

# SPE Consortium 5 Year Strategic Plan

**Kick Off Meeting!**

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HCA/DBHR

# Overview

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- ▶ Timeline
- ▶ Prevention Framework 101
- ▶ Workgroups / Action Plans
- ▶ Membership and Recruitment
- ▶ Mission & Values
- ▶ Needs Assessment
- ▶ Resources Assessment

# Timeline

# Timeline

January	<ul style="list-style-type: none"> <li>• Prevention 101</li> <li>• Begin Resources &amp; Needs Assessment</li> <li>• Work through capacity building sections</li> <li>• Identify support staff for Plan updates</li> </ul>	July	<ul style="list-style-type: none"> <li>• SEOW recommendations, priority setting</li> <li>• Finalize art, design</li> <li>• Edits back to workgroups</li> </ul>
February	<ul style="list-style-type: none"> <li>• No SPE Meeting</li> <li>• Distribute RA</li> <li>• Workgroups to start work</li> </ul>	August	<ul style="list-style-type: none"> <li>• No SPE Meeting</li> <li>• Workgroups finalize accomplishments and action plans</li> <li>• NA completion</li> <li>• Draft plan complete</li> </ul>
March	<ul style="list-style-type: none"> <li>• Round robin of workgroup updates</li> <li>• RA initial review</li> <li>• Review workforce development section</li> </ul>	September	<ul style="list-style-type: none"> <li>• Final priority setting, goals, last time to see draft plan</li> <li>• Workgroups present action plans and accomplishments</li> </ul>
April	<ul style="list-style-type: none"> <li>• No SPE Meeting</li> <li>• Engage Communications team</li> <li>• SEOW continue</li> <li>• Workgroups continue priority setting</li> </ul>	October	<ul style="list-style-type: none"> <li>• No SPE Meeting</li> <li>• Edit final draft</li> <li>• Final plan to print</li> </ul>
May	<ul style="list-style-type: none"> <li>• Initial SEOW presentation for NA</li> <li>• Complete RA and Section 4</li> </ul>	November	<ul style="list-style-type: none"> <li>• Present final plan at SPE meeting</li> <li>• Present final plan at Provider Meeting</li> <li>• Celebrate!</li> </ul>
June	<ul style="list-style-type: none"> <li>• No SPE Meeting</li> <li>• Workgroups submit draft action plans</li> <li>• Work through cover design, art, graphics, layout</li> </ul>	December	<ul style="list-style-type: none"> <li>• No SPE Meeting</li> </ul>

# Prevention Framework 101

Stephanie Atherton, DBHR Consultant

# What is prevention?

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- ▶ The following is the Institute of Medicine's definition of prevention:  
“Interventions that occur prior to the onset of a disorder and are intended to prevent or reduce risk for the disorder.”
- ▶ The essence of prevention practice is to decrease risk and increase protection through initiatives to facilitate positive individual and community change. Community substance use disorder prevention initiatives work towards this positive outcome.
- ▶ Mental health promotion is defined as:  
“Interventions that are specifically designed to enhance the ability to achieve developmentally appropriate tasks (developmental competencies) and a positive sense of self-esteem, mastery, well-being, and social inclusion and to strengthen the ability to cope with adversity.”

# Why share prevention frameworks?

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- ▶ Understanding prevention research and theory is vital for prevention and mental health promotion leaders, activists, and providers.
- ▶ Building collaborative models and using inter-related frameworks across prevention-focused organizations and agencies as the Consortium does:
  - ▶ creates strong systems;
  - ▶ increases the effectiveness of partnerships;
  - ▶ and promotes shared outcomes.

## **Seven inter-connected prevention frameworks used by Consortium members:**

- ▶ Strategic Prevention Framework
- ▶ Risk and Protective Factors
- ▶ Adverse Childhood Experiences
- ▶ Public Health Model
- ▶ Institute of Medicine Model
- ▶ Socio-Ecological Model
- ▶ Strengthening Factors Protective Families Framework

# Strategic Prevention Framework

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- ▶ The **Strategic Prevention Framework (SPF)** was developed by Substance Abuse Mental Health Services Administration (SAMHSA) based on ‘**Communities That Care**’<sup>®</sup> (**CTC**).
- ▶ **CTC** is a proven effective prevention planning system that helps communities develop an integrated approach to promoting the positive development of children and youth and to preventing problem behaviors.
- ▶ The Health Care Authority/Division of Behavioral Health and Recovery SPF framework includes revisions developed by implementing the Strategic Prevention Framework-State Incentive Grant: a specific focus on “Getting Started” and “Capacity-Building”.

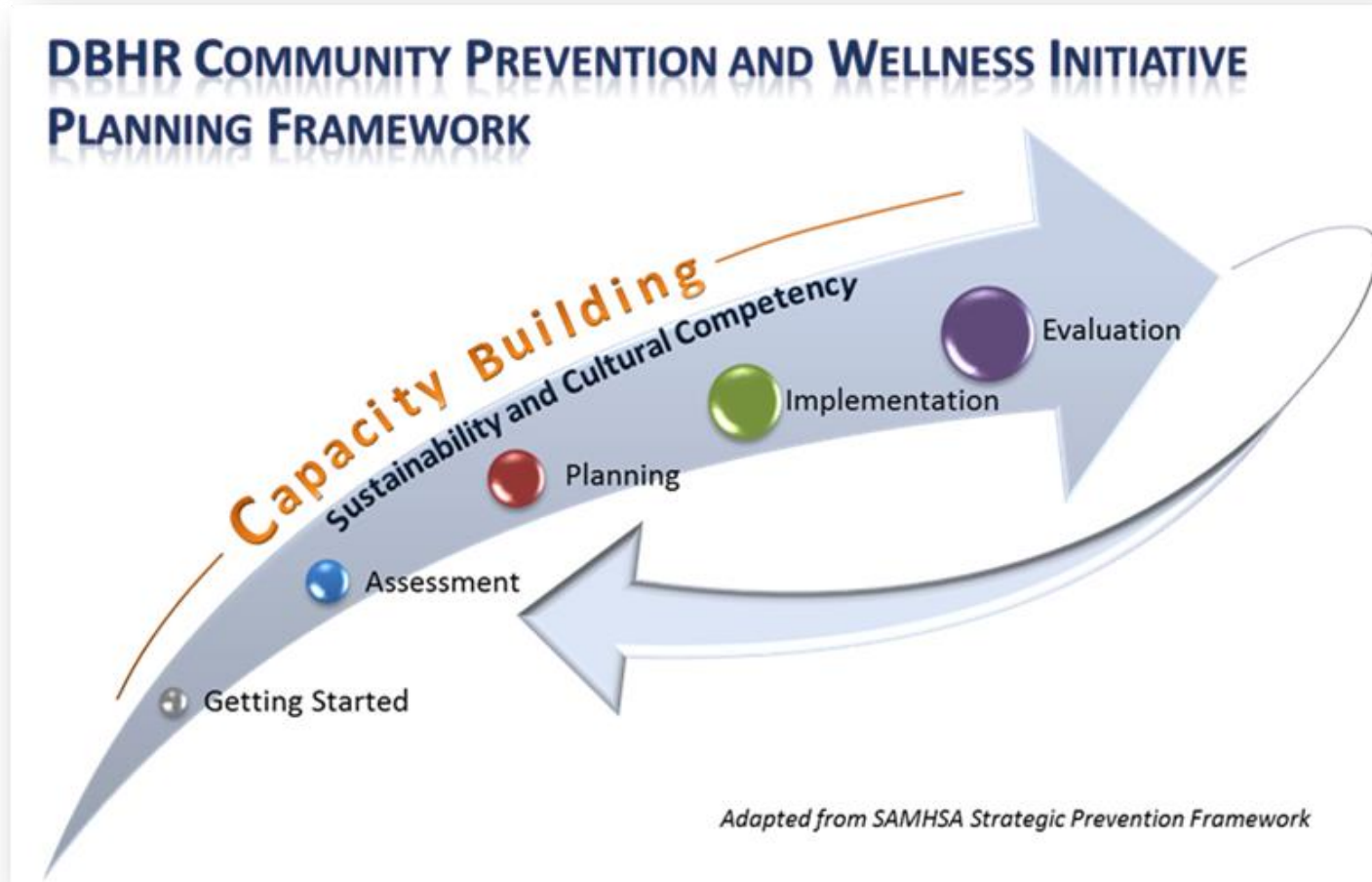


# Overview of Strategic Prevention Framework Phases

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- **Getting Started** - Initiate the coalition development process.
- **Capacity Building** - Develop and increase coalition and community ability to address the problem locally.
- **Assessment** – Analyze local data, identify local needs and related resources, and determine gaps in addressing prioritized problems.
- **Planning** - Create a plan to implement evidence-based and effective programs, policies and practices that align with prioritized problems.
- **Implementation** - Implement the plan.
- **Evaluation and Reporting** – Monitor, report, and evaluate the plan and refine as needed.
- **Cultural competence/Diversity, Inclusion, and Equity focus** is included as a critical element of each phase. of the SPF
- **Sustainability** is included as an important element of each phase of the SPF.

# Strategic Prevention Framework



# Risk and Protective Factors

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- ▶ Risk and protective factors exist in multiple contexts and domains.
- ▶ All people have biological and psychological characteristics that make them vulnerable to, or resilient in the face of, potential behavioral health issues
- ▶ Risk factors are characteristics associated with a higher likelihood of negative outcomes.
- ▶ Protective factors are characteristics associated with a lower likelihood of negative outcomes or that reduce a risk factor's impact. Protective factors may be seen as positive countering events.
- ▶ Many factors influence a person's chance of developing a mental and/or substance use disorder.
- ▶ Effective prevention focuses on reducing those risk factors, and strengthening protective factors, that are most closely related to the problem being addressed.
- ▶ Applying the Strategic Prevention Framework (SPF) helps identify factors having the greatest impact.
- ▶ Risk factors are predictive of higher levels of adolescent substance use, delinquency, teen pregnancy, school drop-out, violence, and depression and anxiety.

## Risk Factors for Health & Behavior Problems

Risk Factors for Health & Behavior Problems	Substance Abuse	Delinquency	Teen Pregnancy	School Dropout	Violence	Depression & Anxiety
<b>Community</b>						
Availability of Drugs	•				•	
Availability of Firearms		•			•	
Community Laws and Norms Favorable Toward Drug Use, Firearms, and Crime	•	•			•	
Media Portrayals of the Behavior	•				•	
Transitions and Mobility	•	•		•		•
Low Neighborhood Attachment and Community Disorganization	•	•			•	
Extreme Economic Deprivation	•	•	•	•	•	
<b>Family</b>						
Family History of the Problem Behavior	•	•	•	•	•	•
Family Management Problems	•	•	•	•	•	•
Family Conflict	•	•	•	•	•	•
Favorable Parental Attitudes and Involvement in the Problem Behavior	•	•			•	
<b>School</b>						
Academic Failure Beginning in Late Elementary School	•	•	•	•	•	•
Lack of Commitment to School	•	•	•	•	•	
<b>Individual/Peer</b>						
Early and Persistent Antisocial Behavior	•	•	•	•	•	•
Rebelliousness	•	•		•	•	
Gang Involvement	•	•			•	
Friends Who Engage in the Problem Behavior	•	•	•	•	•	
Favorable Attitudes Toward the Problem Behavior	•	•	•	•	•	
Early Initiation of the Problem Behavior	•	•	•	•	•	
Constitutional Factors	•	•			•	•

# Adverse Childhood Experiences

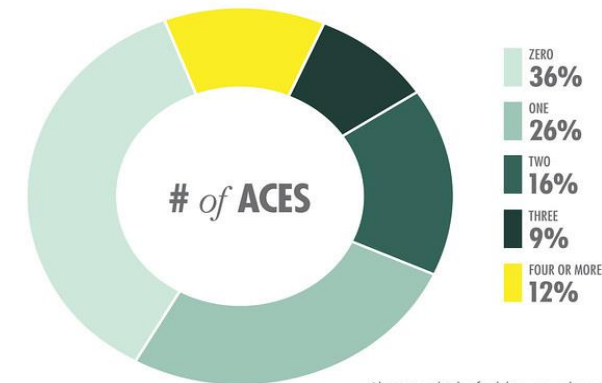
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- ▶ We have begun to recognize and integrate information regarding adverse childhood experiences (ACEs).
- ▶ The initial ACE study was conducted at Kaiser Permanente in collaboration with the Center for Disease Control and Prevention (CDC) from 1995 to 1997.
- ▶ ACEs fall within categories: neglect, abuse (physical, sexual, and verbal) and household dysfunction (substance use disorder, parental separation/divorce, mental illness, battered mother, and criminal behavioral).
- ▶ Research has shown a strong relationship between ACEs and many problem behaviors, including age of first substance use and any alcohol use.

# Knowledge of ACES leads to better outcomes

- ▶ ACE, along with science in the areas of brain development, complex trauma and resilience, provides information about experiences that increase risk for poor outcomes in physical, behavioral, and mental health.
- ▶ The ACE Study and Washington State Adverse Childhood Experiences data collected throughout the Behavioral Risk Factor Surveillance System (BRFSS) have shown ACEs are common (majority of youth and adults experience one or more of the ACEs studied).
- ▶ Identifying more specifically the underlying causes related to adoption of certain behaviors by individuals, we can build on our knowledge of risk and protective factors

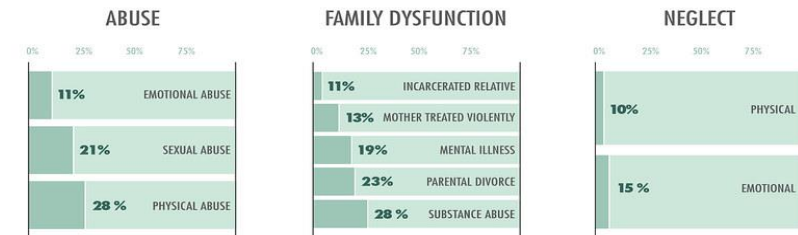
## HOW COMMON ARE ACES?



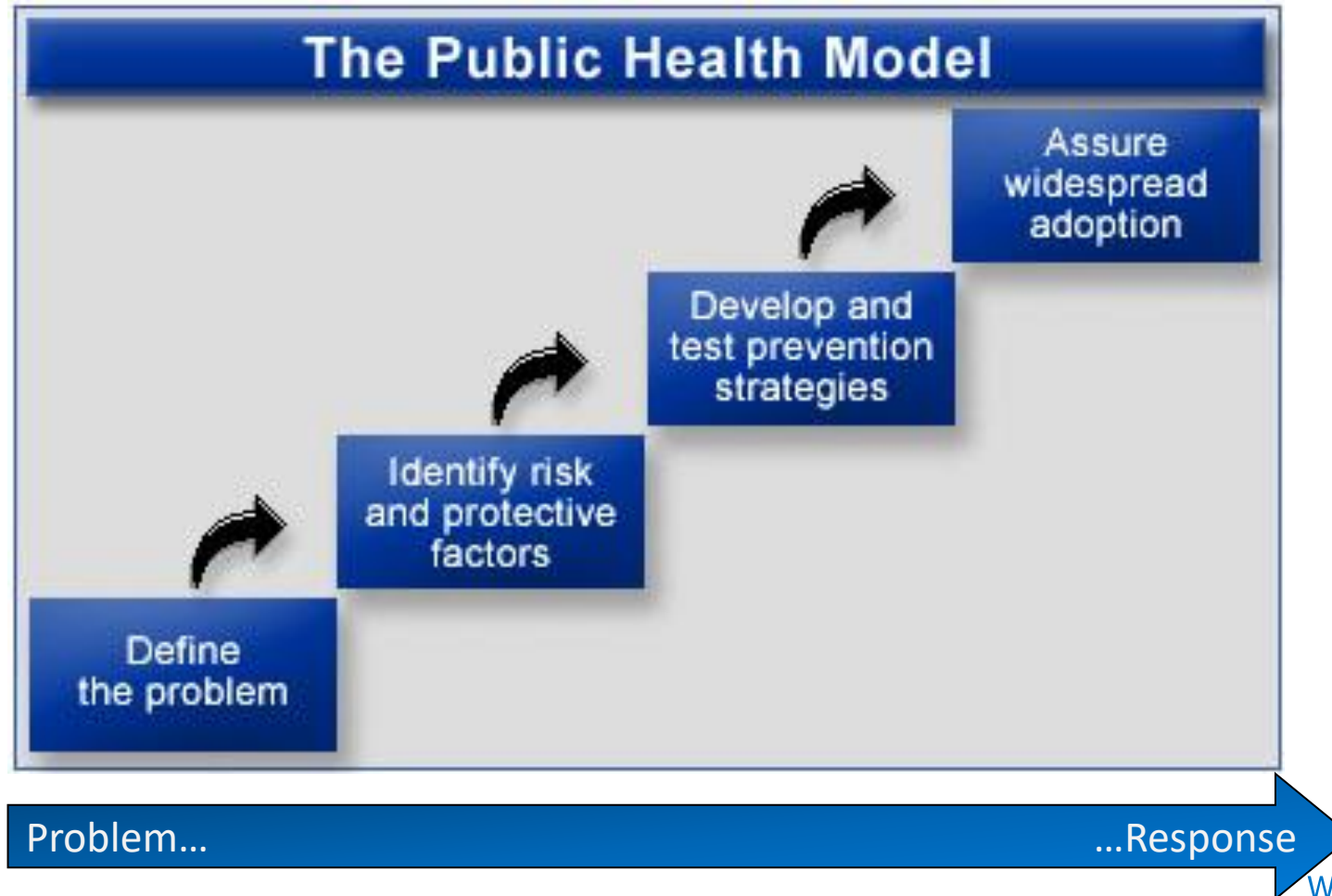
Almost two-thirds of adults surveyed reported at least one Adverse Childhood Experience – and the majority of respondents who reported at least one ACE reported more than one.

## TYPES of ACES

The ACE study looked at three categories of adverse experience: **childhood abuse**, which included emotional, physical, and sexual abuse; **neglect**, including both physical and emotional neglect; and **family dysfunction**, which included growing up in a household where there was substance abuse, mental illness, violent treatment of a mother or stepmother, parental separation/divorce or had a member of the household go to prison. Respondents were given an **ACE score** between 0 and 10 based on how many of these 10 types of adverse experience to which they reported being exposed.



# The Public Health Approach





# IOM: The Continuum of Services

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- ▶ The Institute of Medicine (IOM) model divides the continuum of services into three parts:
  - ▶ Prevention;
  - ▶ Treatment; and
  - ▶ Maintenance



# IOM: Universal, Selective, Indicated Examples

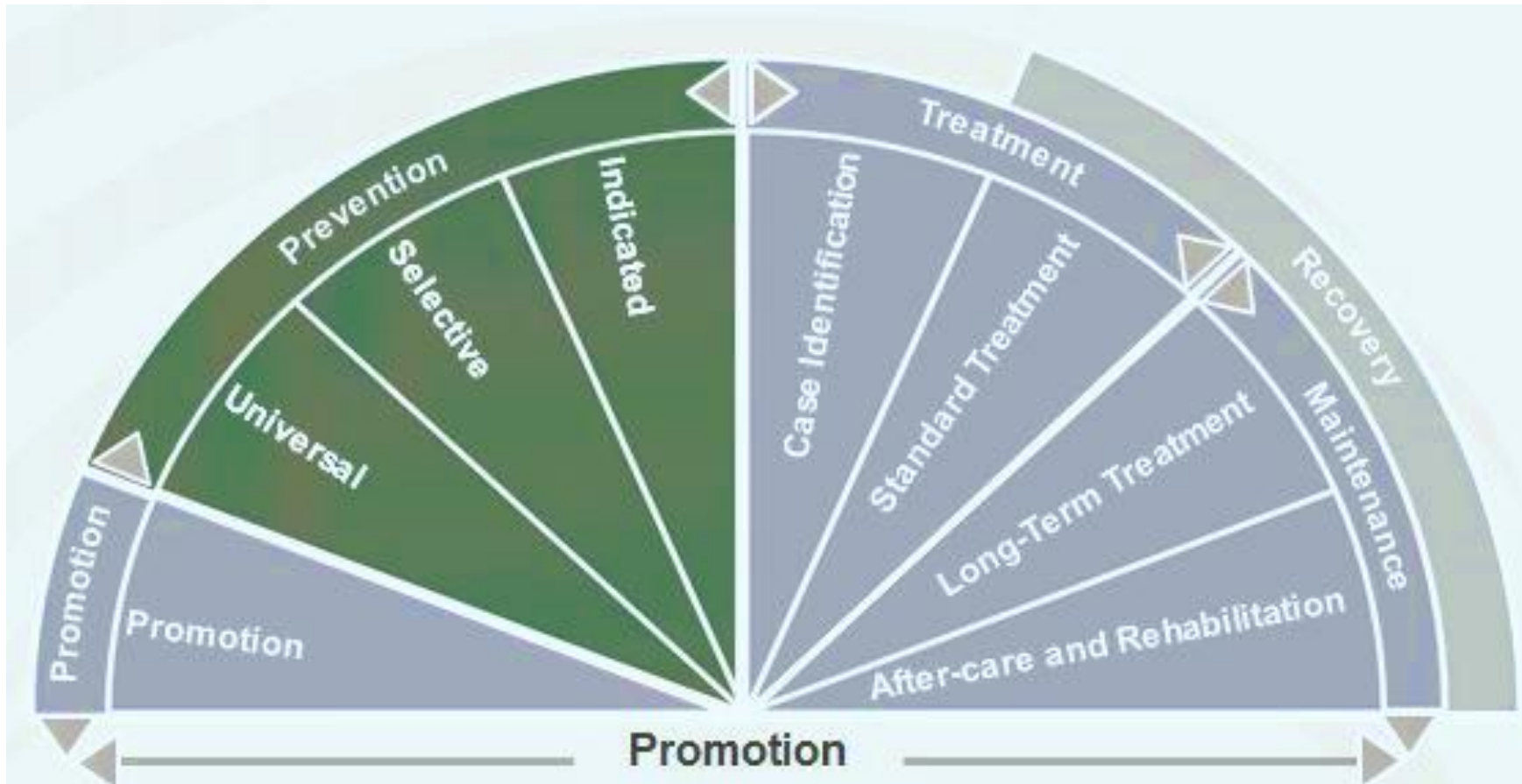
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- ▶ The prevention category is divided into three classifications
  - ▶ Universal (Primary)
  - ▶ Selective (Secondary)
  - ▶ Indicated (Tertiary)
- ▶ Universal classification takes the broadest approach and relates to all members of a specific category, such as all students in a school or all parents in a community.
- ▶ Selective classification relates to target groups, such as children of substance users or those who display problems at school and have an above-average risk of developing substance use issues.
- ▶ Indicated classification relates to individuals whose actions put them at high risk for substance use issue; such as academic failure, truancy, or hanging out with peers who misuse substances. Some may show signs of early substance use but have not reached the point where a clinical diagnosis can be made.

# Behavioral Health Continuum of Care

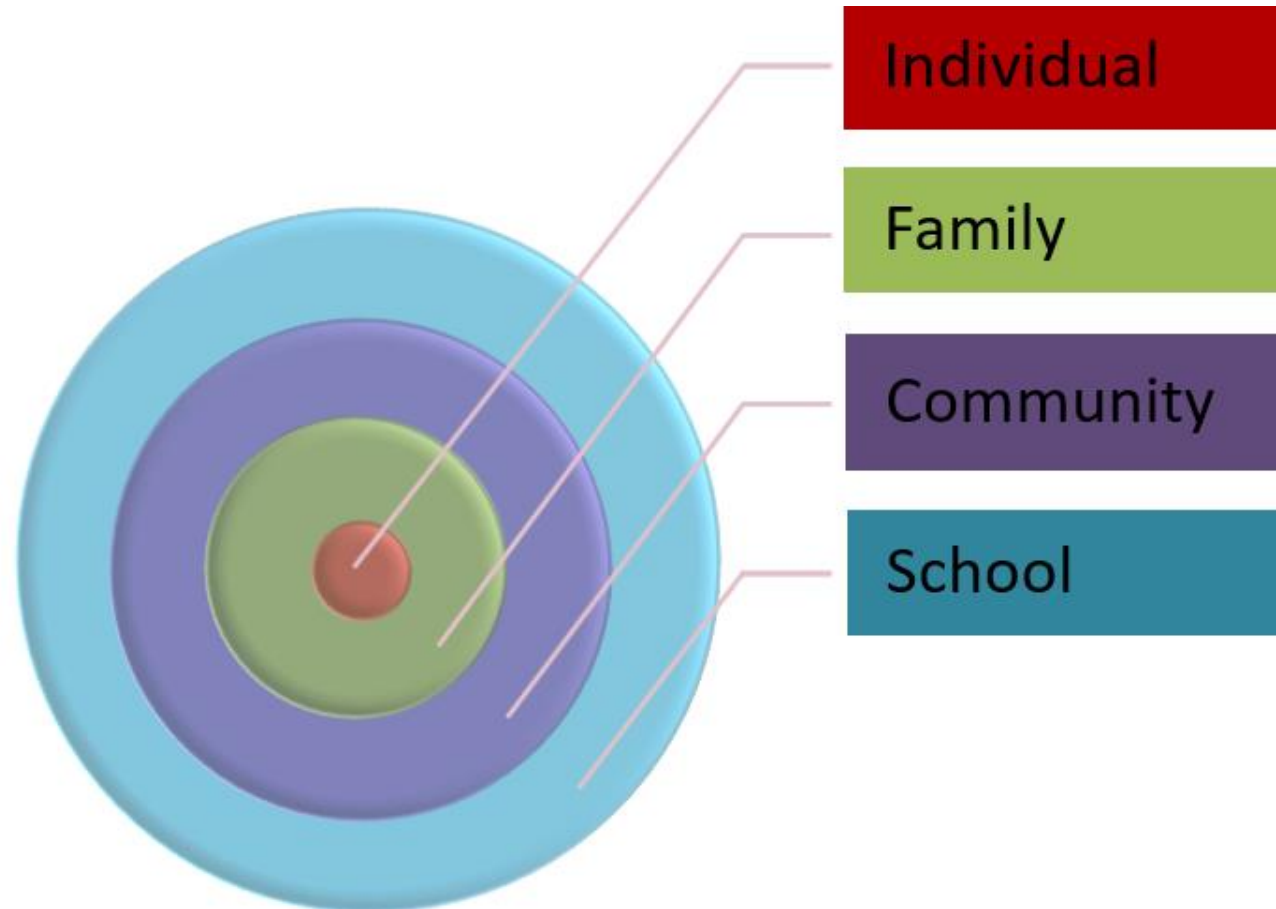


# Promotion & Prevention



# Multiple Contexts and Domains

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# Strengthening Families Protective Factors Framework

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- ▶ The Center for the Study of Social Policy developed this framework based on comprehensive research.
- ▶ It is used by some Washington State agencies as they share their focus on strengthening families, expanding opportunities for child development, and reducing risk factors that contribute to child abuse and neglect while increasing protective factors for families.
- ▶ Research on protective factor outcomes shows a positive influence on substance use disorder outcomes.
- ▶ The approach focuses on increasing five core protective factors:
  - ▶ Parental resilience
  - ▶ Social connections
  - ▶ Knowledge of parenting and child development
  - ▶ Concrete support in times of need
  - ▶ Social and emotional competence of children

# In closing

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- ▶ We are all part of each other's circle. The foundation of effective prevention is the science, but to build healthy communities we need to connect with heart and value each of our places within the circle.

# Membership and Recruitment

# Membership and Recruitment

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- ▶ Review the membership and recruitment sections of the SPE Plan (page 16) – any updates to make?

Consortium members are expected to:

- ▶ Participate in a minimum of 2/3 of the meetings within a calendar year.
- ▶ Represent the Consortium at other meetings.
- ▶ Be aware of the state system of support and seek opportunities to actively support implementation and coordination of the Strategic Plan.
- ▶ Stay current – listen to ‘what is going on’ regarding substance use disorder prevention and mental health promotion.
- ▶ Think about how projects/programs align with their agency interests, goals, programs, and projects, advise on possible state implications.
- ▶ Explore opportunities for collaboration and coordination.



# Mission & Values

# Mission

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- ▶ Review what is currently in the plan
- ▶ Questions for discussion:
  - ▶ What does the field, legislators, community providers, etc. need to know about the Consortium?
  - ▶ Is the vision still a core part of our collective prevention/promotion work?
  - ▶ Is this still why we do the work we do?
  - ▶ Does our passion for this work still align with our mission for the future?

# Values

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- ▶ Build community wellness through substance use disorder prevention and mental health promotion.
- ▶ Make data-informed decisions.
- ▶ Consider the entire lifespan of the individual.
- ▶ Support community-level initiatives.
- ▶ Ensure cultural competence, including honoring the Centennial Accord between the Federally Recognized Indian Tribes in Washington State and the State of Washington.
- ▶ Address health disparities.
- ▶ Work collaboratively to produce a collective impact.
- ▶ Consider impacts of Health Care Reform and Indian Health Care Improvement Act.
- ▶ Honor current state and tribal resources that support substance use disorder prevention/mental health promotion.

# Upcoming Milestones:

## Capacity Building

# Before March meeting...

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- ▶ Review training and technical assistance processes and goals
- ▶ Workforce development:
  - ▶ Survey outcomes
  - ▶ Recommendations for five year plan
  - ▶ Prevention certification updates
  - ▶ How we are improving and enhancing the px field

# Upcoming Milestones: Workgroups and Action Plans

# Workgroups

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- ▶ 2022 Meetings – Erika and Isaac to join and talk about expectations for workgroup updates for the strategic plan
- ▶ Directions to follow for Action Plan Updates, Accomplishments, Highlights
- ▶ In March, each workgroup will present on:
  - ▶ Challenges, gaps, barriers to work
  - ▶ Successes, opportunities
  - ▶ Consortium members to help advise / provide input / feedback
- ▶ In September, each workgroup will present on:
  - ▶ Accomplishments
  - ▶ Action Plans and goals

# Upcoming Milestones: Needs Assessment



# Needs Assessment – Upcoming Tasks

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## ▶ What was completed:

### ▶ September

- Begin gathering non-HYS Data for presentation in Jan 2022

### ▶ October

- Administer HYS across Washington

### ▶ January 2022

- Analyze and report any findings of non-HYS data to SPE

# Need Assessment – Upcoming Tasks

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## ▶ What is coming up:

- ▶ January 31
  - Discussion on LTO with SEOW
- ▶ March 28
  - Discussion on HYS variables
- ▶ July 18<sup>th</sup>
  - Updates on final indicators to SEOW

# 2021 Healthy Youth Survey

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## ▶ Key Facts about HYS 21

- ▶ Administered between October 11<sup>th</sup> and 29<sup>th</sup>
- ▶ Almost entirely online, but with opt-out paper option by request
- ▶ Schools received their instruction packets late September
- ▶ Results will be available mid to late January 2022
- ▶ Visit [AskHYS.net](https://askhys.net) contact page with questions

# Long Term Outcomes

- What are the problems we are trying to address?
- FIVE long term outcomes
  1. Chronic Disease / Injury / Death Rate
  2. Crime
  3. Low Graduation Rates
  4. Teen and Young Adult Suicide
  5. Fatalities and serious injury from traffic crashes

## Discussion / Recommendations

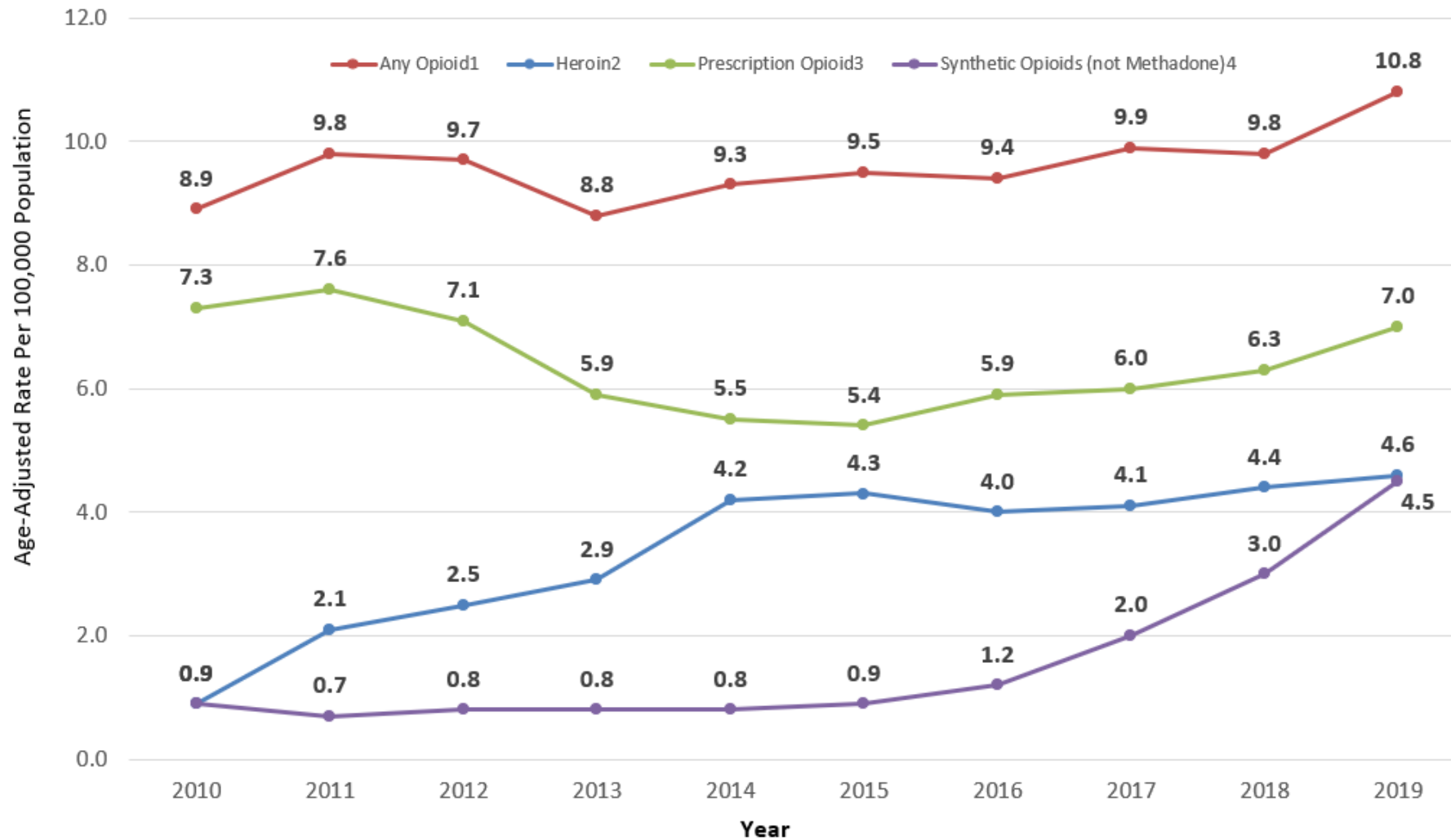
### Injury / Death

1. Remove Tobacco related deaths
2. Add Opioid related hospitalizations?
3. Hospital discharge for mental disorders: all, mood and depression disorders, all mental disorders except drug and alcohol induced mental disorders
4. Suicide and suicide attempts combined together?

## Long Term Outcomes Summary Data Prepared January 2022

Long Term Outcomes: Consequences	Age Category	Baseline Data Point (2010)	Latest Data Point	Trend Period	Trend		
Injury / Death (per 100,000 population)							
Alcohol-related Hospitalizations	10-17 years 18-25 years	12.5 69.2	9.7 52.5	2010-2019	Decrease Decrease		
Drug-related Hospitalizations	10-17 years 18-25 years	28.1 96.4	24.7 129.9	2010-2019	No change Increase		
Tobacco-related Deaths	10-17 years 18-25 years	0.14 0.8	0.13 0.63	2010-2019	No change No change		
Alcohol-related Deaths	10-17 years 18-25 years	3.7 16.6	3.1 17.2	2010-2019	No change No change		
Drug-related Deaths	10-17 years 18-25 years	1.1 13.3	1.6 15.2	2010-2019	No change No change		
Opioid-related Deaths <sup>1</sup> Any Opioids Prescription Opioids Heroin Synthetic Opioids (not Methadone)	All ages	8.9 7.3 0.9 0.9	10.8 7.0 4.6 4.5	2010-2019	Increase No Change Increase Increase		
Crime (per 1,000 population)							
Alcohol-related Arrests		10-17 years 18-25 years	4.8 25.8		0.6 3.9	2010-2020	Decrease Decrease
Drug-related Arrests		10-17 years 18-25 years	4.8 13.7		0.5 2.4	2010-2020	Decrease Decrease
Low Graduation Rates							
High School Extended Graduation Rate <sup>3</sup>		83%	84%	2010-2019			
Suicide (per 100,000 population)							
Suicide and Suicide Attempts	10-17 years 18-25 years	51.7 112.3	227.5 261.2	2010-2019	Increase increase		
Suicide <sup>2</sup>	10-17 years 18-25 years	3.5 14.5	5.7 18.7	2010-2020	No Change Increase		
Fatalities and Serious Injuries from Traffic Crashes (number of young drivers testing positive)							
Alcohol-related Traffic Injuries	16-17 years 18-20 years	6 51	11 26	2010-2017	No change No change		

## Trends in Opioid-Related Deaths, WA State, All Ages, 2010-2019



1. Significant increasing trend from 2010 through 2019,  $p < 0.05$

2. Significant increasing trend from 2010 through 2014; stable trend from 2014 through 2019,  $p < 0.05$ .

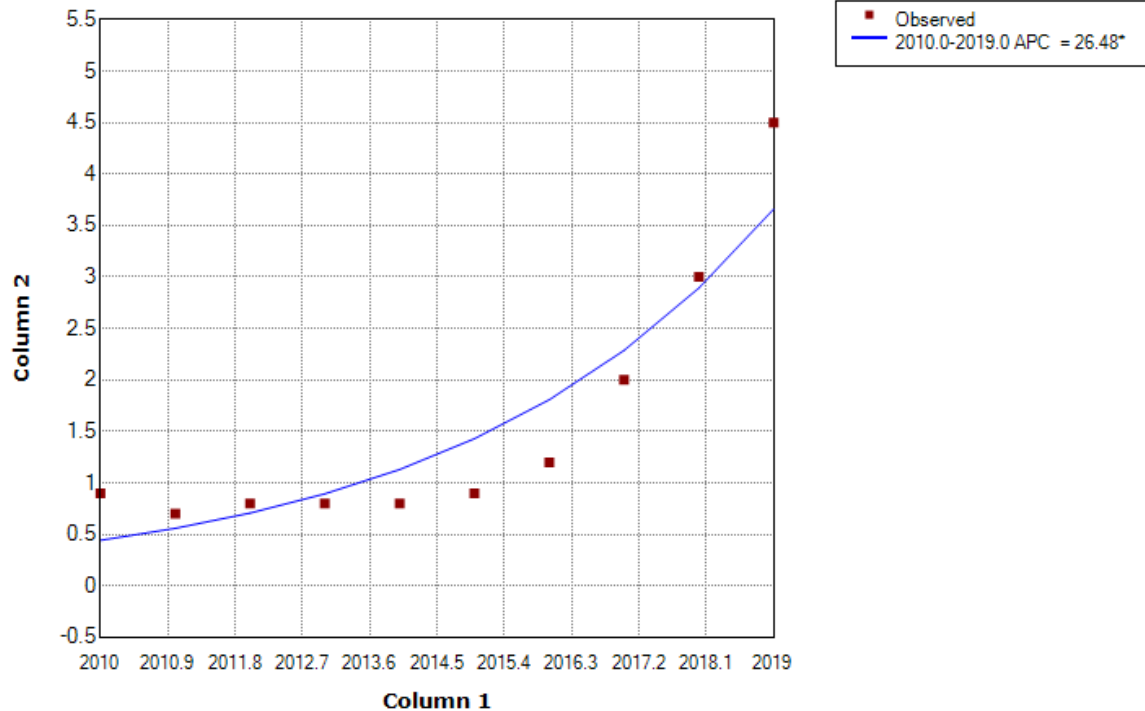
3. Significant decreasing trend from 2010 through 2015; stable trend from 2014 through 2019,  $p < 0.05$ .

4. Stable trend from 2010 through 2015; significant increasing trend from 2015 through 2019,  $p < 0.05$ .

**SOURCE:** Washington Tracking Network, WASHINGTON Department of Health. Data obtained from the Department of Health's Injury Program.

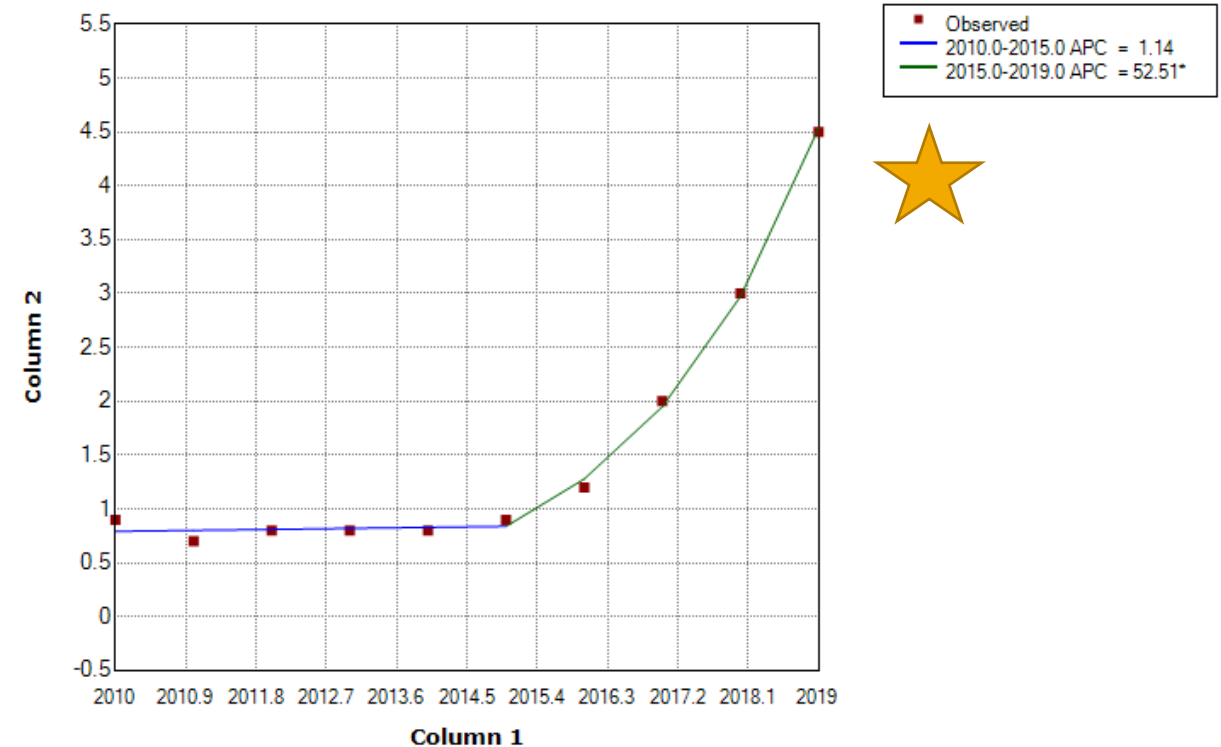
# Prescription Opioids-related Deaths

All: 0 Joinpoints



\* Indicates that the Annual Percent Change (APC) is significantly different from zero at the alpha = 0.05 level.  
Final Selected Model: 1 Joinpoint.

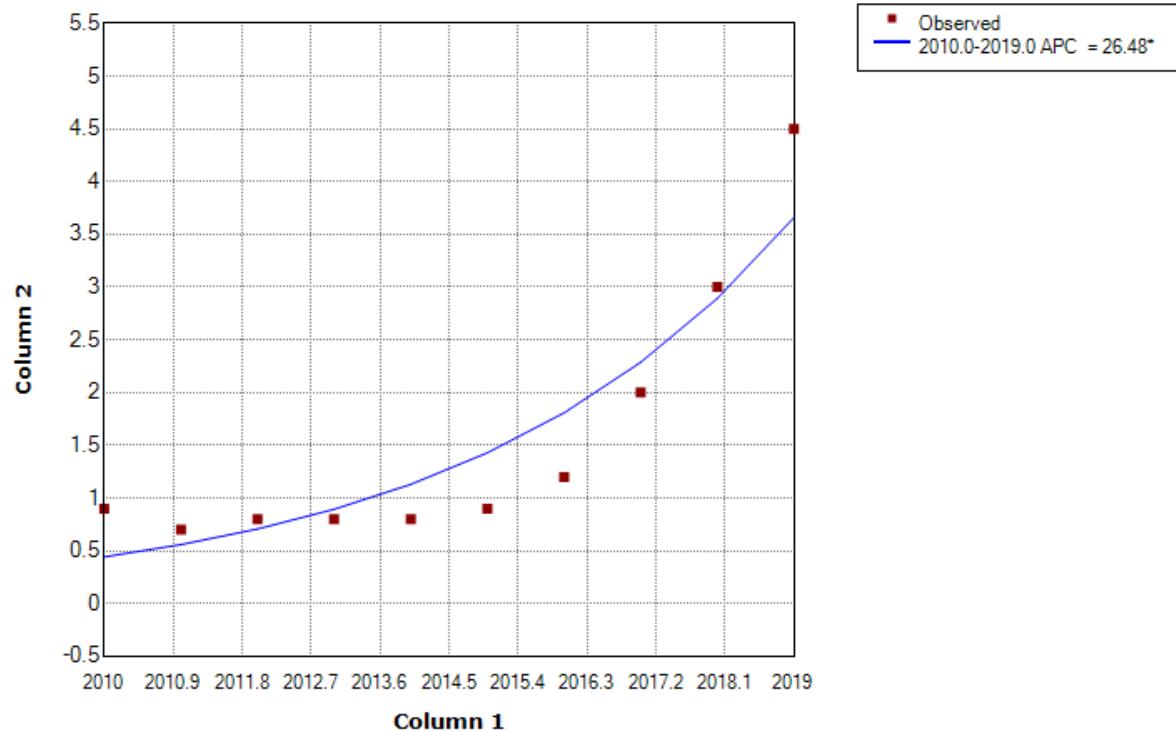
All: 1 Joinpoint



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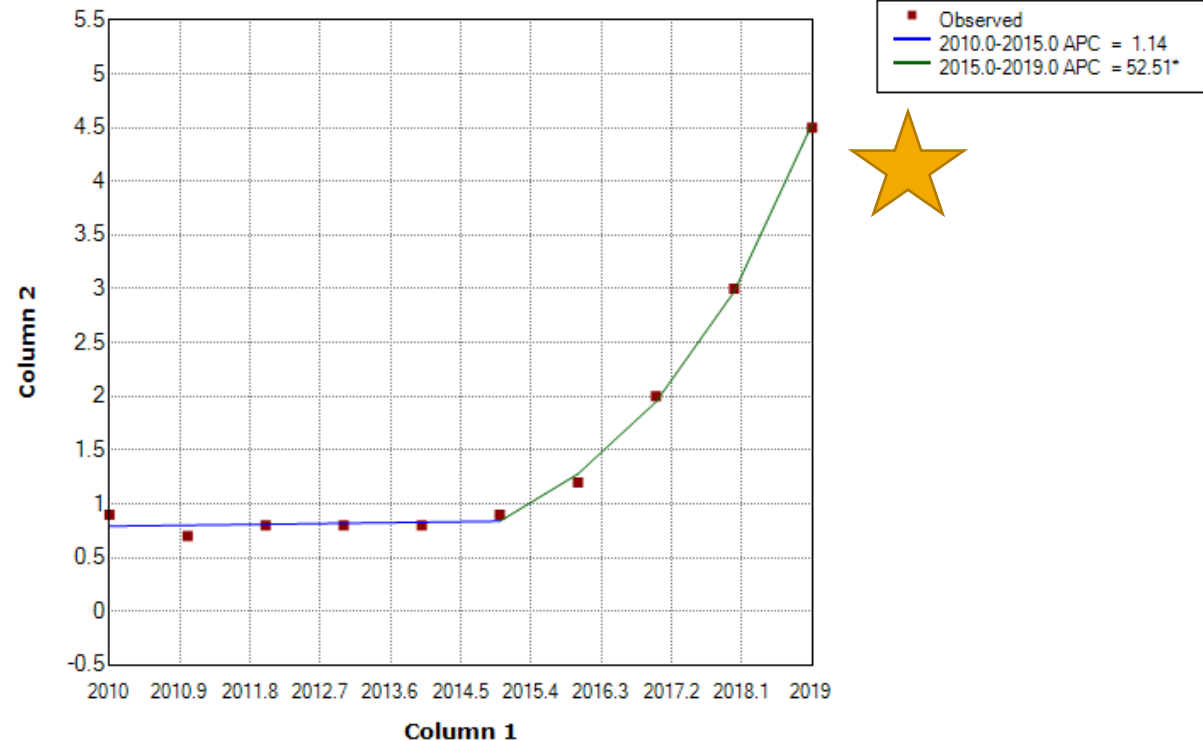
# Synthetic Opioids-related Deaths

All: 0 Joinpoints



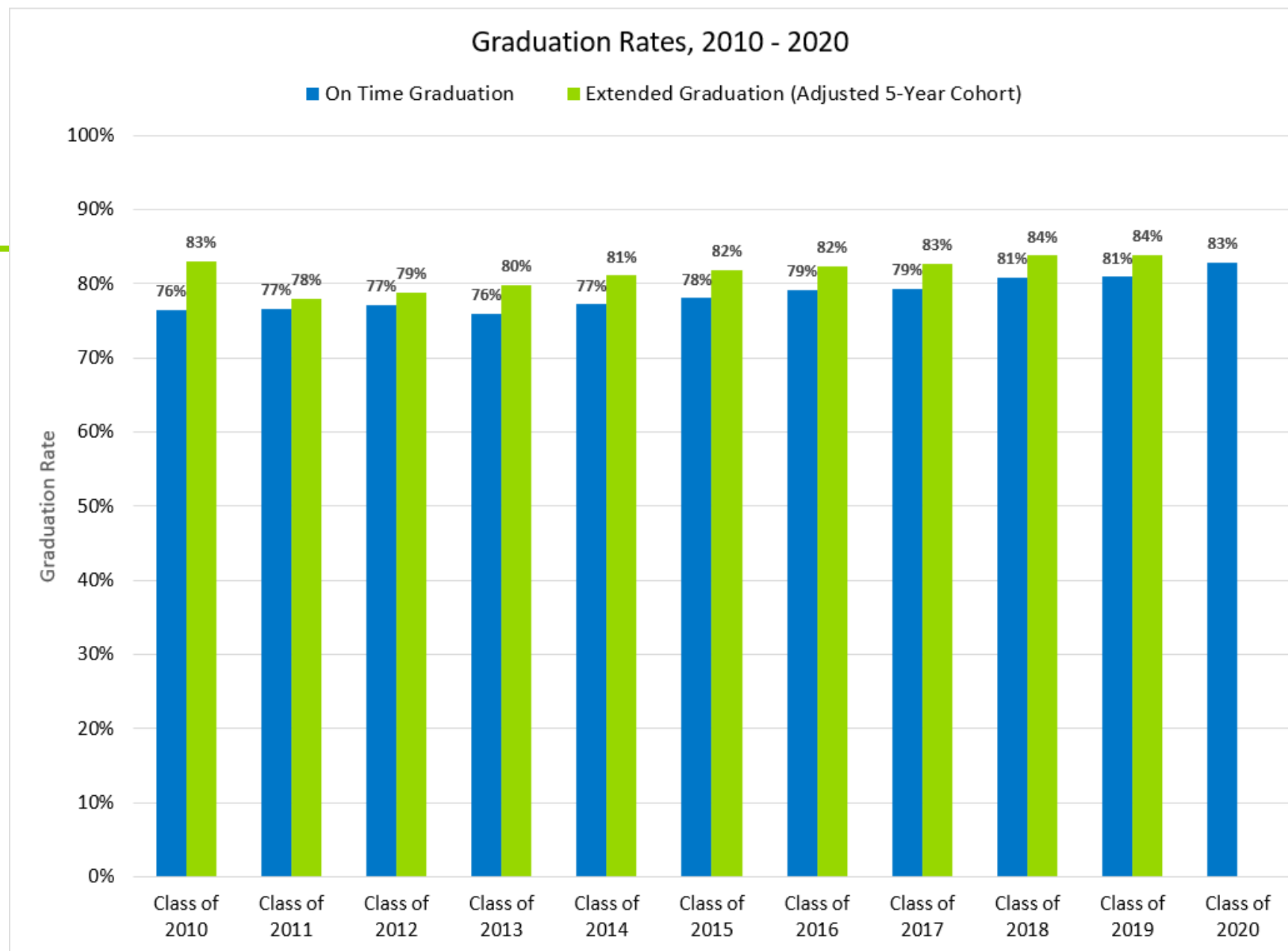
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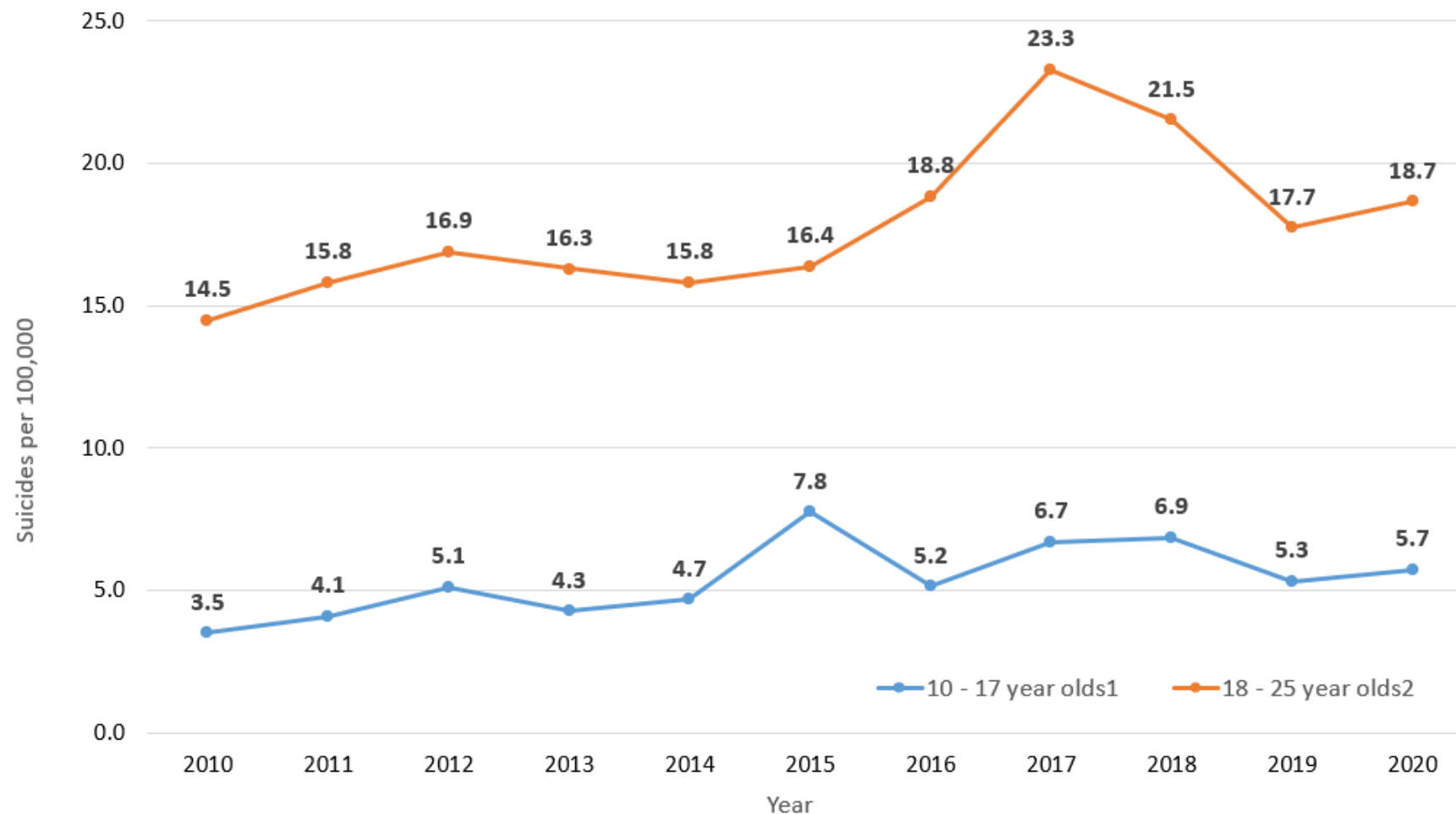
# Graduation Rates





# Suicide

Trends in Annual Suicide Death Rates among Teens and Young Adults, WA State, 2010-2020



1. Stable trend from 2010 through 2015: decreasing trend from 2015 through 2020,  $p < 0.05$

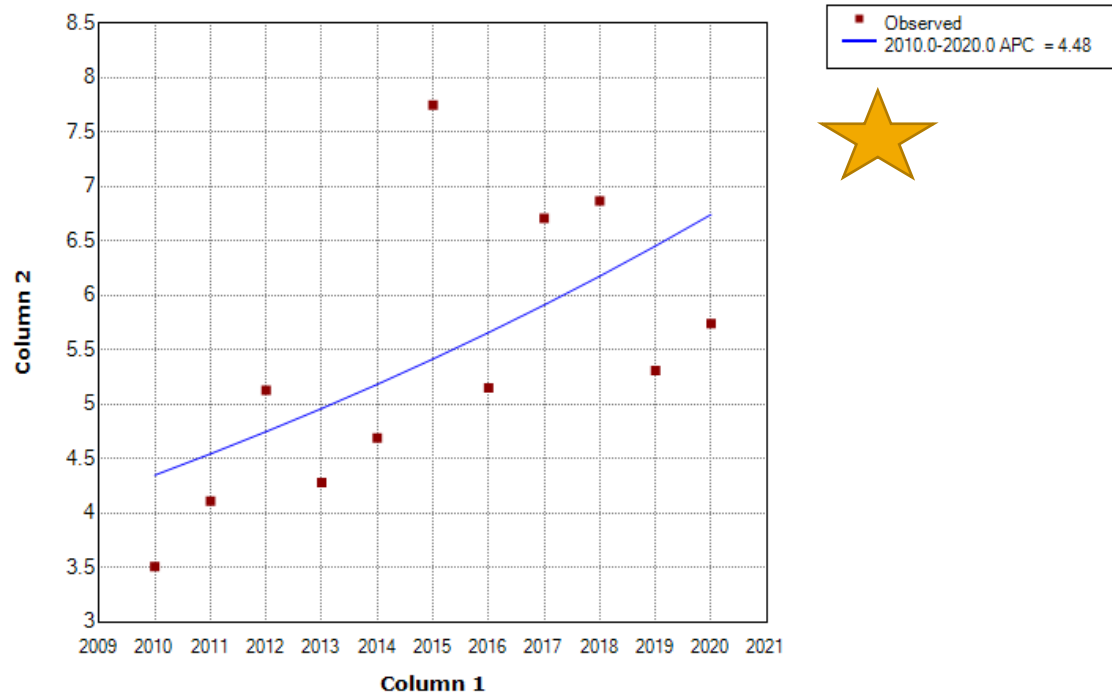
2. Significant increasing trend from 2010 through 2018: stable trend from 2018 through 2020,  $p < 0.05$

**NOTES:** Suicides are identified using International Classification of Diseases, 10th Revision underlying cause-of-death codes U03, X60–X84, and Y87.0.

**SOURCE:** Washington State Department of Health, Center for Health Statistics, Death Certificate Data 2010-2020, Community Health Assessment Tool

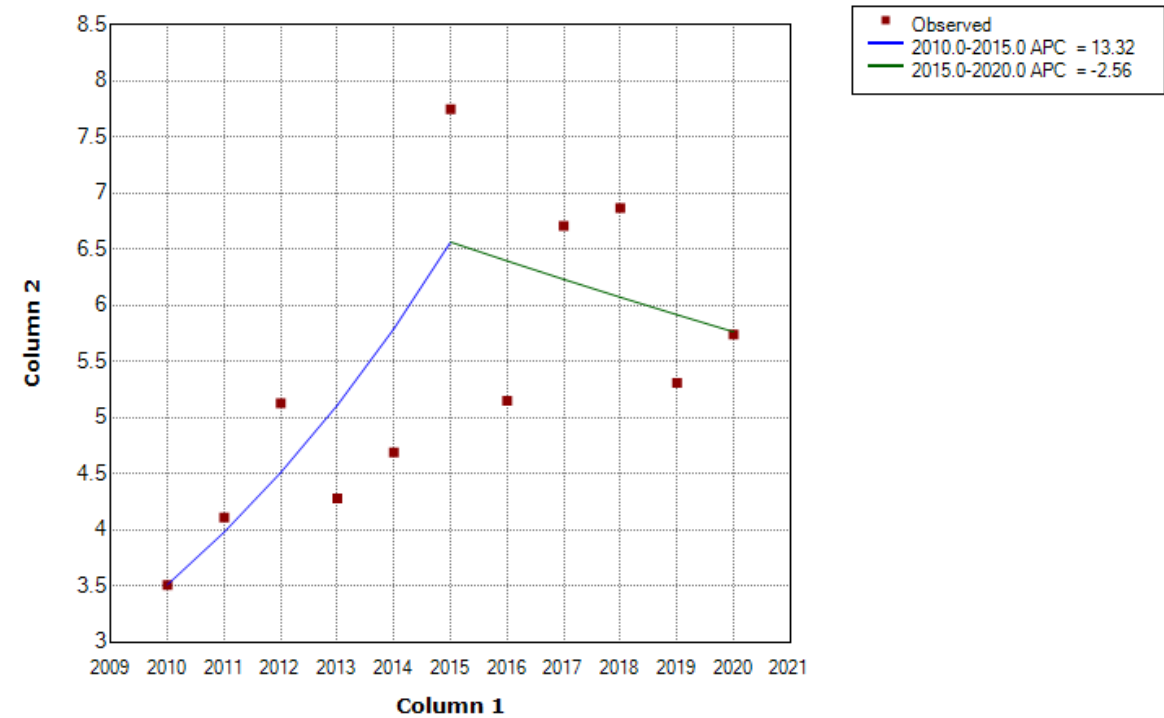
# Suicide 10-17 years

All: 0 Joinpoints



\* Indicates that the Annual Percent Change (APC) is significantly different from zero at the alpha = 0.05 level.  
Final Selected Model: 0 Joinpoints.

All: 1 Joinpoint



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Final Selected Model: 0 Joinpoints.

# Upcoming Milestones: Resources Assessment

# Resources Assessment – Upcoming tasks

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## ▶ January 2022

- ▶ Reviewing previous survey
- ▶ Editing survey questions

## ▶ February-March 2022

- ▶ Finalizing survey
- ▶ Conduct survey

## ▶ March 2022

- ▶ Preliminary review and analyze results

## ▶ April 2022

- ▶ Finalize results

## ▶ May 2022

- ▶ Present results and complete Section 4 of SPE Plan

# Questions & Feedback