



The Statewide 5-Year Strategic Plan

State Prevention Enhancement Policy Consortium

What is the SPE Policy Consortium?

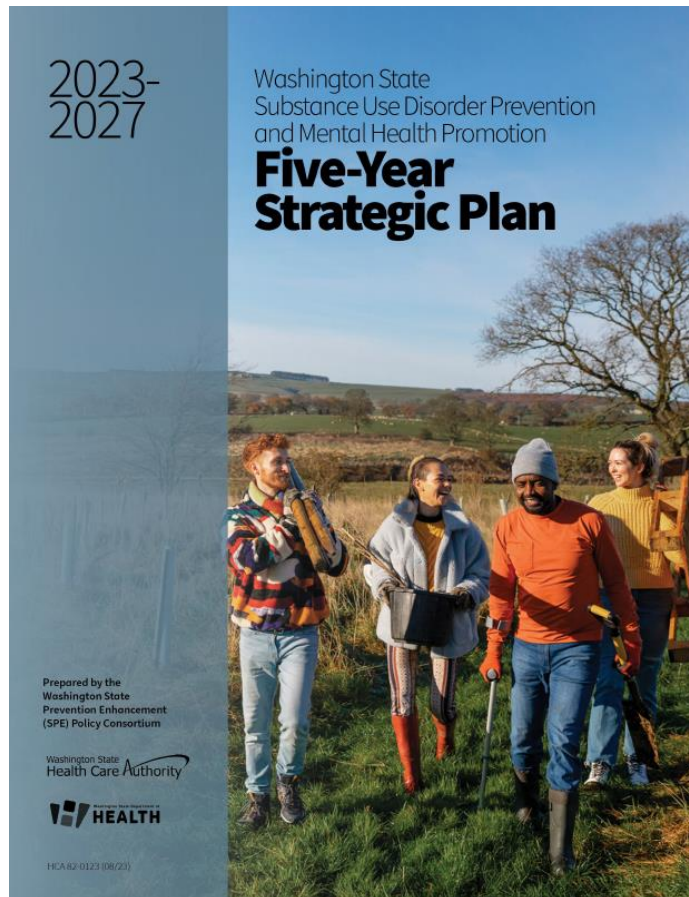
- ▶ Full name
 - ▶ State Prevention Enhancement (SPE) Policy Consortium
- ▶ Who can participate?
 - ▶ Any WA State agency or organization working on preventing substance use disorder and/or promoting mental health.
- ▶ What does the SPE Policy Consortium do?
 - ▶ Inform – partners, funders, leaders
 - ▶ Support – workgroups and partners
 - ▶ Coordinate – reduce duplication and ensure system efficiency



Timeline of the SPE Consortium and 5-Year Plan

October 2011	First Meeting of the SPE Consortium – Sue Grinnell (DOH) and Michael Langer (DBHR) presiding.
August 2012	First publication of the 5-Year Strategic Plan – Reinforced the use of the Strategic Prevention Framework (SPF) statewide.
Fall of 2017	First full update of the 5-Year Strategic Plan – David Hudson (DOH) and Sarah Mariani (DBHR) presiding.
Fall of 2019	Last update to the 5-Year Strategic Plan – Patti Migliore-Santiago (DOH) and Sarah Mariani (DBHR) presiding.
Present Day	Currently working on the next 5-Year Plan update, to be printed in October of 2023.

2023 Plan Preview



Contents

Executive summary.....	5
Our mission, vision, and key values.....	5
Our goals and strategic process.....	5
Priority areas of focus.....	7
Chapter 1: The Purpose of the SPE Policy Consortium.....	9
Prevention and wellness key principles.....	9
Chapter 2: The SPE Policy Consortium Five-Year Strategic Plan.....	11
What guides our strategic planning work.....	11
SPE Policy Consortium Logic Model.....	12
SPE Policy Consortium's Primary Strategies.....	14
Future direction of the SPE Policy Consortium.....	15
Chapter 3: SPE Policy Consortium Strategic Prevention Framework (SPF) Implementation.....	18
Getting started.....	18
Capacity building.....	21
Assessment: Needs, resources, and gaps.....	22
Planning.....	32
Implementation.....	34
Health equity in prevention.....	34
Evaluation.....	35
Sustainability.....	44
Appendix.....	45
Acronyms and abbreviations of state agencies and organizations.....	46
SPE Policy Consortium partner list.....	47
SPE Policy Consortium membership structure and history.....	50
Local and community application.....	51
Logic model.....	52
Data assessment.....	53
Economic impact.....	54
Intermediate outcomes summary data.....	56
Health disparities data.....	59
Data charts of primary data used.....	62
Long-term outcomes (consequences).....	62
Problem areas (intermediate outcomes).....	71

Executive Summary - Overview

- ▶ Mission, Vision, and Values
- ▶ Planning Process
- ▶ Key Elements Summary
- ▶ Strategic Objectives
 - ▶ Increase Collaboration
 - ▶ Data informed decisions
 - ▶ Environmental strategies
 - ▶ Increase commitment to EBPs
 - ▶ Support BH workforce development



SPE Policy Consortium - Mission and Vision

Mission Statement:

“The SPE Consortium, through partnerships, is working to strengthen and support an integrated statewide system of community-driven substance use disorder prevention, mental health promotion, and related issues.”

Vision Statement:

“A state where all individuals, families, youth, and communities can be as healthy as possible in a safe and nurturing environment.”

Key Values

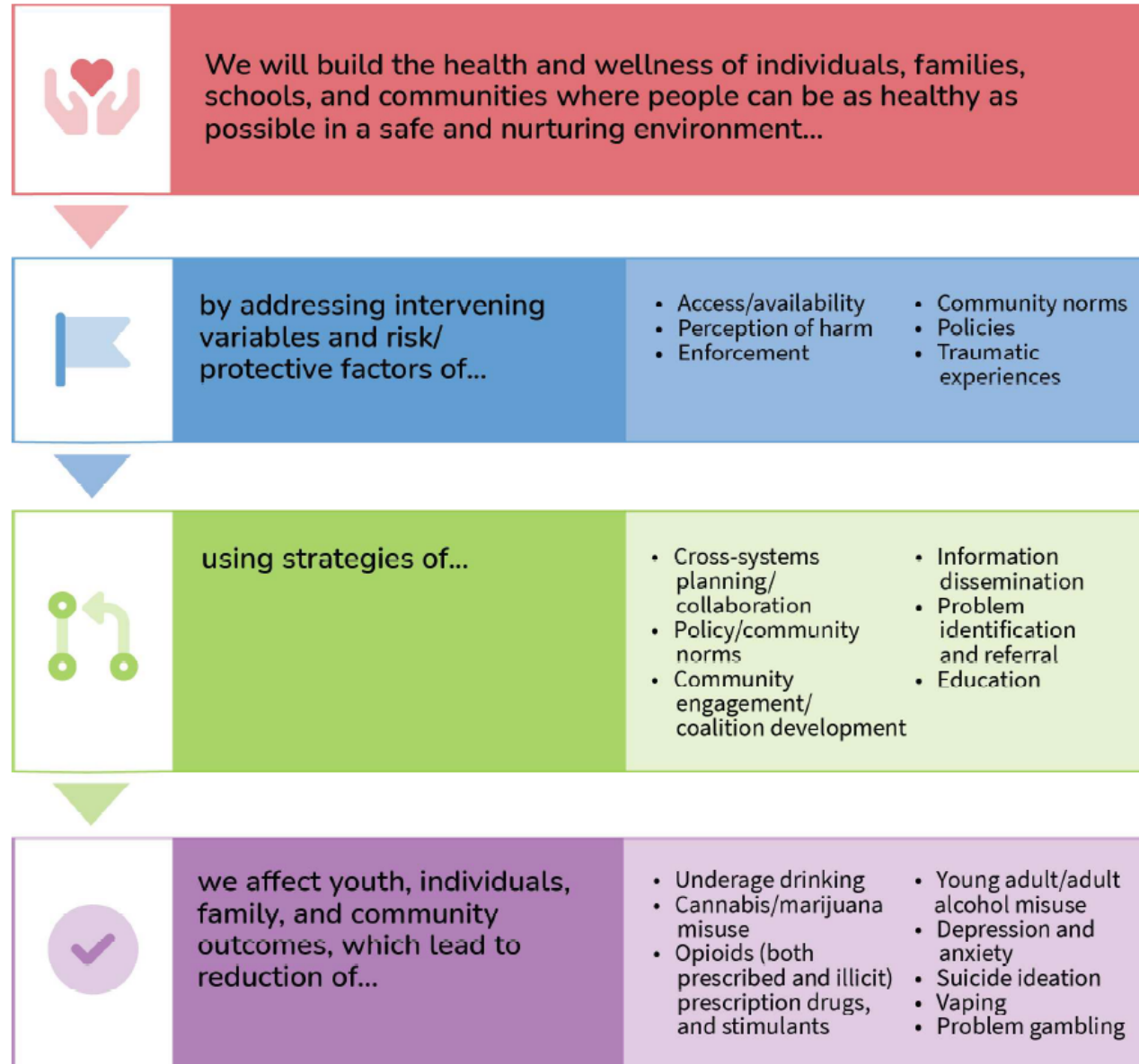
- ▶ Work collaboratively to produce a collective impact.
- ▶ Address health disparities and promote health equity.
- ▶ Make data-informed decisions.
- ▶ Honor current state and tribal resources, and ensure cultural competence, including honoring the Centennial Accord between the Federally Recognized Indian Tribes in Washington State and the State of Washington.
- ▶ Build community wellness.
- ▶ Support community-level initiatives.
- ▶ Consider the entire lifespan of the individual.
- ▶ Consider impacts of Health Care Reform and Indian Health Care Improvement Act.

Strategic Planning Process

- ▶ **Overall intended impact:** Identify the risks that can cause harm to people.
 - ▶ Example: easy access to drugs and alcohol.
- ▶ **Intervening variables:** Identify the protections and resources that keep people safe and healthy.
 - ▶ Example: age restrictions for alcohol and commercial tobacco sales.
- ▶ **Strategies:** Identify and use strategies that increase those protections and reduce risk and harms.
 - ▶ Example: increase age limit for commercial tobacco sales.

Summary of key elements

In summary



Priority Areas of Focus

- ▶ Underage drinking
- ▶ Cannabis/marijuana misuse
- ▶ Opioids, both prescribed and illicit, other prescription drugs, and stimulants.
- ▶ Commercial tobacco misuse
- ▶ Young Adult/Adult – Alcohol misuse
- ▶ Depression and anxiety
- ▶ Suicide ideation
- ▶ Vaping
- ▶ Problem gambling

Strategic Objective One:

Strengthen state collaboration to prevent initiation of substance use and promote mental health.

Strategic Objective Two:

Utilizing needs assessment data in Washington State, create and disseminate communication plans, campaigns, trainings, and resources to better serve populations in need.

Strategic Objective Three:

Implement environmental strategies to: reduce access and availability of substances; change community and social norms of substance use; and reduce stigma in accessing behavioral health services.

Strategic Objective Four:

Commit and dedicate efforts to implementing SUD prevention and mental health promotion programs to strengthen protective factors and reduce risk factors.

Strategic Objective Five:

Strengthen the long-term sustainability of the behavioral health promotion and SUD prevention workforce.

2023 - Key Plan Updates

Since the last update of the SPE Strategic Plan in 2019, several key considerations have been renewed or added.

- ▶ Throughout the current plan, we have emphasized the following...
 - ▶ Health equity is top priority and discussed in all sections.
 - ▶ Recurring discussion of possible pandemic point-in-time effect on data.
 - ▶ Clear connection between workgroup action plans and overall, SPE 5-year plan.

Health Equity

▶ Key Findings – Oct. 2021 HYS

- ▶ Significant MH disparities among female sex assigned at birth.
- ▶ LGB students show disparities across all major indicators.
- ▶ Students who self identify as disabled have significantly higher risk factors for problem behaviors.
- ▶ Students who are unhoused are more than twice as likely to have attempted suicide.
- ▶ Resource assessment shows that programs designed for LGB and disabled students are rare.

Health disparities data

Health Disparities Data by Gender at Birth, Sexual Orientation, Disability Status, and Housing Insecurity, Washington State 10th Grade Students
Subpopulation, 2021

Red highlighted data indicates a statistically significant difference at the $p < 0.05$ level

Behavioral health problem	Gender at birth ¹		Sexual orientation (LGB) ²		Disability status ³		Housing insecurity ⁴	
	Female	Male	LGB	Hetero-sexual	Disability	No disability	Insecure housing	Secure housing
Smoked cigarettes in past 30 days	2.3%	1.6%	4.9%	1.1%	3.8%	0.8%	10.2%	1.7%
Drank alcohol in past 30 days	9.7%	7.0%	13.5%	7.2%	15.8%	6.3%	15.1%	8.1%
Used marijuana or hashish in past 30 days	7.9%	6.4%	13.9%	5.8%	11.5%	5.4%	16.6%	6.7%
Binge drinking in past 2 weeks	6.0%	4.9%	9.3%	4.8%	8.4%	4.7%	11.5%	5.1%
Pain killer use in past 30 days	1.2%	0.8%	2.3%	0.7%	3.0%	0.4%	4.0%	0.8%
Sad/hopeless in past 12 months	50.2%	25.4%	65.9%	29.0%	61.2%	28.5%	52.8%	36.5%
Suicide ideation	26.2%	12.6%	46.3%	11.5%	38.2%	13.0%	36.5%	18.5%
Suicide plan	20.8%	10.3%	34.8%	9.2%	30.5%	10.0%	26.0%	14.7%
Suicide attempt	11.6%	4.5%	20.9%	4.3%	18.2%	4.2%	16.3%	7.2%
Bullied in the past 30 days	16.3%	10.1%	23.1%	10.2%	25.7%	8.6%	21.7%	12.7%
Anxiety ⁵	55.0%	23.1%	67.5%	29.7%	61.8%	36.0%	47.2%	38.9%

Pandemic Effect

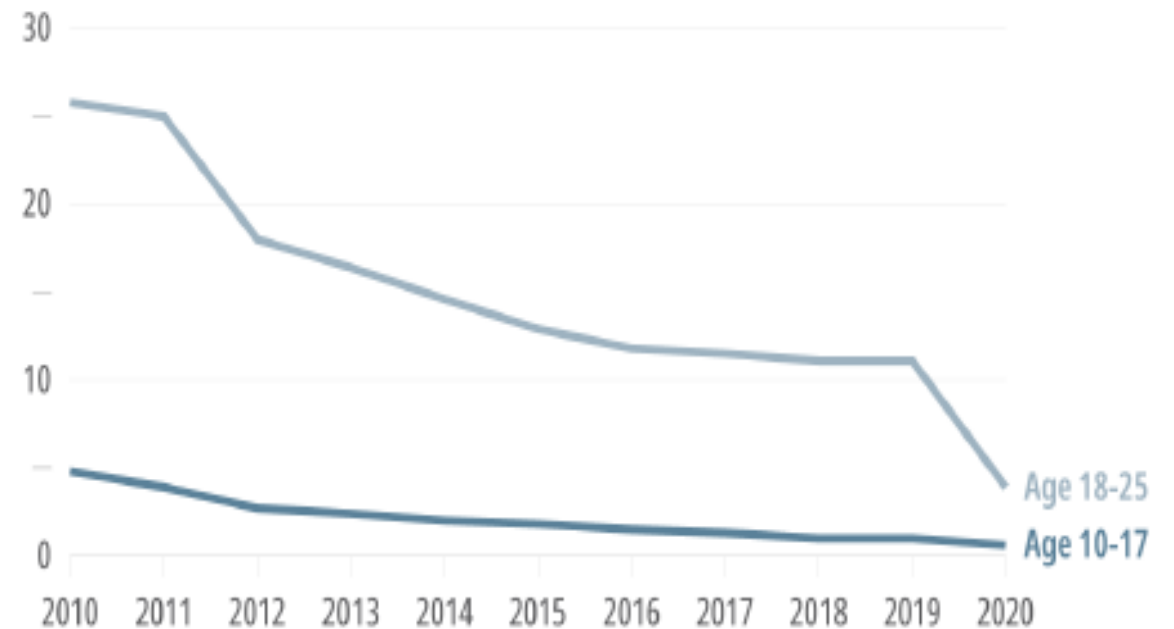
▶ Possible disruption to data

- ▶ Most data sources show significant breaks in trend patterns.
- ▶ Substance use overall down in October of 2021, but MH indicators and certain disparities unchanged.
- ▶ No clear evidence of precise reason, but likely factors include decreased social access, increased parental monitoring, and increased family bonding.
- ▶ 2023 HYS results should help us determine which, if any, of the impacts will remain.

Crime

Arrests, Alcohol Violation by Age Group Washington, 2010-2020

Rate per 1,000 population



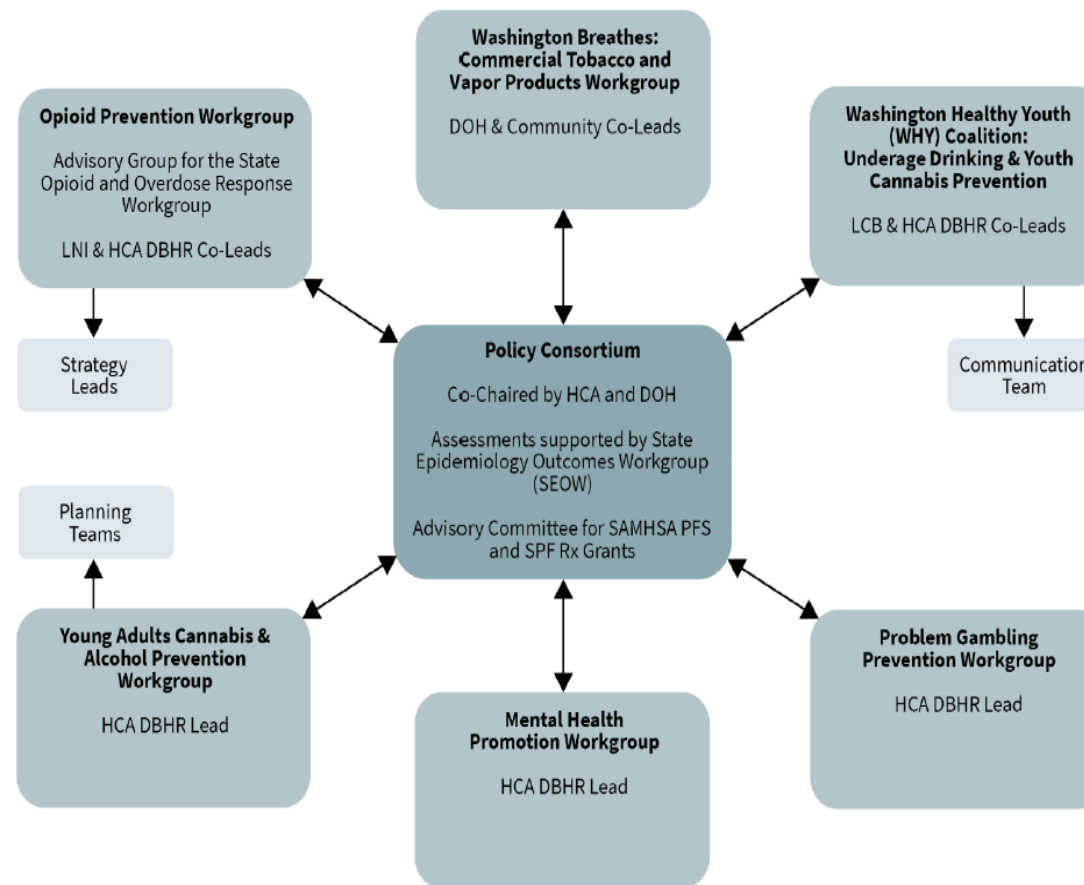
State Source: Washington Association of Sheriffs and Police Chiefs: Uniform Crime Report, National Incident-Based Reporting System; Population Estimates: Washington State Office of Financial Management, Forecasting Division

Workgroup Planning

▶ The SPE work is part of a larger effort

- ▶ Some workgroups exist independently of the Consortium and would likely continue without SPE support. Examples are...
 - ▶ Commercial Tobacco Prevention: Part of Washington Breathes
 - ▶ Opioid Prevention: Part of State Opioid Response Task Force.
 - ▶ Washington Healthy Youth Coalition: Multi-agency collaborative to reduce underage use of legal substances.
- ▶ Others, such as the Mental Health Promotion, Young Adults, and Problem Gambling workgroup are newer and benefit more from SPE support.

SPE Policy Consortium structure



Workgroup Action Plans – Summaries

Washington Healthy Youth (WHY) Coalition

- Provide Educational Tools for parents, schools, others
- Use data to inform strategies
- Expand membership

Young Adult Cannabis and Alcohol Prevention Workgroup

- Build collaborative relationships
- Raise awareness of YA needs gap
- Workforce development

MH Promotion and Suicide Prevention

- Build capacity across MHP system
- Seek new funding opportunities
- Share resources for MHP and Suicide Px

Workgroup Action Plans – Summaries

Opioid Prevention Workgroup

- Support community prevention services
- Continue prescriber education expansion
- Promote safe storage and disposal
- Decrease supply of illegal opioids in communities

Washington Breathes

- Promote new coalition and strategic plan
- Reduce disparities in use among key populations
- Leverage resources to support prevention and treatment

Problem Gambling Prevention

- Recent formation and organization
- 2022 Legislative Session delegated more resources to PG
- Significant support from tribal partners
- Will create full strategic plan by end of 2024

Workgroup Action Plans – Common Themes

- ▶ Recruiting and Engagement
 - ▶ Membership is a top priority
- ▶ Research and Education
 - ▶ Data collection, analysis, and dissemination
- ▶ Workforce Development
 - ▶ Recruiting, training, and retention
- ▶ Policy Statements
 - ▶ Best practices - research and education

Thank You!

▶ Contact Information

- ▶ SPE Co-Chair: Sarah Mariani – sarah.mariani@hca.wa.gov
- ▶ SPE Co-Chair: Patti Migliore-Santiago – (Now retired, but contributed to planning process significantly.)
- ▶ 5-Year Plan Lead: Erika Jenkins – erika.jenkins@hca.wa.gov
- ▶ SPE Staff: Alicia Hughes alicia.hughes@hca.wa.gov & Isaac Wulff – isaac.wulff@hca.wa.gov