

Behavioral Health Advisory Council

Attendees:					
<input checked="" type="checkbox"/>	Ahney King	<input checked="" type="checkbox"/>	Keri Waterland	<input checked="" type="checkbox"/>	Richelle Madigan
<input type="checkbox"/>	Beth Dannhardt	<input type="checkbox"/>	Kimberly Conner	<input checked="" type="checkbox"/>	Ruth Leonard
<input type="checkbox"/>	Carolyn Cox	<input type="checkbox"/>	Kristina Sawyckj	<input type="checkbox"/>	Sandra Mena-Tyree
<input type="checkbox"/>	Dixie Grunenfelder	<input type="checkbox"/>	Lateish De Lay	<input checked="" type="checkbox"/>	Sharon McKellery
<input checked="" type="checkbox"/>	Haley Tibbits	<input checked="" type="checkbox"/>	Maricia Mongrain-Finkas	<input type="checkbox"/>	Shelby M Satko
<input checked="" type="checkbox"/>	Jeff Spring	<input type="checkbox"/>	Mari Huesman	<input type="checkbox"/>	Shelli Young
<input checked="" type="checkbox"/>	Jenni Olmstead	<input type="checkbox"/>	Maria Nunez	<input type="checkbox"/>	Steve Kutz
<input type="checkbox"/>	Jimy Chorath	<input checked="" type="checkbox"/>	Mary O'Brian	<input checked="" type="checkbox"/>	Stu Parker
<input type="checkbox"/>	John Tuttle	<input type="checkbox"/>	Melodie Pazolt	<input checked="" type="checkbox"/>	Susan Kydd
<input type="checkbox"/>	Josh Wallace	<input checked="" type="checkbox"/>	Michael Langer	<input type="checkbox"/>	Taku Mineshita
<input checked="" type="checkbox"/>	Karen Huber	<input checked="" type="checkbox"/>	Michael Reading	<input checked="" type="checkbox"/>	Tana Russell
<input checked="" type="checkbox"/>	Katie Murkovich	<input checked="" type="checkbox"/>	Nelson Rascon	<input checked="" type="checkbox"/>	Vanessa Lewis
<input type="checkbox"/>	Kelly Boston	<input checked="" type="checkbox"/>	Pamala Sacks-Lawler	<input checked="" type="checkbox"/>	Janet Cornell
<input checked="" type="checkbox"/>	Facilitator: Tori McDermott Hale	<input type="checkbox"/>	Paul Neilson	<input checked="" type="checkbox"/>	Louise Neito
<input checked="" type="checkbox"/>	Guest: Kris Shera	<input checked="" type="checkbox"/>	Payton Bordley	<input checked="" type="checkbox"/>	Jared Langton
<input checked="" type="checkbox"/>	Guest: Sarah Mariani	<input checked="" type="checkbox"/>	Richard Brown	<input checked="" type="checkbox"/>	Ryan Keith
<input checked="" type="checkbox"/>	Guest: Julirae Castleton	<input type="checkbox"/>	Guest:	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Guest: Gerardo Perez-Guerrero	<input type="checkbox"/>	Guest:	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Guest: Alicia Hughes	<input type="checkbox"/>	Guest:	<input type="checkbox"/>	Minutes: Tori McDermott Hale
<input type="checkbox"/>	Guest:	<input type="checkbox"/>	Guest:	<input type="checkbox"/>	Guest:

Behavioral Health Advisory Council

No	Agenda Items	Summary Meeting Notes
	<p>CALL TO ORDER</p> <ul style="list-style-type: none"> - Welcome/Introductions and Attendance - Approval of March Minutes - Extension of Membership 	<ul style="list-style-type: none"> • March Minutes are approved. • January Minutes are approved. • Susan put up a motion to extend all members membership by 1 year due to COVID-19. Josh Second, approved. • Josh put a motion forward to extend Susan Kydd’s membership on BHAC for an additional 2 years. Nelson second, approved.
	<p>Opioid Response Plan</p>	<ul style="list-style-type: none"> • Please refer the State Opioid and Overdose Response Plan PowerPoint provided. • Chris invited council member to provide him with any suggestions or concerns. • May State Opioid Overdose Workgroup meeting on May 20th – first few points of 2021 overdose data will be on the graphs by then.
	<p>Section Update: Prevention</p>	<ul style="list-style-type: none"> • Please refer to the Presentation PowerPoint provided.
	<p>Break</p>	
	<p>Legislative Subcommittee Update</p>	<ul style="list-style-type: none"> • Skipped due to time constraints – will do an update at the July meeting.
	<p>Directors Update</p>	<ul style="list-style-type: none"> • Legislative session has ended –now the focus is on the bills and budget passed. • The Gov and legislature afforded a large investment in Behavioral Health this year. • Approximately 74-line-item investments, which is significantly more than prior years. • Sam Quartey and Eric Fiedler from Fiscal staff joined the BHAC meeting. • DBHR will share a document with BHAC of the budget overview. • Submitted the SABG and MHBG Covid enhancement plans currently waiting on a final response back from SAMSHA. • One item that was not approved was invest in rental assistance with MHBG. It was denied by Center of Mental Health Services. <ul style="list-style-type: none"> ○ Found other places to invest in our overall plan with the dollars that were rejected. • Have not heard anything back about the SABG Covid enhancement funds. • Biggest funding change currently is that SUD Recovery Support increased by 5% and Prevention decreased by the same. • Strong bi partisan support for the Plan. • A denial on rental assistance on the SABG Funds is not expected. • The next round of funds expect is ARPA – do not know amount (expecting to know mid may) do not know parameters. • Potentially will not have waivers like the COVID enhancement funds – instead, it may be more like the BG funds. Can be used till 2025. • Budget staff is doing a deep dive to understand and make sure that all numbers and allocations are correct.
	<p>Representative Lauren Davis</p>	<ul style="list-style-type: none"> • Note: Background – BHAC recently set up a leg subcommittee. The purpose is to better fulfill one responsibility in our Bylaws which states “Advocate and educate for legislation and regulations affecting behavioral health....” <ul style="list-style-type: none"> ○ We will be inviting a legislature every meeting. We want to create relationships and learn how we can be the best resources for the legislature. • the 32nd leg district – north King and south Snohomish.

Behavioral Health Advisory Council

	<ul style="list-style-type: none"> • Elected in 2018 – first term in 2019, in odd years is when big budget is written. • Behavioral health has a huge lift and volume of work. • The last 5 years have had the most behavioral health bills (and continuing to rise) • Highlights of 2021 Legislative session <ul style="list-style-type: none"> Blake Bill 5476 – <ul style="list-style-type: none"> ○ State of WA ruled that possession of small amounts of illegal substances is unconstitutional. Possession of small amounts is now a misdemeanor vs. a felony. ○ This will also expand SUD recovery services significantly. ○ WA state sentences under two things – 1. Offender score 2. Seriousness level of the crime (from 1-16). Determined based upon this matrix. ○ As a result of this, 14,000 people with felony convictions are now entitled to resentencing. Also many of these people are eligible to have past felony convictions vacated, which will help them to find housing and employment ○ This bill requires law enforcement to refer anyone they encounter with possession of a defined amount to a recovery “Navigator” vs. arrest and jail. ○ Landing in the legal court system does more harm than good – only 3% of people arrested for possession were getting services. ○ Recovery Navigator – accepts referrals from all sources. Helping getting individuals get services such as housing, employment pathways, peer support, social connectedness, legal services, family support and transportation. ○ Did not have the full votes in the legislature to fully decriminalize possession. Compromised it is now a simple misdemeanor. Law enforcement must divert twice to resources that individual can use. Sunsets in July 2023 “988” Bill 1577 <ul style="list-style-type: none"> • Congress passed a national 988 number, begins July 2022. National Suicide Prevention lifeline will turn into 988. House Reps of WA created legislation to levy a fee on telecom services at 24 cents. This passed bipartisan. • 3 visions of 988 system: Phase 1. Staff up the call centers and professionalize the staff. Phase 2. Create a behavioral health bed tracker. Create a complete a repository of mental health and behavioral health resources for individuals to reference when needed. Updating technology and creating crisis teams. A model based on one in Georgia which has the ability to track an individual from entering services to leaving was discussed. Phase 3. Facilities: create more beds and facilities where needed. • Rep. Davis is passionate about advocacy and the ability that groups have to influence public policy. She mentioned the following activities as ways to further BHAC’s involvement in advocating and educating about legislation. <ul style="list-style-type: none"> ○ BHAC can help educate law makers on where the service gaps are. ○ Individual actions suggested: reach out to all 3 delegations (2 state reps and 1 senator) requesting a meeting introducing yourself, lived experience, BHAC, and how you can be a resource for them. ○ Invite legislatures to come to BHAC. ○ Organize a Behavioral health conversation for the legislature. 1 hour on zoom and talk about whatever you want concerning behavioral health. Main goal is to educate the law makers.
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Behavioral Health Advisory Council

		<ul style="list-style-type: none">○ During session there are groups that meet that track bills that helps keep up on what is going on during the legislative session.
	Action Item Recap May Agenda Items AJOURN	<ul style="list-style-type: none">● Send out Kris Shera’s presentation materials.● Copy Waiver requirements from chat box into word doc● Send Rep. Davis contact info out● Have a conversation with council on roles of education versus lobbying.● Director’s update● Section update – Adult SUD Treatment – Edward Michael● Legislator guest – Richelle is coordinating● Peer Review Teams selection – double check with pr schedule



State Opioid and Overdose Response Plan

...and other little tidbits.

2021–2022

Opioid and Overdose Response Plan

State Opioid and Overdose Response Plan

- ▶ <https://www.hca.wa.gov/about-hca/behavioral-health-recovery/state-opioid-and-overdose-response-soor-plan>
- ▶ Next deadline for revisions is June 1st. Revisions will occur every three months thereafter.
- ▶ State Opioid Response (SOR) - <https://www.hca.wa.gov/about-hca/behavioral-health-recovery/state-opioid-response-sor-grant>
- ▶ Kris Shera, State Opioid Coordinator
 - ▶ 360-688-3329
 - ▶ kristopher.shera@hca.wa.gov

GOAL 1

PREVENT OPIOID MISUSE

The Goal 1 Workgroup currently works in partnership to coordinate prevention efforts – including representatives from Health Care Authority, Department of Health, Labor & Industries, Office of the Attorney General, Office of the Superintendent of Public Instruction, Washington Medical Commission, University of Washington, Washington State University, tribes, tribal organizations, and others.

Strategies include:

- Engaging local communities to provide community-based prevention efforts,
- Promoting use of responsible prescribing practices,
- Use of prescription monitoring,
- Public education and awareness,
- Safe storage of medications, and
- Decreasing the supply of illicit opioids.

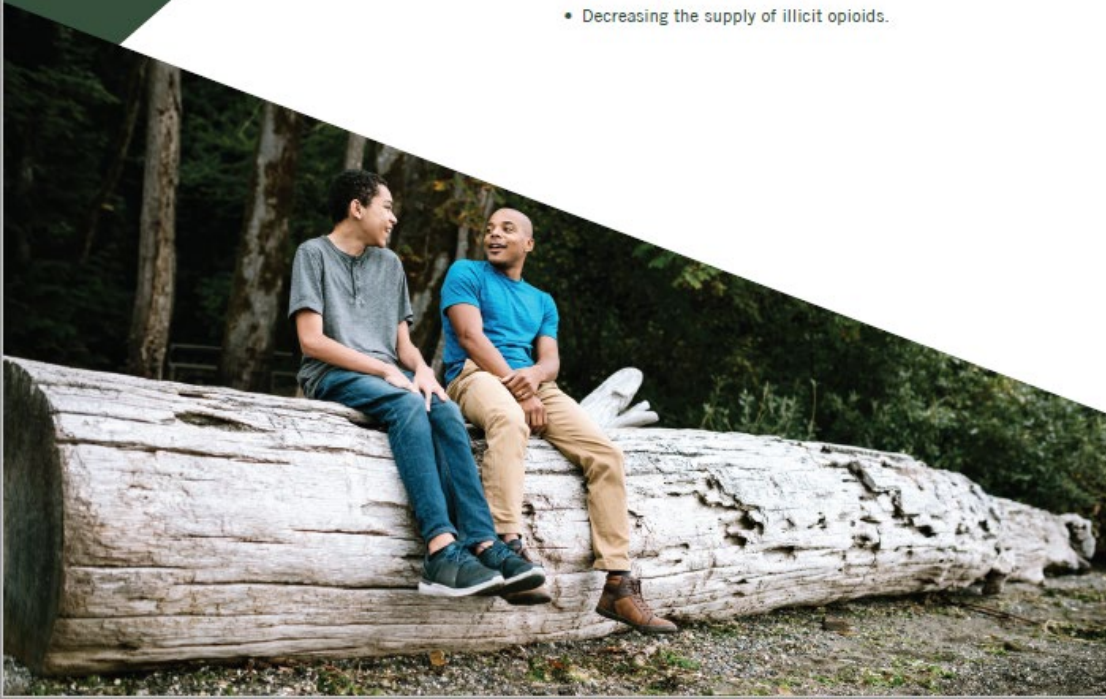
Co-Leads:

Alicia Hughes (HCA) – Alicia.hughes@hca.wa.gov

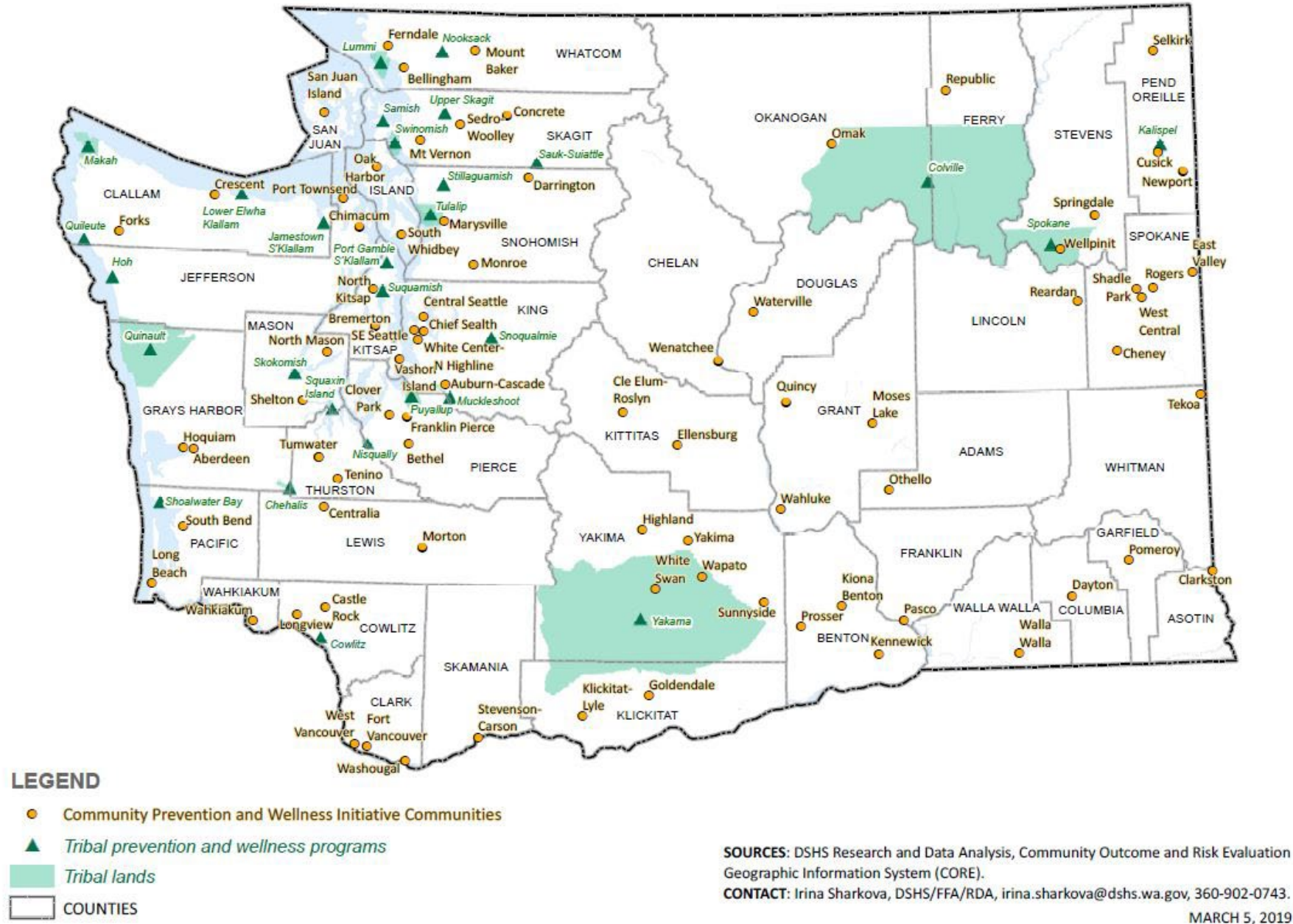
Jaymie Mai (L&I) – maij235lni.wa.gov

Erika Jenkins (HCA) – Erika.Jenkins@hca.wa.gov

- [The Athena Forum](#) – DBHR resource for prevention professionals
- [Safe Medication Return Program](#)
- [Starts with One Campaign](#)
- [Tribal Opioid Solutions](#)
- [Labor and Industry \(LNI\) – Opioid Prescription guidelines and reports – treating pain in injured workers](#)
- [Prevention Fellows Program](#)



Prevention services are focused in communities and Tribes throughout Washington



GOAL 2 IDENTIFY AND TREAT SUBSTANCE USE DISORDER

Detecting and treating substance use disorders remains a principal goal of state planning activities.

The primary activities of this goal are:

- Building capacity of treatment providers and Indian health care providers,
- Bringing access to treatment services where they don't exist or lack resources, including access to low barrier MOUD,
- Improve systems of care for pregnant and parenting women (PPW) and their children, and
- Improving treatment and recovery services for those involved in the criminal legal system.

Co – Leads –

Jessica Blose (HCA) – Jessica.blose@hca.wa.gov

Patricia Dean (HCA) – patricia.dean@hca.wa.gov

Kris Shera (HCA) – Kristopher.shera@hca.wa.gov

- Increasing access to medications
<https://www.hca.wa.gov/about-hca/medicaid-transformation-project-mtp/data-dashboards>
- CMS guidance for State Plan Amendment for MOUD – aka MAT
- [Opioid Treatment Programs - Increasing the number of OTPs](#)
- Increasing concern about stimulants – use of contingency management is increasing in interest
- Standard changes for treatment goals, not always abstinence based; all SUDs are not the same and treatment is different for each
- [Roadmap to Recovery](#) – Recovery Readiness Asset Tool and WA Addiction Recovery Medical Home (ARMH) Alternative Payment Model (APM)



GOAL 3

ENSURE AND IMPROVE THE HEALTH AND WELLNESS OF INDIVIDUALS THAT USE DRUGS

This workgroup had broadened its focus beyond preventing deaths from overdose to include other health effects related to drug use.

State planning in this area generally focuses on:

- Naloxone distribution,
- Support for syringe services programs,
- Infectious disease prevention and treatment, and
- Drug user health effects.

Co Leads –

Alison Newman (ADAI) – alison26@uw.edu

Emalie Huriaux – emalie.huriaux@doh.wa.gov

Sean Hemmerle – sean.hemmerle@doh.wa.gov

- [Overdose Education and Naloxone Distribution](#)
- [Syringe Service Programs](#)
- [Stopoverdose.org](#)



GOAL 4

USE DATA AND SURVEILLANCE TO DETECT DRUG USE TRENDS, MONITOR THE HEALTH AND WELLNESS OF INDIVIDUALS WHO USE DRUGS, AND EVALUATE INTERVENTIONS

Without data related to state opioid and overdose response plan activities it would be difficult, if not impossible, to evaluate the effectiveness of the plan activities. Collecting data is good, but being able to do something with it is better.

The purpose of the Goal 4 Workgroup is to:

- Gather data and information from Health Information Technology/Health Information Exchange (HIT/HIE) assets,
- Examine and analyze data to improve the state's opioid response,
- Identify new metrics that can be used to evaluate plan activities, and
- Assess health disparities through data collection and analyzing data that include information on data by race/ethnicity, gender, age, LGTBQIA+ status as available.

Co Leads

Cathy Wasserman (DOH) – cathy.Wasserman@doh.wa.gov

Kris Shera (HCA) – Kristopher.shera@hca.wa.gov

- [Prescription Monitoring Program](#)
- [Analytics, Research, and Measurement \(HCA\) Data Dashboards](#)
- [Overdose Data to Action \(OD2A\)](#)
 - PWID dashboard support



Confirmed WA State Overdose Deaths

Drug Type	2021*	2020*	2019	2018	2017
Any Drug	94	1538	1259	1181	1163
Any Opioid	54	1062	827	744	739
Heroin	18	347	347	329	306
Synthetic opioids	30	602	337	224	142
Psychostimulants	47	628	540	473	390
Cocaine	12	174	132	129	111

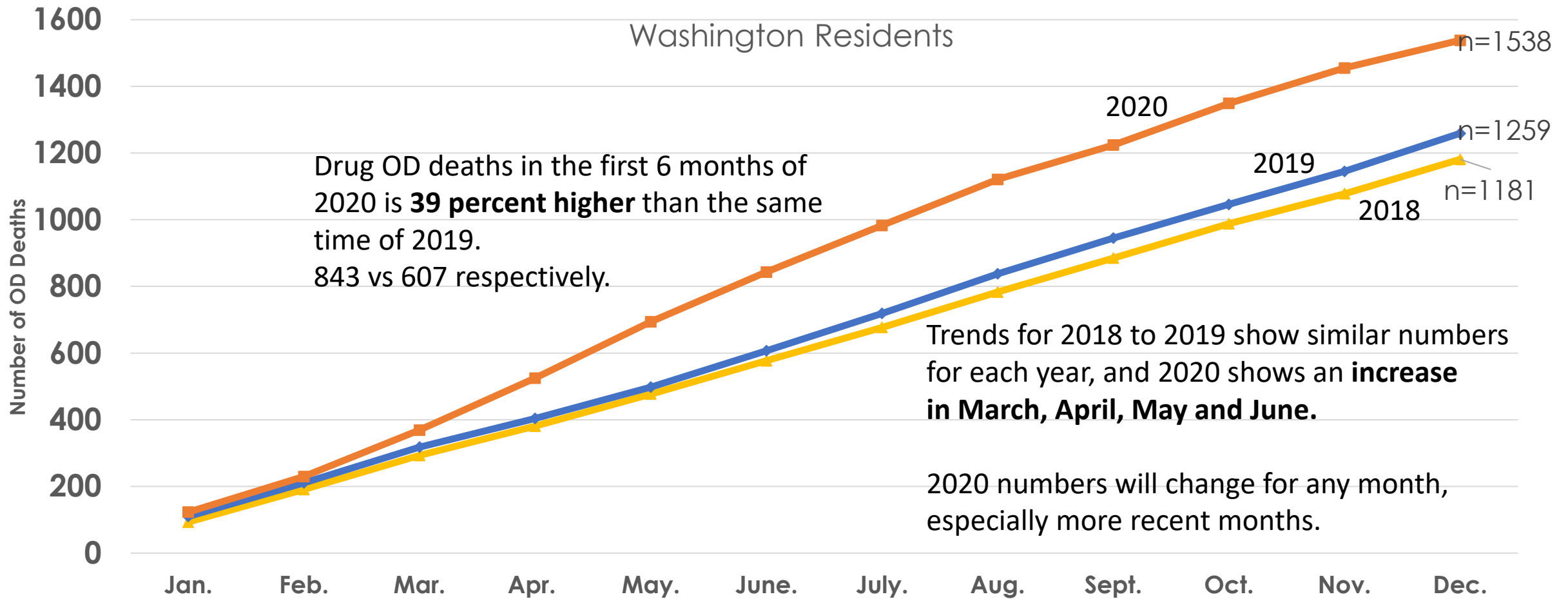
2020 OD deaths already higher than the number for 2019

*2020 data are preliminary and will change.

Data is as of 15Mar2021.

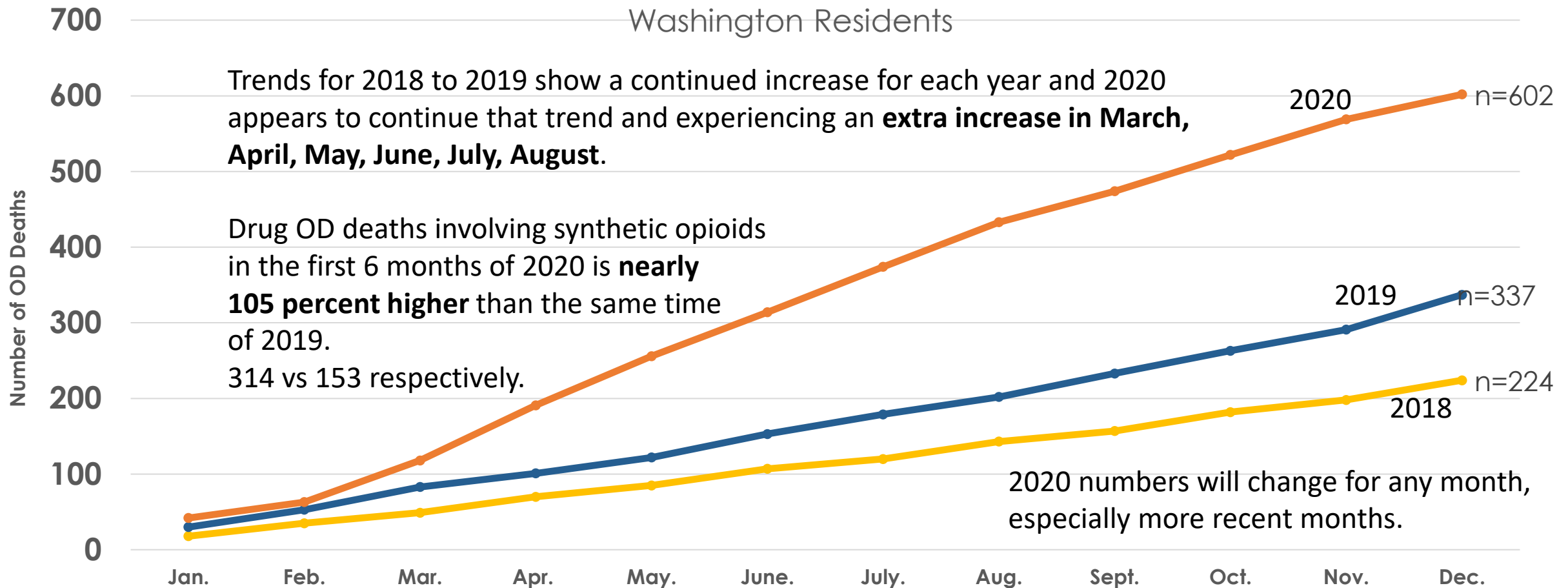
Source: DOH Death certificates

Annual cumulative overall drug overdose deaths by month (2018-2020*)



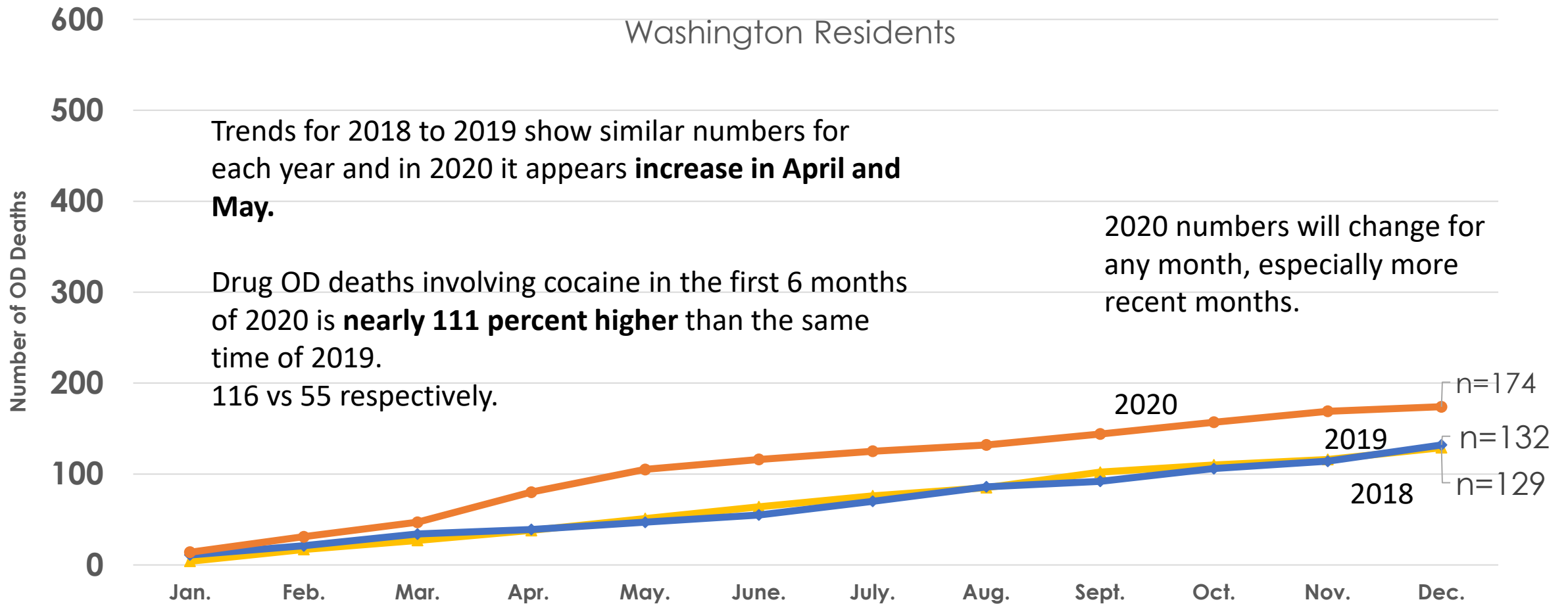
- 2020 data are preliminary and will change.
- Data run: 15Mar2021

Annual cumulative drug overdose deaths involving non-methadone synthetic opioids by month (2018-2020*)



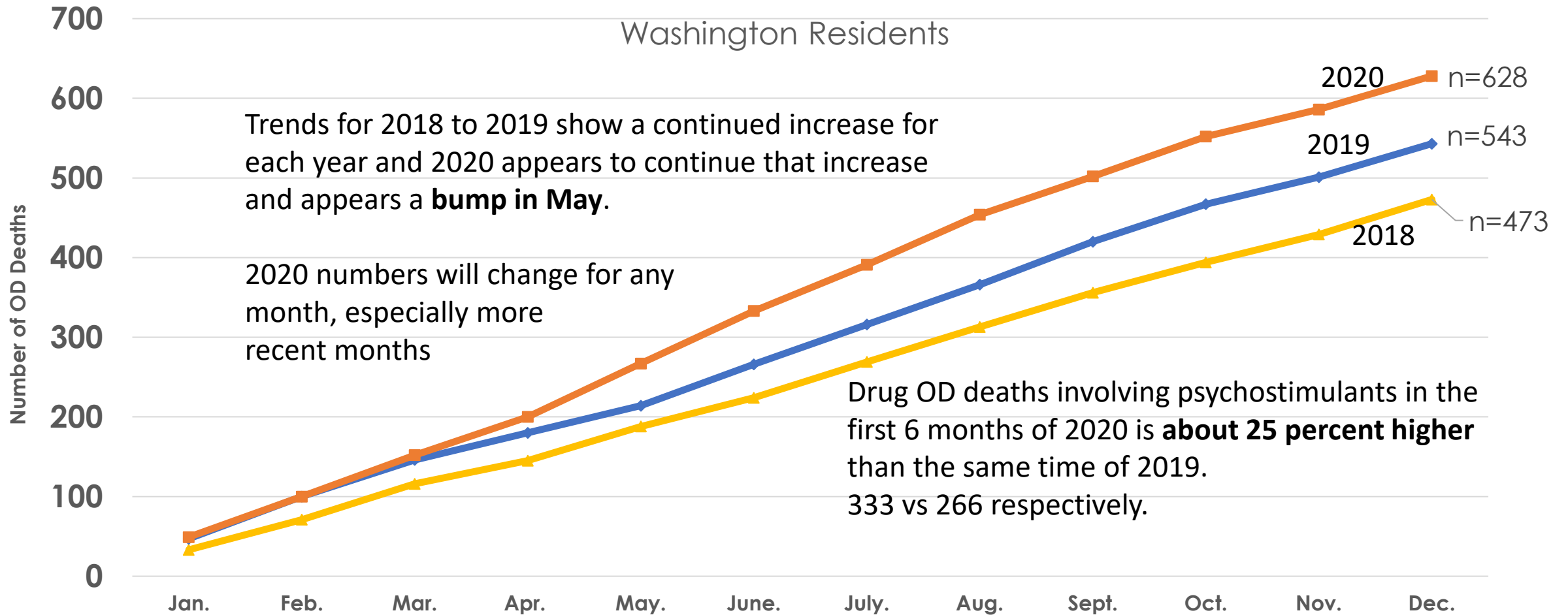
- 2020 data are preliminary and will change.
- Data run: 15Mar2021

Annual cumulative drug overdose deaths involving cocaine by month (2018-2020*)



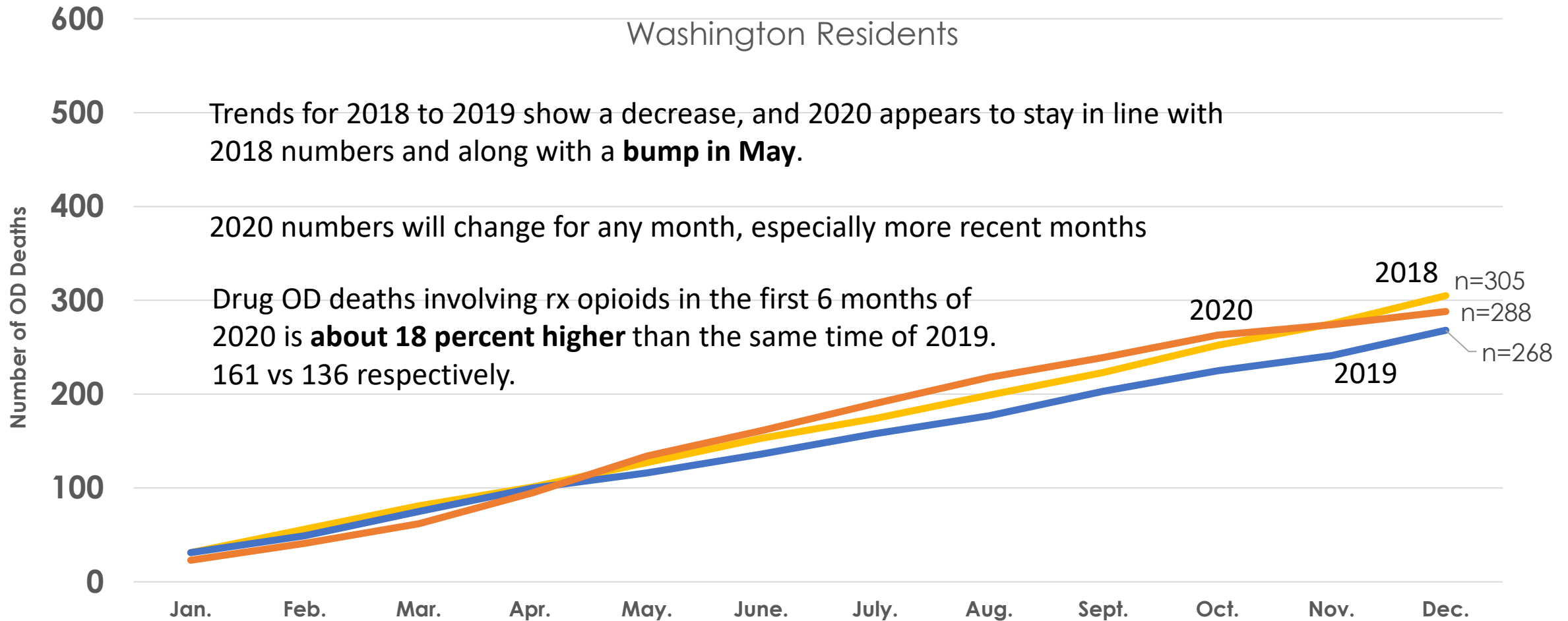
- 2020 data are preliminary and will change.
- Data run: 15Mar2021

Annual cumulative drug overdose deaths involving psychostimulants by month (2018-2020*)



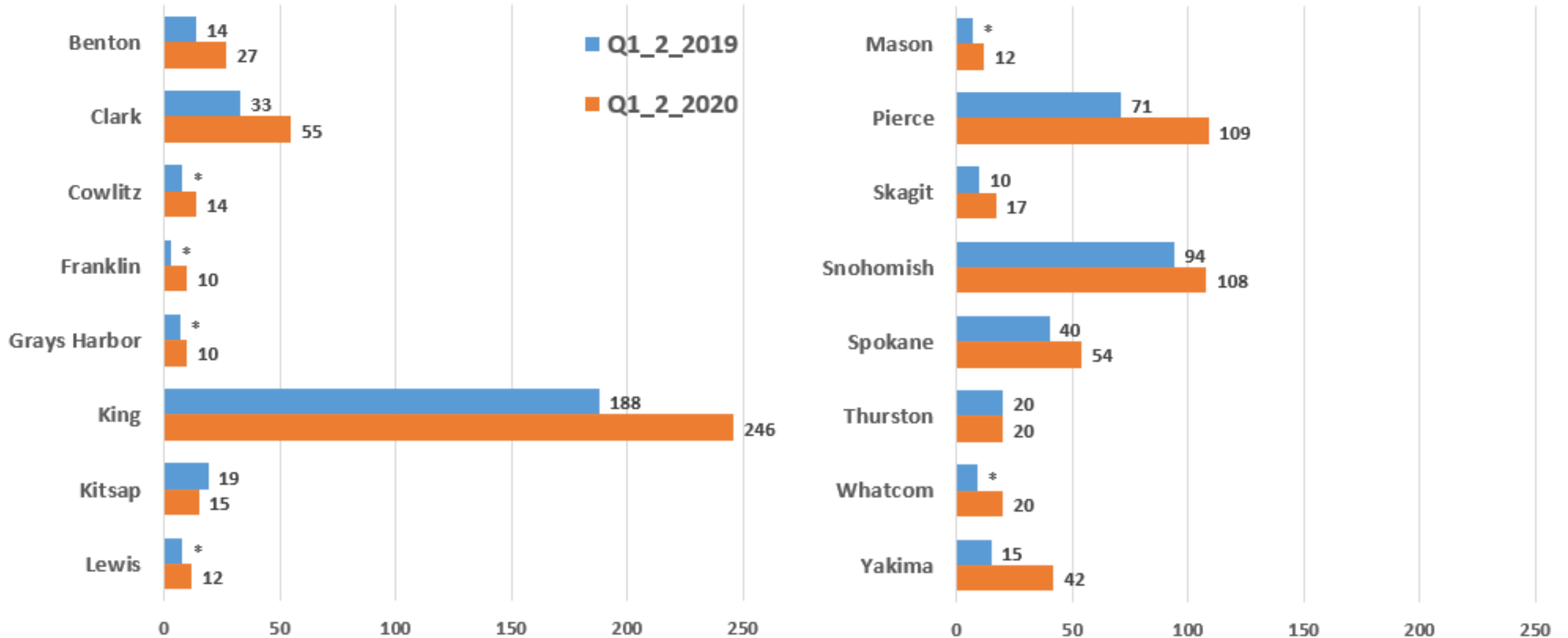
- 2020 data are preliminary and will change.
- Data run: 15Mar2021

Annual cumulative drug overdose deaths involving Rx opioids by month (2018-2020*)



- 2020 data are preliminary and will change.
- Data run: 15Mar2021

Overall drug overdose death counts by county compare first 6 months of 2019 and 2020+



Counties with at least 10 OD deaths in 2019 or 2020

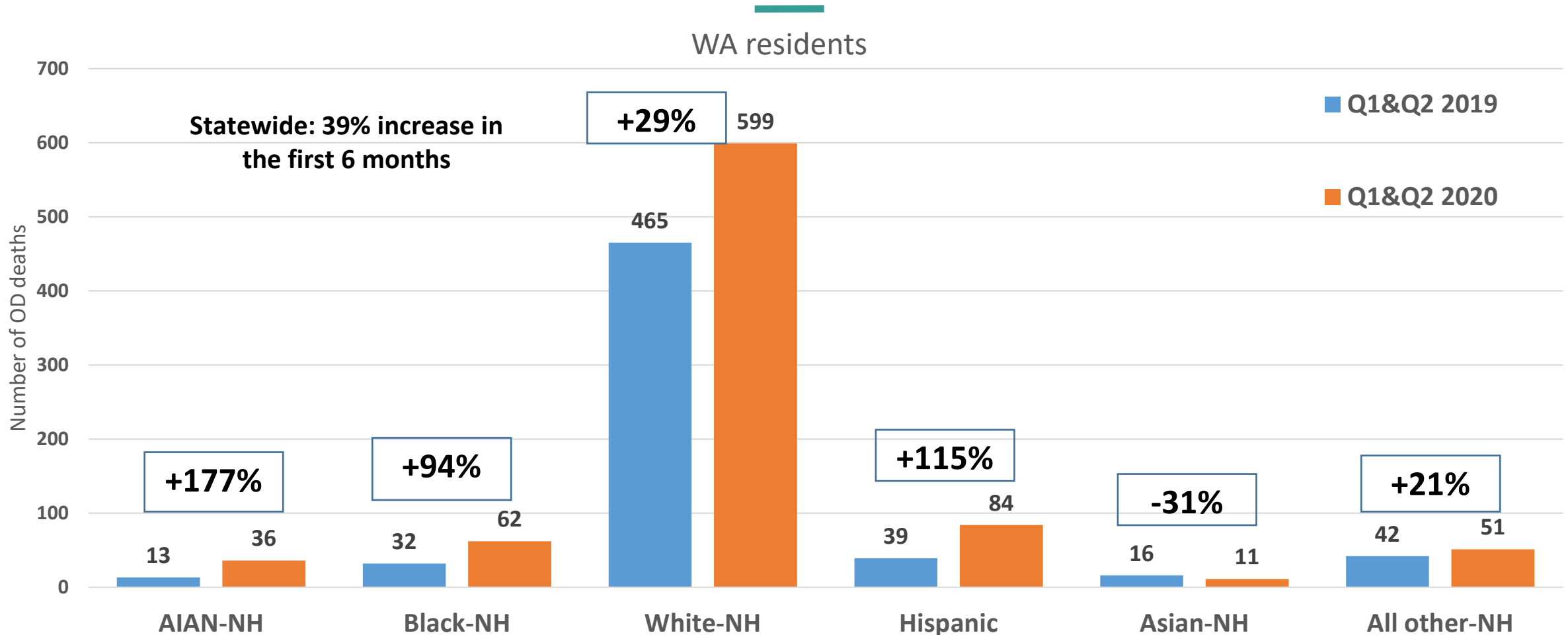
Data for first 6 months of 2019 and 2020.

+ 2020 numbers will change. * Number suppressed (1-9)

Data as of 15March2021

Source: DOH death certificates

Overall drug overdose death counts by race compare first 6 months of 2019 and 2020

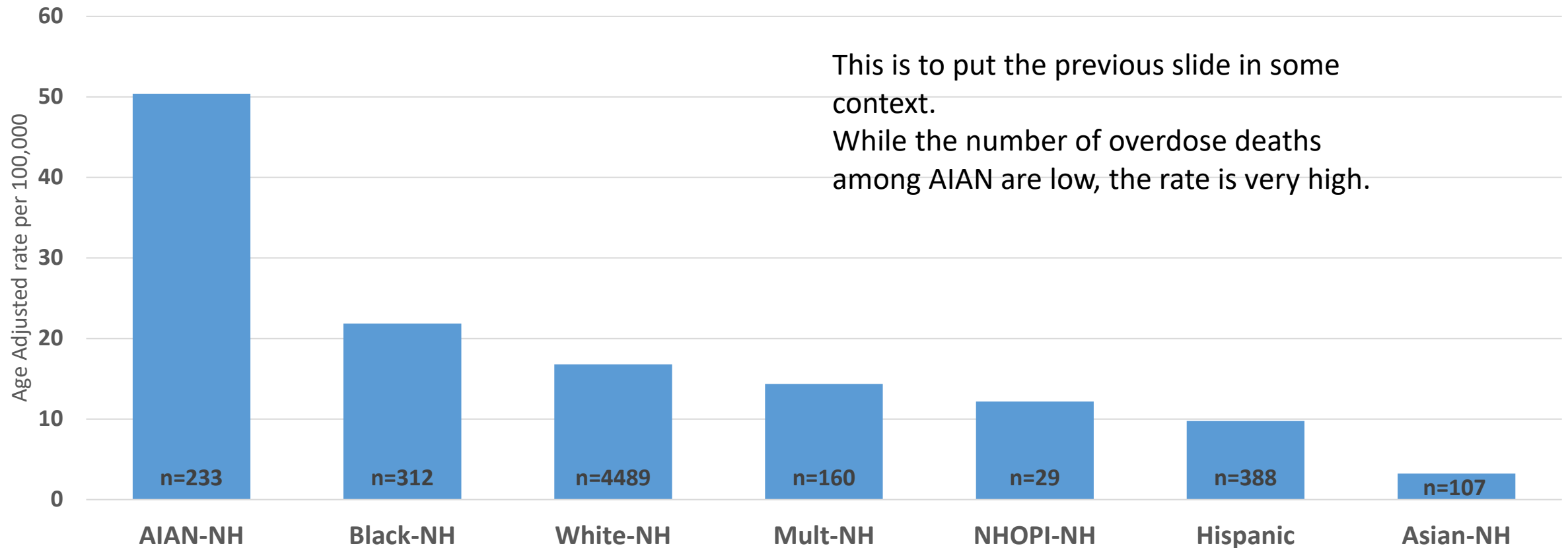


2020 data are preliminary and will change. NH: Non-Hispanic AIAN: American Indian/Alaskan Native
Data as of 15Mar2021

All other includes: Native Hawaiian and other pacific islanders, multi-racial and other (NOS)

Drug overdose deaths disproportionately affect American Indian and Alaskan Native populations

WA residents (2015-2019)

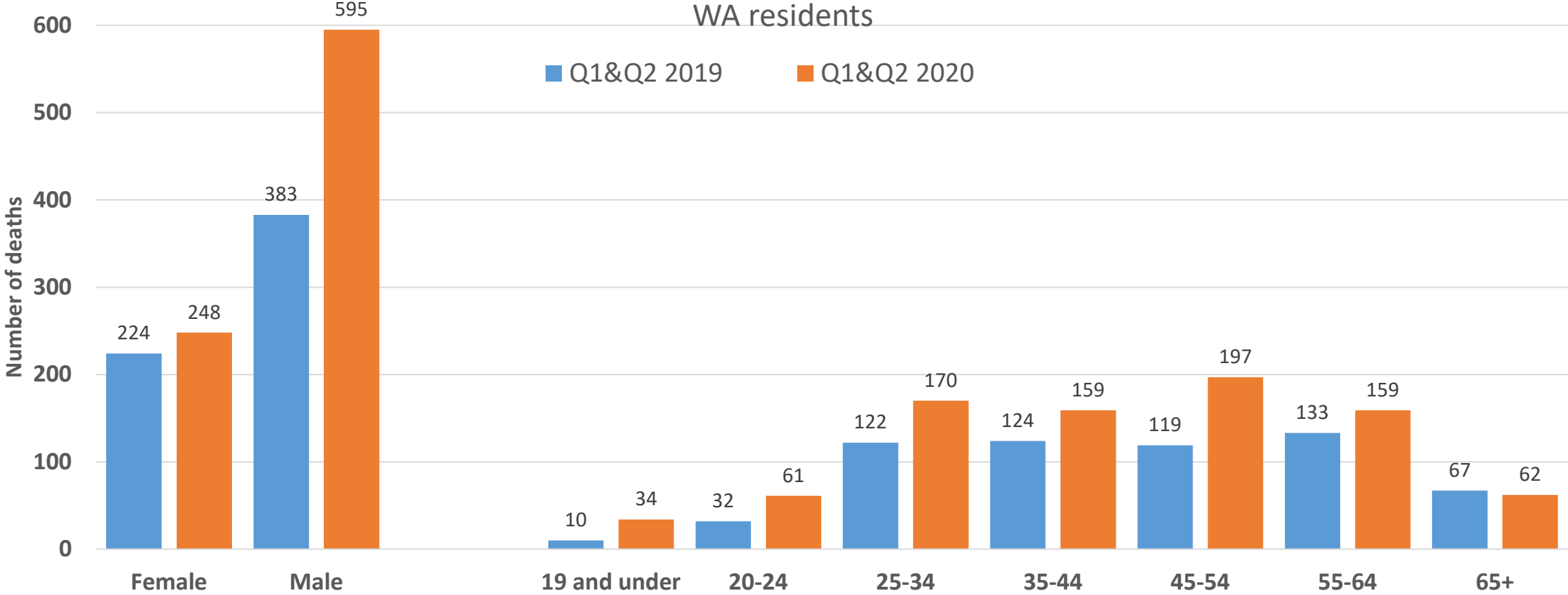


This is to put the previous slide in some context. While the number of overdose deaths among AIAN are low, the rate is very high.

NH: Non-Hispanic
AIAN: American Indian/Alaskan Native

NHOPI: Native Hawaiian or Other Pacific Islander
Multi: Multi-racial

Overall drug overdose death counts by age and sex compare first 6 months of 2019 and 2020



2020 data are preliminary and will change.
Data as of 15Mar2021

GOAL 5 SUPPORT INDIVIDUALS IN RECOVERY

Recovery is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. Recovery is real, and individuals can, and do, recover from substance use disorders. Recovery is a lifelong process that is different for each person. Just as relapse is a part of any chronic disease, it can be a part of recovery, and as such recovery does not always mean complete abstinence from substance use.

The Recovery Workgroup will work to enhance and improve recovery support services in Washington by developing strategies in the following areas:

- Community and social connectedness,
- Recovery coaching and peer supports,
- Recovery housing,
- Technology-based recovery supports,
- Education and employment,
- Family support and education,
- Transportation, and
- Measuring successful recovery services and environments.

Co Leads –

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Malika Lamont – malika.lamont@defender.org

Kris Shera (HCA) – kristopher.shera@hca.wa.gov

- [Foundational Community Supports](#)
- Relatively new...looking for new members
- Strategies recently developed
- Acceptance of Non abstinence based
- Recovery Asset Mapping
- Metrics – how do we measure recovery?



A STATEMENT ABOUT HEALTH EQUITY AND JUSTICE

The State Opioid and Overdose Response Plan's partners recognize that Black Lives Matter and that racism, discrimination, criminal legal system involvement, and the stigmatization of individuals who use drugs are systemic problems that disproportionately affect people of color. This impact has manifested in profoundly unequal outcomes during the course of the war on drugs and has resulted in over-representation of people of color in the criminal legal system, further amplifying stigma and racism. After involvement in these systems, key components of recovery-oriented lifestyle like housing, appropriate health care, post-secondary education, and employment, become exponentially more difficult, if not impossible, to access.

This plan's goals, workgroups, strategies, and associated activities will work to dismantle systemic racism and discrimination, specifically as it exists in the opioid prevention, treatment, and recovery structures. Further, we will work to hold ourselves accountable to these principles of health equity and justice for American Indian/Alaskan Native (AI/AN) communities, people of color, and LGBTQ+ communities.

Each workgroup will, in collaboration with AI/AN, black lives, people of color, and LGBTQ+ communities that have been oppressed by dominant culture, examine their strategies and activities to understand how current work can be used to address inequities in substance use disorder prevention, treatment, and recovery services; understand cultural barriers to prevention, treatment, and recovery; and examine what we can do in the future to provide meaningful, culturally appropriate services.

We recognize that input from tribes and tribal organizations (AI/AN), black lives, people of color, and LGBTQ+ communities is essential to help guide our response to the opioid and overdose epidemic in a way that respects the culture and tradition of individual communities and impacts of systemic racism. This will be a long process and those involved in the State Opioid and Overdose Response Plan are committed, in both word and deed, to equity and justice in the provision of substance use disorder prevention, treatment, and recovery.

- Health Equity and Justice
- What's next?
 - Workforce investments in Health Equity
 - Development of an action plan

Population Focused Workgroups

- Criminal Justice Opioid Workgroup
- Pregnant and Parenting Women Workgroup
- American Indian/Alaskan Native Workgroup

Other quick tidbits

- Future opioid settlement dollars and how might they be used
- Use of harm reduction dollars
- Recent legislation and what it portends ESSB 5476, SB 5095, HB 1477

Promotion, prevention, and early intervention

Sarah Mariani

Section Manager

SUD Prevention and MH Promotion

Meet the Team



Sarah Mariani,
Section Manager



Kasey Kates,
Tribal and CPWI
Implementation
Supervisor



Alicia Hughes,
CBO and Grant
Development
Supervisor

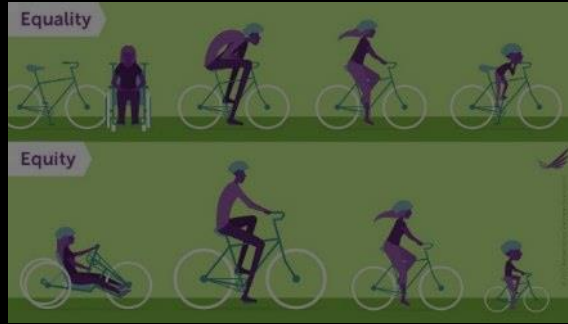


Jennifer Hogge,
Mental Health
Promotion and
Integration
Supervisor



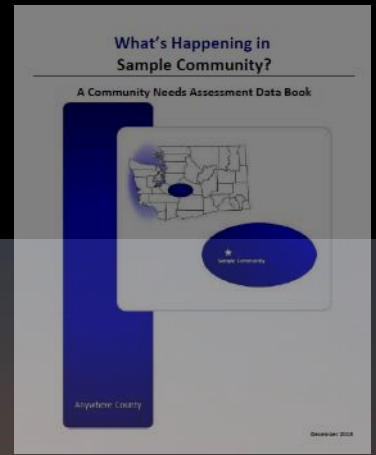


Nurse-Family Partnership
Helping First-Time Parents Succeed



Botvin LifeSkills® Training

Evidence-Based Prevention Programs for Schools, Families, and Communities



2020
Envision the Possibilities
 November 3-4
 Virtual Conference

Prevention Summit
 Washington State Health Care Authority

What we do



MAY 20, 2020
SPRING YOUTH FORUM

IMAGINE INNOVATE INSPIRE



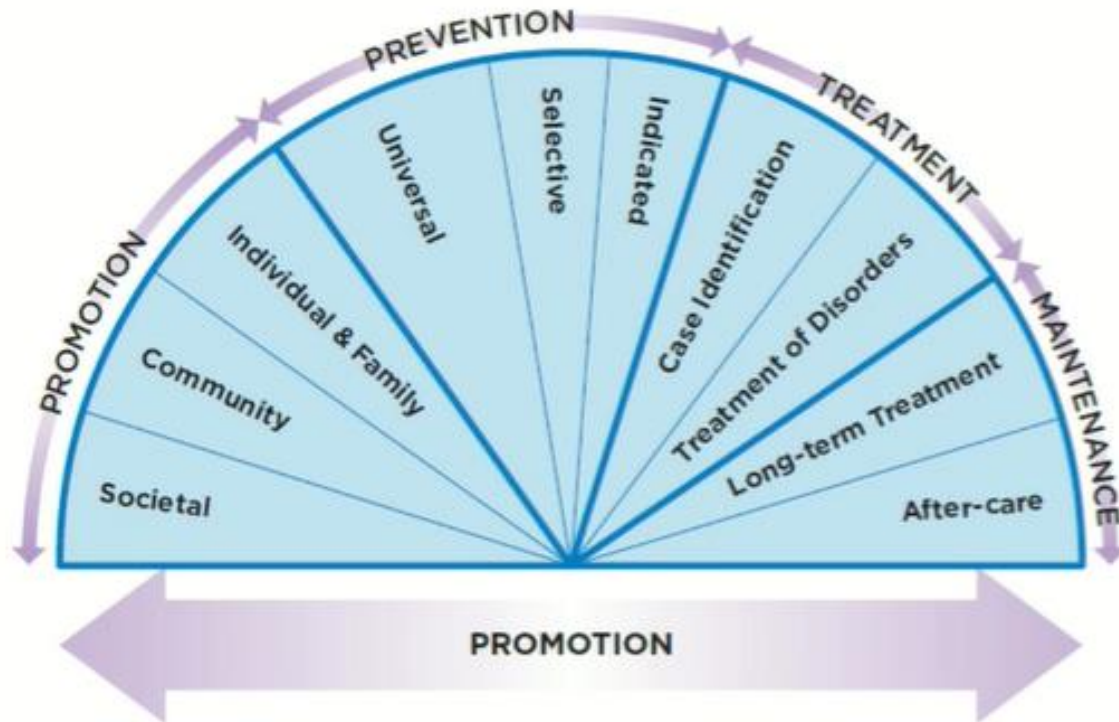
ATHENA

The site for substance abuse prevention and mental health promotion professionals and volunteers.



National Prescription Drug Take Back Day

Promotion and prevention



Promotion and prevention

Our main goal is to:

- ▶ Reduce youth substance use and misuse, reduce prevalence of substance use disorder, and promote mental health.
- ▶ Prevent problems from “boiling over.”

▶ We do this through our commitment to:

- ▶ High-need communities.
- ▶ State, Tribal, and local partners.
- ▶ Research and evidence-based practices.
- ▶ Diversity, Equity and Inclusion.
- ▶ Outcomes.



Key statewide prevention initiatives and programs

- ▶ **State Prevention Enhancement (SPE) Policy Consortium and State Plan**
- ▶ **Washington Healthy Youth (WHY) Coalition**
- ▶ **Policy Efforts**
- ▶ **Healthy Youth Survey (HYS)** in collaboration with OSPI, Department of Health (DOH), and the Liquor and Cannabis Board (LCB)
- ▶ **Young Adult Health Survey** in collaboration with University of Washington.
- ▶ **Workforce Development** – Fellowship, trainings, Athena Forum, E-learning courses
- ▶ **Annual Prevention Summit, Spring Youth Forum, Tribal Gathering and Coalition Leadership Institute**
- ▶ **Evidence-based Programs and Strategies and Prevention Evaluation**
- ▶ **College Coalition**
- ▶ **Public Education Campaigns**
- ▶ **Key partnerships** – SEOW, Prevention Research Committee, Homeless Youth Task Force, Action Alliance, VA Governor's Challenge, 988 Implementation Coalition, Law Enforcement Mental Health Task Force, Social Emotional Learning Task Force, and Prevention Advisory Workgroup

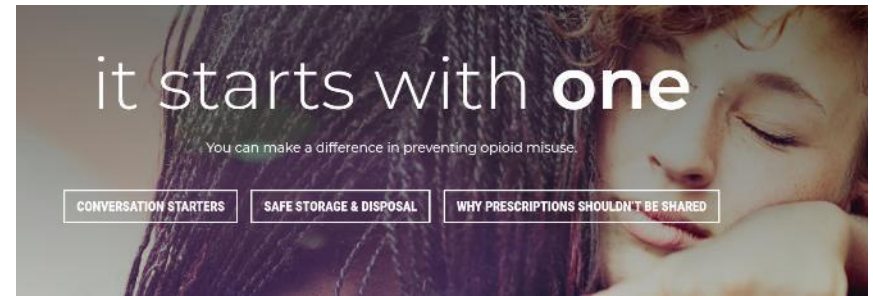
Policy impacts

- ▶ Passing and implementation of T21.
- ▶ Completion of bill analysis.
- ▶ Ensuring prevention continues to have a voice.



Campaigns

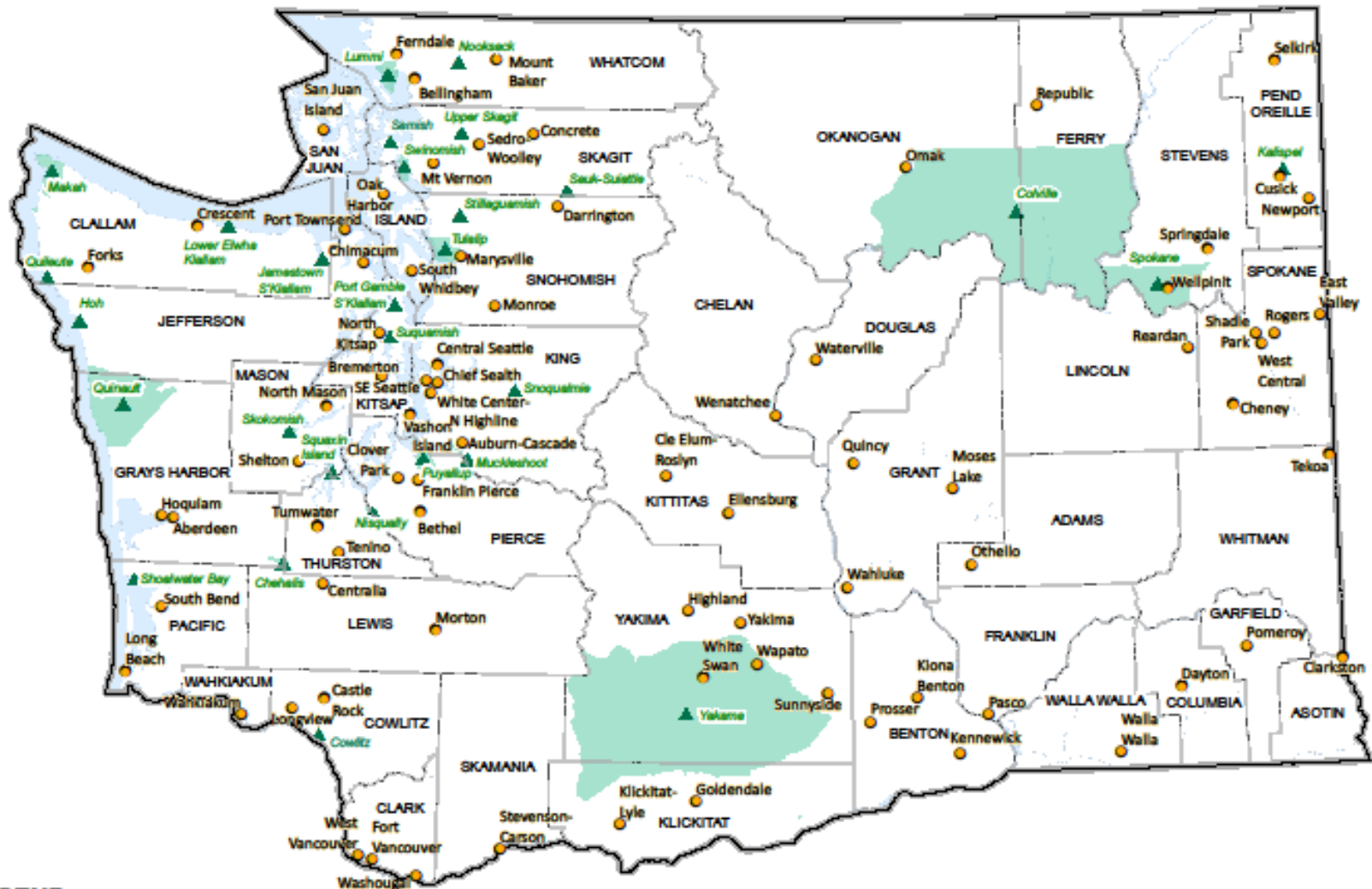
- ▶ Starts with One
- ▶ Out of the Picture
- ▶ Rethinking College Drinking Campaign – Not a Moment Wasted
- ▶ SUD Prevention and Wellness Campaign
- ▶ Spread the Facts



Tribes, CPWI, and CBOs

- ▶ Tribal prevention programming:
 - ▶ 27 Tribes implementing prevention programming.
 - ▶ Programs include Healing of the Canoe, Gathering of Native Americans, mentoring, and other cultural activities.
- ▶ The Community Prevention and Wellness Initiative (CPWI):
 - ▶ Over 80 high-need communities across the state.
 - ▶ Two-pronged approach: community coalitions and school-based prevention/intervention services.
 - ▶ Programs include Strengthening Families, Guiding Good Choices, and Nurse Family Partnership.
- ▶ Community-Based Organizations (CBOs):
 - ▶ SUD prevention and MH promotion/suicide prevention.
 - ▶ Over 30 contracts.
 - ▶ Programs include Youth Mental Health First Aid, Drug Take Back Events, and promotion of prevention campaigns.

Prevention services are focused in communities and Tribes throughout Washington



LEGEND

- Community Prevention and Wellness Initiative Communities
- ▲ Tribal prevention and wellness programs
- Tribal lands
- COUNTIES

SOURCES: DSHS Research and Data Analysis, Community Outcome and Risk Evaluation Geographic Information System (CORE).

CONTACT: Irina Sharkova, DSHS/FFA/RDA, irina.sharkova@dshs.wa.gov, 360-902-0743.

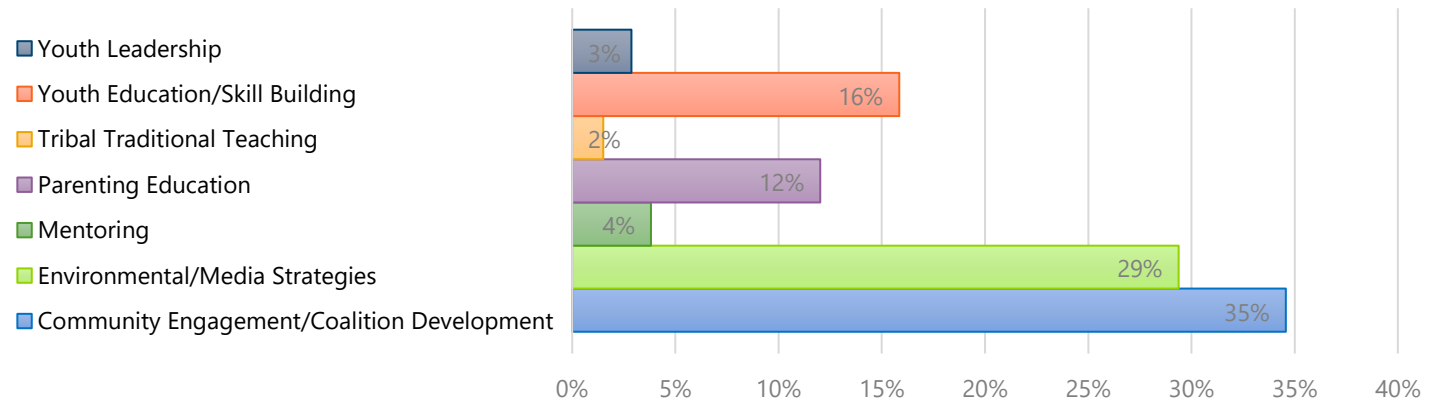
MARCH 5, 2019

Prevention's reach across the state

▶ In the last 2 years :

- ▶ 39,509 participants. *(Feb 2019 to Feb 2021)*
- ▶ 31,874 services delivered. *(Feb 2019 to Feb 2021)*
- ▶ Over 1.6 million people reached. *(SFY 2020)*
- ▶ 92% received evidence-based programs. *(SFY 2020)*
- ▶ Average of 785 programs prevention programs/strategies implemented. *(Feb 2019 to Feb 2021)*

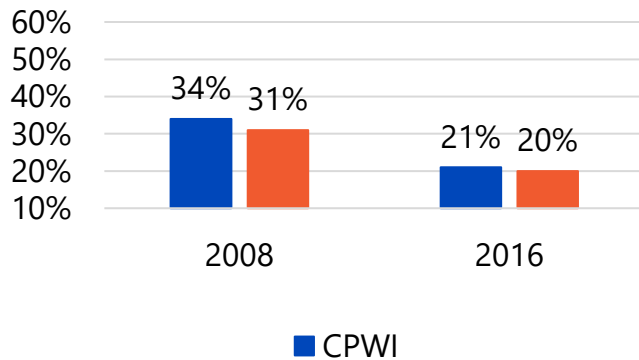
Program Percentage by Activity Type - SFY 2021



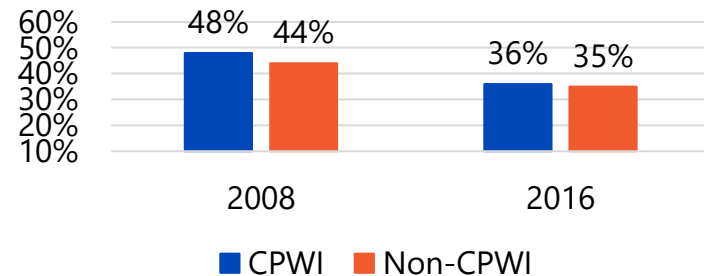
CPWI evaluation

- ▶ Community Prevention and Wellness Initiative (CPWI) communities were at higher risk, but they closed the gap.

Alcohol Use Past 30 Days



Risk of Substance Use Due to Family Problems



The power of prevention



Tribes:



CPWI: Mt. Baker Coalition

Responding to COVID-19

Coalition Message to their community – Wa'Lynn Sheridan, Mt. Baker

- ▶ *We have an incredible opportunity and responsibility, at this time, to further build resilience for families and youth!*
- ▶ *This will need to be done in more innovative and intentional ways, and we are ready!*
- ▶ **Next are 3 ways YOU can help spread prevention this week and beyond!**
 1. *Host virtual coalition meetings!*
 2. *Use Social Media! Like our Facebook Page, turn on notifications, and share our posts.*
 3. *Encourage coalition members to be their own and someone else's resilience factor!*

CBO: Quality Behavioral Health (MHPP)

- ▶ Pomeroy Sheriff's department trained in QPR and YMHFA
 - ▶ All 25 sheriff officers, deputies, and dispatchers trained
- ▶ Community plans to continuously re-train deputies as well as train new deputies.



CPWI/CBO: Kennewick KEY Connection

- ▶ Supporting parents during the COVID-19 pandemic
- ▶ Partnered with local FBO to deliver Strengthening Families Program (SFP)
 - ▶ Provided modified support to families
- ▶ 12 families participating
 - ▶ 6 SFP delivered in Spanish
 - ▶ 6 SFP delivered in English



Questions?

