MIDD Briefing Paper

BP 31 Area Prevention Network
BP 121 Communities in Action Promoting Prevention

Existing MIDD Program/Strategy Review ☐ MIDD I Strategy Number _____ (Attach MIDD I pages)
New Concept ☐ (Attach New Concept Form)
Type of category: New Concept

SUMMARY: This paper combines two new concepts that would have King County develop a network of substance use prevention and mental health promotion providers, using proven community organizing strategies, that will successfully implement evidence-based strategies across the continuum of care for prevention (universal, selective and indicated), including a focus on environmental strategies. All prevention efforts will be evidence-based and proven to be effective in alcohol, tobacco and other drug (ATOD) prevention, delinquency and violence prevention and mental health promotion. Providers will create or continue partnerships with community stakeholders to develop and implement environmental prevention strategies for their King County communities. The primary goal is to provide an infrastructure for regional prevention services. This will be accomplished through Area Prevention Network Centers by engaging community members, local organizations, public agencies, youth, and the media to promote positive community norms in order to reduce ATOD-related problems and enhance mental health promotion.

Collaborators:

Name		Department
Kevin Haggerty	**Director, Professor**	**UW, Social Development Research Group**
Vaughnetta Barton	**Manager, Communities That Care**	**UW, School of Social Work**
Stephanie Moyes	**Youth and Family Services Program Manager**	**DCHS, Community Services Division**

Subject Matter Experts and/or Stakeholders consulted for Briefing Paper preparation. List below.

Name	Role	Organization

The following questions are intended to develop and build on information provided in the New Concept Form or gather information about existing MIDD strategies/programs.

A. Description

1. **Please describe the New Concept or Existing MIDD Strategy/Program: Please be concise, clear, and specific. What is being provided to whom, under what circumstances? What are the New Concept Existing MIDD Strategy/Program goals? For New Concepts, does it relate to an existing MIDD strategy? If so, how?**

This paper combines two new concepts that would have King County develop a network of substance use prevention and mental health promotion providers, using proven community organizing strategies, that will successfully implement evidence-based strategies across the continuum of care for prevention (universal, selective and indicated), including a focus on environmental strategies. All prevention efforts will be evidence-based and proven to be effective in alcohol, tobacco and other drug (ATOD) prevention, delinquency and violence prevention and mental health promotion. Providers will create or continue partnerships with community stakeholders to develop and implement environmental prevention strategies for their King County communities. The primary goal is to provide an infrastructure for regional prevention services. This will be accomplished through Area Prevention Network Centers by engaging community members, local organizations, public agencies, youth, and the media to promote positive community norms in order to reduce ATOD-related problems and enhance mental health promotion.

The Area Prevention Network Centers will use a collective impact model based on the Communities That Care prevention system. It involves individuals from the community coming together to bolster protective factors and reduce risk factors in order to promote healthy child development---leading to healthier families and communities. The vision is that King County communities are thriving because they support and build strong young people and families who are empowered, connected, educated, and have meaningful opportunities for generations to come. Community coalitions use local data to determine the best fit of evidence based programs for their community.

One community in Southeast Seattle is currently using the model, thus it can be viewed as a pilot for implementation of the County Area Prevention Network Centers in King County. The Centers will be based in local communities and include key leaders, board leadership teams, and community board members. They will review data and identify risk and protective factors specific to their communities, and select appropriate interventions to reduce risk and strengthen protective factors.

The Southeast Seattle community initiative, also known as Communities in Action, has reviewed local data on Seattle Public Schools' 2012 and 2014 Washington State Healthy Youth Survey data and other local data, conducted environmental scans and held key informant interviews; then prioritized factors to focus prevention efforts on. Focus areas include the following: Three risk factors: 1) laws and norms favorable to drug use, 2) early initiation of anti-social behavior, and 3) academic failure; and three protective factors: 1) community opportunities for pro-social involvement, 2) family opportunities for pro-social involvement and 3) family rewards for pro-social involvement. Communities in Action will focus on two (2) critical issues: mental health and violence and aggression.

The Area Prevention Network Center proposal is to build on the Communities in Action work, expanding it to a county-wide network across the region of prevention providers.

Promotion— Designed to create environments and conditions that support behavioral health and the ability of individuals to withstand challenges. Promotion strategies also reinforce the entire continuum of behavioral health services.

Prevention—Delivered prior to the onset of a disorder, these interventions are intended to prevent or reduce the risk of developing a behavioral health problem, such as underage alcohol use, prescription drug misuse and abuse, and illicit drug use.

2. **Please identify which of the MIDD II Framework's four Strategy Areas best fits this New Concept/Existing MIDD Strategy/Program area** (Select all that apply):

☐ **Crisis Diversion** ☒ **Prevention and Early Intervention**

☐ **Recovery and Re-entry** ☐ **System Improvements**

Please describe the basis for the determination(s).

Prevention and Early Intervention: when communities mobilize through evidence- based public health prevention approaches, reducing risk and increasing protection, ATOD related problems are prevented and there is increased mental health promotion.

B. Need; Emerging, Promising, Best, or Evidence Based Practices; Outcomes

1. **Please describe the Community Need, Problem, or Opportunity that the New Concept Existing MIDD Strategy/Program addresses: What unmet mental health/substance use related need for what group or what system/service enhancement will be addressed by this New Concept/Existing MIDD Strategy/Program? What service gap/unmet need will be created for whom if this New Concept Existing MIDD Strategy/Program is *not* implemented? Provide specific examples and supporting data if available.**

Communities have identified needs for substance abuse prevention and mental health promotion for youth that reduce risk, increase protective factors, and strengthen resiliency.

King County students report the following behaviors and attitudes in tables 1-3.[1] These results to not include out of school youth, who are more likely to be troubled than their in-school peers, or home schooled youth.

Table 1: Substance Use Grade 6, 8, 10 and 12

Substance Use	**Grade 6 % (± CI)**	**Grade 8 % (± CI)**	**Grade 10 % (± CI)**	**Grade 12 % (± CI)**
Smoked cigarettes in past 30 days	0.8% (±0.3)	3.4% (±0.8)	6.5% (±1.0)	10.5% (±2.2)
Drank alcohol in past 30 days	1.8% (±0.3)	6.6% (±1.3)	19.5% (±3.3)	31.1% (±5.0)
Used marijuana or hashish in past 30 days	0.7% (±0.4)	5.1% (±1.2)	16.6% (±2.9)	25.6% (±3.4)
Binge drinking in past 2 weeks	1.5% (±0.6)	3.5% (±1.0)	9.5% (±1.8)	17.5% (±3.8)

Table 2: Bullying and School Climate Grade 6, 8, 10 and 12

Bullying and School Climate	**Grade 6 % (± CI)**	**Grade 8 % (± CI)**	**Grade 10 % (± CI)**	**Grade 12 % (± CI)**
Carried a weapon at school in the past 30 days	2.9% (±0.6)	3.2% (±0.6)	5.2% (±0.9)	5.6% (±1.6)
Was bullied in the past 30 days	27.5% (±4.3)	25.6% (±3.3)	21.6% (±3.4)	15.6% (±2.6)

[1] Washington Healthy Youth Survey 2014 Survey Results, King County

Enjoyed being at school over the past year	61.0% (±3.8)	48.0% (±2.0)	38.0% (±2.3)	37.2% (±4.3)
Felt safe at school	90.5% (±2.1)	88.0% (±2.8)	85.9% (±2.7)	89.0% (±3.5)

Table 3: Community Risk and Protective Factors Grade 6, 8, 10 and 12

Community Domain **Risk Factors**	**Grade 6 % (± CI)**	**Grade 8 % (± CI)**	**Grade 10 % (± CI)**	**Grade 12 % (± CI)**
Perceived Availability of Drugs	(n=2,450) 16.7% (±1.9)	(n=2,045) 15.3% (±2.4)	(n=1,798) 23.2% (±3.0)	(n=1,220) 28.0% (±3.5)
Laws And Norms Favorable to Drug Use	(n=2,588) 32.0% (±2.9)	(n=2,068) 20.2% (±3.1)	(n=1,825) 26.9% (±4.2)	(n=1,235) 26.1% (±3.7)
Protective Factors Opportunities for Prosocial Involvement	N/A	(n=2,015) 79.6% (±4.6)	(n=1,776) 77.4% (±4.3)	(n=1,206) 79.4% (±4.7)
Rewards for Prosocial Involvement	(n=2,570) 36.6% (±4.7)	N/A	N/A	N/A

The following key issues will be addressed: 1) behavioral health (mental health and substance use/abuse) prevention and 2) depression 3) and mental health promotion.

For the Southeast and Central Seattle Community, data from most recent healthy youth surveys[2] suggest that a significant number of students in Southeast and Central Seattle are experiencing behavioral health issues such as depression, suicidal ideation, and marijuana use. In addition, the survey reveals concerns regarding physical fights, bullying, and feeling unsafe at school.

By having communities select prevention programs, practices, policies, etc. that specifically address identified risk factors and protective factors and priorities, communities will be able to decrease risk factors while increasing protection.

For example, the Communities in Action community will work in Southeast and Central Seattle to decrease the identified risk factors of laws and norms favorable to drug use, early initiation of anti-social behavior, and academic failure. Communities in Action will also work to increase the identified protective factors of opportunities for pro-social involvement in the community and family setting, and rewards for pro-social involvement within the family. The Communities in Action project is especially focused on disproportionality issues related to family services, funding, and academic success.

Working as a coalition, Communities in Action members and colleagues will work to expand three (3) prevention programs in traditional (e.g., schools and community centers) and non-traditional (e.g., churches and housing complexes) settings ,which will allow for greater engagement amongst community members. Providing evidence-based programs facilitated by community members will also ensure that outcomes are reached and skills are built within the community. Members of Communities in Action have made a commitment to working in a coordinated manner to improve systems and better serve children, youth, and families in Southeast and Central Seattle.

[2] Washington Healthy Youth Survey 2014 Survey Results, King County

2. **Please describe how the New Concept/Existing MIDD Strategy/Program Addresses the Need outlined above.**

The Area Prevention Network Centers addresses the need by creating individualized Community Action Plans which would demonstrate coverage for the Center's entire proposed region. All cities/municipalities with a population estimate over 2,000 would be included in an action plan that addresses the data-driven needs of the community or population to be served. Proposed services, solutions, and policies would be evidence-based to the extent feasible. Communities in Action chose programs that were either model or promising from the Blueprints for Healthy Development website.

Using the Communities That Care (CTC) framework as a guiding model for prevention services, communities will use CTC for prevention planning and then individualized community action plans will be developed for communities.

Community action plan development is consistent with the SAMHSA Strategic Prevention Framework (SPF)[3] model, where communities systemically engage in prevention planning using the evidence-based planning framework:

- Assess their prevention needs based on epidemiological data
- Build their prevention capacity
- Develop a strategic plan that choses the "right fit" evidence based program for their community
- Implement effective community prevention programs, policies, and practices
- Evaluate their efforts for outcomes

Every step of the planning includes planning for sustainability and cultural competency.

This outcome-based prevention planning has been tested by SAMHSA for the past 10+ years in communities across the country. Research has shown that to effectively change attitudes, perceptions, and ultimately, behaviors, prevention strategies must include a comprehensive approach that addresses both the individual and the environment. Substance abuse prevention strategies that address the shared environment are the most effective approaches for large populations and are the most cost effective.

The Community Action Planning model incorporates the universal, selective and indicated prevention approaches, to prevention planning.

Universal prevention strategies are designed to reach the entire population, without regard to individual risk factors, and are intended to reach a very large audience. The program is provided to everyone in the population, such as a school or community. An example would be universal preventive interventions for substance abuse, which include substance abuse education using school-based curricula for all children within a school district.

Selective prevention strategies target subgroups of the general population that are determined to be at risk for substance abuse. Recipients of selective prevention strategies are known to have specific risks for substance abuse and are recruited to participate in the prevention effort because of that group's profile. Examples of selective prevention programs for substance abuse include special groups for children of substance abusing parents or families who live in high crime or impoverished neighborhoods and mentoring programs aimed at children with school performance or behavioral problems.

[3] http://www.samhsa.gov/spf

Indicated prevention interventions identify individuals who are experiencing early signs of substance abuse and other related problem behaviors associated with substance abuse and target them with special programs. The individuals identified at this stage, though experimenting, have not reached the point where clinical diagnosis of substance abuse can be made. Indicated prevention approaches are used for individuals who may or may not be abusing substances but who exhibit risk factors such as school failure, interpersonal social problems, delinquency, and other antisocial behaviors, and psychological problems such as depression and suicidal behavior, which increases their chances of developing a drug abuse problem. In the field of substance abuse, an example of an indicated prevention intervention would be a substance abuse program for high school students who are experiencing a number of problem behaviors, including truancy, failing academic grades, suicidal ideation, and early signs of substance abuse.[4]

The King County Area Prevention Network concept, meets the challenge to develop a strong prevention foundation that meets the unique needs of communities within King County, is culturally responsive, will help build a well-trained workforce, and is sustainable over time, as it is community driven and outcome based.

3. **What EVIDENCE exists that the approach of this New Concept/Existing MIDD Strategy/Program will successfully address the identified need? Please cite published research, reports, population feedback, etc. Why would this New Concept/Existing MIDD Strategy/Program be expected to work? If this is an existing MIDD I strategy, please provide evidence of the results from existing MIDD evaluation reports, including who has/has not benefited from this strategy.**

The Area Prevention Network Center will be modeled after the public health approach to reducing risk, enhancing protection and reducing the prevalence or health behavior problems community wide, and will implement Communities That Care (CTC)[5], an evidence based prevention practice, developed by prevention science researchers at the University of Washington[6]. Communities That Care is not a program, it is a community and stakeholder organizing platform that helps community leaders scientifically identify problems within their community and address them through the installation of one or more proven practices. The main focus of the CTC platform is to minimize the risk factors associated with community, family, school and individual factors, and in doing so, improve protective factors associated with positive youth outcomes. Specifically, the CTC model is designed to help community stakeholders and decision makers understand and apply information about risk and protective factors, in conjunction with educating stakeholders on programs that have proven to make a difference in promoting healthy and positive youth development. What makes the CTC program unique and effective is its end-to-end approach—taking community stakeholders from risk assessments all the way to choosing what programs to implement and how to effectively and scientifically evaluate them[7].

For the King County Area Prevention Network proposal, the CTC framework will be used and expanded across the entire lifespan, guiding local communities to on prevention efforts across the lifespan using a science-based approach. King County will work in partnership with Dr. Kevin Haggerty, the director of

[4] http://www.dshs.state.tx.us/sa/Prevention/classifications.shtm
[5] http://www.communitiesthatcare.net/
[6] University of Washington, School of Social Work, Social Development Research Group
[7] http://www.ncjp.org/content/evidence-based-practices-case-study-communities-care-model

the Center for Communities that Care at the University of Washington along with Drs. David Hawkins and Richard Catalano (the developers of CTC) to evaluate the King County Area Prevention Network model.

The CTC Web-Based Training was developed in 2013 as a flexible alternative to in-person training. The system was developed in collaboration with several CTC community coordinators, as well as a professional web developer with previous experience in the development of instructional videos for the web. The web platform contains all materials needed to achieve high-fidelity implementation of CTC: digital/video curriculum, facilitator guides, participant materials, technical tips, video preview with short quizzes for community members, and access to complete video and document indices. The original in-person trainings were adapted in the web-based approach into 12 workshops led over 12 to 18 months by a local facilitator after basic training. Each workshop is presented in sessions and modules composed of web presentations embedded with instructional videos followed by summaries and activities that ensure comprehension and acquisition of skills needed to implement CTC. All workshop materials are also available for download.
Workshops follow CTC's proven interactive instructional design.[33; 57] Facilitators are typically the local CTC coordinators because of their instrumental role in coordinating with key stakeholders and ensuring high-quality implementation. Facilitators prepare for workshops by accessing the web presentations, technical tips, facilitator guides, and participant materials from the "For Facilitators" page of the password-protected section of the site. The process is led by a community coordinator who has the key role in local implementation, including facilitating the web workshops, coordinating with stakeholders, and ensuring implementation. Community coalition members prepare for workshops by viewing brief videos about the prevention science foundation underlying each workshop and taking a short quiz to check for understanding. The workshops offer clear and compelling content in two to five minute video segments, followed by facilitated group discussions and activities that ensure content mastery by participants. The 12 web-based workshops include 120 videos, which ensure standard presentation of key content across CTC training sites. Videos in a variety of styles are designed to facilitate engagement of workshop participants: Ted Talk-style videos explain the 'big idea' content for each workshop; documentary videos provide stories and tips from communities implementing CTC; and instructional videos offered in two to five minute segments provide clear instruction for tasks coalitions undertake in small, doable steps. Local facilitators, following the instructions in their web-based facilitator guides, lead coalition members through introductions, video summaries, checks for understanding, activities, and decision-making steps to master and apply the CTC content and process. (See Appendix A to acquire access to the training website.)

The University of Washington Center for Communities That Care provides ongoing assistance to communities in both the installation of CTC and in technical aspects of using the web-based trainings. Phone calls and emails at least three times per month with community facilitators seek to ensure that implementation does not stall when faced with local obstacles. In addition, CTC facilitators are invited to participate in a monthly conference call with facilitators from communities across the United States to discuss successes and challenges, concerns, and solutions.

Cost-benefit analysis of CTC outcomes following 24 communities in seven states, in a five year randomized controlled efficacy trial (12 intervention and 12 control communities 2003-2008) found the following:

Smoking-related benefits total $812 per youth, including $181 from reductions in mortality and $631 from improvements in health. Of these benefits, $671 accrues to participants over their lifetimes, and taxpayers accrue another $141 per participant. The delinquency-related benefit from CTC implementation is $4,438 per youth: $2,033 from reductions in criminal justice system costs which accrue to taxpayers, and $2,405 from reductions in victim costs which accrue to the general public. The combined CTC benefit based on the prevention of smoking and delinquency initiation is $5,250 per youth, with $671 (13 percent) to participants, $2,173 (41 percent) to taxpayers, and $2,405 (48 percent) to the general public. These figures are likely to underestimate the full benefit of CTC participation because they do not include benefits related to the prevention of alcohol and smokeless tobacco use initiation observed at the end of eighth grade.[8]

The table (CTC Benefit-Cost Calculations Under Different Cost Scenarios-2004 discounted dollars) includes the detail.

Table
CTC Benefit-Cost Calculations Under Different Cost Scenarios (2004 discounted dollars)

Benefit-Cost Calculations	**Smoking**	**Delinquency**	**Total**	**Sensitivity Analysis[2]**
CTC benefits per youth				
Participants[1]	$671	$0	$671	
Taxpayers	140	2,033	2,173	
General public	0	2,405	2,405	
Total	$812	$4,438	$5,250	
CTC cost per youth				
Simple average			$991	$1,090
Weighted average			513	580
Median			542	591
Net present benefit per youth under different cost scenarios				
Simple average			$4,259	$4,160
Weighted average			4,737	4,670
Median			4,708	4,658
Benefit per dollar invested in CTC under different cost scenarios				
Simple average			$5.30	$4.82
Weighted average			10.23	9.06
Median			9.69	8.88

[1]Benefits to participants, taxpayers, and the general public represent the average to different stakeholders. Range of benefits: Smoking benefits to participants $670 – $672, taxpayers $139 – $141; delinquency benefits to taxpayers $2,022 – $2,103, general public $2,335 – $2,416. [2]Additional *non-budgetary* time costs included in sensitivity analysis: Coalition board member time, program volunteer time, teacher time preparing for and delivering preventive interventions.

Communities That Care has been evaluated multiple times, supporting its effectiveness, including independent evaluations/reviews, such as Blueprints for Healthy Youth Development, project of the Center for the Study and Prevention of Violence at the University of Colorado. The Blueprints mission is to identify evidence-based prevention and intervention programs that are effective in reducing antisocial behavior and promoting a healthy course of youth development.
Blueprints for Healthy Youth Development site: Blueprints staff systematically and continuously review the research on youth programs to determine which are exemplary and grounded in evidence. To date,

[8] Kuklinski, M. R., Briney, J. S., Hawkins, J. D., & Catalano, R. F. (2012). Cost-Benefit Analysis of *Communities That Care*Outcomes at Eighth Grade. *Prevention Science*, *13*(2), 150–161. http://doi.org/10.1007/s11121-011-0259-9

it has assessed more than 1,250 programs. Blueprints' standards for certifying model and promising prevention programs are widely recognized as the most rigorous in use. Program effectiveness is based upon an initial review by Blueprints staff and a final review and recommendation from a distinguished advisory board, comprised of experts in the field of youth development.[9]

4. **Please specify whether this New Concept/Existing MIDD Strategy/Program is a/an: Evidence-Based Practice Please detail the basis for this determination. Please include a citation or reference supporting the selection of practice type.**

The Area Prevention Network Center will be modeled after the public health approach to reducing risk, enhancing protection and reducing the prevalence or health behavior problems community wide, Communities That Care[10], evidence based prevention practice, developed by prevention science researchers at the University of Washington[11].

Communities That Care is on the following best practice registries as an evidence-based practice: Blueprints for Healthy Youth Development[12], SAMHSA's National Registry of Evidence-Based Programs and Practices[13], and the Office of Juvenile Justice and Delinquency Prevention Model Programs Guide[14], WSIPP.

5. **What OUTCOMES would the County see as a result of investment in this New Concept/Existing MIDD Strategy/Program? Please be as specific as possible. What indicators and data sources could the County use to measure outcomes?**

The outcomes that could be measured and evaluated include the following and are currently collected through the Washington Healthy Youth Survey[15] for youth and King County Public Health has epidemiological data for across the lifespan.

- Prevent the onset and prevent/reduce the problems associated with the use of alcohol, tobacco, marijuana and other drugs across the lifespan as identified and measured using epidemiological data.
- Prevent the onset of delinquency and violent behaviors among youth.
- Prevent the onset and prevent/reduce the problems associated with mental and emotional disorders as identified and measured using epidemiological data.

In addition, the following outcomes would be measured:

- Use of the Strategic Prevention Framework (SAMHSA model) process to create prevention-capable communities where individuals, families, schools, workplaces, communities, and the county have the capacity and infrastructure to prevent substance abuse and mental illness.
- Local law enforcement has resources, training, and coordination across jurisdictional boundaries and throughout the criminal justice system to aggressively attack alcohol, marijuana and drug activity.
- Prevention networks are collaborating with law enforcement.

[9] http://www.colorado.edu/cspv/blueprints/
[10] http://www.communitiesthatcare.net/
[11] University of Washington, School of Social Work, Social Development Research Group
[12] http://www.blueprintsprograms.com/
[13] http://nrepp.samhsa.gov/
[14] http://www.ojjdp.gov/mpg/Program
[15] http://www.doh.wa.gov/DataandStatisticalReports/DataSystems/HealthyYouthSurvey

- Area Prevention Network Centers are working with federal, state and local law enforcement efforts toward the common objectives to decrease the supply of unlawful drugs and prescription diversion in the community.
- Area Prevention Network Centers are working with treatment and recovery programs in the community; they provide prevention and early intervention resources to the family members.
- Area Prevention Network Centers successfully change public policy related to prevention and health promotion
- Individualized outcomes by community will be determined following the community needs assessment and specified/monitored in Community Action Plans.

Sample risk factors and protective factors that may be measured include:

- Strong and positive family bonds
- Parental monitoring of children's activities and peers
- Clear rules of conduct that are consistently enforced within the family
- Involvement of parents in the lives of their children
- Success in school performance; strong bonds with institutions, such as school and religious organizations
- Adoption of conventional norms about drug use

Risk factors increase the likelihood of substance abuse problems that could be measured include:

- Chaotic home environments, particularly in which parents abuse substances or suffer from mental illnesses
- Ineffective parenting, especially with children with difficult temperaments or conduct disorders
- Lack of parent-child attachments and nurturing
- Inappropriately shy or aggressive behavior in the classroom
- Failure in school performance
- Poor social coping skills
- Affiliations with peers displaying deviant behaviors
- Perceptions of approval of drug-using behaviors in family, work, school, peer, and community environments[16]

Outcome indicators proposed for the pilot community Communities in Action that is underway are included as they have already completed the community needs assessment.

The following behavior outcomes (goal statements) were drafted from the 2012 and 2014 Healthy Youth Survey[17] data and will be measured against the 2016 and 2018 data.

For mental health problem behaviors, Communities in Action plans to decrease the percentage of 8th grade students in the Rainier Beach community reporting that they stopped doing some of their usual activities due to feeling sad or hopeless for at least two (2) weeks in a row, as reported on the healthy youth survey, from 30.5 percent in 2014 to 24.5 percent in 2020, to decrease the percentage of 6th grade students in the Rainier Beach community reporting that they have seriously considered a suicide attempt, as reported on the healthy youth survey from 18.7 percent in 2014 to

[16] *NIDA Notes (2002). Risk and Protective Factors in Substance Abuse Prevention, 16(6), Retrieved from http://www.drugabuse.gov/NIDA_Notes/NNVol16N6/Risk.html*

[17] http://www.doh.wa.gov/DataandStatisticalReports/DataSystems/HealthyYouthSurvey

15.0 percent in 2020, and to decrease the percentage of 8th grade students in the Rainier Beach community reporting having used marijuana or hashish in the past 30 days, as reported on the healthy youth survey, from 10.5 percent in 2014 to 8.5 percent in 2020.

For problem behaviors of violence and aggression, Communities in Action's work will help to decrease the percentage of 8th graders in the Rainier Beach community who have been in a physical fight, as reported on the healthy youth survey, from the baseline of 30.9 percent in 2014 to 25.0 percent in 2020, to decrease the percentage of 6th grade students in the Rainier Beach community who have been bullied in the past 30 days, as reported on the healthy youth survey, from a baseline of 28.3 percent in 2014 to 20 percent in 2020, and to increase the percentage of 6th graders in the Rainier Beach community who feel safe at school, as reported on the healthy youth survey from 83.9 percent in 2014 to 92.3 percent in 2020.

Risk-factors outcomes are meant to identify the changes needed in Southeast and Central Seattle to achieve the described behavior changes. Communities in Action will work to decrease the percentage of 6th grade students in the Rainier Beach community who perceive the laws and norms communicated by adults in their community to be favorable to drug use, as reported on the healthy youth survey, from a baseline of 35.6 percent in 2014 to 25 percent in 2020 and to decrease the percentage of 8th grade students in the Rainier Beach community who are at risk of academic failure, as reported on the healthy youth survey, from a baseline of 48.5 percent in 2014 to 39 percent in 2020.

In addition, the following protective factors outcomes will guide the work in the community to increase the percentage of 8th grade students in the Rainier Beach community who feel that there are opportunities for pro-social involvement in their community, as reported on the healthy youth survey from a baseline of 63.3 percent in 2014 to 76 percent in 2020, to increase the percentage of 6th grade students in the Rainier Beach community who feel that there are opportunities for pro-social involvement in their family, as reported on the healthy youth survey from a baseline of 40.4 percent in 2014 to 48 percent in 2020, and to increase the percentage of 6th grade students in the Rainier Beach community who feel that there are rewards for pro-social involvement in their family, as reported on the healthy youth survey from a baseline of 42 percent in 2014 to 50 percent in 2020.

Similar types of outcomes will be developed for communities that would be participating under MIDD II.

C. Populations, Geography, and Collaborations & Partnerships

1. What Populations might directly benefit from this New Concept/Existing MIDD Strategy/Program: (Select all that apply):

- ☐ **All children/youth 18 or under**
- ☐ **Children 0-5**
- ☐ **Children 6-12**
- ☐ **Teens 13-18**
- ☐ **Transition age youth 18-25**
- ☐ **Adults**
- ☐ **Older Adults**
- ☐ **Families**
- ☐ **Racial-Ethnic minority (any)**
- ☐ **Black/African-American**
- ☐ **Hispanic/Latino**
- ☐ **Asian/Pacific Islander**
- ☐ **First Nations/American Indian/Native American**
- ☐ **Immigrant/Refugee**
- ☐ **Veteran/US Military**
- ☐ **Homeless**

☒ **Anyone** ☐ **GLBT**
☐ **Offenders/Ex-offenders/Justice-involved** ☐ **Women**
☐ **Other – Please Specify:**

Please include details about this population such as: individuals transitioning from psychiatric hospital to community; individuals judged incompetent by the court; children of drug users who are in foster care, etc.

Communities in King County will benefit from the Area Prevention Network Centers: youth, families, community members. Services will be based on community-identified needs and may include prevention efforts targeted to children 0-18, transition age youth 18-25, parents, families and the community. Using prevention science, reducing risk and increasing protection is most effective when efforts are community lead and community-wide.

2. **Location is an important factor in the availability and delivery of services. Please identify whether this New Concept/Existing MIDD Strategy/Program addresses a specific geographic need in the following area. Please provide additional that discusses the basis for the selection**: County-wide

The Area Prevention Network Centers is a New Concept and will serve the whole county. The county will be divided up into geographic regions and the Area Prevention Network Centers developed in each region of the county (10-16 regions); each region would create individualized Community Action Plans using the CTC framework, which would demonstrate coverage for the Center's entire proposed region. All cities/municipalities with a population estimated over 2,000 would be included in an action plan which addresses the data-driven needs of the community or population to be served. NOTE: data will come from a variety of sources, surveys, trends and other community input, such as key informant interviews, focus groups, etc.

King County currently has the King County Youth & Family Services Association (YFSA), an association of 16 agencies throughout King County focused on serving their local communities' specific needs of youth and families through professional counseling, education and other support services. Funding allocation is based on school district enrollment and is limited funding. For the Area Prevention Network Centers concept, it is proposed that the regions be identified and divided based on the YFSA distribution. Current YFSAs should be offered first refusal through the RFA. This would help grow the existing YFSA infrastructure into community-wide prevention services among those that are interested.

3. **What types of COLLABORATIONS and/or PARTNERSHIPS may be necessary to implement this New Concept/Existing MIDD Strategy/Program, and with whom (other jurisdictions & cities, law enforcement, first responders, treatment providers, departments within King County, housing, employers, etc.)? Please be specific.**

Area Prevention Network Centers collaborations and partnerships:
Partnerships/collaborations include youth, parents, families, schools and community members from all areas in King County and include partnership /engagement of community members, local organizations, public agencies, and other key community stakeholders to prevent the onset and prevent or reduce

problems related to alcohol, tobacco, marijuana and other drug use and mental health issues (and mental health promotion activities). Partnerships and benefits also include: law enforcement, school districts, faith communities, health care organizations, media, BHO providers, etc. There are currently strong prevention efforts in parts of King County, but there has been a lack of coordination from an overarching entity, such as King County.

A key component of the Area Prevention Network Centers concept is to build capacity within the communities and community is defined by each community (not by the county). The King County Behavioral Health & Recovery Division will serve as a community resource, partner with the University of Washington Center for Communities that Care (developers of Communities That Care) and work with communities.

The Social Development Model[18] will be promoted by 'providing opportunities, skills and recognition in communities, families, schools and peer groups' while working towards healthy communities by starting with healthy beliefs and clear standards in communities, families, schools and peer groups.

Communities in Action, Southeast and Central Seattle Community:
Communities in Action will strategically collaborate with agencies in Southeast and Central Seattle. One key component of the Communities in Action effort is to build capacity within and amongst agencies that are addressing priority areas. Selected organizations will be supported with technical assistance around program implementation and evaluation. This component of the strategy will also include support from practicum students, with guidance and supervision from University of Washington, School of Social Work faculty and practitioners.

Focused on mental health and violence and aggression, Communities in Action will serve as a community resource and promote the Social Development Strategy and collaboration among nonprofit agencies, schools, government, policy makers and community residents in Southeast and Central Seattle. Communities in Action is working with Seattle Public Schools in addition to human service organizations that are implementing evidence-based programs. Communities in Action consists of more than 20 community-based organizations, including its lead agency, Atlantic Street Center. In addition, Communities in Action members represent the court system, the faith community, and about others who have adopted the Communities That Care model in order to address our priorities from multiple angles.

Along with community members, the following agencies serve on Communities in Action's community board:

4C Coalition	King County Prosecuting Attorney's Office
Alliance for Child Welfare Excellence	McERA (Multi-Cultural Education Rights Alliance)
Atlantic Street Center	Seattle Police Department
Boys & Girls Club of King County, Smilow Rainier Club	Seattle Public Schools
Children's Administration – Region 2	ROYAL (Raising Our Youth As Leaders) Project
City of Seattle – Human Services Department	Therapeutic Health Services
Compukidz Institute	Treehouse

18 http://www.sdrg.org/ctcresource/Community%20Building%20and%20Foundational%20Material/Building_Protection_Social_Dev_Strategy_Chart.pdf

Consejo Counseling and Referral Service	University of Washington School of Social Work
Garfield High School	Urban Impact
King County Department of Community and Human Services	Urban League of Metropolitan Seattle
King County Executive Office	

Founding members of Communities in Action were intentional in inviting key leaders from King County Judicial Court and various public safety officers to join this effort. Recognizing the challenges with recently passed Washington State laws, Communities in Action has engaged the medical profession and plans are being developed to engage the business sector.

Focused on prevention, Communities in Action will align its work with other regional efforts, specifically the King County Youth Action Plan, which was published in April 2015 to address six area of concern: basic needs, health, safety/violence, jobs/employment, social/emotional, and education.

Communities in Action members have adopted a data-driven community model that allows for true collaboration. Work is centered on expanding and enhancing evidence-based programs that are currently being offered in Southeast and Central Seattle, while building capacity within the community and amongst agencies. The efforts of coordinated and cross-sector membership will also result in improving systems designed to improve the health of young people and the community.

These types of collaborations would be replicated throughout the County.

D. Drivers, Barriers, Unintended Consequences, and Alternative Approaches

1. What FACTORS/DRIVERS, such as health care reform, changes in legislation, etc. might impact the need for or feasibility of this New Concept/Existing MIDD Strategy/Program? How?

The Area Prevention Network Centers are the first step in the continuum of care, intended to provide prevention and early intervention services and to promote access to services. In recent years, Washington State Division of Behavioral Health and Recovery has shifted from a regional approach to prevention services to funding local coalition work. This change in state direction provides the opportunity for King County to create a local prevention network infrastructure to meet the need for substance abuse prevention and mental health promotion.

It is not foreseen that there are other factors/drivers which might impact the need for or feasibility of this New Concept.

2. What potential BARRIERS, if any, might there be to implementation? How might these be overcome? Who would need to be involved in overcoming them?

Barriers to implementation of a comprehensive prevention initiative include stigma related to substance abuse prevention and mental health/behavioral health promotion services. Barriers could be overcome by working within with the communities and understanding that prevention and culture change takes time.

3. **What potential UNINTENDED CONSEQUENCES might exist if this New Concept/Existing MIDD Strategy/Program is implemented? Please be specific---for whom might there be consequences?**

Potential unintended consequences include:
The Concept could have potential impacts to the outpatient system due to an increase in referrals and not enough capacity to provide needed services. Wait times for resources and services could increase if the outpatient system is unable to accommodate increasing numbers of referrals from providers due to additional awareness of substance use/misuse/abuse and mental health/behavioral health issues.

There are a number of cross-sector initiatives in various communities being undertaken, e.g. Best Starts for Kids. Community leaders, particularly those in smaller organizations, might find themselves stretched thin responding to multiple initiatives.

4. **What potential UNINTENDED CONSEQUENCES might there be if this New Concept/Existing MIDD Strategy/Program is *not* implemented? Please be specific---for whom might there be consequences?**

The potential unintended consequences if this Concept is not implemented include individuals at risk for substance use/misuse/abuse & mental illness may develop substance use disorder and behavioral health issues and eventually utilize costly resources such as Emergency Departments, inpatient hospitals, and sometimes jails.

There is a focus every day in local and national news on the number of individuals in jails and prisons with mental health and/or substance use disorders, as well as on how law enforcement responds to individuals at risk. Without prevention resources that provide the community with alternative options using a community approach for prevention, risk factors will continue to go unaddressed and protective factors will fail to be strengthened.

5. **What ALTERNATIVE APPROACHES currently exist to address this need apart from this New Concept/Existing MIDD Strategy/Program? At a high level, how does this New Concept/Existing MIDD Strategy/Program compare to those other approaches in terms of cost, feasibility, etc. Could this New Concept/Existing MIDD Strategy/Program be merged with one or more of the alternatives? What are the pros/cons of merging?**

An alternative is to implement piecemeal efforts in selected communities in the County. Providing a comprehensive county-wide approach is likely to be more equitable and have greater impact.

It is unlikely that this New Concept can be merged with another concept since this is an overarching initiative for Area Prevention Network Centers; however, the concept will collaborate closely with the Zero Suicide Initiative and Collaborative School Based concept.

E. Countywide Policies and Priorities

1. **How does this New Concept/Existing MIDD Strategy/Program FIT within the CONTINUUM of care, and within other county initiatives such as Behavioral Health Integration, Health and Human Services Transformation, Best Starts for Kids, All Home, the Youth Action Plan, and/or the Vets and Human Services Levy or any other County policy work?**

The creation of Area Prevention Network Centers concept fits with the Continuum of care (see the Institute of Medicine, Continuum of Care Protractor) and with other county initiatives because it is designed to create a network of prevention providers that advocate for, establish and sustain alcohol, tobacco and other drug prevention strategies through training and technical assistance in prevention efforts to local communities. Area Prevention Network Centers will provide regional prevention services through the engagement of community members, local organizations, public agencies, and other key community stakeholders to prevent the onset and prevent or reduce problems related to alcohol, tobacco, and other drug use. It will also encompass prevention of mental health problems through mental health promotion strategies.

The Area Prevention Network Centers are part the Prevention component of the Continuum of Care for King County; the prevention component of the continuum does not currently exist as a coordinated function and the concept will fill this gap.

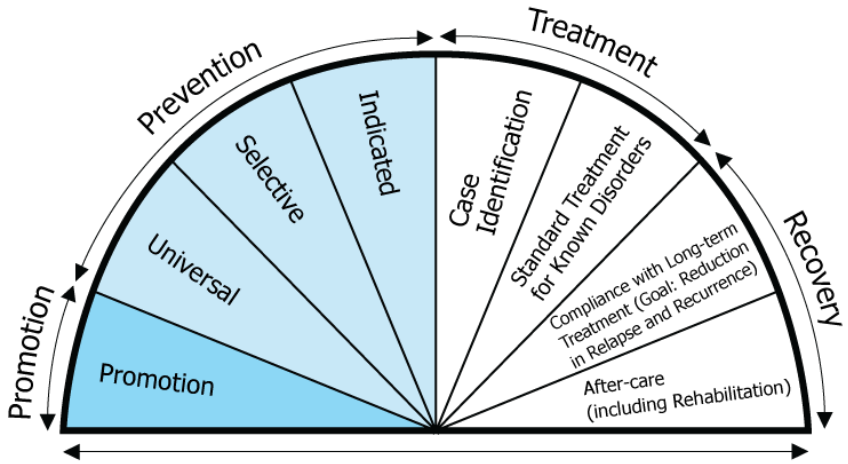
The Area Prevention Network Centers fit nicely with other county initiatives, such as, Best Start for Kids (BSK), as this is a prevention strategy and BSK is prevention, perhaps BSK and MIDD could partner on this concept so that is funded across the lifespan. For the youth action plan, data and planning that has occurred as part of the youth action plan will be used to inform community planning ; the Veterans and Human Services Levy (VHSL) is also closely aligned.

The VHSL goals include:

1. Reduce homelessness and emergency medical costs
2. Reduce criminal justice system involvement
3. Increase self-sufficiency by means of employment.

These are areas of importance in many communities that they are likely to prioritize programs, policies, practices and services that lead to reduction within these areas.

Lastly in regards to Integration and Transformation, as we work with communities on their own needs and mobilize for their health and promotion, they are linked on the broad level to these initiatives.



Institute of Medicine (IOM), Continuum of Care Protractor[19]

2. **How is this New Concept/Existing MIDD Strategy/Program rooted in principles of recovery, resiliency, and/or trauma-informed care?**
   This new concept fits with principles of recovery[20], including:

   - Recovery involves a personal recognition of the need for change and transformation.
   - Recovery has cultural dimensions.
   - Recovery exists on a continuum of improved health and wellness.
   - Recovery is supported by peers and allies.
   - Recovery emerges from hope and gratitude.
   - Recovery involves a process of healing and self-redefinition.

   There is also alignment with all of the trauma-informed care principles:[21]

   1. Safety
   2. Trustworthiness and transparency
   3. Peer support and mutual self-help
   4. Collaboration and mutuality
   5. Empowerment, voice and choice
   6. Cultural, historical, and gender issues

3. **How does this New Concept/Existing MIDD Strategy/Program enact and further the County's EQUITY and SOCIAL JUSTICE work?**

According to the King County 2013 Equity and Social Justice Plan, there remains a 10-year life expectancy gap for people of color in King County. Preventative services provide an opportunity to change this trend by providing communities the resources to prevent problems within individuals, schools, families and communities before they occur. King County's Equity and Social Justice Initiative highlights that race and place can predict whether someone has the opportunity to thrive. The determinants of equity (conditions that King County identified as what each of us need to thrive) are more readily accessible in some neighborhoods than in others.[22] By creating a county-wide prevention infrastructure for substance use/misuse/abuse prevention and mental health/behavioral health promotion, more individuals will have decreased risk for substance use disorder and increased protective factors; using a regional approach will ensure equitable regional access to prevention resources.

F. Implementation Factors

[19] Institute of Medicine (IOM). 1994, "*Reducing the Risk for Mental Disorder: Frontiers for Prevention Intervention Research*

[20] CSAT White Paper: Guiding Principles and Elements of Recovery-Oriented Systems of Care. http://media.samhsa.gov/samhsaNewsletter/Volume_17_Number_5/GuidingPrinciples.aspx

[21] SAMHSA News, Guiding Principles of Trauma-Informed Care, http://www.samhsa.gov/samhsaNewsLetter/Volume_22_Number_2/trauma_tip/guiding_principles.html

[22] http://www.kingcounty.gov/~/media/elected/executive/equity-social-justice/2014/ESJ-Infographic-Feb-2014.ashx?la=en

1. **What types of RESOURCES will be needed to implement this New Concept/Existing MIDD Strategy/Program** (staff, physical space, training, UA kits, etc.)**?**

- A County Area Prevention Network Center Coordinator staff will need to be hired
- Request for proposals/Letters of Interests for Area Prevention Network Centers
- Trainings in the Area Prevention Network Center model (following RFP awards)

2. **Estimated ANNUAL COST. $2,500,001-$5 million Provide unit or other specific costs if known.**

Area Prevention Network Centers concept annual cost:	**$5,000,000.00**
Area Prevention Network Centers:	$4,600,000.00
Pilot project for Communities in Action:	$95,600.00
Administration/Staff:	$125,000.00
Evaluation/Training/Technical Assistance:	$179,400.00

Area Prevention Network Centers: $4,600,000 per year, if the county is divided into 16 regions and awards based on the number of regions and distributed by population density and geographic distribution. Every region would have a based allocation of $187,500 (totaling $3,000,000), the remaining $1,600,000 would be distributed based on a formula of population density and geographic density (to be determined) or the entire amount could be distributed equally at $234,780 per 16 regional centers.

Pilot project for Communities in Action: $95,600 per year, serving 1,000 people per year implementing: Guiding Good Choices[23]-a parenting course for parents of youth ages 12-14; The Incredible Years[24]-a parenting course for pre-schools and elementary age children; and Botvin LifeSkills Training[25]-a school-based drug and alcohol use prevention program for middle school students. All programs are evidence-based prevention programs.

Administration/Staff and evaluation/training/technical assistance funding (approximately six percent) of the total budget is reserved for project management and evaluation/training and technical assistance resources for project implementation. A King County program manager will range approximately $125,000 (salary, benefits, overhead, etc.) and evaluation/training/technical assistance of the Area Prevention Network Centers and Communities That Care is estimated at $179,400.

3. **Are there revenue sources other than MIDD that could or currently fund this work? Clarify response, citing revenue sources.**

There are no known other revenue sources that currently fund this work, Best Start for Kids could complement MIDD funding and a portion of the Area Prevention Network Centers proposal, funding a proportion based on the number of children and youth (ages 0-24) in the regions.

4. **TIME to implementation: Less than 6 months from award**
    a. **What are the factors in the time to implementation assessment?**
    b. **What are the steps needed for implementation?**

[23] http://www.channing-bete.com/prevention-programs/guiding-good-choices/guiding-good-choices.html
[24] http://incredibleyears.com/
[25] https://www.lifeskillstraining.com/

c. Does this need an RFP?

King County, Behavioral Health & Recovery Division, Prevention Section will manage the planning and implementation of the Area Prevention Network Centers. For the Area Prevention Network Centers, the first step is to discern how the funding will be distributed across the region. Once the funding methodology is determined, the request for proposals/letters of interest process will be developed. The staff will be hired within the first three months of funding availability.

The pilot project for Communities in Action can begin implementation with a contract amendment within 60 days, no RFA for the pilot, as this is a pilot project.

G. Any OTHER INFORMATION that would assist reviewers with making recommendations about this New Concept/Existing MIDD Strategy/Program? (optional). Do you have suggestions regarding this New Concept/Existing MIDD Strategy/Program?

NOTE: "The U.S. care delivery system favors paying for treatment of chronic diseases rather than preventing them in the first place. For the United States to continue to be an economic leader worldwide, supported by a healthy and productive workforce, more attention needs to be directed toward health promotion and disease prevention. Prevention is a key element of a comprehensive health reform strategy aimed at improving the health of Americans and reducing the social and financial burdens imposed by preventable illnesses."[26]

[26] http://content.healthaffairs.org/content/28/1/37.full

New Concept Submission Form

121

Working Title of Concept: Communities in Action Promoting Prevention

Name of Person Submitting Concept: Vaughnetta J. Barton
Organization(s), if any: Communities in Action
Phone: 206.221.8641
Email: vjbarton@uw.edu
Mailing Address: Box 354900, Seattle, WA 98105-6299

Please note that county staff may contact the person shown on this form if additional information or clarification is needed.

Please share whatever you know, to the best of your ability.
Concepts must be submitted via email to MIDDconcept@kingcounty.gov by ***October 31, 2015****.*

1. Describe the concept.
Please be specific, and describe new or expanded mental health or substance abuse-related services specifically.

As a group of collaborative partners, Communities in Action will: 1) expand the reach of parenting, youth development, and pre-kindergarten evidence-based prevention programs; 2) provide technical assistance for school-based evidence-based programs related to our priorities; 3) support the development of evaluation systems for community prevention programs; 4) and serve as a partner for agencies addressing our priority risk factors and protective factors that relate to mental health and violence and aggression.

As a coalition, our selected programs will serve 10,000 families over the course of two (2) years by offering Guiding Good Choices, a parenting course, to 2,000 paretns of youth ages 12-14; The Incredible Years, a parenting course, to 1,000 parents for pre-school and elementary age children; and LifeSkills Training, a school-based program, for 7,000 middle school students.

Communities in Action is a collective impact project launched in Southeast and Central Seattle based on the Communities That Care prevention system. It involves individuals coming together to bolster protective factors and reduce risk factors in order to promote healthy child development---leading to healthier families and communities. Our vision is that our communities are thriving because they support and build strong young people and families who are empowered, connected, educated, and have meaningful opportunities for generations to come.

Communities in Action includes key leaders in the community, a Board Leadership Workgroup, and community board members who, based on Seattle Public Schools' 2012 and 2014 Washington State Healthy Youth Survey data, identified three risk factors: 1) laws and norms favorable to drug use, 2) early initiation of anti-social behavior, and 3) academic failure; and three protective factors: 1) community opportunities for pro-social involvement, 2) family opportunities for pro-social involvement, and 3) family rewards for pro-social involvement. Communities in Action will focus on two (2) critical issues: mental health and violence and aggression.

2. What community need, problem, or opportunity does your concept address?
Please be specific, and describe how the need relates to mental health or substance abuse.

Communities in Action will address two (2) key issues: 1) mental health and 2) violence and aggression. Data from most recent healthy youth surveys suggest that a significant number of students in Southeast and Central Seattle are experiencing mental health issues such as depression, suicidal ideation, and marijuana use. In addition, the survey reveals concerns regarding physical fights, bullying, and feeling unsafe at school.

By selecting prevention programs addressing our priorities, Communities in Action will work in Southeast and Central Seattle to decrease the identified risk factors of laws and norms favorable to drug use, early initiation of anti-social behavior, and academic failure. Communities in Action will also work to increase the identified protective factors of opportunities for pro-social involvement in the community and family setting, and rewards for pro-social involvement within the family. Communities in Action is especially focused on disproportionality issues related to family services, funding, and academic success.

Working as a coalition, Communities in Action members and colleagues will work to expand three (3) prevention programs in traditional (e.g. schools and community centers) and non-traditional (e.g. churches and housing complexes) settings which will allow for greater engagement amongst community members. Providing evidence-based programs facilitated by community members will also ensure that outcomes are reached and skills are built within the community. Members of Communities in Action have made a commitment to working in a coordinated manner to improve systems and better serve children, youth, and families in Southeast and Central Seattle.

3. How would your concept address the need?
Please be specific.

To address the priorities of mental health and violence and aggression, Communities in Action will serve 10,000 families over the course of two years. Communities in Action will implement three (3) tested and effective programs: 1) Guiding Good Choices, a parenting course, for 2,000 parents of youth ages 12-14; 2) The Incredible Years, a parenting course, for 1,000 parents of pre-school and elementary age children; and LifeSkills Training, a school-based drug and alcohol use prevention program, for 7,000 middle school students.

Using the Social Development Strategy, Communities in Action will collaborate with others to provide young people with opportunities, skills, and recognition. As a tested and effective model, the Social Development Strategy fosters success and the healthy development of young people. By strengthening bonds to one's family, school and community, youth are more likely to choose healthy behaviors. Communities in Action, in partnership with other organizations, will decrease risk factors and help to promote protective factors. The evidence-based prevention programs proven to address the goals of Communities in Action (Guiding Good Choices, The Incredible Years, and LifeSkills Training) include elements of the Social Development Strategy and are currently being implemented in King County.

Communities is Action will expand the number of existing programs (Guiding Good Choices, The Incredible Years, and LifeSkills Training) and work with agencies to improve the delivery of other evidence-based prevention programs addressing mental health and violence and aggression.

4. Who would benefit? Please describe potential program participants.

Youth and their families in Southeast and Central Seattle will directly benefit from Communities in Action. A key goal of the Communities That Care framework is to identify the risk factors, protective factors and

problem behaviors which are prevalent in our community, and to implement evidence-based programs that address our community's concerns. Recognizing the importance of a child's early years, Communities in Action will focus its prevention efforts to benefit children ages 0-11 and youth ages 12-18 in Southeast and Central Seattle. Using prevention science, Communities in Action will work to stop problem behaviors before they start and help improve the entire community.

To address our priorities of mental health and violence and aggression, our selected programs will serve 10,000 families over the course of two (2) years by offering Guiding Good Choices, a parenting course, to 2,000 parents of youth ages 12-14; The Incredible Years, a parenting course, to 1,000 parents for pre-school and elementary age children; and LifeSkills Training, a school-based program, for 7,000 middle school students.

In adopting the Communities That Care model, community members who attend workshops and serve as facilitators will also benefit. This project recognizes the value of engaging community members, by sharing experiences while developing marketable skills.

5. <u>What would be the results of successful implementation of program</u>?
Include outcomes that could be measured and evaluated. Please indicate whether this data is currently collected in some fashion, and in what form.

The following behavior outcomes (goal statements) were drafted from the 2012 and 2014 healthy youth survey data and will be measured against the 2016 and 2018 data.

For mental health problem behaviors, Communities in Action plans to decrease the percentage of 8th grade students in the Rainier Beach community reporting that they stopped doing some of their usual activities due to feeling sad or hopeless for at least two (2) weeks in a row, as reported on the healthy youth survey, from 30.5 percent in 2014 to 24.5 percent in 2020, to decrease the percentage of 6th grade students in the Rainier Beach community reporting that they have seriously considered a suicide attempt, as reported on the healthy youth survey from 18.7 percent in 2014 to 15.0 percent in 2020, and to decrease the percentage of 8th grade students in the Rainier Beach community reporting having used marijuana or hashish in the past 30 days, as reported on the helthy youth survey, from 10.5 percent in 2014 to 8.5 percent in 2020.

For problem behaviors of violence and aggression, Communities in Action's work will help to decrease the percentage of 8th graders in the Rainier Beach community who have been in a physical fight, as reported on the healthy youth survey, from the baseline of 30.9 percent in 2014 to 25.0 percent in 2020, to decrease the percentage of 6th grade students in the Rainier Beach community who have been bullied in the past 30 days, as reported on the healthy youth survey, from a baseline of 28.3 percent in 2014 to 20 percent in 2020, and to increase the percentage of 6th graders in the Rainier Beach community who feel safe at school, as reported on the healthy youth survey from 83.9 percent in 2014 to 92.3 percent in 2020.

Risk-factors outcomes are meant to identify the changes needed in Southeast and Central Seattle to achieve the describe behavior changes. Communities in Action will work to decrease the percentage of 6th grade students in the Rainier Beach community who perceive the laws and norms communicated by adults in their community to be favorable to drug use, as reported on the healthy youth survey, from a baseline of 35.6 percent in 2014 to 25 percent in 2020 and to decrease the percentage of 8th grade students in the Rainier Beach community who are at risk of academic failure, as reported on the healthy youth survey, from a baseline of 48.5 percent in 2014 to 39 percent in 2020.

In addition, the following protective factors outcomes will guide the work in the community to increase the percentage of 8th grade students in the Rainier Beach community who feel that there are opportunities for pro-social involvement in their community, as reported on the healthy youth survey from a baseline of 63.3 percent in 2014 to 76 percent in 2020, to increase the percentage of 6th grade students in the Rainier Beach community who feel that there are opportunities for pro-social involvement in their family, as reported on the healthy youth survey from a baseline of 40.4 percent in 2014 to 48 percent in 2020, and to increase the percentage of 6th grade students in the Rainier Beach community who feel that there are rewards for pro-social involvement in their family, as reported on the healthy youth survey from a baseline of 42.0 percent in 2014 to 50 percent in 2020.

6. Which of the MIDD II Framework's four strategy areas best fits your concept? (you may identify more than one)

X Prevention and Early Intervention: Keep people healthy by stopping problems before they start and preventing problems from escalating.

☐ **Crisis Diversion:** Assist people who are in crisis or at risk of crisis to get the help they need.

☐ **Recovery and Reentry:** Empower people to become healthy and safely reintegrate into community after crisis.

X System Improvements: Strengthen the behavioral health system to become more accessible and deliver on outcomes.

7. How does your concept fit within the MIDD II Objective – to improve health, social, and justice outcomes for people living with, or at risk of, mental illness and substance use disorders?

Because all youth are at risk of mental illness and substance use disorder, Communities in Action is working to stop problem behaviors before they start. Communities in Action's selected prevention programs (Guiding Good Choices, The Incredible Years, and LifeSkills Training) will work with youth, families, schools, and other community organizations to make lasting change in the community.

Our universal approach is focused on responding to community needs while engaging institutions and cross-sector colleagues to support youth in a coordinated way. Data from the 2012 and 2014 healthy youth survey indicates that mental health and violence and aggression are issues facing 6th, 8th, and 10th graders in Southeast and Central Seattle. As a multi-year collaboration based in Southeast and Central Seattle, Communities in Action's concept of promoting prevention will engage and improve health and social outcomes resulting in economic and social justice.

8. What types of organizations and/or partnerships are necessary for this concept to be successful? Examples: first responders, mental health or substance abuse providers, courts, jails, schools, employers, etc.

Communities in Action will strategically collaborate with agencies in Southeast and Central Seattle. One key component of the Communities in Action effort is to build capacity within and amongst agencies that are addressing our priority areas. Selected organizations will be supported with technical assistance around program implementation and evaluation. This component of the strategy will also include support from practicum students, with guidance and supervision from UW School of Social Work faculty and practitioners.

Focused on mental health and violence and aggression, Communities in Action will serve as a community

resource. We will promote the Social Development Strategy and collaboration among nonprofit agencies, schools, government, policy makers and community residents in Southeast and Central Seattle. We are working with Seattle Public Schools in addition to human service organizatons that are implementing evidence-based programs. Communities in Action consists of more than 20 community-based organizations, including its lead agency, Atlantic Street Center. In addition, Communities in Action members represent the court system, the faith community, and about others who have adopted the Communities That Care model in order to address our priorities from multiple angles.

Along with community members, the following agencies serve on Communities in Action's community board:
4C Coalition
Alliance for Child Welfare Excellence
Atlantic Street Center
Boys & Girls Club of King County, Smilow Rainier Club
Children's Administration – Region 2
City of Seattle – Human Services Department
Compukidz Institute
Consejo Counseling and Referral Service
Garfield High School
King County Department of Community and Human Services
King County Executive Office
King County Prosecuting Attorney's Office
McERA
Seattle Police Department
Seattle Public Schools
The ROYAL Project
Therapeutic Health Services
Treehouse
University of Washington School of Social Work
Urban Impact
Urban League of Metropolitan Seattle

Founding members of Communities in Action were intentional in inviting key leaders from King County Judicial Court and various public safety officers to join this effort. Recognizing the challenges with recently passed Washington State laws, Communities in Action has engaged the medical profession and plans to engage the business sector are currently being developed.

Focused on prevention, Communities in Action will align its work with other regional efforts, specifically the King County Youth Action Plan, which was published in April 2015 to address six area of concern: basic needs, health, safety/violence, jobs/employment, social/emotional, and education.

Communities in Action members have adopted a data-driven community model that allows for true collaboration. Our work is centered around expanding and enhancing evidence-based programs that are currently being offered in Southeast and Central Seattle, while building capacity within the community and amongst agencies. Our coordinated effort and cross-sector membership will also result in improving systems designed to improve the health of young people.

9. If you are able to provide estimate(s), how much funding per year do you think would be necessary to implement this concept, and how many people would be served?

Pilot/Small-Scale Implementation: **$ 95,600 per year, serving 1,000 people per year**
Partial Implementation: **$ 296,360 per year, serving 3,100 people per year**
Full Implementation: **$ 500,100 per year, serving 5,200 people per year**

Once you have completed whatever information you are able to provide about your concept, please send this form to *MIDDConcept@kingcounty.gov*, no later than 5:00 PM on October 31, 2015.

If at any time you have questions about the MIDD new concept process, please contact MIDD staff at *MIDDConcept@kingcounty.gov*.

New Concept Submission Form

#31

Working Title of Concept: King County Area Prevention Network

Name of Person Submitting Concept: Andrea LaFazia-Geraghty, Brad Finegood
Organization(s), if any: MHCADSD
Phone: 2062638993
Email: Email Address Here
Mailing Address: Mailing Address Here

Please note that county staff may contact the person shown on this form if additional information or clarification is needed.

Please share whatever you know, to the best of your ability.
*Concepts must be submitted via email to MIDDconcept@kingcounty.gov by **October 31, 2015**.*

1. Describe the concept.
Please be specific, and describe new or expanded mental health or substance abuse-related services specifically.

King County will develop a network of prevention providers, using proven community organizing strategies, that will successfully implement evidence-based strategies across the continuum of care for prevention (universal, selective and indicated), including a focus environmental strategies. All prevention efforts will be evidence-based and proven to be effective in alcohol, tobacco and other drug (ATOD) prevention and mental health promotion. Providers will create or continue partnerships with community stakeholders to develop and implement environmental prevention strategies for their King County communities. The primary goal is to provide an infrastructure for regional prevention services. This will be accomplished through Area Prevention Network Centers by engaging community members, local organizations, public agencies, youth and the media to promote positive community norms in order to reduce ATOD-related problems and enhance mental health promotion.

2. What community need, problem, or opportunity does your concept address?

Please be specific, and describe how the need relates to mental health or substance abuse.

The community need, problem and opportunity addressed includes: prevention for substance abuse and mental health promotion activities that address risk and protective factors.

3. How would your concept address the need?
Please be specific.

The Area Prevention Network Centers would create individualized Community Action Plans which would demonstrate coverage for the Center's entire proposed region, although coverage must be specific to the region. All cities/municipalities with a population estimate over 2,000 would be included in an action plan which addresses the data-driven needs of the community or population to be served. Proposed services, solutions, policies would be evidence-based.

4. Who would benefit? Please describe potential program participants.

Potenital participants include youth, parents, families, schools and community members from all areas in King County and include partnership /engagement of community members, local organizations, public agencies, and other key community stakeholders to prevent the onset and prevent or reduce problems related to alcohol, tobacco, and other drug use and mental health issues (and mental health promotion activities). Partnerships and benefits also include: law enforcement, school districts, faith communities, health care organizations, media, BHO providers, etc. There are currently strong prevention efforts in parts of King County, but there has been a lack of coordination from an overarching entity, such as King County.

5. What would be the results of successful implementation of program?
Include outcomes that could be measured and evaluated. Please indicate whether this data is currently collected in some fashion, and in what form.

The outcomes that could be measured and evaluated include the following and are currently collected through the Healthy Youth Survey for youth and King County Public Health has epidemiological data for across the lifespan.

Prevent the onset and prevent/reduce the problems associated with the use of alcohol, tobacco, marijuana and other drugs across the lifespan as identified and measured using epidemiological data.

Prevent the onset and prevent/reduce the problems associated with mental and emotional disorders as identified and measured using epidemiological data.

In addition, the following outcomes would be measured:

Use of the Strategic Prevention Framework (SAMHSA model) process to create prevention-capable communities where individuals, families, schools, workplaces, communities, and the county have the capacity and infrastructure to prevent substance abuse and mental illness.

Local law enforcement has resources, training, and coordination across jurisdictional boundaries and throughout the criminal justice system to aggressively attack alcohol, marijuana and drug activity and Prevention networks are collaborating with law enforcement.

Prevention Networks are working with federal, state and local law enforcement efforts toward the common objectives to decrease the supply of unlawful drugs and prescription diversion in our community.

Prevention Networks are working with treatment and recovery programs in the community; provide prevention and early intervention resources to the family members.

Prevention Networks successfully change public policy related to prevention and health promotion.

6. Which of the MIDD II Framework's four strategy areas best fits your concept? (you may identify more than one)

☒ **Prevention and Early Intervention:** Keep people healthy by stopping problems before they start and preventing problems from escalating.

☐ **Crisis Diversion:** Assist people who are in crisis or at risk of crisis to get the help they need.

☐ **Recovery and Reentry:** Empower people to become healthy and safely reintegrate into community after crisis.

☒ **System Improvements:** Strengthen the behavioral health system to become more accessible and deliver on outcomes.

7. How does your concept fit within the MIDD II Objective – to improve health, social, and justice outcomes for people living with, or at risk of, mental illness and substance use disorders?

The creation of Area Prevention Network Centers concept fits with the MIDD II objective because it is designed to create a network of prevention providers that advocate for, establish and sustain alcohol, tobacco and other drug prevention strategies through training and technical assistance in prevention efforts to local communities. Network Centers will provide regional prevention services through the engagement of community members, local organizations, public agencies, and other key community stakeholders to prevent the onset and prevent or reduce problems related to alcohol, tobacco, and other drug use. It will also encompass prevention of mental health problems through mental health promotion strategies.

8. What types of organizations and/or partnerships are necessary for this concept to be successful? Examples: first responders, mental health or substance abuse providers, courts, jails, schools, employers, etc.

One idea for partnership for the Area Prevention Network Centers is to for the funding to be available to the exisiting Youth and Family Service Agencies (YFSA) and/or divide the county by the YFSA regions in order to have county-wide coverage.

9. If you are able to provide estimate(s), how much funding per year do you think would be necessary to implement this concept, and how many people would be served?

Pilot/Small-Scale Implementation:	**$** # of dollars here **per year, serving** # of people here **people per year**
Partial Implementation:	**$** # of dollars here **per year, serving** # of people here **people per year**
Full Implementation:	**$ 3,000,000 per year, serving 150,000 people per year**

Once you have completed whatever information you are able to provide about your concept, please send this form to *MIDDConcept@kingcounty.gov*, no later than 5:00 PM on October 31, 2015.

If at any time you have questions about the MIDD new concept process, please contact MIDD staff at *MIDDConcept@kingcounty.gov*.