

Community Prevention & Wellness Initiative (CPWI) I-502 DSHS/DBHR Prevention Implementation Plan Overview

Division of Behavioral Health & Recovery
Office of Behavioral Health & Prevention

I-502 Primary DBHR Prevention Allocations

- Community Prevention (CPWI)
- Life Skills Training
- Tribal Prevention Programs
- Home Visiting
- EBP Training

- HYS/Young Adult Survey

Implementing I-502- DSHS

2E2SHB 2136

- Up to Fifteen (15%) percent:
 - For development, implementation, maintenance, and evaluation of programs and practices aimed at the prevention or reduction of maladaptive substance use, substance-use disorder, substance abuse or substance dependence among middle school and high school age students.
 - Eighty-five percent (85%) of the funds must be directed to evidence-based or research-based programs and practices that produce objectively measurable result, and by September 1, 2020, are cost-beneficial.
 - Fifteen percent (15%) of the funds may be directed to proven and tested practices, emerging best practices or promising practices.

I-502 CPWI Enhancement

Community-based services:

- Fund current CPWI Communities to reach \$110,000/year.
 - Includes 8% admin.
- Funding to include support programs development, implementation & maintenance.
 - Provision of services from list of Youth Marijuana Use Prevention Programs.
 - Includes specifically defined list of environmental programs.
 - Percentage of Evidence-based, Research-based and Promising programs will be specifically defined.
 - CPWI site must be able to demonstrate enhanced service delivery.
 - Funding can support provision of services, curricula purchases, subcontracting for services, facilitator training costs, staffing costs, training and associated program costs.
- DBHR will monitor expenditure percentages to move funding quarterly for expenditures under 60% of expected amount per quarter.
- Encouraged to partner with community-based organizations.

Enhancement Continued

School-based services:

- 4 FTE for Prevention/Interventionist will be added to sites to reach 1:1000 ratio.
- Ensure Life Skills Training curricula is implemented at least one grade.

Enhancement Continued

Implementation:

- Amend 2015-17 CPWI Contracts with Counties and non-Counties to enhance CPWI prevention services.
- Contractors will submit a CPWI Enhancement Form:
 - identify the programs to be enhanced for additional services or newly implemented with the DMF funds, and
 - submit updated Action Plans & Budgets to DBHR for approval.

I-502 CPWI Expansion (Cohort 4)

Community-based services:

- Fund five (5) new CPWI communities
- Funding to support program development, implementation, and maintenance including coalition coordination.
 - Provision of services from specific list of Youth Substance Use Prevention programs.
 - Percentage of Evidence-based, Research-based and Promising programs will be specifically defined.
 - Includes a specifically defined list of environmental programs.
 - Minimum number of Marijuana programs from Youth Marijuana Use Prevention Programs list will be required.
 - Funding to support provision of strategic planning, coalition development, coalition training, services, curricula purchases, subcontracting for services, facilitator training, staffing costs, training costs and associated program costs.
- Encouraged to partner with community-based organizations (not required).

Expansion (Cohort 4)

Selection: Expansion Communities identified using 2015 Risk Rankings

- Distribution coverage considerations include:
 - Size of Community
 - Urban/Rural
 - East/West
 - School Districts Like Us Clusters

Expansion (Cohort 4)

School-based services:

- 1 FTE for Prevention/Intervention (P/I) Specialist per new site.
- Program will ensure Life Skills Training curriculum is implemented in at least one grade.

Expansion (Cohort 4)

Implementation:

- Amend / execute 2015-17 Contracts with Counties and Non-Counties where applicable.
- CPWI Requirements as stated in the Community Coalition Guide will be used to implement CPWI as “Cohort 4.”
- DBHR will monitor expenditure percentages to move funding quarterly for expenditures under 60% of expected amount per quarter.
- Contractors will follow customized timeline and training to accelerate strategic planning at the local level to complete strategic plans by March 1, 2016 and begin providing services.

Prevention Grants for Community–based Services

- Statewide competitive process RFA/RFP to provide services using the list of Youth Marijuana Use Prevention programs for eligible community-based organizations (CBO).
 - Single-site grants for up to \$20,000
 - Multi-site grants for up to \$100,000
- CBO proposals shall include:
 - Collaboration with other efforts in defined area (CPWI, DFC, other youth serving organizations);
 - Specific community service area boundaries including location of services;
 - Specific demographics of populations that will be the target of services;
 - Budget narrative and justification for requested funding amount; and
 - Plan for addressing health disparities.

Prevention Grants for Community–Based Services

- Priority will be given to CBOs serving high-need communities.
- Funding to support program development, implementation and maintenance
 - Contracts will ensure provision of services from list of programs.
 - CBO sites must implement Evidence-based, Research-based and Promising programs within defined percentages.
 - Funding can support provision of services, curricula purchases, subcontracting for services, facilitator training costs, staffing costs, training and associated program costs.
- CBOs will be encouraged to partner with CPWI sites (not required)

Prevention Grants for Community–Based Services

Implementation:

- Proposals will be scored and selected.
- Follow same reporting requirements as current prevention service providers using Performance Based Prevention System (PBPS), or its replacement.
- Contracts will be for FY16 with option of renewal based on performance and expenditure.

I-502 Life Skills Training

Project Description:

- Funding will support statewide facilitator training (online / in person) for staff and curricula costs for schools. Up to 8% admin allowed.

Capacity Building:

- Regional Trainings (November/December 2015)
 - Target audience current CPWI sites and feeder middle schools to CPWI schools, but open to all.
 - 2 trainings (1 eastern WA & 1 western WA).
- Training of Trainers (November/December)
 - 2 trainings to continue to provide statewide training support after initial training and in year 2 (1 eastern WA & 1 western WA).

I-502 Life Skills Training

Implementation in Middle Schools:

- Existing staff of health educators implement Life Skills curriculum (beginning January/Semester 2 of 2015-16 school year)
 - Up to 31 schools.
 - Funding for schools for student materials.
- Priority will be given to:
 - Current CPWI schools that would like to implement Life Skills as the prevention strategy for the Student Assistance Program.
 - Feeder middle schools (where the P/I is in the CPWI high school), if the P/I is in the middle school, serve other middle schools in the community.
 - Other indicated highest-need communities per risk ranking.

Our Process for identifying Youth Marijuana Use Prevention Programs

- Consult with UW and Western CAPT (SAMHSA/CSAP) to Identify the Evidence-based programs with outcomes in marijuana use prevention / reduction among 12-18 year olds. (Preliminary list – July 2013).
- WSIPP review of programs.
- Developed Path Analysis of the risk factors.
- Consult with UW and WSU on programs with impacts on risk factors associated with youth marijuana use.

Path Analysis Conclusions

- All domains (family, school, community, peer/individual) included risk and protective factors that predicted marijuana use.
- Family drug-specific, community, and peer/individual factors showed the strongest links to marijuana use.
- Academic failure and general family factors also were predictive.
- No apparent differences by gender, grade, or race/ethnicity.

What the Path results mean for us:

Underlying risk factors most salient to youth Marijuana use include:

- Individual/peer favorable attitudes toward drug use
- Individual/peer perceived risks for drug use
- Individual/peer intentions to use drugs
- Peer use of drugs
- Parental favorable attitudes toward drug use
- Family management

Youth Marijuana Use Prevention Programs

2. Programs with impacts on salient risk factors associated with youth marijuana use.

- WSU conducted a thorough search of programs listed on NREPP & Blueprints for Healthy Youth Development.
- Initial criteria:
 - NREPP listed.
 - Experimental design.
 - Overall Quality of Research (QOR) of 3.0 or above on all relevant outcomes (listed above) AND overall ready for dissemination rating of 3.0 or above.
 - If quasi-experimental design, overall QOR of 3.0 or above AND 2.5 or above on confounds, QOR for all relevant outcomes (listed above) AND overall ready for dissemination rating of 3.0 or above.

UW/SDRG Review & Recommendation Criteria

- Maintain on the list if:
 - Program has already demonstrated marijuana specific outcomes and is aligned with the WSIPP review.
 - Program addresses earlier developmental risk and protective factors.
 - Separate out programs that focus on older age programs (e.g., high school/college age).
 - Program demonstrates outcomes on multiple risk factors, especially if attitude/intentions are the outcomes.
 - Program evaluations are consistent with Blueprints criteria
 - i.e., more than just pre-post change.
 - No evidence of iatrogenic effects in literature, especially related to marijuana use.
 - Program is independently evaluated.

Program Search Results



EBP/RBP

2 Evidence-based Programs (EBP)

12 Research Based Programs (RBP)



Promising Programs

2 Promising Programs (PP)

9 Programs not yet reviewed by WSIPP



We found more programs!

We identified a total of 25 programs

Youth Marijuana Use Prevention Programs, Practices and Strategies

(WORKING DRAFT Sept 23, 2015)

Mental Health
Promotion
on NREPP?

Evidence-Based & Research-Based Programs

Good Behavior Game (GBG)	yes
Nurse Family Partnership	yes
Brief Strategic Family Therapy	yes
Case Management in Schools* (see note)	
Guiding Good Choices	yes
Incredible Years	yes
Keepin it Real	
Life Skills Training - Middle School	
Lions Quest Skills for Adolescence	yes
Mentoring for students: <u>Community-based</u> (In no particular order) Washington State Mentors program, Big Brothers Big Sisters, Across Ages, Sponsor-a-Scholar, Career Beginnings, the Buddy System, and other, locally developed programs.	yes
Project Northland (plus Class Action)	
Project STAR	
SPORT Prevention Plus Wellness	
Strengthening Families Program 10-14	yes

Promising Programs

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

Home Visiting

- Supplanting funds:
 - Support same services that budget reduction comes from – pass through.
- New funds:
 - DBHR Contracts with DEL for home visiting services.
 - Consideration to high-need communities (collaborate with CPWI as applicable).
 - Home visiting services follow EBP/RBP Promising requirements per statute.

Home Visiting Models



EBP/RBP

- EBP:
 - Nurse-Family Partnership
 - Parents as Teachers

- RBP:
 - Child-Parent Psychotherapy
 - Parent-Child Home Program



Promising

- Partnering with Families for Early Learning



Not Yet Reviewed by WSIPP

- Early Head Start-Home Based
- Steps Toward Effective, Enjoyable Parenting
- Family Spirit

Tribal Prevention and SUD Treatment Mini Grants

- Grants for the tribes available to do either prevention or treatment.
- Encouraged to use EBP/RBPs.
- Tribes will complete a plan for use of funds.

Questions?

