Transforming Lives

Substance Abuse Prevention & Mental Health Promotion: Schools & Community

Student Support Conference
May 13, 2016

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Washington State Department of Social & Health Services
Transforming lives

WELCOME AND INTRODUCTIONS

Brief Overview

COMMUNITY PREVENTION & WELLNESS INITIATIVE (CPWI)

CPWI Purpose

- The DSHS Division of Behavioral Health and Recovery (DBHR) is committed to **its partnerships**.
- DBHR is committed to provide **effective prevention** services.
- DBHR anticipate CPWI will help **leverage resources** and focus and concentrate its efforts.
- CPWI will
  - have a deeper impact,
  - better measure those impacts, and
  - build support for additional investments in prevention.

CPWI Framework based on…

- The **Strategic Prevention Framework (SPF)** was developed by the federal SAMHSA based on a proven effective prevention planning system **'Communities That Care'® (CTC) .**

CPWI Objectives

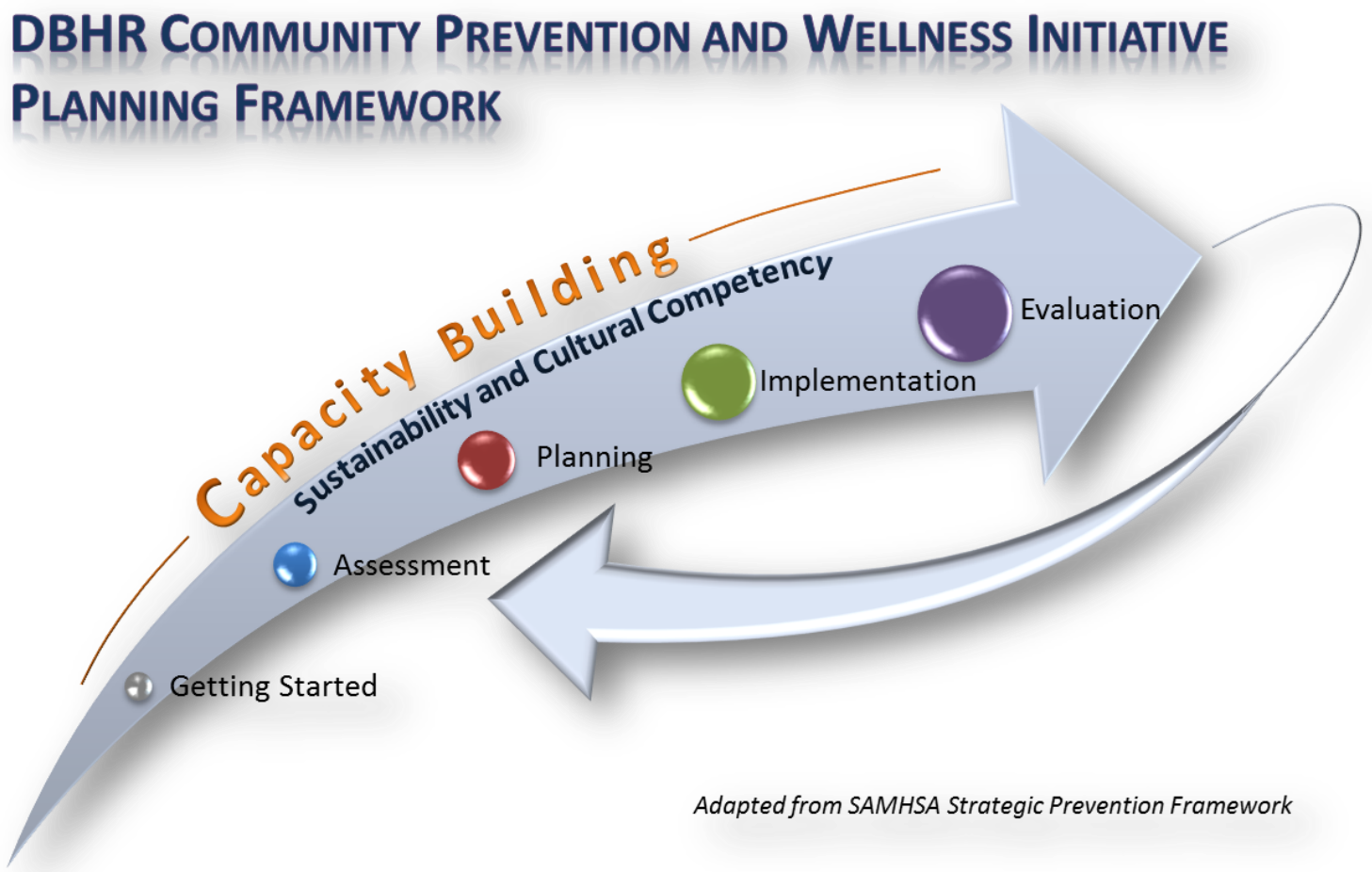
Selected communities will:

- Designate a community coordinator.
- Use evidence-based capacity building.
- Implement proven environmental strategies and targeted direct services, programs and policies through a prevention coalition.
- Partner with school-based prevention/intervention specialists.
- Evaluate chosen programs, policies and community-level change, and participate in statewide evaluation.
- Receive technical assistance from DBHR.
- Support state efforts to reduce youth access to alcohol, drugs and tobacco.

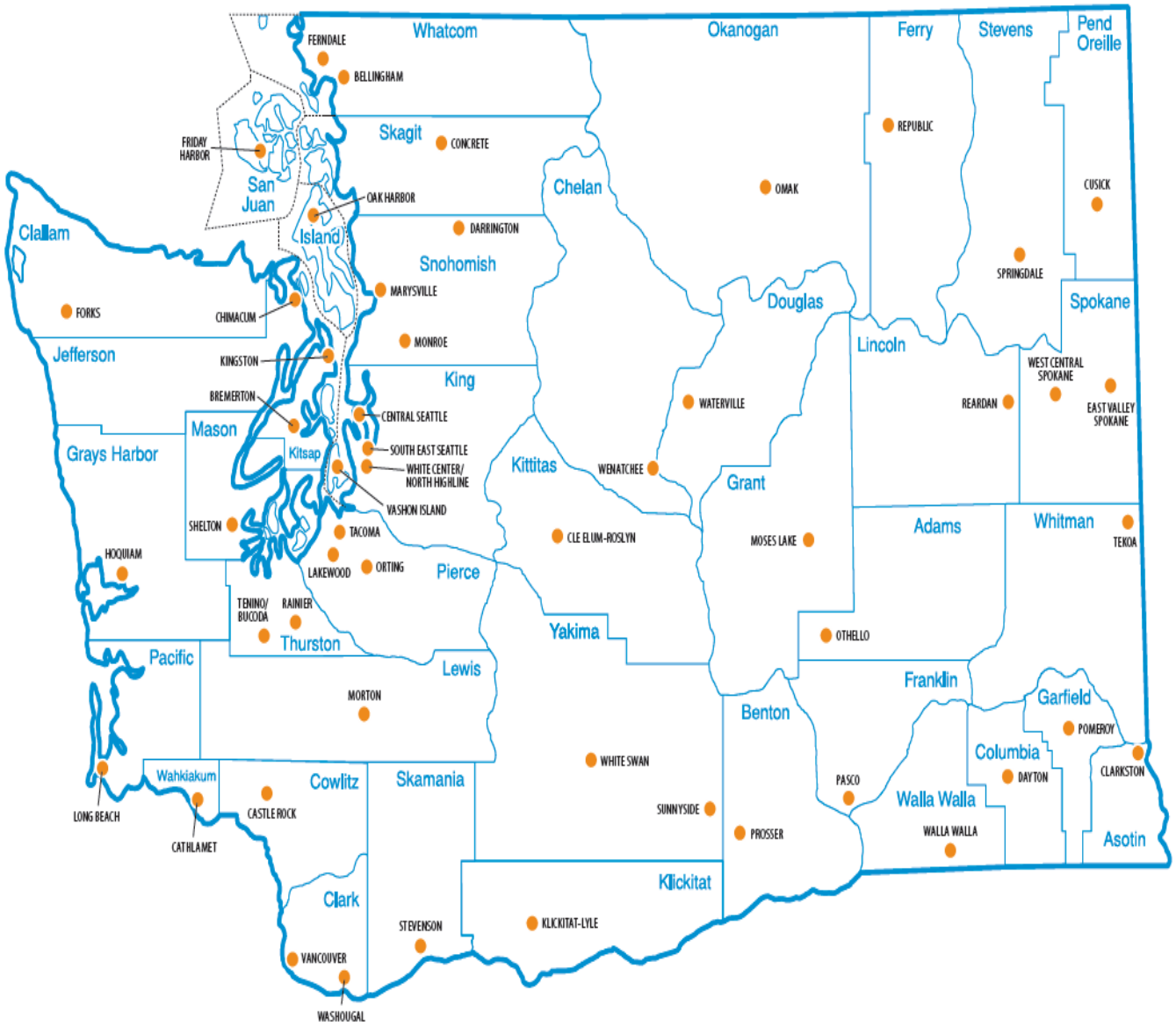
Key Strengths

- Promotes healthy youth development by engaging all areas of the community.
- This planning process is community.
- Guides communities to select community actions, policies and programs with demonstrated effects.
- Specifies outcome objectives to ensure accountability for resources used.
- Collaboration with school system.

Planning Framework

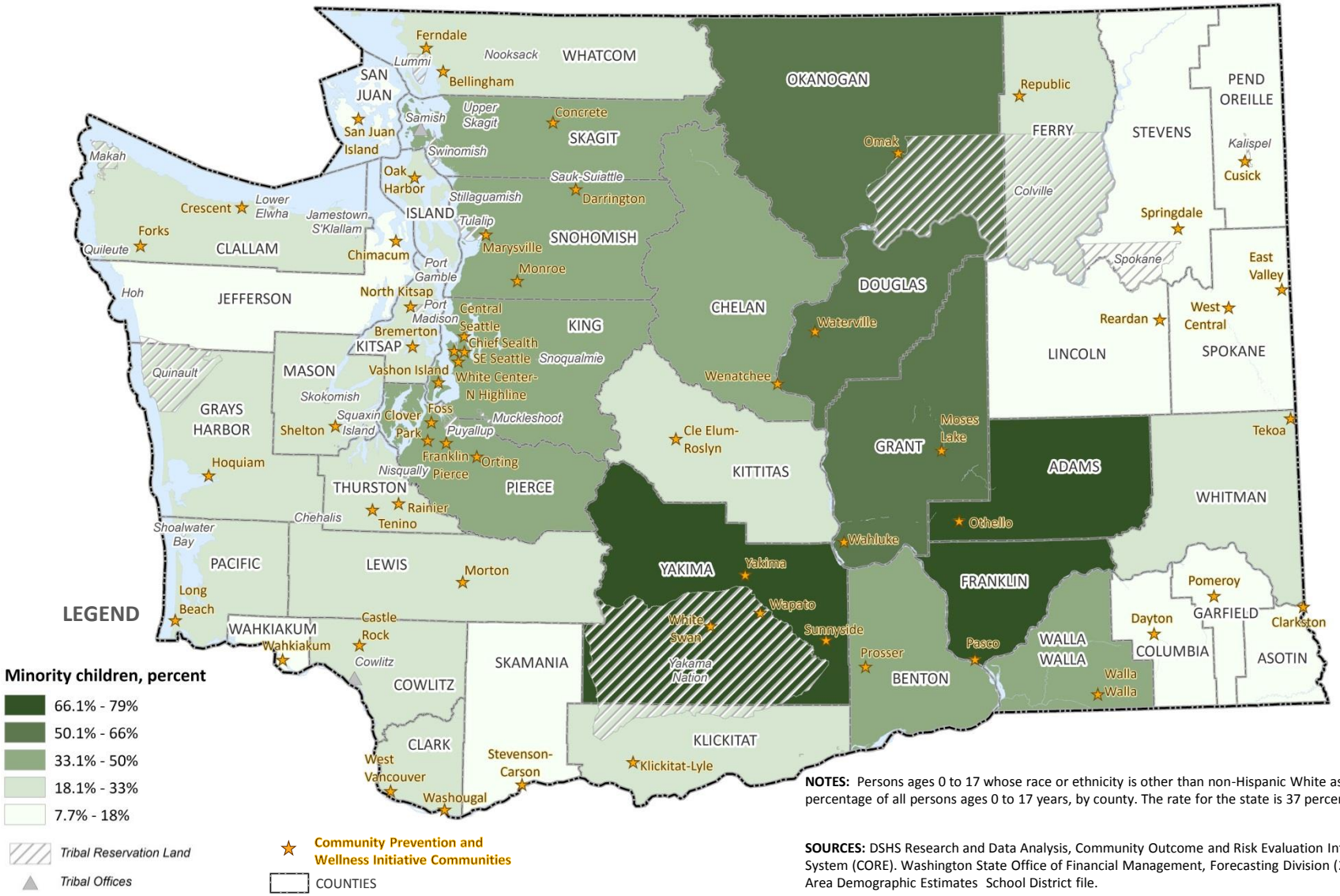


Adapted from SAMHSA Strategic Prevention Framework



- 59 Community Coalitions
- 90 School Districts Statewide
- 23 Federally Recognized Tribes
- 24 Community Based Organizations (I-502 Funding)

Reaching High-need Communities
Racial or Ethnic Minority Children
as a Percentage of All Children Ages 0 to 17 by County, 2014



NOTES: Persons ages 0 to 17 whose race or ethnicity is other than non-Hispanic White as a percentage of all persons ages 0 to 17 years, by county. The rate for the state is 37 percent.

SOURCES: DSHS Research and Data Analysis, Community Outcome and Risk Evaluation Information System (CORE). Washington State Office of Financial Management, Forecasting Division (2014). Small Area Demographic Estimates School District file.

Roles and Responsibilities

Community Coalition Coordinator

Coalition Members

Prevention-Intervention Specialists

ESD & Counties

OSPI

DBHR

Community Collaboration

- Group Discussion Activity

Statewide Logic Model Commonalities – Cohorts 1, 2, & 3 2015-2016

Long-Term Outcome: Consequences

These problems…

School performance
52 - Coalitions

Youth Delinquency
50 - Coalitions (All)

Mental Health
51 - Coalitions

Suicide
3 Coalitions

Other (Injury, Illness and Death
3 coalitions

Behavioral Health Problems (Consumption)

These types of problems…

Any Underage Drinking
52- Coalitions (All)

Underage Problem and Heavy Drinking
46-Coalitions

Marijuana Use
41- Coalitions

Tobacco Use
15- Coalitions

Prescription Use
14 - Coalitions

Other Drug Use
6 - Coalitions

Depression
9 – Coalitions

Suicide
7 - Coalitions

Intervening Variables (Risk/Protective Factors)

Community Disorganization/ Community Connectedness – 44
Bonding Healthy Beliefs and Clear Standards -7

Alcohol Availability: 52
Retail Access 15
Social Access 29
Promotion of Alcohol -10
Alcohol Laws: Enforcement; Penalties; Regulations -24
Community Laws and norms Favorable Toward Drug Use -23

Family Domain
Poor Family Management - 40
Family Favorable Attitudes Toward Substance Use – 13
Healthy Beliefs/Clear Standards - 4

School Domain
Low Commitment to School -14
Academic Failure -6
Prosocial Opportunities - 4

Individual/Peer Domain
Favorable Attitudes/Low Perception of Harm -43
Friends Who Engage in the Problem Behavior -22
Early Initiation of Use -19
Bonding - 12
Intentions to Use – 5
Healthy Beliefs/Clear Standards - 1

Local Conditions and Contributing Factors

Community lacks cohesion and is disorganized to address SA prevention - 30
Lack of local resources in community to address many concerns - 11

Increase in retailers due to laws to increase alcohol sales (I-1182) and marijuana retail market (I-502) - 11

Alcohol & other drugs are prevalent at community events & home
Substances are easily accessible at home -14
Youth Substance Use is a Cultural Norm – 14
Ad placements that appeal to youth and lack of clear messages in the media - 6

Family Domain
Parental attitudes tolerant of substance use - 20
Limited resources for families – 13
Inconsistent messages related to SA/Lack of clear consequences-12

School Domain
Absenteeism, skipping school and low commitement-4
Lack of consistent school enforcement - 4

Individual Peer Domain
Youth do not see substance use as risky or dangerous, they do not thing they will get caught – 29
High perception that friends/peers use substances -12

Strategies & Local Implementation

Community engagement/ Coalition development:
All Coalitions

Public Awareness: 52
Social Norms Campaign -17
Let's Draw the Line -5
Above the Influence - 2
Talk They Hear You – 6
Be the Wall – 1
Info Dissemination-52

Enviro. Strategies: 97
Retailer Education -5
Compliance Checks – 4
Review and Revision Group - 12
Media Education -3
Let's Draw the Line -3
Increase Visibility of Enforcement -6
Compliance Checks -4
Social Host Ordinance -3
Drug Take Back -6
Parents to Host - 1

School-based P/I Services:
Project SUCCESS-52

Direct Services - 203
Life Skills Training -27
Strengthening Families -22
Guiding Good Choices -19
Second Step -12
Parenting Wisely -9
Good Behavior Game- 9
Mentoring - 11
SPORT – 8
Curriculum Based Support Groups – 5
Positive Action – 5
Case Management – 5
Incredible Years - 4
Nurse Family Partnership - 3
Peer Assistance and Leadership – 3

Evaluation Plan

…and we will use these tools to measure our impact…

Community engagement/ Coalition development:
Annual Coalition Survey
Sustainability Documentation
State Wide Reporting

Public Awareness:
Process measures
Community Survey
# of Impressions

Environmental Strategies:
Process measures Annual Community Survey
Biennium HYS

Prevention/ Intervention Services:
pre/post

Direct Services:
Assigned Program pre/post and process measures; HYS

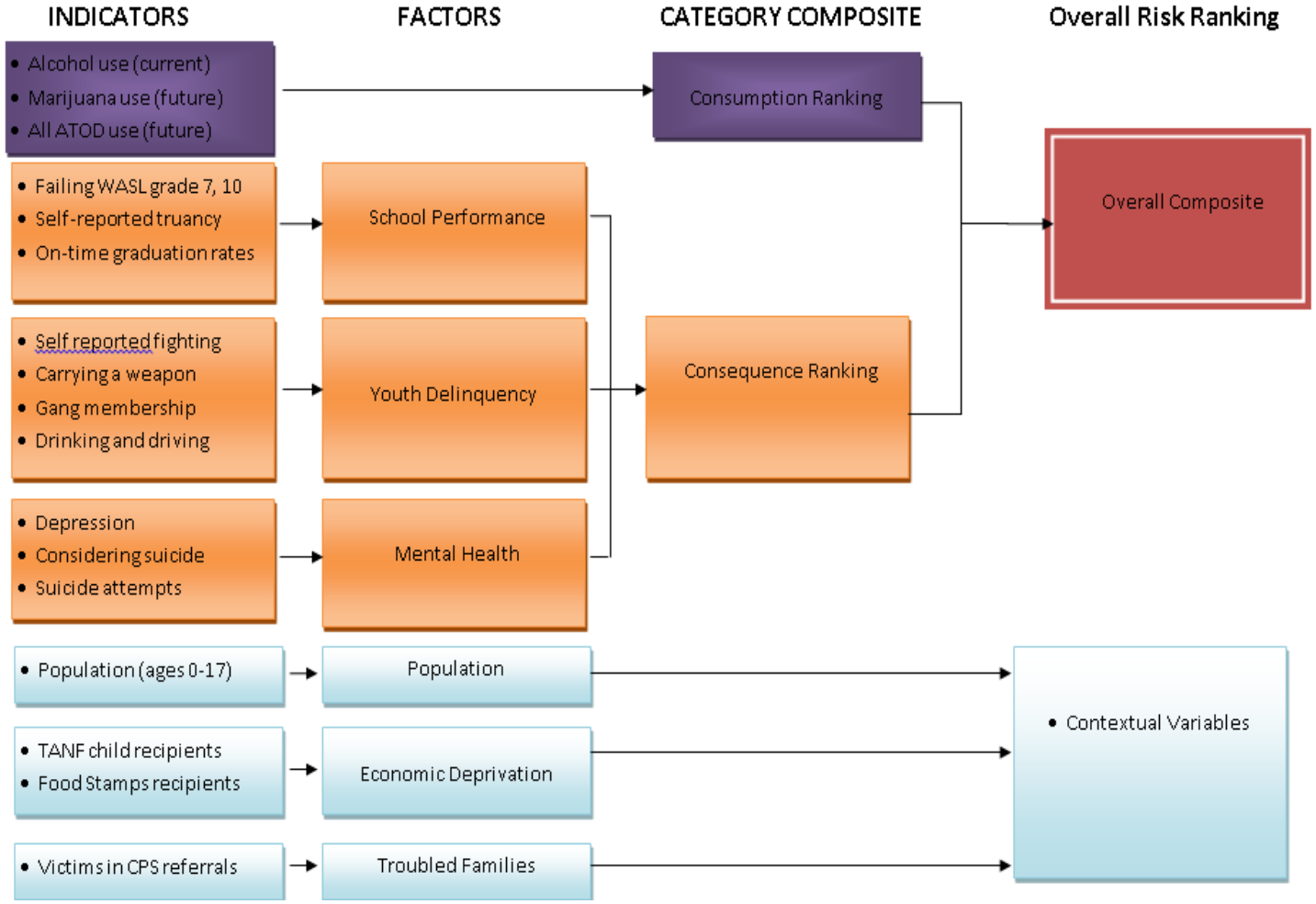
Community Selection Process

"High need and some readiness for change"

…this community was chosen because…

Needs Assessment

This chart demonstrates the indicators and factors used to create the composite and overall County Risk Profile ranking scores by school district.



15

Selecting High-need Communities

County Community Risk Profile (2015): Grays Harbor

		Risk Ranking		Risk Category Rank		Contextual Indicators	
School District	Population: Age 10-17	Risk Percentile	Risk Indicator with Data	Consumption (ATOD)	Consequence	Economic Deprivation	Troubled Family
Hoquiam	1064	91	21	High	Very High	Very High	High
Aberdeen	2,011	88	21	High	Very High	Very High	Very High
Elma	955	87	21	High	Very High	High	High
Ocosta	426	58	21	Average	Average	High	High
Montesano	770	24	21	Average	Low	Average	Average
North Beach	519	.	4	No Data	No Data	Average	High
Taholah	138	.	1	No Data	No Data	Average	Very Low
Quinault	137	.	1	No Data	No Data	Average	Average
Wishkah Valley	79	.	1	No Data	No Data	Low	No Data
Oakville	218	.	3	No Data	No Data	High	Average
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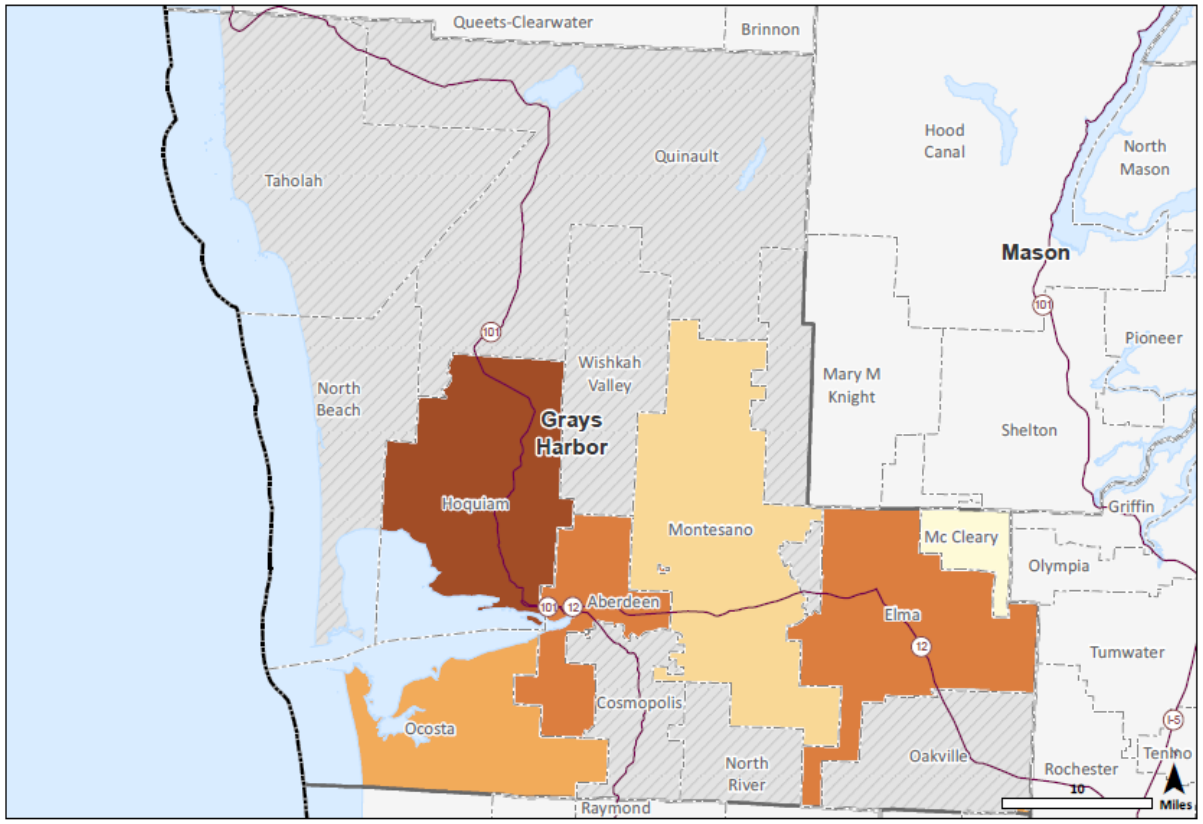
Selecting High-need Communities

Alcohol, Tobacco and Other Drugs Composite Ranking

by School District, Grays Harbor County, 2015

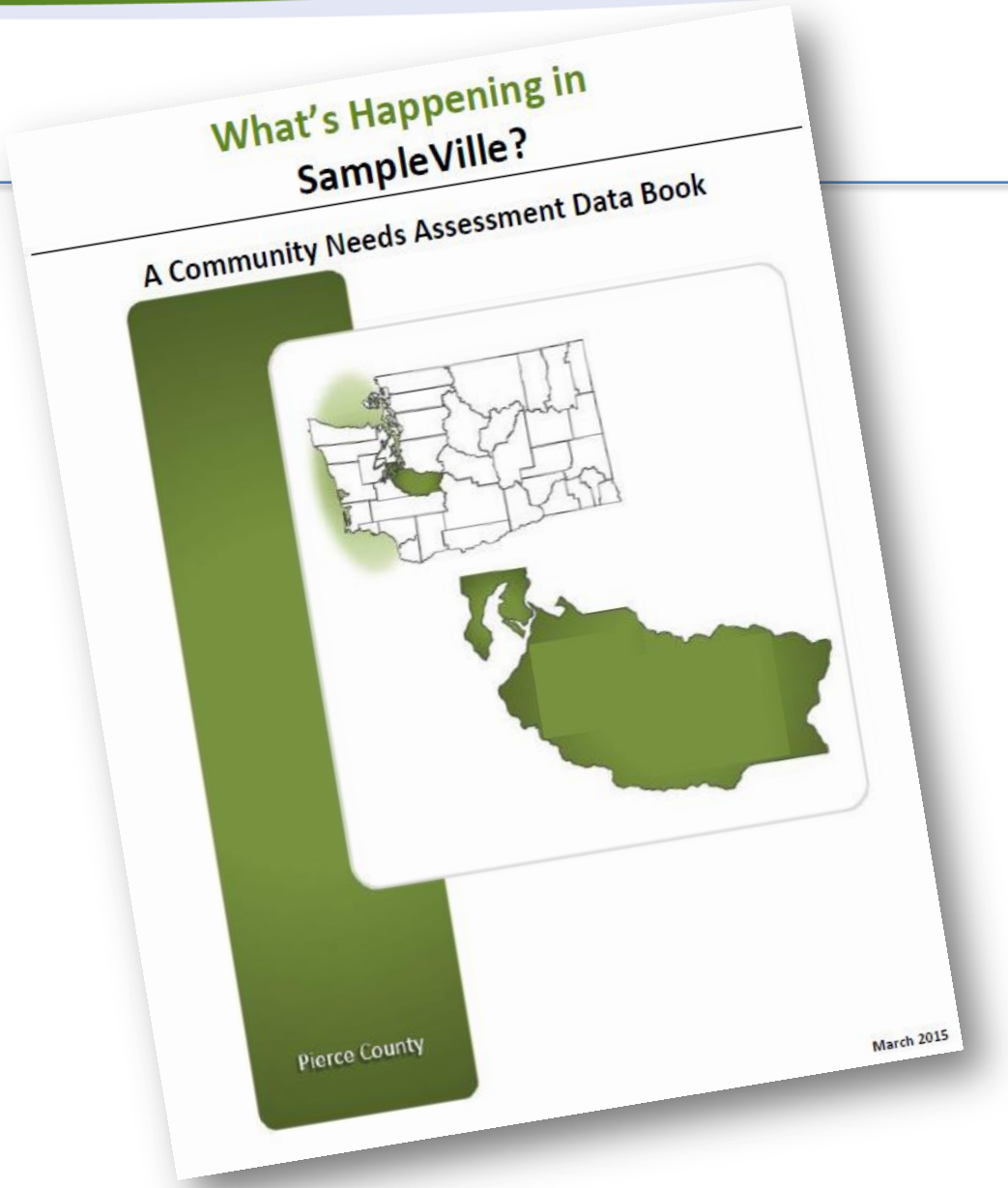


DATA NOTES: The percentile of the composite risk scores. The composite risk scores were calculated using standardized indicators in the alcohol, tobacco and other drugs (ATOD) consumption and consequence.

SOURCE: DSHS Research and Data Analysis, Community Outcome and Risk Evaluation Information System (CORE).

Washington State Department of Social & Health Services
RDA Research & Data Analysis Division

May 08, 2015


What's Happening in
SampleVille?
A Community Needs Assessment Data Book
Pierce County
March 2015

COMMUNITY PREVENTION AND WELLNESS INITIATIVE
CPWI

COMMUNITY COALITION GUIDE

Building a Culturally Competent and Sustainable Substance Abuse Prevention Coalition in Your Community

Division of Behavioral Health & Recovery (DBHR)
Updated August 2015

Washington State Department of Social & Health Services
Transforming lives

Last revised: 10/12/2015

CPWI Deliverables

- Implement performance-based contracting with CPWI coordinators
- 5 year Strategic plans
  - Annual Action Plans and Budgets
- Implement Evidence-based, Research-Based and Promising Programs as well as innovative programs to meet needs
- Full-time Prevention/ Intervention Services in school
  - Engagement in Coalition

OVERVIEW OF TRAINING & TA SYSTEM

Technical Assistance/Training system

- DBHR Prevention System Managers provide:
  - Regularly and timely technical assistance to the CPWI and Tribal prevention coordinators
  - Technical assistance and training to tribal communities:
    - Planning and development
    - Consolidated contract compliance
    - 7.01 Planning
  - Ongoing, monthly, technical assistance to CPWI communities:
    - Strategic plan development
    - Action plan updates
    - SPF implementation
    - Contract compliance

DBHR TA System

Technical Assistance/Training system

- In addition to the live technical assistance provided by DBHR staff, we support a workforce development and capacity development website (TheAthenaForum.org) for substance abuse and mental health promotion professionals.

The Athena Forum site features:

- priority pages of interest and focus
- state prevention five-year strategic plan
- electronic-learning modules & training slides
- announcements & calendar
- shared documents
- blogging
- information on the Prevention Specialist Certification Board of Washington

www.TheAthenaForum.org

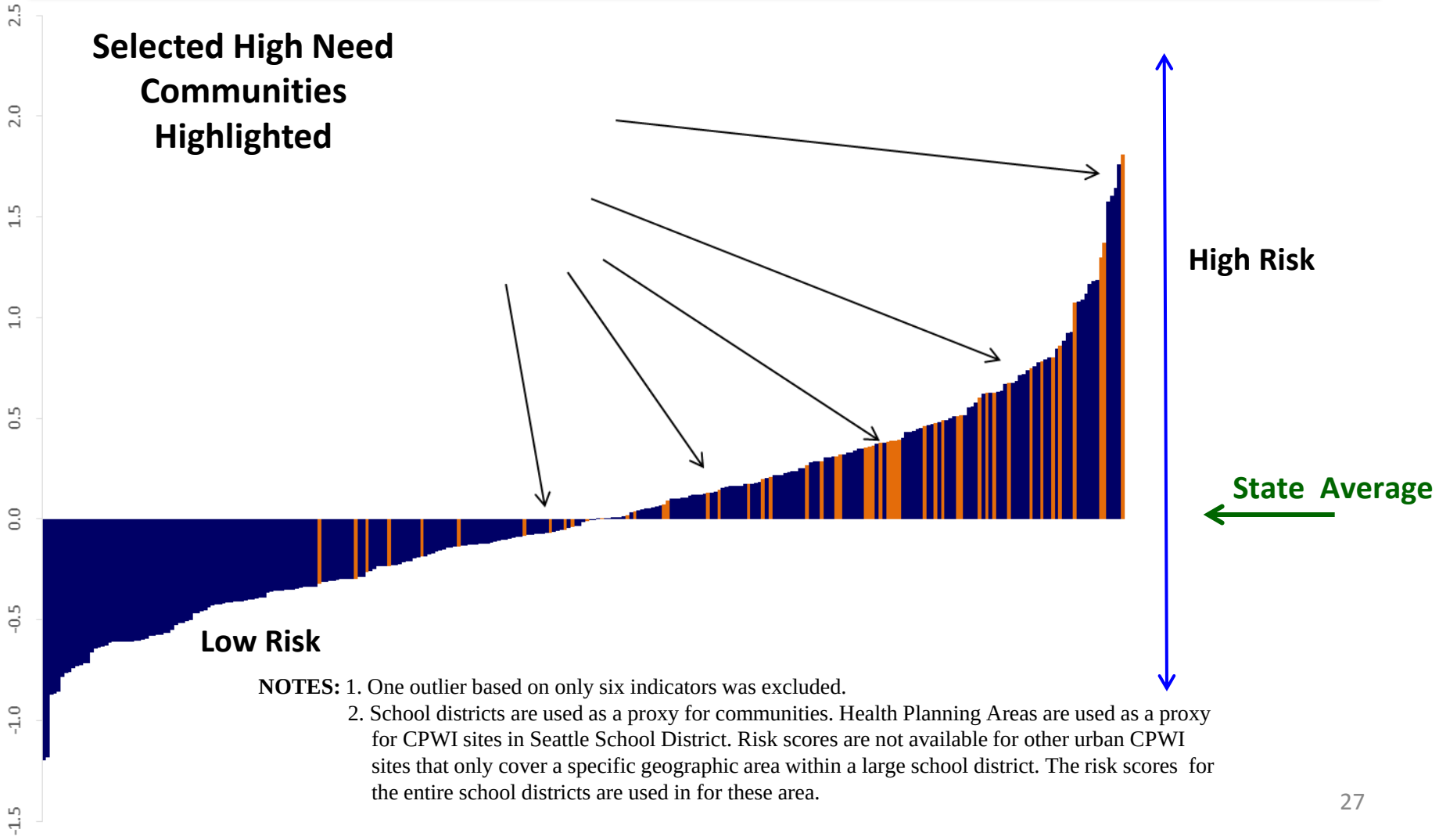
ATHENA
known for wisdom, strategy and skill
Sign In
Join Now
Search...
The site for substance abuse prevention professionals and volunteers who want to become better at what they do.
Home
Prevention Headlines
Training
Learning Community
Learning Library
Who's Who in Prevention
Prevention Priorities
Welcome to the Athena Forum
The Athena website is created for prevention professionals to develop, update, and sustain their substance abuse prevention work.
You can find general information about substance abuse prevention on this site or get specific documents and tools like sample agendas and surveys. You can also access prevention discussions and online training opportunities.
Current Blog
» Read all blog posts
Offers of funding and/or help from the marijuana industry???
2 weeks 16 hours ago
There have been recent discussions in the prevention community regarding how to respond to the marijuana industry's offers to provide us with funding and/or help. As an example of a funding offer, Neighborhood House, the fiscal agent for the Southeast Seattle PEACE Coalition, was approached by an ad firm representing the legal cannabis industry, who said: "I am the president of an advertising agency that specializes in promoting social programs, and I represent several...
Read more...
Shared Documents
2016 Social Media Campaign Packet 15 hours 59 min ago
Governor's Proclamation - Talk to Your Kids About NOT Using Marijuana Day 16 hours 34 min ago
DMA program list (for enhancing CPWI services) 1 week 36 min ago
What works in Prevention - CPWI 3rd Hour - March 23 2016 1 week 6 days ago
SAPISP Annual Report Summary Presentation - March 23 2016 1 week 6 days ago
March 23 2016 - CPWI Learning Community Meeting slides - DBHR 1 week 6 days ago
Too Distressed to Learn? Mental Health Among Community College Students 2 weeks 4 days ago
Evaluating Cannabiis Legalization: Report of the ACLU-
Discussion Activity
Looking for Trainer Suggestions 1 year 4 weeks ago
Integrating MH promotion and SA prevention 1 year 4 weeks ago
SPORT Curriculum 2 years 19 weeks ago
Pause
Previous
Next
1
2
3
4
Community Prevention and Wellness Initiative (CPWI)
Get all of your information about the DBHR Community Prevention and Wellness Initiative (CPWI) here:
Download CPWI documents and quick links:
CPWI Brochure
CPWI Guides
CPWI Trainings
CPWI Community Coalitions
CPWI Current Meeting Information
CPWI Past Meetings
CPWI Community Surveys 2015
more

ADDRESSING HEALTH DISPARITIES

Addressing Health Disparities

- Community Selection Process
- Minimum criteria for participation
- Community Selection

Composite Consequence and Risk Scores Selected Communities Compared to State



NOTES: 1. One outlier based on only six indicators was excluded.

2. School districts are used as a proxy for communities. Health Planning Areas are used as a proxy for CPWI sites in Seattle School District. Risk scores are not available for other urban CPWI sites that only cover a specific geographic area within a large school district. The risk scores for the entire school districts are used in for these area.

Addressing Health Disparities

- Focus on high-need communities through CPWI.
- Communities focus on high-need populations through local implementation of the planning framework.
- Collects participant-level data on each of the sub-population categories: race/ethnicity, gender, and LGBT status.

Addressing Health Disparities

- Training on Health Disparities
  - Poverty Immersion simulation 2014- Prevention Summit
  - Summer Leadership Institute 2015 all-day, Follow up webinar
  - Conducting culturally appropriate convenient surveys
  - Review of National CLAS Standards
- Community Survey Translations - 4 languages
- Data book demographic enhancements
- Individualized TA for providers related to identified health disparities
- Policy Consortium engaged representatives from the Office of Diversity and Inclusion
- Tribal workgroup -strategic planning (LEAN)

Community-level Data on Disparities

Number of Activities and Demographic Profile

Recurring Services

Report Period: 10/1/2014 to 3/31/2015

Subreports within table/matrix cells are ignored.

Region: 4

County: 114 -- GRAYS HARBOR

Provider: 114 -- GRAYS HARBOR

Attendance 222 ***Services*** 24 ***Average Session Length :*** 1.10

Gender	#	%
Male:	19	48%
Female:	21	53%
# of Participants	40	

Ethnicity	#	%
Hisp or Lat:	6	15%
Not Hisp or Lat:	34	85%
Total:	40	

Age	#	%
0-5:	0	0%
6-11:	23	58%
12-14:	0	0%
15-17:	4	10%
18-20:	1	3%
21-24:	0	0%
25-44:	9	23%
45-64:	3	8%
65+:	0	0%

Race	#	%
White:	35	88%
Black:	0	0%
Native:	3	8%
Asian:	0	0%
Multiracial:	1	3%
Pacific:	1	3%
Other:	0	0%
Total:	40	

County GRAYS HARBOR — Non-duplicated Participants **40**

Attendance 222 ***Services*** 24 ***Average Session Length :*** 1.10

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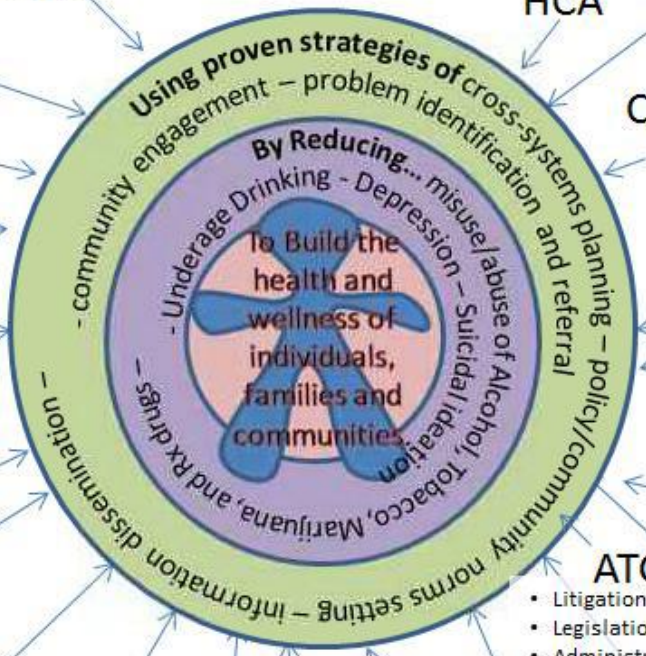
Multiracial:	1	3%
Pacific:	1	3%
Other:	0	0%

Disparities			
Hispanic	6.00%		White 4.00% Black -1.00% Native: 3.00% Asian/Pacific -1.00% Hispanic 6.00% Multiracial/Other 100%

WA STATE PREVENTION POLICY CONSORTIUM

WORKING TOGETHER; EACH DOING OUR PART



CHA
- Advocacy and support
- Policy input, education and awareness
- Language translations

HCA
- Required common behavioral health screening
- Required ACEs training
- PEBB benefit for substance use disorder treatment

DBHR
- Children's Mental Health Redesign
- College Coalition for Substance Abuse Prevention
- Communications
- Enforcing the Underage Drinking Laws (EUDL)
- Community Prevention and Wellness Initiative
- System of Care
- Tribal Substance Abuse Prevention
- Workforce Development
- Tribal and community Mental Health and Suicide Prevention
- WA-SBIRT

DOH
- Family Planning
- Healthy Communities & Community Transformation Grant
- Home Visiting
- Personal Responsibility Education Program in Washington State (WA PREP)
- Pregnant and Parenting Teens and Women
- Tobacco Program
- Marijuana Education and Prevention

WSU
- Interdisciplinary PhD program in Prevention Science

CAPAA
- Advocacy and support
- Policy input, education & awareness
- Language translations
- Collection of disaggregated data

LCB
- Liquor & Cannabis Enforcement
- Rulemaking Scope
- Responsible Vendor Program
- Mandatory Alcohol Server Training Program
- Education & Awareness Efforts
- Power of Parents

PRS
- EBP Review
- Px Evaluation
- Px Research

DEL
- Early Support for Infants and Toddlers
- ECEAP
- Head Start
- Home Visiting - Nurse-Family Partnership
- Infant Toddler Coalitions
- Medicaid Treatment Child Care (MTCC)

WTSC
- Click It Or Ticket
- DUI Enforcement Campaigns
- HS Distracted Driver Projects
- Traffic Safety Task Forces - Target Zero

IPAC
- Support to Tribes

WASAVP
- Annual Prevention Policy Day
- Prevention Policy Speakers Bureau
- Statewide prevention media relations
- Statewide Prevention Policy Work

ATG
- Litigation
- Legislation
- Administrative Rulemaking
- Seeking industry voluntary action
- Cy Pres funding

PSCBW
- Certification for Prevention Professionals
- Substance Abuse Prevention Specialist Training

SPE Consortium
- Awareness/Education Campaigns
- Support Prevention Policy
- Training/Workforce Development

SBOH
- Promote a preventive approach to mental health services
- Support prevention funding in health reform and other legislation
- Promote medical home for all children

OIP
- Support to Tribes

CCSAP
- Annual Professional Development Conference
- Electronic Check Up To Go
- Webinars

OSPI
- Substance Abuse Prevention Intervention Services Program
- Project AWARE

WHY
- Analyze and monitor issues/policies
- Promote policy change
- Supporting youth influencers
- Support Law Enforcement

WSP
- Master management of BAC Program
- Ignition Inner-lock Program
- Target Zero Teams
- Limited community Outreach

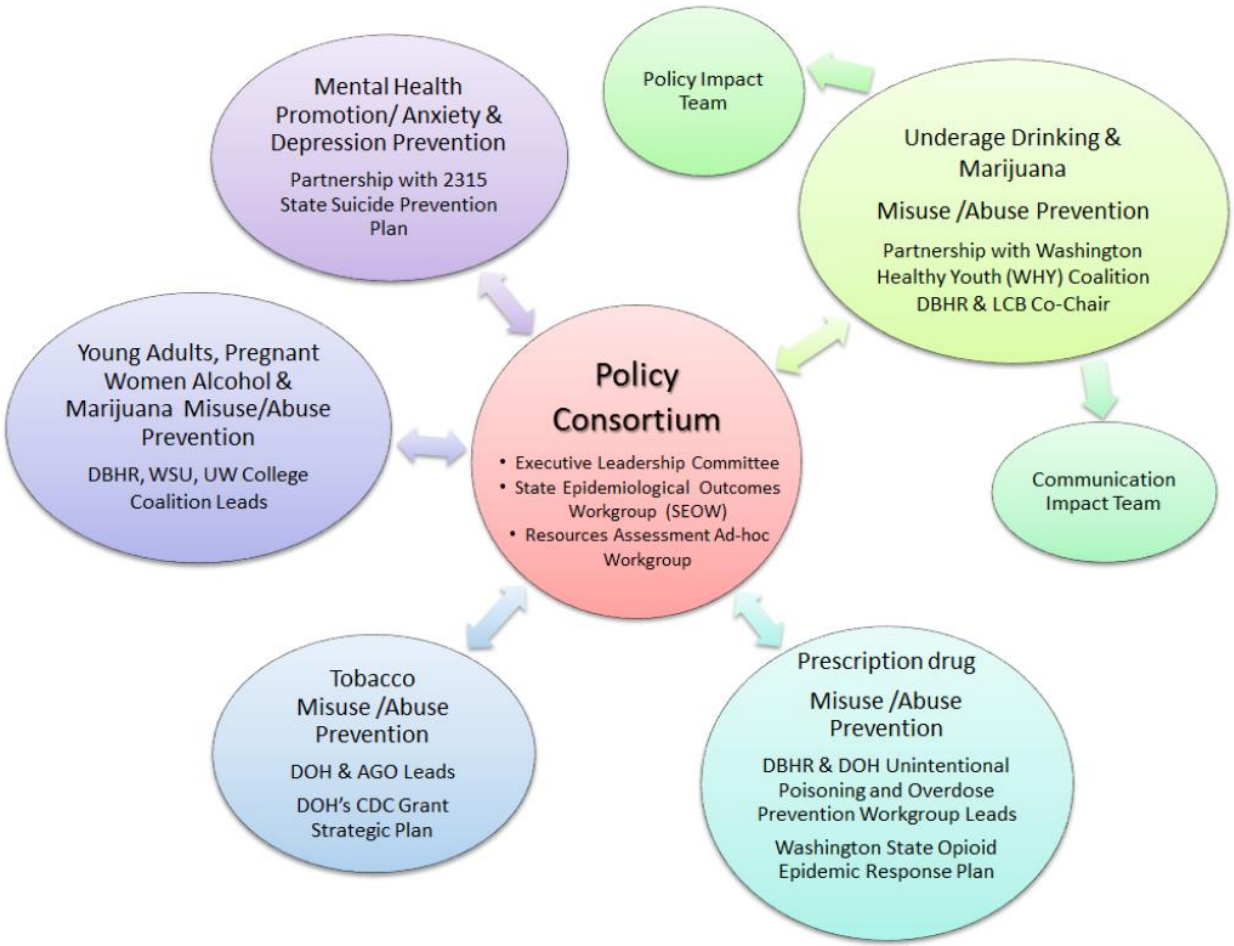
CoC
- Support DFC grantees through Technical assistance, coordination, advocacy, and environmental strategies

SEOW
- Data surveillance

This diagram shows the state-level agencies/organizations and their specific programs that focus on substance abuse prevention and mental health promotion. As of July 2015

State Prevention & Promotion Plan Implementation Workgroups

Consortium Structure



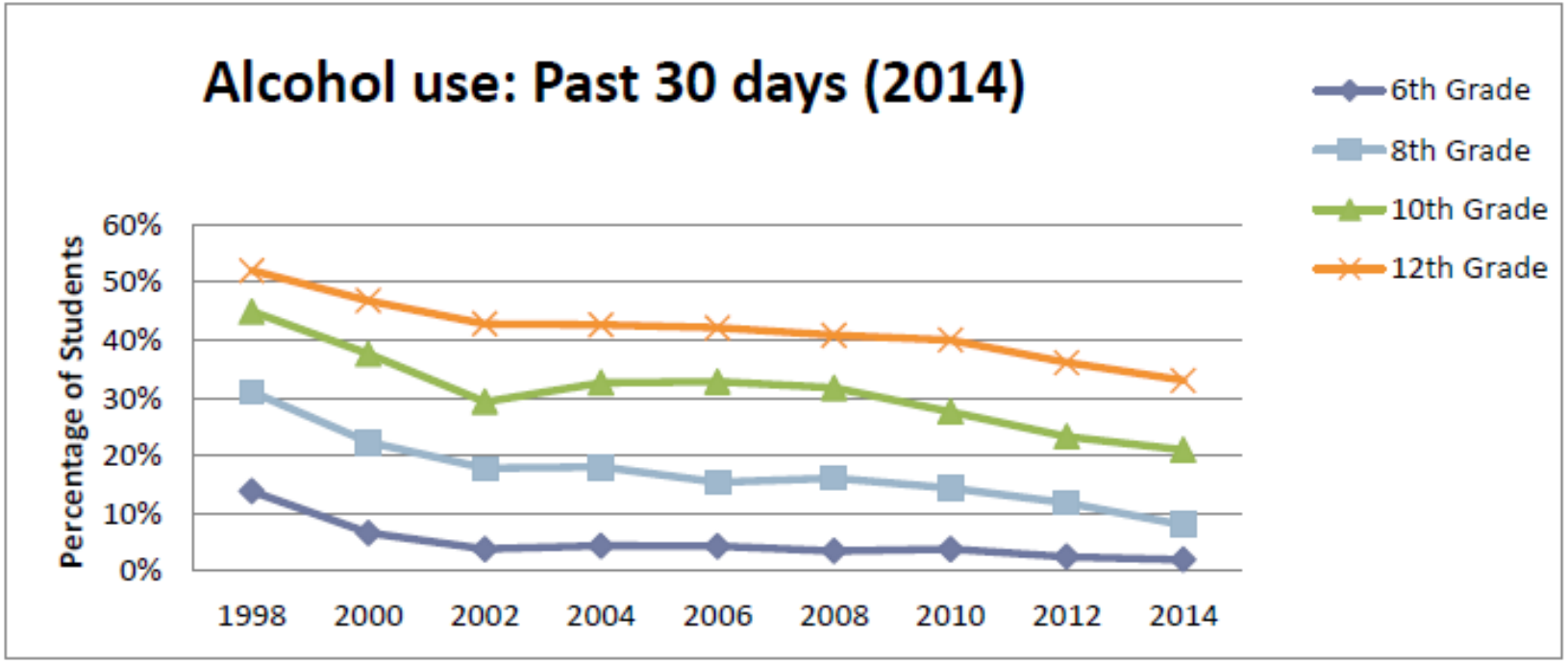
State Substance Abuse Priorities

WA State Prevention Policy Consortium

1. Underage Marijuana
2. Marijuana Use
3. Tobacco Use
4. Prescription Drug Abuse
5. Meth Use

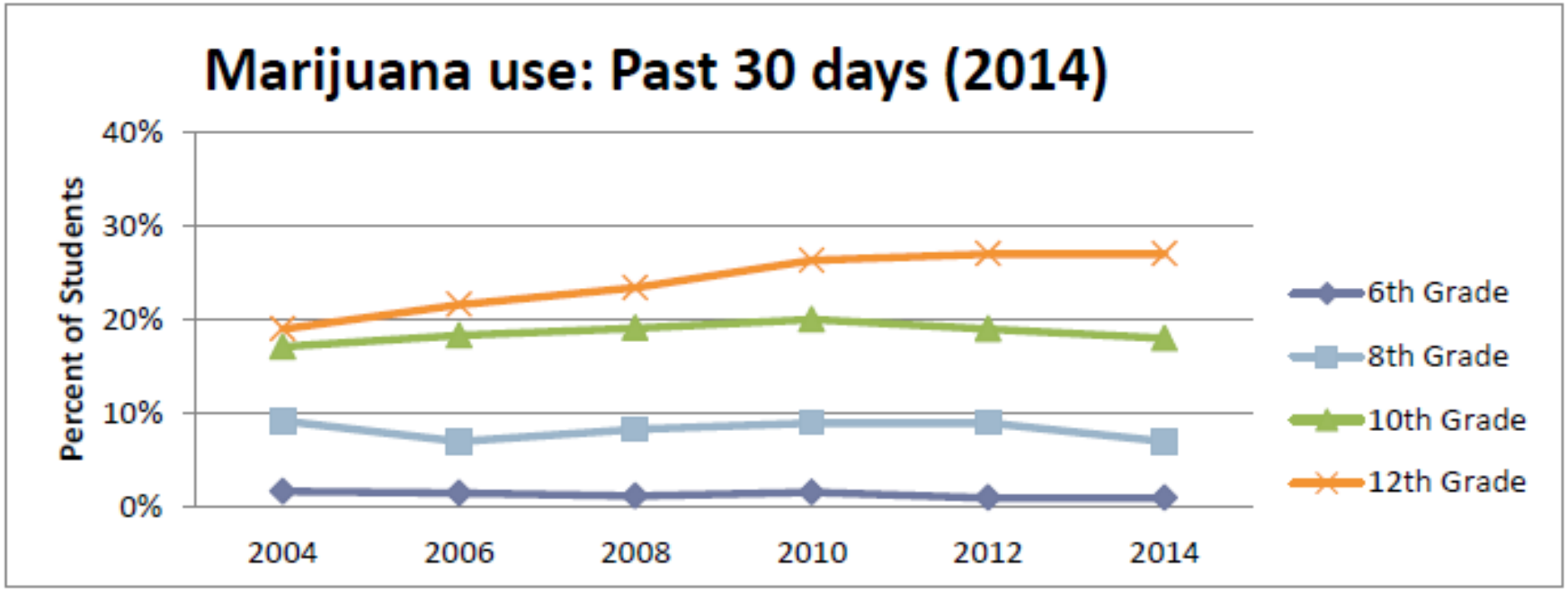
Healthy Youth Survey Past 30 Day Use 2014

HYS - Figure 1



Healthy Youth Survey Past Marijuana 30 Day Use

HYS - Figure 3



Intermediate Outcomes: Behavioral Health Problems	Source/ Year 2011 Plan Baseline	2013 Plan Update	2015 Plan Update	Original 2017 Target *10% decrease from Baseline*	*Updated 2017 Target 10% decrease from HYS 2014*
Underage Drinking	**HYS 2010**	**HYS 2012**	**HYS 2014**		
▪ Drank Alcohol In Last 30 Days*	10th Grade: 27.7%	23.3%	**21.0%**	24.8%	*19%*
▪ Experimental Use of Alcohol	10th Grade: 10.9%	8.5%	**9.2%**	9.9%	*8%*
▪ Ever drank Alcohol			6th Grade: 21%		*19%*
▪ Heavy Use of Alcohol	10th Grade: 8.2%	7.1%	**5.8%**	7.2%	*5%*
▪ Problem Drinking	10th Grade: 10.4%	9.4%	**6.9%**	9.0%	*6%*
▪ Binge Drinking (any)	10th Grade: 16.2%	14.3%	**10.6%**	14.6%	*10%*
Marijuana Misuse/Abuse	**HYS 2010**	**HYS 2012**	**HYS 2014**		
▪ Used Marijuana In Last 30 Days*	10th Grade: 20.0%	19.3%	18.1%	18.0%	18%
▪ Used Marijuana In Last 30 Days*			6th Grade: 1%		*.99%*
▪ Used Marijuana 6+ Days	10th Grade: 8.4%	8.6%	7.9%	7.6%	7.6%
Prescription Misuse/Abuse	**HYS 2010**	**HYS 2012**	**HYS 2014**		
▪ Used Pain Killer In Last 30 Days*	10th Grade: 8.3%	6.0%	**4.6%**	7.5%	*4%*
▪ Used Ritalin-Type Drug In Last 30 Days	10th Grade: 3.5%	2.8%		3.2%	

*Signifies primary target.

[1] Technical notes related to each baseline indicator are maintained within original data source.

Intermediate Outcomes: Behavioral Health Problems	Source/ Year 2011 Plan Baseline	2013 Plan Update	2015 Plan Update	Original 2017 Target *10% decrease from Baseline*	*Updated 2017 Target* *10% decrease from HYS 2014*
Tobacco Misuse/Abuse	**HYS 2010**	**HYS 2012**	**HYS 2014**		
▪ Smoked Cigarettes In Last 30 Days*	10th Grade: 12.7%	9.5%	7.9%	11.4%	*7%*
▪ *E-cigarettes / Vapor pens*	10th Grade		18%		*16%*
▪ *Any tobacco use (cigarettes and smokeless tobacco)*			6th Grade: 2%		*1.8%*
Adult - Alcohol Misuse/Abuse	**BRFSS 2010**				
▪ Women Report Alcohol Use any time During Pregnancy*	17.0%			15.3%	15%
Depression	**HYS 2010**	**HYS 2012**	**HYS 2014**		
▪ Sad/Hopeless In Past 12 Months*	10th Grade: 29.8%	30.9%	34.9%	26.8%	27%
Suicide Ideation	**HYS 2010**	**HYS 2012**	**HYS 2014**		
▪ Suicide Ideation*	10th Grade: 17.6%	18.8%	20.5%	15.8%	16%

*Signifies primary target.

[1] Technical notes related to each baseline indicator are maintained within original data source.

[2] Blue text indicates a new lower target percentage fro the original 2017 target.

Evidence-Based Workgroup

Evidence-Based Policies, Programs, and Practices

Current Evidence-Based Policies, Programs, and Programs must meet the criteria below:

1. Programs and strategies in this list must be shown in at least two studies to produce intended results;
2. All programs listed include 'substance abuse prevention' as an area of interest; and
3. The strategies described in this list come from at least one of the following primary resources:
   a) Substance Abuse and Mental Health Services Administration's (SAMHSA) National Registry for Evidence-based Programs and Practices (NREPP);
   b) A separate list of programs identified as evidence-based by the State of Oregon; or
   c) "Scientific Evidence for Developing a Logic Model on Underage Drinking: A Reference Guide for Community Environmental Prevention." Pacific Institute for Research and Evaluation (PIRE).

Prevention Programs and Practices for Youth Marijuana Use Prevention

(for DMF CPWI Enhancement Services)

Note: No less than 85% of DMF funds can be used to support Evidence-Based and Research-Based Programs and no more than 15% of DMF funds can be used to support Promising Programs from the list below.

Evidence-Based & Research-Based Programs

- Good Behavior Game (GBG)*
- Nurse Family Partnership (NFP)*
- Brief Strategic Family Therapy
- Case Management in Schools* (Communities in Schools, City Connects, and Comer School Development Program) (see note below)
- Guiding Good Choices*
- Incredible Years*
- Keepin it Real
- Life Skills Training - Middle School
- Lions Quest Skills for Adolescence*
- Mentoring for students: Community-based* (Across Ages, Big Brothers Big Sisters, The Buddy System, Career Beginnings, Sponsor-a-Scholar, and Washington State Mentors program/Mentoring Works Washington. Locally developed programs may be considered but require DBHR approval and consultation with WA Mentors.)
- Project Northland *(Class Action may be done as booster)*
- Project STAR
- SPORT Prevention Plus Wellness
- Strengthening Families Program: For Parents and Youth 10-14 *(Iowa Version)* *

Promising Programs

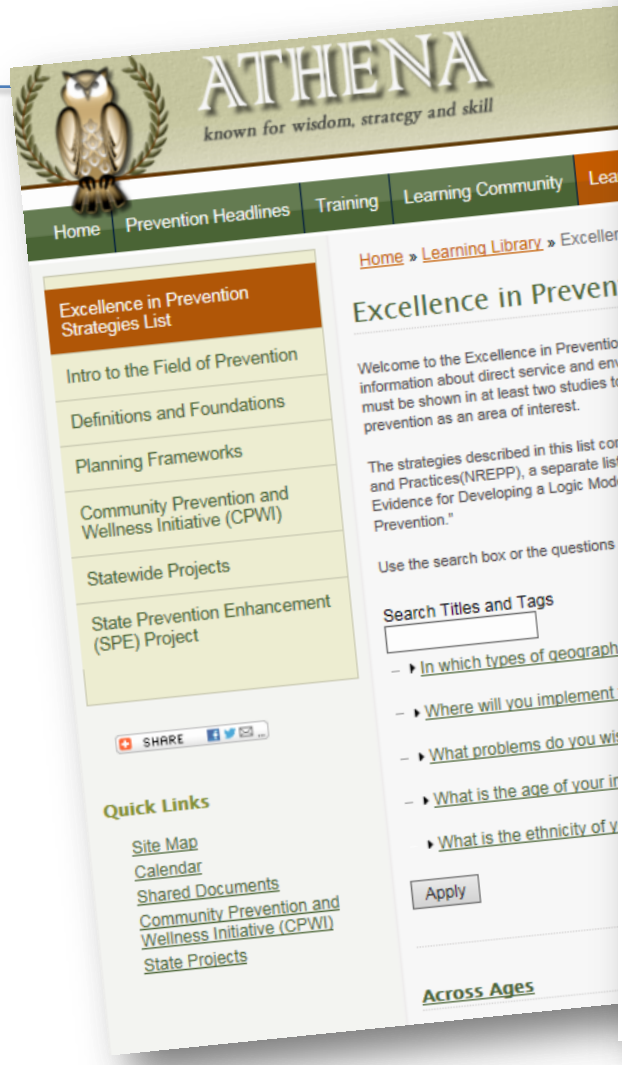
- Athletes Training & Learning to Avoid Steroids
- Communities that Care
- Coping Power
- Curriculum-Based Support Group (CBSG) Program*
- Familias Unidas
- Positive Action*
- Project Toward No Drug Abuse
- PROSPER
- Raising Healthy Children *(using SSDP model)*
- Strong African American Families
- Teen Intervene

Environmental Strategies (Promising)

- Policy Review and Development
- Purchase Surveys coupled with Reward and Reminder
- Restrictions at Community Events
- Social Norms Marketing

Notes:

- (*)These programs are also programs with Mental Health Promotion areas of interest and outcomes as found on NREPP.
- Case management involves placing a full-time social worker or counselor in a school to help identify at-risk students' needs and connect students and families with relevant services in and outside of the K–12 system. Three such models have been evaluated and are included in this analysis: Communities in Schools, City Connects, and Comer School Development Program. In practice, each of these models includes other services, but the program evaluations focus on the impact of the case management component.
- DBHR would like to thank the University of Washington's Social Development Research Group; Kevin Haggerty, Ph.D.; Rico Catalano, Ph.D.; Daniel Gangon, graduate student; Washington State University; Laura Griner Hill, Ph.D.; Brittany Rhoades Cooper, Ph.D.; Angie Funaiole, graduate student; and Eleanor Dizon, graduate student; the Washington State Institute for Public Policy, Steve Aos, Director; Annie Pennuchi, Assistant Director; Adam Darnell, Ph.D.; Marna Miller, Ph.D.; Matt Lemon; the Pacific Institute for Research and Evaluation, Sean Hanley, Ph.D.; and the Washington State Prevention Research Subcommittee for their consultation, program search and review contribution efforts, and overall generous support in developing this list.



Excellence in Prevention *– descriptions of the prevention programs and strategies with the greatest evidence of success*

Name of Program/Strategy: Across Ages

Report Contents

1. Overview and description
2. Implementation considerations (if available)
3. Descriptive information
4. Outcomes
5. Cost effectiveness report (Washington State Institute of Public Policy – if available)
6. Washington State results (from Performance Based Prevention System (PBPS) – if available)
7. Who is using this program/strategy
8. Study populations
9. Quality of studies
10. Readiness for Dissemination
11. Costs (if available)
12. Contacts for more information

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1. Overview and description

Across Ages is a school- and community-based substance abuse prevention program for youth ages 9 to 13. The unique feature of Across Ages is the pairing of older adult mentors (55 years and older) with young adolescents, specifically those making the transition to middle school. The overall goal of the program is to increase protective factors for high-risk students to prevent, reduce, or delay the use of alcohol, tobacco, and other drugs and the problems associated with substance use. The four intervention components are (1) a minimum of 2 hours per week of mentoring by older adults who are recruited from the community, matched with youth, and trained to serve as mentors; (2) 1-2 hours of weekly community service by youth, including regular visits to frail elders in nursing homes; (3) monthly weekend social and recreational activities for youth, their families, and mentors; and (4) 26 45-minute social competence training lessons taught weekly in the classroom using the Social Problem-Solving Module of the Social Competence Promotion Program for Young Adolescents developed by Roger Weissberg and colleagues.

Excellence in Prevention is a project of Oregon Addiction and Mental Health Services and Washington Division of Behavioral Health and Recovery. Information is drawn from many sources, including the National Registry for Effective Prevention Programs (NREPP), sponsored by the Center for Substance Abuse Prevention.

Data Support

State Epidemiological Workgroup Support:

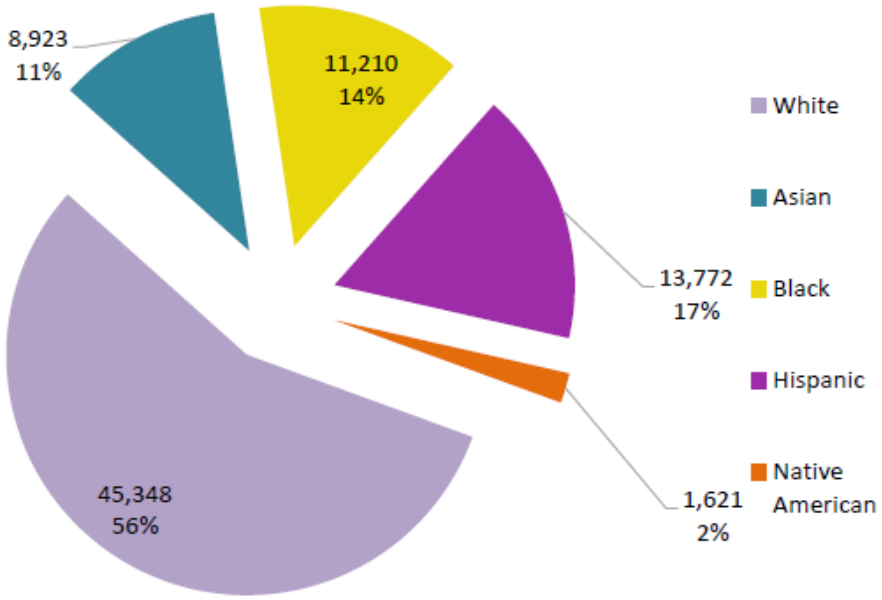
- RDA Core GIS
- Data Books
- Risk Profiles
- Community Survey
- HYS Factsheets
- State-level Needs Assessment
  - Prevention Policy Consortium

Community Demographics

The racial/ethnic and age composition below can help prevention planners better understand the community's diversity.

Race or Ethnicity *(Count, Percent)*

Persons whose race or ethnicity is: (1) "White" - non-Hispanic White; (2) "Asian" - non-Hispanic Asian or Pacific Islander; (3) "Black" - non-Hispanic Black/African American; (4) "Hispanic" - Hispanic or Latino of any race except American Indian/Alaska Native; (5) "Native American" - any American Indian/Alaska Native, whether Hispanic or non-Hispanic; as a percentage of all persons.



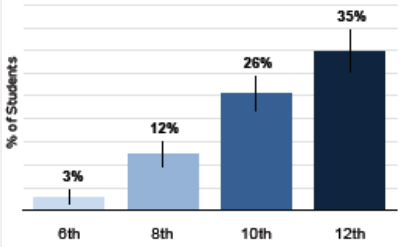
Age Composition *(Count, Percent)*

Children (ages 0 to 9, 10 to 14, and 15 to 17 years), adults (ages 18 to 24, 25 to 49, and 50 to 64 years) and seniors (ages 65 years or more) as a percentage of all persons.

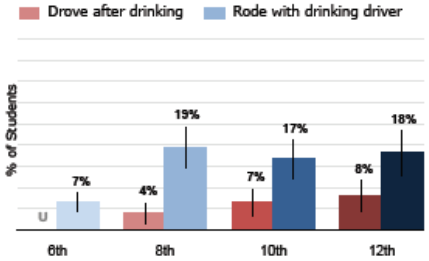
Youth Alcohol Use in Grays Harbor County in 2014

re OUR youth using alcohol?

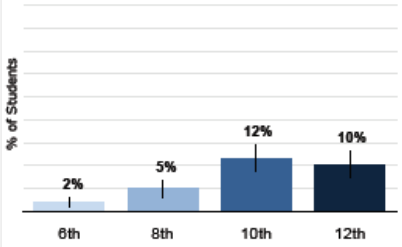
Current Drinking
Students who report drinking at least once in the past month



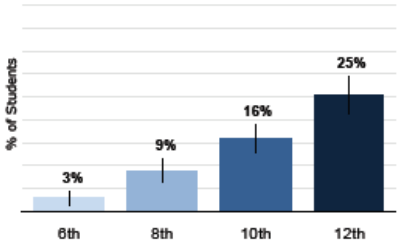
In a Vehicle
Students who report drinking and driving OR riding with a driver who had been drinking



Experimental Drinking
Students who report drinking on 1-2 days in the past month, but no binge drinking

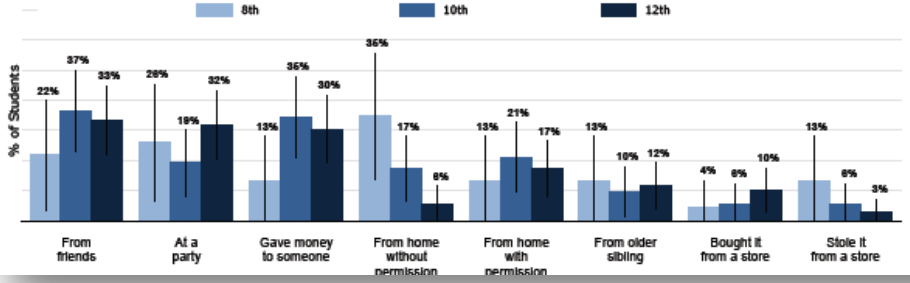


Problem or Heavy Drinking
Students who report drinking 3 or more days in the past month and/or one or more binge drinking episodes*



*Binge drinking is drinking 5 or more drinks in a row in the past two weeks.

Where Do They Get It?



CPWI Evaluation – Data Sources

- Community Outcomes and Risk Evaluation Geographic Information Systems (CORE GIS)
- Washington State Healthy Youth Survey
- National Survey on Drug Use and Healthy
- Behavioral risk Factor Surveillance System
- Programs implemented
- Prevention Intervention Services (OSPI)

Questions?

For more information feel free to contact:

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Division of Behavioral Health and Recovery
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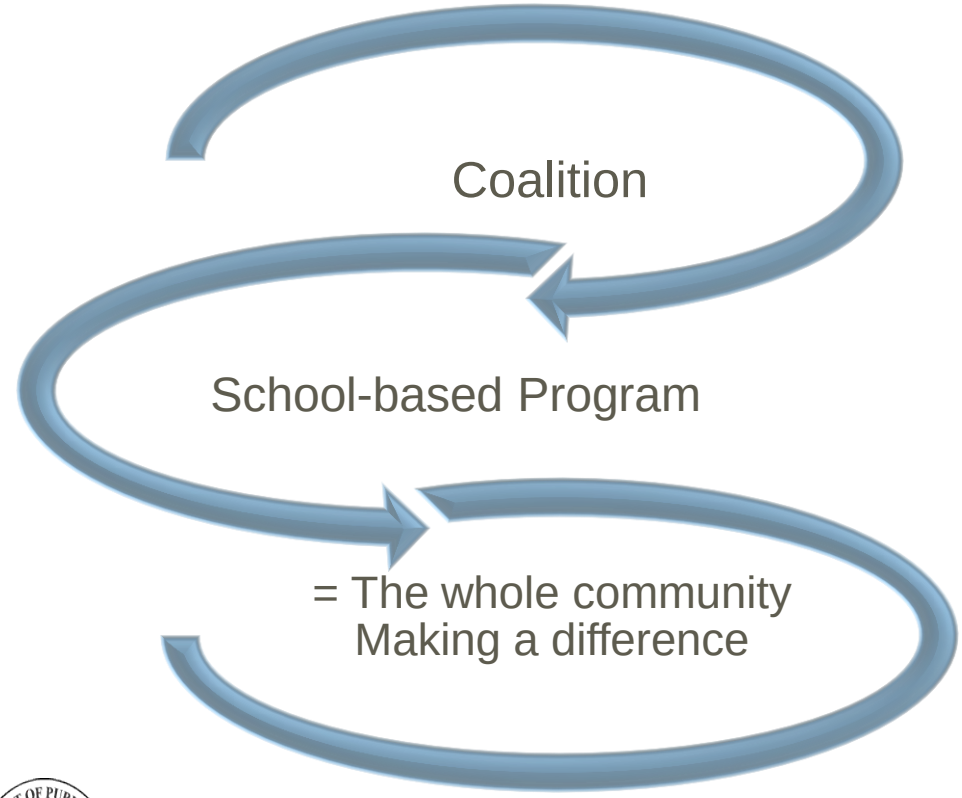
THANK YOU!

THE SCHOOL SIDE OF THE EQUATION

Working Together to Make a Difference



- 60 + Sites
- More being added
- More than 60 schools
- In each ESD
- In every county
- Large to small schools

WHY?

"We will build the health and wellness of individuals, families, schools, and communities where people can be as healthy as possible in a safe and nurturing environment" (WA State Prevention Enhancement Policy Consortium).

INTENTION IMPACT

WHY?
Intervening Variables and Risk/Protective Factors

- Access/Availability
- Enforcement
- Policies
- Perception of Harm
- Community Norms
- Traumatic Experiences
- Which ones can schools affect?

How can schools help address these?

WHY?
Strategies

- Cross-systems planning/collaboration
- Information dissemination
- Policy/Community norms
- Problem identification and referral
- Community engagement/coalition development
- Education

Roles of school-based efforts?

WHY?
Reduce Community and Family Outcomes

- Underage Drinking
- Prescription Drug Misuse/Abuse
- Marijuana Misuse/Abuse
- Depression
- Suicide ideation

TO INCREASE

- School Climate / School Safety
- Mental Health Awareness
- Graduation Rates and Academic Success

TO ADDRESS……

- Nearly 1 in 5 12th graders say they have been drunk or high at school
- About 1 in 5 students rode in a car with a driver who had been drinking
- Marijuana use among 10th (20%) and 12th (27%) graders is double the % of those who smoke cigarettes
- Perceived risk of harm is going down
- Over 100,000 students (12-17 yrs. old) considered suicide – 1 in 6 students
- Graduation rates – last at 20%

HOW?

- SAPISP (Student Assistance Prevention – Intervention Services Program)
- P.I.'s/SAP's in at least one Middle or High School in each CPWI site
- Sometimes additional FTE. may service more than one site within the CPWI community
- ESD employee – Hired and supervised by ESD prevention coordinator, directors, or directors
- Full school year of intervention services
- Trained, certified intervention specialist

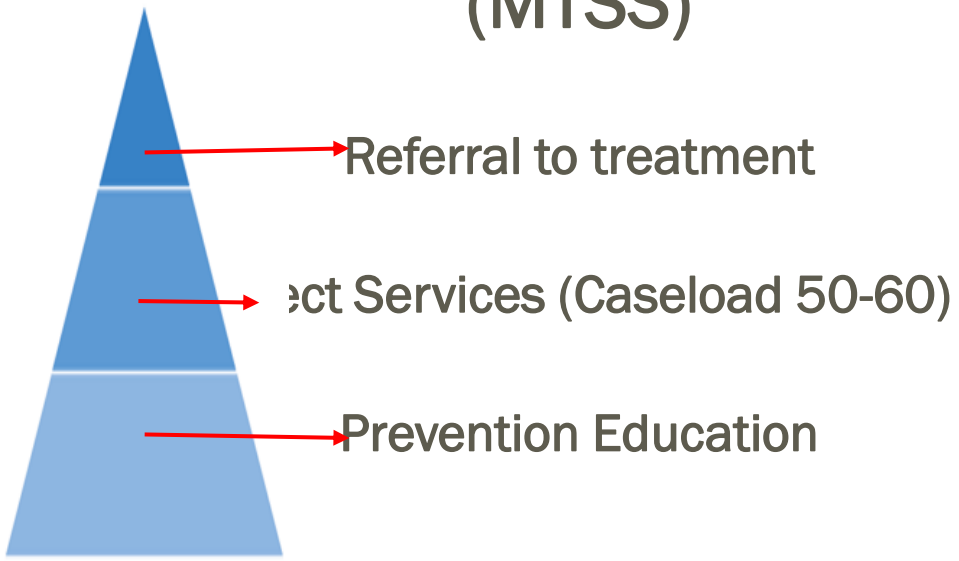
One Whole Child Approach

PROGRAM GOALS

- To provide early drug and alcohol prevention and intervention services to students
- To provide high quality prevention and intervention programs to support a safe learning environment for all students
- To develop collaborative relationships with treatment agencies to better serve students

ANOTHER WAY TO LOOK AT IT

Multi Tiered System of Supports (MTSS)



Substance Abuse Prevention Strategies

A. **Information Dissemination:** Provide knowledge and increase awareness. Generally one – way. Part of prevention education

B. **Education:** Structured learning process about critical life and social skills (decision making, stress coping, problem solving, etc..)

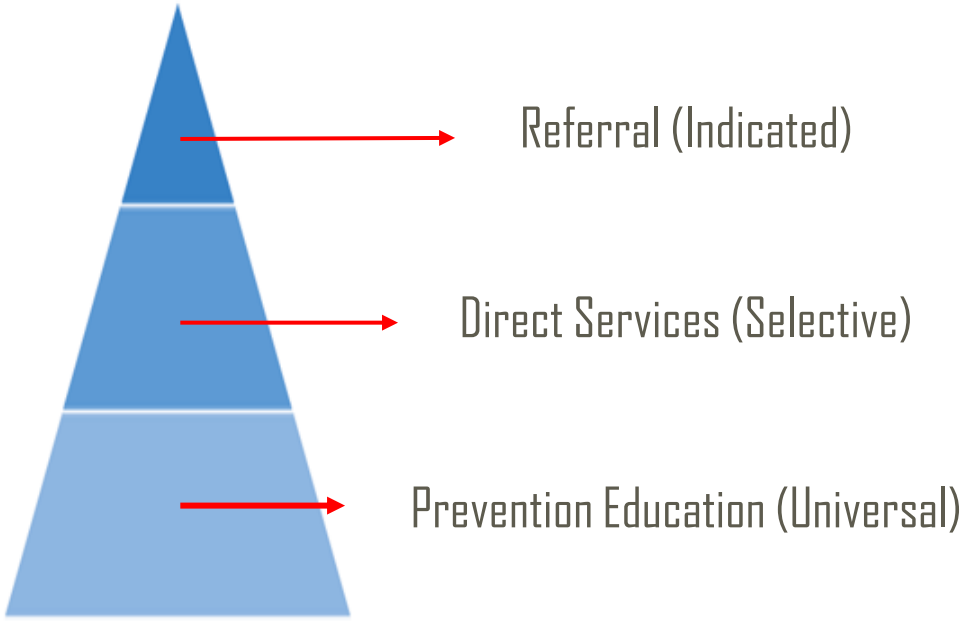
C. **Alternatives:** Provides students with participation in activities that exclude alcohol, drugs, etc. and focus on healthy activities. (including prevention clubs, etc.)

D. **Problem Identification and Referral:** Actually identifies users and specific intervention or referral strategies employed.

E. **Community-Based Process:** Collaborative and grassroots empowerment

F. **Environmental:** Establishes or changes written or unwritten community, school standards, codes, policies, etc.

HOW, AGAIN?


Referral (Indicated)
Direct Services (Selective)
Prevention Education (Universal)

PREVENTION EDUCATION (Universal)

- Establishing a mindset of positive social norms
- Provide students with information to increase their knowledge of harmful effects of alcohol and drugs, and talk about healthy living choices
- Provided to all incoming grade students at the beginning of the school year, or 2nd semester
- Multi-session, ATOD focused, knowledge and basic skill development

PREVENTION EDUCATION (Universal) Cont.

- Relationship building opportunity
- Referral and selection
- Project SUCCESS, LifeSkills Training, and other interventions
- Approximately 20% of the P.I.'s time.
- Prevention clubs and other student engagement activities

DIRECT SERVICES (Selective)

- Referrals (self and others)
- Discipline Referrals
- "Recruiting"

DECISION

1. "Quick" Intervention (1-2 contacts) – minimal risk, no use. Refer to other services (school counselor, tutoring, etc.)
2. "Full" Intervention – Start with screening (GAINS5, interview, etc..). Minimal, moderate or high risk?
3. Determine services (Individual, group, refer to other services) for minimal, or moderate risk/need
4. If high risk ("Indicated"), determine strategies for school (SAPISP) services, OR refer to mental health, other treatment, or similar more involved services

GROUPS

- Selected by P.I.
- Improve not Cure
- Closed vs. Open
- Specific / Intentional Activities
- Student Centered
- Solution Focused
- Form and Practice New Behaviors
- Time Limited (8-10 sessions)
- Intentional "Transforming/Termination" Strategies

REFERRAL (Indicated)

- When indicated, students should be referred to other, more specific and involved services such as mental health, etc.
- P.I. provides case-management / facilitator role
- P.I. provides "re-entry" services

AND WHAT ELSE?

- School and P.I. involvement in coalition
- Professional development for school staff
- Climate change
- Continued relationship building
- P.I. and SAPISP is part of the "big picture"!

QUESTIONS/DISCUSSION

Take – Aways?