



Greater Parkland Zone Youth Wellness Assessment

FEBRUARY 23, 2024



Acknowledgements

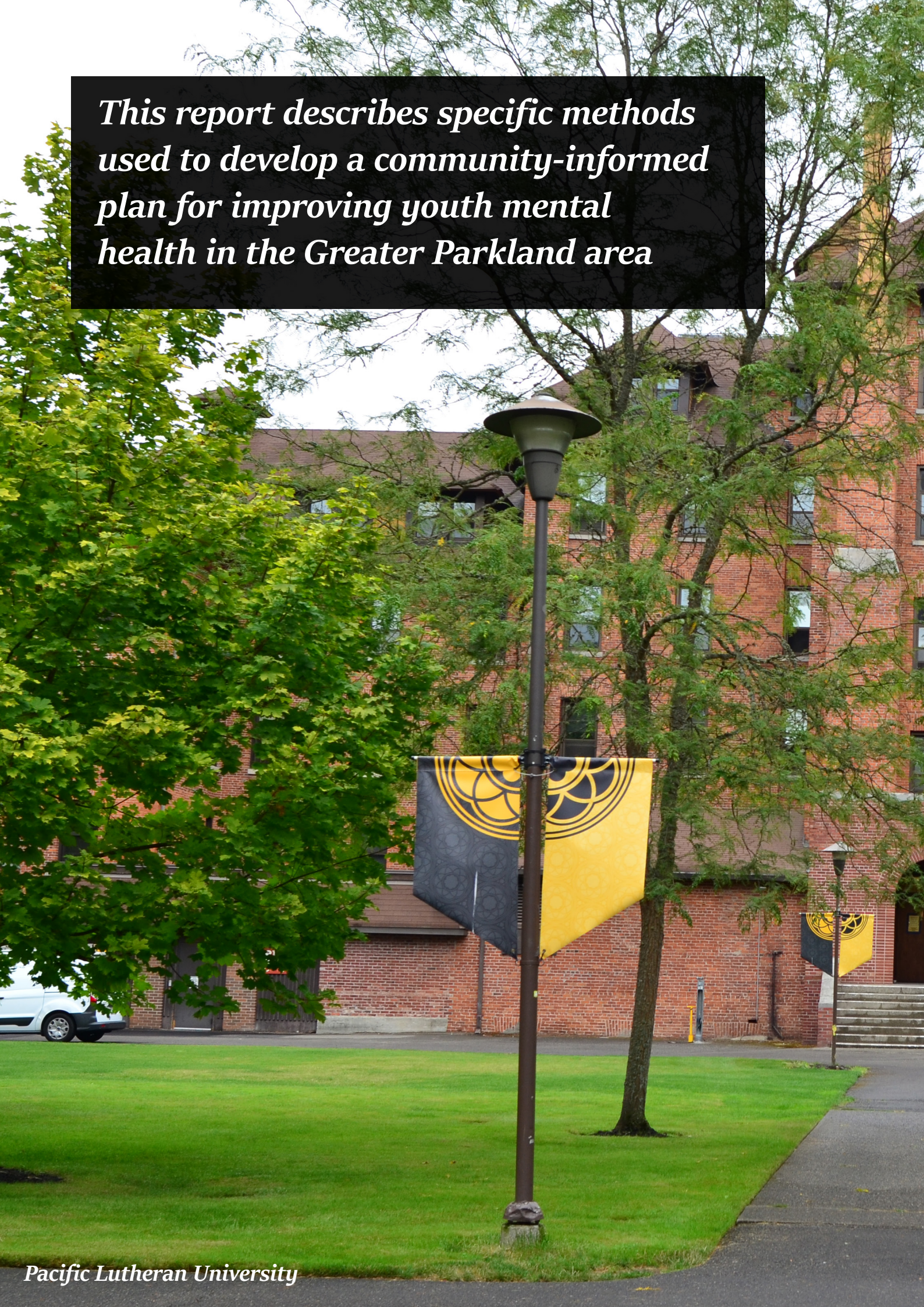
We are grateful for the many committed and passionate residents of Parkland who participated in outreach and information gathering approaches. We are also grateful for the community leaders and organizational representatives who participated in the multisector advisory committee for this project. A list of these contributors can be found in the Introduction of this report.

Funding for this effort was generously provided by the Robert Wood Johnson Foundation and Carelon Behavioral Health.

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*This report describes specific methods
used to develop a community-informed
plan for improving youth mental
health in the Greater Parkland area*





INTRODUCTION

History of Greater Parkland

The first inhabitants of the Parkland-Spanaway-Midland area were the Squally Indians. Parkland emerged as a farming community over 125 years ago. Spurred by the Donation Land Act in 1850, a major wave of settlers entered the area. The development of Parkland was heavily influenced by the establishment of Pacific Lutheran University (PLU) and the influx of Scandinavian settlers during the 1890s. PLU was originally founded as a center point for immigrants to secure jobs and adjust to the new environment through the guidance of religious education. The landscape of Parkland was later greatly altered by the approved construction of the SR-512 freeway in 1914 which divided the community north to south.

Later, World War 2 brought war veterans into the area, increasing the demands for housing, education, and goods. The Franklin Pierce School District was formed in 1948 and in 1955, the Parkland Post Office opened. With continued growth, the community has experienced pressure on its transportation systems, its parks and open spaces, schools, and social services, and utilities (2015 Community Plan).

Selection for a Youth Wellness Zone

Greater Parkland was selected by the core team for capacity building as a Youth Wellness Zone for several reasons including the high referral rates to the juvenile court from local schools, a designation of a Community of Opportunity from the Tacoma-Pierce County Health Department, and an interest among county officials in improving the youth mental and behavioral health outcomes in the area.

The core team of the project included the CoLab for Community and Behavioral Health Policy at the University of Washington (UW) Department of Psychiatry and Behavioral Sciences; Safe Streets, a community nonprofit with decades of experience mobilizing residents to advocate for local services and policy improvements; Charles Carson, a community outreach consultant; and the former executive director and co-founder of Safe Streets and current chair of the Birth to 25 committee for Pierce County, Priscilla Lisicich, Ph.D. A grant from the Robert Wood Johnson Foundation's System for Action research program supported the resources needed to develop this assessment. Other research collaborators on the study included Tyler McCormick, Ph.D., and Jerald Herting, Ph.D., from the UW Department of Sociology; Matthew Kelley, Ph.D., from the UW Tacoma School of Urban Studies; Pamela Collins, M.D., M.P.H., Johns Hopkins School of Public Health; McKenna Parnes, Ph.D. UW postdoctoral research fellow, and Anna Tresidder, Ph.D., Senior VP of Operations at Excelsior Health and Wellness.

The project was informed by a multisector community advisory committee including leaders in Pierce County, the Tacoma-Pierce County Health Department, Franklin-Pierce School District, Pierce County Councilmembers, Pierce County Alliance, and Pierce County Juvenile Court. Healthcare systems informants included Molina Healthcare, Carelon Behavioral Health, and Elevate Health. Local community support groups involved in informing the project included the Parkland Community Association and the Parkland Blue Zones initiative. The multisector advisory committee met on a quarterly basis on October 20, 2022, January 26, 2023, April 20, 2023, July 17, 2023, and October 19, 2023. Meetings took place in Parkland at the Trinity Lutheran Church and the Pierce County School District building with an option to participate remotely.

Additional consultation for the project came from partners implementing or exploring place-based initiatives for youth mental health: The Zone Spokane, Renton Innovation Zone, Heritage University (Yakima Valley), and AHSHAY (Allies in Healthier Systems for

About Zones

The approach to community information gathering and decision-making employed by this project reflects the philosophy and methods used by similar efforts variously referred to as “Zones,” “Community Networks,” “Community Empowerment Zones,” and “Place-Based Efforts.” Coincident to this effort to stand up a local Youth Wellness Zone in the Parkland area was a separate initiative in Parkland to foster healthier lifestyle and nutrition choices using a similar, community-networked approach called Blue Zones. The efforts to stand up a Youth Wellness Zones were similar to a number of the methods used in Blue Zones including: 1. Community resident-informed decision-making; 2. Community outreach and engagement; 3. A landscape survey of local organizations and practices relevant to health; and 4. Use of a framework to guide rather than prescribe community decision-making.

Zones are a popular but as of yet relatively understudied and complex approach to improving health

Zones are a popular but as of yet relatively understudied and complex approach to improving health. In the child and youth arena, it is more common to see Zone efforts used to support educational achievement than mental health. This may be due to mental health being more commonly seen as an area for healthcare industry improvement rather than community mobilization. However, as awareness of the social determinants of mental health grows, scientists, clinicians, and policy makers are increasingly turning their attention to neighborhood conditions as vital factors influencing individual mental health.

Current Report

This report describes specific methods used to develop a community-informed plan for improving youth mental health in the Greater Parkland area. The period of outreach and data gathering spanned May 2023 through January 2024 and included the following methods:

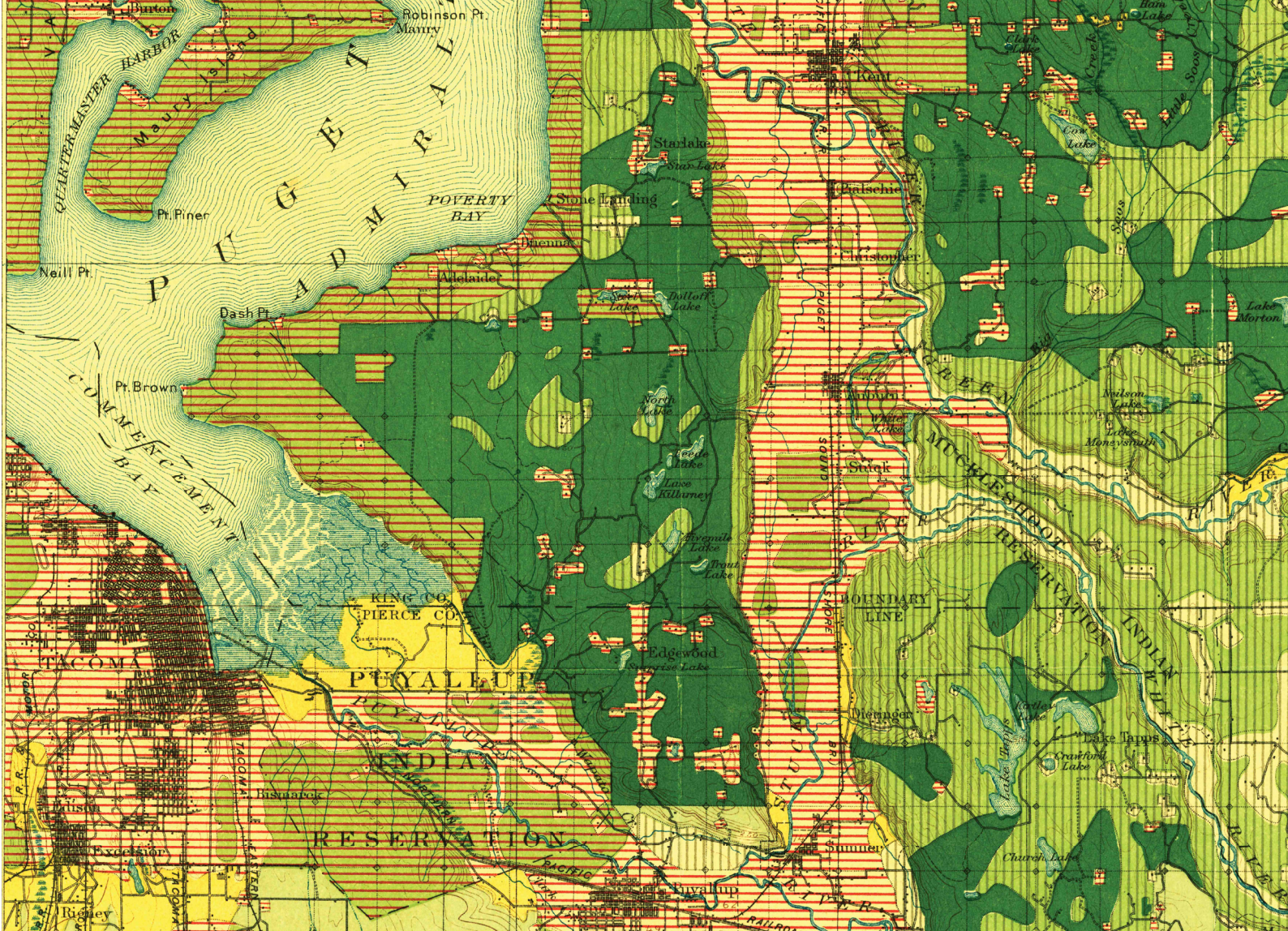
1. Relational and geospatial mapping
2. Street contacts and mailings
3. Social network analysis
4. Resource mapping
5. Community listening sessions

Information integration and synthesis involved the following analytic approaches:

1. Descriptive statistics
2. Rapid qualitative coding
3. Data triangulation

The recommendations emerging from this process and presented in this report are guided by a youth mental health prevention continuum drawing from prevention science and developed for this initiative as well as systems thinking tools including a concept evaluation matrix and systemic impact canvas drawn from Future Urban Living.

As awareness of the social determinants of mental health grows; scientists, clinicians, and policy makers are increasingly turning their attention to neighborhood conditions as vital factors influencing individual mental health.



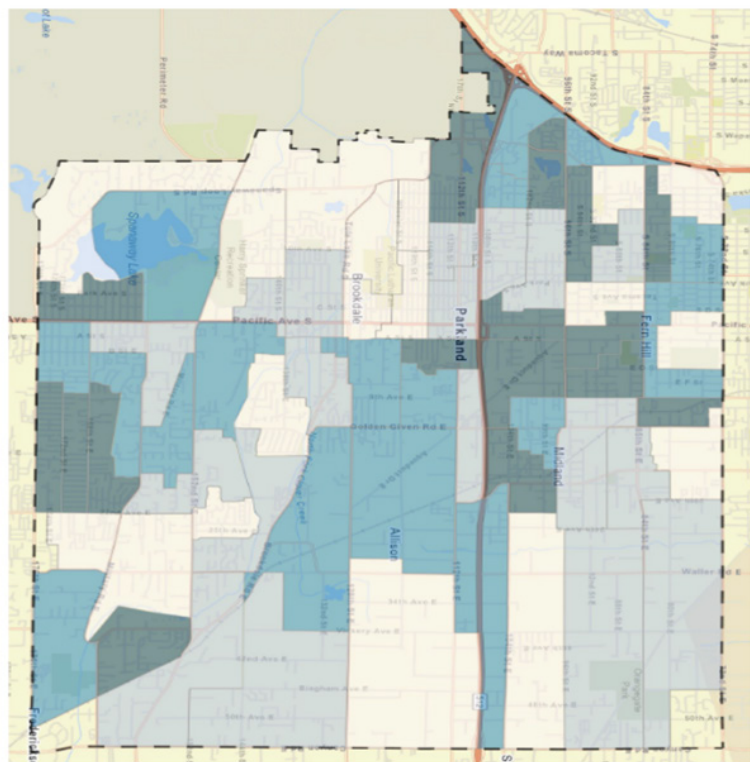
MAPPING THE AREA

The mapping approach used to define the boundaries of the geographic focus was led by Dr. Matthew Kelley at the University of Washington – Tacoma campus (School of Urban Studies). This was a participatory mapping process inspired by Lefebvre and Nicholson-Smith's *The Production of Space* (1992), in which the authors explore concepts of mental space and physical space. Translated to mapping planning boundaries, the mapping is informed by legal and physical boundaries of space (zip codes, district lines, streets) as well as how residents think about the physical reach of their lived neighborhoods.

Practically, this was carried out in four steps:

1. We began with the government definition of an area as a concentrations of health need. The Parkland region is identified as a Community of Opportunity by the Tacoma Pierce County Health Department.
2. From there, within the government defined boundaries, we asked people to draw the edges of their “community” in participatory mapping exercises. This included prompt questions for individuals to describe the routes they take and services they routinely use in the area, including schools, faith-communities, community services (parks), resources (grocery stores, restaurants), and informal places to hang out. This participatory mapping exercise was completed by over 200 youth from local Parkland schools.
3. We then ensured the identified area was cross walked with sufficient population density to make planning worth the infrastructure costs of a planning team, which for this project was set at over 5,000 families.
4. Finally, we confirmed the geographical area included sufficient service providers to coordinate across the continuum of health for youth mental health prevention and treatment including churches, large health agencies, primary care providers, mental health care providers, and schools (at least one high school).

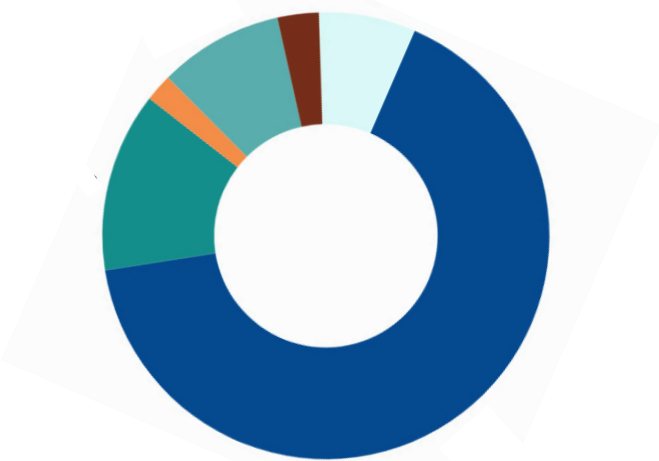
Percent of Population Under 18 (darker blue - higher percent under 18)



From these activities, Dr. Kelley identified the following geographic boundary. Iterative conversations with the Community Advisory Board led this to be named the “Greater Parkland Area.”

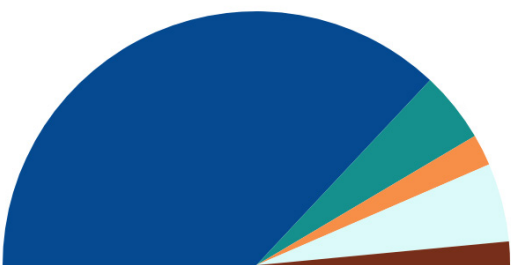
Catchment Area Demographics

Racial Identity



- White 66%
- Black or African American 13%
- American Indian or Alaska Native 2%
- Asian 9%
- Native Hawaiian or Other Pacific Islander 3%
- Some other race 7%

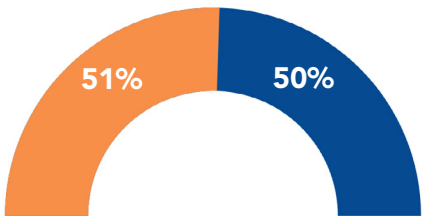
Languages Spoken



- English 74%
- Spanish 9%
- Other Indo-European languages 4%
- Asian and Pacific Islander languages 10%
- Other languages 2%

~97,655

Approximate Parkland Catchment population (based on current ACS)



Male Female

16%

Hispanic or Latino

36.5 years old

Median age of catchment population

23%

Population under the age of 18 in Parkland Catchment



Families in Parkland Catchment with kids under the age of 18

Note: Percents may not add up to 100 due to rounding.

COMMUNITY ASSESSMENT METHODS

Community Survey

The Greater Parkland Youth Wellness Survey was distributed to residents to assess the essential resources required for the well-being of youth in the area. We asked participants to prioritize the most significant goals and challenges faced by middle and high school students in Greater Parkland. Participants were prompted to rank the following:

1. The most important goals for middle and high school youth in Greater Parkland
2. The primary issues impacting middle and high school youth in Greater Parkland
3. The mental health needs that require the most support among Greater Parkland middle and high school students

Additionally, the survey included an open-ended question inviting respondents to elaborate on their perspectives regarding the most pressing needs of Greater Parkland's youth. The survey gathered demographic information, including race, age, gender, and residential location within Parkland. The survey was made available in both English and Spanish, accommodating the linguistic diversity present within the community and enabling broader participation. We conducted the community wellness survey over three phases spanning four months, from August 2023 to December 2023. In total, 28 survey responses were collected across all three phases of the community wellness survey.

Phase 1: In August 2023, community liaison Charles Carson and members from Safe Streets conducted outreach by distributing flyers to residents and businesses in the Parkland area, encouraging community members to complete the wellness survey. 11 survey responses were collected during Phase 1. For a detailed account of the community outreach initiatives, please refer to the dedicated section on outreach below.

Phase 2: The second phase commenced in mid-October of 2023, where we aimed to broaden our reach by utilizing Every Door Direct Mail (EDDM) service provided by the United States Postal Service (USPS). Postcards were sent to 5000 addresses across multiple neighborhoods, selected based on high residential density and a significant population of individuals under 18. The postcards included a brief description of the Youth Wellness Zone's mission, along with a QR code, and a short link directing recipients to complete the survey online. The targeted routes included postcodes 98387, 98444, and 98445, resulting in 13 responses collected during Phase 2.

Phase 3: The third phase was launched in response to valuable feedback and recommendations gathered during a Youth Wellness Zone community meeting on October 19, 2023. In this meeting, partner organizations contributed insights into priority areas within the Parkland community where families with children are most likely to reside. We ultimately selected 100 addresses at random for targeted outreach. We distributed the mailers in early December 2023 and each mailer included a \$5 gift card, a printed survey in English and Spanish, a return envelope for convenient response submission, and instructions for participants to complete the survey online by scanning a QR code. Phase 3 yielded 4 survey responses.

Response to the mailing and doorbelling campaigns for survey completion was much lower than expected and was likely due to the lack of broad awareness of CoLab, Youth Wellness Zones, or Safe Streets as a convener in the region.

Community Outreach

During the summer and fall of 2023, the team conducted outreach with residents and business in Parkland, including youth, parents and professionals working directly with youth, adults, and families. Themes emerging from these conversations included the need for sustainable resources, i.e., family support, housing assistance, food, clothing, school supplies, and other support services. He reported community concern for youth behavioral health and youth in general and observed that many people were not aware of existing resources in the Parkland community, and that existing community resource service organizations appeared to lack the sustainable resources necessary to meet local needs.

Completed Outreach/Awareness Efforts:

- National Night Out Parkland - Trinity Lutheran Church – August 1, 2023
- Door to Door and business flyer distribution ZONE C – August 5, 2023
- Door to Door only ZONE D – August 16, 2023
- Franklin Pierce Youth First - Coalition Meeting – August 18, 2023
- Washington High School – August 22, 2023
- Door to Door ZONE B – August 26, 2023
- Parkland Community Engagement Summit – February 3, 2024

Resource Mapping

We conducted resource mapping to identify and visualize the existing assets, including infrastructures, services, and support systems crucial for the well-being of youth in the Greater Parkland area. This approach not only provides a detailed overview of the available resources but also aids in identifying strengths and potential areas for improvement, thereby facilitating informed decision-making, and addressing any resource gaps. Our primary focus was to identify organizations and entities dedicated to promoting youth well-being, ranging from educational institutions and community service providers to healthcare facilities and religious and cultural associations.

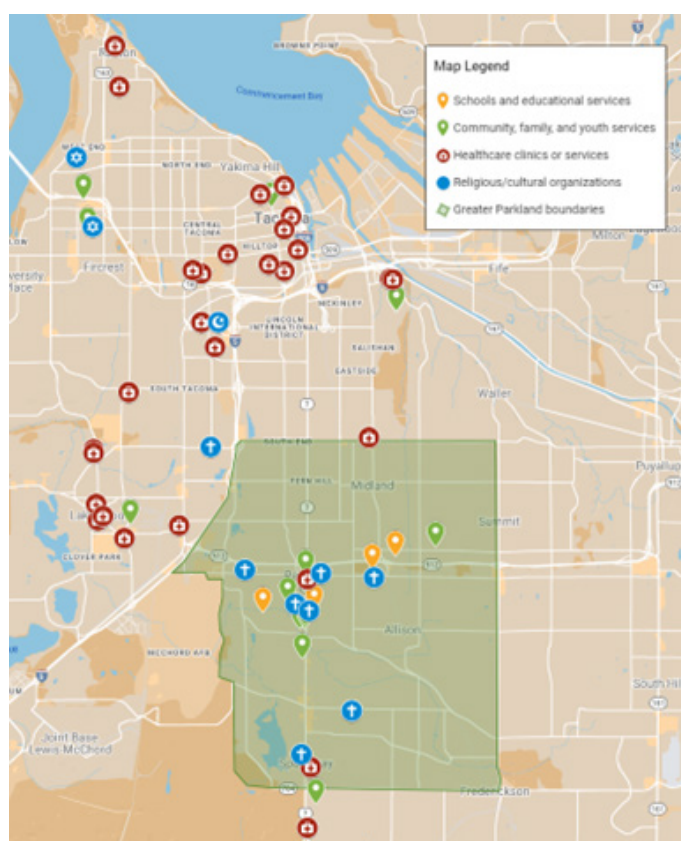
The resource mapping process unfolded in three distinct stages. We gathered a list of organizations serving the Greater Parkland area through input from the multisector advisory team. Additionally, we utilized the Washington 2-1-1 directory online, specifically identifying family and youth services related to mental health and substance use. In the next stage, we presented our first iteration of the resource map during a partners meeting on October 19, 2023, inviting input from community members and partners to suggest organizations serving youth and parents in the Parkland area that they were aware of. We incorporated their valuable suggestions into the resource map.

In the final stage, we conducted thorough online searches leveraging search directories and existing databases, such as the Pierce County Youth Mental Health Resources database. This step ensured comprehensive coverage and accuracy of the mapped resources.

The resulting resource map is visualized using Google Maps and is accessible online via a link¹. Users can easily navigate the map to locate relevant resources, access contact information, and explore website links for further details and assistance. While the primary focus of resource mapping is to identify resources within the defined boundaries of the Greater Parkland area, we have also included resources from outside these boundaries and the surrounding areas. From our resource mapping efforts, we identified the following key findings (see Appendix 1 for full list of findings):

- 5 schools and educational resources within Greater Parkland and surrounding area.
- 14 organizations offering various forms of community, family, and youth services.
- 28 healthcare clinics and organizations, which includes hospitals, mental health facilities, community health clinics, and health providers.
- 12 diverse religious and cultural organizations.

Figure 1. Greater Parkland Youth Wellness Zone Resource Map



1 <https://www.google.com/maps/d/u/1/edit?mid=1XmQeR2Y7M9Ps3c91KEa-soeVJfz34Lw&usp=sharing>

Town Hall

On February 3, 2024, Safe Streets facilitated the Parkland Community Engagement Summit, gathering dedicated Parkland residents to address community issues, explore avenues for change, and strategize engagement methods.

Following group discussions on various topics, including concerns, needs, and engagement solutions, participants had the opportunity to vote on Parkland's priorities. Additionally, participants were asked to identify the most significant issues currently affecting youth, families, and residents in Parkland. The event drew around 25 Parkland residents representing diverse ages, races, and genders. The event began with a broad overview of Safe Streets as local, neighborhood block organizer and introductions of participants. Participants then discussed prompt discussion questions in small groups related to youth developmental and mental health needs and potential solutions.

Participants were asked to identify the most significant issues currently affecting youth, families, and residents in Parkland.

Parkland Community Engagement Summit

On Saturday, February 3, a group of committed Parkland residents came together to discuss what's going on in the community, what can be done to make change, and how they can engage in that change! These are the results of that conversation.

After each group discussed issues, needs, and engagement solutions everyone had the opportunity to vote on where they felt Parkland's priorities were. With a total of 110 votes, the numbers in parentheses indicates the number of 'votes'.

Identify & Prioritize Issues

Participants answered questions about what they perceived to be the biggest issues currently facing youth, families, and residents in Parkland. In an effort to find common threads between issues, they were sorted into larger categories below.

- Lack of accessible programs (3)
- Lack of connectivity between organizations & neighborhoods (7)
- Lack of communication between organizations (2)
- Lack of awareness of opportunities
- Ready access to mental health services

Accessibility & Awareness (14)



- Social emotional wellness (4)
- Bullying (2)
- Anxiety (2)
- Overworked school counselors (2)
- Kids feel unknown, have low self-esteem
- Harassment
- Social media detachment, FOMO

Social Emotional Wellness & Health (13)



- Vandalism, car theft (8)
- Street racing (2)
- Youth vaping & drug use

Public Safety Issues (11)



- Housing, nutrition, finances (4)
- Families need economic resources (2)
- Lack of financial opportunities (2)
- Homelessness & survival mode behavior (1)

Foundational Needs (9)



NEXT MEETING:

April 6th @ 12:30-3:30pm
Trinity Lutheran Church

Parkland residents need...

Complex problems require multi-pronged solutions. Community members identified three equally critical solutions: community involvement, the development of a physical community center, and a wide variety of opportunities and activities for youth.





FINDINGS

Our team used various synthesis methods to triangulate data across the different community outreach methods including findings from:

1. Themes from the town hall and community listening sessions;
2. Community surveys; and
3. Health youth survey conducted by the local school district.

The purpose of synthesizing this information was to develop the 1. Primary mental health area; and 2. Level of service intensity, for subsequent planning. On the following pages, we describe findings from each data source and the synthesis.

The **Greater Parkland Youth Wellness Survey** asked respondents to rank the most significant goals and challenges confronting the youth in Greater Parkland. The results are presented below:

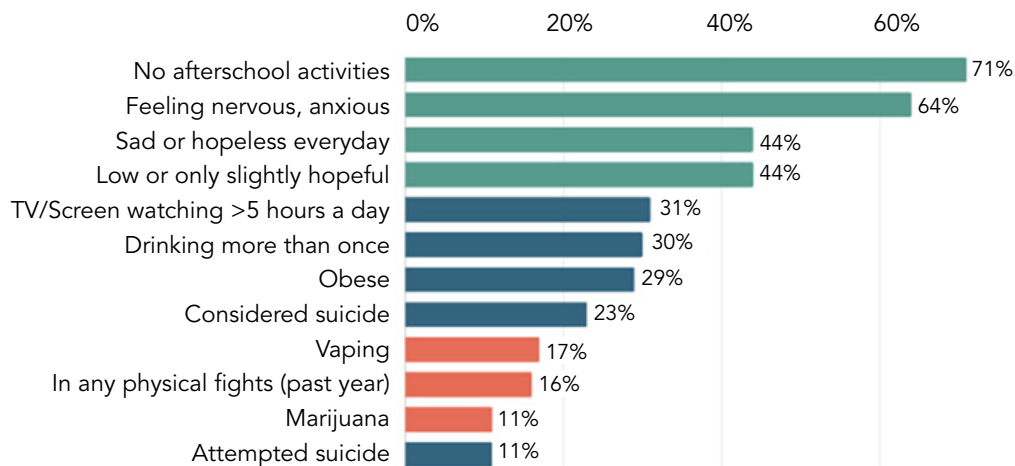
	Most Important Goal	Biggest Issue Facing Youth	Biggest Mental Health Need	Biggest Needs (open ended)
1st	Being happy and self-confident	Violence	Anxiety	Safe & positive activities with caring adults
2nd	Having positive goals for the future	Lack of motivation	Depression	

During Safe Streets' **Parkland Community Engagement Summit**, Parkland residents came together to discuss what they perceived to be the biggest issues currently facing youth, families, and residents in Parkland. Below are the priorities and issues identified:

Accessibility & Awareness	Social Emotional Wellness & Health	Public Safety Issues	Foundational Needs
Lack of accessible programs	Social emotional wellness	Vandalism; car theft	Housing, nutrition, finances
Lack of connectivity between organizations and neighborhoods	Bullying	Street racing	Families need economic resources
Lack of communication between organizations	Anxiety	Youth vaping & drug use	Lack of financial opportunities
Ready access to mental health services	Overworked school counselors		Homelessness & survival mode behavior
	Kids feel unknown, have low self-esteem		
	Harassment		
	Social media detachment; FOMO		

After identifying priorities, we cross-referenced them with data from the statewide **Healthy Youth Survey**. The Healthy Youth Survey is a statewide assessment of youth health behaviors. The health behaviors of 8th graders in the Franklin Pierce district are presented in Figure 2.

Figure 2. 8th Graders' Health Behaviors



The surveys and the summit results reveal an overlap in findings, where the highly ranked priorities correspond to highly ranked health behaviors. Overlapping results are represented by the green bars in the graph in Figure 2.

On the other hand, in the Wellness Survey and summit, violence and public safety are ranked as the top issue, contrasting with the Healthy Youth Survey which assigned physical fights, vaping, and marijuana use lower ratings. Inconsistent findings are illustrated by the red bars in Figure 2.

The purpose of synthesizing this information was to develop the
1. Primary mental health area; and
2. Level of service intensity, for subsequent planning.



CONTINUUM OF CARE MODEL

Prevention Cascade

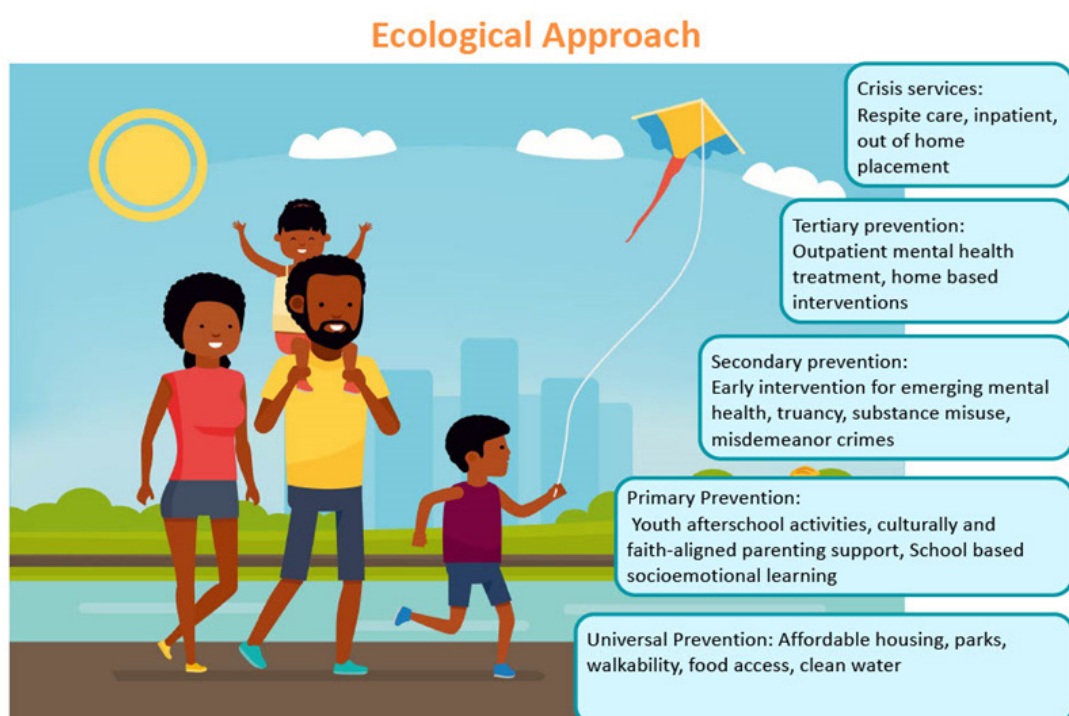
The planning framework for identifying needed services and service networks for Youth Wellness Zones is taken from the widely used disease prevention approach applied in the medical field but with a strengths based lens emphasizing social determinants of health and reducing the medicalization of healthy youth development. This model identifies five levels of prevention: **Primordial, Primary, Secondary, Tertiary** and **Quaternary**.

Primordial/Universal prevention focuses on building social and economic environmental conditions fundamental to good mental health such as playgrounds, quality education, community social involvement activities, sufficient affordable housing, and access to economic assistance and support.

Primary prevention focuses on an entire population with the aim of preventing a health problem from occurring. Vaccination is an example of primary prevention. For youth mental health and wellness, primary prevention includes universal education on mental health, socioemotional learning, general parenting classes, culturally responsive wellness services, and accessible afterschool youth programs among other strategies.

Secondary prevention focuses on interrupting the progression of a health need once it begins and where the need is not affecting a youth's functioning. Examples for youth mental health may include providing a youth who self identifies as having occasional anxiety with self-guided or brief counseling focused on helpful coping strategies. Tertiary prevention focuses on treating a health issue that is affecting an individual's functioning and intervening to prevent the use of more intensive services such as emergency room visits, crisis services, and inpatient stays. For youth mental health, this includes providing good detection and referral mechanisms for active mental health needs, providing accessible and culturally responsive treatment that reflects components of tested interventions, and providing access to crisis care and aftercare to prevent relapse. Interventions in this category can range from brief to extended depending on the severity of the mental health need.

Quaternary prevention focuses on policies and efforts to reduce overmedicalization and over-intervention in health needs that may cause more harm than good.



Parkland Priorities

As noted in the community findings on the previous pages, multiple sources of data highlighted youth anxiety and depression and low involvement in positive development activities as key areas of need, including a troublingly high percentage of youth reporting suicidal ideation. Other repeated priorities included families' need for economic support and community engagement.

Mapping these needs across the prevention cascade yields the following recommended strategies. In the next section, we will make specific system recommendations given the existing resources in Greater Parkland (see below).

For maximum effect, we recommend the Greater Parkland community make observable progress in one or more approaches within each strategy, with one exception. Under primordial/universal prevention, we recommend expanding **accessible youth positive development activities via afterschool programs as the top priority** for the Greater Parkland area. We recommend positive youth development activities via universally accessible afterschool programs as the highest priority for Greater Parkland given the intersection of youth depression and suicide, and the involvement in fun activities as the frontline treatment of adolescent depression (also known as behavioral activation).

Multiple sources of data highlighted youth anxiety and depression and low involvement in positive development activities as key areas of need

Greater Parkland Youth Mental Health Continuum – Strategy Recommendations

Level of Prevention	Strategy Area	Suggested Approaches
Primordial/Universal Prevention	Economic	<ul style="list-style-type: none">• Extend universal basic income pilots to the Parkland area• Expand job training• Extend cash transfer programs for housing stability and unemployment transitions• Expand rental and mortgage assistance programs
	Community Engagement	<ul style="list-style-type: none">• Strengthen existing community groups and intermediary organizations to expand outreach and engagement activities with a focus on family households• Strengthen schools' capacity to focus on parent engagement (potlucks, film screenings, volunteer awards)• Bring in civic engagement groups to provide technical assistance to local organizations on building community mobilization efforts

Level of Prevention	Strategy Area	Suggested Approaches
Primary Prevention	Youth Afterschool Activities	<ul style="list-style-type: none"> • Rapidly expand the availability of fully accessible afterschool programming with a broad spectrum of possible activities: e.g., sports, arts, leadership • Launch a public health campaign focused on increasing youth engagement in these activities • Engage a community youth advisory board to oversee planning and implementation and advise on promoting engagement
	Anxiety/Depression	<ul style="list-style-type: none"> • Implement mood management courses as part of health classes in middle and high school that emphasize participating in fun, active activities and thinking/problem-solving skills (see Appendix for a list of principles). • Expand parenting programs through school, faith-based, and community organizations focused on positive parenting with teens (see Appendix for a list of principles).
	Suicide	<ul style="list-style-type: none"> • Broadly distribute information on suicide hotlines and 988 within the community.
Secondary Prevention	Anxiety/Depression	<ul style="list-style-type: none"> • Ensure all health providers in primary care and school-based care have the capacity to deliver brief interventions for anxiety and depression in youth. Brief interventions can be 1 to 5 sessions. (see Appendix for resources)
	Suicide	<ul style="list-style-type: none"> • Institute training for schools, faith-based organizations and youth development activities on signs of suicide risk and actions. (see list in Appendix for resources).
Tertiary Prevention	Anxiety/Depression	<ul style="list-style-type: none"> • Ensure licensed mental health providers in the area have the capacity to deliver the following treatment interventions for youth: 1. Interpersonal Therapy; 2. Cognitive Behavioral Therapy for Anxiety; 3. Behavioral Activation • Build capacity for prescribing psychotropics after referring to psychotherapy as a frontline treatment through training and connection with the Partnership Access Line.
	Suicide	<ul style="list-style-type: none"> • Ensure licensed mental health providers are concurrent with required suicide response and intervention best practices (see Appendix for resources).
Quaternary Prevention	Anxiety/Depression/ Suicide	<ul style="list-style-type: none"> • Ensure local mental health providers have goal-directed and time-limited treatment plans. • Ensure families have access to in home mental health support via the WISE program to prevent unnecessary out of home placement.



SYSTEM RECOMMENDATIONS

Building from the Resource Mapping findings, we offer the following preliminary recommendations for which organizations may be best positioned to partner with the Greater Parkland Youth Wellness Zones at each level of the prevention cascade. This preliminary set of system recommendations is intended to spark conversation, deliberation, and innovative ideas for accomplishing the tasks set out in the previous table to address level of health for youth in the Greater Parkland region.

Greater Parkland Youth Wellness Zone

I. RESOURCES

- 1. Economic capacity.** Build from existing, successful universal basic income pilots in the City of Tacoma. Coordinate with the county Community Land Trust Initiative to explore partnership.
- 2. Community engagement.** Build from the strong momentum of the Parkland Community Association to a. bring in more school-aged households to the PAC; and b. to work with Safe Streets to make youth development a core function of neighborhood block organizing; and c. Increase the number of parents attending the Franklin-Pierce YOUTH FIRST coalition.
- 3. Youth Afterschool Activities.** Plan for a **100% participation goal** for all 8th graders in the Franklin-Pierce School District. Partner with the Summit-Parkland Youth Association to plan for rapid expansion of youth sports opportunities. Partner with Schools Out Washington to build capacity in Parkland for a range of afterschool activities in the arts, youth leadership and other subjects.
- 4. Primary prevention of anxiety, depression, and suicide.** Contract with local providers or external vendors to implement a mental health and mood management series in all 8th grade health classes in the Franklin-Pierce School District. Expand Triple P, already a supported program by the Youth First coalition, to faith-based communities from diverse cultures (see appendix). Expand community dissemination of 988 and suicide hotline information through social media and school newsletter.
- 5. Secondary prevention of anxiety, depression, and suicide.** Expand successful collaborations with HopeSparks to ensure local primary care clinics (Greater Lakes, Community Health Care, school-based health care) are using brief interventions for depression and anxiety using high quality components (e.g., Seattle Children's FAST program). Develop school-based referral system for suicide prevention.
- 6. Tertiary prevention of anxiety, depression, and suicide.** Assess and increase the capacity, as needed, of licensed mental health providers at Greater Lakes, ACTS behavioral health, Castille Williams, Bailey and Bailey to provide effective treatment per recommended guidelines (see appendix). Hire additional mental health providers as needed.
- 7. Quaternary prevention.** Ensure listed primary healthcare and mental/behavioral health outpatient are referring to Family Behavioral Health - Community Services in-home mental health services.

II. AVAILABILITY

Primordial Prevention	Primary Prevention	Secondary Prevention	Tertiary/Quat Prevention
<ul style="list-style-type: none"> City of Tacoma - Basic Income Pilot Parkland Community Association Community Land Trust Initiative - county initiative Franklin Pierce Youth First Coalition Safe Streets Summit - Franklin Youth Association 	<ul style="list-style-type: none"> 8th grade health classes Youth advisory council 988 and Suicide Hotline Triple P or comparable parenting programs 	<ul style="list-style-type: none"> Greater Lakes School-based mental health Community health clinic Hope Sparks and FAST model Youth Mental Health Pierce County 	<ul style="list-style-type: none"> Greater Lakes ACTS Behavioral Health Services Castille Williams Bailey & Bailey Catholic Community Services Youth Mental Health Pierce County

APPENDICES

The following documents are included the Appendices:

1. Comprehensive list of organizations and entities from the Greater Parkland Resource Map.
2. Principles to use in primary prevention of anxiety and depression for in-school curricula
3. Principles to look for/implement in positive parenting classes
4. Suicide prevention trainings
5. Resource bank of brief interventions for youth depression and anxiety

List of Organizations and Entities in the Greater Parkland Resource Map

As noted in the community findings on the previous pages, multiple sources of data highlighted youth anxiety and depression and low involvement in positive development activities as key areas of need, including a troublingly high percentage of youth reporting suicidal ideation. Other repeated priorities included families' need for economic support and community engagement.

Categories	Organizations/entities
Schools and educational services	Early Learning Center Franklin Pierce High School Franklin Pierce School District Midland Elementary School Perry G Keithley Middle School
Community, family, and youth services	Amara Bethel Family Center Blue Zones Project Parkland-Spanaway Dads M.O.V.E. Eastside Family Resource Center Franklin Pierce Family Resource Center Franklin Pierce Youth First HopeSparks Family Services Lakewood Family YMCA NAMI Pierce County PAVE Seneca Family of Agencies Summit-Parkland Youth Association The Wishing Well

Categories	Organizations/entities
Healthcare clinics or services	<p> ACES ABA - Autism Therapy Center ACTS Behavioral Health Services Bailey And Bailey Counseling and Consultation Castele Williams & Associates Comprehensive Behavioral Health Center for Autism & Related Disorders Center for Autism & Related Disorders Center for Discovery - Tacoma Community Health Care - Spanaway Family Medical Clinic Comprehensive Life Resources Consejo Counseling and Referral Services DBT Center of Tacoma Family Behavioral Health - Catholic Community Services For The Culture Counseling Services Greater Lakes Mental Health Spanaway Clinic Greater Lakes Mental Healthcare Greater Lakes Mental Healthcare Kwawachee Center Liberating Jasper Maxim Healthcare Services MultiCare Behavioral Health Tacoma MultiCare Tacoma General Hospital Northwest ABA Development Center -Tacoma Northwest Integrated Health Lakewood Location Parkland Medical Clinic: Paulson Debbie MD Puyallup Tribal Health Authority Sea Mar Community Health Center Lakewood The Steven A. Cohen Military Family Clinic at Valley Cities UW Autism Center </p>
Religious and cultural organizations	<p> Amazing Grace Christian Church Chabad Jewish Center of Tacoma Church For All Nations Faith Community Church Faith Community Church Islamic Center of Tacoma Japanese Community Church of Tacoma Lakeview Church of Christ Spanaway Samoan Assembly of God Temple Beth El The Church of Jesus Christ of Latter-day Saints Trinity Lutheran Church </p>

Principles To Implement in Primary Prevention of Youth Depression and/or Anxiety

Your feelings are a result of what you think and what you do
You can take control of this
Being busy increases happiness generally
Do fun stuff
Don't procrastinate
Relaxation makes you feel good
Being with people you like makes you feel good
Fighting with people makes you feel bad
Sometimes you need to ask for help
Noticing only weaknesses and failures makes you feel bad
It's not what happens; it's what you think about it that affects feelings
We can choose to look at the world in a positive or a negative way
We can deal with negative thoughts
There are ways of dealing with stress
There are problem-solving techniques

Whittaker R, Merry S, Stasiak K, McDowell H, Doherty I, Shepherd M, Dorey E, Parag V, Ameratunga S, Rodgers A. MEMO--a mobile phone depression prevention intervention for adolescents: development process and post program findings on acceptability from a randomized controlled trial. J Med Internet Res. 2012 Jan 24;14(1):e13. doi: 10.2196/jmir.1857. PMID: 22278284; PMCID: PMC3846345.

Principles to Implement in Positive Parenting Classes

Training on emotional literacy (naming emotions)
Consistency in responses to youth behaviors
Sensitivity and nurturing
Positive interactions
Knowledge of adolescent development
Role playing interactions
Practicing and reporting back

Wyatt Kaminski, J., Valle, L. A., Filene, J. H., & Boyle, C. L. (2008). A Meta-analytic Review of Components Associated with Parent Training Program Effectiveness. *Journal of Abnormal Child Psychology*, 36(4), 567–589.
<https://doi.org/10.1007/s10802-007-9201-9>

Suicide Prevention Trainings

- Center for Suicide Prevention and Recovery: Additional Resources - [CSPAR \(uwcspar.org\)](https://uwcspar.org)
- Caring Contacts training will introduce you to a simple but powerful intervention that has demonstrated it can reduce suicidal ideation, attempts, hospitalization, and deaths. It is a one-hour, interactive, self-paced training course developed for medical professionals and client-facing staff in WA state, and open to everyone. It is designed to address the public health crisis of suicide and give providers and client-facing staff additional tools to prevent suicide. Caring Contacts Training - [CSPAR \(uwcspar.org\)](https://uwcspar.org)
- Forefront Suicide Prevention Training: Training | Forefront Suicide Prevention - [University of Washington \(inthe forefront.org\)](https://inthe forefront.org)

Brief Interventions For Youth Anxiety And Depression

- First Approach Skills Training First Approach Skills Training (FAST) Program - [Seattle Children's \(seattlechildrens.org\)](https://seattlechildrens.org)
- Rapid Evidence Review of Interventions to Prevent and Manage Mental Health Challenges: [Rapid Evidence Review Behavioral Health Jan 2018.pdf \(academyhealth.org\)](https://academyhealth.org) (Colorado Health Foundation)
- Washington State Reporting Guides for Evidence Based Practices in Children's Mental Health: [ebp-reporting-guides.pdf \(wa.gov\)](https://ebp-reporting-guides.pdf)