

Public Health Advisory Council (PHAC)

Tuesday, October 10, 2023 • 5:30 – 7:30 p.m.



Public Health
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Zoom Meeting:

<https://us02web.zoom.us/j/7082128355>

Meeting ID: 708 212 8355

Phone: (253) 215-8782

<https://www.washingtoncountyor.gov/public-health/public-health-advisory-council>

| AGENDA ITEM | CONTENT | REQUESTED ACTION | RESOURCES | LEAD | TIME |
|---|--|---|---|--|------|
| Welcome | Welcome, introductions, reviews agenda, and approve minutes from September | | | Larysa Thomas | 5:30 |
| Updates on Substance Prevention Across HHS | PHAC members will receive an update on substance prevention work across Health and Human Services including strategic visioning, collaborative activities, and youth engagement planning. | | Washington County Action Plan Washington County YAC Scan | Gwyn Ashcom, Prevention Team Supervisor | 5:40 |
| Modernization Item moved to November | PHAC members will have an opportunity to learn about and discuss the proposed modernization work plan and budget priorities for FYs 2023 – 2025. | PHAC will indicate its support for the overall direction of the work plan and budget priorities | | Erin Jolly, Strategy Program Supervisor and Alex Coleman | 6:20 |
| Updates & Reminders | <ul style="list-style-type: none">Volunteers to review new member applicationsFY 24-25 budget updatesBoards and Commissions Open House on October 19Washington County Family Caregiver Conference on October 27 | | Caregiver Conference Boards and Commissions Open House | Alex Coleman and Folu Adeniyi | 7:00 |
| Member Updates/Comments | <ul style="list-style-type: none">PHAC members have an opportunity to ask questions, or provide comments on topics outside the agenda items | | | Alex Coleman and Folu Adeniyi | 7:10 |
| Public Comment | <ul style="list-style-type: none">Community members can ask questions or provide comment during this time | | | Alex Coleman and Folu Adeniyi | 7:20 |
| Closing | PHAC Feedback Survey | | | Larysa Thomas | 7:25 |

Next Meeting: November 14, 2023

Future PHAC Meetings:

- No meeting in December
- January 9, 2024

For assistance on the evening of the meeting contact: Alex Coleman (971) 724-0089 or alex_coleman@washingtoncountyor.gov



ADDITIONAL BACKGROUND INFORMATION:

Youth Prevention

PHAC members had previously expressed an interest in learning more about the County's work related to prevention, and specifically youth prevention. This month the group will have an opportunity to hear from Gwyn Ashcom about how the Public Health Division and Health and Human Services are coordinating to support prevention activities within the community, how they're engaging with youth, and some strategic planning they've been engaged with related to the Substance Use Prevention Collaborative (SUP).

Gwyn has provided two documents for review to help provide some context for this month's update. The first document is a Youth Advisory Scan that was done by a consultant, Matchstick, to help in determining how youth engagement or an advisory council could look in the county. The second document is a report developed as part of the strategic planning process with SUP.

Public Health Modernization

Last month, the group got an overview and some background information on how the Public Health Division is thinking about and approaching Public Health Modernization this biennium. That conversation was meant to provide some framing and context for this month's conversation where we will bring the group a high-level overview of our work plan and budget priorities this biennium.

WASHINGTON COUNTY YOUTH SUBSTANCE USE PREVENTION COLLABORATIVE

Strategic Plan 2023



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INTRODUCTION

Recent data reveal a concerning trend in drug overdose deaths, which have doubled among young people aged 15-19 from 2019 to 2020¹. Nationally, the pandemic had a significant impact on high school students' mental health, with more than 1 in 3 students experiencing poor mental health, and almost half reporting persistent feelings of sadness or hopelessness, putting them at heightened risk for substance use.²

Despite being ranked the healthiest county in Oregon, Washington County still grapples with the impact of substance use and gambling on its youth. According to the 2022 Student Health Survey, 10% of 11th-grade students reported past 30-day alcohol use, 5.6% reported past 30-day e-cigarette use, and 20% of 6th and 8th-grade students engaged in gambling in the past three months³. Youth with substance use disorders also experience higher rates of physical and mental illnesses, leading to diminished overall health and well-being, and an increased risk of addiction. Alarming, 11.6% of 11th-grade students in Washington County reported seriously considering suicide, while over a quarter (34.7%) reported feeling so sad or hopeless almost every day for two weeks or more, affecting their regular activities.

Addressing this pressing need, Washington County must implement effective programs and policies that strengthen protective factors for youth, thereby reducing the burden of mental illness and substance use. By supporting evidence-based interventions, fostering community engagement, and conducting ongoing evaluation, we are confident that Washington County can create a future where youth are equipped with the knowledge, skills, and support they need to thrive, unburdened by the challenges of substance use.

¹ National Vital Statistics System Mortality File, CDC

² Adolescent Behaviors and Experiences Survey 2021, CDC

³ Oregon Student Health Survey 2022, Oregon Health Authority



EXECUTIVE SUMMARY

The Youth Substance Use Prevention Collaborative Strategic Plan outlines a comprehensive approach to address the pressing issue of substance use among youth in Washington County, Oregon. By convening public health professionals, educators, administrators, and community stakeholders, the Collaborative is poised to create a unified and impactful response to prevent youth substance use.



Figure 1: SAMHSA Strategic Planning Process⁴

Planning Methodology

Washington County contracted Initium Health, an independent consulting firm and public benefit corporation, to facilitate a strategic planning process for its Youth Substance Use Prevention Collaborative. The process followed the comprehensive and systematic approach of the Substance Abuse and Mental Health Services Administration (SAMHSA) Strategic Prevention Framework.⁵ SAMHSA’s process involves several key steps and principles to ensure the creation of effective, evidence-based programs and policies. It guides prevention planning, starting with an understanding of these complex behavioral health problems and the environments in which they take place, and leads us to address the underlying factors that influence substance use.

Assessment: What is the Problem?

Capacity: What Do We Have to Work With?

Plan: What Will We Do and How Should We Do It?

Implementation: How Can We Put Our Plans Into Action?

Evaluation: Is Our Plan Succeeding?

The Steering Committee of the Washington County Youth Substance Use Prevention Collaborative led the development of the strategic plan, with input from key stakeholders within county departments and the community.

⁴[Strategic Prevention Framework | SAMHSA](#)

⁵[Strategic Prevention Framework | SAMHSA](#)

The Prevention Plan

Washington County Youth Substance Use Prevention Collaborative Vision:

We envision a Washington County where all youth have positive connections with peers and adults and opportunities for healthy decisions and behaviors. We are committed to reducing youth substance use and gambling through the power of a collaborative approach to prevention.

The Youth Substance Use Prevention Collaborative in Washington County, Oregon, will address substance use prevention among youth through a sustainable collaborative that combines the expertise and perspectives of community members, community organizations, county staff, public health professionals and more. The collaborative will provide a centralized hub for information as to prevent duplicative efforts and provide transparency to ongoing prevention work in Washington County. To strengthen partnerships with school districts, the collaborative will actively engage key decision-makers and administrators, advocating for the adoption of substance use prevention initiatives.

The collaborative will feature an overall governance structure called the Prevention Steering Committee, which is composed of leadership from three of these Washington County prevention-focused areas: Adverse Childhood Experiences (ACEs), Substance Use Prevention (SUP), and the Suicide Prevention Council (SPC). At this level, the steering committee will focus on creating and maintaining the information hub, applying for funding, conducting overall strategic planning, and advocating for the collaborative's prevention efforts within the community.

The involvement of the collaborative members is primarily in the form of workgroups organized around priority need areas with defined goals and action plans supporting measurable progress. Initially, the work of the Collaborative will be accomplished within two primary workgroups: Capacity Building / Education and Policy and Advocacy. The implementation plan within this report outlines the strategic steps to achieve the objectives of each workgroup.

The Capacity Building / Education workgroup will work on projects that will increase or improve education in schools and the community at-large about health risks of substance use and healthy behaviors, engage and educate parents and trusted adults, and engage youth to encourage positive development and connections with peers, trusted adults, and the community at large.



The Policy and Advocacy workgroup will focus on conducting data collection and evaluation of existing youth engagement programs to identify successful strategies and best practices. By understanding the impact of these programs, and incorporating feedback from youth, the collaborative can incorporate proven approaches into its prevention efforts, maximizing their effectiveness. This workgroup will also advocate for policies that drive prevention goals including funding decisions, policies that affect substance availability, and more.

To support the work of the collaborative, and particularly smaller school districts and non-profit organizations engaged in youth substance use prevention, the collaborative will conduct funding needs assessments and identify suitable grant opportunities. Providing technical assistance, the collaborative will assist these organizations in preparing grant applications, encouraging collaborative proposals to enhance funding prospects.

Throughout the implementation of the strategic plan, rigorous monitoring and evaluation will be conducted to track progress, identify areas for improvement, and celebrate achievements. Key performance indicators (KPIs) will be established for each objective, ensuring transparency and accountability.

In conclusion, the Youth Substance Use Prevention Collaborative Strategic Plan aspires to foster a safer and healthier environment for the youth of Washington County, Oregon. By harnessing the collective expertise of various stakeholders, we are confident that this collaborative effort will have a lasting and positive impact on reducing substance use among youth in our communities. Through continuous evaluation and adaptation, we will strive to achieve our shared vision of a thriving and substance-free future for the young generation.

PLANNING APPROACH

Vision and Guiding Principles:

We developed a clear and aspirational vision to guide our efforts. The vision outlines our desired future state, and our guiding principles outline how we will move toward that future. We examined youth substance use collaboratives, coalitions, and programs from across the country and internationally, and looked for those with demonstrated success from which we could learn about governance structure, community participation, goals, and other aspects. The Steering Committee identified key elements to incorporate into this work in Washington County (brainstorming activity detailed in [Appendix 1](#)).

Needs Assessment

We conducted a needs assessment to identify substance use, gambling, and mental health issues within our target population. This involved gathering and analyzing relevant data, including epidemiological data, existing research, student surveys, and stakeholder input. The assessment provided a baseline understanding of the problem, underlying factors, and relevant historical issues and trends, informing the subsequent steps of our strategic action plan.

Build Capacity

We assessed existing resources, infrastructure, and expertise within the collaborative to address the identified issues. This helped us identify gaps and strengths in prevention efforts, coalition partnerships, funding, policies, and services. To enhance and build upon existing capacities, we developed strategies to address training, technical assistance, and collaboration with key stakeholders.

Plan

Throughout the strategic planning process, we engaged a diverse group of stakeholders, including community members, prevention professionals, school leadership, service providers, and other relevant parties. The Steering Committee of the Washington County Youth Substance Use Collaborative guided the development of the strategic action plan. We utilized SAMHSA's Strategic Prevention Framework model as a guide, which included identifying clear goals, objectives, strategies, and activities to drive our prevention efforts.

We utilized SAMHSA's Strategic Prevention Framework model as a guide, which included identifying clear goals, objectives, strategies, and activities to drive our prevention efforts.

By following this SAMHSA strategic planning methodology, we are confident that our strategic plan provides a well-informed, comprehensive, and effective approach in addressing youth substance use and gambling issues. Through collaboration, evidence-based practices, and a focus on capacity building, the collaborative is poised to make a meaningful impact in the lives of youth and their families in Washington County.

COMPREHENSIVE STRATEGIC PLANNING RESULTS

We envision a Washington County where all youth have positive connections with peers and adults and opportunities for healthy decisions and behaviors. We are committed to reducing youth substance use and gambling through the power of a collaborative approach to prevention.

Guiding Principles

1. Overarching prevention governance structure
2. Youth participation in governance of the collaborative
3. Workgroups oriented around projects with clear work plans and direction
4. Visible measures and objectives and tracking
5. Awareness programs for youth and adults, and positive youth programs

Needs Assessment

Student Health Survey

The Student Health Survey is the primary means by which to assess rates of substance use within Washington County, as Oregon no longer participates in the CDC's Youth Risk Behavior Survey. Oregon's Student Health Survey (SHS) is a collaborative effort with the Oregon Department of Education to improve the health and well-being of all Oregon students to help them succeed.

The SHS is a comprehensive, school-based, anonymous and voluntary health survey of 6th, 8th and 11th graders conducted in even-numbered years. It is a key part of statewide efforts to help local schools and communities ensure that all Oregon youth are healthy and successful learners. Prior to 2020, the Oregon Healthy Teens survey was used. Results from student surveys conducted from 2017-2022 are shown below (Table 1).

Substance Use and Risk Perception Data

Table 1: Student Health Survey 30-Day Use Trend Data

| 30 Day Use Trend Data | | | | | | | | |
|--|-------------|------------|-------------|------------|------------|------------|------------|------------|
| | 2017 (OHT*) | | 2019 (OHT*) | | 2020 (SHS) | | 2022 (SHS) | |
| | 8th grade | 11th grade | 8th grade | 11th grade | 8th grade | 11th grade | 8th grade | 11th grade |
| Alcohol | 5.6% | 20.8% | 8.3% | 17.4% | 3.5% | 12.3% | 3.6% | 10.3% |
| E-cigarettes or other vaping products | - | - | - | - | 2.3% | 6.8% | 2.2% | 5.6% |
| Marijuana | 3.11% | 16.3% | 5.6% | 16.5% | 1.3% | 8.9% | 1.3% | 7.5% |
| Cigarettes | 1.6% | 6.2% | 1.7% | 2.8% | 0.4% | 1.1% | 0.5% | 0.7% |

Sources: 2017 & 2019 Oregon Health Teens Survey, and 2020 & 2022 Oregon Student Health Surveys

It is important to note that direct comparisons of year over year results should not be made, as prior to 2020, Oregon Healthy Teens (OHT) used a different survey than the Student Health Survey (SHS). Additionally, the SHS methodology changed from 2020 to 2022, with additional response options added. As such, the data from different years is not directly comparable and should be interpreted with caution. The following observations should consider that the apparent decreases in substance use may be related to these changes and not to actual changes in prevalence of youth substance use.

In 2017, past 30-day alcohol use among 8th-grade students was reported at 5.6% (OHT). This percentage increased to 8.3% in 2020 (SHS) and subsequently decreased to 3.5% in 2022 (SHS). Among 11th-grade students, alcohol use was reported by 20.8% in 2017, which declined to 17.4% in 2020 (SHS) and further decreased to 12.3% in 2022 (SHS).

While student health survey data appear to show a decrease in substance use year to year, this may be due to changes in survey methodology rather than an actual decrease in prevalence of use. These surveys highlight the need for consistent and reliable data.

As for e-cigarettes or other vaping products, there is no available data for 2017 and 2019. However, among 8th-grade students, the usage was 2.3% in 2020 (SHS) and approximately the same at 2.2% in 2022 (SHS). Among 11th-grade students, the percentage of usage was 6.8% in 2020 (SHS) and declined to 5.6% in 2022 (SHS).

Regarding marijuana use, among 8th-grade students, 3.11% reported usage in 2017, which increased to 5.6% in 2020 (SHS) and then decreased to 1.3% in 2022 (SHS). Among 11th-grade students, 16.3% reported marijuana use in 2017, which remained relatively stable at 16.5% in 2020 (SHS) and decreased to 8.9% in 2022 (SHS).

Finally, for cigarette use, among 8th-grade students, 1.6% reported usage in 2017, which slightly increased to 1.7% in 2020 (SHS) and then decreased to 0.4% in 2022 (SHS). Among 11th-grade students, 6.2% reported cigarette use in 2017, which decreased to 2.8% in 2020 (SHS) and further decreased to 1.1% in 2022 (SHS).

Table 2: Drug Free Communities Data

| Core Measure | Definition | Substance | 6th | | 8th | | 11th | |
|---|---|--------------------|---------|--------|---------|--------|---------|--------|
| | | | Percent | Sample | Percent | Sample | Percent | Sample |
| Perception of risk (People are at moderate or great risk of harming themselves if they...) | Have five or more drinks of an alcoholic beverage once or twice a week? | Binge drinking | 66.3 | 3,138 | 66.8 | 3,120 | 77.9 | 2,671 |
| | Smoke one or more packs of cigarettes per day? | Cigarettes | 78.4 | 3,234 | 81.4 | 3,183 | 87.1 | 2,717 |
| | Use e-cigarettes or other vaping products, such as Juul? | E-cigarettes | 74.2 | 3,024 | 75.4 | 3,104 | 80.5 | 2,668 |
| | Use marijuana regularly (once or twice a week)? | Marijuana | 71.6 | 2,942 | 69.7 | 3,089 | 56.0 | 2,678 |
| | Use prescription drugs that are not prescribed to them? | Prescription drugs | 79.7 | 3,077 | 85.0 | 3,124 | 92.0 | 2,683 |
| Perception of parental disapproval (Parents feel it would be wrong or very wrong to...) | Have one or two drinks of an alcoholic beverage nearly every day? | Regular drinking | 91.8 | 3,316 | 94.0 | 3,300 | 94.1 | 2,776 |
| | Smoke cigarettes? | Cigarettes | 94.9 | 3,345 | 96.7 | 3,316 | 97.1 | 2,801 |
| | Use Marijuana? | Marijuana | 94.8 | 3,245 | 94.0 | 3,289 | 88.1 | 2,782 |
| | Use prescription drugs not prescribed to you? | Prescription drugs | 95.3 | 3,285 | 96.5 | 3,284 | 97.4 | 2,794 |
| Perception of peer disapproval (Friends feel it would be wrong or very wrong to...) | Have one or two drinks of an alcoholic beverage nearly every day? | Regular drinking | 88.0 | 3,081 | 83.8 | 3,063 | 75.6 | 2,652 |
| | Smoke cigarettes? | Cigarettes | 91.1 | 3,089 | 87.0 | 3,073 | 83.5 | 2,663 |
| | Use Marijuana? | Marijuana | 91.4 | 3,014 | 82.9 | 3,047 | 57.9 | 2,650 |
| | Use prescription drugs not prescribed to you? | Prescription drugs | 91.5 | 3,019 | 89.5 | 3,053 | 89.0 | 2,640 |
| Past 30-day use (at least one use in the past 30 days) | Had beer, wine, or hard liquor? | Alcohol | 2.7 | 3,777 | 3.6 | 3,180 | 10.5 | 2,648 |
| | Smoked cigarettes? | Cigarettes | 0.3 | 3,832 | 0.5 | 3,653 | 1.7 | 3,002 |
| | Use e-cigarettes or other vaping products, such as Juul? | E-cigarettes | 1.0 | 3,832 | 2.2 | 3,653 | 5.6 | 3,002 |
| | Used marijuana? | Marijuana | 0.6 | 3,543 | 1.3 | 3,550 | 7.6 | 2,836 |
| | Prescription drugs? | Prescription drugs | 1.0 | 3,597 | 0.7 | 3,467 | 0.8 | 2,969 |

Source: 2022 Oregon Student Health Survey

Overall, Washington County Youth have a high perception of risk for substance use. Ninety-two percent of 11th grade students reported thinking people are at moderate or great risk of harming themselves if they use prescription drugs not prescribed to them. Similarly, the risk perception for binge drinking (77.9%), cigarettes (87.1%) and e-cigarettes (80.5%) are high. Additionally, as students age, their risk perception generally increases. Perception of risk increased from 6th to 9th to 11th grade for all substances except marijuana, which, notably, decreased from grade to grade (Table 2).



Psychosocial Health Data

Within the context of our Youth Substance Use Prevention Strategic Plan, it is crucial to examine psychosocial health, since community and mental health play pivotal roles in preventing substance use among our young population. Substance use remains a pressing concern that poses significant risks to the health and well-being of our youth. As we embark on this strategic plan, we recognize that promoting mental health and fostering trust within the community are essential protective factors in mitigating the prevalence of substance use among adolescents.

The level of trust that young individuals place in their families, neighbors, and the community at large can greatly influence their decisions and behaviors. Moreover, mental health has a profound impact on overall well-being, resilience, and the ability to navigate life's challenges. By understanding the interplay between community trust levels, mental health, and substance use, we can design targeted interventions and programs that address these factors as critical components of our prevention efforts.

Mental health has a profound impact on overall well-being, resilience, and the ability to navigate life's challenges.

Among 8th-grade students, a significant majority (73.0%) reported having a lot of trust in their families, and 69.9% of 11th-grade students expressed the same level of trust. In contrast, a smaller proportion of 8th-grade students (10.8%) reported having a lot of trust in their neighbors, compared to 8.5% of 11th-grade students (Table 3).

Table 3: Community Trust Data

| | Family | | Neighbors | |
|----------------------|-------------|--------------|-------------|--------------|
| | 8th graders | 11th graders | 8th graders | 11th graders |
| A lot of trust in... | 73.0% | 69.9% | 10.8% | 8.5% |
| Some trust in... | 18.3% | 21.2% | 26.6% | 27.6% |
| A little trust in... | 4% | 4.4% | 30% | 30.3% |
| No trust in... | 1.2% | 1.2% | 22.9% | 24.4% |

Source: 2022 Oregon Student Health Survey

The percentage of students indicating no trust in their families was very low, with only 1.2% of both 8th and 11th-grade students falling into this category. However, a significantly higher proportion of students reported having no trust in their neighbors, with 22.9% of 8th-grade students and 24.4% of 11th-grade students expressing this lack of trust.

Overall, the data highlights the varying degrees of trust that students place in their families and neighbors. While the majority of students reported having a lot of trust in their families, trust in neighbors was lower, with a substantial proportion expressing either little trust or no trust at all. These findings underscore the importance of promoting positive and supportive environments within families and communities to foster trust and connectedness among youth.

Regarding mental health, the data reveals concerning figures for suicidal ideation and emotional well-being among Washington County students. Specifically, 11.6% of 11th-grade students and 8.9% of 8th-grade students reported seriously considering suicide. Additionally, 34.7% of 11th-grade students and 25.7% of 8th-grade students reported feeling so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities. Furthermore, 17.9% of 11th-grade students and 10.8% of 8th-grade students reported experiencing poor emotional and mental health (Table 4).

Table 4: Mental Health Data

| | 8th Graders | 11th Graders |
|--|-------------|--------------|
| Seriously Considered Suicide | 8.9% | 11.6% |
| Feeling so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities | 34.7% | 25.7% |
| Poor Emotional and Mental Health | 10.8% | 17.9% |

Source: 2022 Oregon Student Health Survey

These statistics underscore the urgent need for comprehensive mental health support and intervention strategies for the county’s youth. Addressing mental health challenges must be a priority in conjunction with substance use prevention efforts to promote the overall well-being and resilience of Washington County’s young population.

The Positive Youth Development (PYD) benchmark serves as a measure of the proportion of students exhibiting positive characteristics and behaviors associated with healthy development. In 2020, data revealed that 67.3% of 6th-grade students in the county met the PYD benchmark, demonstrating positive youth development characteristics. Among 8th-grade students, 54.2% met the benchmark, and for 11th-grade students, the figure was 52.1% (Table 5).

Table 5: Positive Youth Development Data

| | County 2020 | | | County 2022 | | |
|---------------------|-------------|-------|-------|-------------|-------|-------|
| | 6th | 8th | 11th | 6th | 8th | 11th |
| Meets PYD Benchmark | 67.3% | 54.2% | 52.1% | 65.4% | 50.7% | 43.4% |

Source: 2022 Oregon Student Health Survey

In 2022, there was a slight decrease in the percentage of students meeting the PYD benchmark across all grade levels. Among 6th-grade students, 65.4% met the benchmark, while among 8th-grade students, the number decreased to 50.7%. The decline continued among 11th-grade students, with only 43.4% meeting the PYD benchmark (Table 5).

These findings underscore the need for continuous efforts to support positive youth development in the county, especially during the transition to adolescence and early adulthood.

By investing in programs and initiatives that promote healthy development and support parents and families in fostering healthy environments for youth, we can support the overall well-being and successful growth of our young population. Addressing this decline is crucial for cultivating a thriving and resilient community for our youth.

Stakeholder Interviews

We conducted interviews with ten stakeholders from various organizations external to the county health department. These interviews provided valuable insights into the challenges and opportunities facing youth substance use prevention work in Washington County. The stakeholders represented community organizations, school districts, and non-profit organizations (Interview protocol and participant list available in [Appendix 2](#)).

During the interviews, stakeholders expressed concern about the ease of access to drugs and alcohol, highlighting substances like cocaine, fentanyl, tequila bottles, vape pens, and marijuana as readily available. They noted a prevailing perception that access to substances is widespread and normalized within the local culture. One stakeholder shared,

“Within 2 blocks of my house, there is a whole bunch of stuff available, legal and non-legal. You don’t even have to know anyone.”

Additionally, stakeholders observed that substance use is prevalent among younger age groups, particularly in middle school. They acknowledged the role of social media in introducing youth to substances, with vaping becoming prevalent at even younger ages than expected.

Limited options for out-of-school programs beyond sports was identified as a contributing factor to youth boredom. Many households have both parents working full time, leading to reduced supervision and limited opportunities for intervention or support. Barriers such as cost and transportation further hinder youth participation in afterschool programs. Additionally, these types of programs are not as available in smaller towns in the county.

Stakeholders emphasized the need for stronger prevention campaigns and educational efforts regarding substance use. They expressed concerns about the effectiveness of current efforts, such as school-based social media campaigns. Additionally, stakeholders highlighted the lack of recognition among students regarding the risks associated with substance use. Educating parents about legal limits and age restrictions for tobacco, marijuana, and alcohol is crucial, as there may be misconceptions about the legal age.

Furthermore, stakeholders discussed the necessity for additional resources to combat youth substance use in Washington County. They underscored the importance of increased involvement from school district leadership and called for more collaborative efforts between the county and school districts.

In conclusion, the insights gathered from these stakeholder interviews provide valuable guidance for enhancing youth substance use prevention efforts in Washington County. By addressing accessibility issues, fostering educational campaigns, and promoting multi-sector collaborations, we can work towards creating a safer and healthier environment for our youth, reducing the prevalence of substance use and its associated risks.

Capacity Building

The capacity-building process began with an assessment of existing resources, collaboratives, and efforts within the community. We considered the ability of the community to support and partner with the county to accomplish the work of youth substance use prevention.

The Steering Committee discussed the degree of overlap between the prevention work for youth substance use and other types of prevention work, such as prevention of adverse childhood experiences (ACEs), and suicide prevention. Reportedly, the same organizations and same people are involved in prevention work across these three different areas. This was identified as a cause of duplication of efforts in terms of the same presentations being delivered at three different prevention meetings to the same audiences.

We examined the existing committees and coalitions to determine the overlapping efforts between them. Washington County has several groups focused on prevention of negative outcomes for youth. We considered the membership of the Washington County Youth Substance Use Prevention (SUP) Collaborative, the Adverse Childhood Experience (ACEs) Collaborative, the Suicide Prevention Council, and a collaborative focused on youth with justice involvement (Juvenile Crime Prevention and Advisory Committee or JCPAC). We also included the list of organizations who downloaded the request for proposals for a social-emotional grant that was released by Washington County earlier this year, as this list provided insight into organizations that are doing prevention work but may not be known to these collaboratives.

| Summary | |
|-------------------------------|------------------|
| Group | Membership Count |
| SUP Collaborative | 40 |
| Social Emotional Grant | 74 |
| ACEs | 35 |
| Suicide Prevention | 39 |
| JCPAC | 21 |
| Total | 209 |
| Organization Overlap | |
| Total number of Organizations | 147 |
| In 5 groups | 0 |
| In 4 groups | 3 |
| In 3 groups | 13 |
| In 2 groups | 27 |
| In 1 group | 104 |

Table 6: Community Organization Crosswalk

We found there was a relatively high degree of overlap between the groups (Table 6), with 40 organizations participating in two or three of the groups. This finding underscored the importance of an overarching prevention structure to foster collaboration rather than duplication among community organizations, and to reduce the risk of fatigue on the part of community representatives.

Future Capacity Building

The collaborative will aim to enhance capacity building efforts to effectively prevent youth substance use and foster a healthier community through several avenues. One strategy identified by the Steering Committee is to conduct a survey of potential Collaborative members such as schools and youth-serving organizations, as a means of recruitment and also to gather more information about level of interest and participation. [Appendix 3](#) provides a sample survey that can be customized for this initiative.

Collaborate with Schools and Educators

The steering committee will engage in close collaboration with local schools and education administrators to support the deployment of evidence-based substance use prevention curriculum. Training programs will be designed to equip educators with the necessary skills to deliver the curriculum effectively.

Conduct Data Collection

The steering committee will conduct data collection of existing youth engagement programs and student preferences to identify successful strategies and best practices. Utilizing this evidence, the committee will advocate for evidence-based policy recommendations to strengthen youth substance use prevention efforts.

Incentivize and Partner with School Districts

To enhance partnerships with school district administrators, the steering committee will develop compelling incentives and engage in persuasive discussions to demonstrate the benefits of investing in substance use prevention programs.

Secure Funding and Expand Support

To support smaller districts and non-profit organizations engaged in youth substance use prevention, the steering committee will actively seek funding opportunities and assist in preparing grant applications. Collaborative proposals will be encouraged to maximize funding chances.

Ongoing Evaluation

The steering committee will emphasize ongoing evaluation of capacity-building efforts to track progress, identify areas for improvement, and celebrate successes. Performance measures and evaluation frameworks will be established to inform future decision-making.

Facilitator Training Sessions

Facilitator training is recommended for individuals who will be leading collaborative workgroups. The purpose is to equip facilitators with the necessary knowledge, skills, and tools to effectively lead and support the collaborative's initiatives. These training sessions aim to create competent and confident facilitators who can guide the collaborative towards its goals of preventing substance use and promoting community well-being. Facilitators play a crucial role in fostering collaboration, maintaining group dynamics, and ensuring that the collaborative functions efficiently.



Evidence-Based Practices

Evidence-based practices and interventions proven effective in addressing the identified substance abuse and mental health issues were carefully selected. A thorough review of existing literature, research studies, and best practices guided the selection process, ensuring alignment with the goals and objectives of the strategic plan. Moreover, particular attention was given to ensuring the cultural and contextual appropriateness of the chosen interventions for the target population.

Utilizing the needs assessment data, the prevention planning committee identified priority problems contributing to youth substance use in Washington County. Subsequently, each priority problem was matched with its corresponding Priority Risk or Protective Factor, leading to the identification of the most suitable prevention program to promote or counteract those factors. Risk factors increase the likelihood of youth substance use, while the presence of protective factors decreases the risk. A compilation of protective and risk factors can be found at youth.gov.

The overarching priority problem identified is “Overall Substance Use,” with the associated Priority Risk or Protective Factor being “Trust in Community.” To effectively address this issue, the ideal prevention program aims to “Engage youth with community members,” fostering stronger connections and trust between young individuals and their community. Such engagement acts as a protective factor against substance use.

Another priority problem highlighted is “Poor mental health,” with the associated Priority Risk or Protective Factor being “Trust in Family / Schools.” To tackle this challenge, the ideal prevention program focuses on “Providing safe and healthy activities for youth,” creating a supportive environment that promotes mental well-being and reduces the risk of engaging in harmful behaviors.

Lastly, we identified “Decreasing Positive Youth Development” as a priority problem, and the related Priority Risk or Protective Factor is “Opportunities for involvement.” To address this issue effectively, the ideal prevention program emphasizes “Promoting behavioral health,” empowering youth with essential resources and skills to make positive life choices and thrive in all aspects of their lives. Programs should support youth and their families in making changes to promote mental well-being.

By tailoring evidence-based interventions to address these priority problems and associated risk factors, the strategic plan aims to foster a healthier and more resilient youth population in Washington County. Implementing these targeted prevention programs will contribute to a brighter future for our young generation, reducing the impact of substance abuse and mental health challenges in our community.

Table 7: Ideal Prevention Program Focus

| Priority Problem (from Needs Assessment data) | Priority Risk/Protective Factors | Ideal Prevention Program |
|---|----------------------------------|--|
| Overall Substance Use | Trust in Community | Engages youth with community members |
| Poor mental health | Trust in Family / Schools | Provides safe and healthy activities for youth |
| Decreasing Positive Youth Development | Opportunities for involvement | Promotes behavioral health |

Subsequently, we conducted a thorough review of the National Registry of Evidence-Based Programs and SAMHSA’s reports on evidence-based programs. The primary objective was to identify evidence based programs that closely align with Washington County’s specific prevention needs and goals. Two of these are highlighted below.



SAMHSA: Talk They Hear You

The SAMHSA Talk They Hear You⁶ campaign aims to support parents and caregivers in addressing the challenges of alcohol and other drug use with children under the age of 21. The campaign focuses on three main objectives: Firstly, increasing parents' awareness of the prevalence and risks associated with underage drinking and substance use. Secondly, equipping parents with the necessary knowledge, skills, and confidence to prevent underage drinking and substance use. And finally, encouraging parents to take action to prevent their children from engaging in underage drinking and substance use.

To achieve these goals, the campaign provides a range of valuable resources. These include existing campaign materials that are available for partners to use in their outreach efforts. Additionally, tools are offered to parents to facilitate conversations with their children and to screen for potential issues related to alcohol and drug use. The campaign provides discussion guides specifically designed for parents, along with updated webinars for schools and educators to enhance their understanding and support in tackling underage drinking and substance use issues.

By empowering parents with the necessary resources and knowledge, the Talk They Hear You campaign plays a crucial role in promoting awareness, fostering communication, and preventing underage drinking and substance use, ultimately contributing to the well-being and safety of children and young adults across communities.

The Washington County Youth Substance Use Prevention Collaborative plans to use Talk They Hear You as a basis to support school leadership to discuss substance use within schools including with parents.

Icelandic Prevention Model

The Icelandic Prevention Model (IPM) is an evidence-based practice that was first implemented in Iceland in 1998 with resounding success.⁷ Due to its effectiveness, IPM has since been adopted in numerous communities worldwide. The IPM considers broader contextual influences on the lives of youth including family, peers, school and community. Remarkably similar to our proposed collaborative, IPM involves the establishment of a local coalition comprising community leaders who are committed to addressing specific issues. This collaborative approach brings together various stakeholders to pool their expertise and resources for a collective impact.

A key aspect of IPM is data collection, which involves gathering comprehensive information about the challenges and needs within the community.

This data-driven approach enables the coalition to identify priority areas and tailor interventions accordingly. With a clear understanding of the community's unique circumstances, the coalition can then strategize and plan community engagement initiatives that resonate with the local population.

Furthermore, IPM places great emphasis on youth participation. Engaging young individuals as active partners in the collaborative process empowers them to contribute their perspectives and ideas, ultimately fostering a sense of ownership and responsibility for community well-being. Youth involvement not only ensures that their voices are heard but also brings fresh insights and innovative solutions to the table.

By drawing inspiration from the successful IPM model, the Washington County Youth Substance Use Prevention Collaborative is poised to adopt a similar evidence-based and community-driven approach. By forging strong partnerships, collecting data to inform targeted interventions, and actively involving youth in decision-making processes, the collaborative is primed to create a positive and lasting impact on the community's youth substance use prevention efforts. By building upon the lessons learned from IPM's triumphs, we are better equipped to develop a collaborative that is both effective and tailored to our specific community's needs. More information on IPM can be found at planetyouth.org.

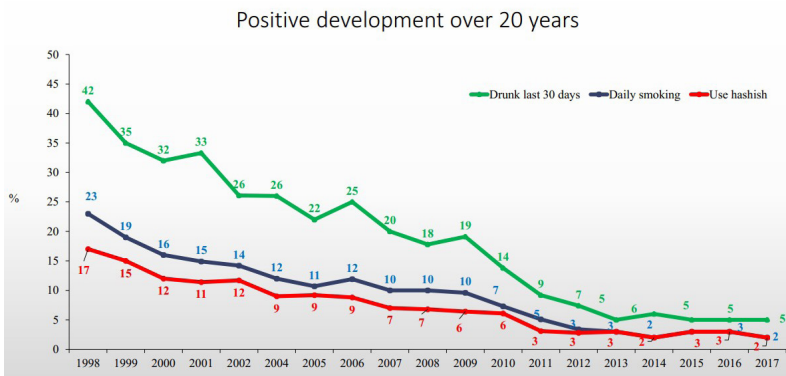


Figure 2. Icelandic Prevention Model
Source: Icelandic Centre for Social Research and Analysis

Vermont Youth Project

The Vermont Youth Project is a collaborative inspired by the IPM with the goal to improve social connections in Vermont Youth to prevent substance use.⁸ The annual youth survey in Vermont serves as a valuable tool to track the effectiveness of youth programs and understand the specific needs of young individuals in the state. The survey consists of 71 multiple-choice questions categorized into five major domains, including Family, Peer group, School, Out-of-school time or “third space,” Substance use, and COVID-19 and mental health-related questions.

By gathering comprehensive data across these domains, the survey aims to inform evidence-based policies and initiatives that address the challenges faced by youth.

To ensure youth representation and engagement in decision-making processes, Vermont has established a State Youth Council consisting of 28 diverse youth members, each representing their respective county. This Youth Council plays a pivotal role in advising the Governor and General Assembly on policies that directly impact young individuals in the state.

By amplifying youth voices, the Council contributes to shaping policies that align with the real-life experiences and needs of Vermont’s youth population.

In addition to the State Youth Council, Vermont actively supports various youth advocacy groups and activities through grant programs. The state encourages organizations to apply for grants to establish and sustain afterschool programs throughout the region, providing valuable opportunities for young individuals to engage in constructive and enriching activities outside of regular school hours. These afterschool programs, such as Jr. Iron Chef, are designed to cater to different areas of interest, fostering the holistic development and well-being of the youth.

By leveraging the insights from the annual youth survey, empowering the State Youth Council, and supporting diverse youth advocacy groups and activities, Vermont demonstrates its commitment to nurturing a thriving youth community and creating a positive impact on the lives of young individuals across the state.

The Vermont Youth Project also conducts Professional Development courses for community members and Resources and Workshops for Parents and trusted adults to further develop their capacity.

The Washington County Youth Substance Use Prevention Collaborative aims to develop a Youth Council or Advisory Board to participate in the governance of the collaborative. We also recommend conducting training for collaborative members, including on prevention concepts and methods and in workgroup and meeting facilitation. This approach will strengthen the capacity of the collaborative to drive real change across the county.

⁸ Vermont Youth Project. Vermont Afterschool. (2023, July 26). <https://vermontafterschool.org/vyp/>

Strategic Planning

Drawing inspiration from successful examples of other youth substance use prevention collaboratives and coalitions, the planning team engaged in brainstorming sessions to envision their “ideal” substance use prevention collaborative. This exercise allowed the team to explore innovative ideas and envision the most effective and impactful collaborative model tailored to Washington County’s unique needs and challenges.

Following a review of the needs assessment data, the planning team members were tasked with prioritizing the need areas they believed the collaborative should focus on ([Appendix 4](#)). Their decisions were informed by SAMHSA’s prioritization guidance, the data insights, and their own valuable experiences and perspectives. This thoughtful and data-driven approach ensured that the collaborative’s efforts would be targeted at addressing the most pressing issues and achieving maximum positive outcomes for the youth of Washington County.

In light of the Steering Committee guiding principles: an overarching prevention governance structure, youth participation in governance of the collaborative, and workgroups oriented around projects with clear work plans and direction, we developed an organizational framework. The Prevention Collaborative Structure (Figure 2), links the efforts of the three Washington County collaboratives focused on prevention of negative outcomes for youth.

Prevention Collaborative Structure

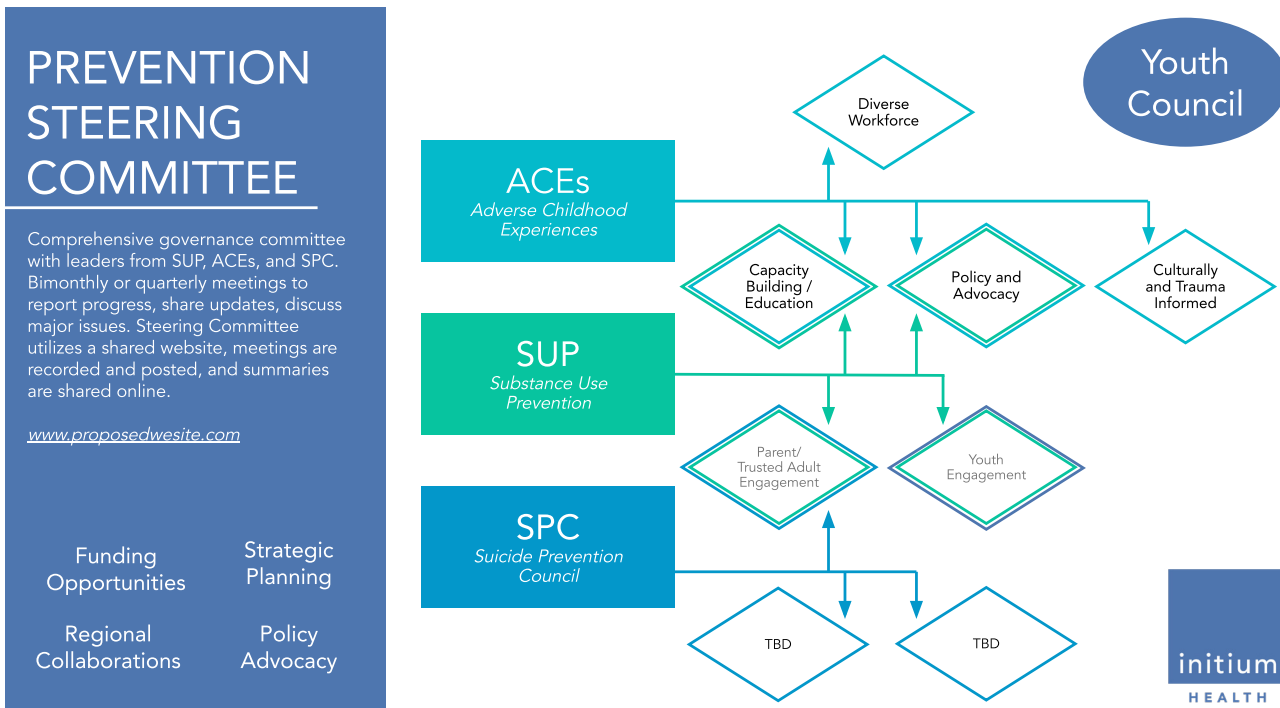


Figure 3. Prevention Collaborative Structure.

In the proposed model, the Steering Committee is composed of leadership of the three existing Collaboratives, including both county and community member leaders. At this level, the steering committee will focus on funding opportunities, strategic planning, regional collaborations, and policy advocacy. The Steering Committee may function as one of the sub-committees under Washington County’s overarching Community Health Improvement Plan.

This committee will provide an overarching lens to prevention work between Washington County and the community, identifying areas of synergy and providing a unified voice as it relates to policy, communication with school districts, and other endeavors. The Steering Committee will also learn and apply prevention principles to guide the Collaborative, lead in decision making, and aid in the program implementation process. A proposed meeting cadence and structure is provided with an expectation of a minimum of eight meetings per year (Figure 3).

Prevention Collaborative Steering Committee Role

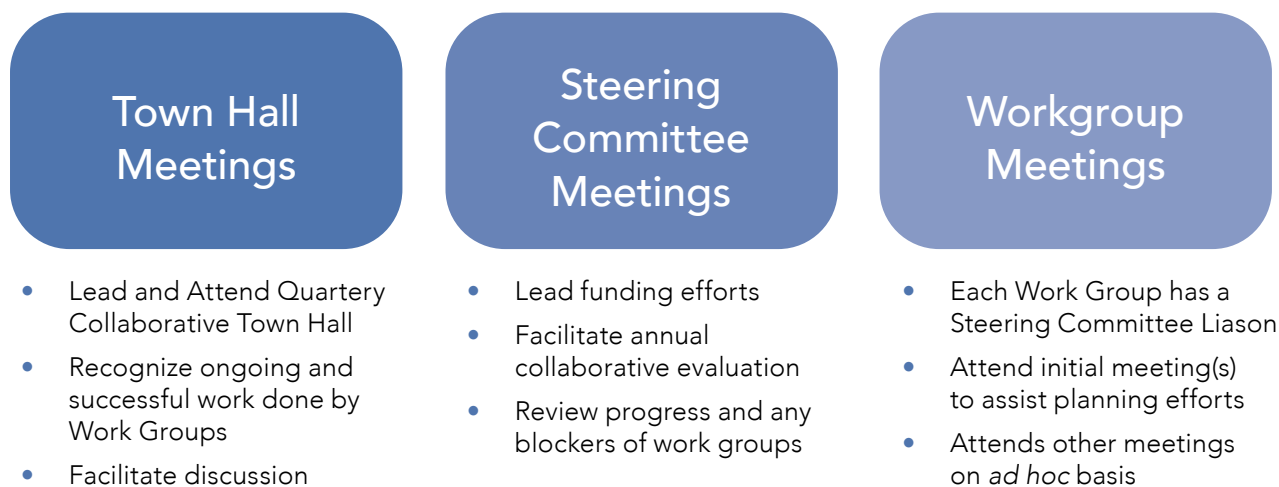


Figure 4. Steering Committee Role.

The main avenue for participation in the Prevention Collaborative for community members and organizations will be through Workgroups. Each of the Workgroups will address known risk factors and protective factors for youth substance use. These groups will ideally include members from 2-3 of the represented areas (youth substance use, ACEs, and suicide prevention), although some may focus on just one area. The Workgroups are temporal and will change over time to meet the needs and strategic direction of the Prevention Collaborative.

The initial Workgroups proposed in this structure are based on the prioritized need areas and risk and protective factors of the Youth Substance Use Prevention Collaborative ([Appendix 5](#)). We also considered the existing focus areas of the ACEs Collaborative. The proposed Workgroups focus on Diverse Workforce, Capacity Building / Education, Policy and Advocacy, and Culturally and Trauma Informed.

Upon evaluation of the existing capacity of its current membership, the Steering Committee elected to move forward with two workgroups initially: Capacity Building / Education and Policy and Advocacy. Workgroups focus on planning and implementing specific and measurable goals/projects for a specific target area. Work group members can have a spectrum of engagement and can include community members, school personnel, leaders in health/policy, and more.

Prevention Collaborative Workgroup Role

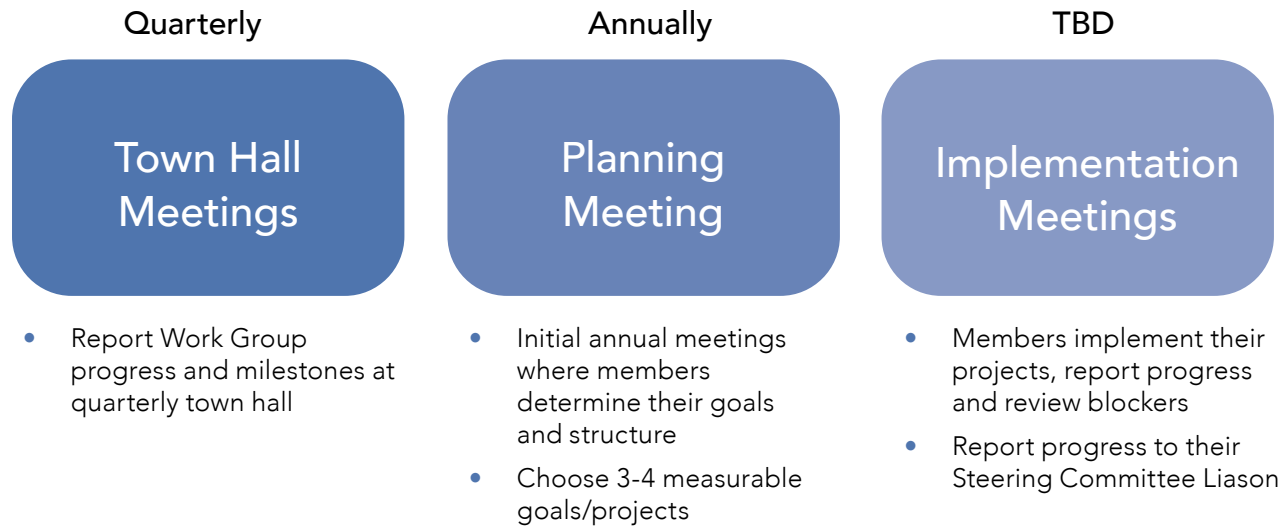


Figure 5. Work Group Role

Work Group Objectives and Action Steps

The broader Youth Substance Use Prevention Collaborative provided input on potential activities of the proposed workgroups. Input was also obtained through the stakeholder interviews. The Steering Committee assessed the proposed activities according to the following criteria: whether they addressed the identified priority risk or protective factors, the resource level required to implement the activity, and the fit with a county-level collaborative, versus local or regional efforts ([Appendix 6](#)). The following action plans were developed for the initial work of the two proposed Workgroups.

Capacity Building / Education Workgroup

Objective 1

Provide and disseminate tools and language for school leaders to talk about substance use within schools and with parents. Include information on substance disposal and environmental impacts.

Action Steps

- 1.1 | Assess Current Practices: Determine what is currently being communicated to school leaders and parents. Consider the Teen Intervene Learning Collaborative, all coalitions, and other existing platforms. Assess the needs for the tools and resources. Determine if Washington County Public Health is meeting with school districts and potential to join these meetings to learn more about school district needs.
- 1.2 | Develop Communication Plan: Understand from schools how they prefer to communicate. Create a communication plan to detail a chain of communication to schools and community partners including a County Prevention Landing Page to serve as a universal resource.
- 1.3 | School Leader and Teacher Training: Invite key school leaders to champion resource and information dissemination for their school districts.
- 1.4 | Evaluation: Create routine check-ins to regularly monitor the success of these tools including effectiveness and relevance of language and topics.

Objective 2

Conduct data collection of existing youth engagement programs and recommendations.

Action Steps:

- 2.1 | Survey Creation: Create a comprehensive survey and data collection of existing youth engagement programs and substance use prevention efforts in Washington County. Include both governmental and non-profit organizations. This survey should also assess interest in the creation of a youth advisory council, Include questions to assess the equity of existing programs across cultures and collect information to identify rural, suburban and urban programs.
- 2.2 | Select Appropriate Criteria: Determine age groups, target number of participants, target school district and demographics.
- 2.3 | Survey Distribution: Partner with school leaders to distribute and conduct the survey, ensuring target participant completion.
- 2.4 | Survey Analysis: Identify existing programs and successful programs that students attend. Identify desired services among youth. Identify barriers to existing programs (e.g. funding, capacity, etc.).

Policy and Advocacy Workgroup:

Objective 1

Advocate for and apply for funding for smaller districts and nonprofit organizations supporting youth.

Action Steps

- 1.1 | Funding Needs Assessment: Conduct an assessment to identify the funding needs of smaller school districts and non-profit organizations working on youth substance use prevention.
- 1.2 | Grant and Funding Opportunities: Research and identify available grants and funding opportunities at the state, federal, and private levels to support these organizations.
- 1.3 | Grant Application Support: Provide technical assistance and support to smaller districts and non-profits in preparing grant applications.
- 1.4 | Collaborative Proposals: Encourage collaboration between multiple organizations to submit joint proposals to enhance funding chances.

Monitoring and Evaluation

To ensure the success of the Youth Substance Use Prevention Collaborative, regular monitoring and evaluation will be crucial. Key performance indicators (KPIs) should be established for each objective. Progress will be assessed periodically to identify areas for improvement and celebrate successes.

Conclusion

By establishing a Prevention Collaborative in Washington County, Oregon, and implementing the strategies outlined in the Capacity Building / Education and Policy and Advocacy workgroups, the collaborative aims to make significant progress in preventing youth substance use and gambling, adverse childhood experiences, and suicide. By working together, public health professionals, schools, and community organizations can create a safer and healthier environment for young people living in Washington County.

APPENDIX



Appendix 1. Collaborative Visioning Activity



Appendix 2. Stakeholder Interview Protocol and Participant List

Introduction:

- Could you tell me about you/your organization and your work in Washington County?
- What are some of the challenges or issues you have observed regarding youth substance use in this community?

[Explanation of Collaborative]

1. What do you think of the structure and goals of this collaborative?
2. Spend most time here, probe for more details/information
3. Identify which working groups they're interested in
4. What do you think are feasible projects that [working group] could tackle in the next year?
5. What are some of the concerns, barriers or obstacles you see could prevent this collaborative from being successful?
6. What specific resources or support does your organization need to enhance its efforts in preventing youth substance use?

Exploratory questions:

- What strategies or approaches have you found to be effective in engaging young people in prevention and education efforts?
- What specific populations or groups would benefit from targeted interventions to address their unique challenges with substance use?
- Have you encountered any barriers or challenges in collaborating with schools or educational institutions on substance use prevention programs?
- What specific policy changes or initiatives do you believe could have a positive impact on youth substance use in Washington County?
- What resources or support do you need from the local government or other stakeholders to enhance your work in addressing youth substance use?
- How do you measure the effectiveness of your programs or initiatives in reducing youth substance use? Are there any key indicators or metrics you focus on?
- Based on your experience and expertise, what are some innovative or promising approaches that could be explored to further tackle youth substance use in Washington County?

Stakeholders Interviewed

| First Name | Last Name | Organization | Interview |
|------------|--------------|---------------------------------------|-----------|
| Danielle | Gonzalez | Beaverton School District | 6/5/23 |
| Diana | Hernandez | Adelante Mujeres | 6/5/23 |
| Katie | Riley | Washington County Kids | 6/2/23 |
| Patti | Seitz | Youth Contact | 6/22/23 |
| Bethany | Wright-Kuhns | Beaverton School District | 6/8/23 |
| Matt | Casteel | Aloha High School - Principal (BT) | 6/5/23 |
| Leland | Gilbert | Sergeant of the Hillsboro Police SROs | 6/1/23 |
| Morgan | Quimby | Vice Principal Hillsboro High | 6/13/23 |

Appendix 3. Survey for Potential SUP Collaborative Members

Introduction and Collaborative Summary:

Are you passionate about making a positive impact on youth substance use prevention in Washington County?

We are planning a Substance Use Prevention Collaborative to serve Washington County. The collaborative will bring together community members and leaders from various sectors, including substance use prevention, adverse childhood experiences prevention, and suicide prevention, to unite a community of diverse people and achieve truly meaningful social change.

Key Elements of Success include:

- A Common Agenda, collectively putting forth a unified vision of a better community
- Shared Measurements, providing meaningful feedback to everyone involved
- Mutually Reinforcing Activities, avoiding duplication in favor of cooperation
- Continuous Communication, reinforcing trust and relationships between partners
- A Strong Backbone, orchestrating the hard work done through a unified initiative

The Structure

A governing steering committee will meet quarterly to discuss funding, progress, share updates, and address major issues. Through the use of a shared website, recorded meetings, and online summaries, we ensure transparency and accessibility to all stakeholders.

Within the collaborative, Work Groups will be formed to focus on specific substance use prevention projects. These groups will include community members, health and policy leaders, and others with a range of expertise. Work Groups will plan and implement measurable goals and projects tailored to specific target areas. Our collective efforts will be celebrated and shared at quarterly town halls, where members from the Work Groups, Steering Committee, and interested community members can come together to report progress, achievements, and exchange knowledge.

Potential Work Groups include:

- Policy and Advocacy: Advocate for new policies to prevent youth substance use
- Capacity Building and Education: Increase education in schools and community at-large about health risks
- Culturally and Trauma Informed: Engage with and advocate for culturally specific communities
- Parent and Trusted Adult Engagement: Raise awareness to parents about trusted adults about social hosting, risks, underage drinking laws, and engagement strategies.
- Youth Engagement: Partner with youth groups to promote peer-to-peer influence and positive youth development.

By joining the Youth Substance Use Prevention Collaborative, you will have opportunities to enhance your skills and knowledge through training on best practices in substance use prevention, and work alongside committed partners to make a difference. Together, we can create a healthier and safer environment for our youth. Your voice and expertise matter, and we invite you to be part of this collaborative effort. Please take a moment to complete the survey below and let us know your interest in participating.

Survey

Name:

Email:

Organization:

On a scale of 1-5 (1= not interested, 5= extremely interested), How interested would you be in participating in this collaborative.

[levels of participation]

1= would not participate

2= interested in learning more and receiving communications

3= would be interested in attending town halls

4= interested in participating in work groups

5= interested in helping plan/organize this collaborative

How interested would you be in participating in these working groups:

[yes/no/maybe]

Is there anything else you would like to say about the collaborative? (optional)

What collaboration opportunities with other community organizations or stakeholders do you believe would strengthen substance use prevention efforts for youth in Washington County?

What specific resources or support does your organization need to enhance its efforts in preventing youth substance use?

What features or training would you find beneficial in a substance use prevention collaborative aimed at addressing youth substance use in our community?

[Multiple choice + write in option]

Appendix 4. Needs Area Prioritization Activity

Need Areas Prioritization



Appendix 5. Work Group and Risk/Protective Factor Alignment

Development of Work Groups

| Risk Factors* | Protective Factors* | Work Group |
|---------------------------------------|---|---|
| Behavioral Disengagement | Positive Physical Development | Youth Participation/ Youth Council |
| Negative emotionality | Emotional Self-Regulation | |
| Conduct disorder | Good coping and problem solving skills | |
| Rebelliousness Antisocial Behavior | Engagement and connections in two or more of the following contexts: school, with peers, athletics, employment, religion, culture | |
| Early Substance Use | Education | Education |
| Low Perceived Risk | Risk awareness | |
| Substance use among parents | Family provides structure, limits, rules, monitoring, and predictability | Parental/Trusted Adult Education and Engagement |
| Lack of adult supervision | Supportive relationships with family members | |
| Poor attachment with parents | Clear expectations for behavior and values | |
| Substance Availability | Clear and enforced policies | Policy/Advocacy |
| Community Norms | Positive norms | |

Appendix 6. Activity Planning

| Desired activities identified through stakeholder engagement and strategic planning process | Addresses priority risk or protective factors? | Resource level required (high / low) | Fits with County-level action? |
|---|--|--|---------------------------------------|
| Advocacy with county commissioners & developing commission on children and families [Partnerships/engaging with youth advisory council, etc.] | Community norms, clear and enforced policies | | HHS |
| Social media campaigns with schools to promote healthier messages | Risk awareness, community norms | High (\$), Design Skill, Buy-in, Capacity | |
| Educational programs for younger students and community events for parents and younger children. | Early substance use, parent use | Grant funding to other organizations, research | Review of curriculum/ standards |
| Providing tools and language for school leaders to talk about drug use [substance disposal/environmental impacts] including with parents* | Education to youth and parents | Lower | Yes |
| Conducting case studies on diversion programs to determine what's working and how to expand into smaller communities. | TBD | | Potentially out of scope/ duplicative |
| Finding out from students what kind of activities they would like to be involved in* | Engagements and connections | Lower | More novel/ local |

*Identified as a good fit to move forward in near-term.

Recommendations for Washington County HHS on Involving Youth in County Government

Purpose: To outline the findings of informational interviews conducted with stakeholders in Washington County and Youth Action Councils outside of the county. This list of recommendations comes from seven interviews with the following organizations: Multnomah County Youth Action Councils, Hillsboro Youth Action Council, Tigard Turns The Tide, Oregon Health Authority Youth Action Council, Multnomah County Youth Advisory Board, and students from Beaverton School District enrolled in a Health Careers course (2 classes, 45 students).

Findings:

Staffing a Youth Action Council (YAC): Two major themes were identified in the staffing of a successful YAC: *staff capacity* and *helpful characteristics of staff*.

Staff Capacity: Do not underestimate the time it takes to do this well

Several interviewees reported that the amount of work that a staff person supporting a YAC needs to take on is vast. Tasks include things like providing emotional and administrative support to youth, planning out council meetings and subcommittee meetings, moving ideas/plans through government bureaucracy, and other day to day tasks.

YACS tackle staffing in a variety of ways. Oregon Health Authority has a main staff coordinator and contracts with an outside facilitator to run meetings. Other county based YACs reported having a mix of county staff (.65 FTE), part time staff, and paid internships. For organizations that used interns, their county staff tended to also have other job responsibilities on top of supporting the YAC, so the intern was meant to focus their time solely on the YAC to build capacity.

Overall, interviewees stressed that it is important to take both the amount of time that committees are meeting and the time that it will take staff to prepare and support youth outside of the meetings into account when planning.

Qualities of Adult Staff: consistent, relational, supportive

By far, the most common desired quality of YAC staff was that they have genuine care and connection with youth. Interviewees mentioned that taking the time to get to know the youth serving on the YAC was important and a foundational part of the role. Youth interviewees reported that they felt supported when adults “treat us like a human, not just a teenager” which highlights the importance of trust building and relationship.

Multiple interviewees cited that staff turnover in these positions creates difficulties in developing relationships with youth. A factor that might help with this is creating

internships where a person might get university/practicum credit for their work with the YAC, which would mean they would stay in the job for a consistent period of time (often one year, ~500 hours).

Recruiting Youth: major themes that surfaced from questions about recruitment were *if you build it, they will come*, *application structure and timeline*, and *methods of recruitment*

“If you build it, they will come”: youth interest levels in government work

During these interviews, our team heard over and over that there was no shortage of youth that were interested and eager to participate. For example, a statewide YAC had 300 applications to their team. Some teams have rolling recruitment, where students can come to meetings mid-year and join, and some have dedicated application windows and a term of service that youth commit to. Often these terms correspond to the school year (September-June).

Youth interviewees identified many different benefits to participating in this work, including factors such as gaining experience for resumes or college applications, letters of recommendation from YAC leaders, making friends with youth from other schools in the county, mentorship opportunities from older youth and YAC staff, among others. One student summarized their interest as having the opportunity to “feel invested in your community and the whole county.” These different factors could be used as “selling points” when recruiting youth for the Washington County YAC.

Application structure and timeline: when to recruit and get started

Two different YACs that we spoke to (Hillsboro and Multnomah Co) begin recruitment in the Spring for a school year that starts in the Fall. This time of year is also when these teams celebrate their youth members, elect officers, and other preparation work for the next term.

Youth interviewees in Beaverton School District seemed to align with the desire to apply for a program before summer break and start work in the Fall. Many youth that participate in YACs have many other commitments in their lives, and Spring recruitment would allow for pre-planning for their upcoming Fall activities.

Recruitment methods

Multiple interviewees mentioned using social media, particularly Instagram, as a method of recruitment. On this platform, teams can set up a profile for the YAC and spread news that can then be re-posted by county partners/schools/etc. Teams can also pay for advertising on the platform which pushes their post out to users in a certain geographic area.

Other methods of recruitment mentioned included:

- Presenting in schools, particularly in health classes or leadership classes

- Networking with school staff so that they can refer interested youth to the YAC (ie school counselors, college and career counselors, etc)
- Partnerships with culturally specific community organizations who can refer youth in their communities
- Youth word of mouth - telling their peers, friends, and siblings about the opportunity

YAC Structure: themes in this topic include *relationship building*, *meetings*, and *communication strategies*

Relationship building: “Be an extra adult [in their lives] that they can turn to”

Similar to our findings about characteristics of YAC staff members, a major theme in structuring a YAC was making time for relationship building both between staff and youth and between youth and their peers. One YAC told us that the first few meetings they had this year were focused on getting to know each other. Another YAC mentioned that there is a “Spring time slump” in youth engagement and a need to keep things fun and engaging through games, activities, etc. Since a major benefit that youth named in participation in a YAC was making new friendships, it is logical that an important part of the structure of a successful YAC would be time for those relationships.

Meetings: when, where, how long

Most YACs and young people stated a preference for in-person meetings to virtual meetings. Students reported that in-person makes it easier for them to feel connected to others and there is a possibility of being provided things like food which could be a motivator to attend. Opinions about frequency and length of meetings varied between youth and YAC staff surveyed, but many reported that more than 2 hours in a meeting space felt like too long.

Some YACs build structures that allow for youth to have leadership opportunities within the YAC. Electing officers (like treasurer, president, etc) also allows some shift of responsibilities for meeting agendas and topics from YAC staff/interns to youth members. One YAC (Hillsboro) shared that they hold elections where youth make a case for what their priorities are for the position to their fellow members in the Spring and winners assume the position in the Fall.

Consistency in meeting time and location was an important factor for young people. One youth stated “having a set calendar in advance will be helpful so we can plan other activities.” Most YACs reported that they meet on a monthly basis as a large group and then subcommittee meetings might happen more frequently based on need. Locations suggested by youth include central places like libraries, having schools where youth attend take turns “hosting” the YAC in cafeterias or auditoriums, or in county buildings/meeting

locations. Providing transportation (bus passes or gas cards) and/or prioritizing locations that are accessible via TriMet would also be a factor in location to consider.

Communication: with youth and their families

Both youth and YAC staff overwhelmingly reported texting as a preferable mode of communication with young folks on a YAC. The Hillsboro YAC utilizes a texting service called GroupMe to accomplish this, others used applications like WhatsApp to create texting groups. Email was mentioned as a way to communicate longer messages, but many youth surveyed reported that they do not check their email as often as their texts.

Youth in Beaverton reported that communication with their parents/guardians would also be a key consideration. They reported that their parents would want to make sure that they knew where their children were, what the YAC was, who was running it, etc. Sending an email introduction or having a meeting with parents/guardians of YAC youth will likely be an important part of onboarding.

Compensation of youth participants: themes in this topic include *rate of compensation, method of compensation,* and *non-monetary compensation*

Rate of compensation for youth participants

The actual rate of pay for YAC members was highly dependent on the YAC's scope and budget. Participants reported pay ranging from no monetary compensation to \$45/hr (consistent with the state's standard rate for contractors). The Multnomah Youth Commission provides an annual stipend of \$1,500-\$2,000 to youth and adds more depending on if the youth participates in sub-committees. Multnomah County's school based health center's YACs pay youth by activity that they participate in - for example, if the youth participates in a panel, they will compensate with a gift card - but do not pay for meeting attendance.

As outlined in other sections of this report, youth that tend to participate in YACs also tend to participate in many activities that compete for their attention. Providing financial compensation for their participation will likely help recruit and retain youth for this important work. It will also likely impact the ability of youth in lower SES levels to participate.

Method of compensation

Every YAC that paid their youth for their time reported difficulties in navigating the process of getting youth paid on time, if at all. Difficulties with things like taxes (classifying as a 1099 or a W-2), authorization of payment, payment through apps like CashApp or Venmo, and payment delays were reported. The statewide YAC reported that they will likely transition to funding their third party facilitator to also process YAC member payment, so that it will not have to come through the state.

Words of wisdom from multiple participants included a strong suggestion to set up payment methods and authorization far in advance so that there is a set process when youth show up and start working. Additionally, one interviewee suggested that integrating the payment process into structures that were already in place at the county was extremely helpful.

Non-monetary compensation

Even with YACs that did provide financial compensation to their members, non-monetary forms of appreciation were mentioned. Non-monetary benefits mentioned included:

- Resume building
- Relationships/mentorship
- School credit
- College credit
- Food/gifts

Potential directions of work for a Washington County YAC

YACs at all levels of government participate in a wide variety of activities that would likely be a benefit to Washington County HHS. Exciting areas of interest include:

- **Grant development:** the Oregon Health Authority's YAC worked on creating and awarding a COVID-19 Recovery Grant. Youth were able to lead the entire process of the grant - from creating the application, reviewing and interviewing applicants, and prioritizing areas they felt had the most need.
- **Policy development and presentations to local leaders:** City or county level YACs both reported that their youth outline areas of focus for policy and use their sub-committee time to create proposals, talk to council members or other representatives, and testify in support of legislation.
- **Community engagement/feedback:** Youth representation on HHS boards, review committees or community engagement activities to provide feedback.
- **A convening event/summit/collaboration across Washington County's city-level YACs:** This idea came up in conversation with the Hillsboro YAC - it was important to define the scope of what a county-level YAC could do vs a city-level YAC. The Hillsboro YAC discussed the possibility of collaborating with the county on certain issues or have YAC members serve as an "ambassador" on a county YAC. For example, one of the Hillsboro YAC's subcommittees is focused on access to mental health services and it was mentioned that this topic might have more impact at a county level.
- **Allowing youth to choose their own areas of interest at the start of the term.** Topics of interest reported from youth ranged from mental health, food insecurity, housing, gun violence, peer pressure (drug/alcohol use, partying), anti-racism, and environmental justice.

Limitations

The main limitation of this data is the lack of geographic diversity of participants throughout the county. Since these interviews were conducted at a busy time of the school year (Spring testing, etc), schools in more rural areas like Forest Grove were not able to accommodate interviews. Youth participants in this study were limited to youth within the Beaverton School District who were taking a Health Careers course. Additionally, some county coalitions (ex: Tualatin Together) were not able to interview with us and so their perspective is missing. Future work to address this would be to gather feedback from areas of the county, especially more rural areas.

Recommendations and Next Steps

There are several key questions and areas of work that HHS can focus on from this point forward.

Recommended next step:

Develop a proposal and PPT for partners and or county leadership that outlines: mission and scope of council, proposed staffing model, council infrastructure and recruitment.

Key Questions to Answer:

1. Who will be staffing the YAC? Will HHS recruit interns to help support the work?
Recommend outlining county staff FTE dedicated, including any other staff who may support but not be formally "on" the council funding.
2. Who will be involved in the creation of the YAC? Will there be a committee of prevention employees giving input? *Recommend possible shared activity across prevention team.*
3. Will HHS be able to compensate youth for their participation in the YAC? *Recommend using already established Washington County Advisory Payment Policy.*
4. Clearly define the scope of the council. For example, will the focus center on prevention work across public health/behavioral health? Determine [approach](#) to youth engagement/partnership. Recommendation: initial focus is more targeted.
5. What relationships does HHS already have with community partners and schools to recruit youth? How can you spread the word effectively? *Recommend recruitment for young folks in the Spring with a substantial community engagement process leading up to the application process.*
6. What is the ideal structure of a YAC? What can the county support in a sustainable way? How many youth should be recruited for the first year? *Recommend 15-20 youth with 1-day retreat at the onset to: create connections/relationship and determine priorities/subcommittees for the year.*
7. What are intentional ways that HHS can recruit a diverse representation of youth within the county?