hopestarter RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD

Voice/TDD (540) 373-3223 | Fax (540) 371-3753

NOTICE

To: Public Information/Prevention Committee: Melissa White, Nancy Beebe, Linda Carter, Greg Sokolowski

From: Joseph Wickens
Executive Director

Subject: Public Information/Prevention Committee Meeting
January 10, 2023, 1:00 PM
600 Jackson Street, Board Room 208. Fredericksburg, VA

Date: January 5, 2023

A Public Information/Prevention Committee meeting has been scheduled for Tuesday, January 10, 2023 at 1:00 PM. The meeting will be held at 600 Jackson Street, Board Room 208, Fredericksburg, VA 22401.

Looking forward to seeing you on January 10 at 1:00 PM.

Cc: Melissa White, Chairperson

RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD

Public Information/Prevention Committee Meeting

January 10, 2023 – 12:30 PM

In-Person| 600 Jackson Street, Room 208 | Fredericksburg, VA 22401

Agenda

I. Communications Update, *Umble* 3

II. Prevention Training Mid-Year Update, *Wagaman* 4

III. Adverse Childhood Experiences Evaluation Assessment, *Wagaman* 9

IV. Virginia Substance Abuse Prevention Block Grant Annual Report 2021-22, *Wagaman* 15

V. 2022 Problem Gambling and Marijuana Use Prevention, *Wagaman* 24

VI. Prevention of Problem Gambling and Gaming CADCA Boot Camp, *Wagaman* 49

VII. Other Business, *White*

Communications Update

September 1-December 31, 2022

Internal Communications

- An internal communications committee has been formed to discuss strategies for reaching all RACSB employees with communications campaigns.
- The committee recommends a hybrid employee newsletter, with print and digital versions. These are being designed to launch with the new intranet (see below).
- Work on the new intranet continues, with a goal of launching in March. The intranet is accessible to all employees, but the previous internet is also accessible. The launch will make the new intranet exclusive and will include new features.
- The Communications Office teamed up with Human Resources to run the annual Rappahannock United Way workplace giving campaign, which exceeded its annual goal of $25,000. This included two fundraisers/employee engagement activities: a gift basket auction and a t-shirt design competition.
- Information Friday emails are sent weekly with details and updates for employees.
- Monday Motivation emails are also sent monthly.

External Communications

- Website analytics were unavailable for most of the preceding quarter due to Google Analytics changes. In December 2022, the website had 8,200 users. Of those, 4,300 were new users.
- The most visited page was the home page (38%) followed by: staff portal (16%), contact page (10%), mental health services (6%), REVIVE! details (%) and day support (2%).
- Most users (about 60%) came to the site using a direct link. One quarter accessed the site through a search; one-eighth through referral sources; and the remaining came from social media. The most engaged users came from a direct search.
- Social media--1,848 people follow the RACSB Facebook feed; 314 follow RACSB on Instagram; 458 on Twitter; and 270 on LinkedIn.
- RACSB's Google Business listing was viewed by 26,508 people.
- Four media releases were disseminated in this quarter.
- Three Health Matters columns were published.
- Additionally, the communications office helped reporters with five stories that did not originate from media releases.

Prevention Trainings
Fiscal Year 2023 Mid-Year Update

RACSB continues to facilitate the following trainings: Mental Health First Aid; Applied Suicide Intervention Skills Training (ASIST); safeTALK; Understanding ACEs; and REVIVE. This is a mid-year report to provide participant numbers and initiative highlights.

Mental Health First Aid Trainings

RACSB has the following instructors: Michelle Amey; Kari Norris; Sherry Norton-Williams; Sherry Thompson; and Michelle Wagaman. RACSB trainers are certified to facilitate the adult, youth, higher education, and public safety curriculums. We are pleased that the new Health Educator, Benjamin Henderson, will complete the train-the-trainer for Youth Mental Health First Aid in January 2023.

In the first half of FY 2023, 338 community members were trained (16 adult and 3 youth trainings held). Since we began offering the Mental Health First Aid training in 2014, a total of 3,471 community members have been trained. This curriculum is facilitated over 8-hours.

In addition to hosting trainings open within the community, trainings were held in partnership with the following organizations:

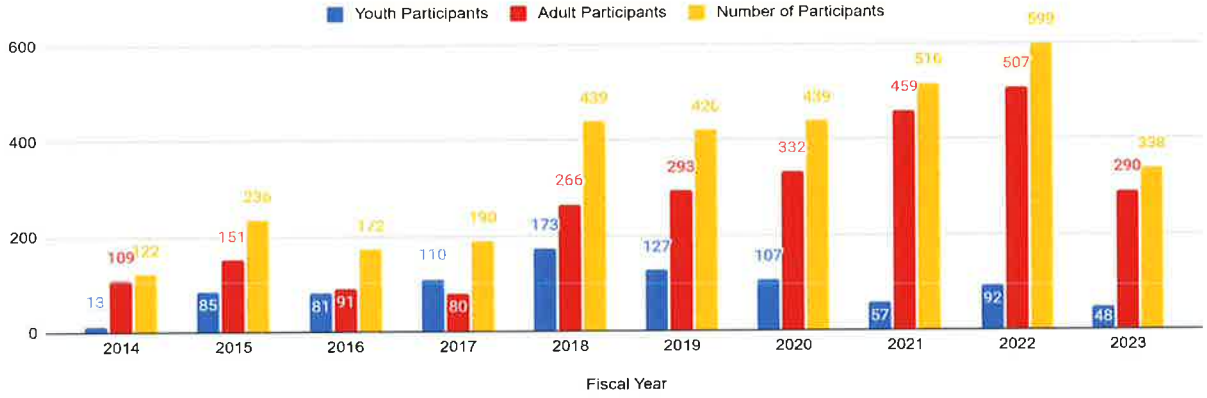
- Rappahannock Regional Criminal Justice Academy (4)
- University of Mary Washington (2)
- Spotsylvania County Public School Nurses
- U.S. Air Force Air Traffic Controllers (via Langley, VA)

During this reporting period, we facilitated two (2) virtual trainings for the Virginia State Parks at the request of DBHDS. The Park Service partnered with DBHDS and MHFA instructors from across Virginia to train more than 200 staff members this past fall.

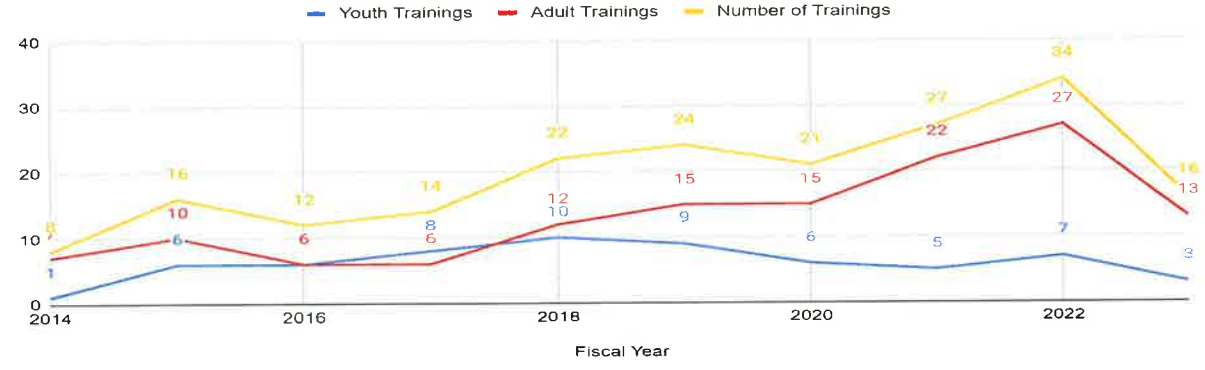
Fiscal Year	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023*	Cumulative
Youth Trainings	1	6	6	8	10	9	6	5	7	3	**61**
Youth Participants	13	85	81	110	173	127	107	57	92	48	**893**
Adult Trainings	7	10	6	6	12	15	15	22	27	13	**133**
Adult Participants	109	151	91	80	266	293	332	459	507	290	**2578**
Number of Trainings	8	16	12	14	22	24	21	27	34	16	**194**
Number of Participants	**122**	**236**	**172**	**190**	**439**	**420**	**439**	**516**	**599**	**338**	**3471**

*Reporting the first six months of FY 2023

Mental Health First Aid Training Participants (FY 2014 - mid-year FY 2023)



Mental Health First Aid Trainings Held Annually (FY 2014 - mid year FY 2023)



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ASIST: Applied Suicide Intervention Skills Training

This suicide prevention "first aid" is a 2-day training the supports participants to identify and intervene to help keep a person with thoughts of suicide safe for now. RACSB initially began facilitating this training in FY 2019. Training was suspended in FY 2020 following the departure of the second training and the COVID pandemic. This training is only provided in-person. We were successful in getting a second internal instructor certified in March 2022 and have resumed offering this training in FY 2023.

Two (2) trainings were held for a total of 20 participants in the first half of FY 2023.

Fiscal Year	2019	2020	2021	2022	2023*	Cumulative
Number of Trainings	1	1	0	0	2	4
Number of Participants	7	15	0	0	20	42

*Reporting the first six months of FY 2023

SafeTALK

SafeTALK is a 3-hour suicide alertness training. RACSB began offering this training in FY 2023 to allow for an option of a suicide prevention training with a shorter duration.

Fiscal Year	2023*	Cumulative
Number of Trainings	2	2
Number of Participants	31	31

*Reporting the first six months of FY 2023

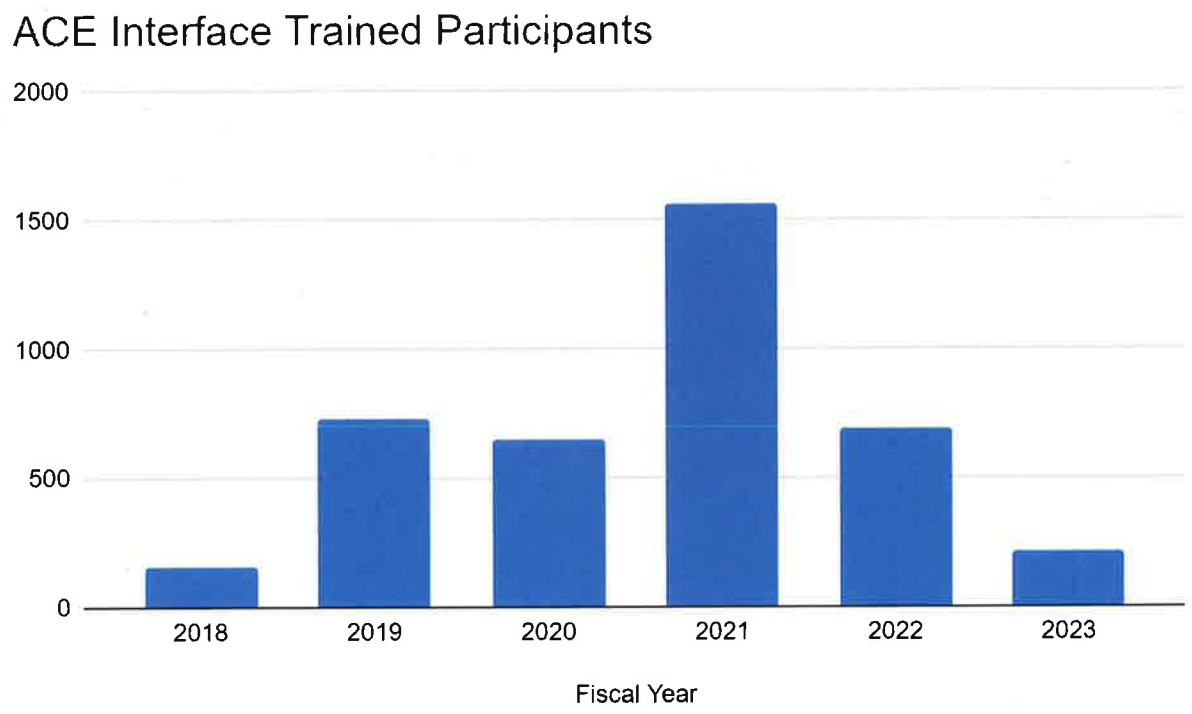
ACE Interface

"Understanding Adverse Childhood Experiences and Building Self-Healing Communities" is facilitated both in person and virtually. The content allows for options

from a 20-minute introduction/overview to a 6-hour course. We have been facilitating a 3-hour virtual version as well as in-person.

Fiscal Year	2018	2019	2020	2021	2022	2023*	Cumulative
Number of Trainings	10	35	23	26	29	10	123
Number of Participants	157	733	646	1562	690	212	3843

*Reporting the first six months of FY 2023



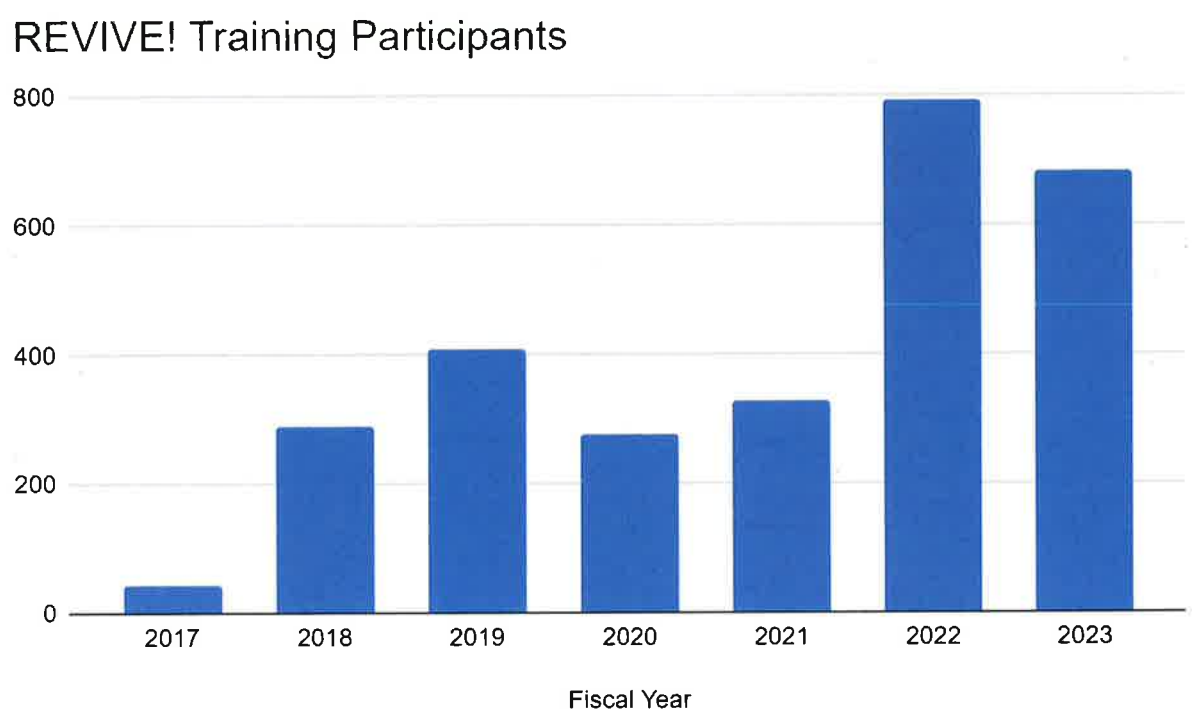
REVIVE! Opioid Overdose Reversal Training

RACSB began offering the REVIVE! Opioid Overdose Reversal training in 2019. We have clinical staff trained as well as all of the Prevention Team as facilitators. We have two Master Trainers on staff.

In the first half of FY 2023, we have trained 683 community members in REVIVE and dispensed 632 doses of Narcan. Since beginning to offer REVIVE in 2017, we have now trained 2,488 community members. RACSB began dispensing Narcan in February 2020 and have dispensed a total of 1,554 boxes of Narcan/Naloxone (each box contains two doses).

Fiscal Year	2017	2018	2019	2020	2021	2022	2023*	Cumulative
Number of Trainings	3	25	30	21	26	53	43	**173**
Number of Participants	**43**	**290**	**409**	**275**	**329**	**792**	**683**	**2488**

*Reporting the first six months of FY 2023



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ACEs Evaluation Assessments

The Virginia Department of Behavioral Health and Developmental Services (DBHDS) has worked with OMNI Institute to evaluate the facilitation of the ACE Interface "Understanding Adverse Childhood Experiences (ACEs) and Building Self-Healing Communities" training. RACSB has been facilitating this training since 2018, as part of the first cohort of Master Trainers.

In 2020, we partnered with other CSBs to facilitate this training virtually. We continue to offer the training both in-person and virtually.

Annual Summary – July 1, 2021 – June 30, 2022

OMNI Institute prepared an annual report to summarize participant evaluations received during FY 2021 (July 1, 2021 through June 30, 2022). During this time, RACSB trainers facilitated 29 trainings for a total of 690 participants. Of those participants, less than half completed the online post-training evaluation (n = 279). The discrepancy with the number of trainings occurring on the report (37) and the number RACSB reports is due to the CSB collaboration of the virtual training. All CSBs participating in this collaboration receive "credit" when a training is held as we collectively plan, promote, and share resources, even if an individual CSB trainer did not facilitate that training session.

99% of participants completing the post-training evaluation report being Satisfied (22%) or Very Satisfied (77%) with the presenter level of knowledge. Additionally, 100% of respondents also indicated being Satisfied (27%) or Very Satisfied (73%) with the delivery of the training content.

94% of responding participants Agreed or Strongly Agreed that they will incorporate their knowledge of ACEs into their daily interactions with family and friends. 95% indicated they would incorporate this ACE knowledge into their daily work.

Quarterly Report – July 1, 2022 – September 30, 2022

OMNI Institute prepared this first quarter report to summarize participant evaluations received during this first quarter of FY 2023 (July 1, 2022 through September 30, 2022).

During this time, RACSB trainers facilitated five (5) trainings for a total of 129 participants.

95% of participants completing the post-training evaluation report being Satisfied (14%) or Very Satisfied (81%) with the presenter level of knowledge. Additionally, 95% of respondents also indicated being Satisfied (19%) or Very Satisfied (76%) with the delivery of the training content.

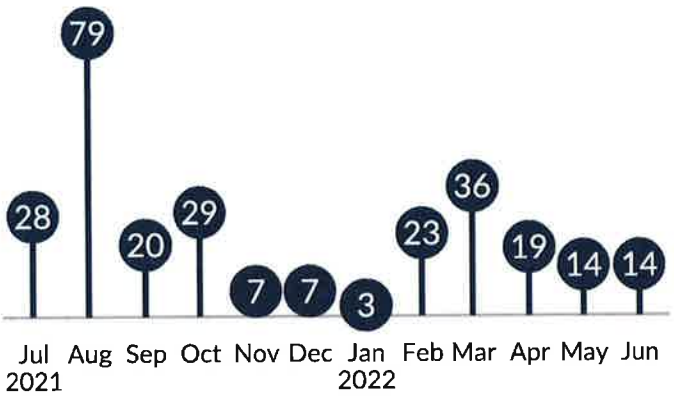
100% of participants Agreed or Strongly Agreed that they will incorporate their knowledge of ACEs into their daily interactions with family and friends as well as into their daily work.

Rappahannock Area CSB ACEs Evaluation Assessment

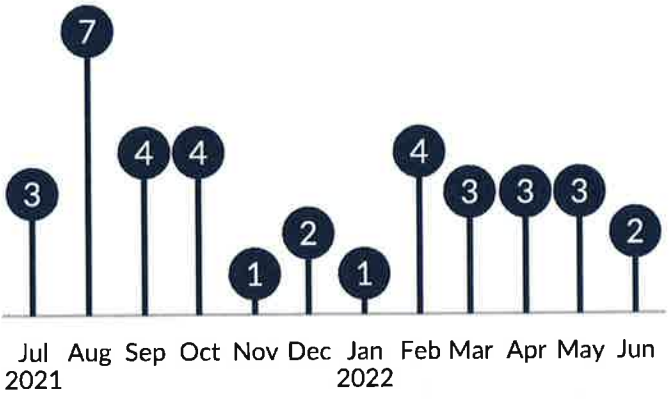
July 1st, 2021 through June 30th, 2022

RAPPAHANNOCK AREA CSB

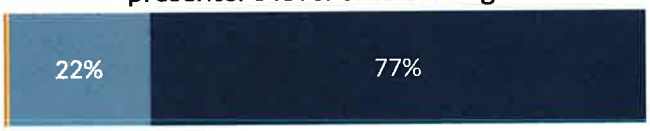
279 Participants were trained this year



37 trainings occured this year



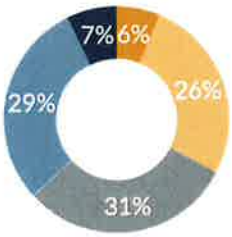
How satisfied were you with the presenter's level of knowledge?



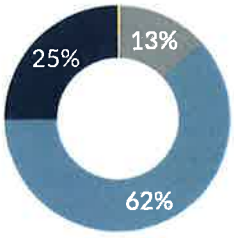
How satisfied were you with the presenter's delivery of the content?

Very Dissatisfied | Dissatisfied | Neutral | Satisfied | Very Satisfied

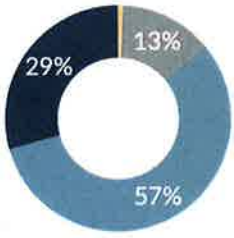
The information presented in this training was new to me



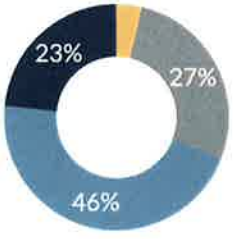
I want to learn more about the causes and effects of ACEs



I want to seek more information and guidance regarding trauma informed practice



I want to actively participate in community-wide ACEs efforts



Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree

Text labels for percentages below 5% are not shown

How many participants learned about*:

84% The importance of identifying and addressing adverse childhood experiences

83% ACEs' impact on brains and behavior

75% The role of ACEs in my job

78% Why my community needs to get organized and mobilized to identify and address ACEs

* Participants responded on a 4-point scale.
The percentages below show those who demonstrated the highest level of learning.

41% of people STRONGLY AGREE that many challenges that people experience are rooted in their history of difficult life events

20% of people STRONGLY AGREE that people are usually doing the best they can at any given time

41% of people STRONGLY AGREE that many people need to experience healing relationships, rather than consequences, in order to function successfully in the world

51% of people STRONGLY AGREE that people can change more quickly when their support system expresses compassion, rather than judgement

Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree

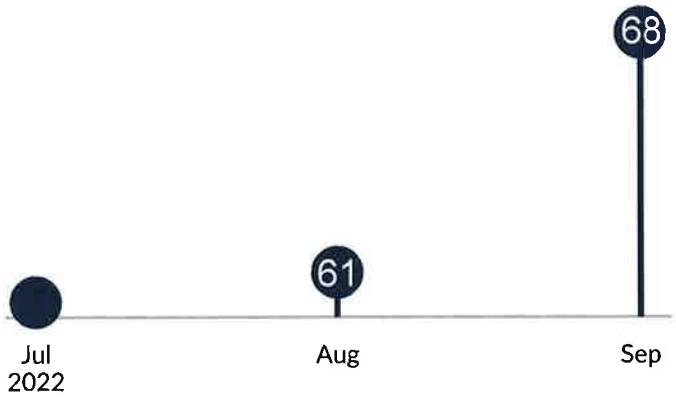
94% of participants agreed or strongly agreed that they will incorporate their knowledge of ACEs into their daily interactions with family and friends

95% of participants agreed or strongly agreed that they will incorporate their knowledge of ACEs into their daily work

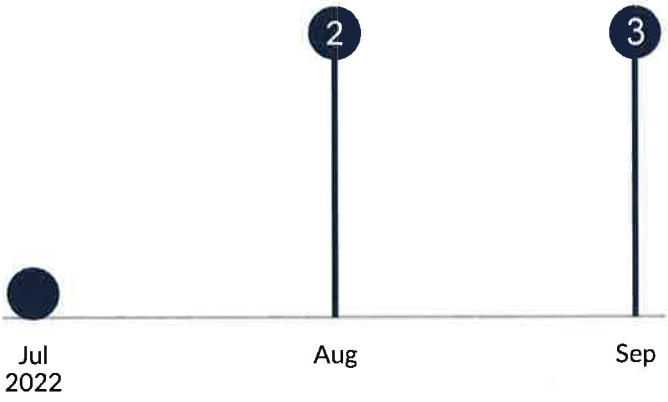
Rappahannock Area CSB ACEs Evaluation Assessment
July 1st, 2022 through September 30th, 2022

RAPPAHANNOCK AREA CSB

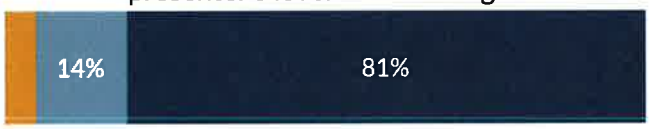
129 Participants were trained



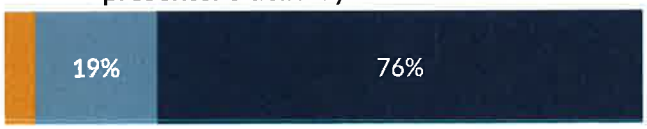
5 trainings occured



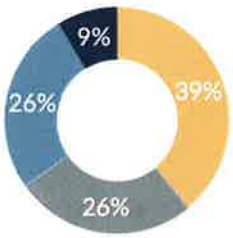
How satisfied were you with the presenter's level of knowledge?



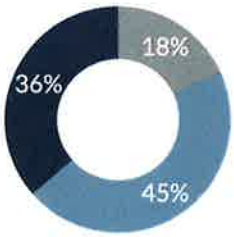
How satisfied were you with the presenter's delivery of the content?



The information presented in this training was new to me



I want to learn more about the causes and effects of ACEs



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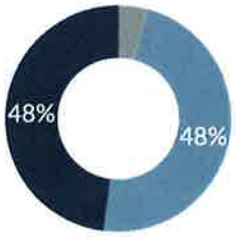

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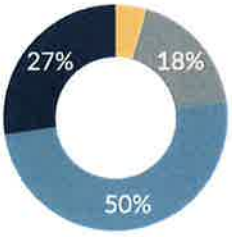


Text labels for percentages below 5% are not shown

How many participants learned about*:

78% The importance of identifying and addressing adverse childhood experiences

91% ACEs' impact on brains and behavior

82% The role of ACEs in my job

78% Why my community needs to get organized and mobilized to identify and address ACEs

* Participants responded on a 4-point scale.
The percentages below show those who demonstrated the highest level of learning.

48% of people STRONGLY AGREE that many challenges that people experience are rooted in their history of difficult life events

26% of people STRONGLY AGREE that people are usually doing the best they can at any given time

35% of people STRONGLY AGREE that many people need to experience healing relationships, rather than consequences, in order to function successfully in the world

70% of people STRONGLY AGREE that people can change more quickly when their support system expresses compassion, rather than judgement

Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree

100% of participants agreed or strongly agreed that they will incorporate their knowledge of ACEs into their daily interactions with family and friends

100% of participants agreed or strongly agreed that they will incorporate their knowledge of ACEs into their daily work

Virginia Substance Abuse Prevention Block Grant Annual Report 2021-22

The Virginia Department of Behavioral Health and Developmental Services (DBHDS) has worked with OMNI Institute to evaluate Virginia's Substance Abuse Prevention Block Grant activities and initiatives for 2021-22. The Executive Summary is provided.

The Substance Abuse Block Grant is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). DBHDS' Office of Behavioral Health Wellness (OBHW) distributes grant funds to each of the 40 Community Services Boards.

Current SABG Prevention Priority Areas:

- Alcohol – this is the most used substance in Virginia with 25% of high school youth and 56% of adults consuming alcohol in the past 30 days
- Tobacco and Nicotine – 23% of high school youth used tobacco or vapes in the past 30 days; 21% of adults used tobacco products in the past 30 days
- Mental Health and Suicide – Virginia recorded 1,202 suicides in 2020 which is a rate of 14 per 100,000; 16% of Virginia high school youth report considering suicide

Block Grant Priority Strategies:

1. Community Mobilization and Coalition Capacity Building
    - Locally, RACSB is involved with a number of coalitions to include The Community Collaborative for Youth and Families, Be Well Rappahannock, Opioid Workgroup, and Partners in Aging
2. Lock and Talk Suicide Prevention and Awareness
    - RACSB, along with fellow CSBs in Health Planning Region 1, created this initiative more than six years ago. We are pleased that DBHDS identified it as a best practice and expanded implementation to all 40 CSBs. We continue to provide lethal means safety devices to individuals served and through community events.

3. Mental Health Promotion and Suicide Prevention Trainings
    - RACSB provides Mental Health First Aid, ASIST and safeTalk as well as engaging in community awareness activities and education campaigns.
4. Adverse Childhood Experiences (ACEs) Trainings
    - RACSB Master Trainers were part of the very first ACE Interface cohort. We recently hosted our own local cohort to expand presenter capacity.
5. Counter Tools Youth Retail Tobacco Prevention and Merchant Education
    - RACSB Prevention staff visited 315 retailers and provided education in FY 2022. We also provided vaping prevention education to more than 1,000 local high school students in coordination with their PE/Health Classes.

Virginia Substance Abuse Prevention Block Grant
Annual Report 2021-22: Executive Summary

The Substance Abuse Block Grant (SABG) is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). Virginia's Department of Behavioral Health and Developmental Services (DBHDS) Office of Behavioral Health Wellness (OBHW) distributes grant funds to 40 Community Services Boards (CSBs) across the commonwealth to plan, implement, and evaluate prevention activities aimed at preventing and/or decreasing substance use.

This report, prepared by OMNI Institute (OMNI), provides an overview of block grant prevention activities during the 2021-22 fiscal year. OBHW has contracted with OMNI since 2014 to evaluate Virginia's block grant activities and provide training and technical assistance (TA) to build evaluation capacity among Virginia's prevention workforce. OMNI is a nonprofit, social science consultancy that provides integrated research and evaluation, capacity building, and data utilization to accelerate positive social change.

Strategic Planning and Prevention Priorities

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

Block Grant Prevention Priority Areas

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

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

2022 Needs Assessment Process

New legislative changes in Virginia have thrust emerging focus areas into the spotlight – Gaming and Gambling, and Marijuana. Considering these developments, CSBs began conducting local needs assessments in the fall of 2021 to understand the scope of these issues and the readiness of their local communities to address them. Each CSB was tasked with completing several components as part of the needs assessment process: an environmental scan on gaming and gambling; community readiness assessments for gaming and gambling, and for cannabis; and the implementation of the Virginia Young Adult Survey.

Environmental Scan	Measure the physical landscape around gaming and gambling
Community Readiness Assessment	Determine each community's level of knowledge, leadership and attitudes around gaming and gambling, and cannabis
Young Adult Survey	Comprehensive survey of 18–25-year-olds on a variety of subjects including substance use, mental health, and gambling.

Prevention Capacity

OMNI provides capacity building services to CSBs in addition to support around assessment, planning, implementation, and evaluation of prevention efforts. **In end of year reporting, CSBs indicated that they have ample capacity to implement their block grant prevention interventions.** CSBs agreed that they have experience collaborating with other organizations on relevant prevention interventions (40), experience with relevant prevention interventions (39), and capability to use data in prevention planning (38). However, over half of all CSBs (24) disagreed or strongly disagreed that they have enough staff and only 16 CSBs reported that they have enough fiscal/financial resources.

Additionally, CSBs indicated a greater focus on specific populations experiencing health disparities than the previous fiscal year. Of note, more CSBs this year than last year increased access to (28 vs. 23) and availability of (27 vs. 22) substance use prevention services for subpopulations experiencing disparities than the prior year.

Loudon County Prevention Staff at 2022 Pride Fest

Block Grant Priority Strategies

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

Community Mobilization and Coalition Capacity Building

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

38 CSBs led or facilitated coalitions

71 active coalitions

1,859 Coalition members

Lock and Talk Suicide Prevention and Awareness

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

CSBs worked to expand Lock and Talk efforts to reach more diverse populations, including veterans, non-English speakers, and the LGBTQ+ community. Through community partnerships and coalitions, several CSBs expanded their reach to include populations that are often overlooked.

"Lock and Talk has been the one initiative that has been "pandemic resistant!"" - **Hanover CSB**

40 CSBs implemented Lock & Talk

35,883 Total devices distributed

1.8M Total impressions/ reach

1,744,847 reached via social marketing

17,732 received lock boxes

11,371 received cable locks

7,545 reached through presentations

6,780 received trigger locks

101 gun retailers visited

Block Grant Priority Strategies

Mental Health Promotion and Suicide Prevention Trainings

Thirty-eight of 40 CSBs implemented mental health and suicide prevention trainings to over 16,000 people in their communities, more than doubling their reach from the prior year. This fiscal year, all CSBs were expected to implement Mental Health First Aid (MHFA) trainings. CSBs were also required to offer one of three suicide prevention trainings: Applied Suicide Intervention Skills Training (ASIST), Safe Talk, or Question. Persuade. Refer. (QPR).

38 CSBs conducted trainings

642 trainings

16,516 people trained

30 CSBs implemented campaigns

6.8M impressions/ reach

Thirty CSBs implemented specific mental health promotion and suicide awareness activities through media campaigns, community events, and presentations, reaching millions of people.

Walk for a New Day! Gloucester County - MPNN CSB

Adverse Childhood Experiences (ACEs) Trainings

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

36 CSBs conducted trainings

341 Trainings/ presentations

9,348 people trained

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

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

79% indicated they *learned a lot* about **identifying and addressing ACEs** and ACEs' impact on brains and behavior.

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

73% indicated they *learned a lot* about **why their community needs to get organized** and mobilized to identify and address ACEs.

Counter Tools Youth Retail Tobacco Prevention and Merchant Education

Though previously hindered by COVID-19 restrictions, CSBs returned to their in-person merchant education visit schedules and goals. Seventy percent of CSBs reported having met the Counter Tools goal of 100% visitation to participating merchants. The long-term relationships that have been formed between CSBs and retailers facilitated Counter Tools and merchant education strategies being perceived by retailers as informative and helpful in keeping up with the trends, and as opportunities to prevent underage tobacco, alcohol, and now vaping and marijuana use.

36 CSBs provided education

4784 merchants visited

Virginia Young Adult Survey Data

The 2022 Virginia Young Adult Survey (YAS) collected responses from 5,339 young adults across the commonwealth with all but two localities represented. Responses come from a convenience sample so the participants may not be representative of the full young adult population in the state. Sub-group analyses were conducted to better understand the needs of various populations. Findings relevant to Virginia's priorities and emerging areas are outlined below. Additional YAS data will be added to the Virginia Social Indicator Study Dashboard (VASIS) in 2023.

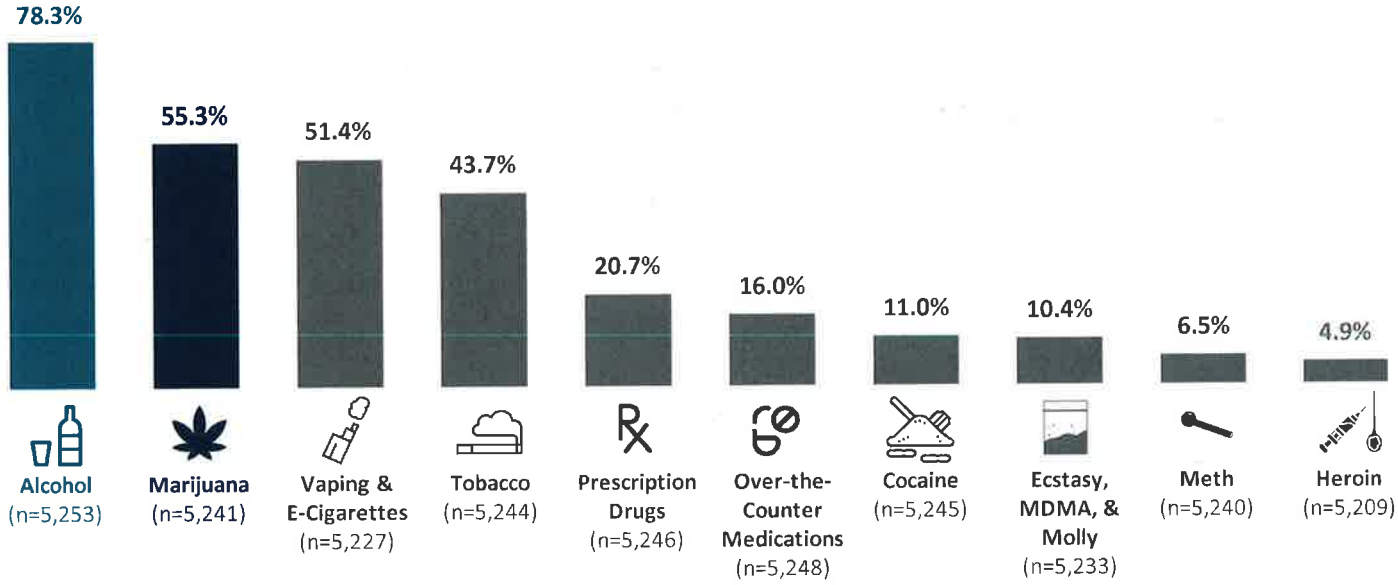
Substance Use Rates

Data related to substance use among young adults in Virginia are discussed below. These data will provide a general picture of the current state of substance use across the priority and emerging areas, as well as explore differences among sub-populations.

Lifetime Use

Young adults reported high rates of lifetime alcohol use(78.3%), confirming the need for prevention efforts still exists. Over half (55.3%) of young adults reported using marijuana at least once. The popularity of vaping and e-cigarettes in recent years, especially among youth and young adults, is clearly represented in this data. More young adults have reported using e-cigarettes or vaping devices (51.4%), which contain nicotine, than reported using tobacco (43.7%).

More than three quarters of Virginia young adults surveyed had used alcohol at least once in their lifetime, while more than half have used marijuana.



LGBQ+ young adults showed higher lifetime rates of use across all substances when compared to their peers.

	BIPOC	LGBQ+	Trans and Gender Diverse
Alcohol		X	X
Marijuana	X	X	X
Vaping		X	X
Tobacco		X	
Prescription Drugs	X	X	X
Over-the-Counter Medications	X	X	X
Cocaine	X	X	
Ecstacy, MDMA, or Molly	X	X	X
Methamphetamine	X	X	
Heroin	X	X	

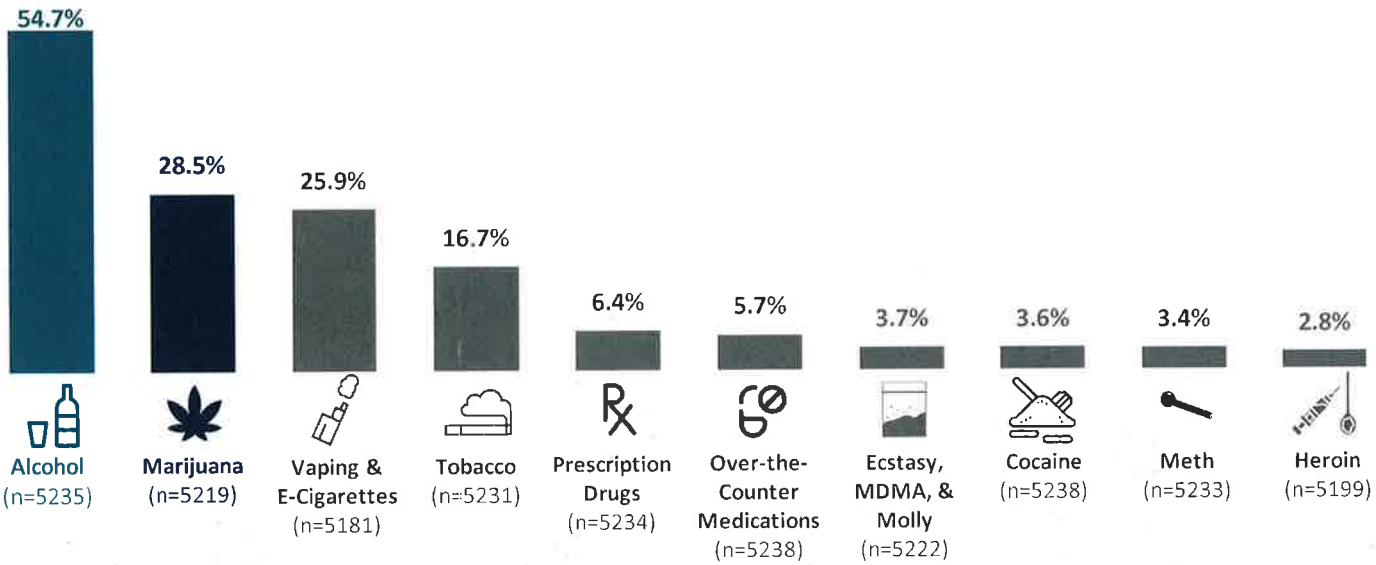
X = Higher Rate of Lifetime Use Compared to Peers

Block Grant Prevention Outcomes

Past 30-Day Substance Use

Participants were also asked about their substance use in the last 30-days, or past month. More than half of young adults surveyed had used alcohol in the past 30-days (54.7%), and more than a quarter had used marijuana (28.5%). 30-day alcohol use rates in the YAS were lower than the 58.7% reported by NSDUH in 2019-2020, whereas 30-day marijuana use rates were higher than the 17.1% reported by NSDUH. These results suggest that prevention efforts focused on alcohol may be contributing toward lower use, while there may be a greater need for prevention efforts focused on marijuana.

Over half of young adults surveyed have used alcohol within the last 30 days and over a quarter have used marijuana.



Age at First Use

Substances that seem to have the highest early initiation rates, meaning age of first use was 11 or younger, include over-the-counter medications (8.9%), methamphetamine (7.6%) and heroin (5.9%). This means that of those who reported over-the-counter medication use, about one in ten began when they were 11 years old or younger. Interestingly, vaping had the lowest early initiation rate with 1.4%.

Alcohol and marijuana use is more likely to begin between ages 15-17, while tobacco use is more likely to start between 18-20 years of age. Across all substances, initiation of use is most likely between the ages of 15 and 20.

	11 or younger	12 to 14	15 to 17	18 to 20	21 to 25
Alcohol (n=4,114)	3.6%	14.3%	**40.2%**	31.6%	10.4%
Tobacco (n=2,290)	4.6%	15.9%	34.5%	**37.1%**	7.9%
Marijuana (n=2,896)	2.1%	13.8%	**39.0%**	34.0%	11.2%
Vaping (n=2,689)	1.4%	8.6%	**40.6%**	38.1%	11.3%
Over-the-Counter Medications (n=838)	8.9%	15.3%	**36.4%**	28.3%	11.1%
Prescription Drugs (n=1,087)	4.0%	12.3%	35.7%	**36.4%**	11.6%
Cocaine (n=579)	3.8%	6.9%	23.1%	**45.6%**	20.6%
Ecstasy, MDMA, or Molly (n=544)	2.8%	7.7%	25.9%	**41.9%**	21.7%
Heroin (n=256)	5.9%	11.3%	24.6%	**30.9%**	27.3%
Methamphetamine (n=342)	7.6%	8.8%	24.9%	**38.3%**	20.5%

Block Grant Prevention Outcomes

Mental Health and Suicide

13.3% of respondents reported having harmed themselves on purpose during the past 12 months, with LGBQ+ and trans and gender diverse respondents reporting far higher rates than their peers – 27.7% vs 8.1%, and 44.3% vs 11.5%, respectively. Respondents from these groups were also more likely to report having considered suicide during the past 12 months, as were BIPOC respondents. BIPOC respondents who considered suicide were significantly more likely to report having made a suicide attempt during the past 12 months than their peers.

1 in 2 respondents shared that they felt so sad or hopeless, almost every day for two weeks or more in a row over the last 12 months, that they stopped doing some usual activities. (n=5,024)

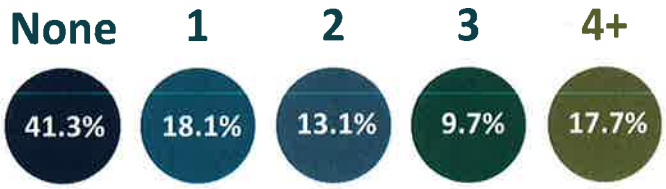
LGBQ+ and trans and gender diverse respondents were 2 or 3 times more likely to engage in self-harm and suicidal ideation behaviors compared to their peers.

Population		Engaged in self-harm?	Seriously considered suicide...?	...and made a plan for attempting Suicide?	...and attempted suicide?
Black, Indigenous, People of Color (BIPOC)	BIPOC	13.2%	17.7%	51.1%	30.8%
	Non-BIPOC	13.5%	16.9%	51.1%	17.6%
LGBQ+	LGBQ+	27.7%	31.0%	53.8%	24.5%
	Non-LGBQ+	8.1%	12.2%	12.2%	21.2%
Trans and Gender Diverse (TGD)	TGD	44.3%	43.5%	53.8%	21.2%
	Non-TGD	11.5%	15.7%	49.5%	23.0%

Adverse Childhood Experiences (ACEs)

YAS respondents were asked whether they had experienced a variety of ACEs. Less than half (41.3%) reported having experienced zero ACEs in childhood making the occurrence of ACEs in childhood more common than not. Experiencing four or more ACEs places an individual at extremely high risk of using substances. Almost one in five (17.7%) of young adults in Virginia reported having experienced four or more ACEs – the highest level of risk possible.

Over half (58.7%) of young adults reported having experienced at least one ACE before the age of 18.



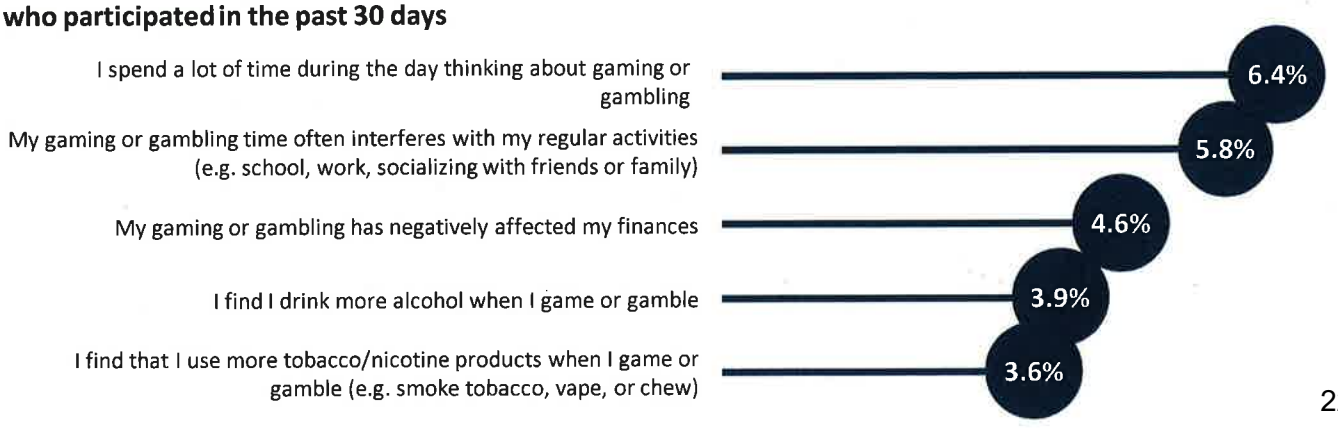
N=4,620

Gaming and Gambling

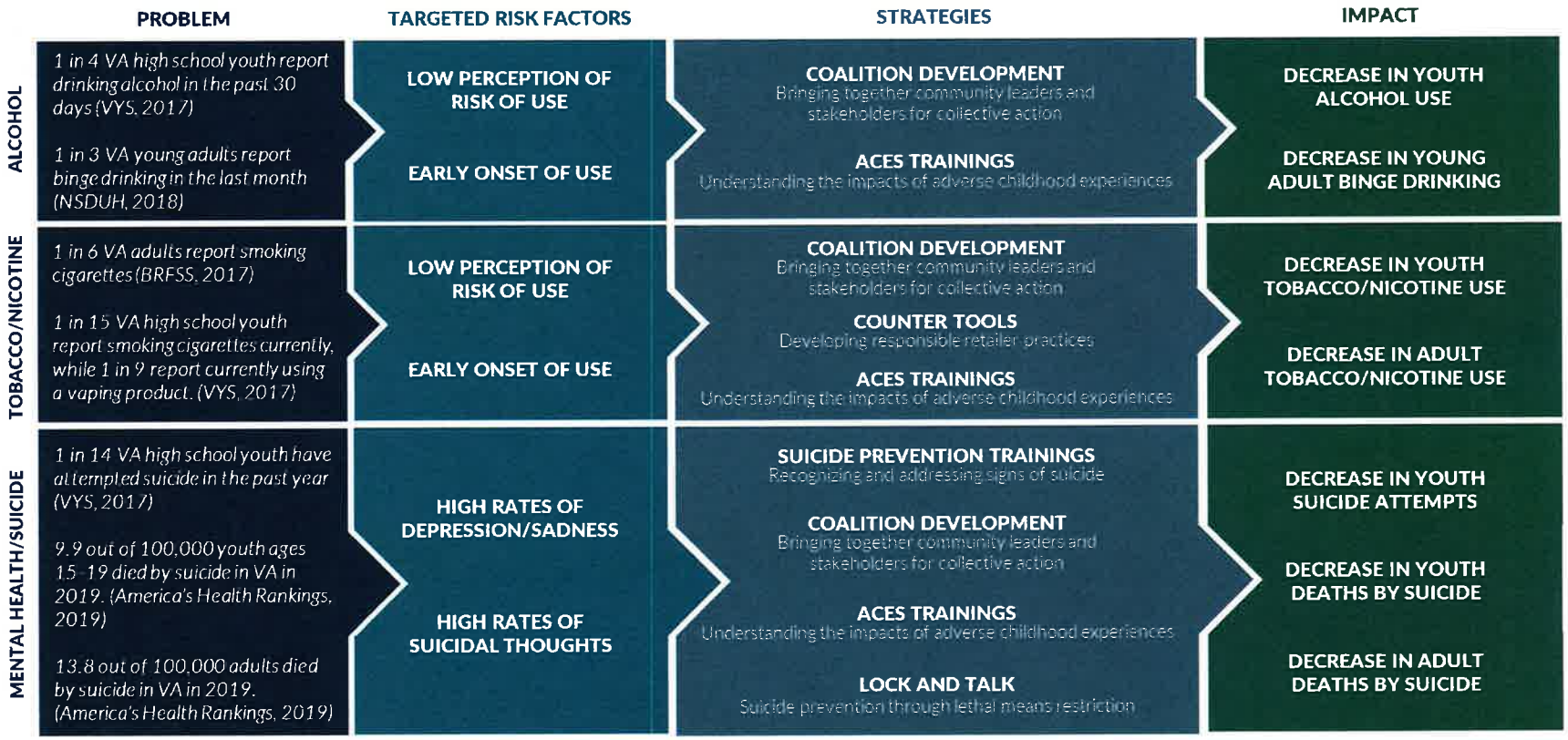
In recognition of the legalization of gambling in Virginia, measures were included to allow for a better understanding of engagement in gaming and gambling activities, as well as impact of gaming and gambling on behaviors.

63.6% of young adults in Virginia who responded to the survey had participated in at least one gaming or gambling activity in the past 30 days.

Preoccupation with gaming or gambling throughout the day was the most common negative impact for respondents who participated in the past 30 days



Appendix A: Virginia Block Grant Logic Model 2020-25



Understanding Virginians' Preparedness to Engage in Problem Gambling and Marijuana Use Prevention
Findings from the 2022 Community Readiness Assessments

Following the legalization of recreational adult use marijuana as well as sports betting and other changes related to expanding gambling in Virginia, the Virginia Department of Behavioral Health and Developmental Services (DBHDS) Office of Behavioral Health Wellness (OBHW) worked with OMNI Institute to evaluate Virginia's preparedness to engage in this prevention work as well as community readiness and capacity to respond to these social and public health changes.

Locally, we worked with the Survey and Evaluation Research Laboratory at Virginia Commonwealth University to complete the environmental scan, passive media scan, and key informant interviews. They also held a focus group on the topic of marijuana in September 2022.

Based on these findings, Planning District 16 is in the denial/resistance stage of community readiness for both Problem Gambling and Marijuana:

> **Denial/Resistance.** At least some community members recognize that it is a concern, but there is little recognition that it might be occurring locally.

Problem Gambling
Overall, based on interviews with key informants, awareness of gaming and gambling within the community appears to be low and most people don't view it as a problem behavior that affects the community. Gaming and gambling seem to be viewed by many within the community as "harmless fun."

The average score for each of the domains is:

a. **Community Knowledge of the Efforts: 2.6**
b. **Leadership: 1.0**
c. **Community Climate: 2.6**

d. **Community Knowledge about the Issue: 3.4**
e. **Resources Related to the Issue: 1.8**

Marijuana Use Prevention
After scoring the focus group, the overall average score for the Community Readiness Assessment is **2.5**.

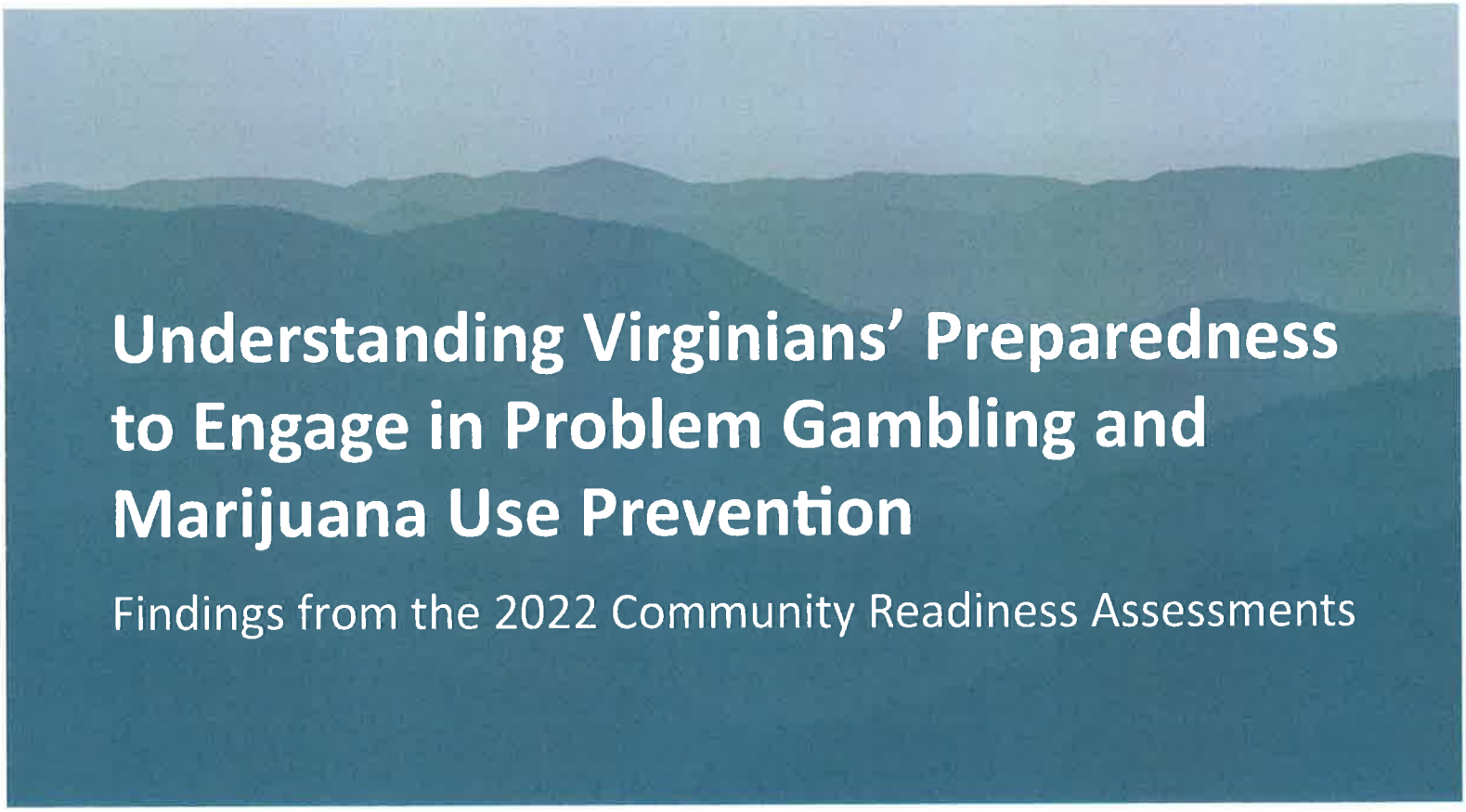
The average score for each of the domains is:

a. **Community Knowledge of the Efforts: 2.5**
b. **Leadership: 1**
c. **Community Climate: 3**
d. **Community Knowledge about the Issue: 4.5**
e. **Resources Related to the Issue: 1.5**

OMNI

Understanding Virginians' Preparedness to Engage in Problem Gambling and Marijuana Use Prevention

Findings from the 2022 Community Readiness Assessments



Understanding Virginians' Preparedness to Engage in Problem Gambling and Marijuana Use Prevention

Findings from the 2022 Community Readiness Assessments

Submitted to:
Nicole Gore and Anne Rogers

Virginia Office of Behavioral Health & Wellness, Department of Behavioral Health and Developmental Services

November 2022

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Introduction

With the legalization of recreational marijuana, as well as sports betting and other changes that have expanded opportunities for gambling in Virginia, the Office of Behavioral Health Wellness (OBHW) within the Virginia Department of Behavioral Health and Developmental Services (DBHDS) received funding to support prevention efforts targeted towards these two areas through SAMHSA's state prevention block grant and through gambling tax revenues in Virginia. As a first step, OBHW, in partnership with OMNI Institute (OMNI)—a non-profit research and evaluation firm that supports evaluation and capacity building for the prevention block grant—worked with Community Service Boards (CSBs) to conduct two readiness assessments: one on the commonwealth's gambling and gaming behaviors, knowledge, attitudes, and environment; and a second on marijuana related behaviors, knowledge, attitudes, and environment. Both of these assessments, along with a gaming and gambling environmental scan, will be used to help determine priorities for efforts to prevent marijuana use disorders and problem gambling and gaming disorders. As a part of each of these assessments, CSBs were asked to assess the readiness of their communities to address these issues.

The Community Readiness Model was developed at the Tri-Ethnic Center at Colorado State University to assess how ready a community is to address an issue. The basic premise is that matching an intervention to a community's level of readiness is essential for success. Efforts that are too ambitious are likely to fail because community members will not be ready or able to respond. To maximize chances for success, the Community Readiness Model offers tools to measure readiness and to develop stage-appropriate strategies. To learn more about the Tri-Ethnic Center's Community Readiness Model visit: https://tec.colostate.edu/communityreadiness/

Through the Community Readiness Process, Community Service Boards engaged key stakeholders through interviews and focus groups.

Key stakeholders may include:

- those **working in the industry** (i.e., casinos, race tracks, bingo halls, gambling halls, marijuana growers, marijuana retail stores, retail stores selling lottery tickets)
- those **interacting with the industry**, such as customers
- those involved with **policy or regulations**
- those **working in treatment or recovery** of gambling and marijuana disorders

Components of the Community Readiness Assessment

The design of the Community Readiness Assessment accounts for the various aspects of a community-wide issue and the community's stages or steps of becoming ready to address an issue.

Dimensions of Readiness

Dimensions of readiness are key factors that influence a community's preparedness to take action on an issue. The dimensions identified and measured in the Community Readiness Model are comprehensive and serve as an excellent tool for diagnosing a community's needs and developing strategies that meet those needs. These dimensions include:

1. **Community Knowledge of the Efforts**
   To what extent do community members know about local efforts and their effectiveness, and are the efforts accessible to all segments of the community?

2. **Leadership**
To what extent are appointed leaders and influential community members supportive of the issue?

3. **Community Climate**
What is the prevailing attitude of the community toward this issue? Is it one of helplessness or one of responsibility and empowerment?

4. **Community Knowledge about the Issue**
To what extent do community members know about the causes of the problem, consequences, and how it impacts your community?

5. **Resources Related to the Issue**
To what extent are local resources – people, time, money, space, etc. – available to support efforts?

Across CSBs, each of the above dimensions were assessed and rated on their stage of community readiness, which is also a numerical score. The stages of readiness are defined below.

Stages of Community Readiness[1]

1. **No Awareness**
An issue is not generally recognized by the community or leaders as a problem (or it may truly not be an issue).

2. **Denial/Resistance**
At least some community members recognize that it is a concern, but there is little recognition that it might be occurring locally.

3. **Vague Awareness**
Most feel that there is a local concern, but there is no immediate motivation to do anything about it.

4. **Preplanning**
There is clear recognition that something must be done, and there may even be a group addressing it. However, efforts are not focused or detailed.

5. **Preparation**
Active leaders begin planning in earnest. Community offers modest support of the efforts.

6. **Initiation**
Enough information is available to justify efforts. Activities are underway.

7. **Stabilization**
Activities are supported by administrators or community decision makers. Staff are trained and experienced.

8. **Confirmation/Expansion**
Efforts are in place. Community members feel comfortable using services, and they support expansions. Local data are regularly obtained.

9. **High Level of Community Ownership**
Detailed and sophisticated knowledge exists about prevalence, causes, and consequences. Effective evaluation guides new directions.

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[1] Readiness Handbook Adapted for the Colorado SPF SIG from: Plested, B.A., Edwards, R.W., & Jumper-Thurman, P. (2005, May). Community Readiness: A handbook for successful change. Fort Collins, CO: Tri-Ethnic Center for Prevention Research.

Gaming & Gambling

History & Context

Gambling is an issue where federal law has always superseded state law. Gambling is legal under U.S. federal law, with the exception of online sports gambling due to a federal wire act and an act that outlawed financial transactions with online gambling service providers. In 2018, a law known as PASPA (Professional and Amateur Sports Protection Act) which banned sports betting in all States excluding Nevada, Oregon, Montana and Delaware (which already had laws allowing sports betting prior to PASPA in 1992) was overturned, allowing States to enact laws to legalize sports betting in their state if they chose to. The repeal of PASPA led to significant changes in gaming and gambling laws across the United States, including in the Virginia Commonwealth.

1973 Charitable Gaming became legal in the Virginia Commonwealth, allowing bingo and raffles to raise funds for organizations.

1987 the Virginia Lottery was created for persons 18 and older

1989 legalization of horse race betting

2018 access to the Virginia lottery was expanded with the launch of a mobile app where people could purchase lottery tickets via Bluetooth at a brick and mortar lottery retailer

2020 allowing legalization of internet lottery, sports betting, and casinos. This law allows Virginia to participate in sports betting on professional sports and on non-Virginia college sports, as well as the construction of 5 Casinos.

With the rapid expansion of gaming and gambling opportunities for Virginians with recent legal changes, a need was identified to better understand the gaming and gambling landscape, including community readiness to engage in problem gambling prevention activities. By putting aside a portion of revenue from gambling activities into a Problem Gambling Treatment and Support Fund, the Department of Behavioral Health and Developmental Services was able to provide funding to Community Service Boards to conduct a needs assessment process to bolster their ability to engage in problem gambling prevention activities – including a Community Readiness Assessment to understand community perceptions, knowledge, and readiness to engage in this work.

Community Readiness at a Glance

Average Community Readiness Across All Domains

Average community readiness score across all domains:

2.7 out of 9

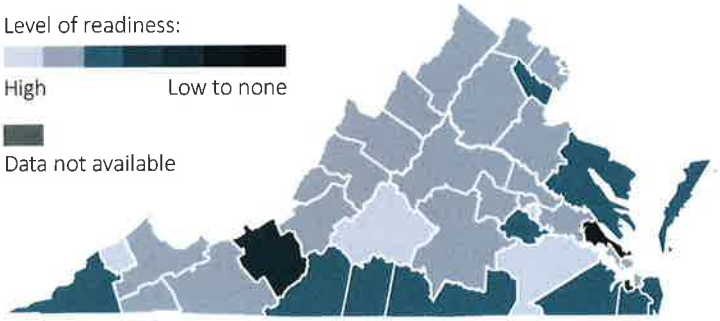
What this says:

Vague Awareness - Most feel that there is a local concern, but there is no immediate motivation to do anything about it.

Overall CSBs have little awareness of problem gambling as an issue in their communities. It is seen as less pressing compared to other issues their communities face that come with high fatality rates, like the ongoing opioid epidemic, rise in fentanyl, and the mental health crisis exacerbated by COVID-19. While problem gambling shares many of the same risk and protective factors as problems related to alcohol, opioid, tobacco, and other substance use, it is not recognized by communities as such. Rather, communities share an understanding of problem gambling as an isolated and individual issue that does not impact communities at large.

Community Knowledge of Efforts

CSB Readiness Based on Community Knowledge of Efforts



Average score for this domain:

2.9 out of 9

What this says:
A few members of the community have heard about efforts, but the extent of their knowledge is limited.

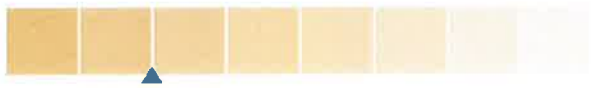
Most communities have little to no knowledge of current efforts around addressing problem gambling, nor do they demonstrate knowledge of the need for such efforts. Those with personal connections to individuals in need of problem gambling treatment services, those within the prevention and addiction treatment fields, as well as those more broadly working in human services, were seen as more knowledgeable than the general community. Community knowledge of efforts was generally higher among communities that have seen local proposals, policy changes, or developments leading to increased opportunities for gaming and gambling, such as those with planned casinos. This knowledge is likely stemming from increased social discourse related to these developments, such as news coverage.

> *"...[W]e found that those who work in the field of providing support to youth and/or families are vaguely aware of efforts and the need for efforts, while those in the wider community seem to have little or no awareness of the need for efforts to address problematic gaming and gambling and are not aware of existing efforts."*
> – *Region 1 CSB*

Leadership

Community Readiness Based on Leadership

Average score for this domain:



2.0 out of 9

What this says:
Leadership believes that gaming and gambling is not a concern in their community.

The stance of leadership on gaming and gambling is unknown or leaders have no recognition of problem gambling. Concerns about increased gaming and gambling opportunities are not raised by leadership, with leaders instead focusing on the economic benefits that gaming and gambling can bring to their communities by increasing local revenue and jobs. The complex reality that gaming and gambling establishments, especially casinos, will create economic opportunity, while also creating risk to individuals and the community, is not well understood. The role prevention efforts can have in mitigating community risk – without removing those establishments – is largely absent from these conversations.

Some communities found leaders hard to engage in the assessment process itself. This lack of engagement or disconnect between community members and leaders can lead to speculation about leaders' motivations and stances, contributing to mistrust and decision-making that may not reflect community needs and desires. Disconnect hampers widespread adoption and support of prevention work, which may put communities at a greater risk for the negative consequences of increased gaming and gambling opportunities. Collaboration and compromise between leadership and community will help build trust and a path for integrating prevention work into a changing climate of gaming and gambling.

> *"Some participants wished that leaders would address it openly and honestly to raise awareness about the upcoming casinos and some worry that residents don't have an understanding of potential consequences. Some participants also noted a lack of trust in state and local leadership to be truthful about gambling – and that leadership is only interested in the revenues and not the impact on people's lives."*
> *– Region 5 CSB*

Community Climate

Community Readiness Based on Community Climate

Average score for this domain:

2.7 out of 9

What this says:
Community climate is neutral, disinterested, or believes that gaming and gambling does not alter the community as a whole.

Communities tend to have neutral opinions about gaming and gambling. Disinterest and a general lack of concern were shared, with many perceiving gaming and gambling as harmless, social, and fun. Given the recent statutory changes to gaming and gambling in the state, there's a sense that because it is legal, it must be safe to engage in. However, a clear split exists between views on charitable gaming as compared with gaming or gambling hosted by for-profits. While charitable gaming is viewed positively and even as a way to support the community, gaming or gambling hosted by for-profits feels riskier or potentially predatory.

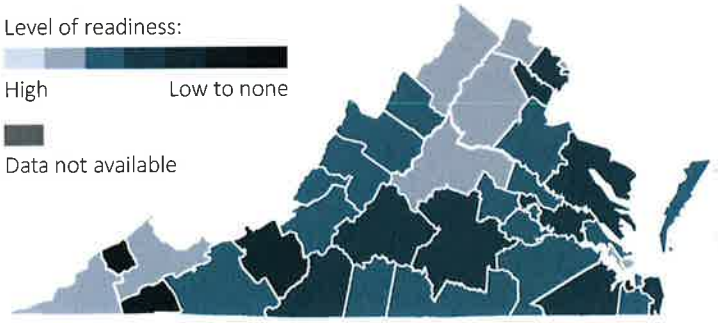
> *"Those involved in charitable gaming were keenly aware of all regulations, how their games are a social outlet for many, and believe that there is no real problem gambling involved with Bingo. But they do think there is more risk of addiction with electronic pull tabs, skilled games, and other types of high stakes gambling."*
> *– Region 5 CSB*

Problem gambling is viewed as an individual problem. There is recognition that some individuals experience negative consequences of gaming and gambling, but it is not seen as a community level problem. Some view gaming and gambling as a personal choice or right, not recognizing the risks and potential for addiction and family- and community-level impacts problem gambling can have. While communities note that the environment is changing, with more opportunities to game and gamble than before, there is little recognition of how increased opportunities would lead to increased problem gambling impacts. Building community buy-in for gaming and gambling prevention efforts will require shifting opinions on the potential risks of gaming and gambling and viewing it as a community-wide issue as opposed to an isolated, individual issue.

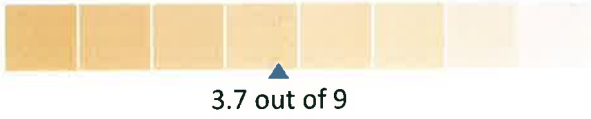
> *"The prevailing attitude ... is that it is mostly accepted... it appears that many believe that the community does not see a problem with gambling and does not talk about problem gambling unless an individual is affected personally...the perception of harm is generally low."*
> *– Region 2 CSB*
>
> *"Overall, there is some awareness of problem gambling, but most feel it is a personal choice."*
> *– Region 3 CSB*
>
> *"Some were indifferent altogether and feel it is an individual's right to gamble if it is available."*
> *– Region 5 CSB*

Community Knowledge About the Issue

Community Readiness Based on Community Knowledge About the Issue



Average score for this domain:



3.7 out of 9

What this says:
A few in the community have basic knowledge of gaming and gambling, and recognize that gaming and gambling occurs locally, but information and/or access to information is lacking.

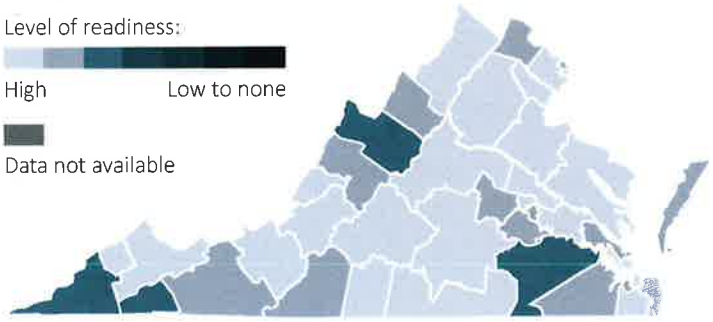
Overall, communities are not concerned about gaming and gambling and have little to no knowledge of the issue. Like the Community Knowledge of Efforts, those in human services fields have some knowledge of the issue and those with personal connections to individuals in need of gambling treatment services shared concerns. Of notable concern for prevention, some communities showed active resistance to addressing, learning more, or sharing concern about gaming and gambling. This resistance may come from a place of fatigue: living through COVID, social unrest, and increasing knowledge about urgent and complex social problems. As a few communities noted, this may be a more "hidden" social problem at this time and therefore seen as less pressing compared to more visible, widely publicized problems like the opioid epidemic and the rise of fentanyl where impacts – namely fatalities – raise greater concern. There is the perception that prevention is constrained and must choose which problem areas to work on (and which to ignore) and that public buy-in is required for any action to take place. Prevention is most effective when data, planning, and interventions are introduced as early as possible and should not only occur after prevalence increases and a community is impacted.

Some communities express concern about the impact of problem gambling on specific populations, namely youth, older adults, people of color, and people of lower socioeconomic status. While little is known about prevalence at a local or state level for these specific populations, these concerns align with the larger body of research around populations most at risk for and affected by problem gambling. A few communities associated social problems like "crime," "poverty," "prostitution," "increased drug use," and "blight" with casino gambling opportunities. The fears and concerns, while sometimes rooted in stigma, can be motivating, leading communities to seek further information and share their learnings widely. Finding reliable sources to build community capacity to understand the issue and drive decision-making, organizing, and support efforts will be key in growing prevention work on this issue.

> *"My community does not see gaming and gambling as high priority at this time. If the community is affected by these risks, it is extremely hidden. You rarely hear stories of families being impacted by these behaviors, but you do hear about suicides, overdose, and mental health issues, which is what people are more eager to focus on at this time."*
>
> *– Region 4 CSB*

Resources Related to the Issue

Community Readiness Based on Resources Related to the Issue



Average score for this domain:

2.0 out of 9

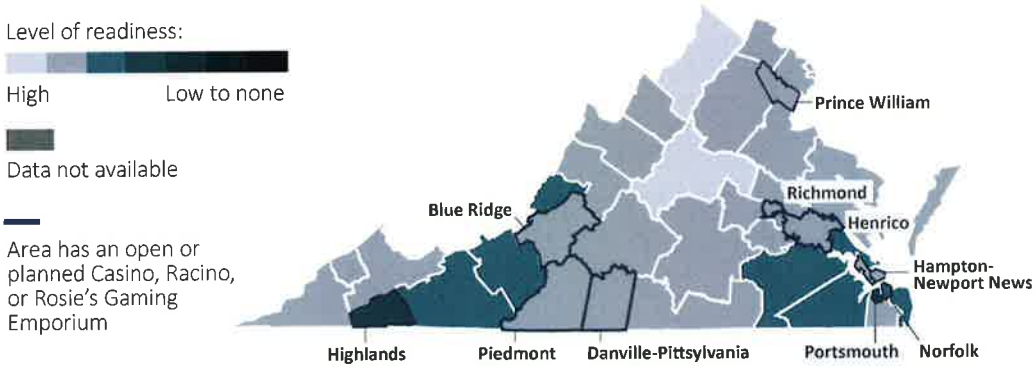
What this says:
There are no resources available for dealing with gaming and gambling.

Communities generally were unable to identify any resources related to problem gambling. When participants were able to identify resources, they tended to be able to name basic resources, like the Virginia Problem Gambling Hotline – which is occasionally printed on tickets and some signs and advertisements. More specific resources, including locally available resources, are largely unknown to community members. Communities expressed a general interest in local resources and sharing those resources, as well as concern about having a lack of them. As seen in other domains, participants in the human services field have more awareness of resources. Readily available and widely shared resources are needed to support communities and individuals given the increasing opportunities to game and gamble across the state. While most communities think first about resources for individuals in need of gambling treatment services, educational resources on responsible gambling and local data on prevalence are needed as well. Investing in building resources now positions communities to better act and provide support to loved ones and community members. Communities that are well-resourced are better poised to respond to local needs that increased gaming and gambling opportunities may bring.

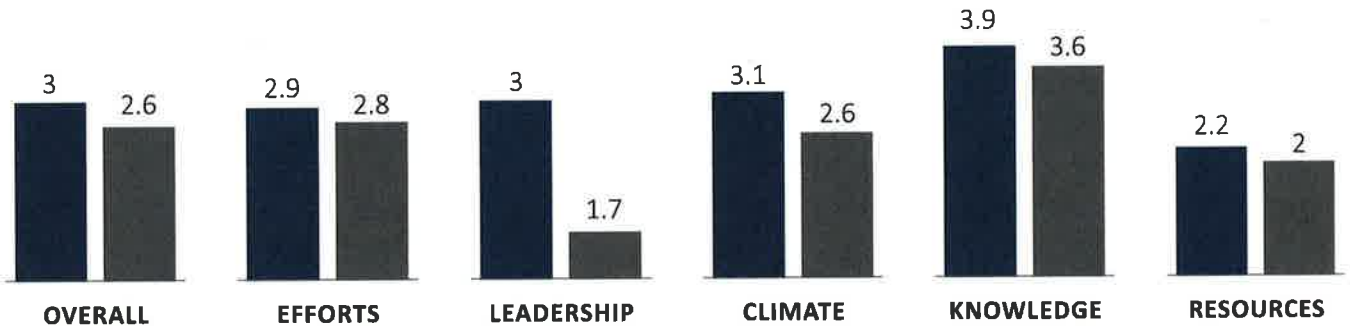
> *"Responses around the question of available resources for problem gambling were mixed. Half of those interviewed believed there are available support groups and counseling, such as Gamblers Anonymous. (In fact, the closest GA support group identified was in Portsmouth). Two persons believe there is nothing at all available while three stated that they knew of the existing hotline to seek help."*
>
> *– Region 5 CSB*

Spotlight: Community Readiness Levels within Communities with Dedicated Gaming and Gambling Establishments

Community Readiness Based on Community Knowledge About the Issue



Average Community Readiness scores among **CSBs with a current or planned Casino, Racino, or Rosie's Gaming Emporium** were higher across all domains when **compared to those without a dedicated gambling establishment.**



Levels of community readiness across communities with gaming and gambling establishments, including Rosie's Gaming Emporiums, or planned Casinos, were higher than among communities without. Scattered throughout Virginia, these dedicated gambling establishments were found in the Highlands, Blue Ridge, Piedmont, Danville-Pittsylvania, Prince William, Richmond, Henrico, Hampton-Newport News, Norfolk, and Portsmouth CSB catchment areas. Most of these communities recognize the changing climate and environment around gaming and gambling and noted that there is movement among some community members to address problem gambling related matters in response to casino developments, but that community-wide knowledge is still lacking.

> *"There is a small group of dedicated individuals within our community and prevention coalition who have been active at town council meetings and providing resources and recommendations to our strategies and activities, but overall community members don't know about the causes, prevalence, and concerns about gambling and gaming in our community."-*
> *– Region 2 CSB*

CSBs intentionally outreached both to community leaders and those within the gaming/gambling industry to participate in this process. CSBs invited their input, recognizing the importance of their perspectives and the significance of this opportunity to build relationships for future local prevention efforts. There was great disappointment when leadership and industry voice was missing, with mistrust both contributing to their lack of willingness to engage and building from that lack of involvement. Leadership, they shared, was more focused on the economic benefits that establishments, especially Casinos, will bring to their communities and were resistant to acknowledging any potential harm that these businesses will create.

> *"There is not a great deal of trust in community leadership, given that most residents of Norfolk seemed to feel that its leadership has been less than transparent regarding the casino referendums. I think most residents are awaiting the repercussions of the incoming casino and are suspicious of leaders touting solely the financial benefits."*
> *– Region 5 CSB*

> *"A definite challenge to conducting this assessment was the lack of willingness of city leadership to participate in the interviews. What is normally a very collaborative local government was not particularly open to discussing the current gambling environment, perhaps due to the economic and political impacts it has, as well as the precarious situation of the developing casinos in neighboring jurisdictions."*
> *– Region 5 CSB*

When attempting to engage gambling industry professionals into the conversations, many CSBs were faced with defensiveness and general guardedness, with individuals and businesses being hesitant or unwilling to participate in the process for fear of being perceived poorly.

> *"...[W]e did have business owners or Rosie's employees and management that did not participate because they felt targeted due to their participation in gaming and gambling."*
> *– Region 3 CSB*

Building and sustaining relationships between leaders, industry, and community members is a vital part in establishing a foundation for effective prevention efforts, where gambling establishments can exist while efforts are also in place to mitigate harm done by their presence.

Next Steps in Preparing for Problem Gambling Prevention

Set the stage for early intervention: There is low knowledge and concern about gaming and gambling in communities. Gaming and gambling is not viewed as an issue in many communities. Communication around the need for prevention activities should center a narrative that the work should begin ***before*** *there is an issue* and efforts should be in place to *prevent the issue from building*. Data collection tools should be built up and expanded to include measures around gaming and gambling to ensure communities are able to engage in data-driven decision-making and to set up systems to track the impact of gambling legalization on behavioral health outcomes.

> *"The community is unaware of the need and has very little data to justify the need."*
> *– Region 3 CSB*
>
> *"Gambling or gaming is not routinely asked about on the initial intake for local mental health services and potentially adding a question about this topic could give valuable insight and data into whether this is an issue."*
> *– Region 1 CSB*

Reframe the conversation to focus on "responsible gambling": The economic benefits, including increased revenue and added jobs, of large gambling establishments such as Casinos are centered in discourse, including among community leaders. A harm reduction approach should be taken, re-framing the conversation to focus on "responsible gambling," to mitigate impacts of increased opportunities for gaming and gambling and increase the potential for buy-in from community leaders and industry professionals.

Increase understanding of root causes of problem gambling and shift perception from it being an individual's choice: There is a significant need for community education around issues related to gaming and gambling. Problem gambling is being viewed as an individual problem and often a "personal choice." Efforts should be made to shift perceptions and increase understanding of the root causes and impacts of problem gambling on individuals and communities.

> *"What was very interesting in completing this assessment was the economic incentive that encourage individuals to take a change in gaming/gambling. Many viewed it as an opportunity to win in a major way, thus moving them to become financially sound and stable. With that being understood, a major focus for prevention is to increase awareness of the addictive nature or gambling/gaming."*
> *– Region 4 CSB*

Share efforts broadly: There is little being done to address problem gambling and when efforts do exist, they are not well-communicated to community members. Current and planned efforts to address problem gambling should be widely shared with the public using accessible language and provide avenues through which community members can get involved.

Increase local resources for problem gambling and share widely: Resources related to problem gambling are scarce and there is little awareness of those that do exist, though communities indicated a desire for more resources and sharing of those resources. Local and state infrastructures (e.g. services, resources, messaging) for problem gambling prevention and treatment need to be built up and communicated to communities. Special efforts should be made to increase communication of resources in communities with dedicated gambling establishments.

> *"An area of prevention focus is to educate and provide community with much-needed information about the signs/symptoms of [problem] gaming/gambling [and] aligning with treatment and clinical workers to help them understand the importance of including questions regarding gaming/gambling in their assessments."*
>
> *– Region 4 CSB*

Develop resources tailored to local communities: Efforts to address problem gambling should be population-specific, culturally informed, and available in multiple languages to ensure accessibility for those at most risk, including communities of color, low-income communities, older adults, and those whose primary language is not English.

> *"The need for resources (posters, phone numbers, websites, etc.) in Spanish and support groups in Spanish (led by Spanish speakers) are needed...male members of the Latinx community are spending 'entire paychecks' at places with slot machines and scratchers and we need to understand the cultural piece of this in relation to gambling."*
>
> *– Region 4 CSB*

Engage community members and leadership in prevention efforts: A coalition of diverse community members can provide the perspective and expertise necessary to address problem gambling. Communities are poised to engage community members, policy makers, and existing coalitions to increase awareness and community buy-in of problem gambling prevention efforts. Efforts should be made to engage industry professionals and leadership in these efforts and identify avenues to balance the economic benefits of gambling establishments with responsible gambling prevention messaging.

> *"The scores indicate next steps should include building capacity within our community to increase efforts related to gaming and gambling awareness, education, and resource accessibility. This should include building a team to work on this issue collaboratively in the community, integrating gaming and gambling into our local coalition, and inviting new stakeholders to get involved."*
>
> *– Region 3 CSB*

Marijuana

History & Context

Possession and the sale of marijuana is illegal under federal law, but the public consensus on using marijuana has changed over recent decades. Use has become more mainstream and accepted in society. Many states (37) have legalized the use of marijuana for medicinal use, and nineteen states have decriminalized marijuana for recreational use, meaning that possession of cannabis, up to specific amounts, is legal and will not be prosecuted by state and local law enforcement. States that have decriminalized marijuana are regulating and taxing the sale through licensed retailers.

The Commonwealth of Virginia has recently changed their laws regarding cannabis to allow for medical and recreational use, and sales.

2015 CBD and THC-A oils became legalized for medicinal purposes

2020 Medical marijuana dispensaries open

2021 Possession of up to 1 ounce legalized for adults 21 and older

Adults can legally grow up to 4 cannabis plants for personal use

Virginia Cannabis Control Authority was created

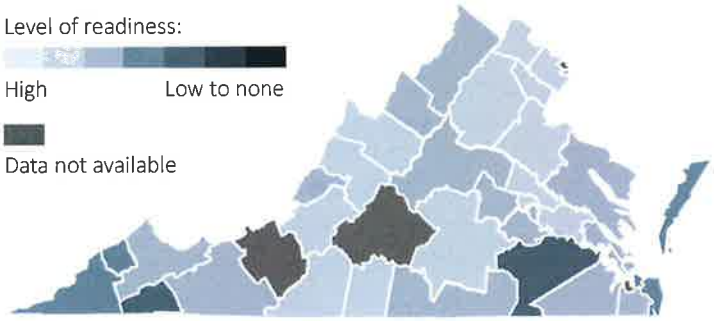
2024 Recreational marijuana sales are slated to begin, if legislators vote to approve

Across Virginia, the term "marijuana" and "cannabis" are used interchangeably, and both will be used throughout this report.

With the ongoing changes in the legalization of cannabis in Virginia, a need was identified to better understand the marijuana landscape, including community readiness to engage in marijuana use prevention activities. The Department of Behavioral Health and Developmental Services provided funding to Community Service Boards to conduct a needs assessment process to bolster their ability to engage in marijuana prevention activities – including a Community Readiness Assessment to understand community perceptions, knowledge, and readiness to engage in this work.

Community Readiness at a Glance

Average Community Readiness Across All Domains



Average community readiness score across all domains:

3.3 out of 9

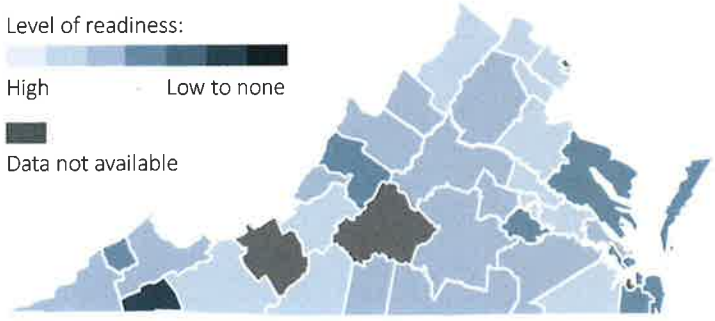
What this says:
Vague Awareness- Most feel that there is a local concern, but there is no immediate motivation to do anything about it.

Retail owners and workers, direct service providers, and other community members were interviewed in the Community Readiness Assessment process. Most CSBs reported that their results felt accurate and were representative of their catchment area. There was an understanding that marijuana use is an issue, or will be an issue soon, but specifics about what to do, when or by whom, was not clear. Some suggested that this could be due to the upcoming legalization of cannabis and the many unknowns surrounding how this will proceed. Some CSBs noted that those who work in the cannabis industry – whether in medical dispensaries or CBD shops – seemed to have a higher awareness than those that do not.

> *"Those who are awaiting the legalization of marijuana appear to be closer to the Preparation stage... The community is concerned with what the legalization will do for their health and wellness and also their bottom-line profits."*
> *– Region 5 CSB*

Community Knowledge of Efforts

Community Readiness Based on Community Knowledge of Efforts



Average score for this domain:

3.5 out of 9

What this says:
Some members of the community know about local efforts.

In general, CSBs reported that their communities have a lack of knowledge on existing efforts promoting responsible marijuana use. Some community members may be aware of local efforts, but the breadth of their knowledge is limited. Similarly, there is little to no awareness of efforts or resources to support those with marijuana use disorder specifically. Many participants did not know the disorder exists.

> *"Participants did not readily acknowledge that marijuana misuse is a legitimate problem. Very few were aware of the availability or recognized a need for any formal treatment programs."*
> *– Region 5 CSB*

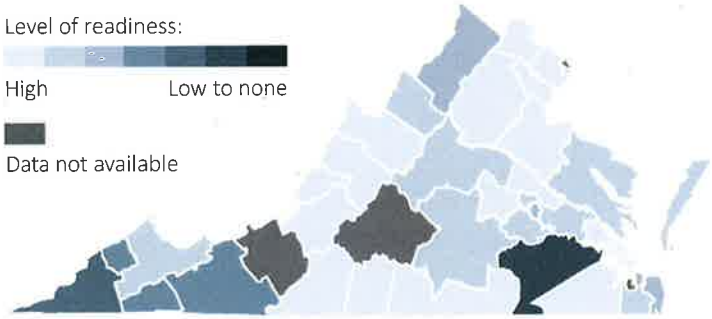
Though there is a basic awareness of the partial legalization of marijuana use and growth, many CSBs mentioned inconsistent understanding of the rules and regulations in their communities. This may partly be explained by the changing legal landscape, which was frequently cited. The degree and accuracy of knowledge regarding policies and laws varied even amongst retail stores and entrepreneurs, who appear to be the most educated on the current, changing landscape. Many community members reported that marijuana laws, including sale, use, and growth of the substance, are not being enforced.

> *"Most of the smoke shop retailers were aware of some of the laws... but the accuracy of the knowledge was mixed. The stores were aware that they could not directly sell marijuana but also that there were ways to get around that."*
> – *Region 5 CSB*

> *"The general consensus was that police were reluctant to enforce the laws while they are still evolving and that the police had more important issues to pursue."*
> – *Region 5 CSB*

Leadership

Community Readiness Based on Leadership



Average score for this domain:

2.5 out of 9

What this says:
Leaders recognize the need to do something regarding marijuana.

While CSBs found that there appears to be a recognition that something needs to be done regarding marijuana use prevention, they reported a lack of active leadership surrounding the sale or use of marijuana in their communities. Many interviewees perceive local leadership as uninvolved, or uninterested, in regulating the use of cannabis at this time.

> *"Lastly, county/regional leadership has not made their opinions or intentions clear to those working in the business so therefore, there is a void in actual guidance at the local level."*
> – *Region 5 CSB*

More broadly, participants indicated that addressing marijuana use/sale is not seen as a priority in their areas, citing opioids as a more important matter. Others view marijuana use as an individual responsibility, not a community issue. One exception to this is that some school systems are concerned about the extent to which the issue is impacting youth.

> *"I agree with the finding that our community does not see any of these issues as top concerns at this time. Our community is small and leadership is spread thin, so people feel that suicide and overdoses are a bigger threat and a place to concentrate our energy."*
> – *Region 4 CSB*

Community Climate

Community Readiness Based on Community Climate

Average score for this domain:

3.5 out of 9

What this says:
The attitude in the community is beginning to reflect interest in marijuana. "We have to do something, but we don't know what to do."

The sale and use of marijuana appears to be widely accepted by most communities across the Commonwealth of Virginia. Rather than identifying marijuana as a potential problem, however, the climate was more focused on moving towards legalization and recreational sale – what to do once cannabis use is fully legalized was mostly undecided.

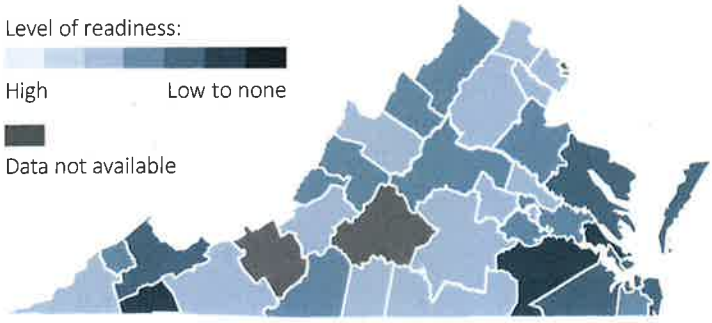
> *"Individuals that want the legalization of marijuana feel those around them support it but are unclear as to how to further pursue it."*
> *– Region 5 CSB*

In the instances where there is interest related to marijuana in communities, there is little to no motivation towards action regarding prevention. Cannabis use appears to have become more normalized and accepted in communities, either medically or recreationally. The widespread use of marijuana appears to often earn comparisons with tobacco cigarettes in terms of use, social norms, and ease of access. Communities do not perceive risks associated with use, generally considering marijuana use as safe, limiting their motivation to engage in prevention activities.

> *"Almost all the participants spoke up about how marijuana is normalized. They shared how there are entire news sources dedicated to the topic, how it is easy to get, how it's looked at like a pack of cigarettes, how it is medically accepted, etc."*
> *– Region 4 CSB*

Community Knowledge About the Issue

Community Readiness Based on Community Knowledge About the Issue



Average score for this domain:

4.5 out of 9

What this says:
Some community members have basic knowledge of marijuana. General information on marijuana is available.

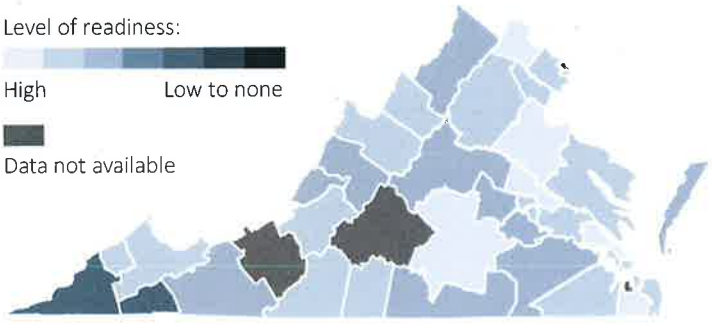
Community knowledge related to marijuana was one of the domains that reflected higher levels of readiness. This reflects the idea that cannabis use, and the legalization of use, is becoming more talked about openly in the community. Participants were readily able to speak on marijuana related issues, especially the movements in Virginia towards legalization and community access and availability of marijuana or cannabis products. Marijuana use was seen as very common in communities, especially among youth, many of whom are able to access marijuana easily. A number of community members spoke about medical marijuana access and how to navigate the system and get access to a medical marijuana card to be able to purchase products at medical dispensaries.

Similar to the community climate domain, however, knowledge seemed centered on matters related to legalization and marijuana access rather than any associated risks or harm that may warrant prevention efforts. As communities appear ready to discuss matters related to marijuana, there may be pathways to incorporate prevention related topics into the conversation alongside conversations about legalization.

> *"However, clearly the easiest way to access it, whether on the black market or through the dispensary, seemed to be knowing someone who already had it and having them share their knowledge."*
> *– Region 5 CSB*

Resources Related to the Issue

Community Readiness Based on Resources Related to the Issue



Average score for this domain:

2.7 out of 9

What this says:
The community is not sure what it would take, or where their resources would come from, to initiate efforts.

There was an overwhelming sense that community members did not know what resources were available about marijuana use prevention or how to treat marijuana use disorder, nor if the resources were needed. Some had the attitude that marijuana is not physically harmful, at least compared to other substances, so did not need resources.

> *"Only a few respondents said they would like to know if such resources if they existed, but most felt that marijuana use disorder must be extremely rare since marijuana use is never associated with overdoses."*
> *– Region 5 CSB*

Others expressed the idea that marijuana use, and any such issues that result from use, are not the community's concern but rather the concern of individuals. As such, it is not the community's responsibility to take action and provide such resources to those in need.

> *"The larger focus group that was interviewed reminisced about the D.A.R.E. (Drug Abuse Resistance Program) program that was in place at elementary schools between 1983 and 2009. Citing its ineffectiveness, they all felt that a similar program for marijuana use today would only lead to additional use, not any sort of prevention. Most all felt that education around marijuana was needed but that anyone who overindulged was not a concern for the community to address."*
> *– Region 5 CSB*

Next Steps in Preparing for Marijuana Prevention

Increasing awareness related to marijuana needs to be a significant focus as legalization continues to evolve: There was an overwhelming sense of low community awareness expressed by over half of CSBs. People seemed to be confused or were unclear on issues surrounding marijuana. Education regarding changing laws and policies, as well as risks for youth, were specifically called out as important. Media campaigns, especially those on social media, were seen as ways to address low understanding in the community. Some also noted that strengthening partnerships with key stakeholders, increasing community dialogue, and targeting messages at specific groups will be central to their efforts moving forward.

> *"The general public should be kept aware of any new laws or changes to the current marijuana laws, as a lot of folks are not clear on what they are."*
> – *Region 4 CSB*
>
> *"The first issue is that there is still a lot unknown by everyone exactly what the new Virginia Marijuana Law, passed in 2021 by the General Assembly, will contain. In fact, the General Assembly made some revisions to the law during its 2022 session. It is difficult to give a lot of good information about an everchanging law."*
> – *Region 2 CSB*
>
> *"Participants did not feel as if marijuana use was harmful overall but recognized that there is a great amount of inconsistency that needs to be addressed."*
> – *Region 5 CSB*

Continued examination on the economic effects of cannabis legalization: Several communities reported the need for more research and knowledge on how marijuana legalization will impact their community, or similar communities. This may be especially true for more rural or coastal communities, compared to urban centers.

> *"The financial impact of legalization is worthy of in-depth study."*
> – *Region 5 CSB*

Develop or expand existing resources and share widely: Marijuana specific resources, such as risks associated with use, and support seeking treatment were mentioned often as needed in the community. However, framing these resources in an approachable manner focused on specific aspects, like youth use, might be needed.

> *"Respondents were not aware of any programs that existed to treat a marijuana use disorder or if any are even needed. If they mentioned a program at all, it was usually designed to treat a separate disorder or social problem and they thought that a potential marijuana use disorder could be addressed within one of these programs. Most everyone felt that a marijuana use disorder must be extremely rare since marijuana use is never associated with overdoses."*
> – *Region 5 CSB*

Expand prevention efforts for youth: CSBs repeatedly mentioned youth and young adults as an area for needed growth in prevention services. Specifics that were mentioned include increasing education and knowledge related to risks of use, reducing access to marijuana, and shifting perception of marijuana use as an adult activity, like alcohol or tobacco.

> *"Increase our awareness and education campaigns regarding the scientific and public health aspects about the use of marijuana the current impacts on health, especially among youth, when they use marijuana."*
> – *Region 2 CSB*
>
> *"The major takeaway our team found when conducting the Marijuana Needs Assessment was the overwhelming and ease of access for youth to obtain marijuana. Students in our after-school programs and school groups were more likely to respond negatively towards marijuana use than other students. This shows prevention programs and education does work."*
> – *Region 2 CSB*

Acknowledge and address historical racial disparities within the criminal justice system: The observation that Black and people of color have been treated differently for marijuana use, especially by the legal system, was made in several communities. Disproportionate numbers of the BIPOC population have been negatively impacted by strict enforcement of cannabis use laws in the past compared to their White peers.

> *"Some talked about the difference in treatment with marijuana between White and Black people. They talked about White folks having enough money to set up farms, go through the legal process, but Black people go to jail for 3 joints in their car."*
> – *Region 4 CSB*
>
> *"One area of inconsistency was focused on incarceration as a result of marijuana drug charges. No one really wanted to see anyone go to jail over marijuana use and realized that it has become a racial equality/social justice issue. Two individuals mentioned that we needed to reconcile the current laws with the old laws and release or reduce the sentences of those who are doing jail time for marijuana offenses."*
> – *Region 5 CSB*
>
> *"He shared that 75% of all the drug arrests are Black people while Black people make only 15% of the county. He also mentioned how the laws are used to suppress the poor and damage the community."*
> – *Region 4 CSB*

Reflections

Successes and Challenges

Gaming and Gambling - Successes

- Assessment process increased awareness of the issue for both CSB staff and community members
- Accessed additional support, like contracting with VCU, involvement from their coalition, organized regional efforts, and hiring new staff
- Involved a wide variety of engaged community members that shared openly
- Offered incentives to improve participant recruitment
- Connected potential participants with the contractor via email (warm hand-off)

> *"This assessment brought awareness of the issue to the participants. Most had not given it much thought, but through this process, became aware of the breadth of issues it may raise in the future."*
>
> *– Region 5 CSB*

> *"The needs assessment process was helpful in getting a better understanding of the types of gambling activities occurring in our communities. The process also shed light on how our community understands what constitutes as gaming and gambling. I think for many of our interviewees, they now see things different than they did before the interview. For example, one interview was helping fund her son's gambling addiction without realizing that that was what she was doing when she gave him money monthly to "help him with bills" and he used some of her money to play lottery on a regular basis."*
>
> *– Region 4 CSB*

Gaming and Gambling - Challenges

- Meeting the due dates and the lack of coordination between this project timeline with other due dates for CSBs
- Identifying and engaging participants in the process, including industry and leadership voices
- CSB staff capacity to complete the assessment
- The assessment tool itself: length, depth, and wording of interview questions
- Scoring responses, especially how to categorize responses and capture polarized views within a group

> *"It was more challenging than expected to identify key informants and stakeholders for the issue of problem gaming and gambling. Many community leaders and stakeholders who were initially asked indicated they had no awareness of gambling or gaming as an issue and therefore did not feel their input would be beneficial."*
>
> *– Region 1 CSB*

> *"Getting key informants to participate as it's hard to ask one more thing of community partners as they're actively addressing COVID response and experiencing personal burnout from the past 2+ years of living through collective community traumas of pandemic and social/civic unrest."*
>
> *– Region 1 CSB*

Marijuana – Successes

- Community members were open, candid, friendly and engaged in the conversations
- People seemed eager to share their perspective on marijuana
- Process was received positively and increased awareness and knowledge of the issue
- Outreach sparked new conversations with a diverse group of stakeholders, including community leaders and youth

> *"This assessment was received very positively. Most everyone was eager to share their experiences with marijuana and they are eager to see it legalized more fully. For the most part, every place visited was friendly and open to questioning and it was easy to see that this is an issue that affects people of all ages, socio-economic statuses, and races."*
>
> *– Region 5 CSB*

Marijuana – Challenges

- Engaging some community partners to participate
- Resources and effort needed to complete was extensive
- Some responses felt guarded
- Tool was perceived as long, difficult to score and/or using hard to understand terminology

> *"It was difficult to get people to agree to be a part of the process. Some were fearful that their employers would find out that they participated. There seems to be fear of reprimand for giving data and opinions about marijuana and gambling, which makes data collection difficult."*
>
> *– Region 4 CSB*

Learnings for Future Needs Assessments

- Identify multiple points in time when the assessment will be conducted in initial planning and preparation to establish baseline data and create opportunities to evaluate impact of prevention activities through follow-up assessments.
- Hiring of external contractors aided in saving time and resources and allowed interviewees to be more open. Support CSBs to contract out for the work if they lack internal staff capacity to complete it.
- Utilize 2-person interview teams.
- Include incentives to demonstrate value for interviewee's time and expertise.
- Provide additional trainings that include practice scoring responses. Review the scoring guide for clarity, ease of scoring, and ability to capture polarized responses.
- Give a longer timeline (that doesn't overlap with holidays) and more support planning the implementation of the assessment.
- Facilitate the sharing of learnings within CSBs (from staff to staff) and across CSBs.
- Offer outreach support to CSBs to identify and connect with potential participants.
- Implement strategies that were successful during this assessment.

> *"I feel like we have just scratched the surface regarding community readiness and marijuana. We need to continue listening sessions and focus groups with both youth and adults.....especially as the legal landscape shifts [regarding] marijuana laws in Virginia."*
>
> *– Region 4 CSB*

Prevention of Problem Gambling and Gaming
CADCA Boot Camp

With the legalization of online gambling and gaming, CSB Prevention teams continue to build their capacity related to the prevention of problem gambling and gaming.

To support this need, the Department of Behavioral Health and Developmental Services (DBHDS) Office of Behavioral Health Wellness is hosting a CADCA Problem Gambling Boot Camp (April 4 – 6, 2023 in Staunton). CADCA is the national Community Anti-Drug Coalitions of America which is based in Alexandria, VA. One member of the RACSB Prevention Services team will attend on behalf of the agency.

The purpose of this boot camp is to:

- Identify local conditions that need to be addressed for each regional team
- Build the capacity of the Gambling Awareness Teams with representatives from Treatment, Prevention, and Recovery as well as local community members from various sectors
- Develop a communication plan to share and promote resources offered in each region
- Assess community readiness to address problem gambling with additional stakeholders not yet involved
- Recruit sectors to participate in identified initiatives

There will also be another day devoted to Social Determinants of Health on April 3, 2023.