Lifeskills Training

Lifeskills Training is designed to help students develop the skills needed to avoid or limit the use of alcohol, tobacco, and other illegal drugs. Students learn social skills that build resilience and help them navigate developmental tasks and reduce drug influences. For more information, visit www.lifeskillstraining.com

DBHR leads the following statewide programs and partnerships

Washington State Healthy Youth Survey and Young Adult Health Survey

The Washington State Healthy Youth Survey (VHS) is administered in schools statewide every two years to collect data from students about their alcohol and other drug use and other behaviors that impact their health, safety, and success. This data is analyzed and used to track trends and prioritize prevention resources. State-, county-, and school-level data is provided to state and community partners for assessment and planning.

One of the many positive outcomes we are able to track through HYS shows that since 1998, alcohol use among 10th grade students has decreased by 84% for males and 76% for females. Washington State Healthy Youth Survey (VHS) is administered by the University of Washington. VHS is an online survey that measures marijuana use, risks, and consequences among youth and adults between the ages of 18 and 25 living in Washington State.

Suicide prevention and mental health promotion

As part of Washington Suicide Prevention Plan, DBHR collaborates with Community-Based Organizations (DBHO) to receive support for mental health promotion and suicide prevention projects. These coalitions also provide Youth Mental Health First Aid training which focuses on recognizing the signs of a mental health and suicide risk and how to get someone help.

Evidence-based programs train community members and students in middle and high schools to recognize signs that may lead to suicide. Additionally, these programs help people work to change elements of their community and school that may contribute to risk of suicide. For more information, visit www.theathenaforum.org/washington_state_suicide_prevention_plan

Coalition for Substance Abuse Prevention

The College Coalition for Substance Abuse Prevention is a collaboration of wellness program coordinators at 37 universities, colleges and community colleges in Washington. The group meets regularly to discuss common issues and problems as well as host webinars and an annual conference focused on preventing and reducing misuse and abuse among young adults. More information can be found at http://coalitionw.org

Washington Healthy Youth Coalition

The Washington Healthy Youth (WHY) Coalition provides state-level leadership to reduce underage drinking and marijuana use by leveraging resources from federal, state, and private partners. Membership includes over two dozen state agencies and statewide organizations. Coalition work includes:

- Creating, maintaining, and promoting the www.StayAlive.wa.gov website for parents, caregivers, educators, and other adult influencers.
- Planning and implementing state-wide education campaigns, and providing educational materials to community-based organizations and schools.
- Supporting policy changes at the state and community level to reduce youth access and exposure to alcohol and marijuana.
- Supporting policies and law enforcement efforts that help to prevent underage alcohol and marijuana use.

To learn more about the WHY Coalition, visit www.StayAlive.wa.gov

Home visiting supports the child and family by buffering the effects of risk factors and stress in the family. For more information visit www.dshs.wa.gov/homevisiting/

Preventing medicine and opioid misuse and abuse

Prescription drug abuse has become an important health issue, particularly the danger of abusing prescription pain medications. According to the National Institute on Drug Abuse, young adults ages 18-25 are the largest group misusing opioid pain relievers and other medications. Opioid misuse and abuse can lead to addiction and even death from overdose. More teens who abuse prescription drugs get them from friends and relatives, sometimes without their person knowing.

To address the opioid crisis in Washington and across our country, DBHR works closely with the state Department of Health, Labor and Industries, Health Care Authority, University of Washington, and other agencies supporting the goals of the Washington State Opioid Response Plan. Prevention efforts include supporting strategies that promote safe storage at home, disposing of medications at local secure take-back sites, promoting the Washington State Prescription Drug Monitoring Program, preventing overdose deaths, and educating healthcare providers about prescribing guidelines. More information can be found at www.TheAthenaforum.org and www.dshs.wa.gov/dbhr/dapreventionservices.shtml

The following communities and tribes receive DBHR support for prevention services.


dbsdh%20funded%20initiatives%20initiative%20communities.png

Substance Abuse Prevention and Mental Health Promotion

DFHR contracts with the Washington Department of Early Learning for home visiting services provided by the Dedicated Marijuana Account (DMA). Home visiting supports the child and family by buffering the effects of risk factors and stress in the family. For more information visit www.dshs.wa.gov/homevisiting/
In the 2014 Washington Healthy Youth Survey, according to 10th grade students:

- 4 in 10 perceived suicide in the past year
- About 15 percent don’t have an adult to turn to when they feel sad or hopeless.

How do alcohol and other drugs harm children and teens?

- Children and teens who use alcohol and other drugs are at higher risk for adverse health outcomes, including serious or fatal injuries, violence and teen pregnancy. They are more likely to have depression, anxiety and other mental health problems, academic and social problems, and substance use disorders.

How are prevention services planned and coordinated in Washington?

DBHR and 21 other state agencies developed the Prevention Policy Consortium in 2011. The Consortium works to strengthen and support the integrated state system of community prevention services to prevent substance use and mental health problems and improve oral health.

State prevention goals and services

DBHR prevention goals are to prevent the misuse and abuse of alcohol, tobacco, marijuana, and other drugs; to reduce substance use disorders and reduce substance user behaviors.

DBHR prevention services include funding for tribal, community and school-based prevention programs and strategies and statewide technical assistance and training.

Supporting best practices

DBHR is dedicated to supporting prevention efforts that are grounded in science. Community organizations are encouraged to ensure that their efforts have positive outcomes by providing relevant and culturally competent evidence-based, research-based and practice-based prevention services.

To ensure public funds are distributed as effectively as possible, DBHR collaborates with researchers and prevention scientists at the University of Washington, Washington State University, (DBHR) Research and Data Analysis Unit, and the Washington State Institute for Public Policy. These partners help us define criteria and measure success to ensure progress.

DBHR maintains the Excellence in Prevention Strategy List, in collaboration with the Oregon Health Authority, which is a searchable database of substance abuse prevention and mental health promotion programs and environmental strategies.

In 2015, DBHR-funded prevention providers showed that over 94 percent of participants ages 10-18 had positive outcomes, including improved refusal skills, increased bonding, reduction in favorable attitudes toward drug use and decreased substance use. Parents and caregivers participating in prevention programs have reported significant improvements in communication skills, family management skills and family cohesion.

How do we know prevention works?

The Washington State Healthy Youth Survey (HYS) allows us to monitor the health of students, evaluate the impact of our prevention efforts and improve academic performance by demonstrating the links between substance use and education outcomes. Two years ago, over 200,000 students in 1,000 schools in Washington took the survey. Prevention strategies and prevention programs in Washington have contributed to the following positive trends:

- Declining alcohol use in the past month. Since 2006, declining among 8th and 10th graders dropped by half.
- Binge Drinking. The percentage of 10th graders who binge drink five or more drinks in a row dropped dramatically from 2006 to 2014.
- Cigarettes. 10th grade use of cigarettes dropped from 10.1 in 2006 to 6.9 in 2014.

Local prevention programs supported by DHS

Community Prevention and Wellness Initiative (CPWI)

DBHR began implementing the Community Prevention and Wellness Initiative (CPWI) in 2011 by directing funding and leveraging limited prevention resources to high-needs communities. CPWIs are implemented through active partnerships with communities, Educational Service Districts (ESDs), local school districts and organizations, and the OFs of Superintendents of Public Instruction.

The CPWI designs evidence-based theory and frameworks for delivering culturally competent prevention programs and strategies to prevent substance use and reduce use of alcohol, tobacco, marijuana and other drugs. Program examples are evidence-based, research-based or promising practices.

CPWI supports 80 high-needs community in 30 counties, including cities, towns and rural areas and across all five tiers in our state. In fiscal year 2015, 1510 people statewide received prevention services. Of this number, 894 percent received evidence-based services for more information, visit oregonhealth.state.or.us/CPWI
Investing in prevention for a healthier Washington

A healthy and thriving community has safe places to live, work and raise a family. The people who live there enjoy equal access to quality education and healthcare, living-wage jobs and affordable housing. Overall there is a high quality of life for everyone.

Alcohol and other drug abuse can erode the health and safety of communities. This is a challenge for every community. When we prevent early use of alcohol and other drugs, we also prevent the health and high costs of substance use disorders and addiction.

These costs include:

- Child abuse and neglect;
- Coordination with community coalitions.
- Help with transitioning back to school for students who have had alcohol or other drug problems.
- One in 10 attempted suicide in the past year.

Binge Drinking: The percentage of 10th graders who binge drink (five or more drinks on one occasion) in the past 2 weeks dropped by half.

Substance use or mental health disorders, and physical, academic, social and emotional problems. Among 8th grade students, 8% in 2014.

Violence, especially among the youngest and oldest among us—infants, certain children and youth.

Healthcare, living-wage jobs and affordable housing. Overall there is a high quality of life for everyone.

Alcohol and other drug abuse can erode the health and safety of communities. This is a challenge for every community. When we prevent early use of alcohol and other drugs, we also prevent the health and high costs of substance use disorders and addiction.

How do alcohol and other drugs harm children and teens?

- Children and teens who use alcohol and other drugs are at higher risk for developing short and long-term physical, developmental and emotional problems. This is because their brains are still developing and more vulnerable to the effects of drugs. Early use of alcohol and other drugs increases the risk of addiction.
- Depressive feelings and thoughts of suicide.
- Risky sex.
- School failure.
- Serious or fatal injuries.
- Car or other accidents.

First and last names of sources.

These children use at increased risk for alcohol, tobacco and other drugs, marijuana and other drugs. They are more likely to experience violence, especially among the youngest and oldest among us—infants, certain children and youth.

Tribal cultural wellness programs

DBHR provides funding, technical assistance and training to 20 Federally recognized tribes. Tribal communities implement programs that are specific to each tribe’s needs, culture and traditions. Tribes develop prevention programs for evidence-based prevention programs, based on key prevention research in order to best serve their members and surrounding community members. Most tribes use the funding for prevention services for communities wide and direct service programs.

How do we prevent alcohol and other drugs?

How do we know prevention works?

The Washington State Healthy Youth Survey (WSHYS) is the only survey of its kind in the United States, and the only survey conducted annually that takes the survey. Prevention and strategy programs in Washington State have the following goals:

- Declining alcohol in the past month. Since 1998, declining among 8th and 10th graders dropped by half.
- Binge Drinking. The percentage of 10th graders who binge drink five or more drinks on one occasion dropped from 28% in 1998 to 15% in 2016.
- Cigarettes. 10th grade use of cigarettes dropped from 19% in 2006 to 8% in 2016.

Local prevention programs supported by DSHS

State prevention goals and services

DBHR prevention goals are to prevent the misuse and abuse of alcohol, marijuana, tobacco and other drugs; reduce the negative consequences of drug use; and prevent substance use disorders.

DBHR prevention services include funding for tribal, community and school-based prevention programs and strategies and statewide technical assistance and training.

Supporting best practices

DBHR is dedicated to supporting prevention efforts that are grounded in science. Community organizations can ensure these efforts have positive outcomes by providing relevant and culturally competent evidence-based, research-based and practice-based prevention resources.

To ensure public-funded services are effective, DBHR collaborates with researchers and prevention scientists at the University of Washington, Washington State University, Criminology Research and Data Analysis at the State Institute for Public Policy. These partners help us define criteria and review survey information on program outcomes.

DBHR maintains the Excellence in Prevention Strategic Plan, in collaboration with the Oregon Health Authority, which is a searchable database of substance abuse prevention and mental health promotion programs and environmental strategies.

In 2015, DBHR-funded prevention providers showed that over 94 percent of participants ages 10-18 had positive outcomes, including improved refusal skills, increased bonding, reduction in favorable attitudes toward drug use and increased teacher and parent support.

Programs and parents/caregivers participating in programs have improved communication, self-esteem, family management skills and life skills.

94 percent of participants ages 10-18 had positive outcomes.

How do we know prevention works?

The Washington State Healthy Youth Survey (WSHYS) allows us to monitor the health of students, evaluate the impact of our prevention efforts and improve academic performance by linking the effects of substance use and education outcomes.

Two years ago, over 208,000 students in 1300 schools throughout Washington took the survey. Prevention and strategy programs in Washington State have the following goals:

- Declining alcohol in the past month. Since 1998, declining among 8th and 10th graders dropped by half.
- Binge Drinking. The percentage of 10th graders who binge drink five or more drinks on one occasion dropped from 28% in 1998 to 15% in 2016.
- Cigarettes. 10th grade use of cigarettes dropped from 19% in 2006 to 8% in 2016.

Local prevention programs supported by DSHS

Community Prevention and Wellness Initiative (CPWI)

CPWI began implementing the Community Prevention and Wellness Initiative (CPWI) in 2011 by directing funding and leveraging limited prevention resources to high-need communities. CPWI programs are implemented through active partnerships with counties, Educational Service Districts (ESDs), local school districts and other community organizations, and the OMs of Superintendents/President of Public Instruction.

The CPWI uses evidence-based theory and frameworks for delivering culturally competent prevention programs and strategies to reduce substance and reduce use of alcohol, tobacco, marijuana and other drugs. Program models are evidence-based, research-based, or promising practices.

CPWI supports 59 high-need communities in 30 counties, including cities, towns and rural areas and across all five ESDs in our state. In FY 2015, 17,150 people statewide received prevention services. Of this number, 40 percent received evidence-based services.

Statewide and Tribal Prevention Services (STP-SAPISP)

In FY 2015, 88% of the 1718 individuals receiving prevention services participated in an evidence-based prevention program.

Investing in prevention for a healthier Washington

A healthy and thriving community has safe places to live, work and raise a family. The people who live there enjoy equal access to quality education and healthcare, living-wage jobs and affordable housing. Overall there is a high quality of life for everyone.

Alcohol and other drug abuse can erode the health and safety of communities. This is a challenge for every community. When we prevent early use of alcohol and other drugs, we also prevent the health and high costs of substance use disorders and addiction.

How do alcohol and other drugs harm children and teens?

- Children and teens who use alcohol and other drugs are at higher risk for developing short and long-term physical, developmental and emotional problems. This is because their brains are still developing and more vulnerable to the effects of drugs. Early use of alcohol and other drugs increases the risk of addiction.
- Depressive feelings and thoughts of suicide.
- Risky sex.
- School failure.
- Serious or fatal injuries.
- Car or other accidents.

These children use at increased risk for alcohol, tobacco and other drugs, marijuana and other drugs. They are more likely to experience violence, especially among the youngest and oldest among us—infants, certain children and youth.

First and last names of sources.

These children use at increased risk for alcohol, tobacco and other drugs, marijuana and other drugs. They are more likely to experience violence, especially among the youngest and oldest among us—infants, certain children and youth.

Tribal cultural wellness programs

DBHR provides funding, technical assistance and training to 20 Federally recognized tribes. Tribal communities implement programs that are specific to each tribe’s needs, culture and traditions. Tribes develop prevention programs for evidence-based prevention programs, based on key prevention research in order to best serve their members and surrounding community members. Most tribes use the funding for prevention services for communities wide and direct service programs.

There are currently 60 tribal prevention programs to increase protective factors and reduce risk factors. Goals include increasing peer and community bonding, healthy habits and clean standards and commitment to school. Examples of tribal prevention programs include mentoring, UNKIDS, Healing the Canoe, Canoe Journey, and Positive Indian Parenting.

Student Assistance Prevention and Intervention Services Program

The Student Assistance Prevention and Intervention Services Program (SAPISP), operated by the Office of the Superintendent of Public Instruction (OSPI), places intervention specialists in schools to address problems with substance use and violence. Program funds are distributed to the State’s Educational Service Districts (ESDs) in Washington, who partner with the CPWI coalitions in their region.

SAPISP coalitions:

- Alcoholic and other drug education and prevention in classrooms and for school-wide activities.
- Screening and early intervention services to students and their families.
- Referral to treatment providers.
- Help with transitioning back to school for students who have had alcohol or other drug problems.

DBHR collaborates with researchers to provide the best possible outcomes for all communities.

How do we know prevention works?

The Washington State Healthy Youth Survey (WSHYS) allows us to monitor the health of students, evaluate the impact of our prevention efforts and improve academic performance by linking the effects of substance use and education outcomes.

Two years ago, over 208,000 students in 1300 schools throughout Washington took the survey. Prevention and strategy programs in Washington State have the following goals:

- Declining alcohol in the past month. Since 1998, declining among 8th and 10th graders dropped by half.
- Binge Drinking. The percentage of 10th graders who binge drink five or more drinks on one occasion dropped from 28% in 1998 to 15% in 2016.
- Cigarettes. 10th grade use of cigarettes dropped from 19% in 2006 to 8% in 2016.

Local prevention programs supported by DSHS

Community Prevention and Wellness Initiative (CPWI)

CPWI began implementing the Community Prevention and Wellness Initiative (CPWI) in 2011 by directing funding and leveraging limited prevention resources to high-need communities. CPWI programs are implemented through active partnerships with counties, Educational Service Districts (ESDs), local school districts and other community organizations, and the OMs of Superintendents/President of Public Instruction.

The CPWI uses evidence-based theory and frameworks for delivering culturally competent prevention programs and strategies to reduce substance and reduce use of alcohol, tobacco, marijuana and other drugs. Program models are evidence-based, research-based, or promising practices.

CPWI supports 59 high-need communities in 30 counties, including cities, towns and rural areas and across all five ESDs in our state. In FY 2015, 17,150 people statewide received prevention services. Of this number, 40 percent received evidence-based services.

For more information visit, go to: Washington State Healthy Youth Survey.
Investing in prevention for a healthier Washington

A healthy and living community has safer places to live, work and raise a family. The people who live here enjoy quality education and quality education and healthcare, living-wage jobs and affordable housing. Overall there is a high-quality life for everyone.

Alcohol and other drug abuse can erode the health and safety of communities. This is a public health problem that can have far-reaching consequences for every community. When we prevent use of alcohol and other drugs, we also prevent the fear and harm that comes from substance use disorders and addiction.

These costs include: 
- Child abuse and neglect;
- Near death, injury and death from drug overdoses;
- Other forms of violence;
- Unemployment and poverty;
- Crime and criminal justice costs;
- and Avoidable medical care.

As part of our mission to transform lives, the state Department of Social and Health Services (DSHS) Division of Behavioral Health and Recovery (DBHR) works with our partners to leverage limited resources to help high-risk communities. By investing in best practices and our state prevention workforce, we support communities in creating sustainable, healthy changes.

How do alcohol and other drugs harm children and teens?

Children and teens who use alcohol and other drugs are at higher risk for developing short and long-term physical, developmental and emotional problems. This is because their brains are still developing and more vulnerable to the effects of drugs. Early use of alcohol and other drugs increases the risk of:

- Addiction
- Depressive feelings and thoughts of suicide
- Risky sexual behavior
- and Social and Emotional problems.

In the 2014 Washington Healthy Youth Survey, according to HHS students:

- 66% of 8th graders reported use in the past year
- 48% of 10th graders reported use in the past year
- About 15 percent don’t have an adult to turn to when they feel bad

State prevention goals and services

DBHR prevention goals are to prevent the misuse and abuse of alcohol, marijuana, tobacco, and other drugs; reduce the number of new cases of substance use disorders; and reduce substance use disorders.

DBHR prevention services include funding for local, community and school-based prevention programs and strategies and statewide technical assistance and training.

Supporting best practices

DBHR is dedicated to supporting prevention efforts that are grounded in science. Community organizations can ensure that the efforts have positive outcomes by providing relevant and culturally competent evidence-based, research-based and promising practices.

To ensure public funds are being used, DBHR collaborates with researchers and prevention scientists at the University of Washington, Washington State University, DSHS Research and Data Analysis at DSHS, and the Institute for Public Policy. These partners help us define criteria and measure outcome information on program outcomes.

DBHR maintains the Excellence in Prevention Strategy List, in collaboration with the Oregon Health Authority, which is a searchable database of substance abuse prevention and mental health promotion programs and environmental strategies. In 2015, DBHR-funded prevention providers showed that over 94 percent of participants ages 10-18 had positive outcomes, including improved refusal skills, increased bonding, reduction in favorable attitudes toward drug use and increased social skills. Parents and caregivers participating in prevention programs have reported significant improvement in communication skills, family management skills and self-esteem.

How do we know prevention works?

The Washington State Healthy Youth Survey (WSHY) allows us to monitor the health of students, evaluate the impact of our prevention efforts and assess improvements by demonstrating the links between substance use and education outcomes.

For example, two years ago, 200,000 8th grade students in 300 schools took the survey. Prevention and strategies in prevention programs and strategies have shown the following changes:

- Declining alcohol in the past month: 39.3% in 2006 to 30.6% in 2015
- Declining binge drinking in the past year: 26.4% in 2006 to 18.2% in 2015
- Declining marijuana use among 8th graders: 33.5% in 2006 to 25.3% in 2015

Local prevention programs supported by DSHS Community Prevention and Wellness Initiative (CPWI)

DBHR began implementing the Community Prevention and Wellness Initiative (CPWI) in 2006 by directing funding and leveraging limited prevention resources to high-need communities. CPWI was implemented through active partnerships with counties, Educational Service Districts (ESDs), local school districts and organizations, and the Office of Superintendent of Public Instruction.

DBHR’s prevention approach takes a public health perspective, focusing on prevention efforts that are evidence-based, research-based, or promising practices.

DBHR supports 58 high-need communities in 35 counties, including cities, towns and rural areas and all 13 districts in OSPI. In 2015, DBHR distributed $500,000 in state prevention service via CPWI.

In FY 2005, 88% of the 151 individuals receiving prevention services participated in an evidence-based prevention program.

Community-based organizations

Funding from the Dedicated Marijuana Account is provided to community-based organizations (CBOs) to serve more high need communities. CBOs include community centers, partnering with existing community coalitions, parenting education and youth skill building CBOs are encouraged to partner with existing community coalitions.

Tribal cultural wellness programs

DBHR provides funding, technical assistance and training to 20 Federally recognized tribes. Tribal communities implement programs that are specific to each tribe’s needs, culture and traditions. Tribes develop prevention programs that are evidence-based programs, based on key prevention research in order to best serve their members and surrounding community members. Many tribes use the family for prevention services for communities and schools.

There are currently 60 tribal prevention programs to improve the factors and reduce risk factors. Goals include increasing peer and community bonding, healthy skills and clear standards and commitment to school. Examples of tribal prevention programs include mentoring, UnBARS, Healing the Canoe, Carve Journey, and Positive Indians Parenting.

Student Assistance Prevention and Intervention Services Program

The Student Assistance Prevention and Intervention Services Program (SAPIPS), operated by the Office of the Superintendent of Public Instruction (OSPI), places intervention specialists in schools to address problems with substance use and violence. Program funds are directed to the students in the Washington State Student Services (EDS) program, in partnership with the CPWI Coalition in their region.

Intervention specialists provide:

- Early alcohol and other drug education and prevention in classrooms and school-wide activities.
- Screening and early intervention services to students and their families.
- Referrals to treatment providers.
- Help with transitioning back to school for students who have had alcohol or other drug problems.

Results:

An independent statewide evaluation suggests that SAPIPS has resulted in positive outcomes in each of these areas, as measured by a self-report instrument administered to students before and after participation in program services. Significantly fewer students report alcohol and marijuana use in the 30 days after participation in the program, for example:

- 32 percent fewer students reported marijuana use.
- 17 percent fewer students reported binge drinking.
- 6 percent fewer students reported any drug use.

For more information visit: www.TheAthenaForum.org/ PreventionIntervention
LifeSkills Training

LifeSkills Training is a school-based prevention program implemented in over 100 countries which helps students overcome the effects of risk factors and supports the development of protective factors. The program’s success is measured through improvements in students’ social and emotional skills, with reductions in drug use, violence, sexual risk behaviors, and other negative behaviors. For more information, visit www.lifeskillstraining.com.

DSHS leads the following statewide programs and partnerships

Washington State Healthy Youth Survey and Young Adult Health Survey

The Washington State Healthy Youth Survey (WYHS) is administered in schools statewide every two years to collect data from students about their alcohol and other drug use and other behaviors that impact their health, safety and success. The data is analyzed and used to track trends and prioritize prevention resources. State-, county- and school-level data is provided to state and community partners for assessment and planning.

One of the many positive outcomes we are able to track through WYHS shows that since 1998, alcohol use among 8th grade students has decreased by half. For more release and fact sheets of all county and state level data, visit www.wash韠.edu/youth.

The Young Adult Health Survey (YASH) is administered by the University of Washington. YASH is an online survey that measures marijuana use, risk factors, and consequences among young adults between the age of 18 and 25 living in Washington State.

Suicide prevention and mental health promotion

As part of Washington’s Suicide Prevention Plan, CPWI Coalitions and Community-Based Organizations (CBOs) receive support for mental health promotion and suicide prevention projects. These coalitions are also provided Youth Mental Health First Aid training which focuses on recognizing the signs of youth at risk for suicide and how to get someone help.

Evidence-based programs train community members and students in middle and high schools to recognize signs that may lead to suicide. Additionally, these programs help people work to change elements of their community and school that may contribute to risk of suicide. For more information, visit www.dbhr.wa.gov/washington_state_suicide_prevention_plan.

College Coalition for Substance Abuse Prevention

The College Coalition for Substance Abuse Prevention is a collaboration of wellness program coordinators at 37 universities, colleges and community colleges in Washington. The groups meet regularly to discuss common issues and problems as well as host webinars and an annual conference focused on preventing and reducing misuse and abuse among young adults. More information can be found at http://ucap.visua/k.

Washington Healthy Youth Coalition

The Washington Healthy Youth (WYH) Coalition provides state-level leadership to reduce underage drinking and marijuana use by leveraging resources from federal and state partners. Membership includes over two dozen state agencies and statewide organizations. Coalition work includes:

• Creating, maintaining and promoting the Washington State Federal Prevention Plan (WSPFP) website for parents, caregivers, educators, and other adult influencers.
• Planning and implementing statewide education campaigns, and providing educational materials to community-based organizations and schools.
• Supporting policy changes at the state and community level to reduce youth access and exposure to alcohol and marijuana.
• Supporting policies and law enforcement efforts that help to prevent underage alcohol and marijuana use.

To learn more about the WYH Coalition, visit www.wash韠.edu/wych.

Home visiting

DBHR contracts with the Washington Department of Early Learning for home visiting services provided for the DSHS-funded Maternal, Infant and Child Health (MICH) and the DSHS-funded Early Head Start—Healthy Start programs. More information is available at www.dhs.wa.gov/programs/cass/

Preventing medicine and opioid misuse and abuse

Prescription drug abuse has become an important health issue, particularly the danger of abusing prescription pain medications. According to the National Institute on Drug Abuse, young adults age 18-25 use the largest group using opioid pain relievers and other medications. Opioid misuse and abuse can lead to addiction and even death from overdose. More teens who abuse prescription drugs get them from friends and relatives, sometimes without their knowledge.

Substance Abuse Prevention and Mental Health Promotion

The following communities and tribes receive DBHR support for prevention services.

For more information about DSHS-funded prevention services and resources, and a map with links by county, visit:

www.dhs.wa.gov/dbhr/prevention/services.aspx
www.dbhr.wa.gov/healthierfuture.aspx
www.dbhr.wa.gov/index.aspx
Preventing medicine and opioid misuse and abuse

Prescription drug abuse has become an important public issue, particularly the danger of abusing prescription pain medications. According to the National Institute on Drug Abuse, young adults ages 18-25 use the largest group of opioids and other illicit drugs. Opioid misuse and abuse can lead to addiction and even death from overdose. More teens who abuse prescription drugs get them from friends and relatives, sometimes without their knowing.

To address the opioid crisis in Washington and across our country, DBHR works closely with the state Department of Health, Labor and Industries, Health Care Authority, University of Washington, and other agencies supporting the goals of the Washington State Opioid Response Plan. Prevention efforts include supporting strategies that promote safe storage at home, disposing of medications at local secure take-back sites, promoting the Washington State Prescription Drug Monitoring Program, preventing overdose deaths, and educating healthcare providers about prescribing guidelines. More information can be found at: www.StopOverdose.org and www.stopoverdose.org.

The following communities and tribes receive DBHR support for prevention services.

Washington Partners for Healthy Communities

For more information about DSHS-funded prevention services and resources, and a map with full names of tribes, visit: www.dshs.wa.gov/healthycommunities/about/

For more information about DSHS-funded intervention services and resources, and a map with full names of tribes, visit: www.dshs.wa.gov/healthycommunities/about/

Prevention services are focused in communities and Tribes throughout Washington State, including capital regions and rural areas. Services are tailored to the specific needs of each community and tribes, and resources, and a map with full names of tribes, visit: www.dshs.wa.gov/healthycommunities/about/