



## Meeting Notes

### Cohort 2 Orientation and All Provider Meeting

### October 27, 2011

Attendee	State Agencies	Attendee	ESDs	Attendee	Counties/Communities
Michael Langer	DBHR	Tricia Hughes	ESD 101	Edie Borgman	Adams County
Linda Becker	DBHR			Carrie Gurgel	Asotin
Steve Smothers	DBHR	Susan Martin	ESD 105	Teresa Bell	Benton/Franklin - Pasco
Aaron Starks	DBHR	Cathy Kelley	ESD 105	Renee Hunter	Chelan/Douglas
Julia Greeson	DBHR	Sandy Mathewson	ESD 112	Dale Holiday	Clallam
Grace Hong	DBHR		ESD 113	Tiffany Schwieterman	Clark
Stephanie Atherton	DBHR	Michelle Dower	ESD 114	Peggy Gutierrez	Columbia
Ivón Urquilla	DBHR	Dan Bissonnette	ESD 121	Carrl Erickson	Cowlitz
Julie Bartlett	DBHR			Dianne Swanson	Cowlitz
Deb Schnellman	DBHR		ESD 123	Carolyn Pence	Grant
Scott Waller	DBHR	Mike Lynch	ESD 171	Allison Johnston	Island
Ray Horodowicz	DBHR	Maureen Stanton	ESD 189	Kelly Matlock	Jefferson
				Carol Jernigan	King
Dixie Grunenfelder	OSPI	KayDee Steele	Spokane Falls CC	Jackie Berganio	King
				Marcia Via	Kittitas
				Melanie Hopkins	Kittitas
				Mary Ellen DeLaPena	Kitsap
				Darren Mattozzi	Lincoln
				Jan Wegen	Lincoln
				Megan Azzano	Okanogan
				Hae Man Song/Wanda Rochelle	Pierce/Safe Streets
				Cynthia Stark Wickman	San Juan
				Colleen Wahto	Skamania
				Joe Neigel	Snohomish
				Michele Rastovich	Snohomish C-Mob

				Mary Wysocki	Snohomish
				Julie O'Neal	Stevens/Ferry
				Rachel Velez	Spokane
				Amber Jones	Spokane
				Charolotte Stenzel	Spokane
				Alan Zeuge	Spokane Co
				Joe Avalos/TimStampfli	Thurston/Together
				Debbie Dumont	Walla Walla
				Christine Roberts	Walla Walla
				Sigrid Gauger	Whitman
				Susan Martin	Yakima

Topics	Q&A/Discussion/Decisions
<p><b>Cohort 2 Orientation</b></p>	<p><b>PRI Task Category Overview</b></p> <ul style="list-style-type: none"> <li>- All participants were given a copy of the task categories guide to review.</li> <li>- All PRI information and documents are available at <a href="http://www.TheAthenaForum.org">www.TheAthenaForum.org</a>. The site has been redesigned to improve usability. Athena is also a learning forum and a place for prevention professionals to exchange information.</li> <li>- People broke into groups to talk about what's in the guide, share experiences, and see which areas they need more information or clarification about.</li> <li>- Discussed coalition structure: What is our mission? What are our goals? What are the issues in our community? Who do we need to involve? How do we stay focused on our core mission, while re-evaluating our mission when trends change?</li> <li>- Decisions are made by the community coalition, on behalf of their community, not county- wide or at a higher level. Sector representatives need to come from the community (unless a smaller county does not have enough sector representatives and needs to include a county-wide person).</li> <li>- <b>Assessment:</b> This is a needs and resource assessment.</li> <li>- School districts: Do we pick a high school like Moses Lake with thousands of kids, or the school districts? DBHR encourages choosing a community, not only a school. In big cities they usually focus on a neighborhood. This is a decision the coalition needs to make.</li> <li>- <b>Planning:</b> Each coalition must develop a strategic plan. This is a cumulative placeholder for all the information the coalition is gathering through needs assessment, etc. <u>Until the strategic plan is approved, you continue to mark your current programs as a <b>Non-PRI</b> program in PBPS.</u> SAPT funding will be used for EBP. Non-SAPT programs can be entered into PBPS if you wish. This way you can generate reports on all your programs, not just the DBHR programs. Put zero dollars for SAPT if a program is being funded with other sources ...all programs funded by SAPT dollars become part of the DBHR performance- based contract deliverables.</li> </ul>

	<ul style="list-style-type: none"> <li>- What percentage of programs have to be EBP? 60%. P/EI positions in the schools must be <u>full time</u> in the community that is selected. Environmental programs are not counted against the EBP requirements (these are strategies, not programs).</li> </ul>
	<p><b>Risk Assessment Process</b></p> <ul style="list-style-type: none"> <li>- Grace Hong of DBHR presented the risk profile methodology (this is available on the Athena Forum website).</li> <li>- Communities which do not participate in the Healthy Youth Survey <u>should not</u> be selected as a PRI site.</li> <li>- Consider whether schools participated fully in the HYS, or only administered to one or two grades.</li> <li>- Why is bullying not addressed as a consequence in the data? Bullying is not an element included in the logic model this year.</li> </ul>
<p><b>Announcements</b></p>	<p>WASAVP Annual Meeting tomorrow – 7am Friday. Topics: safe medicine return bill, liquor privatization bill, identifying other legislative priorities for 2012.</p> <p>Health Care Reform (Marietta Bobba with Policy and Legislative Analysis Unit with ADSA). Where do behavioral health services belong? Our message is: The right care, the right time, the right place, the right dose. We need to coordinate MH and CD recovery and treatment and support for people with DD.</p> <ul style="list-style-type: none"> <li>- Medicaid recipients in long term care use the most state resources.</li> <li>- <a href="#">Demonstration to integrate care for dual-eligible individuals</a>: WA was one of 15 states to receive this 18-month grant. Goal is to design plans to improve and coordinate care in home and community services, and how we will achieve savings.</li> <li>- The legislature charged DSHS and HCA with figuring out how to purchase health care. The implementation plan is due December 2012. Is purchasing best in a fee for service world, a managed care world, or another way? How can we help people who are at risk of institutionalization? If you have ideas, thoughts or concerns, send to <a href="mailto:bobbam@dshs.wa.gov">bobbam@dshs.wa.gov</a>.</li> </ul>
<p><b>DBHR Updates</b></p>	<p><b>Budget:</b></p> <ul style="list-style-type: none"> <li>- The Governor released her budget reduction options this morning. The Governor asked state agencies to prepare for a \$2 billion reduction. The proposal to eliminate state funding for all adult treatment services is <u>not</u> in the Governor’s options, which are: <ul style="list-style-type: none"> <li>o \$14.5 million reduction for CD treatment.</li> <li>o \$5.2 million reduction in medical assistance for ADATSA and Disability Lifeline, affecting 15,000 clients.</li> <li>o \$2.7 million reduction for long-term residential and recovery housing</li> <li>o \$2.1 million reduction for closing Pioneer Center</li> <li>o \$2.1 million administrative reduction by converting funding to county block grants.</li> <li>o \$2.1 million reductions to capture criminal justice treatment account underexpenditures</li> <li>o \$1.9 million reduction for limiting detox visits to two per year</li> <li>o \$188,000 reduction for limiting CD assessments to two per year</li> <li>o More details are available at: <a href="http://www.ofm.wa.gov">www.ofm.wa.gov</a></li> <li>o Prevention: we do not know what may happen with the block grant. States are required to provide a match amount in order not to lose federal funding. It’s possible to get a waiver on this if we can’t match. The federal funding for reducing underage drinking is proposed to be reduced but not eliminated.</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>- Question: Is there a chance the block grant will be eliminated? The BG funding is still separate for MH and CD. CSAP is telling DBHR to continue with our method of distributing the block grant. There is no new money.</li> <li>- Question: Is there an expectation for a certain length of time for PRI funding? DBHR: As long as milestones and goals are being met, DBHR intends to continue with PRI communities. We estimate the current funding will last for at least six six years.</li> </ul> <p><b>EUDL Grant:</b> We received the Enforcing Underage Drinking Laws grant which is for three years. We have to create a state strategic plan for how we will increase enforcement. Maine and Nevada are also involved in the plan. We will be looking to some communities to pilot the plan.</p> <p><b>SPE grant:</b> A capacity plan is due in a couple of months, which will be done with the help of the Washington Interagency Network members and the state Department of Health. It's a one year grant. A five-year strategic prevention plan is due August 1, 2012.</p> <ul style="list-style-type: none"> <li>o Projects: We will be providing resources to OSPI and Community Mobilization (Dept. of Commerce) to develop guides for: GLBT and military populations, mental health promotion, capacity building with Communities That Care, and online trainings.</li> <li>o Let us know by Nov. 4 if your coalition is interested in working with primary health care providers. Contact Julie Bartlett at DBHR for more information. Health care providers must be actively involved in the coalition and willing to be a spokesperson for the coalition, but it does not need to be a doctor. Question: Are there examples of activities that medical professionals would do? DBHR: They would need to attend the coalition meetings regularly, encourage others to join the coalition, write letters to the newsletter, and present at community clubs such as Rotary.</li> <li>o Another part of the grant is to do feasibility studies on our data systems, and specifically to evaluate PRI. The feasibility of requiring licensure of prevention professionals, and certification fees, is also being looked at.</li> </ul>
<p><b>Panel discussion: Cohort 1 shared what they have learned so far from the PRI process</b>(facilitated by Renee Hunter, Together for Drug Free Youth, Chelan and Douglas Counties, and PRI Coordinator for Wenatchee).</p>	<ul style="list-style-type: none"> <li>- The purpose of this discussion was to share experiences with shifting from a county prevention focus to a community prevention focus.</li> <li>- Panel members: Renee Tinder-Franklin Pierce , HaeMan Song- Pierce County/Orting, Joe Neigel-Snohomish County, Maureen Stanton- NW ESD, Jackie Berganio- King County, Dan Bissonnette-Puget Sound ESD, Erin Wright-ESD 113, Tim Stampfli- Tenino/Bucoda and Rainier coordinator.</li> <li>- Q: Each coalition please give an overview of what happened when selecting your community(ies).</li> <li>- <b>Who was involved in selection process?</b> <ul style="list-style-type: none"> <li>o Panel of reviewers</li> <li>o County staff looked at their data (84 indicators) and interviewed agencies.</li> <li>o County and ESD staff reviewed the data</li> </ul> </li> <li>- <b>How were decisions made?</b> <ul style="list-style-type: none"> <li>o Pierce County did an RFQ to give all organizations a chance to apply and find out what their qualifications were. They took into consideration data that was provided by DBHR. Looked at high need and ready</li> </ul> </li> </ul>

communities. They received 8 applications that were reviewed by a committee, then held a half day meeting to discuss scores.

- Another community did not use the RFP method because they knew from past experience that the high need communities would not have a strong application. Instead, they looked at the data for their county by zip code. This was a better method than looking at data by school district.
- King Co: We looked at four different communities for participation in C-1 and decided on two based on their readiness and ability to provide matching funds.
- Used school report card for drop outs and DBHR data.
- Because of the data we knew we were making the right decision

- **Share challenges:**

- Not being allowed to give county input in the community selection process and give background information to those who scored the proposals. The highest risk communities did not all apply.
- In Snohomish County, they had community partners who felt abandoned by this process because they had to focus on only two communities. They believe in the process to create community change. The county still provide technical assistance and supplies to their previous grantees.
- Principal transitions, funding issues, lack of support in enough sectors of community.
- New superintendant and principal, no existing coalition

- **Describe any lessons learned that will help C-2 and C-3**

- Sometimes the higher need communities submit the weaker proposals.
- Start early
- Be flexible and change your model if needed
- State clearly up front what the match requirement is
- Find out up front which communities are interested, if you can.
- Not all communities know they are in a high-need category – they need to be shown the data.
- The county, ESD, school and community are like four different families that need to learn each other's processes and communicate clearly.
- Superintendent buy-in was critical.

- **What would you do differently?**

- Approach people/communities together so the communication is consistent.
- Don't call yourself a community coordinator if you are new to the community – partner with someone who has worked in the community a long time.
- Be careful how you approach communities about collecting data...it can be intimidating to say the county and state are going to evaluate your data.
- Find your community champions and use them.

- **How do you recruit and retain coalition members?**

- Talk to people about their needs and time
- Take time to build trust if you are an outsider to the community – get the right people to introduce you.
- Find ways to get people involved who are part of existing coalitions

	<ul style="list-style-type: none"> <li>○ Look to more citizen volunteers who can help sustain coalition without funding.</li> <li>○ Enlist people who are passionate about their community</li> <li>○ Be flexible on meeting times</li> </ul>
	<p><b>Questions:</b></p> <ul style="list-style-type: none"> <li>- Who did you send your RFQ to? A: announced in the newspaper and sent to everyone.</li> <li>- When hiring a community coordinator, do they need to live in community? How do you pay for their travel if not? A: It's a disadvantage to not live in the community, but if there are two communities, one may feel slighted if you live in the other community. We have a VISTA volunteer who lives in one of the communities.</li> <li>- Is there any change from the current admin dollars? A: No.</li> <li>- Is this new money for PRI? A: no.</li> <li>- How big should selected communities be? A: If the community is large, select neighborhoods based on your data.</li> <li>- What is the FTE requirement for the P/I? A: 1 FTE.</li> <li>- For counties that are funding a half-time position, where do they get their money? A: Some have used DFC grants, some have local funding, most are using SAPT block grant. DBHR does not have the level of funding for PRI to meet all the needs for prevention services statewide.</li> </ul>
<p><b>SPF SIG Evaluation Results (Linda Becker)</b></p>	<p>Does implementing SFP SIG lead to better outcomes?</p> <ul style="list-style-type: none"> <li>○ Needed comparison sites that were randomly selected</li> <li>○ 47 sites applied – these were analyzed and sorted into three different types: urban/rural – poverty – ethnicity.</li> <li>○ Trends: alcohol use went down where coalition leadership was strong</li> <li>○ Since 2004 alcohol use has been going down across the state according to the HYS.</li> <li>○ Overall there were no significant differences between SPF SIG and comparison sites over time. However, comparison sites did differ significantly within specific areas.</li> <li>○ Kansas has seen significant declines in underage drinking in their SPF SIG sites – we need to learn from other states.</li> <li>○ The PowerPoint presentation will be available at <a href="http://www.preventionsummit.org">www.preventionsummit.org</a></li> </ul>

<p><b>Environmental Strategies</b> Presented by Harold Holder, PH.D., Prevention Research Center, Berkeley.</p>	<ul style="list-style-type: none"> <li>- Harold wants to work with Washington State communities on evaluating environmental strategies.</li> <li>- We are not incorporating enough best prevention research into assessment, planning, implementation.</li> <li>- Traditional approach to prevention: programs in schools to reduce substance abuse. This does not take into account the community norms and standards about alcohol promotion and availability.</li> <li>- Environmental approach to prevention = fewer deaths on the highways.</li> <li>- Environmental prevention: brings about system-level change and does not target an audience.</li> <li>- Common myths: Environmental strategies are too costly – they won't work in our community – we are already doing environmental strategies (public education is not environmental prevention). ATOD use is more of an individual problem and environmental strategies are not relevant. They cannot be evaluated. They do not work with children and pre-teens.</li> <li>- A family is an environment, where kids often get alcohol.</li> <li>- Research shows the single most powerful variable in preventing DUI deaths is the <u>perceived risk</u> of drinking and driving enforcement (not the arrest rate). Two strategies that have effects: Highly visible DUI enforcement, responsible beverage service to reduce over-serving.</li> <li>- The most popular misconception is that social norms need to be changed.</li> <li>- Review of the research evidence for logic models: <a href="http://www.pire.org">www.pire.org</a> , under feature websites/logic models.</li> <li>- Minnesota: local sales policies and enforcement – reduced underage drinking and crashes.</li> <li>- Plans for WA: support local environmental prevention efforts to use best available scientific evidence, select EBP, demonstrate results. Two demonstration communities: develop a strategic plan using a logic model; establish a local data system to directly support the local strategic plan; technical assistance and training for state and local staff and others are needed to be successful; develop outcome data.</li> <li>- Phase 1: Commitment – 1-2 months</li> <li>- 2: state and local staff training – 2-3 months</li> <li>- 3: develop local strategic plan 3-5 months.</li> <li>- 4: implementation – 3-12 months.</li> <li>- 5: follow up and support – up to 12 months.</li> <li>- Michael: many communities responded at the last PRI meeting that they were interested in piloting this. We need to come up with a process for selecting pilot sites. The plan is to share the learning from the pilot sites with communities statewide with a “how to” guide.</li> <li>- Process: Scott Waller will send out a formal request for interest in piloting after the Summit.</li> <li>- Harold Holder's presentation will be posted on <a href="http://www.preventionsummit.org">www.preventionsummit.org</a>. There is also information on <a href="http://www.TheAthenaForum.org">www.TheAthenaForum.org</a> (search Harold Holder).</li> </ul>
<p><b>Future Meeting Dates</b></p>	<p>All meetings will be combined with Cohort 1. First hour will be C-1, second hour will be DBHR business. Third hour is Cohort-2.</p> <ul style="list-style-type: none"> <li>• Jan 5</li> <li>• Feb 2</li> <li>• Mar 1</li> <li>• Apr 5</li> </ul>

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