

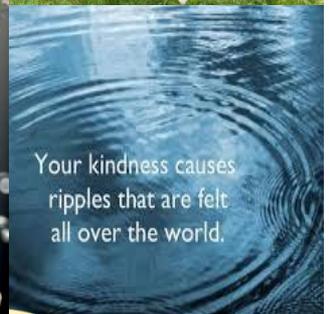
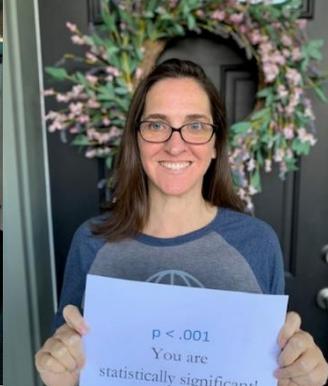
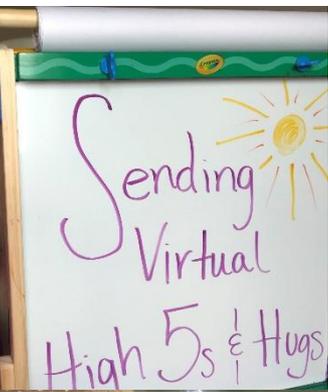
Washington State Prevention Provider Meeting

Hosted by: Division of Behavioral Health and
Recovery

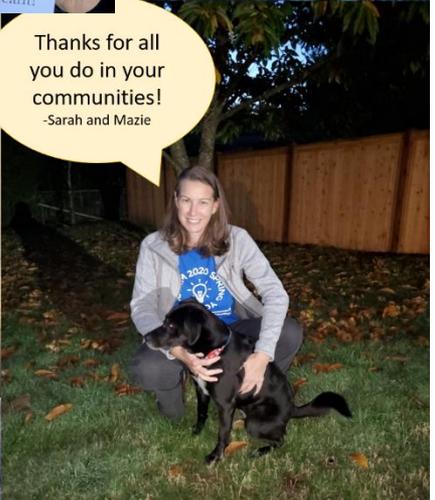
Monday, November 2nd, 2020

9:00 a.m. – 12:30 p.m.

8:30-9:00 a.m.	Login to virtual platform
9:00-9:15 a.m.	Welcome / Introductions Kasey Kates Tribal and CPWI Implementation Supervisor
9:15-10:00 a.m.	Health Care Authority / Division of Behavioral Health and Recovery Updates Sarah Mariani SUD Prevention and MH Promotion Section Manager Keri Waterland Assistant Director
10:00-10:30 a.m.	Office of Superintendent of Public Instruction Updates Mandy Paradise Prevention-Intervention Program Supervisor
10:30-10:40 a.m.	Break
10:40-11:00 a.m.	Group Activity Alicia Hughes CBO and Grant Development Supervisor Jen Hogge Mental Health Promotion and Integration Supervisor
11:00-12:30 p.m.	Statewide CPWI Evaluation: What is it telling us and what does it mean for my prevention work? Brittany Cooper, PhD, Gitanjali Shrestha, PhD, and Clara Hill, MPH WSU IMPACT Research Lab
Optional 1:00-2:30 p.m.	HCA / DBHR Listening Session Keri Waterland Assistant Director Michael Langer Deputy Director <i>Join us for an optional listening session to learn more about the continued integration of DBHR / HCA and agency priorities as well as an opportunity to engage in dialogue with DBHR Leadership.</i>
Optional 3:00-5:00 p.m.	Minerva Training Lauren Bendall Prevention System Project Manager
Optional 3:00-5:00 p.m.	Data Book Training Sandy Salivaras Research and Evaluation Manager
Other Meetings	3:00-5:00 PM DBHR/OSPI/ESD Quarterly Meeting Kasey Kates Tribal and CPWI Implementation Supervisor 3:00-4:00 PM Drug Free Communities Meeting Ray Horodowicz Prevention System Manager



Looking forward to a great Summit! Welcome!





Sarah Mariani | Substance Use Disorder Prevention and Mental Health Promotion Section Manager | HCA/DBHR

Good morning and welcome

- ▶ If you are a:
 - ▶ Tribal prevention provider, please raise your hand.
 - ▶ Community-Based Organization (CBO) contractor, please raise your hand.
 - ▶ CPWI coalition coordinator, please raise your hand.
 - ▶ County prevention staff, please raise your hand.
 - ▶ Student Assistance Professional (SAP), please raise your hand.
 - ▶ Educational Service District (ESD) director or supervisor, please raise your hand.
 - ▶ OSPI staff member, please raise your hand.
 - ▶ Drug Free Communities coordinator or director, please raise your hand.
 - ▶ State partner agency staff, please raise your hand.
 - ▶ DBHR staff, please raise your hand.
- ▶ Anyone else? ***Please type your connection to prevention into the chat!***



A round of applause to...

- ▶ Kasey Kates, Provider Meeting Lead.
- ▶ Angie Funaiole and Fallon Baraga, Prevention Summit Co-leads.
- ▶ Prevention Summit Planning Committee.
- ▶ Other DBHR staff and providers who are presenting, volunteering, and supporting presenters/speakers.



Time to celebrate

- ▶ DBHR Prevention Section.
- ▶ Prevention professionals, including you, across the state.



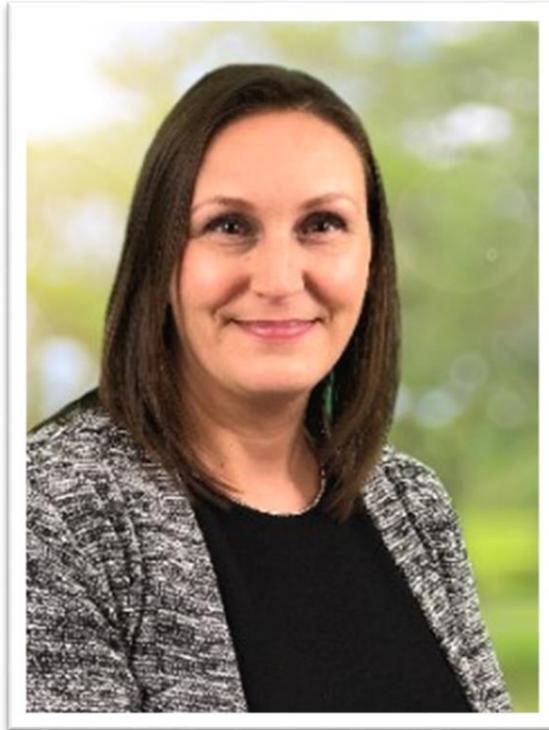
- ▶ ***If you'd like to add a special note of gratitude, please feel free to add this to the chat box now!***

Over the last year

- ▶ Fellowship program
- ▶ Maintain funding
- ▶ Additional funding opportunities
- ▶ SOR II award
- ▶ Suicide Prevention Grant award
- ▶ Prevention campaigns
- ▶ Training/professional development opportunities
- ▶ New workgroups
- ▶ State and national presentations

Looking forward to the next year

- ▶ Prevention policy priorities
- ▶ Request for Proposals for Management Information System
- ▶ DFCs
- ▶ COVID-19



Keri Waterland | DBHR Division Director | HCA/DBHR

November 2020

OSPI Updates



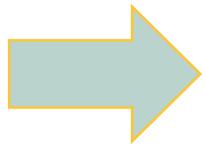
Mandy Paradise, M.Ed.

Prevention-Intervention Services &
Student Assistance Program Supervisor

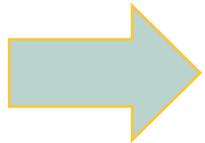


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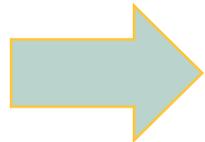
OSPI Goals for CPWI



Clarify the **purpose** of Student Assistance Program



Provide examples and opportunities for meaningful **partnership**



Education updates



Distance Learning - ESDs

ESD 105

What were the biggest challenges you encountered in the spring?

What is something you need to be successful this fall?

Day 2



Thrive with Five

1

Universal Prevention

2

Selective/Indicated Services

3

Project Success Classroom Series

4

Family / Parent Services

5

School / Staff Services

ESD 105



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Universal

Red Ribbon Week

Universal Messaging

Social Norms Campaigns

Presentations about services

Asynchronous Options

out services and

Services to Staff

Options to offer our services
during their zoom calls

Training on recognizing concerns
virtually

ESD 105



Student Assistance Program Showcase

Miss G

Student Assistance Professional



Welcome and Aloha!

My name is Anne Giardina and I am the Student Assistance Professional at BHS contracted through the Olympic Educational Service District 114. I work with students one-on-one, or in a small group setting, and provide education and guidance to those who are impacted by substance use, teach refusal skills, and assist them in making healthy choices.

I am available to parents as well. If you are worried about your student, have concerns about them or their friends and would like to speak with me directly, please call 360-473-0978 or email anne.giardina@bremertonschools.org. All communication will be confidential.

Check out the other tabs on my page to find out about resources and to learn more about the U-Knight'd Club.

OESD 114
Anne Giardina



Washington Office of Superintendent of
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OESD 114

Anne Giardina

Welcome to Ms. Colleen's Virtual Room. Click around to explore different links. Quick  to resources.



BLACK LIVES MATTER

LIFE IS TOUGH BUT SO ARE YOU



SAFE SPACE LGBTQIA

For Parents:

- Newsletters
- Prevention & Intervention Resources
- Student Assistance Program Distance Learning 2020



WHAT YOU SAY IN HERE... STAYS IN HERE

Unless:

1. Someone is Hurting You
2. You Want to Hurt Someone
3. You Want to Hurt Yourself
4. You Give Permission to Share With Another Trusting Adult

BULLY FREE ZONE

CRISIS TEXT LINE
Text HELLO to 741741
Free, 24/7, Confidential



Student Appointments



Parent/Staff Referral



Student Assistance Program
Distance Learning 2020



**NWESD 189
Colleen Chan**



NWESD 189
Colleen Chan

For Parents

Newsletters

Prevention & Intervention Resources



Student Assistance Program
Distance Learning 2020

Prevention for parents



Gearing Up for a Substance-Free Summer

As we head into summer break our young people may have more free-time on their hands, be looking for ways to unwind after a challenging school year, and are navigating pandemic-related stressors.

they may be spending at home with you can be the perfect avenue to promote healthy choices.

- Promote healthy coping skills
- Create opportunities and encourage your teen to participate in positive activities like sports, outdoor recreation, creative projects, jobs, etc.



Though they may be getting a break from learning, prevention efforts shouldn't stop!

Here are some tried-and-true prevention methods to implement this summer:

We know that the relationships kids have with the adults in their lives are the most powerful protective factors. The extra time

- Talk often with your teen about your expectations and concerns around substance use

- Teach them how to get support when they need it
- Know where they are, who they are with, and what they are doing
- Practice refusal skills



Points of Interest

- *How to promote a substance-free summer for young people*
- *Does your teen need support this summer? Check out our resource lists.*
- *Prevention Youth Spotlight: Check out the great work our young people are doing!*

Need Support This Summer?

While our counseling staff is out of the office this summer, make sure to check out the resource lists posted on the Readiness to Learn (RTL) website if you or your child is in need of support.

[RTL- Mental Health Resources](#)

[RTL- Health & Wellness](#)

[Substance Use Prevention & Intervention Resources](#)



NWESD 189
Colleen Chan

Welcome to Ms. Colleen's Virtual Room. Click around to explore different links. Quick  to resources.



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Student Appointments

Parent/Staff Referral

For Parents:

- Newsletters
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- Student Assistance Program
Distance Learning 2020



youth now

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3. You Want to Hurt Yourself
4. You Give Permission to Share With Another Trusting Adult



NWESD 189
Colleen Chan

Request to Speak to Ms. Colleen

This is for students only.

The answers you give are completely private and will only be seen by the Student Assistance Professional. Your well being and safety is a priority. If you have an emergency, please call 911.

*** Required**

**NWESD 189
Colleen Chan**

Do you want to be a part of a group that supports wellness within the school? *

- Yes
- Not at this time

Are you interested in participating in a 1-hour program to discuss healthy lifestyle choices, improve self-regulation, and set & monitor goals? *

- Yes
- Not at this time

Would you like to meet with Ms. Colleen about a personal issue? *

- Yes
- Not at this time

Welcome to Ms. Colleen's Virtual Room. Click around to explore different links. Quick  to resources.



BLACK LIVES MATTER

LIFE IS TOUGH BUT SO ARE YOU



SAFE SPACE LGBTQIA

For Parents:

- Newsletters
- Prevention & Intervention Resources
- Student Assistant Program



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Student Appointments



Parent/Staff Referral



NWESD 189
Colleen Chan



Video
Megan
Lyle/

ESD 112
Megan Winn

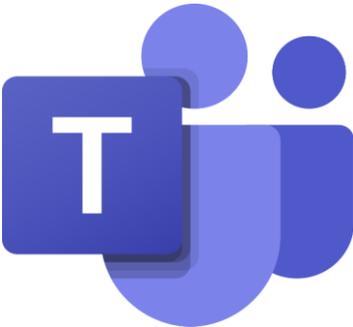
Ms. Butler's
Virtual Office



ESD 112
Wendy Butler



Student Assistance Program
Continuum of Delivery



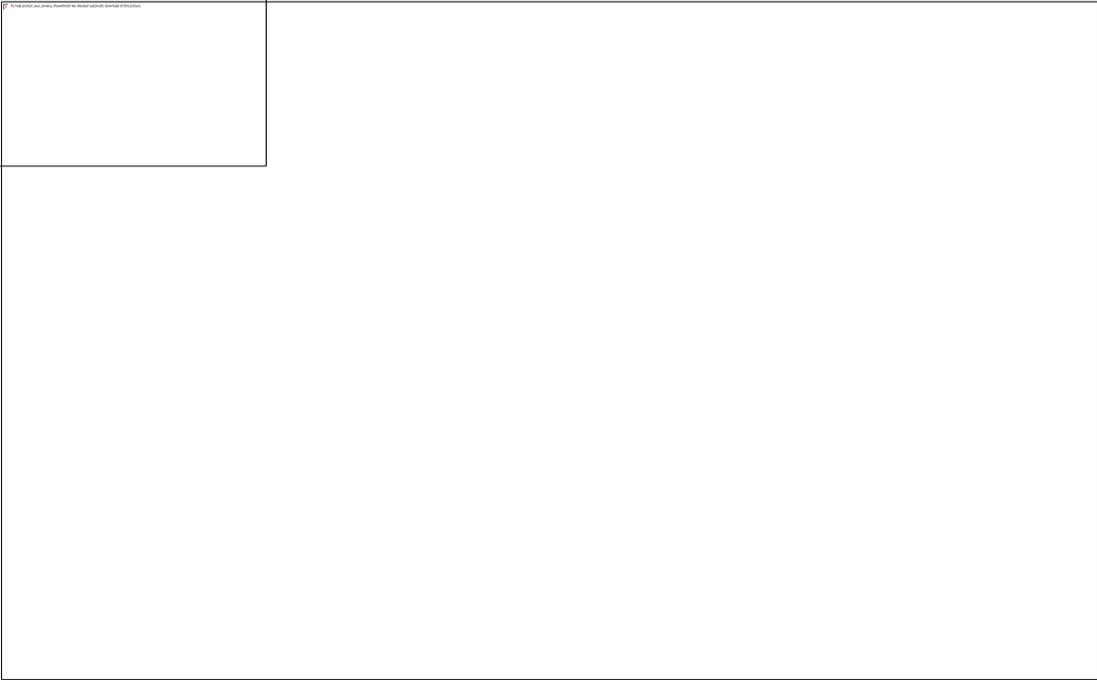
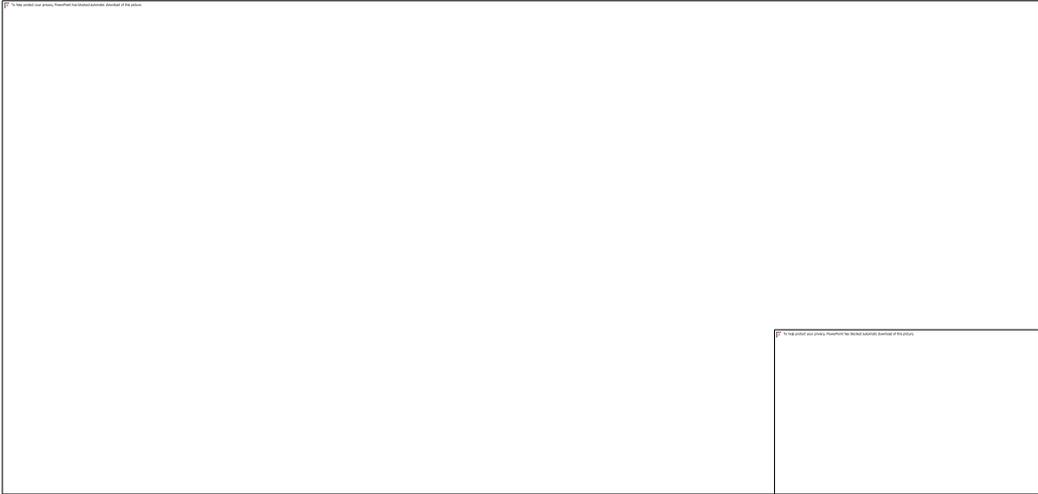


Student Assistance Professionals are working extremely hard right now.

Thanks for cheering us on and supporting our program!



Agency Level Updates



How Do I Participate in the K-12 Internet Access Program?

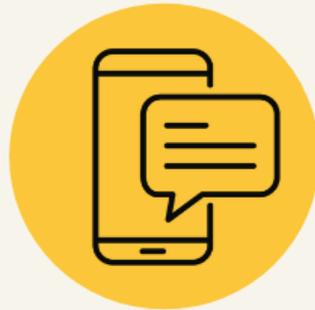
Receive offer code
and name of
internet provider
from school district

1



Call the internet
provider and
provide the offer
code

2



Receive equipment
and installation
support from your
internet provider

3



Connect to
distance learning!

4





Tracie Holiday- Robinson Intervention Services Manager

(425) 917-7847
trobinson@psed.org



800 Oakesdale Ave SW
Renton, WA 98057
PH: (425) 917-7600
TTY: 711





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Connect with us!



k12.wa.us



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youtube.com/waospi



medium.com/waospi

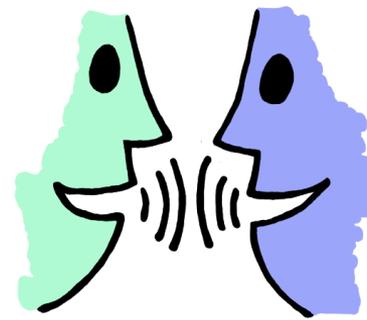


linkedin.com/company/waospi

Break until 10:45 AM



Group activity



- ▶ Attendees will be split into 1 of 5 breakout rooms to respond to one of the following questions:
 - ▶ Room 1 (Jen Hogge): What are you most grateful for in 2020?
 - ▶ Room 2 (Brittany Smith and Isaac Derline): What is one healthy habit you could maintain each day that would have a positive effect on your life?
 - ▶ Room 3 (Akshaya Sivakumar and Endalkachew Abebaw): What strength have you realized you have this year?
 - ▶ Room 4 (Madeline Kramer and Rachel Oliver): What gives you meaning?
 - ▶ Room 5 (Christine Steele and Erika Jenkins): What inspires you to be a better person? Or what inspires you?
- ▶ Attendees will be brought back to larger group and room leads will share out.

What are you most grateful for in 2020?



What strength have you realized you have this year?



What gives you meaning?



What inspires you to be a better person? Or what inspires you?



Statewide CPWI Evaluation: What Is It Telling Us And What Does It Mean For My Prevention Work?

Presented by:

Brittany Cooper, PhD, Gitanjali Shrestha, PhD, & Clara Hill, MPH

IMPACT Research Lab

Washington State University

November 2020



Introductions & Setting the Stage



Anonymous Nonsense

Engage everyone in generating unfiltered responses

Liberating Structures: <http://www.liberatingstructures.com>



Anonymous Nonsense

- Step 1: Change your name in Zoom to the + symbol (hover over your Zoom square → click on the three dots on the upper right → click rename)
- Step 2: I will share a prompt with you and you should type your response in the chat box. Don't think too hard – type whatever comes to mind, but don't hit “enter/return” yet.
- Step 3: When I say “Go!” hit “enter/return” and watch the waterfall of responses in the chat box.

Anonymous Nonsense

- Evaluation is ... (type your immediate response in the chat box, but don't hit "enter" until I say "go!")
- Evaluation is not ... (type your immediate response in the chat box, but don't hit "enter" until I say "go!")

Today's Presentation

Part 1: What is the CPWI evaluation telling us?

CPWI Evaluation
Framework

Summary of Overarching
Findings

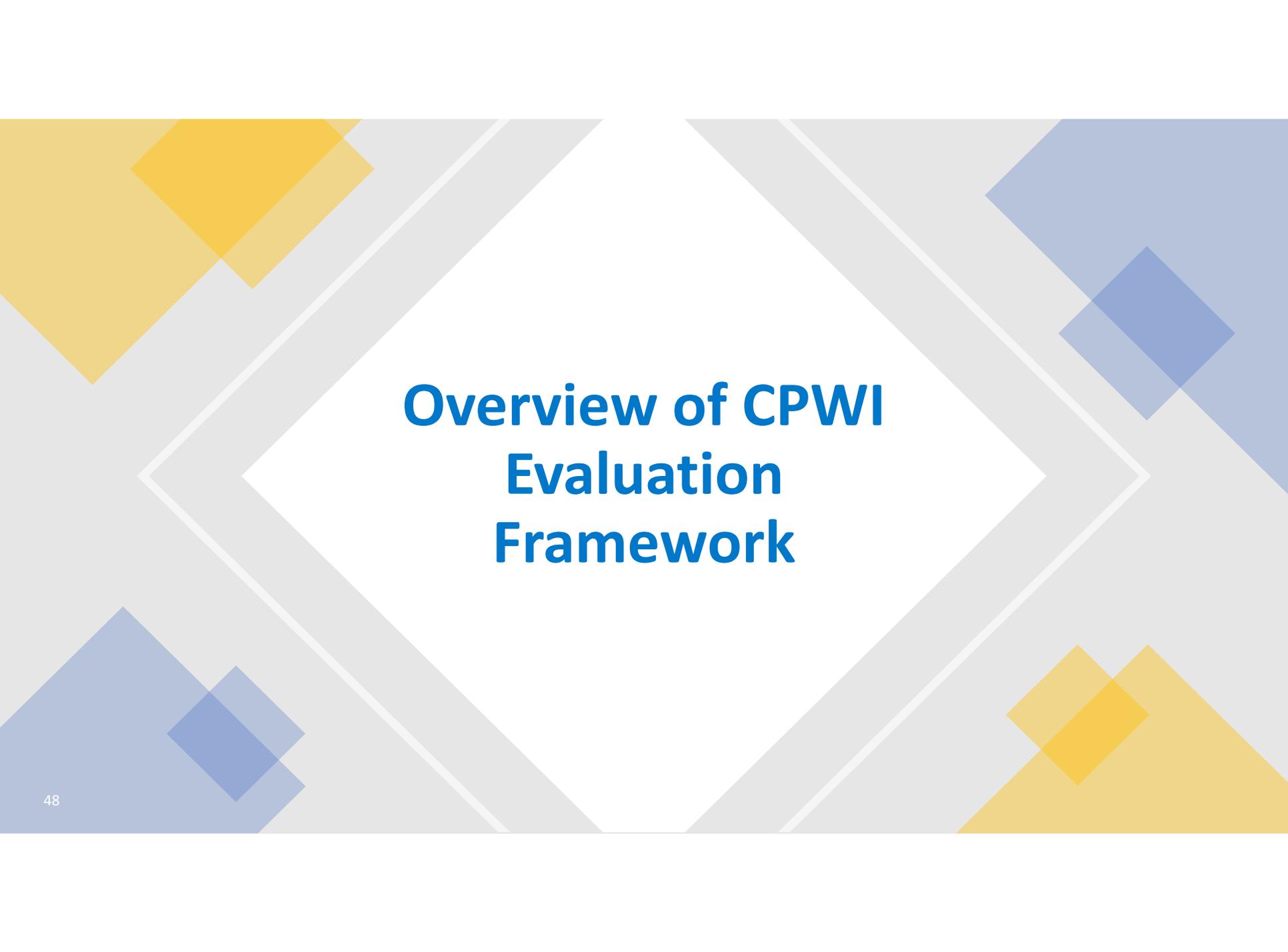
Hot off the Presses!
Developmental Trend
Results

Q&A



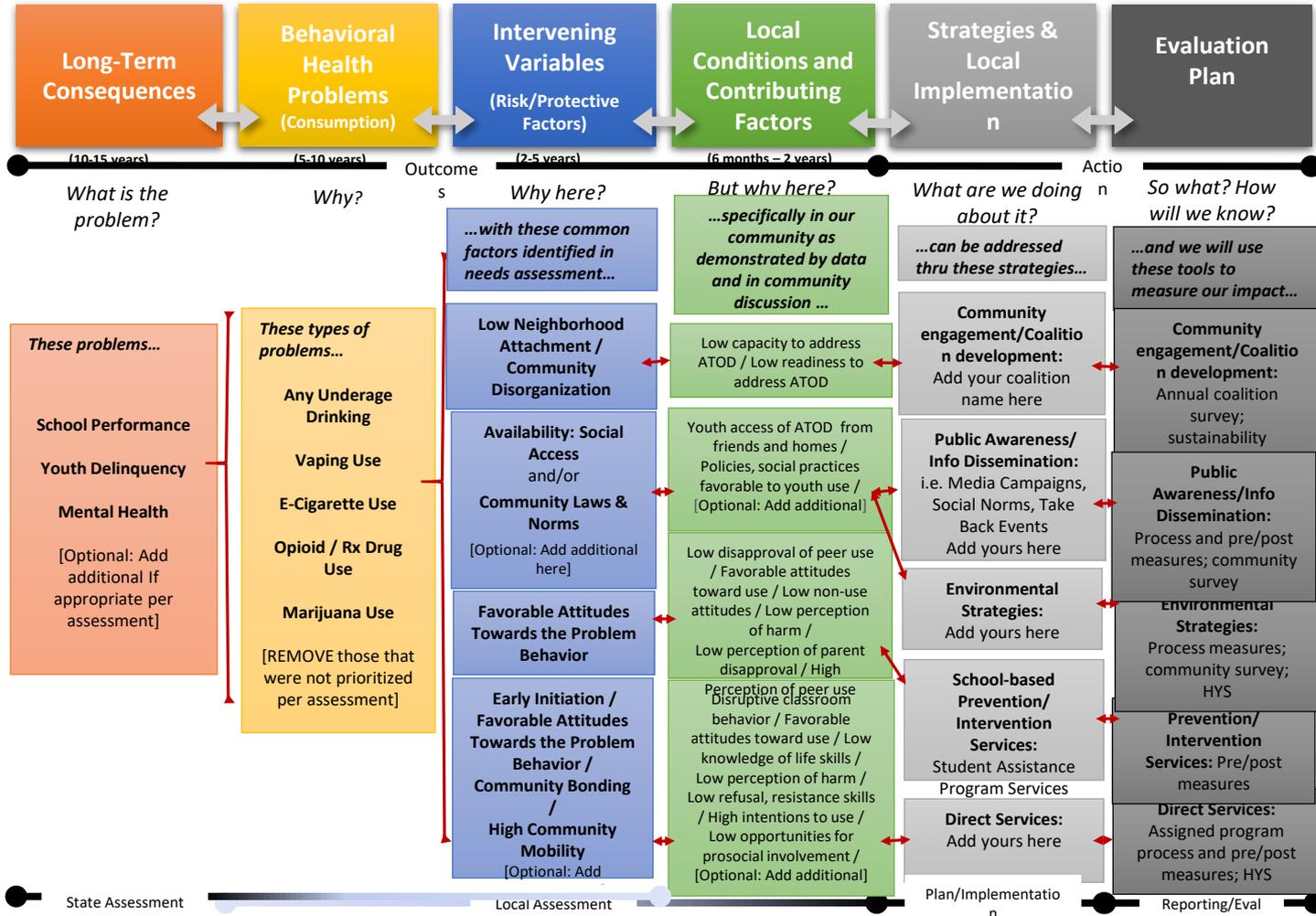
Part 2: What does it mean for my prevention work?

Small and large-group discussion



Overview of CPWI Evaluation Framework

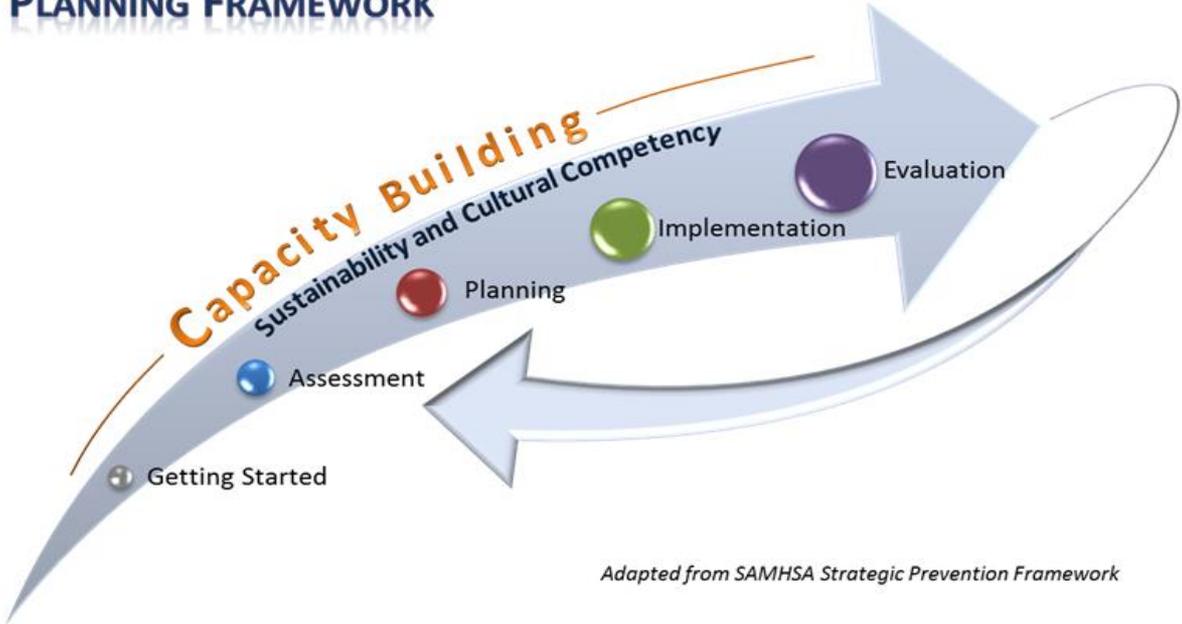
CPWI Logic Model



CPWI Statewide Evaluation

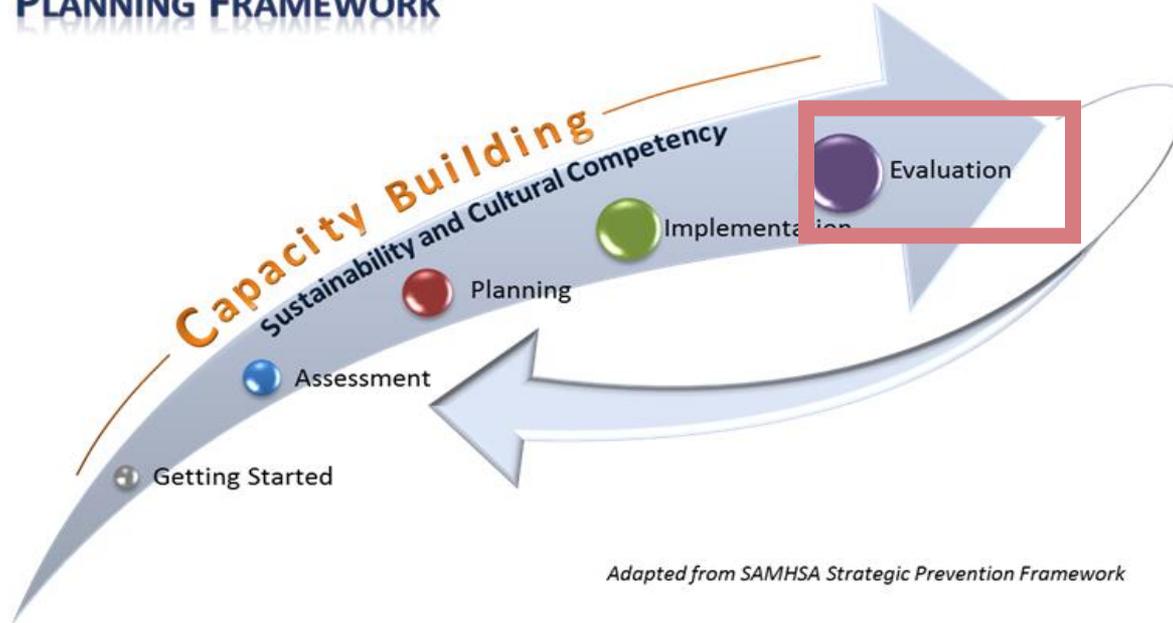
CPWI Framework

DBHR COMMUNITY PREVENTION AND WELLNESS INITIATIVE PLANNING FRAMEWORK



CPWI Framework

DBHR COMMUNITY PREVENTION AND WELLNESS INITIATIVE PLANNING FRAMEWORK



Adapted from SAMHSA Strategic Prevention Framework

CPWI Evaluation Framework: RE-AIM

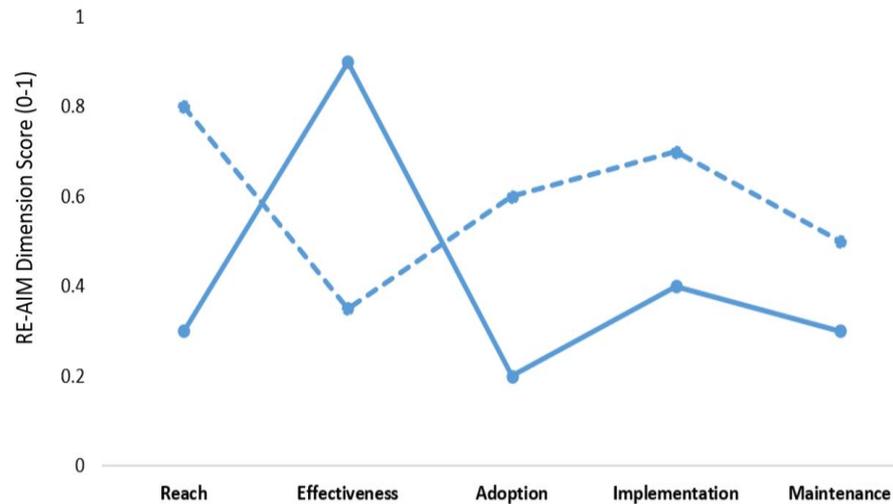
RE-AIM enhances the understanding of the “who, what, when, where, how, and why” of an intervention and helps determine the overall public health impact.

RE-AIM Dimension	Definition	Level
Reach	Participants, audience	Individual
Effectiveness	Program effects	Individual
Adoption	Settings implementing program, community support for program	Organization
Implementation	Types of program activities, challenges, successes	Organization
Maintenance	Sustainability of programs and practices	Organization

Glasgow, R. E., Vogt, T. M., & Boles, S. M. (1999). Evaluating the public health impact of health promotion interventions: the RE-AIM framework. *American Journal of Public Health, 89*(9), 1322-1327.

CPWI Evaluation Framework: RE-AIM

Public health impact is a function of all 5 RE-AIM dimensions.

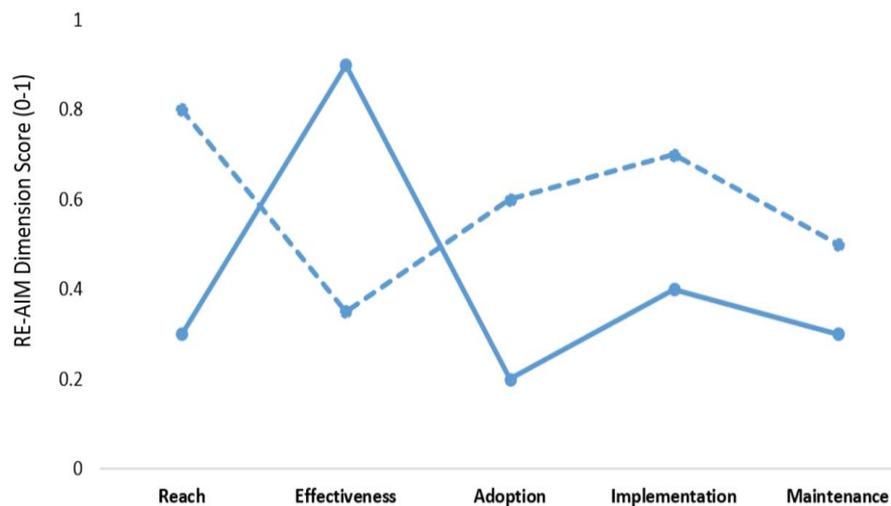


Source: Glasgow, Vogt, & Boles, 1999

CPWI Evaluation Framework: RE-AIM

Public health impact is a function of all 5 RE-AIM dimensions.

Program A: low reach X
high effectiveness X low
adoption X moderate
implementation X low
maintenance = public
health impact

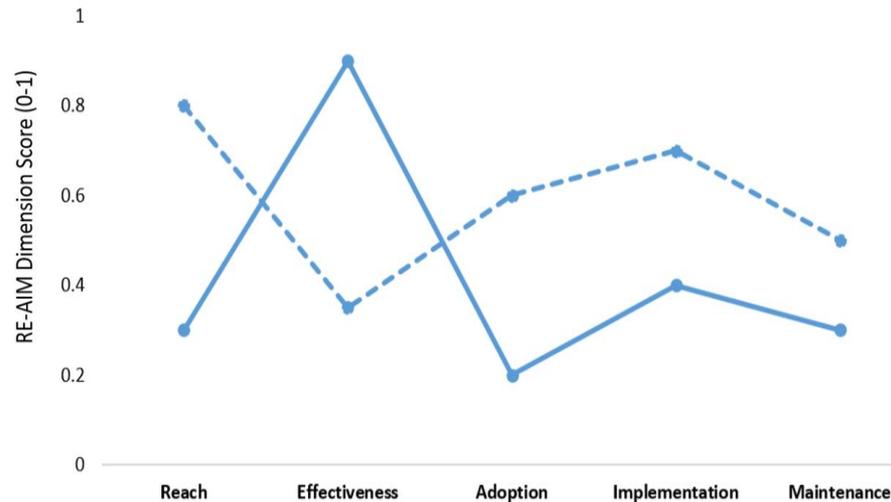


Source: Glasgow, Vogt, & Boles, 1999

CPWI Evaluation Framework: RE-AIM

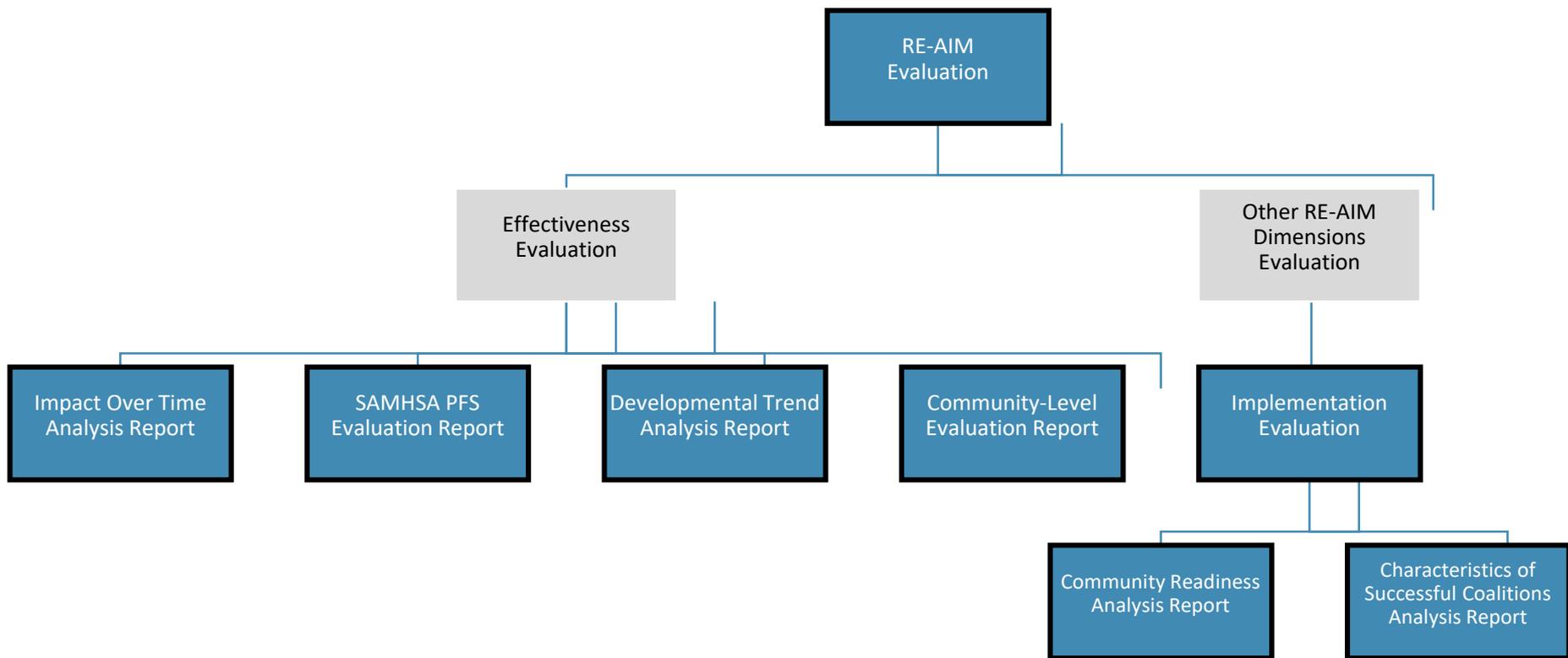
Public health impact is a function of all 5 RE-AIM dimensions.

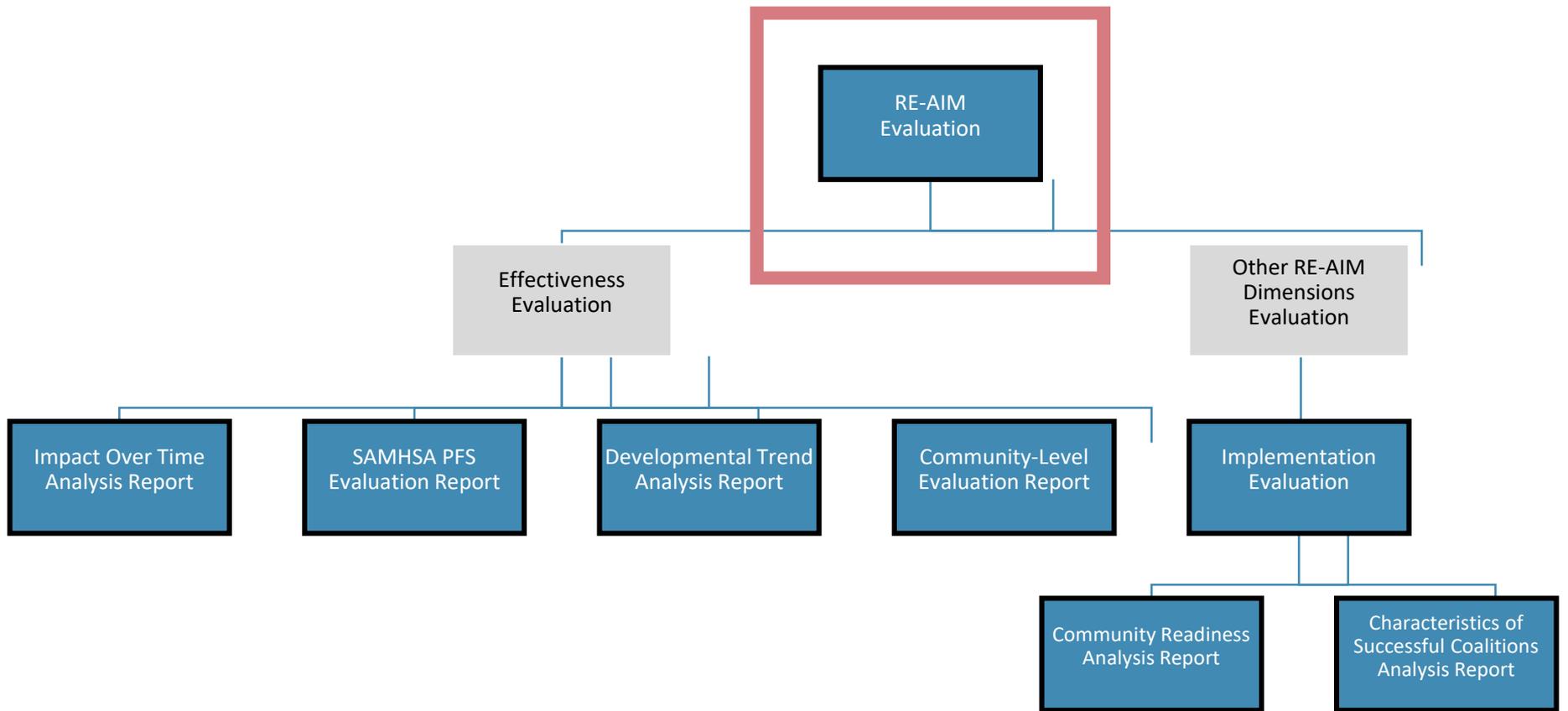
Program A: low reach X
high effectiveness X low
adoption X moderate
implementation X low
maintenance = public
health impact



Source: Glasgow, Vogt, & Boles, 1999

Program B: high reach X
low effectiveness X
moderate adoption X
high implementation X
moderate maintenance
= public health impact







Summary of Overarching Findings

RE-AIM Evaluation

Questions for calculating RE-AIM Summary Scores

Dimension	Question	Data Source
Reach	---	---
Effectiveness	Proportion of outcomes in which CPWI cohorts showed improvement from baseline to posttest	CPWI Impact Over Time Evaluation
Adoption	Proportion of respondents who agreed their CPWI coalition has collaborative relationships and community support	CPWI Process Evaluation
Implementation	Proportion of EBPs implemented in the communities	Minerva
Maintenance	Proportion of respondents seeking additional non-CPWI funding to implement CPWI activities	CPWI Process Evaluation

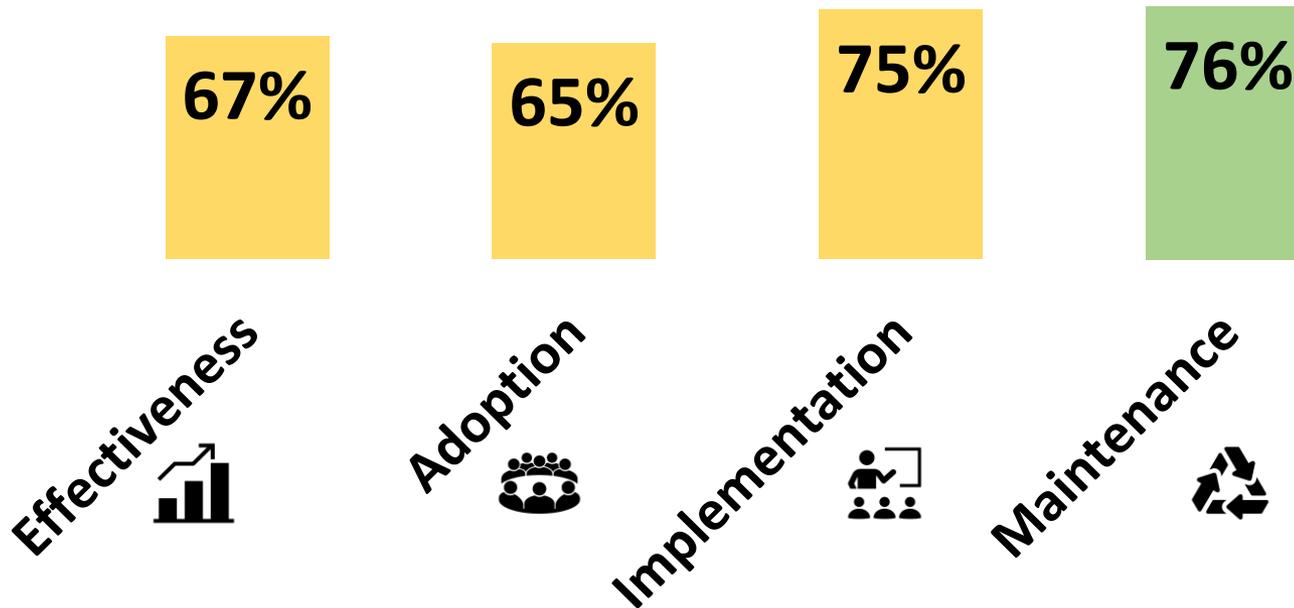
RE-AIM Evaluation

Criteria for RE-AIM Summary Score

	High	Medium	Low
Reach	---	---	---
Effectiveness	70% or more gaps closed	40% to 69% of gaps closed	Fewer than 40% gaps closed
Adoption	70% or more of respondents agree that there is collaboration and support	40% to 69% of respondents agree that there is collaboration and support	Fewer than 40% of respondents agree that there is collaboration and support
Implementation	80% or more programs are evidence-based	60% to 79% of programs are evidence-based	Fewer than 60% of programs are evidence-based (DBHR minimum threshold)
Maintenance	70% or more of respondents engaged in alternate fund seeking activity	40% to 69% of respondents engaged in alternate fund seeking activity	Fewer than 40% of respondents engaged in alternate fund seeking activity

Results: Cohort 1 Proportion Scores

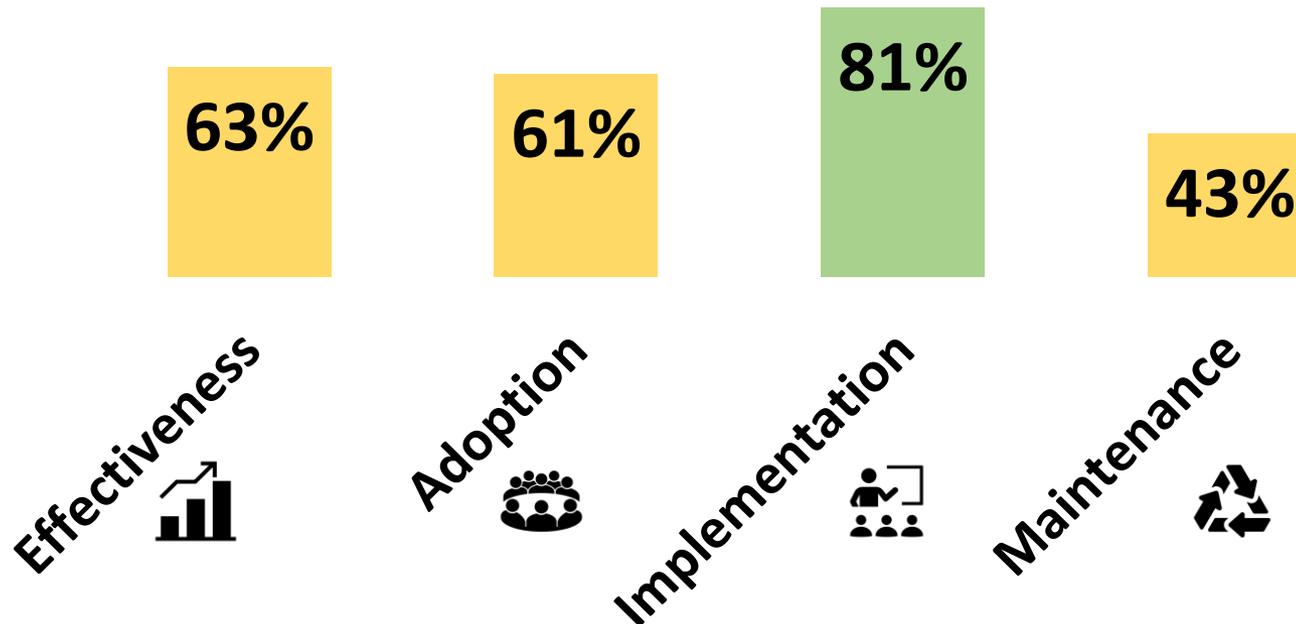
High on Maintenance, Medium on Others



The high/medium/low summary score threshold for Implementation is higher than for other dimensions.

Results: Cohort 2 Proportion Scores

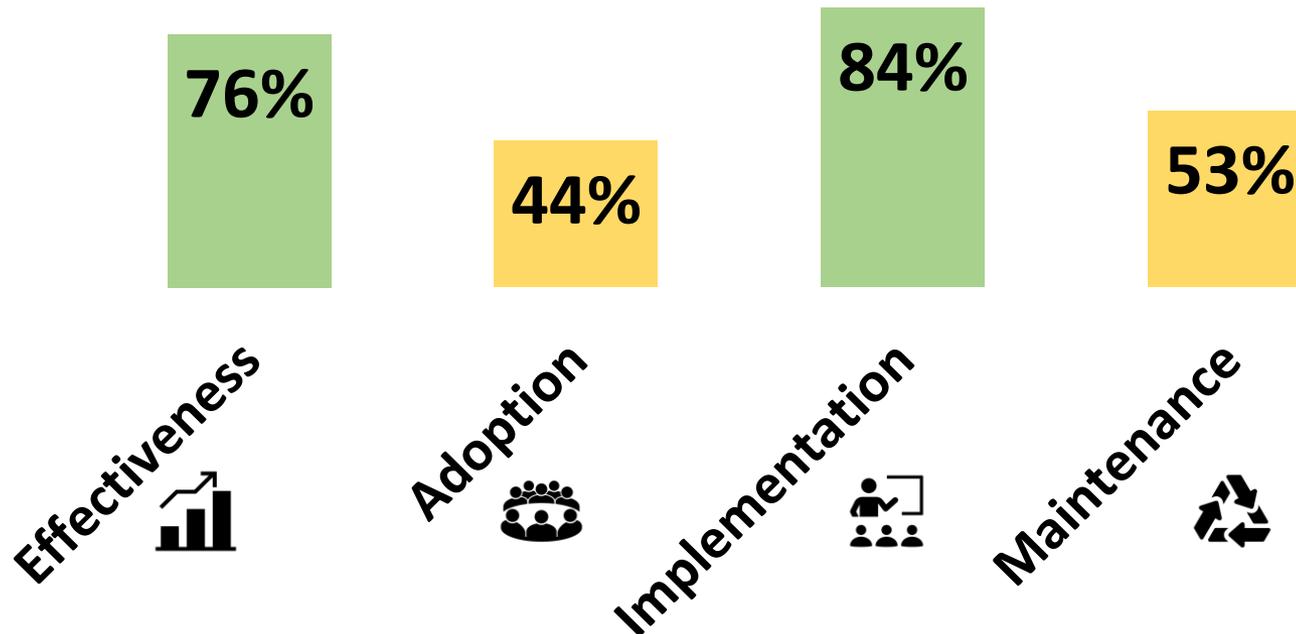
High on Implementation, Medium on Others



The high/medium/low summary score threshold for Implementation is higher than for other dimensions.

Results: Cohort 3 Proportion Scores

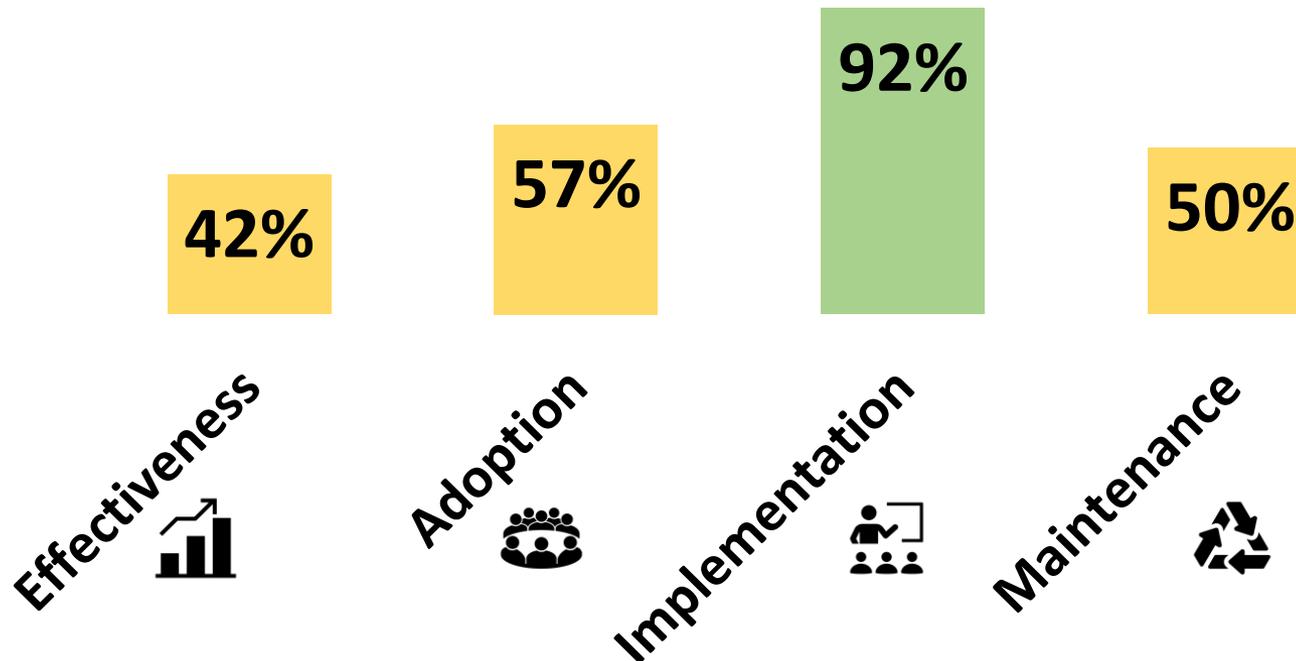
High on Effectiveness/Implementation, Medium on Others



The high/medium/low summary score threshold for Implementation is higher than for other dimensions.

Results: Cohort 4 Proportion Scores

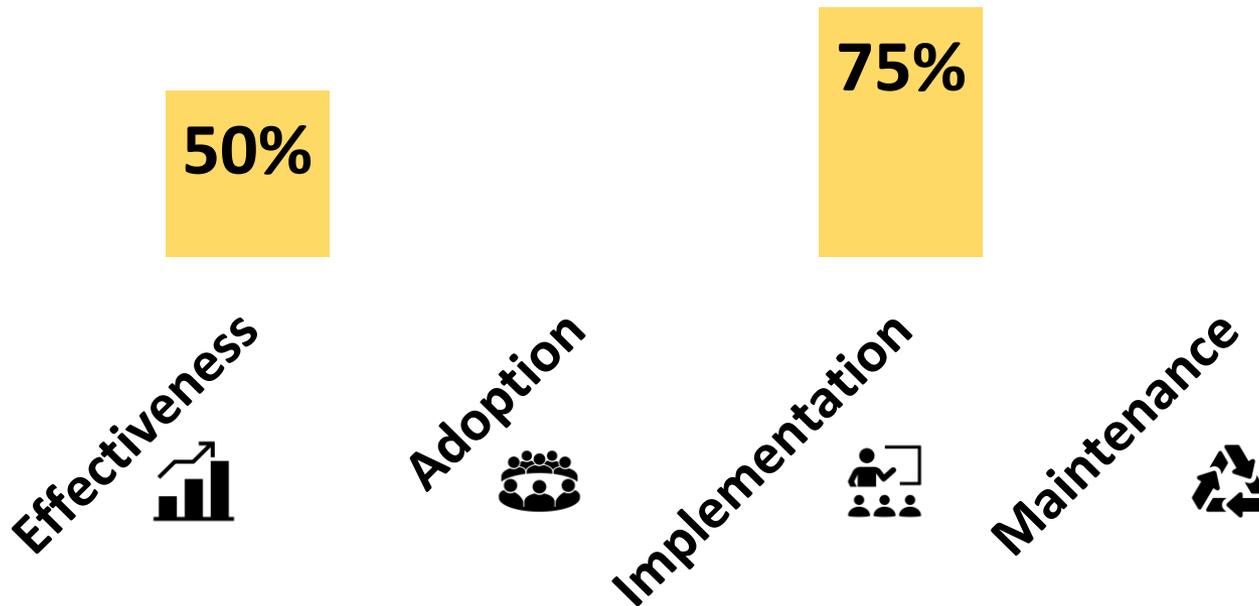
High on Implementation, Medium on Others



The high/medium/low summary score threshold for Implementation is higher than for other dimensions.

Results: Cohort 5 Proportion Scores

Medium on Effectiveness and Implementation



The high/medium/low summary score threshold for Implementation is higher than for other dimensions. Adoption and Maintenance data not available.

RE-AIM Evaluation

CPWI Cohort Summary Scores for RE-AIM Dimension

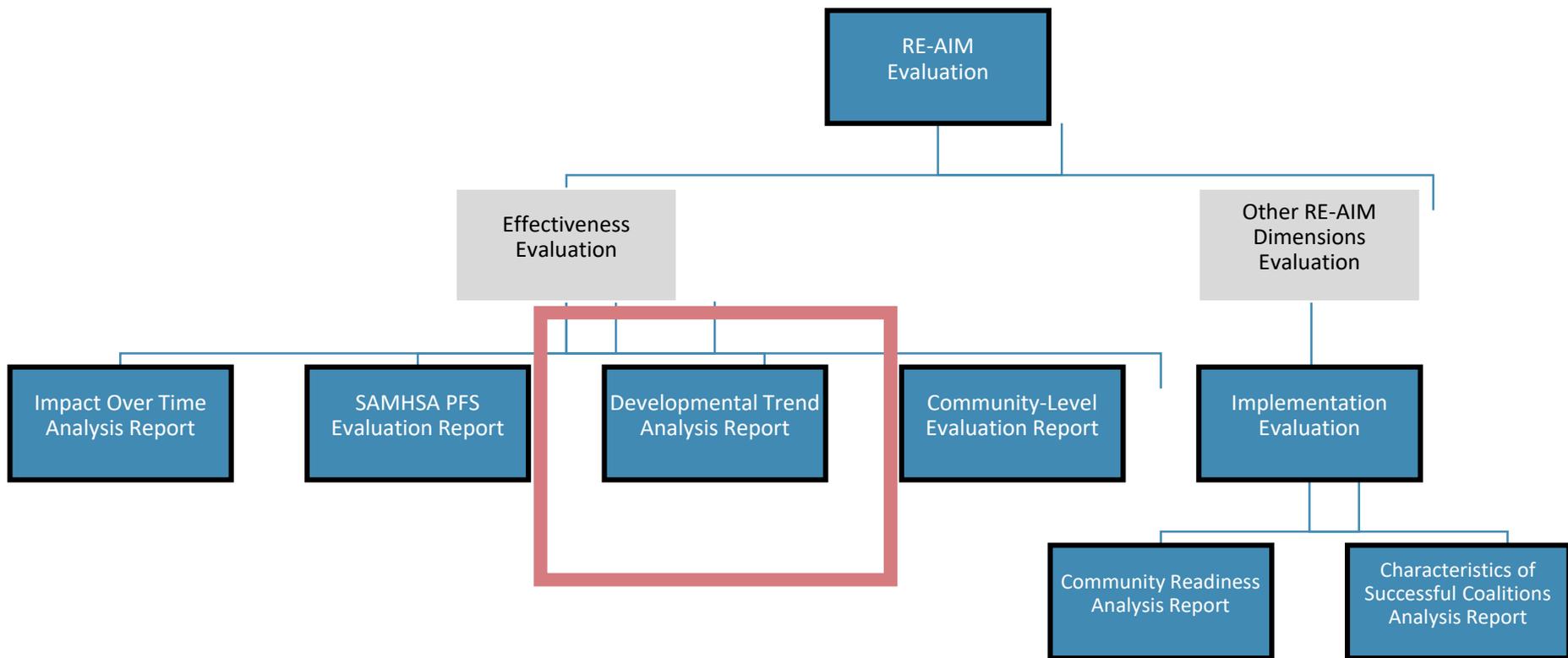
	Reach	Effectiveness 	Adoption 	Implementation ^a 	Maintenance 
Cohort 1	---	Medium	Medium	Medium	High
Cohort 2	---	Medium	Medium	High	Medium
Cohort 3	---	High	Medium	High	Medium
Cohort 4	---	Medium	Medium	High	Medium
Cohort 5	---	Medium	---	Medium	---

Note. We will calculate Reach Summary Score after further consultation with DBHR staff. The scores for Adoption and Maintenance are based on CPWI Process Evaluation conducted in summer 2017. Cohort 5 communities had not started program implementation then, and thus, Cohort 5 data on Adoption and Maintenance is unavailable.

^a The high/medium/low summary score threshold for Implementation is higher than for other dimensions.



Hot off the Presses! Developmental Trend Evaluation



The “E” in the RE-AIM Framework: Effectiveness



#1. Did developmentally normative change in substance use and related risk factors differ significantly in CPWI communities compared to non-CPWI communities?

Propensity score weighted regression modeling

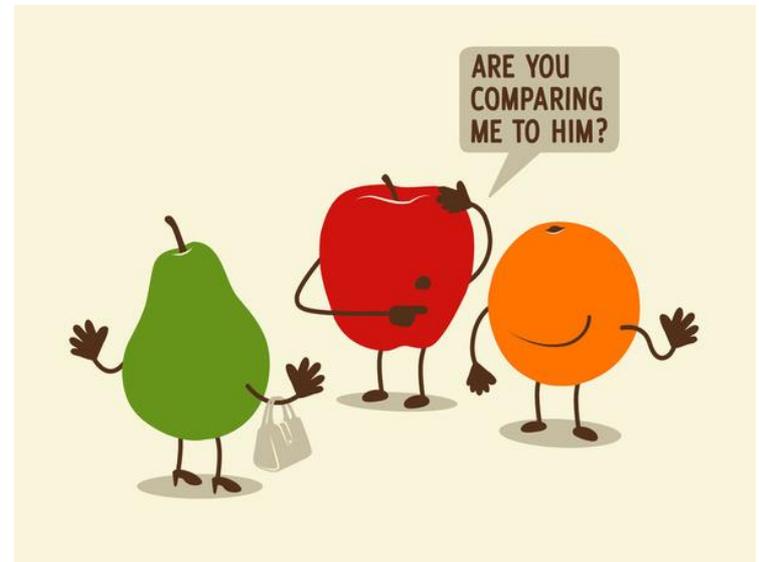


#2. What is the probability that the positive outcomes for CPWI are due to chance?

Binomial probability calculation

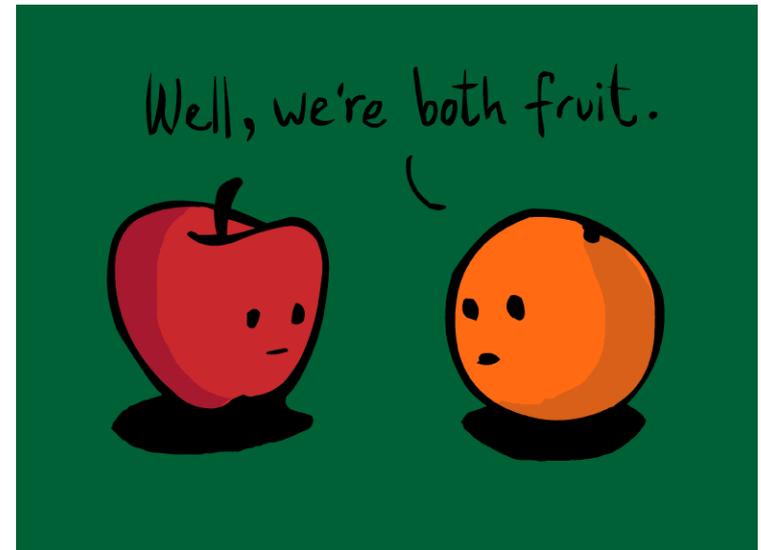
Step 1: Why propensity score analysis?

- CPWI communities were not randomly assigned.
- CPWI and non-CPWI communities differ in important ways.
- If we don't account for these differences in the evaluation, results will be biased.



Step 1: What is propensity score analysis?

- Statistical method that helps mimic an experimental evaluation when groups were not randomly assigned to intervention vs. control.
- Propensity score = communities probability of being selected as CPWI community



Step 1: What goes into the propensity score?

21 variables from 6 domains were used in the propensity score model.

Substance use

- Any alcohol use in past 30 days
- Frequency of alcohol use in past 30 days
- Any cigarette smoking in past 30 days
- Frequency of cigarette smoking in past 30 days
- Any marijuana use in past 30 days
- Frequency of marijuana use in past 30 days

School performance

- Self reported truancy

Youth delinquency

- Self-reported fighting
- Carrying a weapon in school
- Gang membership
- Driving under influence

Mental health

- Depression
- Considering suicide
- Suicide attempts

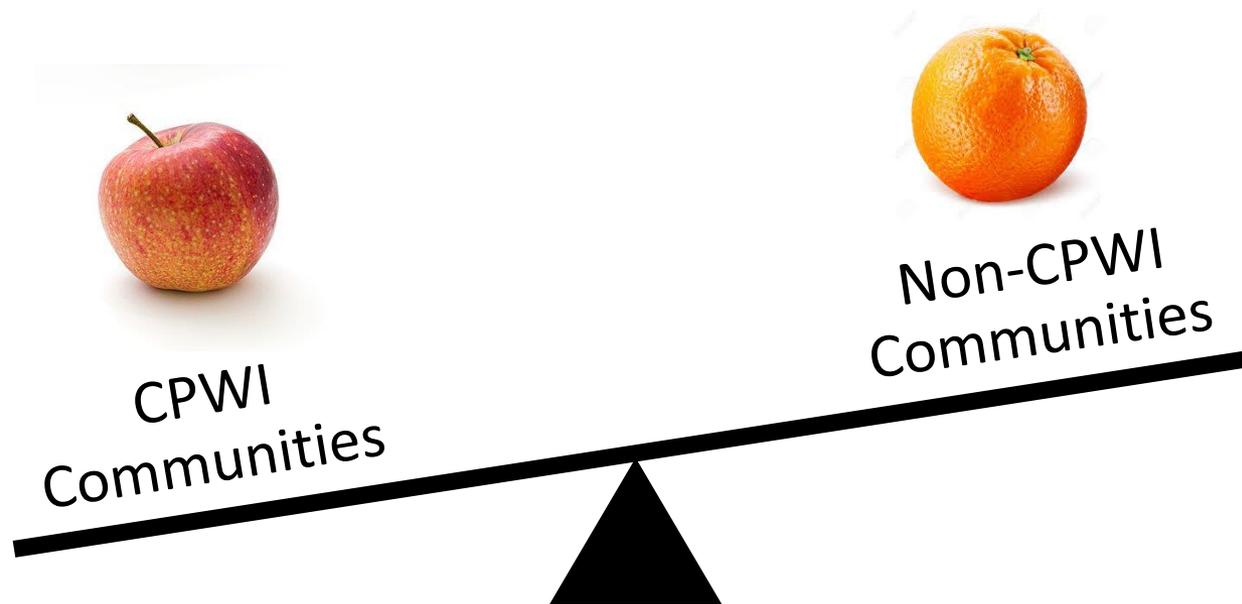
Economic indicator

- Median household income
- TANF, child recipients
- Food stamps recipients
- Levies due to school district

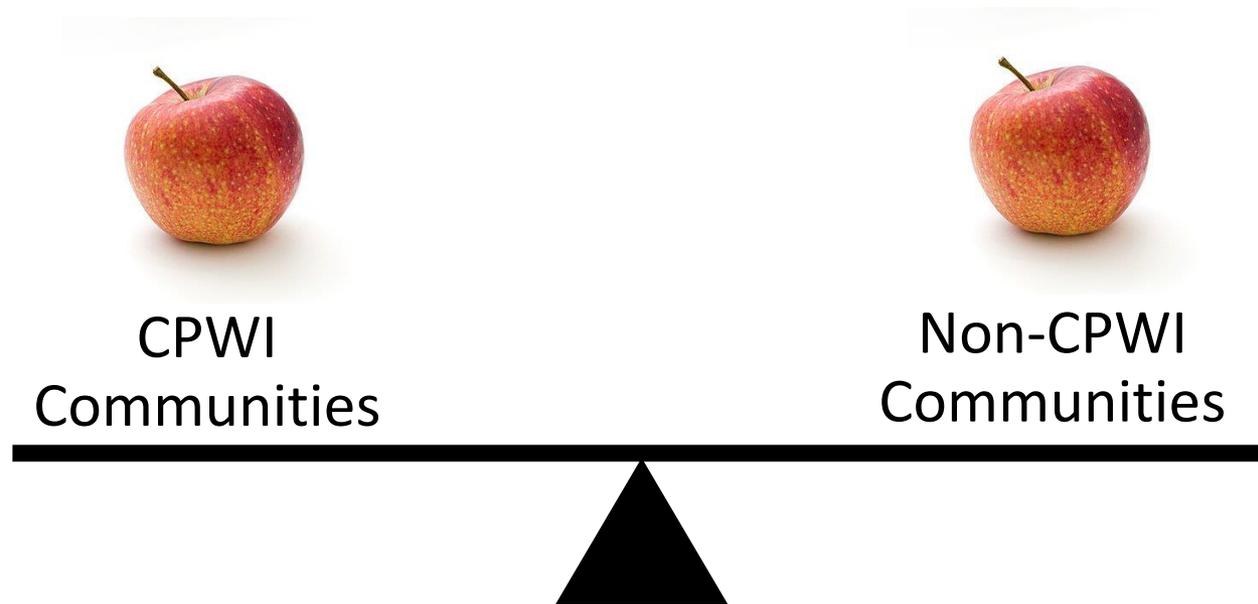
Demographics

- Total population
- Population density
- Eastern vs. Western WA

Step 1: What does the propensity score do?



Step 1: What does the propensity score do?



Step 1: What does the propensity score do?

CPWI & Non-CPWI communities are balanced on 21 variables.*

Substance use

- Any alcohol use in past 30 days
- Frequency of alcohol use in past 30 days
- Any cigarette smoking in past 30 days
- Frequency of cigarette smoking in past 30 days
- Any marijuana use in past 30 days
- Frequency of marijuana use in past 30 days

School performance

- Self reported truancy

Youth delinquency

- Self-reported fighting
- Carrying a weapon in school
- Gang membership
- Driving under influence

Mental health

- Depression
- Considering suicide
- Suicide attempts

Economic indicator

- Median household income
- TANF, child recipients
- Food stamps recipients
- Levies due to school district

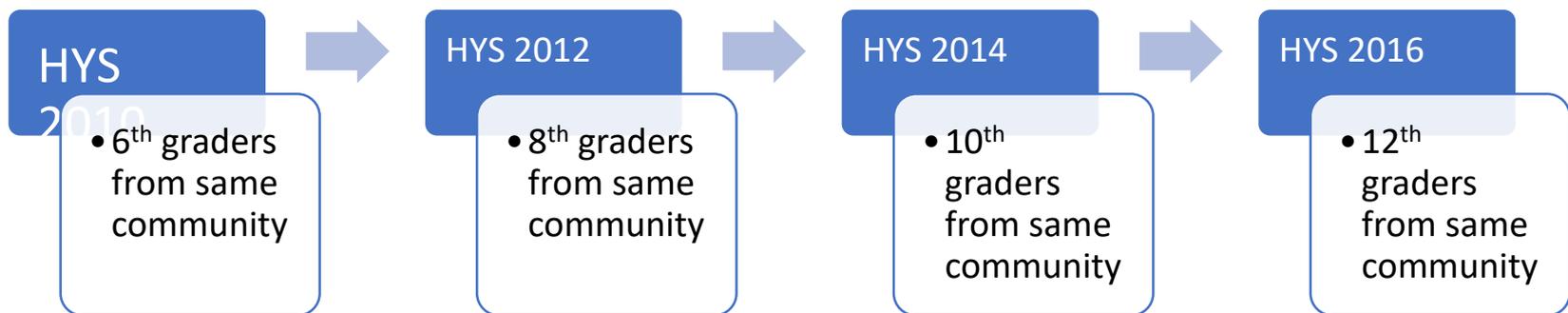
Demographics

- Total population
- Population density
- Eastern vs. Western WA

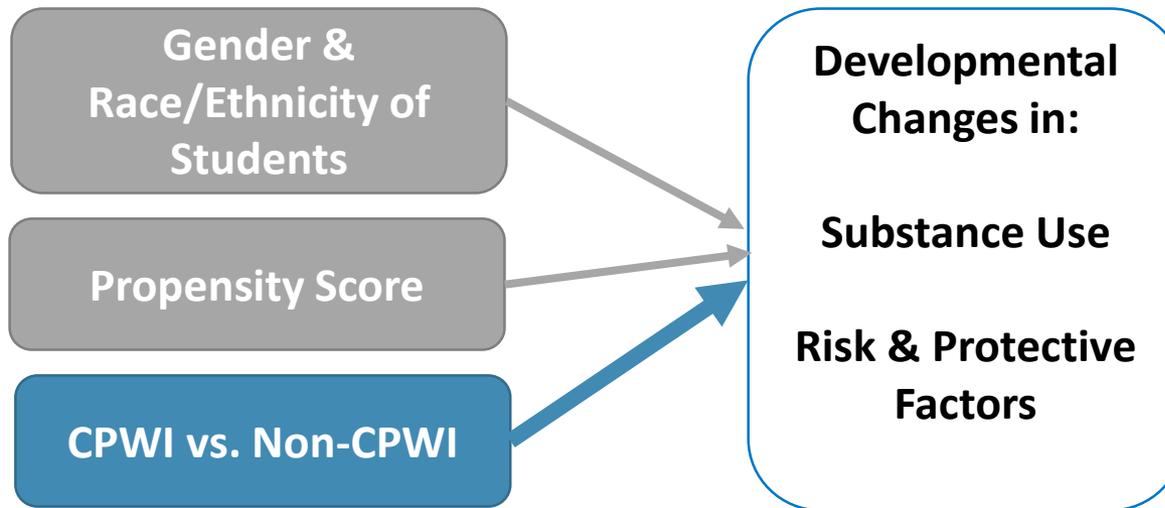
Step 2: Calculate CPWI impact

Who is included in the analysis?

Linked grade cohorts of students who filled out the Healthy Youth Survey from 2010 to 2018.



Step 2: Calculate CPWI impact



When school district catchment area corresponded to only one CPWI community, we used school district-level data. For communities defined by their High School Attendance Area (HSAA), we use school-level outcome data.

Evaluation Outcomes

Substance Use

- 12 outcomes across 4 domains
 1. Alcohol use
 2. Cigarette use
 3. Marijuana use
 4. Opioid misuse

Risk Factors

- 13 factors across 3 domains
 1. Peer-individual risk factors
 2. Family risk factors
 3. Community risk factors

Evaluation Question #1: Substance Use



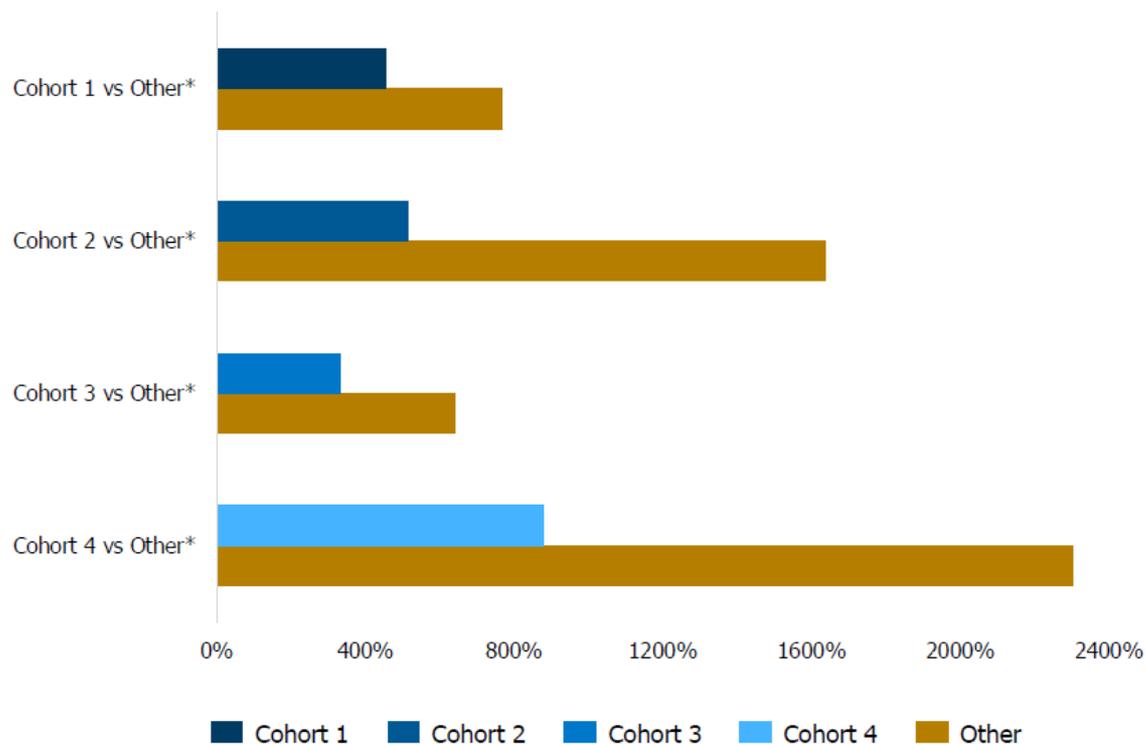
#1. Did developmentally normative change in substance use and related risk factors differ significantly in CPWI communities compared to non-CPWI communities?

Propensity score weighted regression modeling

Substance use increased in both CPWI and non-CPWI communities.

BUT, the increase in most substance use outcomes was **significantly less steep in CPWI communities** compared to non-CPWI communities.

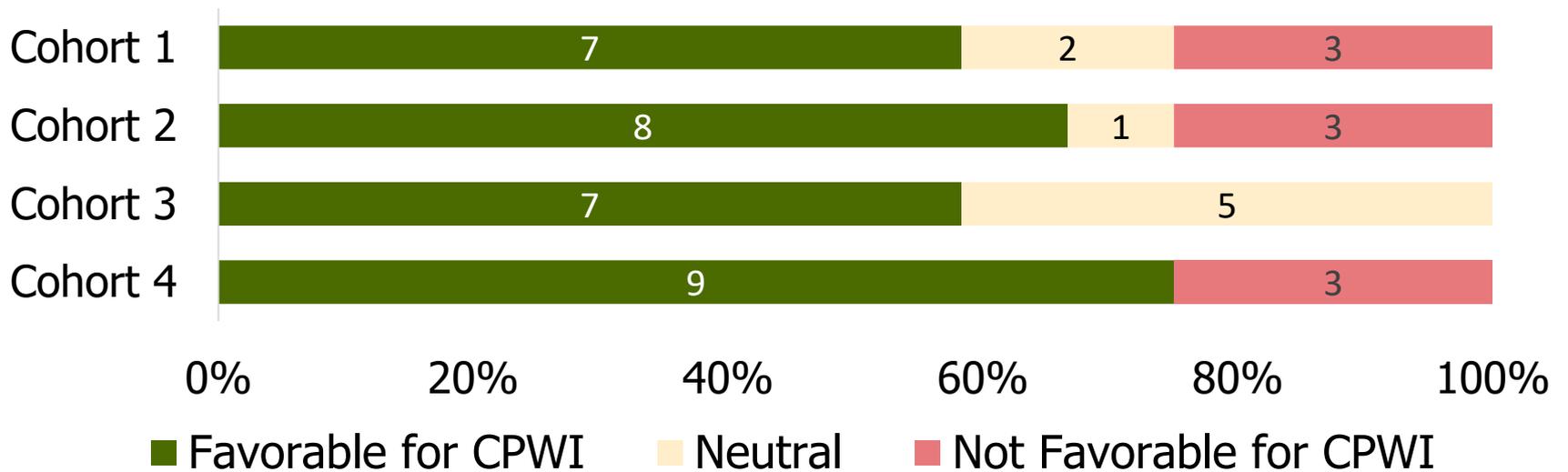
Percent Change in Any Alcohol Use in Past 30 Days from 6th to 12th Grade in CPWI Communities Compared to Non-CPWI Communities.



* $p < .05$. Results of significance testing represent whether the pattern of change in CPWI communities differs significantly from the pattern of change in non-CPWI communities.

Evaluation Question #1: Substance Use

A majority of results for substance use outcomes were favorable for CPWI.



Evaluation Question #1: Substance Use

Snapshot of Substance Use Outcomes

Domain	Outcome	C1	C2	C3	C4
Alcohol Use	Any alcohol use ever	Favorable for CPWI	Favorable for CPWI	Favorable for CPWI	Not Favorable for CPWI
	Any alcohol use in past 30 days	Favorable for CPWI	Favorable for CPWI	Favorable for CPWI	Favorable for CPWI
	Frequency of alcohol use in past 30 days	Favorable for CPWI	Favorable for CPWI	Favorable for CPWI	Favorable for CPWI
	Any binge drinking in past 2 weeks	Favorable for CPWI	Favorable for CPWI	Favorable for CPWI	Favorable for CPWI
Cigarette Use	Any cigarette smoking ever	Neutral	Favorable for CPWI	Neutral	Favorable for CPWI
	Any cigarette smoking in past 30 days	Not Favorable for CPWI	Not Favorable for CPWI	Favorable for CPWI	Favorable for CPWI
	Frequency of cigarette smoking in past 30 days	Not Favorable for CPWI	Not Favorable for CPWI	Neutral	Favorable for CPWI
Marijuana Use	Any marijuana use ever	Favorable for CPWI	Favorable for CPWI	Favorable for CPWI	Favorable for CPWI
	Any marijuana use in past 30 days	Favorable for CPWI	Favorable for CPWI	Neutral	Favorable for CPWI
	Frequency of marijuana use in past 30 days	Favorable for CPWI	Favorable for CPWI	Favorable for CPWI	Favorable for CPWI
Opioid Misuse	Any painkiller use in past 30 days to get high	Neutral	Neutral	Neutral	Not Favorable for CPWI
	Frequency of painkiller use in past 30 days to get high	Not Favorable for CPWI	Not Favorable for CPWI	Neutral	Not Favorable for CPWI

	Favorable for CPWI
	Neutral
	Not Favorable for CPWI

Evaluation Question #1: Risk Factors



#1. Did developmentally normative change in substance use and related risk factors differ significantly in CPWI communities compared to non-CPWI communities?

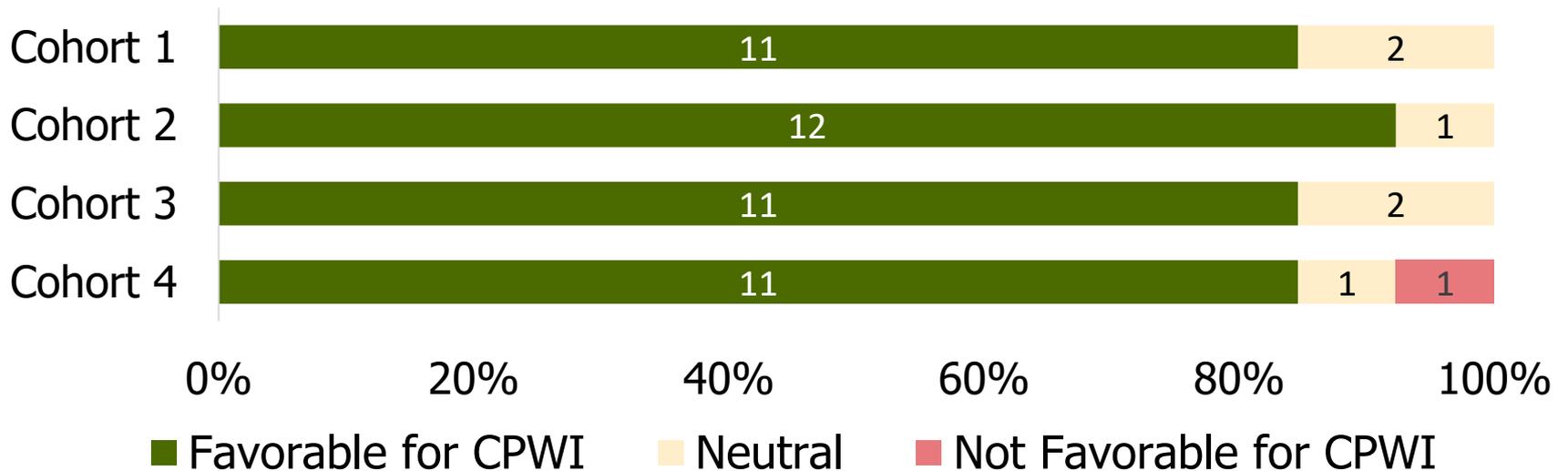
Propensity score weighted regression modeling

Risk factors mostly increased in both CPWI and non-CPWI communities.

The increase in most risk factors was **significantly less steep in CPWI communities** compared to non-CPWI communities.

Evaluation Question #1: Risk Factors

A majority of results for risk factors were favorable for CPWI.



Evaluation Question #1: Risk Factors

Snapshot of Risk Factor Outcomes

Domain	Outcome	C1	C2	C3	C4
Peer-Individual Risks	Less interaction with prosocial peers	Neutral	Neutral	Neutral	Favorable for CPWI
	Low social skills	Favorable for CPWI	Favorable for CPWI	Favorable for CPWI	Favorable for CPWI
	Low belief in the moral order	Favorable for CPWI	Favorable for CPWI	Favorable for CPWI	Favorable for CPWI
	Early initiation of substance use	Favorable for CPWI	Favorable for CPWI	Favorable for CPWI	Favorable for CPWI
	Friends' substance use	Favorable for CPWI	Favorable for CPWI	Favorable for CPWI	Favorable for CPWI
	Favorable attitudes towards drug use	Favorable for CPWI	Favorable for CPWI	Favorable for CPWI	Favorable for CPWI
	Low perceived risk of substance use	Favorable for CPWI	Favorable for CPWI	Favorable for CPWI	Favorable for CPWI
Family Risks	Fewer opportunities for prosocial involvement	Favorable for CPWI	Favorable for CPWI	Favorable for CPWI	Favorable for CPWI
	Parental attitudes favorable towards drug use	Favorable for CPWI	Favorable for CPWI	Favorable for CPWI	Favorable for CPWI
	Poor family management	Neutral	Favorable for CPWI	Favorable for CPWI	Favorable for CPWI
Community Risks	Fewer opportunities for prosocial involvement	Favorable for CPWI	Favorable for CPWI	Favorable for CPWI	Favorable for CPWI
	Laws and norms favorable to drug use	Favorable for CPWI	Favorable for CPWI	Neutral	Not Favorable for CPWI
	Perceived availability of drugs	Favorable for CPWI	Favorable for CPWI	Favorable for CPWI	Neutral

	Favorable for CPWI
	Neutral
	Not Favorable for CPWI

Evaluation Question #2



#2. What is the probability that the positive outcomes for CPWI are due to chance?

Binomial probability calculation

The probability that the pattern of positive results is due to chance is extremely low.

- Cohorts 1 and 4 = 0.2%
- Cohorts 2 and 3 = 0.1%

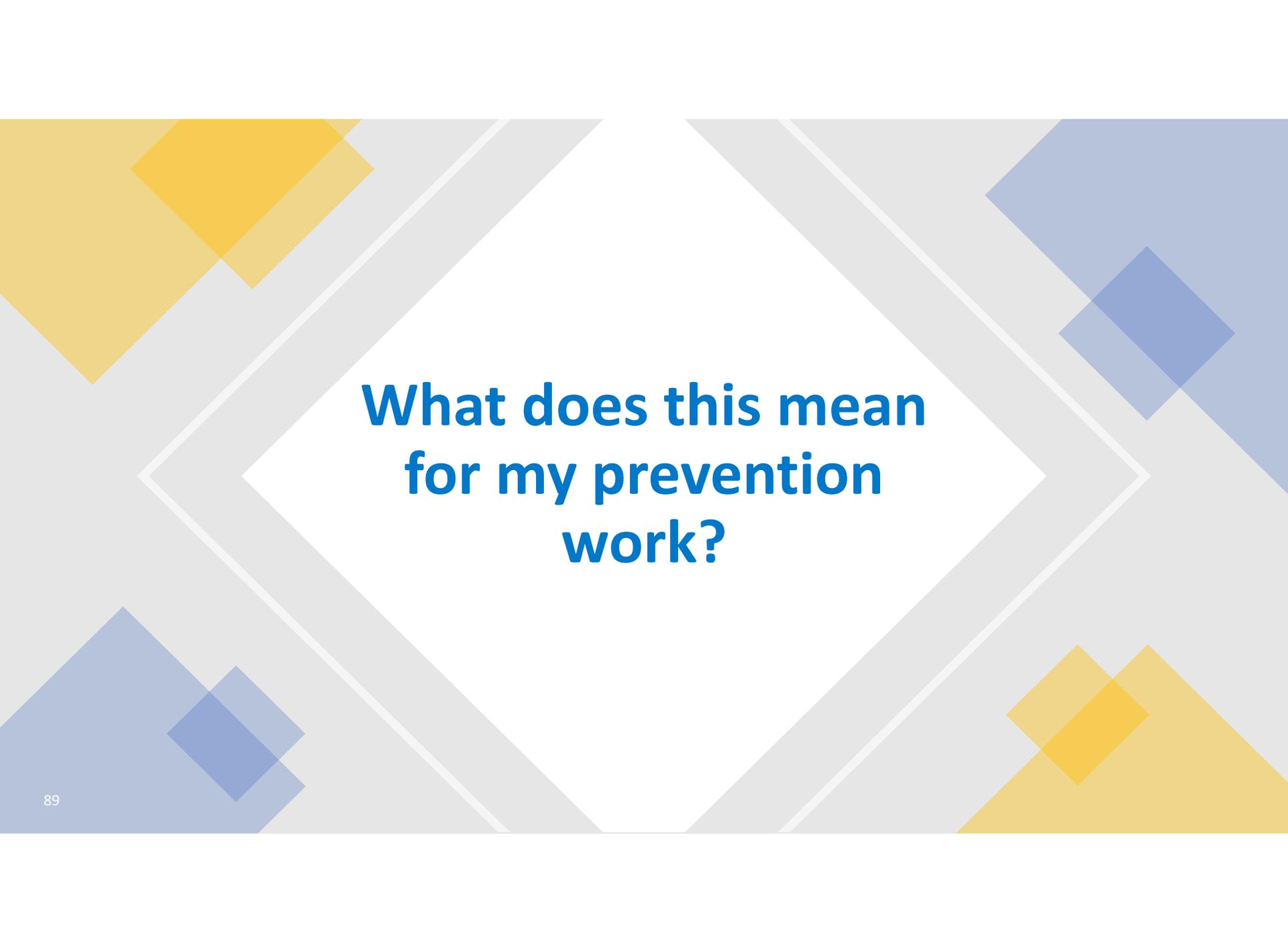


Take home messages

- CPWI is slowing the trajectory of increase in adolescent substance use and related risk factors.
- The high-need CPWI communities are “catching up” with lower-need communities.
- It is likely that additional (non-CPWI) programs in CPWI communities/schools have also contributed to the positive results.

Let's Discuss: Q&A





**What does this mean
for my prevention
work?**



What, So What, Now What (W3)

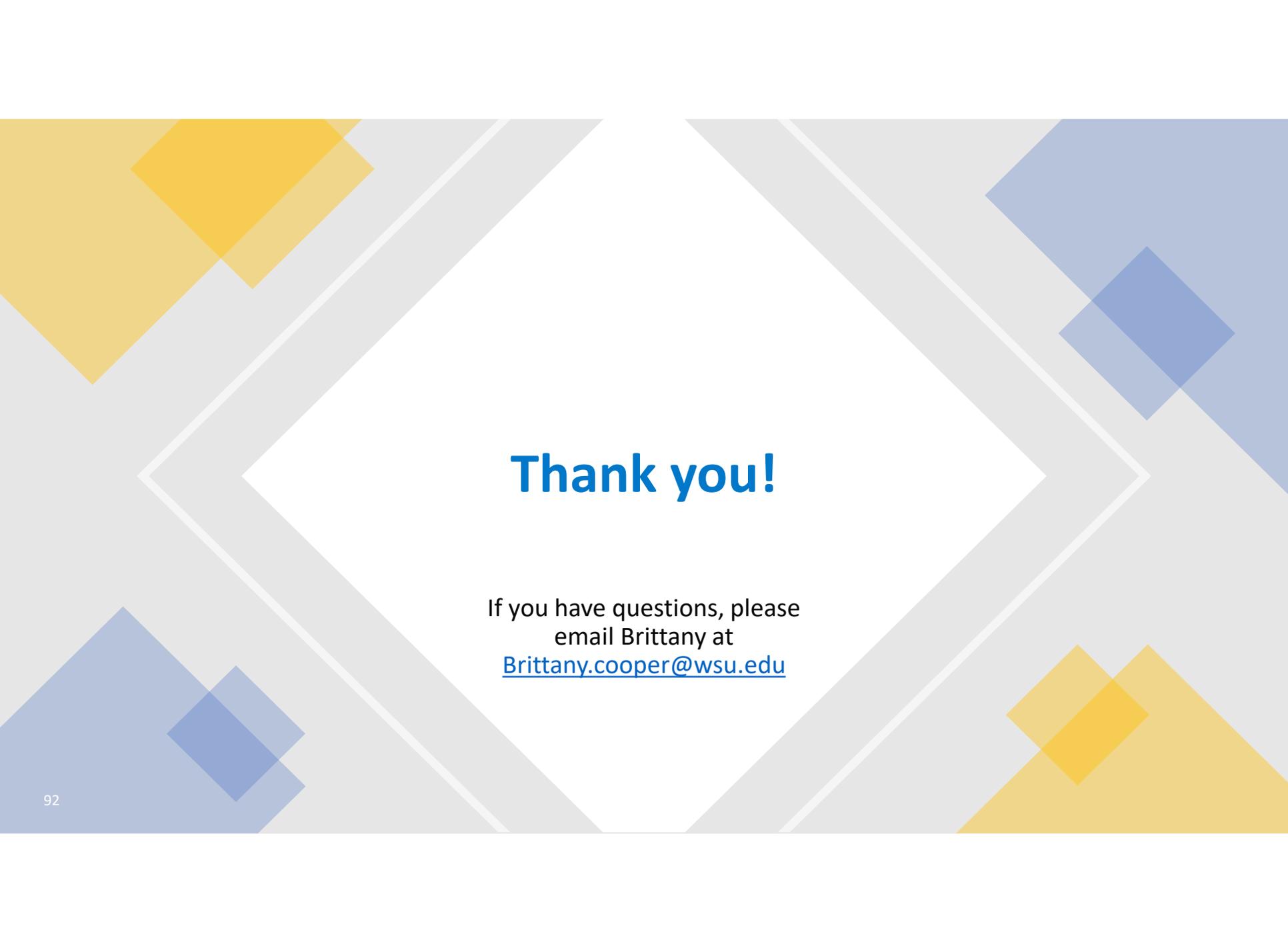
Together, Look Back on Progress and Decide What Adjustments Are Needed

Liberating Structures: <http://www.liberatingstructures.com>



What, So What, Now What (W3)

- **What:** What did you notice, what stands out to you about the CPWI evaluation? Stay at the level of direct observation and fact as best as you can.
- **So What:** So, what meaning can you make out of these observations? So, what conclusions can you draw from your observations?
- **Now What:** Identify next steps and actions you can take to use this information in your prevention work.



Thank you!

If you have questions, please
email Brittany at
Brittany.cooper@wsu.edu

Closing

- ▶ We hope you enjoyed our time together today!
- ▶ Evaluations to be emailed to you using the email address on file from registration.
- ▶ Enjoy the rest of the offerings today and we will “see” you at the Summit!

hope to
see you
there

Lunch 12:30-1:00 PM



Keri Waterland | Assistant Director | HCA/DBHR

Michael Langer | Deputy Director Director | HCA/DBHR

DBHR/HCA Listening Session

Agency efforts

Over the last year:

- ▶ Integration continues 2.5 years later by
 - ▶ Learning each other's book business.
 - ▶ Working to improve internal procedures.
 - ▶ Reducing silos between SUD and MH.
- ▶ Reorganization and prioritization within DBHR to
 - ▶ Ensure part of the continuum of care is represented.
 - ▶ Focus on diversity and health equity.
 - ▶ Provide high-quality care to consumers.

Looking forward:

- ▶ Continue integration efforts by
 - ▶ Using "customer" feedback.
 - ▶ Enhance efforts for collaborative work with health care plans, WSHA and Achievement council.
- ▶ Continue to focus efforts on
 - ▶ Continued support for community-based prevention.
 - ▶ Building capacity in communities.
 - ▶ Statewide public education and information initiatives.
 - ▶ Reducing gaps within the continuum of care.
 - ▶ Diversity, inclusion, and health equity efforts

We want to hear from you!

- ▶ **What questions or comments do you have for us?** *Please take yourself off mute to speak or if you'd prefer, please type in the chat and we will read on your behalf.*



TAKE CARE



OF YOURSELF

Post-Meeting Trainings/Meetings

- ▶ **Minerva Training | 3:00 p.m. – 5:00 p.m.**
Lauren Bendall | Prevention System Project Manager
- ▶ **Data Book Training | 3:00 p.m. – 5:00 p.m.**
Sandy Salivaras-Bodner | Prevention Research and Evaluation Manager
- ▶ **DFC Meeting | 3:00 p.m. – 4:00 p.m.**
Ray Horodowicz | Prevention System Manager
***Invite only**
- ▶ **DBHR/OSPI/ESD Quarterly Meeting | 3:00 p.m. – 5:00 p.m.**
Kasey Kates | Tribal and CPWI Implementation Supervisor
***Invite only**