# Agenda

## Meeting Topics

<table>
<thead>
<tr>
<th>Topic</th>
<th>Pages</th>
<th>Time</th>
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<tbody>
<tr>
<td>1. Public Session</td>
<td>no ppr</td>
<td>10:30-10:40</td>
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<tr>
<td>2. Public Health Advisory Board Update</td>
<td>no ppr</td>
<td>10:40-10:50</td>
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<tr>
<td>3. The Health of Our Youth &amp; Prevention Services</td>
<td>1-13</td>
<td>10:50-noon</td>
</tr>
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The meeting topics include:

1. **Public Session**
2. **Public Health Advisory Board Update**
3. **The Health of Our Youth & Prevention Services**
HEALTH BOARD
Discussion Form
(July 30, 2013)

AGENDA ITEM: The Health of Our Youth & Prevention Services

PRESENTER: Joe Fuller, Certified Prevention Professional/International Certified Prevention Specialist

BOARD ACTION: ☑ FYI & Discussion

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY:
The Health Department will provide some data from the most recent (2012) Healthy Youth Survey (HYS). Results shared will focus on local concerns of substance use and mental illness. The survey, which is administered every two years in grades, six, eight, ten, and twelve, provides essential information on student behaviors, perceptions, and levels of risk and protection. Six school districts in Whatcom County participated in the Fall 2012 implementation of the survey.

The Health Department uses this information to help guide our strategic planning for development and implementation of programs and services focused on decreasing risk to our community’s youth. Moreover, these programs seek to increase the protective factors that research says will improve the likelihood that our youth will experience success in health and positive behaviors. These successes can indeed occur when we build the foundations for resilience despite adverse experiences.

Recently, the Health Department has focused the delivery of Prevention services in high risk communities. This change in focus reflects the national and state trends to target areas of higher risk with more intensive services in order to achieve greater outcomes and benefits from our investment. This must be balanced with the need to deliver services to youth in other areas of our county, and to ensure against stigmatizing any particular community.

“Prevention” and “Intervention” programs are developed from rigorous research, extensive data collection and analysis, and proven positive outcomes. The Prevention field has become very scientific in their scrutiny of effective programs. It is the Health Department’s intent to contract with community partners to implement and maintain a number of these research based programs for our youth.

Our Community Health Improvement Plan highlights the goal, “All children and youth are safe, healthy and ready to learn”. The Behavioral Health Revenue Advisory Committee voted at their March 2013 meeting to increase services to our youth using some of the undesignated fund balance of $1.4 million as of 12/31/13. This presentation and discussion seeks guidance in policy issues related to that goal.

BOARD ROLE / ACTION REQUESTED:
Discuss and provide guidance on the following policy statements:

1) Expand the delivery of Prevention/Intervention services to our community’s youth using local funds.
2) The local funds used for youth programs should prioritize delivery of services to high risk youth populations in order to ensure the greatest positive impact.
3) The additional funding for expanded youth programs should prioritize using current services in our community that can generate the goals of our strategic plan.

ATTACHMENTS

Power Point Presentation
Current list of contracted youth programs/services
**CHIP Summary Table**

<table>
<thead>
<tr>
<th>Issue Area</th>
<th>Goal</th>
<th>Objectives / Measures</th>
<th>Key Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child, Youth &amp; Family Well-being</td>
<td>• All children and youth are safe, healthy and ready to learn</td>
<td>• Increase healthy family relationships (decrease abuse/neglect)</td>
<td>• Community supports for emerging families beginning in pregnancy/postpartum period</td>
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<td></td>
<td></td>
<td>• Increase youth social-emotional well-being</td>
<td>• High quality early childhood learning opportunities</td>
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<td></td>
<td></td>
<td>• Increase high school graduation</td>
<td>• ACE oriented community and school-based interventions</td>
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<tr>
<td>Healthy Active Neighborhoods &amp; Communities</td>
<td>• All people live in neighborhoods or communities that support healthy active lifestyles and foster positive social connections</td>
<td>• Increase perception of community safety and connectedness</td>
<td>• Leadership development and community engagement in marginalized communities</td>
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<td></td>
<td></td>
<td>• Increase availability of healthy affordable housing options</td>
<td>• Health perspective in community planning, including land use, economic development and housing plans</td>
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<tr>
<td></td>
<td></td>
<td>• Increase access to healthy community amenities within close proximity to home</td>
<td>• Promotion of biking, walking, healthy food and reduced exposure to tobacco/alkohol drugs in targeted neighborhoods</td>
</tr>
<tr>
<td>Health Care for Vulnerable Populations</td>
<td>• All people have access to health services and supports that they need to thrive,</td>
<td>• Decrease unmet health needs due to cost or availability of services</td>
<td>• Expanded primary care capacity</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Decrease avoidable ED visits and hospitalizations</td>
<td>• Integrated service delivery models for individuals with chronic behavioral health needs</td>
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<tr>
<td></td>
<td></td>
<td>• Increase patient/family satisfaction with health system</td>
<td>• Culturally appropriate/culturally sensitive services</td>
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Levels of Alcohol Use – Grades 10 and 12

Percent of Whatcom County Students who indicate problem drinking (3+ days drinking in the past 30 days and/or 1 day binge drinking in past two weeks), or heavy drinking (4+ days drinking in the past 30 days and/or 2+ binge drinking days in past two weeks).

Mental Health Status

More than one in four students had depressive feelings in the past year. About one in six have considered suicide in the past year.


**Depression and Substance use**

Students in 10th grade that reported experiencing depressive feelings in the past year demonstrated higher levels of substance use.

- **Had Depressive Feelings**
  - Alcohol: 34
  - Marijuana: 28
  - Tobacco: 18
  - Pain Killers: 13

- **No Depression**
  - Alcohol: 20
  - Marijuana: 17
  - Tobacco: 8
  - Pain Killers: 4

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**Depressive Feelings and School**

Students in 10th grade that reported depressive feelings in the past year experienced lower grades, skipped school more, and were bullied more.

- **Depressive**
  - Lower Grades: 38
  - Skipped School: 24
  - Bullied: 42

- **No Depression**
  - Lower Grades: 22
  - Skipped School: 13
  - Bullied: 18
Importance of Family Connections

Percent of current marijuana use among 10th grade students by family engagement.

<table>
<thead>
<tr>
<th>Activity</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have fun w/ Parents</td>
<td>26</td>
<td>15</td>
</tr>
<tr>
<td>Eat Dinner together</td>
<td>27</td>
<td>20</td>
</tr>
<tr>
<td>Family rules about drugs are clear</td>
<td>27</td>
<td>16</td>
</tr>
<tr>
<td>Opportunities for prosocial family involvement</td>
<td>28</td>
<td>11</td>
</tr>
</tbody>
</table>

What do we do now?

HYS is used with other data to understand needs:

1. Local data sources (BRFSS, ACEs, Community Indicators, etc.)
2. Existing Research (youth development, brain growth, etc.)
3. Research on evidence-based programs

"An ounce of prevention is worth a pound of cure."
The "Science"

Strategic Prevention Framework

Assessment
Evaluation
Sustainability and Cultural Competence
Capacity
Implementation
Planning

Source: Substance Abuse & Mental Health Services Administration (SAMHSA)

"An ounce of prevention is worth a pound of cure."

Strategic Planning Activities

Strategic Plans:

- Biennially Plans
- 6-Year Strategic Plan 2007-2013 - Countywide
- Prevention Redesign Initiative (PRI) - Targeted services

"An ounce of prevention is worth a pound of cure."
From “Science” to “Service”

Utilize services that:

- Strengthen the Prevention, Intervention, Treatment, and Aftercare (PITA) Continuum of Care
- Apply science-based best practice programs rigorously evaluated to demonstrate an impact behavioral health
- Support individuals at key developmental periods

How do we know it works?

We implement evidence-based programs identified in the National Registry for Evidence-Based Practices & Programs

Criteria for Rating Quality of Research

- Reliability of measures
- Validity of measures
- Intervention fidelity
- Missing data and attrition
- Potential External Variables
- Appropriateness of analysis

"An ounce of prevention is worth a pound of cure."
Research-Based Example #1

**Big Brothers Big Sisters Mentoring**
A federally recognized “best-practice” program. Research found youth in the program were:

- 46% less likely to begin using illegal drugs
- 27% less likely to begin using alcohol
- 37% less likely to skip a class
- 52% less likely to skip school
- 33% less likely to hit someone
- A return of **$3.28** for every dollar spent and a cost benefit of $2,822 for each youth participating in BBBS (WSIPP).
- New 5-Year study funded by the Gates Foundation found significant impact on depression

Research-Based Example #2

**Strengthening Families Program**
A federally recognized “best-practice” program. Research found:

- 26% fewer students reported having ever tried alcohol
- 32% fewer students reported alcohol use without parental permission
- 40% fewer students reported having ever been drunk
- 35% fewer students reported having ever smoked cigarettes
- 50% less likely to smoke cigarettes four years later.
- A return of **$7.82** for every dollar spent and a cost benefit of $5,805 for each participating youth in SFP 10-14 (WSIPP).
Lifetime Marijuana Use
Impact of Strengthening Families Program

Students in intervention communities were 53% less likely than students in the control communities to use marijuana at a follow-up evaluation four years later.

Resilience

Resilience is the capacity to adapt in the face of challenges. It is complex, and it is possible to be resilient in one setting and pathological in another.

“Resilience refers to a class of phenomena characterized by good outcomes in spite of serious threats to adaptation or development.”

- Ann Masten, Ordinary Magic: Resilience Processes in Development

Source: Family Policy Council
Foundations of Healthy Development

Research has identified opportunities to change environments in ways that influence the expression of specific genetic or biological predispositions.

**Impact:**
- Reducing onset
- Mitigating impact

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Long Term Benefits of Effective Services

Percentage of Past Year Alcohol Use Disorder* (age 21 and older) by Age of First Use

*Abuse or Dependence (Source: SAHMSA, 2005)
Policy Discussion #1

- Expand the delivery of Prevention/Intervention services to our community's youth using local funds.

"An ounce of prevention is worth a pound of cure."

Policy Discussion #2

- The local funds used for youth programs should prioritize delivery of services to high risk youth populations in order to ensure the greatest positive impact.

"An ounce of prevention is worth a pound of cure."
Policy Discussion #3

- The additional funding for expanded youth programs should prioritize using current services in our community that can generate the goals of our strategic plan.

"An ounce of prevention is worth a pound of cure."

Questions?

Anne Deacon
Ext. 50877
Human Services Manager

Joe Fuller
Ext. 30884
Program Specialist

PUBLIC HEALTH
ALWAYS WORKING FOR A SAFER AND HEALTHIER COMMUNITY

"An ounce of prevention is worth a pound of cure."
# Whatcom County Chemical Dependency/Mental Health Program Fund

## Youth-Targeted Services

(12-Month Allocation)

<table>
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<tr>
<th>Contractor</th>
<th>Service</th>
<th>Contract Amount</th>
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<tbody>
<tr>
<td>Bellingham School District</td>
<td>Drug Prevention/Intervention Specialists</td>
<td>90,000</td>
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<tr>
<td></td>
<td>Drug Prevention/Intervention Specialist</td>
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<td></td>
<td>Mental Health/Substance Abuse Treatment Services</td>
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<td></td>
<td>Behavioral Care Team Support</td>
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<td>Blaine School District</td>
<td>Drug Prevention/Intervention Specialist</td>
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<td>Mental Health/Substance Abuse Treatment Services</td>
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<td></td>
<td>Behavioral Care Team Support</td>
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<td>Ferndale School District</td>
<td>Drug Prevention/Intervention Specialist</td>
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<td>Mental Health/Substance Abuse Treatment Services</td>
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<td>Behavioral Care Team Support</td>
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<td>Lynden School District</td>
<td>Behavioral Intervention/Prevention Specialist</td>
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<td>Drug Prevention/Intervention Specialist</td>
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<td>Meridian School District</td>
<td>Intervention &amp; Mental Health Support Specialist</td>
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<td></td>
<td>Behavioral Health Counselor</td>
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<td></td>
<td>Mental Health Treatment Services</td>
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<td>Mt. Baker School District</td>
<td>Family Resource &amp; Support Coordination</td>
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<td>Mental Health Services</td>
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<td>Nooksack District</td>
<td>Family Resource &amp; Support Coordination</td>
<td>64,000</td>
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<td>Mental Health Treatment Services</td>
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<tr>
<td>*Big Brothers Big Sisters</td>
<td>Mentoring Services <em>(Shuksan and Ferndale specific)</em></td>
<td>15,500</td>
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<td>*Whatcom County Cooperative Extension</td>
<td>Strengthening Families Program <em>(Shuksan and Ferndale specific)</em></td>
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<td>Whatcom Family &amp; Community Network</td>
<td>Youth Services; Community Mobilization against Drugs <em>(countywide)</em></td>
<td>78,300</td>
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<td></td>
<td>Youth Services; Community Building; Education <em>(Shuksan &amp; Ferndale specific)</em></td>
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<td>Community Treatment Agencies</td>
<td>Outpatient Mental Health &amp; Substance Abuse Treatment</td>
<td>variable</td>
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<td>TOTAL</td>
<td>600,300</td>
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*DBHR Funds

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<tr>
<th>Allocations by PITA Continuum</th>
<th>Prevention</th>
<th>Intervention</th>
<th>Treatment</th>
<th>Aftercare</th>
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<tr>
<td>Youth-Focused Contracts</td>
<td>48%</td>
<td>36%</td>
<td>12%</td>
<td>4%</td>
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<td>Total .01 Fund</td>
<td>13%</td>
<td>29%</td>
<td>41%</td>
<td>17%</td>
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