

**BEHAVIORAL HEALTH AND SERVICE  
INTEGRATION ADMINISTRATION**



**Federal Authority – PFS Grant**

**2015-17 BIENNIAL BUDGET**

Request	FY 15	FY16	FY17	15-17
FTE	0.0	0.0	0.0	0.0
GF-State	\$0	\$0	\$0	\$0
<b>Total</b>	<b>\$2,937,000</b>	<b>\$2,937,000</b>	<b>\$2,208,000</b>	<b>\$5,145,000</b>

**DECISION PACKAGE SUMMARY**

The Behavioral Health and Service Integration Administration (BHSIA) requests increased federal authority for the Partnership for Success (PFS) in order to utilize awarded federal funds. By funding this request, BHSIA is expected to provide funding to strengthen community coalitions in Washington State to expand and enhance their local efforts to successfully implement the strategic prevention framework and proven prevention strategies in order to more effectively and efficiently address substance abuse.

**PROBLEM STATEMENT**

Our prevention priorities include underage drinking among 12- to 20-year olds, prescription drug misuse and abuse among 12- to 25-year-olds, and misuse and abuse of marijuana among youth ages 12-17.

In our 2012 state’s student survey 29 percent of 10<sup>th</sup> grade students and 36 percent of 12<sup>th</sup> grade students reported drinking alcohol in the last 30 days; marijuana use among 12<sup>th</sup> grade students has increased 7.2 percent since 2004. Students think that using marijuana regularly is not risky (12<sup>th</sup> grade: 20 percent in 2004 to 39 percent in 2012) and 56.2 percent of the 12<sup>th</sup> grade students who drank alcohol in the past 30 days had also used marijuana. Washington State has the third highest rate nationally of nonmedical use of prescription pain relievers as of December 2012 according to a federal Substance Abuse and Mental Health Services Administration (SAMHSA) report published in 2013.

This federal grant project is targeted in 52 high-need community sites across the state. The State Epidemiological Outcomes Workgroup (SEOW) conducted the data analysis to develop community risk profiles to identify high need communities in each county. Collectively, these coalitions represent over 450,000 individuals including 16 cities/suburban areas, 15 towns and 21 rural areas. These communities are demographically representative of the state. However, selected high-need communities have more adults without high school degrees (13 percent vs. 10 percent); population under federal poverty level (15 percent vs. 12 percent); eligibility for free and reduced lunch (54 percent vs. 46 percent); and 30-day use by 10th graders of alcohol (29 percent vs. 23 percent) and marijuana (22 percent vs. 19 percent).

**PROPOSED SOLUTION**

The goal of our federal grant project is to strengthen the 52 Community Prevention and Wellness Initiative (CPWI) community coalitions in Washington State to expand and enhance their local strategic planning efforts. We will achieve this through three key objectives: 1) Increase support to local high-need communities for strategic prevention planning



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People are healthy • People are safe • People are supported • Taxpayer resources are guarded

**DSHS MISSION**  
To transform lives

**DSHS VALUES**  
Honesty and integrity • Pursuit of Excellence • Open Communication • Diversity and Inclusion • Commitment to Service

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and implementation; 2) Targeted enhancement projects based on specific local needs and gaps; and 3) Increase technical assistance and training support provided to local high-need communities by funding 2.0 FTE Prevention System Managers and 1.0 FTE Lead Evaluator. The key risk factors that will be addressed are youth perception of risk and parental attitudes. The grant funding is on the Federal Fiscal Year.

#### EXPECTED RESULTS

The budget request supports DSHS Goal 1: Health – Each individual and each community will be healthy.

The decision package is essential to implementing the BHSIA's Strategic Objective 1.4: Maintain the percent of participants in evidence-based BHSIA funded chemical dependency prevention programs.

This request supports Results Washington goals 1.2.Y.e: Decrease percentage of 10th graders who report smoking marijuana in past 30 days from 19.3 percent in 2012 to 18 percent by 2017; and 1.2.Y.f: Decrease the percent of 10th graders who report drinking alcohol in the last 30 days from 27.7 percent (+1.9 percent) to 24.8 percent by 2017.

DBHR is focused on a substance abuse prevention system that is community coalition-driven using the localized strategic planning framework. This approach allows us to promote strategy implementation that builds on what works; have a deeper impact on underage drinking, prescription drug misuse and abuse, and misuse/abuse of marijuana; better measure those impacts; and build support for additional investments in prevention. With this grant project we have begun to enhance support to coalitions in high-need communities throughout the state for prevention planning and implementation and work toward our goals. With this funding we are enhancing support to community strategic plans to implement culturally and linguistically appropriate programs and strategies. Other agencies that are members of the grant's advisory board are invited to participate in training opportunities supported by the grant as space is available.

#### STAKEHOLDER IMPACT

Stakeholders are supportive of this grant; we are not aware of any concerns. The State Prevention Policy Consortium serves as the advisory board to the grant implementation. Membership in this Consortium includes over 20 interagency, Tribal and community partners with vested interest in substance abuse prevention and mental health promotion. Needs assessment and evaluation support is provided by SEOW that includes members of the prevention research community and DBHR Decision Support and Evaluation staff.



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