographics and this culture in mind, the BHW Team collaborated with Partners to design the 1-hour introductory workshop that was delivered to 100 staff members across all positions – from leadership to laborers. Due to the training’s warm reception, Partners expressed interest in partnering annually with HRCBSB to provide this suicide prevention training to their staff.



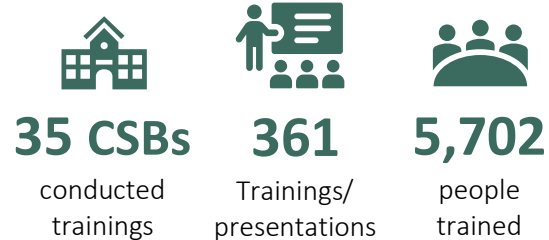
*100 staff participated in a Suicide Awareness and Prevention Training hosted by Harrisonburg Rockingham CSB*

# Adverse Childhood Experiences (ACEs) Trainings



**CSBs provided over 300 ACE Interface trainings to their communities to bring awareness of ACEs and their impact on health and behavior.**

The ACE Interface curriculum teaches participants about the biological, health, and social impacts of ACEs and traumatic childhood events, as well as strategies to support the health and well-being of community members. Experiencing a higher number of ACEs has been associated with several adverse health outcomes, with those who experience four or more ACEs being at the highest risk. The number of trainings increased by 22, but the attendance decreased by just over 3,500 participants compared to last year. This decrease in trainees may be due to a higher overall level of community awareness around ACEs in the larger population due to the efforts of CSBs. The result may be a smaller pool of potential trainees for ACEs training. Since 2019-20, the beginning of the current 5-year SUPTRS Block Grant cycle, over 32,400 Virginians have received an ACEs training provided by a local CSB.



Even though the number of participants was lower, CSBs continued to reach out to diverse communities and build new partnerships. This included reaching individuals who are not often included, like school bus drivers and nutrition staff, along with other communities that are historically strong partners, such as faith communities, communities of color, and medical system staff.

**“Huge year for us!...Trainings have been developed and implemented to bus drivers, nutrition staff, teachers, and administrators. We continued to provide ACE training to parents attending parent education programs.”**  
**-Highlands Community Services**

## In addition to the ongoing ACEs

**Collaborative group, the BeWellVA Collaborative Group was formed during this fiscal year to expand ACEs training across the state.**

Since 2020, the ACEs Collaborative group, comprising 12 CSBs, has successfully reached communities across multiple localities. The BeWellVA Collaborative Group, made up of seven CSBs, was formed to replicate these efforts in additional localities across the southwest region of Virginia. Through these collaborative efforts, CSBs demonstrate their dedication to reaching as many people as possible across the commonwealth to deliver virtual or in-person ACEs trainings. Each collaborative group works together for the entire process of the training - from the promotion of the trainings, hosting, and facilitation to the administrative work and follow-up after each training.

# BeWellVA



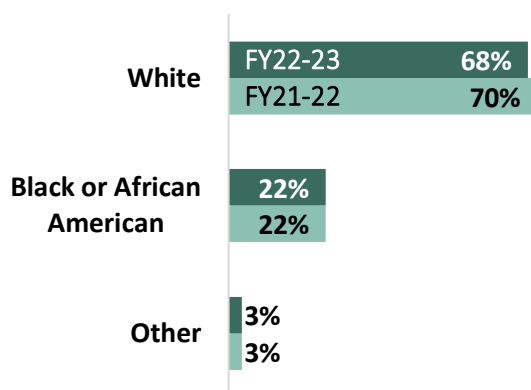
## Risk & Protective Factors

- High Rates of Depression/Sadness
- Low Perception of Risk of Use
- Early Onset of Use

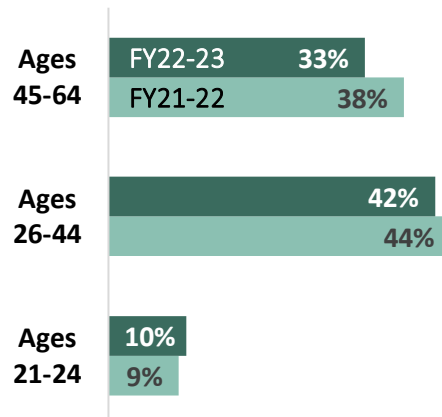
## The ACEs Post-Training Evaluation Survey continues to show insight into how participants will use what they have learned with others in their community.

CSBs continued to use the bilingual (English/Spanish) ACEs Post-Training Evaluation Survey through the Qualtrics platform, with successful completion by 1,617 participants across 129 trainings. Both the number of trainings and participants who received the evaluation survey decreased this year. Although the total number of participants was lower, the engagement in completing the ACEs Post-Training Evaluation Survey increased from 23% to 28% compared to last year. Participants continued to share their insights on ACEs, how they impact daily interactions, and how they will use their learnings in their work and daily interactions. The data below includes trainings funded by Block Grant and the State Opioid Response Grant.

### Similar to 2021-22, one-fifth of participants were Black or African



### Participants in 2022-23 were slightly younger than those from the prior year



**After ACEs trainings, participants indicated high levels of learning and a desire to expand their knowledge and increase participation in ACEs efforts in their communities.** Participant responses on the impact of attending the ACEs training mirrored those shared last year.



**78%** agreed or strongly agreed that they **want to seek more information** and guidance regarding trauma-informed practice.



**80%** indicated they **learned a lot about identifying and addressing ACEs** and ACEs' impact on brains and behavior.



**77%** agreed or strongly agreed that they **want to learn more** about the causes and effects of ACEs.



**74%** indicated they **learned a lot about why their community needs to get organized** and mobilized to identify and address ACEs.

“[As a result of this training, I will] remember to screen for ACEs more consistently and to make sure that our staff operates from a trauma-informed perspective.”

– ACEs training participant



# Counter Tools Youth Retail Tobacco Prevention and Merchant Education



## Merchant education visits have created positive relationships between CSBs and tobacco retailers.

More than twenty-five percent of CSBs visited 100 or more merchants in their catchment areas. Some CSBs have reported that in this year's visits, they saw previously distributed educational materials in various retail locations in their area. Counter Tools has created a lasting impression on many local retailers and fostered long-term relationships between CSBs and merchants.



**27 CSBs**

provided  
education

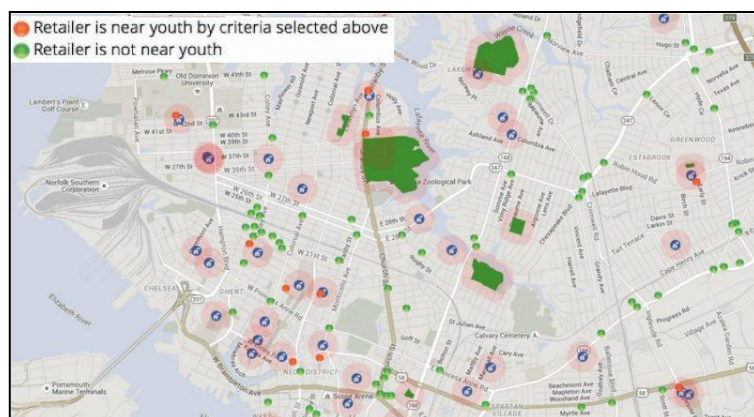


**2736**

merchants  
visited

## CSBs are planning to increase implementation of merchant education to respond to an increase in new tobacco retailers.

Some CSBs, like Mount Rogers and Rockbridge Area, have noticed an increase in tobacco and vape retailers in their area. CSBs are taking a proactive approach to this situation by planning to increase the number of merchants they visit yearly, training new staff, and developing new strategies to prevent underage consumption of tobacco, alcohol, and vaping products. Some strategies include partnering with high schools to provide educational materials and presentations to students and their caregivers, collaborating with youth in their merchant visits, and working with law enforcement to complete extra compliance checks. Chesapeake CSB plans to use tablets in the field for real-time assessment, while Eastern Shore is developing an online education program about the dangers of vaping that will be provided to local high school youth and their families.



CSBs use catchment maps, like this one from Norfolk Community Services, to understand the density of tobacco retailers in their catchment areas. Image courtesy of Countertools.org (2023)



## Risk & Protective Factors

- Ease of Access
- Early Onset of Use

“Over the past year, one of the greatest accomplishments from our Counter Tools initiative was the fact that prevention staff was able to not only educate local businesses and provide them with tobacco and alcohol education and educational materials but the fact we were able to make real connections with local businesses. Several local merchants shared stories of their experiences with the community when some youth became upset when they would not sell tobacco products to them and in several cases in which merchants would ask for additional educational materials.” – **Fairfax-Falls Church Community Services**

# Youth Cannabis Prevention



**Starting July 1<sup>st</sup>, 2021, individuals 21 years or older can legally possess cannabis in the Commonwealth. CSBs have since aimed to share awareness, education, and prevention messages with their communities.**

The legal possession of cannabis includes storing it in the home or possessing up to one ounce in public for personal use. This includes medical cannabis sold by a dispensary or licensed pharmaceutical distributor. It is also legal for adults to share up to one ounce of cannabis without exchanging anything of value.<sup>6</sup> CSBs have been navigating the complexities of Virginia's cannabis laws. CSBs noted that many retailers are selling Cannabidiol (CBD) or cannabis derivative products under the legal limit of 0.3% Tetrahydrocannabinol (THC).<sup>7</sup> However, as most retail cannabis dispensaries have yet to open this can create confusion or vagueness for community members to understand what is legal and what is not. As a result, this year, CSBs have focused their prevention efforts on information dissemination and youth education.



**11 CSBs**

Implemented cannabis related strategies



**1.4 M**

people reached through media campaigns

**"Youth also have unbelievably easy access to things like delta 8, edible THC, and vaping. Sometimes it feels like we are one ant taking on a crash of rhinos stampeding."**

**-Northwestern CSB**

**CSBs implemented cannabis prevention through 12 media campaigns and two youth education groups.** Over a fourth of CSBs implemented prevention messaging about the risks of cannabis use through social media, radio, or TV Public Service Announcements (PSAs), and media campaigns such as the Marijuana Social Norms campaign promoting StartTheTalk.org. In addition, Western Tidewater CSB implemented two youth education workgroups, reaching 214 students.



*Youth Marijuana prevention campaign bus ad - MPNN*



## Risk & Protective Factors

- Low Perception of Risk of Use
- Ease of Access
- Low Awareness and/or Knowledge



*Media campaign created by Cumberland Mountain CSB*

<sup>6</sup> Cannabis Control Authority (2023). Cannabis in Virginia.

<https://cca.virginia.gov/sites/default/files/FactSheets/CannabisLawsInVirginia.pdf>

<sup>7</sup> Julia, N. (2023, January 6). Is CBD legal in Virginia? (2023 Update). CFAH. <https://cfah.org/cbd-oil-virginia/>

# Problem Gambling Prevention



**CSB staff worked to build a foundation in their prevention programs and their capacity with problem gaming and gambling efforts.**

In 2020, the Virginia legislature legalized internet lottery, sports betting, and casinos. The subsequent

establishment of the Problem Gambling Treatment and Support Fund resulted in between .8% and 2.5% of tax revenue from these operations being set aside to be distributed to CSBs to support prevention efforts. With the distribution of these funds, all Community Services Boards were expected to build out their prevention programs to address problem gaming and gambling.



**30 CSBs**

Implemented problem gambling related strategies



**8.05 M**

people reached through media campaigns



**63 K**

people reached through community events

**21 CSBs have now utilized their problem gaming and gambling funds to support hiring part-time- or full-time staff to grow their problem gaming and gambling prevention efforts.**

Monthly problem gambling prevention meetings, hosted by the OBHW Problem Gambling Prevention Coordinator, brought together prevention staff to discuss ongoing efforts and needs. Meetings were often joined by external partners – the monthly calls in this fiscal year included the Virginia Lottery, the Virginia Department of Agriculture and Consumer Services, Virginia Horse Racing, Virginia Council on Problem Gambling, GrayMedia, and Virginia Delegate Sam Rasoul.

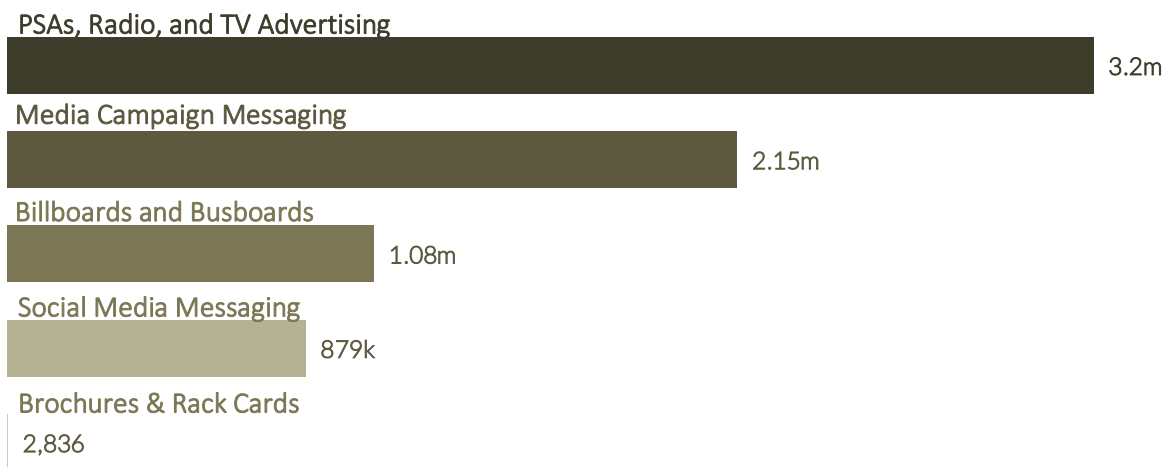
In July 2022, nearly 30 CSB staff represented Virginia at the National Conference on Gambling Addiction and Responsible Gambling in Boston. Staff from Chesapeake CSB who attended the conference shared, "We were able to make connections between problem gambling and other issues like substance use and mental health...[and were] made aware of gaps in identification and treatment." 80 CSB staff members attended the DBHDS-sponsored Community Anti-Drug Coalitions of America (CADCA) Problem Gambling Prevention Bootcamp in April. Utilizing CADCA's model for community change and the Strategic Prevention Framework, CSBs developed regional logic models for problem gaming and gambling prevention efforts. In addition to taking advantage of external training opportunities, Blue Ridge Behavioral Healthcare staff members developed their own "Gaming & Gambling 101" training. A Prevention and Wellness Specialist at BRBH has been traveling across the Commonwealth, providing the Gaming & Gambling 101 Training for Trainers to interested CSB prevention staff to support them in building their capacity for engaging in problem gaming and gambling prevention work.



CSB staff attending the CADCA Problem Gambling Boot Camp in April (left) and one of the regional logic models created during the training (right).

**"The boot camp was very helpful in guiding our strategies and approach to Problem Gambling... Since there is not a lot of data regarding this issue in our community, our goal is to facilitate focus groups to help identify local conditions related to problem gaming and gambling." – District 19**

**All 30 CSBs who implemented problem gaming and gambling strategies engaged in information dissemination efforts in their communities, resulting in over 7.3 million impressions.**



**Sports gambling was a primary focus of media campaign efforts implemented by CSBs.** Noting the significant increase in sports gambling advertising and opportunity due to the changed legislation, CSBs recognized the need for targeted messaging around sporting events. Of note in these efforts were the Southside Community Services Board and Henrico Area Mental Health and Developmental Services. Southside aired ads during 31 Monday night football games and 61 college football games, with a combined 114,295 impressions across live and streaming broadcasts. Meanwhile, Henrico focused on the March Madness hype, airing their PSA campaign during 62 live games across three networks. Henrico’s campaign reached a total of 152,616 impressions across their broadcasts. Overall, information dissemination efforts were the most widely implemented strategies among CSBs.

### **Beyond media campaigns, CSBs integrated problem gaming and gambling messaging into their existing materials and strategies.**

CSBs brought problem gaming and gambling messaging to 61 community events, reaching over 62,000 attendees at back-to-school bashes, summer pool party events, and health fairs. Seven CSBs held presentations about problem gaming and gambling, educating 549 community members about the basics of gaming and gambling, risks, warning signs, and the availability of problem gambling resources. Two CSBs targeted their educational efforts on preventing underage problem gaming and gambling by implementing prevention curricula targeted towards youth. Virginia Beach Community Services Board integrated problem gaming and gambling into their existing Substance Abuse Intervention Program Curriculum, a 10-day, thirty-hour education program offering an alternative to expulsion for middle and high school students. Loudoun County Community Services Board became the first CSB in Virginia to implement a problem gaming and gambling-specific curriculum for youth. Through *Kids Don’t Gamble, Wanna Bet?* – a multi-lesson evidence-based curriculum for grades 3-8 – Loudoun prevention staff supported 90 youth in developing critical thinking and problem-solving skills to discourage underage gambling. In addition, Loudon CSB staff are implementing a curriculum focused on addressing problem gambling with 60 area high schoolers.












### **Risk & Protective Factors**

- Early Onset of Use
- Low Awareness and/or Readiness
- Low Perception of Risk

# Prevention Outcomes







Through planning, capacity building, and implementation efforts, all Virginia CSBs worked toward common goals set by OBHW through the strategic planning process and the 2020-25 statewide logic model. Throughout the five-year funding period, CSBs are focused on implementing the five required strategies and any additional priorities identified at the community level and achieving short-term outcomes associated with those efforts. CSBs monitor progress toward mid-term and long-term outcomes annually, allowing them to keep current with any changing needs and emerging trends. Desired long-term outcomes at the state level are presented below, along with the most recent data available from 2020-21 and a comparison with data from 2018-19 related to those outcomes.<sup>8</sup>

ALCOHOL		
Desired Outcomes	Current Indicators	Change from Prior Years
 Decrease in youth alcohol use	<b>19.4%</b> of VA high school youth reported drinking alcohol in the past 30 days (VYS, 2021)	 Decrease from <b>25.4%</b> in 2019
 Decrease in young adult binge drinking	<b>28.5%</b> of VA young adults (ages 18-25) reported binge drinking in the past month (NSDUH, 2021-22)	 Decrease from <b>36.7%</b> in 2018-19

TOBACCO/NICOTINE		
Desired Outcomes	Current Indicators	Change from Prior Years
 Decrease in youth tobacco/nicotine use	<b>2.8%</b> of VA high school youth reported smoking cigarettes in the past 30 days (VYS, 2021)  <b>14.3%</b> of VA high school youth reported using a vaping product in the last 30 days (VYS, 2021)	 Decrease from <b>5.5%</b> in 2019   Decrease from <b>19.9%</b> in 2019
 Decrease in adult tobacco/nicotine use	<b>12.4%</b> of VA adults (ages 18+) reported cigarette use in the past month (NSDUH, 2021-22)	 Decrease from <b>14.0%</b> in 2018-19

<sup>8</sup> Data on high school youth from the 2019 and 2021 Virginia Youth Survey. Data on adult substance use from the 2018-2019 and 2021-2022 National Survey on Drug Use and Health (NSDUH). Data on suicide rates from 2019 and 2020 America's Health Rankings.



MENTAL HEALTH/SUICIDE		
Desired Outcomes	Current Indicators	Change from Prior Years
 Decrease in youth suicide attempts	<b>9.0%</b> of VA high school youth have attempted suicide in the past year (VYS, 2021)	 Increase from <b>7.0%</b> in 2019
 Decrease in youth death by suicide	<b>16.7 per 100,000</b> youth and young adults (ages 15-24) died by suicide in VA (America's Health Ranking, 2020)	 Increase from a rate of <b>14.3 per 100,000</b> in 2019
 Decrease in adult death by suicide	<b>14.0 per 100,000</b> adults (ages 18+) died by suicide in VA (America's Health Ranking, 2020)	 Increase from a rate of <b>13.3 per 100,000</b> in 2019

**Outcomes tracked at the state level are moving in the desired direction for both alcohol and tobacco, but outcomes associated with mental health and suicide have worsened over time.** Changes in substance use rates are impacted by many things, and thus, no single cause can be isolated to explain the decrease in alcohol and tobacco use. It is important to note that these decreases in youth, young adult and adult use all occurred between 2018 and 2022. This period includes the height of the COVID-19 pandemic, as well as ongoing social, economic, and political unrest. Nationally, substance use rates among youth and young adults decreased during the pandemic while mental health worsened.<sup>9,10</sup> These results are mirrored in Virginia and they point to the urgent need to continue and expand diverse approaches to combat poor mental health, while maintaining a focus on substance use prevention.

## Sustainability

**39 CSBs worked on developing a partnership structure that will continue to function into the future.** In FY22-23, 39 CSBs<sup>11</sup> reported their commitment to ensuring the sustainability of prevention intervention activities and outcomes within their communities. CSBs reported a decrease in activities related to building sustainability this year, with 146 activities compared to 167 in the previous year. The decrease in the number of activities should not necessarily be interpreted as a negative trend. CSBs may have already completed efforts in several categories and thus may be undertaking fewer efforts as a result.

<sup>9</sup> Compton, W. M., Flannagan, K. S. J., Silveira, M. L., et al. (2023). Tobacco, Alcohol, Cannabis, and Other Drug Use in the US Before and During the Early Phase of the COVID-19 Pandemic. *JAMA Network Open*, 6(1), e2254566. doi:10.1001/jamanetworkopen.2022.54566.

<sup>10</sup> Villanti, A. C., LePine, S. E., Peasley-Miklus, C., West, J. C., Roemhildt, M., Williams, R., & Copeland, W. E. (2022). COVID-related distress, mental health, and substance use in adolescents and young adults. *Child and Adolescent Mental Health*, 27(2), 138-145.

<sup>11</sup> The data was provided by 39 of 40 CSBs that participated in the FY22-23 Block Grant End of Year Survey.



34 CSBs worked to develop a partnership structure that will continue to function into the future.



34 CSBs worked to ensure prevention intervention activities are incorporated into the missions/goals and activities of other organizations.



23 CSBs worked to gain formal adoption of prevention intervention activities into other organizations' practices.



23 CSBs worked to ensure that prevention staff positions are folded into other organizations.



22 CSBs leveraged, redirected, or realigned other funding sources or in-kind resources.



8 CSBs worked to implement local-level laws, policies, or regulations to guarantee the continuation of interventions.



Additional or other work was done (2)

Two CSBs reported that they undertook additional approaches to enhance their sustainability efforts. One CSB collaborated with local towns and county administrators to raise awareness of prevention strategies and explore potential partnerships. Another reported that they underwent project management training, which improved their ability to organize their programs and establish efficient systems.

# Appendix A: Virginia Block Grant Logic Model 2020-25

