

Who we are

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Objectives

- Understand how prevention professionals, coalition leaders, researchers, local, state, and federal partners can utilize new research findings and outcomes.
- Gain awareness of the scientific approach utilized to review and select programs that are implemented by Community Prevention and Wellness Initiative (CPWI) communities.
- Learn about the implementation of the CPWI as an emerging, science-based model for youth substance use and misuse in high-risk communities, explicitly prioritizing opioid use and misuse.
- Appreciate how and why cultural competency and sustainability efforts are incorporated at every level within the CPWI approach.



Community Services

State SUD Prevention and Mental Health Promotion Services



Context: Washington State

- 7.5 Million Seahawks Fans (people)
- 39 Counties
- State Baseball Team Seattle Mariners
- State Football Team Seattle Seahawks





- 5 Active Volcanos: Mount Saint Helens, Mount Adams, Mount Rainier, Glacier Peak, and Mount Baker
- Forest covers half of our land area



SUD prevention services

- Community Prevention Services Community Prevention Wellness Initiative (CPWI) and Community Based Organizations
- Tribal Prevention Services
- Life Skills Training (Office of Superintendent of Public Instruction)
- Home Visiting (Department of Early Learning)
- Statewide Public Education
- Statewide Coalitions (State Prevention Enhancement Policy Consortium and Washington Healthy Youth)
- Prevention Training and Conferences



SUD prevention services

○ 64 Community Coalitions

29 Federally Recognized Tribes

90 Schools Statewide

20 Community-Based Organizations





Funding sources

- Supported by federal and state funds
 - Substance Abuse Block Grant (SABG)
 - Strategic Prevention Frameworks Partnerships For Success Grant (SPF-PFS)
 - State Targeted Response to the Opioid Crisis Grant (STR)
 - Dedicated Marijuana Account (DMA)
 - State General Funds (SF-G)

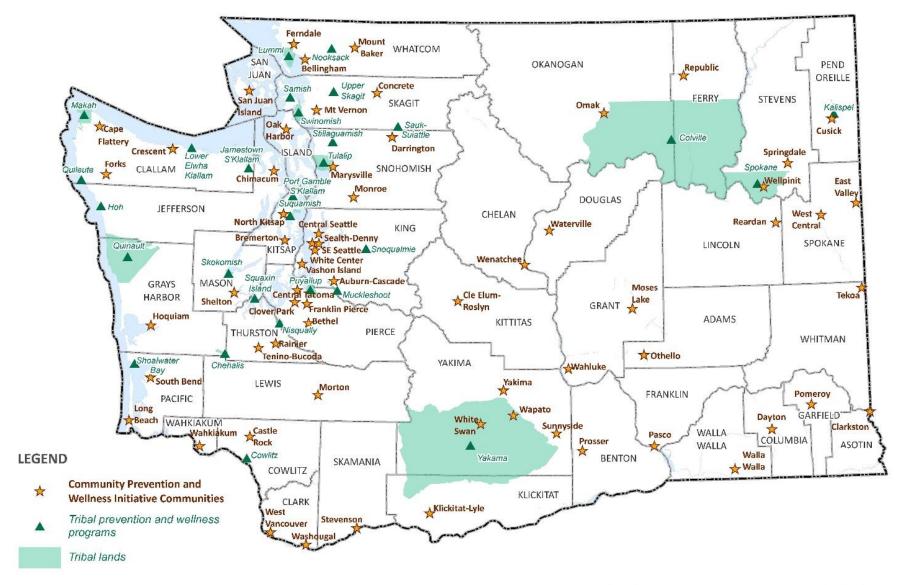


Overview of CPWI

- CPWI: Community Prevention and Wellness Initiative
- CPWI concentrates prevention resources in 64 high-need communities throughout Washington State.
- Utilizes primary prevention interventions to reduce alcohol and drug use among Washington State youth.
- Creates change in the community through a combination of coalition work, direct services, community-wide strategies and school-based prevention/intervention work.



Prevention services are focused in communities and Tribes throughout Washington





SOURCE: DSHS Research and Data Analysis, Community Outcome and Risk Evaluation

CPWI Framework



- Comprehensive and targeted approach to prevention.
 - Designed as an adapted and combined structure of the Strategic Prevention Framework (SPF) and the Communities that Care (CTC) system.
 - Grounded in Prevention Science and a data-driven approach is continuously maintained.



The CPWI model

- CPWI works collaboratively with other state agencies, counties, communities, and schools.
- Service implementation incorporates:
 - evidence-based programming
 - environmental strategies
 - public awareness/social media campaigns
 - school-based Prevention/Intervention (P/I) Specialist placement into the community school(s)



What CPWI communities do

- Pacilitate local decision making.
- Umplement proven strategies through a prevention coalition.
- Use evidence-based capacity building.
- Implement community-wide and targeted direct services, programs and policies.

- Partner with school-based prevention/intervention specialists.
- Evaluate chosen programs, policies and community-level change, and participate in statewide evaluation.



Evidence-based programs



Evidence-based program overview

- Defining evidence
- Evidence-based program workgroup
- Review of lists and criteria
 - ► Excellence in Prevention strategies list
 - Marijuana use prevention
 - Substance use prevention and mental health promotion for tribal communities
 - Opioid misuse and abuse prevention





~Activity~

- What is evidence?
- What role does evidence play in your prevention work?
- What is one example of how you have used evidence to inform your work?





What is evidence?

- Evidence-based program
- Evidence-based policy
- Evidence-based practice
- Evidence-based strategies
- Evidence-based decision making
- Research-based
- Promising programs
- Promising practices
- Best practices



Variety in definitions & lists

- Multiple websites categorize programs as "evidence-based."
 - ➤ SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP)
 - Washington State Institute for Public Policy (WSIPP)
 - ► Blueprints for Healthy Youth Development
 - ► Crime Solutions
 - ► The Athena Forum Excellence in Prevention
 - ➤ Others



History of EBP lists in WA

- Previously used the Western Center for Application of Prevention Technologies evidence-based practice searchable database.
 - ▶ When that resource terminated we decided to develop a searchable database of our own.
 - Collaborated with Oregon Health Authority.
- Primarily used the information on the NREPP, the approved list of programs that Oregon had vetted and some of the most effective alcohol prevention environmental strategies that the Pacific Institute for Research and Evaluation (PIRE) had researched.



EBP workgroup

- Quarterly Meetings
- Members of the workgroup include:
 - ► DBHR staff
 - University of Washington's Social Development Research Group
 - ► Washington State University Human Development Dept. faculty
 - ► Washington State Institute for Public Policy
 - Washington's Prevention Research Subcommittee helps guide our work
- Annual plans for reviewing and updating the funded program lists
 - ► Future: Revise our Excellence in Prevention database to ensure high quality of research and effective programs.



Excellence in Prevention strategy list



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Excellence in Prevention Strategy List

Welcome to the Excellence in Prevention Strategies List. This page provides detailed information about direct service and environmental prevention strategies. Programs and strategies in this list must be shown in at least two studies to produce intended results. All programs listed include substance abuse prevention as an area of interest.

The strategies described in this list come from three primary resources:

- 1. National Registry for Evidence-based Programs and Practices (NREPP)
- 2. The State of Oregon's list of evidence-based programs
- The Pacific Institute for Research and Evaluation's "Scientific Evidence for Developing a Logic Model on Underage Drinking: A Reference Guide for Community Environmental Prevention."

Use the search box or the questions below to help you narrow your search.

LOOKING FOR PROGRAM LISTS SPECIFIC TO FUNDING SOURCES?

Designated Marijuana Account (DMA)

Prevention Programs and Practices for Youth Marijuana Use Prevention lists for Community Prevention and Wellness Initiative (CPWI) and Community-based Organization (CBO) grantees supported by the Division of Behavioral Health and Recovery Designated Marijuana Account (DMA):



Excellence in Prevention criteria

- Outcome(s) in intended results demonstrated in at least two published studies.
- All programs listed include 'substance abuse prevention' as an area of interest.
- Strategies come from at least one of the following primary resources:
 - Substance Abuse and Mental Health Services Administration's (SAMHSA) National Registry of Evidence-based Programs and Practices (NREPP)
 - ► A separate list of programs identified as evidence-based by the State of Oregon
 - "Scientific Evidence for Developing a Logic Model on Underage Drinking: A Reference Guide for Community Environmental Prevention." Pacific Institute for Research and Evaluation (PIRE)



Excellence in Prevention implementation

- Substance Abuse Block Grant (SABG) and Partnerships for Success (PFS) funded contractors can use this list.
- Contractors must meet a 60% minimum for use of EBPs.
 - ► Remaining 40% can go towards "innovative" programs.
- Environmental strategies do not count against the 60% EBP requirement as they are not factored into the calculations.
 - ▶ If a selected environmental program is also on the EIP list, it will count towards the EBP percentage being met as well as meet the contractual environmental strategy requirement.



Youth marijuana prevention EBPs - background

- Initiative 502 passed November 2012 establishing a system to oversee MJ legalization and created a fund (DMA) from taxes, fees, and penalties, and specifies a portion be used for prevention projects.
- No less than 85% of DMA funds can be used to support Evidence Based and Research Based Programs.
- No more than 15% of DMA funds can be used to support Promising Programs.
- DBHR must annually consult with the University of Washington's (UW) Social Development Research Group and Alcohol and Drug Abuse Institute regarding programs/practices.

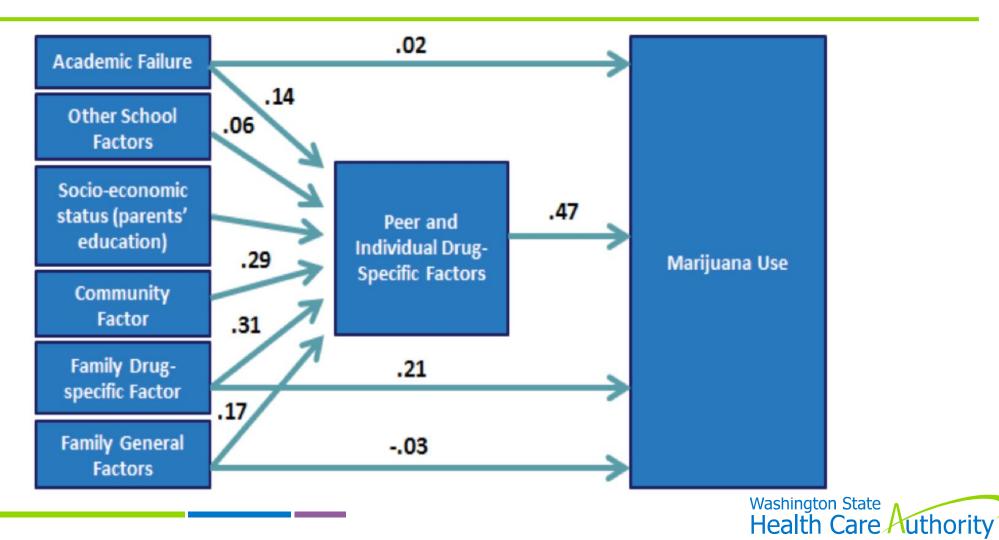


Youth marijuana prevention EBP list development

- Consulted with UW and Western CAPT (SAMHSA/CSAP) to identify the evidence-based programs that had outcomes in marijuana use prevention or reduction in youth ages 12-17 and young adults ages 18-20 (Preliminary list July 2013).
- WSIPP conducted a review of programs.
- Developed Path Analysis of the risk factors.
- Consulted with UW and WSU on programs with impacts on risk factors most salient to youth marijuana use.

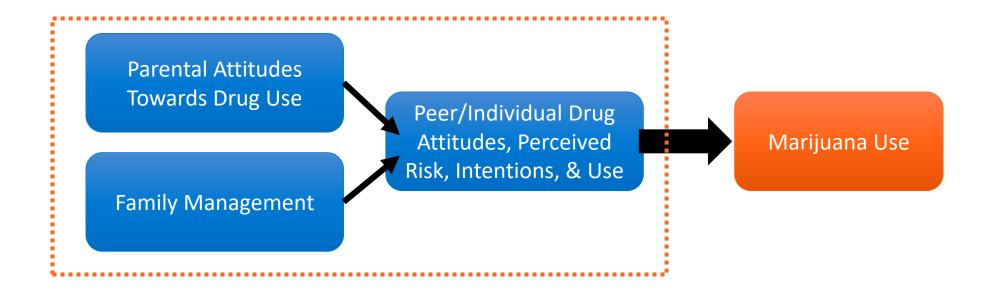


Path analysis model



DBHR, WSU, and UW Program Review

▶ WSU and UW reviewed research on programs that effectively target the risk factors most strongly associated with youth marijuana use.





Program List Results



EBP/RBP

19 Evidence-based Programs (EBP) and Research Based Programs (RBP)



Promising Programs

5 Promising Programs (PP)

5 Promising Environmental Strategies



We found more programs!
We identified a total of 29
programs



Youth marijuana prevention EBP list

Prevention Programs and Practices for Youth Marijuana Use Prevention (for DMA CPWI Enhancement Services)

Note: No less than 85% of DMA funds can be used to support **Evidence-Based** and **Research-Based** Programs and no more than 15% of DMA funds can be used to support **Promising Programs** from the list below.

Evidence-Based & Research-Based Programs

- Communities that Care
- Family Matters (adapted for marijuana)
- Good Behavior Game (GBG)*
- Guiding Good Choices*
- Incredible Years*
- LifeSkills Training Middle School (Botvin Version; Grades 6, 7, and 8)
- Lions Quest Skills for Adolescence*
- Community-based Mentoring* (Big Brothers Big Sisters, Across Ages, Sponsor-a-Scholar, Career Beginnings, the Buddy System, or innovative design- must be approved by Mentoring Works WA)¹
- Nurse Family Partnership (NFP)*
- Positive Action*
- · Project Northland (Class Action may be done as booster)
- Project STAR
- Project Towards No Drug Abuse
- Project Towards No Tobacco Use (adapted for marijuana)
- PROSPER
- SPORT Prevention Plus Wellness
- Strengthening Families Program: For Parents and Youth 10-14 (Iowa Version) *
- Strong African American Families
- Strong African American Families Teen

Promising Programs

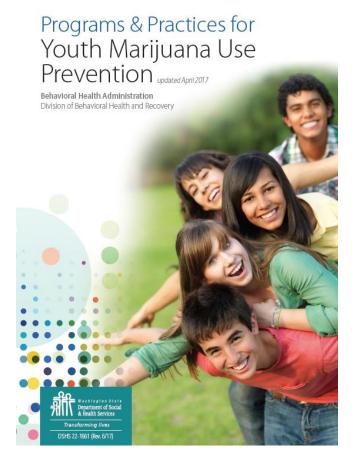
- Athletes Training & Learning to Avoid Steroids
- Familias Unidas

- keepin it REAL*
- Keep Safe
- · Raising Healthy Children (using SSDP model)

Environmental Strategies (Promising)

- Community Trials Intervention to Reduce High-Risk Drinking (adapted for marijuana)
- Policy Review and Development
- Purchase Surveys coupled with Reward and Reminder
- · Restrictions at Community Events
- Social Norms

Washington State



www.theathenaforum.org/prevention-101/excellence-prevention-strategy-list



Tribal substance use prevention and mental health promotion

- Research-based programs
 - American Indian Life Skills Dev./Zuni Life Skills Dev.
 - Bicultural Competence Skills Approach
 - ► Families and Schools Together for American Indian Children
 - ► Family Spirit
 - ► Healing of the Canoe
 - ► Cherokee Talking Circle
 - ► Red Cliff Wellness School Curriculum
 - Native FACETS
 - Project Venture

- Promising programs
 - Our Life
 - Protecting You/Protecting Me for American Indian Children
 - Reward and Reminder Program
 - Connect Program
 - Family and Children Education Program
 - Gathering of Native Americans
 - Model Adolescent Suicide Prevention Program



Youth opioid misuse prevention EBPs

Background

- ► Washington Opioid State Targeted Response Project (WA-Opioid STR).
- ▶ WA-Opioid STR included a review of current evidence-based substance abuse prevention programs/strategies to identify programs shown to be effective at reducing youth opioid and prescription drug misuse or associated risk factors.
- ▶ Partnered with WSU and consulted with the EBP workgroup.







- Used to identify risk and protective factors associated with youth opioid misuse.
 - Risk and protective factors in 4 domains were identified: peer-individual, family, school, and community.
 - ► Identified factors were crosswalked with variables from the 2016 Healthy Youth Survey to determine outcome variables for this analysis.





- Provided information on programs and strategies that met the following criteria:
 - Evaluation results published in peer reviewed journals (2005-2015)
 - Evaluated for impact on non-medical use of prescription drugs with US sample
 - Study published in English
 - ➤ Statistically significant positive effect on nonmedical use of prescription drugs outcomes using experimental, quasi-experimental, or non-experimental research design
 - Study assessed outcomes related to nonmedical use of prescription drug consumption and consequences
 - Study used quantitative analyses



- A total of 38 programs identified and reviewed.
 - ► Most of the programs/strategies were not universal prevention programs, and most did not focus on youth opioid and/or prescription drug misuse prevention.
- Analytic Approach
 - ➤ Outcome: opioid misuse operationalized as any misuse of painkillers in past 30 days or any heroin use ever.
 - Statistical modeling: multilevel regression analysis



- Risk factors associated with youth opioid use
 - Past 30-day cigarette smoking
 - Past 30-day drunkenness
 - ► Past 30-day other substance use
 - ► Age of first substance use
 - Perceived risk of drug use
 - ► Low opportunities for prosocial involvement
 - High community mobility



Domain	Factors	Any misuse of painkillers in past 30 days	Any heroin use ever
Peer-Individual Drug-Specific	Individual Past 30-day cigarette smoking	√	√
	Individual Past 30-day drunkenness ¹	✓	✓
	Individual Past 30-day other substance use	✓	√
	Individual Past 30-day marijuana use		✓
	Individual Age of first use	✓	✓
	Individual Perceived risk of drug use	✓	✓
Individual General	Low belief in the moral order	✓	
Individual Mental Health	Depression	✓	
Family	Parental attitudes tolerant of drug use	✓	
Community	Low opportunities for prosocial involvement in community	✓	√

Note: Factors in bold were significantly associated with both misuse of painkillers and heroin use.



Program selection criteria

- Final recommendations from WSU based on 3 major criteria:
 - Strength of evaluation evidence demonstrating a reduction in the behavioral health problems and/or related risk factors
 - ➤ Alignment of the program's theory of change with the behavioral health problems and/or related risk factors most salient to youth opioid and/or prescription drug misuse in WA State (HYS analysis)
 - ► Implementation capacity and fit with WA State communities



Program selection criteria

- Programs were included if they also:
 - ► Met a high standard of evidence (i.e., listed on Blueprints for Healthy Youth Development as Model Plus, Model or Promising for reducing youth substance use)
 - ➤ Targeted one or more of the 7 factors most salient for youth opioid and/or prescription drug misuse in WA State
 - ► Were applicable to the goals of this project
- A total of 14 programs were selected.
 - ➤ Programs target a variety of **ages** (infancy-early adulthood), **settings** (schools, families, community), and **substance use outcomes**.



Youth opioid misuse prevention EBP list

- Athletes Training & Learning to Avoid Steroids (ATLAS)
- Big Brothers/Big Sisters of America (community-based mentoring)
- Communities That Care (CTC)
- Familias Unidas
- Good Behavior Game PAX
- Guiding Good Choices
- LifeSkills Training Botvin Middle School Version

- Positive Action
- Project Northland
- Project Towards No Drug Abuse
- Raising Healthy Children
- SPORT Prevention Plus Wellness
- Strengthening Families Program: For Parents and Youth 10-14 (SFP 10-14)
- Strong African American Families Program



Youth opioid prevention EBPs

- State Targeted Response (STR) funded contractors can use this list.
- Contractors must meet a 60% minimum for use of EBPs.
 - ► Remaining 40% can go towards "innovative" programs.
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Community implementation: Strategy selection

"After reviewing information collected from our needs and resource assessment, we have identified a need for prevention programming across all grade levels at the South Bend school district. The coalition selected intervening variables and identified local conditions based on areas where the group felt the most change could be realized. We also considered local capacity to implement related strategies. For example, school based mentoring is already established in the district making the expansion to provide school based mentoring an easy one. Other factors considered included the STR best practice list, buy in from key stakeholders (i.e. teachers willing to provide classroom time for project northland), and availability of providers trained to deliver programs (i.e. Guiding Good Choices)."

Kelsey Hopstad, South Bend Community Coalition Coordinator



Community implementation: Goals & strategies

Behavioral health problem	Intervening variable/Risk/Protective factor (Goals)	Local Conditions & Contributing Factor (objectives)	Program & Strategies
Past 30 day use	Favorable Attitudes Towards Use Goal: Reduce favorable attitudes to the problem behavior by 10% by 2020 (HYS: Favorable attitudes towards drug us (composite). 2016 Baseline: 41.6% (high school combined)	Decrease favorable attitudes towards use among youth Objective 1: Decrease favorable attitudes towards use among youth at South Bend Schools as measured by Favorable Attitudes collection tool and HYS (parental attitudes favorable towards drug use. 2016 high school combined baseline: 39.8%) Low perception of harm Objective 2: Increase perception of harm of substance misuse among middle and high school age youth in South Bend School District by at least half of participants as measured by pre/post program evaluation.	Parent Education: Guiding Good Choices Education: Project Northland (Class Action, Slick Tracy) Problem Identification/Referral: Project SUCCESS P/I Services





Community implementation— Wellpinit (Spokane Indian Reservation)

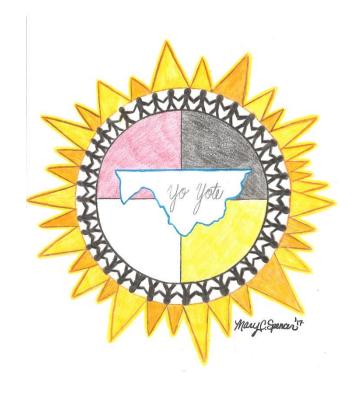
"After we finalized our priorities we were able to look more closely at our strategy choices. We were able to break down each strategy to see how it fit with our priorities. Much like a puzzle piece, we wanted to make sure that our strategies were the right fit for our goals. We wanted to make sure that we could get community buy-in, teacher buy-in, and create sustainability with the programs we chose. We wanted to know what the training would look like for each strategy, the cost for each strategy, time, etc. So, we had our coalition members pick 1-3 strategies and present them to the coalition."

Sarah McNew, Wellpinit Community Coalition Coordinator



Community implementation – Wellpinit

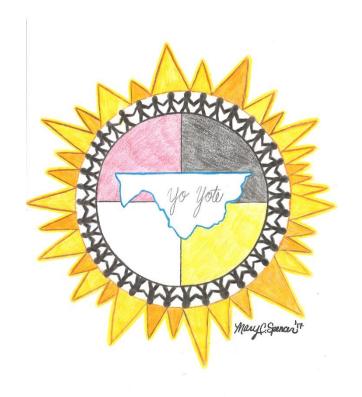
- **○** Goal: Community To increase community bonding among youth and adults within the Spokane Indian Reservation.
- Objective: To increase acquisition of culturally defined values using a cultural and social context among adults and youth within the Spokane Indian Reservation community.
- Strategies: Alternative Community Based Cultural Mentoring and GONA (Gathering of Native Americans)





Community implementation— Wellpinit

- **○** Goal: Individual To decrease early initiation among students in Wellpinit Elementary School.
- Objective: To decrease disruptive classroom behavior in Wellpinit Elementary School students.
- Strategies: Information Dissemination PAX Good Behavior Game





STR CPWI year 1 outcomes

- Data from Year 1 of CPWI Implementation show that a total of 3,088 youth and families received primary prevention services, including:
 - Youth Education (Project Northland: Class Action, LifeSkills)
 - Community Engagement (Coalition Development)
 - Parenting Education (Guiding Good Choices, Strengthening Families)
 - Mentoring Programs (Big Brothers Big Sisters)
 - Tribal Traditional Teaching (GONA, Cultural Mentoring)



Next steps

- Continue to work with partners to evaluate research evidence on prevention programs.
 - Share process and outcomes with other prevention providers
 - Ongoing review of EBP lists
- Continue to collaborate with communities to support program implementation.
 - Fidelity monitoring
 - ► Local and statewide evaluation
 - Cultural competency
- ▶ Identify methods to assess effectiveness of alternative or innovative strategies.



Resources

- Athena Forum: www.theAthenaForum.org
- ▶ Blueprints for Healthy Youth Development: <u>www.BluePrintsPrograms.com</u>
- SAMHSA National Registry of Evidence-based Programs & Practices: www.NREPP.samhsa.gov/
- ► HCA Website: https://www.hca.wa.gov/about-hca/behavioral-health-and-recovery-0
- UW SDRG: http://www.sdrg.org/
- WSIPP: http://www.wsipp.wa.gov/
- WSU: http://cahnrs.wsu.edu/hd/preventionscience/



Questions?

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