

Partnerships For Success

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Washington State

- 7.1 Million Seahawks Fans (people)

- 39 Counties



- 29 Federally Recognized Tribes



- State Baseball Team – Seattle Mariners

- State Football Team – Seattle Seahawks



- 5 volcanos: Mount Baker, Glacier Peak, Mount Rainier, Mount Adams, and Mount St. Helens

- Forest covers half of our land area



A BIT OF BACKGROUND

Prevention Policy Consortium

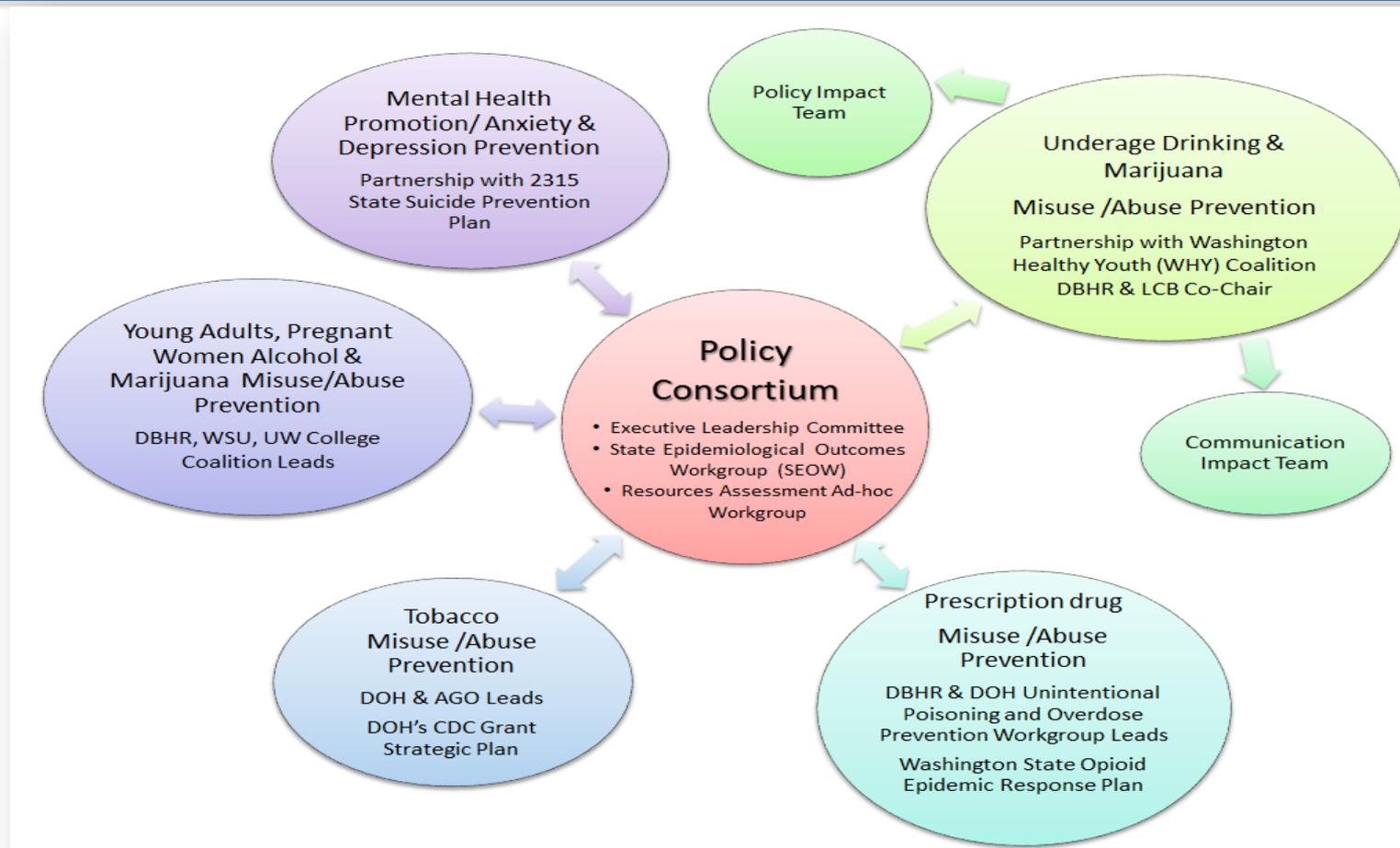
Advisory Council for PFS project

- PFS implementation monitoring in Prevention Policy Consortium meetings

Annual review and update of Prevention Policy Consortium actions plans

- Tracking trends with new policies and initiatives
- 2015 review of needs and resources assessment
- Supported by SEOW data reports
- <http://www.theathenaforum.org/spe>

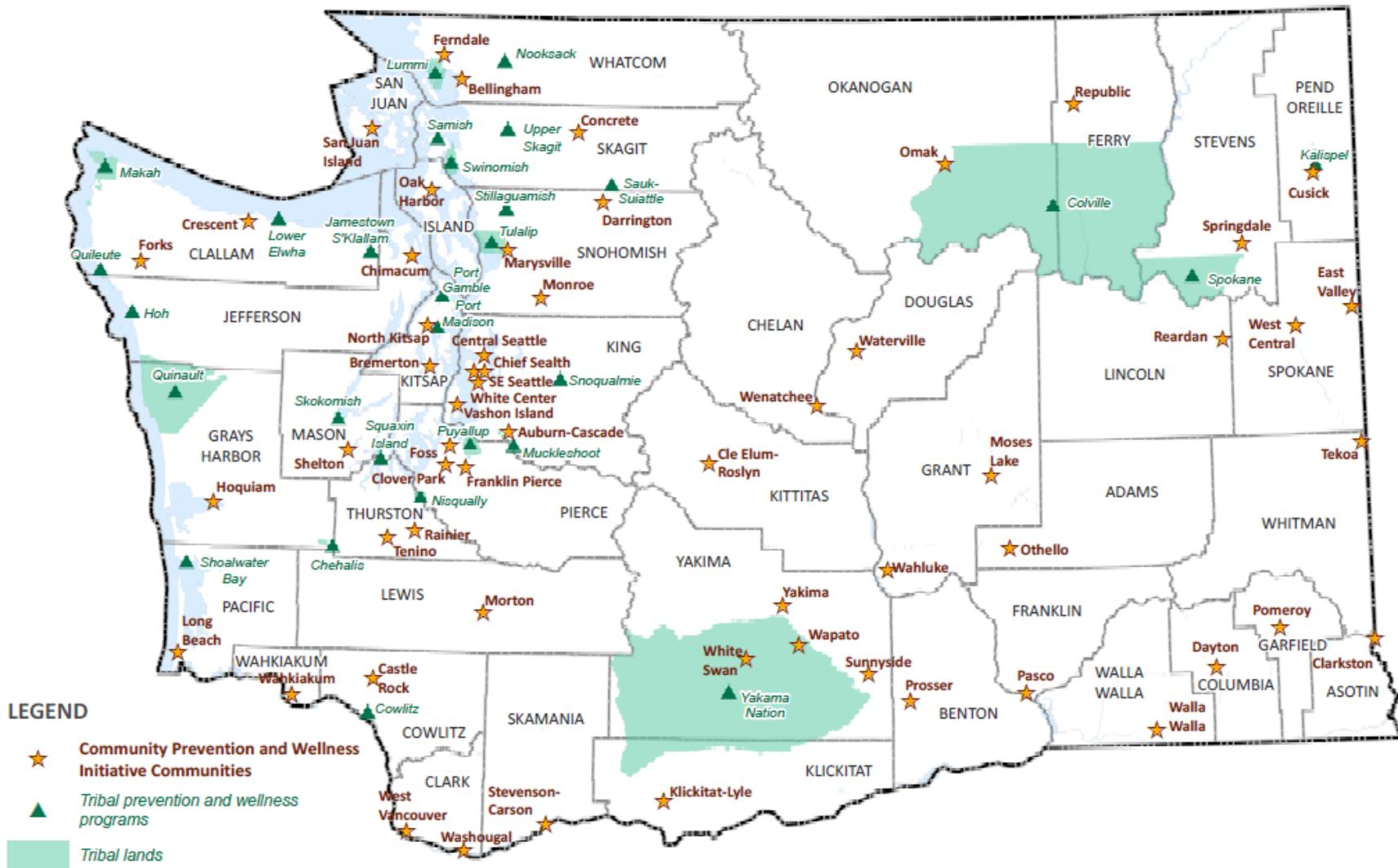
Prevention Policy Consortium Structure



WA State Contractors/Providers

- 26 Federally Recognized Tribes
- 59 Total CPWI Coalitions
 - 54 SABG Funded Coalitions
 - 41 PFS Grantees (Coalitions)
 - 5 State Funded Coalitions
 - Prevention Intervention Specialist in each Community

Prevention services are focused in communities and Tribes throughout Washington



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

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THE COMMUNITY PREVENTION & WELLNESS INITIATIVE (CPWI) DESIGN

Model for Successful Community Prevention

DBHR COMMUNITY PREVENTION AND WELLNESS INITIATIVE PLANNING FRAMEWORK



CPWI – Brief Overview

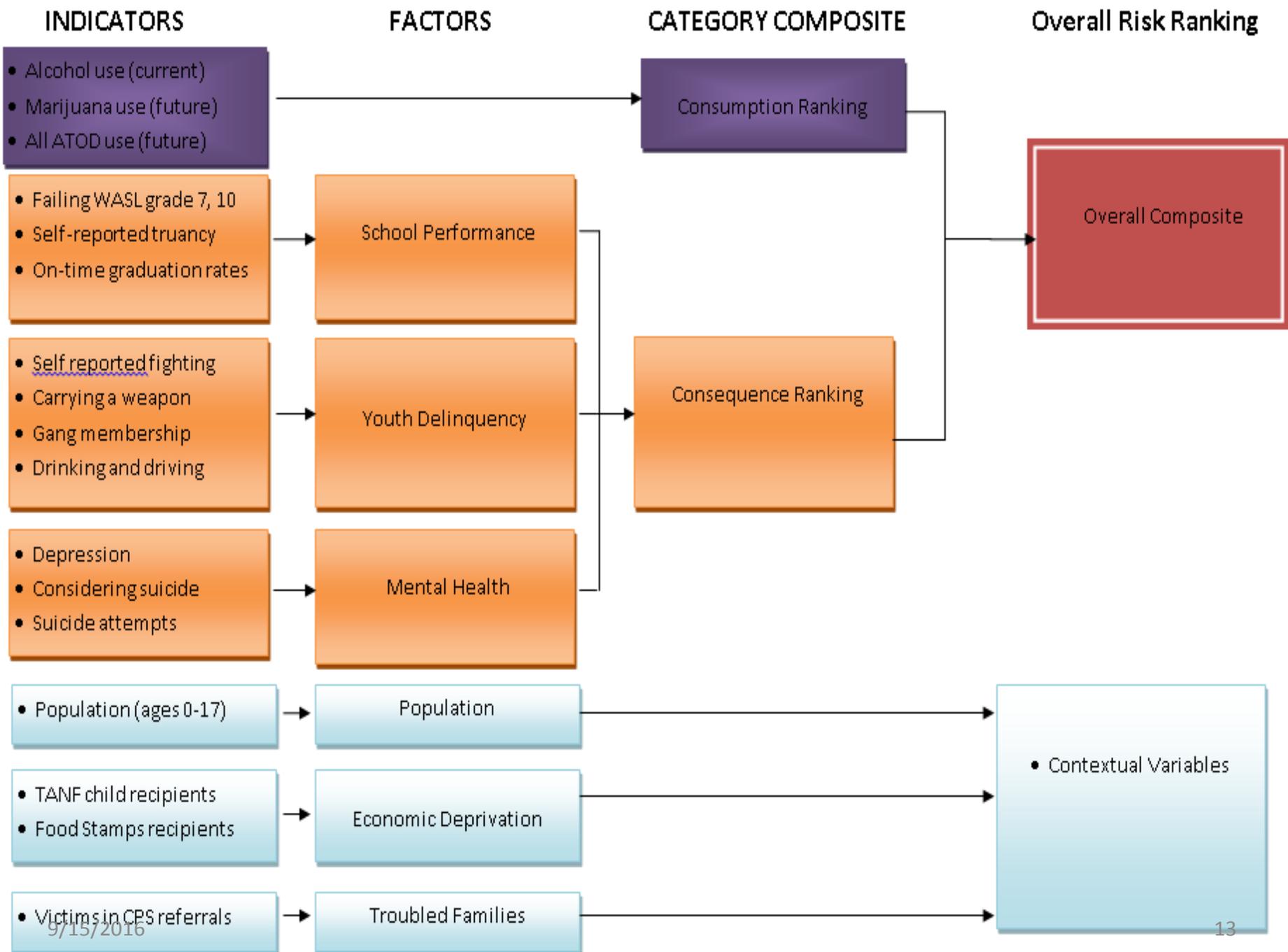
- Prevention delivery system redesign began in July 2011 and currently is made up of 59 communities.
<https://www.dshs.wa.gov/sites/default/files/SESA/publications/documents/22-1464.pdf>
- **Purpose:**
 - To better target and leverage funding through active partnerships
 - To provide long-term support for positive community change
 - To measure impacts and build the case for greater investments in prevention

CPWI – Brief Overview

- **Our Goal:** Reduce substance use among middle and high school aged youth.
 - By reducing *underage drinking, prescription drug abuse, underage marijuana use* we also expect to reduce youth crime, mental health problems, and improve school performance.
- **Partnership effort among**
 - Division of Behavioral Health and Recovery (DBHR);
 - County Human Services;
 - The Office of the Superintendent of Public Instruction (OSPI);
 - Educational Service Districts (ESDs); and
 - Local school districts

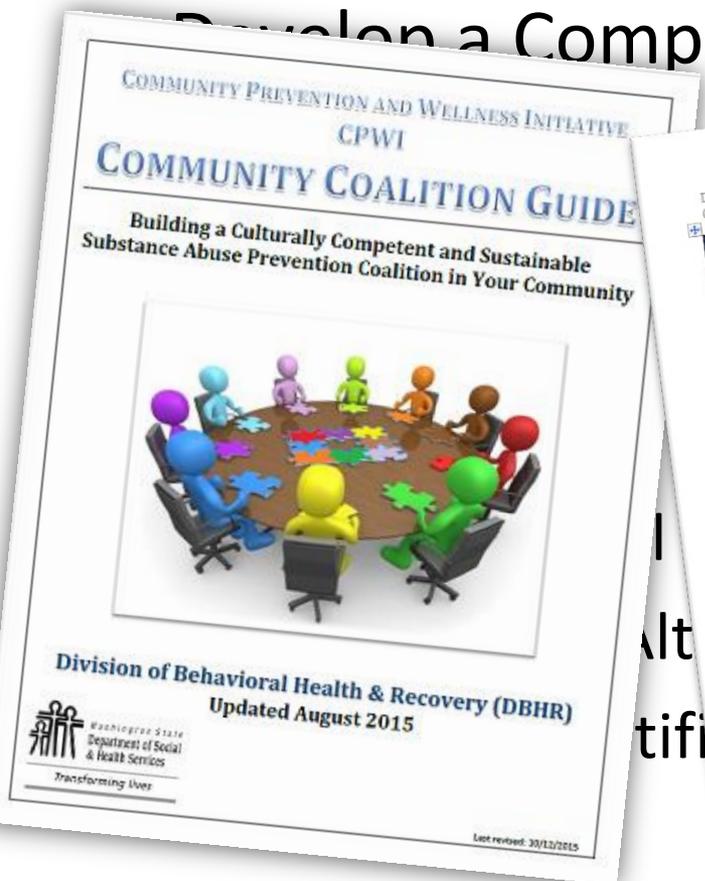
County-wide Services to High-need Communities

- Community risk ranking identified by DBHR using a risk profile score for each school district in the county.
- Risk profiles were created using youth alcohol use data and levels of community problems that can increase youth risk for substance use and abuse.



CPWI Comprehensive Approach

Develop a Comprehensive Strategic Plan



DBHR Community Prevention & Wellness Initiative (CPWI) Community Coalition Quick Reference Timeline Overview

Start date: July 1, 2015
Community Name: _____

Tasks	Frequency	Due
Getting Started		
1. Register and participate in The Athena Forum website	Ongoing	Within 1 month
2. Select CPWI Community	First Year only	Due 2/15/16
a. Submit selection packet	First Year only	Within 1 month
b. Issue media release	---	---
3. Community Coalition Coordinator (-5 FTE) for each CPWI community	First Year & As needed	---
a. Review Coordinator job description with DBHR	First Year & As needed	---
b. Ensure new hire Coordinator has office space in CPWI community	First Year & As needed	---
c. Review new hire Coordinator qualifications with DBHR	First Year & As needed	---
d. Submit new coordinator training plan if necessary	Ongoing	---
e. Ensure Coordinator is working with coalition	Ongoing	---
f. Ensure Coordinator spends at least 80 hours per month on community	Ongoing	---
g. Ensure coordinator is Certified Prevention Professional (CPP)	Annually	---
4. Confirm SAPISP and P-I services	---	---
Capacity		
1. Recruit and retain membership	Ongoing	---
a. 8 of 12 sectors participating	Ongoing	Update 2/15/16
b. Membership section in Strategic Plan	Annually	Update 2/15/16
c. Conduct 'Coalition Assessment Tool' (CAT) Coalition member survey	First Year & Update	Update 2/15/16
d. Complete 'Community Profile'	Ongoing	Update 2/15/16
2. Sector Representation Monthly Meetings	Ongoing	[start date Year]
a. Min. 8 sectors participating at least 9 months of the year	Ongoing	[start date Year]

DBHR Community Prevention & Wellness Initiative (CPWI) Community Coalition Guide Quick Reference Timeline Overview

Tasks	Frequency	Due Date
3. Community coalition member orientation	First Year & As needed	community2
4. Establish and maintain coalition structure	Ongoing & Update 2017	[enter date]
5. Engage key leaders in coalition's CPWI efforts	Annually	[enter date]
6. Gather community information and feedback	Ongoing	[enter date]
7. Participate in training and technical assistance	Ongoing	[enter date]
Assessment		
1. Conduct Needs Assessment	---	---
a. Establish process for assessment	First Year & Update 2017	[enter date]
b. Conduct Assessment	First Year & Update 2017	[enter date]
c. Conduct 'Community Survey'	Annually	[enter date]
d. Prioritize outcomes and write into Strategic Plan	First Year & Update 2017	September-December
2. Conduct Resources Assessment	First Year & Update 2017	[enter date]
a. Establish process for assessment	First Year & Update 2017	---
b. Conduct Assessment	First Year & Update 2017	[enter date]
c. Prioritize outcomes and write into Strategic Plan	First Year & Update 2017	[enter date]
Planning		
1. Select goals, objectives, strategies, & programs/activities	---	---
a. Coalition determines goals and objectives	First Year & Update 2017	Update June 15, 2017
b. Coalition determines strategies, and programs/activities	First Year & Update 2017	June 15th
2. Develop and update Prevention Strategic Plan	First Year & Update 2017	Update June 15, 2017
3. Confirm implementation partnerships for strategies & programs & activities	First Year & Update 2017	[due date TBD for new communities]
Implementation		
1. Maintain active community coalition	Ongoing	Starting July 1 [start date TBD for new communities]
a. Coordinator support Coalition	Ongoing	Starting July 1 [start date TBD for new communities]
b. Monthly full coalition meetings	Ongoing	Starting July 1 [start date TBD for new communities]

http://www.theathenaforum.org/cpwi_community_coalition_guide_updated_august_2015_rvsd_10_12_15

Long-Term Outcome: Consequences

Behavioral Health Problems (Consumption)

Intervening Variables (Risk/Protective Factors)

Local Conditions and Contributing Factors

Strategies & Local Implementation

Evaluation Plan

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

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

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/Local 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

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 commitment-4
Lack of consistent school enforcement - 4

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

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

...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

Statewide Logic Model
Commonalities –
Cohorts 1, 2, & 3
9/15/2016
2015-2016

PFS ENHANCEMENTS TO WASHINGTON PREVENTION SERVICES

PFS Staff Roles

- Sarah Mariani, PFS Grant Director
- Martha Perla, Lead Epidemiologist (SEOW)
- Rebecca Grady, Lead Evaluator
- Lucilla Mendoza, PFS Grant Coordinator
- Prevention Policy Consortium, Advisory Council

PFS Funding Overview

Award Breakdown

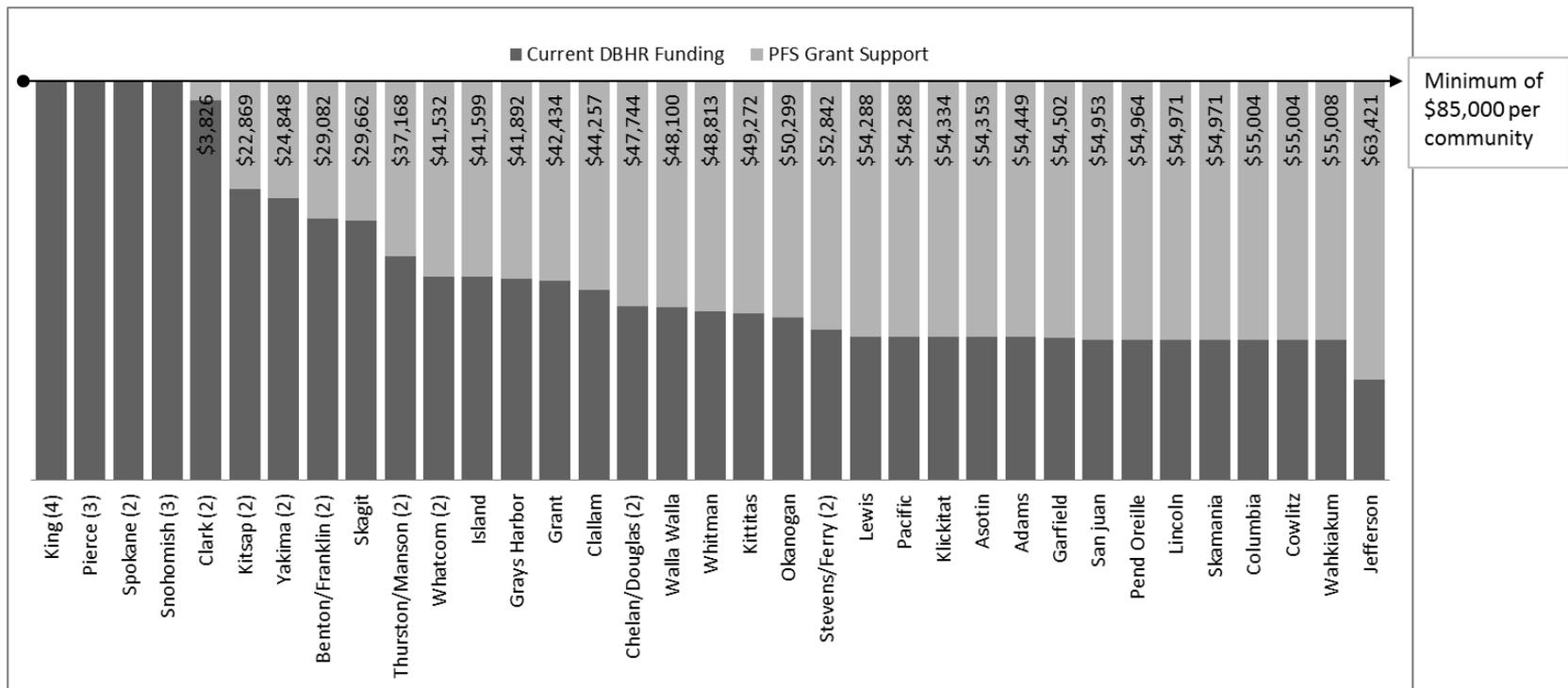
- Dedicated funding to support State Epidemiological Outcomes Workgroup (SEOW)
- 85% of remaining funding to support Community-based Components.
 - ***CPWI enhancement and targeted enhancements.***
- 15% of remaining funding to support training and technical assistance at state-level; and required indirect.

Ensure PFS Goals

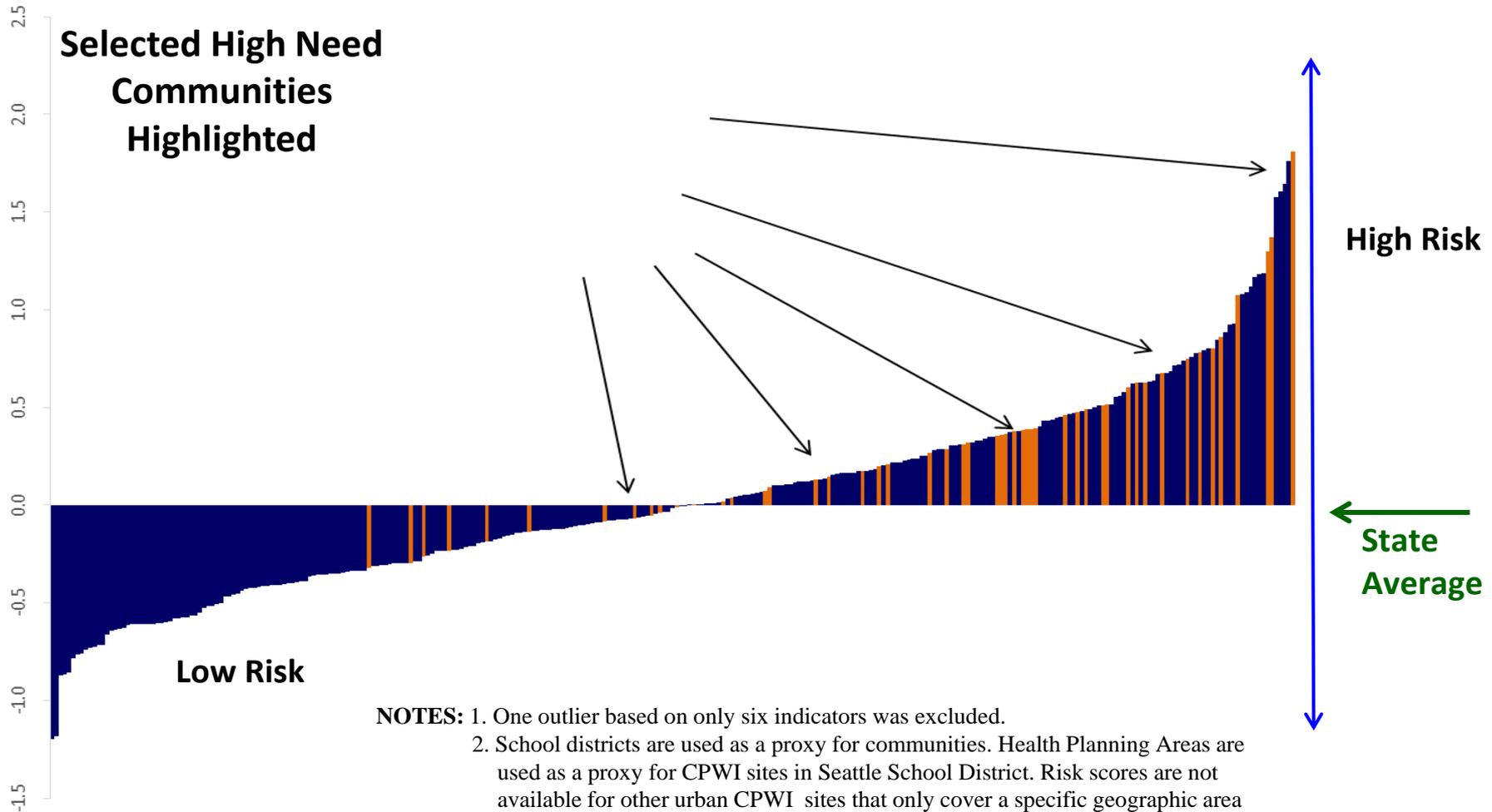
- Strengthen prevention capacity and infrastructure at state and local level
- Leverage and align funding streams and resources.

Support Local High Need Communities

- Funding need from Original PFS Grant Application.



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.

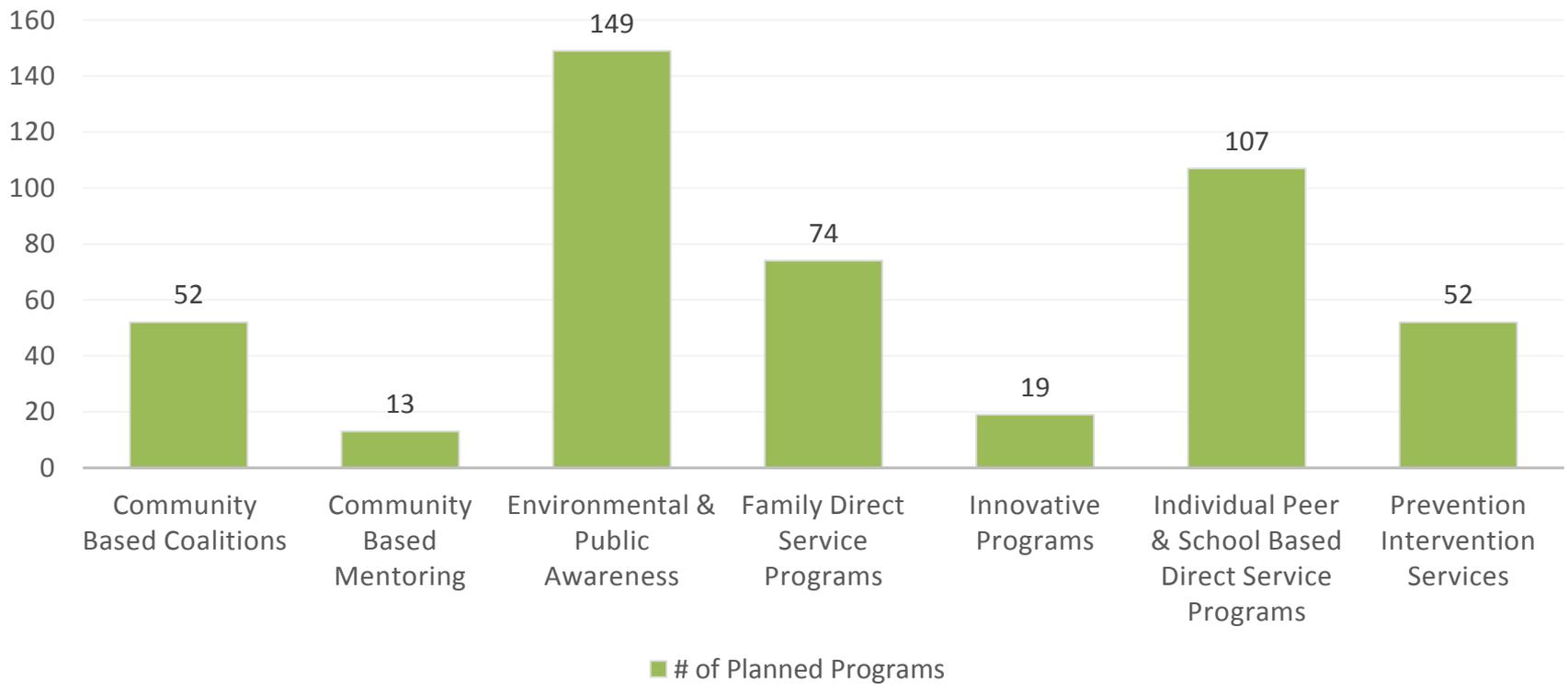
Overview

Community-based Components

- Enhance CPWI work - Combined support from SAPT funds and Partnerships Grant increased to \$85,000/coalition per year.
- Advance CPWI community coalition development and SPF implementation toward reaching Key Objectives benchmarks.
- In 2015 leverage state funds to bring all coalitions up to \$110,000.

Planned CPWI Programs 2015-2016

Planned Programs from CPWI Coalitions from the Logic Model Analysis 2015-2016



Note: Data from the Logic Model Analysis 2015-2016

Targeted Enhancement Projects

Special projects to address CPWI community need

1. Certified Prevention Professional Incentive (past).
2. Youth Marijuana Use Prevention Capacity Building (past).
3. Coalition Member Sector Sharing.
4. Community Surveillance – Pilot data collection to measure community impact.
5. Outreach to Military Service Members, Veterans and their Families.
6. Secure Medicine Take-back Readiness.
7. Outreach and cultural competency in working with LGTBQ communities.

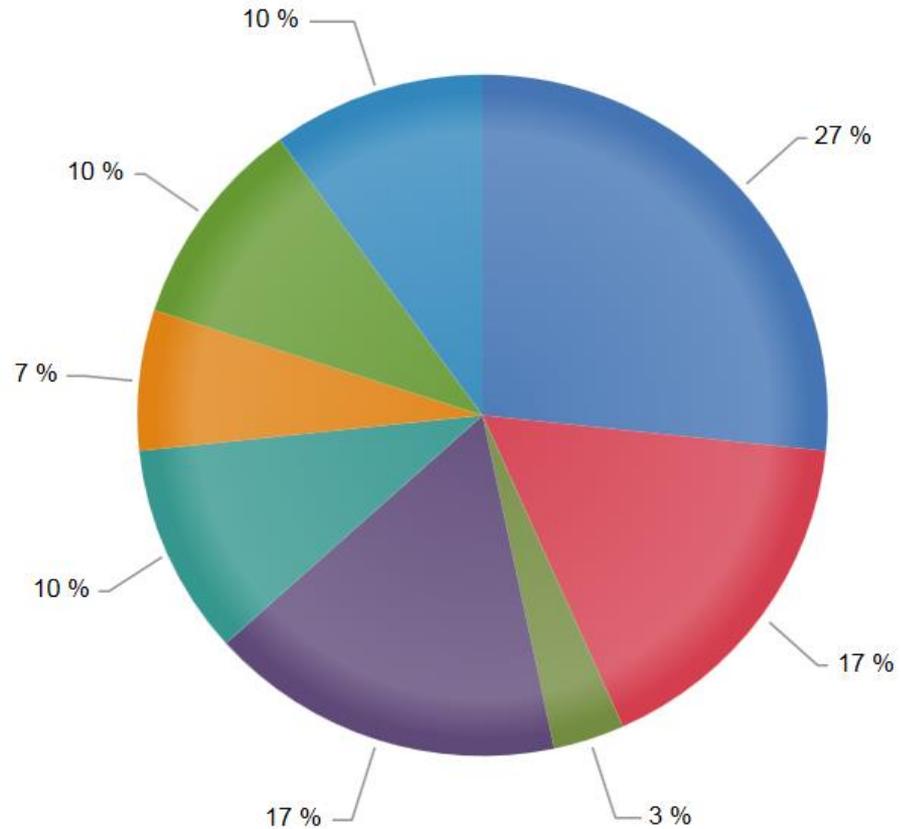
Rx Take-back Enhancement Projects

- 5 communities participated this year.
- Early awareness and use of the boxes in each community.
- Communities and Law Enforcement and Clinics working together.
- Learning community call to share challenges and successes.
- Monthly reporting and detailed reporting instructions.
- <http://www.theathenaforum.org/rx>

Community Involvement in Healthy Tekoa

1/1/2012 - 12/31/2016

N = 30



- Business
- Civic or Volunteer
- Faith or Fraternal
- Government
- Health
- Law Enforcement
- Other ATOD Providers
- Youth Serving Organizations

Most Common Direct Service Programs

Family Programs

- Strengthening Families 10-14
- Guiding Good Choices
- Parenting Wisely
- Incredible Years

Community- Based

- Community- Based Mentoring
- Big Brothers, Big Sisters

Individual / Peer Programs

- Life Skills Training
- Positive Action
- Protecting You, Protecting Me
- Second Step
- SPORT

School-based Programs

- Good Behavior Game
- Curriculum Based Support Group

Media/Environmental Services

- Community Store Assessments
- Media Campaigns
- Policy
- Purchase Surveys
- Retailer Education
- Secure Medicine Take-back Projects
- Social Host Ordinance/ Education
- Social Norms Marketing

TRAINING & TECHNICAL ASSISTANCE IN A COMPREHENSIVE APPROACH

Data Driven Decision Making

What's Happening in SampleVille?

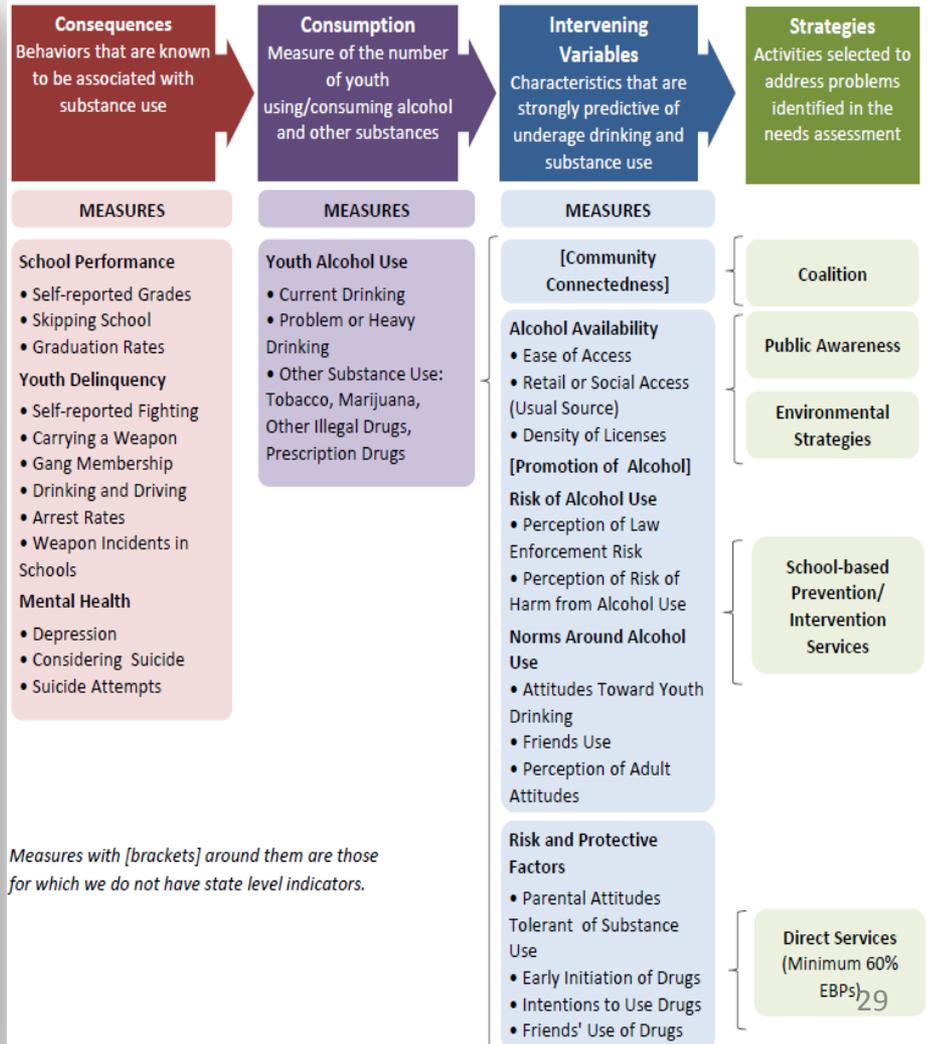
A Community Needs Assessment Data Book



Pierce County

9/15/2016

March 2015



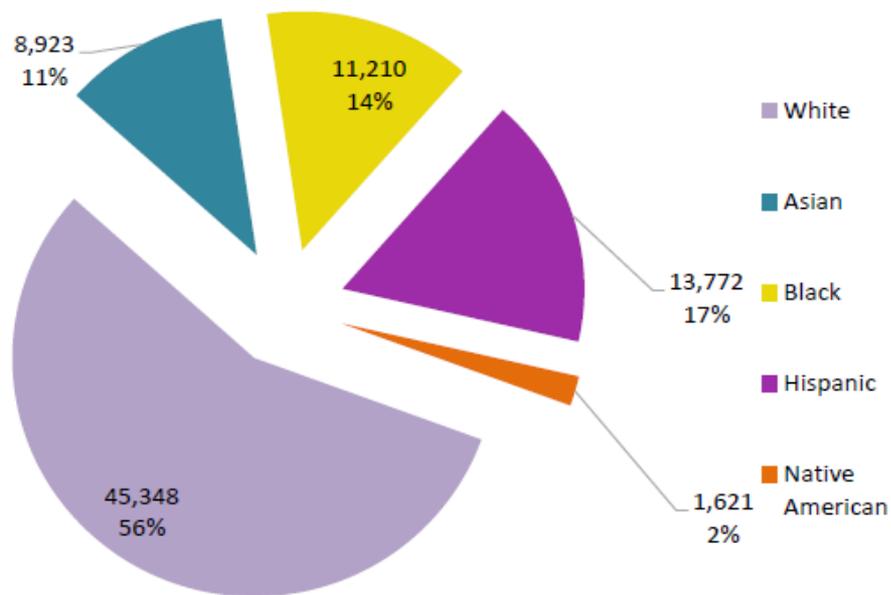
Measures with [brackets] around them are those for which we do not have state level indicators.

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.

Quarterly Service Demographics Report: Reducing Health Disparities

TOTAL SUMMARY NOV 21, 2014

	ENG	SPAN	DE	TOTAL	
	N	N	N	N	%
TOTAL	3252	30	674	3956	
Parents - 6th-12th grade	1185	21	287	1493	37.7
Male	845	5	181	1031	26.1
Hispanic	219	21	143	383	9.7
RACE*	3276	18	604	3898	
White	2833	13	432	3278	84.1
Black	39	0	25	64	1.6
AI/AN	177	0	86	263	6.7
Asian	59	0	17	76	1.9
NHOPI	18	0	8	26	0.7
DK	39	1	6	46	1.2
Other	111	4	30	145	3.7
EDUCATION	3130	22	625	3777	95.5
No education	2	0	3	5	0.1
Grammar	10	1	28	39	1.0
Some HS	32	0	36	68	1.7
GED	97	3	80	180	4.6
High school	216	2	82	300	7.6
Some college	788	4	159	951	24.0
College Grad	1065	10	160	1235	31.2
Post Grad	920	2	77	999	25.3

Workforce Training & Development

Building capacity to increase effectiveness and efficiency of all prevention systems across the state through training:

- Washington Substance Abuse Prevention Skills Training (SAPST)
- New Coordinator Orientation
- Certified Prevention Professional credential requirement.
- Annual training opportunities
 - Prevention Summit
 - Summer Coalition Leadership Institute
- E-Learning on www.TheAthenaForum.org 
 - Free online courses available, plus additional viewing content
- Monthly Learning Community Meetings



Training & Technical Assistance

- Efforts Enhanced with PFS Grant
 - Special topic trainings and presentations
 - Webinar series in Implementing the SPF
 - Ongoing DBHR staff support – monthly check-ins
 - Strong working relationship with State Epidemiological Workgroup (SEOW)

Monitoring and Effective Programs

- Evidence Based Programs
 - Tailored to Community Risk/Protective Factors
- Monthly data tracking and reporting
- Program outcomes evaluated monthly
 - Corrective action planning for under performing program
 - Programs proven to be ineffective are not approved for future administration

The Athena Forum/Excellence in Prevention



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

[Home](#) » [Learning Library](#) » Excellence in Prevention Strategies List

Excellence in Prevention Strategy List

Welcome to the Excellence in Prevention strategies list and search page. This page provides detailed information about direct service and environmental prevention strategies. Programs and strategies in this list must be shown in at least two studies to produce intended results. All programs listed include substance abuse prevention as an area of interest.

The strategies described in this list come from three primary resources, the National Registry for Evidence-based Programs and Practices (NREPP), a separate list of programs identified as evidence-based by the State of Oregon, and "Scientific Evidence for Developing a Logic Model on Underage Drinking: A Reference Guide for Community Environmental Prevention."

Use the search box or the questions below to help you narrow your search.

Search Titles and Tags

- [In which types of geography do you plan to implement the program?](#)
- [Where will you implement the program?](#)
- [What problems do you wish to address?](#)
- [What is the age of your intended audience? \(Select all that apply\)](#)
- [What is the ethnicity of your intended audience? \(Select all that apply\)](#)

Across Ages

Across Ages is a school- and community-based substance abuse prevention program for youth ages 8 to 12. The unique

Excellence in Prevention Strategies List

- Intro to the Field of Prevention
- Definitions and Foundations
- Planning Frameworks
- Community Prevention and Wellness Initiative (CPWI)
- Statewide Projects
- State Prevention Enhancement (SPE) Project

SHARE

Quick Links

- [Site Map](#)
- [Calendar](#)
- [Shared Documents](#)
- [Community Prevention and Wellness Initiative \(CPWI\)](#)
- [State Projects](#)



Resources

- Athena Forum - www.theAthenaForum.org
- DBHR - www.dshs.wa.gov/bhsia/division-behavioral-health-and-recovery
- Healthy Youth Survey - www.AskHYS.net
- Start Talking Now – www.starttalkingnow.org
- CPWI Community Coalition Guide - http://www.theathenaforum.org/cpwi_community_coalition_guide_updated_august_2015_rvsd_10_12_15
- Excellence in Prevention Strategy List - http://www.theathenaforum.org/learning_library/ebp

QUESTIONS?

Thank You!

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