

Prevention Redesign Initiative: Cohort 1 and 2 Meeting Notes

Date: June 7, 2012

Topics	Q&A/Discussion/Decisions
DBHR Updates	<ul style="list-style-type: none"> • The Feasibility Study, Rate Study and Certification Licensure will be available in the next few weeks. • The Art and Science of Community Organizing curriculum has been updated. The P/EI program manual is being updated with new information for working with GLBTQ, Native American and Military populations. • CADCA coalition training was held this week and a series of other trainings will occur over summer. • PBPS is being updated to be ready for PRI evaluation • 5-year plan (State Prevention Enhancement Grant): We are using the Strategic Prevention Framework for PRI. Alcohol is still the primary drug of abuse we are planning prevention strategies for, but reducing marijuana and RX drug abuse is also included, along with reducing depression and anxiety. • On Monday the SPE planning group is meeting all day to continue work on the plan. The workgroup is looking at additional collaboration partners, how we will track implementation and outcomes of this plan over time, what structures and partners should be in place to continue support for this work. The updated plan is available on Athena, as well as the needs assessment and resource assessment. <p>Feedback from meeting participants for priorities to include in the five year plan:</p> <ul style="list-style-type: none"> • Bullying prevention • Address how to bring together prevention and mental health promotion • Gambling prevention • Be sensitive to needs of rural communities • How to respond to 1183 • Coordinated messaging from state agencies about marijuana (maybe a fact sheet that we distribute to state agencies about the impacts of marijuana on youth, and from Trends Report).
	<p>Vet Corps-VISTA Project Opportunity (See overview on CADCA's website)</p> <ul style="list-style-type: none"> • They can help reach out to military families in your community and bring them into your programs • They can help set up new prevention programs • They will be tracking data for how military families are making improvements in employment, health care and housing • This is a priority population that PRI funds can be used for • For the first five PRI communities who submit their CADCA applications to Steve Smothers, DBHR will pay the match for the first year.
	<p>Reminders about deadlines: Cohort 1: Funding must be spent by June 2013</p>

	<p>Cohort 2: Strategic plans are due next March, once approved the funding begins next June.</p> <p>Cohort 3: Survey data issue – since the new HYS survey data will be available in November, and archival data in December, there is a question about which data to use. 2010 data gives more time for planning; 2012 data would mean less time. Either decision has advantages and disadvantages. For evaluation, baseline data WILL BE 2012 for everyone in Cohort 3. For Community Selection, counties will be able to continue to go with their selection based on 2010 data.</p> <p>For those doing RFPs, please talk to your DBHR system managers about the best time to do this so you don't miss deadlines for community selection (the end of March).</p>
<p>Community/ County Updates</p>	<ul style="list-style-type: none"> • Rainier Coalition, with major support by the mayor (who is the former police chief) was instrumental in passing a social host ordinance within city limits. The Coalition will now be educating the community about this. • Other communities looking at SHO: Columbia, Okanogan (county and city). In Thurston County there is not yet the public will to pass a county wide ordinance, however, the Mayor of Rainier is talking with other Thurston County cities about passing an ordinance, with the goal of eventually having a county wide ordinance. • Snohomish County/Joe Neigel: Snohomish county is looking at ways to integrate health care across health districts. The county Mental Health program had some untapped funds that are now being used in Darrington for mental health promotion. Environmental strategies funding has also come from the health district. Darrington will now have funding for a part time person to promote substance abuse prevention , mental health, and healthy eating and physical activity. • Omak: Through LDTL they have focused on social host and RUAD, have received some TA from Harold Holder, and will be getting some funding. • Grant: Will be doing compliance checks with law enforcement, CANS assessment, looking at ways to reduce youth access to liquor in the grocery stores. • Dan Bissonnette/Franklin Pierce: 13 risk factors study... 7th and 10th grade classes at two of the schools (math and technology students) are tracking and presenting on their own risk factors. Then students were asked to work on reducing their risk factors, and see if their GPA improves on their trends charts. They started this in March and charted their progression. The kids got excited when they saw their GPA go up in 30 days, two grade point averages. • In three months, the overall GPA increased 10 percent after the students decided to reduce their risk factors (see the Julia Dilley 13 risk factors).
	<p>New Challenges:</p> <ul style="list-style-type: none"> ○ Monitoring the impact of 1183: RUaD Coalition has developed a work group to identify ways to track the impacts statewide. Linda Becker and Julia Dilley are working on a grant application to fund a tracking system. ○ DBHR will provide updates on this at future meetings.

<p>May CADCA Training Learnings (group activity)</p>	<ul style="list-style-type: none"> ● Getting coalition members to take action: <ul style="list-style-type: none"> ○ The action part of the strategic plan is often missing as time goes on. ○ The Big A is often the strategy ○ The Small A is the action steps it will take to get to the Big A (such as steps needed to get a SHO passed). ○ Sometimes we ask people to take on a big task (A) instead of breaking it down into smaller steps, and asking people to do one of them. So people are not willing to say yes to big A. ● Examples from communities of small “a”s: <ul style="list-style-type: none"> ○ Have coalition members rotate as chairs ○ Have action-oriented agenda at each meeting that lists specific action items, deadlines, and who will do them. Send agenda out in enough advance time so people are prepared for actions and decisions that need to take place at the meeting. ○ Decide what to do with tasks that don’t get done ○ Provide data for decision making at meetings and send out with meeting notes.
<p>Process Evaluation Linda Becker</p>	<ul style="list-style-type: none"> ● Linda thanked all who submitted their evaluations on time ● For those who completed the survey, the average number of years in prevention: 13 ● One person has been in the field 37 years, followed by 30, 28, and 25. ● Needs Assessment for C 1: About half have a data workgroup. <ul style="list-style-type: none"> ○ Who is on that workgroup: local health depts., school districts, ESDs, coalition members. ○ How helpful were the data books: 18 out of 23 said they were very helpful or helpful ○ See other results presented in this PowerPoint on the Athena Project website. ● Strategic Planning: Many said they should have started sooner, wished they had more people on their workgroup, wished they had taken more time to build partnerships, or were anxious to start taking action instead of needing to use so much time on planning.