

Attendees			
Alanko, Susannah	SAMHSA/CSAP	Hughes, Alicia	HCA
Bartz-Overman, Carly	DOH	Jenkins, Erika	HCA
Candela, Timothy	DOH	Kang, Jennifer	DOH
Charnas, Julia	SAMHSA/CSAP	Kates, Kasey	HCA
Dinardo, Molly	SBOH	Kellington, Mary	DOH
Duckworth, Jennifer	WSU	Kha, Doua	OSPI
Graham-Squire, Mike	WASAVP	Mendoza, Lucilla	HCA/OTA
Helseth, Jennifer	DCYF	Oliver, Rachel	HCA
Horodowicz, Ray	HCA	Potter, Sarah	SAMHSA/CSAP
Waldron, Roxane	HCA	Weiner, Brittany	WSHA
Rashid, Amani	WSIPP	Langer, Michael	HCA
Segawa, Mary	LCB	Mariani, Sarah	HCA
Ruiz, Rebecca	HCA	Zimmermaker, Micah	DOH
Squetimkin-Anquoe, Annette	HCA/OTA	Wilson, Kendra	HCA
Reamer, Billy	HCA	Pipek, Sonja	HCA
Salivaras, Sandy	HCA	Wilhelm, Liz	DOH
Unland, Kyle	DOH		

Meeting Notes

Please see PPTS for additional information.

1. Introductions and Announcements

Sarah Mariani, Heidi Glesmann

- Sarah opened the meeting 1:05.
- Introductory question: favorite fall activity
- Verbal introductions were skipped to allow more time for today’s guest, Sarah Potter from SAMSA.

2. SAMHSA Strategic Plan Introduction

Sarah Potter, SAMHSA

- Sarah M. welcomed Sarah Potter, Private Partnership and Engagement Lead, Division of Prevention Communication and Public Engagement, SAMHSA.
- Sarah P. introduced Julia and Susannah, who are new interns with SAMHSA working with Sarah and her team.
- The new Strategic Plan for 2023-2026 can be found [here](#).
- Prevention has been incorporated throughout, thanks to regular feedback from HCA and all of you. How that shows up is a key focus today.
- *NOTE: Please refer to the PPT for more content.*
- Under Guiding Principles, there is new information about EBP data warehouse and how to adapt programs to meet needs equitably.
- Priority 1 includes reducing and preventing substance use and misuse and supporting prevention efforts.
 - Some considerations that are still of concern or in need of renewed focus: age, children in poverty, rural vs. urban.
- Priority 2 includes a focus on suicide prevention.

- Priority 3 includes mental and behavioral health for youth and preventing youth suicide.
- Priority 4 includes language about promoting health outcomes for people with behavioral health (BH) conditions (which includes prevention).
 - CSAP is working on a program looking at alternative payment models, how prevention is used in them, and where it can be embedded.
- Priority 5 is to strengthen the BH workforce. including training, retention, and accessibility.

Q&A

- Q: Re: integrating problem gambling (PG) with SUD and MH. They're trying to add treatment with Medicaid. There's a national bill that will hopefully lead to the first federal funding. Any thoughts about problem gambling on prevention side?
 - Iowa isn't working to get funding but is also seeing the crossover with other BH challenges. Specific strategies and approaches depend on how you're using/defining grant programs. There are opportunities to explore commonalities between SUD and gambling programs, like Iowa.
 - WA added PG Prevention as a specific item in our strategic plan.
- Q: Harm reduction was mentioned in terms of opioid use. Is harm reduction included for use of other substances?
 - A: We have a separate harm reduction strategy in the plan. Opioid epidemic helped bring the spotlight to this, but it's being considered across the SUD spectrum as well.
- Q: From SAMHSA's standpoint, is there a chance of integrating mental health with other prevention programs?
 - I'd encourage everyone to share how WA is working together with SUD prevention and MH promotion. If funding streams, uses of grants, etc., are what you need, please express that need. If you want something specific, please clearly express that to us.
 - These requests may be beyond what SAMHSA can do, but we still need to hear them.
 - Successes for intermittent use of funds / new ways of tacking limited funds can be shared with SAMHSA for them to possibly help in the future.

3. Prevention Research Briefs - Overview

Rebecca Ruiz, HCA

- Rebecca gave an overview of five new briefs that are posted, along with others, on [The Athena Forum](#), and included information on their development, application and future directions. The briefs are:
 - Balancing commerce and public health in disadvantaged communities
 - Cannabis market regulation and public health and safety
 - Pricing of legal cannabis and taxation
 - Investing in behavioral health promotion programs protects youth
 - Keeping ALL Washington youth healthy: strategies for addressing disparities in local communities
- The briefs were developed in conjunction with the Prevention Research Subcommittee, at recommendations from this group and the Prevention Resources group.
- These are to have ready preventively for leg requests that may arise, and for communities to use in discussions with local decision makers.
- Common to all briefs: translation of research into practice.
- Two more new briefs are expected to be released in December.
- The PRSC Quarterly Meeting is December 5. Please contact Rebecca.ruiz@hca.wa.gov if you'd like to attend.
- Suggestion: add a summary of the brief up front, as legislators may read only 1-2 paragraphs.
- Communications will go out through SPE, communication updates, in communities, PRSC through their networks, Northwest Prevention Technology Center, and at Px Summit's All Provider Meeting. Communication will include helping people understand how they can use them.
- Suggestion: Add a research brief on alcohol retail density and access and how it affects use.

4. SPE 5 Year Plan Update

Alicia Hughes

- The final document should be released in about a week.
- Three main parts make it easy to digest: Executive Summary, detailed plan, resources.
- It will be showcased at the All-Provider Meeting at the Prevention Summit: Oct 23 from 1-3 p.m.
- Invitations to help present will go out in the coming weeks. If you want to send that to your organization or staff members, they're welcome to attend.
- Dissemination plan:
 - Alicia or Isaac if you want one or more hard copies. Planning to print about 300.
 - Newsletters, GovDelivery, All Staff meetings
 - We can also present at your agencies, if asked.
- Big thanks to all who have been involved in this work!

5. I-502 Impact Report

Amani Rashad, WSIPP

- Please refer to PPT for more detail.
- WSIPP is a Research org that does their work at the request of the state legislature.
- They published a report at the start of this month. This report is the third of four reports in a years-long assignment.
- Today's report is focused mostly on reported cannabis use in WA, but with some comparisons to the national data.
- Reported cannabis use has been trending steadily upward over time. When compared to other states that have not legalized, WA reported significant increases.
- Do outcomes depend on accessibility to retailers? One map shows average drive time to retailer by ZIP code. Drive time has dropped over the years.
 - Reports of cannabis use increases as drive time decreases.
 - SUD diagnosis in healthcare utilization trends upward for cannabis use and opioid use disorders.
 - As travel time decreases, disorders and co-disorders also increase for cannabis, alcohol, and opioids. The co-disorders (opioid and alcohol) also seem to have more of a correlation to drive time to cannabis retailers in rural areas.
 - i. For opioid use disorders (OUD) specifically, it does not appear that access to cannabis decreases the likelihood of OUD. In other words, there is not a replacement effect.
 - Young adults (18-20) have less responsiveness to access.
- Retailer density (within 5/10/15 minute drive times) increased the probability of a SUD diagnosis, especially at the lowest drive time.
- You can direct your questions to amani.rashid@wsipp.wa.gov.
- Note: When you say there's a 5.4% increase in a correlation, it's literally 4% increase, not 4x as much.
 - These numbers won't say "this is x times more likely to happen."
 - Crashes translate to 46 more drivers per year state-wide.
- Q: Did legalization de-stigmatize and increase or decrease cannabis use or numbers of people with diagnosed SUD / non-diagnosed SUD?
 - It's hard to interpret exactly – diagnoses show use of medical treatment where even a simple question might be noted. It could be doctors are more likely to diagnose, but we don't know. Also unknown are what behaviors have changed or influence the outcomes.
 - Someone may have information on access vs. need.
 - Note: HCA's community survey is only done for youth and for parental perceptions. It's through our providers, but only for the folks that they can get to take it.
 - The Young Adult Survey might be able to contribute to this, too.

6. Workgroup Updates

Workgroup Leads

Young Adult Workgroup

Rachel Oliver

- Holding informational interviews with members of different agencies.

- Updating mission/vision.
- Working on recruitment.

WHY Coalition

Kasey and Mary

- Cancelling September meeting.
- Preparing a survey to coalition members to ensure meetings meet their needs.
- Prepping for leg session.
- Communications team is looking at the website and media campaigns for how to keep things fresh.

Washington Breathes

Ray for Mikah

- Membership is a broad range of organizations: county, grass roots, individuals, more.
- Five workgroups, soon to be six.
- Gearing up for Leg Session.
- Policy Learning Circle calls will start up again soon.

Mental Health Promotion

Billy

- Lead is transitioning from Ray to Brittany.
- Next meeting is currently on hold.

Problem Gambling Prevention

Roxanne

- Looking for 1-2 people to volunteer from the STEAM committee.
- Getting feedback on the strategic plan logic model. From that, will develop a plan based on risk and protective factors.
- Tools for parents.
- Plan to meet every 6-8 weeks for about 8 months, starting in the next month or two.
- Q: Regarding sector engagement; what is missing you'd like to add?
 - A: Current thinking is to have a small, tight group due to resources.
 - Looking for a tribal/clinical group, PTTC, SEE, clinical person.
- Comment: It could be good to start lean but be open to expanding as needs change. Listening sessions are good; consider how to do that or create separate space to get feedback and keep them engaged.
- Contact: roxane.waldron@hca.wa.gov
- Request: Expand to gaming/problem gambling disorders.

Opioid Prevention

Erika

- Meet next week.
- Seeking lots of feedback: packed agenda.
- [Friends for Life Campaign](#) (FFL) – prevention and education portion launched September 1.
- Upcoming: webinars for prevention providers on how to access and utilize FFL materials.
- Take Back Day coming in October.
- NW Family Support from UW will present findings and request feedback.

7. Other Announcements

- September is Recovery Month.
- International Overdose Awareness Day was the end of August.
- Today is the 22nd anniversary of September 11. Peace to those impacted.

8. Adjournment

Sarah closed the meeting at 4 p.m.

Upcoming Schedule

Month	Workgroup Presentation	Other Topics
Nov. 8, 2023	WHY Coalition	WEDNESDAY MEETING due to conflict on 11/13

Please **submit ideas** or **suggestions** of meeting presentations to isaac.wulff@hca.wa.gov.

Your support and collaboration are appreciated.