

Community Forums Initiative 502 Implementation Planning

Webinar | October 9, 2013

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Topics for Today

- Overview of Initiative 502 (I-502) disbursements
- Youth and young adult survey
- Youth marijuana use treatment
- Youth marijuana use prevention
- Evaluation
- Media-based education campaigns for adults and youth
- Local grants and Public health hotline

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I-502 Primary Disbursement Highlights

Disbursement of marijuana excise taxes, license fees, penalties, and forfeitures every three (3) months as follows:

- **\$1,250,000** – Liquor Control Board – Administration of the initiative
- **\$125,000** - Department of Social and Health Services (DSHS) – Healthy Youth Survey
- **\$50,000** - DSHS - Contract with the WA State Institute for Public Policy to conduct a cost-benefit evaluation.
- **\$5,000** - University of Washington Alcohol & Drug Abuse Institute - Web-based public education materials.

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Of the remaining funds after primary disbursement dollar amounts, these agencies receive a percentage:

Dept. of Social and Health Services	Prevention and reduction of substance abuse.	15 percent
Dept. of Health	Marijuana education and public health program that contains a public health hotline, grants program for local health departments or community agencies, and media-based education campaign.	10 percent
Univ. of Washington	Research on the short- and long-term effects of marijuana.	.6 percent
Washington State Univ.	Research on the short- and long-term effects of marijuana.	.4 percent
Deposit into Basic Health Plan Trust Account	To be used as provided under RCW 70.47.	50 percent
Washington State Health Care Authority	For health care contracts with community health centers to provide primary health and dental care, migrant health, and maternity health care services.	5 percent
Office of the Superintendent of Public Instruction	Building Bridges program. (Drop-out prevention)	.3 percent
General Fund		Remainder (9.7 percent)

Prevention and Reduction of Substance Abuse

- *15% to the Department of Social and Health Services Division of Behavioral Health and Recovery for implementation and maintenance of programs and practices aimed at the prevention or reduction of maladaptive substance use, substance-use disorder, substance abuse or substance dependence, as these terms are defined in the Diagnostic and Statistical Manual of Mental Disorders, among middle school and high school age students, whether as an explicit goal of a given program or practice or as a consistently corresponding effect of its implementation; PROVIDED, That:*
 - *Of the funds disbursed under (a) of this subsection, **at least 85%** must be directed to **evidence-based** and cost-beneficial programs and practices that produce objectively measurable results; and*
 - ***Up to 15%** of the funds disbursed under (a) of this subsection may be directed to **research-based and emerging best practices or promising practices.***

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Questions?



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Healthy Youth Survey: Overview

- Conducted jointly by DSHS, DOH, LCB, and OSPI
- Administered every two years
- Surveys public school students in 6th, 8th, 10th, and 12th grade
- Voluntary and anonymous

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Healthy Youth Survey: Participation

- Most recent survey: October 2012
 - All 39 counties
 - 224 (out of 295) school districts
 - 204,929 students
 - Almost 80% of the schools participated
- Next survey: October 2014

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Healthy Youth Survey: Contents

- Health and health behaviors
- Drug use history
- Marijuana:
 - Consumption and frequency of use
 - Individual, family, school, and community characteristics that make marijuana use more or less likely

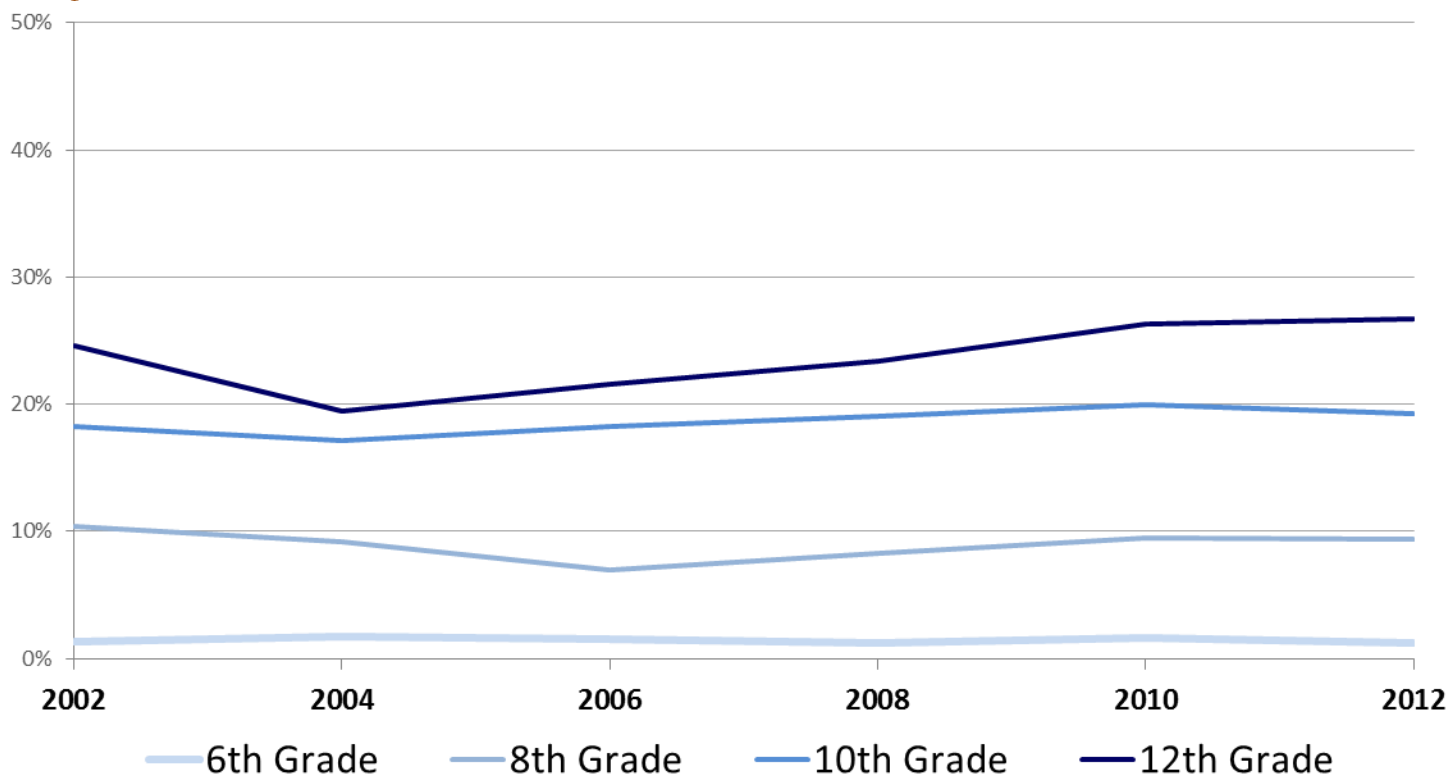
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Marijuana Use Trends



Q. *Smoked marijuana/hashish during the past 30 days?*



SOURCE: Washington State Healthy Youth Survey, 2012

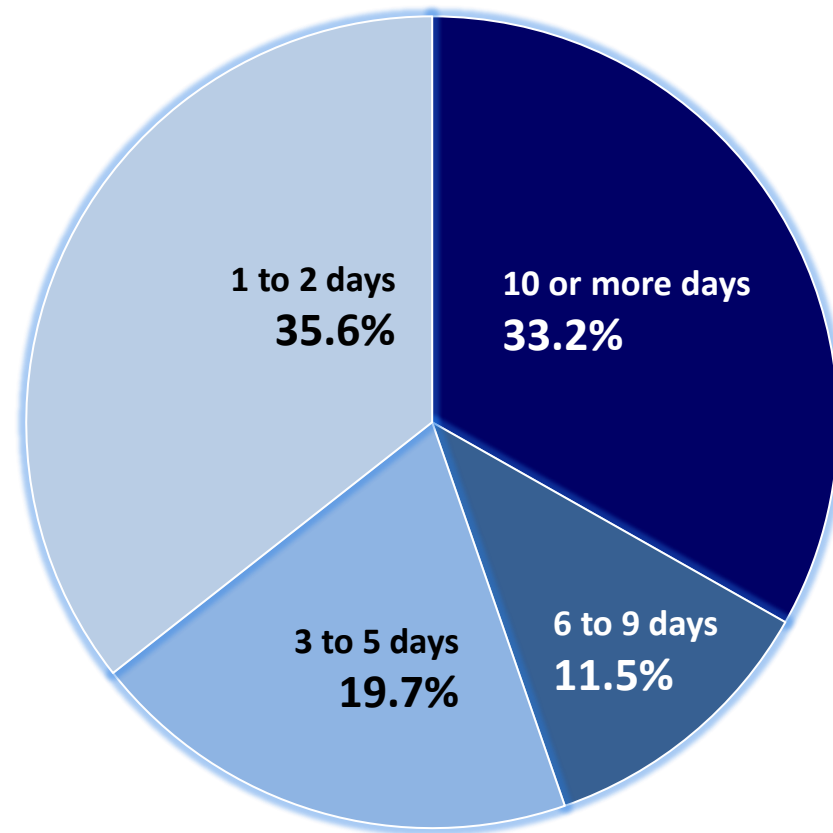
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Marijuana Use Frequency



Of the Washington State
10th graders who used
marijuana in the previous
30 days, 33% used on 10
or more days



SOURCE: Washington State Healthy Youth Survey, 2002-2012

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Proposed Additions for 2014

- Types of marijuana usually used
- How do youth get marijuana
- Driving after marijuana use/riding in cars with marijuana users

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Young Adult Survey

- Importance:
 - Population with the highest rate of marijuana use
- Goal:
 - Reach young adults in universities, community colleges, trade schools, military, and those not in school
- Timing:
 - Need baseline data

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Questions or Comments?



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Treatment Works!

We provide youth in our state with the following treatment services:

- Outpatient and Intensive Outpatient
- Detoxification/stabilization
- Level I services
- Level II services
- Recovery House

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Treatment Overview

<http://www.dshs.wa.gov/dbhr/directory.shtml>

- Youth Outpatient County Contractors – Appendix J
- Youth Residential – Appendix K
- Native American Treatment & Prevention Providers – Appendix N



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Evidence-based Practices

The **University of Washington Alcohol and Drug Abuse Institute (ADAI)** created a preliminary inventory of Evidence-based Practices with outcomes reducing marijuana abuse or dependence in adolescents, ages 12-17.

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Identified Evidence-based Practices

- **Cannabis Youth Treatment (CYT) including:**
 - **Adolescent Community Reinforcement Approach (A-CRA) and Assertive Continuing Care (ACC)**
 - **Family Support Network for Adolescent Cannabis Users (FSN)**
 - **Motivational Enhancement Therapy and Cognitive Behavioral Therapy (MET/CBT) for Adolescent Cannabis Users**
 - **Multidimensional Family Therapy (MDFT) for Adolescents**
- **Multisystemic Therapy (MST) for Substance-Using Juvenile Offenders**
- **Project ASSERT (Alcohol & Substance Abuse Services, Education, and Referral to Treatment)**

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Current Program Trends

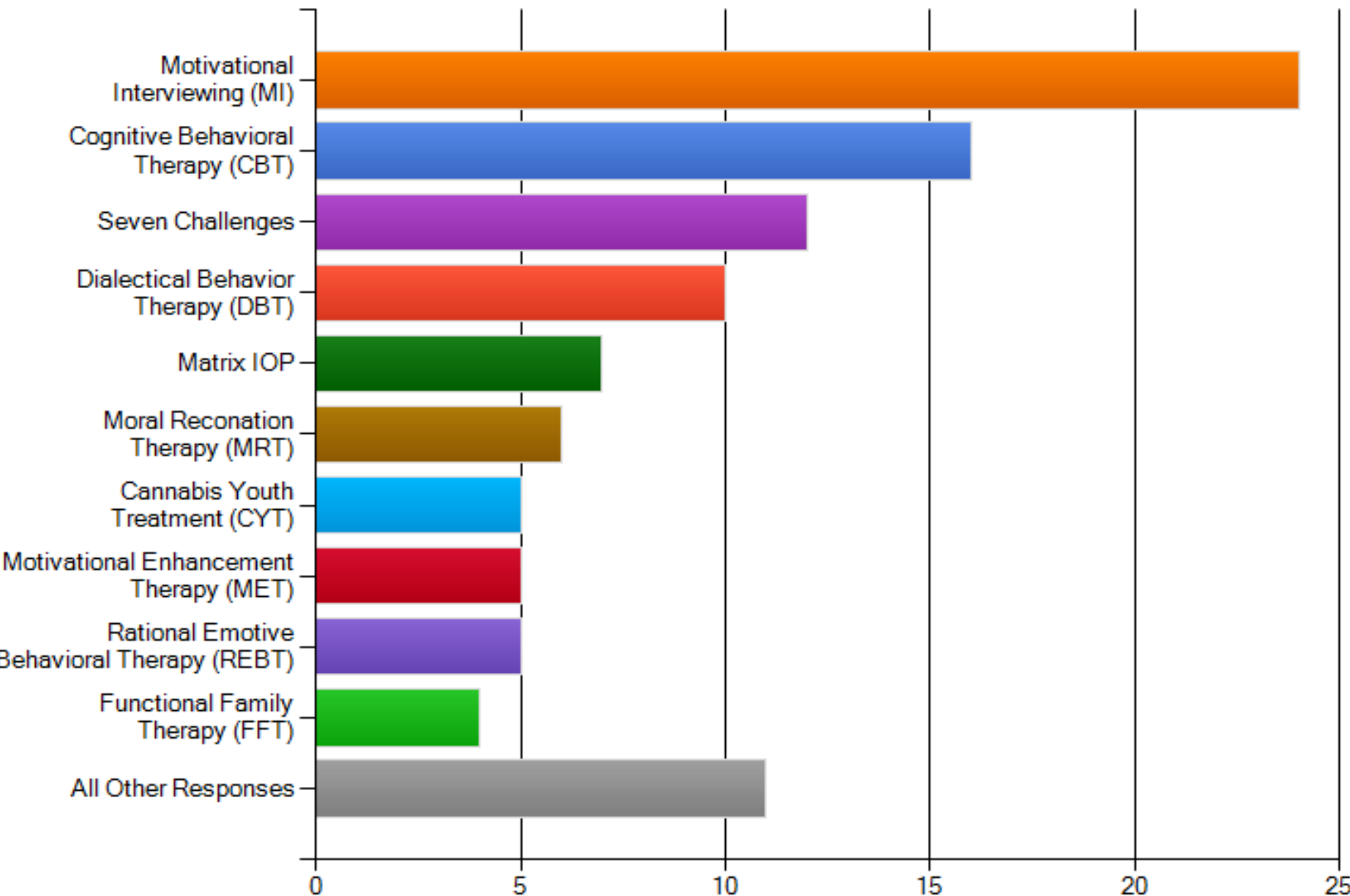
Surveyed:

- Youth residential providers
- County contracted youth outpatient providers
- Tribal contracted youth outpatient providers

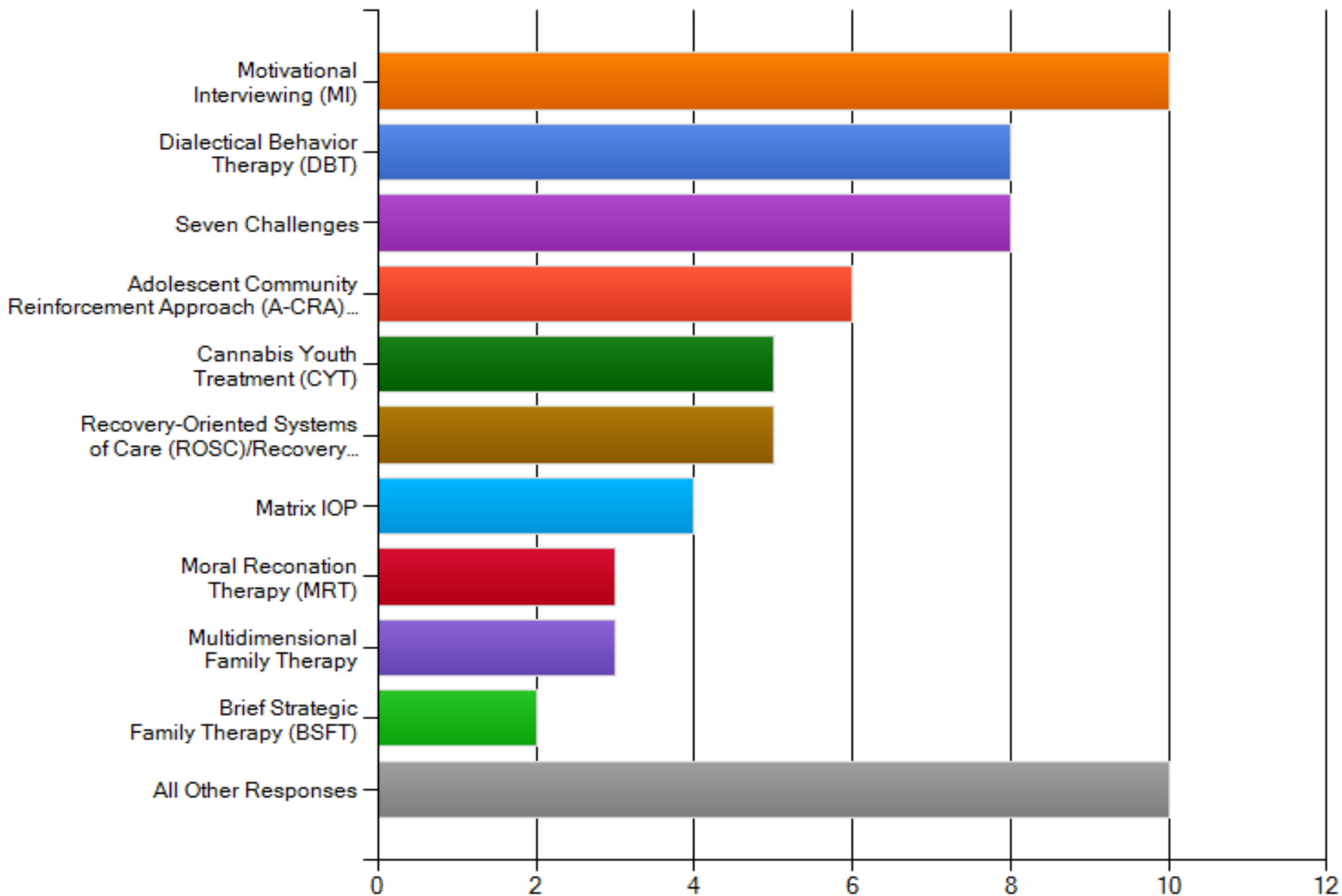
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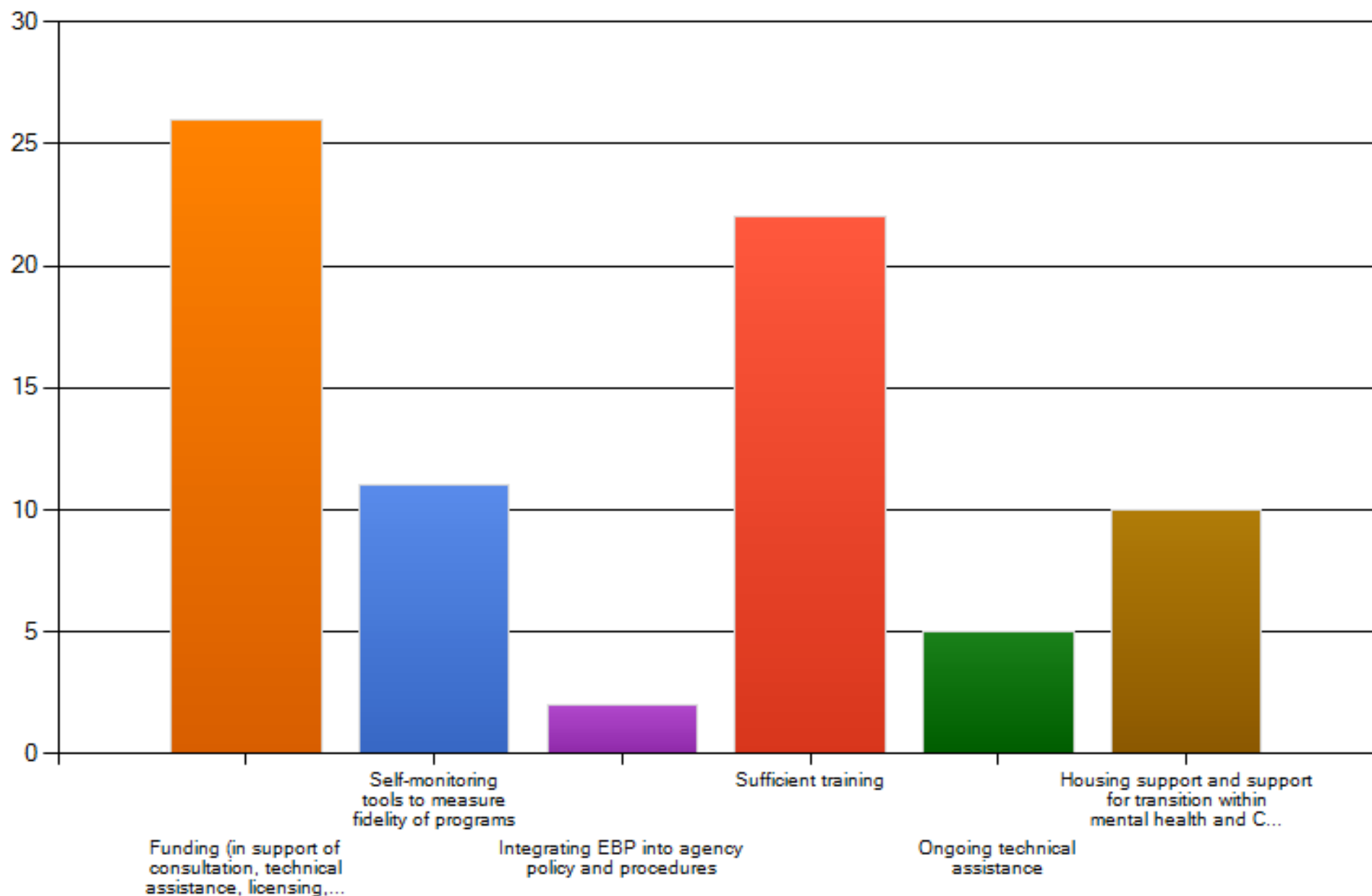
What program(s) are you currently using at your agency? This list is inclusive of EBPs, Research based and Promising Practices.(select any that apply)



Pick the top 2 programs you would want to use in your agency:



What are the top 3 items you would find beneficial in implementing and sustaining programs?



Program Criteria

DSHS Guiding Principles

- Family and Youth Voice and Choice
- Family-focused and Youth-centered
- Team-based
- Natural Supports
- Collaboration
- Culturally Relevant
- Individualized
- Outcome-based

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Program Outcomes

- Expand utilization of Evidence-based Programs, Research-based Programs and Promising Practices and choose the ones that can be implemented with fidelity
- Focus on outcome measures related to marijuana abuse and dependency

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Comments or Questions?



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Brief Overview of Prevention

- Prevention delivery system redesign began in July 2011
- Purpose of the Redesign:
 - 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

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Community Prevention and Wellness Initiative

- **Our Goal:** Reduce underage drinking in 8th & 10th grades
 - By reducing underage drinking, we also expect to reduce youth crime, mental health problems, and improve school performance
- **Partnership effort** among DBHR, County Human Services, the Office of the Superintendent of Public Instruction, Educational Service Districts, and local school districts

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Community Prevention and Wellness Initiative

- Includes 52 communities across the state
- Focusses resources in the highest-risk communities in Washington
- Community-driven and data-informed planning
- Concentrated prevention-intervention services

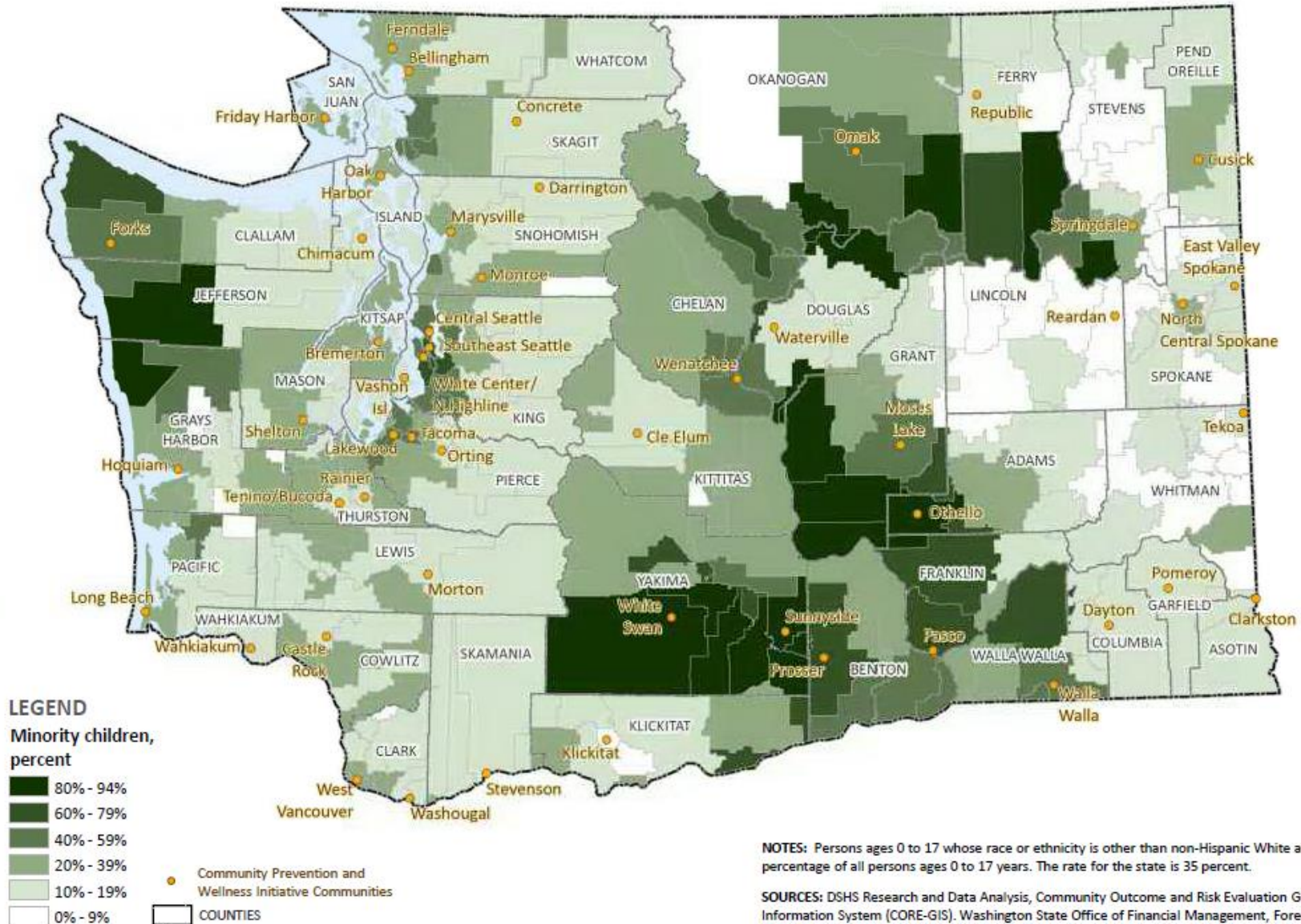


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Racial or Ethnic Minority Children

as a Percentage of All Children Ages 0 to 17 by School District, 2011



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. The rate for the state is 35 percent.

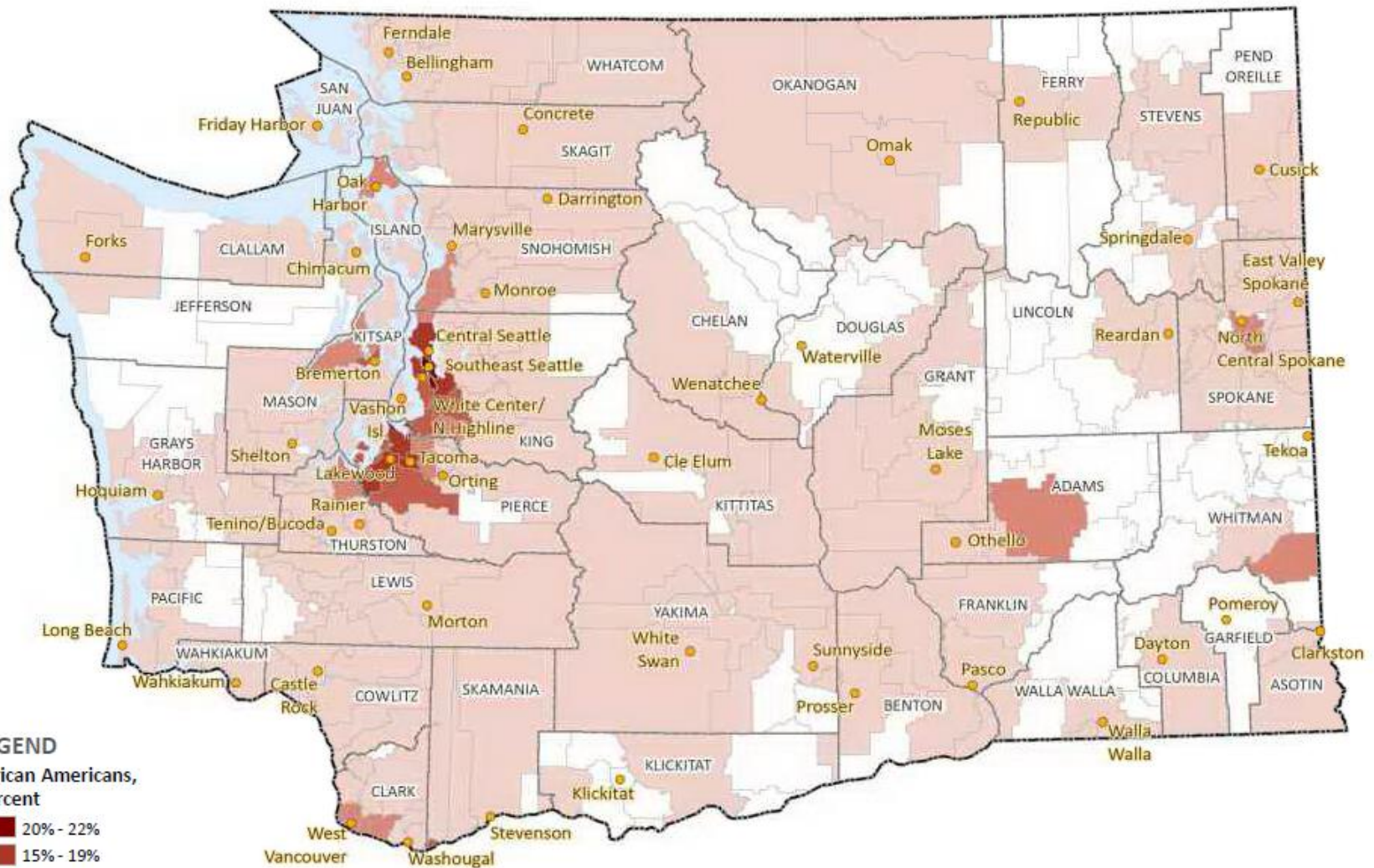
SOURCES: DSHS Research and Data Analysis, Community Outcome and Risk Evaluation Geographic Information System (CORE-GIS). Washington State Office of Financial Management, Forecasting Division (2013, March). 2011 Estimates of Age, Sex, Race and Hispanic Origin by 2010 Census Block.

CONTACT: Irina Sharkova, DSHS/RDA/PRES, irina.sharkova@dshs.wa.gov, 360-902-0743.



African American Children

as a Percentage of All Children Ages 0 to 17 by School District, 2011



NOTES: Persons ages 0 to 17 who are non-Hispanic Black or African American as a percentage of all persons ages 0 to 17 years. The rate for the state is 6 percent.

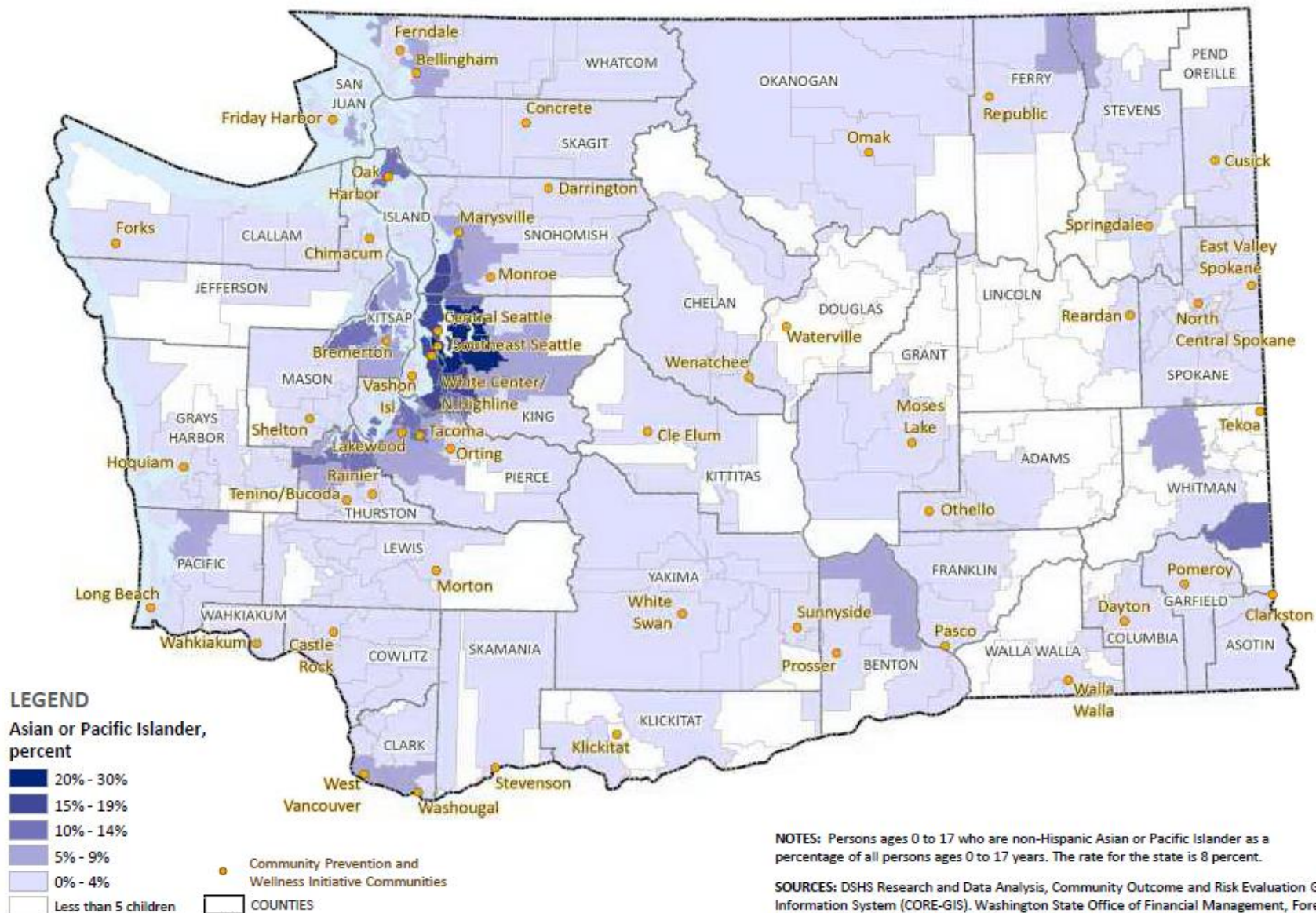
SOURCES: DSHS Research and Data Analysis, Community Outcome and Risk Evaluation Geographic Information System (CORE-GIS). Washington State Office of Financial Management, Forecasting Division (2013, March). 2011 Estimates of Age, Sex, Race and Hispanic Origin by 2010 Census Block.

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Asian or Pacific Islander Children

as a Percentage of All Children Ages 0 to 17 by School District, 2011



NOTES: Persons ages 0 to 17 who are non-Hispanic Asian or Pacific Islander as a percentage of all persons ages 0 to 17 years. The rate for the state is 8 percent.

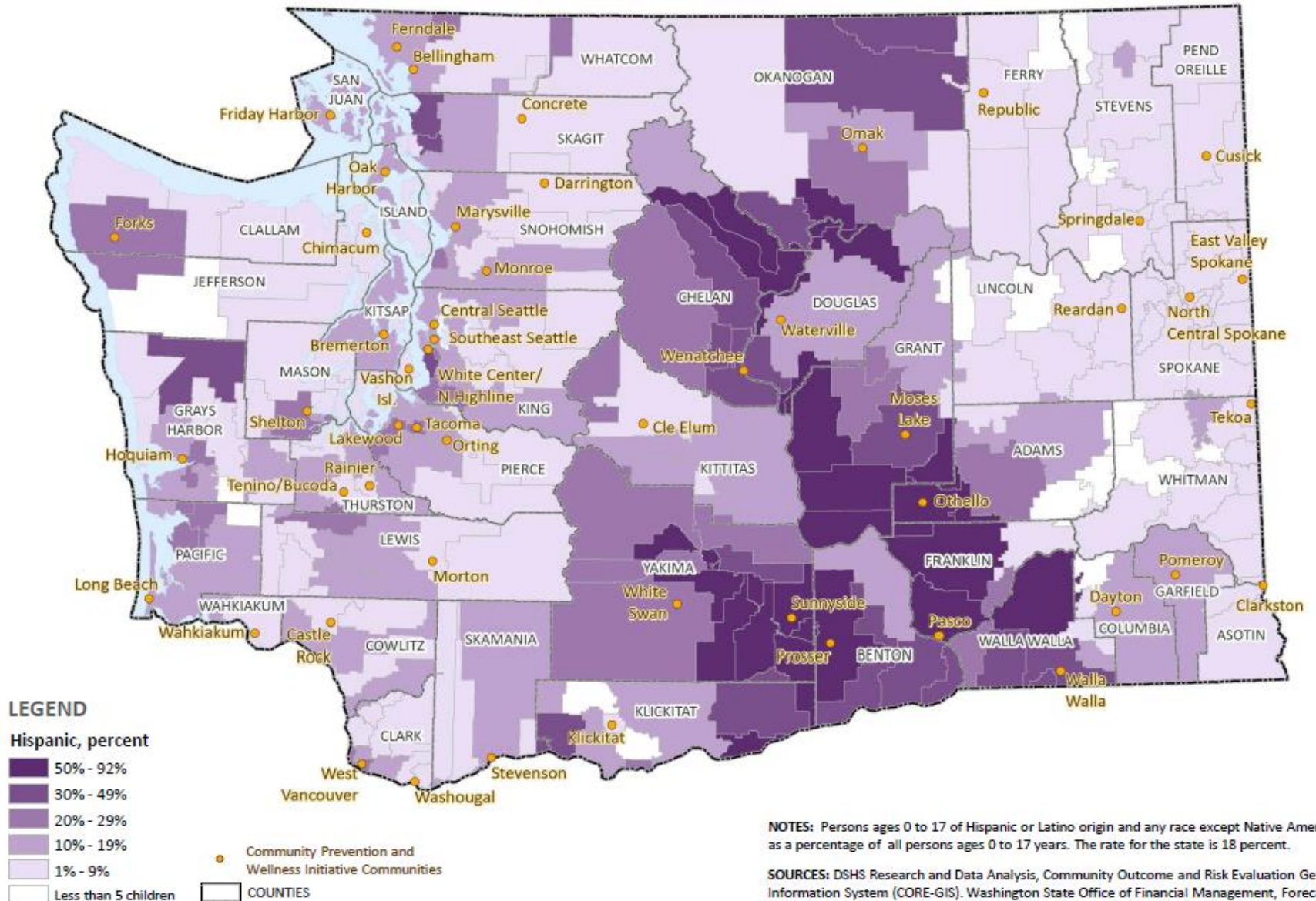
SOURCES: DSHS Research and Data Analysis, Community Outcome and Risk Evaluation Geographic Information System (CORE-GIS). Washington State Office of Financial Management, Forecasting Division (2013, March). 2011 Estimates of Age, Sex, Race and Hispanic Origin by 2010 Census Block.

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Hispanic Children

as a Percentage of All Children Ages 0 to 17 by School District, 2011



NOTES: Persons ages 0 to 17 of Hispanic or Latino origin and any race except Native American as a percentage of all persons ages 0 to 17 years. The rate for the state is 18 percent.

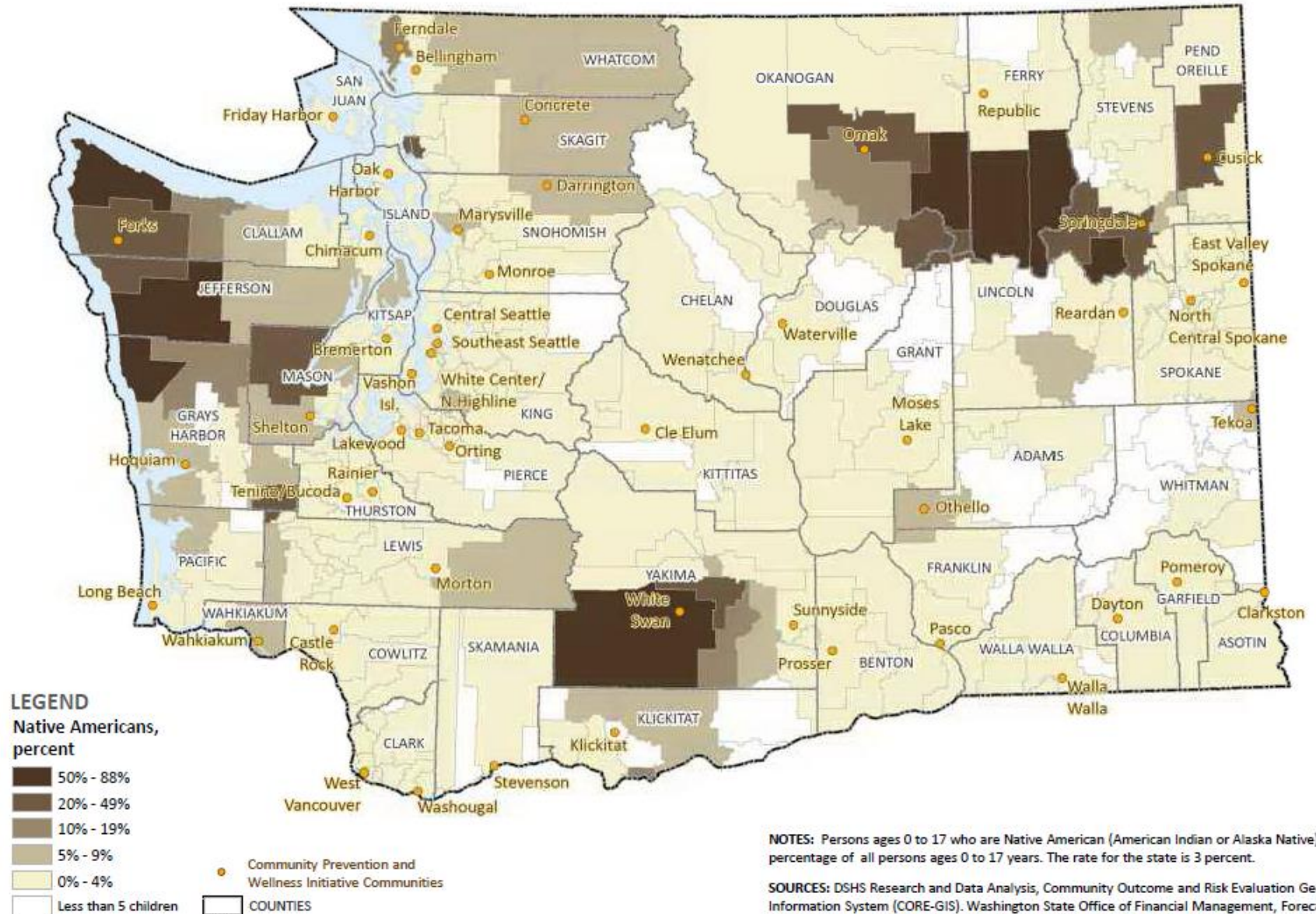
SOURCES: DSHS Research and Data Analysis, Community Outcome and Risk Evaluation Geographic Information System (CORE-GIS). Washington State Office of Financial Management, Forecasting Division (2013, March). 2011 Estimates of Age, Sex, Race and Hispanic Origin by 2010 Census Block.

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Native American Children

as a Percentage of All Children Ages 0 to 17 by School District, 2011



NOTES: Persons ages 0 to 17 who are Native American (American Indian or Alaska Native) as a percentage of all persons ages 0 to 17 years. The rate for the state is 3 percent.

SOURCES: DSHS Research and Data Analysis, Community Outcome and Risk Evaluation Geographic Information System (CORE-GIS). Washington State Office of Financial Management, Forecasting Division (2013, March). 2011 Estimates of Age, Sex, Race and Hispanic Origin by 2010 Census Block.

CONTACT: Irina Sharkova, DSHS/RDA/PRES, irina.sharkova@dshs.wa.gov, 360-902-0743.



County Community Risk Profile: Yakima County

Highest Risk Score		Risk Ranking		Risk Category Rank*		Contextual Indicators	
District	Population: Age 0-17	Risk Percentile	Risk Indicator with Data	Consumption (Alcohol)	Consequence	Economic Deprivation	Troubled Family
Union Gap SD	942	99	16	Very High	Very High	Very High	Average
Sunnyside SD	8,958	97	26	Very High	Very High	Very High	Average
Wapato SD	4,782	96	26	Very High	Very High	Very High	Average
Yakima SD	22,481	93	26	High	Very High	Very High	High
Mount Adams SD	1,544	89	26	Average	Very High	Very High	Very High

Other School Districts

District	Population: Age 0-17	Risk Percentile	Risk Indicator with Data	Consumption (Alcohol)	Consequence	Economic Deprivation	Troubled Family
Grandview SD	5,326	89	26	High	High	Very High	Low
Granger SD	2,221	88	26	High	High	Very High	Average
Toppenish SD	5,158	85	26	High	High	Very High	Average
Naches Valley SD	1,872	74	26	High	Average	Average	Average
Mabton SD	1,360	66	26	Average	High	Very High	Average
Highland SD	1,715	59	26	Average	Average	Average	Average
East Valley (Yakima) S	4,160	51	26	Average	Average	Average	Average
Selah SD	4,948	43	26	Average	Average	Average	Average
Zillah SD	1,555	41	24	Average	Average	Average	Average
West Valley (Yakima)	7,166	7	26	Very Low	Low	Average	Average

* The alcohol consumption risk score was calculated from prevalence and frequency of underage drinking. The consequence risk score is calculated from school performance, youth delinquency, and mental health indicators.

A Risk Category Rank of "Very High" indicates the referenced School District Risk Score was in the top 10% of School Districts in the risk Category.

A Risk Category Rank of "High" indicates the referenced School District Risk Score was in the top 25% of School Districts in the risk Category.

A Risk Category Rank of "Average" indicates the referenced School District Risk Score was between 25% and 75% of School Districts in the risk Category.

A Risk Category Rank of "Low" indicates the referenced School District Risk Score was in the bottom 25% of School Districts in the risk Category.

A Risk Category Rank of "Very Low" indicates the referenced School District Risk Score was in the bottom 10% of School Districts in the risk Category.

Review Considerations

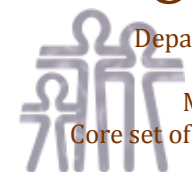
1) To get a overall sense of risk severity for both consumption and consequence, examine the 'Risk Percentile'. It reflects what % of School District had a Risk Score LOWER than the referenced School District.

2) To ensure that the risk score is meaningful, examine the 'Indicators with data' column. Risk scores based on few indicators should be interpreted with caution. In total, 26 indicators were used.

3) To consider other contextual information, examine the 'Population: Age 0-17', "economic deprivation" indicator, and the "troubled family" indicator. Note the "Population 0-17 year olds" value will be greater than district enrollment as it accounts for kids not in school as well as those in private schools.

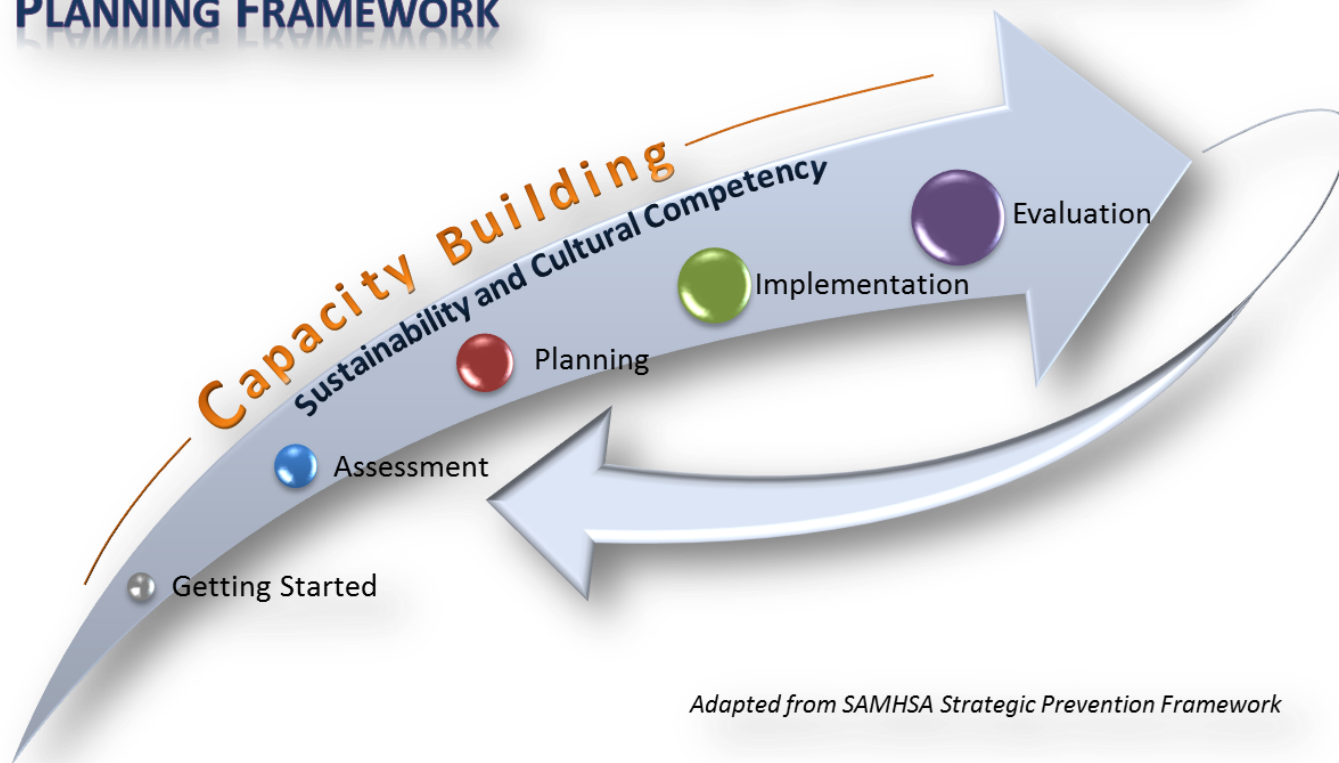
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Model for Successful Community Prevention

DBHR COMMUNITY PREVENTION AND WELLNESS INITIATIVE PLANNING FRAMEWORK



Adapted from SAMHSA Strategic Prevention Framework

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Training & Technical Assistance

- Over 15 unique trainings and presentations
- 20 free online courses available, plus additional viewing content
- Trainings and other resources are posted on www.TheAthenaForum.org
- DBHR staff support

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Evidence-based Programs



- Currently:
 - Preliminary list of 13 Evidence-based Programs specific to marijuana with cost-benefit
- Next steps:
 - Determine risk and protective factors that impact youth marijuana use
 - Find programs that are shown to impact those risk and protective factors and have cost-benefit when known

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Prevention with I-502 Funds

- Enhance funding in Community Prevention and Wellness communities for youth marijuana use prevention
- Enhance funding for Native American Tribes for youth marijuana use prevention and reduction programs
- Expand Community Prevention model to new communities with high-risk profiles for youth marijuana use

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Additional Needs for Prevention?

- Research-based and promising programs
- Training
- Program quality assurance and fidelity
- Expand to new communities
- Other

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Questions or Comments?



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EXAMINING THE EFFECTS OF I-502:

PRELIMINARY EVALUATION PLANS

I-502
Community
Listening
Forums
October 2013

Sean Hanley
Senior Research
Associate

Washington
State Institute
for Public
Policy

WASHINGTON STATE INSTITUTE FOR PUBLIC POLICY

- 1983: created by legislature
- Non-partisan
- Conduct research at legislative/Board direction
- Use benefit-cost analysis to provide guidance to state about long-term economics of budget choices



WHAT DOES I-502 DIRECT WSIPP TO DO?

- Conduct benefit-cost evaluations of the implementation of the initiative
- To include, but not necessarily limited to, examining impacts of I-502 on:
 - Public health
 - Usage rates
 - Public safety and criminal justice
 - Economy
 - State and local agencies
- Reports due to the legislature in September 2015, 2017, 2022, and 2032

OUR RESEARCH APPROACH

- Analysis of administrative and survey data from national, state, and local sources
- Collection and analysis of primary data
- Systematic literature reviews and meta-analysis
- Benefit-cost analysis using WSIPP's ROI model
- Value-neutral
 - We do not have preconceived notions of whether, on balance, legalization will be beneficial or detrimental

WHAT PUBLIC HEALTH OUTCOMES WILL WE EXAMINE?

- Impact of research, education, prevention, and intervention programs on marijuana use
- Health costs associated with marijuana use and decriminalization of marijuana
 - e.g., costs associated with lack of product safety and quality control
- Changes in epidemiologic indicators
 - e.g., marijuana-related MVC, alcohol-related MVC, vital statistics

WHAT USAGE OUTCOMES WILL WE EXAMINE?

- **Current use, lifetime use, age of initiation, abuse/dependency**
- **Amount of use**
 - Does marijuana use among current users increase after legalization?
- **Examine changes in these indicators as they relate to alcohol, tobacco, and illicit drugs**
 - Are people substituting marijuana for other substances? Does concurrent use of substances increase?

WHAT OTHER OUTCOMES WILL WE EXAMINE?

- **Public safety and criminal justice:**
 - Impacts on police, court system, jail and prison systems, etc.
- **Economic:**
 - Job creation, workplace safety
- **State and local agencies :**
 - Costs associated with staff time (e.g. LCB), provision of prevention and treatment services (e.g., DBHR)
 - Tax revenues from sale of marijuana distributed to agencies

FOR MORE INFORMATION...

- **About WSIPP:**

- <http://www.wsipp.wa.gov>

- **About our role in the evaluation of I-502:**

- See handout

- **Email:**

- Sean Hanley - hanleys@wsipp.wa.gov



PUBLIC HEALTH

**ALWAYS WORKING FOR A SAFER AND
HEALTHIER WASHINGTON**

- Public health hotline
- Local grants program to support coordinated services
- Media-based education campaigns for adults and youth

Closing Comments

- Comments?
- Concerns?
- Considerations?
- Questions?

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Additional Information

- Liquor Control Board (LCB) website
 - <http://www.liq.wa.gov/marijuana/I-502>
- University of Washington's Alcohol & Drug Abuse Institute (ADAI) website
 - Learn about Marijuana – Science-based information for the public.
<http://www.LearnAboutMarijuanaWA.org>
- DSHS, Division of Behavioral Health and Recovery
 - <http://www.TheAthenaForum.org>
 - <http://www.dshs.wa.gov/DBHR/>

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Upcoming Meetings and Events

Liquor Control Board Public Hearing/Special Meeting Schedule rules@liq.wa.gov

— **October 9**

6:00 p.m. to 9:00 p.m.

[Spokane Convention Center](#)

[334 West Spokane Falls Blvd](#)

[Spokane WA 99201](#)

SAVE THE DATE!

November 13, 2013 • 9am-4pm

UW Tower Auditorium

Symposium on Legal Marijuana in Washington
Shaping a Research Agenda

ADAI

**Alcohol & Drug
Abuse Institute**

UNIVERSITY of WASHINGTON

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Thank You for Attending

Further comments or questions:

Contact DBHR – Scott McCarty
mccarps@dshs.wa.gov

Contact DOH – Paul Davis
Paul.Davis@doh.wa.gov

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