Transforming
Lives

All-Provider Meeting

October 19, 2014

Division of Behavioral Health & Recovery

1:00pm-2:15pm

Washington State
**Department of Social
& Health Services**

Transforming lives

PO Box 45050, Olympia, WA 98504 | www.dshs.wa.gov

Agenda

- Welcome

- DBHR Announcements

- CPWI Overview & Question / Answer time

- Summit Highlights/ Announcements

- Poverty Immersion

DBHR Announcements

Marijuana Strategies Underway

- Community and School-Based Prevention

- EBP Review

- Public Education

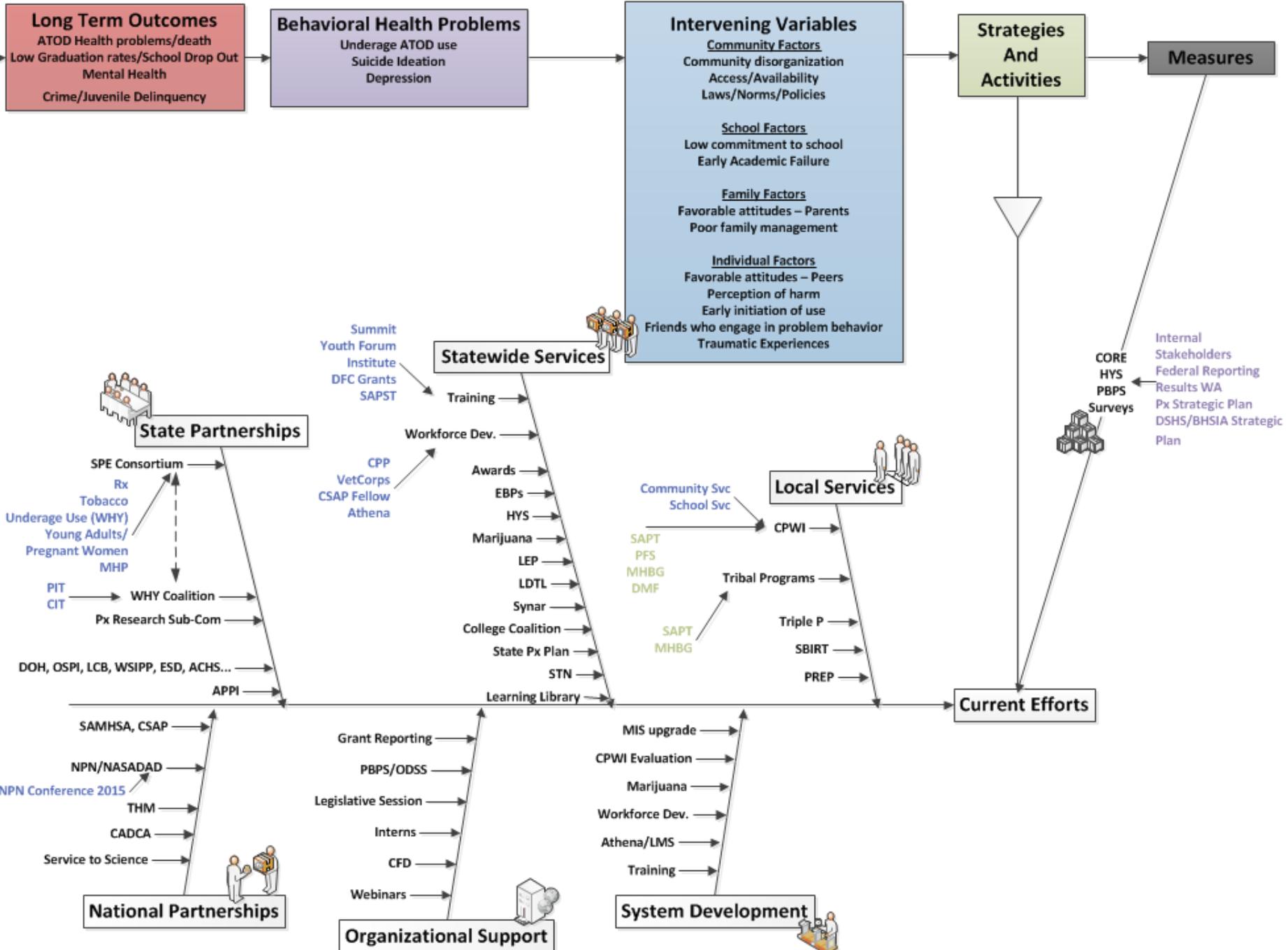- Protect children & Youth

DBHR Announcements

The 28th Annual National Prevention Network Conference

Seattle 2015

Hosted by Alaska, Oregon, and Washington State

DSHS BHSIA DBHR Substance Abuse Prevention and Mental Health Promotion Section

Long Term Outcomes
ATOD Health problems/death
Low Graduation rates/School Drop Out
Mental Health

Crime/Juvenile Delinquency

Behavioral Health Problems
Underage ATOD use
Suicide Ideation
Depression

Intervening Variables
Community Factors
Community disorganization
Access/Availability
Laws/Norms/Policies

School Factors
Low commitment to school
Early Academic Failure

Family Factors
Favorable attitudes – Parents
Poor family management

Individual Factors
Favorable attitudes – Peers
Perception of harm
Early initiation of use
Friends who engage in problem behavior
Traumatic Experiences

Strategies And Activities

Measures

CORE
HYS
PBPS
Surveys

Internal Stakeholders
Federal Reporting
Results WA
Px Strategic Plan
DSHS/BHSIA Strategic Plan

State Partnerships

Summit
Youth Forum
Institute
DFC Grants
SAPST

Statewide Services

SPE Consortium
Rx
Tobacco
Underage Use (WHY)
Young Adults/
Pregnant Women
MHP

PIT
CIT

WHY Coalition
Px Research Sub-Com

DOH, OSPI, LCB, WSIPP, ESD, ACHS...
APPI

Training

CPP
VetCorps
CSAP Fellow
Athena

Workforce Dev.
Awards
EBPs
HYS
Marijuana
LEP
LDTL
Synar
College Coalition
State Px Plan
STN
Learning Library

Community Svc
School Svc

SAPT
PFS
MHBG
DMF

SAPT
MHBG

Local Services

CPWI
Tribal Programs
Triple P
SBIRT
PREP

Current Efforts

National Partnerships

SAMHSA, CSAP
NPN/NASADAD
NPN Conference 2015
THM
CADCA
Service to Science

Organizational Support

Grant Reporting
PBPS/ODSS
Legislative Session
Interns
CFD
Webinars

System Development

MIS upgrade
CPWI Evaluation
Marijuana
Workforce Dev.
Athena/LMS
Training

Community Prevention & Wellness Initiative (CPWI)

- Where are we at now with CPWI?

- Where are we going with CPWI?

Community Prevention
& Wellness Initiative

CPWI Goals

- Our Goal: Reduce underage drinking in 8th & 10th grades
  - By reducing underage drinking, we also expect to reduce youth crime, mental health problems, and improve school performance

- Partnership effort among DBHR, County Human Services, the Office of the Superintendent of Public Instruction, Educational Service Districts, and local school districts

CPWI Objectives

☑ Establishment of a community coalition (community)

☑ Identification of a community coordinator (community)

☑ Define and select communities (community)

☑ Implementation of environmental, public awareness, direct service, and capacity building strategies (community)

☑ School-based prevention specialist (community)

☑ Participating communities are distributed statewide (community)

Community Prevention
& Wellness Initiative

CPWI Objectives

☑ Performance-based contract (community/state)

☑ DBHR technical assistance/support (state)

☑ Evaluating program and community-level change (community)

☑ Workforce development (community/state)

☑ Compliance with Synar (community/state)

☑ Other – Healthcare reform

Community Prevention
& Wellness Initiative

CPWI Outcomes

Long-Term

- School Performance

- Youth Delinquency

- Mental Health

Intermediate

- ✔Underage ATOD use – any, problem and heavy

CPWI Outcomes

Short-Term: In all domains

- Community – norms, laws, access, organization

- School- commitment, attitudes and friends who use

- Family – locally identified

- Individual/Peer – locally identified

Process and Timeline

Process →

6 – 9 months	1 Year	2-4 Years	5-10 Years	10-15 years
• Assess needs, resources, readiness and gaps • Develop community strategic prevention plan	• Implement evidence-based prevention strategies	• Changes in targeted intervening variables	• Increase in positive youth development • Decreases in problem behaviors	• Vision

Evaluate Measurable Outcomes →

Community Prevention
& Wellness Initiative

EARLY RESULTS

Informative Data

- Direct service data
  - Program evaluation pre/post tests
- Environmental service data
- Community Survey
- Coalition Assessment Tool
- Coalition Progress Questionnaire
- Pilot Community Surveillance Project
- Healthy Youth Survey
- Young Adult Survey

Community Prevention
& Wellness Initiative

Characteristics of Communities

- Over 450,000 individuals
- Cites/suburban areas
  - 15 towns
  - 21 rural areas
- 50 of 52 sites are in the top 5 highest ranked areas of need in each county.

Composite Consequence and Risk Scores Selected Communities Compared to State

Selected High Need Communities Highlighted

ESD/County selected communities collaboratively

High Risk

State Average

P/I staff in each CPWI School District

Low Risk

Coalition Coordinator in each CPWI Community
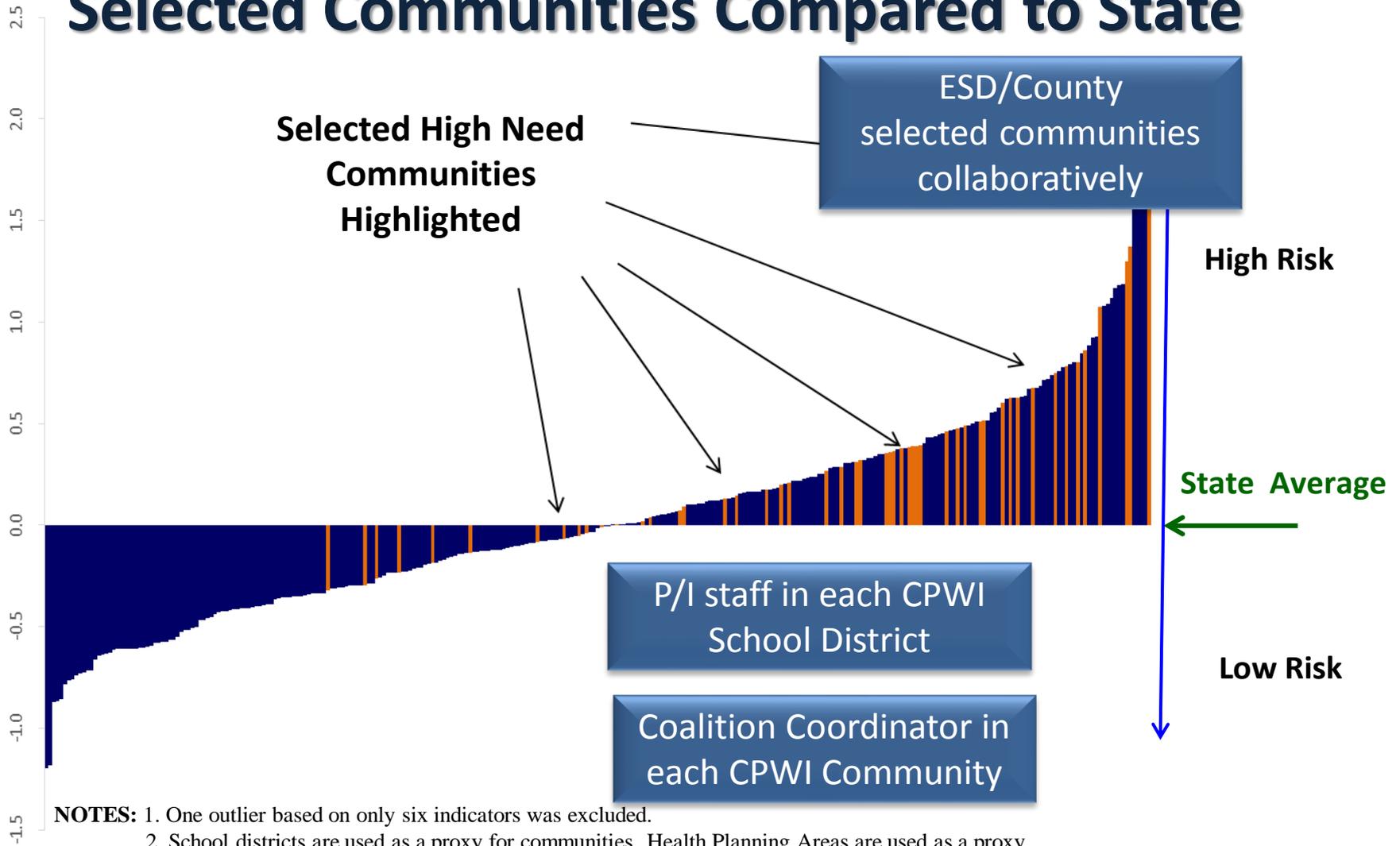
NOTES: 1. One outlier based on only six indicators was excluded.

2. School districts are used as a proxy for communities. Health Planning Areas are used as a proxy for CPWI sites in Seattle School District. Risk scores are not available for other urban CPWI sites that only cover a specific geographic area within a large school district. The risk scores for the entire school districts are used in for these area.

Prevalence of Substance Use Among 10th Grade Students in CPWI Sites
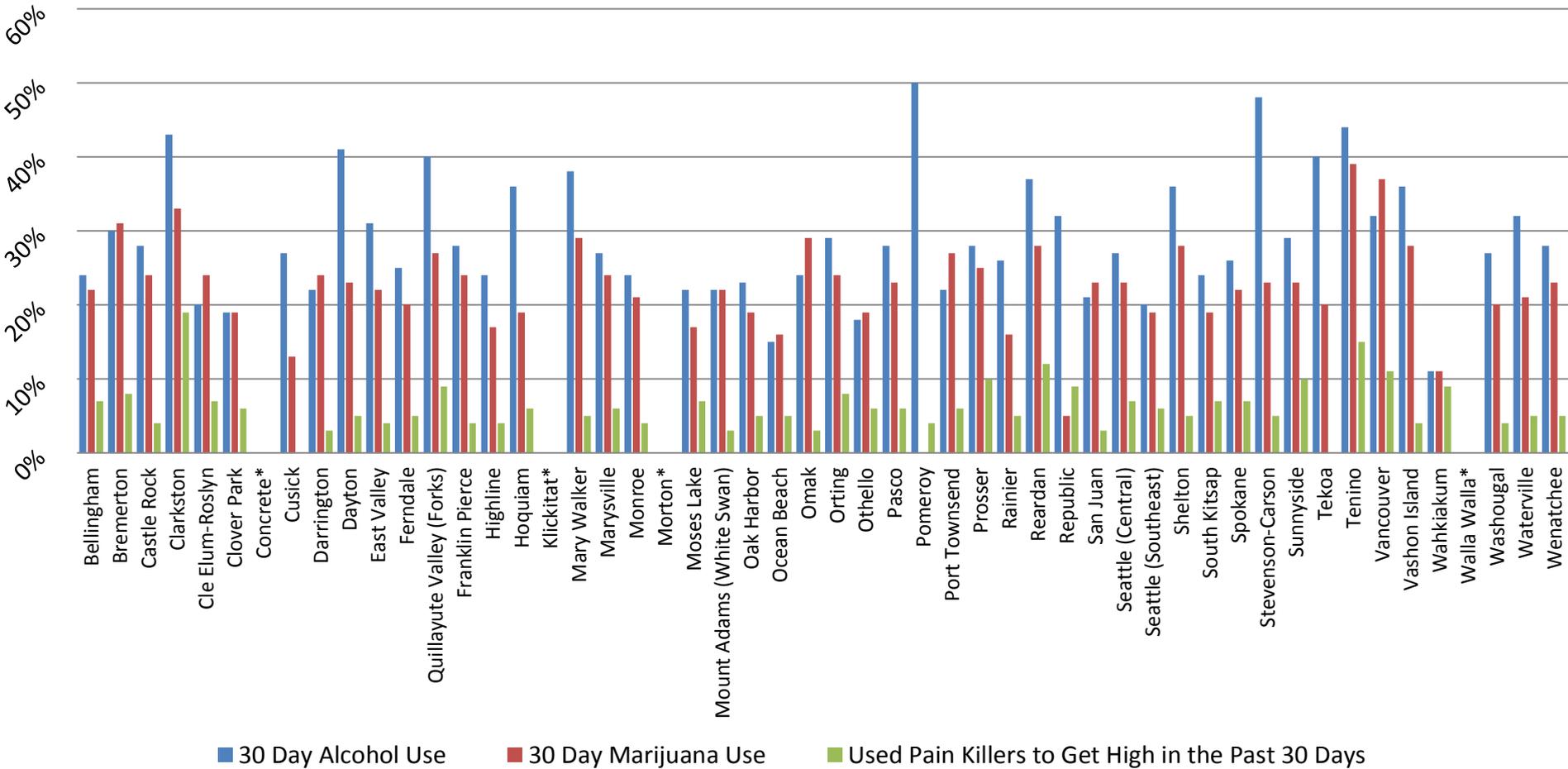
Notes: * Data suppressed because fewer than 15 surveys were returned or response rate was lower than 40%.
DATA SOURCE: Washington State Healthy Youth Survey, 2012

Racial or Ethnic Minority Children

as a Percentage of All Children Ages 0 to 17 by School District, 2011

LEGEND

Minority children, percent

- 80% - 94%
- 60% - 79%
- 40% - 59%
- 20% - 39%
- 10% - 19%
- 0% - 9%

- Community Prevention and Wellness Initiative Communities
- COUNTIES
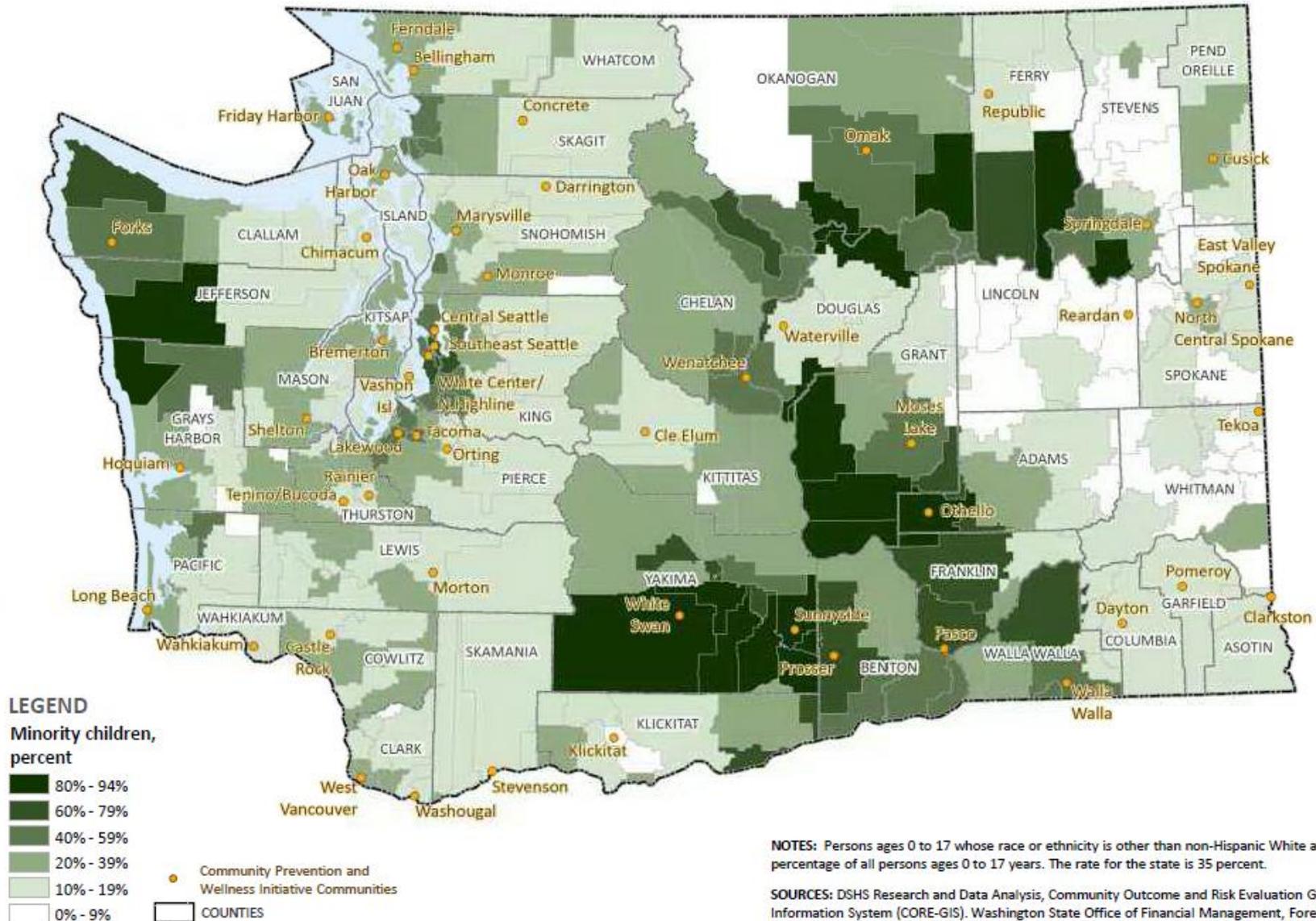
NOTES: Persons ages 0 to 17 whose race or ethnicity is other than non-Hispanic White as a percentage of all persons ages 0 to 17 years. The rate for the state is 35 percent.

SOURCES: DSHS Research and Data Analysis, Community Outcome and Risk Evaluation Geographic Information System (CORE-GIS). Washington State Office of Financial Management, Forecasting Division (2013, March). 2011 Estimates of Age, Sex, Race and Hispanic Origin by 2010 Census Block.

CONTACT: Irina Sharkova, DSHS/RDA/PRES, irina.sharkova@dshs.wa.gov, 360-902-0743.

Community Prevention
& Wellness Initiative

Workforce Training & Development

- Annual training opportunities
  - Prevention Summit
  - Summer Coalition Leadership Institute
  - Washington Substance Abuse Prevention Skills Training (SAPST)
- Special topic webinars
- Monthly Learning Community Meetings
- E-learning on www.TheAthenaForum.org
- Ongoing DBHR staff support to communities

Community Prevention
& Wellness Initiative

Strategic Planning Process

- Congratulations! All Comprehensive Strategic Action Plans Completed

Statewide Logic Model Commonalities – All Cohorts

Long-Term Outcome: Consequences	Behavioral Health Problems (Consumption)	Intervening Variables (Risk/Protective Factors)	Local Conditions and Contributing Factors	Strategies & Local Implementation	Evaluation Plan
These problems…	*These types of problems…*				*…and we will use these tools to measure our impact…*

Long-Term Outcome: Consequences

These problems…

School performance
47- Coalitions

Youth Delinquency
52 - Coalitions (All)

Mental Health
45 Coalitions

Suicide
13 Coalitions

Other (Injury, Illness and Death
2 coalitions

Behavioral Health Problems (Consumption)

These types of problems…

Any Underage Drinking
52 Coalitions (All)

Underage Problem and Heavy Drinking
43 Coalitions

Marijuana Use
26 Coalitions

Tobacco Use
12 Coalitions

Prescription Use
11 Coalitions

Other Drug Use
7 Coalitions

Mental Health Concerns
6 Coalitions

Depression
39 Coalitions

Other Behavioral Health Concerns
5 Coalitions

Intervening Variables (Risk/Protective Factors)

Community Disorganization/ Community Connectedness
52 Coalitions (ALL)
Community Bonding, Healthy Beliefs and Clear Standards -8

Alcohol Availability:
Social Access 43 Coalitions
Retail 11 Coalitions
Promotion of Alcohol -10
Alcohol Laws:
Enforcement; Penalties; Regulations -19
Community Laws and norms are favorable toward drug use -25

Family Domain -58
Poor Family Management
41 Coalitions
Parental Favorable Attitudes / Drug Use -4

School Domain -22
Low Commitment to School -14
Academic Failure Beginning Late Elementary School -3
Individual Domain -123
Favorable Attitudes -42
Low Perception of Harm -13
Early Initiation of Use -18
Friends Who Engage in the Problem Behavior -19

Local Conditions and Contributing Factors

Community lacks formal structure for focus on ATOD prevention-11
Limited opportunities for prosocial activities in the community-7

Youth obtain alcohol from adult family members & parents & they get alcohol from home or on special occasions -9

Alcohol & other drugs are prevalent at community events & home
Substances are easily accessible at home -9

Underage drinking laws inconsistently enforced -11
Youth don't believe they'll get caught by law enforcement – 6
Lack of law enforcement presence -4

Low Commitment to School
10th grade reports show high % of youth skipping school -2

Youth & adults do not believe that drinking is harmful dangerous / risky-19
Community doesn't view drinking as wrong or believe drinking is "normal" -2

Need more opportunities in school & family to be involved and rewarded - 5

Family Management
Limited edu. for families-12
Lack of effective communication -9
Lack clear & consistent rules - 10

Strategies & Local Implementation

Community engagement/ Coalition development:
All Coalitions

Public Awareness: 48
Social Norms Campaign -15
Let's Draw the Line -10
Information Dissemination -31
ATOD Laws/Dangers -6
Town Hall Meetings – All
Media Web, Print, Newsletters, Calendars, Resource Guides – 15 or All

Enviro. Strategies: 174
Retailer Education -9
Media Education -3
Policy/Comm. Norms -47
Enforcement Roundtable-19
Let's Draw the Line -10
Increase Visibility of Enforcement -11
Compliance Checks -4
Social Host Ordinance -11
Drug Take Back -4

School-based P/I Services:
Project SUCCESS
All Coalitions

Direct Services - 263
Strengthening Families -20
Parenting Wisely -12
Guiding Good Choices -10
Parenting Education Classes -11
Love and Logic -2
Life Skills Training -17
Big Brothers/Big Sisters -8
Second Step -9
Project Alert -5
Incredible Years -4
Project Northland -3
Teacher Training -2
Prosocial Activities -18

Evaluation Plan

…and we will use these tools to measure our impact…

Community engagement/ Coalition development:
Annual Coalition Survey
Sustainability Documentation
State Wide Reporting

Public Awareness:
Process measures
Community Survey
# of Impressions

Environmental Strategies:
Process measures Annual Community Survey
Biennium HYS

Prevention/ Intervention Services:
pre/post

Direct Services:
Assigned Program pre/post and process measures; HYS

21

Community Prevention
& Wellness Initiative

Sector Requirements

- Minimum: 8 out of 12 Drug-Free Community sectors represented

  - Plus encouraged chemical dependency treatment and mental health service representative.

- *Benchmark:* All 12 sectors be represented with different people for each sector, and will include chemical dependency treatment, mental health, and primary health care providers.

Community Prevention & Wellness Initiative

2014 CPWI Sector Representation:
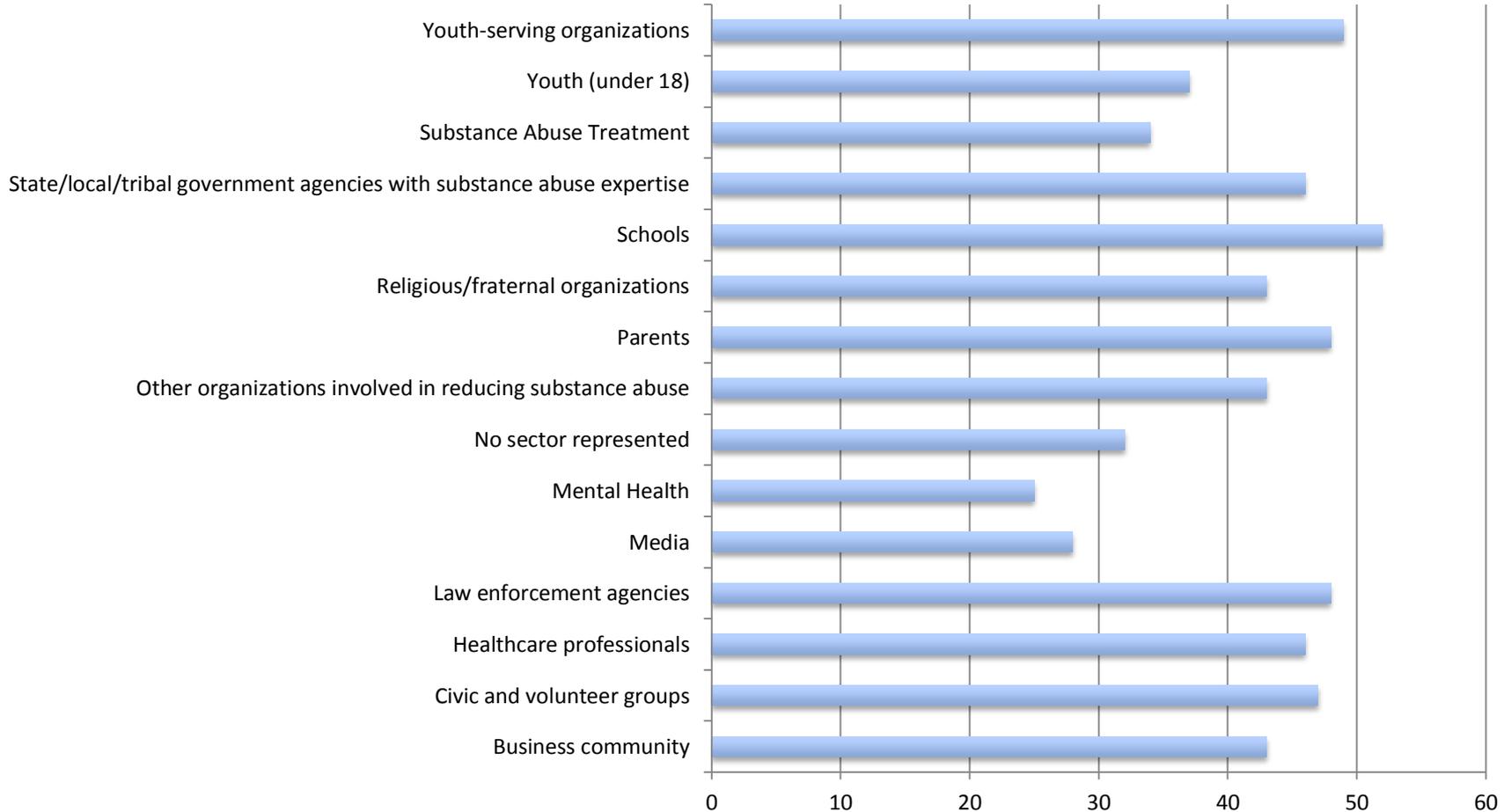
Data source PBPS, report generated 10/14/2014

Implementing Evidence-based Programs and Practices
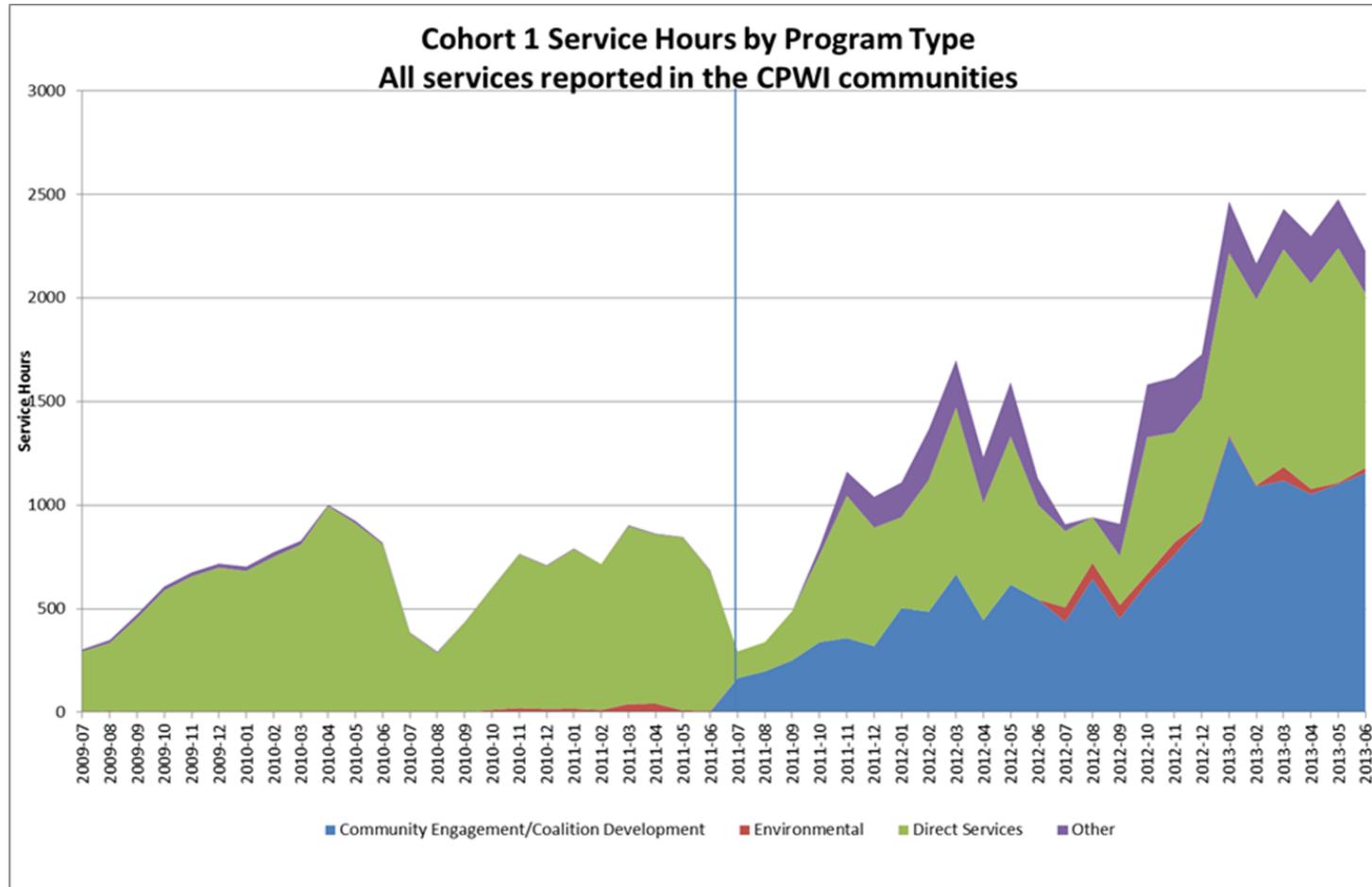
- Implement environmental, public awareness, direct service, and capacity building strategies (community).

  - *Benchmark:* Identified communities will invest in capacity building activities, a minimum of two environmental strategies per year, one public awareness campaign relating to a priority drug issue in their community, and multiple direct service evidence-based approaches.

Direct Services

- Evidence Based Programs
  - Tailored to Community Risk/Protective Factors
- Monthly data tracking and reporting
- Programs evaluated monthly
  - Performance Improvement Planning for under performing program
  - Programs proven to be ineffective are not approved for continuance

CPWI Focused Implementation of Services to Reduce Local Risk Factors

Community Prevention
& Wellness Initiative

Cohort 1 Service Hours by Program Type
All services reported in the CPWI communities

Community Prevention
& Wellness Initiative

Requirements

- A minimum of 60% of programs/practices/policies must be evidence-based per contract requirements.

- CSAP Principles of Effective Prevention for all programs.

  - *Benchmark:* 75% of program groups of programs/practices/policies be evidence-based, from the Washington State specified list.

- *State Strategic Plan Goal:* 82% of participants will be in evidence-based programs/practices/polices from the Washington State specified list.

CPWI Results SFY 2014

- 134 programs implemented

- 30,125 unduplicated participants

- Collectively CPWI Communities implemented 72% EBP Programs

- 92% of the programs implemented showed positive results

Questions???

Project Success – Student Assistance Prevention/Intervention Services Program (SAPISP)

- **Universal prevention activities:** Occupy approximately 20% of specialists' time

- **Selective/Indicated services:** Occupy approximately 80% of specialists' time
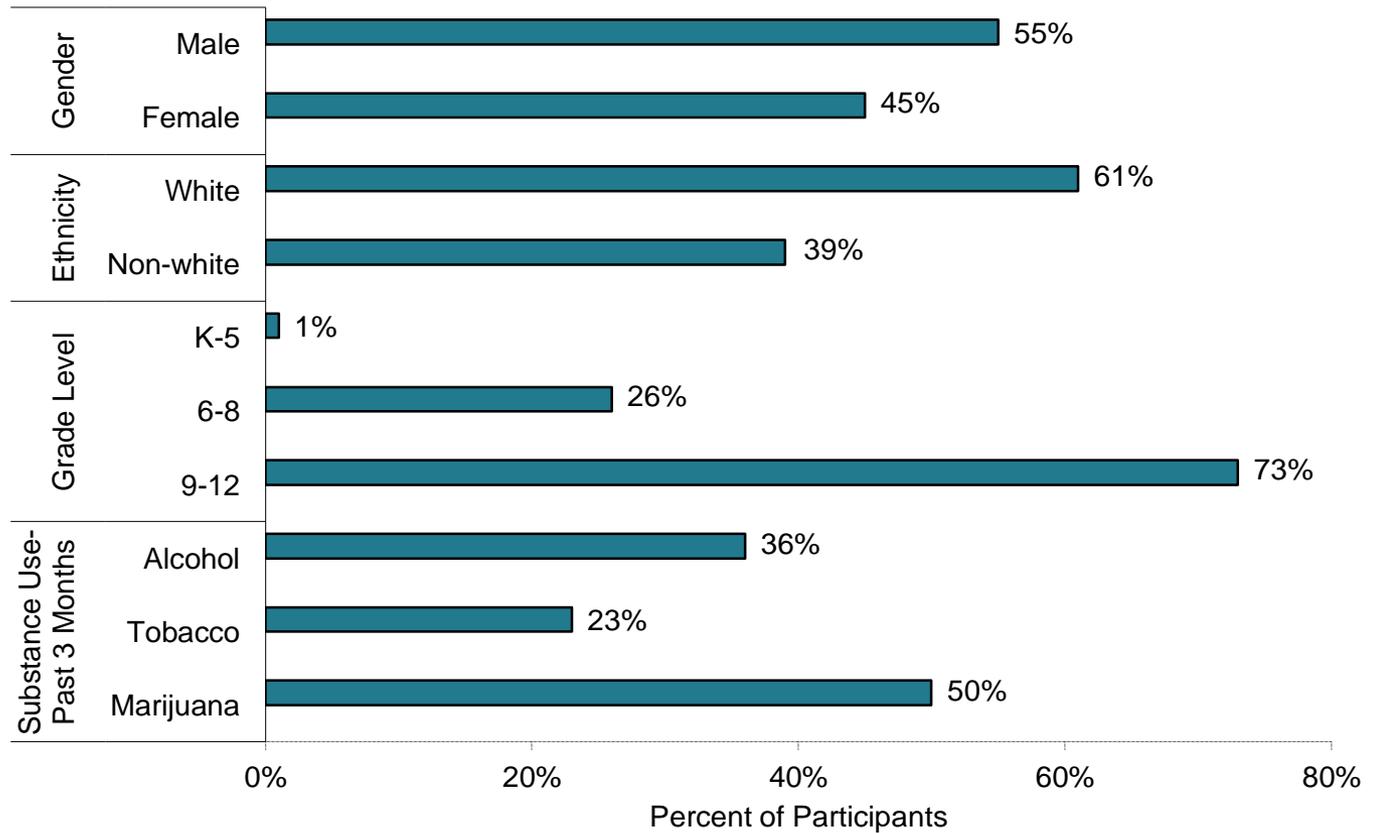
SAPISP Student Outcomes

- Survey data for students with matched pre/post

  - Protective factors
  - Perceived risk of harm in using substances
  - Substance use in the previous 30 days
  - Problem behaviors in the previous three months

- One-year follow-up data on number of classes failed for students served in 2011-2012 (matched baseline/follow-up)

Project Success:
Selective/Indicated Service Overview

	Overall N	CPWI N
Schools	232	60
Specialists	103	39
Participants	6,214	2,069
Average Participants per Specialist	60.3	53.1

Characteristics of Students Provided Selective/Indicated Services

Chart: Percent of Participants

Gender
- Male: 55%
- Female: 45%

Ethnicity
- White: 61%
- Non-white: 39%

Grade Level
- K-5: 1%
- 6-8: 26%
- 9-12: 73%

Substance Use - Past 3 Months
- Alcohol: 36%
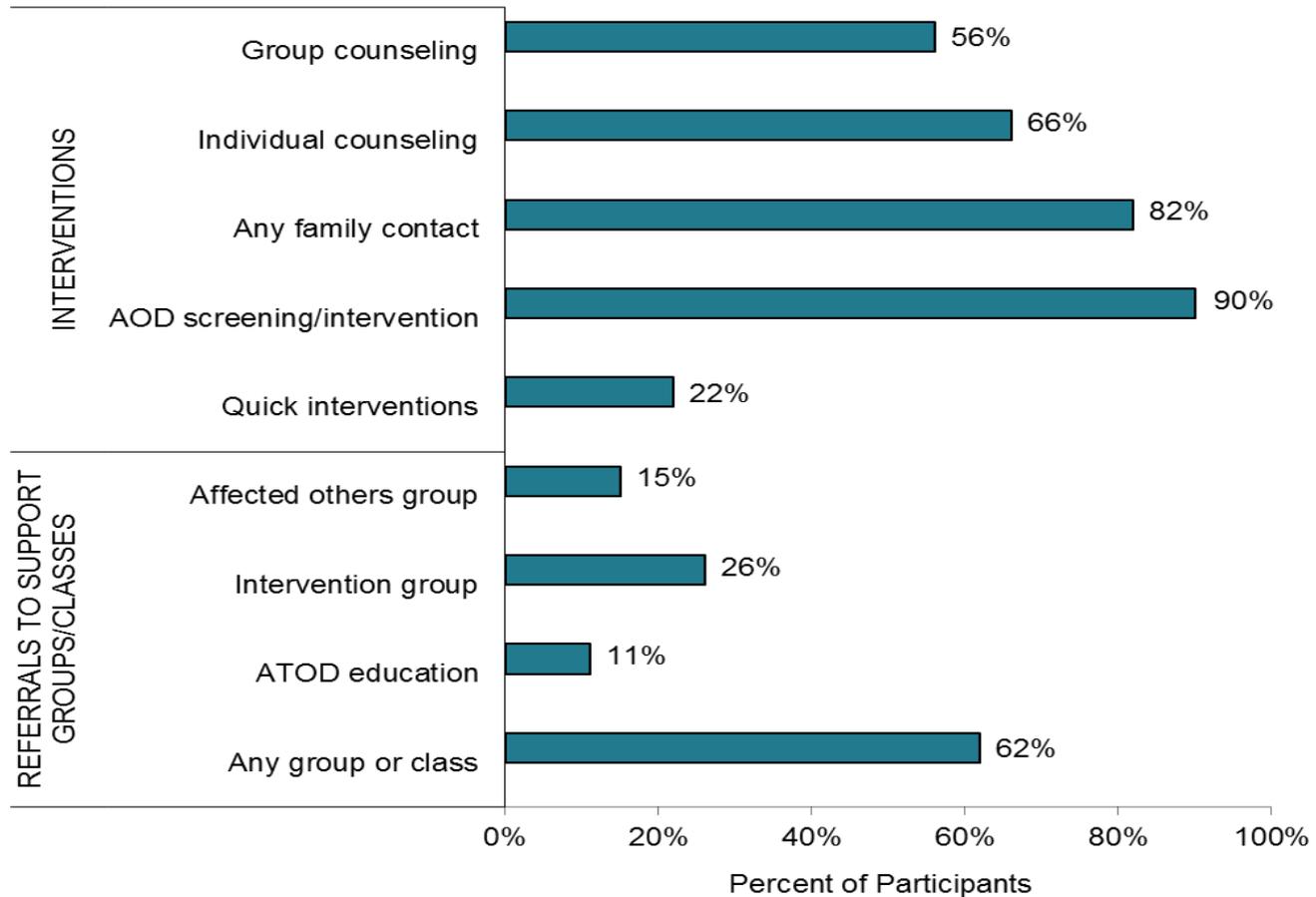- Tobacco: 23%
- Marijuana: 50%

Trends Project Success PI Intervention:
30–Day Substance Use Reduction with Intervention Across Substances
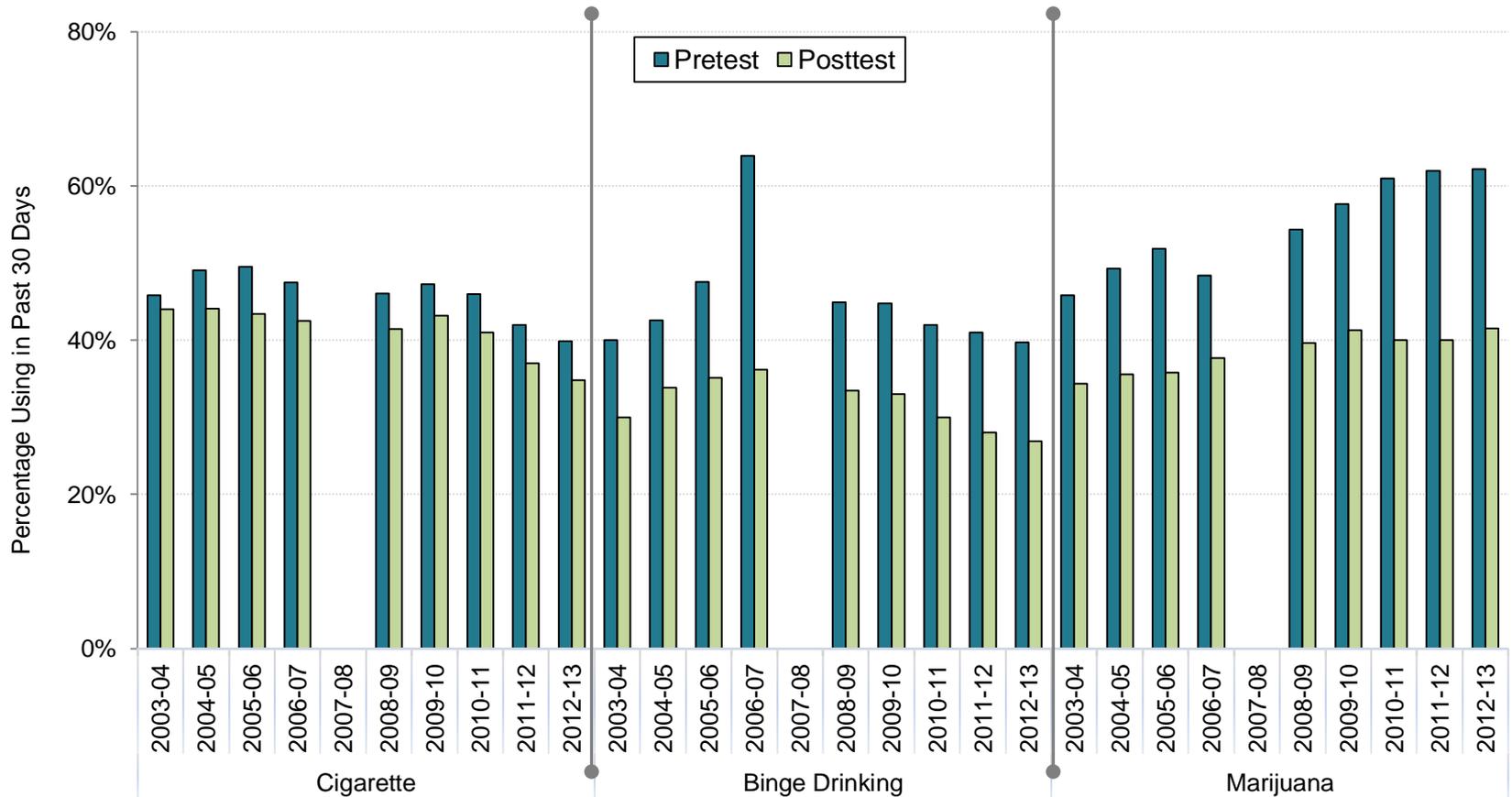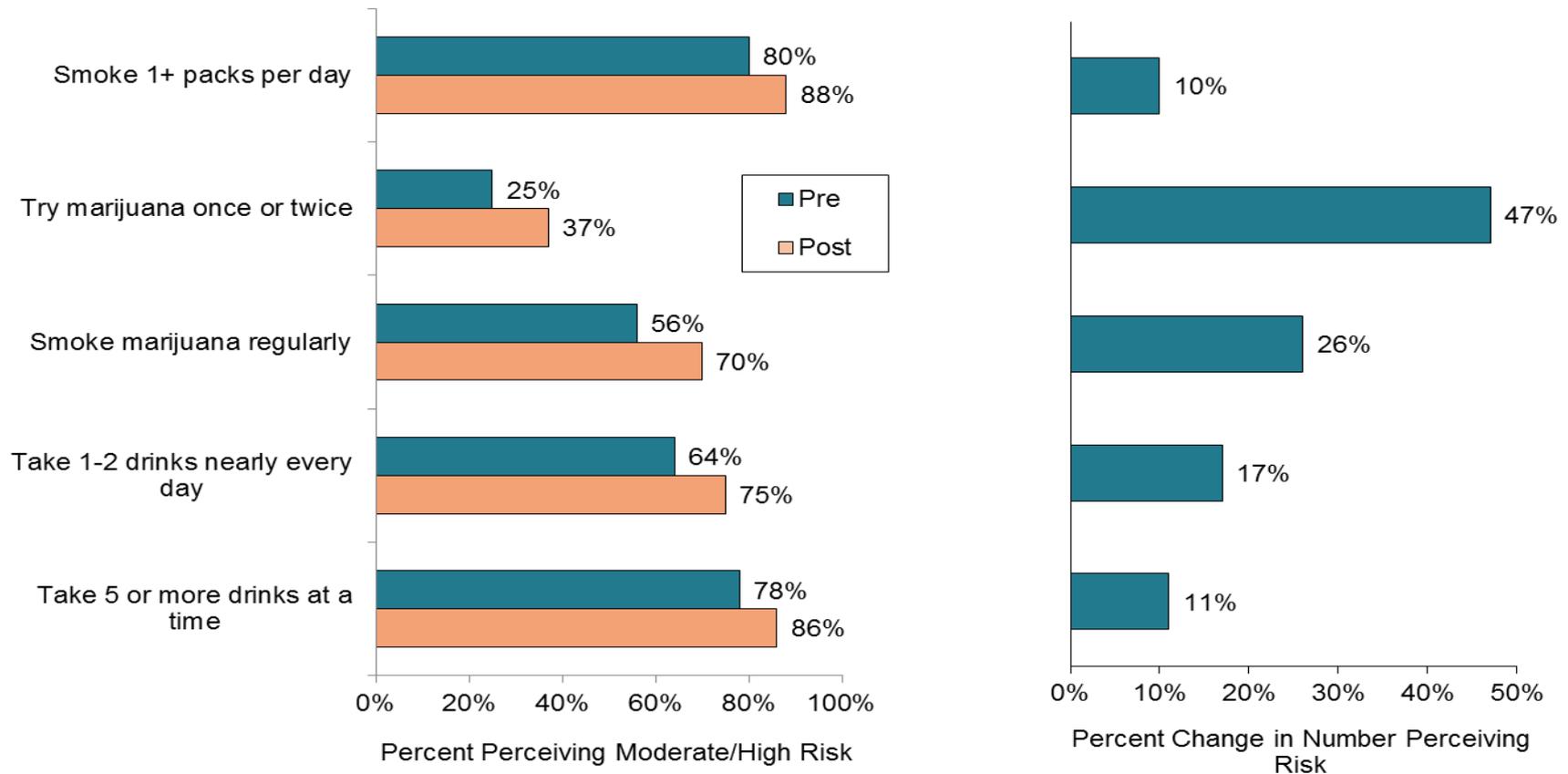

Note. Pre/Post reported for SAPISP students with a substance use reduction goal.

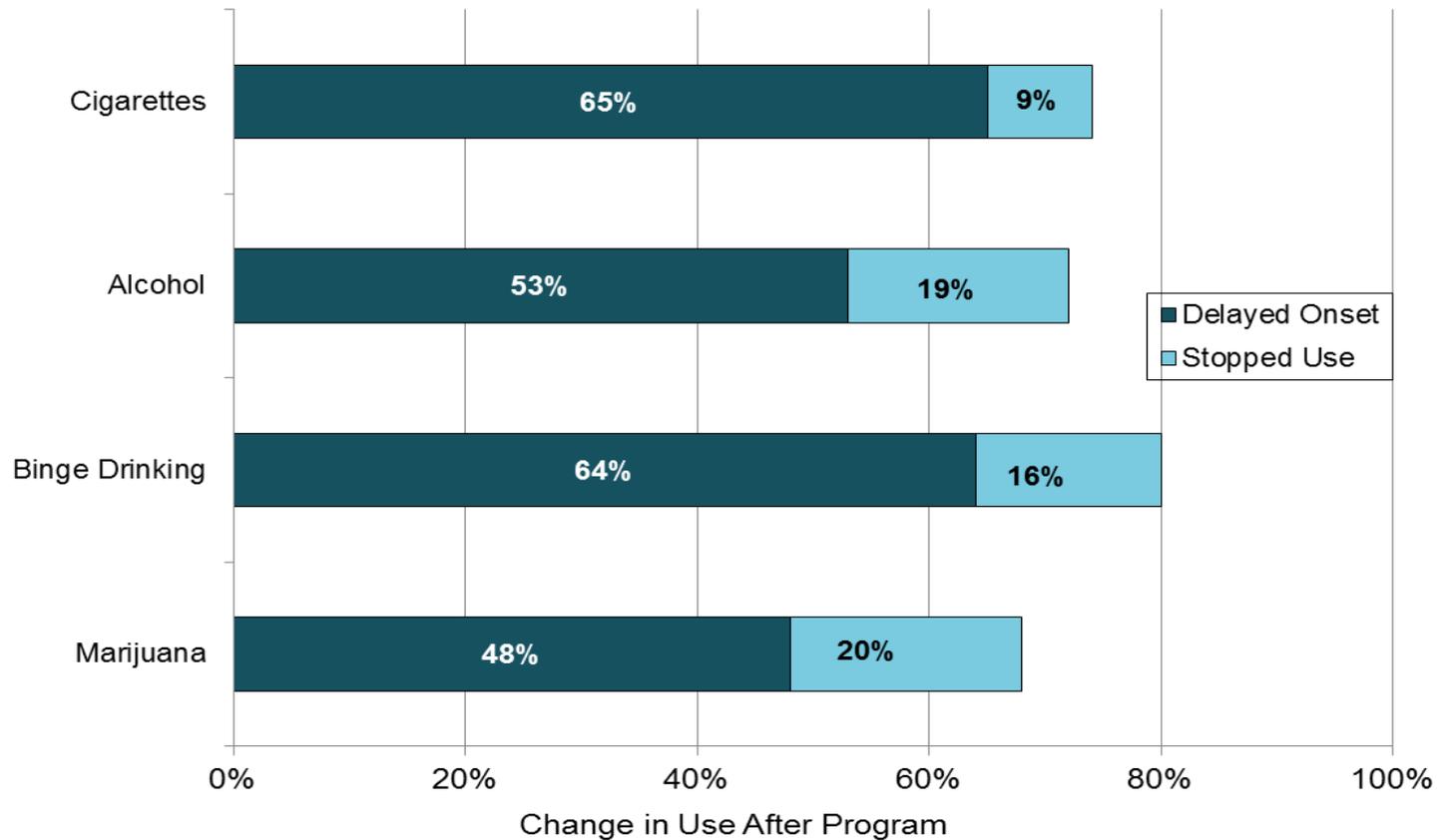# Project Success: Services Received

Students with substance use intervention reported increased perception of risk of substance use

Note. N = 3,206-3,245.

Project Success:
Students Delayed Onset of Substance Use

Students with substance use intervention goal less likely to report 30-day use after program 2012-13

Percent Using in Past 30 Days

	Pre	Post
Cigarettes	40%	35%
Chewing tobacco	14%	12%
Alcohol	50%	35%
Binge drinking	40%	27%
Marijuana	62%	42%

Percent Change in Users

Cigarettes	-12%
Chewing tobacco	-11%
Alcohol	-29%
Binge drinking	-36%
Marijuana	-33%
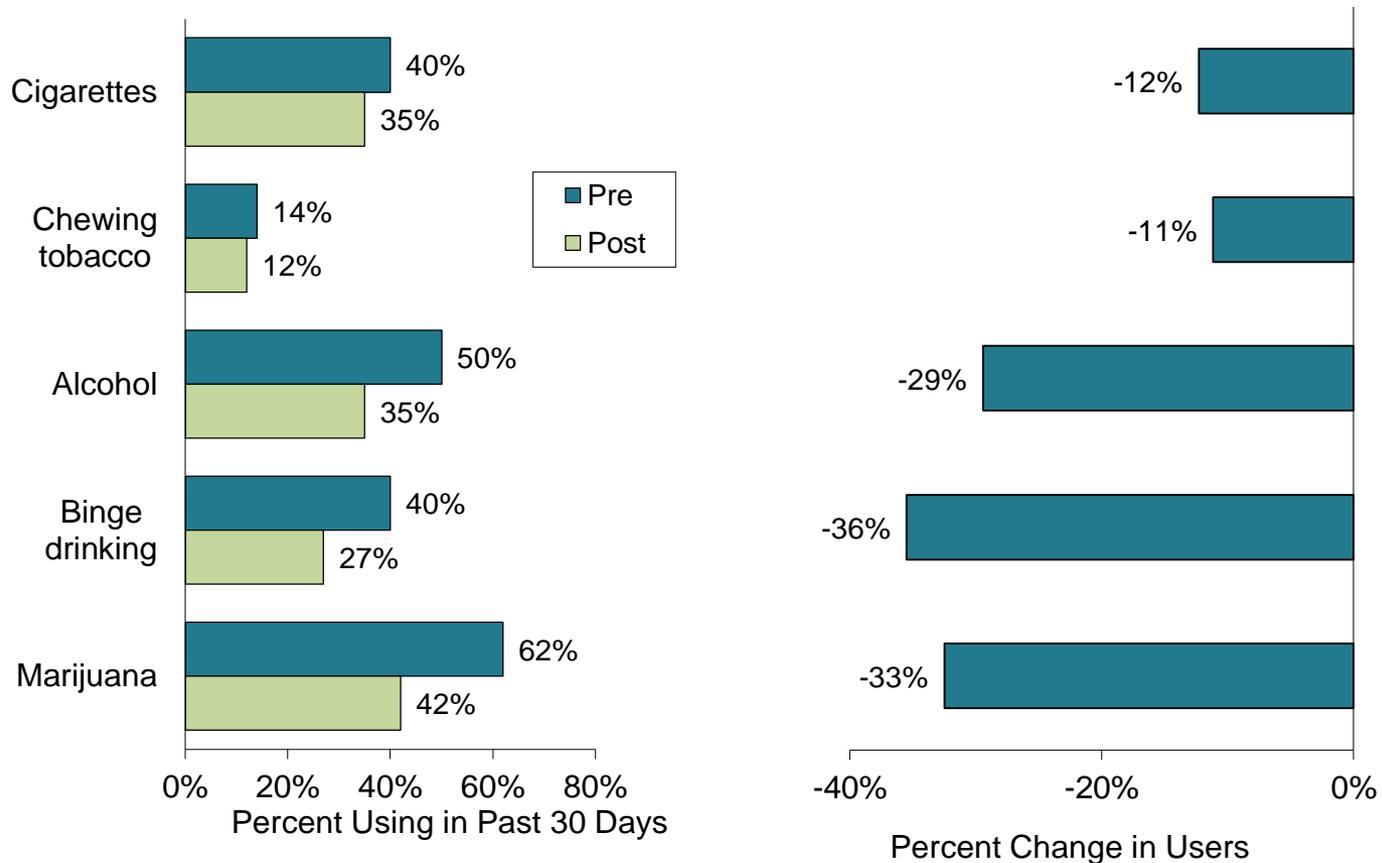
Note. Includes only students with substance use goal. *N* = 2,316-2,337. **RMC Research Corporation 2014**

2012-13
30-Day substance use outcomes Grades 9-12

Left chart — Percent Using in Past 30 Days (Pre/Post)

Substance	Pre	Post
Cigarettes	46%	40%
Alcohol	54%	39%
Binge drinking	44%	30%
Marijuana	63%	45%

Right chart — Percent Change in Users

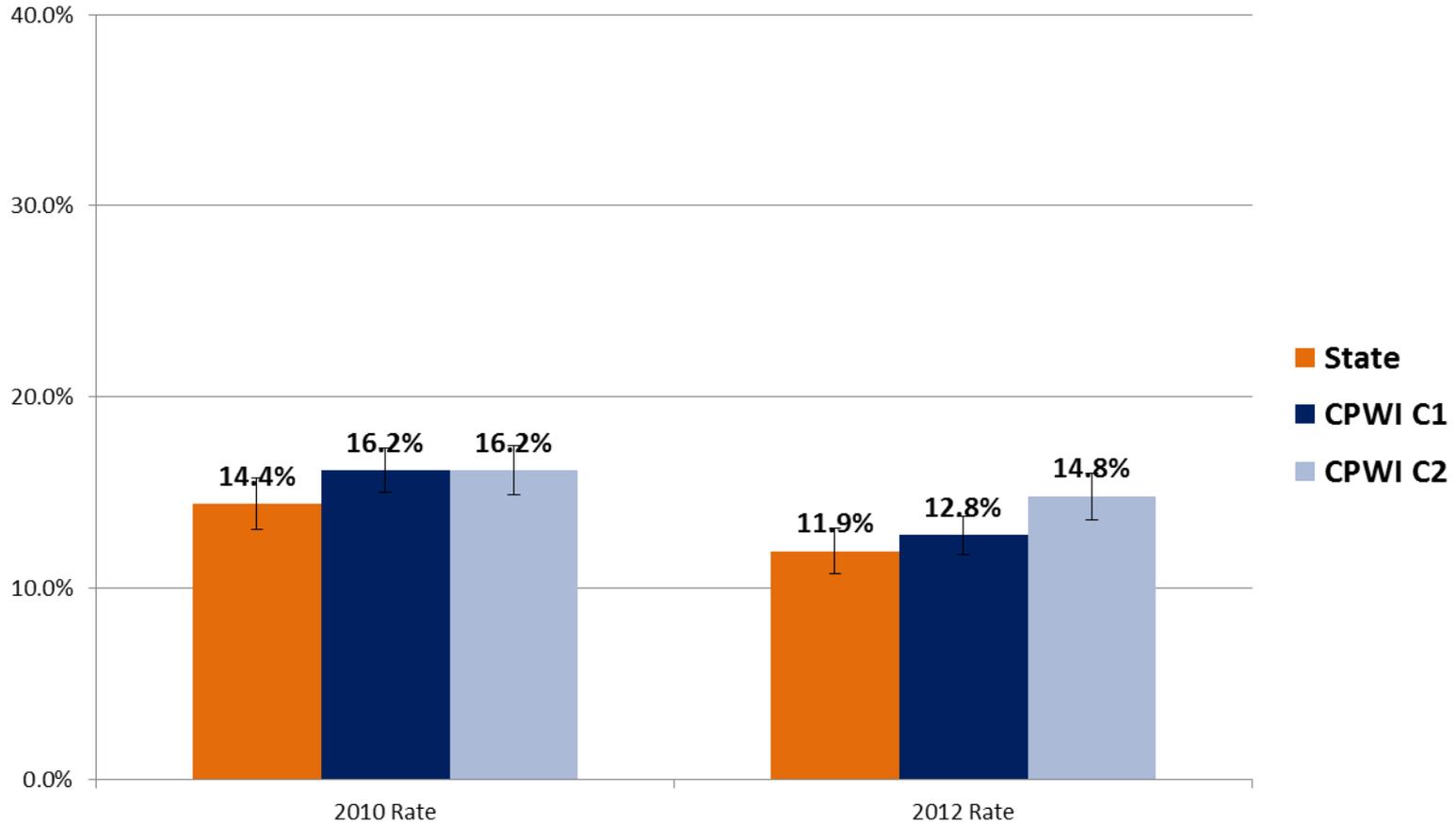| Substance	Change
Cigarettes	-11%
Alcohol	-28%
Binge drinking	-30%
Marijuana	-31%
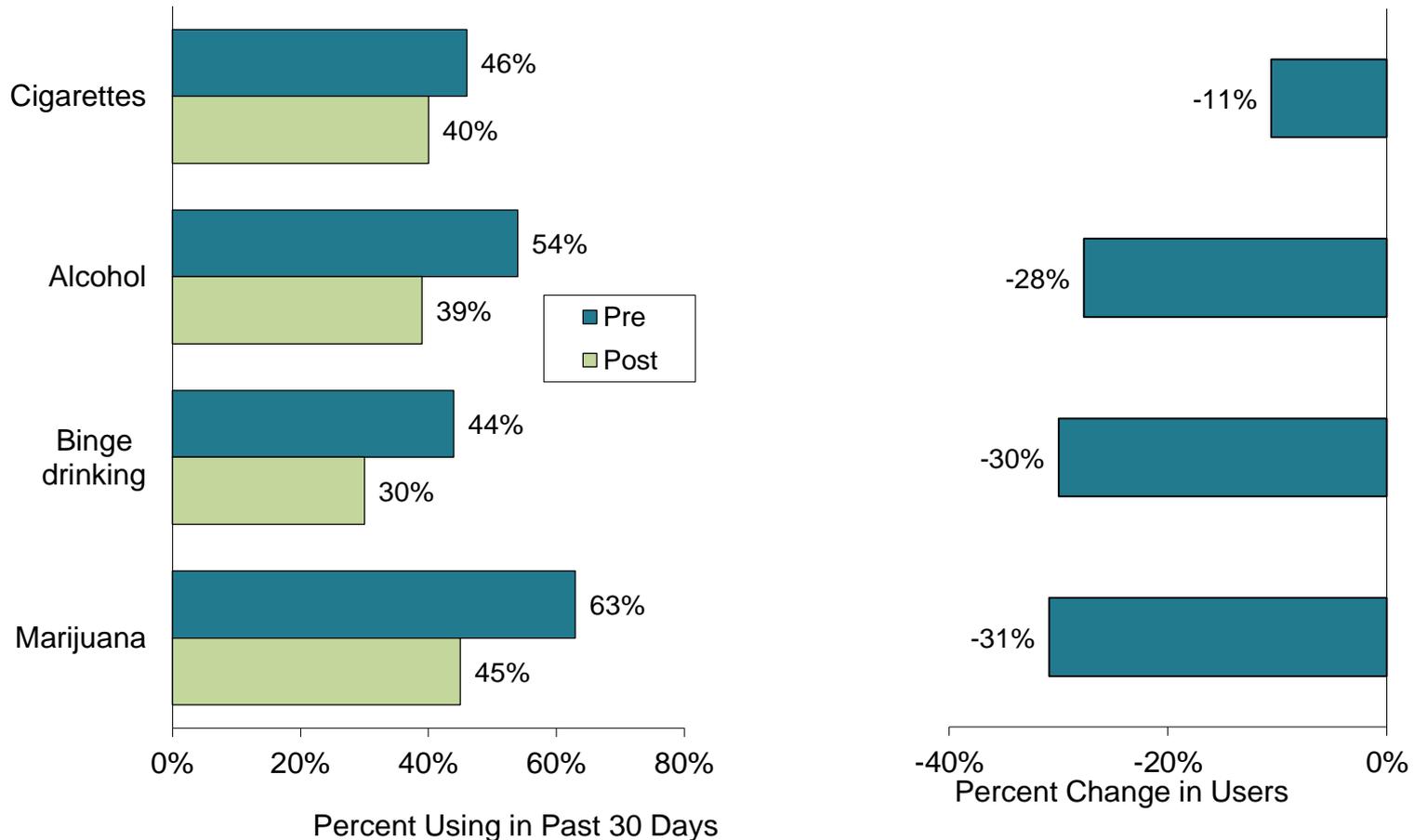
Note. Includes only students with substance use goal. *N* = 1,330-1,380. **RMC Research Corporation 2014**

Questions???

Community Prevention
& Wellness Initiative

Preliminary Evaluation Findings:
8th Grade 30-Day Alcohol Use Reduction 9-21%

Legend:
- State
- CPWI C1
- CPWI C2

2010 Rate: State 14.4%, CPWI C1 16.2%, CPWI C2 16.2%

2012 Rate: State 11.9%, CPWI C1 12.8%, CPWI C2 14.8%

Source: Washington State Healthy Youth Survey, 2010 and 2012
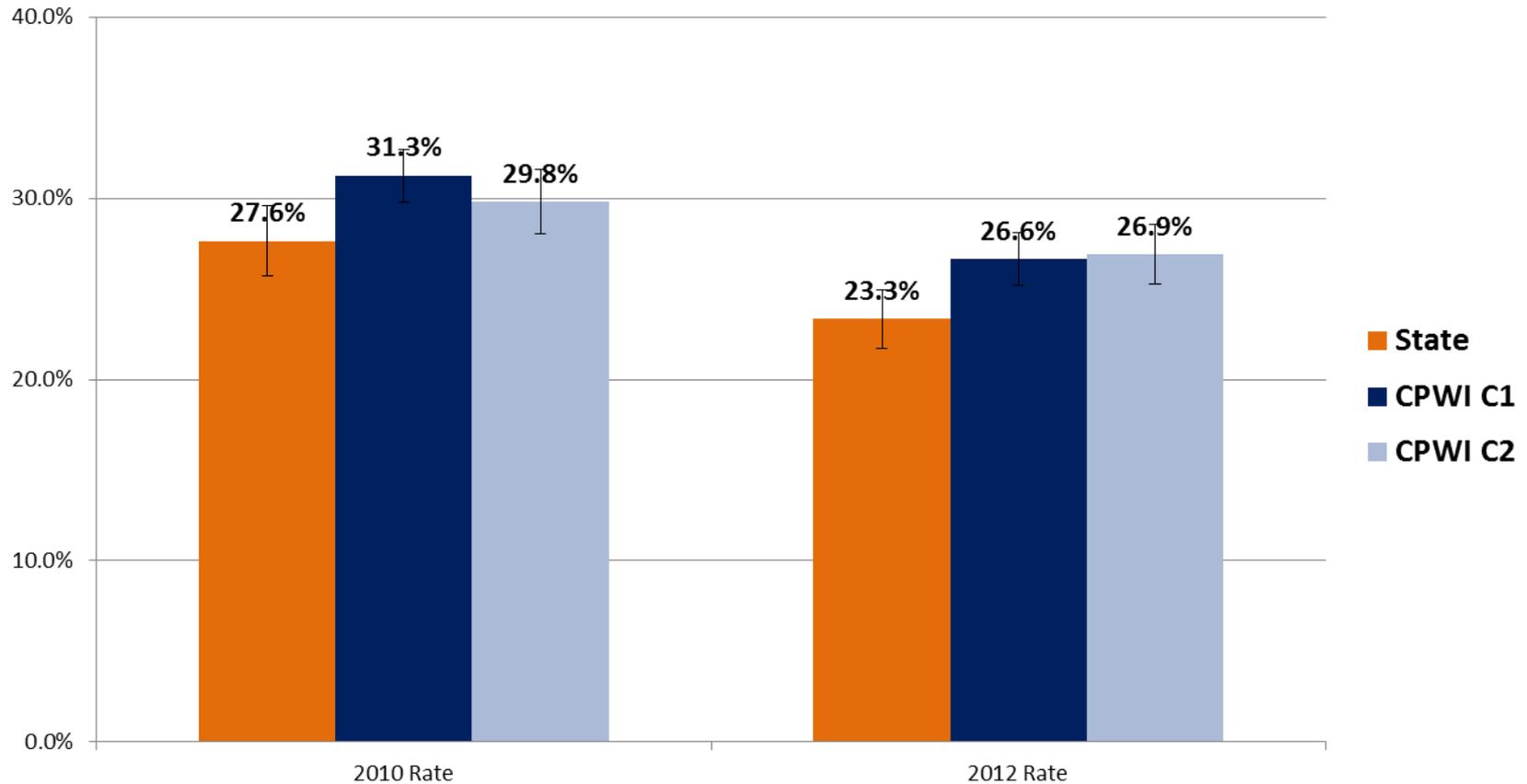
41

Community Prevention
& Wellness Initiative

Preliminary Evaluation Findings:
10th Grade 30-Day Alcohol Use Reduction10-15%

Source: Washington State Healthy Youth Survey, 2010 and 2012

Community Prevention
& Wellness Initiative

Early Evaluation Findings

- Overall - Early analysis looking at CPWI compared to state average we are showing positive results.

  – In 2010, looking at the rate for alcohol were significantly higher than state average in both 8th and 10th grades.

  – In 2012 8th grade rates are no longer significantly different and 10th grade the gap has narrowed.

Early Evaluation Findings

Healthy Youth Survey 2010, 2012	8th Grade		10th Grade	
	2010	**2012**	**2010**	**2012**
State Average	**14.4%**	**11.9%**	**27.6%**	**23.3%**
PRI Cohort 1	16.2%	12.8%	31.3%	26.6%
PRI Cohort 2	16.2%	14.8%	29.8%	26.9%

THANK YOU!

Thank you!

Thank you!

THANK YOU!

Thank you!

Thank you!

Community Prevention
& Wellness Initiative

THE FUTURE?

46

Community Prevention
& Wellness Initiative

Enhancing & Strengthening CPWI

- **Partnerships for Success 2013 (PFS) Grant**

  – Dedicated funding to support State Epidemiological Outcomes Workgroup (SEOW).

  – 85% of remaining funding to support CPWI work and targeted enhancements.

  – 15% of remaining funding to support training and technical assistance at state-level; and required indirect.

Partnerships for Success

- CPWI Community support enhancement

- State-wide evaluation

- Training and technical assistance

- State-wide enhancement projects
  - Workforce development, marijuana prevention, medicine take-back, coalition mentoring and veteran/military outreach

- State-level collaborations and resource support

Mental Health Promotion & Suicide Prevention

- Encouraging use of programs with both substance abuse prevention and mental health promotion outcomes.

- Increase the capacity for delivery of effective mental health promotion and suicide prevention efforts.

- Support one (1) mental health promotion project implementation in each ESD service area.

Community Prevention
& Wellness Initiative

Dedicated Marijuana Funds

- Projected Funding to start in FY16

- Prevention and reduction of substance abuse

  - Enhance and expand CPWI

  - Support tribal prevention programs

- Current efforts to prepare

  - Developing readiness plan

  - Reviewing EBPs

  - Update risk profiles

  - CPWI Evaluation phase 2 & 3

CPWI Sustainability Plan

CPWI provider workgroup

- Renee Tinder, Pierce County

- Renee Hunter, Chelan/Douglas County

- Andi Ervin, Omak Coalition

- Sandy Mathewson, ESD 112

- Dixie Grunenfelder, OSPI

- Joe Fuller, Whatcom County

- Katie Lindstrom, Pacific County

CPWI Sustainability Plan

- Quarterly conference calls

- Action-oriented workgroup agendas
  - Goal: In one year develop proposal for sustainability
  - Developing agreed up on terminology
  - Examining and discussing coalition progress determination
  - Developing ways to measure sustainability

Questions???

Community Prevention
& Wellness Initiative

Resources

- Athena Forum - www.theAthenaForum.org

- DBHR - http://www.dshs.wa.gov/dbhr

- Healthy Youth Survey - www.AskHYS.net

- Start Talking Now – www.starttalkingnow.org