

# The Statewide 5-Year Strategic Plan

*State Prevention Enhancement Policy Consortium*

# What is the SPE Policy Consortium?

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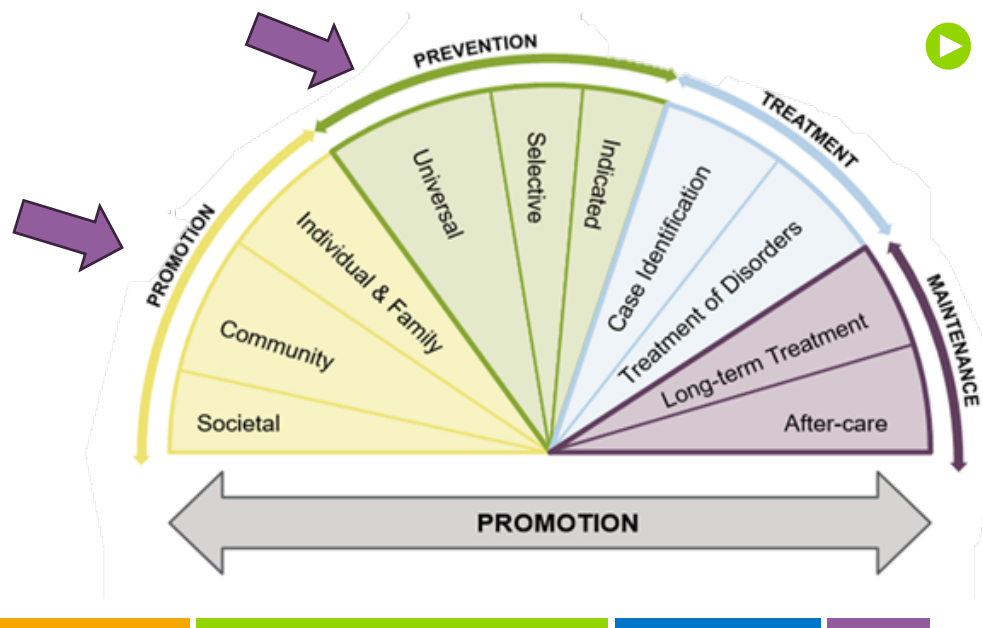
- ▶ Full Name
  - ▶ State Prevention Enhancement (SPE) Policy Consortium.
- ▶ Who can participate?
  - ▶ Any statewide organization working on preventing substance use disorder and/or promoting mental health.
- ▶ What do they do?
  - ▶ Inform – partners, funders, leaders
  - ▶ Support – workgroups and partners
  - ▶ Coordinate – reduce duplication and ensure system efficiency.



# Goal of Prevention and Promotion



- ▶ Build the health and wellness of individuals, families, and communities by delaying the onset of youth use, reducing youth substance use, preventing substance use disorder, and promoting mental health and wellbeing.



- ▶ We do this through our commitment to:

- ▶ State, Tribal, and local partners
- ▶ Communities with greater risk and higher need
- ▶ Research and evidence-based practices
- ▶ Outcomes

# Mission, Vision, and Key Values

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**Mission:** The SPE Policy Consortium, through partnerships and collaboration, will strengthen and support an integrated, statewide system of community-driven SUD prevention, behavioral and mental health promotion, and related themes.

**Vision:** A state where all individuals, families, youth, and communities can be as healthy as possible in a safe and nurturing environment.

**Key values:**

- ▶ Work collaboratively to produce a collective impact.
- ▶ Address health disparities and promote health equity.
- ▶ Make data-informed decisions.
- ▶ Honor current state and tribal resources, and ensure cultural competence, including honoring the Centennial Accord between the Federally Recognized Indian Tribes in Washington State and the State of Washington.
- ▶ Build community wellness.
- ▶ Support community -level initiatives.
- ▶ Consider the entire lifespan of the individual.
- ▶ Consider impacts of Health Care Reform and Indian Health Care Improvement Act.

# Key Principles

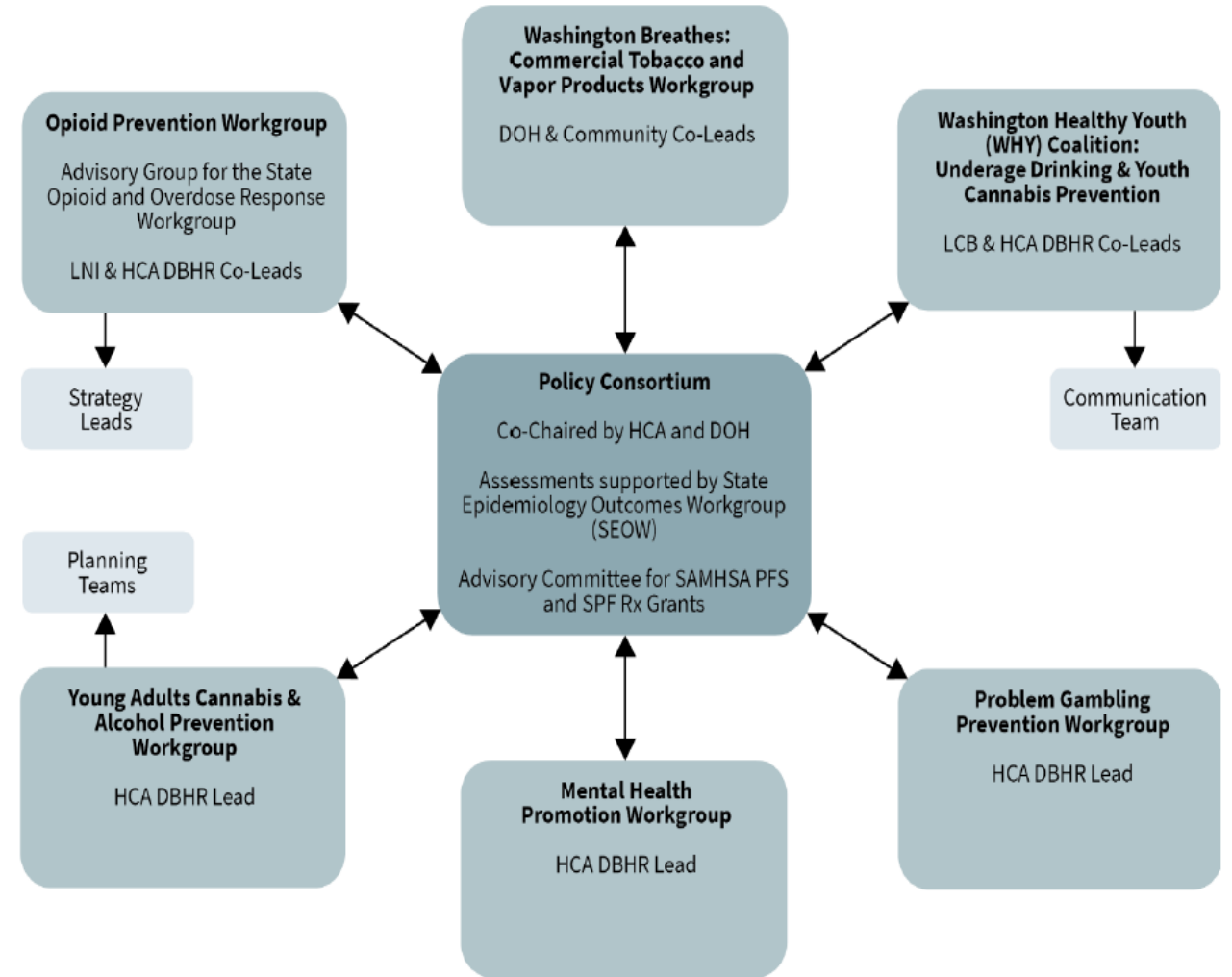
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- ▶ We work to prevent youth access to alcohol and other drugs
- ▶ We work to educate the broader community
- ▶ We promote the inclusion and education of research in policymaking
- ▶ We implement programs that further the development of positive youth development
- ▶ We support public policies that support public behavioral health and safety

# Workgroup Planning

- ▶ The SPE work is part of a larger effort

SPE Policy Consortium structure



# Assessment: Priority Areas

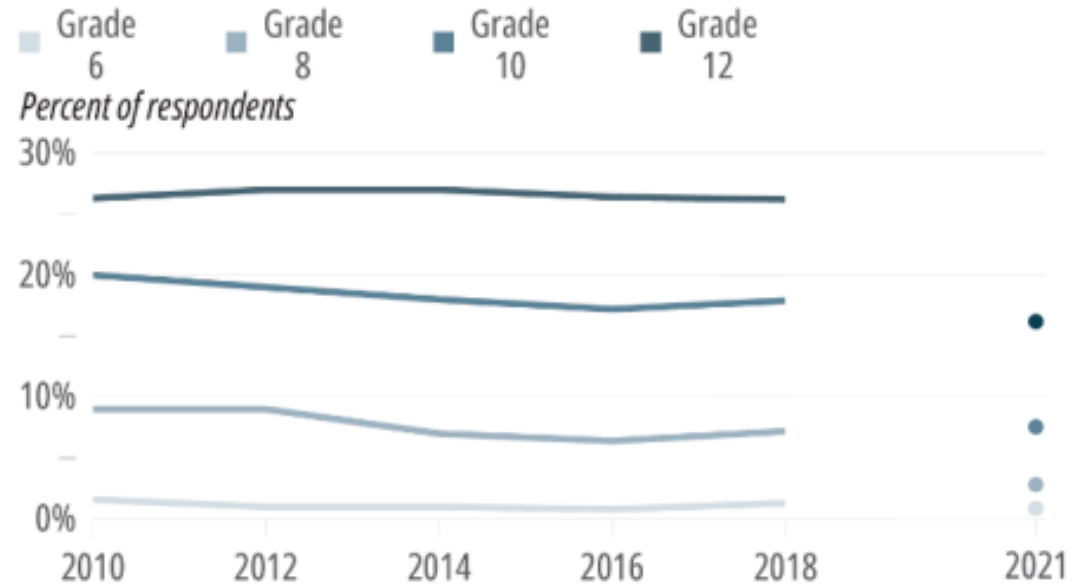
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- ▶ Underage drinking
- ▶ Cannabis/marijuana use/misuse
- ▶ Opioids, both prescribed and illicit, other prescription drugs, and stimulants use/misuse
- ▶ Commercial tobacco use/misuse
- ▶ Young adult/adult alcohol use/misuse
- ▶ Vaping use/misuse
- ▶ Depression and anxiety
- ▶ Suicide ideation
- ▶ Problem gambling

# Pandemic Effect

- ▶ The COVID-19 pandemic led to many changes in the lives of Washington youth
- ▶ HYS 2021 was likely influenced by the pandemic (e.g., decreased opportunity for socializing with peers)
- ▶ Trend data from before the pandemic and during/after the height of the pandemic should be interpreted with caution
- ▶ This is shown as a “break” in trend graphs
- ▶ HYS 2023 should help us determine which, if any, of the impacts will remain

**HYS Current (30-Day) Marijuana Use**  
2010-2021



Washington State Healthy Youth Survey; There is no connecting line between 2018 and 2021 to indicate caution should be used when comparing estimates between 2021 and prior years because of methodological changes for 2021. Due to these changes, significance testing between 2021 and prior years was not performed.



# Key Findings

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- ▶ Overall, based on prevalence, misuse of **alcohol** is the most concerning substance issue among high school youth when compared to other substances.
  - ▶ Alcohol use among youth and young adults has been on a decreasing trend.
- ▶ **Cannabis/Marijuana** ranks as the **2<sup>nd</sup>** most concerning substance misuse for youth.
  - ▶ Cannabis/Marijuana use over the years continues to remain stable for high school youth. Among, youth aged 21-25, cannabis use has significantly increased.
- ▶ Commercial **tobacco** use by high school youth ranks **3<sup>rd</sup>** as a substance of concern.
  - ▶ All forms of tobacco use (excluding E-cigarettes / Vape pen use) have continued to decline for high school youth and young adults.
- ▶ **Mental health** concerns are also prioritized as there is an increase in prevalence overtime in depression and suicide ideation, suicide planning, and suicide attempts among high school youth.

# Health Equity

- ▶ Significant mental disparities among female sex assigned at birth
- ▶ LGB students show disparities across all major indicators
- ▶ Students who self identify as disabled have significantly higher risk factors for problem behaviors
- ▶ Students who are unhoused are more than twice as likely to have attempted suicide
- ▶ Resource assessment shows that programs designed for LGB and disabled students are rare

## Health disparities data

Health Disparities Data by Gender at Birth, Sexual Orientation, Disability Status, and Housing Insecurity, Washington State 10th Grade Students Subpopulation, 2021

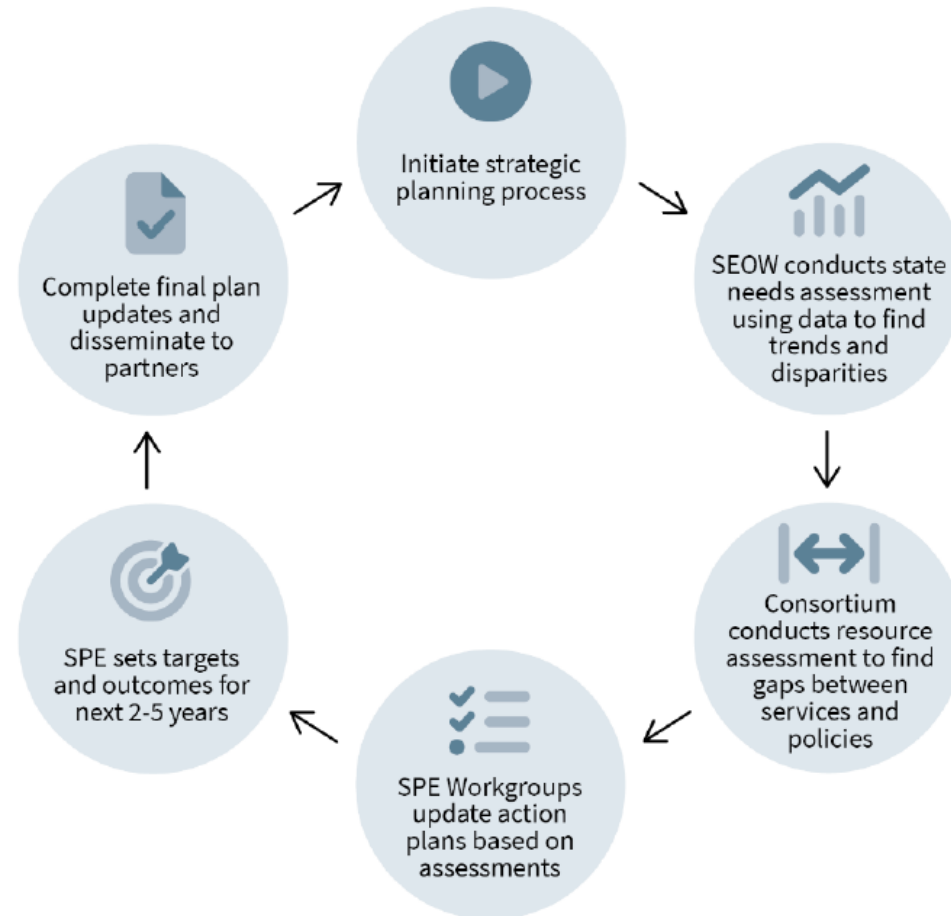
Red highlighted data indicates a statistically significant difference at the  $p < 0.05$  level

| Behavioral health problem                 | Gender at birth <sup>1</sup> |       | Sexual orientation (LGB) <sup>2</sup> |               | Disability status <sup>3</sup> |               | Housing insecurity <sup>4</sup> |                |
|---|------------------------------|-------|---------------------------------------|---------------|--------------------------------|---------------|---------------------------------|----------------|
|   | Female                       | Male  | LGB                                   | Hetero-sexual | Disability                     | No disability | Insecure housing                | Secure housing |
| Smoked cigarettes in past 30 days         | 2.3%                         | 1.6%  | 4.9%                                  | 1.1%          | 3.8%                           | 0.8%          | 10.2%                           | 1.7%           |
| Drank alcohol in past 30 days             | 9.7%                         | 7.0%  | 13.5%                                 | 7.2%          | 15.8%                          | 6.3%          | 15.1%                           | 8.1%           |
| Used marijuana or hashish in past 30 days | 7.9%                         | 6.4%  | 13.9%                                 | 5.8%          | 11.5%                          | 5.4%          | 16.6%                           | 6.7%           |
| Binge drinking in past 2 weeks            | 6.0%                         | 4.9%  | 9.3%                                  | 4.8%          | 8.4%                           | 4.7%          | 11.5%                           | 5.1%           |
| Pain killer use in past 30 days           | 1.2%                         | 0.8%  | 2.3%                                  | 0.7%          | 3.0%                           | 0.4%          | 4.0%                            | 0.8%           |
| Sad/hopeless in past 12 months            | 50.2%                        | 25.4% | 65.9%                                 | 29.0%         | 61.2%                          | 28.5%         | 52.8%                           | 36.5%          |
| Suicide ideation                          | 26.2%                        | 12.6% | 46.3%                                 | 11.5%         | 38.2%                          | 13.0%         | 36.5%                           | 18.5%          |
| Suicide plan                              | 20.8%                        | 10.3% | 34.8%                                 | 9.2%          | 30.5%                          | 10.0%         | 26.0%                           | 14.7%          |
| Suicide attempt                           | 11.6%                        | 4.5%  | 20.9%                                 | 4.3%          | 18.2%                          | 4.2%          | 16.3%                           | 7.2%           |
| Bullied in the past 30 days               | 16.3%                        | 10.1% | 23.1%                                 | 10.2%         | 25.7%                          | 8.6%          | 21.7%                           | 12.7%          |
| Anxiety <sup>5</sup>                      | 55.0%                        | 23.1% | 67.5%                                 | 29.7%         | 61.8%                          | 36.0%         | 47.2%                           | 38.9%          |

# 2023 and 2025 Targets for Behavioral Health Problems

| Alcohol use (10th grade)  | HYS 2016 | HYS 2018 | HYS 2021 | Target 2023 | Target 2025 |
|---|----------|----------|----------|-------------|-------------|
| Drank alcohol in last 30 days   | 20.3%    | 18.5%    | 8.4%     | 15.0%       | 14.0%       |
| Tobacco use (10th grade)  | HYS 2016 | HYS 2018 | HYS 2021 | Target 2023 | Target 2025 |
| Tobacco use in past 30 days<br>(all tobacco, excluding e-cigarettes) <sup>1</sup> | 10.2%    | 7.9%     | 3.5%     | 7.5%        | 7.1%        |
| Smoked cigarettes in last 30 days   | 6.3%     | 5.0%     | 1.9%     | 4.8%        | 4.5%        |
| Depression (10th grade)   | HYS 2016 | HYS 2018 | HYS 2021 | Target 2023 | Target 2025 |
| Sad/hopeless in past 12 months  | 34.5%    | 40.0%    | 38.1%    | 36.0%       | 34.1%       |

# Planning



# Timeline of the SPE Consortium and 5-Year Plan

|              |  |
|--------------|--|
| October 2011 | First Meeting of the SPE Consortium – Sue Grinnell (DOH) and Michael Langer (DBHR) presiding.                              |
| August 2012  | First publication of the 5-Year Strategic Plan – Reinforced the use of the Strategic Prevention Framework (SPF) statewide. |
| Fall of 2017 | First full update of the 5-Year Strategic Plan – David Hudson (DOH) and Sarah Mariani (DBHR) presiding.                    |
| Fall of 2019 | Last update to the 5-Year Strategic Plan – Patti Migliore-Santiago (DOH) and Sarah Mariani (DBHR) presiding.               |
| Present Day  | October 2023 published new five-year plan - Sarah Mariani (DBHR) and Allen Christensen (DOH) presiding                     |

# Strategic Plan Key Themes

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## SPE Consortium Mission Statement:

*“The SPE Consortium, through partnerships, is working to strengthen and support an integrated statewide system of community-driven substance use disorder prevention, mental health promotion, and related issues.”*

- ▶ Throughout the plan, emphasis on the following...
  - ▶ Health equity is top priority and discussed in all sections.
  - ▶ Discussion of possible pandemic point-in-time effect on data.
  - ▶ Clear connection between workgroup action plans and overall, SPE 5-year plan.

# Strategic Objectives

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- ▶ **Strategic Objective One:** Strengthen state collaboration to prevent initiation of substance use and promote mental health.
- ▶ **Strategic Objective Two:** Utilizing needs assessment data in Washington State, create and disseminate communication plans, campaigns, trainings, and resources to better serve populations in need.
- ▶ **Strategic Objective Three:** Implement environmental strategies to: reduce access and availability of substances; change community and social norms of substance use; and reduce stigma in accessing behavioral health services.
- ▶ **Strategic Objective Four:** Commit and dedicate efforts to implementing SUD prevention and mental health promotion programs to strengthen protective factors and reduce risk factors.
- ▶ **Strategic Objective Five :** Strengthen the long-term sustainability of the behavioral health promotion and SUD prevention workforce.

# Implementation through workgroups

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- ▶ Continuing support for resources directed to prevention and promotion efforts statewide.
- ▶ Consortium and Workgroup action plans are implemented, tracked, and reported out on.



# Washington Healthy Youth (WHY) Coalition

## (Underage Drinking and Youth Cannabis Prevention)

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### ▶ Goals:

- ▶ Reduce percentage of 10th graders reporting they drank alcohol in the past 30 days from 20% in 2016 to 15% in 2023
- ▶ Reduce percentage of 10th graders reporting they used marijuana in the past 30 days from 17% in 2016 to 12% in 2023

### ▶ Data Measures:

- ▶ Underage Drinking – 30-day use; problem use. HYS
- ▶ Cannabis/Marijuana Use – 30-day use. HYS

### ▶ Strategies:

- ▶ Provide Educational Tools for parents, schools, others.
- ▶ Use data to inform strategies
- ▶ Expand membership
- ▶ Education and information sharing

# Washington Breathes (WA Breathes)

## (Commercial Tobacco/Vapor Product Prevention & Treatment)

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### ▶ Goals:

- ▶ Improve health equity and community health
- ▶ Restore funding & comprehensive state program
- ▶ Eliminate underage commercial tobacco and vapor product use
- ▶ Improve cessation treatment
- ▶ Eliminate inequities
- ▶ Increase community-based data
- ▶ End commercial tobacco sales

### ▶ Data Measures:

- ▶ Commercial Tobacco Use– 30 day use. HYS
- ▶ Vapor Products Use – 30 day use. HYS

### ▶ Strategies:

- ▶ Promote new coalition and strategic plan
- ▶ Reduce disparities in use among key populations
- ▶ Leverage resources to support prevention and treatment

# Opioid Prevention Workgroup

(Prevent opioid and substance misuse, and associated harms)

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## ▶ Goals:

- ▶ Prevent misuse of opioids and other substances in communities, particularly among youth and young adults.
- ▶ Promote use of opioid prescribing best practices among health care providers.
- ▶ Increase the use of the Prescription Drug Monitoring Program
- ▶ Educate the public about the risks of opioid use, including overdose.
- ▶ Promote safe home storage and appropriate disposal
- ▶ Decrease the supply of illegal opioids

## ▶ Data Measures:

- ▶ Any opioid/prescription drug misuse – 30-day use. HYS
- ▶ Painkiller use – past 30 days. HYS.

## ▶ Strategies:

- ▶ Implement CPWI/SAPISP
- ▶ Fund CBO's in implementing EBPs
- ▶ Fund Tribes in providing culturally attuned programs
- ▶ Safe prescribing and utilization of PMP
- ▶ Public Education Campaigns

# Mental Health Promotion and Suicide Prevention

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## ▶ Goals:

- ▶ Statewide workgroup involving state and local organizations to focus on mental health promotion, suicide prevention strategies to implement SPE strategies.
- ▶ Build capacity across MHP system
- ▶ Seek new funding opportunities
- ▶ Share resources for MHP and Suicide Px

## ▶ Data Measures:

- ▶ Anxiety – within last 2 weeks. HYS
- ▶ Depression – sad/hopeless in last 12 months. HYS
- ▶ Suicide – Ideation; plan; attempt. HYS.

# Young Adults Workgroup

## Cannabis and Alcohol Misuse Prevention

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### ▶ Goals:

- ▶ Increase statewide collaboration and partnerships with diverse partners.
- ▶ Public education Enhance young adults' critical knowledge about alcohol and cannabis and raise awareness of misuse
- ▶ Workforce development
- ▶ Promote the use of evidence-based screening/intervention best practices, resources and tools.

### ▶ Data Measures:

- ▶ Young Adult/Adult Alcohol Misuse – use during pregnancy. PRAMS, YAHS.
- ▶ Young adult alcohol use – use in past month. YAHS.
- ▶ Young adult recreational cannabis use – past year by age group. YAHS.

# Problem Gambling Prevention

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## ▶ Goals:

- ▶ Recent formation and organization
- ▶ 2022 Legislative Session delegated more resources to PG
- ▶ Significant support from tribal partners
- ▶ Will create full strategic plan by end of 2024

## ▶ Data Measures:

- ▶ Problem Gambling – last 12 months. HYS

# Evaluation of SPE's efforts

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- ▶ Robust reporting systems from SPE Policy Consortium partner agencies/organizations.
- ▶ Tracking and analyzing data and outcomes from youth and young adult surveys in comparison to set targets.
- ▶ Tracking outcomes and progress on Consortium and Workgroup action plans.

# Dissemination efforts

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- ▶ ADD for future presentations.



# Questions?

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Where to learn more:

[www.TheAthenaForum.org/spe](http://www.TheAthenaForum.org/spe)



# Thank You!

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## ▶ Contact Information

- ▶ SPE Co-Chair: Sarah Mariani – [sarah.mariani@hca.wa.gov](mailto:sarah.mariani@hca.wa.gov)
- ▶ SPE CO-Chair: Allen Christensen - [allen.christensen@doh.wa.gov](mailto:allen.christensen@doh.wa.gov)
  
- ▶ 5-Year Plan Lead: Erika Jenkins – [erika.jenkins@hca.wa.gov](mailto:erika.jenkins@hca.wa.gov)
  
- ▶ SPE Staff:  
Alicia Hughes – [alicia.hughes@hca.wa.gov](mailto:alicia.hughes@hca.wa.gov)  
Isaac Wulff – [isaac.wulff@hca.wa.gov](mailto:isaac.wulff@hca.wa.gov)