

Welcome to the 2024 Provider Meeting

SUD Prevention and MH Promotion Section
Division of Behavioral Health and Recovery
Health Care Authority



Welcome & Networking!

Optional Networking Activity

▶ **Twenty Ridiculous Questions**

- ▶ Each question will be on a slide up on the screen for 3 minutes.
- ▶ Everyone answers the question at your table group

Twenty Ridiculous Questions

Provider Meeting

10.29.2024

There are only two Rules:

1. **Answer** the *ridiculous* question
2. If requested, **EXPLAIN!**

Is cereal soup?

Why or why not?

**What's invisible
but you wish you
could see?**

**How old would you like to
be if you were turned into
a vampire?**

**What would your vampire
superpower be?**

**Is a hotdog a
sandwich?**

Why or why not?

**What's the best
Wi-Fi name you've
seen?**

**What's the most
ridiculous fact you
know?**

**How do you feel
about putting
pineapple on pizza?**

**What kind of secret
society would you
like to start?**

**Toilet paper,
over or under?**

**If animals could
talk, which would
be the rudest?**

**In one sentence, how
would you sum up the
internet?**

**What's the best
type of cheese?**

**What *mythical*
creature would
improve the world
most *if* it existed?**

**If peanut butter wasn't
called peanut butter,
what would it be
called?**

**What movie would be
greatly *improved* if it
was made into a
musical?**

**What are some fun ways
to answer everyday
questions like:
“how’s it going” or
“what do you do”?**

**If someone asked to be
your apprentice and learn
all that you know, what
would you teach them?**

**What would be the
worst “buy one get one
free” sale of all time?**

**If the all the States in the USA
were represented by food, what
food would each state be
represented by?**

***Caveat: Choose one state you
have lived in!***

If over time you replace parts on a car, at what point does it stop being the same car you bought? How many parts do you need to replace to make it a new car?

**What would be the
coolest animal to
scale up to the size of
a horse?**

THE END

Let's get Started!

- ▶ **Welcome!**

- ▶ **Take care of yourself**

- ▶ Restrooms
- ▶ Breaks incorporated
- ▶ Lunch provided by DBHR

- ▶ **Certificates of attendance**

- ▶ Complete emailed evaluation for certificate after the Prevention Summit



8-8:30 a.m.	Registration and Check-In
8:30-9 a.m.	Welcome and Networking
9-9:30 a.m.	Division of Behavioral Health and Recovery Statewide Updates Sarah Mariani SUD Prevention and MH Promotion Section Manager, HCA Roxane Waldron Problem Gambling Program Administrator, HCA Sonja Pipek Tribal and CBO Services Supervisor, HCA Codie Garza Development and Strategic Initiatives Supervisor, HCA Kasey Kates CPWI and School-Based Services Supervisor, HCA
9:30-10 a.m.	Special Guest: CAPT Christopher Jones, PharmD, DrPH, MPH Director, Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration
10-10:30 a.m.	State Prevention Enhancement (SPE) Updated Insights: Needs Assessment from the Healthy Youth and Young Adult Surveys Sarah Mariani SUD Prevention and MH Promotion Section Manager, HCA Allen Christiansen Director, Office of Healthy and Safe Communities, DOH
10:30-10:45 a.m.	Break
10:45-12:30 p.m.	Evaluating Implementation Outcomes: Tips, Tricks, and Resources for Using Data to Achieve Effective Implementation of Evidence-Based Programs, Part 1 Brittany Cooper Associate Professor, WSU Elizabeth Weybright Associate Professor, WSU
12:30-1 p.m.	Lunch (provided)
1-2:30 p.m.	Evaluating Implementation Outcomes: Tips, Tricks, and Resources for Using Data to Achieve Effective Implementation of Evidence- Based Programs, Part 2 Brittany Cooper Associate Professor, WSU Elizabeth Weybright Associate Professor, WSU
2:30-3 p.m.	Closing
4:30-5:30 p.m.	Evening Meetings 4:30-5 p.m. Chaperone Meeting 5-5:30 p.m. Volunteer Meeting

HCA/DBHR Statewide Updates

▶ Sarah Mariani, Section Manager

- ▶ Celebrating the success of the last year together.
- ▶ Looking forward to this new year!



HCA/DBHR Statewide Updates

▶ Sarah Mariani, Section Manager

- ▶ Invoices through September 2024 due to HCA no later than by **November 15th**
 - ▶ This includes original and supplemental invoices



Youth Gambling, Gaming, and Internet Use

Roxane Waldron, Administrator
WA State Problem Gambling Program

Definition of Gambling

Three elements:

- 1) **A Bet** (something of value, such as \$, shoes, iPad, your time)
- 2) **A Prize** (\$, loot box, item, etc.)
- 3) The **Outcome has an element of Chance** (beyond your control)

Youth – WA State Laws

- ▶ Gambling legal at age 18 ⁽¹⁾
- ▶ Most venues require age 21 (alcohol served on premises)
- ▶ Youth are not legally able to access brick & mortar venues or purchase lottery products
- ▶ Online gambling is not legal in WA State

(1) [RCW 9.46.228](#)

Impacts on Youth

Primarily gambling online

- ▶ Mobile devices (phones, tablets, laptops)
- ▶ Overlap of gaming and gambling
- ▶ Sports wagering / sports betting expansion
- ▶ 10% of 10th graders said they'd gambled ⁽²⁾
- ▶ Any gambling before age 18 is problematic
- ▶ Youth are 2x risk for problem gambling

(2) [Healthy Youth Survey Data Dashboard \(2023\)](#)

Elevated Risk Factors

- ▶ High internet usage
- ▶ Lack of parental involvement
- ▶ Family conflict
- ▶ Parental engagement in gambling/favorable attitudes towards gambling
- ▶ Cultural knowledge, attitudes, & beliefs
- ▶ Peer involvement in gambling
- ▶ ACES (Adverse Childhood Experiences)

Elevated Risk Factors (cont.)

- ▶ Frequent substance use (co-occurring)
- ▶ Virtual/media advertising of gambling
- ▶ Lack of engaging activities in surrounding area
- ▶ MH challenges (ex: anxiety, depression, ADHD)
- ▶ Economic instability on a personal scale
- ▶ Poor academic performance
- ▶ Antisocial and/or risk-taking behaviors

Protective Factors

- ▶ Educational programs (recognizing dangers of gambling, media literacy, and financial mgmt. skills)
- ▶ Programs directed at--
 - ▶ cognitive and skill development
 - ▶ emotional development (coping mechanisms & emotional skill processing)
 - ▶ Community/social involvement
 - ▶ Family cohesion
 - ▶ Alternative stimulating activities in the community
 - ▶ Parental monitoring

Integrating with Existing Work

- ▶ Problem Gambling Prevention Workgroup (PGPW)
 - ▶ Identifying risk & protective factors
 - ▶ Evidence-based and promising interventions for gambling, problematic gaming, and internet use disorder
 - ▶ Focus first on Primary prevention
 - ▶ Prevention Toolkit development

- ▶ 2025 – Possible funding opportunity to support piloting integration and implementation

Learn more this Week

- ▶ **Wed** – Youth workshop (1:40-2:40pm)
- ▶ **Wed eve** – 'Ask Us Anything!' (6:30-9)
- ▶ **Thurs** – Adult workshop (9:35-10:35am)

Contact/questions:

Roxane Waldron, Administrator

WA State Problem Gambling Program

Roxane.waldron@hca.wa.gov

HCA/DBHR Statewide Updates

▶ **Sonja Pipek, Tribal and CBO Services Supervisor**

- ▶ Community-Based Organization (CBO) Request for Applications (RFA) update!



HCA/DBHR Statewide Updates

▶ **Codie Garza, Development and Strategic Initiatives Supervisor**

- ▶ Certified Prevention Professional (CPP) changes as shared on Athena.
- ▶ Continued collaboration for workforce development.



HCA/DBHR Statewide Updates

▶ Kasey Kates, CPWI and School-Based Services Supervisor

▶ CPWI Stabilization funding:

- ▶ \$1.5 million as of January 1, 2025 (6-month allocation).
- ▶ Raises to \$3 million as of July 1, 2025 (and annually thereafter).
 - ➔ Increase from \$130,000 to \$150,000 for CPWI Coalitions.
 - Pro-rated January 1 – June 30, 2025 at a \$10,000 increase.
 - ➔ Increase from \$82,600 to \$100,00 for CPWI School-Based Services.
 - Pro-rated January 1 – June 30, 2025 at a \$8,700 increase.
- ▶ Current and planned expenditures to be confirmed by contract manager before additional funding is allocated by January 1.
- ▶ Stabilization funding does NOT fully cover this increase and other funding within the system will be braided in.

Strategic Planning: Where are We?



Winter - Spring '24

- HYS data available
- Training begins
- Early building capacity & planning efforts with coalition

Summer '24

- CPWI Data Books available
- *Action Plans and Budgets updated for SFY 2025!*
- Coalition Leadership Institute with emphasis on assessment
- CPWI Documents finalized

Fall '24

- Early sections may be submitted for review
- Focused writing of Plan
- Planning continues until December

Winter '25

- Full plan submitted to manager for review
- Edits complete and Plan approved by early calendar year '25

Strategic Planning: The Training Plan

Implementation:		
<p>Effective Program Implementation</p> <p><i>*Required unless Coordinator with more than 2 years of experience with CPWI and has demonstrated successful completion of a Strategic Plan through CPWI. Must have written approval from contract manager.</i></p> <p><i>Upon completion of the training, participants will be proficient in documenting the tasks essential for ensuring successful implementation, adept at delivering high-quality implementation to meet fidelity standards for evidence-based and innovative programs/strategies, skilled in adapting EBPs, knowledgeable about potential implementation pitfalls and strategies to navigate them, and equipped with the know-how to hire, train, and/or subcontract for a facilitator.</i></p>	<p>October 8th 10:00 – 2:00 PM</p>	<p>Virtual; registration to be posted via The Athena Forum.</p>
Reporting and Evaluation:		
<p>Reporting and Evaluation</p> <p><i>*Required unless Coordinator with more than 2 years of experience with CPWI and has demonstrated successful completion of a Strategic Plan through CPWI. Must have written approval from contract manager.</i></p> <p><i>This training covers the development of an evaluation plan. Training may include information on measurement of programs/practices/strategies, importance of measuring effectiveness, how evaluations inform strategic plan revisions or course corrections.</i></p>	<p>October 29th 1:00 – 5:00 PM</p>	<p>In-person as part of the Prevention Summit.</p>



Strategic Planning: Office Hours Continue



University of Washinton Social Development Research Group (SDRG) Office Hours		
<p>Join the Community Prevention Strategists from UW SDRG during open virtual office hours, designed to support your CPWI strategic planning process. This is an opportunity to ask questions, seek guidance, and receive personalized support on your community prevention work. Whether you need clarification on specific steps or advice on best practices, our experts are here to assist you in enhancing your strategic planning efforts. Office hours will be available from August 2024 – September 2025.</p>	August 1 st	Virtual; registration to be posted via The Athena Forum .
	2:00 – 4:00 PM	
	August 6 th	
	9:00 – 11:00 AM	
	1 st Thursdays:	
	2:00 – 4:00 PM	
	3 rd Tuesdays	
	9:00 – 11:00 AM	

Strategic Planning: Intensive TA Continues



- ▶ Opportunity to have additional **one-on-one technical assistance** directly from SDRG.
- ▶ **Referral required** from prevention manager.
- ▶ Reminder, SDRG and WSU are experts in the **why and how** to complete the planning process.
 - ▶ For example, have questions about how to support the Coalition in making decisions about program selection? This is perfect for them!
- ▶ DBHR responsible for training to any **DBHR provided documents** (i.e. Template, CPWI Guide), CPWI policy, or other requirements.
 - ▶ For example, have questions about how to use the Template? This is perfect for your manager!

Strategic Planning: Final Products

- ▶ **Logic Model** almost complete to be included in the Strategic Plan Template.
- ▶ **Budget** template under draft to also be included in the Strategic Plan Template.
- ▶ **Review Checklist** in final stages to be used by managers to aid review process but to be shared with providers for awareness.
- ▶ All to be shared and **posted on Athena**.



Strategic Planning: The Timeline

- ▶ From **now through November**, Coalition is working through the Planning and Implementation phases.
- ▶ In **November and December**, Coalition is working through Reporting and Evaluation.
- ▶ In **December and January**, Coalition putting the final touches on the initial draft for review.
- ▶ By **Feb 18th**, final draft is sent to HCA for approval to inform contract negotiations occurring March – June 2025.
 - ▶ Managers and providers hold 3 weeks (Feb 18th through March 7th) for review, back-and-forth, and meeting with Coalition / workgroups as needed.
 - ▶ Approvals sent by March 14th.

Strategic Planning: What Comes Next?

- ▶ **Contract negotiations** at LCM for next biennium to occur around April / May of 2025.
 - ▶ Anticipate some language changes related to Action Plans as this information is fully contained with the Plan itself.
 - ▶ Note: Timing aligns with CBO RFA to allow for awardees to use information across the Plan and RFA as needed to support process.
- ▶ **Minerva** program editing/building to occur after Plans approved starting around May/June of 2025.
 - ▶ Currently reviewing best dates for CLI based upon your feedback!
- ▶ Plans **posted to Athena** by June/July of 2025.

Strategic Planning: Looking Ahead!



- ▶ Plans **updated as needed** throughout the biennium (SFY 2026 & SFY 2027).
 - ▶ Your prevention manager MAY require an update if substantial information has changed.
 - ▶ Updating throughout the years will save you time down the road too!
 - ▶ Budgets retain the ability to have changes up to 10% with no required update.
- ▶ Healthy Youth Survey (HYS) implemented in **fall of 2025** and **new data available in early 2026**.
- ▶ Strategic Planning cycle begins again in late winter/early spring of 2026 through the end of the year with Plans formally due again in **late winter/early spring of 2027**.

CPWI Strategic Planning Biennial Cycle

CYCLE STARTS:
Healthy Youth Survey
(HYS) implemented

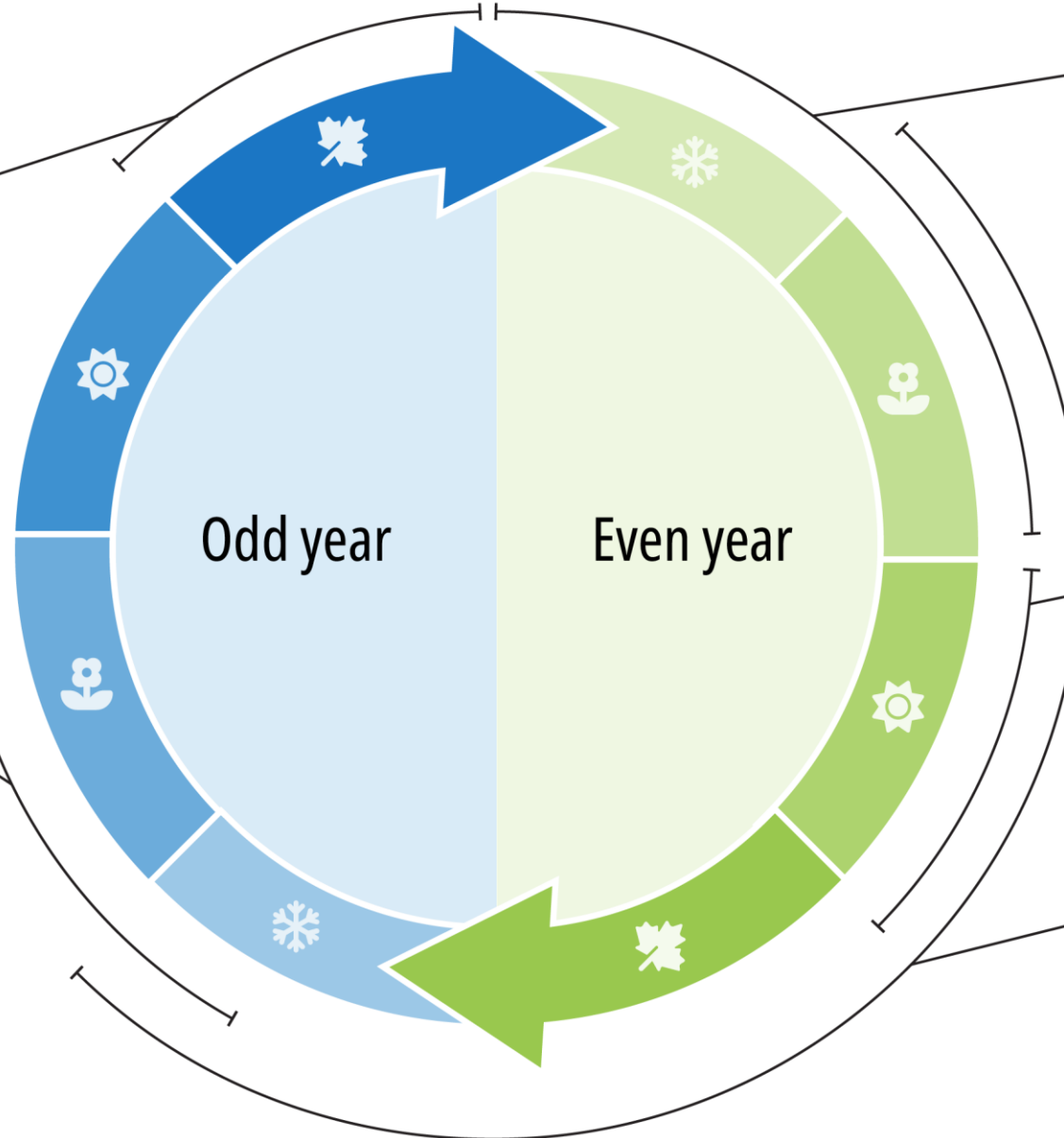
October

Strategic Plan finalized

March

-  Fall (September - November)
-  Winter (December - February)
-  Spring (March - May)
-  Summer (June - August)

Note: Months listed are approximate examples and subject to change.



Communities receive data

March/April: Coalitions receive data and start strategic planning

Communities receive Data Books

May/June

Strategic planning takes place

March to March

Strategic Planning: Looking Ahead!



▶ Goals:

- ▶ Continue to **gather feedback**! While strategic planning itself is not new, the process and documents we are using are different and we will continue to re-evaluate.
- ▶ Communicate and **schedule in advanced** as possible! We know calendars are tough and as we get into this new groove, we are confident we can plan even further ahead.
- ▶ Increase **stability and service delivery**! Let's continue the great work for many more years to come.

Questions?



Special Guest: CAPT Christopher Jones

- ▶ **Director, Center for Substance Abuse Prevention (CSAP), Substance Abuse and Mental Health Services Administration (SAMHSA)**



Break!

▶ Adjusted agenda:

- ▶ 10:48 – 11:00 SPE Updates
- ▶ 11:00 – 12:30 Evaluating Implementation Outcomes
- ▶ 12:30 – 1:00 Lunch
- ▶ 1:00 – 3:00 Evaluating Implementation Outcomes



Updated Insights: Needs Assessment from 2023 Healthy Youth and Young Adult Surveys

2024 All-Provider Meeting – Seattle, WA

What is the SPE Consortium?

▶ Full Name

- ▶ State Prevention Enhancement (SPE) Policy Consortium

▶ Who can participate?

- ▶ Any statewide organization in Washington working on preventing substance use disorder and/or promoting mental health.

▶ What do they do?

- ▶ **Inform** – partners, funders, and leaders on key topics.
- ▶ **Support** – workgroups and partners through strategic planning and collaboration.
- ▶ **Coordinate** – reduce duplication and ensure system efficiency.



▶ Organizational Structure

- ▶ Workgroups are independent but connected by SPE.
- ▶ Some WGs focus on specific behavioral health issues, others on certain populations.
- ▶ SPE Consortium brings WG efforts into focus and ensures mutual benefit and coordination.

Young Adults Workgroup

Opioid Prevention

Mental Health Promotion/
Suicide Prevention

Washington Healthy Youth Coalition

Washington Breathes

Problem Gambling

SPE Policy Consortium

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 – Reinforcing the use of the Strategic Prevention Framework statewide.
Fall of 2017	First full update of the 5-Year Strategic Plan – David Hudson (DOH) and Sarah Mariani (DBHR) presiding.
Fall of 2019	Mid-point update to the 5-Year Strategic Plan – Patti Migliore-Santiago (DOH) and Sarah Mariani (DBHR) presiding.
Present Day	Published current 5-Year Plan in October of 2023 and working through implementation stages. Current co-chairs Allen Christensen (DOH) and Sarah Mariani (DBHR).

Workgroup Action Plans – Summaries

WHY Coalition

- Provide educational tools for parents, schools, others.
- Use data to inform strategies
- Expand membership

Young Adults

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

Mental Health Promotion/Suicide Px

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

Workgroup Action Plans – Summaries

Opioid Prevention

- Support community prevention services
- Continue prescriber education expansion
- Promote safe storage and disposal

WA Breathes (commercial tobacco)

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

Problem Gambling Prevention

- Build statewide capacity for PG prevention and intervention.
- Support research into what works for primary prevention of PG.
- Develop initial strategic plan to implement statewide strategies.

Workgroup Action Plans – Common Themes

▶ Recruiting and Engagement

- ▶ Finding new partnerships while retaining current ones.

▶ Research and Education

- ▶ Prioritize data collection, analysis, and dissemination.

▶ Workforce Development

- ▶ Recruiting, training, and retention of prevention staff.

▶ Policy Statements

- ▶ Best practice research and education informing policy.



5-Year Plan, 2021 Data



https://theathenaforum.org/sites/default/files/public/82-0123_spe_5_year_plan_final_web.pdf

Contents

Executive summary.....	4
Our mission, vision, and key values.....	4
Our goals and strategic process.....	4
Priority areas of focus.....	6
Chapter 1: The Purpose of the SPE Policy Consortium.....	7
Prevention and wellness key principles.....	7
Chapter 2: The SPE Policy Consortium Five-Year Strategic Plan.....	10
What guides our strategic planning work.....	10
SPE Policy Consortium Logic Model.....	11
SPE Policy Consortium's Primary Strategies.....	13
Future direction of the SPE Policy Consortium.....	14
Chapter 3: SPE Policy Consortium Strategic Prevention Framework (SPF) Implementation.....	17
Getting started.....	17
Capacity building.....	20
Assessment: Needs, resources, and gaps.....	21
Planning.....	31
Implementation.....	33
Health equity in prevention.....	33
Evaluation.....	34
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.....	55
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

Updated Insights:

Needs Assessment from 2023
Healthy Youth and Young Adult
Surveys (HYS & YAHS)

Needs Assessment Update

- ▶ Update to HYS and YAHS indicators with 2023 rates
- ▶ Review of intermediate outcomes summary data and related health disparities data
- ▶ Challenges:
 - ▶ Interpreting trends over time with appropriate caution given changes in **methodology** (HYS-specific) and **society** (affects both surveys)
 - ▶ Some changes from 2018-2021 have continued in 2023
 - ▶ Other changes have reversed or “bounced back” to some degree in 2023

Trend data from before and during/after the pandemic should continue to be interpreted with caution until more survey years are incorporated

Healthy Youth Survey

Purpose of the HYS: Identify and monitor factors that affect the health of youth in Washington State

- ▶ Statewide survey of students in 6th, 8th, 10th, & 12th grade
 - ▶ *Small schools: 7th, 9th, 11th as well*
- ▶ Administered every two years
 - ▶ Prior to 2021: even years (2010, 2012, 2014, etc.)
 - ▶ 2021 forward: odd years
- ▶ Similar youth surveys have been conducted across the state since 1988
- ▶ Survey results can indicate changes in health behaviors over time
- ▶ Schools, CPWIs, community organizations, and more can use the results to identify important areas of need

New Findings – Cannabis/Marijuana Use

Cannabis/Marijuana use declined in 2021 after remaining stable for several years. However, it appears to be increasing in 2023.

- ▶ The proportion of 10th grade high school students using cannabis/marijuana did not change much from 2010 (20%) to 2018 (18%), then substantially decreased to 7% in 2021.
- ▶ **In 2023, this rate increased significantly to 8.4%.**
 - ▶ We will continue to monitor the trend to see if it returns to pre-pandemic levels.
 - ▶ 2023 HYS data show that youth who identify as Lesbian, Gay or Bisexual (**LGB**), youth with a **disability**, and youth living in **insecure housing** report higher rates of cannabis/marijuana use compared to their counterparts.

42. During the past 30 days, on how many days did you use marijuana or hashish?

None

1-2 days

3-5 days

6-9 days

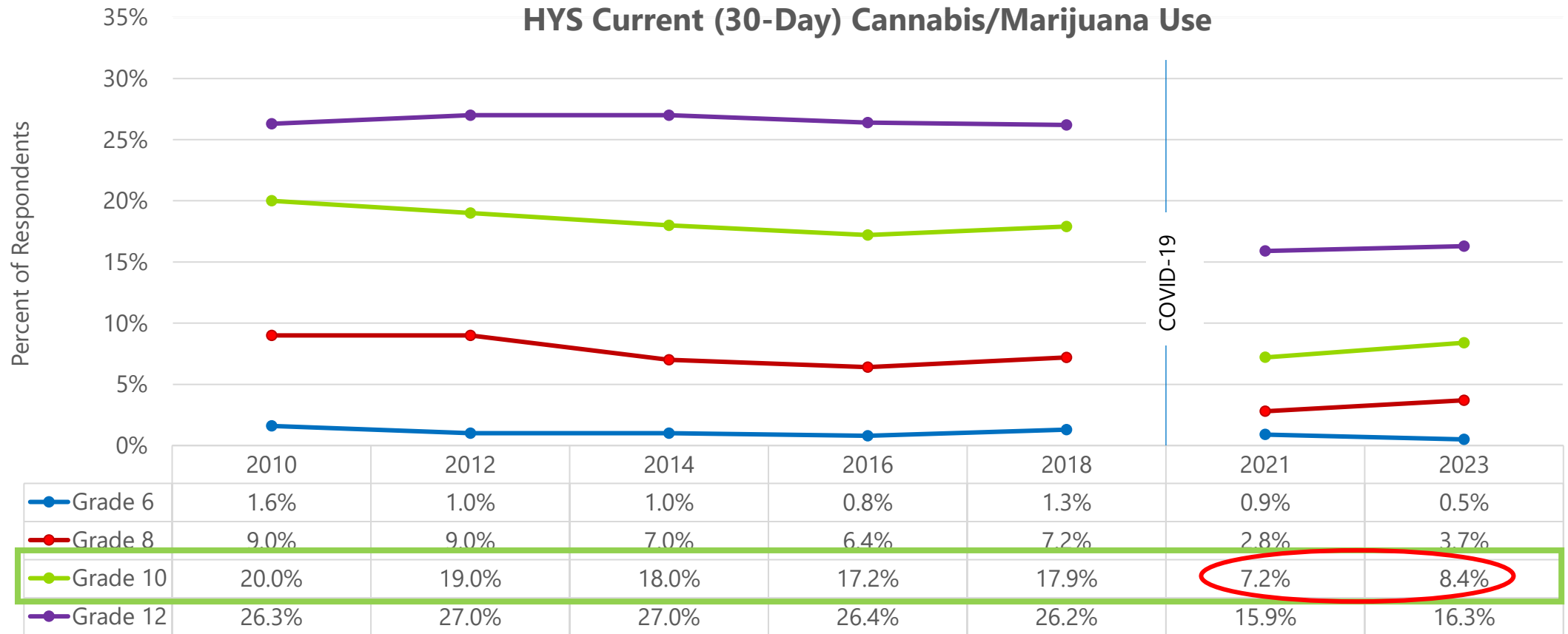
10-19 days

20-29 days

All 30 days

Any use in past 30 days

HYS 30-Day Cannabis/Marijuana Use, 2010-2023



Data by Gender at Birth, Sexual Orientation, Disability Status, and Housing Insecurity

Washington State 10th graders, 2023

	Gender at Birth ¹		Sexual Orientation (LGB) ²		Disability Status ³		Housing Insecurity ⁴	
	Female	Male	LGB	Heterosexual	Disability	No Disability	Insecure Housing	Secure Housing
Smoked cigarettes in past 30 days	2.4%	2.0%	4.4%	1.5%	3.9%	0.8%	5.3%	2.0%
Drank Alcohol in past 30 days	9.6%	8.5%	10.7%	8.9%	11.8%	6.8%	19.4%	8.7%
Used marijuana or hashish in past 30 days	9.2%	7.6%	12.6%	7.3%	12.8%	4.5%	22.1%	7.9%
Binge drinking in past 2 weeks	4.3%	4.1%	5.1%	4.0%	5.7%	3.0%	9.4%	4.0%
Pain killer use in past 30 days	1.9%	1.3%	3.1%	1.1%	2.3%	1.0%	6.5%	1.3%
Sad/Hopeless in Past 12 Months	38.6%	20.8%	52.6%	23.0%	47.2%	15.5%	57.0%	28.1%
Suicide Ideation	19.2%	9.6%	32.7%	9.1%	25.4%	5.6%	36.4%	13.2%
Suicide Plan	14.4%	8.6%	26.8%	7.0%	19.9%	4.9%	29.2%	10.4%
Suicide Attempt	9.8%	4.3%	13.7%	5.1%	12.9%	2.3%	15.2%	6.5%
Bullied in the past 30 days	18.9%	14.1%	26.7%	13.4%	26.1%	8.9%	29.5%	15.7%

Note: Red text highlights higher rates observed in this group when compared to the reference group of the same category.

New Findings – Mental Health

Mental health outcomes among 10th graders are improving, but remain high, especially for youth who already face more barriers to mental health support.

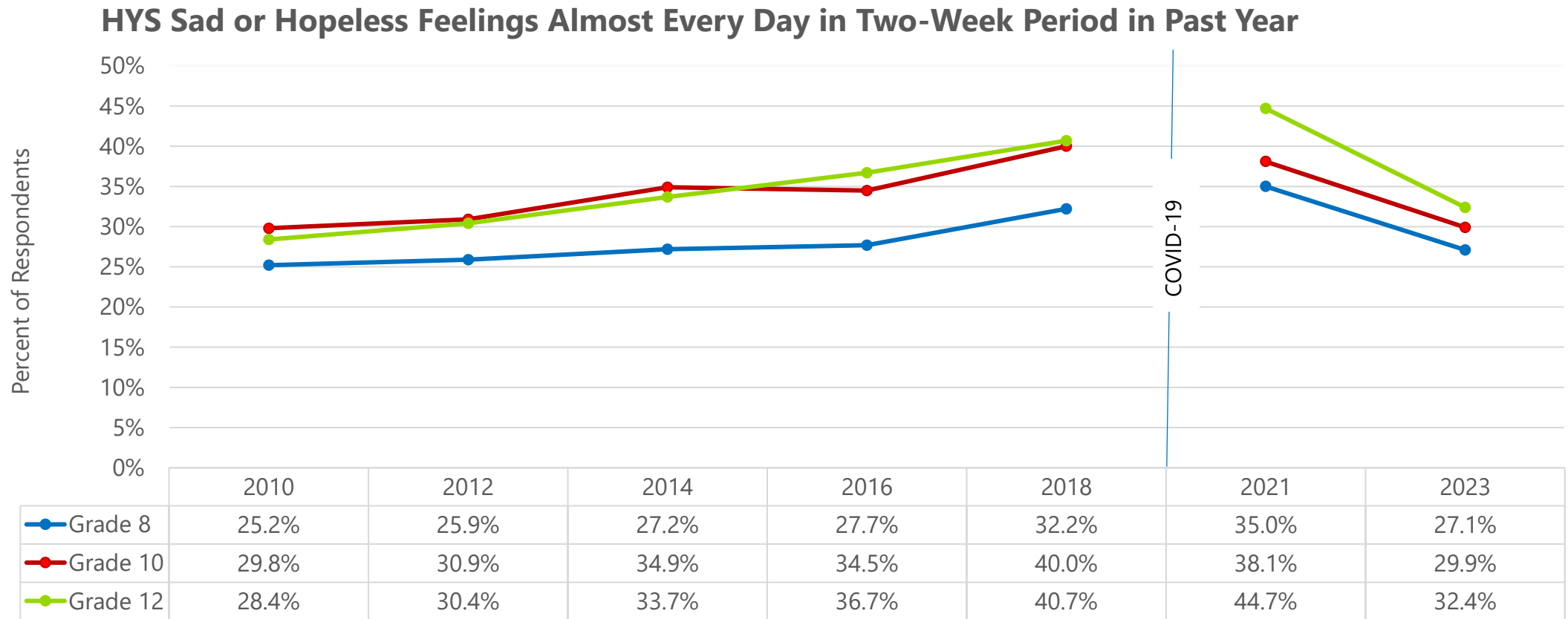
- ▶ According to new data, depressive feelings and contemplation or planning suicide significantly decreased from 2021 to 2023.
- ▶ In 2023, 38% of 10th graders reported feeling so sad or hopeless for two weeks or more during the past year that they stopped doing their usual activities.
- ▶ **Disparities:** Depressive feelings were nearly two times higher for students who identify as **female** compared to male, more than two times higher for lesbian, gay, and bisexual (**LGB**) youth, three times higher among students identifying as having a **disability**, and two times higher for students experiencing **housing insecurity**.

138. During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?

Yes

No

HYS Sad or Hopeless Feelings Almost Every Day in Two-Week Period in Past Year, 2010–2023



Data by Gender at Birth, Sexual Orientation, Disability Status, and Housing Insecurity Washington State 10th graders, 2023

	Gender at Birth ¹		Sexual Orientation (LGB) ²		Disability Status ³		Housing Insecurity ⁴	
	Female	Male	LGB	Heterosexual	Disability	No Disability	Insecure Housing	Secure Housing
Smoked cigarettes in past 30 days	2.4%	2.0%	4.4%	1.5%	3.9%	0.8%	5.3%	2.0%
Drank Alcohol in past 30 days	9.6%	8.5%	10.7%	8.9%	11.8%	6.8%	19.4%	8.7%
Used marijuana or hashish in past 30 days	9.2%	7.6%	12.6%	7.3%	12.8%	4.5%	22.1%	7.9%
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Suicide Attempt	9.8%	4.3%	13.7%	5.1%	12.9%	2.3%	15.2%	6.5%
Bullied in the past 30 days	18.9%	14.1%	26.7%	13.4%	26.1%	8.9%	29.5%	15.7%

Note: Red text highlights higher rates observed in this group when compared to the reference group of the same category.

New Findings – Mental Health

Suicide contemplation and planning are still at an unacceptable level but are also the lowest rate we have seen in Washington in 20 years.

- ▶ In 2023, among 10th grade students, 15% of students reported contemplating suicide.
- ▶ While this is an unacceptable level of youth struggling with suicidal thoughts, it is also the lowest rate we have seen in Washington in 20 years.

139. During the past 12 months, did you ever seriously consider attempting suicide?
Yes
No

New Findings – Mental Health

- ▶ Disparities still exist: 10th grade youth identifying as **female**, lesbian, gay, or bisexual (**LGB**), students with **disabilities**, and students experiencing **insecure housing** report elevated suicide indicators.
 - ▶ **Female** 10th graders are **two times** more likely to report **contemplating** suicide and putting together a **plan to attempt** suicide than their male counterparts.
 - ▶ Students who identify as **LGB** and who live in **insecure housing** are over **three times** more likely to **contemplate** suicide.
 - ▶ Students with a **disability** are over four times more likely to **contemplate** suicide.

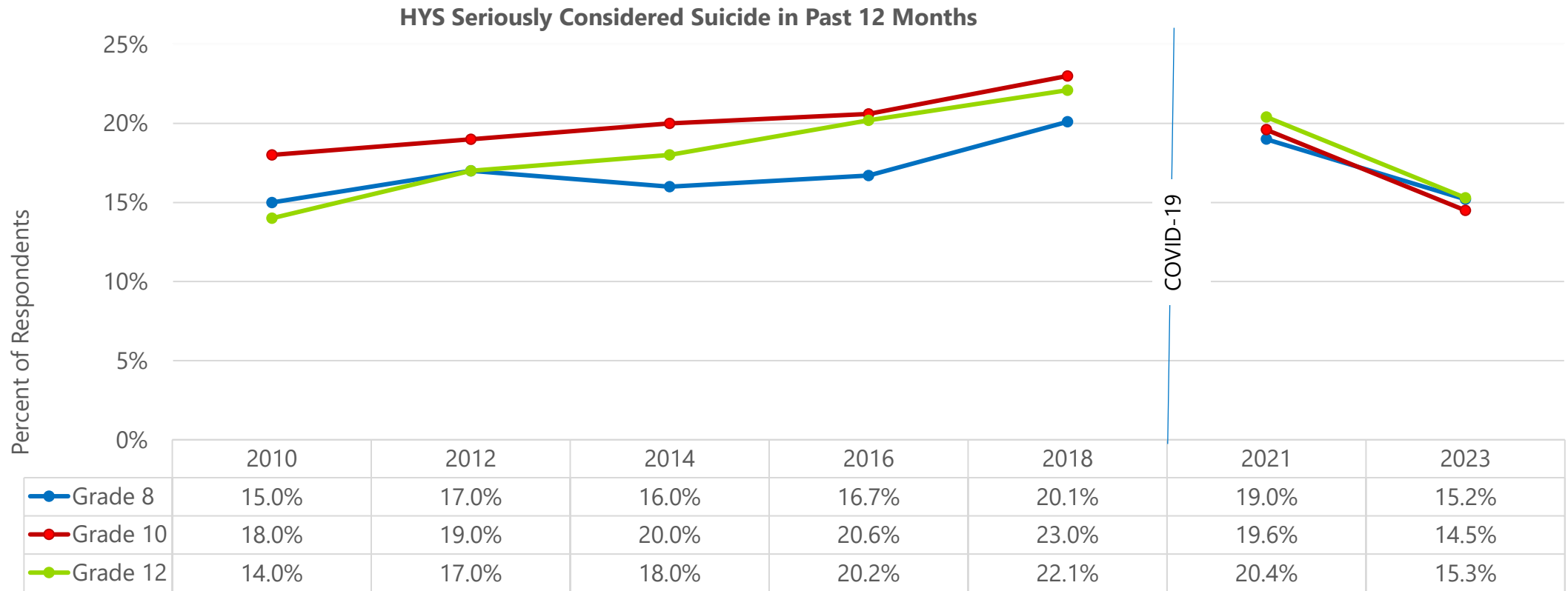
139. During the past 12 months, did you ever seriously consider attempting suicide?

Yes
No

140. During the past 12 months, did you make a plan about how you would attempt suicide?

Yes
No

HYS Seriously Considered Suicide in Past 12-Months, 2010-2023



Data by Gender at Birth, Sexual Orientation, Disability Status, and Housing Insecurity

Washington State 10th graders, 2023

	Gender at Birth ¹		Sexual Orientation (LGB) ²		Disability Status ³		Housing Insecurity ⁴	
	Female	Male	LGB	Heterosexual	Disability	No Disability	Insecure Housing	Secure Housing
Smoked cigarettes in past 30 days	2.4%	2.0%	4.4%	1.5%	3.9%	0.8%	5.3%	2.0%
Drank Alcohol in past 30 days	9.6%	8.5%	10.7%	8.9%	11.8%	6.8%	19.4%	8.7%
Used marijuana or hashish in past 30 days	9.2%	7.6%	12.6%	7.3%	12.8%	4.5%	22.1%	7.9%
Binge drinking in past 2 weeks	4.3%	4.1%	5.1%	4.0%	5.7%	3.0%	9.4%	4.0%
Pain killer use in past 30 days	1.9%	1.3%	3.1%	1.1%	2.3%	1.0%	6.5%	1.3%
Sad/Hopeless in Past 12 Months	2x 38.5%	20.8%	3x 52.6%	23.0%	4x 47.2%	15.5%	3x 57.0%	28.1%
Suicide Ideation	19.2%	9.6%	32.7%	9.1%	25.4%	5.6%	36.4%	13.2%
Suicide Plan	14.4%	8.6%	26.8%	7.0%	19.9%	4.9%	29.2%	10.4%
Suicide Attempt	9.8%	4.3%	13.7%	5.1%	12.9%	2.3%	15.2%	6.5%
Bullied in the past 30 days	18.9%	14.1%	26.7%	13.4%	26.1%	8.9%	29.5%	15.7%

Note: Red text highlights higher rates observed in this group when compared to the reference group of the same category.

Young Adult Health Survey (YAHS)

- ▶ Survey measures cannabis and other substance use, perceptions of harm, risk factors, and consequences among young adults (18-25 years old) living in Washington state
- ▶ Motivated by the passage of Initiative 502 in 2012, the survey began in 2014 before recreational cannabis stores opened their doors
- ▶ Initial data set collected and maintained by external contractor, University of Washington, and shared with HCA / DBHR.
 - ▶ 10 cohorts of participants starting each year in 2014 through 2023
 - ▶ In 2023, data collection paused on cohorts 2-5; follow-up data collected from participants in cohorts 1, 6, 7, 8, and 9

YAHS Recruitment and Methods

- ▶ Each year we collect data from a new cohort of 18-25 year olds
- ▶ Participants recruited using a combination of direct mail advertising to a random sample from DOL, as well as online advertising (Facebook, Craigslist, Instagram, study web site, etc.)
- ▶ Convenience sample, not a random sample
- ▶ To improve generalizability, used post-stratification weights based on sex, race, and geographic region
- ▶ Weighted results are consistently very similar to non-weighted

Non-Medical Weekly Cannabis Use Across YAHS Cohorts

At least weekly "recreational"/non-medical/personal use:
Significant increasing trend for 18-25 year olds

	Cohort 1 (2014)	Cohort 2 (2015)	Cohort 3 (2016)	Cohort 4 (2017)	Cohort 5 (2018)	Cohort 6 (2019)	Cohort 7 (2020)	Cohort 8 (2021)	Cohort 9 (2022)	Cohort 10 (2023)	Total across 10 years
18-20	16.51%	13.43%	13.30%	15.40%	18.56%	14.41%	15.21%	16.86%	16.40%	14.42%	15.55%
21-25	16.86%	16.21%	18.55%	18.42%	19.22%	21.39%	24.07%	24.59%	21.93%	24.89%	20.13%
TOTAL	16.72%	15.23%	16.85%	17.37%	19.03%	18.59%	20.84%	21.62%	19.47%	20.84%	18.43%

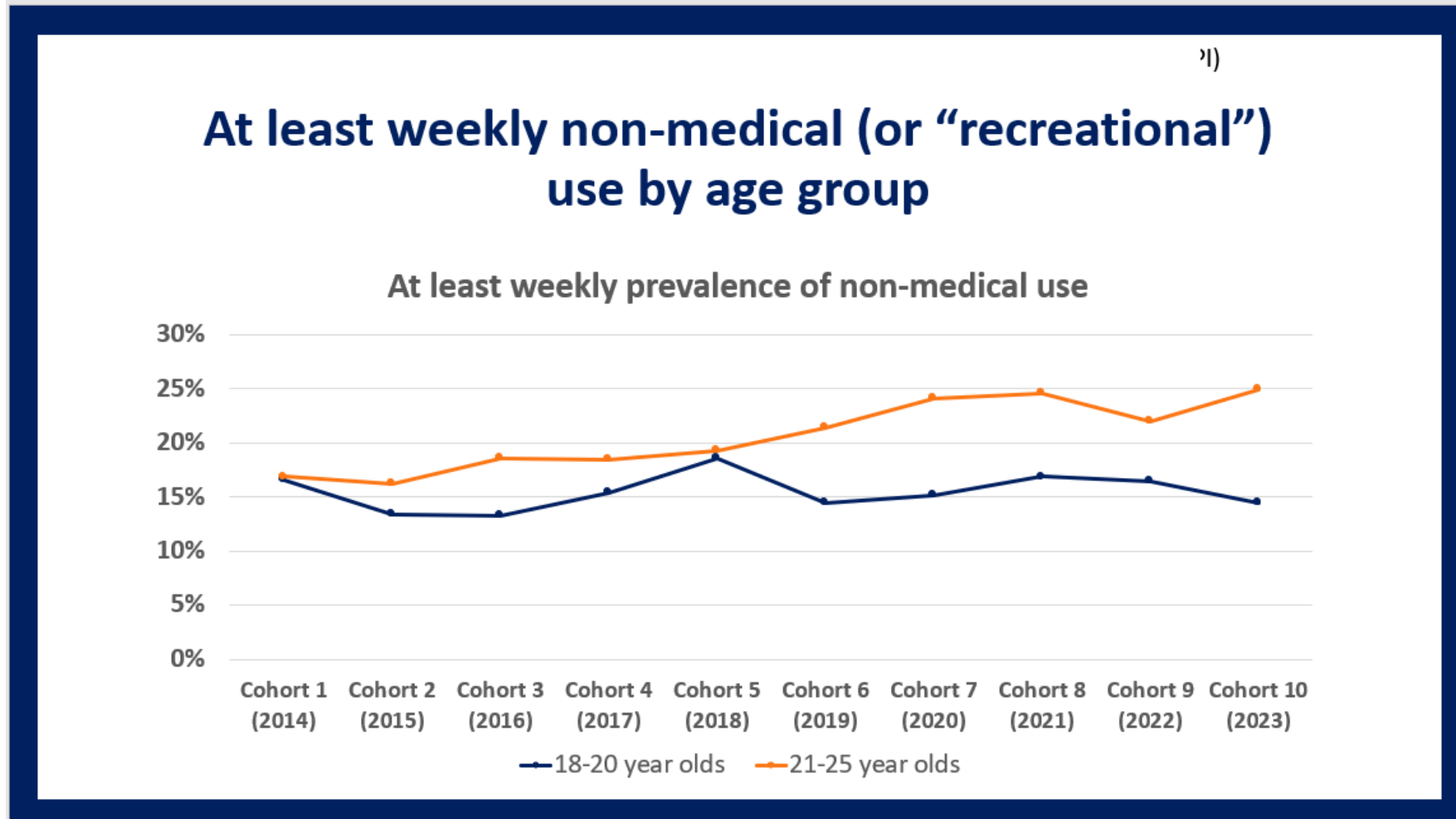
Linear trend

Significant (t=5.19, p<.001); Odds ratio = 1.043

Age by cohort interaction:

Significant (t=2.93, p<.01)

Non-Medical Weekly Cannabis Use Trends Across YAHS Cohorts by Age Group



Perceptions of Peer Non-Medical Cannabis Use Among YAHS Participants

Perceived norms of non-medical cannabis use

PERCEPTIONS OF NON-MEDICAL CANNABIS

	Cohort 1 2014	Cohort 2 2015	Cohort 3 2016	Cohort 4 2017	Cohort 5 2018	Cohort 6 2019	Cohort 7 2020	Cohort 8 2021	Cohort 9 2022	Cohort 10 2023
Never	2.41%	2.42%	1.61%	2.31%	2.06%	1.50%	2.38%	1.92%	3.05%	2.44%
Once a year	1.82%	2.10%	1.74%	1.92%	1.27%	0.75%	1.32%	1.15%	1.37%	1.01%
2 to 3 times a year	8.22%	10.12%	6.73%	6.40%	3.89%	3.31%	2.23%	3.87%	3.95%	4.53%
Every other month	6.98%	7.29%	5.32%	4.59%	3.14%	3.90%	4.42%	3.48%	2.93%	3.37%
Once a month	9.74%	11.15%	10.41%	9.07%	6.88%	5.51%	6.39%	7.07%	6.63%	6.66%
2-3x/month	17.98%	19.68%	19.83%	18.91%	13.47%	13.93%	14.32%	14.04%	14.38%	12.69%
Once per week	12.65%	12.72%	15.43%	13.89%	14.28%	12.91%	12.64%	14.11%	13.24%	11.51%
More than 1x/wk	22.08%	20.70%	21.42%	23.94%	27.12%	25.90%	28.57%	29.17%	25.76%	26.73%
Every other day	9.27%	6.87%	8.56%	8.65%	11.10%	12.25%	13.10%	10.45%	13.14%	12.03%
Every day	8.84%	6.95%	8.96%	10.31%	16.79%	20.03%	14.62%	14.75%	15.57%	19.02%

69.3%

In Cohort 10, 20.84% use at least weekly (meaning most don't), yet 69.29% think the typical person their age uses weekly

*** In ordinal logistic models, Cohort 4 (t=2.57, p<.01), Cohort 5 (t=10.67, p<.001), Cohort 6 (t=12.36, p<.001), Cohort 7 (t=9.72, p<.001), Cohort 8 (t=9.02, p<.001), Cohort 9 (t=8.10, p<.001), and Cohort 10 (t=9.55, p<.001) have higher perceived non-medical cannabis norms compared to cohort 1; but cohort 2 has lower norms compared to cohort 1 (t= -3.35 p<.001) ***

*** Overall, a significant increasing linear trend over time (t=18.72, p<.001) ***

Trends Across YAHS Cohorts in Reported Sources of Access

WHERE DO PEOPLE GET CANNABIS, 18-20 year olds										
	Cohort 1	Cohort 2	Cohort 3	Cohort 4	Cohort 5	Cohort 6	Cohort 7	Cohort 8	Cohort 9	Cohort 10
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
↓ From friends	72.86%	76.24%	69.68%	77.40%	63.75%	60.74%	66.87%	65.62%	59.68%	58.06%
↑ Gave money to someone	23.29%	26.47%	34.72%	41.45%	39.29%	43.17%	40.55%	39.80%	37.62%	33.36%
↓ Got it from someone w/ medical card	17.60%	14.12%	4.30%	5.24%	2.79%	2.82%	4.27%	4.58%	4.10%	1.62%
Got it from a medical dispensary	13.65%	18.99%	5.58%	4.72%	6.50%	8.28%	8.41%	12.03%	3.40%	7.53%
↓ Got it at a party	22.99%	22.14%	23.08%	24.92%	20.12%	22.91%	8.82%	24.67%	16.43%	10.98%
Got it from family	5.65%	5.18%	11.75%	9.75%	11.24%	10.92%	13.49%	7.09%	11.36%	9.67%
↓ Got it some other way	11.64%	4.12%	6.12%	9.02%	7.30%	6.21%	5.04%	6.24%	3.62%	4.28%
Bought from retail store	0.99%	4.58%	1.73%	1.92%	2.03%	3.55%	1.58%	1.03%	3.08%	1.53%
↑ Got it from parents w/ permission	5.75%	6.02%	12.33%	10.44%	11.69%	12.91%	13.08%	13.91%	12.38%	15.77%
Grew it themselves	1.91%	1.15%	1.65%	0.23%	1.47%	2.78%	1.64%	0.42%	0.59%	0.56%
Stole it from store/dispensary	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	4.16%	2.40%	0.00%	0.57%

Key: ↓ decreasing trend significant ↑ increasing trend significant other noted trends

Next Steps

- ▶ This is the data being presented today; it does not necessarily tell the whole story. Further analysis is required.
- ▶ Next Steps include:
 - ▶ Review other youth surveys:
 - ▶ 2022 National Survey on Drug Use and Health (NSDUH)
 - ▶ Youth Risk Behavior Surveillance System (YRBS)
 - ▶ Monitoring the Future (MTF)
 - ▶ and more results from other states
 - ▶ Review subgroup to assess for a cohort effect (odd vs even years)
 - ▶ Review mode effect (online vs paper/pencil)

Questions?

- ▶ One or two from the room...
- ▶ Poster paper on the wall
 - ▶ Sticky notes on tables
- ▶ Send question in email to...
 - ▶ *Community-specific:* Your PSM or Manager
 - ▶ *SPE Consortium:* isaac.wulff@hca.wa.gov
 - ▶ *General HYS or YAHS:* HCAHealthyYouthSurvey@hca.wa.gov

Thank You!

“One finger cannot lift a pebble.” -Hopi proverb

Contact Information

SPE Co-Chairs:

- Sarah Mariani (HCA/DBHR) – sarah.mariani@hca.wa.gov
- Allen Christensen (DOH) – allen.christensen@doh.wa.gov

SPE Staff:

- Codie Garza (HCA/DBHR) – codie.garza@hca.wa.gov
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YAHS Sample Sizes over Time

- ▶ Cohort 1 (2014): 2,101
- ▶ Cohort 2 (2015): 1,675
- ▶ Cohort 3 (2016): 2,493
- ▶ Cohort 4 (2017): 2,342
- ▶ Cohort 5 (2018): 2,412
- ▶ Cohort 6 (2019): 1,942
- ▶ Cohort 7 (2020) 1,643
- ▶ Cohort 8 (2021): 1,756
- ▶ Cohort 9 (2022): 1,110
- ▶ Cohort 10 (2023): 1,237

TOTAL:

18,711

Lunch!

▶ **Reminder: We will close around 3 p.m.**

Evening Meetings

- ▶ **3-5 p.m.** Early Registration Begins
- ▶ **4:30-5 p.m.** Chaperone Meeting
- ▶ **5-5:30 p.m.** Volunteer Meeting