

Welcome to the Washington State Prevention Provider Meeting!

Kasey Kates, Policy and Program Supervisor

November 4, 2019

9:00 AM - 3:00 PM

8:00-9:00 a.m.	Registration / Breakfast
9:00-9:30 a.m.	Welcome / Introductions Kasey Kates Policy and Program Supervisor
9:30-10:00 a.m.	Health Care Authority / Division of Behavioral Health and Recovery Updates Sarah Mariani SUD Prevention and MH Promotion Section Manager Keri Waterland Assistant Director
10:00-10:30 a.m.	Office of Superintendent of Public Instruction Updates Mandy Paradise Prevention-Intervention Program Supervisor
10:30-11:30 a.m.	2019 Update to the State Prevention Enhancement (SPE) Five Year Strategic Plan: What it is, How we got here, and Why it is meaningful to you Alicia Hughes Strategic Development and Policy Supervisor Sarah Mariani SUD Prevention and MH Promotion Section Manager Patti Migliore Santiago Community Based Prevention Manager, Department of Health Wade Alonzo Program Director, Traffic Safety Commission Sara Cooley Broschart Public Health Education Liaison, Liquor and Cannabis Board
11:30-12:30 p.m.	Working lunch (provided) / Activity: Getting in the right frame of mind Facilitated by Billy Reamer Prevention System Manager
12:30-1:30 p.m.	Strategic Framing: Developing tools for your communities Anna Marie Trester Senior Associate Research Interpretation and Application, FrameWorks Institute
1:30-2:30 p.m.	Framing our results from the CPWI evaluation Brittany Rhoades Cooper Associate Professor, Washington State University
2:30-3:00 p.m.	Announcements / Closing Liz Wilhelm The Washington Association of Prevention Coalitions Announcements from other state agencies and stakeholders Facilitated by Kasey Kates Policy and Program Supervisor

3:30-5:00 DBHR / HCA Listening Session

Keri Waterland | Director

Michael Langer | Deputy Director

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.

**Appetizers provided by Triumph.*

Celebrating our success!

- ▶ What are some **key accomplishments** you and/or your community have had over the last year?
 - ▶ Take a minute to think.
 - ▶ Share with your table.
 - ▶ Opportunity to share with the audience.

HCA / DBHR

Sarah Mariani, Section Manager

Substance Use Disorder Prevention and
Mental Health Promotion Section

HCA / DBHR

- ▶ Who is the room with us today?
- ▶ Thank you to DBHR staff who made today and the Summit possible!
- ▶ Continued expansion / continuation of funding.
- ▶ Fellowship program.
- ▶ MHPP and CBO RFA.
- ▶ 2019 Coalition Leadership Institute.
- ▶ 2019 CADCA Boot Camp.
- ▶ Updated Toolkits available now!

New courses available through OWL E-Learning

- ▶ NEW and IMPROVED Minerva Trainings
- ▶ Strategic Prevention Framework Assessment, Planning, Implementation, Evaluation courses
- ▶ Opioid Prescribing Guidelines
- ▶ Dental Guidelines on Prescribing Opioids for Acute Pain Management

How to access OWL E-Learning courses

- ▶ Log into [The Athena Forum](#) website.
- ▶ Visit, www.TheAthenaForum.org/OWL and follow directions for “New Users” or “Returning User.”
 - ▶ If requesting a new account, please allow 2-3 business days to receive your account activation.



HCA / DBHR

- ▶ Roundtable discussion at the annual Society for Prevention Research Conference.
- ▶ Rethinking College Drinking campaign.
- ▶ Congrats to Drug Free Communities (DFC) grantees!
- ▶ Congrats to STOP Act grantees!

HCA / DBHR

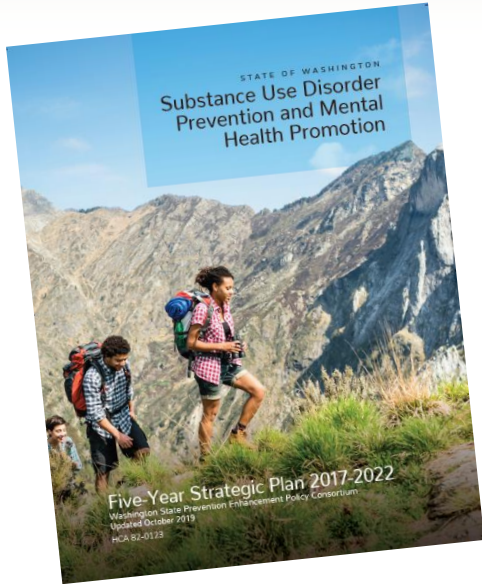
Keri Waterland, Assistant Director

Division of Behavioral Health and Recovery

Office of Superintendent of Public Instruction



Mandy Paradise
Prevention-Intervention
Program Supervisor



State of Washington Substance Use Disorder Prevention and Mental Health Promotion Five Year Strategic Plan 2017- 2022

Presented by: the Washington State Strategic Prevention Enhancement Policy Consortium

Alicia Hughes *Strategic Development and Policy Unit Supervisor, Substance Use Disorder & Mental Health Promotion, Division of Behavioral Health and Recovery, HCA*

Sarah Mariani **CO-CHAIR, SPE CONSORTIUM** *Section Manager, Substance Use Disorder & Mental Health Promotion, Division of Behavioral Health and Recovery, HCA*

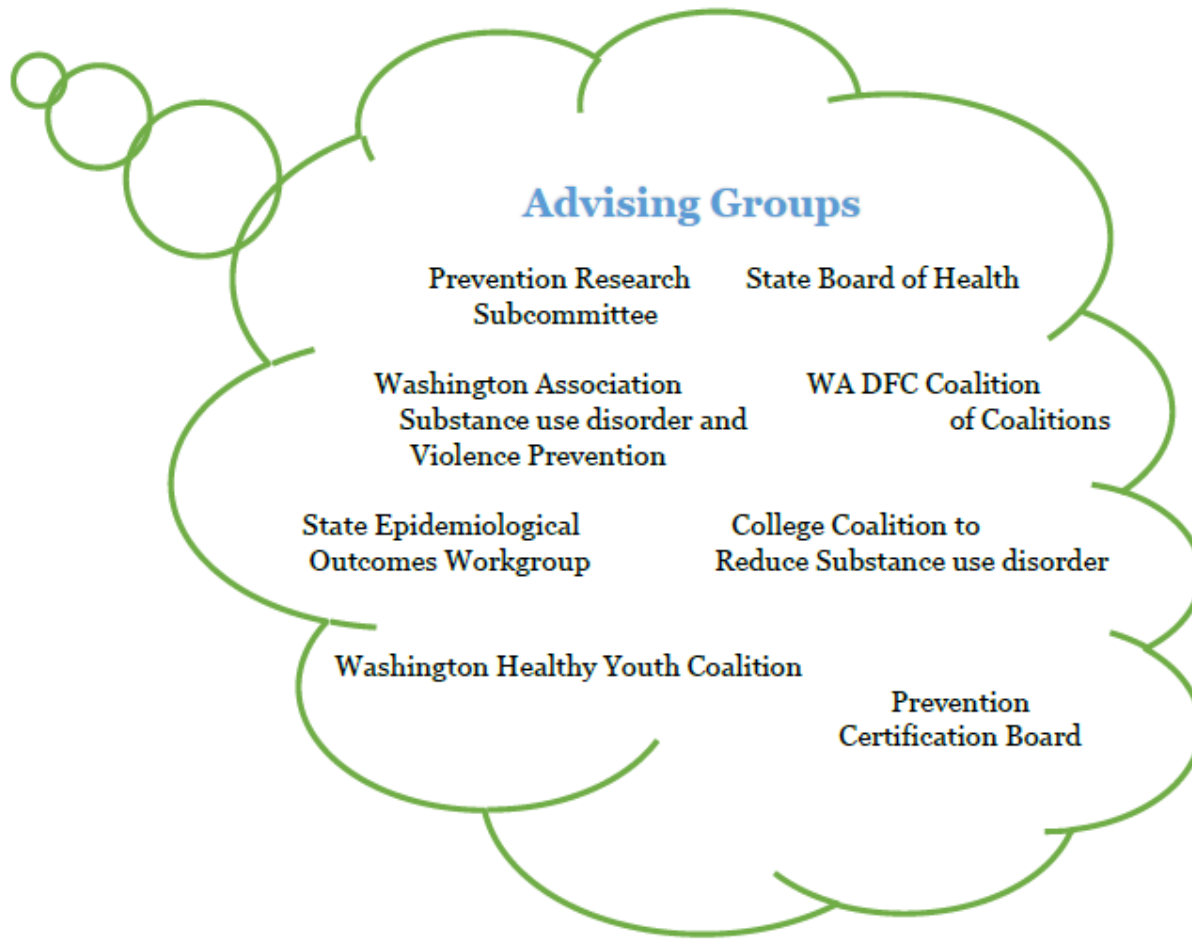
Patti Migliore Santiago **CO-CHAIR, SPE CONSORTIUM** *Community Based Prevention Manager, Prevention & Community Health Division, WA State Department of Health*

Sara Cooley Broschart *Public Health Education Liaison, WA State Liquor and Cannabis Board*

Wade Alonzo *Program Director, Washington Traffic Safety Commission*

Policy Consortium

- Department of Children, Youth, and Families (DCYF)
 - Juvenile Rehabilitation
- Department of Social and Health Services
 - Aging and Long Term Services Administration
- Department of Health (DOH)
 - Division of Prevention and Community Health
- Health Care Authority (HCA)
 - Division of Behavioral Health and Recovery (DBHR)
 - Clinical Quality and Care Transformation (CQCT)
 - Office of Tribal Affairs (OTA)
- Liquor Cannabis Board
- Office of Superintendent of Public Instruction
- Office of the Attorney General
- Washington Traffic Safety Commission
- Washington State Patrol
- Washington State University
- Commission on Hispanic Affairs
- Commission on Asian Pacific American Affairs



SPE Policy Consortium

Why is the State Strategic Prevention Plan important to your work?

- **Takes your prevention work to the next level!**
 - ✓ Frames your efforts within a statewide, science-based approach that impacts thousands of people
- **Helps sustain and support your agency, community and regional prevention work!**
 - ✓ State supports local community prevention that creates continuity & effectiveness for local, regional and state prevention.
 - ✓ Many private and government funders desire alignment with statewide efforts that include broad partnerships and impact of a broader population.

How do the SPE Partnerships work to assess statewide resources and strategies?

- SPE members engage in extensive review of state-level data and resources through Strategic Planning process
 - ✓ Identify problem areas - deep analysis of needs assessment data
 - ✓ Map resources and partnerships that support substance use disorder prevention and mental health promotion
 - ✓ Select collaborative strategies for detailed action plans for each problem area

SPE Consortium Key Values

- We address health disparities.
- We build community wellness through substance use prevention and mental health promotion.
- We consider the entire lifespan of the individual.
- We support community-level initiatives.
- We ensure cultural competence, including honoring the Centennial Accord between the Federally Recognized Indian Tribes in Washington State

SPE Consortium Key Values

- We work collaboratively to produce a collective impact.
- We make data-informed decisions.
- We integrate Health Care Reform and Indian Health Care Improvement Act.
- We honor current state and tribal resources that support substance use prevention/mental health promotion.

SPE Consortium Frameworks

- Institute of Medicine Continuum of Care
- Integrated Behavioral Health Prevention Model
- Risk and Protective Factor Model
- Strategic Prevention Framework
- Adverse Childhood Experiences
- Strengthening Families Framework
- Socio-ecological Model

How did we get here and where are we going?

2011 Development of Washington State's first Substance Use Disorder Prevention & Mental Health Promotion Strategic Plan

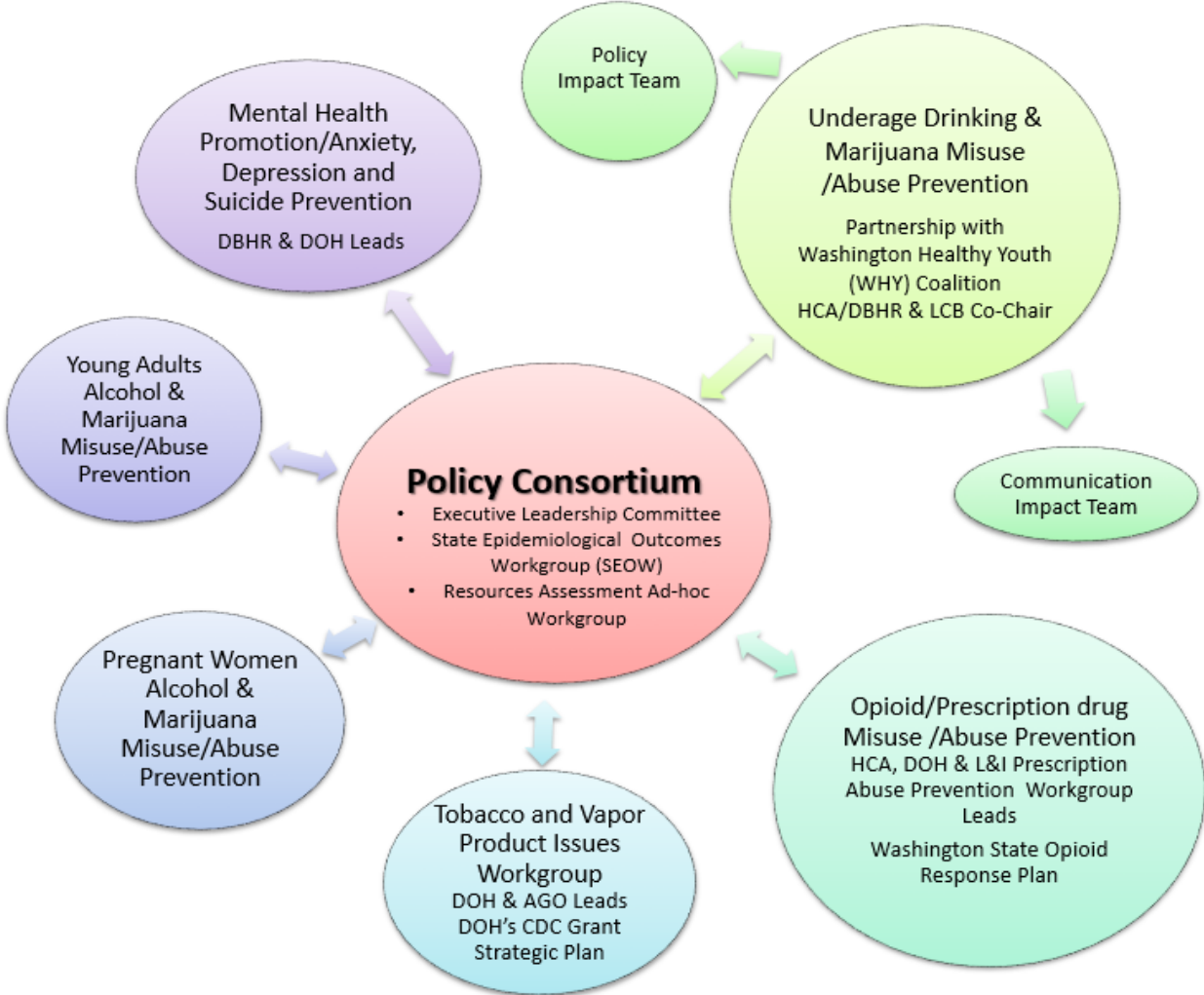
2012 First comprehensive Five-Year Strategic Plan published. Updated in 2015.

2017 Second comprehensive Five Year Strategic Plan 2017-2022 completed. Updated in 2019.

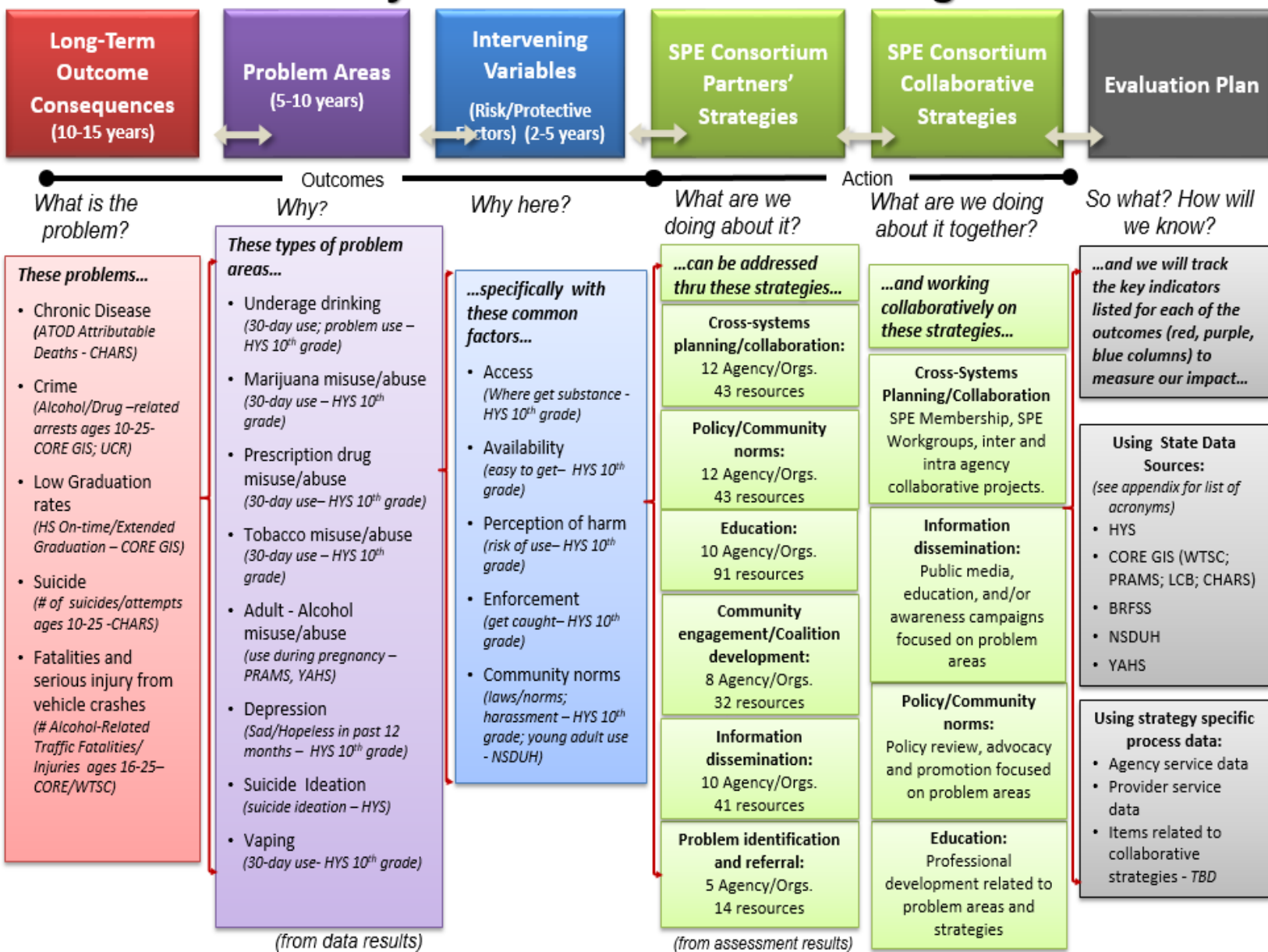
2021 Development of next Five Year Strategic Plan begins

2022 Third comprehensive Strategic Plan will be published!

SPE Policy Consortium Workgroup Structure



SPE Policy Consortium State Plan Logic Model



In Summary

We will build the health and wellness of individuals, families, schools and communities where people can be as healthy as possible in a safe and nurturing environment...

By Addressing Intervening Variables and Risk/Protective Factors of...

Access/ Availability	Perception of harm	Enforcement	Community norms	Policies	Traumatic Experiences
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Using Strategies of...

Cross-systems planning/ collaboration	Policy/ Community norms	Community engagement/ Coalition development	Information dissemination	Problem identification and referral	Education
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We affect community and family outcomes, which lead to reduction of...

Underage drinking	Marijuana misuse/ abuse	Opioid/ Prescription drug misuse/ abuse	Tobacco misuse/ abuse	Adult - Alcohol misuse/ abuse	Depression	Suicide
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Needs Assessment

Long-Term
Outcome
Consequences
(10-15 years)

1. What are the problems we intend to address?

Problem Areas
(5-10 years)

2. What are the behaviors that lead to the problems we intend to address?

Long Term Outcomes: Consequences	Age Category	Baseline Data Point (2010)	Latest Data Point	Trend Period	Trend
Injury / Death (per 100,000 population)					
Alcohol-related Hospitalizations	10-17 years	12.5	11.2	2010-2017	No change
	18-25 years	69.2	59.9		No change
Drug-related Hospitalizations	10-17 years	28.1	28.6	2010-2017	No change
	18-25 years	96.4	141.0		Increase
Tobacco-related Deaths	10-17 years	0.14	0.14	2010-2017	No change
	18-25 years	0.8	0.65		No change
Alcohol-related Deaths	10-17 years	3.7	3.4	2010-2017	No change
	18-25 years	16.6	19.9		No change
Other Drug-related Deaths	10-17 years	1.1	0.8	2010-2017	No change
	18-25 years	13.3	16.2		No change
Opioid-related Deaths	All ages			2010-2017	
All Opioids		8.9	9.9		No change
Prescription Opioids		6.7	4.4		Decrease
Heroin		0.9	4.1		Increase
Synthetic Opioids (not Methadone)		0.9	2.0		Increase
Crime (per 1,000 population)					
Alcohol-related Arrests	10-17 years	5.8	1.3	2010-2017	Decrease
	18-25 years	25.8	11.5		Decrease
Drug-related Arrests	10-17 years	4.8	2.0	2010-2017	Decrease
	18-25 years	13.7	4.6		Decrease

Long Term Outcomes: Consequences	Age Category	Baseline Data Point (2010)	Latest Data Point	Trend Period	Trend
Low Graduation Rates					
High School Extended Graduation Rate (includes on-time graduation)		83%	82%	2010-2018	No change
Suicide (per 100,000 population)					
Suicide and Suicide Attempts	10-17 years	51.7	196.0	2010-2017	Increase
	18-25 years	112.3	193.5		Increase
Suicide Deaths ¹	10-17 years	3.5	6.7	2010-2017	Increase
	18-25 years	14.5	23.3		Increase
Fatalities and Serious Injuries from Traffic Crashes (number of young drivers testing positive)					
Alcohol-related Traffic Injuries	16-17 years	6	11	2010-2017	No change
	18-20 years	51	26		No change
	21-25 years	92	82		No change
Alcohol-related Traffic Fatalities	16-17 years	3	1	2010-2017	No change
	18-20 years	18	16		No change
	21-25 years	43	31		Decrease
Marijuana-related Traffic Fatalities	16-17 years	1	1	2010-2017	No change
	18-20 years	6	10		No change
	21-25 years	7	21		Increase

Intermediate Outcomes: Behavioral Health Problems and Targets

Underage Drinking (10th Grade)	HYS 2018	Target 2021	Target 2023
Drank Alcohol in Last 30 Days	18.5%	16.0%	15.0%
Experimental Use of Alcohol	8.6%	8.0%	7.0%
Heavy Use of Alcohol	5.2%	5.0%	4.0%
Problem Drinking	6.2%	5.0%	4.5%
Binge Drinking	9.6%	7.5%	7.0%

Intermediate Outcomes: Behavioral Health Problems and Targets			
Marijuana Misuse/Abuse (10th Grade)	HYS 2018	Target 2021	Target 2023
Used Marijuana in Last 30 Days	17.9%	15.0%	12.0%
Used Marijuana 6+ Days	7.1%	6.5%	6.0%
Young Adult Recreational Marijuana Use	YAHS 2018	Target 2021: 5% decrease from YAHS 2018	Target 2023: 10% decrease from YAHS 2018
Age 18-20 past year use	44.4%	42.2%	40.0%
Age 21-25 past year use	50.9%	48.4%	45.8%
All Ages past year use	48.5%	46.1%	43.7%

Intermediate Outcomes: Behavioral Health Problems and Targets

Prescription Drug Misuse/Abuse (10th Grade)	HYS 2018	Target 2021	Target 2023
Misused painkiller in Past 30 Days to get high	3.6%	2.5%	2.0%
Tobacco Misuse/Abuse (10th Grade)	HYS 2018	Target 2021	Target 2023
Tobacco use in past 30 days (all tobacco, excluding e-cigarettes) ¹	7.9%	7.7%	7.1%
Smoked cigarettes past 30 days	5.0%	4.9%	4.5%
E-Cigarettes and Vapor Products (10th Grade)	HYS 2018	Target 2021: 5% decrease from HYS 2018	Target 2023: 10% decrease from HYS 2018
E-cigarettes and/or vape products	21.2%	20.1%	19.1%
Marijuana vaping (percentage of students who use marijuana who vape it)	6.5%	4.6%	4.3%

Intermediate Outcomes: Behavioral Health Problems and Targets

Pregnant Woman Alcohol Misuse/Abuse	PRAMS 2016	Target 2021: 5% decrease from PRAMS 2016	Target 2023: 10% decrease from PRAMS 2016
Any alcohol use last 3 months of pregnancy	9.7%	9.2%	8.7%
Young Adult Alcohol Use, past month use	YAHS 2018	Target 2021: 5% decrease from YAHS 2018	Target 2023: 10% decrease from YAHS 2018
Age 18-20 past month use	42.4%	40.3%	38.2%
Age 21-25 past month use	72.1%	68.5%	64.9%
All ages past month use	61.1%	58.0%	55.0%

Intermediate Outcomes: Behavioral Health Problems and Targets

Depression (10th Grade)	HYS 2018	Target 2021: 5% decrease from HYS 2018	Target 2023: 10% decrease from HYS 2018
Sad/Hopeless in Past 12 Months	40.0%	35.0%	31.0%
Suicide (10th Grade)	HYS 2018	Target 2021	Target 2023
Suicide Ideation	23.0%	20.0%	18.5%
Suicide Plan	17.9%	17.0%	16.1%
Suicide Attempt	10.0%	9.5%	9.0%

Health Disparities Data

Washington State 10th Grade Students 2018

	Race					Ethnicity	Gender	
	White	AI/AN	Asian	Black	NHOPI	Hispanic	Female	Male
Alcohol 30 Day Use	19.6%	21.3%	11.8%	13.8%	14.6%	23.5%	18.8%	18.1%
Marijuana 30 Day Use	17.5%	22.0%	10.0%	21.9%	19.1%	23.5%	17.6%	18.2%
E-Cigarette 30 Day Use	23.6%	25.4%	12.1%	20.9%	19.4%	23.8%	21.6%	20.7%
Pain Killer 30 Day Use	3.1%	5.7%	2.0%	4.1%	4.8% ^{NR}	5.5%	2.9%	4.3%
Any tobacco (excluding vape) 30 Day Use	8.2%	10.2%	3.1% ^{NR}	8.0%	NA	10.3%	5.2%	6.9%
Sad/Hopeless in Past 12 Months	39.1%	52.9%	37.3%	39.5%	46.8%	41.8%	48.3%	31.0%
Suicide Ideation	23.3%	30.0%	21.9%	24.4%	24.7%	22.0%	27.9%	17.6%
Suicide Plan	17.9%	19.6%	17.2%	17.0%	17.4%	19.9%	21.5%	14.2%
Suicide Attempt	9.6%	15.3%	8.2%	9.9%	11.1%	12.7%	11.7%	8.3%
Bullied in the past 30 days	21.2%	29.3%	15.8%	18.0%	17.6%	16.4%	22.2%	16.1%

New Plan Ranking 2019

Prevalence Rank	Alcohol	Tobacco ²	Marijuana	Meth	Pain Killers
Youth	1 st	3 rd	2 nd	5 th	4 th
Adults	1 st	2 nd	3 rd	5 th	4 th
Change over time ¹	Alcohol	Tobacco ²	Marijuana	Meth	Pain Killers
Youth	Decrease	Decrease	No Change	No Change	Decrease
Adults	No Change	Decrease for 18-25 No Change for 26+	Increase	No Change	No change

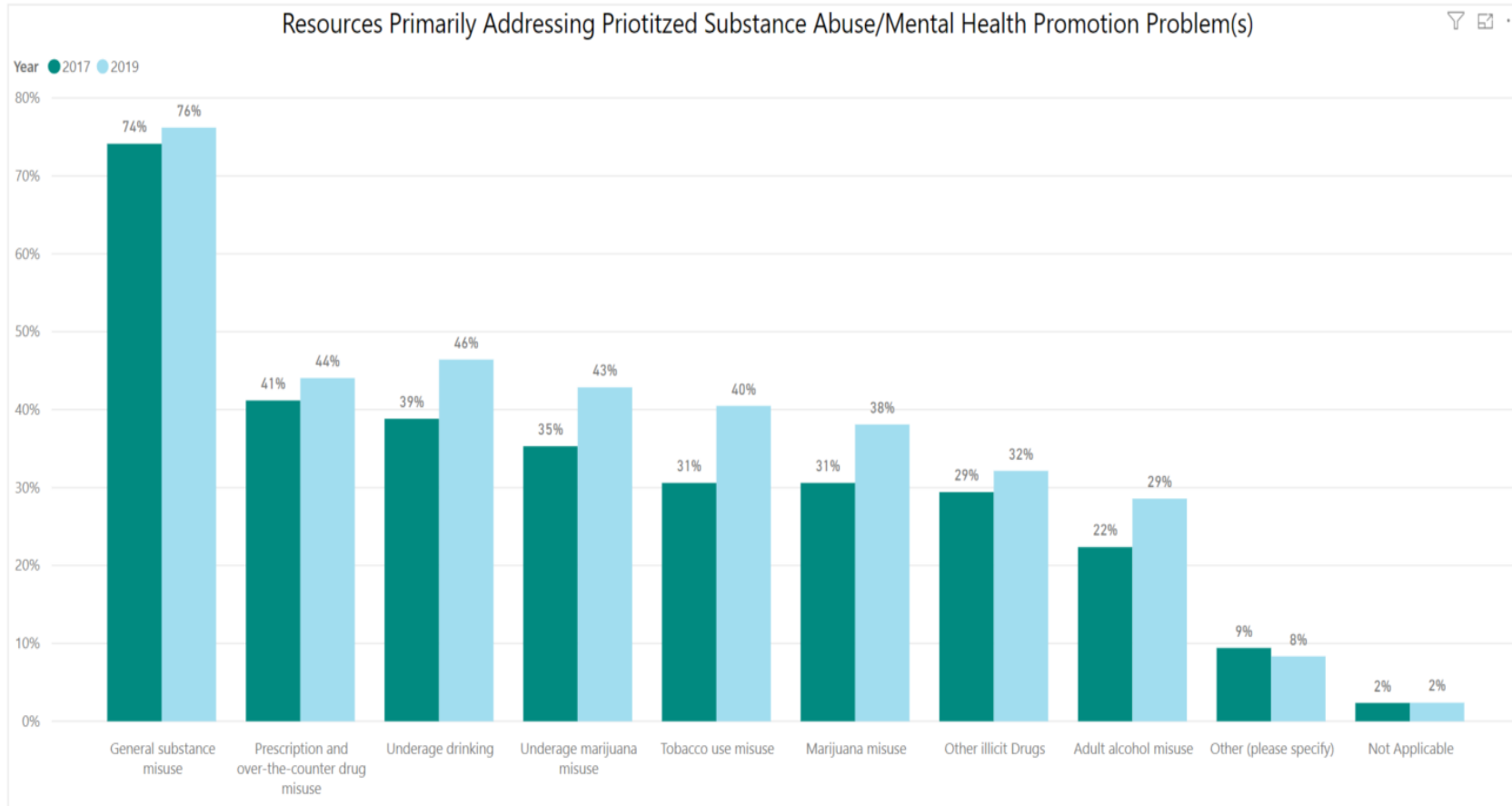
1. The change over time is the difference between 2008-2009 and 2016-2017 for adults (NSDUH) and between 2010 through 2018 for youth (HYS).
2. Tobacco indicator used for youth is all tobacco use, excluding e-cigarettes. For adults tobacco included all tobacco products.

Resource Assessment

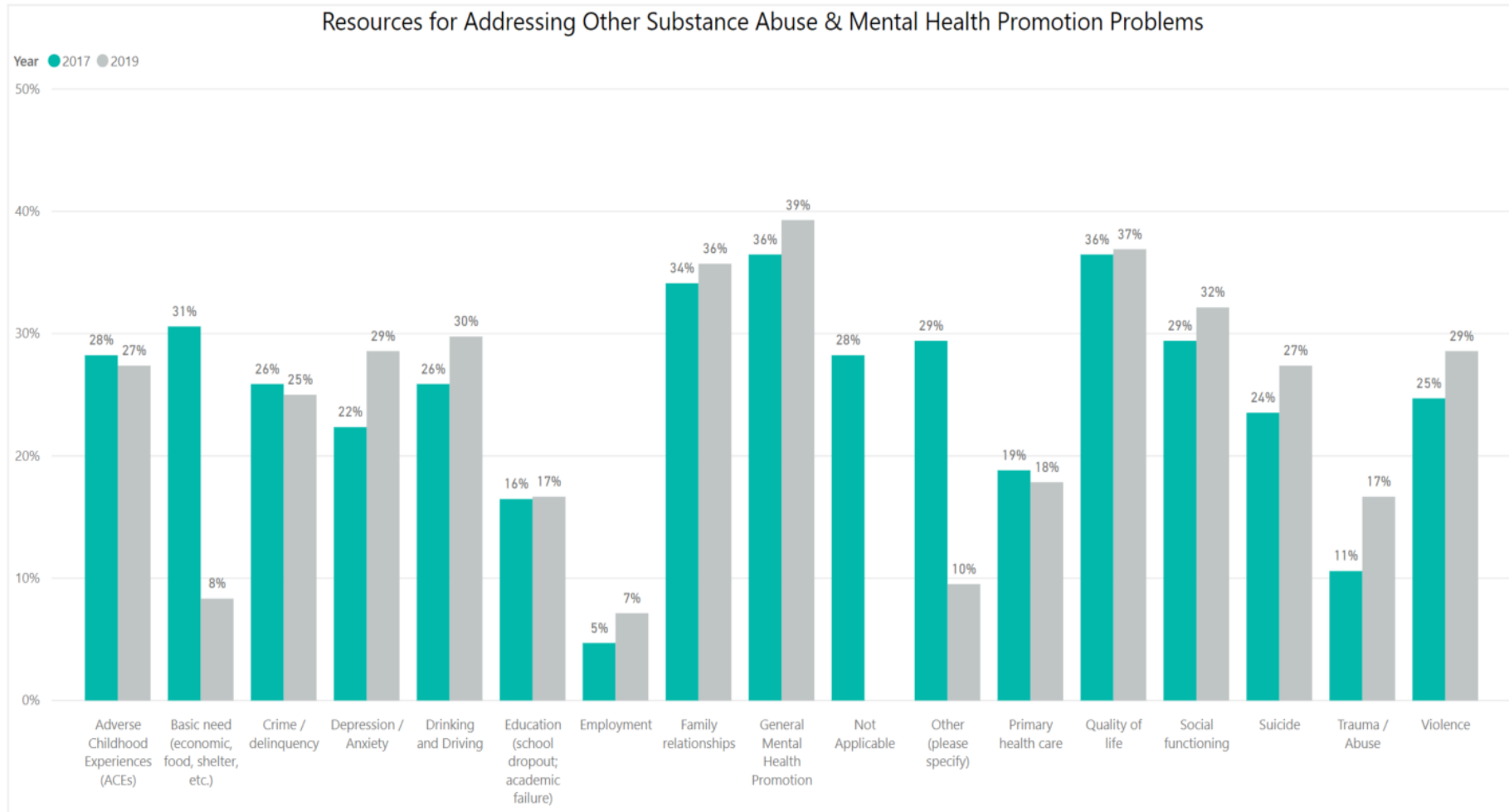
What resources exist to achieve our desired outcomes and where are the resource gaps?

Purpose: Identify State-level resources that support substance use disorder prevention and mental health promotion. Identify where resources are linked and unmet needs.

Resources Addressing Prioritized Substance Abuse/ Mental Health Promotion Problems 2017 & 2019



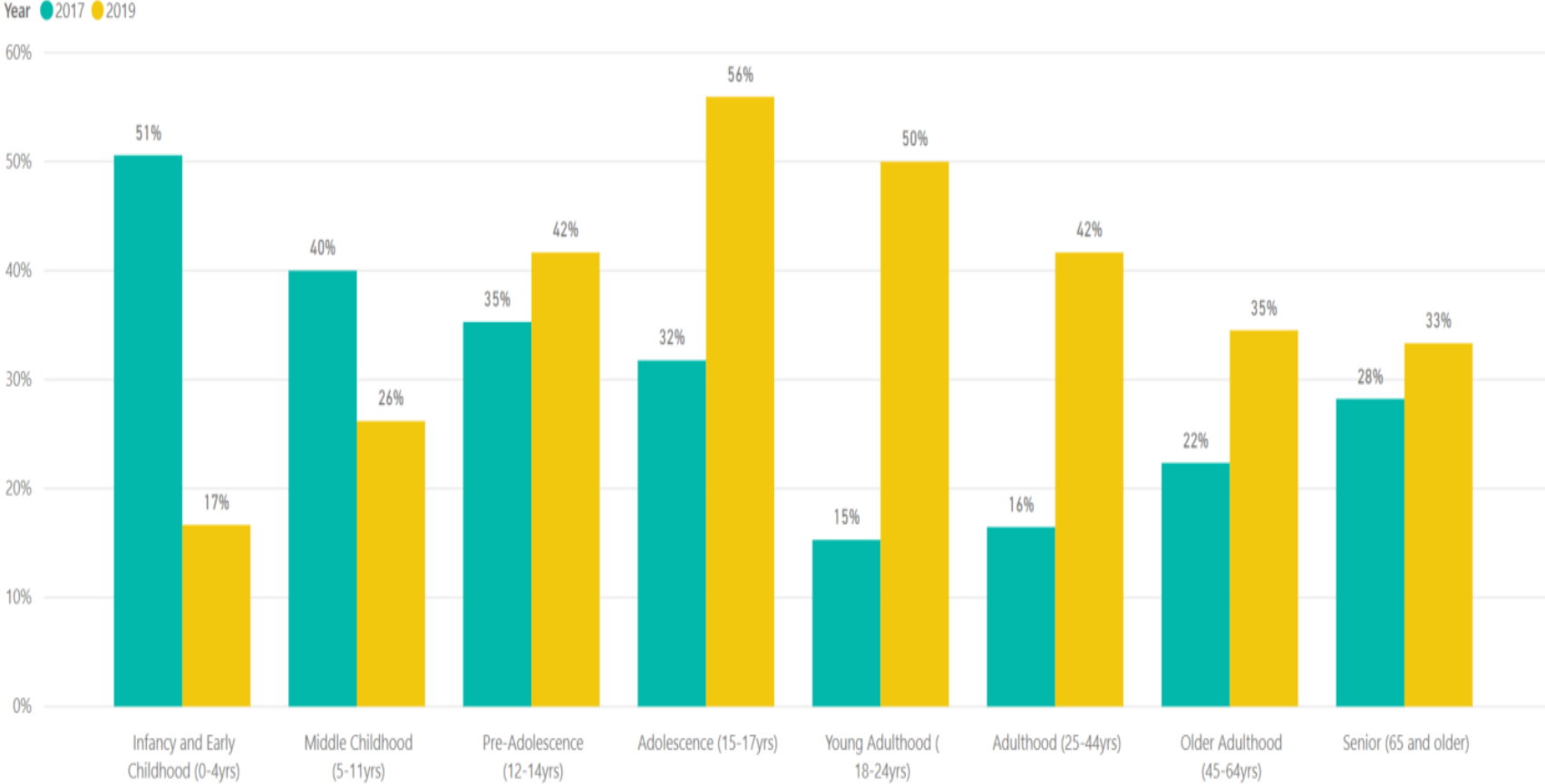
Resources Addressing Other Substance Abuse/ Mental Health Promotion Problems 2017 & 2019



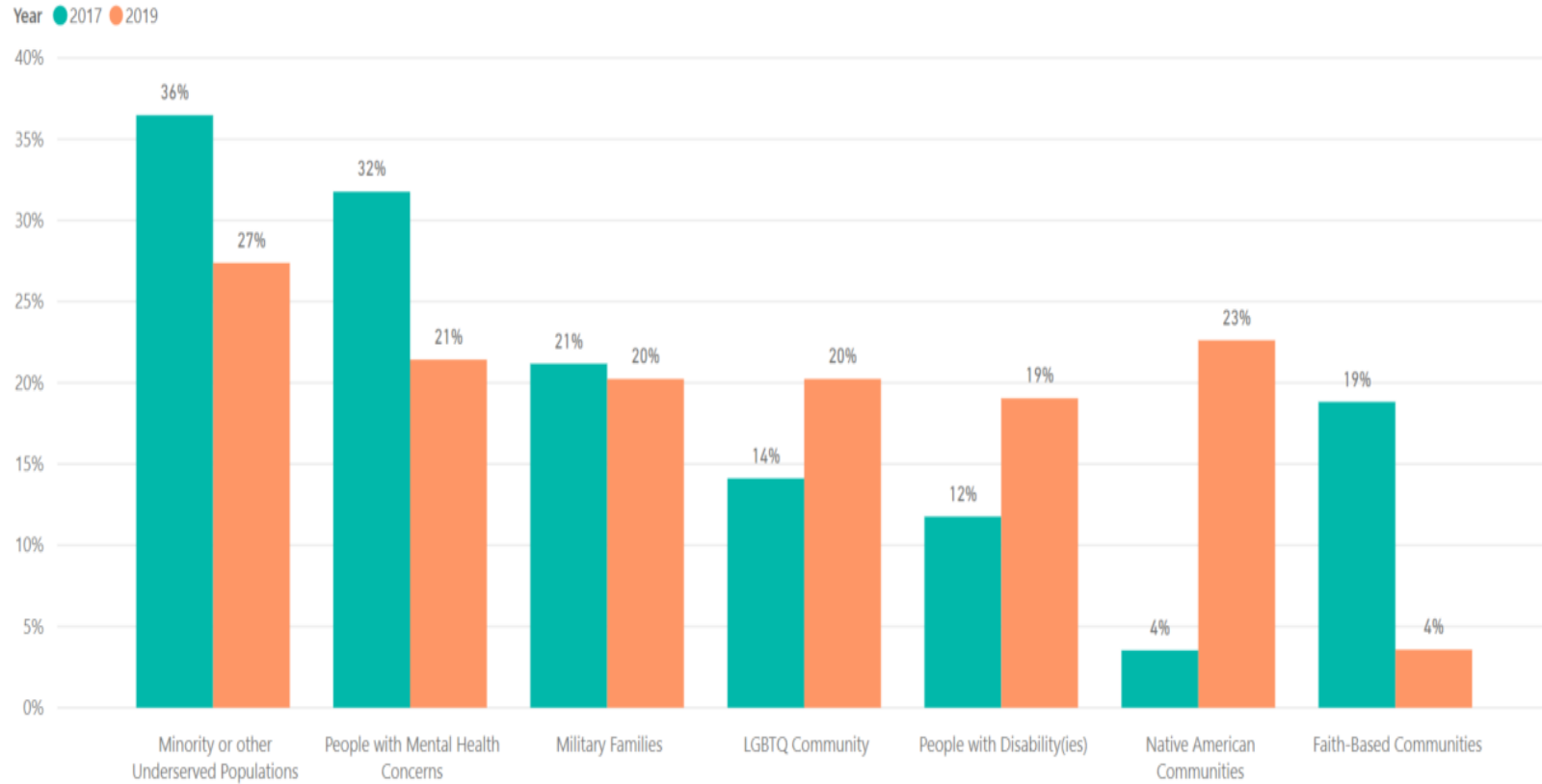
Summary: Most Common State Prevention Resource Focus Areas 2017-2019

State Resource Focus Area	%
General Substance Disorder	76
Underage Drinking	46
Prescription and over-the-counter drug misuse	44
Underage Marijuana Use	43
General Health Promotion	39
Quality of Life	37
Family Relationships	36

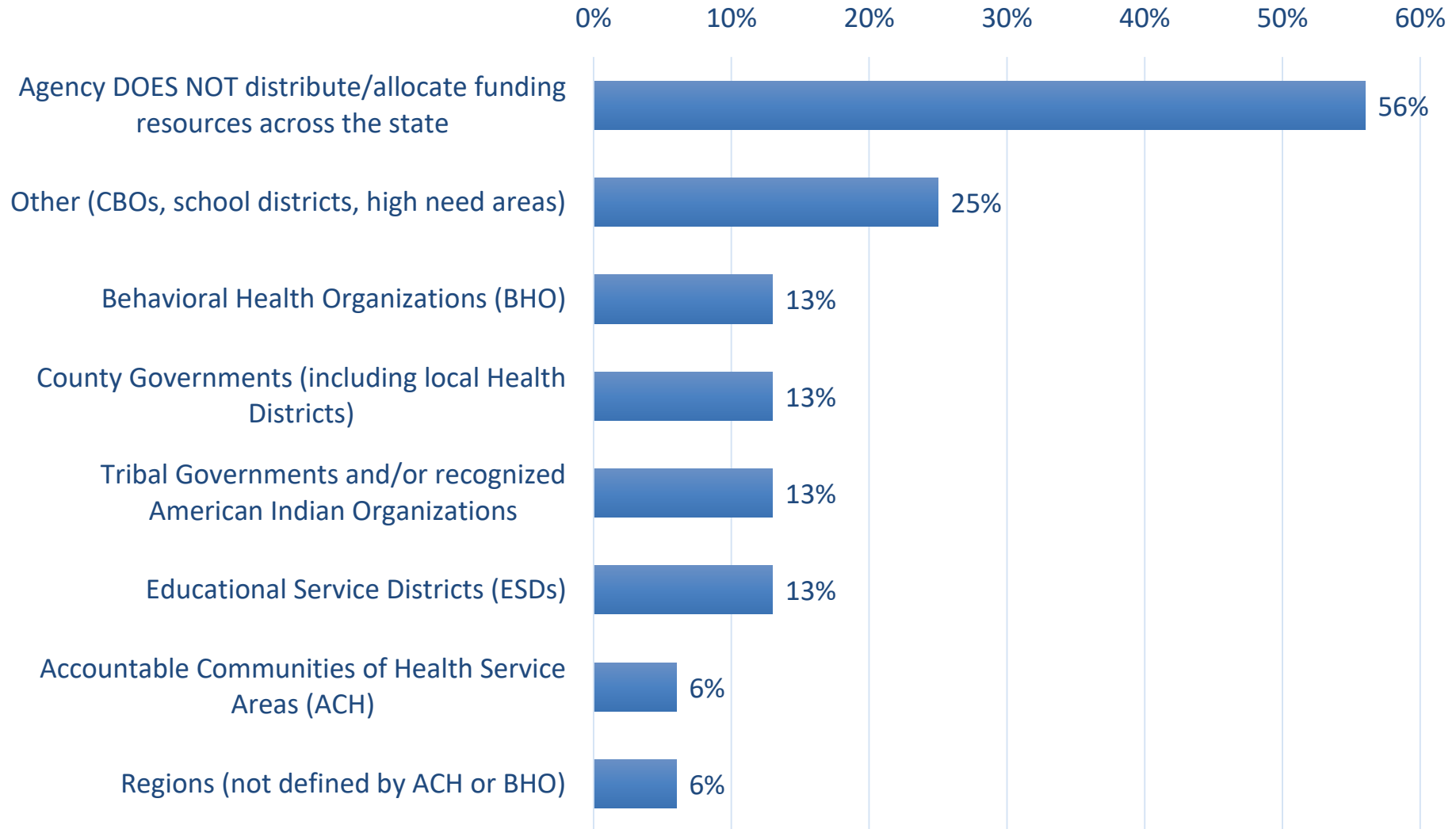
Resources Targeted by Age



Resources Targeted by Population Type



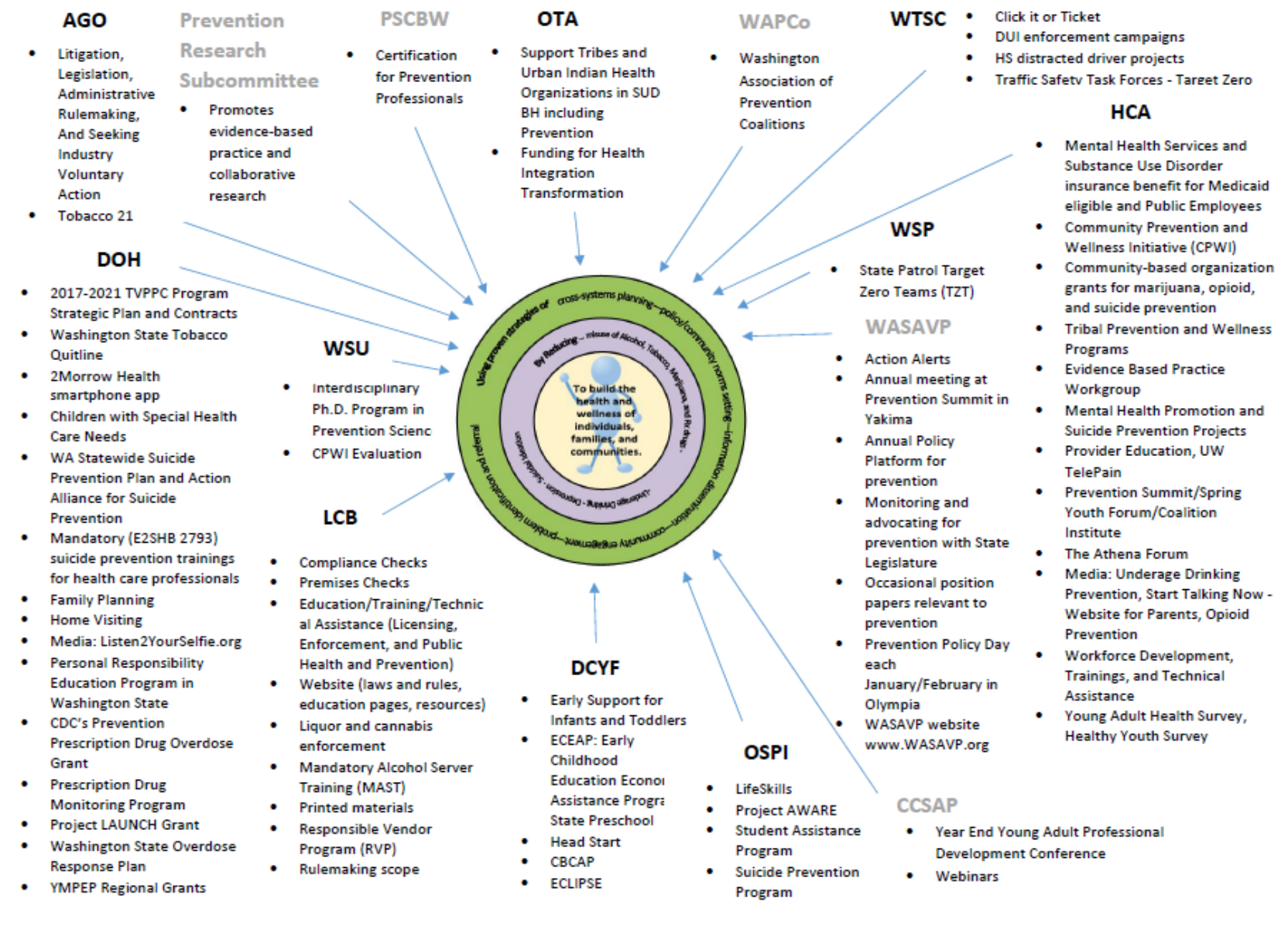
Prevention Funding Distribution Across State by State Agencies



Common State Goals, Objectives and Strategies

Strategy	Number
Education (e.g. School-based Skill Building)	68
Cross-systems Planning and Collaboration	43
Policy and Community norms	43
Information Dissemination	41
Community Engagement/ Coalition Work	32
Parent education/Family Support	24

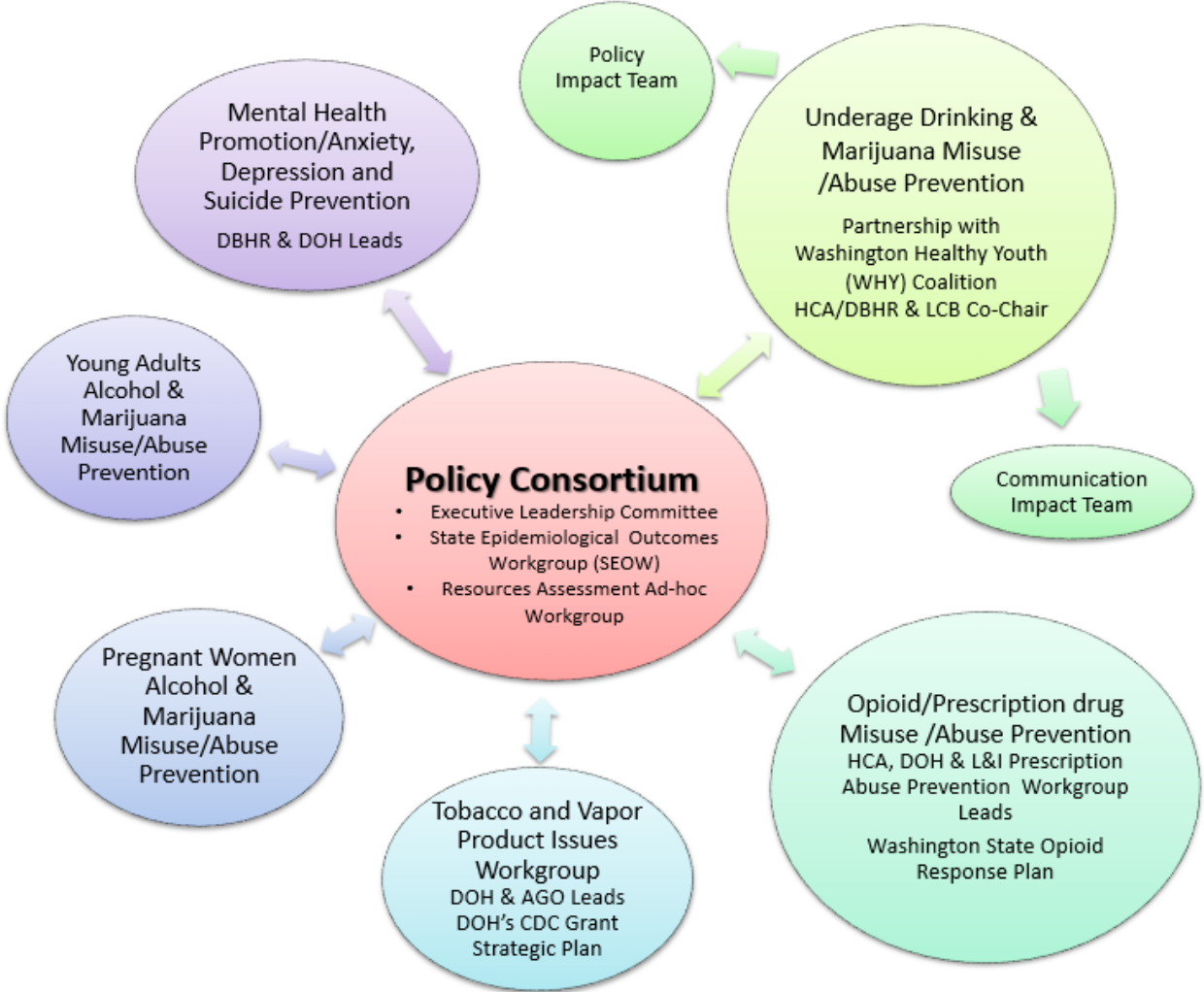
WORKING TOGETHER; EACH DOING OUR PART



**SPE Consortium
Collaborative
Strategies**

2017-2019 Action Teams: Key work

SPE Policy Consortium Workgroup Structure



WA Healthy Youth Coalition Key Goals

- *Engage in consistent legislative action:* laws and rules impacting underage alcohol and marijuana use
- *Promote good policy decisions:* example: feedback on marijuana packaging's influence on youth to Liquor & Cannabis Board
- *Promote cross-systems planning and collaboration* among statewide coalitions and under-represented populations

Young Adult, Pregnant/ Parenting Individuals Alcohol & Marijuana Misuse/Abuse Prevention Workgroup

- *Support the statewide prevention work of the Pregnant and Parenting Opioid workgroup*
- *Advise policy based on prevalence & predictors of cannabis and alcohol use among young adults (Young Adult Survey, 2019)*
- *Promote the use of science-based prevention resources among those serving young adults, and pregnant or parenting individuals*

Tobacco and Vapor Product Issues Workgroup

- *Demonstrate importance of restoring funding level for*
 - ✓ Comprehensive, evidence-based approach
 - ✓ Conforming with CDC Best Practice guidelines
- *Monitor outcomes of 2019* legislation to prevent and reduce youth and young adult use of tobacco and vapor products
- *Explore policy options to decrease appeal* of tobacco and vapor products to youth and young adults

Mental Health Promotion and Suicide Prevention Workgroup

- *Support statewide implementation of 2019 Suicide Prevention Decision Package*
- *Cross-systems Collaborative Planning* to cultivate additional funding for Mental Health Promotion/Suicide Prevention
- *Support/disseminate information re: epidemiological research* on current state rates and trends of suicide and intentional harm

Prescription Drug Misuse/Abuse Prevention Workgroup

- *Support DOH Drug take-back* (safe medication return) law passed in 2018
- *Promote local best practices for prescribers and health care providers* in treatment of acute and chronic pain to reduce opioid misuse
- *Prevent opioid misuse in communities, particularly among youth*

Takeaways: Strategic Plan Value

Enhance the Vision and Mission!

- ✓ Frame your efforts within statewide, science-based approach that impacts thousands of people

Sustain & support community prevention work!

- ✓ Create continuity & effectiveness for local, regional and state prevention
- ✓ Achieve alignment with statewide efforts

Questions?

Visit the Athena Forum's SPE Consortium page!

<https://www.theathenaforum.org/spe>

Contact the SPE Consortium Co-chairs:

- Patti Migliore Santiago - DOH
Patti.MiglioreSantiago@doh.wa.gov
- Sarah Mariani – HCA DBHR
sarah.mariani@hca.wa.gov

Prevention Science: Talking the talk, so we can walk the walk

Billy Reamer, Prevention System Manager

Activity Objectives

- Identify what past and current efforts look like when Prevention Professionals explain prevention
- Identify and discuss the process and how it generally goes
- Identify specific stumbling blocks or catch points in these conversations

Think, Pair, Share

▶ THINK about...

- ▶ This is the no talking part where you organize your thoughts...for 30-60 seconds 😊

▶ PAIR up with someone and discuss

- ▶ This should be an opportunity for both of you to speak and have a conversation about your thoughts

▶ SHARE with the other groups at your table or nearby

- ▶ This is an opportunity to highlight some of the agreeable points as well as some of the diversity of thoughts and experiences discussed

Question 1

- ▶ What experiences have you had in communicating with others about prevention science?
 - ▶ Who have they been with?
 - ▶ How did they go?
 - ▶ What was the result?

- ▶ We are THINKING
- ▶ We are PAIRING
- ▶ We are SHARING

Question 2

- ▶ What worked in those conversations and what did not?
 - ▶ Think about the moment you parted ways and what you think was going through their heads...or your head?
 - ▶ What did you do that worked or did not work? Was it intentional?
- ▶ We are THINKING
- ▶ We are PAIRING
- ▶ We are SHARING

Question 3

- ▶ If you have used data as part of these conversations, what data have you used and how did you present it?
 - ▶ How did you decide what data to use?
 - ▶ Was it planned or more organic?
 - ▶ Did it have the desired impact?

- ▶ We are THINKING
- ▶ We are PAIRING
- ▶ We are SHARING

Question 4

- ▶ If that same person approached someone else sitting at your table two days, weeks, or months, later in a different setting with the same question, what would their experience be?
 - ▶ Would they be more or less confident in what prevention is?
 - ▶ Would they be more or less able to tell others about the work?
 - ▶ Would they be more or less likely to seek out opportunities to engage?

- ▶ We are THINKING
- ▶ We are PAIRING
- ▶ We are SHARING

Summary

- ▶ Diverse approaches and experiences
- ▶ Some successful and some with room for growth

The FrameWorks Institute and the Impact Lab

Dr. Anna Marie Trester

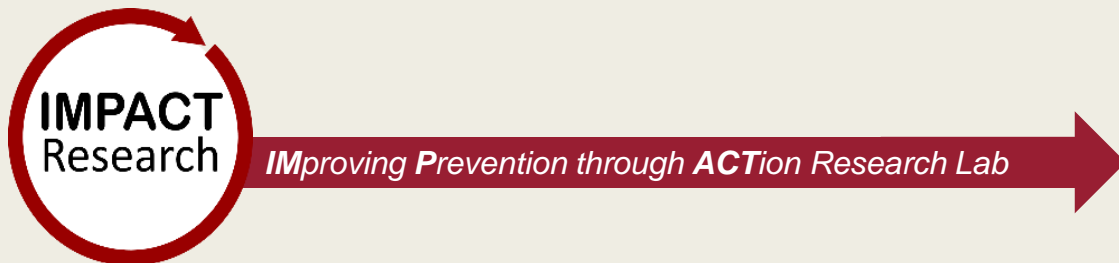
- Senior Associate in the Research Interpretation and Application unit at the FrameWorks Institute.
- Anna received an MA from New York University and a PhD in linguistics from Georgetown University.
- Anna has research interests in improvisation, performance, narrative, intertextuality, professional self-presentation, language and identity, language in social media, and the language of business.

Dr. Brittany Cooper

- Associate Professor, Department of Human Development, Washington State University
- Director, Prevention Science Graduate Program, Washington State University
- Co-Lead, IMproving Prevention through ACTion (IMPACT) Research Lab
- Brittany received an MA and PhD in Human Development and Family Studies from Pennsylvania State University

REFRAMING THE STATEWIDE CPWI EVALUATION RESULTS

Brittany Cooper, PhD & Gitanjali Shrestha, MS
IMPACT Research Lab
Washington State University



Today's Presentation

- Our Background
- Presentation Objectives
- Brief Overview of CPWI Evaluation
- Demonstration of Reframing Evaluation Results
 - *Using Frameworks Techniques*
- Discussion & Feedback



Our Background

- Prevention Science faculty & students
- Collaboration with DBHR since 2003
- Primary questions:
 - *How can we close the gap between research & practice?*
 - *How can we help effective prevention research the widest audience possible?*



Today's Objectives

- To provide an overview of the statewide CPWI evaluation
- To demonstrate how to incorporate effective framing techniques
- To build your capacity to effectively communicate about CPWI impact



CPWI Evaluation Overview

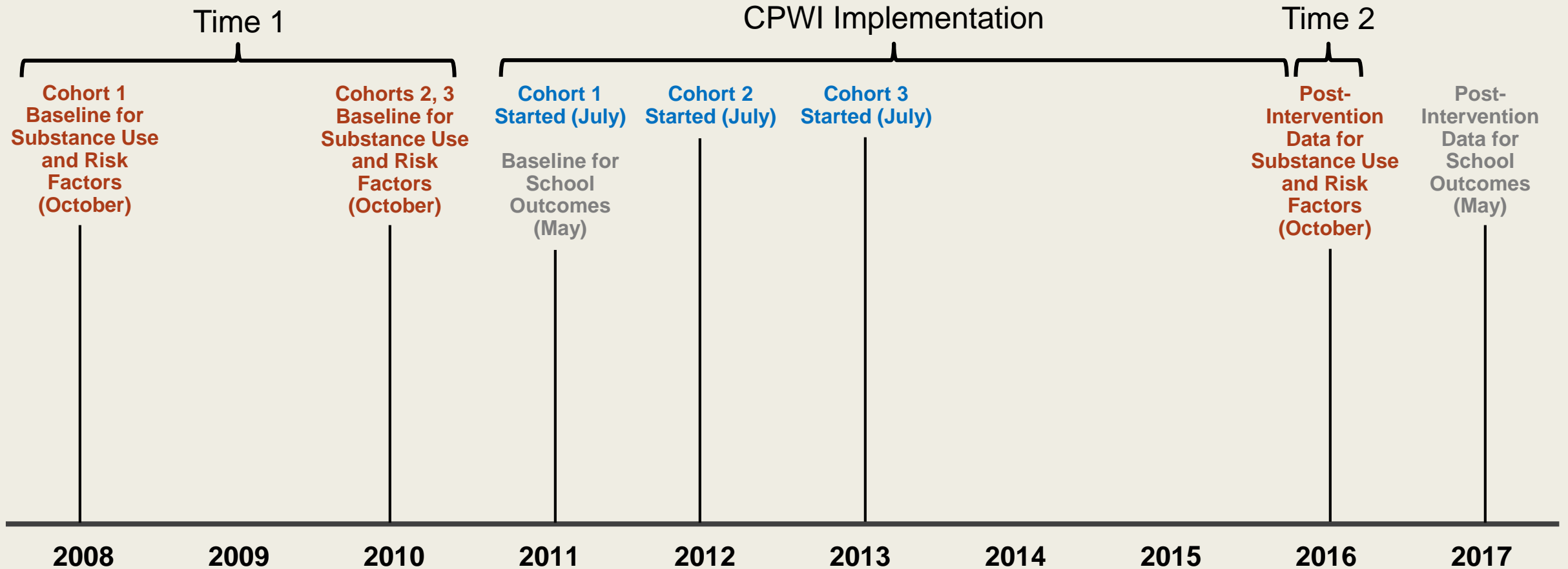
- Our goal is to determine the overall impact of CPWI on youth outcomes
- How?
 - *Analyzing data from the Healthy Youth Survey (focus on 10th grade students)*
 - *Examining changes across time (before CPWI and after CPWI implementation)*
 - *Comparing CPWI communities to other similar non-CPWI communities*
- Today, we present results for:
 - *Cohorts 1, 2, and 3*
 - *Changes in substance use outcomes & related risk factors*
 - *Comparing school outcomes for CPWI vs. non-CPWI communities*

Evaluation Question #1

- Have substance use and related risk factors changed significantly from baseline to 2016 (post-intervention time point) for 10th grade students in Cohorts 1, 2, and 3?
 - *Substance use: Alcohol, Cigarettes, Marijuana*
 - *Risk factors: Peer-Individual, Family, School, Community*

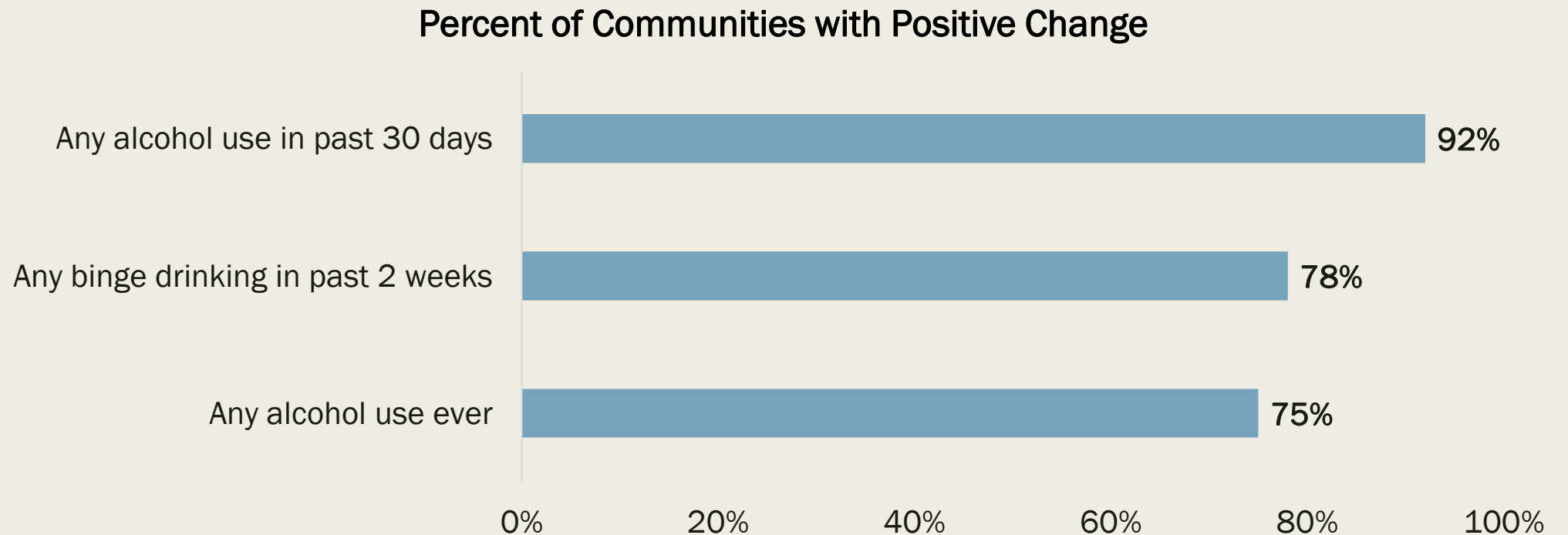


Timeline: Evaluation Question #1



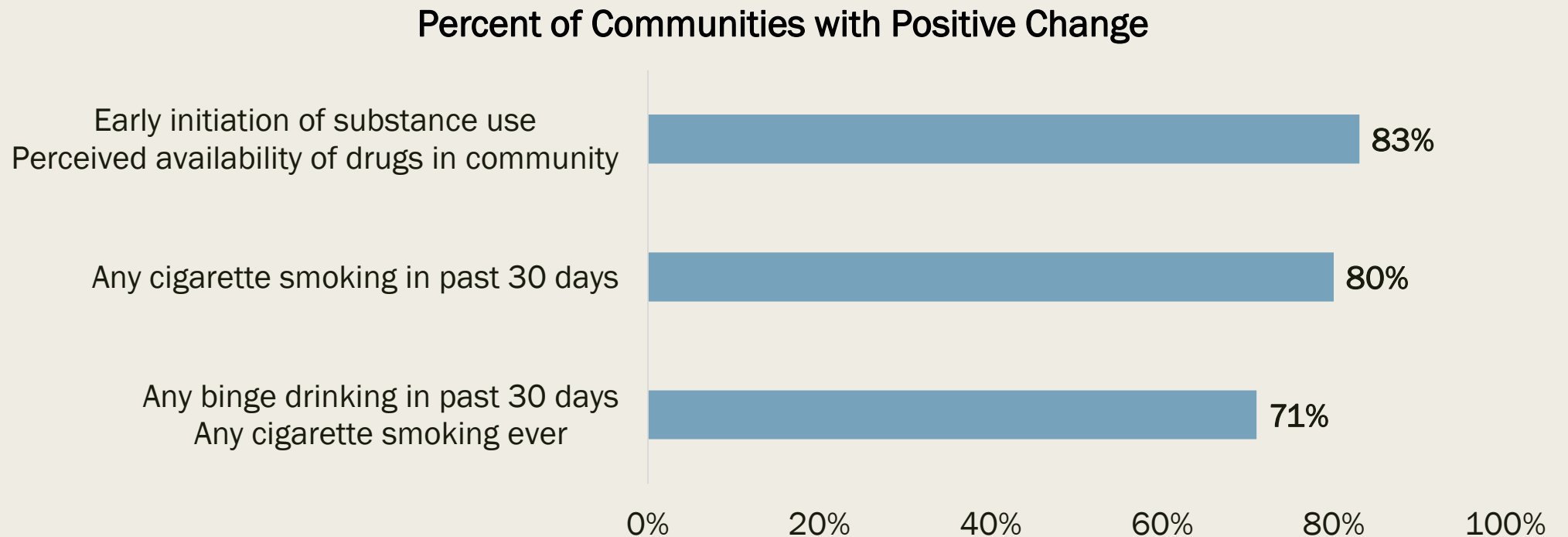
Results: Cohort 1

- A majority of results were either positive or neutral for all 16 communities with adequate sample size for at least one outcome.



Results: Cohort 2

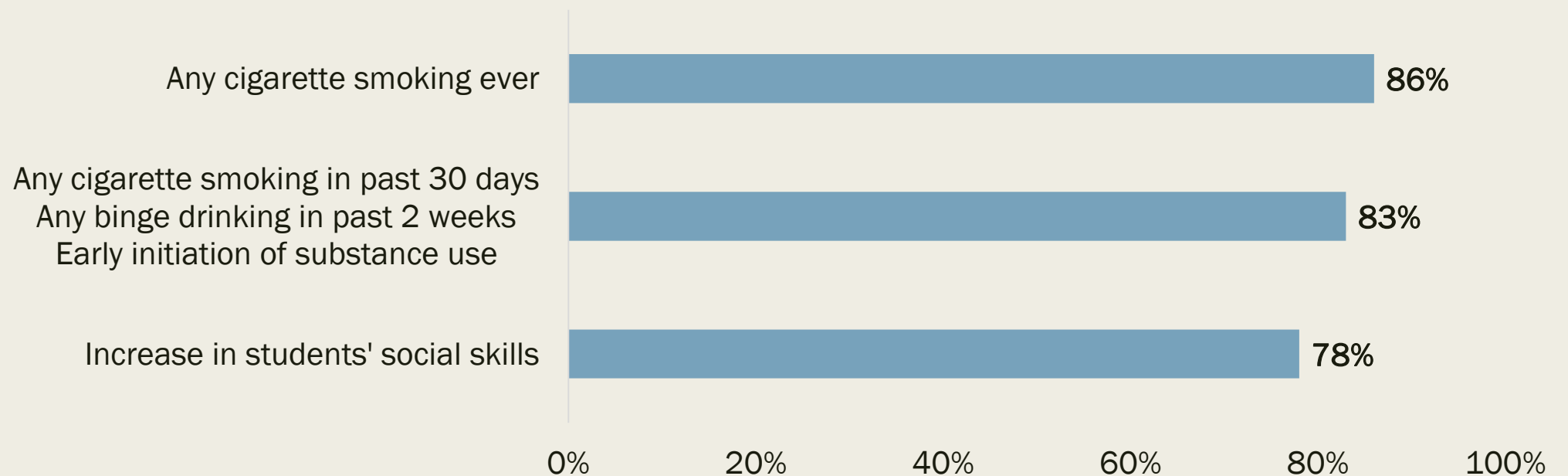
- A majority of results were either positive or neutral for all 12 communities with adequate sample size for at least one outcome.



Results: Cohort 3

- A majority of results were either positive or neutral for all 11 communities with adequate sample size for at least one outcome.

Percent of Communities with Positive Change

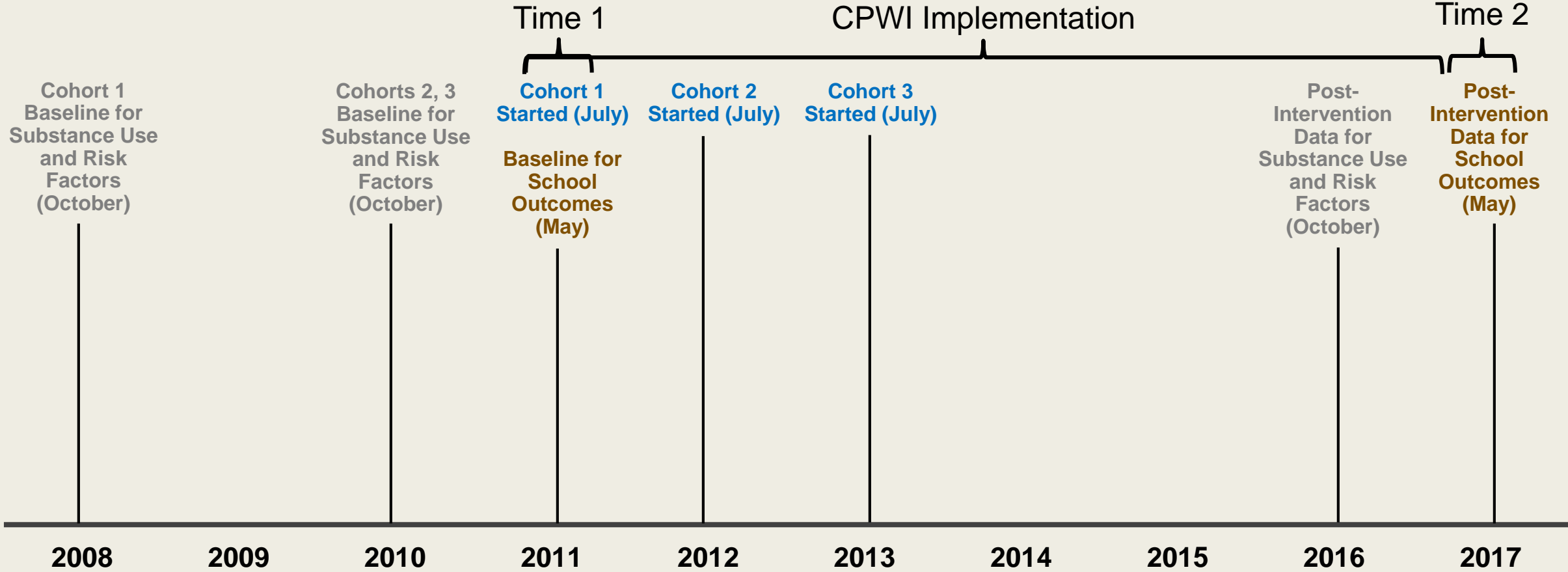


Evaluation Question #2A & B

- A: Have school outcomes changed significantly from baseline to 2016 (post-intervention time point) for 10th grade students in Cohorts 1, 2, and 3?
- B: At baseline, CPWI was at significantly higher risk than other similar communities on a number of school outcomes. Had CPWI Cohort 1 communities closed the gap by post-intervention time point?
 - *School Outcomes: 4- and 5-year on-time graduation and dropout rates*



Evaluation Question #2: Timeline



Have school outcomes changed significantly for Cohorts 1-3?

	Cohort 1			Cohort 2			Cohort 3		
	T1	T2	Improved?	T1	T2	Improved?	T1	T2	Improved?
4-Year Graduation	76%	83%	Yes	75%	79%	No change	78%	81%	No change
4-Year Dropout	14%	10%	Yes	15%	13%	Yes	12%	10%	Yes
5-Year Graduation	78%	85%	Yes	77%	83%	Yes	81%	86%	Yes
5-Year Dropout	19%	12%	Yes	19%	14%	Yes	16%	11%	Yes

Time 1 (T1) = baseline

Time 2 (T2) = post-intervention time point

Did CPWI Cohort 1 communities close the gap in risk?

School Outcome	Was CPWI at higher risk than other communities at T1?	Was CPWI at higher risk than other communities at T2?	Did CPWI close the gap?
4-year on-time graduation rate	Yes	No	Yes
4-year dropout rate	Yes	No	Yes
5-year on-time graduation rate	Yes	No	Yes
5-year dropout rate	Yes	No	Yes

Time 1 (T1) = baseline

Time 2 (T2) = post-intervention time point

Take Away Messages

- CPWI communities have experienced improvements on many youth substance use and related risk factors.
- CPWI communities that have been implementing for a longer amount of time have seen the most positive changes in school outcomes.

How do we effectively frame these messages to communicate CPWI's impact to our community stakeholders?



Creating Effective 1-Page Reports

- 1) Identify the audience
- 2) Identify the purpose
- 3) Prioritize the information
- 4) Choose a grid
- 5) Draft a layout
- 6) Create intentional visual path
- 7) Create a purposeful hierarchy
- 8) Use white space
- 9) Get feedback
- 10) Triple check consistency

Community Prevention and Wellness Initiative (CPWI)

Adolescent Substance Use Prevention

Problem: Adolescent Substance Use in WA State

Prevalence of Substance Use in WA State

The 2016 Healthy Youth Survey found that 20% of 10th grade students drink alcohol, 17% use marijuana, 13% use e-cigs or vape pens, and 6% use cigarettes.¹ These rates translate to tens of thousands of adolescents using these substances.

Economic Cost of Substance Use in WA State

The total economic cost of alcohol and drug abuse in Washington State in 2012 was estimated at \$6.12 billion. This cost is primarily due to the indirect costs substance abuse has on lost productivity, premature mortality, health care and crime.²

Solution: Washington State's Community Prevention and Wellness Initiative

What is Community Prevention and Wellness Initiative (CPWI)?

CPWI is a strategic, data-informed, community coalition model aimed at preventing adolescent substance use and related risk factors and improving school outcomes. CPWI uses a community coalition model as a prevention strategy to foster community ownership of prevention efforts and to increase sustainability of prevention programming. Currently, there are 64 communities at various stages in the CPWI process. CPWI is a comprehensive, multi-component, and multilevel initiative which aims to reduce individual, peer, family, school, and community risk factors associated with adolescent substance use.

How is CPWI different?

Washington State Division of Behavioral Health and Recovery (DBHR) started CPWI in 2011 as a new funding approach to prioritize allocation of prevention funds to traditionally underserved, high-need communities throughout the state. CPWI is unique in its approach to community selection because CPWI communities are selected based primarily on risk scores computed from key substance use and consequence indicators.

How can CPWI impact my community?

Early initiation of substance use is associated with higher levels of use and abuse later in life. Preventing or delaying the onset of substance use means lowering the likelihood of substance use disorders, lowering the likelihood of negative social, behavioral, and health outcomes, and lowering the economic cost of substance use for our community.³

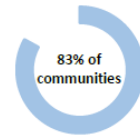
Results

Did 10th grade substance use & risk factors decrease from baseline to 2016 in CPWI Cohorts 1-3 communities?

Yes. In a majority of CPWI communities, there were statistically significant decreases in substance use and related risk factors from baseline to 2016.



in Cohort 1 (11 of 12 communities) had significant reduction in any alcohol use in past 30 days. Result was neutral for the remaining community.



in Cohort 2 (5 of 6 communities) had significant reductions in early initiation of substance use, and perceived availability of drugs in community. Result was neutral for remaining community.



in Cohort 3 (6 of 7 communities) had significant reduction in any cigarette smoking ever. Result was neutral for remaining community.



in Cohort 3 (5 of 6 communities) had significant reductions in any cigarette smoking in past 30 days, any binge drinking in past 2 weeks, and early initiation of substance use. Result was neutral for remaining community.

Community Prevention & Wellness Initiative (CPWI)

School Outcomes

Problem: Increasing the High School Graduation Rate in WA State

Washington State's on-time graduation rate was 79% and dropout rate was 12% in 2016-2017 academic year. Increasing the high school graduation rate benefits the individual, community, and society at large. In Washington State, the per-student monetary benefit associated with graduating from high school is estimated at \$581,156 accrued over an individual's lifetime. The monetary benefits are in net present value terms in 2016 dollars. These benefits include benefits to the individual such as higher earnings, and benefits to the community and society such as increased tax revenue, lower crime, and lower likelihood of using of publicly funded health care services.¹

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What is Community Prevention and Wellness Initiative (CPWI)?

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How is CPWI different?

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DBHR COMMUNITY PREVENTION AND WELLNESS INITIATIVE PLANNING FRAMEWORK



Results

Did school outcomes improve in CPWI Cohort 1 communities from baseline to the post-intervention time point?

Yes. Graduation rates increased and dropout rates decreased in CPWI communities from baseline (T1) to post-intervention time point (T2).

School Outcomes	Cohort 1		
	T1	T2	Improved?
Adjusted 4-Year Cohort Graduation Rate	76%	83%	👍
Adjusted 4-Year Cohort Dropout Rate	14%	10%	👍
Adjusted 5-Year Cohort Graduation Rate	78%	85%	👍
Adjusted 5-Year Cohort Dropout Rate	19%	12%	👍

👍 Improvement in outcomes (percent change of 5% or more)

At baseline, CPWI Cohort 1 communities were at significantly higher risk for poor school outcomes than other similar Washington communities. Had CPWI communities closed the gap at the post-intervention time point?

Yes. At baseline, CPWI Cohort 1 communities were at higher risk for having lower graduation rates and higher dropout rates. By 2016, these gaps were eliminated suggesting that CPWI is effective in improving school outcomes.

School Outcomes	Cohort 1		
	T1	T2	Closed Gap?
Adjusted 4-Year Cohort Graduation Rate	🔴	🟢	Yes
Adjusted 4-Year Cohort Dropout Rate	🔴	🟢	Yes
Adjusted 5-Year Cohort Graduation Rate	🔴	🟢	Yes
Adjusted 5-Year Cohort Dropout Rate	🔴	🟢	Yes

🔴 CPWI communities were at significantly higher risk than other similar Washington communities for poor school outcomes (p<.05).
 🟢 CPWI communities closed existing gap in level of risk following CPWI implementation (p<.05).



CPWI communities were at higher risk, but they have closed the gap.

What needs to be reframed?

For broader impact, it is more effective to start with what you want to achieve rather than the problem.

Community Prevention and Wellness Initiative (CPWI) Adolescent Substance Use Prevention

Problem: Adolescent Substance Use in WA State

<p> Prevalence of Substance Use in WA State</p> <p>The 2016 Healthy Youth Survey found that 20% of 10th grade students drink alcohol, 17% use marijuana, 13% use e-cigs or vape pens, and 6% use cigarettes.¹ These rates translate to tens of thousands of adolescents using these substances.</p>	<p> Economic Cost of Substance Use in WA State</p> <p>The total economic cost of alcohol and drug abuse in Washington State in 2012 was estimated at \$6.12 billion. This cost is primarily due to the indirect costs substance abuse has on lost productivity, premature mortality, health care and crime.²</p>
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Solution: Washington State's Community Prevention and Wellness Initiative

<p>What is Community Prevention and Wellness Initiative (CPWI)?</p> <p>CPWI is a strategic, data-informed, community coalition model aimed at preventing adolescent substance use and related risk factors and improving school outcomes. CPWI uses a community coalition model as a prevention strategy to foster community</p>	<p>Results</p> <p>Did 10th grade substance use & risk factors decrease from baseline to 2016 in CPWI Cohorts 1-3 communities?</p> <p>Yes. In a majority of CPWI communities, there were statistically significant decreases in substance use and related risk factors from baseline to 2016.</p>
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What needs to be reframed?

Starting with prevalence statistics on substance use runs the risk of people thinking...“that doesn’t sound so bad.” Instead, you should start with an explanation that this is a time of rapid development – when adolescents are especially sensitive to harmful effects of substances.

Community Prevention and Wellness Initiative (CPWI) Adolescent Substance Use Prevention

Problem: Adolescent Substance Use in WA State



Prevalence of Substance Use in WA State

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Solution: Washington State’s Community Prevention and Wellness Initiative

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Results

Did 10th grade substance use & risk factors decrease from baseline to 2016 in CPWI Cohorts 1-3 communities?

Yes. In a majority of CPWI communities, there were statistically significant decreases in substance use and related risk factors from baseline to 2016.

What needs to be reframed?

Save the discussion related to economic costs of youth substance for policymaker audiences only.

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What needs to be reframed?

The prevention jargon needs to be unpacked for non-specialists. Most people who don't specialize in prevention don't think prevention is even possible (e.g., "Teenagers are going to experiment.")

Using plain language, and additional explanation is the antidote to misunderstanding.

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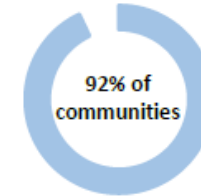
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BEFORE

Community Prevention and Wellness Initiative (CPWI)

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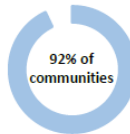
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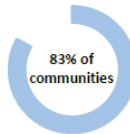
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AFTER

Community Prevention & Wellness Initiative (CPWI)

Community-identified solutions to promote community health & well-being

Community Coalition Approach Can Improve Youth Wellness

Adolescent brains and bodies are still developing rapidly – and they are especially sensitive to harmful substances like tobacco, alcohol, marijuana and other drugs. The 2016 Healthy Youth Survey found that among Washington State 10th graders, 20% drink alcohol, 17% use marijuana, 13% use e-cigs or vape pens, and 6% use cigarettes.¹

These rates translate into tens of thousands of teens using addictive substances at a time when their brains are being wired with behaviors that can last a lifetime. This helps explain why people who start using substances early in life are more likely to have higher levels of substance use and abuse later in life. Taking steps to prevent or delay substance use among young people is a way to lower their risk of substance use disorders, and to improve the social, civic, and economic wellbeing of our communities.

Washington State's Community Prevention and Wellness Initiative (CPWI)

What is CPWI?

Since 2011, the Washington State Health Care Authority Division of Behavioral Health and Recovery (DBHR) has led an innovative approach aimed at protecting youth from the harm that substance use can cause at this life stage.

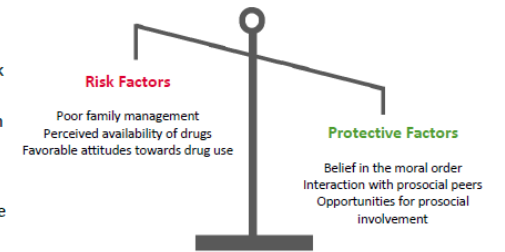
- ✓ It is a comprehensive approach that reduces the negative risk factors that make adolescents more likely to use substances, and increases the positive, protective factors that make them less likely to take risks with substances.
- ✓ It is a proven model for local decision-making.

CPWI coalitions receive funding, training, and technical assistance to plan and implement prevention programs. For more information on CPWI, visit www.theAthenaForum.org

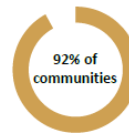
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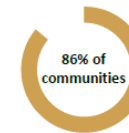
Comprehensive prevention efforts aim to ensure that protective factors outweigh risk factors at the individual, peer, family, school, and community levels



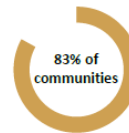
Did 10th grade substance use & risk factors decrease from baseline to 2016 in CPWI Cohorts 1-3 communities?



in Cohort 1 had significant reduction in any alcohol use in past 30 days.



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in Cohort 2 had significant reductions in early initiation of substance use.

How did we reframe?

We added a tag line in the heading to provide a catchy, plain language description of CPWI that is focused on the solution, rather than the problem.

Community Prevention & Wellness Initiative (CPWI)

Community-identified solutions to promote community health & well-being

Community Coalition Approach Can Improve Youth Wellness

Adolescent brains and bodies are still developing rapidly – and they are especially sensitive to harmful substances like tobacco, alcohol, marijuana and other drugs. The 2016 Healthy Youth Survey found that among Washington State 10th graders, 20% drink alcohol, 17% use marijuana, 13% use e-cigs or vape pens, and 6% use cigarettes.¹

These rates translate into tens of thousands of teens using addictive substances at a time when their brains are being wired with behaviors that can last a lifetime. This helps explain why people who start using substances early in life are more likely to have higher levels of substance use and abuse later in life. Taking steps to prevent or delay substance use among young people is a way to lower their risk of substance use disorders, and to improve the social, civic, and economic wellbeing of our communities.

Washington State's Community Prevention and Wellness Initiative (CPWI)

What is CPWI?

Since 2011, the Washington State Health Care Authority Division of Behavioral Health and Recovery (DBHR) has led an innovative approach aimed at protecting youth from the harm that substance use can cause at this life stage.

- ✓ It is a comprehensive approach that reduces the negative risk factors that make adolescents more likely to use substances, and increases the positive, protective factors that make them less likely to take risks with substances

Comprehensive prevention efforts aim to ensure that protective factors outweigh risk factors at the individual, peer, family, school, and community levels

Risk Factors
Poor family management
Perceived availability of drugs

Protective Factors
Responsible attitudes towards drug use

How did we reframe?

Instead of just stating prevalence rates or unframed statistics, we added more context to help readers interpret the substance use statistics and described why preventing substance use matters.

We also removed the information on economic costs since we wanted the communicate to a broad audience, not just policymakers.

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How did we reframe?

We reframed language to describe CPWI and what makes it different.

The reframed language is simpler and appeals to non-specialists.

Washington State's Community Prevention and Wellness Initiative (CPWI)

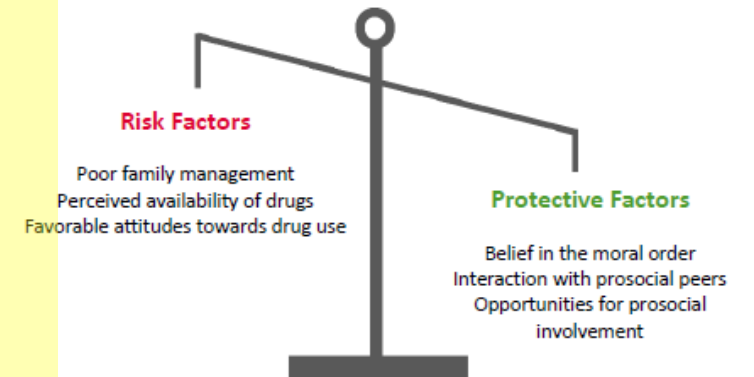
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How did we reframe?

We also added a visual depiction showing that the goal of CPWI is to ensure protective factors outweigh risk factors.

Visuals like this one help convey complex prevention concepts to non-specialists.

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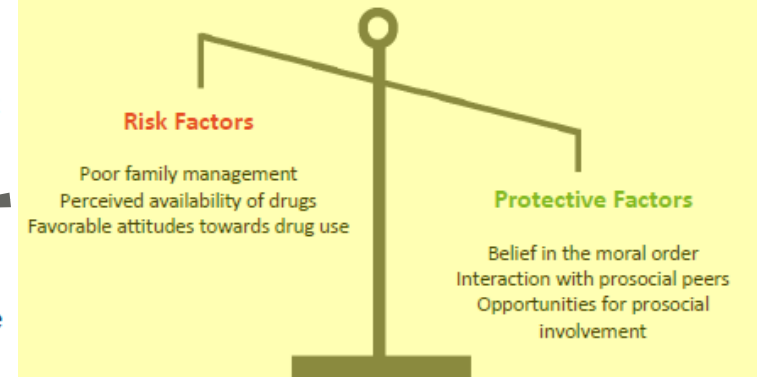
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Comprehensive prevention efforts aim to ensure that protective factors outweigh risk factors at the individual, peer, family, school, and community levels



How did we reframe?

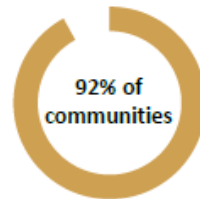
We simplified the text and only provided the essential information.

We also only included one outcome for each cohort to simply the presentation of results.

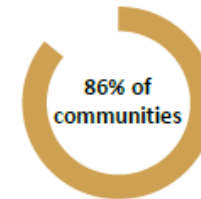
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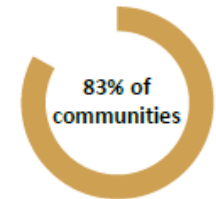
Did 10th grade substance use & risk factors decrease from baseline to 2016 in CPWI Cohorts 1-3 communities?



in Cohort 1 had significant reduction in any alcohol use in past 30 days.



in Cohort 3 had significant reduction in any cigarette smoking ever.



in Cohort 2 had significant reductions in early initiation of substance use.

How did we reframe?

All technical details of the evaluation were moved to the back of the handout.

Reference

1. Healthy Youth Survey Fact Sheet. (2016). *Healthy Youth Survey*. Retrieved from <http://www.askhys.net/FactSheetsU.S>.

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- Cohort 1 started in 2011
- Cohort 2 started in 2012
- Cohort 3 started in 2013

More sites are added each year. Currently, there are six cohorts, with 82 communities at various stages in the CPWI process.

Substance use and related risk factors data are from the 2016 Healthy Youth Survey. This survey is administered every 2 years to students in the 6th, 8th, 10th, and 12th grade in approximately 1,000 public schools across the state. Results are based on chi-square analysis ($p < .10$).

VERSION A

Community Prevention & Wellness Initiative (CPWI)

Community-identified solutions to promote community health & well-being

Community Coalition Approach Can Improve Youth Wellness

Adolescent brains and bodies are still developing rapidly – and they are especially sensitive to harmful substances like tobacco, alcohol, marijuana and other drugs. The 2016 Healthy Youth Survey found that among Washington State 10th graders, 20% drink alcohol, 17% use marijuana, 13% use e-cigs or vape pens, and 6% use cigarettes.¹

These rates translate into tens of thousands of teens using addictive substances at a time when their brains are being wired with behaviors that can last a lifetime. This helps explain why people who start using substances early in life are more likely to have higher levels of substance use and abuse later in life. Taking steps to prevent or delay substance use among young people is a way to lower their risk of substance use disorders, and to improve the social, civic, and economic wellbeing of our communities.

Washington State's Community Prevention and Wellness Initiative (CPWI)

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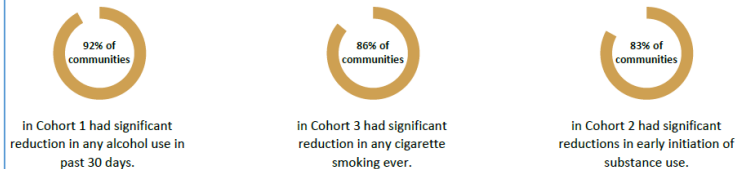
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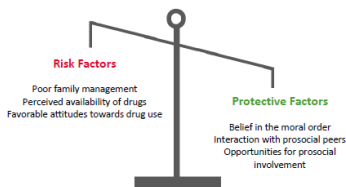
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VERSION B

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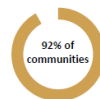
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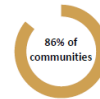
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Fewer Youth Drinking



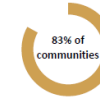
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Fewer Youth Smoking



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Fewer Youth Using Drugs for the First Time



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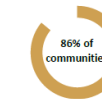
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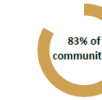
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in Cohort 2 had significant reductions in early initiation of substance use.

BEFORE

Community Prevention & Wellness Initiative (CPWI)

School Outcomes

Problem: Increasing the High School Graduation Rate in WA State

Washington State's on-time graduation rate was 79% and dropout rate was 12% in 2016-2017 academic year. Increasing the high school graduation rate benefits the individual, community, and society at large. In Washington State, the per-student monetary benefit associated with graduating from high school is estimated at \$581,156 accrued over an individual's lifetime. The monetary benefits are in net present value terms in 2016 dollars. These benefits include benefits to the individual such as higher earnings, and benefits to the community and society such as increased tax revenue, lower crime, and lower likelihood of using of publicly funded health care services.¹

Solution: Washington State's Community Prevention and Wellness Initiative

What is Community Prevention and Wellness Initiative (CPWI)?

CPWI is a strategic, data-informed, community coalition model aimed at preventing adolescent substance use and related risk factors and at improving school outcomes. CPWI uses a community coalition model as a prevention strategy to foster community ownership of prevention efforts and to increase sustainability of prevention programming. CPWI provides comprehensive prevention. There are currently 64 communities at various stages in the CPWI process. CPWI is a comprehensive, multi-component, and multilevel initiative which aims to reduce risk factors in individual, peer, family, school and community domains.

How is CPWI different?

Washington State Division of Behavioral Health and Recovery (DBHR) started CPWI in 2011 as a new funding approach to prioritize allocation of prevention funds to traditionally underserved, high-need communities throughout the state. CPWI is unique in its approach to community selection because CPWI communities are selected based primarily on risk scores computed from key substance use and consequence indicators.

DBHR COMMUNITY PREVENTION AND WELLNESS INITIATIVE PLANNING FRAMEWORK



Results

Did school outcomes improve in CPWI Cohort 1 communities from baseline to the post-intervention time point?

Yes. Graduation rates increased and dropout rates decreased in CPWI communities from baseline (T1) to post-intervention time point (T2).

School Outcomes	Cohort 1		Improved?
	T1	T2	
Adjusted 4-Year Cohort Graduation Rate	76%	83%	👍
Adjusted 4-Year Cohort Dropout Rate	14%	10%	👍
Adjusted 5-Year Cohort Graduation Rate	78%	85%	👍
Adjusted 5-Year Cohort Dropout Rate	19%	12%	👍

👍 Improvement in outcomes (percent change of 5% or more)

At baseline, CPWI Cohort 1 communities were at significantly higher risk for poor school outcomes than other similar Washington communities. Had CPWI communities closed the gap at the post-intervention time point?

Yes. At baseline, CPWI Cohort 1 communities were at higher risk for having lower graduation rates and higher dropout rates. By 2016, these gaps were eliminated suggesting that CPWI is effective in improving school outcomes.

School Outcomes	Cohort 1		
	T1	T2	Closed Gap?
Adjusted 4-Year Cohort Graduation Rate			Yes
Adjusted 4-Year Cohort Dropout Rate			Yes
Adjusted 5-Year Cohort Graduation Rate			Yes
Adjusted 5-Year Cohort Dropout Rate			Yes

- 👍 CPWI communities were at significantly higher risk than other similar Washington communities for poor school outcomes ($p < .05$).
- 👍 CPWI communities closed existing gap in level of risk following CPWI implementation ($p < .05$).

CPWI communities were at higher risk, but they have closed the gap.

Community Prevention & Wellness Initiative (CPWI)

Community-identified solutions to promote community health & well-being

Improving Student Wellness Improves Educational Outcomes

When Washington State's youth complete high school, our community and state benefit from their contributions to communities in many ways – but perhaps especially economically. For each Washington State student who graduates from high school, the monetary value is estimated at over \$580,000 across the individual's life. High school graduates have higher earnings, which benefits the community and society through increased tax revenue. They are also less likely to use publicly funded health care services, and have lower rates of involvement in the justice or social service systems, reducing state expenditures.

In 2016-2017 academic year, Washington State's on-time graduation rate was 79% and the dropout rate was 12%. While many factors affect timely high school completion, it's important to consider the role of student health and wellness – and to take steps to prevent young people from using harmful substances like tobacco, alcohol, marijuana, and other drugs. Adolescents' brains and bodies are still developing, which makes them especially sensitive to both positive experiences and to negative exposures.

Solution: Washington State's Community Prevention and Wellness Initiative

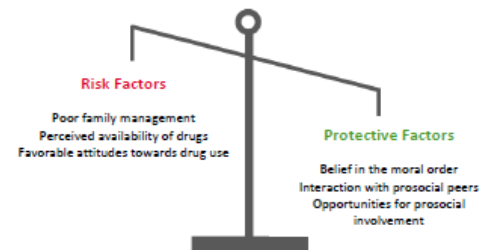
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CPWI coalitions receive funding, training, and technical assistance to plan and implement prevention programs. For more information on CPWI, visit www.theAthenaForum.org

Comprehensive prevention efforts aim to ensure that protective factors outweigh risk factors at the individual, peer, family, school, and community



Did school outcomes improve in communities from baseline to post-intervention time point?

Yes. Graduation rates increased and dropout rates decreased in CPWI communities from 2011, the baseline time point (T1) to 2016, the post-intervention time point (T2).

School Outcomes	Cohort 1		Improved?
	T1	T2	
Adjusted 4-Year Cohort Graduation Rate	76%	83%	👍
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👍 Improvement in outcomes (percent change of 5% or more)

Is there evidence that the CPWI model can drive greater educational equity?

Yes. Before CPWI implementation (T1), the communities were at significantly higher risk for poor school outcomes than other similar Washington communities. They were at higher risk for having lower graduation rates and higher dropout rates. By 2016 (T2), these communities were performing at the levels of similar communities, suggesting that CPWI is effective in improving school outcomes.

School Outcomes	Cohort 1		
	T1	T2	Closed Gap?
Adjusted 4-Year Cohort Graduation Rate			Yes
Adjusted 4-Year Cohort Dropout Rate			Yes
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AFTER

Keys to Effectively Framing

- For broader impact, start with what you want to achieve rather than the problem.
- Provide context for the data to help readers interpret it.
 - *E.g., When presenting adolescent substance use rates, be sure to explain this is a time of rapid development and therefore they are especially sensitive to harmful effects of substances.*
- Save economic/cost-benefit information for policymakers.
- Use simple, clear, and relatable language.
- Use simple visuals to depict complex prevention concepts.
- Keep technical information in a footnote or on back page.



Now it's your turn!

- Get in groups of 3-4 at your table.
- Review substance-use outcomes handouts – version A, B, C.
- Discuss the following:
 - *Which version do you think is most effectively framed?*
 - *Are there additional changes you would make to meet the needs of your community stakeholders?*
 - *How might you use these techniques to communicate CPWI impact in your community?*



VERSION A

Community Prevention & Wellness Initiative (CPWI)

Community-identified solutions to promote community health & well-being

Community Coalition Approach Can Improve Youth Wellness

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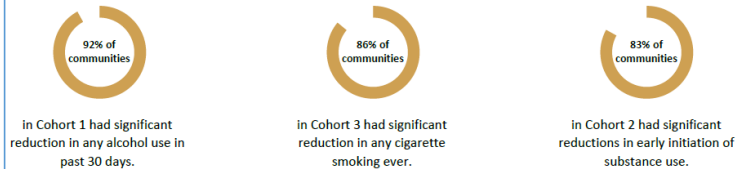
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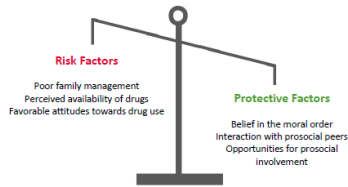
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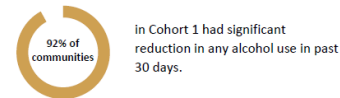
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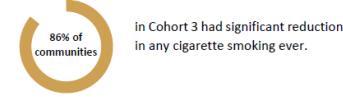
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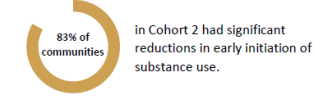
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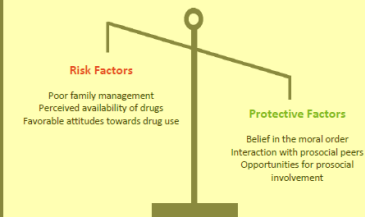
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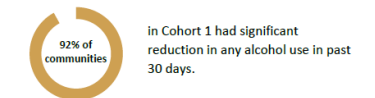
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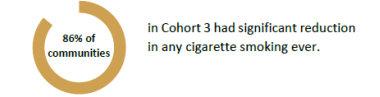
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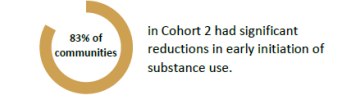
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Fewer Youth Smoking



Fewer Youth Using Drugs for the First Time



Thank you!
Questions?



<https://hd.wsu.edu/research-labs/impact-lab/>

Announcements / Closing

Kasey Kates, Policy and Program Supervisor

Announcements

- ▶ **Liz Wilhelm** - Washington Association of Prevention Coalitions (WAPCo)
- ▶ **Kristi Sharpe** - Certified Prevention Professional (CPP) Board
- ▶ **Others?**

Closing

- ▶ **Thank you** to all speakers / presenters today!
- ▶ **Evaluations** to be sent and once completed you will received your certificate.
- ▶ **Listening Session** (optional) from 3:30 PM – 5:00 PM.
- ▶ **Evening meetings.**

6:00 PM - 7:30 PM Drug-Free Communities (DFC) Meeting: Ballroom F

6:30 PM - 7:30 PM Volunteer Meeting: Ballroom B

7:30 PM - 8:30 PM Chaperone Meeting: Ballroom B

7:30 PM - 9:30 PM Networking and Ice Cream Social: Ballroom C