NATIONAL ACADEMIES
Sciences
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Monroe Community Coalition

April 4, 2024

Joe Neigel
National Academies

Touchpoints

Community-level Prevention in the suburban Pacific Northwest community of Monroe

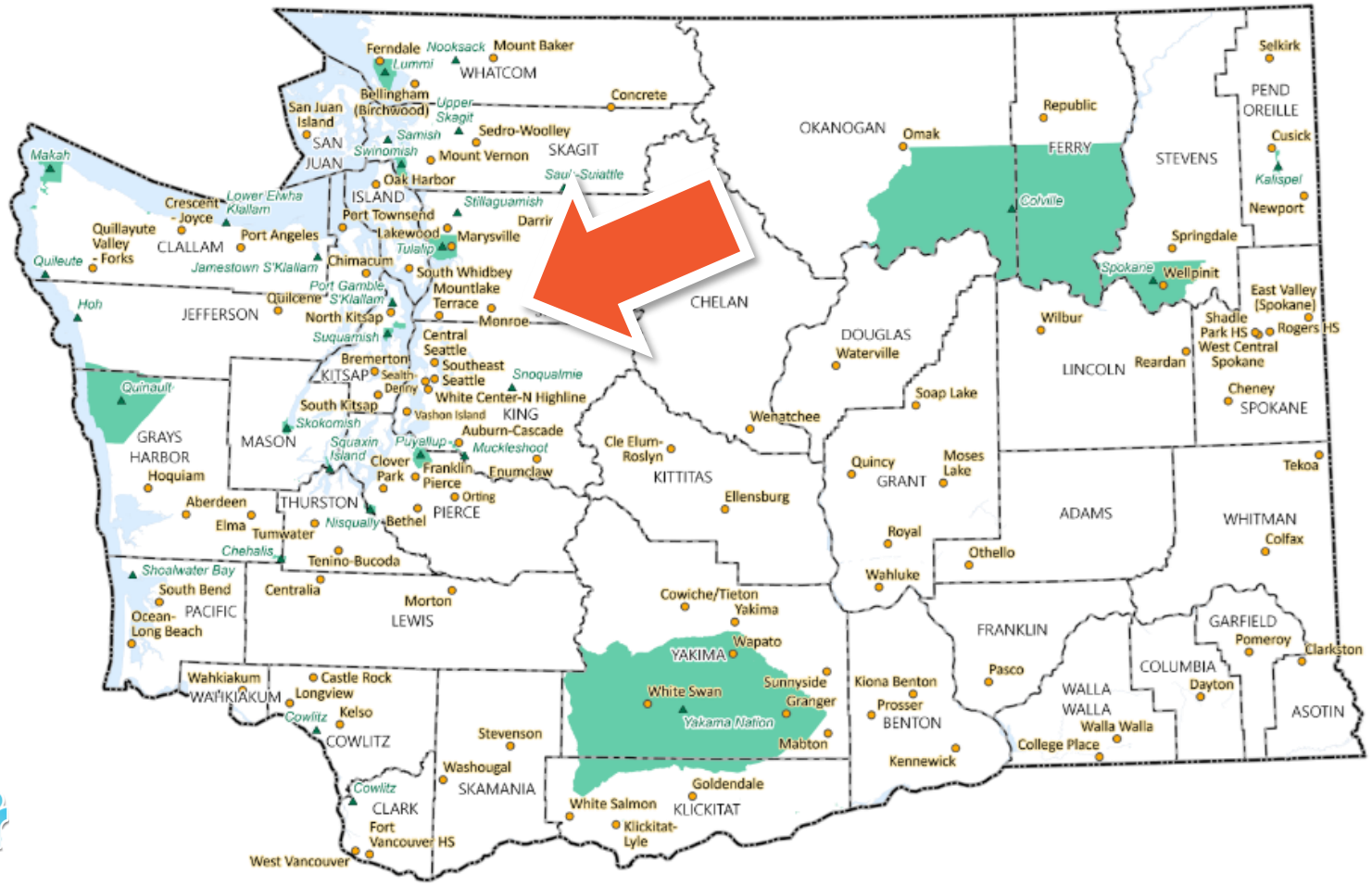
The role of Monroe's Coalition Coordinator – sole staff member of the Coalition

Infrastructure considerations for supporting community prevention efforts

Monroe Community Coalition

Community Prevention & Wellness Initiative

CPWI Communities are Everywhere!



- Nearly 100 Communities
- 100+ schools
- All 39 counties

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A Collaboration of Partners

The challenge of substance abuse is too large for any one agency or organization to address.

Our Coalition is a partnership between neighbors and professionals in the community who feel a responsibility for helping youth to grow up healthy and strong.

We want to prevent youth from experiencing the negative impacts of alcohol and other drug use because they adversely impact school performance, job prospects, and physical and mental health.

Moms & Dads	Grandparents	Youth
Law Enforcement	Business	Healthcare
Media	Schools	Government
Mental Health Treatment	Substance Use Treatment	Faith Community
Volunteer Groups	Family Serving Agencies	More

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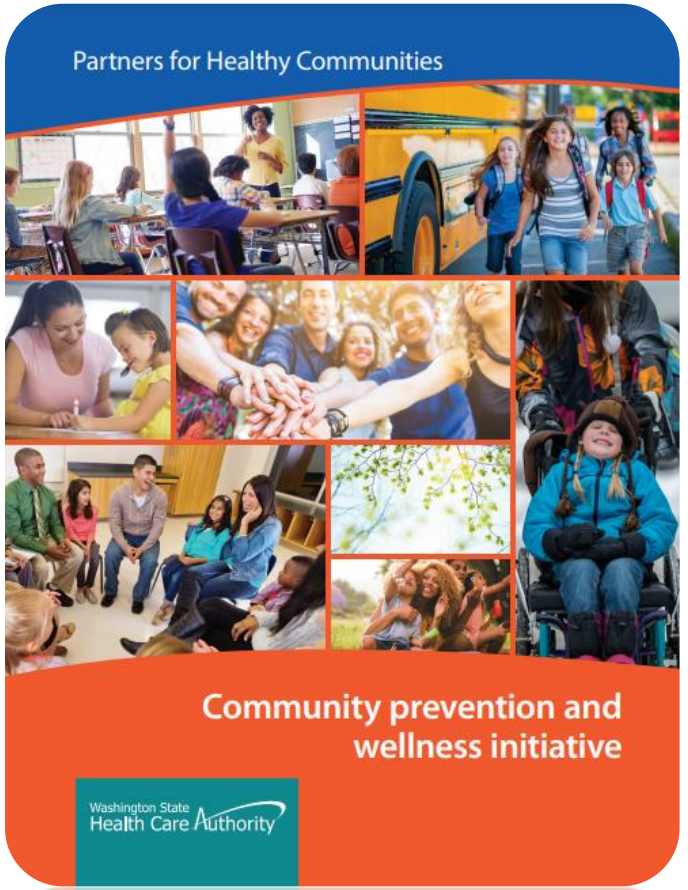
Community Decision-Making Model

We're partners for healthy communities!

- Community-driven model for putting proven strategies in place that keep youth substance abuse from boiling over into a larger problem.
- We use the best available information from teens and the community to weed out the root causes of youth substance abuse.
- We focus on placing resources where they are needed most.



Our Process is Simple!

The Strategic Prevention Framework

We plan our approach by answering five questions:

1. What's the problem?
2. What resources do we have to work with to address the problem?
3. What's the best way to approach this problem?
4. What are we going to do to get the work done?
5. How will we know if we're successful?

We Focus on the Fire, Not the Smoke!

Understanding Risk & Protective Factors are the Key to Positive Outcomes

- After answering those questions, our strategic plan helps us to stay focused on root causes – rather than symptoms – that make youth in our community vulnerable to substance use and mental health issues like depression and suicide.
- These root causes are referred to as risk and protective factors in the strategic plan.
- We use our plan to find and fund proven programs and approaches that turn down the heat and keep our substance abuse pot from boiling over.

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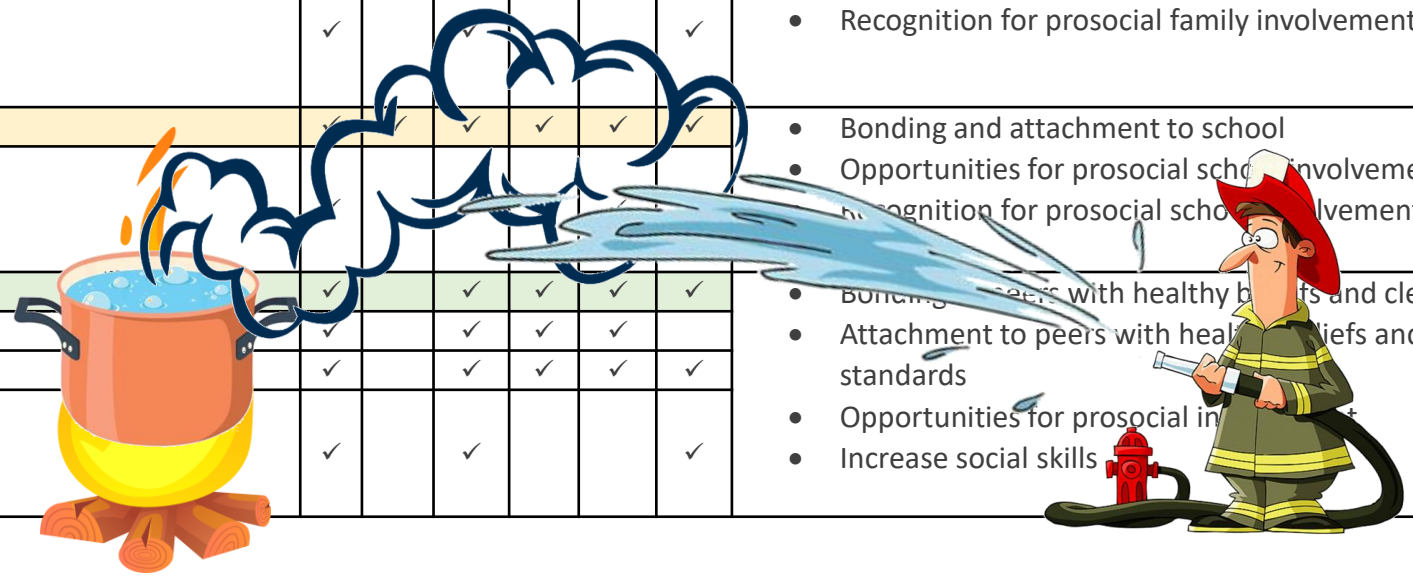
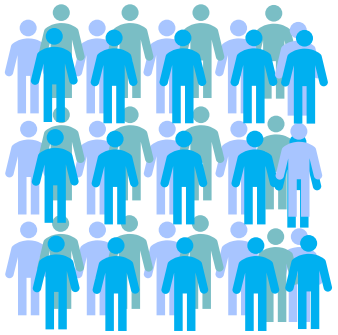
Domains	Risk Factors Measured on Healthy Youth Survey	Adolescent Problem Behaviors						Protective Factors
	Risk factors are characteristics that lead to increases in problem behaviors like alcohol and other drug use, juvenile crime, teen pregnancy, school dropout, and violence. The following factors have been shown to increase the likelihood that youth may develop these problematic behaviors that impact health and success.	Substance Abuse	Depression & Anxiety	Juvenile Crime	Teen Pregnancy	School Dropout	Violence	Protective factors significantly reduce the potential for involvement in these problematic behaviors. Research clearly shows the more protective factors present in a young person's life, the lower their risk of developing or suffering from any of these behaviors.
Community	Availability of Drugs	✓					✓	• Opportunities for prosocial community involvement* (8th & 10th) • Recognition for prosocial community involvement
	Availability of Firearms			✓			✓	
	Community Laws & Norms Favorable to Drug Use, Firearms & Crime	✓		✓			✓	
	Low Neighborhood Attachment & Community Disorganization	✓		✓			✓	
Family	Family History of the Problem Behavior	✓	✓	✓	✓	✓	✓	• Bonding to family with healthy beliefs and clear standards • Attachment to family with healthy beliefs and clear standards • Opportunities for prosocial family involvement* (8th) • Recognition for prosocial family involvement
	Family Management Problems* (8th)	✓	✓	✓	✓	✓	✓	
	Family Conflict	✓	✓	✓	✓	✓	✓	
	Favorable Parental Attitudes Toward Drug Use	✓		✓			✓	
School	Academic Failure* (8th & 12th)	✓	✓	✓	✓	✓	✓	• Bonding and attachment to school • Opportunities for prosocial sch[illegible]involvement* (10th) • R[illegible]ognition for prosocial scho[illegible]lvement* (10th)
	Lack of Commitment to School	✓						
Individual	Friends Use of Drugs	✓		✓	✓	✓	✓	• Bond[illegible]eers with healthy b[illegible]fs and clear standards • Attachment to peers with heal[illegible]liefs and clear standards • Opportunities for prosocial in[illegible]t • Increase social skills
	Favorable Attitudes Toward Drug Use	✓		✓	✓	✓		
	Early Initiation of Drug Use	✓		✓	✓	✓	✓	
	Gang Involvement	✓		✓			✓	



We take a "Multi-Tiered" Approach…

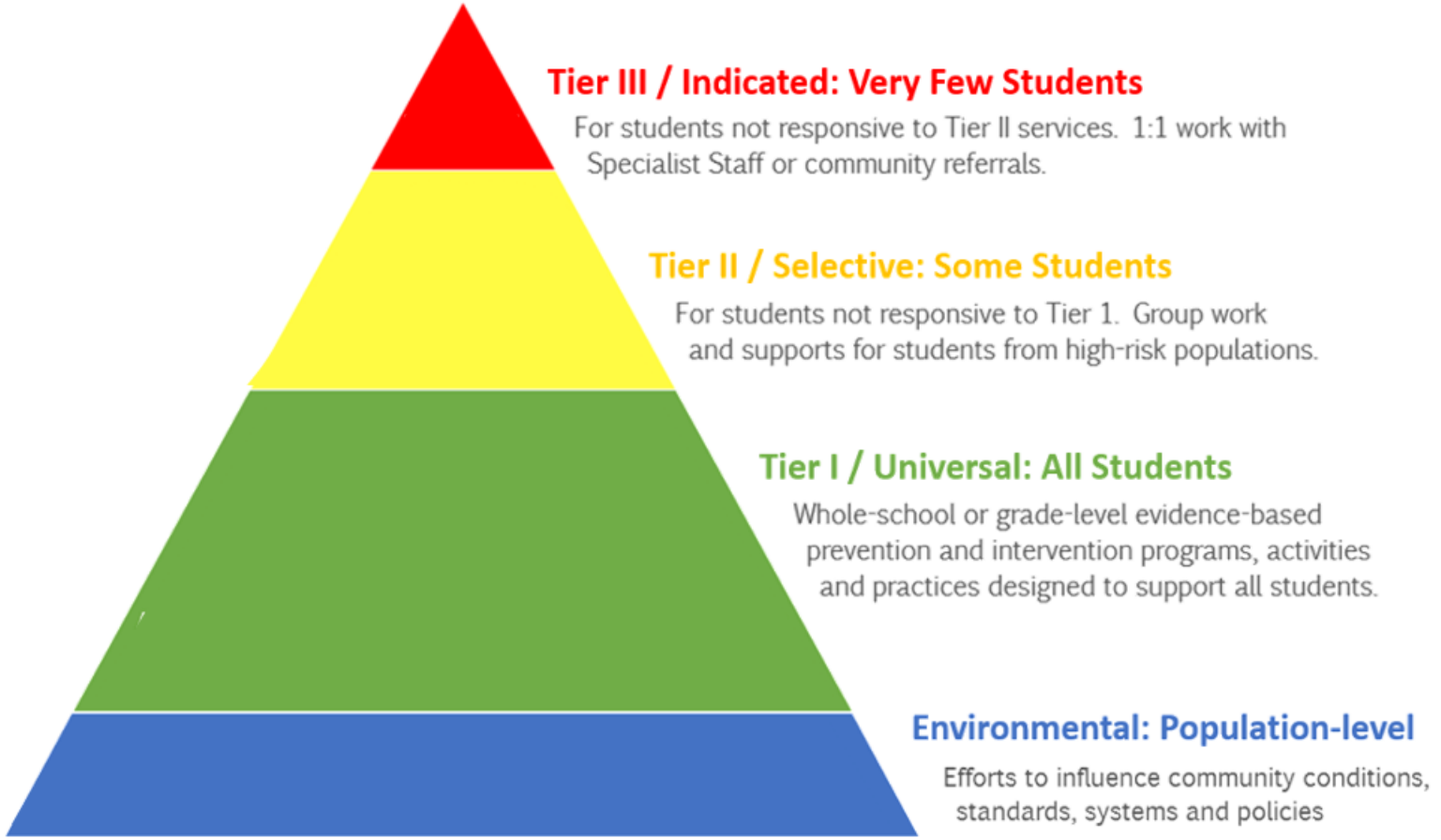
Understanding tiered services let's us fill gaps and create a cohesive whole.

Public Health Model



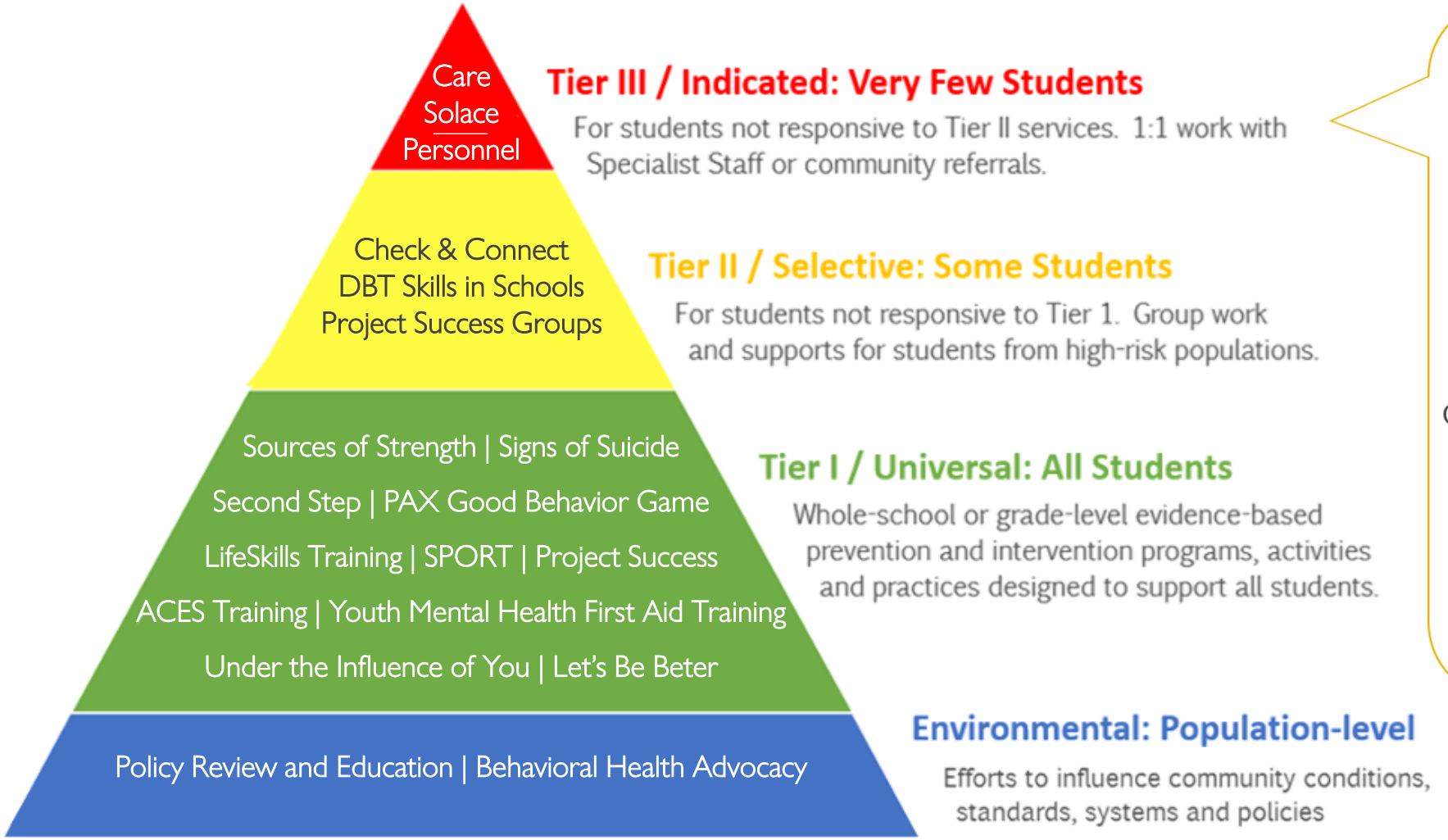
versus

Medical Model



… to Create a Comprehensive Whole

Our goal is community-level prevention.



Tier III Personnel

- Director of Prevention Services x1
- School Counselors x14
- Student Support Advocates x4
- School Social Worker x1
- Behavioral Health Specialist x1
- Co-Occurring Disorders Therapist x1
- Student Assistance Professional x1
- Attendance Outreach Specialist x1
- Homeless & Foster Care Liaison x1
- Family Liaisons x2

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We Navigate Multiple Funding Streams…

We're swimming upstream!

State - General Fund

Federal - Substance Abuse Treatment & Recovery Services – Carry Over

State – Mental Health Prevention & Promotion

County – 1/10th of 1% Sales Tax Funding

Federal - Substance Abuse Treatment & Recovery Services

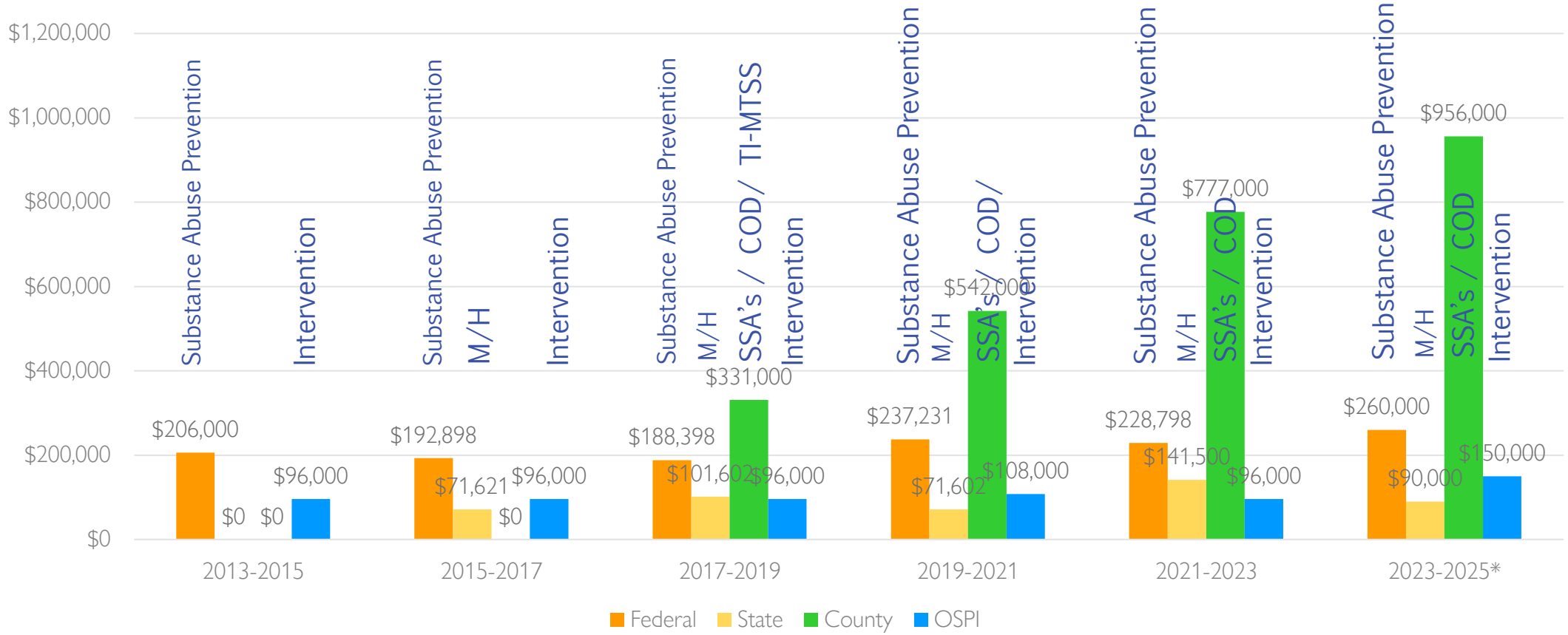
County & City - ARPA

State - Dedicated Cannabis Account

Local – School District General Fund

to Bring Resources Into our Community

The coalition's focus on root causes let's us compete for resources that help youth.



Since 2013, the Monroe Community Coalition has been awarded more than $5 million in grant funding and resources for behavioral health in our schools and community.

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… that Move the Arrow on Youth Wellness

By embracing our collective responsibility to keep youth healthy and strong, teens in Monroe have been reporting our highest levels of wellness since before the pandemic. Our 2023 data continue to show historic rates of wellness:

Regular Alcohol Use:

Lowest Rate Ever Recorded

Regular Marijuana Use:

Lowest Rate Ever Recorded

Smoking & Vaping:

Lowest Rates Since 2014

Rx & Prescription Painkiller Use:

Lowest Rate Ever Recorded

Depression:

Lowest Rate Ever Recorded

Anxiety:

Lowest Rate Ever Recorded

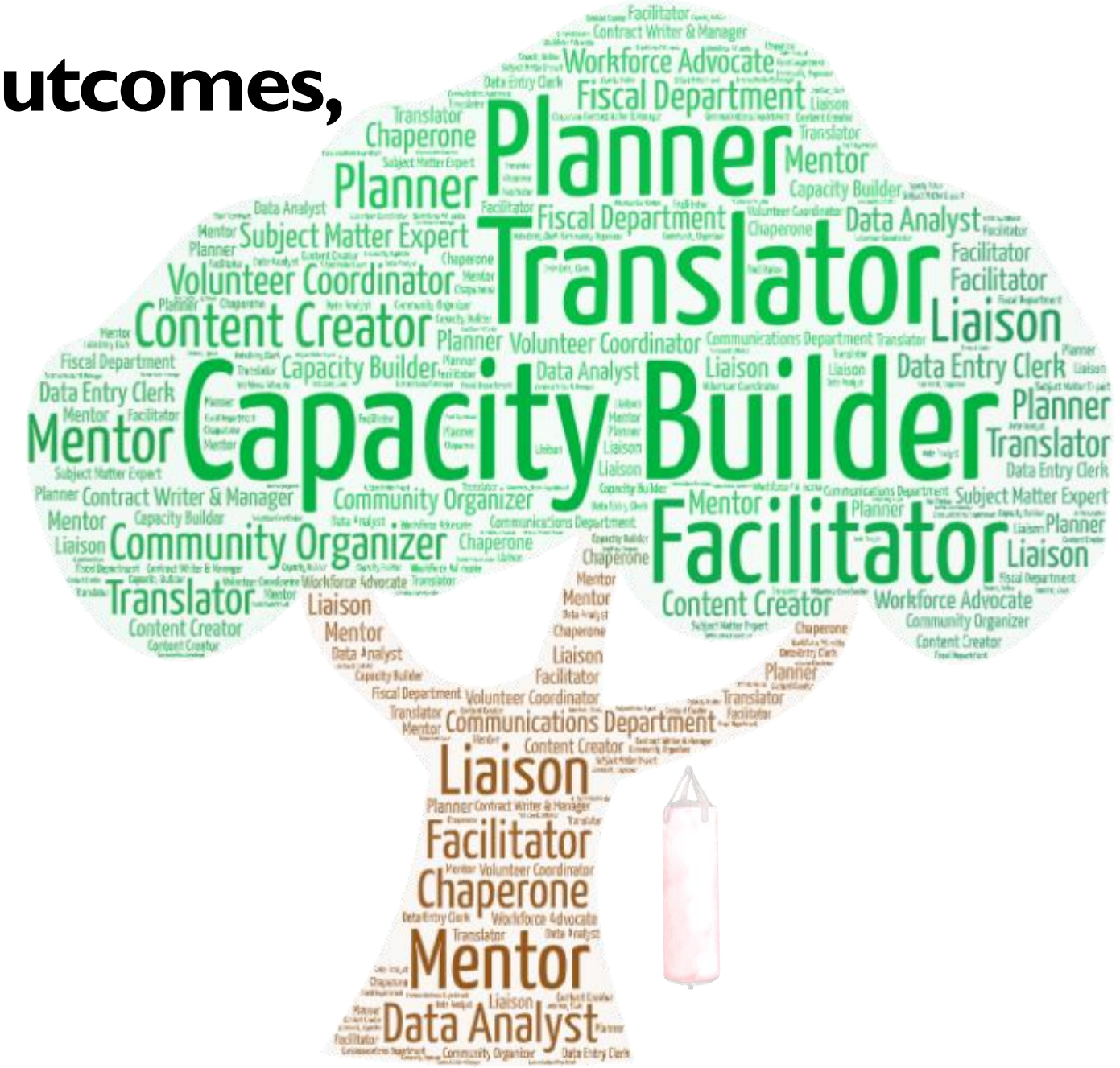
Attempted Suicide:

Lowest Rate Ever Recorded

Coalition Coordinators

To Achieve these outcomes, I need to be …

- Subject matter expert
- Capacity builder & translator
- Data analyst & Strategic Planner
- Fiscal, communications & marketing department
- Community organizer
- Event Coordinator
- Grant writer
- Contract writer, manager & negotiator
- Data entry clerk
- Content creator
- Administrative Assistant



Capacity Builder…

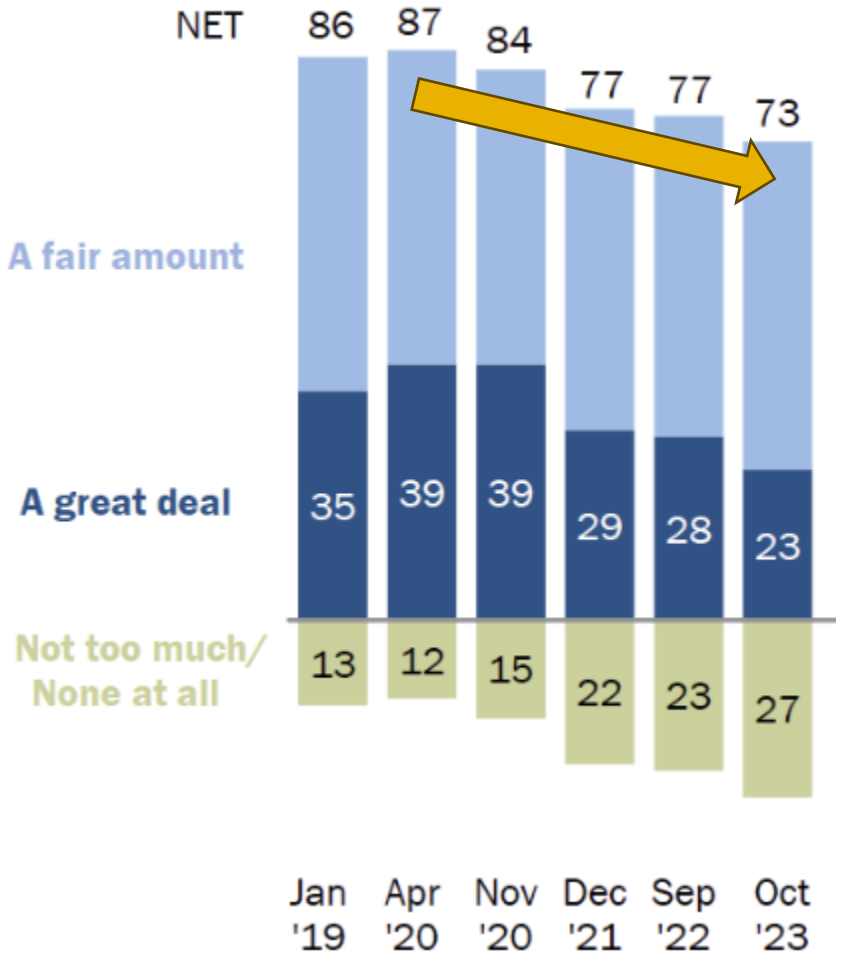
Large-scale experiments to test effective prevention messaging strategies revealed:

- The prevailing viewpoint of the public is that adolescent substance use is "natural," and the responsibility of parents and youth.
- The public generally doesn't see the need to support evidence-based practices recommended by experts.

and Translator

- National polling shows community members are much more likely to trust the appliers of knowledge rather than the producers of knowledge.

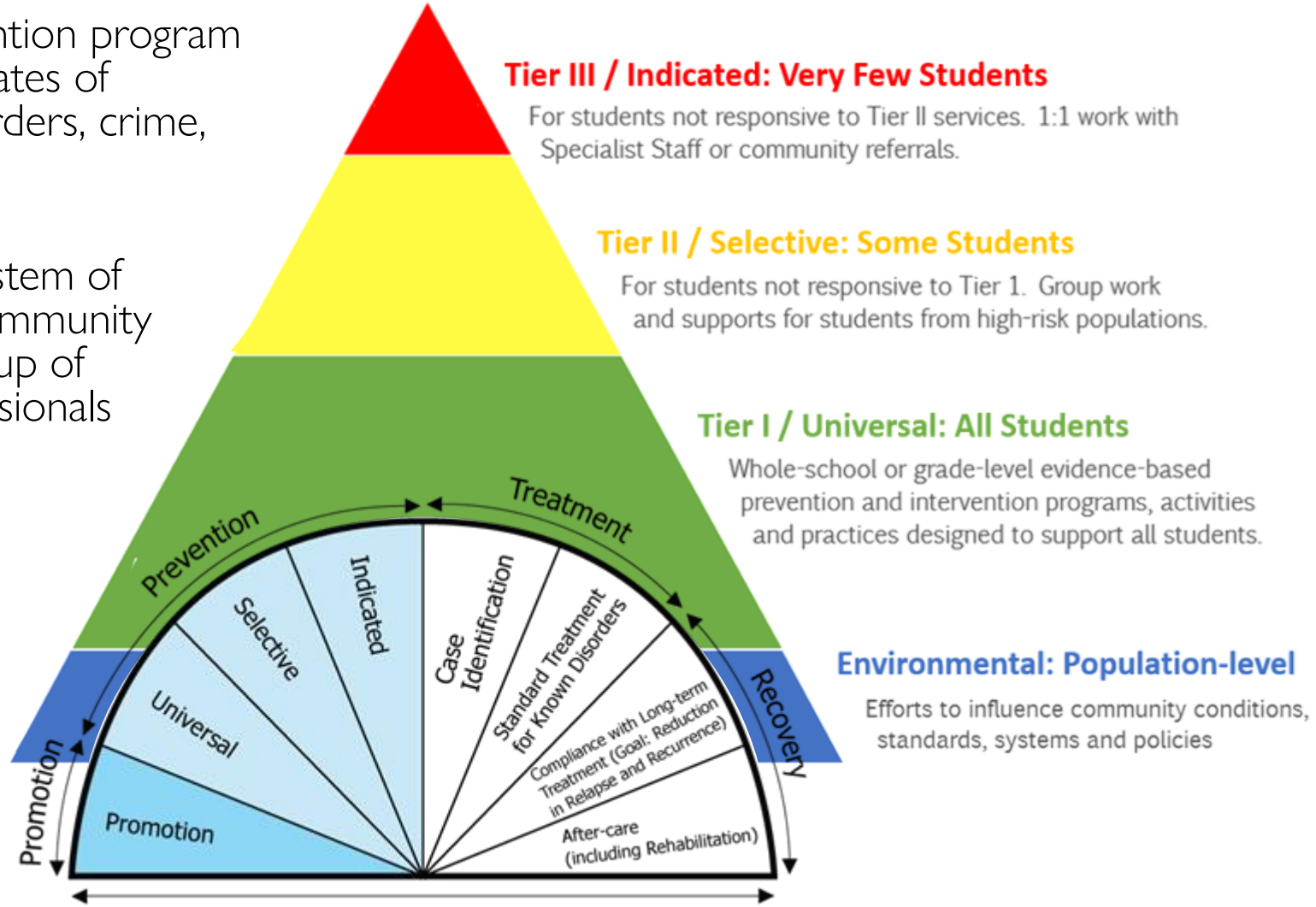
- Effective coalition coordinators are adept at translating expert knowledge and key prevention concepts in language that community members understand and remember.



"American's Trust in Scientists, Positive Views of Science Continue to Decline," Pew Research Center, November 14, 2023

Grant Writer & Contract Manager

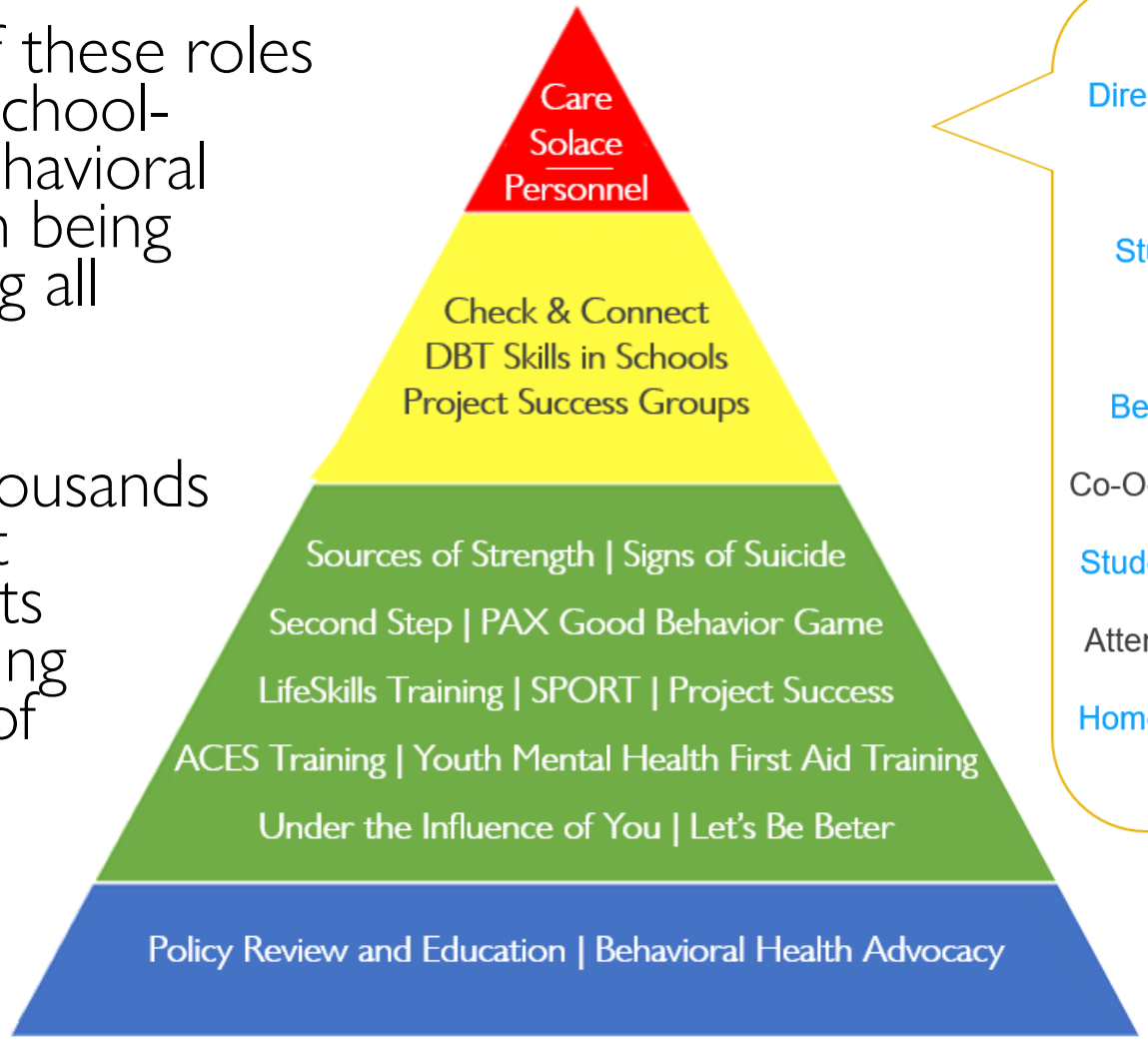
- I do not believe that a lone prevention program is enough to change community rates of substance use, mental health disorders, crime, and high school dropout.
- I do believe a well-coordinated system of supports across IOM/SEL tiers, community coordination, and a dedicated group of cross-sector neighbors and professionals can impact the community.
- Since no single fund source that I have access to can build a multi-tiered system, I must write grants.



Data Entry Clerk

- Imagine taking on all of these roles to build a responsive, school-based, grant funded behavioral health system and then being responsible for entering all the data.

- This means creating thousands of individual participant profiles, building cohorts and programs, submitting an entry for each day of service, and entering pre/post surveys…



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Intersections with Infrastructure

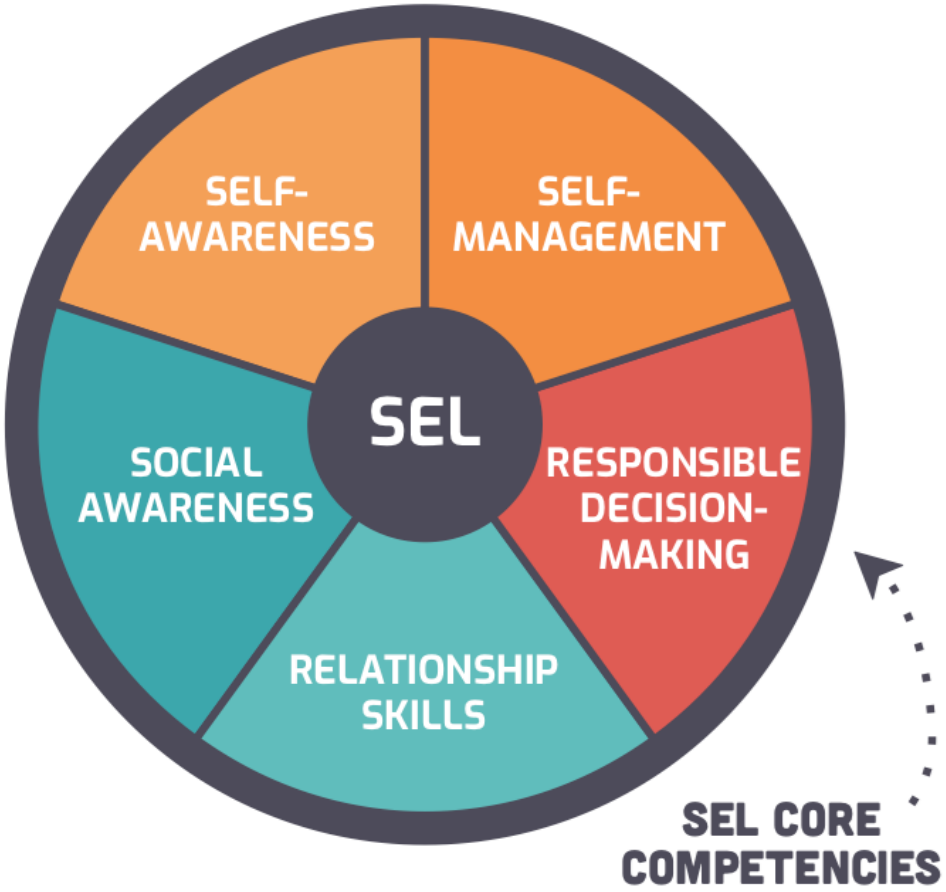
Intersection #1 – Funding & Reporting

- We need a consolidated application source to access prevention funding, perhaps at the state level, to reduce the contract management and compliance burden on communities. *(DFC, Partnership, HIDTA, Etc.)*

- Set clear, *common* and simple reporting expectations for prevention programs – burdensome data collection and entry requirements are passed directly onto overwhelmed and overworked community coordinators.

- Consider that the data entry burden prevents communities like mine from taking programs to scale.

Intersection #2 - Delivery Sites: Schools



- We need to do more to explicitly link primary prevention with social emotional learning to unlock schools as program delivery sites.

- Currently, all 50 states have adopted *Pre-K* social emotional learning competencies and standards, while 27 states have expanded these competencies into their *K-12* learning standards.

- Social Emotional Learning skills overlap with substance abuse prevention skills.

Intersection #3 – EBP Registries

- EBP registry content needs to be accessible to lay readers and promoted as a resource to educators. Entries need to include plain-language descriptions about outcomes, effect sizes and the link to social emotional skills.

- Educational decision makers are barraged with marketing emails and phone calls from predatory "educational" companies trying to sell their innovative behavioral health products as an "evidence-based practice."

- Most educational and community leaders are not equipped to discern the impact or effectiveness of a program on their own, and instead rely on website marketing and personal testimony to make purchasing decisions. (School board story)

Intersection #4 – Workforce

- The prevention workforce needs access to aligned and research-based resources from federal agencies.

- Community members and leaders interested in prevention frequently advocate for legacy practices that have been proven to be ineffective or to cause harm.

- It is very difficult for the workforce to advance evidence-based initiatives when the state and federal agencies supporting them aren't aligned on what's effective.

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Thank you!