



DBHDS  | *Omni

Omni Institute Report | Oct 2025

Virginia Substance Use Prevention Block Grant

Annual Report



Omni Institute Report

Virginia Substance Use Prevention Block Grant

Annual Report

Submitted to:

Virginia Department of Behavioral Health and Developmental Services
October 2025

For More Information

Projects@omni.org

Acknowledgments

Omni Institute wants to thank the Virginia Department of Behavioral Health and Developmental Services and the 40 Community Services Boards across Virginia for their contributions to the creation of this report.

Suggested Citation

Omni Institute (2025). Virginia Substance Use Prevention Block Grant Annual Report. Submitted to the Virginia Department of Behavioral and Developmental Services, Richmond, Virginia.

Table of Contents

01	Executive Summary	4
02	Introduction	10
03	Prevention Capacity	14
04	Prevention Priorities	14
	Community Mobilization & Coalitions	19
	Mental Health & Suicide Prevention	25
	Merchant Education	29
	ACEs	32
	Cannabis	34
	Problem Gambling	36
05	Sustainability	40
	Appendix A: 2020-25 Virginia Substance Use Block Grant Logic Model	44
	Appendix B: 2025-30 Virginia Substance Use Block Grant Logic Model	45

Executive Summary



The Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRS-BG), or Substance Use Block Grant (SUBG) for short, is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). Through this grant, Virginia's Department of Behavioral Health and Developmental Services (DBHDS) distributes funding to 40 Community Services Boards (CSBs) across the state to plan, implement, and evaluate prevention activities designed to prevent and/or reduce substance use.

Prepared by Omni Institute (Omni), a nonprofit social science consultancy that provides integrated research and evaluation services, capacity building, and data utilization to accelerate positive social change, this report summarizes Block Grant prevention activities implemented during the 2024-25 fiscal year (July 2024 through June 2025).

Virginia Block Grant Prevention Priorities

For over a decade, Omni and DBHDS have worked together to implement the Strategic Prevention Framework within Block Grant activities to strengthen program infrastructure, build capacity for data-driven decision-making, and support long-term sustainability. In 2017-18, DBHDS contracted with Omni to complete a statewide needs assessment to assess prevention needs and priorities and determine program direction. Through this process, alcohol, tobacco, and suicide prevention were identified as priority problem areas for the 2020-25 Statewide Prevention Strategic Plan cycle, along with five accompanying prevention strategies, included on the following page.

	Problem	Targeted Risk Factors	Strategies	Impact
Alcohol	1 in 4 VA high school youth report drinking alcohol in the past 30 days (VYS, 2017)	Low perception of risk use Early onset of use	Coalition Development Bringing together community leaders and stakeholders for collective action ACEs Trainings Understanding the impacts of adverse childhood experiences	Decrease in youth alcohol use Decrease in young adult binge drinking
Tobacco/Nicotine	1 in 6 VA adults report smoking cigarettes (BRFSS, 2017) 1 in 15 VA high school youth report smoking cigarettes currently, while 1 in 9 report currently using a vaping product. (VYS, 2017).	Low perception of risk use Early onset of use	Coalition Development Bringing together community leaders and stakeholders for collective action CounterTools Developing responsible retailer practices ACEs Trainings Understanding the impacts of adverse childhood experiences	Decrease in youth tobacco/nicotine use Decrease in young adult tobacco/nicotine use
Mental Health/Suicide	1 in 14 VA high school youth have attempted suicide in the past year (VYS, 2017) 9.9 out of 100,000 youth ages 15-19 died by suicide in VA in 2019 (America's Health Rankings, 2019) 13.8 out of 100,000 adults died by suicide in VA in 2019. (America's Health Rankings, 2019)	High rates of depression/sadness High rates of suicidal thoughts	Mental Health First Aid and Suicide Prevention Trainings Recognizing and addressing signs of suicide Coalition Development Bringing together community leaders and stakeholders for collective action ACEs Trainings Understanding the impacts of adverse childhood experiences Lock and Talk Suicide prevention through lethal means safety	Decrease in youth suicide attempts Decrease in youth death by suicide Decrease in adult deaths by suicide

Prevention Capacity

Omni provides capacity-building services to Virginia CSBs, supporting assessment, planning, implementation, and evaluation of prevention efforts across the state, enhancing data literacy, and enabling the prevention workforce to develop the skills and relationships needed to effectively implement initiatives.

The majority of CSBs continued to report high capacity for prevention:

 **39** CSBs reported working with other organizations on relevant prevention strategies this year

 **38** CSBs reported working with key target populations and having the capability to use data in their prevention planning

 **37** CSBs reported having the capability to use data in their evaluations

 **35** CSBs reported having staff with the right skills

 **34** CSBs reported having formal, written policies that are responsive to local and community context

Fiscal and financial resources continue to present challenges, however, with a majority of CSBs reporting that they do not have enough staff (23 CSBs) and/or financial resources (25 CSBs). These findings suggest that while the workforce is strengthening in areas such as data utilization and collaboration, persistent gaps in funding and staffing continue to impact the sustainability and reach of prevention efforts.

Community-level obstacles remain persistent challenges that limit prevention efforts. Ease of access to alcohol for underage youth continues to undermine efforts to prevent underage use (31 CSBs). High financial strain/poverty rates (31 CSBs), a lack of transportation/difficulty reaching some parts of the community (29 CSBs), and a lack of trust in institutions (29 CSBs) limit community engagement with prevention programs.

Block Grant Priority Strategies

The 2020–2025 strategic planning process identified several strategies, included below, central to addressing the identified priority areas.



Community Mobilization & Coalitions

Coalitions are sustaining and expanding community-driven strategies that strengthen prevention, promote wellness, and build lasting local capacity.

Thirty-two CSBs reported leading at least one coalition, demonstrating a deep statewide commitment to cross-sector partnership. Through collaboration with schools, youth-serving organizations, local nonprofits, law enforcement, healthcare providers, and community groups, coalitions are amplifying their reach, building stronger relationships, and creating more educational opportunities for communities.

 **32**
CSBs lead coalitions

 **70**
active coalitions

 **2,000**
coalition members



Lock and Talk

Lock & Talk Virginia remains a key element of statewide suicide prevention—offering tools, training, and messaging to reduce access to lethal means.

During FY 2024–25, CSBs continued to expand the program with more device distributions and broader outreach efforts, including coalition building, merchant education, and social marketing. Many CSBs enhanced their Lock & Talk outreach by collaborating with new organizations, including county clerks, gun shops, and local advocacy groups, tailoring efforts to specific communities and forming new partnerships.

 **4,877**
reached through presentations

 **4.1M**
total impressions/reach through social marketing

 **81**
gun retailers visited

 **42,195**
total devices distributed



Mental Health & Suicide Prevention

Prevention programs continue to equip Virginians with the skills needed to recognize and support someone experiencing a mental health challenge.

Suicide prevention trainings reached over 9,000 Virginians. CSBs continued to strengthen their capacity to respond to mental health needs by offering Mental Health First Aid (MHFA), Applied Suicide Intervention Skills Training (ASIST), safeTALK, and Question. Persuade. Refer. (QPR) in their communities.

**37**

CSBs provided mental health & suicide prevention trainings

**639**

trainings

**9,296**

people trained



Merchant Education

Through merchant education, CSBs are fostering responsible retailer practices, expanding prevention efforts beyond compliance.

In the 2024-25 fiscal year, over half of CSBs reported visiting tobacco and nicotine retailers in their communities with support from prevention staff, coalition members, and community partners. These visits mark the first year of a two-year period in which CSBs will visit every tobacco and nicotine retailer in their catchment area, with the remaining CSBs planning to conduct their visits in the 2025-26 fiscal year.

**25**

CSBs conducted retailer visits

**2,003**

merchants were visited



Adverse Childhood Experiences (ACEs)

CSBs are mobilizing communities to recognize the impact of ACEs on health and behavior and integrate evidence-based practices into programs and services.

37 CSBs provided 707 ACEs Interface trainings to educate community members about ACEs and their impacts on health and wellbeing. Over the last five years of Block Grant funding, Virginia has steadily increased the number of trainings and presentations focused on ACEs and their impacts on long-term health, with the number of trainings and presentations rising from 295 in FY20-21 to 707 in FY24-25.

**37**

CSBs held ACEs trainings

**707**

trainings/presentations

**5,057**

people trained





Cannabis Prevention Efforts

CSB staff and partners continue to proactively implement prevention programs to address the impacts of Virginia's changing cannabis landscape. Cannabis remained the second most used substance among young adults aged 18 to 25 (behind alcohol), according to the 2024 Young Adult Survey.

Data from the 2024 Virginia Young Adult Survey (YAS) show that young adults generally perceive a high level of risk associated with driving under the influence of cannabis or four or more alcoholic beverages (51% and 78% young adults reported 'great risk' for each behavior, respectively). However, 44% of young adult respondents who reported cannabis use in the past 30 days indicated that they drove under its influence, compared to 11% who reported drinking alcohol in the past 30 days and driving after consuming four or more drinks. These data highlight a clear gap between young adults' perceptions of the risk of harm associated with use and their behaviors related to alcohol and cannabis use, which has shaped many of the cannabis prevention strategies implemented by CSBs.

**27**

CSBs implemented cannabis prevention strategies

**950,000+**

individuals reached through cannabis-specific information dissemination and media campaigns



Problem Gambling Prevention Efforts

Prevention providers have rapidly built capacity to address problem gambling in Virginia and have supported the development of two key statewide initiatives this year – a statewide media campaign targeting young adults, and a youth education curriculum for high school students.

As various forms of gambling expand through legalized lottery sales and mobile sports betting, gambling in Virginia has become more prevalent than ever. Current state law allows anyone over 18 to play the lottery and anyone over 21 to gamble at a casino or bet on sports. Prevention providers across the Commonwealth are working to promote responsible gambling as part of their broader mental health and substance use prevention efforts and are helping communities understand how problem gambling intersects with substance use and mental health outcomes.

**39**

CSBs implemented problem gambling prevention strategies

**18**

unique problem gambling interventions implemented

Sustainability

CSBs continue to prioritize sustainability by strengthening collaborations, integrating prevention strategies into partner organization programs, securing funding from various source, and building long-term capacity through policy efforts, skills development, and strategic planning.

 **36** CSBs worked on developing a partnership structure that will continue into the future.

 **30** CSBs worked to ensure that prevention strategy activities are incorporated into the missions/ goals and activities of other organizations.

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

 **20** CSBs worked to gain formal adoption of prevention strategy activities into other organizations' practices.

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

 **7** CSBs worked to implement local-level laws, policies, or regulations to guarantee the continuation of prevention strategy activities or outcomes.

To ensure the ongoing sustainability of prevention efforts, CSBs, DBHDS, and Omni collaborated on several key initiatives this fiscal year, including developing the 2025-2030 Virginia Substance Use Prevention Strategic Plan.

The strategic plan, grounded in Resiliency Theory, the Socio-Ecological Model, and the Strategic Prevention Framework, identifies prevention priorities through a lens of shared risk and protective factors, underscoring the interconnectedness between priority areas. This approach eases demands on the prevention workforce by addressing multiple behavioral health outcomes simultaneously. It allows for flexibility in how CSBs use their funding – including funds allocated for specific problem areas. Based on evidence and relevance to multiple priority areas, eight key risk and protective factors were identified:

Shared Risk & Protective Factor Mapping

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

 General impact on substance use outcomes

 Alcohol
 Cannabis

 Gambling

 Mental Health & Suicide

 Opioids

 Tobacco

 Stimulants

 Vaping

A checkmark indicates a strong association between the risk or protective factor and the associated outcome as indicated by a large body of research. The lack of a checkmark, however, does not necessarily indicate no association, but instead may indicate mixed results or a lack of consensus in the literature.

The transition to the new five-year strategic plan reaffirms the purpose, values, and priorities of DBHDS' prevention approach, addressing the root causes of substance use, problem gambling, and poor mental health to improve the lives of Virginians across the Commonwealth.



Introduction

The Substance Use Prevention, Treatment, and Recovery Services (SUPTRS-BG), or Substance Use Block Grant (SUBG) for short, is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). Through this grant, Virginia's Department of Behavioral Health and Developmental Services (DBHDS) distributes funding to 40 Community Services Boards (CSBs) across the state to plan, implement, and evaluate prevention activities designed to prevent and/or reduce substance use.

This report, prepared by Omni Institute (Omni), summarizes block grant prevention activities implemented during the 2024-25 fiscal year (July 2024 through June 2025). Since 2014, DBHDS has contracted with Omni to evaluate Virginia's Block Grant activities and provide training and technical assistance (TA) to the state's prevention workforce to build evaluation capacity and align prevention efforts with state and federal priorities. Omni is a nonprofit social science consultancy that provides integrated research and evaluation services, capacity building, and data utilization to accelerate positive social change.

Strategic Planning

For over a decade, Omni and DBHDS have worked together to implement the Strategic Prevention Framework¹ within Block Grant activities to strengthen program infrastructure, build capacity for data-driven decision-making, and support long-term sustainability. In 2017-18, DBHDS contracted with Omni to complete a statewide needs assessment² to assess prevention needs and priorities and determine program direction. The assessment integrated secondary data from national, state, and local levels and primary data collected through facilitated discussions with the Statewide Epidemiological Outcomes Workgroup and DBHDS staff to provide a clearer picture of behavioral health across Virginia. Through this process, alcohol, tobacco, and suicide prevention were identified as priority problem areas for the 2020-25 Statewide Prevention Strategic Plan cycle, along with five accompanying prevention strategies, included on the following page:



¹Substance Abuse and Mental Health Services Administration (2019). A Guide to SAMHSA's Strategic Prevention Framework. <https://www.samhsa.gov/sites/default/files/20190620-samhsa-strategic-prevention-framework>

²Omni Institute (2018). Virginia Statewide Substance Use and Behavioral Health Needs Assessment. Submitted to the Virginia Department of Behavioral and Developmental Services Office of Behavioral Health Wellness, Richmond, Virginia.



	Problem	Targeted Risk Factors	Strategies	Impact
Alcohol	1 in 4 VA high school youth report drinking alcohol in the past 30 days (VYS, 2017)	Low perception of risk use Early onset of use	Coalition Development Bringing together community leaders and stakeholders for collective action ACEs Trainings Understanding the impacts of adverse childhood experiences	Decrease in youth alcohol use Decrease in young adult binge drinking
Tobacco/Nicotine	1 in 6 VA adults report smoking cigarettes (BRFSS, 2017) 1 in 15 VA high school youth report smoking cigarettes currently, while 1 in 9 report currently using a vaping product. (VYS, 2017).	Low perception of risk use Early onset of use	Coalition Development Bringing together community leaders and stakeholders for collective action CounterTools Developing responsible retailer practices ACEs Trainings Understanding the impacts of adverse childhood experiences	Decrease in youth tobacco/nicotine use Decrease in young adult tobacco/nicotine use
Mental Health/Suicide	1 in 14 VA high school youth have attempted suicide in the past year (VYS, 2017) 9.9 out of 100,000 youth ages 15-19 died by suicide in VA in 2019 (America's Health Rankings, 2019) 13.8 out of 100,000 adults died by suicide in VA in 2019. (America's Health Rankings, 2019)	High rates of depression/sadness High rates of suicidal thoughts	Mental Health First Aid and Suicide Prevention Trainings Recognizing and addressing signs of suicide Coalition Development Bringing together community leaders and stakeholders for collective action ACEs Trainings Understanding the impacts of adverse childhood experiences Lock and Talk Suicide prevention through lethal means safety	Decrease in youth suicide attempts Decrease in youth death by suicide Decrease in adult deaths by suicide

CSBs across Virginia were required to implement all five priority prevention strategies while reserving some prevention funds to implement strategies focused on local priorities.

In response to statewide legislative changes around gambling and cannabis use in Virginia, DBHDS and Omni partnered in FY 2021–22 to conduct local needs assessments across all 40 CSBs. Each CSB completed an environmental scan on problem gaming and gambling, along with community readiness assessments for both gambling and cannabis. Whereas environment scans measure the physical landscape around gaming and gambling and the scope of online gaming and gambling advertisements, community readiness assessments determine each community's knowledge, leadership, and attitudes around gambling and cannabis. Through this process, DBHDS and Omni identified Problem Gaming and Gambling and Cannabis as two additional emerging prevention needs. Beginning in early 2023, CSBs launched prevention strategies targeting problem gaming and gambling, followed in FY 2023–24 by strategies addressing cannabis. DBHDS did not prescribe specific strategies to address these additional prevention priorities, instead allowing CSBs to adopt interventions suited to local needs.

In FY 2023-24, five years after the 2018 needs assessment, Omni conducted an updated comprehensive statewide needs assessment³ to determine how prevention activities implemented across the prior five years impacted outcomes related to alcohol, tobacco, and mental health and to reassess program priorities for the prevention and behavioral health landscape in Virginia for 2025-2030. Together with DBHDS, Omni completed three phases of work:



Phase 1

A literature review of prevention frameworks, comparable state models, and strategies that address shared risk and protective factors to identify clear opportunities for an improved statewide prevention approach in Virginia



Phase 2

Primary data collection (focus groups) with the direct prevention workforce (CSBs) and DBHDS staff, who oversee efforts at a state level



Phase 3

Data snapshots of the most recently available secondary data on substance use, mental health, and problem gambling across Virginia

The needs assessment process also mapped out a variety of risk and protective factors that are linked through established research to a range of behavioral health outcome areas: alcohol, cannabis, problem gaming and gambling, mental health and suicide, opioids, stimulants, tobacco, and vaping. This review served as a critical component of the planning process for the 2025-30 Strategic Plan.⁴

Evaluation Planning Process

To guide CSBs in developing plans that track progress toward local and state prevention outcomes, Omni collaborated with CSB staff to develop CSB-level ‘evaluation roadmaps’ that integrate each community’s logic model, measurement plan, and data entry plan into one document for ease of use in data entry and reporting.

Logic Model

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

Measurement Plan

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

Data Entry Plan

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

Omni developed a statewide logic model for the 2020-2025 Block Grant funding period that details the shared relationships between priority areas, their underlying risk and protective factors, the priority strategies selected to target those factors, and the desired short-term and long-term impacts of these strategies (see Appendix A).

³Omni Institute (2024). The State of Behavioral Health and Wellness in Virginia: 2024 Statewide Needs Assessment Findings. Submitted to the Virginia Department of Behavioral and Developmental Services Office of Behavioral Health Wellness, Richmond, Virginia. https://www.virginiapreventionworks.org/wp-content/uploads/2025/03/SABG-VA-Needs-Assessment-Report_FINAL-1.pdf

⁴Omni Institute (2025). Virginia Substance Use Prevention Strategic Plan. Submitted to the Virginia Department of Behavioral and Developmental Services Office of Behavioral Health Wellness, Richmond, Virginia. https://www.virginiapreventionworks.org/wp-content/uploads/2025/09/VA-Strategic-Plan-Report_final.pdf

Evaluation Timeline

During the 2024-25 FY, Omni, DHBDS, and CSBs worked closely to coordinate prevention and evaluation activities and efforts. The timeline below provides an overview of notable activities:

October 2024	November 2024	December 2024
FY 2025-30 Strategic Planning Kickoff	FY 2025-30 Strategic Planning In-person Meeting with CSB Prevention Staff	FY 2025-30 Strategic Planning In-person Meeting with DBHDS Prevention Staff
February 2025	May 2025	June 2025
CSB Community Forum on COVID's Effects on Mental Health and Substance Use Disorders	FY 2025-26 Evaluation Planning Kickoff	CSB Community Forum on Problem Gaming & Gambling

Continuous evaluation efforts throughout 2024-25 included:

- ▶ ACE Interface Training Evaluation data provided to CSBs quarterly
- ▶ Suicide Prevention Training Evaluation data provided to CSBs quarterly
- ▶ Data auditing and TA on more than 15,000 implementation activities recorded in the Performance Based Prevention System (PBPS)
- ▶ 2024 Statewide Needs Assessment data collection, synthesis, and reporting

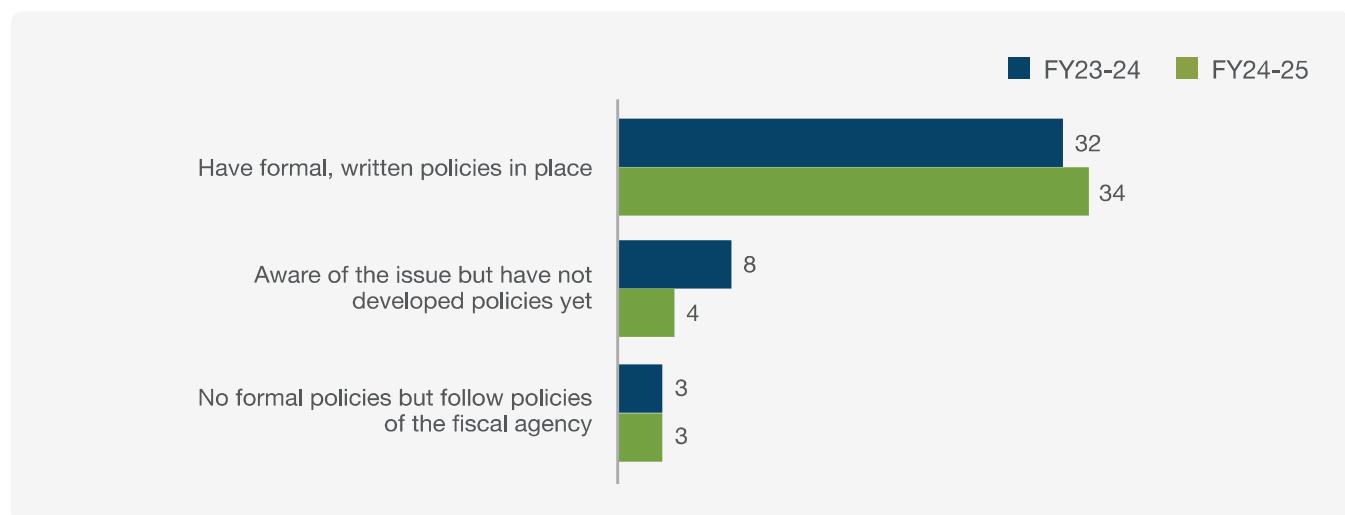


Prevention Capacity

Omni provides capacity-building services to Virginia CSBs, supporting assessment, planning, implementation, and evaluation of prevention efforts across the state. These efforts enhance data literacy and enable the prevention workforce to develop the skills and relationships needed to effectively implement initiatives. Since July 2021, Omni has administered an annual end-of-year survey to CSBs, which includes questions from the Community Level Instrument, developed by the Program Evaluation for Prevention Contract (PEP-C). This section presents selected survey data to illustrate how capacity across the prevention workforce has evolved over the past five years.

In FY24-25, 34 CSBs reported having formal, written policies responsive to local and community context up from 32 CSBs in FY23-24.

This slight uptick suggests that responsiveness remains a priority. Most CSBs consistently maintain these policies from year to year, reflecting a commitment to embedding awareness of and appreciation for local and community practices as a core element of prevention, rather than treating it as a temporary initiative. The extent to which CSBs are able to adopt and maintain these policies is likely also influenced by broader contextual factors, including changes in legislative contexts, shifts in policy priorities, and fluctuations in funding, which can either constrain or support further progress. Even so, the continued presence of these policies is an encouraging sign that CSBs are working to design and implement prevention strategies that serve all communities while keeping responsiveness and effectiveness at the forefront.

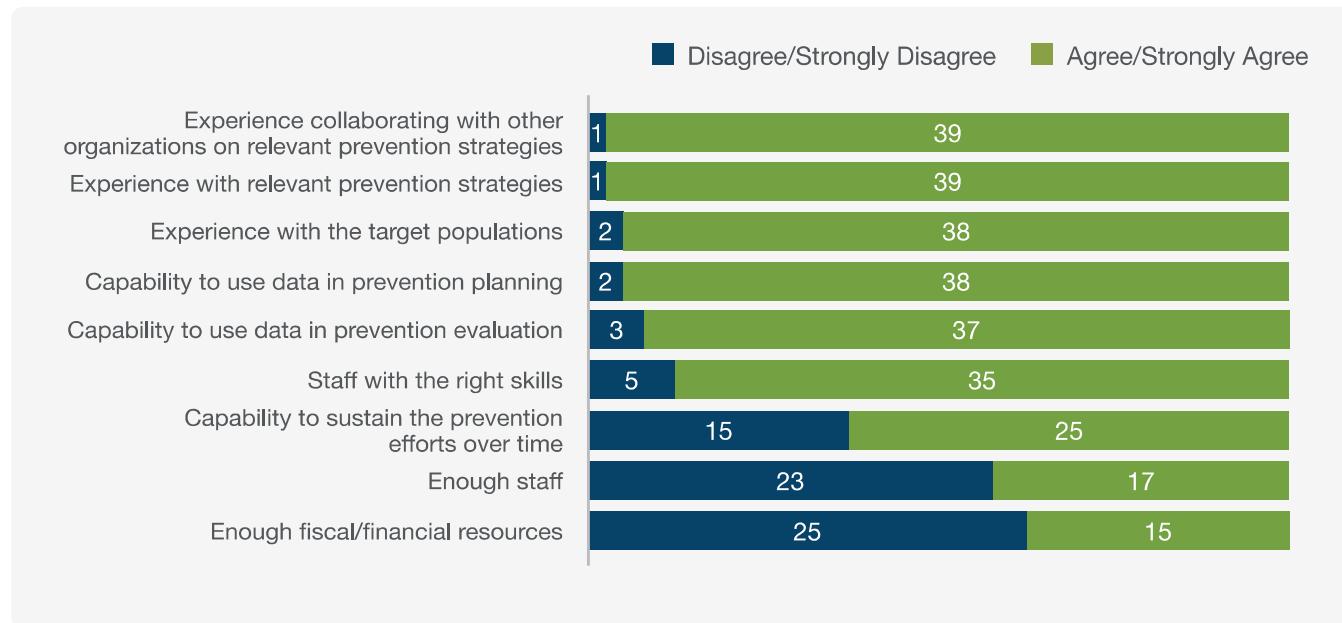


Most CSBs agree that they have the capacity to implement their Block Grant prevention strategies in FY24-25, with responses across nine key areas showing relatively stable trends in recent years.

Collaboration remains a particular strength, with 39 CSBs reporting experience working with other organizations on relevant prevention strategies this year, a level that has remained consistently high over the past five years. The use of data for planning and evaluation also continues to be an area of progress, with 38 CSBs reporting high capacity in this area in both FY23-24 and FY24-25, an improvement from 34 in FY20-21 and 36 in FY22-23.

At the same time, fiscal and financial resources continue to present challenges. The number of CSBs reporting adequate resources has declined overall in the past five years, despite some fluctuations, and only 15 CSBs reported sufficient resources this year. Staffing capacity is also mixed: while many CSBs (n = 35) reported having staff with the necessary skills, they often lack sufficient personnel to meet community needs. Taken

together, these findings suggest that while the workforce is strengthening in areas such as data utilization and collaboration, persistent gaps in funding and staffing continue to impact the sustainability and reach of prevention efforts. Targeted investments in financial resources and workforce development will be essential for CSBs to fully leverage their expertise and deliver fair and effective prevention strategies in their communities.



In FY24-25, CSBs increased their capacity to address differing outcomes across communities in substance use related indicators by developing partnerships with agencies, organizations, and other key collaborators.

Efforts to address health differences focus on populations who have limited access to resources and support services and who are more likely to experience negative substance use and mental health outcomes. By working to reduce hurdles and improve access, CSBs aim to improve health and well-being across all communities. Some highlights from this year include:

“ Some of the biggest barriers we face are the lack of education on substance use, the stigma around addiction, and people not knowing about the resources available to them. That is followed by the lack of transportation and internet, or that some people cannot afford to pay for those things.”

— Planning District 1 CSB

- ✓ **CSBs are receiving targeted training:** 34 CSBs participated in training that focused on preventing population differences in substance use-related health outcomes.
- ✓ **CSBs are increasing access to prevention services:** 26 CSBs implemented strategies that actively reduce roadblocks for populations with the greatest need.
- ✓ **Data-driven decision making is expanding:** 23 CSBs collected data on substance use-related outcomes and needs across high-need populations to inform program planning.
- ✓ **Planning for long-term sustainability:** 13 CSBs developed plans to sustain progress in addressing population differences in substance use-related health outcomes.
- ✓ **Evaluation is tracking reach and outcomes:** 11 CSBs measured changes in the number of individuals served within subpopulations experiencing differences in substance use-related health outcomes.

Overall, efforts reflect broader trends across the past five years, including a continued commitment of CSBs to expanding access to services, improving data collection, increasing focus on sustainability, and building overall prevention capacity.

CSB Highlight

Hampton-Newport News CSB faced a range of environmental and socioeconomic challenges that impacted their prevention efforts this year. High unemployment rates and limited access to transportation made it difficult for individuals to participate in in-person programming. At the same time, language challenges among non-English speakers complicated the delivery of services and the development of local and community relevant messaging.

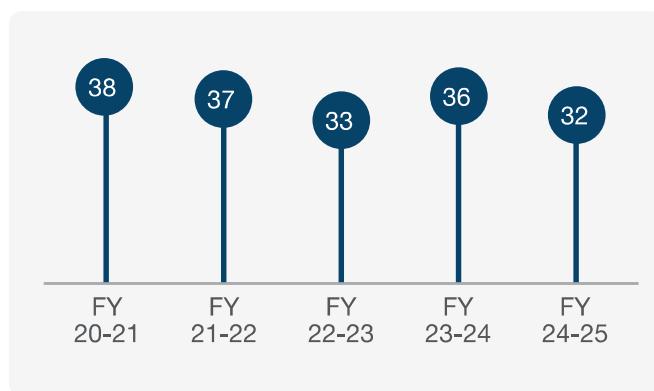
In response, Hampton-Newport News expanded its outreach and education initiatives, including the Activate Your Wellness campaign, and strengthened partnerships with local schools and community organizations. These efforts included providing translated prevention materials and offering Mental Health First Aid training for Spanish-speaking communities, as well as alternating coalition meetings between in-person and Zoom to reduce transportation challenges.

Partnerships with the Campus for Student Success supported the Rise Above program, which provides intervention and education for students referred after substance use violations. Collaboration with Hampton University helped launch peer-led wellness initiatives, such as Hope by the Sea and Activate Your Wellness. University peer leaders also supported the Girls Summit and related peer mentoring groups, broadening the impact of prevention programming for youth and young adults. These focused efforts increased awareness of substance use risks and ensured that prevention messages effectively reached communities with unmet needs.



32 CSBs reported that their communities still lack awareness about the extent or consequences of substance use and misuse.

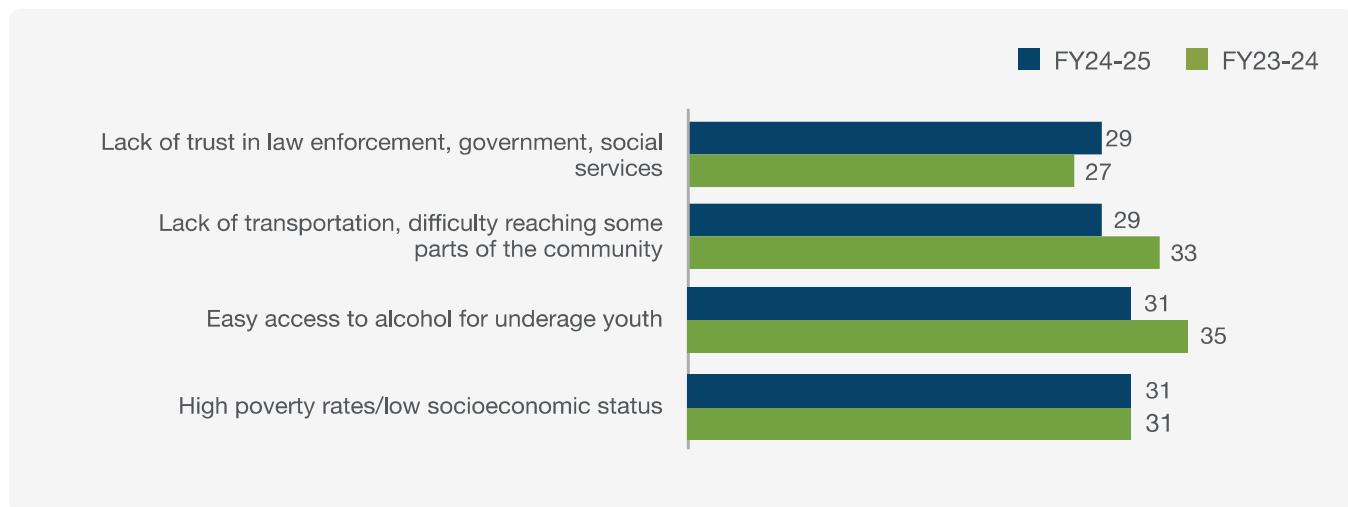
While norms and attitudes favoring substance use have consistently posed challenges, fewer CSBs identified these as significant obstacles compared to five years ago. This shift coincides with the implementation of targeted prevention strategies and community trainings, which may suggest increased receptiveness to prevention messages and a reduction in stigma around substance use.



Greater receptiveness to these messages can support sustained behavior change and may help to reduce the impact of substance misuse over time.

Community-level obstacles continued to impact CSBs this year, reflecting persistent challenges that limited prevention efforts.

High poverty rates were mentioned as a challenge at 31 CSBs both this year and last year, highlighting persistent financial strain and suggesting that broader economic conditions have not improved for many communities. Reports of easy access to alcohol for youths declined from 35 to 31 CSBs this FY, and lack of transportation fell from 33 to 29, which may reflect increased enforcement or community resources. However, trust in institutions rose as a roadblock, increasing from 27 to 29 CSBs, indicating continued skepticism or dissatisfaction with available services. These trends highlight how effective prevention requires attention not only to practical resources but also to fostering trust and strong relationships within communities.



CSBs identified additional roadblocks to implementing prevention services.

These obstacles are deeply interconnected: access challenges, resource constraints, and community attitudes often reinforce one another, perpetuating differences in outcomes across communities. Addressing these root causes is essential for adapting prevention efforts and achieving desired outcomes.

The challenges most frequently cited include:

- ▶ Limited transportation and internet access in rural communities
- ▶ Challenges in providing services for non-English speaking populations
- ▶ Limited funding
- ▶ Prevention workforce shortages, high turnover, and burnout
- ▶ Community stigma and low awareness of substance use and prevention resources
- ▶ Poverty, housing instability, and other social and economic stressors that compete with prevention priorities

Recognizing how these factors interact and influence prevention service delivery is critical for developing effective strategies and for continuously improving efforts to better meet the needs of communities across the state.

 Several barriers impacted our prevention work, including high poverty and lack of transportation, which limited access to programs and events in rural areas. A lack of community awareness and limited youth supervision also made it harder to engage families and prevent risky behaviors. We responded by increasing outreach through schools, local events, and partnerships to meet communities where they are.”

— Western Tidewater CSB

To address persistent challenges, CSBs established partnerships, tailored their outreach, and developed innovative methods for delivering services.

These strategies are essential for reaching populations lacking sufficient resources and addressing systemic imbalances that limit access to prevention resources. For example, Prince William County CSB explained that while providing services responsive to local and community context remained a challenge in FY24-25, they were able to translate various prevention materials into Spanish, Dari, and Pashto to better serve their community, including Activate Your Wellness 8 Dimensions fact sheets, Lock & Talk brochures, Securing Your Firearm sheets, and Suicide Prevention Alliance of Northern Virginia (SPAN) Ask.Talk.Connect. Warning Signs flyers.

These adaptations not only reduce hardships but also highlight the ongoing need to build greater capacity for broad access as community demographics and needs continue to evolve. Ongoing adaptation remains crucial to effective prevention, particularly as obstacles such as limited transportation, language challenges, funding constraints, workforce shortages, stigma, and socioeconomic stressors persistently impact service delivery. Recognizing and addressing these underlying factors is critical to achieving sustainable prevention outcomes for all communities.





Community Mobilization & Coalitions

Coalitions are sustaining and expanding community-driven strategies that strengthen prevention, promote wellness, and build lasting local capacity.

A majority of CSBs (32) reported leading at least one coalition, demonstrating a continued statewide commitment to cross-sector partnership. Through collaborations with schools, youth organizations, law enforcement, healthcare providers, and community groups, coalitions are amplifying their reach, building stronger relationships, and creating more educational opportunities for communities. Together, these efforts are fostering healthier, more connected, and resilient communities across Virginia.

In FY24, CSBs continued investing in long-term sustainability by strengthening leadership and strategic direction. Coalitions in Cumberland, Hanover, Western Tidewater, and Rappahannock developed or updated strategic plans to ensure their work remains aligned with emerging community needs, such as youth mental health and substance use. Many CSBs also invested in training and leadership development through participation in Community Anti-Drug Coalitions of America (CADCA) and Mini Academy programs, which directly enhanced coalition organization, engagement, and goal setting. Coalition members are applying these insights through data-driven decision making, targeted campaigns, and strategic community reporting.

“ On April 10, the Substance Abuse Prevention Coalition of Alexandria (SPACA) cohosted an Alexandria Youth Speak Up event where over 100 youth and adults attended the event. Middle school and high school students discussed the issues they are facing, including substance use, and the solutions to address these issues.” — Alexandria CSB

Organizing events remained one of the most powerful ways to bring communities together, strengthen partnerships, and raise awareness. Coalitions collaborated with regional partners to host high-impact events, including the Historic Triangle Summit in Colonial, which convened over 150 attendees for training and youth-led discussions, and Loudoun’s Wellness and Recovery Fest and Shatter the Stigma 5K, which brought together schools, families, and local agencies.

In northern Virginia, the Substance Abuse Prevention Coalition of Alexandria (SAPCA) cohosted the Alexandria Youth Speak Up event, where over 100 youths and adults came together to discuss challenges related to substance use and to identify solutions. Horizon’s Community Safety Strolls, held in partnership with the Lynchburg Police Department, connected over 500 community members to mental health and safety resources. Events such as Southside’s Spanish Language Resource Fair and the We Stand Together Summit demonstrated broad community engagement and outreach, ensuring prevention efforts reach all populations across Virginia.

 **32**
CSBs lead coalitions

 **70**
active coalitions

 **2,000**
coalition members

“ Chesterfield Suicide Awareness and Prevention Coalition received a National Association of Counties award for our September 2024 Suicide Awareness Campaign focused on increasing awareness of the continuum of mental health emergency responses in our community.”

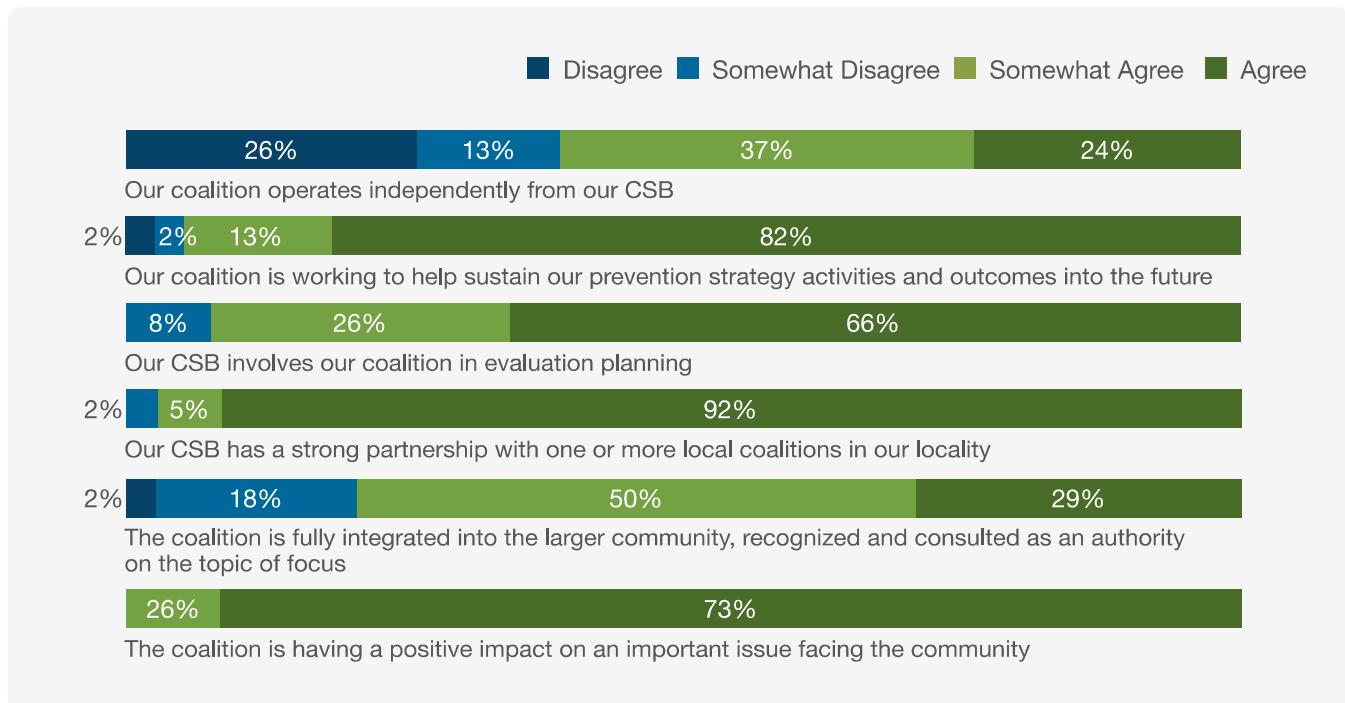
— Chesterfield CSB



Southside’s We Stand Together Summit

CSBs maintained strong, collaborative partnerships with their local coalitions across the state.

Findings from the end-of-year survey highlight ongoing collaboration in evaluation planning, strategy development, and sustaining prevention outcomes. Most CSBs ‘agreed’ or ‘somewhat agreed’ that coalitions are recognized as trusted community partners and vital contributors in addressing behavioral health and substance use priorities, while CSBs continue to play an active role in fostering coordination, communication, and shared accountability.



However, staffing shortages, funding limitations, competing schedules, and transportation issues continue to impact coalition participation and overall reach.

Additional hurdles, including stigma related to mental health and suicide prevention, a lack of bilingual resources, and limited community awareness, also hinder engagement with certain populations and make it challenging to maintain momentum across local areas. These factors likely influence how some CSBs rated their coalition’s overall visibility and integration, underscoring the importance of consistent funding and continued investment to maintain and expand the impact of coalitions.

During FY24-25, CSBs distributed the Coalition Readiness Assessment (CRA) to coalition members, which is administered on a biannual basis. This tool provides CSBs and coalitions with a consistent method to assess coalition effectiveness and identify areas for growth.



764 coalition members completed the CRA in FY24-25.



64 coalitions were represented.



50 coalitions reported a primary focus on alcohol misuse, tobacco/nicotine misuse, suicide prevention and mental health, and prescription misuse.

“ The loss of American Rescue Plan Act funding had a huge impact on our Drug-Free Communities (DFC) coalition, Hanover Cares. The program coordinator position was eliminated, and much momentum was lost with our youth coalition, Teens Care Too. Unfortunately, the uncertainty of DFC funding, as well as State Opioid Response and SUBG funding, are issues beyond our control and will be continuing issues. We may not overcome, but we will adapt and stay resilient!”

— Hanover CSB

In addition to core prevention priorities, coalitions also focused on a wide range of community wellness and safety issues, including addiction recovery, ACEs, parenting support, housing, family health, and social determinants of health, such as access to transportation, education, stable employment and housing, and other social and economic conditions in which people live, work, and learn. Emerging areas of concern, such as cannabis, fentanyl, gambling, and gun safety, were also addressed through education and outreach efforts.

Coalition membership reflected a strong mix of new and long-term engagement, with 149 members participating for less than one year, 259 involved for one to three years, and 276 contributing for more than three years.

Coalition members reported high levels of readiness in context, leadership, and process, reflecting positive perceptions of their coalitions' leadership, decision-making, and ability to make meaningful progress on local issues.

Domains of Coalition Readiness and Effectiveness	2020-21	2022-23	2024-25
Average score (out of 4)			
 Context: To what extent is the coalition working on a critical issue that affects the community?	3.53	3.62	3.63
 Structure: To what extent does the coalition have effective norms, information, support, and representative membership?	3.28	3.38	3.44
 Leadership: To what extent do members perceive leadership to be effective, collaborative, knowledgeable, and skilled with communication, management, and problem-solving?	3.40	3.49	3.55
 Membership: To what extent do members effectively work together and have a strong commitment to the coalition?	3.08	3.24	3.29
 Process: To what extent does the coalition value member opinions and make effective decisions?	3.24	3.39	3.46
 Results: To what extent has the coalition set specific, measurable goals and achieved them?	3.12	3.28	3.32
 Maintenance: To what extent does the coalition revise plans and share information and results with members and the larger community?	3.18	3.32	3.38
 Institutionalization: To what extent is the coalition integrated into the larger community, recognized, and consulted as an authority on the topic of focus by other organizations, legislative bodies, or government entities?	2.94	3.16	3.20

Over the past three reporting periods, coalition readiness and effectiveness scores have shown steady increases in every domain.

From FY20-21 to FY24-25, the strongest gains occurred in membership, leadership, and institutionalization, suggesting that coalitions are becoming more collaborative, better connected, and increasingly recognized within their communities. The highest rated domain has been context, indicating that coalitions are consistently addressing issues critical to their localities. Modest but consistent increases in process, maintenance, and results scores also demonstrate that coalitions are strengthening decision-making, communication, and outcome tracking. Overall, upward trends highlight the progress coalitions have made in building sustainable structures and partnerships statewide.

Lock and Talk

Lock & Talk Virginia remains a key element of statewide suicide prevention, offering tools, training, and messaging to reduce access to lethal means. During FY 2024–25, CSBs continued to expand the program with more device distributions and broader outreach efforts, including coalition building, merchant education, and social marketing. Building on earlier successes, Lock & Talk activities reached a wider audience of Virginians and strengthened local partnerships. Many CSBs enhanced their outreach by collaborating with new organizations, including county clerks, gun shops, and local civic engagement groups, tailoring efforts to specific communities and forming new partnerships.

-  **4,877** reached through presentations
-  **4.1M** total impressions/reach through social marketing
-  **81** gun retailers visited
-  **42,195** total devices distributed

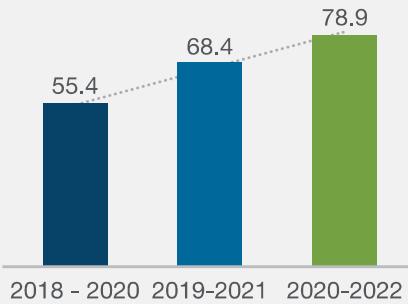
Lock & Talk's significance is underscored by trends in behavioral health data that point to widespread behavioral health risks:

Overdose Rates:

VASIS data show that overdose rates rose from 55.4 per 100,000 (2018–2020) to 78.9 (2020–2022), with the highest counts in Region 5.

 **Lock & Talk directly responds by distributing pill timer caps and lockboxes, reducing overdose risks through safe medication storage.**

Overdose deaths per 100,000 people

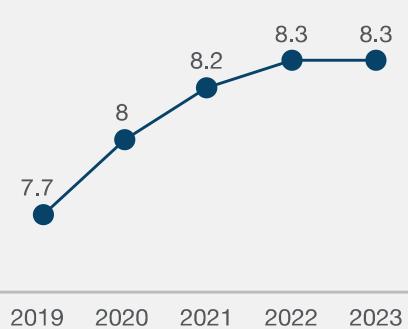


Firearm-Involved Suicide:

Virginia Department of Health data shows that from 2019 to 2023, 59% of firearm-related deaths were suicides. Firearm-involved suicide continued to be a leading cause of firearm-related death in Virginia, with rates steadily rising from 7.7 in 2019 to 8.3 per 100,000 in 2023, though rates remained consistent between 2022 and 2023.

 **Device distribution and merchant education ensure that safe firearm storage remains a central component of suicide prevention.**

Firearm suicides per 100,000 people



Youth Firearm Access:

Youth Risk Behavior Survey data show concerning levels of firearm access among high school students. In 2023, 22.4% of high school students reported that it would take less than an hour to get and be ready to fire a loaded gun without adult permission. 2.8% reported having carried a gun to school in the past 30 days – a decrease from 2019.

Reported carrying a gun in the past 30 days



These findings emphasize the critical need for Lock & Talk tools—such as trigger locks, cable locks, and education campaigns—in decreasing youth access to firearms.

This year, 38 CSBs implemented Lock & Talk, distributing 42,046 safety devices to community members at no cost, including 15,331 lock boxes, 11,952 cable locks, 8,812 trigger locks, and 5,951 smart pill bottles/timer caps. Devices were distributed at schools, libraries, health fairs, and coalition meetings, reinforcing Lock & Talk as both a public education and community safety strategy. These devices are a direct means of reducing suicide and overdose risk by limiting immediate access to firearms and medications.

Lock & Talk's visibility has been actively maintained through 4,093,971 social marketing impressions, as well as continued efforts with community events and presentations. Although social media reach is lower (4.1 M) compared to last year (5.6M), some CSBs expanded their messaging and strategized through focused Lock & Talk campaigns. Horizon Behavioral Health CSB partnered with the Suicide Prevention Awareness Coalition and local mental health clinicians to launch a "Let's Talk...U Good Bro?" campaign. This initiative created a safe space where men could openly discuss mental health, life's pressures, and personal struggles at local barbershops, fostering brotherhood and support through a series of Barbershop Talks. The initiative had a strong social media presence, including a podcast episode, and featured a dedicated website landing page to mark Men's Health Month in June. Additionally, the campaign offered branded giveaways to promote Lock & Talk.



LET'S TALK... U GOOD BRO?

BARBERSHOP TALKS: MEN'S MENTAL HEALTH

Fellas, step into the shop and speak your truth. Barbershop Talks is a space for men to open up about mental health, life's pressures, and the struggles we often keep inside. No judgment, just real conversations, support, and brotherhood. Come share, listen, and learn from each other – let's break the silence and stereotypes together.

“ I never thought about how many medications I had in the house: ibuprofen, prescriptions, even old bottles in drawers. The lock box gave me a simple way to secure everything.”

— Chrissy L., a Mount Rogers CSB Community Member

CSB Highlight

Mount Rogers CSB took a community-centered approach to prevention, weaving together education, outreach, and practical strategies that resonated with local residents. A key example of this approach was the Lock & Talk social marketing campaign, which used local stories from residents and safety tips to engage thousands of people across the region. A local parent and teacher in Wythe County discovered the impact of Lock & Talk after picking up a free medication lock box from Mount Rogers CSB. What started as a simple safety step at home soon extended into her school community, where she shared brochures and encouraged other families to secure their medications. Her action sparked broader conversations among parents and colleagues about prevention, safety, and reducing suicide risk. By embedding initiatives like Lock & Talk into its broader prevention work, Mount Rogers is building a foundation of safety, care, and shared responsibility.

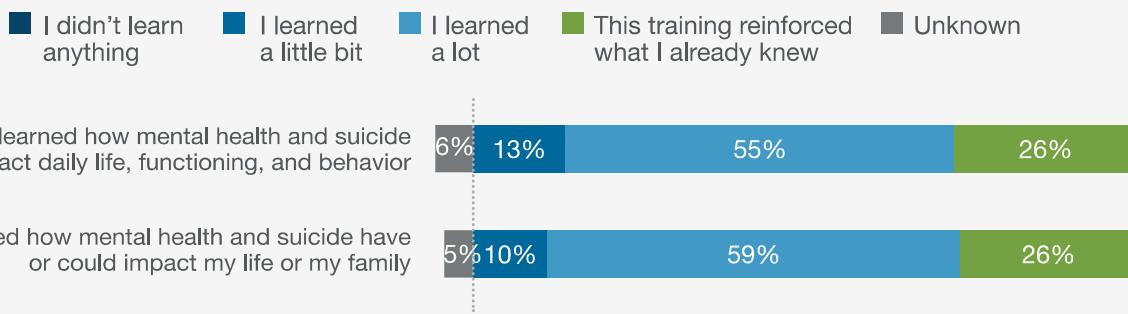
CSBs strengthened Lock & Talk by adapting outreach to local needs and building innovative partnerships that extended the program's reach across Virginia. These collaborations ensured that safe storage messaging and suicide prevention practices were not only widely disseminated but also embedded into trusted community systems.

- ▶ **Gun shop and business partnerships:** Many CSBs sustained collaborations with firearm retailers through the Gun Shop Project, while others partnered with pharmacies and trusted local businesses to provide firearm storage education to community members.
- ▶ **Faith-based and youth-focused outreach:** CSBs tailored messaging for faith communities and youth audiences, emphasizing safe storage and normalizing conversations about suicide prevention.
- ▶ **Community alliances:** Chesterfield CSB built a collaboration with Virginia Moms for Change to disseminate Lock & Talk messaging through libraries and via community events such as Home Safety Month, leveraging trusted voices to increase visibility and community involvement. Virginia Moms for Change is driven by a powerful vision: a future where children grow up free from the threat of gun violence. Rooted in the strength and resilience of mothers, the organization is committed to prevention today while remaining ready to champion the next critical issues facing families tomorrow.
- ▶ **Local systems integration:** Arlington CSB collaborated with the county clerk's office to provide Lock & Talk devices to all concealed carry permit applicants. Valley CSBs piloted the Lock & Talk Partner Survey to enhance collaboration with external partners, testing methods to improve partnership feedback and accountability.

By integrating Lock & Talk into local systems and partnerships, CSBs demonstrated that the program goes beyond device distribution; it can be embedded within community frameworks to achieve greater impact and sustainability.

This year, 66 participants who participated in Lock & Talk trainings completed training evaluations, providing valuable insights into learning outcomes. Participants reported gaining essential knowledge, effective prevention skills, and an increased awareness of safe storage as a crucial method for preventing suicide, underscoring the value of pairing practical tools with evidence-based education.

Participant Learnings from the Lock & Talk Training Report FY24-25



Supply chain issues were a key roadblock in the implementation of Lock & Talk initiatives this year. The BG End-of-Year survey highlighted significant progress and obstacles in implementing Lock & Talk.

Occasional shortages of lock boxes and cable locks caused delays in timely distribution. CSBs adapted by engaging multiple vendors to stabilize supply, ensuring families could still access the devices critical for preventing overdose and reducing youth firearm access. Despite challenges, CSBs showed resilience and innovation. Their adaptations helped ensure Lock & Talk continued, reinforcing its importance within Virginia's wider behavioral health and suicide prevention efforts.



Mental Health & Suicide Prevention

Suicide prevention trainings reached over 9,000 Virginians, providing education on how to recognize and support someone experiencing a mental health challenge.

This year, CSBs continued to strengthen capacity to respond to mental health needs by offering Mental Health First Aid (MHFA) trainings in their communities, along with one of several other suicide prevention trainings: Applied Suicide Intervention Skills Training (ASIST), safeTALK, or Question. Persuade. Refer. (QPR).

**37**

CSBs provided mental health & suicide prevention trainings

**639**

trainings

**9,296**

people trained

ASIST	Two-day trainings focused on helping caregivers recognize and intervene to prevent the risk of suicide. The learning process is based on adult learning principles and involves highly participatory workgroups.
MHFA	Eight-hour trainings provide essential skills to offer initial assistance and support to someone who may be developing a mental health or substance use issue or facing a crisis.
QPR	One- to two-hour introductory trainings for general audiences enhance a general awareness of suicide through public education while teaching community members the warning signs of suicidal thinking and behavior. QPR also covers three basic intervention skills that can help avert the tragedy of suicide.
safeTALK	Four-hour trainings teaching the TALK steps—Tell, Ask, Listen, Keep Safe—to engage those with thoughts of suicide and help to connect them with life-affirming resources that can help avert the tragedy of suicide.

The number of MHFA, ASIST, safeTALK, and QPR trainings declined from 702 in the previous fiscal year to 639, along with the number of individuals trained, which decreased from 12,844 to 9,296. CSBs reported limited capacity for conducting trainings due to staff turnover and loss of funding. The loss of funding significantly impacted CSBs, leading to the loss of training staff, an increased need for suicide prevention instructors, and overall challenges in implementing programs due to reduced resources and limited capacity to train new facilitators.

Despite these challenges, CSBs found opportunities to innovate and expand reach. CSBs integrated Lock & Talk messaging into safeTALK trainings, distributed Lock & Talk resources trainings, and used the trainings to connect participants with additional suicide prevention training opportunities. CSBs increased language access by offering MHFA and QPR in Spanish, leading to higher participation among Spanish speakers. Trainings reached a wide range of audiences, including law enforcement, higher education institutions, government agencies, the military, and community-based organizations. Coalition members played an important role in promoting trainings, resources, and awareness opportunities through their networks.



We continued to provide the QPR training in Spanish and have been able to increase participation in Spanish speaking communities in trainings and discussions on suicide prevention which has been a barrier in the past. We have also had continued success with targeting populations such as older adults. Offering trainings throughout the community, bringing awareness to the community to help prevent suicide, learning the QPR steps and removing stigma/barriers to be able to talk about suicide prevention.”

— Fairfax-Falls Church CSB

Suicide prevention trainings continue to equip Virginians with the skills needed to support individuals in crisis. By offering trainings with different formats, time commitments, language options, and target populations, CSBs expand the availability of resources and ensure more communities can access the support they need.

MHFA continues to be the most-delivered training, offering unique curricula tailored toward supporting youth and adults, alongside various, population-specific add-on modules. CSBs trained 6,073 community members in Youth and Adult MHFA this year, a slight decrease from the previous year. Adult MHFA was the only program that saw an increase in both the number of sessions and participants compared to the previous year. To address growing community demand for mental health resources and education, several CSBs also offered additional trainings and presentations, such as Signs of Suicide and Talk Saves Lives, to provide more opportunities for community members to engage with evidence-based curricula and content. These offerings provide those who have already been trained in MHFA, ASIST, safeTALK, and/or QPR additional learning opportunities.

“The RACSB Prevention Services Team continues to maintain a full training schedule and made strides within the local school divisions this year. We were able to implement teen MHFA at two high schools and have plans to expand to a third high school. MHFA trainings have been identified by three school divisions as a priority.”

—Rappahannock Area CSB

CSBs have held 2,992 MHFA, ASIST, safeTALK and QPR trainings



CSBs have trained 48,388 Virginians in MHFA, ASIST, safeTALK and QPR



CSB Highlight

New this year, three CSBs partnered with their local high schools to implement teen Mental Health First Aid (tMHFA), a multi-session suicide prevention training for students. Through these partnerships, tMHFA equipped teenagers with the knowledge and skills to recognize signs of mental health challenges in friends and peers, provide support, encourage professional help, and involve a trusted adult when needed. In total, 16 trainings were delivered, reaching 2,195 youth.

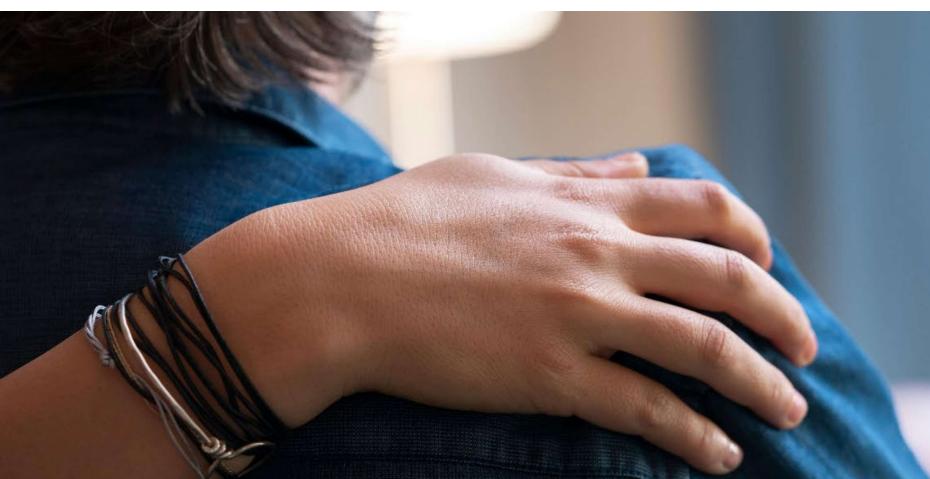


CSBs have made a remarkable impact over the past five years. They have held nearly 3,000 MHFA, ASIST, safeTALK, and QPR trainings and have equipped over 48,000 Virginians with vital skills to address the mental health needs of their communities.

Training Type	Total Trainings Since July 1, 2020	Total Participants Since July 1, 2020
MHFA - Adult	1,321	19,661
MHFA – Youth	735	10,157
QPR	515	10,538
safeTALK	305	6,585
ASIST	116	1,649
SOS	104	32,090
Talk Saves Lives	58	1,206
More Than Sad	23	391
Crisis Intervention Team (CIT)	15	238
Other	60	2,239
Total	3,252	84,754

The Virginia Suicide Prevention Training Evaluation tool, developed in 2023 by Omni in collaboration with Living Works, two CSBs, and DBHDS, addresses challenges in tracking data across multiple curricula statewide.

This year, the Virginia Suicide Prevention Training Evaluation tool provided new insights into the quality and impact of suicide prevention trainings across the Commonwealth. By collecting voluntary participant feedback, the tool goes beyond simple counts of trainings and participants to capture how individuals experience and apply what they learn – and how learning outcomes differ across the various curricula offerings. These findings complement required reporting systems such as the PBPS, providing a clearer picture of training effectiveness, potential behavior change, and participant experiences, and offering insights that go beyond simple participation counts.



The Virginia Suicide Prevention Training Evaluation tool collected responses from 2,039 participants across 232 trainings this year.

The evaluation results demonstrate strong and consistent learning outcomes across ASIST, MHFA, QPR, and safeTALK participants. Training participants reported feeling confident in their ability to recognize signs when someone is in crisis, listen without judgment, and take action if an individual's words or behavior suggest suicide. Differences in the percentage of participants who strongly agreed with these items may be related to the training format. For example, safeTALK is a shorter training compared to ASIST or MHFA, which may contribute to less robust outcomes. Similarly, QPR is delivered in multiple formats, and since it is unclear which versions CSBs are using, this variability could explain the lower reported outcomes for that training.

While participant feedback highlights what individuals are gaining from trainings, state-level data illustrate whether these efforts are making a measurable difference across Virginia. According to the Behavioral Risk Factor Surveillance System, the percentage of Virginians reporting depressive disorder decreased from 21% in 2022 to 20% in 2023. Among young adults, the percentage experiencing depression dropped from 49% in 2022 to 41% in 2024. CSB suicide prevention trainings, campaigns, and related initiatives align with and support broader statewide efforts to improve mental health. In 2022, 77% of young adults 'agreed' or 'strongly agreed' when asked if they knew where to access mental health resources or treatment; by 2024, that number had risen to 83%. Overall these results suggest that coordinated prevention efforts may be positively impacting mental health outcomes and access to resources across Virginia.

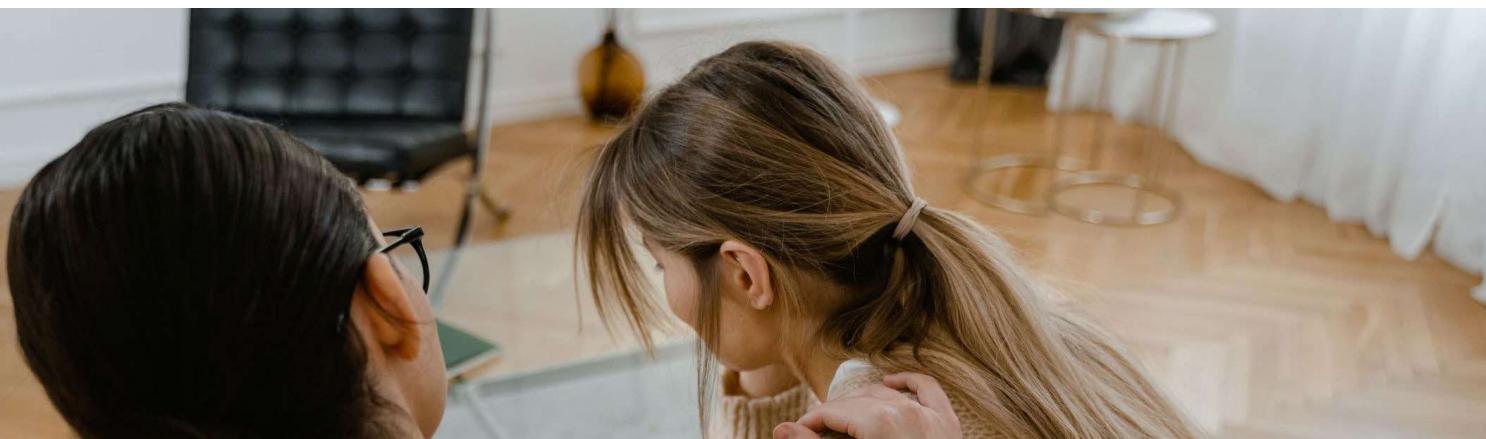
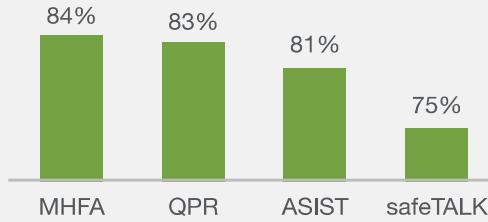
I recognize the signs that someone may be dealing with a mental health challenge or crisis.



I will listen without expressing judgment to anyone I suspect is experiencing a mental health challenge or crisis.



If a person's words and/or behaviors suggest the possibility of suicide, I will take action to help them.





Merchant Education

Through merchant education, CSBs are fostering responsible retailer practices, expanding prevention efforts beyond compliance.

Data from the 2024 Virginia YAS show that underage substance use and gambling remain pressing concerns. More than one in three young adults aged 18 to 20 reported drinking alcohol (35%), nearly one in five reported vaping or using e-cigarettes (19%), about one in ten reported using tobacco (9%), and a similar share reported gambling (11%) at least once in the past 30 days. **Retailers serve as a critical point of access**, making their role central to efforts that limit availability and reduce underage use.

**25**

CSBs conducted retailer visits

**2,003**

merchants were visited

In the 2024-25 fiscal year, 25 CSBs reported visiting tobacco and nicotine retailers in their communities with support from prevention staff, coalition members, and community partners. These visits mark the **first year of a two-year period** in which CSBs will visit every tobacco and nicotine retailer in their catchment area, with the remaining CSBs planning to conduct their visits in the 2025-26 fiscal year.

Two systems are used to capture this work. PBPS reflects CSBs' reported retailer visits, while the Point of Sale Toolkit (POST) system captures retailer responses to specific assessment questions. Together, these systems provide complementary perspectives on outreach and outcomes.

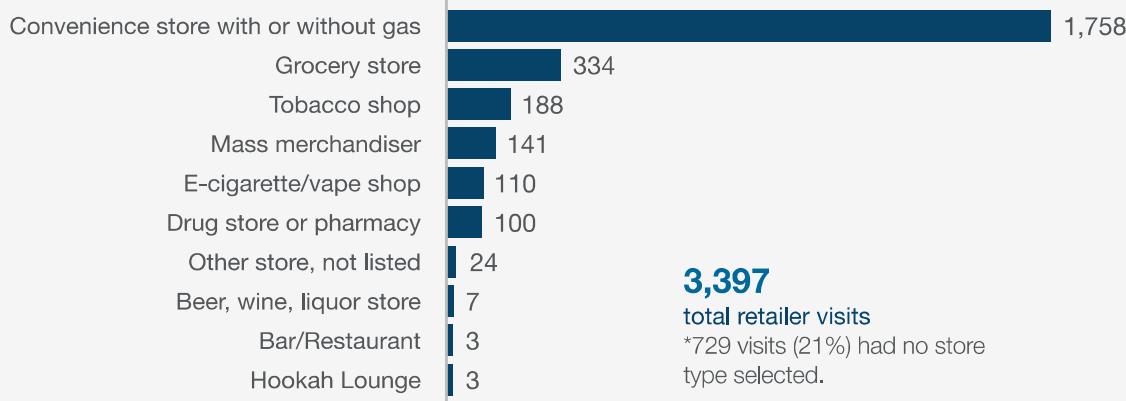
CSBs highlighted the importance and impact of retailer education in strengthening community partnerships and reducing youth access to harmful substances. Several CSBs described building meaningful connections with retailers through CounterTools assessments, which focus specifically on tobacco retail environments, as well as merchant education efforts related to alcohol, cannabis, and problem gambling. These efforts provided tailored education and resources to meet retailers' needs, and merchants requested additional materials, demonstrating openness to continued collaboration and learning. Together, these experiences illustrate how retailer education extends beyond compliance to address broader community concerns, promote responsible retailer practices, and reinforce prevention efforts.



In discussing challenges that merchants may have for prohibiting sales to minors, many shared that customers had overdosed on store property. For this reason, *REVIVE!* training and naloxone were offered to merchant staff, and most gladly accepted the training and medication.”

— Cumberland Mountain CSB

Convenience stores accounted for the largest share of retailer visits, followed by grocery and tobacco stores (POST).



CSBs assessed a wide range of retailers in the community. Key findings include:

 **140** (9%) retailers were located within 1,000 feet of a school.

 **784** (52%) retailers were located within 500 feet of another tobacco retailer.

Most of the 25 CSBs that conducted CounterTools visits leveraged them to address additional prevention priorities beyond tobacco (PBPS).

Among the 25 CSBs, 96% implemented problem gambling merchant education, 20% incorporated alcohol education, and 8% included cannabis education. CSBs are expanding merchant education in ways that both broaden its scope and deepen its community impact. Some integrated problem gambling, cannabis, and alcohol education into CounterTools visits, while others paired these efforts with coalition initiatives to raise retailer awareness of issues such as opioid-related deaths. Partnerships with local health departments also strengthened prevention work by reviewing tobacco and vape advertising and sharing findings with coalitions to guide civic engagement. Looking ahead, many CSBs shared plans to prioritize vape merchant education in the upcoming fiscal year, a focus that aligns with Virginia's participation in the multistate JUUL settlement. This settlement will provide the Commonwealth with approximately \$16.8 million⁵ to support youth vaping prevention and related public health initiatives.

CSBs provided merchant education to the following number of stores by focus area:

Tobacco/Nicotine:
1,421 stores

Problem Gambling:
690 stores

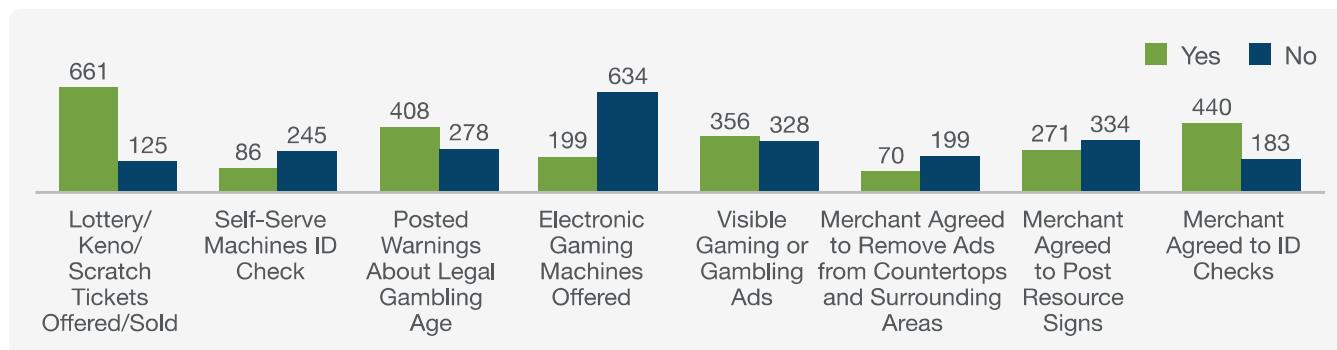
Alcohol:
165 stores

Cannabis:
92 stores

Some CSBs incorporated problem gambling merchant education assessments into their CounterTools visits. In PBPS, CSBs reported conducting problem gambling merchant education at 325 retailers. In the POST system, there were responses from nearly 700 retailers. Taken together, these data provide complementary perspectives: PBPS captures CSBs' reported retailer visits, while POST tracks retailer responses to specific assessment questions. Because not all questions were answered by every retailer, there is variation in the number of responses across assessment items.

Assessments showed that most retailers sold lottery products, yet safeguards were inconsistent. About six in ten posted age warning signage, but only one quarter reported ID check features on self-serve machines. Roughly half displayed gambling advertisements, but fewer merchants agreed to remove ads or post problem gambling resource signs. A majority of retailers agreed to conduct ID checks.

Lottery retailers also receive commissions on product sales, a financial incentive that may influence their willingness to engage in prevention measures. These findings underscore the need for continued merchant education in this area and provide a starting point for tracking progress as more CSBs add problem gambling merchant education to their retailer visits.



⁵Office of the Attorney General. (2022, September 6). Attorney General Miyares announces \$438.5 million agreement with JUUL. <https://www.oag.state.va.us/media-center/news-releases/2448-september-6-2022-attorney-general-miyares-announces-438-5-million-agreement-with-juul>

Virginia Synar violation rates have fluctuated in recent years but have **remained below the 20% compliance threshold set by SAMHSA**.

While Virginia's retailer violation rates have shown year-to-year fluctuations, the most recent decline from 16.5% in 2022 to 9.3% in 2024 indicates improvement in retailer compliance. These findings align with the YAS data, which suggest that fewer youth are perceiving these products as easy to obtain in recent years. Between 2022 and 2024, the percentage of young adults reporting that it is "very easy" or "sort of easy" to access these substances in their community if under 21 declined across all categories.



Data for 2020 and 2021 are unavailable due to COVID-19.

Between 2022 to 2024, there was a decrease in the percentage of young adults who reported perceiving easy access to the following substances.

Vaping **71% → 61%**
(2022) (2024)

Alcohol **68% → 58%**
(2022) (2024)

Tobacco **63% → 54%**
(2022) (2024)

These downward trends provide encouraging context, suggesting that merchant education, compliance efforts, and broader policy changes such as Virginia's Tobacco 21 law (implemented in 2019) may all be contributing to shifts in youth perceptions of access.

Across CSBs, youth were at the center of merchant education initiatives, actively participating in vendor visits and community outreach.

In Alexandria, students led a Take Down Tobacco Day that began with a press conference and continued with nearly 60 youth and adults visiting retailers to promote the COUNTER ACT campaign. In Arlington, members of the Teen Network Board and Buckingham Youth Brigade took part in vendor visits to reinforce prevention messages. In Crossroads, youth engagement focused on strengthening connections with local retailers, encouraging broader education on the dangers of substance use, with some retailers expressing willingness to adopt changes. Together, these efforts highlight how empowering youth as leaders in prevention not only amplifies community outreach but also builds meaningful partnerships with retailers to create healthier environments.

“ Several local merchants shared stories of their experiences with the community when some youth became upset when they would not sell tobacco products to them and in several cases merchants asked for additional educational materials.”

— Fairfax-Falls Church CSB





ACE Interface Trainings

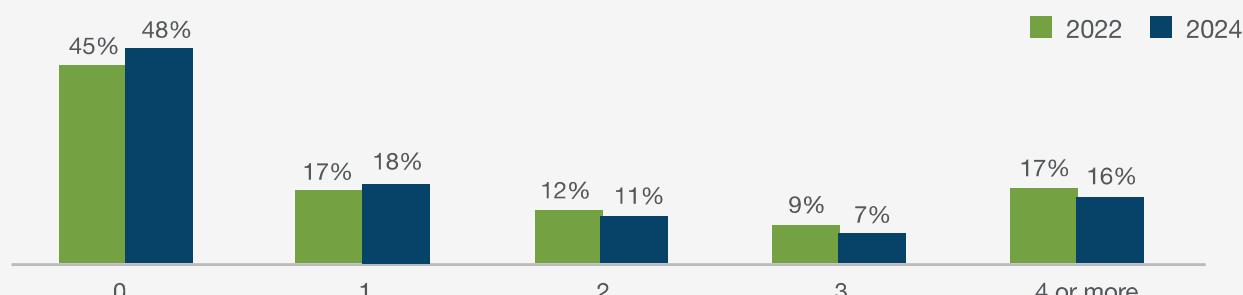
Across 37 CSBs, 707 Adverse Childhood Experiences (ACEs) Interface trainings were provided to bring awareness of the impact of ACEs on health and behavior.

ACEs are potentially harmful events that occur in childhood, such as experiences of abuse, neglect, or household challenges like substance use, domestic violence, or parental separation. Experiencing a higher number of ACEs has been associated with several adverse health outcomes, including increased likelihood of substance use and mental health concerns. Through the ACE Interface curriculum, participants learn not only about the biological health and social impacts of childhood adversity but also how to create supportive environments that build resiliency and strengthen community well-being.

Over the past five years, Virginia has steadily increased the number of trainings and presentations focused on ACEs and their impact on long-term health. The number of trainings and presentations rose from 295 in FY20-21 to 707 in FY24-25, showing a clear commitment to expanding ACEs awareness. However, the number of individuals trained each year does not follow the same upward trend. While 7,927 people were trained in FY20-21 and 9,348 in FY21-22, participation dropped to around 5,000 per year in the most recent three years, despite an increase in the number of trainings offered. This suggests that, despite more opportunities, each training is reaching fewer people on average. Several factors may contribute to this, including a shift towards smaller, more targeted sessions, saturation (i.e., an increase in individuals who have previously been trained), changes in community needs, or the lingering effects of the pandemic on group gatherings. Understanding these patterns is essential for refining outreach strategies and ensuring that programming continues to reach and engage those who can benefit most from ACEs education.

Experiencing ACEs is common – experiencing multiple ACEs is less so.

In 2024, 52% of young adults who participated in the Virginia YAS reported experiencing at least one ACE before the age of 18, a slight decrease from 55% in 2022. 16% of respondents reported experiencing four or more ACEs in 2024. Efforts to reduce the proportion of young adults experiencing multiple ACEs are essential, as higher ACE exposure is linked to greater risks for negative behavioral health outcomes.



	37	CSBs held ACEs trainings
	707	trainings
	5,057	people trained

“ The team continued offering ACEs trainings to all human services staff, partner organizations, and residents. We hosted nine trainings this fiscal year. The Program Manager had the opportunity to present to Department Directors in April and had three new inquiries for training from our Department of Housing, IT, and Human Resources.”

— Prince William County CSB

CSB Highlight

Reflecting on their area's YAS data, Highlands CSB identified a need for more efforts to support their community in navigating stress and adversity. Sixteen percent of young adult respondents reported four or more ACEs, and 41% had experienced symptoms of depression in the past year. To educate their community about the connection between addiction and adversity, they launched a creative book distribution initiative. Highlands CSB staff quickly became known as “the traveling book people” at coalition meetings, trainings, and community events, using literature as a way to promote learning and connection. Nearly 2,000 people have visited their book display, and over 1,000 books have been shared this year alone. Once finished with the books, readers were encouraged to leave messages inside and pass them along to help reduce stigma and strengthen community bonds.



The ACEs Training Evaluation Survey provides insight into how learning about ACEs affects participants' daily interactions.

In FY24-25, 1,147 participants completed the survey across 130 trainings, compared to 1,624 participants across 148 trainings in FY23-24. Because survey completion is voluntary, these numbers represent only a portion of the total trainings and participants reported in the PBPS data. To better understand the outcomes and effectiveness of ACEs training, it is essential to increase engagement in the evaluation process. Encouraging more participants to complete the survey will help ensure that feedback is more representative and will provide a clearer picture of the training's impact, guiding continuous improvements to future programming.

“ This past year, we had huge success with ACEs trainings, having 106 individuals trained. It is now a part of our CSB's zero suicide matrix where all staff have to take the ACEs training in 2025. We provided trainings to RACSB staff, community members, foster parents, and our regional jail staff.”

— Rockbridge Area CSB

-  **93%** of participants agreed or strongly agreed that they will **incorporate their knowledge of ACEs into their daily interactions with family and friends and into their daily work.**
-  **82%** indicated that they learned a lot about **ACEs' impact on the brain and behavior.**
-  **79%** indicated that they learned a lot about **identifying and addressing ACEs.**
-  **76%** indicated they understand why their **community needs to get organized and mobilized to identify and address ACEs.**

In addition to ACEs trainings and presentations, CSBs have introduced other initiatives aimed at addressing ACEs and equipping individuals with the tools they need to navigate stress and harm. Hampton-Newport News CSB built on their ACEs work by implementing the Rise Above program. The program provides students with practical tools for recognizing and managing stress, fosters supportive relationships among peers and adults, and offers activities that promote healthy coping strategies. Over the past year, the program has served more than 340 students in Hampton and Newport News, helping participants build resilience, strengthen their emotional regulation skills, and deepen their understanding of adversity. The program has been associated with increased student engagement and improved emotional well-being, demonstrating the lasting, positive impact that initiatives like Rise Above can have on young adults who are navigating stress and adversity.



Rise Above students with certificates of completion



Cannabis

27 CSBs implemented cannabis-focused prevention initiatives and events in response to the needs of their communities.

Cannabis remained the second most used substance among young adults aged 18 to 25 (behind alcohol), according to the 2024 YAS. Data from the 2024 YAS also show that young adults generally perceive a high level of risk associated with driving under the influence of cannabis or four or more alcoholic beverages (51% and 78% young adults reported 'great risk' for each behavior, respectively). However, 44% of young adult respondents who reported cannabis use in the past 30 days indicated that they drove under its influence, compared to 11% who reported drinking alcohol in the past 30 days and driving after consuming four or more drinks.



27

CSBs implemented cannabis prevention strategies

These data highlight a clear gap between perceived risk and actual behavior for alcohol and cannabis, which has shaped the cannabis prevention strategies implemented by CSBs. In response to the growing need to address cannabis-related trends, the prevention team at Hampton Newport-News CSB expanded their collaboration with local schools and community partners to raise awareness about the risks associated with cannabis use. During the 2024-2025 fiscal year, Hampton Newport-News CSB collaborated on 22 school and community-run events where they provided resources and information related to cannabis, reaching 3,714 individuals – a significant jump from the previous fiscal year, when they reached just 1,160 individuals across six community events.

“The We Don't Support Underage Use campaign is a long-standing social norm messaging campaign for our CSB and is a major component of our Counter Tools and Merchant Education retailer visits. The campaign incorporated fentanyl and cannabis this year in response to the increasing poisonings, overdoses, and use rates among youth.” — Cumberland Mountain CSB

Youth and young adults have emerged as a key population for cannabis prevention efforts.

Data from the 2024 YAS revealed that 54% of young adults in Virginia reported initiating cannabis use before the age of 18, and 64% indicated they used cannabis as a mechanism to relieve stress or relax. These findings emphasize the value of comprehensive prevention efforts that educate younger populations about cannabis risks and equip them with healthier strategies for stress management across both school and community settings. Virginia Beach CSB supported and educated youth through their Substance Abuse Intervention Program (SAIP), delivering 31 lessons to middle school and high school students as an alternative to expulsion during the 2024-2025 school year. This five-day substance abuse education and prevention program utilizes the EBP curriculum Project Towards No Drug Abuse and is offered to students who were first-time violators of the school board's substance use policies.

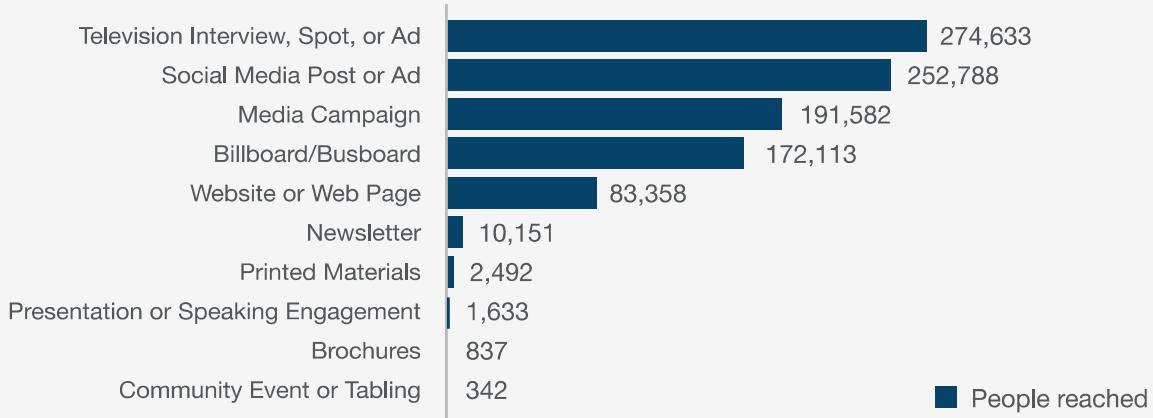


Virginians 21 and older have been able to “consume, grow, gift, and carry small amounts of cannabis for recreational use” since July 2021, but are still unable to purchase cannabis products unless they are medical cannabis patients.⁷ And with Governor Youngkin’s veto of legislation that would have allowed retail sales to start in May 2026, there is still no legal way to buy cannabis in the Commonwealth for at least another year.⁸ Despite this, YAS data shows an increase among young adults who obtain cannabis from a retailer or dispensary. In 2024, 33% of young adults who used cannabis in the past 30 days obtained it from retailers or dispensaries compared to 21% in 2022. In response, CSBs like Cumberland Mountain integrated cannabis prevention messaging into their outreach at local stores and shops. Through regular visits and follow-up check-ins, Cumberland Mountain CSB has established strong relationships with store employees and owners, ensuring that prevention messages are reinforced and carried forward in the community.

CSBs use a mix of media campaigns and direct community engagement to expand the reach of their cannabis prevention efforts.

While information dissemination, through television interviews, media spots, advertisements, and social media outreach, continued to play a central role in promoting broad awareness, CSBs also prioritized direct engagement with the community. In 2024, CSBs hosted or participated in 15 community tabling events and 23 presentations that specifically focused on cannabis prevention, collectively reaching 1,975 individuals. Of these 38 activities, 24 were specifically designed for youth under 18, engaging nearly 1,600 students in school settings.

Cannabis-Specific* Information Dissemination & Media Campaigns Reach in FY 2024–2025



*The data reflects activities in which Marijuana/Cannabis was the sole logic model selected within PBPS.

⁷Virginia NORML. (n.d.). Virginia marijuana legalization FAQs. https://www.vanorml.org/legalization_faqs

⁸VPM. (2025, March 25). Youngkin vetoes retail weed again; Virginia to keep half-baked rules. <https://www.vpm.org/news/2025-03-25/youngkin-vetoes-retail-weed-again-virginia-to-keep-half-baked-rules>





Problem Gambling

While gambling is a form of legal entertainment in Virginia, it can lead to problem gambling and a wide range of negative impacts.

Current state law allows anyone over 18 to play the lottery and anyone over 21 to gamble at a casino or bet on sports.⁹ Prevention providers across the Commonwealth are working to promote responsible gambling as part of their broader mental health and substance use prevention efforts. This is an important connection as mental and substance use disorders often co-occur with gambling disorders.

As various forms of gambling expand through legalized lottery sales and mobile sports betting, gambling in Virginia has become more prevalent than ever.

With increased gambling opportunities comes a greater need to raise awareness of responsible gambling practices. To address this emerging need, CSBs have continued to build capacity in this area, with 39 CSBs implementing 18 unique strategies across the Commonwealth. These include merchant education, media campaigns, educational curricula, and community presentations.

**39**

CSBs implemented problem gambling prevention strategies

**18**

unique problem gambling interventions implemented

“Community awareness of substance use risks also remains a concern; many residents underestimate the dangers of cannabis, prescription misuse, and gambling, particularly among youth and young adults. This cultural perception has required increased focus on outreach and education campaigns like Activate Your Wellness and enhanced collaboration with schools and community partners.”

— Hampton Newport News CSB

Messaging campaigns, often shared through social media, promoted the problem gambling hotline and responsible gambling information. Twenty-four CSBs provided merchant education to nearly 700 retailers across the state, increasing awareness of the helpline and recognizing problem gambling behaviors at points of sale. These efforts are making an impact: 42% of Virginians were aware of the hotline number, compared to 36% nationally.¹⁰ Messaging campaigns help to ensure that gambling remains a form of entertainment—and not a source of harm—for Virginia residents.

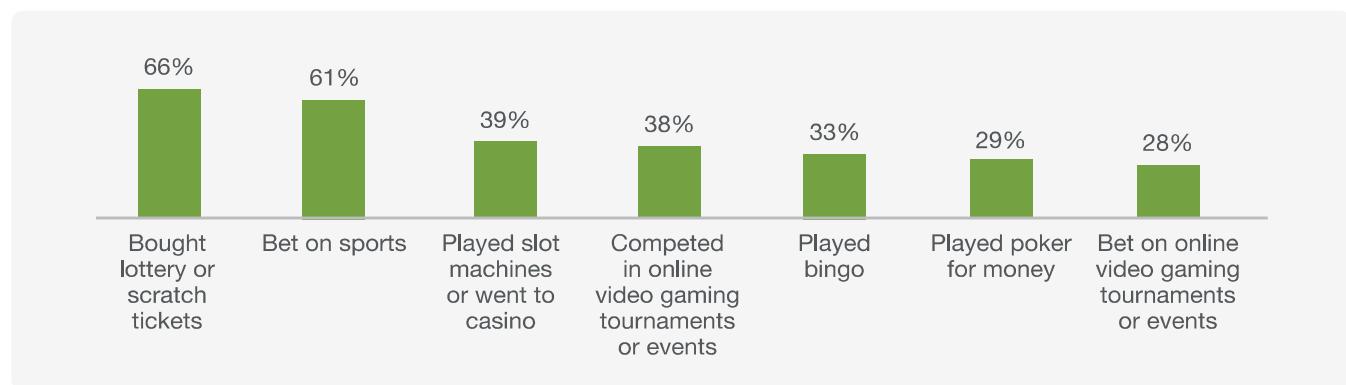


⁹ LetsGambleUSA. (2024, January 5). Virginia gambling laws & legal age to gamble. <https://www.letsgambleusa.com/virginia/gambling-laws/>

¹⁰ National Council on Problem Gambling (NGAGE). (n.d.). NGAGE trends dashboard. <https://www.ncpgambling.org/training/ngage-survey/ngage-dashboard/>

Prevention providers identified a need for increased problem messaging targeting young adults who bet on sports.

According to the 2024 Virginia YAS, more than half of young adults who have gambled in the past 30 days reported playing the lottery (66%) or betting on sports (61%).



Nearly one in four young adults (24%) believe that it is 'sort of easy' or 'very easy' for their peers under 21 to access gambling opportunities in their communities. Among respondents who had ever gambled, half (50%) reported having started between the ages of 18-20 years. Early initiation of gambling behaviors and frequent engagement in these activities could be due to having family and peers place bets on their behalf or normalizing these activities in their social circles. Together, these data highlight the importance of focusing prevention efforts on young adults, many of whom are engaging in gambling activities before they are legally permitted.

Prevention providers recognized a growing concern around sports gambling and developed a statewide media campaign to promote responsible play.

Omni, DBHDS, and CSB staff across the state collaborated to design materials aimed at young adults and the general population, sharing tips for responsible gambling and information on the national problem gambling hotline. The campaign emphasized awareness and informed decision-making rather than gambling abstinence.

In developing the Beyond the Bet campaign, CSB staff participated in workgroups, offering feedback on visuals, messaging, and content. An independent graphic designer created and refined the materials. All materials are available to CSBs and community organizations across Virginia with the option to co-brand. In the next year, DBHDS plans to expand the campaign into three additional languages (Spanish, Arabic, and Chinese).

Campaign materials developed:

- ▶ Five social media posts
- ▶ Five billboards
- ▶ Five internal bus boards
- ▶ Five external bus boards
- ▶ Two flyers
- ▶ A wallet card
- ▶ A brochure
- ▶ A rack card (English and Spanish)
- ▶ A campaign toolkit



Beyond the Bet media campaign logo



Beyond the Bet media campaign rack card, flyer, and billboard.

Providers educated and mobilized youth to prevent problem gambling among those who are underage, developing innovative initiatives along the way.

CSBs integrated problem gambling prevention into coalition meetings and implemented evidence-based programs such as Stacked Deck and Kids Don't Gamble, Wanna Bet? Both programs are designed to teach young people about gambling, challenge common gambling myths, and build critical thinking skills. This focus is critical given the prevalence of gambling and extended screen time among youth. According to the Virginia Youth Survey, 17% of middle school students and 20% of high school students reported gambling in the past year, and nearly half of both groups (44% and 45%, respectively) reported playing video games more than three hours daily.

CSB Highlight

Prince William CSB launched a youth art contest and a listening workshop focused on gaming and gambling prevention. These creative initiatives gave young people a platform to share their voices—expressing their perspectives through artwork, messages, and open dialogue—on the risks of gambling and encouraging peer-to-peer conversations on prevention.



Existing problem gambling curricula are too long for prevention staff and community members, but the Virginia Problem Gambling curriculum bridges this gap.

Recognizing that existing programs don't always fit classroom needs, often due to long or multiple lessons, CSBs collaborated with Omni and DBHDS to develop a Virginia-specific curriculum for high school and college students. CSBs developed the outline and content for the curriculum and ensured it had flexible delivery options that meet their needs in the community.

Facilitators have the option to disseminate a curriculum in a single 90-minute session, a condensed 60-minute version, two 45-minute sessions, or a 45-minute self-paced e-learning module. Aligned with the Virginia Department of Education's health standards, the curriculum covers state gambling laws, warning signs, resources for support, and healthy coping skills. It also emphasizes protective factors and connects with broader prevention initiatives like the Activate Your Wellness campaign. To ensure this curriculum is outcomes-focused, youth will also complete assessments to share how much they learned. CSBs and other facilitators that serve youth in the community can utilize this curriculum after completing a trainer orientation that includes an overview of the curriculum and the included activities.

“ Staff served 192 youth in Problem Gambling Prevention evidence-based curriculum for 4th grade through high school. Curriculums included “Stacked Deck” and “Kids Don’t Gamble, Wanna Bet?”. Pre- and Post-test measures were given to students, showing that 100% of the students increased or maintained knowledge of problem gaming/gambling.

— Loudoun CSB



CSBs demonstrated their expertise in problem gambling through community meetings and large community events.

CSBs hosted Problem Gambling Conferences and Summits in Roanoke, Abingdon, and Danville to educate professionals and community members about problem gambling and strategies for addressing problem gambling-related issues. Beyond these large-scale events, CSBs also engaged partners through presentations, attended and participated in national trainings such as those offered by the National Council on Problem Gambling, reviewed emerging research, and collaborated locally to better understand community needs.

“ We provided the keynote presentation at March Community Mental Health and Wellness Coalition meeting for Problem Gambling Awareness Month with over 45 community providers present. Feedback was positive that new information was learned and that more people could benefit from increased awareness of the issue.

— Region Ten CSB

CSB Highlight

On June 17, 2025, the Southern Virginia Problem Gambling Collaborative (SVPGC) held a Breaking the Cycle Summit. SVPGC consists of Southside Behavioral Health, Danville-Pittsylvania Community Services, and Piedmont Community Services. SVPGC is focused on promoting awareness of problem gambling, increasing communities' capacity to address problem gambling, and connecting those who struggle with problem gambling to resources.



Sustainability

CSBs strengthened sustainability efforts by leveraging partnerships with coalitions, community organizations, and key collaborators. These partnerships are central to sustaining prevention initiatives and ensuring their long-term impact.

In the 2024-25 fiscal year, all CSBs continued their commitment to sustainability efforts, by strengthening their collaborations, integrating prevention strategies into partner organizations, securing funding, and building long-term capacity. CSBs identified a need for intentional communication and planning around sustainability efforts to ensure lasting success. They also identified opportunities to build on past successes with coalition recruitment, community outreach, and partnership expansion to overcome challenges and foster the long-term success of prevention initiatives. CSBs worked to expand the skillsets of prevention team members by supporting cross-training opportunities across various programs and curricula. They also supported coalitions in developing strategic plans, helping them strengthen their prevention goals and ensure long-term sustainability.

“ During this fiscal year, we worked on coalition recruitment and figuring out how to expand our reach in the community. Because of our efforts, we made new connections with different organizations and sectors and had participation from several of these new groups.”

— Dickenson County Behavioral Health Services



36 CSBs worked on developing a partnership structure that will continue into the future.



30 CSBs worked to ensure that prevention strategy activities are incorporated into the missions/ goals and activities of other organizations.



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



20 CSBs worked to gain formal adoption of prevention strategy activities into other organizations' practices.



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



7 CSBs worked to implement local-level laws, policies, or regulations to guarantee the continuation of prevention strategy activities or outcomes.

CSBs faced several notable challenges this fiscal year. A primary concern was the unexpected loss of American Rescue Plan Act (ARPA) funding in March 2025, which had originally been expected to continue through September 2025, affecting the future of prevention programming and staffing. CSBs employed staff and supported programs through ARPA funding, with many actively developing plans to prepare for when the funds expired. However, the sudden loss of funding forced them to adapt quickly with little notice. The impact extended DBHDS as well, resulting in staff losses that reduced state-level support.

Due to limited staff capacity and loss of funding, many CSBs are relying on partnerships to maintain their efforts. Some also reported challenges in building connections with community partners, such as schools, which hindered the continuation of certain programs. Additionally, three CSBs cited the partisan climate and other external stressors as challenges that limit access to specific populations. For example, foreign-born youth and families expressed fear and distrust of law enforcement and government agencies, leading some to disengaged from CSB prevention programming. One CSB noted that Hurricane Helene disrupted their community and forced cancellation or delay of programming, while another highlighted how large-scale stressors, such as economic uncertainty and the struggle to meet basic needs, take precedence over participation in prevention efforts.

To ensure the ongoing sustainability of prevention efforts, CSBs, DBHDS and Omni collaborated on several key initiatives, including the 2025-2030 Virginia Substance Use Prevention Strategic Plan⁴ and Virginia Statewide Prevention Staffing and Compensation Survey.

Many of the themes identified above were also surfaced in the Statewide Needs Assessment³ conducted in 2023-24. These findings supported a strategic planning process that took place this year, which sought to address key sustainability concerns and create a flexible, streamlined statewide prevention framework to guide the next five years of Block Grant-funded efforts. The Strategic Plan,⁴ grounded in Resiliency Theory, the Socio-Ecological Model, and the Strategic Prevention Framework, identifies prevention priorities through a lens of shared risk and protective factors, underscoring the interconnectedness between priority areas.

The shared risk and protective factor approach promotes efficiency by addressing multiple behavioral health outcomes through fewer activities, therefore easing demands on the prevention workforce while maintaining impact. In addition, this approach creates greater flexibility in how CSBs use their funding, particularly funds allocated for certain problem areas. Based on evidence and relevance to multiple priority areas, eight key risk and protective factors were identified:

Shared Risk & Protective Factor Mapping

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

 General impact on substance use outcomes

 Alcohol
 Cannabis

 Gambling

 Mental Health & Suicide

 Opioids

 Tobacco
 Stimulants

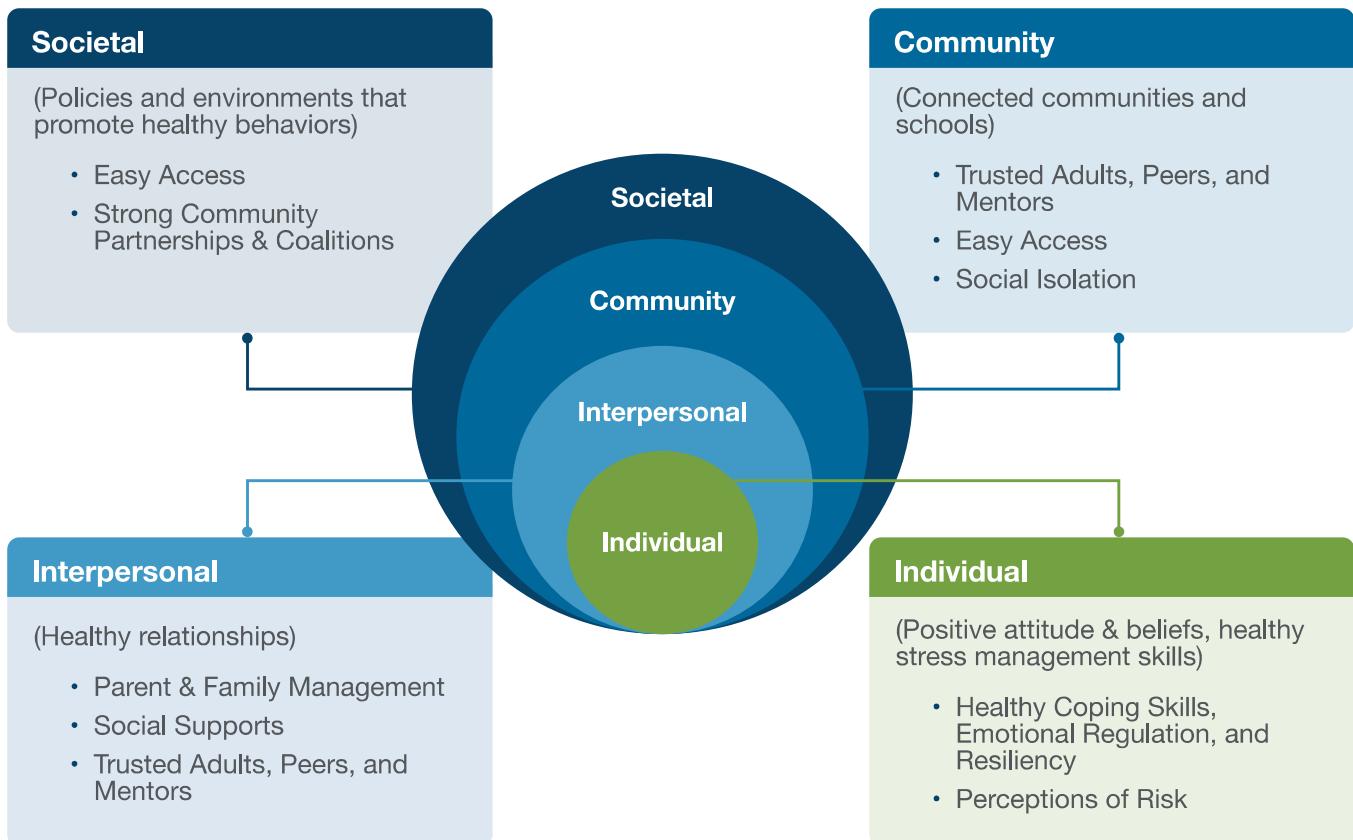
 Vaping



Based on findings from the statewide needs assessment, a statewide survey was administered to better understand prevention positions, requirements, qualifications, and compensation at the various CSBs across the state to help standardize and streamline prevention work. The Virginia Statewide Prevention Staffing and Compensation Survey provides a closer look at the similarities and variations in how the prevention workforce is classified, compensated, and supported across the Commonwealth.

A checkmark indicates a strong association between the risk or protective factor and the associated outcome as indicated by a large body of research. The lack of a checkmark, however, does not necessarily indicate no association, but instead may indicate mixed results or a lack of consensus in the literature.

The Socio-Ecological Model informs how strategies were organized, and accompanying strategy implementation requirements ensure that 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.



The transition to the new five-year strategic plan enables CSBs to reduce the number of strategies implemented without diminishing impact and ensures alignment with Virginia's statewide requirements for prevention grantees. The new strategic plan establishes the purpose, values, and priorities for the prevention workforce, aligning them with a shared risk and protective factor approach to address the root causes of substance use, problem gambling, and poor mental health. For the updated Logic Model for 2025-2030, see Appendix B.



Appendices



Appendix A: 2020-25 Virginia Substance Use Block Grant Logic Model

PROBLEM	TARGETED RISK FACTORS	STRATEGIES	IMPACT	
ALCOHOL	1 in 4 VA high school youth report drinking alcohol in the past 30 days (VYS, 2017) 1 in 3 VA young adults report binge drinking in the last month (NSDUH, 2018)	LOW PERCEPTION OF RISK OF USE EARLY ONSET OF USE	COALITION DEVELOPMENT Bringing together community leaders and stakeholders for collective action ACEs TRAININGS Understanding the impacts of adverse childhood experiences	DECREASE IN YOUTH ALCOHOL USE DECREASE IN YOUNG ADULT BINGE DRINKING
TOBACCO/NICOTINE	1 in 6 VA adults report smoking cigarettes (BRFSS, 2017) 1 in 15 VA high school youth report smoking cigarettes currently, while 1 in 9 report currently using a vaping product (VYS, 2017)	LOW PERCEPTION OF RISK OF USE EARLY ONSET OF USE	COALITION DEVELOPMENT Bringing together community leaders and stakeholders for collective action COUNTERTOOLS Developing responsible retailer practices ACEs TRAININGS Understanding the impacts of adverse childhood experiences	DECREASE IN YOUTH TOBACCO/NICOTINE USE DECREASE IN ADULT TOBACCO/NICOTINE USE
MENTAL HEALTH/SUICIDE	1 in 14 VA high school youth have attempted suicide in the past year (VYS, 2017) 9.9 out of 100,000 youth ages 15-19 died by suicide in VA in 2019 (America's Health Rankings, 2019) 13.8 out of 100,000 adults died by suicide in VA in 2019 (America's Health Rankings, 2019)	HIGH RATES OF DEPRESSION/SADNESS HIGH RATES OF SUICIDAL THOUGHTS	SUICIDE PREVENTION TRAININGS Recognizing and addressing signs of suicide COALITION DEVELOPMENT Bringing together community leaders and stakeholders for collective action ACEs TRAININGS Understanding the impacts of adverse childhood experiences LOCK AND TALK Suicide prevention through lethal means restriction	DECREASE IN YOUTH SUICIDE ATTEMPTS DECREASE IN YOUTH DEATHS BY SUICIDE DECREASE IN ADULT DEATHS BY SUICIDE

Appendix B: 2025-30 Virginia Substance Use Block Grant Logic Model

Associated Problem Areas												
Domain	Focus Area	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	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
	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
Interpersonal	Social Supports	x	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	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		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