

**Prevention Research Subcommittee Meeting  
June 16<sup>th</sup>, 10:00am – 2:00pm PST  
Washington State**

**Attendees: 24-30 participants**

**WSU:** Brittany Cooper, Stacey Hust, Laura Hill, Clara Hill, Erica Austin, Carrie Carter, Ramona Leber

**UW:** Kevin Haggerty, Blair Brooke-Weiss, Jason Kilmer, Margaret Kuklinski, Jennifer Bailey, Beatriz Carlini, Jennifer Duckworth (not present, teaching during this time)

**WSU, Spokane, College of Medicine:** Michael McDonnell

**HCA DBHR:** Sarah Mariani, Alicia Hughes, Sandy Salivaras-Bodner, Jennifer Hogge, Tyler Watson, Becky Daughtry, Christine Steele, Lauren Bendall, Jared Langton, Emma Neller

**DBHR-WSU Fellows:** Emma Neller, Sabrina DiGennaro, Samantha Pangligan

**DSHS RDA:** Barb Lucenco (won't join this time, teaching), Irina Sharkova, Grace Hong

**DOH:** Trevor Christensen (don't think he was here)

**WA LCB:** Sara Cooley Broschart, Trecia Ehrlich (not today, either one. Sarah on maternity leave)

**WISPP:** Eva Westly (not today)

**Seattle Children's:** Liz Wilhelm

**KC BHRD:** Margaret Soukup, Erin James

**KC HHS:** Christine Dunn

**KC Community and Human Services:** Spencer Hensely

**OSPI:** Emily Maughan

**Snohomish County Human Services:** Eric Harrison – don't think he was here

**NW-MHTTC:** Christina N Clayton

**Facilitated by** Kevin Haggerty and Brittany Cooper

Share recording with viewers:

<https://washington.zoom.us/rec/share/XjkQXCtPDFuL4OH7Ri34jhtSANuhmv8CEYfz0zPkaMkkhf-VpLEgpnvzRSAb9t1.QFbIZcsOHzrmb8Nn>

Agenda Item	Discussion	Implications/Action	Responsible Party
<b>Entry</b>	<p>As we joined the meeting, the invitation came to jot down one resilience practice you've been using lately. Here are some of the answers for your refreshment: THANK YOU EVERYONE!</p> <ul style="list-style-type: none"> <li>• Quilting like a fiend</li> <li>• Walking – by the river, in the woods...</li> <li>• Short mindful practices as start to a faculty writing group</li> <li>• Walking my dog – every morning and evening</li> <li>• Deep breaths of fresh air!</li> <li>• Allowing gentle pauses throughout the day</li> <li>• Long bicycle rides</li> <li>• Yoga</li> <li>• Swimming regularly</li> <li>• Playing with my pups</li> <li>• Sewing dresses for my granddaughter</li> <li>• Running with my 11-year-old</li> <li>• Going outside during every workday</li> <li>• Bake with seasonal fruits</li> <li>• Spending time with family</li> <li>• Sewing</li> <li>• Cooking meals and taking boxing classes</li> <li>• Riding my mountain bike</li> <li>• Playing tennis</li> <li>• Helping my son teach English online to Chinese kids</li> <li>• Enrolled in my tribal language course</li> <li>• Climbing</li> </ul>		
<b>Reflections:</b>	<p>The group broke into small groups to talk a bit about 2 questions related to health equity:  What are you currently doing to address issues of health equity in your work?  Given the times we are in, how might we need to pivot or shift our</p>		

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<b>Revised PRSC mission/vision</b>	<p>Brittany shared the most recent version of the PRSC mission/vision:</p> <p>To provide a forum for prevention researchers, policymakers, and practitioners to identify and address emerging and evolving substance use disorder prevention and mental health promotion service &amp; research needs in Washington State by:</p> <ol style="list-style-type: none"> <li>1. Supporting DBHR’s evaluation of prevention services;</li> <li>2. Assisting DBHR in (a) defining the criteria for determining that a service is evidence-based; and (b) establishing a protocol for review and acceptance to a list of evidence-based services;</li> <li>3. Advocating for state funding of evidence-based and other effective prevention services;</li> <li>4. Establishing collaborations to initiate new research and share existing research on substance use disorder prevention and mental health promotion in order to improve DBHR’s prevention services.</li> <li>5. Promoting implementation science through the collaborative knowledge exchange of prevention researchers, DBHR, and other prevention-related state agencies and community organizations.</li> </ol> <p>*Still need to determine how to incorporate concept of social justice, social determinants of health, health disparities, and/or address health equity</p>	<p>Alicia requested we edit the top section and #4 from “misuse” to “substance use disorder prevention”</p>	<p>Brittany</p>
<b>Karina Walters, PhD, Co-Director, Indigenous Wellness Research</b>	<p><b>Yappalli Choctaw Road to Health: Developing a Culturally Derived Substance Use/Obesity Prevention Study</b></p> <p>Our ancestors did not survive the Trail of Tears for us to die of obesity related issues. They survived in order for us to live in love and light.</p>	<p>The presentation was greatly appreciated! Some comments: Thank you so much, Karina. Your presentation was exciting, illuminating, and moving. I learned a lot.</p>	

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<b>Institute (IRWI), UW</b>	<p>How to approach creating a prevention strategy that will work with this community? Worked with collaborators to develop a Choctaw-specific intervention by re-walking the Trail of Tears ourselves. Set a visioning opportunity each morning for the curriculum. Walked 10 days on the trail, same number of miles our ancestors walked each day. Have indigenous knowledges drive the experience. What are our original teachings around medicines, and how to use them? What were our teachings for life and how to value life?</p> <p>Approach: Indigenous communities MUST be in control</p> <ul style="list-style-type: none"> <li>• Indigenizing</li> <li>• Decolonizing – not symbolic, our culture really matters</li> <li>• Revitalizing</li> </ul> <p>Elements of intervention: required a paradigm shift to what is our natural healthy Choctaw way?</p> <ul style="list-style-type: none"> <li>• Growing from our original instructions</li> <li>• Restoring relation</li> <li>• Transforming narrative</li> </ul> <p>Can't just 'add indigenous and stir' to other interventions. The interventions need to be developed from the ground up.</p> <p>See slides for components e.g. Land-based cultural intervention e.g. research principles they created for the project</p> <p>Worked with elders and traditionalists on how to care for themselves while on the trail (e.g. wash with cedar water each night to address chiggers) Knowledge is earned – you will learn it when the time is right, so must prepare to receive it</p>	<p>Thank you for sharing such wonderful hope!</p> <p>I so appreciate a focus on Love and Life.</p>	

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	<p>Importance of experiential – being IN PLACE  How we understand trauma  Shift focus to love; people loved on this trail  Laughter is medicine that was used to heal  When you continue to center the trauma, you continue to center the colonizer</p> <p>Instead of ‘preventing diabetes and substance use’, wanted to “develop Choctaw Health Leaders”</p> <p>Ended up with a 12-week curriculum with monthly booster sessions/meetings which is showing promising initial results.</p>		
<p><b>Oladunni Oluwoye, PhD, CHES, Co-Director Washington State Center of Excellence in Early Psychosis, WSU</b></p>	<p><b>Taking a preventive approach to early psychosis among racial and ethnic minorities</b>  <a href="https://www.newjourneyswashington.org/">https://www.newjourneyswashington.org/</a></p> <p>Coordinated specialty care programs (early intervention) delivered via outpatient mental health clinics  RAISE ETP study (see published paper)  But even at baseline, racial/ethnic minorities had worse outcomes coming into the program. Lower functioning and higher clinical symptoms.</p> <p>Importance of engaging with family members earlier – and what it means for Black individuals. Those who had family engagement prior to coming into a program had better quality of life 2 year later after program.</p> <p>Used large data set (RAISE-ETP study), looked and racial/ethnic disparities. See slides</p>	<p>See Dr. Oluwoye’s slides for more information</p> <p>This presentation was also greatly appreciated!</p> <p>Becky Daughtry (she/her) wrote: Any questions about New Journeys Coordinated Specialty Care for First Episode Psychosis please do not hesitate to reach out:  rebecca.daughtry@hca.wa.gov or website:  <a href="https://www.newjourneyswashington.org/">https://www.newjourneyswashington.org/</a></p>	

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	<p>HCA has funded New Journeys – their version of coordinated specialty care, with map showing sites.</p> <p>See Dr. Oluwoye’s paper about family engagement. Finding that it’s essential to have the ability to be flexible with type of treatment delivered. E.g., more phone calls and fewer in-person meetings for Black patients. Consider how to deliver interventions/services to reduce barriers. Phone can work!</p> <p>Prevention efforts: catching folks earlier in order to reduce <i>length</i> of untreated psychosis (not really preventing psychosis itself)</p> <p>Next steps:</p> <ul style="list-style-type: none"> <li>• New Journeys website as resource for families and care givers</li> <li>• Allows individuals to request a referral</li> <li>• Managers provide referrals to appropriate services (limits individuals’ troubles finding appropriate care)</li> <li>• Outreach/dissemination includes materials in 7 different languages</li> </ul> <p>It’s important to provide culturally informed care and use cultural assessment tools, e.g. cultural formulation assessment tool.</p> <p>Peer support specialists are important – someone who looks like the patient can create better engagement/access. Family support specialists. Providing rapport and engagement between individuals is crucial.</p>		
<p><b>Bia Carlini</b>  <b>Report from</b>  <b>High Potency</b></p>	<p><b>Cannabis Concentration and Health Risks – Report to the Committee</b></p>	<p>See Bia’s slides and report</p> <p>Check with Eva Westley at WSIPP about CUD and economic costs?</p>	<p>Bia &amp; sub-committee</p>

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<b>Cannabis workgroup</b>	<p>Bia has pulled together a small workgroup to discuss this; have had 2 meetings. See Bia’s slides and report provided prior to this meeting.</p> <p><b>Discussion</b>  Carrie Cuttler: term ‘marijuana’ relates to health equity. Term introduced by Federal Govt to link the drug to Mexican culture. Used in an intentional stigmatizing manner to connect it to Mexican community. Suggests using the term, ‘cannabis’ instead. The criminalization for cannabis is steeped in racism; using the drug as an easy way for police to be able to arrest POC. Even ‘weed’ and ‘pot’ are less stigmatizing of Mexicans.</p> <p>Mike echoes this! And, changing the terminology to cannabis will be a work in progress – official legislation uses the term, marijuana.</p> <p>Kevin – push away from calling it ‘recreational’, rather ‘retail’ cannabis.</p> <p>Dunni question: do we change the term when speaking with different populations, e.g. youth, for greater resonance and impact?</p> <ul style="list-style-type: none"> <li>• Sarah M: yes, working with the Young Adult Workgroup to find appropriate language. What can we use that makes sense AND doesn’t confuse people?</li> <li>• May continue to use ‘marijuana’ because it’s understood, and also use the term cannabis as educational efforts.</li> <li>• Industry likes calling it cannabis because it sounds safer.</li> <li>• DOH has been working on this</li> </ul> <p><b>Next steps:</b></p> <ul style="list-style-type: none"> <li>• Disseminate this report</li> </ul>	<p>Michael McDonell interested in partnering on economic impacts. They are working with RDA already to get utilization data, which could be used to estimate costs.</p> <p>Sarah M will make info from focus groups about marijuana terminology available</p> <p>NWPTTC will host a series on cannabis and relaxed alcohol laws education/advocacy led by Mary Segawa and Julia Dilly, Activating Communities for Change. November 10,12,17 and 19.</p> <ul style="list-style-type: none"> <li>• Brittany asks if this webinar can highlight/integrate this consensus statement?</li> </ul> <p>As researchers, Stacey Hust asks if you are publishing manuscripts that use the term, ‘marijuana’, because it is the term used in the data, do you add a note acknowledging the negative connotations associated with the term or do you replace the term with cannabis?</p> <p>Set up off-line call to work out what type of testimony this group of researchers can do. E.g. WSU likes</p>	

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	<ul style="list-style-type: none"> <li>• Create an executive summary and infographic, slide decks easy to use to present findings to non-scientific community</li> <li>• Kevin: how to educate our communities now so they can be prepared as we move into next legislative session? See PTTC resource.</li> </ul> <p><b>Legislative briefing/conversation?</b> Sarah M: yes, and depends on our goal. Promote message among friends only? Trying to move pro-industry folks to new position?</p> <p>Sarah M: HCA is working to create a policy paper. Will need this consensus info to help explain, back up and support a strong agency statement. May need to reach out to this group.</p> <p>LCB next first step? Blair didn't get this. Sarah Broschart. There is a potency work session in House Commerce committee. Can work with Rick (who is this?) to set up meetings with key members.</p>	<p>staff to participate in work sessions to help create bills, rather than legislative sessions, and has a list of priorities for legislation. Can be invited to work sessions – how to get that to happen?</p> <p>Kevin: we are hearing consistently that our legislators are not hearing from the prevention field.</p> <p>Liz Wilhelm willing to a) host a webinar to share this report, and b) lean in for WASAVP on connecting with strategic legislators.</p> <p>THANK YOU TO SUBCOMMITTEE MEMBERS WHO DID ALL THIS WORK TO CREATE THE CONSENSUS STATEMENT! AND TO BIA TO GET THE GROUP TOGETHER TO GET TO THIS PLACE!</p> <p>Kevin follow up with LCD workgroup??</p>	
<p><b>Round Robin</b> Intent: give folks a quick summary/snippet in your substance abuse prevention life that others may be interested in knowing.</p>			
(23 folks in attendance for	Brittany:	Liz share the M-VAPE tool	



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this part of the meeting)	<p>NWPTTC currently facilitating Prevention Leadership Academy w 100 participants throughout Region X</p> <ul style="list-style-type: none"> <li>• Adapting SFP to virtual world, integrating new info on opioids and cannabis. Doing focus groups. And getting ready to recruit caregivers who have been thru the program to get their input on how to do these adaptations.</li> </ul> <p>Laura Hill:</p> <ul style="list-style-type: none"> <li>• Partnership w DBHR on Fellowship Program</li> <li>• Thanks to Jason who is their very favorite presenter!</li> <li>• Thanks to DBHR and Alicia who has found funding for another 2 cohorts, in addition to 5 cohorts already</li> </ul> <p>Carrie Cutter:</p> <ul style="list-style-type: none"> <li>• Chronic and acute effects of cannabis on symptoms of ADHD and executive function.</li> <li>• A lot of folks with ADHD use cannabis. Many say that acute cannabis intoxication reduces their symptoms! So giving folks w ADHD a battery of executive function both when sober and after smoking a joint.</li> </ul> <p>Nephi:</p> <ul style="list-style-type: none"> <li>• NIH grant to study THC consumption in adolescent mice. Following oral consumption using Jell-O shots w THC. Developed a device to monitor how much they are using and with what frequency. Implementing these three schedules with mice to see impact on their brains.</li> <li>• Types of cannabis consumers:  Low: Weekend consumption  Medium: every day in evening  High: 'wake &amp; bake'</li> </ul>		

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	<p>Jason:</p> <ul style="list-style-type: none"> <li>• Analyzing data folks scrambled to collect on perceived norms/actual use during last six months. <i>What's actually happening around substance use during COVID.</i></li> <li>• Already have some papers in press</li> <li>• Can recommend speakers if this group is interested.</li> </ul> <p>Ramona:</p> <p>Not working in research; rather parenting program, SFP virtual delivery. Helping to get it off ground in WA state.</p> <p>Erin:</p> <p>King County DCHS new project. Hired Rescue to do youth fentanyl youth research focused on psychographic peer segmentation who many be using chemicals that may contain fentanyl. Behavior change based on messaging – based on their values, self-perceptions, and their peer groups.</p> <p>Alicia:</p> <ul style="list-style-type: none"> <li>• Hiring for next round of prevention fellows.</li> <li>• Would love to know of openings that might suit graduated fellows.</li> <li>• HYS 2020 postponed. Working on how to follow up. Lots of planning meetings on this.</li> <li>• Nov 3-4 Prevention conference</li> </ul> <p>Irina:</p> <ul style="list-style-type: none"> <li>• Thanks for health equity theme and excellent presenters!</li> <li>• Starting long term planning process for CORE, want to bring in data analysis and decision making that highlights health disparities and social injustice</li> </ul> <p>Dunni:</p>		

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	<p>Working on a grant to NIMH for a family/peer approach and web-based platform to train providers on contingency management.</p> <p>Kevin:</p> <ul style="list-style-type: none"> <li>• We are actively recruiting for a Behavioral Interventionist to join Seattle Children’s Research Institute. This position will support the POST (Preventing Opioids through Successful Transition) Study which aims to prevent youth exiting the juvenile justice system from developing an opioid use disorder by utilizing interventions of varying intensities. This study is funded by the National Institute on Drug Abuse and is anticipated to be conducted over a period of 4 years.  <a href="https://careers-seattlechildrens.icims.com/jobs/36320/behavioral-health-specialist%2c-research/job?mobile=false&amp;width=1623&amp;height=500&amp;bga=true&amp;needsRedirect=false&amp;jan1offset=-480&amp;jun1offset=-420">https://careers-seattlechildrens.icims.com/jobs/36320/behavioral-health-specialist%2c-research/job?mobile=false&amp;width=1623&amp;height=500&amp;bga=true&amp;needsRedirect=false&amp;jan1offset=-480&amp;jun1offset=-420</a></li> <li>• CDC will fund SDRG work with WSU, Liz Wilhelm to understand handgun carrying in rural areas. Suicide in rural areas is high. Models for handgun carrying tend to be focused on urban and criminal use</li> <li>• Juvenile Justice for how to do aftercare for young people leaving institutions on preventing opioid use</li> <li>• Today, finishing first virtual training for GGC facilitators with King County colleagues. Revised the curriculum and going for it.</li> <li>• Received an award from NICHD to look at long term impact of Friends of the Children, Boston, Seattle, Portland and NY. 12-year post mentoring.</li> </ul>		

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	<ul style="list-style-type: none"> <li>Delighted that foster care giver module re sexual orientation/gender is now online through The Alliance; 150 folks have gone thru the curriculum.</li> </ul> <p>Jen Bailey: Finishing a 5-yr study on impact of I502 on cannabis use on young people and their parents. Increases in cannabis use among parents both out and in-state. Found increases in parents' norms favorable to cannabis use. Increased probability of cannabis use in adolescents as compared to pre-I502.</p> <p>Margaret Soukup Not doing research</p> <ul style="list-style-type: none"> <li>Seattle Children's Research Institute are evaluating the school-based SBIRT project in 12 school districts.</li> <li>Doing the COVID pivot.</li> <li>Trying to support school districts to do universal screening even though remote. 3<sup>rd</sup> annual SBIRT institute with the 12 school districts to help them figure out how to provide remote screening include substance use, depression/anxiety and suicide ideation.</li> <li>Seattle Public Schools are taking the lead and getting ready to launch the screening.</li> <li>Screened over 8000 students last year; ½ got brief interventions; 15% received some type of referral. Prevention, promotion and connection.</li> </ul> <p>Liz: Not a researcher.</p> <ul style="list-style-type: none"> <li>Prevention WINS Coalition has been coordinating M-VAPE environmental scan. Opportunity for community members to walk around their neighborhoods to observe behaviors at vape shops and cannabis. Curb-side delivery, walk up</li> </ul>		

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	<p>windows, what has changed during COVID. Have been asking all coalitions around the state to do this. What behaviors changes are happening around our outlets? E.g. cocktails to go, etc.</p> <ul style="list-style-type: none"> <li>• Happy to share the tool!</li> </ul> <p>Christine Steel: If you want to join the Young Adult Workgroup, contact her <a href="mailto:Christine.Steele@hca.wa.gov">Christine.Steele@hca.wa.gov</a> .</p> <p>Emily Maughan: Interested in how school districts are serving their students this school year? <a href="https://tableau.ospi.k12.wa.us/t/Public/views/AESDRe-Opening/Dashboard1?isGuestRedirectFromVizportal=y&amp;embed=y">https://tableau.ospi.k12.wa.us/t/Public/views/AESDRe-Opening/Dashboard1?isGuestRedirectFromVizportal=y&amp;embed=y</a></p>		
<p><b>Next steps</b></p>	<p><b>December meeting topic suggestions:</b> <b>Prevention education/advocacy?</b></p> <ul style="list-style-type: none"> <li>• <b>Mary Segawa on how to advocate for education/advocacy around regulations on cannabis too</b></li> <li>• <b>Julie Peterson on staying current on bills Policy Feed.</b></li> <li>• <b>Sarah Broschart – discussant role/moderator</b></li> <li>• <b>Liz give brief report on findings from M-VAPE environmental scans?</b></li> </ul> <p>Sarah M suggestion on how to identify the people we want to educate/advocate and figure out how to get access.</p> <p><b>Notes from June meeting on possible topics for future presentations (keeping this here for reference)</b></p>	<p><b>Next meeting time/date: Weds, December 2, 2020</b></p> <p>Everyone – let Kevin and Brittany know of other researchers to invite to this group!</p> <p><b>2021 meeting dates proposed:</b></p> <p>3/25 and 6/3 are the best dates at this time, subject to recommendations/ necessary changes made by leadership in the future.</p>	<p>Kevin and Brittany; support from Blair and Patricia</p>

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	<ul style="list-style-type: none"> <li>• COVID and Prevention – Erica Austin on misinformation/media; telehealth; substance use changes</li> <li>• On-going studies related to COVID</li> <li>• Carrie McCarty at Seattle Children’s on changes in adolescent substance use during COVID</li> <li>• Bia: COVID: making cannabis and alcohol more available. Legal substance use during pandemic; mental illness. Market becoming essential business and the impact on use</li> <li>• Sept or Dec meeting thought: prep for upcoming leg. session. Back to points about expanding alcohol policy, being ready to respond to new legislation, what we should be prepared for, research, etc.? Session starts in January. September would be ideal. Want consensus statement ready at that time.</li> </ul> <p>Other ideas</p> <ul style="list-style-type: none"> <li>• Eric – virtual mentoring</li> <li>• I REACH group at WSU – native populations</li> <li>• Foster youth/families</li> <li>• Connecting</li> <li>• Fostering Higher Ed – Amy Salazar</li> <li>• Kym Ahrens – youth coming out of justice system</li> </ul>		