

# Prevention Learning Community Meeting

Hosted by: Division of Behavioral Health and Recovery

August 26, 2020

9:00 a.m. – 11:00 a.m.

3<sup>rd</sup> Hour from 11:00 a.m. – 12:00 p.m.

Time	Agenda
9:00-9:05 a.m. 5 min	<b>Welcome / Introduce new prevention providers to the call</b>
9:05-9:50 a.m. 45 min	<b>OSPI Communication</b> <ul style="list-style-type: none"> <li>• OSPI Updates <i>Mandy Paradise</i></li> </ul> <b>DBHR Communication</b> <ul style="list-style-type: none"> <li>• DBHR Updates <i>Kasey Kates</i></li> <li>• CPP Recognition <i>Kasey Kates</i></li> <li>• Training updates <i>Alicia Hughes</i></li> </ul>
9:50-10:00 a.m. 10 min	<b>2020 Prevention Summit</b> <i>Angie Funairole and Fallon Baraga</i>
10:00-10:10 a.m. 10 min	<b>Minerva</b> <i>Lauren Bendall</i>
10:10-10:20 a.m. 10 min	<b>2020 Community Survey</b> <i>Sandy Salivaras-Bodner</i>
10:20-10:30 a.m. 10 min	<b>Community Highlight</b> <i>Jen Hogge</i>
10:30-11:00 a.m. 30 min	<b>Washington Student Achievement Council</b> <i>Ami Magisos</i>
11:00-11:10 a.m. 10 min	<b>Break</b>
11:10-12:00 p.m. 50 min	<b>SAPISP Presentation</b> <i>Mandy Paradise</i>

# Hello new attendees!



- ▶ **Beth Delaney** – Bethel INSPIRE Coalition – Bethel/Spanaway
- ▶ **Darci Southgate** – Morton UP! Coalition – Morton
- ▶ **Karen Douglass** – ONE Prevention Alliance – Stevenson/Carson
- ▶ **Marissa Jáuregui** – Coalition for Drug-Free Youth – White Center/North Highline
- ▶ **Melissa Gonzalvez** – Bucoda-Tenino Healthy Action Team (B-THAT) – Tenino
- ▶ **Mollie Mustoe** – Clarkston EPIC Coalition – Clarkston
- ▶ **Sara Bumgardener** – Centralia Community Coalition – Centralia
- ▶ **Tina Johnson** – West Van for Youth Coalition – West Vancouver
- ▶ **Vitali Turlac** – UNITE! Washougal Community Coalition – Washougal
- ▶ **McKenzie Knowlden** – Kittitas Coalition – Cle Elum/Roslyn
- ▶ **Others?** Raise your hand or type your information into the chat and we will introduce you!

**Mandy Paradise** | Prevention Intervention Program Supervisor | OSPI

# OSPI Communication

August 2020

# OSPI Updates

Mandy Paradise, M.Ed.

Prevention-Intervention Services/

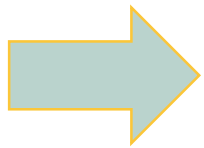
Student Assistance Program Supervisor



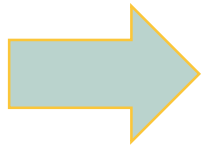
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# OSPI Goals for 2019-2020 CPWI

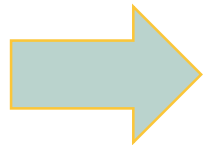
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Clarify the **purpose** of Student Assistance Program

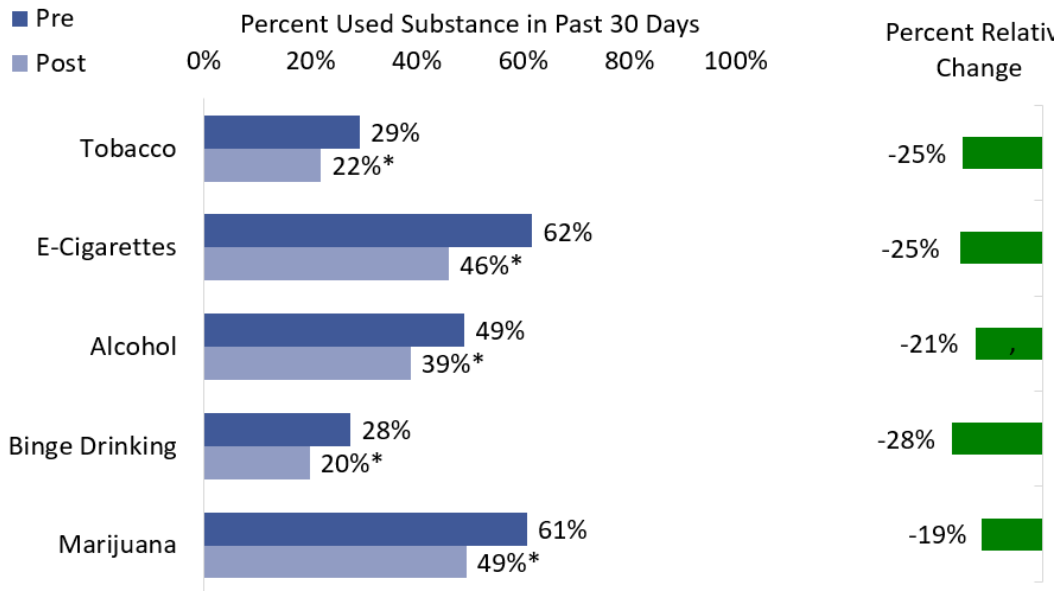


Provide examples and opportunities for meaningful **partnership**



Education updates

# Today from 11-Noon



**Reduce Substance-Use  
Among Participants**

See our most recent data for 30-day substance-use reduction – and many other program metrics.

*Notes: N's vary per substance from 1,036 to 1,051. Includes Grades 6–12 students from CPWI schools with full intervention AND a substance use intervention goal, but only those responding to both "Pretest" and "Posttest" questions.  
\* indicates a significant change from pre to post (p-value <0.05) from paired samples t-tests.*

**Relationships**  
**Grace**  
**Patience**  
**Love**

Teachers trying to enjoy summer  
but also worried about what's  
going to happen in the fall

@highsandlowsofateacher



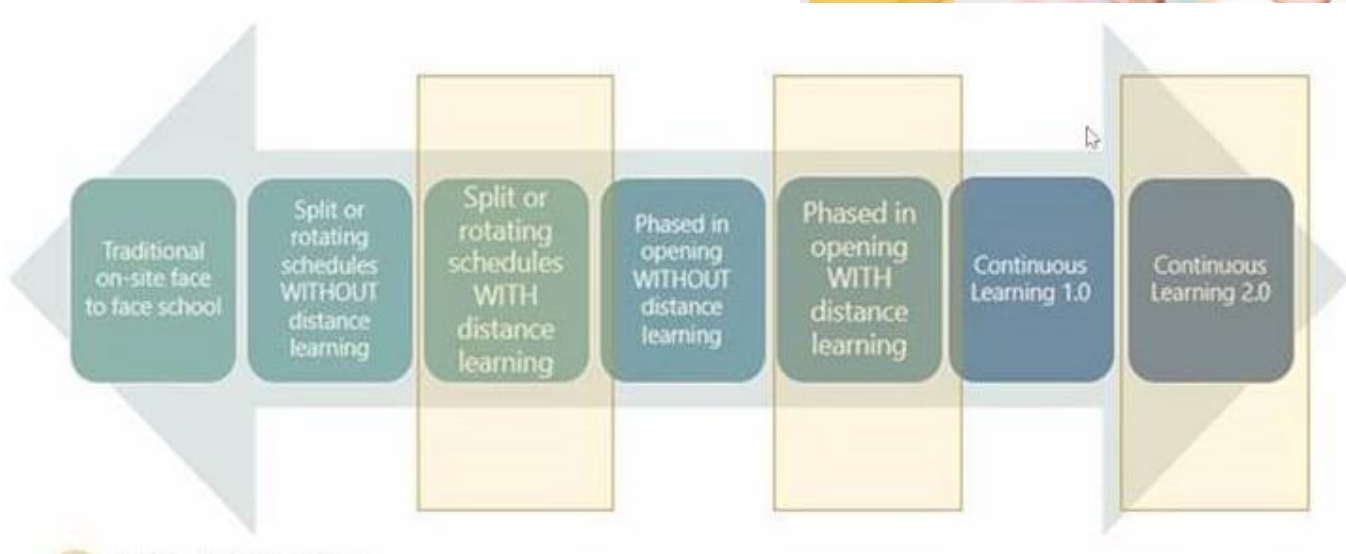




# Agency Level Updates

Fall 2020

# Reopening Schools





# Student Assistance Updates



# YEAR AT A GLANCE

## SEPTEMBER

- Participate in school **Open House**
- Schedule **Prevention Ed Series**
- Prep for groups and peer activities



## AUGUST

- Staff start-up and training days.
- Prep for **Prevention Ed Series**
- Secure **office space** in building
- Get to know **CBOs**



# Student Assistance Program

## Distance Learning 2020

Our program supports students who are vulnerable to substance use and who need social-emotional supports. We do this by developing trusting, supportive relationships between students and our staff.

The program facilitates skill-building activities & strategies proven to reduce the use of substances among adolescents, and connects youth and families to behavioral health services and resources.

	PREVENTION EDUCATION	SKILL & SUPPORT GROUPS	FAMILY ENGAGEMENT	SCHOOL STAFF ASSISTANCE
PURPOSE	Awareness	Behavior Change	Engagement	Whole-child
GOAL	Student well-being	Increase self-regulation & help seeking behaviors	Parent-child connectedness	Student supports
INTERACTION	Asynchronistic or Synchronistic	Asynchronistic or Synchronistic	Asynchronistic or Synchronistic	As requested
OPPORTUNITIES	Aligned with WA Health Standards & SEL Benchmarks	Responsive to student needs Tiers II & III	Family Events & Parent Nights Highly interactive	Staff meetings, MTSS Teams, Consultation



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***Video Check-ins***

Megan Winn,  
Lyle/Klickitat HS





***WISH Prevention Club***

Roberta Martinelli,  
Sedro-Woolley HS



## Prevention & Intervention

Ms. Tina's Virtual Office

Click around room to find different links

### Interactive Virtual Office

Tina Johnson,  
(Formerly of Hudson's Bay HS)



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# Dana Camarena

## Director of Student Support

(509)544-5762

[dcamarena@esd123.org](mailto:dcamarena@esd123.org)



**EDUCATIONAL  
SERVICE  
DISTRICT**

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[linkedin.com/company/waospi](https://linkedin.com/company/waospi)

**Kasey Kates** | Tribal and CPWI Implementation Supervisor | HCA/DBHR

# DBHR Communication

# DBHR Updates

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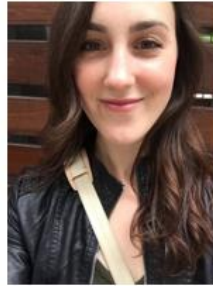
- ▶ State mandated furloughs
- ▶ COVID-19 update
- ▶ Budget impacts
- ▶ Upcoming legislative session
- ▶ LMS blackout and transition (OWL E-Learning)
  - ▶ Blackout period from 5:00 PM on 10/22 – 11/1
- ▶ SOR II update
- ▶ Healthy Youth Survey 2020
- ▶ DBHR organization update

# June Listening Session

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Sarah Mariani,  
Section  
Manager



Kasey Kates,  
Supervisor



Alicia Hughes,  
Supervisor



Jennifer Hogge,  
Supervisor

- ▶ Reviewed themes from the November 2019 Provider Meeting Listening Session
- ▶ Discussed changes implemented as part of feedback received
- ▶ New questions:
  - ▶ If we offered CPWI Capacity Building Grants, would this be of interest to you?
    - ▶ How might we further improve the RFA process as part of these grants?
  - ▶ If we were to create an advisory group for CPWI and CBOs, what considerations should we keep in mind?

# Health equity

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- ▶ DBHR/Prevention has continued and increased efforts on building a culturally competent and sustainable prevention system
- ▶ DBHR and Prevention Section Workgroups
- ▶ Provider Poll: What challenges or barriers do you face in addressing health inequities in your prevention work?
- ▶ Questions, concerns, or feedback? Please email [prevention@hca.wa.gov](mailto:prevention@hca.wa.gov) and we look forward to connecting with you!

# Action Plans and Budgets

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- ▶ Congrats to Cohorts 1-4 for your work in getting SFY 2021 Action Plans & Budgets completed!



**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**  
81 Coalitions

**Youth Delinquency**  
82 Coalitions (All)

**Mental Health**  
82 Coalitions (All)

**Suicide**  
5 Coalitions

**Other (Injury, Illness and Death)**  
4 coalitions

*These types of problems...*

**Any Underage Drinking**  
75 Coalitions

**Underage Problem and Heavy Drinking**  
54 Coalitions

**Marijuana Use**  
78 Coalitions

**Tobacco/Vaping Use**  
41 Coalitions

**Prescription Use**  
48 Coalitions

**Other Drug Use**  
7 Coalitions

**Depression**  
12 Coalitions

**Community Disorganization/Community Connectedness**  
73 Coalitions  
**Community Bonding, Healthy Beliefs and Clear Standards** - 16

**Alcohol Availability: Social Access** 69 Coalitions  
**Promotion of Alcohol** - 8  
**Alcohol Laws: Enforcement; Penalties; Regulations** - 17  
**Community Laws and norms are favorable**

**Family Domain-60**  
**Poor Family Management**  
56 Coalitions  
**Parental Favorable Attitudes / Drug Use** -

**School Domain-20**  
**Low Commitment to School** -12  
**School Bonding** - 6  
**Individual Domain-68**  
**Perception of Harm** -68  
**Early Initiation of Use** - 4  
**Friends Who Engage in the Problem Behavior** - 21

Community facing ethnic/cultural/economic segmentation - 12  
Limited opportunities for prosocial activities in the community-25

Youth obtain alcohol from adult family members & parents & they get alcohol from home or on special occasions -37

Policies and social practices in community favorable to youth use -45

Underage drinking laws inconsistently enforced -23  
Youth have low disapproval of peer use -16  
Youth have disproportionate perceptions of peer use -

**Low Commitment to School**  
Youth with low commitment to school and/or needing additional support at school - 23  
Youth & adults do not believe that using substances is harmful dangerous / risky -57  
Low capacity and readiness to address ATOD - 49

Number of retailers – 7  
Advertising of ATOD is appealing to youth - 7

**Family Management**  
Lack of parental monitoring/adult supervision - 9  
Lack clear & consistent rules -20

**Community engagement/Coalition**

**Public Awareness: 107**  
**Social Norms Campaign** -27  
**Take Back Event-40**  
**Information Dissemination-96**  
**ATOD Laws/Dangers** -6  
**Town Hall Meetings** – 24  
**Media Web, Print, Newsletters, Calendars, Resource Guides** – 16

**Enviro. Strategies: 142**  
Parent/Community/Retailer Education -10  
School Policy-21  
Social Policy Development/Review - 21  
Social Host Ordinance -6  
Compliance Checks -2  
Drug lock up/ Safe storage -11

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

**Direct Services - 257**  
Strengthening Families -38  
Parenting Wisely -3  
Guiding Good Choices -32  
Mentoring Programs - 11  
Love and Logic -3  
Life Skills Training -29  
Big Brothers/Big Sisters -3  
Second Step -12  
Too Good for Drugs - 5  
Incredible Years -12  
Positive Action -9  
Communities in Schools -3  
SPORT - 21

*...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 Summary**



# Updated CPWI template

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- ▶ CPWI providers should have received:

Thu 8/20/2020 9:26 AM

Kates, Kasey M (HCA)

**CPWI contract template - draft for review by September 4th**

- ▶ As discussed during the July 6<sup>th</sup> CPWI Contractor Call, the draft CPWI contract template has been updated for your review.
- ▶ For Cohorts 1-4 your current CPWI contract does not expire until 6/30/2021 and for Cohorts 5 & 6 your contract does not expire until 9/29/2020 however your current contract will be replaced with this new contract.
- ▶ Expecting to send out contracts for signature early September.
- ▶ Questions? Send to [prevention@hca.wa.gov](mailto:prevention@hca.wa.gov) and cc your manager.

# Prevention Provider Meeting

## WASHINGTON STATE PREVENTION PROVIDER MEETING

Monday, November 2<sup>nd</sup>  
9:00-12:30 PM

Login at TBD

8:30-9:00 a.m.	<b>Login to virtual platform</b>
9:00-9:15 a.m.	<b>Welcome / Introductions</b> Kasey Kates   Tribal and CPWI Implementation Supervisor
9:15-10:00 a.m.	<b>Health Care Authority / Division of Behavioral Health and Recovery Updates</b> Sarah Mariani   SUD Prevention and MH Promotion Section Manager Keri Waterland   Assistant Director
10:00-10:30 a.m.	<b>Office of Superintendent of Public Instruction Updates</b> Mandy Paradise   Prevention-Intervention Program Supervisor
10:30-10:45 a.m.	<b>Break!</b>
10:45-11:00 a.m.	<b>Fun activity TBD</b>
11:00-12:30 p.m.	<b>WSU Presentation TBD</b>
Optional 1:00-2:30 p.m.	<b>DBHR / HCA Listening Session</b> <i>Join us for an optional listening session to learn more about the integration of DBHR / HCA and agency priorities as well as an opportunity to engage in dialogue with DBHR Leadership.</i>
Optional 3:00-5:00 p.m.	<b>Minerva Training</b> Lauren Bendall   Prevention System Project Manager
Optional 3:00-5:00 p.m.	<b>Data Book Training</b> Sandy Salvaras   Research and Evaluation Manager
Other Meetings	<b>3:00-5:00 PM DBHR/OSPI/ESD Quarterly Meeting</b> <b>*Other Meetings TBD</b>

# 2021 LCM Schedule

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Month	Date
January	January 27, 2021
February	February 24, 2021
March	March 24, 2021
May	May 4-6, 2021 – CLI
August	August 25, 2021
October	October 27, 2021
November	TBD – All Provider Meeting

An April LCM maybe added due to legislative session based upon feedback from providers. Note, February and April may be optional.

# Tips for billing

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▶ Document combined into ONE and updated at [https://www.theathenaforum.org/sites/default/files/public/successful\\_billing\\_tips\\_all\\_contractors\\_dma.pdf](https://www.theathenaforum.org/sites/default/files/public/successful_billing_tips_all_contractors_dma.pdf).

▶ Added (page 1)

- A. Use the **current A-19 Template** provided to you by DBHR for monthly invoicing.
  - a. All prevention service contracts are cost reimbursement.
  - b. **Please do not make changes to the A-19 Template. If you have questions about your template please reach out to your DBHR contract manager.**
- B. Submit A-19 for the month of service **after all data entry is complete in Minerva for that month.**
  - a. Data is due in Minerva by the 15<sup>th</sup> of each month for the previous month's services.
- C. **For months that you do not plan to bill to DBHR, please send an email to A-19DBHR@hca.wa.gov and CC your PSM using the naming convention shown in Part. F below. Be sure to indicate the month that you will not have billing. Please include only one billing month per email.**
  - a. **A-19DBHR@hca.wa.gov and hcadbhr.a-19dbhr@hca.wa.gov are the same inbox and can be used interchangeably.**
- D. Submit the A-19 invoice via **email only.**
  - a. In your email include: the **Excel format of the month's A-19 AND the PDF of the signed A-19 in the same email. \*\*\*Please make sure all completed fields in the Excel and the PDF are EXACTLY the same minus the signature information\*\*\***
  - b. **Please ensure that the Excel includes only one invoice and that the PDF orientation is right-side up (i.e., portrait).**
  - c. Send the email to A-19DBHR@hca.wa.gov and CC your PSM.
- E. **Send only one A-19 (Excel & PDF set for the month) per email. If you have multiple months to invoice for at the same time, please send them in separate emails.**

# Tips for billing

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## ▶ Added (page 2)

- d. If you are a **CBO contractor** please add “CBO” to the end of the title (For example K0000SampleCBO20191200CBO)
  
- G. A-19 invoices must be received no later than **60 days** past the contract expiration and no later than **45 days** past the end of the state and federal fiscal year, annually.
  
- H. For more guidance, reference the contract & the Fiscal/Program Requirements:  
<https://www.hca.wa.gov/billers-providers-partners/prior-authorization-claims-and-billing/provider-billing-guides-and-fee-schedules>.
  
- I. For **billing training**, access slides at this link [www.TheAthenaForum.org/training/cpwi\\_trainings](http://www.TheAthenaForum.org/training/cpwi_trainings).

# International Overdose Awareness Day 2020

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Monday, August 31, 2020

- ▶ Raise awareness of overdose
- ▶ Reduce stigma of drug-related death
- ▶ Recognize the grief felt by families and friends of those who have died by or had a permanent injury due to drug overdose
- ▶ Spread the message that drug overdose is preventable!
- ▶ IOAD's page: <https://www.overdoseday.com/>

# Ways to get involved & resources

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- ▶ **Share posts on social media** – use your social media platforms to raise awareness and reduce stigma by sharing posts or using their pre-made social media kit!
  - ▶ IOAD's downloadable resources page:  
<https://www.overdoseday.com/downloadable-resources/>
  - ▶ You can also follow IOAD's social media pages – Facebook, Twitter and Instagram to engage with their already made content
- ▶ **Participate in an event near you** – visit the 2020 activities page to see the various events being held near you!  
(<https://www.overdoseday.com/usa/us-wa/>)
- ▶ **Post a tribute** – Use this page to pose a tribute to commemorate someone who has died by or suffered permanent injury due to drug overdose.  
(<https://www.overdoseday.com/tributes-a/post-a-tribute/>)

# Call for Participants!

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- ▶ We are reaching out to gauge interest in participation of a live virtual roundtable focusing on:
  - ▶ What the opioid crisis looks like in your community
  - ▶ How prevention efforts are impacting disparate populations in your community
  - ▶ Share ideas that we can take back to the WA State Opioid Response Workgroup
- ▶ Date of roundtable: September 30, 2020, 11am – 12pm
- ▶ Interested? Email [pxtraining@hca.wa.gov](mailto:pxtraining@hca.wa.gov)
  - ▶ Also looking for a co-facilitator to join in leading this discussion with DBHR!



**Alicia Hughes** | CBO and Grants Development Supervisor | HCA/DBHR

# Training Announcements

# Training Announcements

Training	Date(s)/Location
SFP (10-14) - Virtual Programming Delivery Primer	Aug. 28   Webinar
DBHR Action Plan & Budget TA Call for Cohorts 5 & 6	Sept. 2   Webinar
Connecting Prevention Specialists to Native Communities : Listening Sessions	Sept. 4-18   Webinar
Ethics in Prevention: A Guide for Substance Use Prevention Practitioners	Sept. 14-25   Webinar
NW Virtual Prevention Leadership Academy	Sept. 14 – Oct. 14   Webinar
DBHR Minerva TA Call	Sept. 21   Webinar
Ethical Considerations in Prevention: American Indian/Alaska Native Focus	Sept. 22-23   Webinar
9th Annual National Native Harm Reduction Virtual Summit	Sept. 22-24   Webinar
25th Annual Conference on Advancing School Mental Health	October 29-31   Webinar
Washington State Prevention Provider Meeting and Prevention Summit	November 2-4   Webinar
CADCA Bootcamp Training	December 1-4   Webinar

Check out the Training Calendar for details!

[www.TheAthenaForum.org/calendar/training-opportunities](http://www.TheAthenaForum.org/calendar/training-opportunities)

# Leadership Trainings

## Survey Monkey – Complete by 9/25

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<https://hca.surveymonkey.com/r/Z963ZD8>

**Alicia Hughes** | CBO and Grants Development Supervisor | HCA/DBHR

# CPP Recognition

# Congrats!

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- ▶ Please raise your hand or type into the chat and we will announce your success!



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# Upcoming leave

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- ▶ Kasey Kates (Supervisor, DBHR) will be on maternity leave November – March.
- ▶ The other Supervisors will be providing coverage during this time.
- ▶ *Thank you everyone for the kind words!*

**Angie Funaiole** | Prevention System Manager | HCA/DBHR

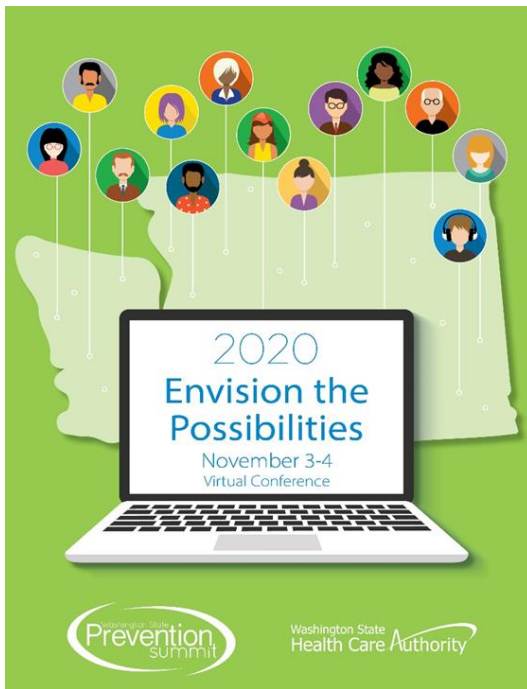
**Fallon Baraga** | Prevention System Manager | HCA/DBHR

# 2020 Prevention Summit



# 2020: Envision the Possibilities

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- ▶ WA State Prevention Provider Meeting: Monday, Nov. 2
- ▶ Prevention Summit: Tuesday-Wednesday, Nov. 3-4
- ▶ Virtual Planning Survey
  - ▶ Adult and Youth Track
  - ▶ Engagement
  - ▶ Agenda

# Virtual Experience

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- ▶ Personalized sign-in
  - ▶ Separate for the WA State Prevention Provider meeting and Summit
- ▶ Virtual features
  - ▶ Exhibit Halls
  - ▶ Networking
  - ▶ Help Desk
  - ▶ Resource Center
- ▶ Daily virtual preparation
  - ▶ 9:00 AM start time
- ▶ Accessibility
  - ▶ Access to recorded workshops during and following the summit (~2 weeks)



# Video Request

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- ▶ What's the ask?  
Submit a video telling or showing us how you envision the possibilities for prevention in your community.
- ▶ Deadline:  
September 11, 2020

# Registration

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- ▶ Reminder: Washington State Provider meeting and Prevention Summit registrations are separate.
- ▶ Registration deadline for both events: early October.
- ▶ For more information visit:  
[www.preventionsummit.org](http://www.preventionsummit.org)



**Lauren Bendall** | Prevention System Project Manager | HCA/DBHR

**Minerva**

# Optional Minerva Training at Prevention Provider Meeting: Questions

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- ▶ 1) If we were to hold an optional Minerva training from 3:00 – 5:00 PM at the Prevention Provider Meeting, would you attend?
  - ▶ Yes
  - ▶ No
- ▶ 2) If we were to hold an optional Minerva training from 3:00 – 5:00 PM at the Prevention Provider Meeting, what modules and/or topics would you like us to focus on?
  - ▶ Budget
  - ▶ Planning
  - ▶ Implementation
  - ▶ Partners/Staff
  - ▶ Enter Session Data
  - ▶ General Minerva related items
- ▶ 3) Are there any additional topics you would like us to focus on during the optional Minerva training?

# Minerva Training

## Survey Monkey – Take by 9/19

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<https://hca.surveymonkey.com/r/G2HY3TD>

**Sandy Salivaras-Bodner** | Prevention Research and Evaluation  
Manager | HCA/DBHR

# 2020 Community Survey



# Learning Objectives

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- ▶ Explore what's new in the 2020 Community Survey
  - ▶ E-cigarette/vaping
- ▶ Review the Community Survey Requirements
- ▶ Review the Community Survey Timeline
- ▶ Administering the Community Survey
  - ▶ Explore ways to gather surveys
- ▶ Q&A

# What's new in 2020

## ▶ New hardcopy template

**2020 Community Prevention and Wellness Initiative Community Survey**

We are interested in your opinions about youth substance use in our community. Your responses will help inform and improve prevention programs for our youth.

This 10-15 minute survey is completely anonymous.

You may skip any questions or stop the survey at any time.

Washington State Health Care Authority

HCA 82-0332 (7/20)



# New Additions

1. How much of a problem do you think each of the following is among youth (6th–12th grade) in your community?

	Not a problem	A minor problem	A moderate problem	A serious problem	Don't know
Alcohol Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marijuana or hashish use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescription drug misuse (using medication without a prescription or in a way other than prescribed)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other drugs (specify below*)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tobacco use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E-cigarettes or other electronic vapor products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Driving under the influence of alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Driving under the influence of marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Suicide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bullying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bullying on social media	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\*If you marked "Other Drugs" above, which drugs? \_\_\_\_\_

# New Additions

---

- ▶ Separated question responses by middle school (6-8<sup>th</sup> grade) and high school youth (9<sup>th</sup>-12<sup>th</sup> grade)

### 3. If youth wanted to get some alcohol, how easy would it be for them to get some?

	Very easy	Sort of easy	Sort of hard	Very hard	Don't know
Middle School youth (6 <sup>th</sup> -8 <sup>th</sup> grade)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High School youth (9 <sup>th</sup> -12 <sup>th</sup> grade)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

# Changes

## ▶ Conversations with children about alcohol and marijuana use (Q16 and Q17)

**16. Which statement BEST describes the conversation you have had with your child about alcohol use in the last 3 months? (Check all that apply for your middle and/or high school aged child/children in the specific age range)**

	Your Middle School youth (6 <sup>th</sup> –8 <sup>th</sup> grade)	Your High School youth (9 <sup>th</sup> –12 <sup>th</sup> grade)
I have not talked with my child about marijuana use in the last three months.	<input type="radio"/>	<input type="radio"/>
I have told my child that marijuana is not OK and they will receive consequences if they use marijuana.	<input type="radio"/>	<input type="radio"/>
I told my child about the risks of youth using marijuana and they should not eat, smoke, or use it any way.	<input type="radio"/>	<input type="radio"/>
I told my child that even though they are less than 21, they will have to decide for themselves whether or not to use marijuana.	<input type="radio"/>	<input type="radio"/>
I told my child that even though they are less than 21, they will have to decide for themselves whether or not to drink alcohol.	<input type="radio"/>	<input type="radio"/>

# 2020 CPWI Community Survey Requirements

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- ▶ 100-250 surveys per coalition – based on population of coalition community
  - ▶ Sample size for a diverse representative sample
  - ▶ Community population estimates and survey targets can be found on the Athena Forum

Total Population	Minimum Survey Targets
0 - 3,999	100 surveys
4,000 – 10,999	140 surveys
11,000 – 29,999	180 surveys
30,000 -49,000	215 surveys
50,000 +	250 surveys

# 2020 CPWI Community Survey Timeline

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- ▶ August 17-December 15
  - ▶ Survey data collection by coalitions
  - ▶ Updates / Results link
    - ▶ UPDATES: We aim for around the 1<sup>st</sup> and the 15<sup>th</sup> of the month
    - ▶ RESULTS LINK: We will send the results link by request when at least 50 surveys are completed on the English link (Spanish link is NOT distributed)
- ▶ January-February 2021
  - ▶ Data verification, coding, analysis, report creation
- ▶ End of February / early March 2021
  - ▶ Reports & data to coalitions
- ▶ May – July 2020: Revisions and Planning
  - ▶ Feedback from stakeholders

# Community Survey Updates

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- ▶ Updates of counts and key demographics will be sent out periodically. We aim for the 1<sup>st</sup> and the 15<sup>th</sup> of the month
  - ▶ September 15<sup>th</sup>
  - ▶ October 15<sup>th</sup>
  - ▶ November 1<sup>st</sup> and 15<sup>th</sup>
  - ▶ December 1<sup>st</sup> and 15<sup>th</sup>
  - ▶ Final Update: end of December / early January
- ▶ Monitoring representativeness of community sample and alter strategies as needed
  - ▶ Strive for a representative sample of community members
    - Missing key demographic / geographic groups limits utility of data
  - ▶ Review Data Book demographics page to identify target population
  - ▶ Revise strategy based on current tallies



# Survey Monkey Results Link

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- ▶ We will send the results link by request when at least 50 surveys are completed on the English link
  - ▶ Spanish link is not distributed
- ▶ Though the survey is anonymous, individuals are potentially identifiable
- ▶ As more responses are collected, the chance of identification is reduced

# Survey Brainstorming in times of COVID-19

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- ▶ Ideas on how to distribute the survey to populations that typically complete them in paper form
  - Collaborate with public utilities billing – where they are able to share a link or QR code via utility billing mailers
  - Generating a QR code and having it posted in various areas and on various print material (i.e. rack cards, posters, etc.)
  - Pairing dissemination with various community outreach events:
    - Food banks
    - Schools – Meals on Wheels, School email/text blasts, Parent-Teacher conferences
    - Doctor's office waiting areas
  - Using Social Media as much as they can – Facebook pages for schools, school districts, Boys & girls club, YMCA
  - Other ideas – feel free to share on chat or raise hand to speak

# Optional Data Book Training at Prevention Provider Meeting: Questions

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- ▶ 1) Would you be interested in attending an optional Data Book training from 3:00 – 5:00 PM at the Prevention Provider Meeting?
- ▶ 2) What topics areas would you like us to focus on?
  - ▶ i.e. How to read your Data Book

# Data Bok Training

## Survey Monkey – Take by 9/19

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<https://hca.surveymonkey.com/r/GJRTMVR>



# Questions? More info?

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**Sandy Salivaras**

Prevention Research and  
Evaluation Manager

E-mail: [sandy.salivaras-  
bodner@hca.wa.gov](mailto:sandy.salivaras-bodner@hca.wa.gov)

Phone: 360-725-5277

**Jen Hogge** | MHP and Integration Supervisor | HCA/DBHR

# Community Highlight

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# Mental Health Promotion Programing

— By Lizbet Maceda & Emily  
Nelson —

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# Programing during COVID-19

**SRO Summit**

**Youth Summit**

**Town Hall**

**QPR @ Two Sites**





# SRO Summit

Moved to an online platform

Moved time frames of the event

Daily post event feedback via google forms

Conference feedback via google forms

Over 150 SRO's & SSO's trained in all requirements under House Bill 1216

Over 150 SRO's & SSO's trained in QPR!

ESD 105 is now partnering with SSO's in equity work discussions



# Youth Summit

## Topics on Mental Health

- Mental Health and Social Media Effects
- De-stigmatizing Mental Health
- Coping Skills Mechanism

Partnership with community experts

Total of 106 registered and a total of 35 students in the Yakima Valley

Videos were sent to students who registered



# Town Hall Events

Used Zoom and Facebook as a platform to deliver our message

Gabe Salazar talked about Mental Health incorporating Substance Abuse

Collaboration with Highland Community Coalition and Yakima Community Coalition

Contract to leave the video up for two months

32 total participants via Zoom the day of the event

Reached 644 views on Facebook



# Question Persuade Refer (QPR)

Over 300 school personnel were trained in QPR!

4 trainers (Lizbet Maceda, Valeria Villa, Brandon Riddle and Emily Contreras)

This was offered through ESD 105 training portal April-June

Trained SRO's at the SRO summit



**Ami Magisos** | Assistant Director | WSAC

# Washington State Achievement Council



# Postsecondary Education and Community Prevention and Wellness Initiative

Ami Magisos, Assistant Director of Policy and Planning

[AmiM@wsac.wa.gov](mailto:AmiM@wsac.wa.gov)



# Topics

- Our common communities and goals
- Postsecondary education resources
- Increasing awareness and collaboration



# Our Common Ground

Community  
Prevention  
and Wellness

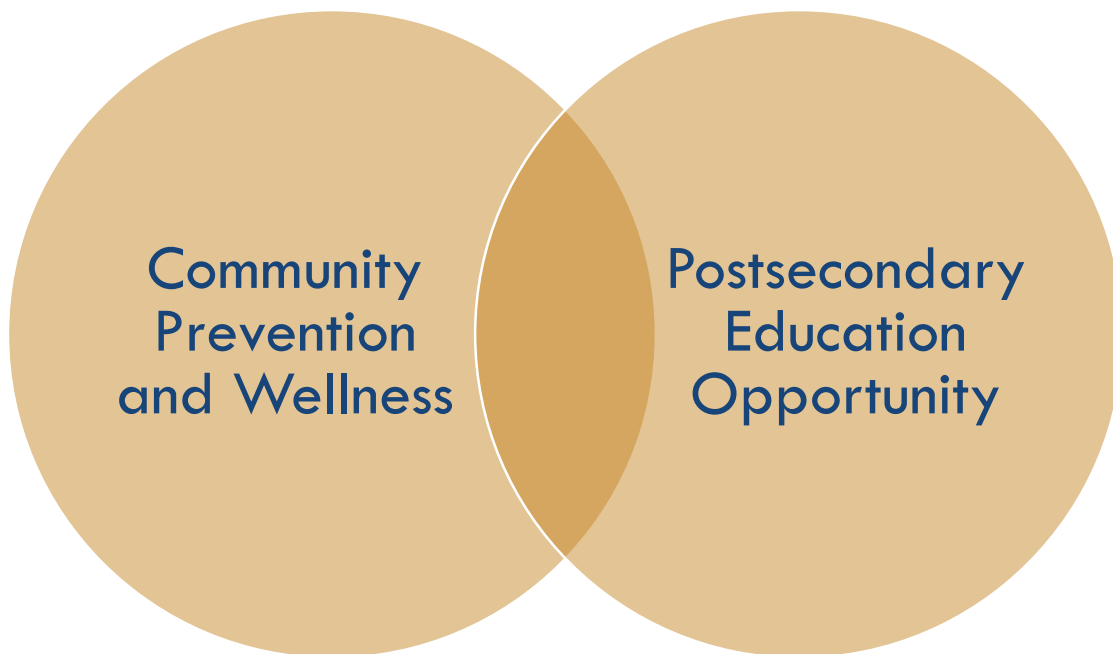
Postsecondary  
Education  
Access &  
Attainment

**What's the impact of  
postsecondary  
education opportunity  
for youth and adults in  
your communities?**





# Our Common Ground

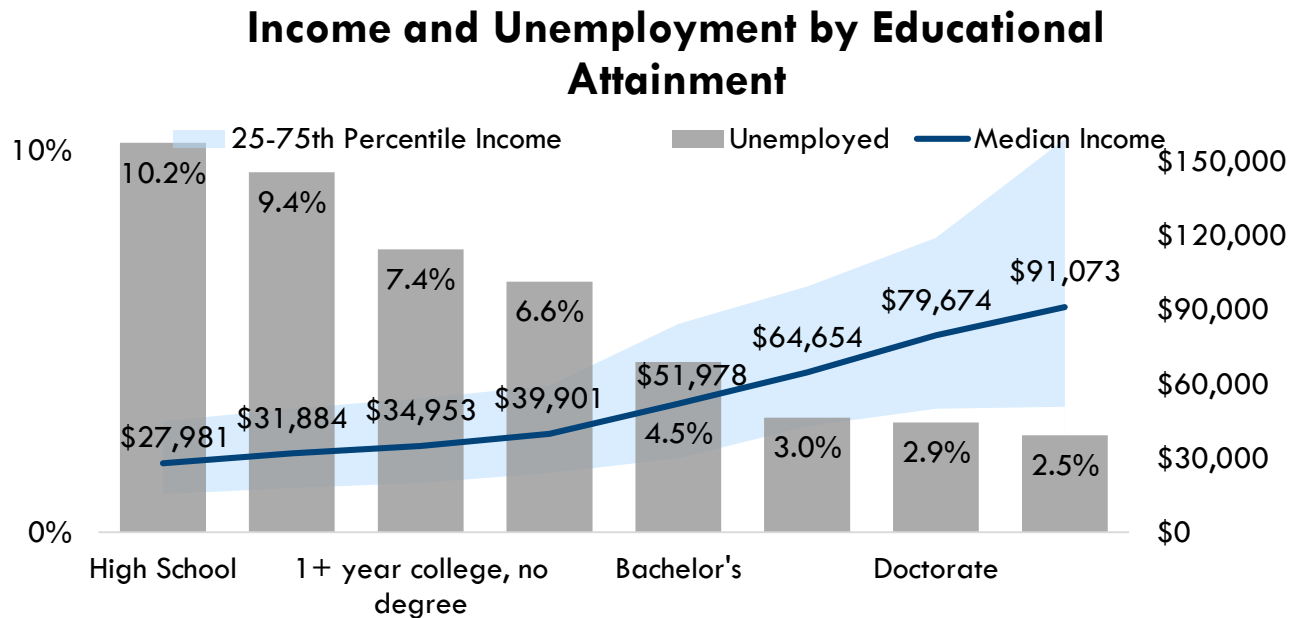


**What connections do you see between Community Prevention and Wellness and Postsecondary Opportunities for youth and adults?**



# Education leads to prosperity

- Living wage employment.
- Higher labor force participation.
- Lower unemployment.



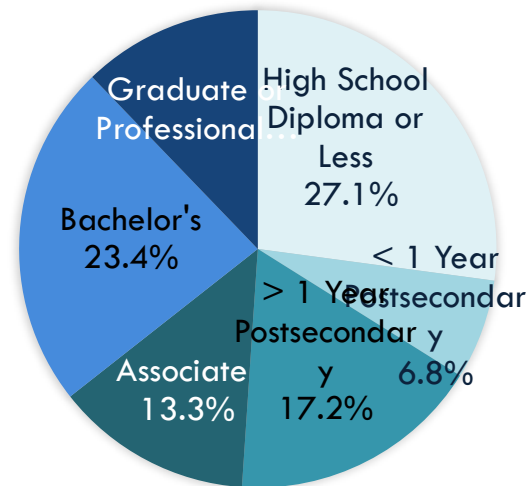
SOURCE: WSAC staff analysis of ACS 2009-2013 Employed and "Not Currently Attending"



# Education is critical to a thriving economy

**Over 70%  
of job openings  
projected for 2020–2025  
will require a  
postsecondary credential.**

Total Projected Job Openings  
by Education Level 2020-2025



Source: A Skilled and Educated Workforce 2017



# Washington's Educational Attainment Goals

## THE ROADMAP

A Plan to Increase Educational Attainment in Washington

Ensure our residents can compete  
for the best jobs in Washington

2018 rate: 91%  
2013 baseline: 90%

**100% of adults (aged 25-44) will  
have a high school diploma or  
equivalent.**

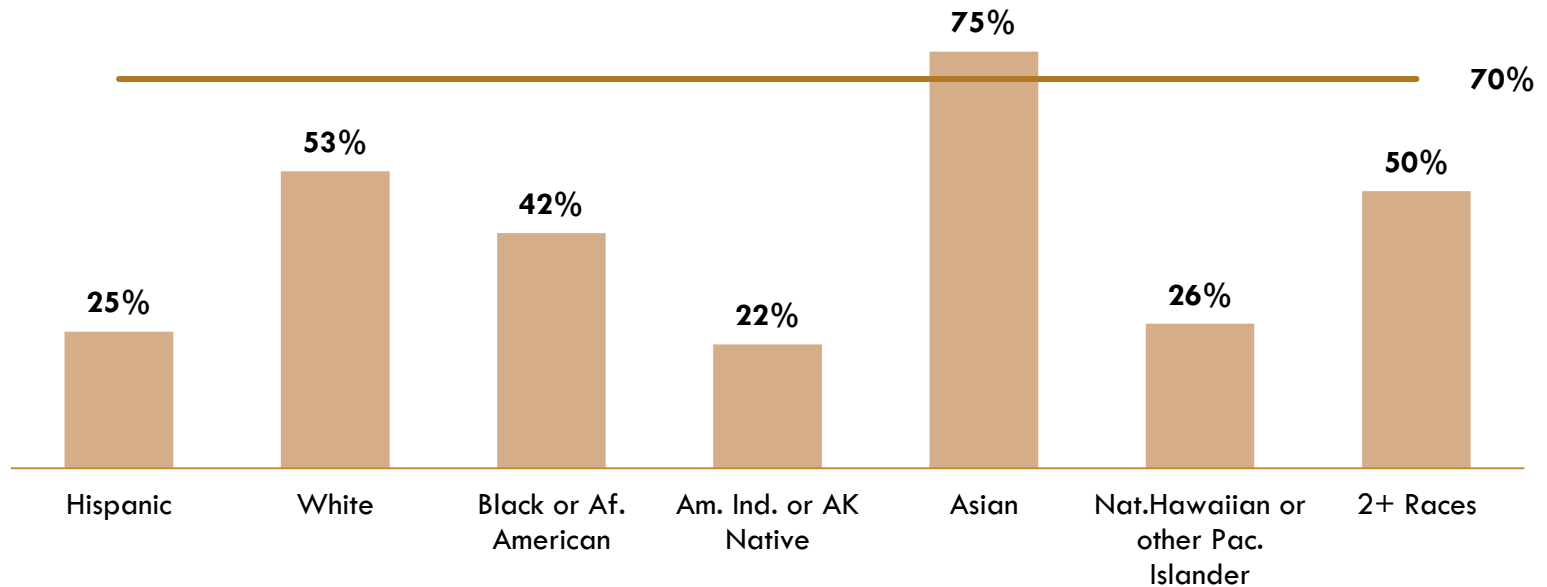
2018 rate: 58%  
2013 baseline: 51%

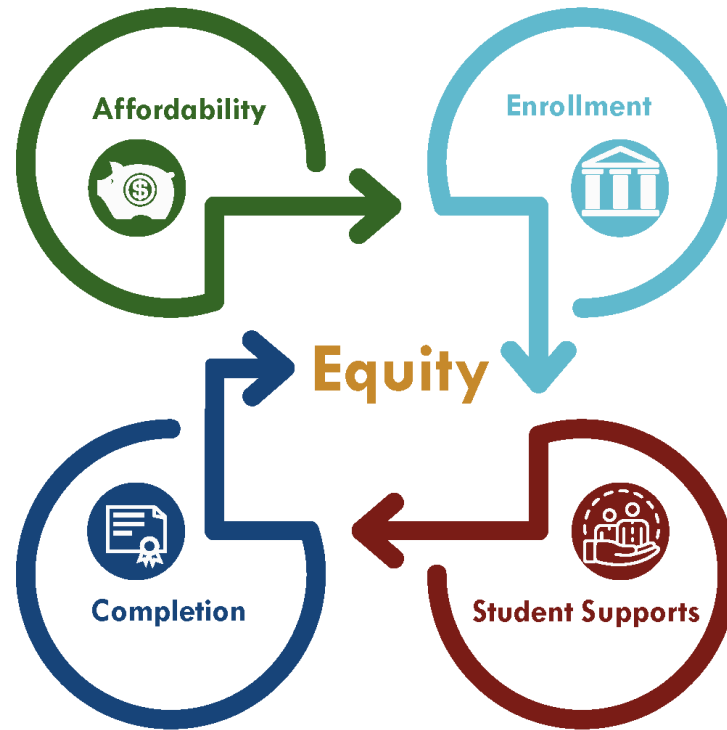
**At least 70% of adults (aged 25-  
44) will have a postsecondary  
credential.**



# Racial Equity Challenges in Education

**Proportion of WA adults, age 25–44, with postsecondary credentials, 2018.**





If we build an **affordable** and **supportive** educational environment, more Washingtonians will **enroll** in programs and **complete** credentials.



# Resource: Washington College Grant



## More types of education

**Financial aid isn't just for those seeking a four-year degree.**

**Washington College Grant covers:**

- Workforce and training programs
- Approved apprenticeship programs
- Public and private colleges and universities

## More money

**Don't assume you won't qualify.**

**Washington College Grant provides:**

- Full tuition and fees for public colleges for many families
- Half of Washington families can get a grant
- Guaranteed funding to eligible students

## More students

**Washington College Grant is not reserved for valedictorians or athletes.**

**Washington College Grant serves:**

- All eligible students, no age limits
- Part-time and full-time students



# Resource: College Bound Scholarship



## Maximizing Opportunities

The College Bound Scholarship works with the new Washington College Grant to engage and support students beginning in middle school, to promote college and career education, and to provide financial aid to eligible students and families.

[wsac.wa.gov/pathways](https://wsac.wa.gov/pathways)





# Resources: Supports for Financial Aid Application

## 12<sup>th</sup> Year Campaign

- <https://wsac.wa.gov/12th-year-campaign>

## GEAR UP

## New Tool: Otter Bot

What do you want to know about financial aid?

**Text Otter!**



**Sign up** for text messages to get information and help applying for financial aid as you get ready for college. Learn more at [wsac.wa.gov/otterbot](https://wsac.wa.gov/otterbot).

Text (360) 928-7281 and write "Hi Otter" to start.



# Resource: College and Career Compass

**Mobile-first digital tool for adult learners  
and high school students:**

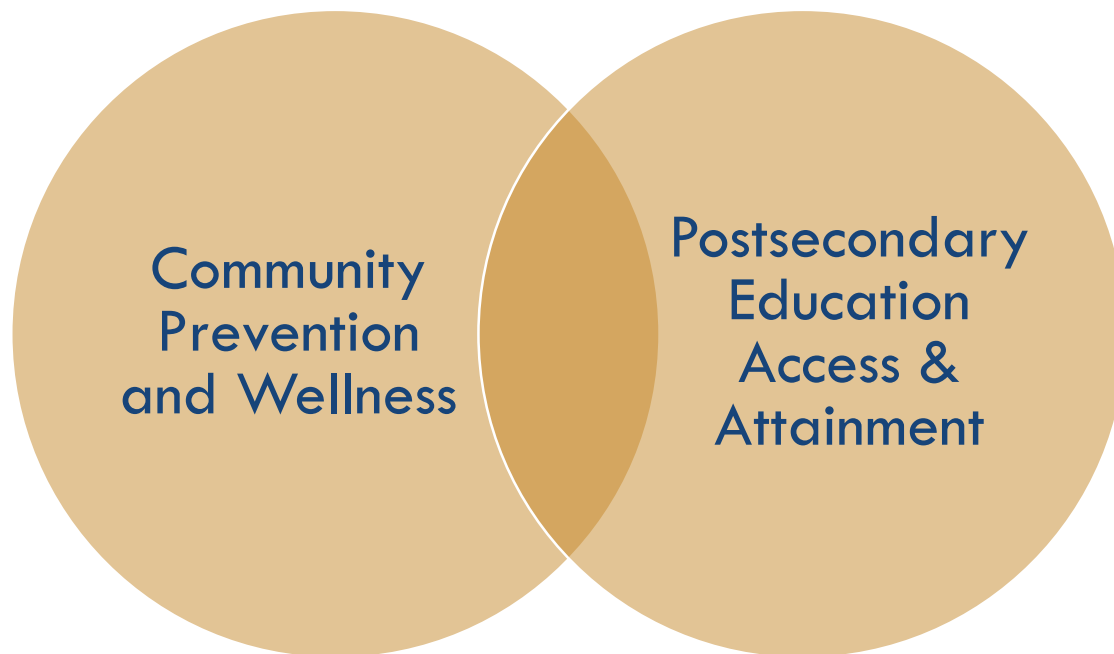
- 1. Customized “Coaching” info**
- 2. Search for WA education programs**
- 3. Connect to a campus**

**<https://compass.wsac.wa.gov/>**





# Opportunities to increase awareness





# Continue the conversation



Online:

- [www.wsac.wa.gov](http://www.wsac.wa.gov)
- [www.compass.wa.gov](http://www.compass.wa.gov)



On Twitter:

- @WSACouncil



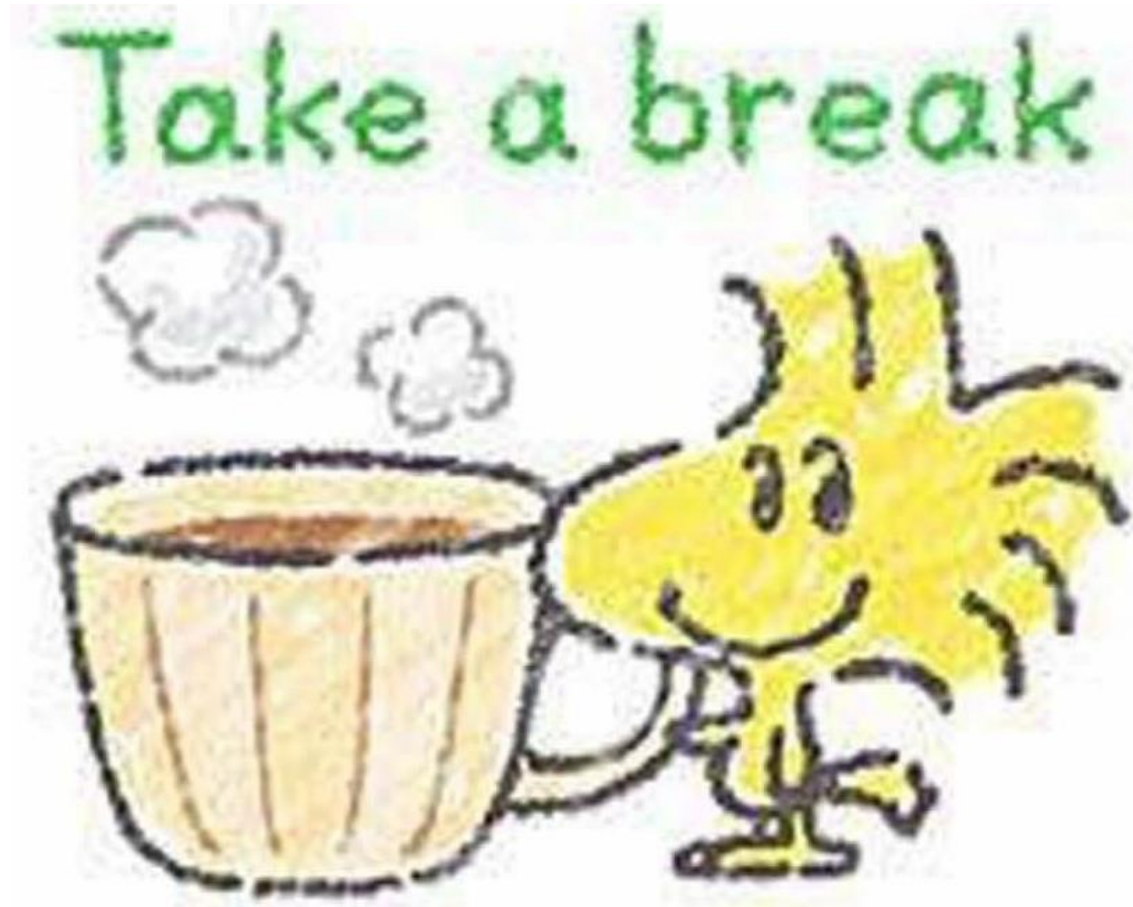
On Facebook:

- [www.facebook.com/WSACouncil](http://www.facebook.com/WSACouncil)
- [www.facebook.com/ReadySetGrad](http://www.facebook.com/ReadySetGrad)



We will start the 3<sup>rd</sup> hour  
in 5 minutes!

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# SAPISP

3<sup>rd</sup> hour training

Come back and be  
ready to go at [11:30am!](#)



Student Assistance  
Prevention/Intervention Services Program  
2018–2019 Annual Report Highlights

August 26<sup>th</sup>, 2020

# Presentation overview

- ▶ Present 2018-19 school year and trend results:
  - Activities and services
  - Characteristics of students served
  - Hope, perceived risk, and antisocial behavior outcomes
  - Substance use outcomes



# Service summary

# Select/indicated service overview 2018-19



SAPISP services provided in **95** schools



Services provided by **84** Student Assistance Professionals



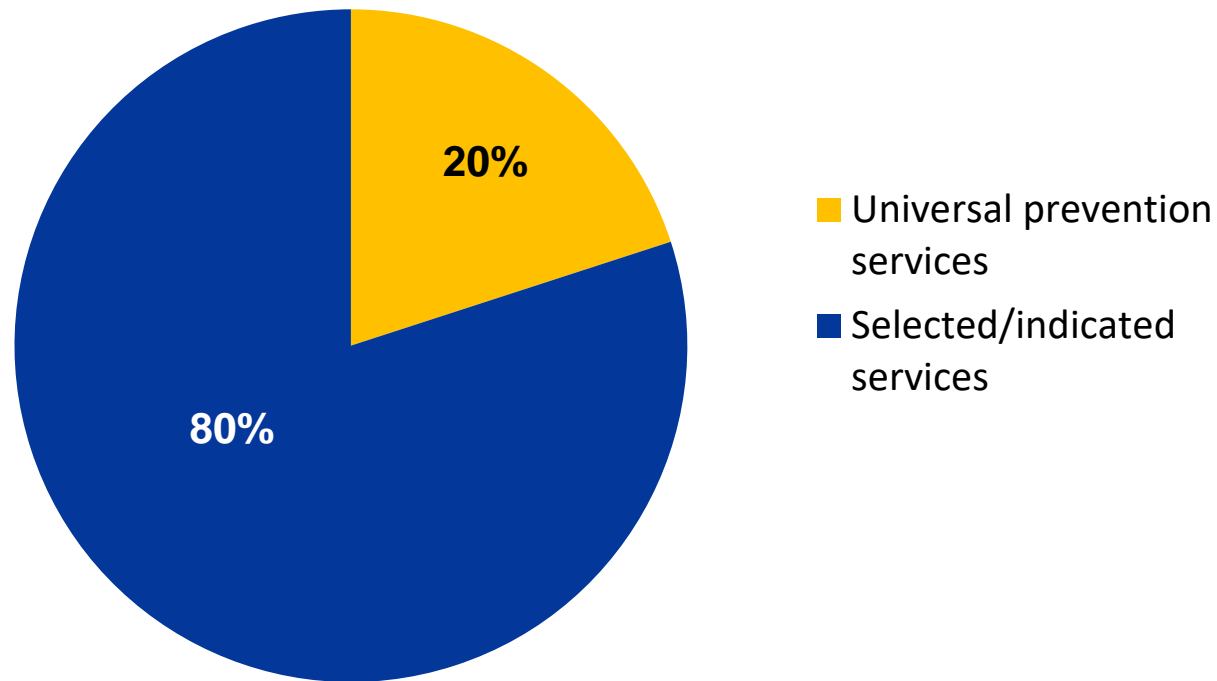
Direct selective/indicated services provided to **2,479** students  
(full interventions)



Average of **34** Participants per Student Assistance Professional

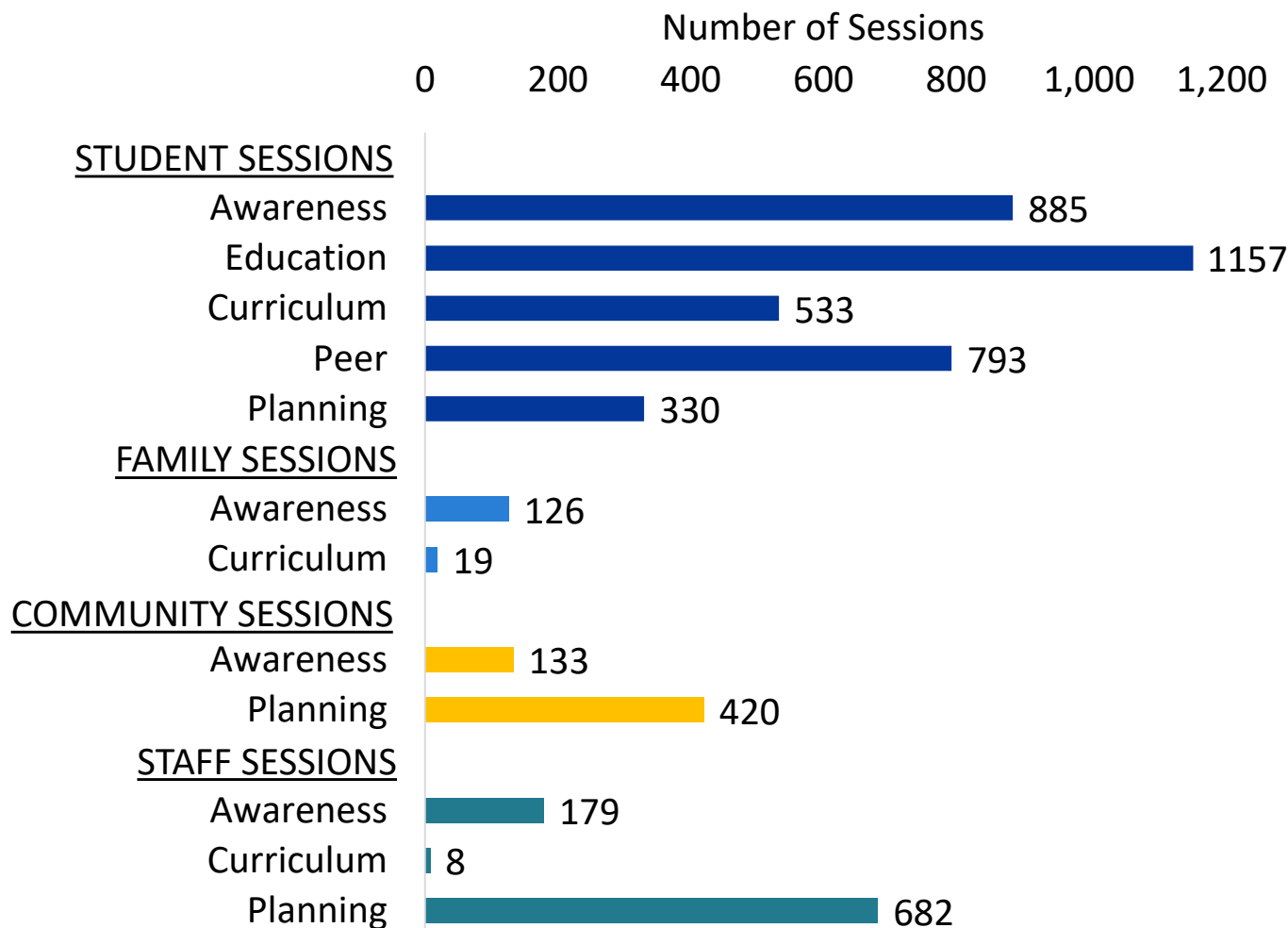
*Note.* Number of schools and Student Assistance Professionals includes any school or SAP with at least one student reported in the database in CPWI schools.

# Expected distribution of Student Assistance Professionals' (SAPs') time



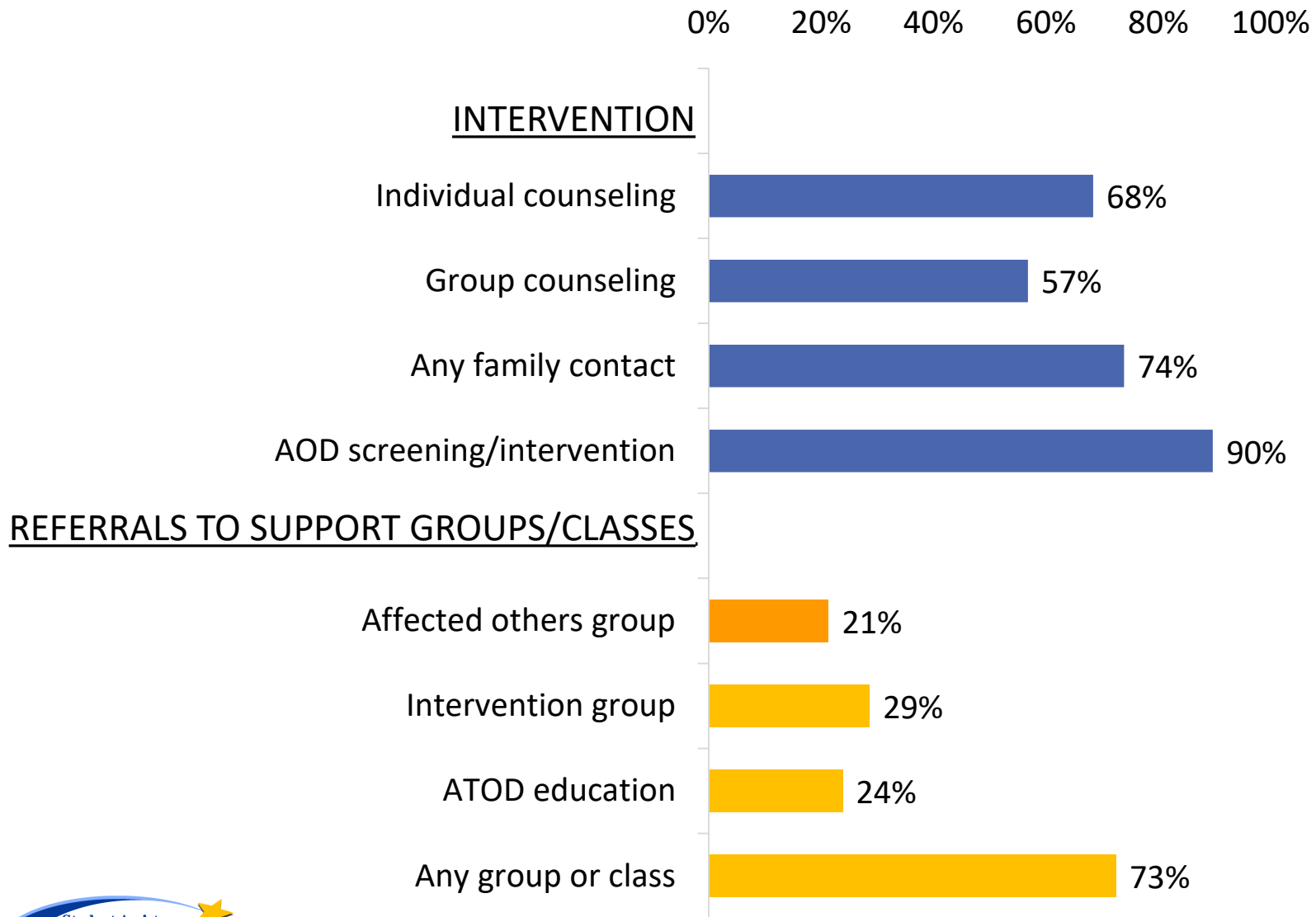
*Note.* All participants 2018-2019.

# Universal prevention sessions provided



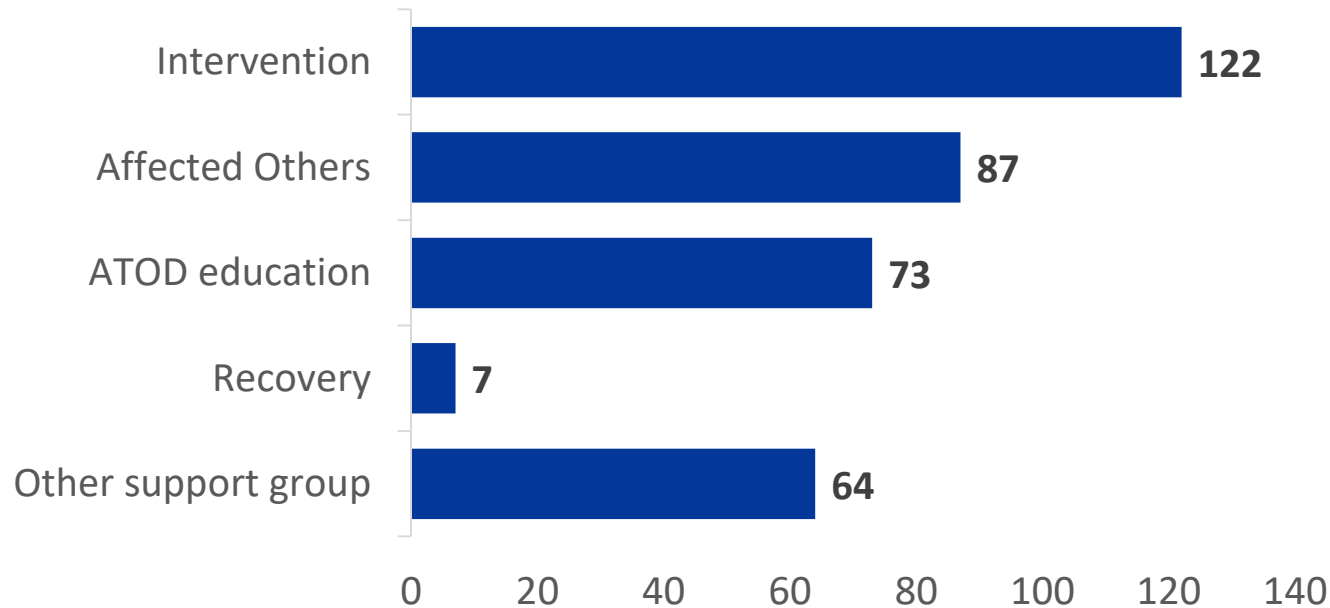
*Note. Total student sessions = 5,257 in CPWI schools. Curriculum is a recurring activity with multiple sessions. Because awareness and planning are nonrecurring activities, the number of activities and sessions are equivalent. The participant count may be duplicated if an individual participated in more than one strategy, but the participant counts for each strategy are unduplicated counts.*

# Selective/indicated services provided



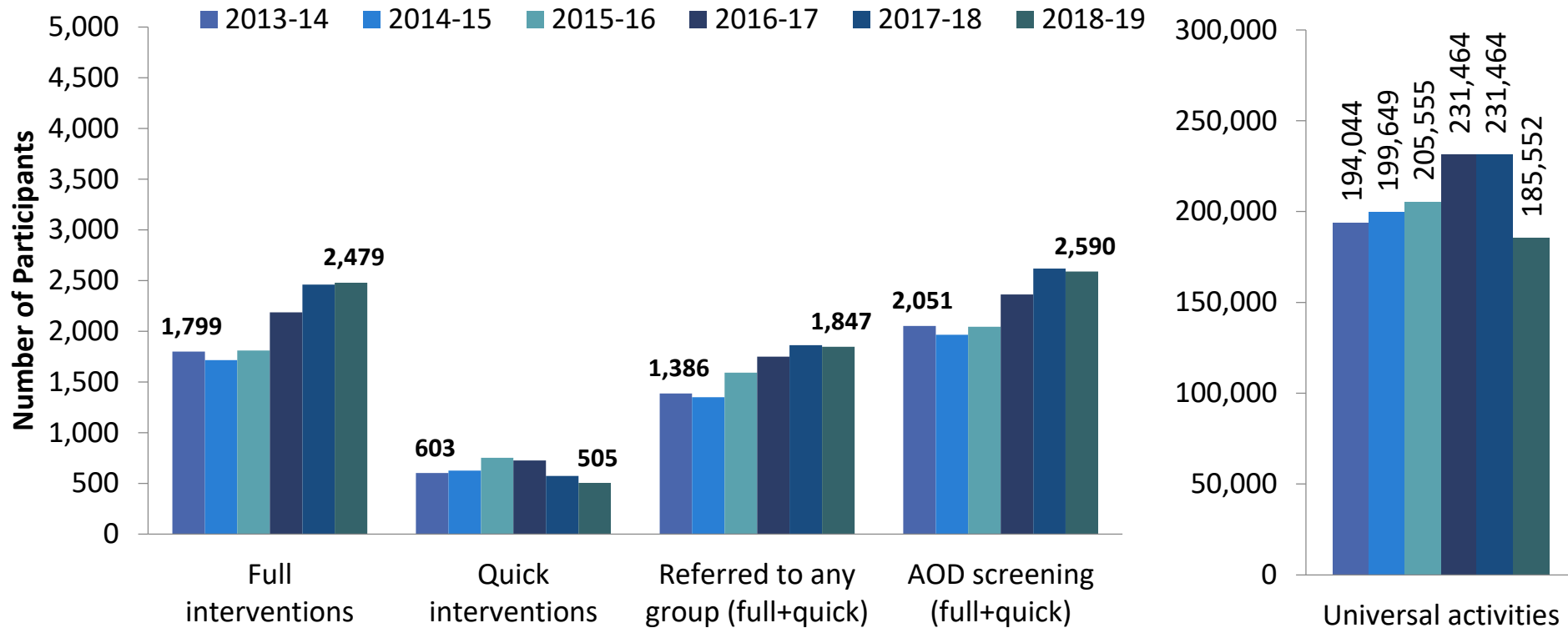
Notes: N's vary by interventions and groups from 2,463-2468. Includes students from CPWI schools with full intervention.

# Groups conducted by SAPs



- Average number of sessions per group: 9
- Average number of students per group: 6
- Average number of groups per SAP: 5

# Trends in services



*Note. The number of participants receiving the specified service. Referred to any screening includes both full and quick intervention participants. Universal activities include all student participants. 2018-2019.*

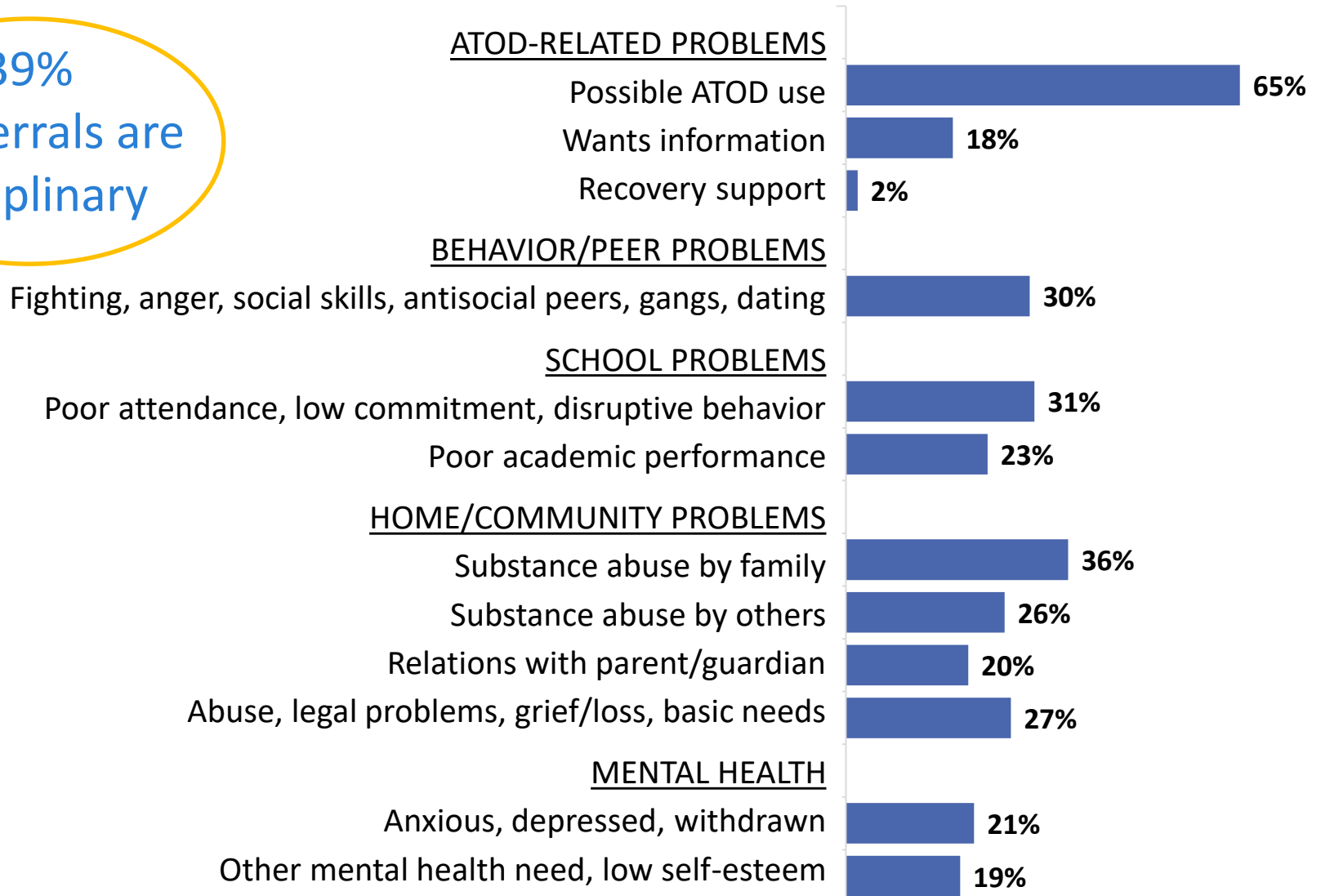
*Beginning in 2015-16, groups and screening among participants from CPWI schools only. Estimates prior to 2017-18 are from previously published results.*

# Selective/indicated services

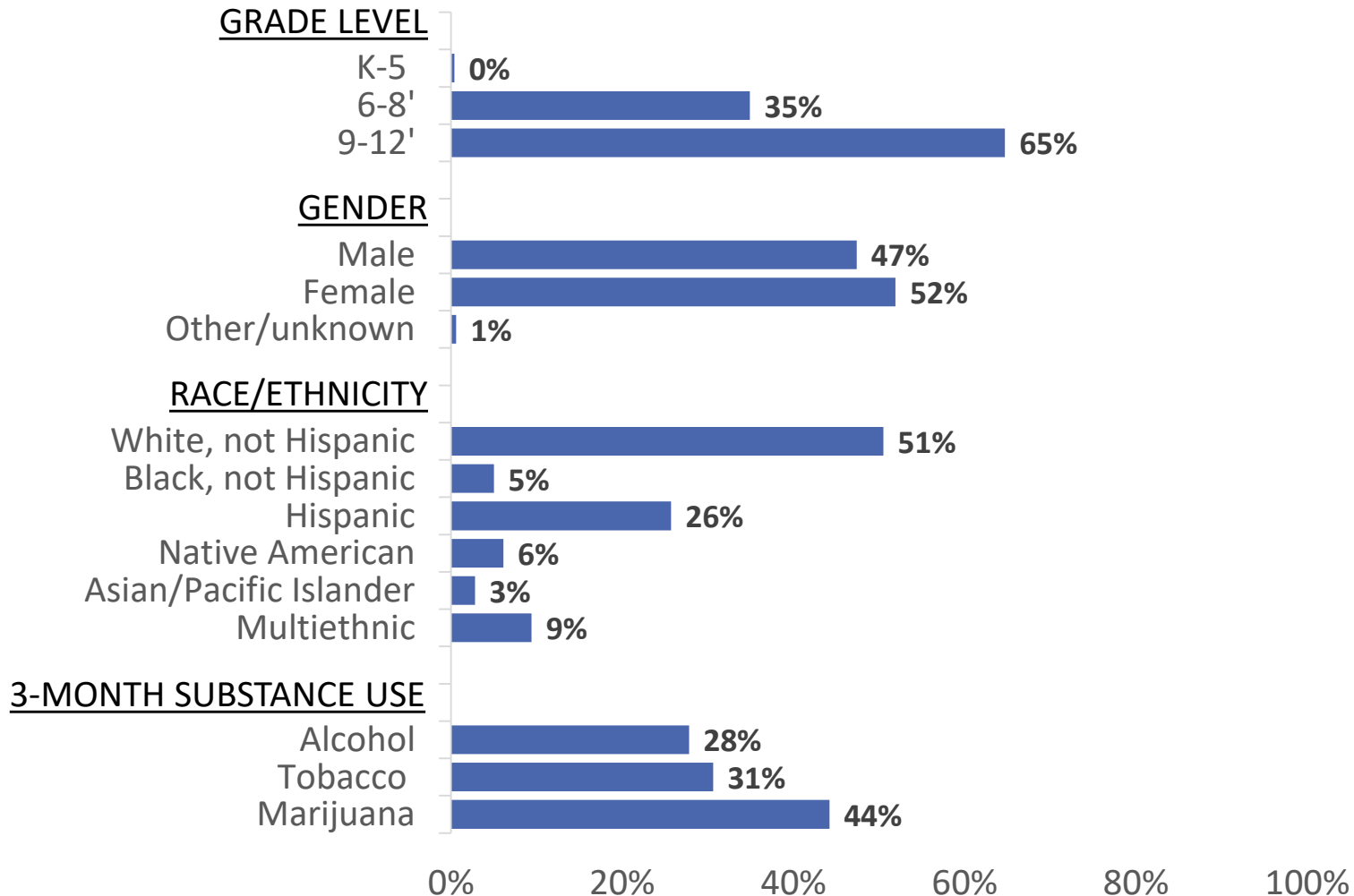


# Reasons/presenting problems at referral

39%  
of referrals are  
disciplinary

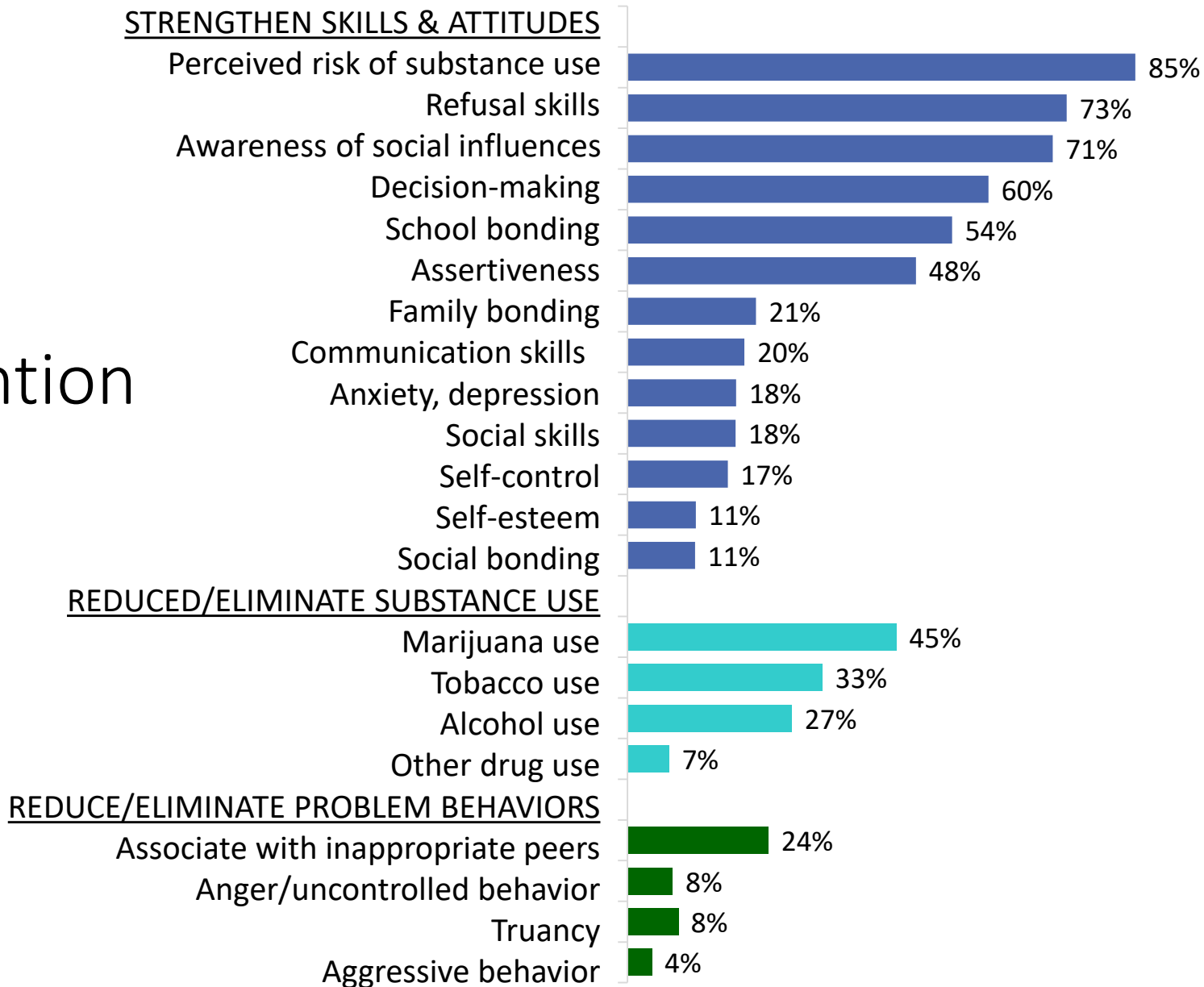


# Students demographics

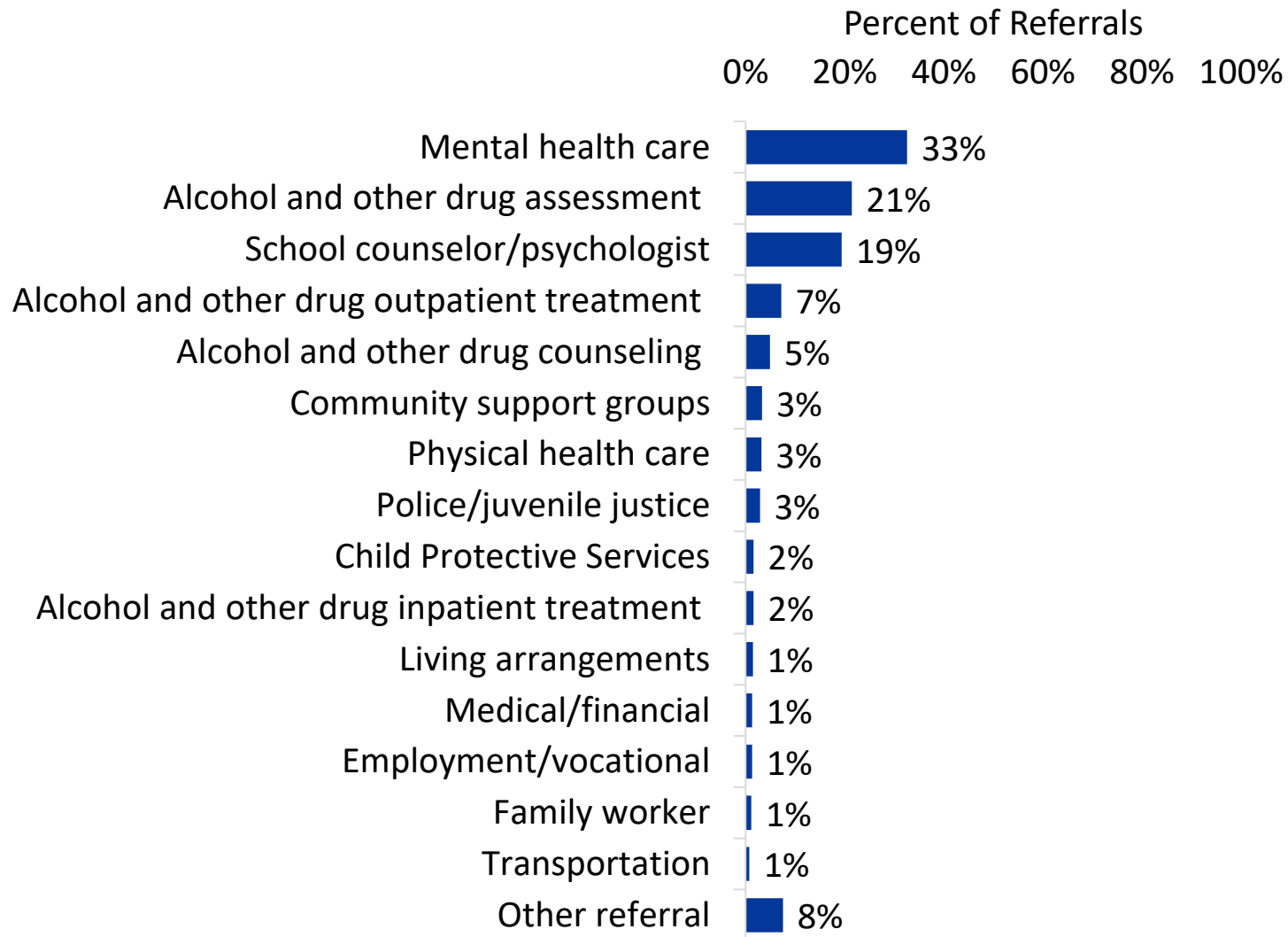


*Note: Includes 6<sup>th</sup> through 12<sup>th</sup> grade students from CPWI schools with full intervention, n = 2,468. 2018-2019*  
3-month substance use assessed by PI during screening process (not from pre-eval form).

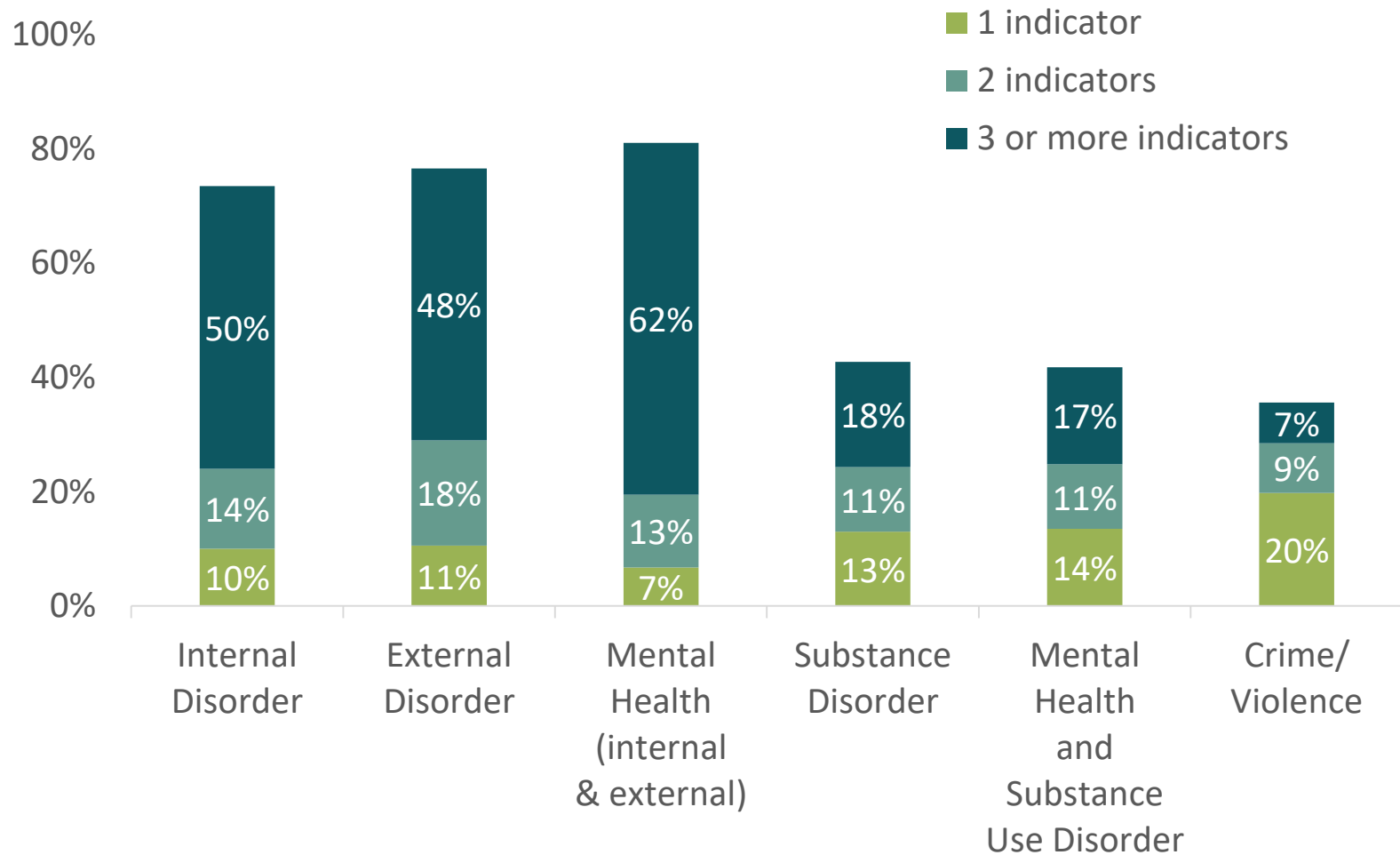
# Intervention goals



# Referrals to school or community resources

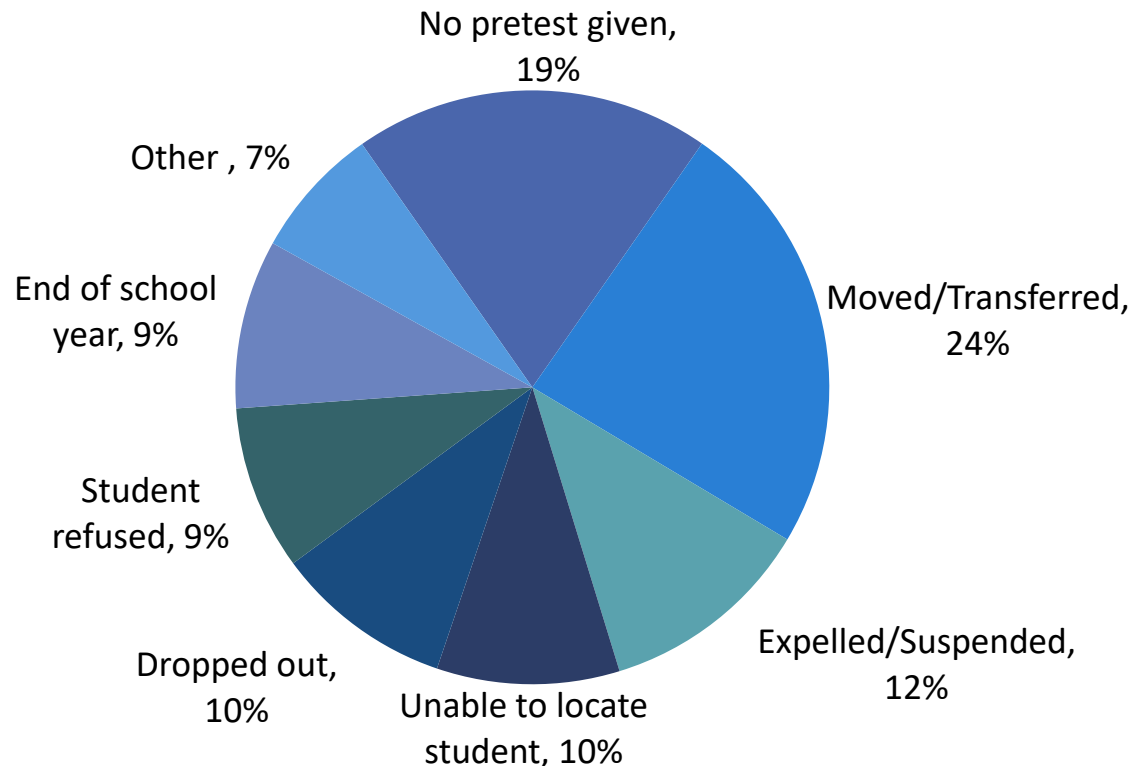


# GAIN-SS screening results



# Pre/post-evaluation response rate

- 75% of students completed both a pretest and posttest
- A reason the posttest was not completed was given for 402 students (66% of those without matched pre and post):



*Note: Includes 6<sup>th</sup> through 12<sup>th</sup> grade students from CPWI schools with full intervention, 2019-2019.*

# Student outcomes

- Survey data for students with matched pre/post
  - Children's Hope Scale
  - Perceived risk of harm in using substances
  - Problem behaviors in the previous three months
  - Substance use in the previous 30 days

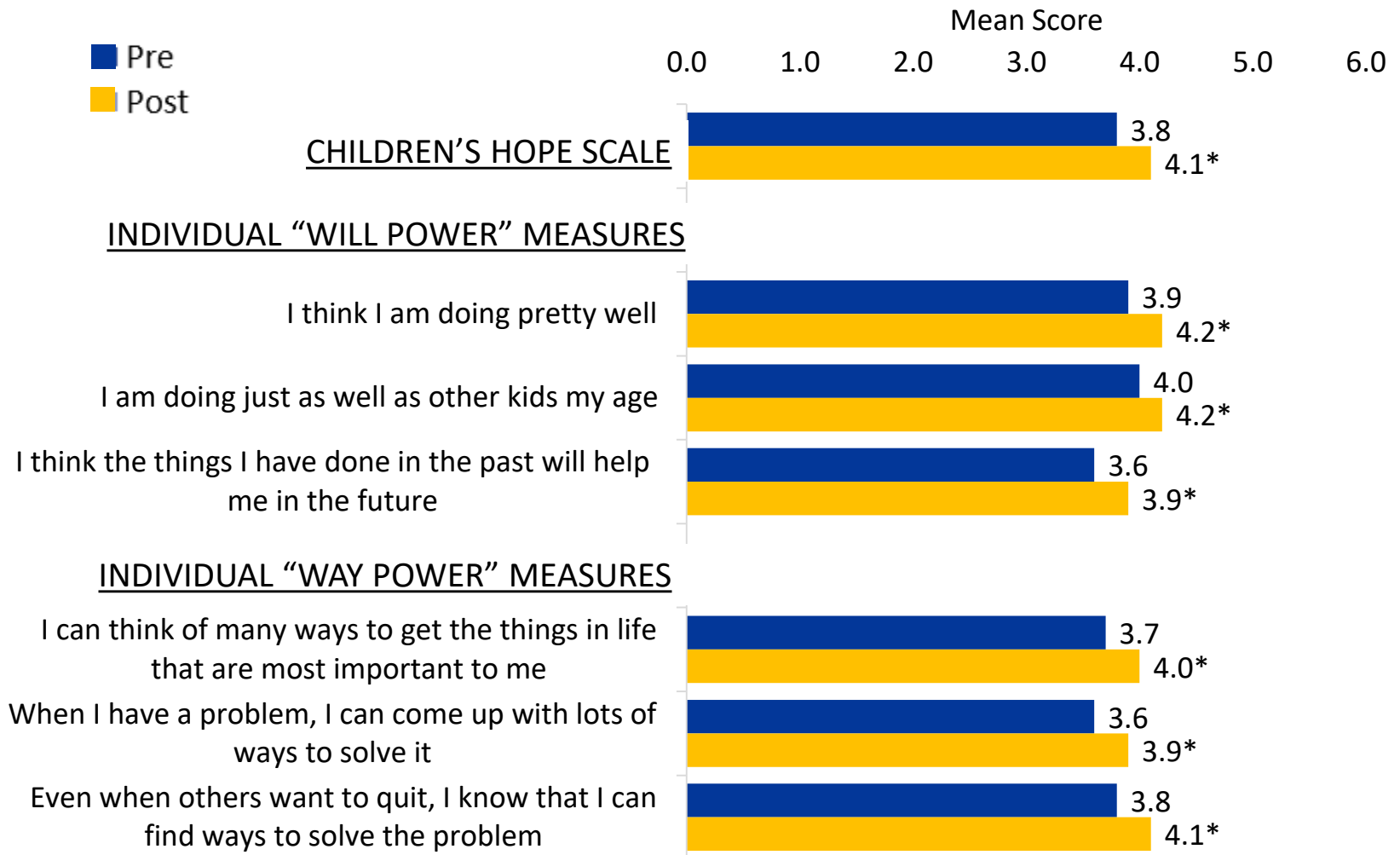
# Hope, perception of risk, and antisocial behavior outcomes



# Children's Hope Scale

- The Children's Hope Scale was added in September 2017.
- The “science of hope” is a growing and developing field of research exploring the mental capacities, character strengths, and characteristics that help both children and adults thrive.
  - Hope is a good predictor of an individual's physical and mental health, well-being, and academic performance.
  - Hope is negatively correlated with substance use, risk behaviors, and “avoidant coping.”
- The scale consists of 6 individual survey items that measure the child's agency or “will power” and the child's pathways or “way power” to accomplishing their goals.

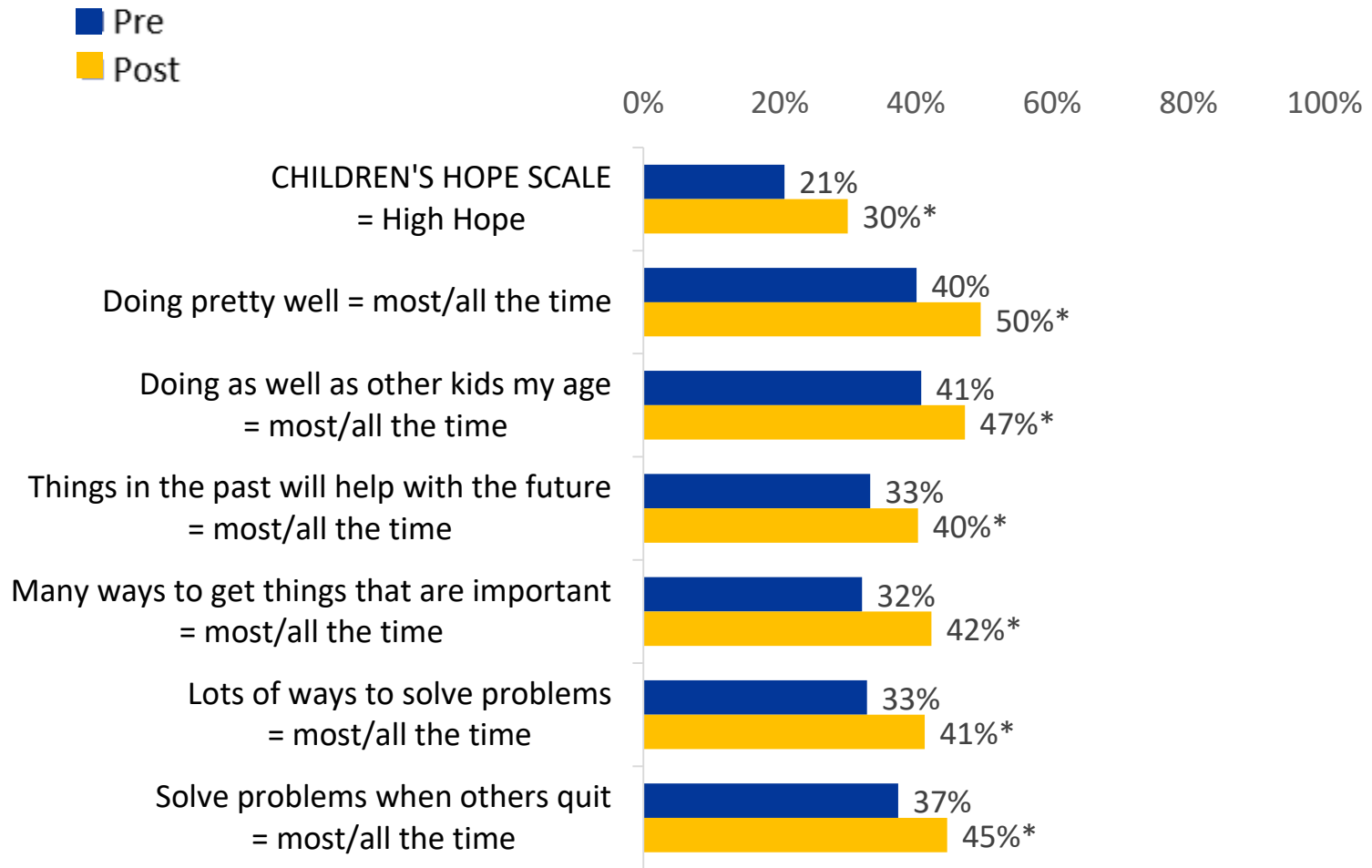
# Average Children's Hope Scale score



Notes: N = 1,588 for the Children's Hope Scale and varies from 1,667 to 1,691 for individual measures. Scale: 1 (None of the time) to 6 (All of the time). Includes Grade 6 through 12 students from CPWI schools with full intervention (n = 2,468), but only those responding to both "Pretest" and "Posttest" questions. 2018-2019.

\* indicates a significant change from pre to post (p-value <0.05).

# Another way to look at hopefulness



Notes: N's vary by question from 1,588-1,691 for the Children's Hope Scale (CHS). CHS scores range from 1 to 6, calculated as "None of the time" = 1 through "All of the time" = 6. Scores from all 6 questions are added together and divided by 6. Scores from 1.0 to 2.9 indicate "low hopefulness". 3.0 to 4.67 indicate "medium hopefulness", and 4.68 to 6.00 indicate "high hopefulness". Includes Grade 6 through 12 students from CPWI schools with full intervention. 2018-2019.

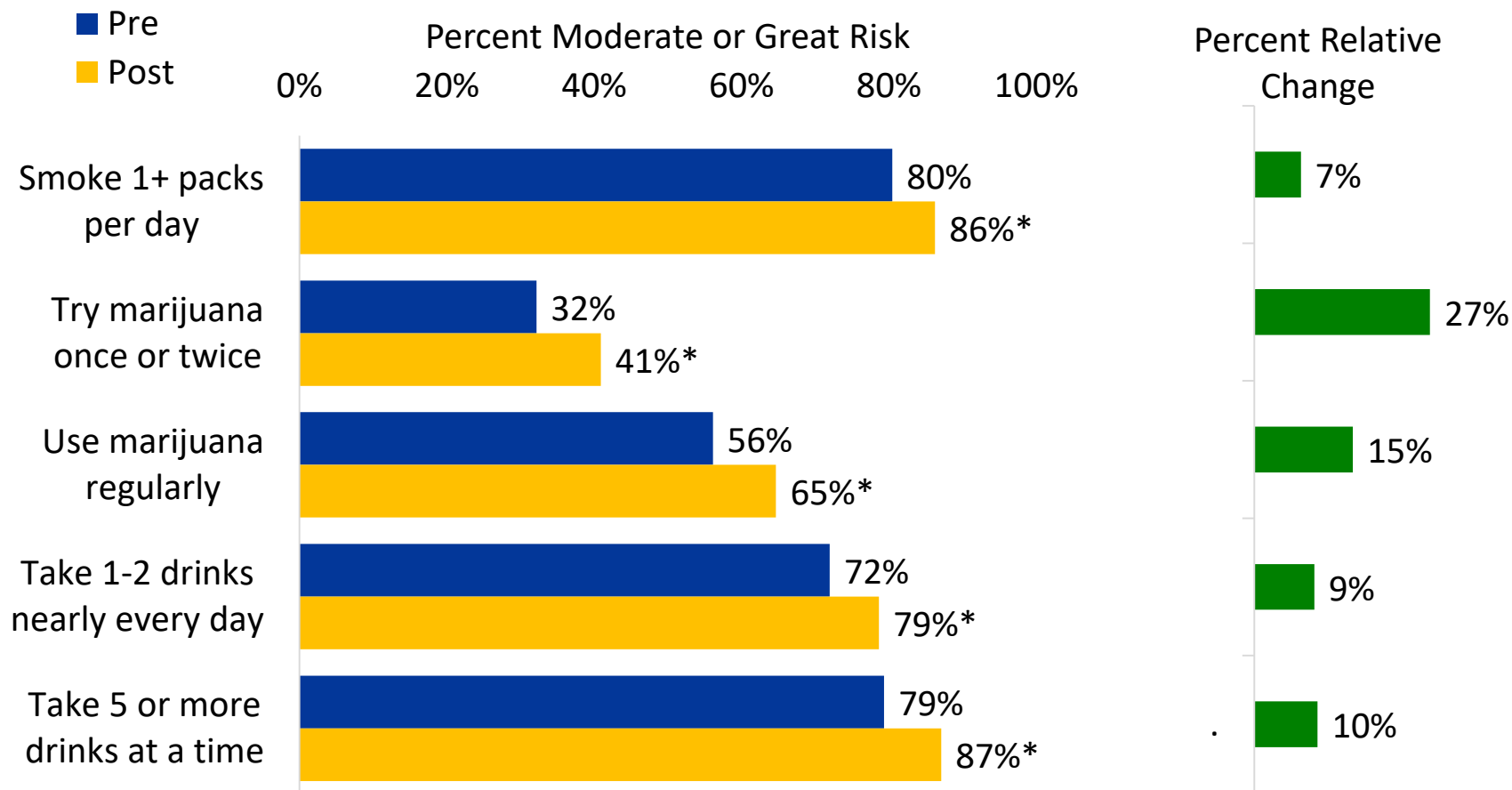
# “High hope” among specific groups

➤ Grade	Pre	Post	Relative Change
Middle School	21%	31%*	+48%
High School	21%	30%*	+43%
➤ Gender			
Male	26%	37%*	+42%
Female	16%	24%*	+50%
➤ Family substance abuse			
No family abuse	24%	33%*	+38%
Yes, family abuse	16%	25%*	+56%
➤ Marijuana use at baseline			
Not using	25%	35%*	+40%
Yes, using	15%	24%*	+60%
➤ Alcohol use at baseline			
No	23%	33%*	+43%
Yes	17%	25%*	+47%

Notes: Includes Grade 6 through 12 students from CPWI schools with full intervention.2018-2019.

\*indicates significant change from pre to post

# Perceived risk from substance use

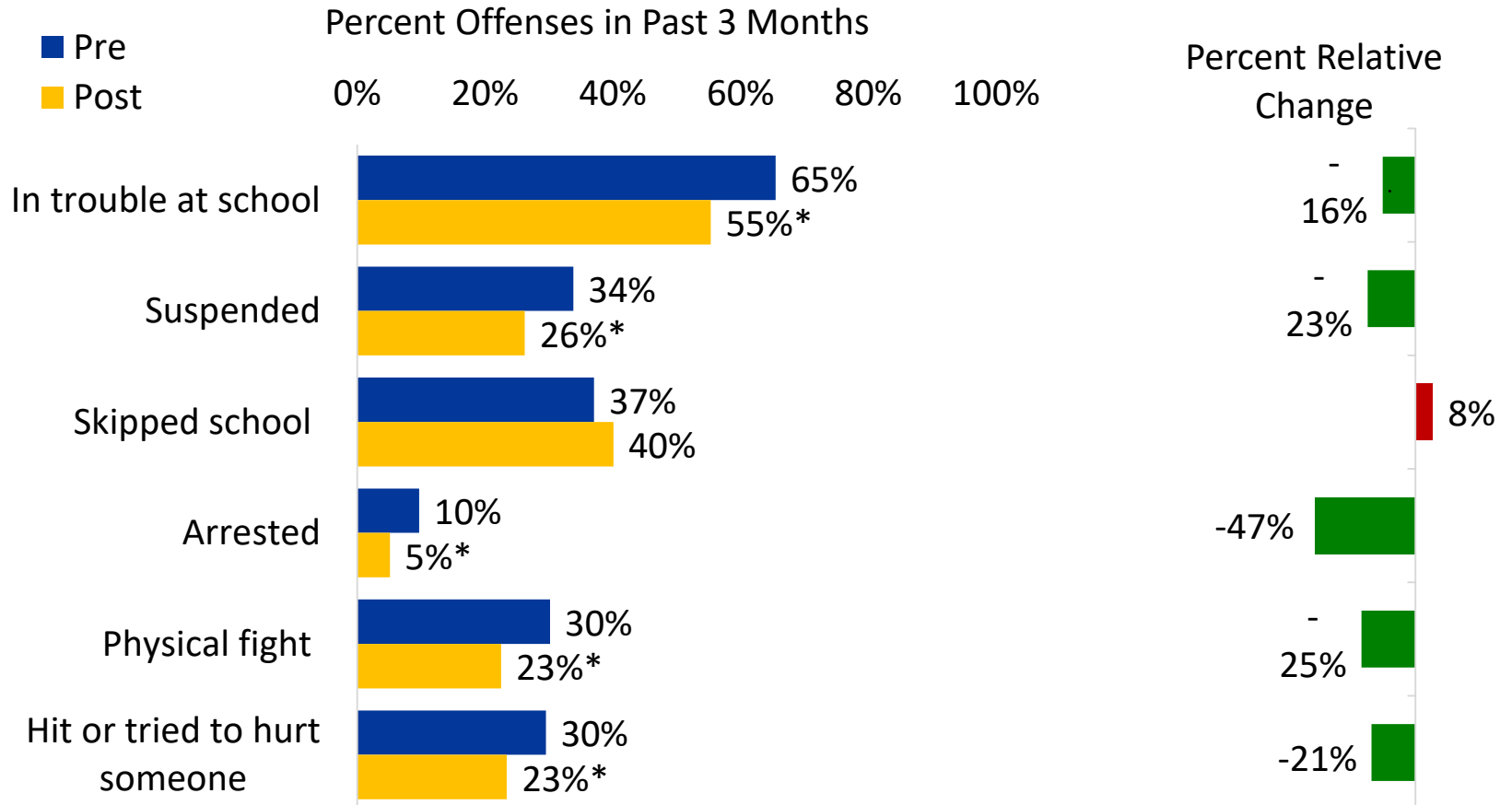


# Perceived “great or moderate risk” among specific groups

\* indicates significant change from pre to post

	Grade		Gender		Family Substance Abuse		30-day Baseline Marijuana Use		30-day Baseline Alcohol Use	
	MS (6-8)	HS (9-12)	Male	Female	No	Yes	No	Yes	No	Yes
Smoke 1+ pack per day	*	*	*	*	*	*	*	*	*	*
Try marijuana once/twice	*	*	*	*	*	*	*	*	*	*
Use marijuana regularly	*	*	*	*	*	*	*	*	*	*
1-2 drinks nearly every day	*	*	*	*	*	*	*	*	*	*
5 or more drinks at a time	*	*	*	*	*	*	*	*	*	*
Smoke 1+ pack per day	*	*	*	*	*	*	*	*	*	*

# Antisocial behaviors



Notes. N varies from 391 to 394. Includes Grades 6–12 students from CPWI schools with full intervention AND an antisocial behavior goal. Only students responding to both "Pretest" and "Posttest" questions are counted. 2018-2019. \* indicates a significant change from pre to post (p-value <0.05) from paired samples t-tests.

# Antisocial behavior among specific groups

\* indicates significant change from pre to post

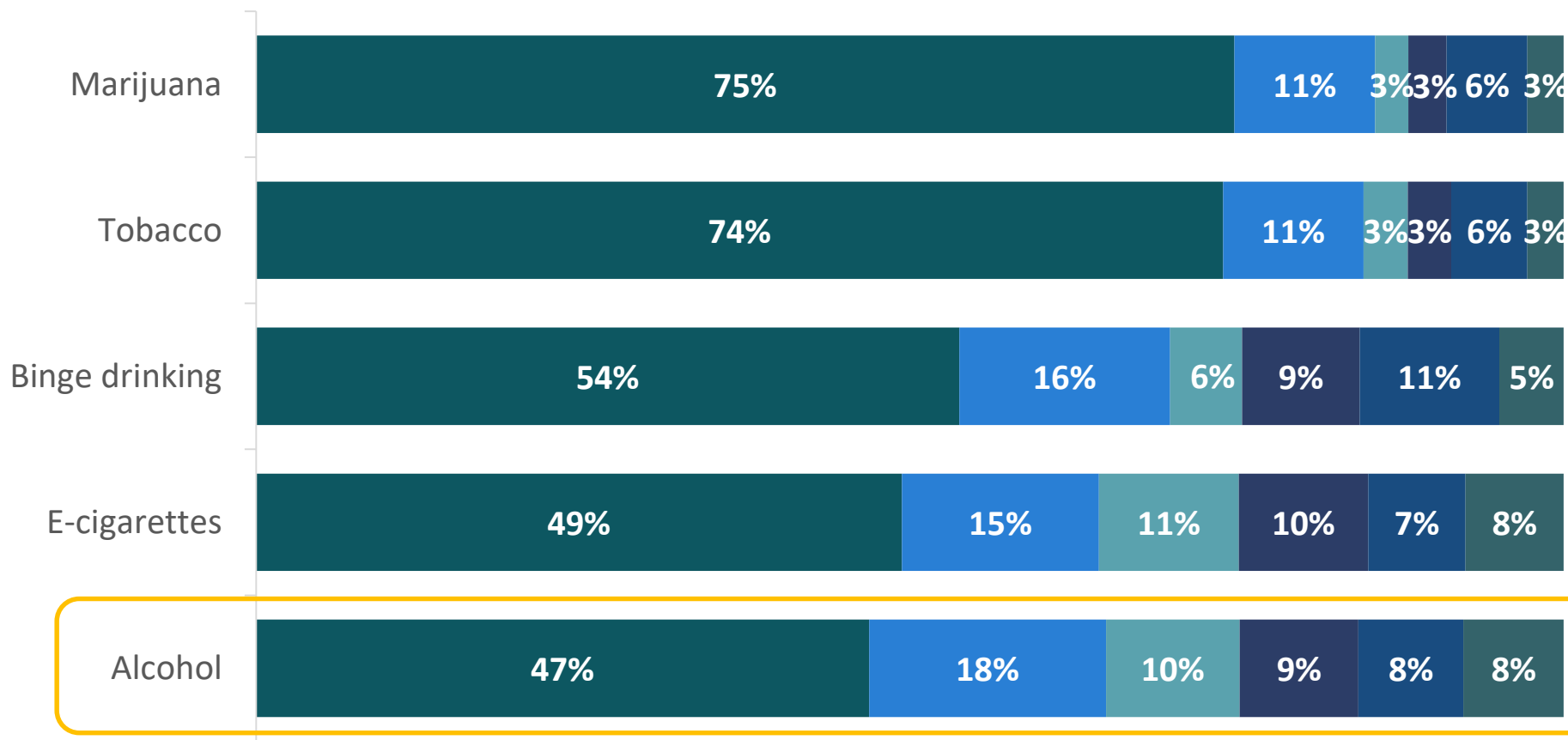
	Grade		Gender		Family Substance Abuse		30-day Baseline Marijuana Use		30-day Baseline Alcohol Use	
	MS (6-8)	HS (9-12)	Male	Female	No	Yes	No	Yes	No	Yes
In trouble at school		*	*		*	*	*		*	*
Suspended		*	*			*	*		*	
Skipped school									*	
Arrested		*	*			*		*		*
Physical fight	*		*	*	*	*	*			*
Hit/tried to hurt someone					*		*			*



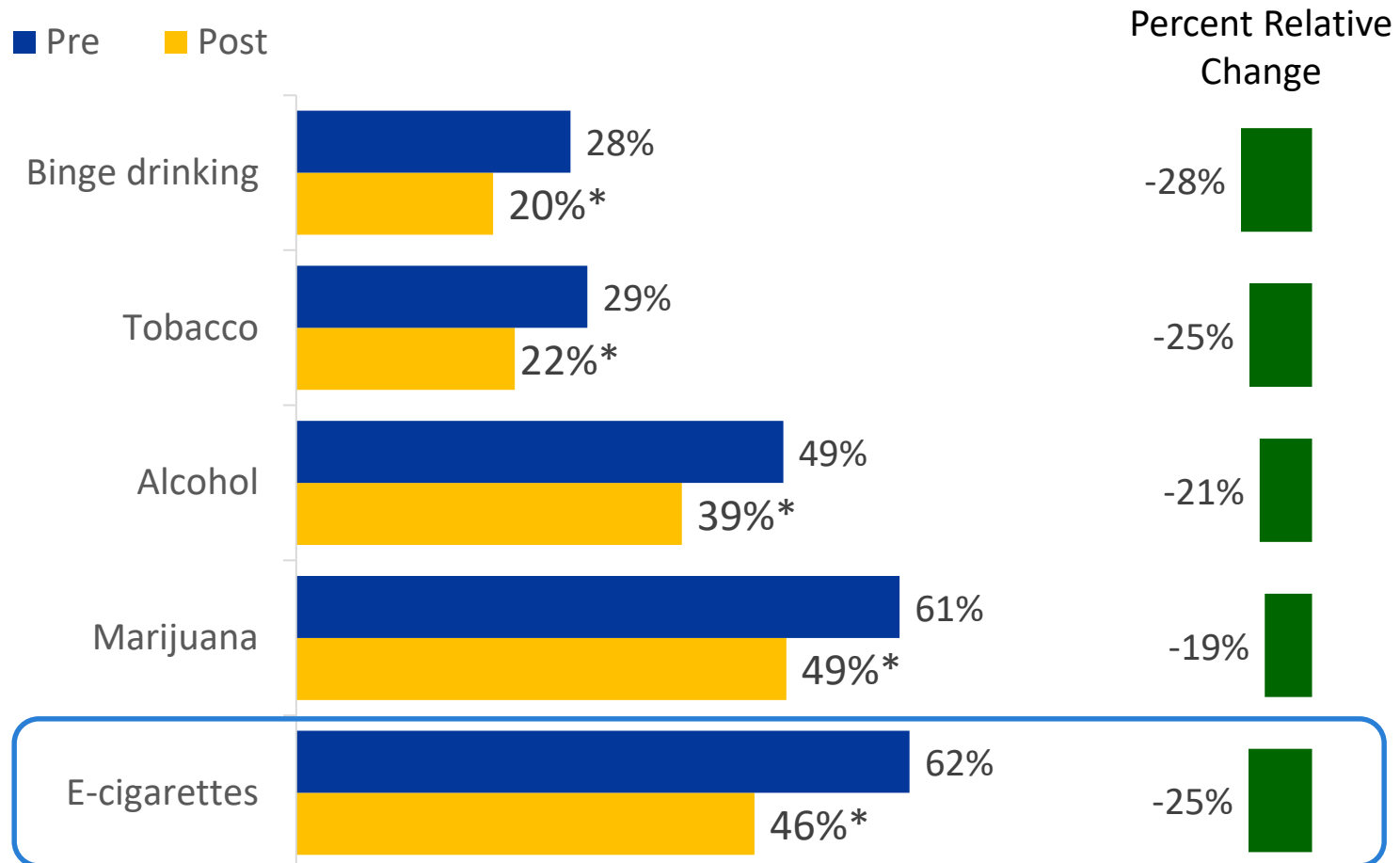
# Substance use outcomes

# Changes in substance use

■ Delayed onset   
 ■ Stopped use   
 ■ Reduced use   
 ■ Same use   
 ■ Started   
 ■ Increased



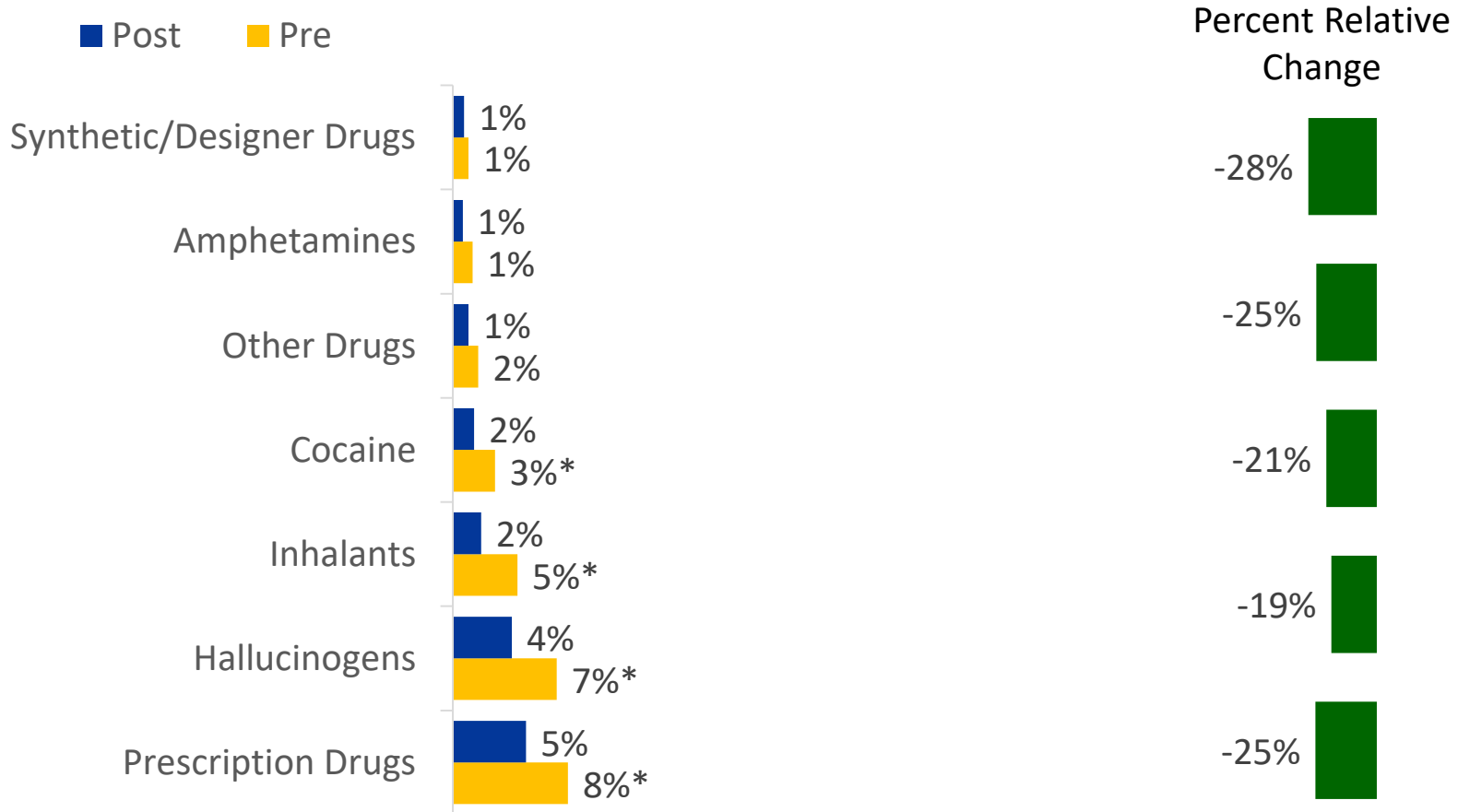
# Other 30-day substance use



Notes: N's vary per substance from 1,036 to 1,051. Includes Grades 6–12 students from CPWI schools with full intervention AND a substance use intervention goal, but only those responding to both "Pretest" and "Posttest" questions.

\* indicates a significant change from pre to post (p-value < 0.05) from paired samples t-tests.

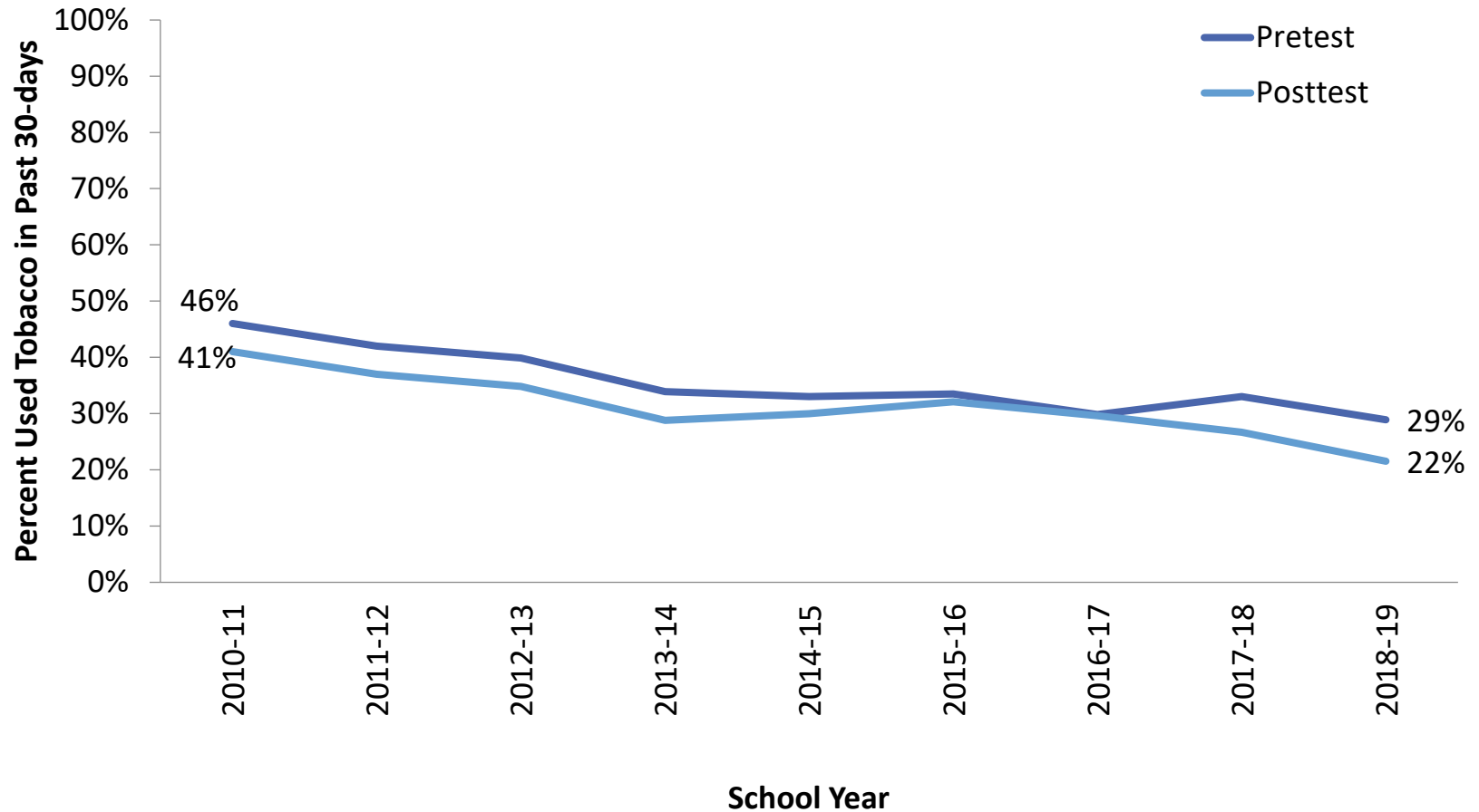
# Common 30-day substance use



Notes: n = 1,032–1,047 (n's vary per substance). Includes Grades 6–12 students from CPWI schools with full intervention AND a substance use intervention goal (n = 1,523), but only those responding to both "Pretest" and "Posttest" questions.

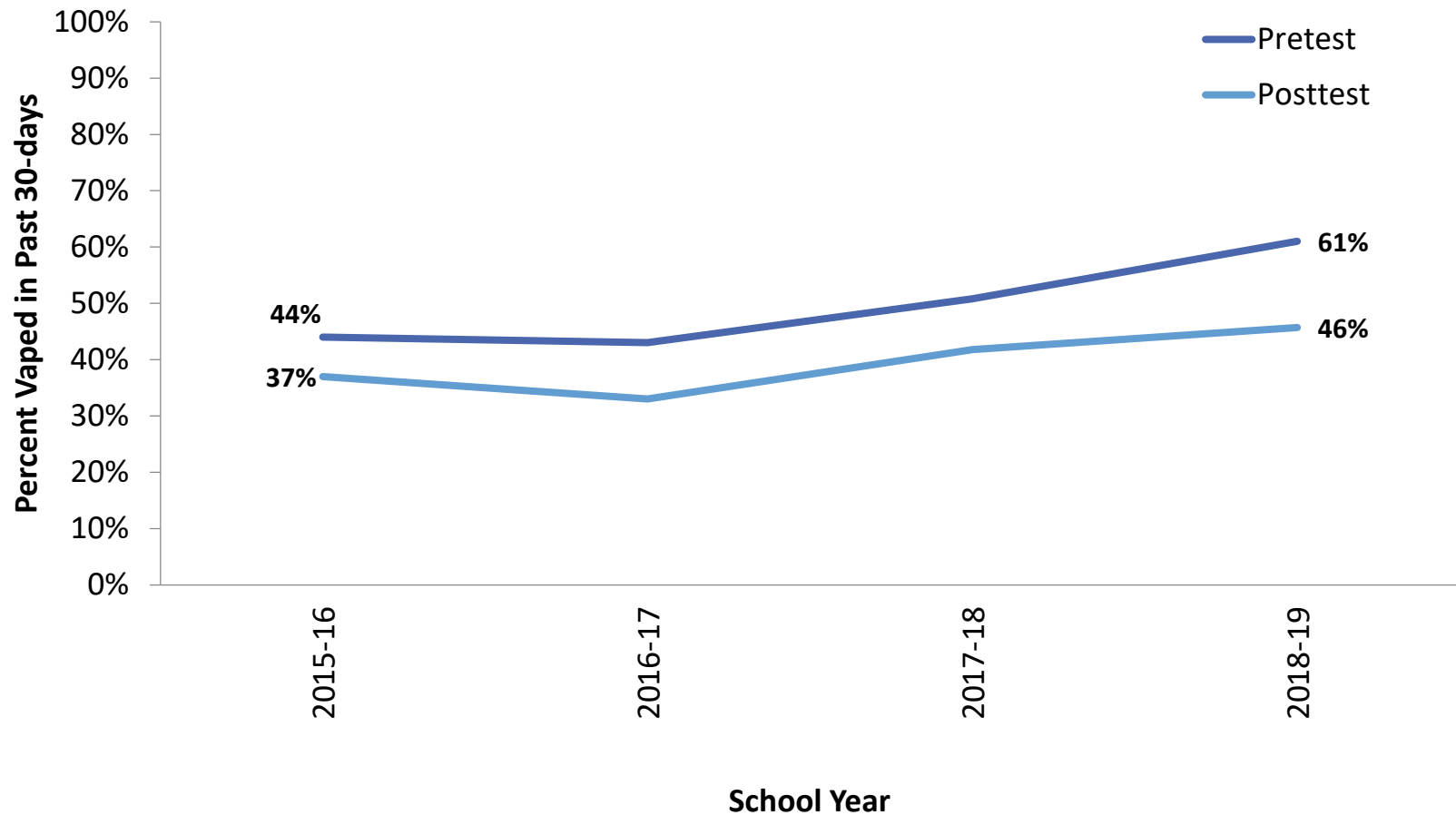
\* indicates a significant change from pre to post (p-value <0.05) from paired samples t-tests.

# Trends in past 30-day tobacco use



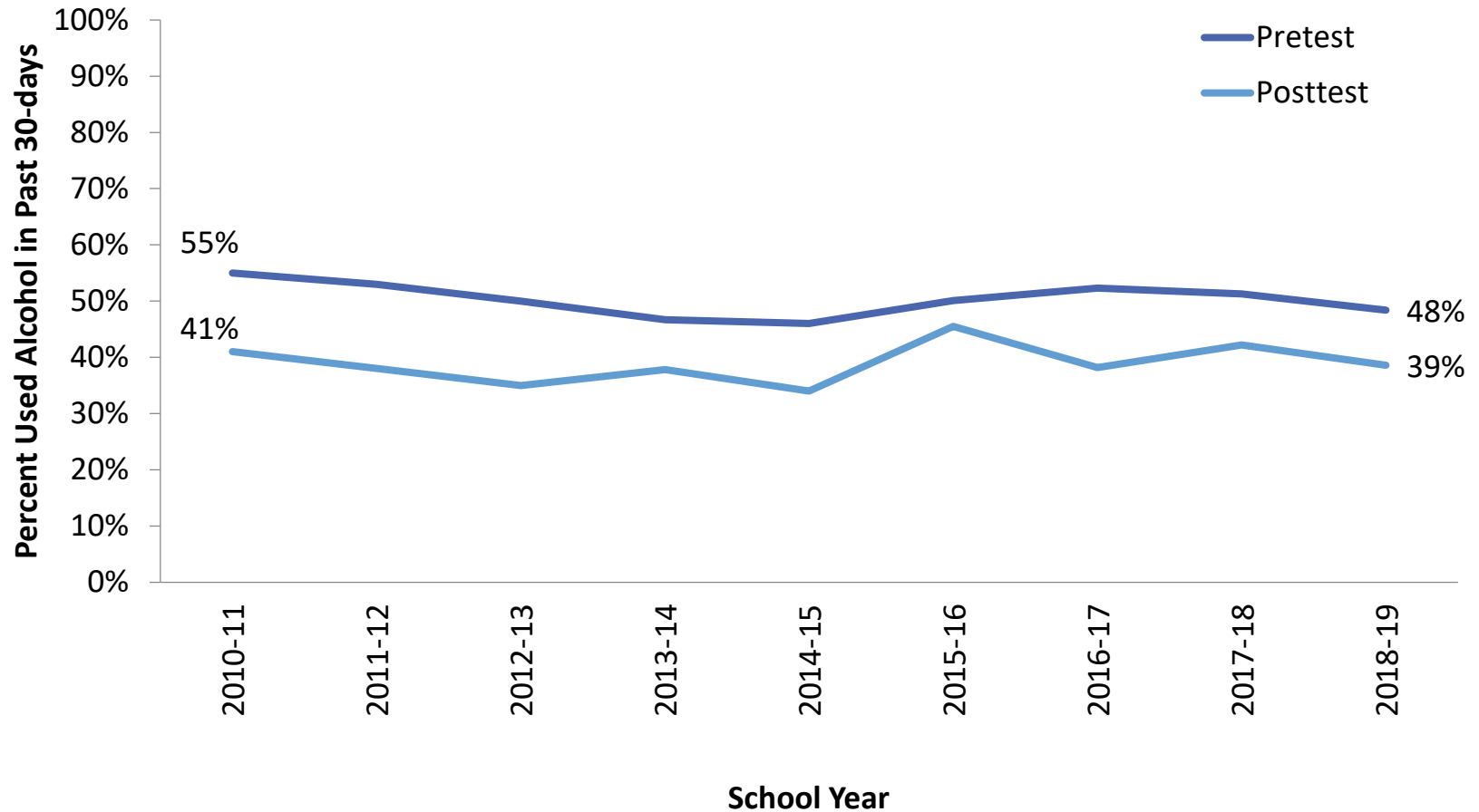
*Notes.* Matched pre-post reported for SAPISP participants with a substance use reduction goal, for 2018-19 n=1,910. Item wording was changed from “cigarettes” to “tobacco products (cigarettes or chew)” in 2017-2018. Beginning in 2015-16, 30-day use was only measured among participants from CPWI schools. Estimates prior to 2017-18 are from previously published results.

# Trends in past 30-day e-cigarettes use



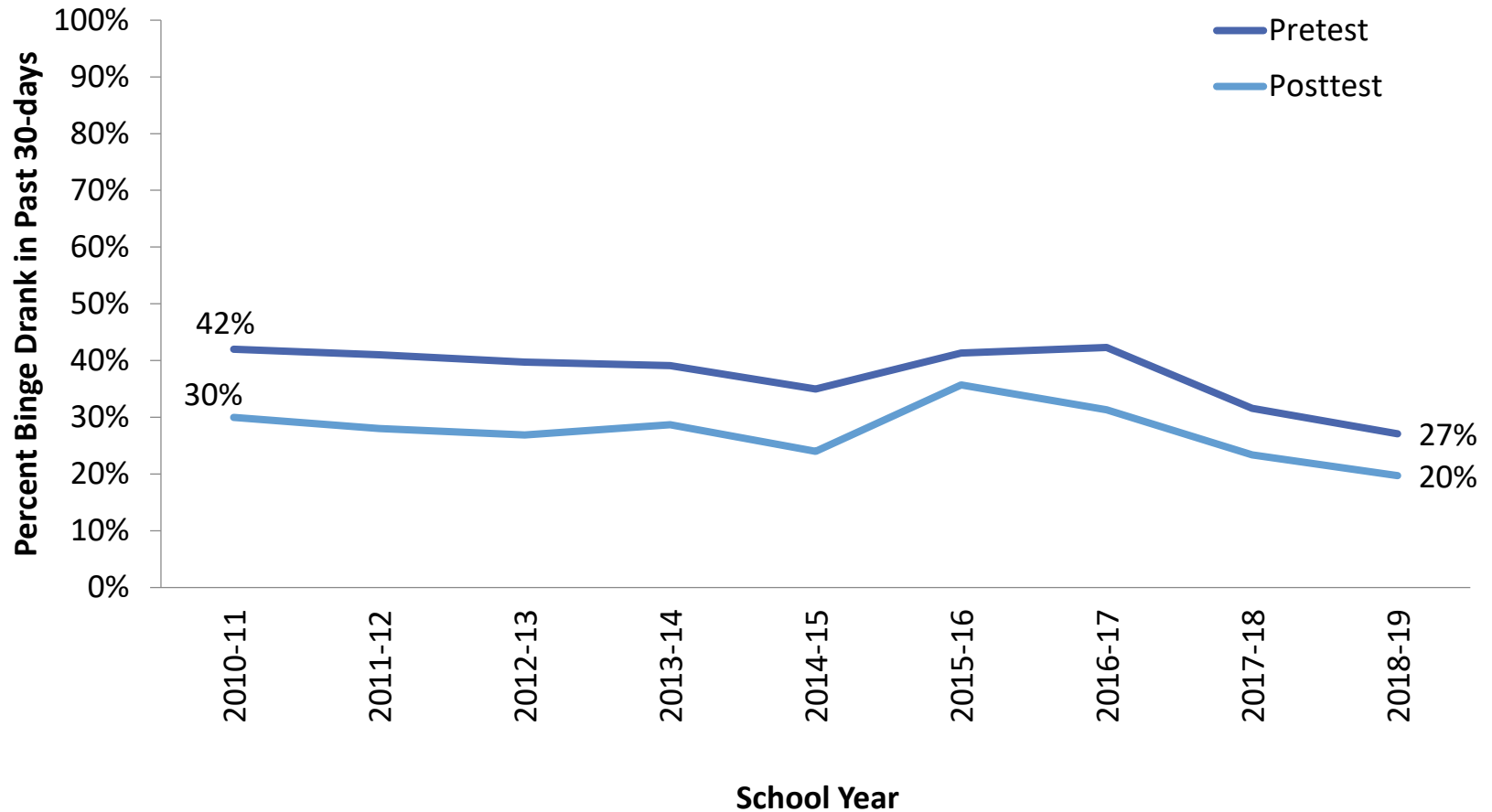
*Notes.* Matched pre-post reported for SAPISP participants with a substance use reduction goal, for 2018-19 n=1,932. Item was added to the student survey at the start of the 2015-2016 school year. Beginning in 2015-16, 30-day use was only measured among participants from CPWI schools. Estimates prior to 2017-18 are from previously published results.

# Trends in past 30-day alcohol use



*Notes.* Matched pre-post reported for SAPISP participants with a substance use reduction goal, for 2018-19 n=1,949. Beginning in 2015-16, 30-day use was only measured among participants from CPWI schools. Estimates prior to 2017-18 are from previously published results.

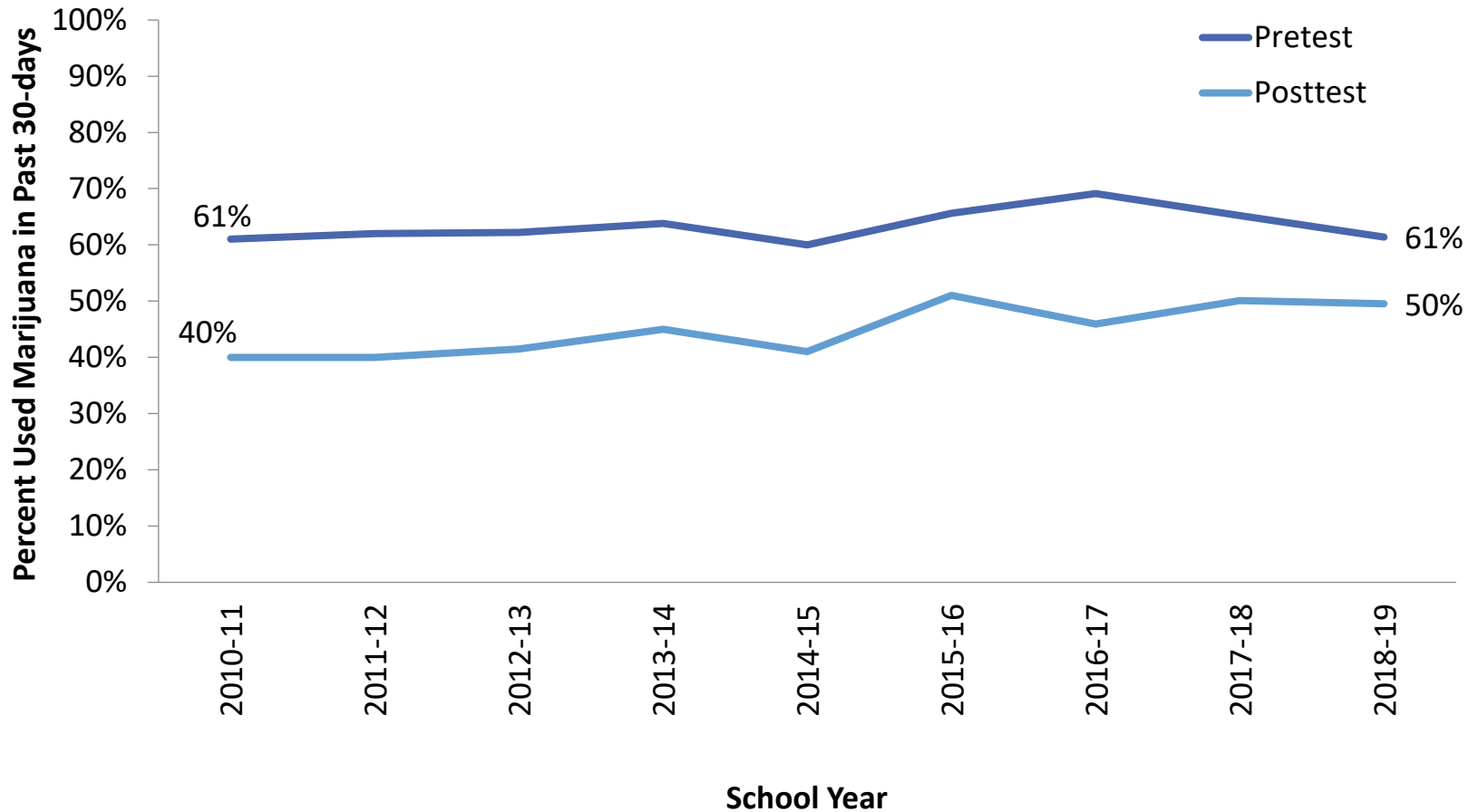
# Trends in past 30-day binge drinking



Notes. Matched pre-post reported for SAPISP participants with a substance use reduction goal, for 2018-19 n=1,938. Item wording was changed from “been drunk or very high from drinking alcoholic beverage” to “had 5 or more drinks in a row” in 2017-2018. Beginning in 2015-16, 30-day use was only measured among participants from CPWI schools. Estimates prior to 2017-18 are from previously published results.



# Trends in past 30-day marijuana use

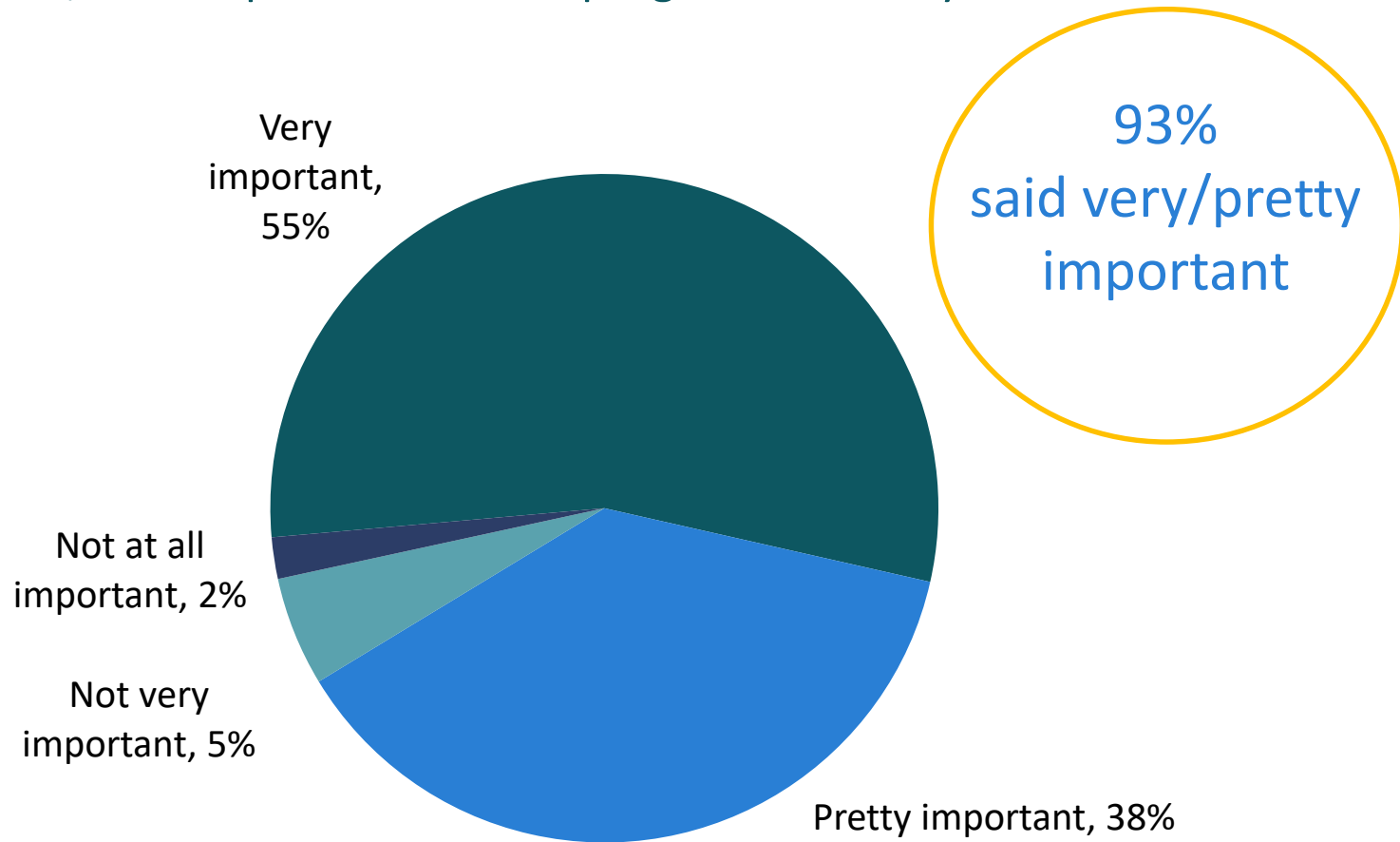


Notes. Matched pre-post reported for SAPISP participants with a substance use reduction goal, for 2018-19 n=1,919. Beginning in 2015-16, 30-day use was only measured among participants from CPWI schools. Estimates prior to 2017-18 are from previously published results.

# Program satisfaction

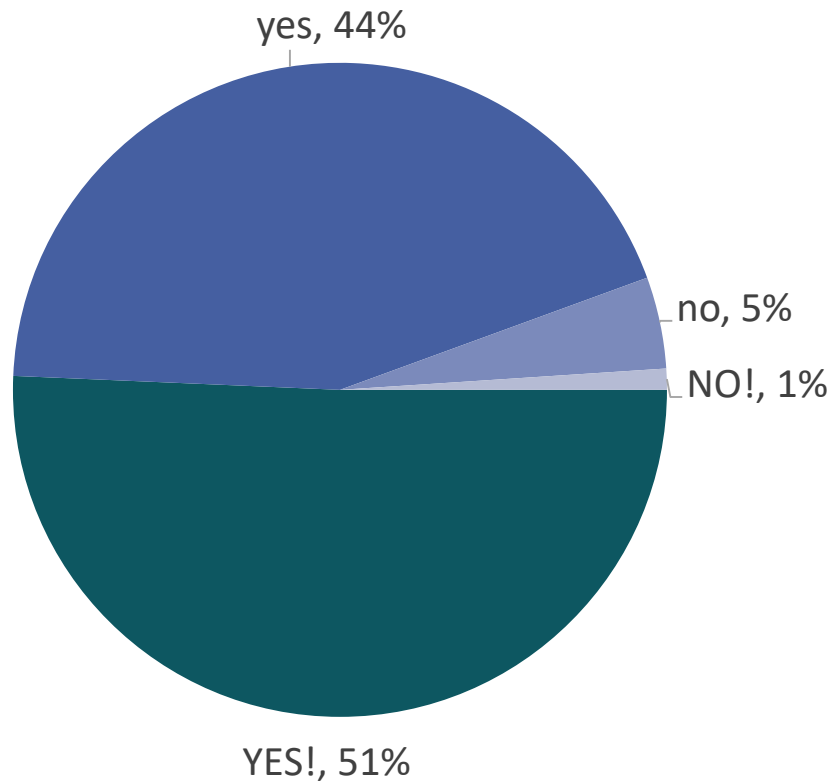
# Satisfaction – program importance

Overall, how important has this program been to you?



# Satisfaction – glad participated

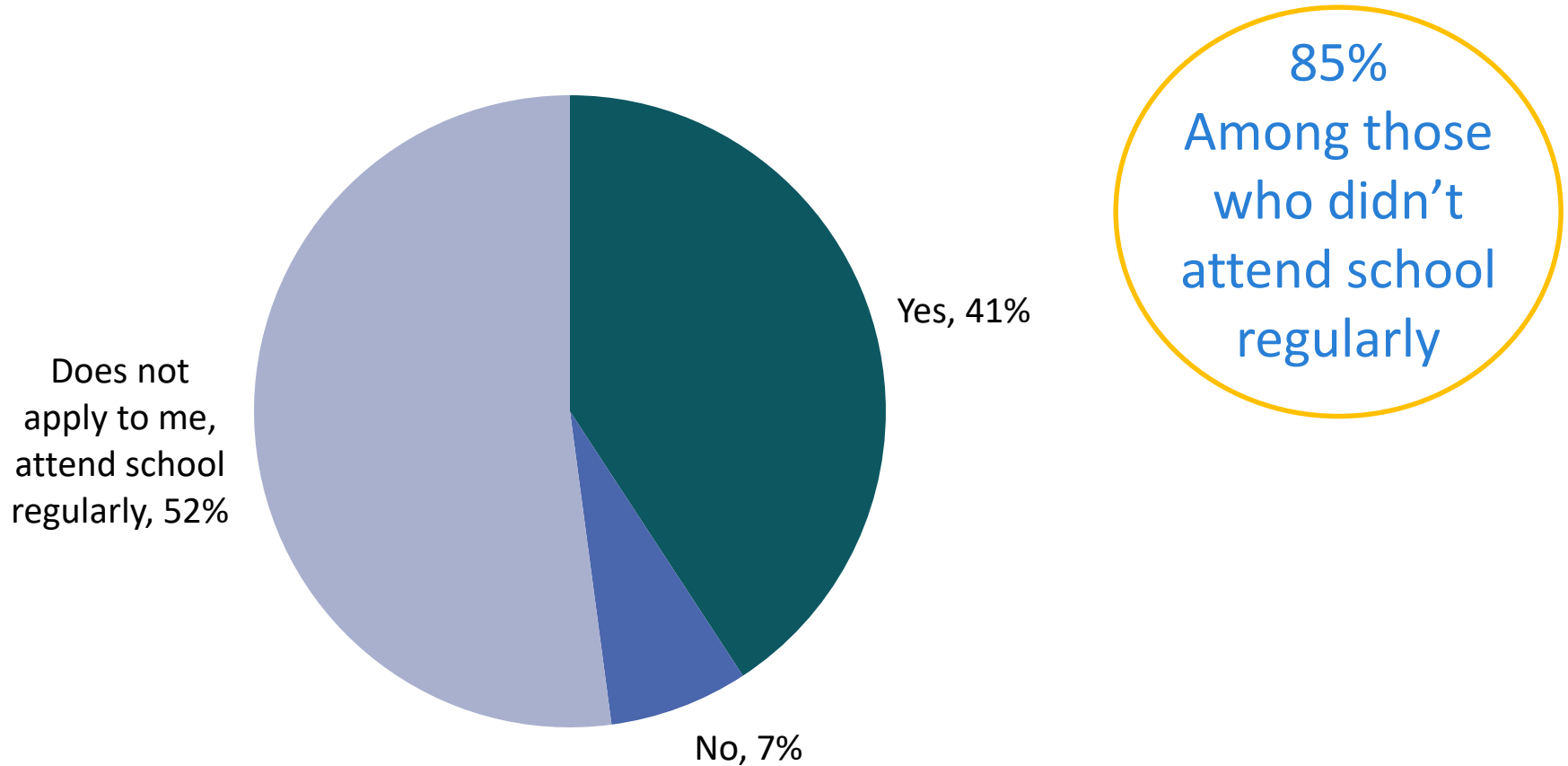
Are you glad you participated in the program?



96%  
said yes/YES!

# School attendance

Are you more likely to attend school because of this program?



# Questions?

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