

Behavioral Health Provider Listening Session

Tuesday, April 23

1:30 to 2:30 p.m.

Agenda

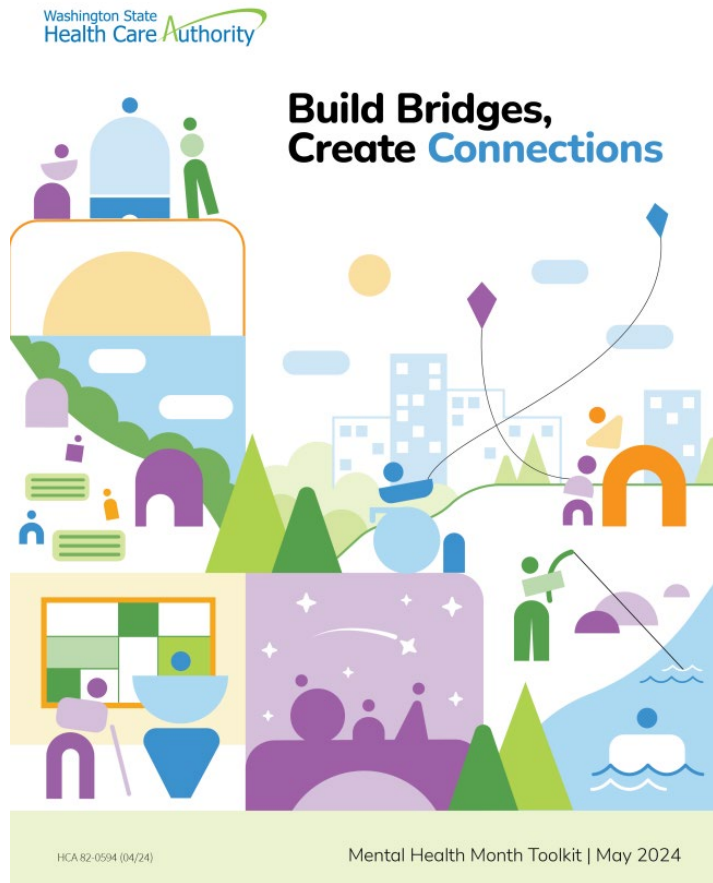
Subject	Who
<ul style="list-style-type: none">• Welcome• Section updates	<ul style="list-style-type: none">• Teesha Kirschbaum• Michael Langer
<ul style="list-style-type: none">• Healthy Youth Survey• Young Adult Health Survey	<ul style="list-style-type: none">• Rebecca Ruiz• Sandy Salivaras
<ul style="list-style-type: none">• Olympic Heritage Project	<ul style="list-style-type: none">• Tina Burrell
<ul style="list-style-type: none">• Questions	<ul style="list-style-type: none">• All

DBHR updates: SUD Prevention/MH Promotion

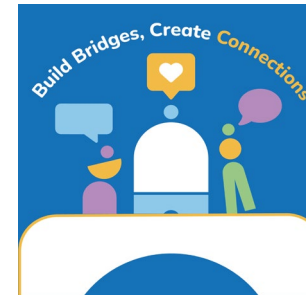
- The 2024 Prevention Summit conference is anticipated to be October 29 – 30, 2024. Planning is underway and we hope to have a save-the-date available in the coming weeks. For more information and to subscribe to our distribution list, please visit www.preventionsummit.org.
- The 2024 annual [Spring Youth Forum](#) will be hosted at the Great Wolf Lodge May 8, 2024, in Grand Mound, WA. The Spring Youth Forum is an opportunity to acknowledge youth prevention teams from across the state of Washington, that have launched effective prevention projects within their communities.

For more information visit [the Athena Forum](#)

DBHR updates: Prenatal - 25



- ▶ May is mental health month, and we are thrilled to introduce a comprehensive mental health toolkit.
- ▶ Toolkit provides resources and strategies to enhance mental health and build supportive communities.
- ▶ Visit our [website](#) to download the toolkit.



DBHR updates: Adult Substance Use and Treatment Section

ASAM Training Announcement

The Adult ASAM 4th edition has been released with significant changes and Washington State will adopt this new version in January of 2026.

In preparation for this change, our state will offer a series of trainings that will be available starting in the spring and summer of 2024 through the beginning of 2025.

These trainings will be available to people who are licensed and work in a behavioral health setting.

The exact dates will be communicated out soon.

FOURTH EDITION

THE ASAM CRITERIA

Treatment Criteria for Addictive, Substance-Related, and Co-occurring Conditions



VOLUME 1
ADULTS

DBHR Updates: Adult Substance Use and Treatment Section

Transforming Our Communities

- *Together with Compassion: A gathering of supportive strategies for Drug User Health*
- **This annual one-day event aims to bring diverse participants together to:**
 - Understand the perspectives of people who use drugs,
 - Understand the importance of equitable access to care and services,
 - Build partnerships and connect people within their communities,
 - Brainstorm new and fresh ideas.
- ▶ **When:** May 16, 2024- 8:30am - 3:30pm PT
- ▶ *Questions? Contact Ali Lenox, alilenox@uw.edu*

5th Annual Re-Imagining Behavioral Health: Race, Equity & Social Justice Conference

- Conference held virtually on September 26-27, 2024.
- Request for proposals open until May 10, 2024.
- Please click [here](#) more information about the conference and to access the presentation-proposal online submission form.
- If you have any questions after reviewing the conference webpage and the call for presentation webpage, please contact the Behavioral Health Institute at bhinstitute@uw.edu.

DBHR updates: Adult and Involuntary Treatment Section

- ▶ HB 1134, (Implementing 988 BH Crisis Response and Suicide Prevention) from the 2023 legislative session, requires HCA to develop endorsement standards for mobile rapid response and community-based crisis teams. In late February we started the rulemaking process that will establish the endorsement standards in WAC. We have almost completed the rule drafting process and will provide an update when the draft rule is available for public review and comment.



DBHR updates: Adult and involuntary services

- ▶ Program of Assertive Community Treatment funding from the 2024 Supplemental Budget
 - ▶ New PACT Teams FY 25: Clark and Thurston County.
 - ▶ Bridge funding to assist providers in fulfilling utilization requirements per proviso language
 - ▶ Capacity of Teams Metrics Change
 - ▶ Rate increase
 - ▶ University of Washington SPIRIT Lab funding
 - ▶ Funding was provided for the Health Care Authority to contract for an assessment of access for young adults to PACT services.
 - ▶ PACT/IRT program manager FTE

DBHR updates: Recovery Support Services

- ▶ The 40 hours Crisis Awareness and Communication in Peer Support Training is required for Certified Peer Counselors working in crisis settings and registration is open and seats are available. Please reach out to Amanda Polley @ amanda.polley@hca.wa.gov for registration information.
- ▶ The Washington Peer Network is an online resource for employed peer counselors. Employed peer counselors can register at <https://washingtonpeernetwork.org>.
- ▶ The Peer Pathways Conference is scheduled for August 21 and 22 in Yakima, WA. Registration information will be sent out this spring.



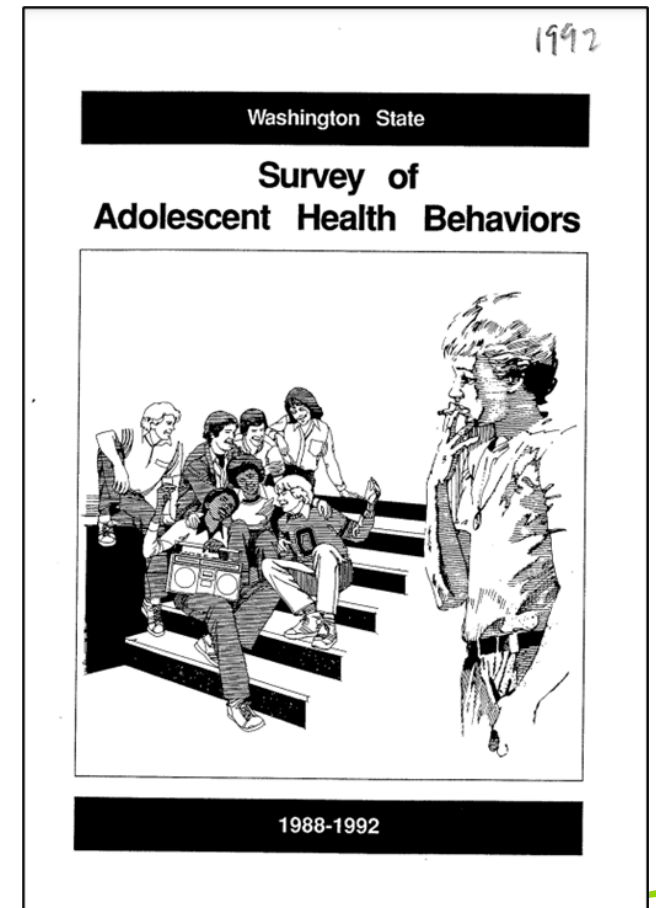
healthy
youth
SURVEY

HEALTHY YOUTH SURVEY 2023

Washington State
Health Care Authority

Background

- ▶ Started in 1988, became HYS in 2002
- ▶ Questions from national surveys and partners
- ▶ Autumn of even years 2002-2018; in odd years from 2021 forward
- ▶ Students in 6th-12th grade
- ▶ Administered through school setting



HYS Participation 2018-2023

Participation	2018	2021	2023
All Students	234,694	208,638	217,546
<i>Percent of enrolled public school students</i>	<i>71%</i>	<i>69%</i>	<i>61%</i>
All Schools	970	877	873
<i>Public Schools</i>	<i>966</i>	<i>870</i>	<i>864</i>
<i>Private/Charter Schools</i>	<i>2</i>	<i>6</i>	<i>5</i>
<i>Tribal Schools</i>	<i>2</i>	<i>1</i>	<i>4</i>
Districts	145	146	143
Counties	39	39	39
ESDs	9	9	9

HYS 2023: Survey Methods Changes

- ▶ Fully online
- ▶ Remote option for ALEs
- ▶ Skip Patterns to reduce survey burden
- ▶ Randomization – no drop off toward end of survey
- ▶ No forms A and B (but there is a 6th/7th grade form)
- ▶ No exemption process for sexual orientation and gender identity questions
 - ▶ Opt-In process for a 6th grade gender question that adds “Something else fits better” to response options
- ▶ Exemption process for sexual behavior and sexual violence questions

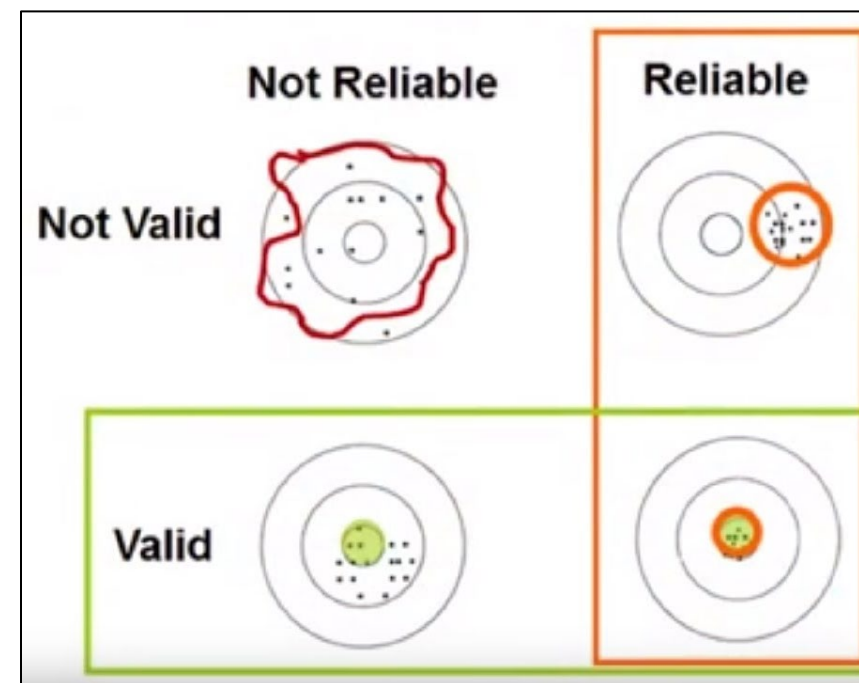
Reliability and Validity

▶ Reliability

- ▶ Do students tell the truth?
 - Results track with national data
 - Importance of survey explained
 - Anonymous

▶ Validity

- ▶ Can we trust the HYS results?
 - Established, regularly followed quality control procedures



Interpreting Trends

- ▶ 2021 results showed dramatic changes compared to pre-pandemic, calling for cautious interpretation
- ▶ 2023 data are beginning to provide a more complete understanding of adolescent health during and after the height of the pandemic
- ▶ 2025 data may further clarify the impact of 2021 on students both that year and going forward

HYS 2023 Substance Use (Grade 10)

- ▶ Substance use remains **50%+ lower** than pre-pandemic (2018)
- ▶ Past 30-day substance use for alcohol, marijuana*, vaping, and cigarettes had **no significant change** from 2021 to 2023
 - ▶ **Lower** than comparable national results (MTF)
 - ▶ Perception of harm for marijuana and vaping **increased** from 2021 to 2023

**HYS 2023 used the word “marijuana” based on student input on survey comprehension*

Choose Analysis Help

1 Select Year
N/A

2 Select Grade
10th Grade

3 Select Location (County/ESD)
King County

4 Select Topic
Alcohol

5 Select Measure

- Current Alcohol Drinking
- Lifetime Alcohol Use
- Binge Drinking
- Access to Alcohol
- Riding with Drinking Driver
- Parental Discussions about Alcohol
- Perceived Risk from Daily Alcohol
- Caught by Police if Drinking Alco...
- Disapproves of Youth Alcohol Use

Healthy Youth Survey Data Dashboard

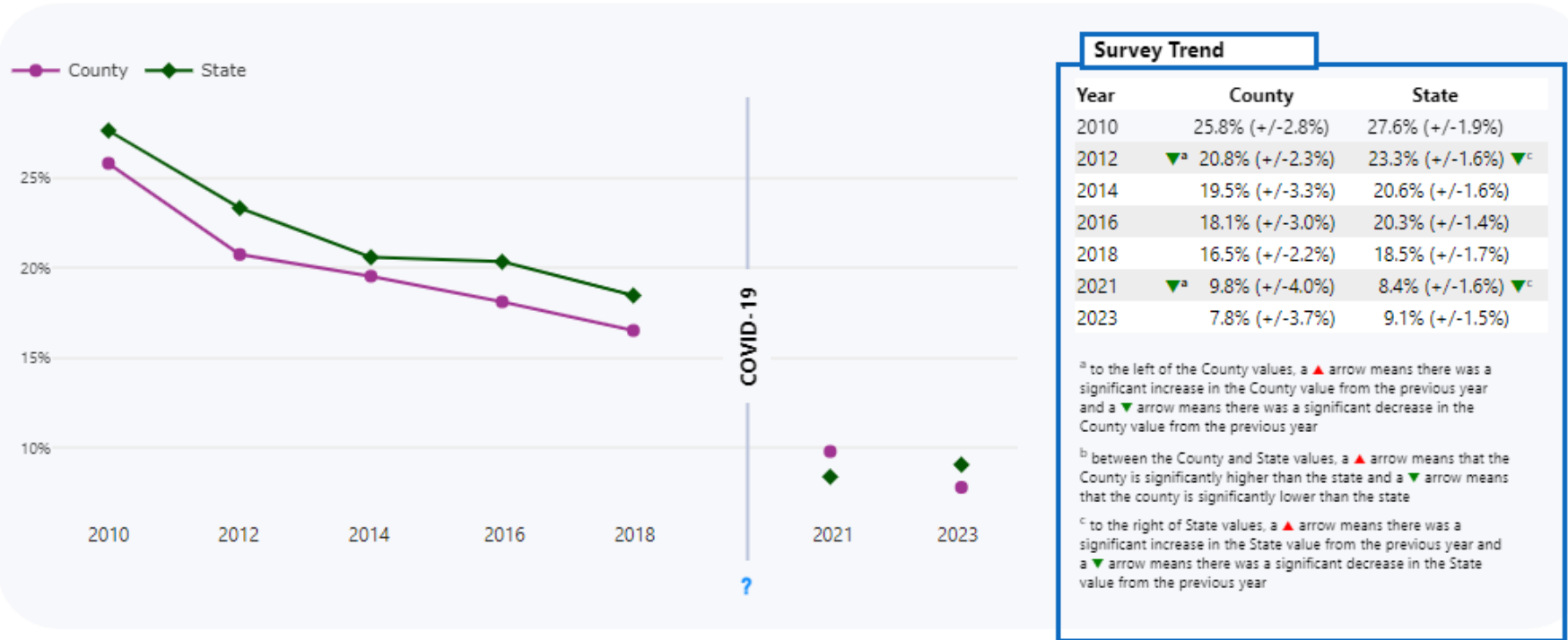
Trend View Breakout View Map View Data View

Measure: Current Alcohol Drinking

Location: King County

Grade: 10

Survey Years: 2010 - 2023



The Current Alcohol Drinking measure is based on the following question: During the past 30 days, on how many days did you drink a glass, can or bottle of alcohol?

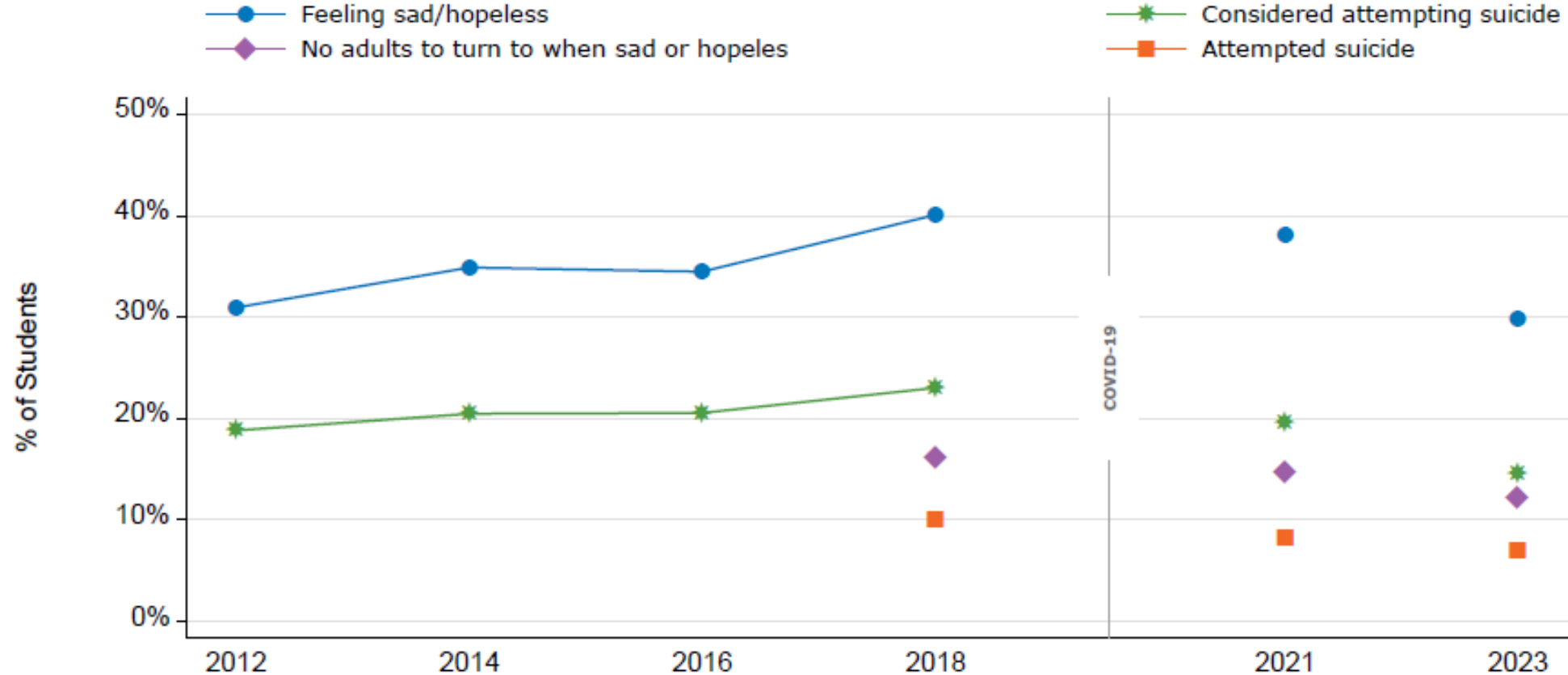
The percentage of students who answered "Any days" are reported.

HYS 2023 Substance Use (Grade 10)

- ▶ Substance use remains **50%+ lower** than pre-pandemic (2018)
- ▶ Lifetime alcohol use **increased** from 2021 to 2023
- ▶ Past 30-day substance use for other illegal drugs, painkillers, and prescription drugs **increased** from 2021 to 2023
 - ▶ Remains $\leq 3\%$
 - ▶ **Higher** than comparable national results (MTF) Grade 12
 - ▶ Perception of harm from prescription drugs **decreased** from 2021 to 2023

HYS 2023 Mental Health (Grade 10)

Feeling sad/hopeless and suicide 2012-2023, Grade 10



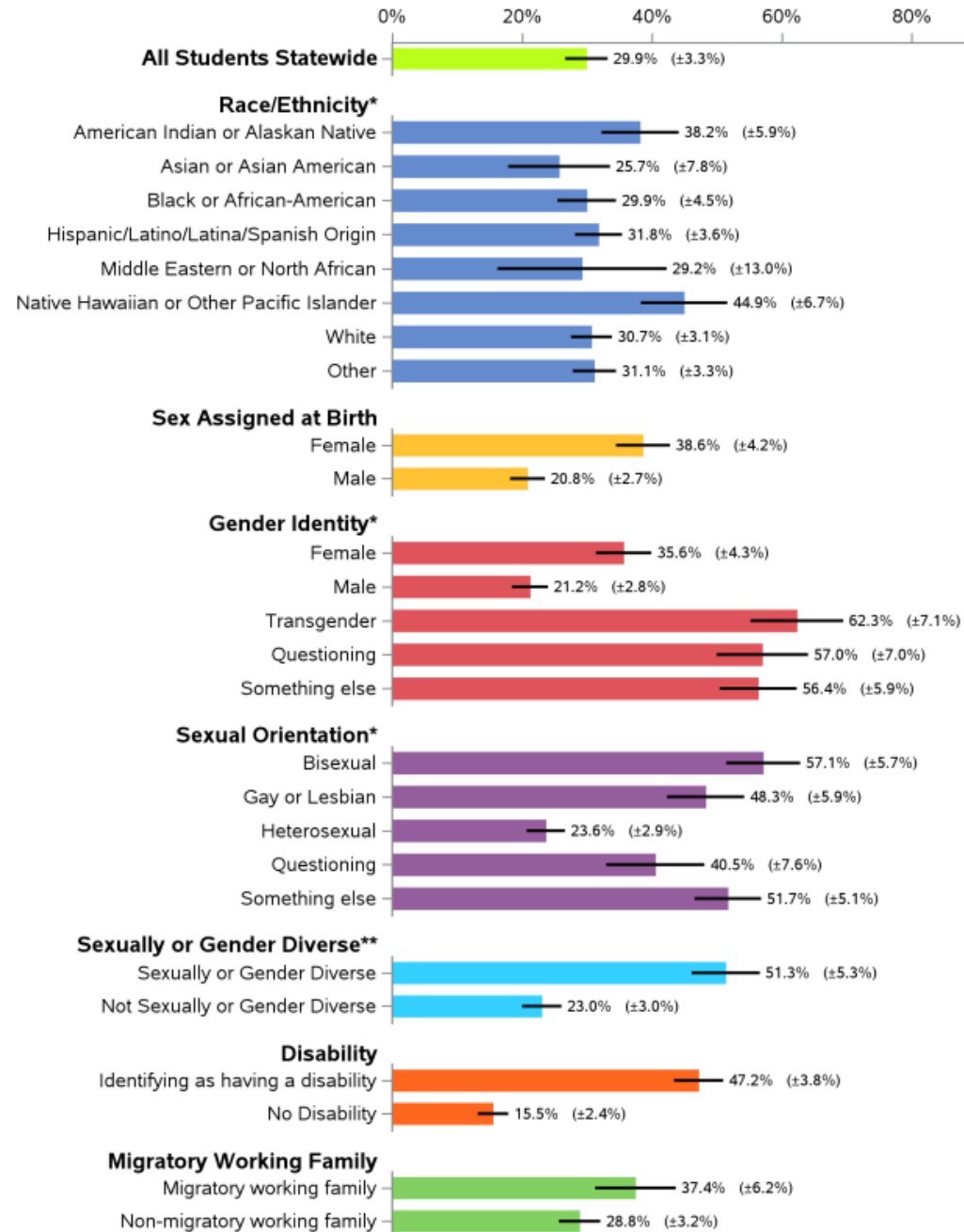
HYS 2023 New Substances (Grade 10)

- ▶ Marijuana products (Delta-8, Delta-10, etc.): **2.0%**
- ▶ Psilocybin: **1.3%**
- ▶ Fentanyl: **0.8%**
- ▶ Synthetic products (K2, spice, kronic): **0.4%**
- ▶ Bath salts: **0.4%**
- ▶ Kratom: **0.3%**

HYS 2023 Hope Scale (Grade 10)

- ▶ **No significant change** in hope from 2021 to 2023, which is a slight decline from pre-pandemic levels (2018)
 - ▶ Computed from four questions about agency (ability) and pathways (capacity) related to the future
 - ▶ No or very little hope: **8%**
 - ▶ Slightly hopeful: **21%**
 - ▶ Moderately hopeful: **28%**
 - ▶ Highly hopeful: **43%**
- } *71% moderately or highly hopeful about the future*

Statewide Relationship between Feeling Sad/Hopeless and Demographics, Grade 10, 2023



HYS 2023 Mental Health (Grade 10)

- ▶ Continued **disparities** in mental health concerns among youth who have one or more disabilities compared to youth without disabilities
 - ▶ **2x higher** - no or little hope
 - ▶ Nearly **3x higher** - feeling sad or hopeless for two weeks or more in the past year (47% vs. 16%)
 - ▶ **4x higher** - considering suicide (25% vs. 6%)
 - ▶ **4x higher** - planning suicide (20% vs. 5%)
 - ▶ **6.5x higher** - attempting suicide (13% vs. 2%)

HYS 2023 Gambling (Grade 10)

- ▶ *Two-part question included in 2021*
- ▶ **No significant difference** in gambling from 2021 to 2023; **significant increase** in problem gambling*
- ▶ In the past 12 months, has YOUR gambling ever caused you problems at home, school or with your friends?
 - ▶ No, I have not gambled: **90%**
 - ▶ No, I have gambled but it has not caused problems: **8.8%**
 - ▶ Yes, I have gambled and it has caused problems: **1.2%**

**effect size and value is so small that it may not be practically significant*

Disordered Eating (All Grades)

- ▶ NEW in 2023
- ▶ **50%** of students said they were **shamed** by friend or family member about their body.
- ▶ **58%** reported **at least one disordered eating behavior**, such as, taking diet pills or laxatives, vomiting, or fasting to lose weight or keep from gaining weight.
- ▶ The likelihood of reporting disordered eating behaviors increased as students reported more frequent body shaming by people in their lives.

Handguns (Grade 10)

▶ **More perceived access** to handguns

- ▶ In 2023, **56%** of 10th graders felt it would be very hard to get a handgun if they wanted one, compared to **71%** in 2021.

Perception does not necessarily equal actual access, however, among 10th graders:

- ▶ who **seriously considered attempting suicide** in the past 12 months, 11% said they could very easily access a handgun compared to 5% who did not consider suicide.
- ▶ 13% of youth with **4 or more ACEs** reported very easy access to a handgun compared to 4% with no ACEs.
- ▶ those with **no or very low hope** were more than 2x as likely as youth with higher levels of hope to report very easy access to firearms.

Social Support

- ▶ 10th graders report **significant increases** in social support.
 - ▶ Having **adults to turn to** when feeling depressed (50% in 2021 vs. 59% in 2023)
 - ▶ Having **people from school** who would help them (72% in 2021 vs. 77% in 2023)
 - ▶ **Receiving information** from their school about the warning signs of suicide (47% in 2021 vs. 56% in 2023)
 - ▶ **Success** on academic indicators (52% in 2021 vs. 56% in 2023)

Schools, Families, Communities, and Programs are doing really important work and it's paying off.

Takeaways

- ▶ Emphasis on student resiliency and finding hope
- ▶ Health indicators trending in **positive directions**
- ▶ Substance use has mostly **remained steady** since 2021
- ▶ Mental health trends **continue in the right direction**
- ▶ But **disparities** remain
- ▶ Report **more social support** at school and at home

We can't pull back our momentum and need to continue working together to support youth and make positive change.

Accessing Results

www.AskHYS.net/SurveyResults

- ▶ Frequency Reports (by question)
- ▶ Fact Sheets (by topic)
- ▶ QxQ Analysis Tool (cross-tabulation)
- ▶ Other Reports (detailed analysis)
- ▶ Data Dashboard (NEW!)

Fact Sheets

WASHINGTON STATE

healthy youth SURVEY FACT SHEET

Washington State Mental Health and Well-being

Year: 2023 Grade: 10 Sex: All Number of Students Surveyed: 7,103

Background

- Depression is a common condition; it can include persistent feelings of sadness and hopelessness.
- Anxiety is a common condition; it can include uncontrollable feelings of fear and worry.
- Anxiety and depression are treatable.
- Suicide is the second leading cause of death for Washington teens 15-19 years old.
- Positive social connections with family, friends, and at school promote good mental health.
- Mental health problems can impact academic performance.
- Teen Depression: More Than Just Moodiness

Mental Health Indicators, Grade 10, 2023

In 2023, 30% of 10th graders in our state felt so sad or hopeless for two weeks or more that they stopped doing their usual activities

missing codes

S = result suppressed due to insufficient reporting from students of schools;
 N/G = grade not available; N/S = question was not surveyed this year;
 N/A = question was not asked of this grade.

Prevalence is displayed with 95% confidence intervals (ast or black bar |)
 *indicates a significant change from the previous year, <0.05

results generated at www.ashys.net on 02/24/2024

WASHINGTON STATE

healthy youth SURVEY FACT SHEET

Mental Health and Well-being

Feeling sad/hopeless and suicide 2012-2023, Grade 10

Prevalence	2012	2014	2016	2018	2021	2023
Feeling sad/hopeless	31% ±1	35% ±2*	34% ±2	40% ±2*	38% ±2	30% ±3*
Considered attempting suicide	19% ±1	20% ±1	21% ±1	23% ±2*	20% ±1*	15% ±2*
No adults to turn to when sad or hopeless	N/S	N/S	N/S	16% ±1	15% ±1	12% ±2*
Attempted suicide	N/S	N/S	N/S	10% ±1	8% ±1*	7% ±1



Feeling sad/hopeless (statewide) by grade, 2023

Prevalence	6th	8th	10th	12th
State	N/A	27% ±2	30% ±3	32% ±3

Statewide Relationship between Feeling Sad/Hopeless and Demographics, Grade 10, 2023

Demographic	Percentage	95% CI
All Students Statewide	29.9%	(±3.3%)
Race/Ethnicity*		
American Indian or Alaskan Native	38.2%	(±5.9%)
Asian or Asian American	25.7%	(±7.8%)
Black or African-American	29.9%	(±4.5%)
Hispanic/Latino/Latina/Spanish Origin	31.8%	(±3.6%)
Middle Eastern or North African	29.2%	(±13.0%)
Native Hawaiian or Other Pacific Islander	44.9%	(±6.7%)
White	30.7%	(±3.1%)
Other	31.1%	(±3.3%)
Sex Assigned at Birth		
Female	38.6%	(±4.2%)
Male	20.8%	(±2.7%)
Gender Identity*		
Female	35.6%	(±4.3%)
Male	21.2%	(±2.8%)
Transgender	62.3%	(±7.1%)
Questioning	57.0%	(±7.0%)
Something else	56.4%	(±5.9%)
Sexual Orientation*		
Bisexual	57.1%	(±5.7%)
Gay or Lesbian	48.3%	(±5.9%)
Heterosexual	23.6%	(±2.9%)
Questioning	40.5%	(±7.6%)
Something else	51.7%	(±5.1%)
Sexually or Gender Diverse**		
Sexually or Gender Diverse	51.3%	(±5.3%)
Not Sexually or Gender Diverse	23.0%	(±3.0%)
Disability		
Identifying as having a disability	47.2%	(±3.8%)
No Disability	15.5%	(±2.4%)
Migratory Working Family		
Migratory working family	37.4%	(±6.2%)
Non-migratory working family	28.8%	(±3.2%)

QxQ Analysis Tool (updated!)

About HYS
Survey Results
HYS 2025
Resources
Contact
Login

Thank you for visiting the new Beta version of the HYS QxQ analytic tool. As before, you may analyze variable-level results here by placing variables in the Row, Column, or Breakout box, then clicking Get Report. Variables may be moved in or out of analysis boxes using drag-and-drop, or now, by clicking small icons that appear in each variable description. Additional help and instructions will be added soon.

1 Select Survey Year

2023

3 Available Variables

Variable Topics

Living Situation

Living Arrangements Due to Finances (F36)

Live with Most of the Time (F34_20)

Where Live Most of the Time (F35_18)

A row variable is required.

GET REPORT

2 Filter Variables (required)

Geography

State ESD County
 Grade Grades

State Sample

10th

4 Row Variable (required)

4 Column Variable (optional)

4 Breakout Variable (optional)

Data Dashboard – Trend View

Choose Analysis ?

1 Select Year
N/A

2 Select Grade
10th Grade

3 Select Location (County/ESD)
King County

4 Select Topic
Mental Health

5 Select Measure

- No Adults to Turn to When Depre...
- Feeling Nervous, Anxious or on E...
- Unable to Stop or Control Worrying
- Depressive Feelings
- Contemplation of Suicide
- Plan to Attempt Suicide
- Attempted Suicide

Healthy Youth Survey Data Dashboard

Measure: **Depressive Feelings**
Location: King County
Grade: 10
Survey Years: 2010 - 2023

Trend View
Breakout View
Map View
Data View

Survey Trend		
Year	County	State
2010	26.6% (+/-2.1%)	29.8% (+/-1.4%)
2012	30.2% (+/-2.8%)	30.9% (+/-1.3%)
2014	31.1% (+/-2.8%)	34.9% (+/-2.0%) ▲ ^c
2016	32.1% (+/-3.1%)	34.5% (+/-1.5%)
2018	36.0% (+/-2.6%)	40.0% (+/-1.9%) ▲ ^c
2021	35.2% (+/-2.7%)	38.1% (+/-1.8%)
2023	▼ ^a 23.5% (+/-4.0%)	29.9% (+/-3.3%) ▼ ^c

^a to the left of the County values, a ▲ arrow means there was a significant increase in the County value from the previous year and a ▼ arrow means there was a significant decrease in the County value from the previous year

^b between the County and State values, a ▲ arrow means that the County is significantly higher than the state and a ▼ arrow means that the county is significantly lower than the state

^c to the right of State values, a ▲ arrow means there was a significant increase in the State value from the previous year and a ▼ arrow means there was a significant decrease in the State value from the previous year

The Depressive Feelings measure is based on the following question: During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?

The percentage of students who answered "Yes" are reported.

Training & Resources

www.AskHYS.net/Resources/Data

Data Resources

HYS Interpretive Guide

Information to help those involved in local program planning make the most of their survey results. Includes an overview of statistical considerations, local reports, and ways to use local data.

[HYS Interpretive Guide \(PDF\)](#)

Using your Healthy Youth Survey Results

Training on accessing, understanding, interpreting, and communicating HYS results from Spring 2022.

[Training Presentation \(PDF\)](#)
[Recorded Training Webinar \(MP4\)](#)

HYS Data Dictionary and Crosswalk

An Excel file with a tab for each survey administration year that includes details about the survey questions, variables, and locations of questions on survey forms and reports.

[Data Dictionary and Crosswalk \(XLSX\)](#)

Testing Significant Difference

A tool to determine if two survey results are different from another. Enter the percentage and confidence interval for two results to test for statistical significance.

[Tool for Determining HYS \(XLS\)](#)

HYS Chart Template

A template to create standardized HYS charts. Users can enter data, titles, location and more into sheet to create localized data charts.

[HYS Chart Template \(XLSX\)](#)

Data Analysis & Technical Assistance Manual

A manual for users with an individual record dataset that establishes standard methods for simple frequency and crosstab analysis of Healthy Youth Survey data. Supports STATA programming of HYS analysis.

[Data Analysis Manual \(PDF\)](#)

HYS 2025 Cycle

- ▶ Current: revision process & new question proposals
- ▶ Spring Youth Forum on May 8th
- ▶ Partner revision meetings May 22nd & May 30th 8:30am-4:30pm

Ten Years of Trends from Washington's Young Adult Health Survey

Presented by Sandy Salivaras

April 23, 2024

Questions?

▶ HCA HYS Team

- ▶ Rebecca.ruiz@hca.wa.gov
- ▶ Sandy.Salivaras@hca.wa.gov

Submit HYS questions and comments directly to:

<https://www.surveymonkey.com/r/HYSquestion>

Washington Young Adult Health Survey (YAHS)

Ten years
of trends

- ▶ Funded by Division of Behavioral Health & Recovery (DBHR):
 - ▶ Sarah Mariani
 - ▶ Sandy Salivaras
- ▶ Young Adult Health Survey Team:
 - ▶ Jason Kilmer (PI)
 - ▶ Mary Larimer
 - ▶ Rose Lyles-Riebli
 - ▶ George Song
 - ▶ Isaac Rhew

Overview...

- ▶ Survey measures cannabis and other substance use, perceptions of hard, risk factors, and consequences among young adults (18-25 years old) living in Washington state
- ▶ Motivated by the passage of Initiative 502 in 2012, the survey began in 2014 before recreational cannabis stores opened their doors
- ▶ The primary statutes for cannabis are codified in RCW 69.50

Survey Recruitment and methods...

- ▶ Each year we collect data from a new cohort of 18-25 year olds
- ▶ Participants recruited using a combination of direct mail advertising to a random sample from DOL, as well as online advertising (Facebook, Craigslist, Instagram, study web site, etc.)
- ▶ Convenience sample, not a random sample
- ▶ To improve generalizability, used poststratification weights based on sex, race, and geographic region
- ▶ Weighted results are consistently very similar to non-weighted



Post-stratification weighting and analyses

- ▶ To improve generalizability, used poststratification weights based on sex, race, and geographic region
- ▶ Weighted results are consistently very similar to non-weighted



Sample sizes over time

▶ Cohort 1 (2014):	2,101
▶ Cohort 2 (2015):	1,675
▶ Cohort 3 (2016):	2,493
▶ Cohort 4 (2017):	2,342
▶ Cohort 5 (2018):	2,412
▶ Cohort 6 (2019):	1,942
▶ Cohort 7 (2020)	1,643
▶ Cohort 8 (2021):	1,756
▶ Cohort 9 (2022):	1,110
▶ <u>Cohort 10 (2023):</u>	<u>1,237</u>
TOTAL:	18,711

Young Adult Health Survey

- ▶ Each year the YAHS team have followed up with previous cohorts (participants in Cohort 1, 18-25 in 2014, are largely 28-35 now)
- ▶ In Year 10, the YAHS team paused on cohorts 2, 3, 4, and 5 (but got follow-up data from cohorts 1, 6, 7, 8, and 9)

What do we see with ten years of
data?

Any past year "recreational"/non-medical/personal use: Cohorts 4-8 higher than Cohort 1

	Cohort 1 (2014)	Cohort 2 (2015)	Cohort 3 (2016)	Cohort 4 (2017)	Cohort 5 (2018)	Cohort 6 (2019)	Cohort 7 (2020)	Cohort 8 (2021)	Cohort 9 (2022)	Cohort 10 (2023)	Total across 10 years
18-20	43.27%	44.82%	40.94%	43.41%	44.42%	43.68%	40.39%	44.89%	39.11%	36.57%	42.52%
21-25	43.67%	47.09%	46.55%	49.75%	50.87%	49.61%	52.29%	55.21%	53.60%	51.90%	49.57%
TOTAL	43.51%	46.29%	44.76%	47.43%	48.49%	47.24%	47.94%	51.19%	47.26%	46.24%	46.95%

Cohort 1 vs. Cohorts 2-10:

Compared to Cohort 1, significantly higher prevalence for

- Cohort 4 (t=2.29, p<.05; odds ratio = 1.171; Cohort 4 has 17% higher odds of non-medical cannabis use than Cohort 1)
- Cohort 5 (t=2.96, p<.01; odds ratio = 1.222; Cohort 5 has 22% higher odds of non-medical cannabis use than Cohort 1)
- Cohort 6 (t=2.11, p<.05; odds ratio = 1.163; Cohort 6 has 16% higher odds of non-medical cannabis use than Cohort 1)
- Cohort 7 (t=2.41, p<.05; odds ratio = 1.196; Cohort 7 has 20% higher odds of non-medical cannabis use than Cohort 1)
- Cohort 8 (t=4.19, p<.001; odds ratio = 1.362; Cohort 8 has 36% higher odds of non-medical cannabis use than Cohort 1)

Any past year "recreational"/non-medical/personal use: Significant increasing linear trend for 18-25 year olds

	Cohort 1 (2014)	Cohort 2 (2015)	Cohort 3 (2016)	Cohort 4 (2017)	Cohort 5 (2018)	Cohort 6 (2019)	Cohort 7 (2020)	Cohort 8 (2021)	Cohort 9 (2022)	Cohort 10 (2023)	Total across 10 years
18-20	43.27%	44.82%	40.94%	43.41%	44.42%	43.68%	40.39%	44.89%	39.11%	36.57%	42.52%
21-25	43.67%	47.09%	46.55%	49.75%	50.87%	49.61%	52.29%	55.21%	53.60%	51.90%	49.57%
TOTAL	43.51%	46.29%	44.76%	47.43%	48.49%	47.24%	47.94%	51.19%	47.26%	46.24%	46.95%

Linear trend from Cohort 1 to Cohort 10:

Significant (t=3.14, p<.01)

odds ratio = 1.0198; odds of non-medical cannabis use are 2.0% higher with each successive year/cohort)

Age by cohort interaction:

- Significant (t=4.51, p<.001)

Any past year "recreational"/non-medical/personal use: Significant increasing trend for 21-25 year olds

	Cohort 1 (2014)	Cohort 2 (2015)	Cohort 3 (2016)	Cohort 4 (2017)	Cohort 5 (2018)	Cohort 6 (2019)	Cohort 7 (2020)	Cohort 8 (2021)	Cohort 9 (2022)	Cohort 10 (2023)	Total across 10 years
18-20	43.27%	44.82%	40.94%	43.41%	44.42%	43.68%	40.39%	44.89%	39.11%	36.57%	42.52%
21-25	43.67%	47.09%	46.55%	49.75%	50.87%	49.61%	52.29%	55.21%	53.60%	51.90%	49.57%
TOTAL	43.51%	46.29%	44.76%	47.43%	48.49%	47.24%	47.94%	51.19%	47.26%	46.24%	46.95%

Model split by over/under 21

18-20:

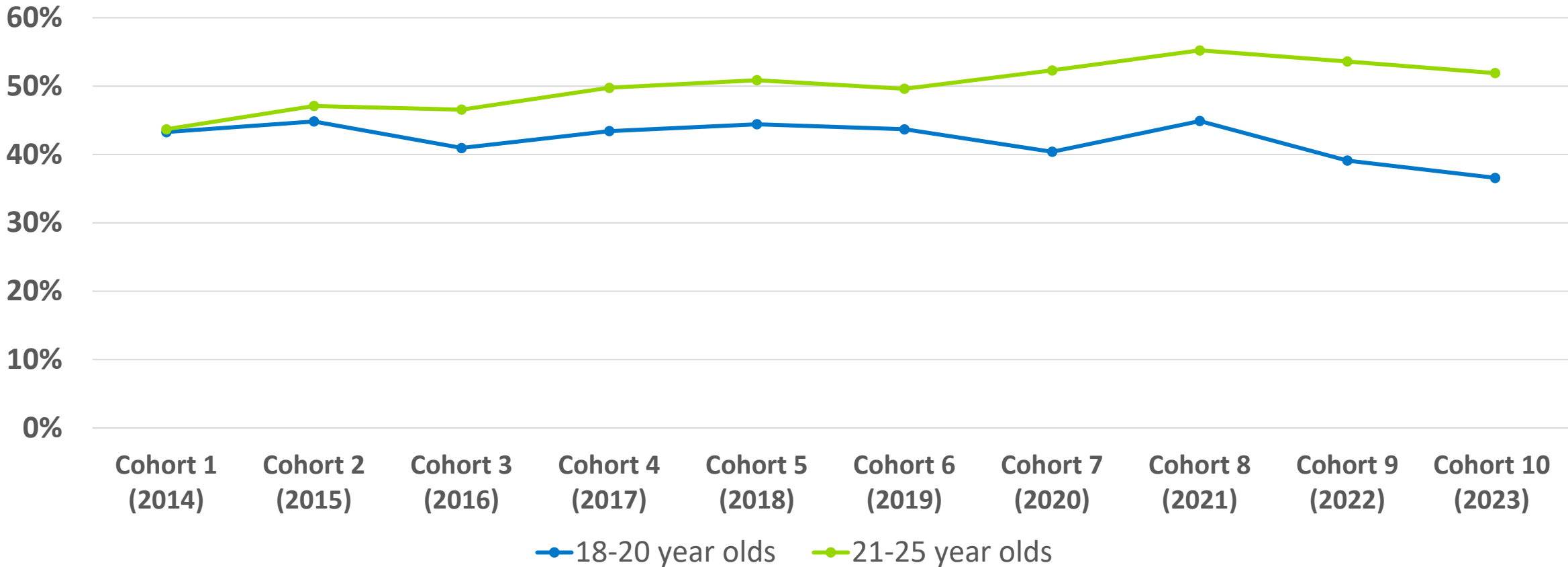
- No significant linear trend

21-25:

- Significant increasing trend over time (t=5.56, p<.001, odds ratio = 1.0452)
- Odds of non-medical cannabis use are 4.5% higher with each successive year/cohort

Non-medical (or “recreational”) use in the past year by age group

Past year prevalence of non-medical use



At least monthly "recreational"/non-medical/personal use: Cohorts 5-9 higher than cohort 1

	Cohort 1 (2014)	Cohort 2 (2015)	Cohort 3 (2016)	Cohort 4 (2017)	Cohort 5 (2018)	Cohort 6 (2019)	Cohort 7 (2020)	Cohort 8 (2021)	Cohort 9 (2022)	Cohort 10 (2023)	Total across 10 years
18-20	24.08%	24.88%	21.19%	23.56%	27.06%	23.24%	23.17%	24.16%	26.21%	20.15%	23.85%
21-25	23.63%	23.56%	25.12%	28.07%	27.88%	29.55%	33.81%	33.86%	31.65%	30.87%	28.27%
TOTAL	23.81%	24.03%	23.84%	26.46%	27.62%	27.09%	29.90%	30.11%	29.19%	26.87%	26.64%

Regression models:

Cohort 1 vs. Cohorts 2-10:

Compared to Cohort 1, significantly higher prevalence for

- Cohort 5 (t=2.56, p<.01; odds ratio = 1.221, Cohort 5 has 22% higher odds of non-medical cannabis use than Cohort 1)
- Cohort 6 (t=2.08, p<.05; odds ratio = 1.189, Cohort 6 has 19% higher odds of non-medical cannabis use than Cohort 1)
- Cohort 7 (t=3.73, p<.001; odds ratio = 1.365, Cohort 7 has 37% higher odds of non-medical cannabis use than Cohort 1)
- Cohort 8 (t=3.88, p<.001; odds ratio = 1.379, Cohort 8 has 38% higher odds of non-medical cannabis use than Cohort 1)
- Cohort 9 (t=2.99, p<.01; odds ratio = 1.320, Cohort 9 has 32% higher odds of non-medical cannabis use than Cohort 1)

At least monthly "recreational"/non-medical/personal use: Significant increasing trend for 18-25 year olds

	Cohort 1 (2014)	Cohort 2 (2015)	Cohort 3 (2016)	Cohort 4 (2017)	Cohort 5 (2018)	Cohort 6 (2019)	Cohort 7 (2020)	Cohort 8 (2021)	Cohort 9 (2022)	Cohort 10 (2023)	Total across 10 years
18-20	24.08%	24.88%	21.19%	23.56%	27.06%	23.24%	23.17%	24.16%	26.21%	20.15%	23.85%
21-25	23.63%	23.56%	25.12%	28.07%	27.88%	29.55%	33.81%	33.86%	31.65%	30.87%	28.27%
TOTAL	23.81%	24.03%	23.84%	26.46%	27.62%	27.09%	29.90%	30.11%	29.19%	26.87%	26.64%

Linear trend from Cohort 1 to Cohort 10:

Significant increasing trend over time (t=5.10, p<.001; Odds ratio = 1.036)

Age by cohort interaction:

Significant (p<.001)

At least monthly "recreational"/non-medical/personal use: Significant increasing trend for 21-25 year olds

	Cohort 1 (2014)	Cohort 2 (2015)	Cohort 3 (2016)	Cohort 4 (2017)	Cohort 5 (2018)	Cohort 6 (2019)	Cohort 7 (2020)	Cohort 8 (2021)	Cohort 9 (2022)	Cohort 10 (2023)	Total across 10 years
18-20	24.08%	24.88%	21.19%	23.56%	27.06%	23.24%	23.17%	24.16%	26.21%	20.15%	23.85%
21-25	23.63%	23.56%	25.12%	28.07%	27.88%	29.55%	33.81%	33.86%	31.65%	30.87%	28.27%
TOTAL	23.81%	24.03%	23.84%	26.46%	27.62%	27.09%	29.90%	30.11%	29.19%	26.87%	26.64%

Model split by over/under 21

18-20:

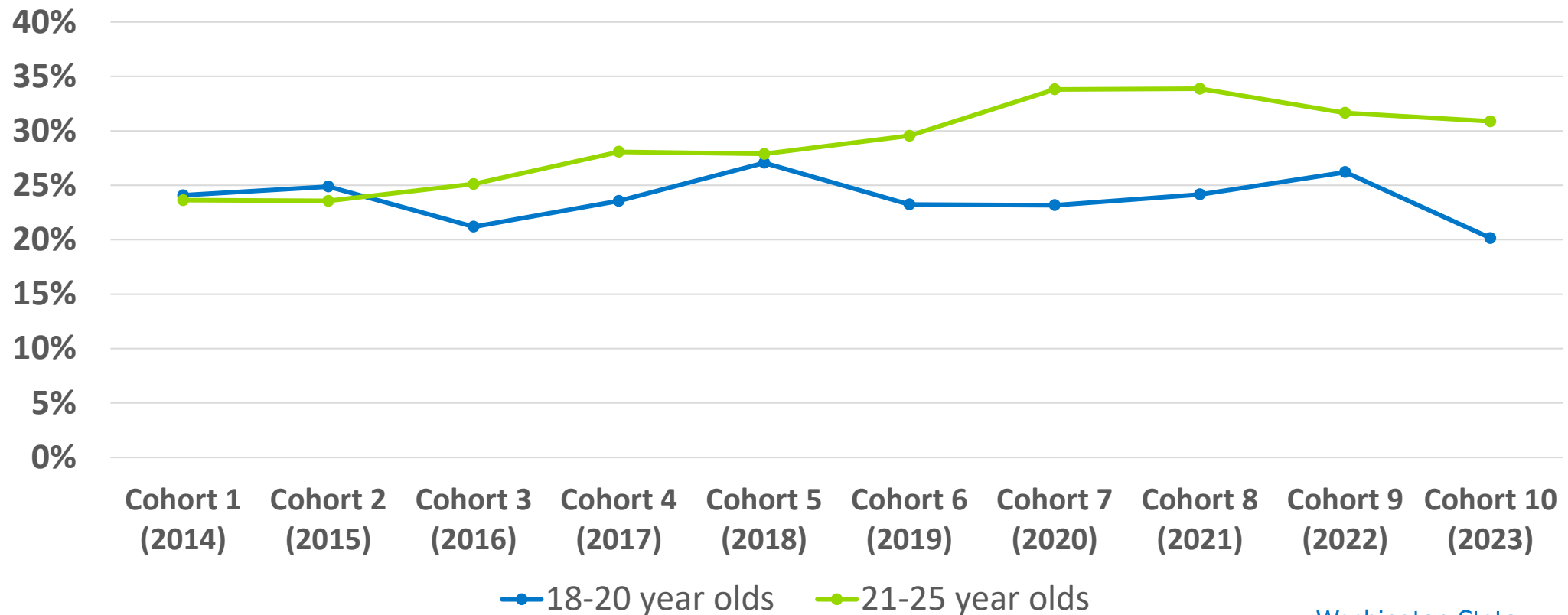
- No significant linear trend

21-25:

- Significant increasing trend over time (t=6.74, p<.001)
- Odds ratio = 1.061 (odds of non-medical cannabis use are 6.1% higher with each successive year/cohort)

At least monthly non-medical (or “recreational”) use by age group

At least monthly prevalence of non-medical use



Non-medical use, categories of frequency, whole sample

	Cohort 1	Cohort 2	Cohort 3	Cohort 4	Cohort 5	Cohort 6	Cohort 7	Cohort 8	Cohort 9	Cohort 10
	<u>2014</u>	<u>2015</u>	<u>2016</u>	<u>2017</u>	<u>2018</u>	<u>2019</u>	<u>2020</u>	<u>2021</u>	<u>2022</u>	<u>2023</u>
Never	56.49%	53.71%	55.24%	52.57%	51.51%	52.76%	52.06%	48.81%	52.74%	53.76%
Once a year	7.53%	8.28%	8.00%	6.36%	6.67%	6.41%	5.86%	7.13%	5.70%	5.75%
2-3x/year	8.58%	9.60%	9.72%	10.21%	10.52%	9.77%	8.76%	9.79%	9.23%	9.38%
Every other month	3.59%	4.38%	3.20%	4.40%	3.68%	3.97%	3.42%	4.15%	3.13%	4.25%
Once a month	3.15%	3.55%	3.06%	3.58%	3.24%	3.72%	4.29%	3.67%	2.87%	2.33%
2-3x/month	3.94%	5.24%	3.94%	5.51%	5.35%	4.77%	4.77%	4.82%	6.86%	3.70%
1x/week	2.49%	2.75%	2.90%	2.38%	2.61%	2.92%	3.36%	3.23%	3.12%	3.43%
More than 1x/wk	5.26%	4.39%	4.63%	4.29%	4.81%	4.63%	5.25%	6.36%	5.16%	4.37%
Every other day	2.63%	3.44%	2.35%	3.55%	3.60%	2.85%	3.93%	4.29%	3.06%	2.64%
Every day	6.34%	4.65%	6.97%	7.14%	8.01%	8.19%	8.30%	7.74%	8.14%	10.39%

Cohort 4-10 all significantly higher odds of more frequent cannabis use than Cohort 1.

Note: ** Daily use is higher in Cohort 10 than at any time **

Linear trend from Cohort 1 to Cohort 10:

Significant increasing trend over time (t=4.70, p<.001, Odds ratio = 1.028)

Perceived norms of non-medical cannabis use

PERCEPTIONS OF NON-MEDICAL CANNABIS

	Cohort 1 2014	Cohort 2 2015	Cohort 3 2016	Cohort 4 2017	Cohort 5 2018	Cohort 6 2019	Cohort 7 2020	Cohort 8 2021	Cohort 9 2022	Cohort 10 2023
Never	2.41%	2.42%	1.61%	2.31%	2.06%	1.50%	2.38%	1.92%	3.05%	2.44%
Once a year	1.82%	2.10%	1.74%	1.92%	1.27%	0.75%	1.32%	1.15%	1.37%	1.01%
2 to 3 times a year	8.22%	10.12%	6.73%	6.40%	3.89%	3.31%	2.23%	3.87%	3.95%	4.53%
Every other month	6.98%	7.29%	5.32%	4.59%	3.14%	3.90%	4.42%	3.48%	2.93%	3.37%
Once a month	9.74%	11.15%	10.41%	9.07%	6.88%	5.51%	6.39%	7.07%	6.63%	6.66%
2-3x/month	17.98%	19.68%	19.83%	18.91%	13.47%	13.93%	14.32%	14.04%	14.38%	12.69%
Once per week	12.65%	12.72%	15.43%	13.89%	14.28%	12.91%	12.64%	14.11%	13.24%	11.51%
More than 1x/wk	22.08%	20.70%	21.42%	23.94%	27.12%	25.90%	28.57%	29.17%	25.76%	26.73%
Every other day	9.27%	6.87%	8.56%	8.65%	11.10%	12.25%	13.10%	10.45%	13.14%	12.03%
Every day	8.84%	6.95%	8.96%	10.31%	16.79%	20.03%	14.62%	14.75%	15.57%	19.02%

** In ordinal logistic models, Cohort 4 ($t=2.57, p<.01$), Cohort 5 ($t=10.67, p<.001$), Cohort 6 ($t=12.36, p<.001$), Cohort 7 ($t=9.72, p<.001$), Cohort 8 ($t=9.02, p<.001$), Cohort 9 ($t=8.10, p<.001$), and Cohort 10 ($t=9.55, p<.001$) have higher perceived non-medical cannabis norms compared to cohort 1; but cohort 2 has lower norms compared to cohort 1 ($t= -3.35 p<.001$) **

** Overall, a significant increasing linear trend over time ($t=18.72, p<.001$) **

In Cohort 10, 20.84% use at least weekly (meaning most don't), yet 69.29% think the typical person their age uses weekly

How do young adults get cannabis?

16) During the **past 30 days**, how did you get cannabis/marijuana? (*Select all that apply*)

- I bought it from a retail store (using a fake ID)
- I bought it from a retail store (NOT using a fake ID)
- I got it from a medical dispensary/service
- I gave money to someone to get it for me
- I stole it from a store or dispensary
- I got it from my parents/caregivers with their permission
- I took it from my parents/caregivers without their permission
- I got it from my sibling/other family member
- I got it from friends
- I got it at a party
- I got it from someone with a medical marijuana card
- I grew it myself
- I got it some other way (please explain)

Decreasing trend significant

Increasing trend significant

WHERE DO PEOPLE GET CANNABIS, 18-20 year olds

	Cohort 1 2014	Cohort 2 2015	Cohort 3 2016	Cohort 4 2017	Cohort 5 2018	Cohort 6 2019	Cohort 7 2020	Cohort 8 2021	Cohort 9 2022	Cohort 10 2023
From friends	72.86%	76.24%	69.68%	77.40%	63.75%	60.74%	66.87%	65.62%	59.68%	58.06%
Gave money to someone	23.29%	26.47%	34.72%	41.45%	39.29%	43.17%	40.55%	39.80%	37.62%	33.36%
Got it from someone w/ medical card	17.60%	14.12%	4.30%	5.24%	2.79%	2.82%	4.27%	4.58%	4.10%	1.62%
Got it from a medical dispensary	13.65%	18.99%	5.58%	4.72%	6.50%	8.28%	8.41%	12.03%	3.40%	7.53%
Got it at a party	22.99%	22.14%	23.08%	24.92%	20.12%	22.91%	8.82%	24.67%	16.43%	10.98%
Got it from family	5.65%	5.18%	11.75%	9.75%	11.24%	10.92%	13.49%	7.09%	11.36%	9.67%
Got it some other way	11.64%	4.12%	6.12%	9.02%	7.30%	6.21%	5.04%	6.24%	3.62%	4.28%
Bought from retail store	0.99%	4.58%	1.73%	1.92%	2.03%	3.55%	1.58%	1.03%	3.08%	1.53%
Got it from parents w/ permission	5.75%	6.02%	12.33%	10.44%	11.69%	12.91%	13.08%	13.91%	12.38%	15.77%
Grew it themselves	1.91%	1.15%	1.65%	0.23%	1.47%	2.78%	1.64%	0.42%	0.59%	0.56%
Stole it from store/dispensary	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	4.16%	2.40%	0.00%	0.57%

Decreasing trend significant

Increasing trend significant

WHERE DO PEOPLE GET CANNABIS, 21-25 year olds

	Cohort 1	Cohort 2	Cohort 3	Cohort 4	Cohort 5	Cohort 6	Cohort 7	Cohort 8	Cohort 9	Cohort 10
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
From friends	67.50%	54.89%	42.78%	36.51%	33.80%	25.72%	20.26%	26.44%	26.04%	21.17%
Gave money to someone	19.87%	10.72%	8.10%	5.64%	4.97%	3.63%	5.08%	4.61%	7.75%	4.46%
Got it from someone w/ medical card	18.85%	9.41%	2.53%	2.02%	0.17%	0.65%	0.27%	0.62%	1.16%	1.03%
Got it from a med. dispensary	20.65%	13.03%	12.60%	9.96%	10.15%	14.23%	14.71%	15.62%	16.02%	16.90%
Got it at a party	11.81%	10.76%	10.93%	8.06%	6.54%	5.76%	1.57%	7.12%	10.93%	3.87%
Got it from family	11.48%	8.26%	4.08%	7.04%	5.76%	4.37%	4.02%	5.52%	4.56%	4.04%
Got it some other way	5.13%	6.68%	3.29%	3.41%	3.71%	3.71%	1.24%	2.13%	1.85%	1.97%
Bought from retail store	8.80%	51.86%	72.60%	76.31%	80.06%	78.03%	77.27%	74.42%	70.93%	72.28%
Got it from parents w/ permission	4.56%	3.50%	2.02%	4.28%	4.47%	3.15%	2.75%	4.75%	4.41%	5.79%
Grew it themselves	1.51%	3.01%	1.49%	1.82%	1.81%	0.71%	1.11%	1.74%	0.79%	1.16%
Stole it from store/ dispensary	2.84%	0.17%	0.60%	0.29%	0.17%	0.11%	0.97%	0.43%	0.69%	0.78%

Perceived Risk

▶ Cannabis

- ▶ Physical risk of occasional cannabis use**
- ▶ Psychological/emotional risk of occasional cannabis use**
- ▶ Physical risk of regular cannabis use
- ▶ Psychological/emotional risk of regular cannabis use

▶ Alcohol

- ▶ Physical risk of 2 drinks every day**
- ▶ Psychological risk of 2 drinks every day**
- ▶ Physical risk of 5+ drinks every weekend
- ▶ Psychological risk of 5+ drinks every weekend

** significant decreasing linear trend

**

** significant increasing linear trend **

Other substances

- ▶ Significant decreasing trend in:
 - ▶ Alcohol, at least once in past year
 - ▶ Alcohol, at least monthly
 - ▶ Cigarettes, at least once in the past year
 - ▶ Pain relievers to get high, at least once in the past year
 - ▶ Heroin use, at least once in the past year

Next Steps

- ▶ 2024 will see our 11th year of data collection
- ▶ YAHS team has secured extra funding from DOH to collect data from all cohorts.
- ▶ As we work on deliverables within the contract, will have frequencies (for the first time) on a number of new items including:
 - ▶ Fentanyl use
 - ▶ Typical potency/concentration of products used
 - ▶ Delta-8 products
 - ▶ Delta-10 products
 - ▶ Mental health items

Question?

- ▶ HCA Contact: Sandy Salivaras, sandy.salivaras@hca.wa.gov
- ▶ UW Contact: Jason Kilmer, jkilmer@uw.edu

Olympic Heritage Behavioral Health (OHBH)

Key timepoints for the project

- ▶ Conduct a survey of provider interest to determine service options
 - ▶ HCA to issue survey for feedback and provider interest May 1-6
 - ▶ Provide summary results to Office of Financial Management (OFM) and legislative committees
 - ▶ Consult with DSHS
 - ▶ Based on survey results and consultation, provide recommendation for services to OFM for approval which service services to procure
- ▶ Issue a Request for Proposals by August 1, 2024
- ▶ Target opening date of April 1, 2025

Olympic Heritage Behavioral Health (OHBH)

Proviso 130 from the Convened Budget, Section 215

- ▶ Contract for behavioral health services for adults at OHBH, a facility in Tukwila
 - ▶ Provide services for up to 40 beds
 - ▶ Primary focus is to address the needs of individuals with a history or likelihood of involvement with the criminal legal system to reduce the number of individuals accessing behavioral health through the legal system
 - ▶ Target opening date of April 1, 2025
- ▶ FY25 funding
 - ▶ \$3,502,000 GFS – with \$150,000 for developing the Request for Proposals

Olympic Heritage Behavioral Health (OHBH)

▶ Proviso 130 notes the following types of services:

- ▶ Short term or step-down residential care
 - ▶ particularly for individuals who may have received treatment or services through crisis stabilization or a 23-hour crisis facility
- ▶ Residential, transitional, or supportive services
 - ▶ to divert individuals from the criminal legal system or emergency departments
- ▶ Substance use or co-occurring treatment, outpatient or inpatient
 - ▶ including programs designed for the treatment of opioid use disorder
- ▶ Supportive and residential services for individuals in outpatient competency restoration, subject to assisted outpatient treatment orders, or released on personal recognizance while awaiting competency services

OHBH project next steps

- ▶ Survey will be emailed out May 1-6
 - ▶ Survey will be open for two weeks
- ▶ Emailed out to:
 - ▶ GovDelivery lists
 - ▶ MCO email list
 - ▶ BH-ASO email list
 - ▶ Office of Community Voices and Empowerment listserv
- ▶ Tribal governments will be emailed the survey
 - ▶ HCA is also coordinating with the American Indian Health Commission for responses

Contact information

HCA Contact information:

Tina Burrell, MA

Division of Behavioral Health and Recovery

tina.burrell@hca.wa.gov