DBHDS

2025–2030

Virginia Substance Use Prevention Strategic Plan

Table of Contents

Appendices

Introduction

The Virginia Department of Behavioral Health and Developmental Services (DBHDS) contracted with Omni Institute (Omni) to facilitate a statewide strategic planning process for their substance use prevention program work to identify prevention priorities and strategies for 2025-2030. Incorporating all statewide requirements for prevention grantees as well as key indicator data that was identified for impact, the strategic plan establishes the purpose, values, and priorities of the prevention program and aligns them with a shared risk and protective factor approach to address the root causes of substance use, problem gambling, and poor mental health. The strategic plan is informed by key findings from the State of Behavioral Health and Wellness in Virgina: 2024 Prevention Needs Assessment that was conducted with CSBs and DBHDS in 2023-24.

Strategic Plan Overview

Needs Assessment Key Findings

The 2020-25 Strategic Plan, establishing priorities for the Substance Use Prevention, Treatment and Recovery Services Block Grant (SUPTRS-BG) funding stream, focused on three priority areas determined through a statewide needs assessment process: alcohol, tobacco/nicotine, and suicide prevention. To be responsive to emerging areas, including those resulting from statewide legislative changes around gambling and cannabis use in Virginia, the following additions of statewide priorities and accompanying strategies were added over the course of this period: over-the-counter medication misuse, cannabis, and problem gaming and gambling. Throughout the 2020-25 cycle, the prevention workforce experienced challenges resulting from the need to address an ever-growing list of substances and issue areas, which further constrained already-limited resources and capacity. To respond to these challenges, the 2023-24 Needs Assessment examined not only trends in behavioral health outcomes, but also leading prevention frameworks and the prevention approaches of other states to identify opportunities for an improved statewide prevention approach in Virginia across funding streams.

Strengths

The following key findings were instrumental in informing the 2025-2030 Strategic Plan.

- Virginia prevention staff are well-integrated in their regions and deeply value their relationships with community members.
- Staff feel they are most effective when engaging directly with people in their communities through events and programming.
- Staff are familiar with evidence-based prevention approaches such as the Strategic Prevention Framework.
- Many staff are seasoned prevention professionals and have remained in this field of work as a career.
- Staff have found that community involvement in parenting education and family management programs has historically predicted greater long-term engagement in their programming. As families and youth graduated out of these programs, they saw families placing greater value on efforts promoting behavioral health and wellbeing and continued to stay involved with CSB staff and activities.
- Community partners are important for Virginia prevention work, as they can reach populations that some CSBs may not have connections to, can reinforce CSB efforts, fill in gaps, and provide wraparound services.
- Some staff shared success in creating strong partnerships with retailers who are not only following regulations but are actively supporting prevention work and identifying the important role they serve in helping reduce youth access to substances.

Needs & Gaps

- Demarcation of prevention work by individual substance or issue area negatively impacts staff capacity and contributes to burnout. The ongoing addition of statewide priorities places strain on staff time and energy, as the workforce is tasked with building content knowledge and skills around new topic areas and adding new strategies to their current prevention programs while continuing to address existing priorities. Moreover, the addition of priority areas and strategies was not consistently able to be coupled with an increase in resources/funding.
- Separating problem areas leads to a greater data entry burden when implementing strategies that address multiple priority areas.
- High saturation of some required trainings has left staff and communities seeking opportunities to continue to build their skills and develop new ones without clear opportunities to do so.
- Current expectations and strategy requirements limit CSB capacity to directly engage with their communities as much as they would like to and limit the ability of CSB programs to respond to shifting community needs.

The needs assessment process also mapped out a variety of risk and protective factors that are linked through established evidence to a range of behavioral health outcome areas: alcohol, cannabis, problem gambling and gambling, mental health and suicide, opioids, stimulants, tobacco, and vaping. This review of established evidence linking specific risk and protective factors to specific behavioral health outcomes served as a critical component of the planning process for the 2025-30 Strategic Plan.

Strategic Planning Process

The strategic planning process took place over six official meetings between October 2024 and April 2025. Two of the six meetings held were focused on gathering CSB feedback and input.

Timeline and Tasks:

October 2024 – Virtual Meeting with DBHDS Prevention Staff

- Reviewed strategic planning approach and processes for decision-making.
- Identified potential challenges that may arise in the planning process.
- Identified strengths of the current prevention system and prevention workforce to ground the planning team in what is working well.
- Identified values for the process to ensure the plan would be responsive to the needs of the prevention workforce. DBHDS Prevention staff emphasized streamlining, collaboration, flexibility, and connection in Virginia's prevention work.

November 2024 – In-person Meeting with CSB Prevention Staff

- Explored CSB staff hopes and concerns about the strategic planning process.
- Identified risk and protective factors that are the most pertinent in CSB communities.

Continued on next page...

Strategic Planning Process, continued:

December 2024 – In-person Meeting with DBHDS Prevention Staff

- Aligned on a shared purpose by clarifying team roles, target populations, and desired impact.
- Reviewed needs assessment findings and current data related to substance use, problem gaming and gambling, and mental health outcomes across the state of Virginia.
- Reviewed and discussed CSB prevention staff hopes, concerns, and priorities raised in the November meeting.
- Explored innovative solutions that align with prevention program goals as well as address the needs of CSBs and communities.
- Workshopped strategic plan drafts aligned with key prevention models, such as the Strategic Prevention Framework and the Socio-Ecological Model, highlighting priority risk and protective factors and required strategies based on funding and external mandates.

Following this meeting, Omni compiled and refined DBHDS-drafted plans into one cohesive draft Strategic Plan.

January 2025 – Virtual Meeting with CSB Prevention Staff

- Shared the draft Strategic Plan, highlighting how key CSB input shaped the draft.
- Discussed key changes between the prior strategic plan and the proposed draft.
- Gathered feedback on ways to improve the draft Strategic Plan, including how to address capacity building needs.

March 2025 – Virtual Meeting with DBHDS Prevention Staff

- Shared the final draft of the Strategic Plan and reviewed CSB feedback to support DBHDS decision and confidence in moving forward.
- Addressed questions and concerns to identify final areas for refinement.

April 2025 –Virtual Meeting with DBHDS Prevention Staff

- Reviewed the final Strategic Plan, celebrating the work and input involved.
- Identified resource and capacity needs, as well as potential barriers to successful implementation.
- Explored anticipated changes to the Performance-Based Prevention System (PBPS) and evaluation planning to align with the new Strategic Plan.

Theory of Change

Virginia's DBHDS Prevention Strategic Plan is built upon a comprehensive theory of change that outlines a clear vision for prevention efforts across the state. This high-level overview functions as a visual framework connecting the various prevention efforts and demonstrating how they align to achieve a shared overall vision. By emphasizing the interconnectedness of prevention areas, the plan fosters a cohesive strategy that prioritizes shared factors driving outcomes, invests in mutually reinforcing interventions, and de-silos prevention efforts. By identifying and mapping pathways to collective impact, this approach facilitates a better understanding of how various prevention strategies reinforce one another, leading to more sustainable outcomes and decreasing burden on prevention professionals. The theory of change serves as a blueprint for unifying diverse prevention efforts, ensuring they work synergistically towards the common goal of enhancing community well-being and resilience.

We...

- ✓ Build Resiliency
- ✓ Enhance Protection from Risk
- ✓ Build Connected Supportive Communities
- ✓ Strengthen Policies & Systems

To Ensure...

- ✓ Individuals experience good behavioral health
- ✓ Individuals have access to supportive networks
- ✓ Our communities support healthy behaviors

And Ultimately...

- ✓ Reduce substance misuse
- ✓ Increase mental/health wellness
- ✓ Reduce problem gaming & gambling

Figure 1: Theory of Change Diagram

Prevention Frameworks

Three evidence-informed prevention frameworks underlie the Strategic Plan. These frameworks help to inform the why, what, and how of the work, ensuring it is grounded in proven methods. Resiliency Theory drives the selection of risk and protective factors, as well as corresponding strategies, leading to the prioritization of interventions that are strengths-based and trauma-informed. The Socio-Ecological Model is leveraged to organize efforts and ensure that prevention permeates all levels of the communities being served. The plan organizes the identified risk and protective factors into four key domains that, 1) build individual attitudes, behaviors, and skills that support well-being and resiliency, 2) foster strong and healthy relationships, 3) create connected communities, and 4) ensure the environment allows communities to thrive and engage in healthy behaviors. Utilizing the Strategic Prevention Framework allows for continuous learning to ensure that efforts remain data-driven, culturally relevant, sustainable, and impactful.

Resiliency Theory

Resiliency Theory focuses on identifying and bolstering strengths and assets that allow youth to engage in healthy behaviors. Traditionally a youth-focused theory, it offers a strengths-based lens that can easily be translated for populations of all ages. Resiliency Theory identifies five protective contextual, social, and individual variables that actively disrupt individuals from turning to problem behaviors and experiencing mental distress or other poor health outcomes. These can be separated into two areas – individual level factors and interpersonal factors.

Throughout the implementation of the 2020–2025 strategic plan, Virginia's prevention workforce focused on addressing Adverse Childhood Experiences (ACEs) through the implementation

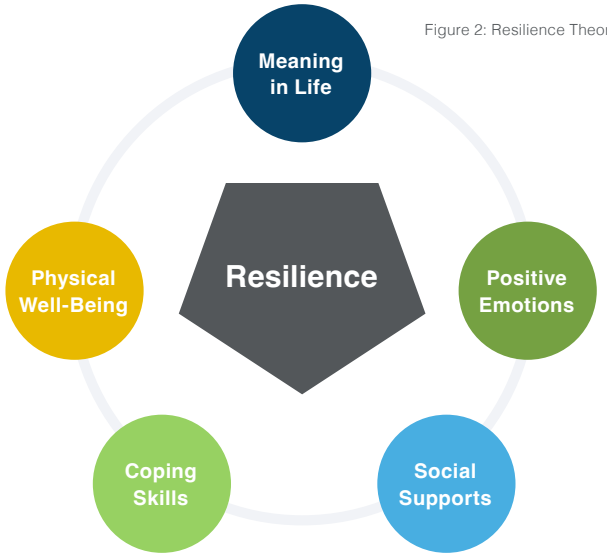
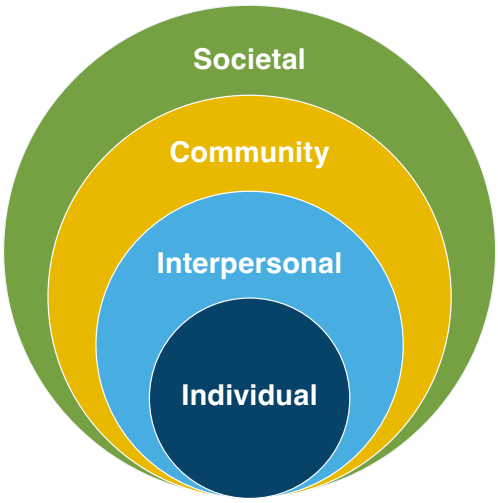


Figure 2: Resilience Theory

of ACE Interface Trainings and the establishment of Trauma Informed Care Networks (TICNs). Use of Resiliency Theory in guiding prioritized risk and protective factors builds upon Virginia's ACEs programming and provides opportunities to move to the next phase of ACEs efforts. By centering and actively working to build resiliency, the impact of trauma on individuals can be minimized and efforts can be focused on giving individuals and communities the skills they need to cope with trauma, both past and present. Use of the Resiliency Theory in guiding this prevention plan helps communicate what DBHDS, CSBs, and community partners hope to achieve and how this work will be approached. It also guides priorities in the direction of efforts targeting youth and families, which were identified as a key priority population.

Figure 3: Socio-Ecological Model



Socio-Ecological Model

The Socio-Ecological Model (SEM) illustrates the multitude of ways in which circumstances, relationships, and environments can affect individual behavior. It proposes that risk and protective factors can be organized into four levels – the individual, interpersonal, community, and societal. The SEM suggests that intervention at all four levels is most effective in creating behavior change, as each level is influenced by the others. The individual level focuses on factors such as knowledge, skills, and attitudes, while the interpersonal level focuses on relationships and the influence of friends, family, and peers on individual behavior. At a macro level, community and societal factors focus on creating conditions in which those individuals and relationships take place and can thrive (community) and ensuring that policy, enforcement of policies and expectations, and institutional systems promote healthy behaviors (societal).

The SEM is utilized in this plan to ensure prioritized risk and protective factors, as well as strategies, are well-rounded and mutually reinforcing. Use of the model in organizing priorities ensures a cohesive and coordinated approach to prevention that acknowledges that factors driving behavioral health outcomes require intervention at multiple levels of influence.

Strategic Prevention Framework

SAMHSA's Strategic Prevention Framework (SPF) has long been a central component of Virginia's approach to prevention efforts. The SPF outlines a cycle of activities that, together, allow for the development of responsive, impactful, and sustainable programs. The utility and benefits of the SPF remain evident, and its continued use in framing the approach to Virginia's prevention work is further underscored by the established comfort and familiarity across CSBs in its utilization. Through the use of the SPF, Virginia's prevention workforce engages in a cycle of continuous learning, data-driven decision making, and programmatic improvement to ensure the relevancy and impact of their work.

Figure 4: Strategic Prevention Framework

While past use of the SPF focused and centered on problem areas as the needs, continued use of the model will focus on assessing needs related to shared risk and protective factors that have been shown through research to underlie problem areas. The SPF uses an intentional process to explain and explore the priorities and why they were selected. Evaluation of efforts will continue to include monitoring of problem-related outcomes (i.e., substance use, mental health, and problem gambling outcomes), though emphasis will be placed on bolstering evaluation capacity for monitoring risk and protective factor-specific outcomes – including enhancing data collection efforts to incorporate relevant measures which were identified as lacking in the 2023-24 Statewide Needs Assessment.

Theory of Practice

Utilizing a shared risk and protective factor model helps build more efficient and relevant programs by addressing more than one behavioral health outcome at the same time – allowing the prevention workforce to implement fewer overall activities without minimizing impact on the key issues to be addressed in their communities. This supports CSBs' request to streamline their work and helps 'tell the story' of how investment in prevention programs that focus on shared risk and protective factors can lead to positive impacts on a variety of important behavioral health outcomes.

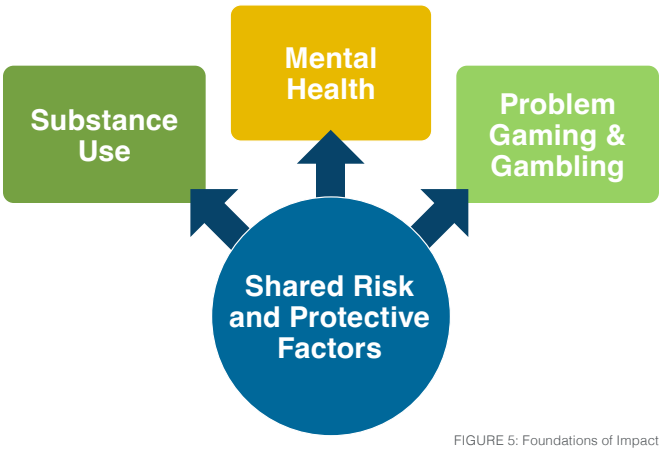


FIGURE 5: Foundations of Impact

Priority Risk and Protective Factors

In the 2023-24 Statewide Needs Assessment, a range of risk and protective factors were explored to assess the strength of the evidence showing a link between a specific risk or protective factor and an associated impact on various substance use, mental health and suicide, and problem gaming and gambling behaviors and outcomes. A set of 12 key risk and protective factors were highlighted based on the strength of evidence and demonstrated link to multiple priority areas. Importantly, the selection of these factors reflects a strengths-based approach to strategic planning—one that not only aims to reduce risk factors but also promote protective factors that support individual- and community-level well-being. These factors were then discussed with CSB prevention staff in November 2024 and DBHDS prevention staff in December 2024.

In addition to the 12 risk and protective factors identified through the literature, the project team considered the risk and protective factors related to several required strategies that were not expected to change in the strategic plan due to funding requirements or other external mandates. Based on gathered input, requirements, and identification of suitable prevention theories and frameworks and their fit within these models, eight risk and protective factors were selected as a foundation of the strategic plan:

1. Parent & Family Management
2. Ease of Access
3. Healthy Coping Skills, Emotional Regulation, & Resilience
4. Perceptions of Risk
5. Social Isolation
6. Social Supports
7. Strong Community Partnerships & Coalitions
8. Trusted Adults, Peers, & Mentors

Shared Risk and Protective Factors Approach

Evidence-based strategies that impact shared risk and protective factors are also likely to impact multiple behavioral health concerns at once. For instance, improving healthy coping skills, emotional regulation, and resilience will likely lead to positive impacts across a variety of substance use and mental health concerns. Utilizing a shared risk and protective model helps build more efficient and relevant work in communities by addressing more than one health or quality of life outcome at the same time, enhancing social determinants of health in ways that are positive and equitable for all.

The chart below maps out each selected risk and protective factor and their areas of impact, based on recent and relevant research. Please note that the lack of an identified relationship does not indicate that a risk or protective factor is not relevant for a given issue area, but rather that research is either limited in strength or in clarity (i.e., recent research does not demonstrate consistent and clear impact).

FIGURE 6

Shared Risk and Protective Factor Mapping

	General Impact	A	C	G	M	O	S	T	V
Parent & Family Management	x	x	x	x	x	x	x		x
Ease of Access		x	x	x	x	x	x	x	
Healthy Coping Skills, Emotional Regulation and Resilience	x	x	x	x	x	x	x	x	
Perceptions of Risk		x	x	x		x	x	x	
Social Isolation	x	x	x		x	x	x		
Social Supports	x	x	x		x	x	x	x	
Strong Community Partnerships & Coalitions	x	x	x	x	x	x	x	x	x
Trusted Adults, Peers, and Mentors	x	x	x		x	x		x	x

Icon Key

- General Impact on Substance Use Outcomes
- A Alcohol
- C Cannabis
- G Gambling
- M Mental Health & Suicide
- O Opioids
- S Stimulants
- T Tobacco
- V Vaping

Parent & Family Management

Strong parenting and family management is a key factor in fostering strong, healthy bonds between parents, guardians, or caregivers and the children and youth in their care. The continuous presence of a trusted parental figure is essential for promoting healthy development, particularly when these figures create a supportive and nurturing environment where children feel seen, heard, and valued. Active parenting—characterized by proactive teaching of values and skills rather than reacting to misbehavior—emphasizes open communication, clear expectations and boundaries, quality family time, and genuine interest in a child's interests. This emotional security strengthens family dynamics and equips families to better navigate stress and trauma. When children feel safe expressing what matters to them, it not only boosts their self-esteem and deepens their connection with caregivers but also leads to positive behavioral outcomes, including lower rates of substance use[1,2,3] problem gambling[4,5] and mental distress[6].

Equally important is recognizing that parents and caregivers themselves need support. Parenting comes with unique stressors, and the ability of adults to show up for their children is often shaped by how well they are supported in managing their own stressors, including the stress that stems directly from parenting responsibilities. When parents have access to resources, community support, and opportunities for self-care, they are better equipped to foster the kind of stable, nurturing environments their children need.

1 Kenney, A., & Dennis, C. B. (2019). Environmental paths that inform adolescent substance use prevention. *Journal of Human Behavior in the Social Environment, 29*(7), 897–908. https://doi.org/10.1080/10911359.2019.1 633982

2 Steiner, R. J., Sheremenko, G., Lesesne, C., Dittus, P. J., Sieving, R. E., & Ethier, K. A. (2019). Adolescent connectedness and adult health outcomes. Pediatrics, 144(1), e20183766. https://doi.org/10.1542/peds.2018- 3766

3 Nawi, A. M., Ismail, R., Ibrahim, F., Hassan, M. R., Manaf, M. R. A., Amit, N., Amit, N., Ibrahim, N., & Shafurdin, N. S. (2021). Risk and protective factors of drug abuse among adolescents: A systematic review. *BMC Public Health, 21*, 1-15.

4 Dowling, N. A., Merkouris, S. S., Greenwood, C. J., Oldenhof, E., Toumbourou, J. W., & Youssef, G. J. (2017). Early risk and protective factors for problem gambling: A systematic review and meta-analysis of longitudinal studies. *Clinical Psychology Review, 51*, 109-124. https://doi.org/10.1016/j.cpr.2016.10.008

5 Molinaro, S., Benedetti, E., Scalese, M., Bastiani, L., Fortunato, L., Cerrai, S., Canale, N., Chomynova, P., Elekes, Z., Feijão, F., Fotiou, A., Kokkevi, A., Kraus, L., Rupšienė, L., Monshouwer, K., Nociar, A., Strizek, J., & Urdih Lazar, T. (2018). Prevalence of youth gambling and potential influence of substance use and other risk factors throughout 33 European countries: first results from the 2015 ESPAD study. Addiction (Abingdon, England), 113(10), 1862–1873. https://doi. org/10.1111/add.14275

6 Liu, K. (2023). Middle school students' mental unwellness and academic performance in China: The effects of parental involvement. *PloS one, 18*(11), e0294172. https://doi.org/10.1371/journal.pone.0294172

Interpersonal

Strategies that address Parent and Family Management include:

- Offering classes or workshops for caregivers and youth that encourage proactive, strengths-based parenting approaches
- Helping families navigate stressors and traumatic experiences—such as divorce or separation—that may impact family stability and connectedness
- Providing support for parents as individuals, recognizing the importance of helping them manage personal stress, including the challenges that come with balancing self-care and caregiving responsibilities
- Classes or workshops that promote healthy communication between family members, including between caregivers and youth

Ease of Access A C G M O S T

When substances like alcohol, stimulants, opioids, tobacco, and cannabis—or opportunities for gambling—are more easily accessible, through retailers, at home, or via social circles, the likelihood of their use increases[3,7–14]. Similarly, when potentially lethal means such as medications and firearms are readily accessible, suicide rates tend to rise. Even the perception that these substances, opportunities, or firearms are easy to access can elevate risk and influence behaviors. Ease of access—whether real or perceived—is a key risk factor that must be carefully monitored and addressed to reduce harm and promote safety.

Societal **Community**

Strategies that address ease of access include:

- Conducting merchant education trainings such as Counter Tools to ensure retailers understand and follow best practices for responsibly selling and managing products like alcohol, cannabis, and other regulated substances, including recognizing signs of misuse or underage attempts to purchase
- Performing regular compliance checks to enforce laws and hold retailers accountable for following age restrictions and sales regulations
- Implementing laws and policies that limit where, when, and how substances or gambling opportunities are advertised, reducing their visibility and appeal—especially for youth
- Promoting safe storage through strategies like Lock & Talk and other public awareness campaigns to reduce access to potentially deadly means

Icon Key

General Impact on Substance Use Outcomes

A Alcohol
C Cannabis
G Gambling
M Mental Health & Suicide
O Opioids
S Stimulants
T Tobacco
V Vaping

7 Astor, R. L., Urman, R., Barrington-Trimis, J. L., Berhane, K., Steinberg, J., Cousineau, M., Leventhal, A. M., Unger, J. B., Cruz, T., Pentz, M. A., Samet, J. M., & McConnell, R. (2019). Tobacco retail licensing and youth product use. *Pediatrics, 143*(2). https://doi.org/10.1542/peds.2017-3536

8 Alebshehy, R., Asif, Z., & Boeckmann, M. (2023). Policies to reduce tobacco availability through regulating retail environment: A scoping review. *Population Medicine, 5*(Supplement). https://doi.org/10.18332/popmed/165486

9 Bozzini, A. B., Bauer, A., Maruyama, J., Simões, R., & Matijasevich, A. (2021). Factors associated with risk behaviors in adolescence: A systematic review. Brazilian Journal of Psychiatry, 43(2), 210–221. https://doi.org/10.1590/1516-4446-2019-0835

10 Shih, R. A., Mullins, L., Ewing, B. A., Miyashiro, L., Tucker, J. S., Pedersen, E. R., Miles, J. N., & D'Amico, E. J. (2015). Associations between neighborhood alcohol availability and young adolescent alcohol use. Psychology of Addictive Behaviors, 29(4), 950–959. https://doi.org/10.1037/adb0000081

11 O'Donnell, A., Addison, M., Spencer, L., Zurhold, H., Rosenkranz, M., McGovern, R., Gilvarry, E., Martens, M. S., Verthein, U., & Kaner, E. (2019). Which individual, social and environmental influences shape key phases in the amphetamine type stimulant use trajectory? A systematic narrative review and thematic synthesis of the qualitative literature. Addiction, 114(1), 24–47. https://doi.org/10.1111/add.14434

12 Korn, L., Haynie, D. L., Luk, J. W., Sita, K., & Simons-Morton, B. G. (2021). Attitudes, subjective norms, and perceived behavioral control associated with age of first use of cannabis among adolescents. Journal of School Health, 91(1), 50–58. https://doi.org/10.1111/josh.12977

13 Firth, C. L., Carlini, B., Dilley, J., Guttmannova, K., & Hajat, A. (2022). Retail cannabis environment and adolescent use: The role of advertising and retailers near home and school. Health & Place, 75, 102795. https://doi.org/10.1016/j.healthplace.2022.102795

14 Botella-Guijarro, Á., Lloret-Irles, D., Segura-Heras, J. V., Cabrera-Perona, V., & Moriano, J. A. (2020). A longitudinal analysis of gambling predictors among adolescents. International Journal of Environmental Research and Public Health, 17(24), 9266. https://doi.org/10.3390/ijerph17249266

Healthy Coping Skills, Emotional Regulation, & Resilience

When it comes to preventing mental health challenges and substance use, supporting the development of healthy coping behaviors, emotional regulation, and resilience is key—and the earlier the better. These foundational skills serve as protective factors, helping individuals navigate challenging life events, manage emotions, and respond adaptively to stressors. Healthy coping skills include positive, proactive strategies for dealing with stress, anxiety, and adversity, such as talking to others, seeking support/care, practicing meditation, exercising, or engaging in creative outlets rather than turning to substances or other risky behaviors. Emotional regulation—the ability to understand and constructively manage one's emotional responses—helps individuals stay grounded and make thoughtful decisions rather than acting reactively or impulsively. Resiliency describes one's ability to adapt and recover in the face of adversity. It is shaped both by individual factors and through support from one's environment, including families, schools, and communities. Strong skill development in these key areas has been shown to lower the likelihood of mental health problems, problem gambling, and substance use later in life[3,15–18]. Nurturing these skills early in life lays the foundation for healthier, more resilient individuals and communities.

Individual

Strategies that address healthy coping skills, emotional regulation, and resilience include:

- Programs that help individuals manage and decrease stress levels
- Marketing campaigns that promote well-being through awareness messages and calls to action that encourage healthy behaviors and decision-making
- Implementing workshops or curricula that focus on recognizing, processing and communicating one's own emotions
- Trainings that support individuals in engaging in help or care-seeking behaviors
- Positive youth development programs to support youth in developing healthy communication, coping, and social skills

Icon Key

General Impact on Substance Use Outcomes
A Alcohol
C Cannabis
G Gambling
M Mental Health & Suicide
O Opioids
S Stimulants
T Tobacco
V Vaping

15 Weiss, N. H., Kiefer, R., Goncharenko, S., Raudales, A. M., Forkus, S. R., Schick, M. R., & Contractor, A. A. (2022). Emotion regulation and substance use: A meta-analysis. *Drug and Alcohol Dependence, 230, 109131.* *https://doi.org/10.1016/j.drugalcdep.2021.109131*

16 Grummitt, L., Kelly, E., Barrett, E., Keyes, K., & Newton, N. (2021). Targets for intervention to prevent substance use in young people exposed to childhood adversity: A systematic review. *PloS one, 16*(6), e0252815. https://doi.org/10.1371/journal.pone.0252815

17 Jenzer, T., Cheesman, A. J., Shaw, R. J., Egerton, G. A., & Read, J. P. (2022). Coping flexibility and alcohol-related outcomes: Examining coping motives as mediators. *Substance Use & Misuse, 57*(14), 2031–2041. https://doi.org/10.1080/10826084.2022.2125274

18 Velotti, P., Rogier, G., Beomonte Zobel, S., & Billieux, J. (2021). Association between gambling disorder and emotion (dys)regulation: A systematic review and meta-analysis. *Clinical Psychology Review, 87,* 102037. https://doi.org/10.1016/j.cpr.2021.102037

Perceptions of Risk A C G O S T

Knowledge and perceptions around the risks or harms of using substances can play a critical role in influencing behavior, particularly among youth and young adults. When an individual perceives a substance or behavior as low risk, they are more likely to engage in it compared to substances or behaviors that are perceived as being high-risk. This is true across various focus problem areas—including alcohol[19], cannabis[20], opioid[21], stimulant[3], and tobacco use[22], as well as gambling[12]—all of which show increased rates of use when the perceived harm or risk is low. Shifting perceptions of harm and attitudes around engaging in risky behavior through targeted education and community strategies is a notable way communities can contribute to healthier decision-making and reduced engagement in substance use and other high-risk behaviors.

Individual

Strategies that address perceptions of risk include:

- Engaging in information dissemination efforts, including media campaigns, social marketing, and community presentations, that include messaging aimed at increasing risk perceptions around substance use and gambling
- Hosting trainings or implementing curricula that equip participants with accurate, age-appropriate information about the risks associated with substance use and gambling and how to identify/assess risk behaviors
- Distributing prescription medication (Rx) warning stickers and printed pharmacy bags that include prevention messaging to raise awareness about the risks of medication misuse, promote safe use through drug label literacy, and reinforce safe use, storage, and disposal practices

Social Isolation & Social Supports

A C M O S Social Isolation A C M O S T Social Supports

Social isolation, characterized by a lack of meaningful connection or engagement with others and a lack of sense of belonging, leads not only to loneliness, but can substantially increase vulnerability to negative health outcomes, including substance use and poor mental health[3,23,24]. On the other hand, having a community of support and feeling a sense of belonging can help counter negative emotional states, reduce perceived stress and improve how individuals approach and navigate stressful or traumatic situations—serving as a powerful buffer against risk and providing an overall foundation for well-being[21].

Increased social connection has been linked to lower likelihoods of opioid misuse[25], cannabis[26] and alcohol use[27], and even suicidal ideation[21]. By building and maintaining strong, supportive social environments with opportunities for prosocial and extra-curricular programming with trusted adults, peers, and mentors, communities can play a crucial role in protecting individuals from the harms of isolation and the downstream effects it can have on mental well-being and behavioral health.

Icon Key

- General Impact on Substance Use Outcomes
- A Alcohol
- C Cannabis
- G Gambling
- M Mental Health & Suicide
- O Opioids
- S Stimulants
- T Tobacco
- V Vaping

19 Hanauer, M., Walker, M. R., Machledt, K., Ragatz, M., & Macy, J. T. (2021). Association between perceived risk of harm and self-reported binge drinking, cigarette smoking, and marijuana smoking in young adults. *Journal of American College Health, 69*(4), 345–352. https://doi.org/10.1080/07448481.2019.1676757

20 Harrison, M. E., Kanbur, N., Canton, K., Desai, T. S., Lim-Reinders, S., Groulx, C., & Norris, M. L. (2024). Adolescents' cannabis knowledge and risk perception: A systematic review. *Journal of Adolescent Health, 74*(3), 402–440. https://doi.org/10.1016/j.jadohealth.2023.09.014

21 Kapadia, S. N., & Bao, Y. (2019). Prescription painkiller misuse and the perceived risk of harm from using heroin. *Addictive Behaviors, 93*, 141–145. https://doi.org/10.1016/j.addbeh.2019.01.039

22 Strong, D. R., Leas, E., Elton-Marshall, T., Wackowski, O. A., Travers, M., Bansal-Travers, M., Hyland, A., White, M., Noble, M., Cummings, K. M., Taylor, K., Kaufman, A. R., Choi, K., & Pierce, J. P. (2019). Harm perceptions and tobacco use initiation among youth in Wave 1 and 2 of the Population Assessment of Tobacco and Health (PATH) Study. *Preventive Medicine, 123*, 185–191. https://doi.org/10.1016/j.ypmed.2019.03.017

23 Kayaoğlu, K., Okanlı, A., Budak, F. K., & Aslanoğlu, E. (2021). The correlation between loneliness and substance use proclivity in child and adolescent substance users. *Journal of Substance Use, 27*(1), 70–73. https://doi.org/10.1080/14659891.2021.1894495

24 Motillon-Toudic, C., Walter, M., Séguin, M., Carrier, J. D., Berrouiguet, S., & Lemey, C. (2022). Social isolation and suicide risk: Literature review and perspectives. *European Psychiatry, 65*(1), e65. https://doi.org/10.1192/j.eurpsy.2022.2320

25 Christie N. C. (2021). The role of social isolation in opioid addiction. Social Cognitive and Affective Neuroscience, 16(7), 645–656. https://doi.org/10.1093/scan/nsab029

26 Rapier, R., McKernan, S., & Stauffer, C. S. (2019). An inverse relationship between perceived social support and substance use frequency in socially stigmatized populations. *Addictive Behaviors Reports, 10*, 100188. https://doi.org/10.1016/j.abrep.2019.100188

27 Ott, M. Q., Clark, M. A., Balestrieri, S. G., Gamarel, K. E., & Barnett, N. P. (2022). Social networks and sexual and gender minority disparities in alcohol use and consequences among first-year college students. *LGBT Health, 9*(7), 489–495. https://doi.org/10.1089/lgbt.2019.0225

Community | Interpersonal

Strategies that address social isolation and support include:

- Hosting community events, such as movie or game nights, community fairs, awareness walks, health fairs, after-prom events, or open mic nights, that create opportunities for safe, substance-free connections for youth, families, and adults
- Providing after school, community-based, or summer programs for youth
- Providing training to community members and volunteers on recognizing signs of mental health or substance use challenges, providing initial support, and connecting individuals to appropriate care if necessary
- Offering structured, peer-to-peer support and mentorship programs that are designed to increase positive connection, strengthen individual and group resilience, and promote personal growth through shared experience

Strong Community Partnerships & Coalitions

Collaborative, community-based efforts to prevent substance use and promote positive mental health outcomes serve as a powerful protective factor by uniting communities around shared goals, strategies, and resources. Increased investment in partnership and coalition development—especially those that prioritize engaging vulnerable communities and individuals with lived experience—can help CSBs build stronger connections with individuals most in need of their services. These partnerships bring together CSBs, schools, public health agencies, youth- and community-serving groups and organizations, healthcare providers, law enforcement, local government, faith leaders, and families to create coordinated, comprehensive prevention strategies that reflect the unique needs and strengths of their communities.

Societal

Strategies that address strong community partnerships and coalitions include:

- Coordinating with outside agencies to align prevention strategies and goals, share resources and knowledge, and deliver unified, consistent messaging community-wide
- Collaborating on technical assistance provided to community groups to strengthen their capacity for effective prevention planning, programming, implementation, and evaluation
- Establishing formal coalitions that bring together partners across various sectors to coordinate and implement prevention programs focused on behavioral health wellness

Icon Key

- General Impact on Substance Use Outcomes
- A Alcohol
- C Cannabis
- G Gambling
- M Mental Health & Suicide
- O Opioids
- S Stimulants
- T Tobacco
- V Vaping

Trusted Adults, Peers, & Mentors

Healthy relationships with adults, peers, or mentors play a critical role in prevention. These connections can help decrease the risk of substance use[28,29] while strengthening other protective factors such as healthy coping skills and self-esteem. Research has linked the presence of healthy peer and adult mentors to lower likelihoods of alcohol[27], cannabis[27], tobacco[30], opioid[3], and vaping[31] product use, as well as improved mental health outcomes[32,33]. Positive community influences, including trusted adults and peers involved in leadership or personal development programs, can limit the availability of substances and reduce perceived social approval of their use. Youth-adult leadership and mentorship programs are strong pillars of many prevention programs, offering meaningful opportunities for increasing youth engagement in coalition efforts and community initiatives. Mentorship may be especially important to youth who belong to vulnerable communities, who often face additional barriers to support and belonging. Cultivating these relationships creates a stronger foundation for resilience, inclusion, and long-term prevention success.

While strategies around this protective factor are often focused on ensuring youth have access to trusted adults, mentorship and peer-to-peer connection can be just as vital for adults. Supportive relationships among adults—whether through professional networks, recovery communities, faith-based programs, special interest groups, or peer mentor programs—can enhance their capacity to serve as positive role models, reduce burnout, and strengthen the overall fabric of community-based prevention efforts. Fostering a culture of mutual support among adults ultimately reinforces the intergenerational trust and collaboration that is essential to sustaining prevention ecosystems.

Community **Interpersonal**

Strategies that address trusted adults, peers, and mentors include:

- Providing professional development opportunities that equip educators or individuals working with youth with tools to foster positive relationships, support youth social-emotional development, and address behavioral concerns in a trauma-informed, culturally responsive manner. These trainings help adults become more effective mentors and trusted figures in young people's lives
- Establishing or expanding school- and/or community-based youth mentoring programs that match youth with supportive adults or peers to build consistent, trusting relationships and promote a sense of belonging, resilience, and healthy decision-making
- Creating leadership or advisory councils that bring youth and adults together to co-design and/or implement prevention strategies or lead coalition efforts, which can deepen trust, increase engagement, and ensure programming is relevant and impactful. These partnerships also provide opportunities for both youth and adults to practice shared decision-making and grow as leaders
- Offering programs or events that promote peer-to-peer connection and mentorship between adults, where individuals can come together to connect, share lived experiences, provide/receive career or life coaching, discuss shared interests, and/other otherwise support one another

Icon Key

General Impact on Substance Use Outcomes
A Alcohol
G Gambling
O Opioids
T Tobacco
C Cannabis
M Mental Health & Suicide
S Stimulants
V Vaping

28 Nelson, L. F., Weitzman, E. R., & Levy, S. (2022). Prevention of substance use disorders. *Medical Clinics of North America, 106*(1), 153–168. https://doi.org/10.1016/j.mcna.2021.08.005

29 Raposa, E. B., Rhodes, J., Stams, G. J. J. M., Card, N., Burton, S., Schwartz, S., Sykes, L. A. Y., Kanchewa, S., Kupersmidt, J., & Hussain, S. (2019). The effects of youth mentoring programs: A meta-analysis of outcome studies. *Journal of Youth and Adolescence, 48*(3), 423–443. https://doi.org/10.1007/s10964-019-00982-8

30 Marziali, M. E., Levy, N. S., & Martins, S. S. (2022). Perceptions of peer and parental attitudes toward substance use and actual adolescent substance use: The impact of adolescent-confidant relationships. *Substance Abuse, 43*(1), 1085–1093. https://doi.org/10.1080/08897077.2022.2060439

31 Wyman, P. A., Rulison, K., Pisani, A. R., Alvaro, E. M., Crano, W. D., Schmeelk-Cone, K., Keller Elliot, C., Wortzel, J., Pickering, T. A., & Espelage, D. L. (2021). Above the influence of vaping: Peer leader influence and diffusion of a network-informed preventive intervention. *Addictive Behaviors, 113*, 106693. https://doi.org/10.1016/j.addbeh.2020.106693

32 Wyman, P. A., Pickering, T. A., Pisani, A. R., Rulison, K., Schmeelk-Cone, K., Hartley, C., Gould, M., Caine, E. D., LoMurray, M., Brown, C. H., & Valente, T. W. (2019). Peer-adult network structure and suicide attempts in 38 high schools: Implications for network-informed suicide prevention. *Journal of Child Psychology and Psychiatry, 60*(10), 1065–1075. https://doi.org/10.1111/jcpp.13102

33 Reinke, W. M., Herman, K. C., Huang, F. L., Glenn-Perez, A. L., Raut, P., Aguayo, D., Venkat, S., Boddie, D., Harris, J. M., & Owens, S. (2024). Having a trusted adult in school: Concurrent and predictive relations with internalizing problems across development. *Journal of Positive Behavior Interventions, 0*(0). https://doi.org/10.1177/10983007241276534

2025–2030 Virginia Prevention Model

The Socio-Ecological Model is the conceptual framework for how strategies were organized and what CSBs will be required to address. Strategies are categorized first by socio-ecological domain and then by risk/protective factor. Mutually reinforcing strategies are implemented at each domain of intervention (individual, interpersonal, community, and societal) with a vision of creating communities that foster health, well-being, and connectedness. CSBs will be required to implement the following strategies: utilizing Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRS-BG) funding:

Societal	• **Counter Tools** • **Coalition Leadership or Technical Assistance to Community Groups**[34]
Community	• **Lock & Talk Community Presentations** • **Lock & Talk Item Distribution (Paired with Resources)**
Interpersonal	• **Mental Health First Aid**[35] • **Suicide Prevention Trainings**[2,36]
Individual	• **1 Strategy focused on Healthy Coping Skills, Emotional Regulation, and Resiliency**

+ Lock & Talk and other Social Marketing & Media Messaging[37]

In addition to these required strategies, CSBs will choose at least three additional strategies to implement, and each of them must fall within a different domain of the Socio-Ecological Model. Approved evidence-based and evidence-informed strategies are organized in a Strategy Selection Table provided to all CSBs, which can be filtered by risk and protective factors to facilitate strategy selection. CSBs may request the addition of strategies to the approved strategy selection guide – requests will be reviewed by DBHDS staff in partnership with Omni. 80% of SUPTRS-BG funding will be allocated to the above strategies (both required and CSB-selected), while 20% of SUPTRS Block Grant Prevention set aside can be utilized for any additional strategies that do not fit within this model. For guidelines on interpreting this strategic plan to inform priorities for problem area-targeted funding streams, please see the included appendices.

Societal (policies and environments that promote healthy behaviors)

- Easy Access
- Strong Community Partnerships & Coalitions

Community (connected communities and schools)

- Trusted Adults, Peers, and Mentors
- Easy Access
- Social Isolation

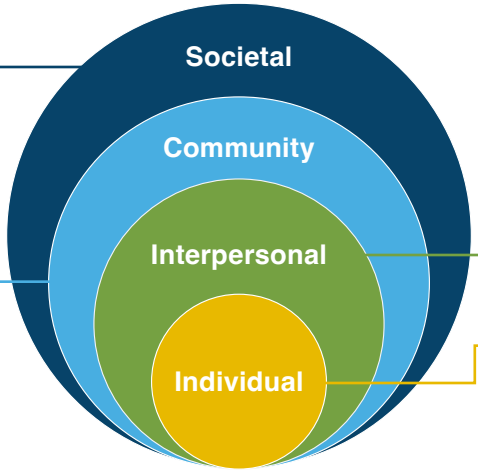


FIGURE 7: 2025-30 Virginia Prevention Model

Interpersonal (healthy relationships)

- Parent & Family Management
- Social Supports
- Trusted Adults, Peers, and Mentors

Individual (positive attitude & beliefs, healthy stress management skills)

- Healthy Coping Skills, Emotional Regulation, and Resiliency
- Perceptions of Risk

34 8-10 meetings annually. It is up to the CSBs to decide whether to continue developing/maintaining a local coalition, or whether to focus on more targeted partnership development by providing technical assistance and support to specific community groups/partners. CSBs are required to either a) hold a leadership role in a local coalition focused on behavioral health wellness or b) provide direct and ongoing support (min. of three meetings per partner annually) to least three organizations to enhance prevention capacity or implement prevention programming.

35 3 trainings minimum; 45 participants trained minimum

36 Approved Curricula: ASIST (in-person), safeTALK (in-person), QPR (Question, Persuade, Refer), The ASK Workshop, More than Sad, Talk Saves Lives, L.E.T.S. other suicide prevention trainings developed by the American Foundation for Suicide Prevention (virtual or in-person), any other training listed in the Suicide Prevention Resource Center's Best Practice Registry, One-hour or more Lock and Talk Training listed in the Lock and Talk website porta

37 CSBs are expected to update social media pages at minimum bi-weekly and websites monthly. CSBs can share information related to training, events, or CSB activities to meet this requirement. In addition, CSBs must also implement/share messaging from at least one of the following established campaigns: Lock and Talk, Activate Your Wellness, Lift Up Virginia, Unfazed, CounterACT messaging, DBHDS Problem Gaming and Gambling Media Campaign, or another SAMHSA-, Ad Council, DBHDS-, or VFHY developed or approved social marketing and media campaigns. Messaging campaigns should focus on one or more of the targeted risk or protective factors within the individual, interpersonal, or community level domain(s).

Evaluation & Implementation Planning

From January 2025 to April 2025, key representatives from DBHDS, Omni, and CPG (the developers of the PBPS data system) met to identify and plan for changes to evaluation efforts related to the new strategic plan, with a focus on adapting annual evaluation planning efforts and the PBPS data system to align with the new framework. In a final strategic planning meeting in April of 2025, prevention staff from DBHDS identified additional needs and strategies they could each pursue to help support the successful implementation of the new Strategic Plan. **These fell into five categories, explained below.**

Re-Envision the Evaluation Planning Process

With the support of Omni TAs, all CSBs conduct an annual evaluation planning process, wherein they develop and update their CSB-level logic models, measurement plans, and data entry plans for a new fiscal year. In prior years, this evaluation planning process took place after the start of the new fiscal year, in some cases leading to delays in data entry for the new fiscal year because of requirements to complete evaluation planning before beginning data entry for the year. To re-envision the evaluation planning process, the team of key representatives were guided by three distinct priorities:

1. ensuring that language utilized in the evaluation plan materials are aligned with the strategic plan,
2. improving efficiencies in the evaluation planning process to decrease the burden it can place on CSB staff,
3. creating opportunities for increased connection across CSB programs and between CSBs, DBHDS, and Omni throughout the evaluation planning process.

This re-envisioning process resulted in the following changes to the prior evaluation planning process:

- The evaluation planning process was shifted from fall to spring to allow CSBs to complete evaluation planning efforts prior to the start of each fiscal year (in July) and limit delays on data entry caused by evaluation planning.
- The evaluation planning process was shifted from a process with multiple virtual 1:1 evaluation planning meetings to one in-person evaluation planning workshop.
- The evaluation roadmap (logic model, measurement plan, and data entry plan) was overhauled to align with the language and structure of the new strategic plan.
- The data entry plan was streamlined through improved data entry instructions and pre-filling of certain content.
- A process for annual outcomes planning was developed in the PBPS data system to improve the ability to measure progress on outcomes achievement.

Align the PBPS data System with the New Framework

The PBPS data system is a core system utilized in communicating the depth and breadth of Virginia's prevention efforts. Key changes to the system were identified to ensure its alignment with the new strategic plan and evaluation planning process. PBPS system updates include:

- Shifting logic model language to align with the Socio-Ecological Model and strategic plan framework.
- Adapting the logic model flow in the system to allow strategies to be mapped to multiple risk and protective factors, as well as multiple problem areas.
- Building a short-term outcomes plan feature to allow CSBs to input strategy-level outcomes for each fiscal year in the system.
- Developing a short-term outcomes report to allow CSBs to pull a report for each short-term outcomes plan that would illustrate progress to date on meeting each outcome based on implementation data entered in the system.

Support CSBs in Managing Changes in Strategies and Overcoming Barriers

The new statewide strategic plan presents unique opportunities and significant changes from the previous strategic plan. Prevention staff from DBHDS identified specific action steps they can take as an office to support CSBs in managing the transition to new requirements and strategies. These include:

- Support CSBs to focus on upstream/root causes instead of behaviors.
- Help CSBs identify and focus on the highest needs for their communities.
- Support CSBs in navigating their unique organizational needs.
- Increase communication and proactively engage CSBs to assess support needs.
- Increase DBHDS capacity/expertise in the use of the Performance-Based Prevention System (PBPS) to increase utility and support in this area.
- Develop a protocol to support CSBs who wish to implement strategies that are not already pre-approved for use of funding.

Provide Training & Capacity Building Resources

Common areas of training and education were identified that will be needed to support CSBs with this new plan. Centralizing the most essential training opportunities will support increased efficiency for both statewide and local staff. Identified opportunities include coordinating trainings on:

- Core elements of the strategic plan, such as the Resiliency Theory, Socio-Ecological Model, and the prioritized shared risk and protective factors
- Implementation of new strategies, such as the coordination of training of trainer events
- Emerging issue areas address within the plan, such as cannabis and problem gaming and gambling
- Effective use of PBPS, including utilization of new system features rolled out alongside the strategic plan
- Accessing and utilizing existing media materials and packaged presentations for “grab-and-go” use, as well as increasing the availability of packaged “grab-and-go” content.
- Organizational capacity building to address needs like funding, hiring and retention, staffing, etc.
- Development of strong community partnerships, including navigating the new requirements related to coalition/ partnership development

Increase & Facilitate Collaboration

Improved collaboration was identified as a need at both the CSB and state levels. DBHDS prevention staff identified the opportunity they have as a state office to connect CSBs with other state agencies and with one another to increase efficiency and effectiveness, including reducing the duplication of efforts across agencies. Action steps include:

- Increase collaboration and partnerships between DBHDS and other state agencies, including the Virginia Department of Education and the Virginia Department of Health.
- Improve communication of partnership needs/opportunities and facilitate communication between CSBs and with other agencies.
- Spotlight key partnership successes in reports and during meetings to highlight the impact that strong partnerships have on prevention efforts.

Conclusion

The 2025–2030 Virginia Substance Use Prevention Strategic Plan for prevention builds on the lessons of the past cycle and responds to emerging behavioral health challenges and the evolving needs of Virginia's prevention workforce. By grounding priorities in data, aligning with leading prevention frameworks, and emphasizing a shared risk and protective factor approach, this plan establishes a clear roadmap for an improved statewide prevention approach, advancing behavioral health across the Commonwealth, and addressing the root causes of substance use, problem gambling, and poor mental health. For additional details, including the 2025-30 Logic Model, Evaluation Plan, Measurement Plan, and the strategic plan for prevention efforts funded via problem area-targeted funding streams, including those funded via the VA Problem Gambling and Support Fund for FY 2025-2030, please refer to the appendices below.

Appendices:

APPENDIX I

2025-30 Logic Model

Domain	Focus Area	Associated Problem Areas: Alcohol	Cannabis	Gambling	Mental Health /Suicide	Opioids	Stimulants	Tobacco	Vaping	Example Strategies	Outcomes
Societal	Ease of Access	x	x	x	x	x	x			**Merchant Education** Developing responsible retailer practices **Lock and Talk** Encouraging community conversations around mental health and promoting lethal means safety	Decrease problem gambling, alcohol, cannabis, and stimulant use, improve mental health, and decrease deaths by suicide by addressing broader societal factors normalizing/enabling underage access to harmful substances and activities
	Strong Community Partnerships & Coalitions	x	x	x	x	x	x	x	x	**Coalition & Partnership Development** Bringing together community leaders and partners for collective action	Decrease problem gambling, alcohol, cannabis, opioid, stimulant, tobacco, and vaping use, improve mental health, and decrease deaths by suicide by increasing the number of active partners, coalitions, and individuals engaged in collaborative prevention efforts and strengthening coalition effectiveness/ readiness by fostering shared purpose, collaborative decision-making, and strong leadership
Community	Ease of Access	x			x	x	x	x		**Safe Storage & Disposal Device Distribution** Equipping community members with the items and resources they need to safely store and dispose of medications and firearms	Decrease alcohol and stimulant use, improve mental health, and decrease deaths by suicide by reducing access to substances, weapons, and other high-risk products through strengthened community safeguards, monitoring, and prevention efforts
	Social Isolation	x	x		x	x	x			**Community Events** Creating opportunities for community connection and access to resources **Peer-to-Peer Support Groups** Increasing positive connection and resilience, and promoting personal growth through shared experience	Decrease alcohol, cannabis, and opioid use, improve mental health, and decrease deaths by suicide by reducing loneliness and the use of potentially harmful behaviors, like gambling, as a substitute for social connection or at the expense of healthy daily functioning
	Trusted Adults, Peers and Mentors	x	x		x	x		x	x	**Youth Programs** Increasing the availability and accessibility of after school and summer programs for youth **Professional Development** Equipping individuals who work with youth with tools to support growth and address behavioral challenges effectively	Decrease alcohol, cannabis, opioid, stimulant, and tobacco use, improve mental health, and decrease deaths by suicide by building community environments that promote open communication, supportive relationships, and collective efforts to foster emotional/behavioral well-being
Interpersonal	Parent & Family Management	x	x	x	x	x	x		x	**Parent Education & Support** Classes, workshops, or groups that encourage proactive, strengths-based parenting approaches and create connection among caregivers and families **ACEs Training** Understanding the impacts of adverse childhood experiences	Decrease problem gambling and alcohol, cannabis, and vaping use, improve mental health, and decrease deaths by suicide by reducing prevalence of youth exposure to abuse, neglect, domestic violence, and other adversities in their homes, including mental illness, substance use, incarceration, and family separation
	Social Supports	x	x		x	x	x	x		**Suicide Prevention Trainings** Recognizing and addressing signs of suicide **Mental Health First Aid** Educating parents, teachers, neighbors, and more to recognize early warning signs of mental health issues	Decrease alcohol, cannabis, opioid, stimulant, and tobacco use, improve mental health, and decrease deaths by suicide by increasing access to and effective use of emotional and mental health support systems in the community
	Trusted Adults, Peers and Mentors	x	x		x	x		x	x	**Mentorship Programs** Connecting youth with positive role models and engaging in conversations about healthy decision-making **Youth Leadership Programs** Empowering youth as leaders in their communities and increasing collaboration between youth and adults in support of prevention programs	Decrease alcohol, cannabis, tobacco, and vaping use, improve mental health, and decrease deaths by suicide by fostering open, honest, and supportive relationships with trusted adults and peers and promoting emotional and behavioral well-being
Individual	Healthy Coping Skills, Emotional Regulation & Resiliency	x	x	x	x	x	x	x		**Stress Management Workshops** Equipping individuals with skills and tools to manage stress in healthy ways and avoid unhealthy coping mechanisms **Activate Your Wellness** Media and educational campaigns that promote well-being across SAMHSA's 8 Dimensions of Wellness	Decrease problem gambling and alcohol, cannabis, opioid, and tobacco use, improve mental health, and decrease deaths by suicide by improving emotional well-being, reducing harmful coping behaviors, and promoting healthy coping behaviors and self-efficacy related to physical and mental health
	Perceptions of Risk of Harm Associated w/ Use/Behavior	x	x	x		x	x	x		**Community Education** Understanding the risks of substance use and risky behaviors **Community Awareness Messaging** Understanding the risks of substance use and gambling	Decrease problem gambling, and alcohol, cannabis, opioid, and tobacco use by increasing the perceived risk of harm associated with substance use, misuse, and risky behavior, and encouraging safer, more informed choices

APPENDIX II

2025-30 Evaluation Plan

The following process and outcome evaluation questions will be addressed throughout the course of the evaluation. These questions will help measure progress in addressing the prevention priorities described above. "Evaluation Questions" reflect the specific question to answer over the course of the grant and the goal they address (for "Outcome Evaluation Questions"). "Measures" refer to specific indicators that will be monitored over the course of the evaluation period. "Data Source and Interval" refers to the data source from which the measure is pulled and how frequently the data source will be available.

Table 1. Process Evaluation Questions

Questions	Measures	Data Source and Interval
Which prevention services were delivered across the state? • What services were delivered, broken down by CSAP strategy and IOM target? • Which counties prioritized which risk and protective factors areas? • How did those efforts differ across regions?	• Number of strategies implemented per CSB, by primary domain, targeted risk and protective factors, and impacted problem area(s) • Number of strategies implemented per CSB, by CSAP strategy and IOM target • Number of people served per CSB, by primary domain, targeted risk and protective factors, and impacted problem area(s) • Number of people served by CSAP strategy and by IOM target • Number of CSBs implementing evidence-based strategies, by target population	PBPS Data System (ongoing) CSB Evaluation Roadmaps (annually)
To what degree were prevention services effectively implemented? • Did providers meet the short-term goals and outcomes set out during evaluation planning? • What were successes and barriers related to implementation of prevention services?	• CSB progress in meeting annual short-term outcomes • Successes and barriers to progress in implementation	PBPS Data Systems (ongoing) CSB Evaluation Roadmaps (annually) Block Grant End-Year Survey (annually) Qualitative data (through meetings, TA provision, conversations with CSB staff, and narrative components of the annual survey) SOR Mid-Year Survey (annually) & SOR End-Year Survey (annually)
What are the capacity building needs and strengths across CSBs? • Do CSB programs have the appropriate staffing and financial resources to support prevention implementation? • Do CSB staff have the experience and trainings necessary to carry out prevention programs? • Are CSB programs equipped with the skills needed to engage in data-driven prevention planning and evaluation?	Number of CSBs who Strongly Disagree/ Disagree or Agree/Strongly Agree that they have the following: • Enough staff • Staff with the proper skills • Enough fiscal/financial resources • Experience working with target populations • Experience with relevant prevention strategies • Experience collaborating with other organizations on prevention strategies • Capability to sustain prevention efforts over time • Capacity to use data in prevention planning • Capability to use data in prevention evaluation	Block Grant End-Year Survey (annually) SOR Mid-Year Survey (annually) & SOR End-Year Survey (annually)

Table 1. Process Evaluation Questions, continued

Questions	Measures	Data Source and Interval
How has collaboration strengthened state and CSB capacity? • How many active partnerships are supporting CSB prevention efforts? • How did CSBs engage community partners in prevention efforts? • How did provider capacity change over time? • What technical assistance activities were delivered to CSBs and what was the perceived helpfulness of these activities?	• Number of active CSB-led coalitions • Number of partners receiving technical assistance to implement prevention programs or build prevention capacity • Percentage of providers that report an increase in capacity • Number of coalitions with increases in Coalition Readiness and Effectiveness scores • Number of prevention activities implemented alongside a community partner • Number of people served via prevention programs implemented alongside a community partner • Number and strength of partnerships/ collaborations by sector • Number of trainings delivered and CSB satisfaction with/perceived helpfulness of training content	PBPS Data Systems (ongoing) Block Grant End-Year Survey (annually) Coalition Readiness and Effectiveness Assessment (biennial) CSB Partnership Assessment (biennial) SOR Mid-Year Survey (annually) & SOR End-Year Survey (annually) Post-training evaluation surveys from Omni-led trainings

Table 2. Outcome Evaluation Questions

Questions	Measures	Data Source and Interval
To what extent did CSBs meet strategy-level goals and outcomes in the catchment areas they serve? • Ex: changes in compliance checks, changes in knowledge or behavior as a result of prevention education, increase in supply reduction strategies, etc.	• Strategy-level outcome measures and successes	PBPS Data Systems (ongoing) Block Grant End-Year Survey (annually) SOR Mid-Year Survey (annually) & SOR End-Year Survey (annually)
How have prevention programs impacted societal level change? • How have risk and protective factor measures related to Ease of Access and Strong Community Partnership & Coalitions changed over time? *(Societal Domain)*	• The extent to which coalition members agree with items related to coalition readiness and effectiveness • Perceptions of ease of access of substances or gambling opportunities • Percent of HS students who were offered, sold, or given an illegal drug on school property • Percent of high school youth who would be able to get and be ready to fire a loaded gun without adult permission in less than an hour • Percent of young adults ages 18-20 who reported purchasing cannabis, vapes, or cigarettes from a store/dispensary • SYNAR retailer violation rate for underage tobacco sales	Coalition Readiness and Effectiveness Assessment (biennial) Virginia Young Adult Survey (YAS; biennial) SYNAR data

Table 2. Outcome Evaluation Questions, continued

Questions	Measures	Data Source and Interval
How have prevention programs impacted community-level change? • How have risk and protective factor measures related to Ease of Access, Social Isolation, and Trusted Adults, Peers, and Mentors changed over time? *(Community Domain)*	• Perceptions of ease of access to substances or gambling opportunities • Percent of HS students who were offered, sold, or given an illegal drug on school property • Percent of high school youth who would be able to get and be ready to fire a loaded gun without adult permission in less than an hour • Percent of young adults ages 18-20 who reported purchased cannabis, vapes, or cigarettes from a store/dispensary • Percent of young adults ages 18-25 who gambled in the past 30 days who were not honest with family or friends about their gambling, gambled to build connections, or whose gambling interfered with their regular activities • Percent of adults ages 18 or older who usually or always feel lonely • Percent of high school students who have at least one teacher or other adult that they can talk to if they have a problem • Percent of high school students who have an adult in their life who tries to ensure that their basic needs are met • Percent of young adults ages 18-25 who strongly agree or agree that they know how to safely store or dispose of prescription medications	PBPS Data Systems (ongoing) Block Grant End-Year Survey (annually) SOR Mid-Year Survey (annually) & SOR End-Year Survey (annually)
How have prevention programs impacted interpersonal-level change? • How have risk and protective factor measures related to Trusted Adults, Peers, and Mentors, Social Supports, and Parent & Family Management changed over time? *(Interpersonal Domain)*	• Percent of high school students who have at least one teacher or other adult that they can talk to if they have a problem • Percent of high school students who have an adult in their life who tries to ensure that their basic needs are met • Percent of adults ages 18 or older who rarely or never get the social and emotional support they need • Percent of high school students who get the kind of help they need when experiencing mental distress or suicidal ideation • Percent of young adults ages 18-25 who strongly agree or agree that they know where to go to access mental health resources or treatment	Virginia Youth Survey (biennial) Virginia Young Adult Survey (YAS; biennial) Behavioral Risk Factor Surveillance System (annual)

Table 2. Outcome Evaluation Questions, continued

Questions	Measures	Data Source and Interval
continued from previous page **How have prevention programs impacted interpersonal-level change?** • How have risk and protective factor measures related to Trusted Adults, Peers, and Mentors, Social Supports, and Parent & Family Management changed over time? *(Interpersonal Domain)*	*continued from previous page* • Percent of young adults ages 18-25 who strongly agree or agree that they know where to go to access substance use resources or treatment • Percent of high school youth that experienced parent/family-related ACEs • Percentage of high school youth who usually did not sleep in their parent's or guardian's home (during the 30 days before the survey)	*sources on previous page*
How have prevention programs impacted individual-level change? • How have risk and protective factor measures related to Perceptions of Risk and Healthy Coping Skills, Emotional Regulation, and Resilience changed over time? *(Individual Domain)*	• Perceptions of risk related to substance use • Rate of past 12-month self-harm • Rate of high stress levels in past 30-days • Percent of youth reporting confidence in making good decisions and following through with them • Percent of young adults who gambled in the past 30-days who felt in control of their gambling behaviors • Percent of young adults who used cannabis in the past 30 days to help manage mental health	Virginia Youth Survey (biennial) Virginia Youth Adults Survey (biennial) Behavioral Risk Factor Surveillance System (annual)
How have substance use behaviors changed over time? • How have substance use prevalence rates changed over time? • How have substance use related fatalities changed over time?	• Lifetime use rates • Past 30-day use rates • Past 30-day frequency of use rates • Age of onset • Overdose death rate • Rate of suicide deaths where alcohol was reported in the system • Rate of suicide deaths where a substance was reported in the system • Rate of behavioral health service intakes by substance	Virginia Youth Survey (biennial) Virginia Youth Adults Survey (biennial) Behavioral Risk Factor Surveillance System (annual) DBHDS Behavioral Health Services Intake Data (annual) VDH Overdose Deaths Data (annual) VDH Suicides Data (annual)

Table 2. Outcome Evaluation Questions, continued

Questions	Measures	Data Source and Interval
How have mental health outcomes changed over time? • How have the rates of reported poor mental health and depression changed over time? • How has the suicide fatality rate changed over time?	• Rate of 12-month depression or poor mental health • Rate of mental health services intakes • Individuals ever diagnosed with depression • Rate of past 12-month suicidal ideation • Rate of past 12-month suicide plan • Rate of past 12-month self-harm • Rate of past 12-month suicide attempt • Suicide fatality rate	Virginia Youth Survey (biennial) Virginia Young Adult Survey (YAS; biennial) Behavioral Risk Factor Surveillance System (annual) DBHDS Mental Health Services Intake Data (annual) VDH Suicides Data (annual)
How have problem gambling outcomes changed over time? • How have gambling prevalence rates changed over time? • How have the rates of gambling-related harm changed over time?	• Past 12-month gambling • Past 30-day gambling • Frequency of gambling • Reported negative impacts of gambling among past 30-day gamblers • Number of individuals receiving support via the Problem Gambling Treatment and Support Fund for problem gambling treatment and recovery services	Virginia Youth Survey (biennial) Virginia Youth Adults Survey (biennial)

Evaluation Reporting and Analysis

Results will be shared in a variety of formats with DBHDS, CSBs, and other prevention partners. DBHDS will utilize evaluation results to identify grant successes and challenges, community impacts, and opportunities for adjustments to future prevention strategies. Evaluation results will also be used for federal reporting requirements. The following reporting activities are planned for the second year of the funding period:

- **Annual state-level report** that summarizes all grant activities, evaluation analysis results, and outcomes.
- **Ad-hoc presentations** that summarize findings for key groups (ex. Prevention Council, SEOW).

APPENDIX III

2025-30 Virginia Intermediate & Long-Term Outcome Targets

Table 1: Risk/Protective Factors

Risk/Protective Factor: Ease of Access

Community | Societal

Data Point	Outcome by 2028	Source
58% of young adults ages 18-20 feel that it is very easy or sort of easy to get alcohol if under the age of 21 (2024)	Reduce the percent of young adults ages 18-20 who feel that it is very easy or sort of easy to get alcohol if under the age of 21 by 2% points.	Virginia Young Adult Survey
17% of 18-25 year olds feel that it is very easy or sort of easy to get prescription drugs from a doctor in their community in order to get high (2024)	Reduce the percent of young adults ages 18-25 who reported that it is very easy or sort of easy to get prescription drugs from a doctor in their community in order to get high by 4% points.	Virginia Young Adult Survey
33% of 18-25 year olds feel that it is very easy or sort of easy to get prescription drugs from family, friends, or acquaintances in order to get high (2024)	Reduce the percent of young adults ages 18-25 who reported that it is very easy or sort of easy to get prescription drugs from family, friends or acquaintances in order to get high by 4% points.	Virginia Young Adult Survey
6% of high school students who currently used an electronic vapor product usually got their electronic vapor products by buying them themselves in a store (2023)	Maintain the percent of high school students who currently used an electronic vapor product who usually got their electronic vapor products by buying them themselves in a store.	Virginia Youth Survey High School
9% of high school students were offered, sold, or given an illegal drug on school property (during the 12 months before the survey) (2021)	Reduce the percent of high school students who were offered, sold, or given an illegal drug on school property (during the 12 months before the survey) by 4% points.	Virginia Youth Survey High School
22% of high school youth would be able to get and be ready to fire a loaded gun without adult permission in less than an hour (2023)	Reduce the percent of high school youth who would be able to get and be ready to fire a loaded gun without adult permission in less than an hour by 2% points.	Virginia Youth Survey High School
30% of young adults ages 18-20 feel that it is very easy or sort of easy to gamble if under 21 (2024)	Reduce the percent of young adults ages 18-20 who feel that it is very easy or sort of easy to gamble if under 21 by 2% points.	Virginia Young Adult Survey
33% of young adults ages 18-20 feel that it is very easy or sort of easy to get cannabis from a retailer or dispensary (2024)	Reduce the percent of young adults ages 18-20 who feel that it is very easy or sort of easy to get cannabis from a retailer or dispensary by 2% points.	Virginia Young Adult Survey
52% of young adults ages 18-20 feel that it is very easy or sort of easy to get cannabis from family, friends or acquaintances (2024)	Reduce the percent of young adults ages 18-20 who feel that it is very easy or sort of easy to get cannabis from family, friends or acquaintances by 3% points.	Virginia Young Adult Survey
54% of young adults ages 18-20 feel that it is very easy or sort of easy to get tobacco if under the age of 21 (2024)	Reduce the percent of young adults ages 18-20 who feel that it is very easy or sort of easy to get tobacco if under the age of 21 by 4% points.	Virginia Young Adult Survey
61% of young adults ages 18-20 feel that it is very easy or sort of easy to get vape products if under the age of 21 (2024)	Reduce the percent of young adults ages 18-20 who feel that it is very easy or sort of easy to get vape products if under the age of 21 by 4% points.	Virginia Young Adult Survey
52% of young adults ages 18-20 who used a vape or e-cigarette product in the past 30 days said they bought it in a store such as a convenience store, supermarket, discount store, gas station, or vape store (2024)	Reduce the percent of young adults who used a vape or e-cigarette product in the past 30 days who got it in a store by 4% points.	Virginia Young Adult Survey
24% of young adults ages 18-20 who used cannabis in the past 30 days bought it from a retailer or dispensary (2024)	Reduce the percent of young adults ages 18-20 who reported used cannabis in the past 30 days who bought it from a retailer or dispensary by 2% points.	Virginia Young Adult Survey
13% of young adults ages 18-25 feel that it is very easy or sort of easy to get cocaine (2024)	Reduce the percent of young adults ages 18-25 who feel that it is very easy or sort of easy to get cocaine by 1% point.	Virginia Young Adult Survey
11% of young adults ages 18-25 feel that it is very easy or sort of easy to get ecstasy or MDMA (2024)	Reduce the percent of young adults ages 18-25 who feel that it is very easy or sort of easy to get ecstasy or MDMA by 1% point.	Virginia Young Adult Survey
12% of young adults ages 18-25 who feel that it is very easy or sort of easy to get methamphetamine (2024)	Reduce the percent of young adults ages 18-25 who feel that it is very easy or sort of easy to get methamphetamine by 1% point.	Virginia Young Adult Survey

Risk/Protective Factor: Healthy Coping Skills, Emotional Regulation, and Resilience

Individual

Data Point	Outcome by 2028	Source
10% of adults ages 18 or older usually or always felt stress within the last 30 days (2023)	Reduce the percent of adults ages 18+ who usually or always felt stress within the last 30 days by 2% points.	Behavioral Risk Factor Surveillance System
21% of high school students did something to purposely hurt themselves without wanting to die in the past 12 months (2021)	Maintain the percent of high school students who did something to purposely hurt themselves without wanting to die in the past 12 months.	Virginia Youth Survey High School
23% of high school students got 8 or more hours of sleep (on an average school night) (2023)	Increase the percent of high school students who reported getting 8 or more hours of sleep on an average school night by 2% points.	Virginia Youth Survey High School
59% of high school students strongly agree or agree that they are good at making decisions and following through with them (2021)	Maintain the percent of high school students who strong agree or agree that they are good at making decisions and following through with them.	Virginia Youth Survey High School
43% of high school students were physically active at least 60 minutes per day on 5 or more of the past 7 days (2023)	Increase the percent of high school students who reported being physically active at least 60 minutes per day on 5 or more days during the past 7 days before the survey by 2% points.	Virginia Youth Survey High School
10% of young adults ages 18-25 self-harmed during the past 12 months (2024)	Reduce the percent of young adults ages 18-25 who reported self-harming in the past 12 months by 2%.	Virginia Young Adult Survey
18% of young adults ages 18-25 who gambled in the past 30 days strongly disagreed or somewhat disagreed that they felt in control of their gaming and gambling behaviors in the last month (2024)	Reduce the percent of young adults ages 18-25 who gambled in the past 30 days who strongly disagreed or somewhat disagreed that they felt in control of their gaming and gambling behaviors in the last month by 1% point.	Virginia Young Adult Survey
47% of young adults ages 18-25 used cannabis in the past 30 days to help manage anxiety, depression, or other mental health symptoms (2024)	Reduce the percent of participants who reported using cannabis to help manage anxiety, depression, or other mental health symptoms by 3% points.	Virginia Young Adult Survey

Risk/Protective Factor: Parent & Family Management

Interpersonal

Data Point	Outcome by 2028	Source
25% of high school youth have lived with someone who was depressed, mentally ill, or suicidal (2023)	Reduce the percent of high school youth who ever lived with someone who was depressed, mentally ill, or suicidal by 4% points.	Virginia Youth Survey High School
19% of high school youth have lived with someone who was having a problem with alcohol or drug use (2023)	Reduce the percent of high school youth who ever lived with someone who was having a problem with alcohol or drug use by 4% points.	Virginia Youth Survey High School
2% of high school youth have experienced frequent physical violence by a parent or other adult in their home (2023)	Reduce the percent of high school youth who experienced frequent physical violence by a parent or other adult in their home by 0.6% points.	Virginia Youth Survey High School
10% of high school youth have had a parent or other adult in their home frequently swear at them, insult them, or put them down (2023)	Reduce the percent of high school youth who had a parent or other adult in their home frequently swear at them, insult them, or put them down by 1% point.	Virginia Youth Survey High School
13% of high school youth have been separated from a parent or guardian because they went to jail, prison, or a detention center (2023)	Maintain the percent of high school youth who were separated from a parent or guardian because they went to jail, prison, or a detention center.	Virginia Youth Survey High School
1.3% of high school students who frequently had domestic violence occur in their home	Reduce the percent of high school students who frequently had domestic violence occur in their home by 0.4% points.	Virginia Youth Survey High School
2.4% of students usually did not sleep in their parent's or guardian's home (during the 30 days before the survey) (2024)	Maintain the percentage of students who usually did not sleep in their parent's or guardian's home (during the 30 days before the survey).	Virginia Youth Survey High School

Risk/Protective Factor: Perceptions of Risk

Individual

Data Point	Outcome by 2028	Source
49% of young adults ages 18-25 feel that there is moderate or great risk of people harming themselves physically or in other ways when they gamble occasionally (2024)	Increase the percent of young adults ages 18-25 who feel there is moderate or great risk of people harming themselves physically or in other ways when they gamble occasionally by 3% points.	Virginia Young Adult Survey
79% of young adults ages 18-25 feel that there is moderate or great risk of people harming themselves physically or in other ways when they gamble regularly (2024)	Increase the percent of young adults ages 18-25 who feel there is moderate or great risk of people harming themselves physically or in other ways when they gamble regularly by 2% points.	Virginia Young Adult Survey
84% of young adults ages 18-25 feel there is moderate or great risk of people harming themselves physically or in other ways when they misuse prescription medications (2024)	Increase the percent of young adults ages 18-25 who feel there is moderate or great risk of people harming themselves physically or in other ways when they misuse prescription medications by 2% points.	Virginia Young Adult Survey
67% of young adults ages 18-25 feel there is moderate or great risk of people harming themselves physically or in other ways when they use cannabis products regularly (2024)	Increase the percent of young adults ages 18-25 who feel there is moderate or great risk of people harming themselves physically or in other ways when they use cannabis products regularly by 3% points.	Virginia Young Adult Survey
47% of young adults ages 18-25 feel there is moderate or great risk of people harming themselves physically or in other ways when they use cannabis products occasionally (2024)	Increase the percent of young adults ages 18-25 who feel there is moderate or great risk of people harming themselves physically or in other ways when they use cannabis products occasionally by 3% points.	Virginia Young Adult Survey
75% of young adults ages 18-25 feel there is moderate or great risk of people harming themselves physically or in other ways when they drink four or more alcoholic beverages on one occasion (2024)	Increase the percent of young adults ages 18-25 who feel there is moderate or great risk of people harming themselves physically or in other ways when they drink four or more alcoholic beverages on one occasion by 2% points.	Virginia Young Adult Survey
75% of young adults ages 18-25 feel there is moderate or great risk of people harming themselves physically or in other ways when they use tobacco products (2024)	Increase the percent of young adults ages 18-25 who feel there is moderate or great risk of people harming themselves physically or in other ways when they use tobacco products by 2% points.	Virginia Young Adult Survey
37% of young adults ages 18-25 who gambled in the past 30 days feel that gambling is a good way to make money (2024)	Reduce the percent of young adults ages 18-25 who gambled in the past 30 days who strongly agree or agree that gambling is a good way to make money by 2% points.	Virginia Young Adult Survey
28% of young adults ages 18-25 who gambled in the past 30 days feel that if they gamble more often, it will help them win more than they lose (2024)	Reduce the percent of young adults ages 18-25 who gambled in the past 30 days who strongly agreed or agreed that if they gamble more often, it will help them win more than they lose by 3% points.	Virginia Young Adult Survey
75% of young adults ages 18-25 feel there is moderate or great risk of people harming themselves physically or in other ways when they use vape products (2024)	Increase the percent of young adults ages 18-25 who feel there is moderate or great risk of people harming themselves physically or in other ways when they use vape products by 2% points.	Virginia Young Adult Survey
25% of 18-25 year olds who gambled in the past 30 days feel their chances of winning get better after they have lost (2024)	Reduce the percent of 18-25 year olds who gambled in the past 30 days who feel that their chances of winning get better after they have lost by 2% points.	Virginia Young Adult Survey

Risk/Protective Factor: Social Isolation

Community

Data Point	Outcome by 2028	Source
7% of adults ages 18 or older usually or always feel lonely (2023)	Reduce the percent of adults ages 18 or older who usually or always feel lonely by 1% point.	Behavioral Risk Factor Surveillance System
21% of young adults ages 18-25 who gambled in the past 30 days feel that gaming/gambling helps them build or maintain their social connections and friendships (2024)	Reduce the percent of young adults ages 18-25 who gambled in the past 30 days who feel that gaming/gambling helps them build or maintain their social connections and friendships by 2% points.	Virginia Young Adult Survey
15% of young adults ages 18-25 who reported gambling in the past 30 days reported that gaming or gambling time often interfered with their regular activities (e.g., school, work, socializing with friends, regular exercise, sleep) (2024)	Reduce the percent of young adults ages 18-25 who reported gambling in the past 30 days whose gaming or gambling time often interfered with their regular activities (e.g., school, work, socializing with friends, regular exercise, sleep) by 1% point.	Virginia Young Adult Survey

Risk/Protective Factor: Social Supports

Interpersonal

Data Point	Outcome by 2028	Source
5% of adults ages 18 or older rarely or never get the social and emotional support they need (2023)	Reduce the percent of adults ages 18 or older who rarely or never get the social and emotional support they need by 1% point.	Behavioral Risk Factor Surveillance System
17% of high school students who experienced suicidal ideation sought help from someone to prevent their suicide in the past 12 months (2021)	Maintain the percent of high school students who experienced suicidal ideation who sought help from someone to prevent their suicide in the past 12 months.	Virginia Youth Survey High School
20% of high school students most of the time or always get the kind of help they need when they are experiencing mental distress (2021)	Maintain the percent of high school students who most of the time or always get the kind of help they need when they are experiencing mental distress.	Virginia Youth Survey High School
38% of young adults ages 18-25 most of the time or always get the kind of help they need when they feel sad, empty, hopeless, angry, or anxious (2024)	Increase the percent of young adults ages 18-25 who most of the time or always get the kind of help they need when they feel sad, empty, hopeless, angry, or anxious by 2% points.	Virginia Young Adult Survey
83% of young adults ages 18-25 strongly agree or agree that they know where to go to access mental health resources or treatment (2024)	Increase the percent of young adults ages 18-25 who strongly agree or agree that they know where to go to access mental health resources or treatment by 1% point.	Virginia Young Adult Survey

Risk/Protective Factor: Strong Community Partnerships & Coalitions

Societal

Data Point	Outcome by 2028	Source
The extent to which coalition members feel they are working on a critical issue that affects the community	Increase the extent to which coalition members feel they are working on a critical issue that affects the community.	Coalitions Readiness Assessment
The extent to which coalition members feel they effectively work together and have a strong commitment to the coalition	Increase the extent to which coalition members feel they effectively work together and have a strong commitment to the coalition.	Coalitions Readiness Assessment
The extent to which coalition members feel they value member opinions and feel they are making effective decisions	Increase the extent to which coalition members value member opinions and feel they are making effective decisions.	Coalitions Readiness Assessment
The extent to which coalition members perceive leadership to be effective, collaborative, knowledgeable, and skilled with communication, management, and problem-solving	Increase the extent to which coalition members perceive leadership to be effective, collaborative, knowledgeable, and skilled in communication, management, and problem-solving.	Coalitions Readiness Assessment

Risk/Protective Factor: Trusted Adults, Peers, and Mentors

Community Interpersonal

Data Point	Outcome by 2028	Source
64% of high school students have at least one teacher or other adult that they can talk to if they have a problem (2021)	Maintain the percent of high school students who have at least one teacher or other adult that they can talk to if they have a problem.	Virginia Youth Survey High School
25% of young adults ages 18-25 who gambled in the past 30 days were not honest with family or friends about the amount of money they spent gambling (2024)	Reduce the percent of young adults ages 18-25 who gambled in the past 30 days who strongly disagreed or somewhat disagreed that they were honest with friends and/or family about the amount of money they spent gambling by 3% points.	Virginia Young Adult Survey
24% of young adults ages 18-25 who gambled in the past 30 days were not honest with family or friends about the amount of time they spent gambling (2024)	Reduce the percent of young adults ages 18-25 who gambled in the past 30 days who strongly disagreed or somewhat disagreed that they were honest with friends and/or family about the amount of time they spent gambling by 3% points.	YAS: Gaming & Gambling
88% of high school students have an adult in their life who most of the time or always tries to ensure that their basic needs are met (2023)	Maintain the percent of high school students who have an adult in their life who most of the time or always tries to ensure that their basic needs are met.	Virginia Youth Survey High School

APPENDIX III

2025-30 Virginia Intermediate & Long-Term Outcome Targets

Table 2: Problem Area Indicators

Problem Area: Alcohol		
Data Point	**Outcome by 2028**	**Source**
10% of adults ages 18 or older binge drank in the past 30 days (2023)	Reduce the percent of people ages 18+ who reported binge drinking in the past 30 days by 1% point.	Behavioral Risk Factor Surveillance System
50% of adults ages 18 or older drank at least one drink of alcohol in the past 30 days (2023)	Reduce the percent of people ages 18+ who reported drinking alcohol in the past month by 2% points.	Behavioral Risk Factor Surveillance System
35% of young adults ages 18-20 drank alcohol at least once in the past 30 days (2024)	Reduce the percent of young adults ages 18-20 who reported drinking alcohol in the past 30 days by 2% points.	Virginia Young Adult Survey
63% of young adults ages 18-20 have ever consumed alcohol (2024)	Reduce the percent of young adults ages 18-20 who reported using alcohol at some point in their life by 2% points.	Virginia Young Adult Survey
42% of young adults ages 18-25 binge drank in the past 30 days (2024)	Reduce the percent of young adults who reported binge drinking in the past 30 days by 2% points.	Virginia Young Adult Survey

Problem Area: Cannabis		
Data Point	**Outcome by 2028**	**Source**
3% of high school youth who first tried cannabis before 13 years of age (2023)	Maintain the percent of high school youth who first tried cannabis before 13 years of age.	Virginia Youth Survey High School
10% of high school youth used cannabis one or more times in the past 30 days (2023)	Reduce the percent of high school youth who used cannabis one or more times in the past 30 days by 2% points.	Virginia Youth Survey High School
10% of adults ages 18 or older used marijuana or cannabis at least once in the past 30 days (2023)	Maintain the percent of adults ages 18+ who reported using cannabis at least once in the past 30 days.	Behavioral Risk Factor Surveillance System
19% of young adults ages 18-20 have used cannabis at least once in the past 30 days (2024)	Maintain the percent of young adults ages 18-20 who reported using cannabis at least once in the past 30 days.	Virginia Young Adult Survey
47% of young adults ages 18-25 have ever used cannabis (2024)	Maintain the percent of young adults who reported using cannabis at least once in their lifetime.	Virginia Young Adult Survey
22% of young adults ages 18-25 used cannabis at least once in the past 30 days (2024)	Maintain the percent of young adults who reported using cannabis at least once in the past 30 days.	Virginia Young Adult Survey

Problem Area: Gaming & Gambling

Data Point	Outcome by 2028	Source
15% of 18-25 year olds who gambled in the past 30 days reported that gaming or gambling negatively affected their finances (2024)	Reduce the percent of 18-25 year olds who gambled in the past 30 days whose gaming or gambling negatively affected their finances by 1% point.	Virginia Young Adult Survey
15% of 18-25 year olds who gambled in the past 30 days reported that gaming or gambling time often interfered with their regular activities (ie, school, work, socializing with friends or family, regular exercise, sleep) (2024)	Reduce the percent of 18-25 year olds who gambled in the past 30 days whose gaming or gambling time often interfered with their regular activities by 1% point.	Virginia Young Adult Survey
15% of 18-25 year olds have gambled in the past 30 days (2024)	Reduce the percent of young adults ages 18-25 who gambled in the past 30 days by 1% point.	Virginia Young Adult Survey
20% of high school youth gambled in the past 12 months (2023)	Reduce the percent of high school youth who gambled in the past 12 months by 2% points.	Virginia Youth Survey High School

Problem Area: Mental Health & Suicide

Data Point	Outcome by 2028	Source
13% of adults ages 18 or older reported that their mental health was not good for 14+ days in the past 30 days (2023)	Reduce the percent of adults ages 18+ who reported that their mental health was not good for 14+ days in the past 30 days by 1% point.	Behavioral Risk Factor Surveillance System
33% of high school youth felt sad or hopeless almost every day for two or more weeks in the past 12 months (2023)	Reduce the percent of high school youth who felt sad or hopeless almost every day for two or more weeks in the past 12 months by 2% points.	Virginia Youth Survey High School
27% of high school youth reported that their mental health was not good most of the time in the past 30 days (2023)	Reduce the percent of high school youth whose mental health was not good most of the time in the past 30 days by 3% points.	Virginia Youth Survey High School
41% of young adults ages 18-25 experienced depression during the past 12 months (2024)	Reduce the percent of young adults ages 18-25 who reported feeling depressed during the past 12 months by 2% points.	Virginia Young Adult Survey
16% of young adults ages 18-25 have experienced four or more ACEs (2024)	Reduce the percent of young adults ages 18-25 who reported four or more ACEs by 2%	Virginia Young Adult Survey
13% of young adults ages 18-25 made a plan about how to attempt suicide during the past 12 months (2024)	Reduce the percent of young adults ages 18-25 who reported making a plan about how to attempt suicide during the past 12 months by 2% points.	Virginia Young Adult Survey
13% of young adults seriously considered attempting suicide during the past 12 months (2024)	Reduce the percent of young adults ages 18-25 who reported seriously considering attempting suicide during the past 12 months by 2% points.	Virginia Young Adult Survey
8.3 per 100,000 people died by suicide involving a firearm in 2023.	Reduce the rate of firearm-involved suicide deaths per 100,000 people by 0.1.	Virginia Office of the Chief Medical Examiner
14.2 per 100,000 people died by suicide 2023.	Reduce the rate of suicide deaths per 100,000 people by 0.1.	Virginia Office of the Chief Medical Examiner

Problem Area: Opioids

Data Point	Outcome by 2028	Source
3% of high school youth took prescription pain medicine without a doctor's prescription in the past 30 days (2024)	Maintain the current rate of high school youth who reported taking a prescription pain medicine without a doctor's prescription in the past 30 days.	Virginia Youth Survey High School
15% of young adults ages 18-25 have ever misused prescription medications (2024)	Reduce the percent of young adults who reported having ever misused prescription medications by 2% points.	Virginia Young Adult Survey
5% of young adults ages 18-25 misused prescription medications at least once in the past 30 days (2024)	Reduce the percent of young adults who reported having misused prescription medications at least once in the past 30 days by 2% points.	Virginia Young Adult Survey
24 per 100,000 people died as the result of an opioid-involved overdose 2023.	Maintain the current rate of overdose deaths per 100,000 people that involved opioids.	Virginia Department of Health

Problem Area: Stimulants

Data Point	Outcome by 2028	Source
6% of young adults ages 18-25 have ever used cocaine (2024)	Reduce the percent of adults ages 18-25 who have ever used cocaine by 1% point.	Virginia Young Adult Survey
5% of young adults ages 18-25 have ever used ecstasy/MDMA (2024)	Reduce the percent of young adults ages 18-25 who reported having ever used ecstasy/MDMA by 2% points.	Virginia Young Adult Survey
4% of young adults ages 18-25 have ever used methamphetamine (2024)	Reduce the percent of young adults ages 18-25 who reported having ever used methamphetamine by 1% point.	Virginia Young Adult Survey
11.4 per 100,000 people died as the result of a cocaine-involved overdose 2023.	Maintain the current rate of overdose deaths per 100,000 people that involved cocaine.	Virginia Department of Health
6.5 per 100,000 people died as the result of a psychostimulant-involved overdose 2023.	Maintain the current rate of overdose deaths per 100,000 people that involved a psychostimulant.	Virginia Department of Health

Problem Area: Tobacco

Data Point	Outcome by 2028	Source
4% of high school youth used cigarettes, cigars, or smokeless tobacco in the past 30 days (2023)	Reduce the percent of high school youth who used cigarettes, cigars, or smokeless tobacco in the past 30 days by 1% point.	Virginia Youth Survey High School
10% of adults ages 18 or older currently smoke cigarettes some or every day (2023)	Reduce the percent of adults ages 18+ who reported currently smoking cigarettes some or every day by 1% point.	Behavioral Risk Factor Surveillance System
29% of young adults ages 18-20 have ever used tobacco (2024)	Reduce the percent of young adults ages 18-20 who reported using tobacco at least once in their lifetime by 3% points.	Virginia Young Adult Survey
9% of young adults ages 18-20 used tobacco products at least once in the past 30 days (2024)	Reduce the percent of young adults ages 18-20 who reported using tobacco products at least once in the past 30 days by 2% points.	Virginia Young Adult Survey

Problem Area: Vaping		
Data Point	**Outcome by 2028**	**Source**
4.4% of adults ages 18 or older currently use e-cigarettes or other electronic vaping products some or every day (2023)	Reduce the percent of adults ages 18+ who currently use e-cigarettes or other electronic vaping products some or every day by 0.5% points.	Behavioral Risk Factor Surveillance System
8% of high school students currently use electronic vapor products (2023)	Reduce the percent of high school students who currently use electronic vapor products by 4% points.	Virginia Youth Survey High School
41% of young adults ages 18-20 have ever used a vape or e-cigarette product (2024)	Reduce the percent of young adults ages 18-20 who reported having ever used a vape or e-cigarette product by 2% points.	Virginia Young Adult Survey
19% of young adults ages 18-20 used a vape or e-cigarette product in the past 30 days (2024)	Reduce the percent of young adults ages 18-20 who reported having used a vape or e-cigarette product in the past 30 days by 0.4% points.	Virginia Young Adult Survey
80% of young adults ages 21-25 who have vaped/used an e-cigarette product first used a vape or e-cigarette product before the age of 21 (2024)	Reduce the percent of young adults who reported having first used a vape or e-cigarette product before the age of 21 by 2% points.	Virginia Young Adult Survey

APPENDIX IV

FY 2025-2030 Prevention Priorities for Targeted Funding Streams

Virginia's prevention efforts are supported by a range of federal and state funding streams. While some offer flexibility in determining and addressing local priority areas, others specify the allocation and use of funds for efforts to address specific problem areas. To afford greater flexibility for prevention programs and an opportunity to streamline efforts and maximize capacity, this strategic plan was established to cover and address a wide range of prevention areas. The following section provides guidelines on the adaptation of this strategic plan for problem area targeted funding streams.

The risk and protective factor mapping table provides a primary tool for the identification of priority areas for problem area-targeted funding streams. Prevention dollars allocated to efforts to address the opioid crisis should seek to address the five risk and protective factors indicated in the table under opioids, while those funding vaping prevention efforts should prioritize efforts to address the three risk and protective factors indicated for this area. Shared risk and protective factor mapping allows for the strategic selection and utilization of funding for individual strategies to address multiple priority areas. Strong Community Partnerships & Coalitions, in this example, provides a shared protective factor that supports prevention of both opioid misuse and vaping. Beyond alignment with this strategic plan, programs should individually ensure that identified strategies adhere to funding-specific requirements.

Priority Risk and Protective Factors for Problem Area-Targeted Funding Streams

	General Impact	A	C	G	M	O	S	T	V
Parent & Family Management	x	x	x	x	x	x				x
Ease of Access		x	x	x	x		x	x	
Healthy Coping Skills, Emotional Regulation and Resilience	x	x	x	x	x	x		x	
Perceptions of Risk		x	x	x		x		x	
Social Isolation	x	x	x		x	x			
Social Supports	x	x	x		x	x	x	x	
Strong Community Partnerships & Coalitions	x	x	x	x	x	x	x	x	x
Trusted Adults, Peers, and Mentors	x	x	x		x			x	x

Icon Key

- General Impact on Substance Use Outcomes
- A Alcohol
- C Cannabis
- G Gambling
- M Mental Health & Suicide
- O Opioids
- S Stimulants
- T Tobacco
- V Vaping

APPENDIX V

FY 2025-2030 Problem Gaming & Gambling Prevention Priorities

Approximately 50% of the revenue Virginia receives in the Problem Gambling Treatment and Support (PGTS) fund is spent on efforts pertaining to the prevention of problem gambling. A portion of these funds are distributed to prevention programs at CSBs to support the implementation of local problem gambling prevention efforts. PGTS funds stem from five primary sources:

Sports Betting

The PGTS fund receives 2.5% of sports betting taxes paid to the State. In FY24, the PGTS fund received $2,014,276 from sports betting. This is a 16% increase from FY23 of $1,724,470, which is over 3 times more than what was received in FY22. This increase is due to several factors. First, FY23 was the first full year of funding with all operators licensed, compared to FY22 when only about half the operators were active. In FY24, most operators were past their first year in operation and were no longer able to deduct promotions and bonuses from what they owed in taxes, which has impacted what the state was able to collect in revenue.

Casinos

From the three Casinos in operation, Bristol, Danville, and Portsmouth, Virginia received $1,028,438 in revenue to the PGTS Fund. Bristol Hard Rock and Danville Caesars Casinos are currently in temporary locations. It is expected that they will be in permanent locations at some time in FY25, which will increase the number of machines and tables available at these locations. This should result in an increase the amount of funding coming into the PGTS Fund. The amount deposited is 0.8% of the taxes paid to the State from casinos.

Horse Racing Licensing Retainment

A third revenue source into the fund is from horse racing licensee retainment from electronic historical horse racing machines, written in code under §59.1-392. The fund receives 0.01% of this retainment. $490,656 was deposited into the PGTS fund from Historical Horse Racing Electronic Games in FY24.

Casino Fines and Unclaimed Prizes

A fourth revenue source to the fund comes from Casino Fines and unclaimed prizes. The amount deposited in FY24 from Casino fines was $60,088, and from unclaimed prizes was $980,843 (code 11VAC5-90-20).

Interest

The final revenue source is from interest incurring on the PGTS account. This was $106,638 in FY24.

The following document outlines priorities and requirements for prevention efforts for CSBs funded through the PGTS fund.

FIGURE

Shared Risk and Protective Factor Mapping

		A	C	G	M	O	S	T	V
Parent & Family Management	x	x	x	x	x	x	x		x
Ease of Access		x	x	x	x	x	x	x	
Healthy Coping Skills, Emotional Regulation and Resilience	x	x	x	x	x	x	x	x	
Perceptions of Risk		x	x	x		x	x	x	
Social Isolation	x	x	x		x	x	x		
Social Supports	x	x	x		x	x	x	x	
Strong Community Partnerships & Coalitions	x	x	x	x	x	x	x	x	x
Trusted Adults, Peers, and Mentors	x	x	x		x	x		x	x

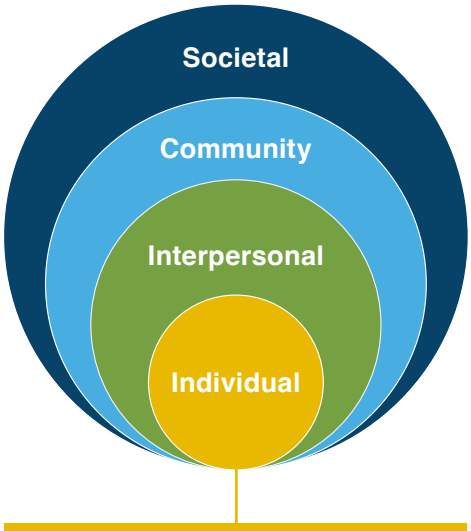
Icon Key

- General Impact on Substance Use Outcomes
- A Alcohol
- C Cannabis
- G Gambling
- M Mental Health & Suicide
- O Opioids
- S Stimulants
- T Tobacco
- V Vaping

The Shared Risk and Protective Factors Mapping table illustrates the available research showing that addressing certain risk and protective factors can have a demonstrated positive impact on problem gaming and gambling outcomes alongside other behavioral health outcomes. Five of the eight currently prioritized risk and protective factors have clear and consistent research indicating their impact on problem gaming and gambling related outcomes and serve as the priorities for prevention efforts funded via the Virginia Problem Gambling Treatment and Support Fund.

Focusing on addressing the risk and protective factors shared across behavioral health concerns ensures that activities addressing the associated factors, no matter the focus area, can have a positive impact on problem gaming and gambling and allows for a more holistic integration of problem gaming and gambling into the larger prevention framework.

FIGURE: Socio-Ecological Model



Required Strategies

1. Promote Beyond the Bet Media Campaign
2. Have at least one person trained to deliver the VA Problem Gambling Youth Training

Strategy Requirements for Funded Prevention Programs

Beyond The Bet Media Campaign

The Beyond the Bet media campaign is designed to reach individuals across Virginia, particularly young adults and those engaging in sports betting. This population includes college students, young professionals, and other emerging adults who are increasingly targeted by online sports betting platforms. The campaign seeks to educate individuals about the risks of gaming and gambling, help them recognize warning signs of disordered gambling, normalize conversations about responsible gambling habits, and increase awareness of treatment and support resources for problem gambling.

Each CSB receiving funds for prevention efforts via the Problem Gambling Treatment and Support Fund will be required to promote and distribute materials from the Beyond the Bet campaign. Activities include posting content on social media, handing out materials at events, and disseminating indirectly via fliers, billboards, etc.

VA Problem Gambling Youth Training

The curriculum is designed for high school aged youth, either as a short in-person presentation or a self-paced e-learning module delivered in schools or community settings. It focuses on increasing awareness of problem gaming and gambling behaviors, developing critical thinking around risks, and introducing media and financial literacy concepts. The curriculum is designed to increase awareness among youth about the risks associated with gaming and gambling, strengthen their ability to make informed decisions when faced with gambling advertising, and introduce core financial literacy concepts.

Each CSB receiving funds via the Problem Gambling Treatment and Support Fund to support prevention programming will be required to train at least one staff member in delivering this curriculum and encouraged to teach this curriculum whenever possible.

Additional Strategies

In addition to the above funded efforts, CSBs may choose to utilize Problem Gambling Treatment and Supports fund for the implementation of other strategies that address the risk and protective factors associated with problem gaming and gambling. This includes efforts focused on:

Interpersonal

Improving parent well-being and family management/parenting dynamics to ensure all household members – youth and caregivers – feel supported and equipped with the tools they need to build healthy relationships

Societal **Community**

Decreasing ease of access to gambling opportunities, including the perception of ease of access, through merchant education, promoting local policies to limit where, when and how gambling opportunities are advertised or offered, and performing compliance checks to limit access to gambling opportunities for those who are underage

Individual

Supporting individuals in developing healthy coping skills, strengthening their ability to regulate emotions, and building resiliency

Individual

Educating communities about the risk of problem gaming and gambling, including warning signs, how problem gaming and gambling can impact their lives or the lives of loved ones, and promoting responsible gambling habits

Societal

Building strong community partnerships and coalitions, at the local and state levels, that ensure communities are ready to recognize and address the impacts of problem gaming and gambling and can develop strong prevention programs that support in reducing problem gaming and gambling