

**Prevention Research Sub-Committee Meeting**  
**Thursday, March 24, 2022, 10:00 am – 1:30pm PST**

**Location: Zoom**

**Theme: Partnering with State Agencies for Selective Prevention**

**AGENDA & NOTES**

**Welcome & Introductions**

Brittany

**Impromptu Networking**

**DBHR Legislative Update and Research Briefs**

Legislative update from DBHR

Tyler Watson/Miranda Pollock – update on research briefs in practice

Kevin Haggerty - Discuss next steps for 5 new topics

Jacob DOH and Megan Moore?

**Supporting LGBTQ+ Youth in Foster Care**

- Developing and testing a training module for caregivers and social workers  
Leah Rankin, MSW and Kevin Haggerty, PhD  
Alliance for Child Welfare Excellence and SDRG, UW

**Lunch Break**

**Preventing Opioid Misuse in Youth Transitioning Out of Juvenile Justice**

- The POST project: A collaboration between UW, Seattle Children's Hospital and DCYF  
Kym Ahrens, MD, MPH, Seattle Children's Hospital  
Ted Ryle, LICSW, MSW, MA, Clinical Director, Juvenile Rehabilitation, Department of Children, Youth & Families

**Round Robin**

**Next Meeting: Topics and Dates**

- **Next dates: June 22, 2022 (4<sup>th</sup> Wednesday)**
- September 28, 2022 (4<sup>th</sup> Wednesday)
- December 1, 2022 (1<sup>st</sup> Thursday)
- **Next steps on research briefs**

## NOTES:

**Coloring together:** as participants entered the meeting, we engaged in a joint coloring page celebrating the sun and drappiness of March:



### **Introductions (22 participants at 10:55)**

- **WSU:** Brittany Cooper, Clara Hill, Danna Moore, Erica Austin, AnaMaria Diaz Martinez, Jennifer Leach
- **UW:** Kevin Haggerty, Blair Brooke-Weiss, Beatriz Carlini, Susan Barkan, Jason Kilmer, Nicole Eisenberg, Robin Harwick
- **DBHR:** Tyler Watson, Miranda Pollock, Alicia Hughes, Christine Steele, Cesar Zatarain
- **OSPI:**
- **WA DOH:**
- **WA DSHS RDA:** Grace Hong
- **WA LCB:** Mary Segawa
- **WSIPP:** Amani Rashid
- **WA DCYF, Juvenile Rehabilitation:** Ted Ryle
- **Seattle Children's Hospital:** Kym Ahrens
- **Alliance for Child Welfare Excellence:** Leah Rankin
- **King County Public Health Dept of Community and Human Services:** Robyn Smith
- **King County Dept of Human Services, Division of Behavioral Health & Recovery:** Margaret Soukup
- **WASAVP & Burlington Healthy Youth Coalition:** Liz Wilhelm
- **Foundation for Healthy Generations:** Julie Peterson
- **Thurston County:**
- **Washington Traffic Safety Commission:**
- **NWPTTC, U of Nevada:** Michelle Frye-Spray

### **Impromptu networking**

Participants went into breakout room for informal discussions on this prompt: What are you packing away & what is springing into new growth in your personal/professional life?

## **DBHR LEGISLATIVE UPDATE**

Alicia Hughes provided an update on the 2021 Legislative Session

66 bills that DBHR reviewed

What passed, what didn't (See slides)

### **Liquor License fees and Liquor license endorsement**

- Temporary reduction in liquor license fees
- Created a liquor license endorsement. For wineries, breweries, distilleries for packaging services

### **Mental health bills that passed**

- Concerning overdose and suicide fatality reviews; expands review process related to withdrawal
- 1181 establishing programs and measures to prevent suicide among veterans, including a hotline
- Couple of school-related bills, excused absences for mental health reasons
- Hazing prevention 1751 in higher ed institutions, expanded definition of hazing, requires institutions to prohibit hazing on and off campus
- 1530 passed re-creating special wine license plates with landscape of Washington's wine region (for tourism). Concern for prevention, promoting drinking while driving. Breweries and cannabis are probably next. Maybe we can encourage some recovery plates in the future ...
  - Comment (Kevin): we're seeing an increase in fatalities from inebriated driving. This is stunning. Shows strength of industry.

### **Cannabis bills**

- 5796, Restructuring cannabis revenue appropriations – now have a dedicated cannabis account
  - Lots of stuff added. There will be a joint review committee to oversee all projects; joint audit team established
  - Are legislators concerned, what's the reason for the oversight group? Informational – there were so many different bills passed that the legislature wants a better understanding on where the funds are going. Desire for transparency to understand what services are provided by the dollars. Good opportunity to demonstrate and educate.
  - Top tier now gets a consumer price index increase year to year
- Replacing the term 'Marijuana' with 'Cannabis' throughout the RCW
- Community reinvestment for farms
- Arrest protections was brought forward from last session but didn't pass
- Cannabinoid bills – 8 introduced but only one made progress through the legislative process; but it's missing definitions re making products available to minors. DBHR will keep an eye on this one for next session
- Clarification of 1759 re HYS

### **Bills that did not pass, but watching them**

- 5054 re impaired driving, was introduced last year

- 1582 concerning alcohol concentration for driving, was introduced late but expect it to come back next year. The collective ‘we’ may want to take some action. Christine wants to understand the bill better before recommending next steps

## **RESEARCH BRIEFS – USEFULNESS AND NEXT STEPS**

Miranda Pollock provided an update on the 3 research briefs produced by this group, how they’ve been used, and plans for 5 more to be developed this year.

This group created 3 research briefs at the end of 2021, which are linked on Athena Forum

Topics:

1. [Location Matters: Access, Availability, and Density of Substance Retailers](#)
2. [Protecting Youth from the Harmful Effects of Alcohol, Cannabis, and Commercial Tobacco \(Nicotine\) Marketing and Promotion](#)
3. [Smart Investment: Costs and Benefits of Substance Use Prevention and Behavioral Health Promotion](#)

Miranda reported hearing amazing feedback about the research briefs and how they were used, and also asked members of this group to share.

- Utah’s prevention system used them
- Local communities, CPWIs
- Used w HDA to brief leadership
- Used in legislative session
- NWPTTC shared them
- Shared with county commissioners and school board members
- Used during bill analysis
- ADAI posted on their LearnAboutMarijuanWA.org site
- SDRG posted/sent out via listserv
- Shared as example with prevention practitioners in other countries
- Messaging points for community presentations

## **5 more research briefs requested for Leg Session 2023**

Miranda shared the following list of the next 5 topics that DBHR would like this group to work on:

1. Pricing – how pricing drives trends and can cause harms. Lower pricing and conveniently located products can impact public health.
2. Health disparities – how products are marketed/located/number of retailers lead to health disparities. Would like to see some specific focus on BIPOC and LGBTQ+ populations.
3. Balance of industry and public health/safety – typically seen as a ‘commerce’ topic while prevention work is a ‘health’ topic. How to present them together and find a balance. KH: license plate is a great example of this.
4. Maintaining a pulse on cannabis industry; maintaining a regulated market – how cannabis from a plant and a lab are different; how to maintain a regulated market. Impact/importance of a well-regulated market.

5. Mental health promotion and upstream prevention – current rates, costs on society, HYS data and mental health indicators are linked to SUD outcomes. EBP that can be implemented to move the needle on these indicators

### **Next steps on these briefs**

Which one first?

Who is interested? We can develop small working groups; identify a lead person to drive process

Brittany: these are great opportunities for grad students or undergrad students re translating research to practice

KH: there was amazing strength in having broad contributions rather than just assigning one person to do it

Blair: there will also be staff supports

### **Timing**

First two by June: Pricing and mental health

For Sept: Health disparities & Balancing industry and public health/safety

For December: Maintaining a regulated cannabis market

PRSC members interested in helping with the new research briefs:

1. Pricing (to be developed by June 2022)
  - Danna Moore
  - Kevin Haggerty
  - Amani Rashid
2. Health disparities (to be developed by September 2022)
  - Erica Austin: interested in impact on health disparities and mental health and how they go together; contextualize impacts on our diverse communities in terms of access and impacts
  - Cesar Zatarain
  - AnaMaria Diaz Martinez
  - Robin Harwick
3. Balancing industry and public health/safety (to be developed by September 2022)
  - Liz Wilhelm
  - Christine Steele
  - Maybe Bia Carlini?
4. Maintaining a regulated cannabis market (to be developed by December 2022)
  - Liz Wilhelm
5. Mental health promotion and upstream prevention (to be developed by June 2022)
  - Brittany Cooper
  - Liz Wilhelm

- Margaret Soukup
- Cesar Zatarain
- Erica Austin knows a couple of communication experts who could assist with mental health issues particularly as they intersect with disparities and LGBTQ, when we get there

## **PRESENTATION 1: SUPPORTING LGBTQ+ YOUTH IN FOSTER CARE**

Developing and testing a training module for caregivers and social workers

Leah Ranking, MSW and Kevin Haggerty, PhD

Alliance for Child Welfare Excellence and SDRG, UW

### **Why are partnerships with public systems important in our prevention science work?**

When we work w/ public systems we help to establish sustainability of those programs, policies and practices that our research finds effective. This helps to “bake it in” so these effective approaches can be sustainably and widely used

This module hosted with the Alliance for Child Welfare: provides support for foster caregivers in supporting LGBTQ+ youth

Why is this important? Because LGBTQ+ youth are at high risk for mental health and behavioral health issues

- Data from Covid survey data – items on mental health, sadness, depressive symptoms show stark differences by gender identity and sexual orientation – much higher levels of self-reported depressive symptoms
- Margaret Soukup shared that they are seeing similar distinctions in SBIRT data.
- How are we partnering with other agencies to focus on concerns and prevention with special populations?

### **Connecting Program and Module on Supporting LGBTQ+ Youth in Foster Care, Sexual Orientation and Gender Identify & Expression (SOGIE)**

Background:

- KH was PI of the study
- Leah Rankin: quality assurance person at the Alliance; previously w Partners for Our Children. Evaluating the Alliance’s curricula
- Susan Barkan, UW, Research Director at Partners for Our Children, a center of SSW that is focused on supporting health/wellbeing of children and families involved w systems
- Involved in developing and testing “Connecting” program aimed at supporting foster youth
  - Did an RCT
  - Did focus groups with social workers who worked with foster families; caregivers in foster families as well as foster youth who identify as LGBTQ+
  - Also developed some programming for LGTBQ+ youth, including the SOGIE module for caregivers/social workers working with these youth

- Then translated it into an e-learning hosted with the Alliance. State welfare workers are using this module.
- KH just celebrated his 37<sup>th</sup> year at UW this past week. As a researcher we regret when your work isn't more widely used when there are positive outcomes.
- Over 850 people have done this module! Worked so hard to get things institutionalized. Having these partnerships from the outset can help 'bake in' the likely institutionalization of the program.

This presentation:

Leah: why this is an issue

KH: development and flavor of the on-line version

Then: data

Overrepresentation of LGBTQ+ youth in foster care. (see slides)

Problem: poor administrative data

Showing data from CA Healthy Kids Survey for middle & high school students in CA – differences between kids stably housed and youth in foster care

Discrimination and rejection in child welfare system

- High levels of harassment, name calling, physical violence
- 70% report physical violence either from caregivers or others in their circles; 100% reported verbal abuse
- Restricted to certain areas of house
- Double standards re engaging in relationships
- Youth being forbidden from hanging out with friends who identify as queer, etc. also forbidden from romantic relationships

Outcomes for youth who identify as queer – less permanency options and increased risk for homelessness

More likely to be placed in group care, which reduces permanency options for kids

~Human Rights Campaign Foundation 2014

- 42% of LGBTQ+ say that they are in an unaccepting area
- Biggest issue for them: non-accepting families, then school/bullying, etc.

~Trevor project reports: 71% experienced discrimination; 20% physical harm

KH: Developing this program – see his slides

- Wow, this is a group of young people at higher risk!
- Just wanted to raise level of acceptance among caregivers. And also, among social workers (focus groups revealed lack of knowledge even among professionals in the field)
- Started with review of literature, spoke with researchers and practitioners, caregivers, then focus groups w youth who had aged out of foster care (ages 18-22), conducted theater test on module draft, then developed online module through the Alliance

First plan: parents & teens going through it together. Youth in separate room were like: “what, are you gonna out me?” No way! Became really clear that were assuming too much about young people.

- Youth say – if I just saw this booklet sitting on the coffee table, I’d feel safer.
- Help development team do things differently, do a theater test with the target groups and then develop the on-line module.

Used data from focus groups to inform instructional design – (see slides)

- Lack of acceptance, discrimination, safety, religious beliefs were across all areas
- Society/institutional challenges
- Family-level challenges
- Individual-level challenges

Here are some of the activities that developed from better understanding the themes that arose from the focus groups and theater tests:

Activity	Description
<b>Youth Stories</b>	Presents stories of two LGBTQ+ youth formerly in foster care
<b>Know, Heard, New</b>	Introduction to language around LGBTQ+ community
<b>Myths &amp; Realities</b>	Common incorrect beliefs about gender roles and the LGBTQ+ community and scientific evidence
<b>Roadblocks to Acceptance</b>	Introduces common problematic conversation habits, provides ideas for more helpful alternative responses.
<b>Conversations about Discrimination</b>	strategies to help LGBTQ+ youth stay safe
<b>Make a Plan</b>	planning with LGBTQ+ youth to prepare them to stay safe in potentially dangerous situations.
<b>Sensitive Conversation Strategies</b>	Lists unhealthy and healthy coping mechanisms that youth often rely on to deal with trauma along with tips for conversations with youth.
<b>Are You in Crisis?</b>	how to recognize and respond appropriately to a youth who might be in suicidal crisis
<b>Seeking Appropriate</b>	Covers challenges to finding healthcare resources for LGBTQ+ youth



To help the group get a sense of the on-line module, we got to watch one of the youth videos from the curriculum: 'Kevin's Story'

- Being 'normal' whatever that means, meant being my own person.
- Major finding: Kevin had a social worker who listened and acted on what she heard, rather than just going along with the current discriminatory situation which had resulted in Kevin's incarceration.

In the curriculum, after watching the video, participants are asked to think about different types of words, questions about the story and impact on them.

Then they move into what do you know, what have you heard?

The challenge of this curriculum: How can we build a more accepting environment for young people to grow in?

Built a glossary of terms to build understanding and vocabulary (see slides and also the on-line module)

## Findings

Impact on parents?

- Looked at information from people who had completed the e-learning module.
- 850 completions – caregivers and social workers – see map in slides
- 85% completion rate – high for e-learnings
- Mostly in WA

**Evaluation – 3 questions.** See slides.

- Who participated?
- Did they grow as a result of this training?
- Which caregivers felt best prepared to support LGBTQ+ youth

## Who Chose to Participate

- 72% caregivers / 28% child welfare workers
- 72% of caregivers had 1 hour or less training in LGBTQ+ issues
- 61% of all participants had little or no experience interacting with LGBTQ+ youth
- 85% of participants heterosexual
- 98% of participants cisgender



# Participant Growth

Both caregivers and social workers showed growth across all ten indicators

- | Caregivers (N=96)  | Social Workers (N=35)   |
|--|---|
| <ul style="list-style-type: none"><li>Recognizing the importance of learning strategies and skills to support LGBTQ+ youth [t(122.43)=10.46, p=0.00]</li></ul> | <ul style="list-style-type: none"><li>Recognizing the importance of learning strategies and skills to support LGBTQ+ youth [mean improvement of 0.37 points – mean of 4.74]</li></ul> |
| <ul style="list-style-type: none"><li>Confidence in caring for an LGBTQ+ youth [t(160.95)=3.22, p=0.002]</li></ul>   | <ul style="list-style-type: none"><li>Confidence in caring for an LGBTQ+ youth [mean improvement of 0.71 points – mean of 4.37]</li></ul>   |
| <ul style="list-style-type: none"><li>Willingness to bring an LGBTQ+ youth into their care [mean=4.17; stdev=0.91]</li></ul>                                   | <ul style="list-style-type: none"><li>Willingness to bring an LGBTQ+ youth into their care (mean=4.09; stdev=0.90)</li></ul>  |



## What's next?

- Entire Connecting project is on track to be translated into the e-learning platform on the Alliance's website
- Child Welfare/DCYF is looking at putting it into their plan for the coming year

## Questions & comments

How about school social workers? (so far most social workers who have accessed this are child welfare social workers)

- Susan Barkan: how to make this more accessible for school social workers? Do know people in schools who have expressed an interest in this module; not sure how do accomplish that.
- KH: no reason why not distributing this more broadly
- And may want to create a subcommittee to review and update – on yearly basis would be good
- Anyone can take the on-line course: only have to create a profile
- Michelle Frye: could create cross-market; do a news story for substance abuse prevention workforce and provide a link to the course
- Leah: in process of migrating to a new system, so link will change probably May 1
- Miranda: it's great that most who took the module were cisgender and straight
- Jason: impressed seeing Leah present in this environment; she was a student of his in health/wellness and is so 'badass'

Now: 30 minutes for lunch.

## Preventing Opioid Misuse in Youth Transitioning Out of Juvenile Justice

- The POST project: A collaboration between UW, Children's Hospital and DCYF

Kym Ahrens, MD, MPH, Seattle Children's Hospital

Ted Ryle, LICSW, MSW, MA, Clinical Director, Juvenile Rehabilitation, Department of Children, Youth & Families

KH introduction: partnerships and how building partnerships can help it be more likely that what we develop may be picked up and used in the systems that work with these populations

Prevention focus with youth who are leaving Washington institutions to help them stay off opioids

HEAL initiative: <https://heal.nih.gov/>

This presentation covered the following:

1. HEAL initiative – prevention collaborative (see slides)
2. POST project
3. Ted – our collaboration w UW, Seattle Children’s and DCYF and benefits
4. Pilot data from the project and lessons learned

HEAL: Helping End Addiction Long-Term (opioid focus)

- New strategies to prevent and treat opioid addiction – specifically in older adolescents and younger adults
- National initiative with \$2 billion in funding among 12 NIH institutes/centers and 6 priority areas (novel medications; translating research to practice for treatment; alternatives to pain management; infants and children, etc.
- Their project falls within the New Strategies to Prevent and Treat Opioid Addiction, specifically targeting in older adolescents and young adults. Overall, 10 projects with this focus (see slides)
- Their project is opioid prevention, with a *prevention intervention* that is also an effective *treatment*

Positive Outcomes through Supported Transitions (POST)

- Partnership between Seattle Children’s, UW, and DCYF juvenile rehab

Funded 2.5 years ago; total grant is for 5 years

- First 2 years in-depth development and piloting
- Full trial phase – 3 years
- See structure of the team (slides)
- Recruitment/assignment to intervention collaboration between DCYF and Children’s
- Intervention delivery happens at Children’s – intentionally housed here because decided better to have the interventionists NOT be part of the DCYF system so youth could feel they could be more honest
- Data collection and analysis also a collaboration, including an analyst from MI State University

Ted – explaining where Juvenile Rehabilitation (JR) fits in juvenile justice system (see slides)

- JR is in ‘deep end’ of the WA state juvenile justice system, less than 5% of people who have contact w the systems
- Operate 3 secure residential facilities
- 8 community facilities
- After care parole including voluntary access to services provided by the state

- Soon: community transition w home (electronic) monitoring; youth serves a portion of sentence in home community
- Demographics: mostly male and youth of color, 18-21 age range

Legislative changes have changed age of jurisdiction (now increased to age 25) – fewer young people are being tried as adults. And now in service under JR. (see slides)

- Community transition services is part of recent legislation to include more options in less restrictive settings and in-home community
- Have received additional resources to increase behavioral health personnel and contracts
- Need to do additional work to address inequities issues in schools
- Reducing use of solitary confinement

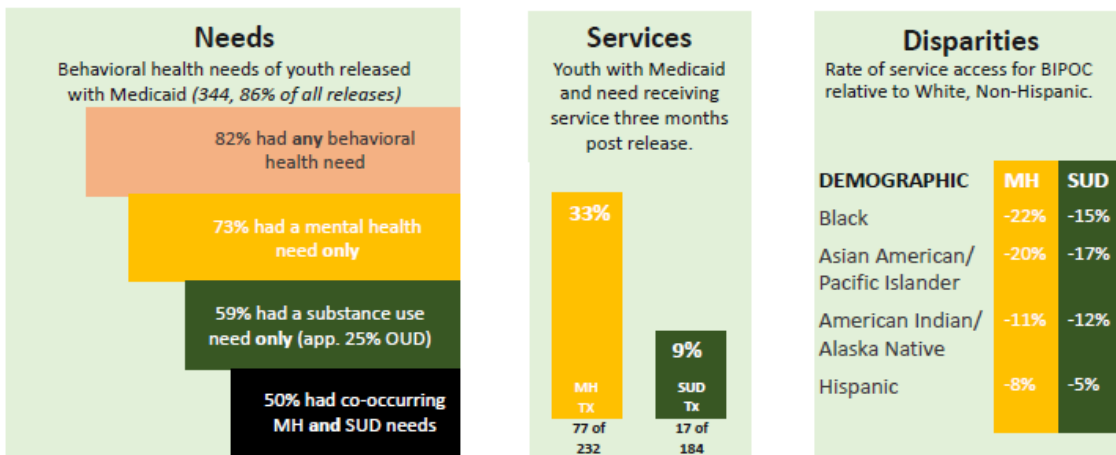
In 90's operated 9 secure facilities, now 3

- Significant trends downward re young people being incarcerated

Large proportion of youth released from care have behavioral and mental health needs (see slides)

- Released into Medicaid coverage
- Youth with need for services are not really receiving services within 3 months post-release
- Working on increasing this post-release support

## Medicaid Coverage & Behavioral Health 2019



Ted on the POST project and the power of the collaboration

- 2-year planning was crucial: important to have strong internal positions to help lead the project in order to get it embedded
- All staff see themselves working together in this critical goal
- Upfront planning piece, not hurrying, having all conversations to bring people along were essential and set up to do the pilot
- Pilot was to test the process and procedures

- Really important reworkings during pilot phase happened as a result of this involvement of staff in both systems (JR and Children’s), and also flexing into COVID and virtual work

Kim – explaining the research and intervention

Emphasize the important of that 2-year planning phase; really would not have been possible without that

Intervention background has 3 different interventions, lighter touch to more intensive

- First package: “adolescent community reinforcement approach”. EBP for SUD treatment; hasn’t been studied as prevention
- Included MI content from Trauma Affect Regulation (TARGET or T4). Practical skills to recognize where you’re having an emotional reaction that might be based in past trauma, and how to change your reaction. Idea is that this will prevent opioid use and escalation:  
<https://www.nctsn.org/interventions/trauma-affect-regulation-guide-education-and-therapy>
- Overall hypothesis: if we prevent non-opioid substance use disorders by strengthening skills and social connections, this will also be the best way to prevent opioid initiation/escalation

Study progress

- Completed pilot w 31 incarcerated youth transitioning out of one of the facilities
- Plan to complete the full trial with 200-250 youth
- Youth will be assigned to two different intensity interventions (based on ACRA), depending on their substance use engagement situations
  - Skills, resources and goal setting
  - Lighter-touch focused more on resources and goal setting
- Start 2 months prior to discharge; follow to 3 months after they leave

Example of a modification during intervention development:

- An intervention supervisor was hired to deliver intervention during the project, who gave a lot of feedback during the pilot and subsequent changes
- Weekly or more frequent intervention development meetings with the team; less frequent meetings with the developments of ACRA and TARGET; Kevin was the resident expert on MI
- Fluid modification and testing; iterative process
- Participant feedback also

More info about ACRA: <https://www.chestnut.org/ebtx/treatments-and-research/treatments/a-cra/>

Results (See slides)

- 74% had non-opioid use SUD at baseline (this was surprising)
- Realized they would be dealing with more non-opioid use SUD than expected

See slide with examples of types of changes made to intervention(s)

## PILOT RESULTS (Continued)

Topic	Examples of changes made	
Screening	Reconfirmed or corrected state SUD classification	Changed SUD definition for over 21 years
Recruitment	Obtained parental consent waiver for some youth	Adapted flyer based on youth feedback
	Created video flyer for youth with literacy challenges	Translated materials into Spanish
Data collection	Replaced some measures with RTI common measures	Rearranged questions to decrease survey fatigue
Intervention	Increased # of in-person sessions	Revised content for both intensity interventions to make more distinct
	Defined minimum sessions	

**Recruitment rate:** 39% 1<sup>st</sup> ½ of pilot → 60% 2<sup>nd</sup> ½ → 70-80% 1<sup>st</sup> month of full study!

### Findings:

- Yes, it's feasible to develop a 3-institution collaboration
- Pops need prevention
- Really needed full 2 years planning time – folx both inside and out of JR
- Partnerships in one aspect of collaboration can lead to other types – research to intervention
- Kim is now medical director of whole DCYF JR (connections she facilitated when only at Echo Glen have facilitated further collaborations)
- MI/T4 combo intervention is a promising approach
- Anecdotal story of impact of intervention: Family of youth who was shot and killed reached out to interventionist to speak at his funeral because he was someone trusted by that youth

### Next steps

- into full trial
- Seeking SAMSHA funding to continue this work

### Questions

Brittany: appreciate focus on the partnership. How do these types of partnership projects get started?

- Yes, these people had worked together on previous efforts and decided to work together on the HEAL grant. Kim and Kevin started, brought to Ted who was an internal champion at Juvenile Rehabilitation who was relentlessly persistent.
- Had to discuss w high level leadership in JR. They had mixed experiences with ACRA that had to be talked through. Starting that conversation early enough was good to address concerns with multiple folx within JR.
- Any one of those tension points could have stopped the process.

- Working on helping folx understand how broader prevention can support more targeted prevention
- Also, context of the worry of increasing opioid use made the topic appealing
- Unless folx see the need ... and they did. It was clear. Vision came from what DCYF needed, not from researchers on the outside

Brittany: look forward to an update on this project in a year or two

## ROUND ROBIN

### Alicia/DBHR

- Hiring for a supervisor in prevention section in DBHR:  
<https://www.governmentjobs.com/careers/washington/jobs/3450896/prevention-services-supervisor-wms2-dbhr>
- Miranda: HYS is requesting feedback/input on survey questions for 2023 survey – May 12 and June 9. Preregistration is required. E.g. demographics questions [miranda.calmjoy@hca.wa.gov](mailto:miranda.calmjoy@hca.wa.gov)
- Christine: exploring with DOH and LCB to explore adding couple of questions on CBD and delta-8 on use and harm

### Jason: 9<sup>th</sup> year of young adult survey will happen this summer.

- Have published first flagship paper on impact of legalization of marijuana on young adults (American Journal of Public Health): <https://pubmed.ncbi.nlm.nih.gov/35319936/>
- Adding questions around CBD and Delta-8? Yes, will look at what needs to be omitted, changed etc. Kratom? Jason says at least on college campuses it seems to be a non-issue so far.
- May 20, Friday, virtual college coalition conference!

### Brittany: Ford Foundation recently funded the Northwest Center for Family Support: Building Statewide Capacity to Implement Evidence-Based Interventions in Families with Opioid Use Disorder:

<https://forefdn.org/fore-announces-10-9-million-in-grants-to-prevent-opioid-and-substance-use-disorder-in-children-and-families/>

- Collaboration between UW, WSU, others to provide training support and TA for treatment providers to provide support for parents in opioid recovery.
- An example of the type of work we can do because of the PRSC. It helped move the collaboration needed for this project. Expanding treatment choices for people who are parents in opioid recovery. Prevention for people in opioid recovery.

**Robin Harwick** [harwick@uw.edu](mailto:harwick@uw.edu) : **request for collaboration:** thinking about the future and research direction she wants to go into. Alternative education. Started a remote democratic high school during the pandemic. Now in year 2. Small and Mighty. 62% bipoc, 62% neurodiverse, etc. More people are home schooling. She is working with several micro schools around the country. Question: how are these kids doing in mental health/behavioral health. Self-determination; subtle prevention approach. In areas where kids feel more supportive and get 1-on-1 support for their diversities. Would love to talk with anyone who is interested

in work on this topic! Everyone gets individualized instruction. Majority of students have come to them because of trauma from the school system. 10-1 ratio students to teachers <https://thepearlhighschool.org/>

Christine question: what do you mean by 'subtle' prevention? Robin: focus on relationship building, students feeling safe, full support for children with disabilities. Don't have a substance abuse prevention curriculum.

**Cesar: Region X Opioid Summit** looking for speakers for all 4 tracks. Cutoff date is April 6<sup>th</sup>.

#### **SPR Annual meeting:**

- Will be in June in Seattle. All in person! Registration is open now.
- Presentation proposals are still under review.
- <https://www.preventionresearch.org/2022-annual-meeting/>

**PTTC: April is National Alcohol Awareness Month.** To raise awareness about alcohol-related harms and the importance of alcohol policy safeguards, the Northwest PTTC has launched the Alcohol Awareness Toolkit: #ProofIsInTheNumbers. For more info: <https://pttcnetwork.org/centers/northwest-pttc/alcohol-awareness-toolkit> has great tools for use on social media platforms

- Week 1: Harms to Others/Impaired Driving/Violence (April 1-3)
- Week 2: Increases in Alcohol-Related Emergency Room Visits (April 4-10)
- Week 3: Alcohol's Role in The Opioid Epidemic (April 11-17)
- Week 4: Alcohol and Cancer (April 18-24)

#### **AnaMaria: SFP and GGC trainings**

- Trainings for new SFP facilitators in April
- GGC will have new trainings in May
- All listed on Athena Forum – please share with those who might be interested!
- One in-person SFP training had 33 registered and 27 show in SE WA. Being certified as dual Engl/Spanish facilitators.
- Thanks to HCA support and collaborators!

**KH: at 2pm Kevin will talk w Oregon Prevention Symposium about the PRSC here.**

- Based on what we did last year at NPN
- They are looking more at how they can reinvigorate their prevention infrastructure

Next meetings:

- **Next dates: June 22, 2022** (4<sup>th</sup> Wednesday)
- September 28, 2022 (4<sup>th</sup> Wednesday)
- December 1, 2022 (1<sup>st</sup> Thursday)
- Do we want to meet in person? Perhaps the Sept meeting?
- Maybe moving forward, do 1 meeting/year in person?



## **Ideas on themes?**

HYS – trends and uses?

- Trend data from HYS
- Miranda could help support – ask Tyler
- Researchers outside of HCA use HYS data for different purposes – e.g. Grace Hong
- Brittany uses HYS for CPWI evaluation
- Maybe Bia on High Potency HC Policy Project
- Amani – present and feedback on WSIPP work

Alicia: in midst of policy consortium 5-year strategic planning update

- Meeting every other month
- Diving into data and setting targets for prevention and mental health promotion work
- May want to bring something back for discussion in June or Sept.

KH: RCW out about screening in schools; handbook being written

- Would be good to know what the guidance is
- Maybe Margaret Soukup could provide an update later this year