



WHATCOM COUNTY COUNCIL

SPECIAL COUNCIL MEETING AS THE HEALTH BOARD

10:30 a.m. Tuesday, July 30, 2013
Council Chambers, 311 Grand Avenue

A G E N D A

<u>Meeting Topics</u>	<u>Pages</u>	<u>Time</u>
1. Public Session	no ppr	10:30-10:40
2. Public Health Advisory Board Update	no ppr	10:40-10:50
3. The Health of Our Youth & Prevention Services	1-13	10:50-noon

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.

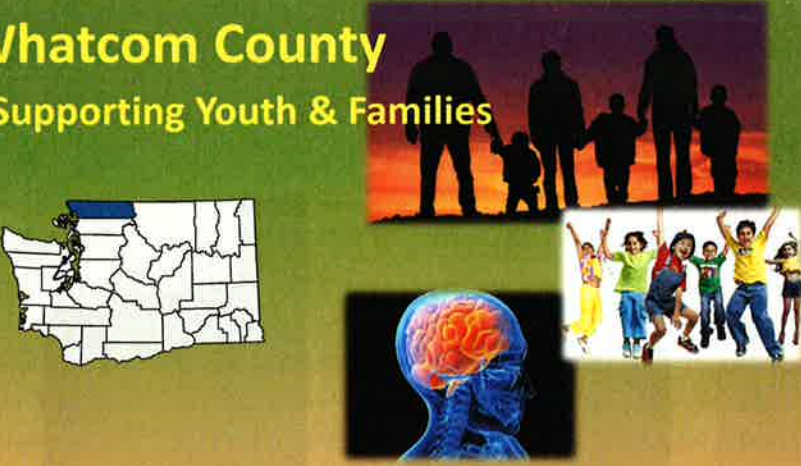
ATTACHMENTS

Power Point Presentation

Current list of contracted youth programs/services

Whatcom County

Supporting Youth & Families



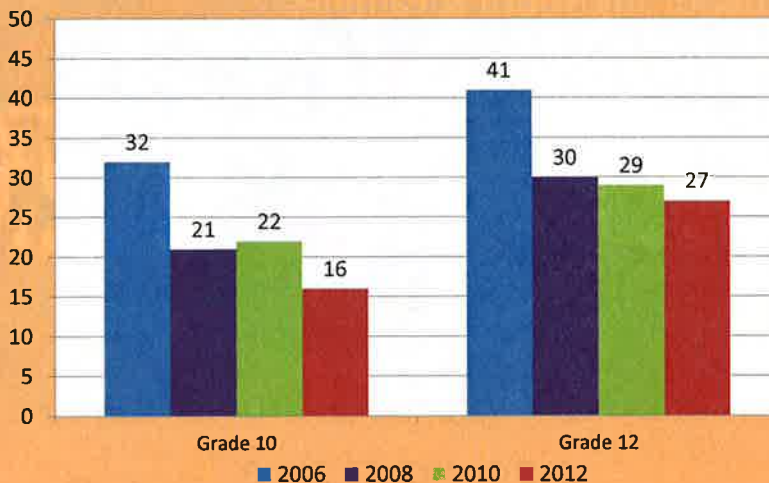
“An ounce of prevention is worth a pound of cure.” Benjamin Franklin

CHIP Summary Table

Issue Area	Goal	Objectives / Measures	Key Strategies
Child, Youth & Family Well-being	<ul style="list-style-type: none"> All children and youth are safe, healthy and ready to learn 	<ul style="list-style-type: none"> Increase healthy family relationships (decrease abuse/neglect) Increase youth social-emotional well-being Increase high school graduation 	<ul style="list-style-type: none"> Community supports for emerging families beginning in pregnancy/postpartum period High quality early childhood learning opportunities ACE oriented community and school-based interventions
Healthy Active Neighborhoods & Communities	<ul style="list-style-type: none"> All people live in neighborhoods or communities that support healthy active lifestyles and foster positive social connections 	<ul style="list-style-type: none"> Increase perception of community safety and connectedness Increase availability of healthy affordable housing options Increase access to healthy community amenities within close proximity to home 	<ul style="list-style-type: none"> Leadership development and community engagement in marginalized communities Health perspective in community planning, including land use, economic development and housing plans Promotion of biking, walking, healthy food and reduced exposure to tobacco/alcohol/ drugs in targeted neighborhoods.
Health Care for Vulnerable Populations	<ul style="list-style-type: none"> All people have access to health services and supports that they need to thrive. 	<ul style="list-style-type: none"> Decrease unmet health needs due to cost or availability of services Decrease avoidable ED visits and hospitalizations Increase patient/family satisfaction with health system 	<ul style="list-style-type: none"> Expanded primary care capacity Integrated service delivery models for individuals with chronic behavioral health needs Culturally appropriate/ culturally sensitive services

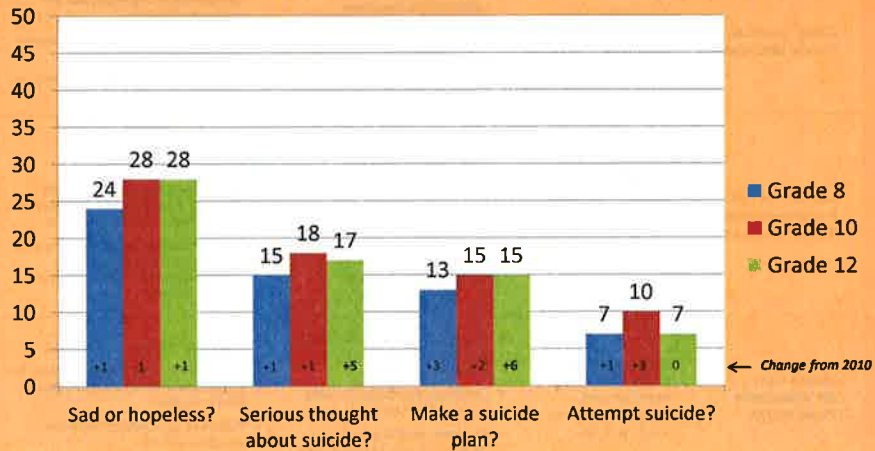
Levels of Alcohol Use – Grades 10 and 12

Percent of Whatcom County Students who indicate **problem drinking** (3-5 days drinking in the past 30 days and/or 1 day binge drinking in past two weeks), or **heavy drinking** (6+ days drinking in the past 30 days and/or 2+ binge drinking days in past two weeks).



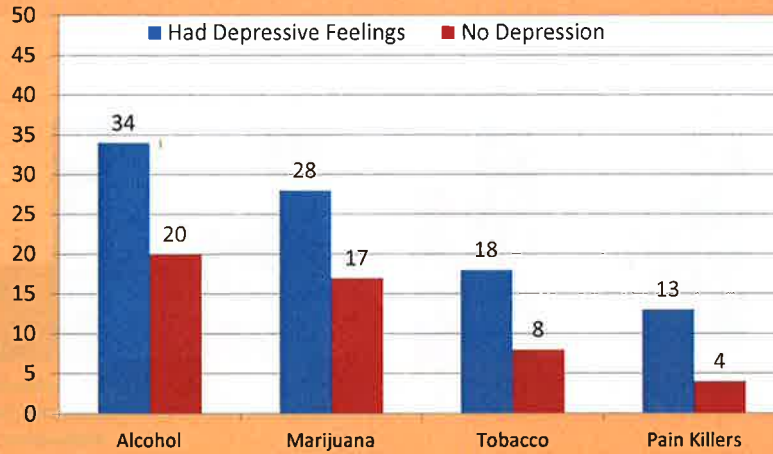
Mental Health Status

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



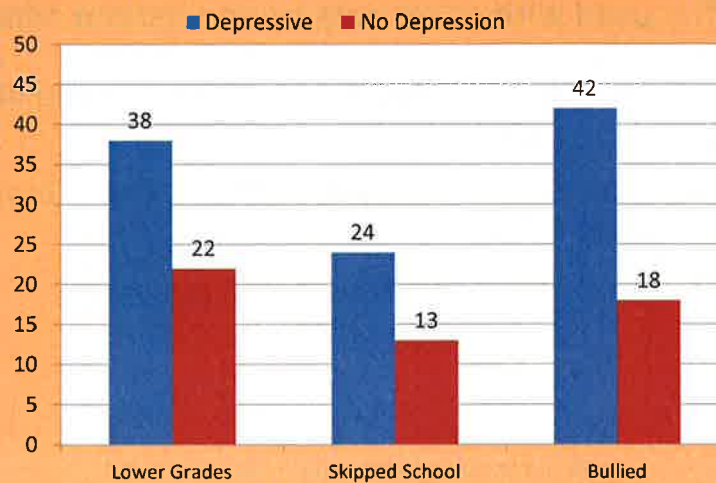
Depression and Substance use

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



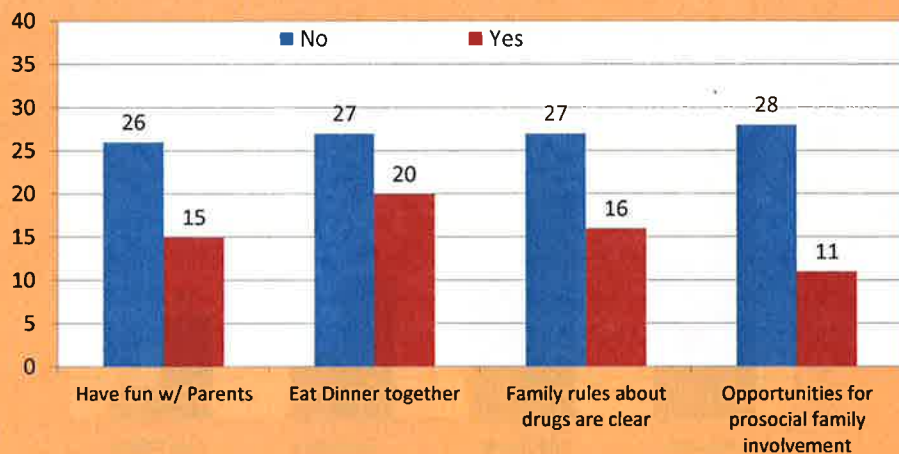
Depressive Feelings and School

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



Importance of Family Connections

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



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



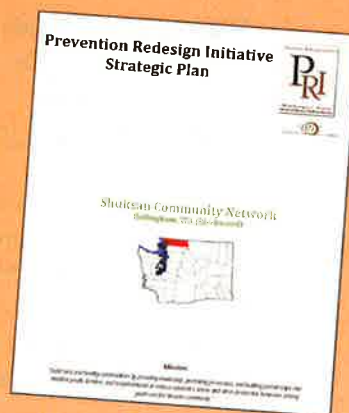
Source: Substance Abuse & Mental Health Services Administration (SAMHSA)

"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

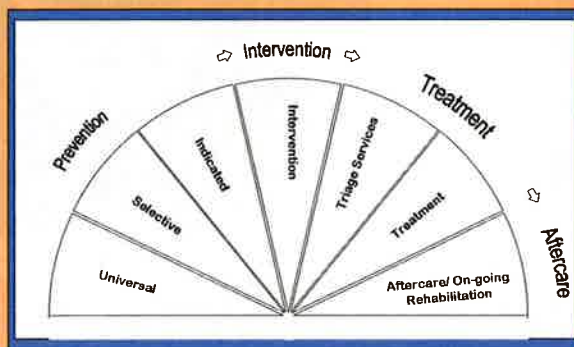


"An ounce of prevention is worth a pound of cure."

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

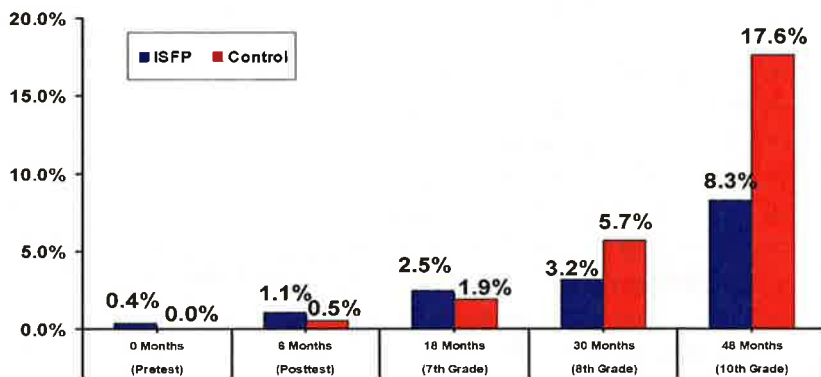
A federally recognized “best-practice” program. Research found:

- 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

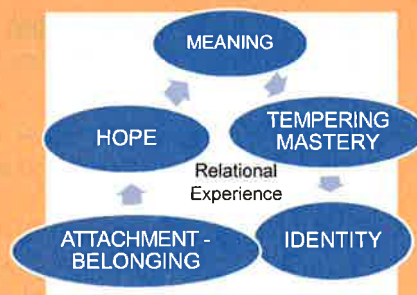
Impact of Strengthening Families Program

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.

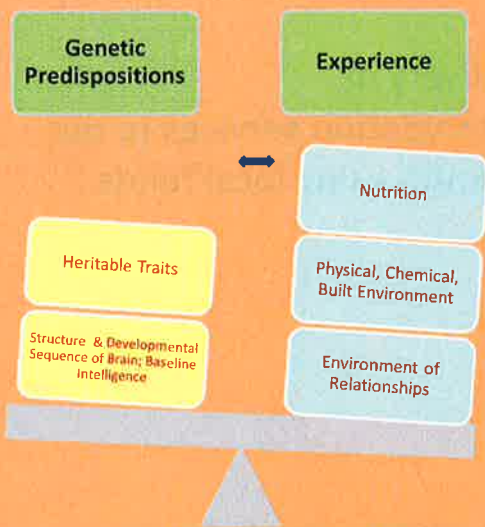


“Resilience refers to a class of phenomena characterized by good outcomes in spite of serious threats to adaptation or development.”

-Ann Masten, Ordinary Magic: Resilience Processes in Development

Source: Family Policy Council

Foundations of Healthy Development



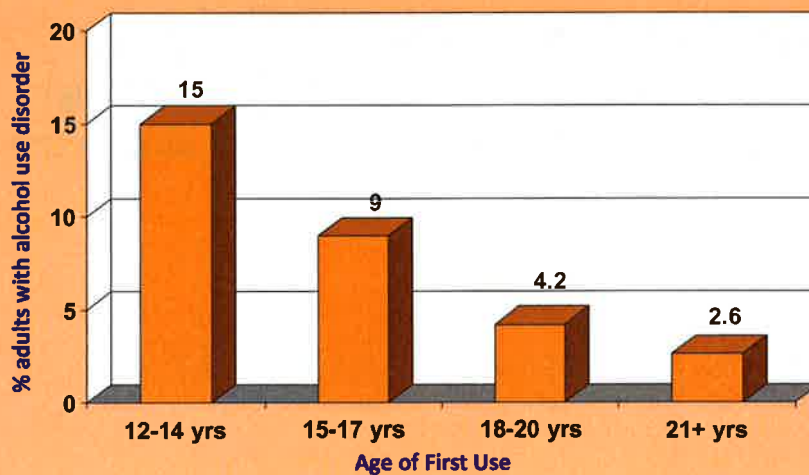
Research has identified opportunities to change environments in ways that influence the expression of specific genetic or biological predispositions.

Impact:

- Reducing onset
- Mitigating impact

Adapted from Shonkoff, J.P., *Building a New Biodevelopmental Framework to guide the Future of Public Policy*, Child Development, Jan./Feb. 2010

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. 30684
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)

Contractor	Service	Contract Amount
Bellingham School District		90,000
	Drug Prevention/Intervention Specialists	
Blaine School District		65,000
	Drug Prevention/Intervention Specialist	
	Mental Health/Substance Abuse Treatment Services	
	Behavioral Care Team Support	
Ferndale School District		75,000
	Drug Prevention/Intervention Specialist	
	Mental Health/Substance Abuse Treatment Services	
	Behavioral Care Team Support	
Lynden School District		67500
	Behavioral Intervention/Prevention Specialist	
	Drug Prevention/Intervention Specialist	
Meridian School District		65,000
	Intervention & Mental Health Support Specialist	
	Behavioral Health Counselor	
	Mental Health Treatment Services	
Mt. Baker School District		65,000
	Family Resource & Support Coordination	
	Mental Health Services	
Nooksack District		64000
	Family Resource & Support Coordination	
	Mental Health Treatment Services	
*Big Brothers Big Sisters		15500
	Mentoring Services (<i>Shuksan and Ferndale specific</i>)	
*Whatcom County Cooperative Extension		15000
	Strengthening Families Program (<i>Shuksan and Ferndale specific</i>)	
Whatcom Family & Community Network		78300
	Youth Services; Community Mobilization against Drugs (<i>countywide</i>)	
	Youth Services; Community Building; Education (<i>Shuksan & Ferndale specific</i>)	
Community Treatment Agencies		variable
	Outpatient Mental Health & Substance Abuse Treatment	
	TOTAL	600,300

*DBHR Funds

Allocations by PITA Continuum

	Prevention	Intervention	Treatment	Aftercare
<i>Youth-Focused Contracts</i>	48%	36%	12%	4%
<i>Total .01 Fund</i>	13%	29%	41%	17%