Prevention Research Sub-Committee Meeting
September 28, 10:00 am – 1:30pm PST
Theme: Community Resilience

NOTES

Welcome & Introductions

Impromptu Networking

Community Prevention Wellness Initiative (CPWI) Evaluation Update

10:30-10:45 – WSU presentation on evaluation results

- Progress with evaluation
- Notes from the field: Interviews w/ community coordinators about health equity

10:45-11:00 – Community partner(s) present on their CPWI community progress

- Successes, challenges, and lessons learned

11:00-11:15 – Discussion

Gitanjali Shrestha, PhD and Team, WSU
Joseph Neigel, CPWI Coalition Coordinator, Monroe Public Schools

The FORE Project

Northwest Center for Family Support: Building Statewide Capacity to Implement Evidence-Based Interventions in Families with Opioid Use Disorder

- Project update
- Questions and discussion

Margaret Kuklinski, PhD and Jim Leighty, LICSW
SDRG

Lunch Break

Research Briefs – discussion/progress reports

- Health disparities (Brittany)
- Balancing industry & public health (Kevin)
- Maintaining a regulated market – request volunteers for workgroup on this one

Round Robin

Next Meeting: Topics and Dates

- **December 1, 2022 (1st Thursday)**
- **Next steps on research briefs**

Introductions (26 participants at 10:12, 35 total)

- **Guest:** Joe Neigel, Monroe School District
- **WSU**: Brittany Cooper, Gitanjali Shrestha, Erica Austin, Jordan Newburg, Louise Parker, Danna Moore, AnaMaria Diaz Martinez, Maya Houghton, Konul Karimova, Clara Hill, Cassandra Waters, Elizabeth Weybright, Anaderi Iniguez
- **Spokane regional health district**: Rumyana Kudeva
- **UW**: Kevin Haggerty, Margaret Kuklinski, Blair BW, Jim Leighty, Jen Bailey, Robin Harwick (ADAI)
- **DBHR**: Sarah Mariani, Tyler Watson, Miranda Calmjoy, Alicia Hughes, Jaymie Vandagriff
- **OSPI:**
- **WA DOH:**
- **WA DSHS RDA:** Irina Zarkova, Aaron Starks, Grace Hong
- **WA LCB:** Mary Segawa
- **WSIPP:** Amani Rashid
- **King County Dept of Human Services, Division of Behavioral Health & Recovery:**
- **King County Dept of Public Health:** Sarah Ross-Viles
- **WASAVP & Burlington Healthy Youth Coalition:** Liz Wilhelm
- **Washington Traffic Safety Commission**:
- **NWPTTC, U of Nevada, Reno:** Michelle Frye-Spray
- **Balmer Group, Child Welfare and Behavioral Health:** Kody Russell

Impromptu networking

Participants went into breakout rooms for informal discussions on this prompt: What are you most optimistic about prevention—what are you most concerned about?

Community Prevention Wellness Initiative (CPWI) Evaluation Update

Gitanjali Shrestha, Ph.D., Brittany Cooper, Ph.D., Jordan Newberg, WSU

WA State DBHR funded this project; DOH provided access to HYS data

Brief Overview of CPWI

- CPWI is a community coalition-implemented effort to reduce risk factors, and enhance protective factors to effect positive change in communities to reduce youth substance use and other behavioral health problems.
- Currently 96 communities participating in the CPWI, across 7 cohorts spread across WA.
- Began in 2011 and continues!

See slides for more details.

Developmental Trend Evaluation:

See eval questions & approach slide – 2 questions and data strategies

1. Was CPWI able to reduce increase of substance use and related risk factors – used propensity score analysis to help adjust for inherent bias of CPWI communities being non-randomly assigned.
2. What is probability that positive outcomes are due to chance? Used binomial probability calculation.

See slides for more details.

Results:

1. Substance use increase significantly less steep in CPWI communities compared to comparison communities
    a. e.g., binge drinking (see slide showing percent increases for different cohorts)
    b. also seen across other substance use outcomes – tobacco etc. (not specified)

2. Risk factor results were also favorable to CPWI communities – CPWI communities are more protected

Binomial probability calculation showed that chance of these differences being due to chance is very low

Take Home Messages

1. CPWI is slowing the trajectory of increase in adolescent substance use and related risk factors.
2. The high-need CPWI communities are 'catching up' with lower-need communities.
3. It is likely that additional (no-CPWI) programs in CPWI communities/schools have also contributed to the positive results.

Sneak Peek at Health Equity Evaluation

CPWI Coordinator interviews: 16 completed in June/July 2022

Rapid Thematic analysis: Key factors

1. Relationships and networks
2. Community buy-in
3. Framing of conversations to improve engagement

Barriers

- Resource constraints
- Less community capacity
- Language/culture barriers

Coalition needs

- Flexible use of funding – e.g. to provide food at community events
- Accessible education
- Flexibility in meeting requirements

Q&A questions from chat

Kody Russell: curious if you also saw 'outliers' i.e., CPWI communities that had massive positive impact?

A: Unfortunately, the type of analysis conducted grouped all communities together, so identifying individual outliers wasn't a part of the analysis process.

Irina: Can we get detailed results of the modeling, with tables, model specifications, etc., or perhaps a published paper? Thank you!

A: Gitanjali will check in with DBHR about sharing the report

Gitanjali: We also conducted community-level evaluation for CPWI communities but due to smaller sample size at the community-level, we cannot use multi-level modeling or have a lot of covariates in our analysis. We use chi-square to test for pre-post change for individual communities.

Individuals who are interested in the full CPWI evaluation report(s) can reach out to tyler.watson@hca.wa.gov to request them. Individuals who have any questions about the report can reach out to Gitanjali Shrestha at gshrestha@wsu.edu.

One community's CPWI Story

Joseph Neigel, CPWI Coalition Coordinator, Monroe Public Schools
https://monroecommunitycoalition.org/

Shared slides from their last coalition meeting
Their leadership team was initially and remains comprised of members who have credibility both within the community at large, the school community specifically, and behavioral health around the region (for example, their coalition chair was a school board member for 17 years and also a regional director for Catholic Community Services for over a decade).
See their coalition website for a review of their coalition, their strategies and programs.

One main point Joe shared was about engaging community in community-level, data-informed decision making (made a conscious decision to step away from 'gut-feeling' decisions for investments of public funding)

- Coalition meetings average ~20 members/month; fluid membership

Another essential point was the need to use new vocabulary in order to engage the community in the prevention conversation.

- "Focus on the fire, not the smoke"
- Concern that came up early in forming this coalition: disbelief in data, trend toward anti-intellectualism.
- Relationship was a slow path toward gaining acceptance.
- Early work in Monroe was focused on vocabulary changes. Literally trying to change the conversation. E.g., 'root causes' rather than risk factors. Also say 'common experiences'

Their focus is on trauma-informed practice capacity building.

- Empowers the coalition and members to know that they fund 'multi-tiered evidence-based prevention programs'
- Not just on substance abuse, also mental health.... moving away from IOM tiers to more broadly-known school/public health PBIS tier model

See their risk factor chart, color coded to show the significant differences between Monroe and the rest of the state.

- Green – significantly different from state norm and communities like us (also red)
- Lots of work with HYS data, helping community to connect the story that youth are telling us via these data. Initially lots of distrust on these data, coalition did a lot of work to build up interest
- Readiness was a lot of work – Monroe was 3rd highest risk community when it was selected. Now they are the most protected community in the region.
- CPWI provides seed funding for their coalition, including half of Joe's time.

Since 2013, lots of resources been awarded for prevention – incl school assistance professional. More than $2.6 million for behavioral health (not including school district's support)

- See slide titled, "Leveraging Resources"

Kevin: This is really incredible to see the leveraging of resources. Nice work MONROE!

See slide for programs: A Bottom-Up Approach. Using the public health multi-tiered structure of support to illustrate types of prevention – environmental, universal, selective, indicated. Focus on saving staff time. Policy level at bottom, includes school district policy, behavioral health advocacy, municipal policy work.

- For example, the coalition is why retail marijuana in Monroe is banned.
- K-12 universal programs were funded initially by CPWI, many have been adopted by school district
- Focus on *Low investment, high-yield interventions* that can be delivered by school personnel. For example, Good Behavior Game, Life Skills Training, Project Success, Sources of Strength, Signs of Suicide, etc.

Margaret: I also really like the way you are bridging different language and concepts to bring people together.
Brittany: Sounds like you have a very strong and mutually beneficial relationship with the school district.

- Joe says his position within the school district really helps to facilitate this partnership. Need to bridge between education and behavioral health.

Lots of Tier 111 personnel
Joe and 14 school counselors, 4 school-based case managers helping with upper tiers, school social worker, licensed therapists that are grant funded
Becca: effort is focused more on attendance outreach as a social work intervention rather than a legal intervention

Focus on evidence-based practice. *Positive intention isn't enough.* Doing community capacity building so decisions are made according to what works/what doesn't. Rely on the work from state and prevention science community to share that message in a way that takes focus off the coalition or individual members, and reflects the state of the art and the strings that are tied to state funding.

The results – see slide based on 2018 HYS data

- Lowest regular alcohol rates ever recorded
- Lowest regular marijuana use rates ever recorded
- Smoking & vaping – lowest rates since 2014
- Etc.

Joe: I'm a believer. At first, I was a believer in the model. And now seeing the State transition to an equity model by putting the highest level of resources in the communities with the highest need – *what we're seeing is paying dividends*. Would love to tell you more about our *multi-domain programs and strategies*.

Q&A
Erica: Does your district also participate in the "WARNS" program for identifying students at risk in the schools?

- A: Yes! We utilize the WARNS for Becca and Wraparound services provided by our Student Support Advocates!

Kevin: in the trial for CTC, we have seen impact on handgun carrying. Have they looked at that in Monroe?

- A: Not yet, but writing it down, because a lot of our focus has been on reducing access to means. But we haven't been measuring that.

Kevin: What gives me hope in prevention? Monroe!

- Joe, not for ambition, rather mission. Funding levels needed to sustain it is large.

Kody: Fabulous presentation Joe! I am curious how/if all CPWI communities are using the same framework that you are implementing? My experience is that there is immense variability in CPWI communities.

Margaret: Congrats to you and your coalition, Joe. These results are so great to see! Very hopeful for prevention!

Robin: This model is super helpful. I like how it combines the public health perspective and RTI. Check and Connect is a fantastic program. I am wondering if you looked at differences in your cohorts based on disability or special education status of students

Brittany: how did you learn all the translation?

- A: 2 dynamics at play. Joe's parents only 8th grade education, have to use language that's accessible to them to explain what he's doing. Other dimension – this is deeply personal issue, coalition members come for different reasons. Loss, strong youth experiences, etc. *Effective prevention doesn't feel effective when your need to respond is urgent*. There can be lots of pressure to do something.
- Example of police wanting to bring in a mock car crash and his response. Use summary of what works from DBHR to share info about what works (message coming from a higher authority, it's not personal) AND still keep relationships and talk about how to demonstrate the partnership using other strategies.

Margaret: One question is about your funding success – how was this accomplished? Other coalition leaders will be interested and find it helpful.

- A: Joe was in county prevention; got some great support early on from mentors like Liz Wilhelm was with him and Shelly Young who had been in prevention long-term. Helped him to understand those dynamics, county work. When he left county just to serve in Monroe, he brought his entire network with him. School district didn't know how to supervise him when he was new, so he joined regional networks and invited them into Monroe coalition. Shameless promotion in every circle he knows. If you have an interesting project and need a pilot site, Joe will help you. It costs him but it's worth it.

The FORE Project

Northwest Center for Family Support: Building Statewide Capacity to Implement Evidence-Based Interventions in Families with Opioid Use Disorder

- Building family resilience for families affected by opioid abuse

Margaret Kuklinski, PhD and Jim Leighty, LICSW, SDRG

See slides

The north star in this work is belief that we can support families in recovery from opioid use disorder by providing evidence-based parenting programs for them

Need: WA state ranks among highest in UD for rates of OUD; deaths from fentanyl and heroin are sky rocketing; many are caregivers of children. Creates higher risks for their development.

Opportunity: several EBPs for families
BUT these programs are not usually offered in opioid treatment sites or other locations that would be accessible to parents with OUD

This project brings together prevention, treatment and recovery

Establishing a virtual center called the Northwest enter for Family Support (NCFS)

- NCFS will offer free EBI training, consultation, TA
- Implementation stipends for sites
- broad-based advisory board to ensure NCFS meets needs, and to oversee the work and help keep efforts feasible and sustainable

This is not a research trial, but still hope to learn more about implementation outcomes

- Plan to measure fidelity, satisfaction surveys, focus groups – staff, site leaders
- Can we reach caregivers in recovery with EBIs?
- Is reach equitable?
- Are EBIs feasible and satisfying?
- Is the approach sustainable?

Asking sites to:

- implement EBIs twice per year/ 10-20 families/year
- And share survey data

Project timeline (3-year project) – see slide

See advisory board slides – impressive group/representation of various sectors

Description of programs – slides do a great job summarizing programs

Progress – getting started, inviting and confirming partners, reaching out to prospective sites to begin working together.

- 11 early adopters, including coalitions, treatment centers, behavioral care centers
- Sites are trying to figure out how to make it happen
- "Opioid treatment centers of the 21st century really need to be places where families' needs are met." (paraphrase of response from one prospective site).

Early lessons learned

- Sites want to partner on this project: 'we can't not this.'
- Finding a good fit between what this project aims to do and needs in the community
- Barriers *can* be overcome –
    - e.g., sites are finding ways to leverage funding streams (see slides)
    - staffing – finding ways to align the EBI with current staffing structures, e.g. offering group-based sessions; change delivery to ten 1-hour sessions rather than five 2-hour sessions, etc.
- Would love to see more ready funding streams for these interventions. Sites want to feel confidence in sustainability if they get started in the project.
- Aligns with opioid settlement guidance

Q&A

Blair: Jim and Margaret, I'm curious how you managed to build such an impressive advisory board. What steps did you take? Do they receive stipends for their involvement?

- A: Jim approached partners that SDRG and steering committee already had. In that outreach to other sites, asked about caregivers who could be involved. Polite persistence following. Personal touch, 1-on-1 outreach. Initially thought it would come together more quickly.
- And yes, do provide stipends.

Robin: harm reduction and safety planning teacher. Access is always a huge issue. Is there a mechanism to improve access? Haven't spoken yet w DCYF.

- Margaret: interventions are also available virtually.
- Robin offered to share info w the social workers she works with, will connect off line w Margaret

Kody: A criticism I have heard about many EBIs is that they are not always culturally relevant, effective for different cultural groups, tribes, etc. Thoughts? Impacts regarding equity as we roll out initiatives like this. If community's needs don't fit with the existing EBIs, how do we approach this?

- A: some of these programs have been tested w variety of populations, PFR for example.
    - Other programs, evidence based is narrower in pops tested with, but those programs have been implemented in many different populations.
    - In our conversations to date, haven't heard concerns about cultural relevance. But the process of growing the pea will help to discern and work through these issues.

- Kevin: one culture is the drug-using culture. Families Facing the Future (FFF) was developed with opioid misusing folks and their guidance helped to tailor that program specific to that culture.
- AnaMaria – part of the TA that's available thru these programs provide for 1-on-1 work with the individual sites on how does this translate into this community? Are there adaptations needed?
    - Some of the programs have had cultural adaptations done for various communities. AND in our dialogues, we can tailor to implement in a culturally appropriate way. While sill meeting fidelity.

Kody: belief is that systems function by design, and how are we addressing this fact that the system is built for white populations.

Robin: I like that there is technical assistance built in to help partners adapt as needed

LUNCH BREAK

Research briefs update, review, next steps

Final drafts completed

- Pricing – Dana, Amani helped with this
- Mental health promotion – Jordan …

In development now:

- Impact on heath disparities
- Balance of industry and public health & Safety

Need help with:

- Maintaining pulse on the cannabis industry

Break out rooms to review drafts – 15 minutes

For the health disparities brief, our goal is to develop a research brief aimed at state legislators and other key prevention stakeholders that summarizes research on how substance use products are marketed/located/number of retailers lead to health disparities with a specific focus on BIPOC and LGBTQ+ youth populations.

Dana and Mary to help close up the 'balance' draft. Strengths and areas for improvement section.
Health disparities group: dove right in, lots of discussion, not enough time but very helpful
Reminder that framing things more positively can be more effective.
Great feedback on complex points re disproportionate locations and retailers, and exposure to marketing as well. Need to come up w clearer language. Maybe reorganizing around populations, BIPOC and LGBTQ

Miranda: Maintaining a pulse on the cannabis industry. Framing this: Comes from lessons learned from prior cannabis policy manager. Need to fine tune info for future:

- Hitting on what are difference between synthetics and plant based
- Potential health risks and harms
- How are these products being folded into current market?
- How to maintain a regulated market
- Push back over craft cannabis, cannabis lounges, etc. …
- Miranda will share these details over email

Interested in helping with this brief: name in chat and/or email Kevin

- Mary Segawa (as possible)
- Danna Moore
- Bia Carlini would be good
- Robin could help but thinks Bia would be better – might bridge w Bia

Brittany – this is a good opportunity for students interested in translating research to practice and policy

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ROUND ROBIN

Kevin: Prevention TTC have been working with mental health TTC and addiction TTC to develop an experiential system change training to reduce stigma. Thinking about how stigma can impact how services are provided in each of these systems. Spring implementation.

Also, upcoming: training in prevention workforce competencies. Want to train 5000/year.

Alicia

- Prevention Summit in November; call out for presentations http://preventionsummit.org/registration/
    - Kevin wonders if we can do a presentation on research briefs and how to use them? Maybe Miranda could lead this one, has groups discuss the research briefs …
    - Brittany has a meeting with Kirsten to brainstorm about PRSC presentations for the Summit
    - A session with Gitanjali and Joe would be awesome at the summit!
    - PRSC presentation like the one done at SPR?
    - Miranda: website says proposals to be submitted til Oct 7th (even though website says till Sept 23)

- Getting ready for leg session
- Getting feedback/input for their strategic plan – maybe March would be good to share w this group
- Opioid prevention and recovery workgroups heavily involved in settlement planning
- Lots of hiring.

Sarah

- State Prevention Plan – updating the section that discusses economic impact on our state. Would love to get help updating that (Danna and Amani? – Tyler will connect with them)
- Discussed incl research briefs as part of the strategic plan
- Opioid Prevention Workgroup – lots of interest in that group; would be helpful to have researchers there to help bring the lens of proven strategies.
- Also have other groups – WHY coalition; one focused on young adults; another on tobacco products and vaping. Always great to have this group represented them there.
- https://theathenaforum.org/prevention-priorities
- state priorities: https://theathenaforum.org/spe

Brittany invited any emails to send out to entire PRSC list – pls share those messages about opportunities for this kind of involvement.

Liz Wilhelm shared this FYI - 2022 HIDTA Prevention Summit, virtual Mind the Message: Equipping communities with evidence-informed communication strategies for youth substance use prevention. October 6th, 5:30AM start. 😅 https://events.zoom.us/e/view/9VRerN9ZR_uY5vVpHq8O3Q

Eliza Powell has replaced Steve at the NW High Intensity Drug Trafficking Area (HIDTA). Sarah did a meet/greet w Eliza lately, lots of opportunities for engagement there.

Liz: article out in *Am J of Nursing* about strains of marijuana (high concentration THC projects) making kids sick. Nurse Tess from Burlington contributed to this article. https://journals.lww.com/ajnonline/Fulltext/2022/10000/Potent_Marijuana_Strains_Are_Making_Teens_Sick.9.aspx

Mary Segawa: LCB starting to pull together proposed changes to the rules

- have submitted to GOV some agency-requested legislation to deal with non-Delta 9 cannabinoids
- Two of their rules staff are leaving the LCB, so rules process will slow down in the next few months while filling these positions. Some of these rules are kind of complicated.

Clara Hill: First Years Away from Home parent handbook for first year college students.

- This handbook was born from the clinical trial that Brittany, Kevin, & Laura Hill were involved in.
- DBHR championing distributing this handbook around the state.
- Have distributed to at least 6 universities. WSU, UW, Gonzaga, Central WA, Seattle U, WWU
- For next meeting Clara will show covers of all these handbooks.
- Big shout out to Kimberly Klein who stepped in while Clara was out.

DEA community prevention liaison – Sarah shared about this project with them and they may reach out.

Themes for next meeting: December 6

- Bia's work -- findings on acceptable policy changes related to hi-potency THC. Have rated what's reasonable/not so reasonable to do. Her report should be done and wrapped up by December; but this presentation may have to wait till March.
- Amani on WSIPP 502 eval
- 988 roll out? – invite Crisis Clinic to discuss what's happening with that