



PORT TOWNSEND COALITION

Strategic Plan

October, 2012



Jefferson County, WA

Mission Statement:

“Strengthen collaboration among Port Townsend Coalition members and other community members and organizations in supporting efforts to reduce substance abuse and related problem behaviors and to increase healthy behaviors among youth by developing and implementing strategies in a culturally competent manner.”

TABLE OF CONTENTS

Executive Summary	3-5
I. Vision, Mission and Statement of Purpose	6
II. Building Capacity	6-12
Coalition Management	6
Development of PTC	6
Organizational Structure	6
Decision Making	7
Communication	7
Membership Recruitment and Retention Plan/	
Grassroots Participation / Recruitment of New Members	7
Organizational Chart	8
<i>Communities That Care</i> Training Opportunities	9
Plan to Maintain Participation for at Least 8 Sectors	9
Rules for Membership and Voting	9
Tracking Membership Involvement in Coalition Efforts	10
Outreach and Sustainability	10-11
Training	11-12
III. Assessment of Community (Community Profile)	12-21
Method	12-18
Resources Assessment	19
Gaps in Community Resources	20
Summary	21
IV. Plan for Action	22-26
Goals and Objectives	22-25
Logic Model	26
V. Implementation	27-28
VI. Reporting and Evaluation	29
Appendix A	30-33
Appendix B	34

EXECUTIVE SUMMARY

MISSION

Strengthen collaboration among Port Townsend Coalition members and other community members and organizations in supporting efforts to reduce substance abuse and related problem behaviors and to increase healthy behaviors among youth by developing and implementing strategies in a culturally competent manner.

PORT TOWNSEND COALITION

The Port Townsend Coalition (PTC) is a prevention advocacy organization that brings parents, schools, agencies, community groups, and community members together to work on preventing youth substance abuse and child abuse/neglect in the geographic area specific to Port Townsend. The PTC works in collaboration with the Jefferson County Community Network (JCCN). Founded in the winter of 2012, the PTC is governed by a Policy Board consisting of citizen volunteers and representatives from local agencies. The PTC's mission focuses on the City of Port Townsend.

THE PTC USED COMMUNITIES THAT CARE TO DEVELOP THE STRATEGIC PLAN

The Port Townsend Coalition, with a grant from the Division of Behavioral Health and Recovery, received training in community strategic planning developed by the University of Washington. The evidence-based prevention-planning system, *Communities That Care (CTC)*, assisted PTC in identifying the highest prevention needs in Port Townsend and creating a strategic work plan including implementation of evidence-based strategies. The process focused on leveraging local resources as well as evaluating the impact the plan will have in the community.

THE PORT TOWNSEND COALITION STRATEGIC PLAN

The Port Townsend Coalition *Strategic Plan* was developed through implementation of a five-phase process. The *CTC* phases were:

- Phase 1: Get Started—assessing community readiness to undertake prevention efforts;
- Phase 2: Get Organized—getting a commitment from community leaders and forming a diverse and representative prevention coalition;
- Phase 3: Develop a Profile—using epidemiologic data to assess prevention needs;
- Phase 4: Create a Plan—choosing tested and effective prevention policies, practices, and programs based on assessment data; and
- Phase 5: Implement and Evaluate—implementing the new strategies with fidelity, in a manner congruent with the programs' theory, content and methods of delivery, and evaluating progress over time.



Based on a thorough look at community risk and protective factors PTC prioritized the following risk factors and expected outcomes:

Problem Behavior Outcome

Decrease Alcohol Use within the Last 30 Days:

- Reduce the percentage of 10th grade students reporting alcohol consumption in the last 30 days.

Prioritized Risk Factors

- Community: Lack of Community Connectedness
- Community: Alcohol Laws and Policies
- Peer: Favorable Attitudes Towards Alcohol/Drug Use (including Perceived Risk of Harm)
- Family: Favorable Parental Attitudes and Involvement in the Problem Behavior
- Peer: Friends Who Engage in the Problem Behavior
- Peer: Intention to Use

STRATEGIES & ACTIVITIES IN THE PORT TOWNSEND CATCHMENT AREA

In order to reach the Coalition's goals/objectives and expected outcomes, the next few years will be dedicated to the following:

- Reduce risk factors and enhance protective factors through evidence-based prevention policies, programming and services
- PTC activities are designed to be free, accessible and widely promoted in the community
- There is a continual need for education and training around substance abuse prevention, intervention, treatment and aftercare and the impact it has on youth, families and the community. Education needs to be directed at policy makers and community members alike.
- All youth prevention programs to be implemented are universal, with the primary venue for the implementation being the public schools, alternative schools, private schools and the Boiler Room, a drug-free alternative non-profit program for youth.
- Facilitation of programs selected will need to be through a broad range of venues, including churches, schools, pre-school agencies, etc. (The intent is to provide meals and childcare to encourage participation from all families. The future goal is to have parenting programs become a "social norm" and an expected and accepted process for all families).
- Understanding the universality of Adverse Childhood Experiences (ACE), and in efforts to reduce the stigma and impact, ongoing ACEs education and implementation of the ACE questionnaire for primary healthcare providers, especially those serving pregnant women and families with children, educational professionals, groups and individuals working with youth and families, law enforcement and the general community.
- PT Babies/PT Kids: Though not a Best Practice, continue moderating the Yahoo Groups that provide a supportive environment for over 500 parents and caregivers as they raise/take care of young children. Members share information about raising children, community activities/events that are family-focused, and programs/services that support children and families. Increase advertising of this support and offer information where there is free internet access and computers (e.g. Port Townsend Public Library).

- Funding and sustainability are always going to be concerns. This will be a major focus requiring additional support to seek funding from multiple avenues and sources (public and private).
- Collaboration and cooperation are REQUIRED. The PTC has brought community groups and members to the table and all have a strong commitment to the health and well-being of children and families. There is a common understanding that ALL need to work together to provide adequate supports in the Port Townsend community. Previous significant partnerships are being made stronger (e.g. Jefferson County Public Health, Jefferson County Community Network, Substance Abuse Advisory Board members) and new partnerships are being created (e.g. PTC membership, the Port Townsend School District and Jefferson Healthcare).

I. VISION, MISSION AND STATEMENT OF PURPOSE

Vision Statement: Our Community is diverse, inclusive, safe and compassionate; nourishing health, innovation, creativity and engagement for all ages.

Mission Statement: Strengthen collaboration among Port Townsend Coalition members and other community members and organizations in supporting efforts to reduce substance abuse and related problem behaviors, and to increase healthy behaviors among youth by developing and implementing strategies in a culturally competent manner.

Statement of Purpose/Goal: The Port Townsend Coalition deeply values the following:

- Universal prevention for all youth
- Utilizing trauma-informed and Adverse Childhood Experiences (ACEs) information in decision-making
- Services, supports and policies that cover the entire lifespan (in-utero to later life)
- Creating easy access/reducing barriers to programs and services
- Reaching out to the most vulnerable and often under-served segments of the community (who are often the hardest to reach)
- Building community capacity through collaboration, partnership and cooperation, especially in a time of limited resources

II. BUILDING CAPACITY

Coalition Management

Development of the Port Townsend Coalition: Port Townsend was identified as the selected community to develop a coalition to implement the Prevention Redesign Initiative (PRI) goals and objectives for Jefferson County in March 2011. The PTC works in collaboration with and is sponsored by the Jefferson County Community Network (JCCN). The JCCN has served Jefferson County since 1994 as the Community Mobilization board, the Community Network board and the advisory board for Jefferson County's Nurse Family Partnership program.

Organizational Structure: PTC has adopted the JCCN Bylaws (see Appendix A). The leadership structure of the Coalition is an Executive Committee comprised of the Chair, Vice Chair, Treasurer, Program Manager (serves as Secretary) and supported by the PRI Community Coordinator. Board membership is drawn from the following sectors: business, civic/volunteer, healthcare, law enforcement, media, parents, religious/fraternal, schools, state/local government, youth (under 18), youth-serving organizations, organizations involved in reducing substance abuse, and mental health organizations. Jefferson County Public Health is the fiscal agent. The PTC Work Groups are:

- Community Assessment
- Funding/Sustainability
- Implementation
- Public Relations / Recruitment
- Youth Involvement

(See page 8 for Organizational Chart)

Decision Making: The Executive Committee guides the PTC in setting policy and developing and implementing prevention strategies. All decisions are made by a majority vote of the Board. Prior to a Board vote, all topics are presented in a respectful manner to facilitate an open discussion among Board Members. If the Board does not believe that the issue has been fully discussed or if more information is need to make an informed decision, an agenda item may be held over for a future meeting.

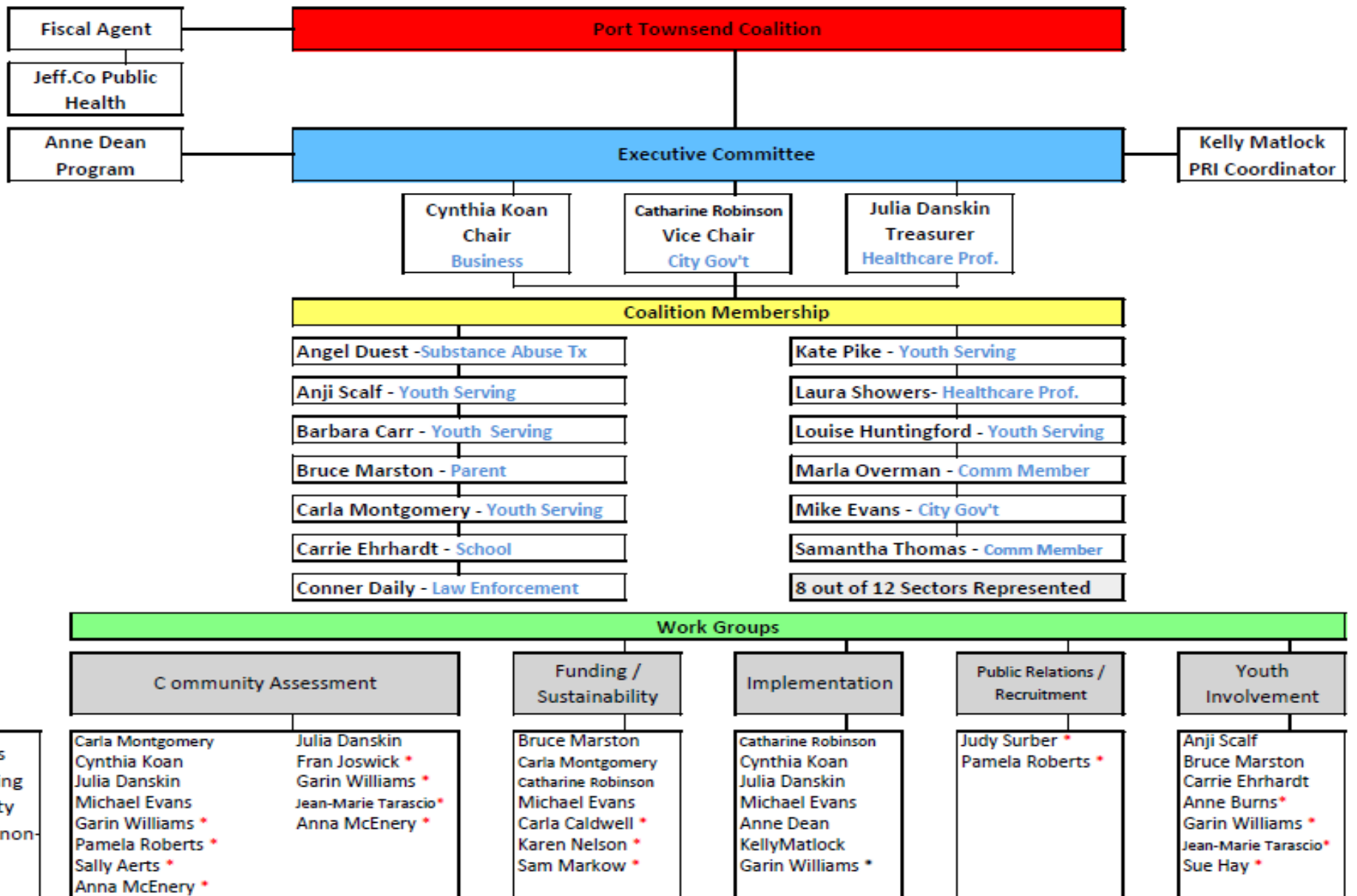
Communication: In terms of the internal communication with the Executive Committee, Board Members, the Program Manager and the PRI Community Coordinator, this is done by email list serves. All Board Members receive pertinent documents one week prior to Board Meetings. If requested, materials will be mailed. Information and updates are also available at www.jeffcocommunitynetwork.org. If further clarification is needed, a one-on-one phone conversation or meeting is scheduled prior to the Executive Committee Meetings and the Board Meetings. This lays the foundation for agenda items and related issue discussion at the Board Meetings. The Executive Committee, the Program Manager and the PRI Community Coordinator are careful to present all issues in a culturally competent manner so as to create an open, supportive and respectful environment for Board discussions.

In terms of Coalition communication with the larger community, the Program Manager, the PRI Community Coordinator and the Public Relation Work Group take the direction for these communications from the Coalition Board as determined at Board Meetings. Public outreach is done through multiple channels; press releases, posters, flyers, brochures and email distribution lists.

Membership Recruitment and Retention Plan

Grassroots Participation / Recruitment of New Members: The Port Townsend Coalition recognizes that its strength, effectiveness and future success depends on having a diverse membership. It prioritizes finding members from the following key sectors of the community:

- Business
- Civic/volunteer
- Healthcare
- Law Enforcement
- Media
- Parents
- Religious/fraternal
- Schools
- State/Local Government
- Youth (under 18)
- Youth-serving organizations
- Organizations involved in reducing substance abuse
- Mental Health organizations



To support the broadest possible membership and long term participation, the PTC Executive Committee works to maintain the following: establishing regular meeting days and times; convenient and accessible meeting locations; sensitivity to the timing of other community events; relevant meeting topics and contents; participant roles; and ongoing topical coalition and community trainings. The Public Relations/Recruitment Work Group promotes the work of the PTC by conversations and presentations to community groups, writing relevant press releases for media, disseminating public awareness materials, and face-to-face recruitment efforts for Coalition membership. The current PTC Board Members represent a broad spectrum of the Port Townsend community, including:

- Port Townsend School District
- Port Townsend City Council
- Port Townsend Police Department
- Mountain View Pool
- Jefferson County Juvenile and Family Services
- Jefferson County Public Health
- Jefferson Healthcare
- Safe Harbor Recovery Center
- Washington State Children's Protective Services
- Parents
- Boiler Room
- The Teen Center
- Department of Social and Health Services
- Computer Coaching Solutions

Unique Recruitment Opportunity through the *Communities That Care (CTC)* Trainings: PTC was trained in the *CTC* prevention-planning system, designed to help coalitions create community plans to tackle adolescent problems of substance abuse, delinquency, pregnancy, violence, and school dropout. This opportunity provided prevention professionals and interested community members in Port Townsend a unique opportunity to be formally guided through a prevention planning process. Representatives from the City Council, Jefferson County Board of Commissioners, the School District Superintendent, school principals and counseling staff, Police Department, Jefferson Healthcare, Public Health, Jefferson Mental Health, Jefferson County Community Network, the business community, as well as many youth serving organizations were able to come to the table to develop this strategic plan for the community. This unprecedented group of committed community members has taken a deep look into the needs of our community to evaluate which prevention programs, practices and policies would be most beneficial for Port Townsend.

Plan to Maintain Participation from at Least 8 Sectors: The Public Relations / Recruitment Work Group and staff will carefully track sector representation on the Board. Recruitment efforts are ongoing to have representation in all twelve sectors.

Rules for Membership and Voting: PTC is following the Division of Behavioral Health and Recovery PRI sector requirements.

Tracking Membership Involvement in Coalition Efforts: Tracking of membership involvement and participation will be done by the PRI Community Coordinator. The tracking of Board Members' and other community members' involvement will be by reviewing attendance and participation sign-in sheets at Board Meeting, Work Group meeting, Coalition sponsored events and other related community activities / events.

Outreach and Sustainability

Outreach

The PTC's goals for reducing underage drinking and other substance use dovetails with the general efforts and concerns of the following key community partners: Jefferson County Community Network, Jefferson County Public Health, Port Townsend School District, Port Townsend Police Department and the Substance Abuse Advisory Board as well as many other community organizations and groups. Historically, the Healthy Youth Coalition (HYC) was the hub for coordinating community substance abuse prevention efforts. Due to funding reductions, the HYC no longer meets, but member organizations now participate in the JCCN and the PTC.

Outreach is focused on providing information about the PTC, its mission and goals, raising awareness about the impacts of underage drinking and substance use and other factors that contribute to these issues, such as the Adverse Childhood Experiences Study (ACES). The methods of outreach are both formal and informal.

A. Formal:

1. The prevention professionals in Port Townsend were able to invigorate new community members as well as re-energize seasoned community prevention advocates with the CTC trainings in prevention planning. An unprecedented group of committed Key Leaders have come to the table and have taken a deeper look into the needs of our community to evaluate which prevention programs, practices and policies would be most beneficial for Port Townsend in the planning process.
2. The PTC, along with JCCN, sponsors coalition activities and events that focus on networking and collaboration. For example, with the DBHR Primary HealthCare Professional Grant, PTC/JCCN in collaboration with Jefferson County Public Health (JCPH) and Jefferson Healthcare sponsored three presentations/workshops by Dr. Robert Anda, a co-principal investigator for the Adverse Childhood Experiences (ACES) Study, and Quen Zorrah, PHN, MSN, that featured an overview on the concepts and findings from the ACES Study and what has been learned by Jefferson County Public Health (JCPH) about screening, utilizing the ACEs questionnaire with patients/clients, and client/provider planning to decrease risks for intergenerational transmission of ACEs. PTC was able to engage over 20 volunteers from other organizations to help man these successful presentations.
3. The Public Relations /Recruitment Work Group writes press releases, flyers and educational materials on topics related to underage drinking and other substance abuse issues that are distributed to local print and radio media, as well as distributed throughout the community. Please see Appendix A for an example of an educational brochure produced by PTC and other community partners in September, 2012.

B. Informal:

Due to Port Townsend's small rural setting, PTC Board members play multiple roles in the community and frequently share their Coalition participation with other community members. For example, PTC Board Members also sit on the 1/10th of 1% committee, the Substance Abuse Advisory Board, other non-profit Boards, and City and County Advisory Boards

Sustainability

The PTC Sustainability Plan will focus on maintaining and further development of:

- A. Community awareness of the impact of underage drinking, substance use/abuse and other related contributing factors and issues. In addition to a yearly Key Leader Orientation, the PTC, working with JCCN and JCPH, will sponsor other community trainings, workshops, events and activities
- B. New private and public funding sources and community collaborations and partnerships that address the Coalition's mission and goals will be identified. The Implementation and Funding/Sustainability Work Groups are focusing on understanding funding streams/finding new funding sources and creating sustainability for prevention programs (parenting, family, school-based, community-based), continually meeting to address funding options and existing and possible partnerships/collaborations.
- C. The value that the community places on the ongoing implementation and evaluation of the Prevention Strategic Plan: The Public Relations / Recruitment Work Group promotes the work of the PTC by conversations and presentations to community groups, writing relevant press releases for media, and disseminating public awareness materials. They emphasize education about pertinent issues regarding substance abuse prevention, intervention, treatment and aftercare. The Public Relations Work Group directs the staff on website updates, and sets direction for other promotions, like the drug-take-back programs, marijuana education brochure, PT Babies/PT Kids, PRI, and Healthy Youth News

Training

Past Trainings - Port Townsend Coalition and Community at Large:

- *Communities That Care* strategic planning process: PTC began the CTC process in January 2012 under the guidance of CTC facilitator Rick Cady. So far, over 60 diverse community leaders have participated in the process of taking a deeper look into the needs of our community members and families and evaluating which programs, practices and policies would be most beneficial to Port Townsend. PTC hosted multiple trainings and one-on-one meetings, including the Key Leader Orientation and Community Board Orientation, casting a wide net over the Port Townsend community and bringing a diverse, engaged and representative group to the table to work on all the phases of the strategic planning process.
- *Adverse Childhood Experiences Study: An Overview of the Concepts and Findings and Lessons Learned by Jefferson County Public Health about ACES Screening, Utilization of the ACES Questionnaire with Patients/Clients, and Client/Provider Planning to Decrease Risk of Intergenerational Transmission of ACES*, 3 presentations by Dr. Robert Anda, a co-principal

investigator for the Adverse Childhood Experiences (ACES) Study, and Quen Zorrah, PHN, MSN.

April 26, 2012

- Washington State Prevention Summit: With funding from DBHR, PTC Members, community members, Port Townsend School District staff, the PTHS Student Task Force and community prevention advocates attended the annual Washington State Prevention Summit in October 2011. In November 2012, the PRI Community Coordinator and the PTC Program Manager will be attending the Prevention Summit.
- Staff Trainings: Currently the PRI Community Coordinator participates in: monthly Washington State DBHR sponsored learning community sessions, prevention focused webinars (as they are available), Annual Washington State Prevention Summit from 2006 to present

Future Port Townsend Coalition and Community at Large Trainings:

- Community at large: Continue trainings on the impact of ACES, and the impact and legal consequences of underage drinking and substance use on youth, families and the community
- Primary Health Care Providers: Continue trainings on the impact of ACEs, and the ways and benefits of incorporating the ACE questionnaire into medical assessment protocols.
- Staff: Continuing training on the Science of Prevention, Capacity Building, and Community Surveys.
- Coalition: The Science of Prevention, Capacity Building and Community Surveys

III. ASSESSMENT OF COMMUNITY (Community Profile)

OVERVIEW: PTC focused on capturing a true snapshot of the Port Townsend community. This began with a review of demographic data. Then, the group looked at community data, resources, service/program/resource gaps and issues related to community readiness. In addition, we incorporated the knowledge we have gained from the community trainings regarding the impact of Adverse Childhood Experiences on individuals and society as a whole.

The PTC held three formal meetings surrounding community assessment:

1. March 26, 2012: ***Investing in Your Community's Youth: An Overview of Port Townsend and Jefferson County Data.*** This training focused on:
 - Introduction to reviewing community and school level data (please see Appendix B)
 - Understanding the data resources and how data was captured
 - Overview of a variety of data sources for both Port Townsend and Jefferson County to highlight similarities and differences between the locales
 - Looking for data that the group feels influences substance abuse and corresponding behaviors in the Port Townsend community
2. March 29, 2012: ***Investing in Your Community's Youth: Communities That Care Risk & Protective Factor Assessment Work Group Training.*** This training focused on:
 - Collecting and analyzing behavioral problem and risk & protective factor data

- Prioritizing 2-4 risk & protective factors
- Generating a report of the process & outcomes

3. April 9, 2012: *Investing in Your Community's Youth: Communities That Care Community Resource Assessment Work Group Training.* This training focused on:

- Creating an inventory of existing programs that DIRECTLY address the priority risk & protective factors
- Mapping the location of the programs/services
- Identifying gaps in programs and services
- Generating a report of the findings

Port Townsend Coalition's Community Assessment Work Group Members

The following group of diverse individuals participated in the community assessment process. Each member's perspective and representation in the work group was critical to ensuring that multiple segments of the community were represented (e.g. parents, school, public health, seniors, etc.) Members participated in the three formal trainings as well as doing additional independent and small group research to highlight, understand and develop a "full picture" of the community.

Sally Aerts, Community Volunteer, MPH Student, Parent
 Jean Baldwin, Jefferson County Public Health
 Julie Bartlett, Division of Behavioral Health and Recovery
 Rick Cady, Communities That Care Consultant
 John Colden, Community Volunteer
 Anne Dean, Jefferson County Community Network, Parent
 Michael Evans, City of Port Townsend and Port Townsend Police Department, Parent
 Fran Joswick, Chair, Jefferson County Substance Abuse Advisory Board
 Cynthia Koan, Community Volunteer
 Kelly Matlock, Jefferson County Public Health
 Sam Markow, Jefferson Mental Health Services
 Anna McEnery, Jefferson County Public Health, DD Coordinator
 Carla Montgomery, Children's Administration
 Pamela Roberts, Washington State University, Jefferson County Extension
 Garin Williams, Port Townsend Police Department and Port Townsend School District

EPIDEMIOLOGICAL DATA ABOUT PORT TOWNSEND (General Statistics):

Below are the highlights of what the group felt were contributing factors to understanding the Port Townsend community at a deeper level.

Port Townsend Data

Port Townsend is a small, rural community, and serves as the capital in Jefferson County. It is the only incorporated city in the County. The population in the 2010 US Census is 9,113 residents. The population is 92.4% white, with English as the primary language spoken in 95% of the homes. Washington state is 77.3% white. 24.6% of Port Townsend's population is age 65 and over. Median age is 53 years. The age group least represented is young adults, ages 20 to 30 (7.7%) with the age group birth to 19 being second (17.6%).

Median income is \$43,597, far below the WA State level of \$57,244. The percent of people living below the federal poverty line is 17.3% compared to 12.1% for the State. Families living below the poverty level, with children under 18 years is 22.9%. Families with children under 5 is 30.8%. School enrollment in Port Townsend has dropped 13% from 2006 to 2012, and a flat growth rate is projected through 2017. Free and reduced lunches for Port Townsend are provided to 46% of students.

Jefferson County Data (where Port Townsend specific data not available)

In 2005, the six largest employment sectors in terms of wages paid were Government, Retail, Manufacturing, Health Care, and Construction. The economy continues to be influenced by seasonal and cyclical factors (tourism, resource based). Jefferson County has become a “mailbox economy”. The term refers to the population of a particular area whose primary income is derived from a source other than wages, such as social security and retirement incomes.

In 2007-2009, 43% of births occurred to single mother compared to 34% for the State. 66% of births were paid for by Medicaid compared to 49% for the State. According to Washington State DOH, 46.1% of Jefferson County mothers under 18 received inadequate prenatal care and 40.1% of Jefferson County mothers age 18-24 received inadequate prenatal care.

CULTURAL COMPETENCY ISSUES

PTC determined that the most pressing cultural competency issues are:

- Identify if the needs of the low income families are adequately considered when prioritizing community needs in comparison to the more affluent, aging retired residents,
- balancing the allocation of resources to provide programs and services to youth/families verses a more traditional retiree population, and
- access to those programs and services, including financial hardship, transportation barriers and actual availability of services/programs that are population-based (due to rural location).

COMMUNITY DATA REVIEW AND PLANNING SEQUENCE (utilizing DBHR PRI Logic Model)

Consequences:

The Community Assessment Work Group primarily reviewed the data measures compiled in *What's Happening in Port Townsend? A Community Needs Assessment Data Book (July, 2011)*. The group looked at behaviors that are known to be associated with substance use. Here are the results that stood out after that review:

- **School Performance:**
 - 👍 Graduation rates: Annual dropout rate lower, on-time and extended graduation rates higher than State*
- **Youth Delinquency:**
 - 👍 Drinking and driving: No trend, similar/same as State rate for 8th grade, lower and decreasing for 10th grade
 - 👎 Arrest Rates: No trend, similar/same as State rate for drug law violations. Alcohol violations, alcohol or drug-related arrests (age 10-14) and total arrests (age 10-17) higher than State rate.
 - 👍 Weapons incidents in school: No trend, lower than State rate

- **Mental Health:**

- ☞ Considering suicide: Higher than State rate in grade 8; No trend, similar/same as State rate in grade 10

* ☞ **Data stood out as a negative indicator.** ☝ **Data stood out as a positive indicator.**

Consumption:

In reviewing Consumption, the group reviewed the number of youth using/consuming alcohol and other substances as reported in the 2002-2010 Healthy Youth Surveys. Here are the highlights of the review:

- **Youth Substance Use:**

- ☝ Current drinking: Decreasing trend, similar/same as State rate*
- ☝ Tobacco use: No trend, similar/same as State rate for 8th grade, decreasing trend for 10th grade
- ☞ Marijuana use: No trend, similar/same as State rate for 8th grade, no trend, higher rate for 10th grade
- ☝ Other illegal drug use: No trend, similar/same as State rate for 8th grade, decreasing trend for 10th grade
- ☝ Prescription drug use (not-prescribed): No trend, similar/same as State rate for 8th grade, decreasing trend for 10th grade

* ☞ **Data stood out as a negative indicator.** ☝ **Data stood out as a positive indicator.**

A major discussion that evolved around youth substance use focused on the fact that in many cases Port Townsend is similar to State rates, **but are those rates/percentages acceptable?**

Specific questions included:

- Is it acceptable for 35% of 10th graders to have consumed alcohol in the past 30 days?
- Is it acceptable for 25% of 10th graders to have had 3-5 days of drinking in the past 30 days and/or 1 binge in the past 2 weeks, or 6+ days drinking in the past 30 days and/or 2+ binge drinking episodes in the past 2 weeks?
- Is it ok that 37% of 10th graders reported smoking marijuana or hashish in the past 30 days (versus State 20%)?
- Why are these percentages so high? Here? And are these rates/percentages acceptable?

The Community Assessment Work Group, while recognizing that Port Townsend may be similar to the State in many rates and trends, also believe that these percentages and rates are too high and do not work in favor of healthy youth or community development.

Intervening Variables (Risk and Protective Factors) :

Reviewing the characteristics that are strongly predictive of underage drinking and substance use was where the majority of time was spent for the Community Assessment Work Group. The Port Townsend Coalition/*Communities That Care* planning process utilized a public health approach to planning in which risk and protective factors for substance abuse by youth are identified and addressed. **Risk Factors** are characteristics in the community, family, school and individual's environments that are known to increase the likelihood that a young person will engage in one or more problem behaviors. **Protective Factors** are conditions that buffer children and youth from exposure to risks by either reducing the impact of the risks or changing

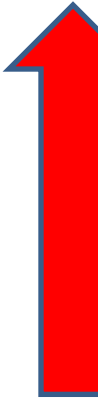
the way that young people respond to risks. They can decrease the likelihood that a young person will engage in problem behaviors.

Prioritized Risk Factors


- **Community:** Lack of Community Connectedness
- **Community:** Alcohol Laws and Policies
- **Peer:** Favorable Attitudes Towards Alcohol/Drug Use (including Perceived Risk of Harm)
- **Family:** Favorable Parental Attitudes and Involvement in the Problem Behavior
- **Peer:** Friends Who Engage in the Problem Behavior
- **Peer:** Intention to Use

The following list depicts the ranking of major risk factors in Port Townsend compared to the state average, as determined by the 2010 Healthy Youth Survey.

Note: Higher risk is unfavorable. The goal is to implement strategies that reduce the risk factors. The top three items in BOLD are PTC’s prioritized risk factors.

Risk Factors from 2010 Healthy Youth Survey						
Port Townsend	Risk Factors	Category	Students At-Risk	Difference	Grade	Domain
			on 2010 HYS	(from State)*		
Higher (worse) Than the State Average		Friends' Use of Drugs	State 29%	20%	10	Peer-Indiv
			PT 49%			
		Intentions to Use Drugs	State 45%	18%	10	Peer-Indiv
			PT 63%			
		Perceived Risks of Use	State 39%	16%	10	Peer-Indiv
			PT 55%			
		Perceived Availability of Drugs	State 34%	15%	10	Community
			PT 49%			
		Low Neighborhood Attachment	State 42%	9%	10	Community
			PT 51%			
Laws & Norms Favorable to Drug Use	State 28%	9%	8	Community		
	PT 37%					

Note: Higher protection is favorable. The goal is to implement strategies that enhance protective factors. The top three items in BOLD are PTC's prioritized protective factors.

Protective Factors from 2010 Healthy Youth Survey						
Port Townsend Protective Factors Higher (worse) Than the State Average		<u>Category</u>	<u>Students Not PROT on 2010 HYS</u>	<u>Difference (from State)*</u>	<u>Grade</u>	<u>Domain</u>
		Opportunities for Prosocial Involvement	State 37%	24%	8	School
			PT 61%			
		Opportunities for Prosocial Involvement	State 38%	12%	10	School
			PT 50%			
		Opportunities for Prosocial Involvement	State 36%	9%	8	Family
			PT 45%			
		Rewards for Prosocial Involvement	State 42%	9%	10	School
			PT 51%			
		Interaction with Prosocial Peers	State 43%	8%	10	Peer-Indiv
PT 51%						
Rewards for Prosocial Involvement	State 38%	7%	8	Family		
	PT 45%					

Adverse Childhood Experiences Trainings:

A large majority of PTC members (and over 185 participants' total) also participated in trainings about the Adverse Childhood Experiences (ACEs) Study in April, 2012. These were presented by Dr. Robert Anda (a principal investigator of the ACE Study) and Quen Zorrah, RN, MSN. These trainings were sponsored as a collaborative effort by Jefferson County Public Health, the Jefferson County Community Network, PTC and Jefferson Healthcare.

The ACE Study looks at the impact of traumatic childhood experiences and how they negatively influence society's health and social problems. ACEs are stressful or traumatic experiences that can affect brain development and lead to social, emotional and cognitive impairments. These impairments can in turn result in risky health behaviors that contribute to chronic disease, disability and social problems and ultimately, early death.



The PTC believes that understanding the impact of ACEs is key to breaking the intergenerational cycles of costly negative health and social outcomes. Creating a common language and shared understanding of Aces across community systems that support children and families is critical to prevent substance abuse, high-risk behaviors and poor health outcomes. Capacity-building policies and practices that focus on prevention/reduction of ACEs and interventions/treatment that build resiliency are crucial to health care reform and the health and well-being of our community.

ACEs are common; a study of more than 17,000 participants conducted by Kaiser Permanente for 1995-1997 found that 67% of all participants had experienced at least one adverse event, and more than 20% had experienced three or more. Washington Behavioral Risk Factor Surveillance System data shows that in Washington State and Jefferson County (*Note: Port Townsend data sample too small to utilize, referencing county data*), ACE Study results are similar. When the Jefferson County Public Health Family Support Program Clients ACE scores are reviewed, there is a substantial difference in those experiencing no adverse events (15%) and the average ACE score goes from just under 2 to 3:

2009	Low ACE 0-3	High ACE 4+	Average ACE	ACE=0
Jefferson County	74%	26%	1.8	28%
Washington State	72%	28%	1.7	34%
Jefferson County Public Health Family Support Program Clients	72%	28%	3	15%

Source: The Health of Jefferson County, 2010 Update, Part II: Mental Health, Alcohol & Drug Use

Port Townsend Resource Assessment

To build the PTC capacity to complete a community resource assessment, the Community Assessment Work Group completed the *CTC* Resource Assessment Training. Emphasis was placed on; collecting information on existing programs, policies & practices that **directly** address the priority risk & protective factors chosen by the Coalition; analyzing resources to identify tested effective programs; and identifying gaps in resources.

The Work Group completed the following tasks:

- Formed sub-workgroups around priority risk and protective factors
- Identified community resources that directly affect the prioritized risk / protective factors
- Collected sufficient information about the resource to determine if the resource addresses the priority risk / protective factor, if it's a tested effective program, the target audience addressed evaluation results, etc.

The Work Group identified the following organizations that provide programs and services that directly affect Port Townsend's prioritized risk and protective factors:

Organization	Program(s)	Prioritized Risk/Protective Factors (Please note that this is the opinion of the interviewee)	Evidence-Based: Yes / No
YMCA	<ul style="list-style-type: none"> ○ After the Bell ○ Building Futures 	<ul style="list-style-type: none"> ○ Do not directly address risk factors ○ Addresses all protective factors 	No No
Juvenile Services	<ul style="list-style-type: none"> ○ Topside ○ ART ○ FFT ○ Girl Circle 	<ul style="list-style-type: none"> ○ Addresses Friends Who Use, Perceived Risk is Low, Intentions to Use ○ Addresses all Protective Factors 	No Yes Yes No
PT High School	<ul style="list-style-type: none"> ○ Project Success 	<ul style="list-style-type: none"> ○ Addresses Friends Who Use, Perceived Risk is Low, Intentions to Use ○ Addresses all Protective Factors 	Yes
Blue Heron Middle School	<ul style="list-style-type: none"> ○ Protecting You: Protecting Me (Projected grades 4- 5) ○ Project Alert (grades 6-7) 	<ul style="list-style-type: none"> ○ Addresses Friends Who Use, Perceived Risk is Low, Intentions to Use ○ Addresses all Protective Factors 	Yes Yes
Grant Street Elementary	<ul style="list-style-type: none"> ○ Protecting You: Protecting Me (projected grades 1-3) 	<ul style="list-style-type: none"> ○ Addresses Friends Who Use, Perceived Risk is Low, Intentions to Use ○ Addresses all Protective Factors 	Yes
Jumping Mouse Children's Center	<ul style="list-style-type: none"> ○ Children's Therapy Program ○ Parent Support/Education 	<ul style="list-style-type: none"> ○ Addresses risk/protective factors primarily for parents directly and youth they serve (indirectly) 	No
Jefferson Healthcare	<ul style="list-style-type: none"> ○ School Based Health Clinic ○ General pediatric medical care 	<ul style="list-style-type: none"> ○ Addresses Friends Who Use, Perceived Risk is Low, Intentions to Use ○ Addresses all Protective Factors 	No No
Jefferson Mental Health Services	<ul style="list-style-type: none"> ○ School Based Health Clinic ○ Agency-direct counseling 	<ul style="list-style-type: none"> ○ Addresses Friends Who Use, Perceived Risk is Low, Intentions to Use ○ Addresses all Protective Factors 	No No

Gaps in Community Resources

The Community Assessment Work Group found the following resource gaps:

- **Tested effective programs, polices & practices:** While Port Townsend is fortunate to have some prevention resources available; there is a lack of evidence-based or “best practices” programs for prevention evident in the community. Those that have previously been available have not been provided to students consistently (due to staff changes/prevention trainers availability/teaching time requirements, etc.). The community can often take a “think local” approach and create programs/policies to address an immediate need, but may not have strong scientific backgrounds.
- **Geographic restrictions:** Port Townsend is a rather isolated community on the Olympic Peninsula. It is the only incorporated city in a county of just under 30,000 people. Port Townsend is dependent on ferry transportation and a floating bridge connecting the Olympic Peninsula to the Kitsap Peninsula. There is an option to drive around Puget Sound, but the trip is long and can be quite cumbersome on a two-lane, curvy highway. There is a high cost to bring trainers and facilitators to Port Townsend in travel alone. The closest large airport is more than 2 ½ hours away.
- **Demographic limitations:** With just over 9000 residents in all of Port Townsend, and only 1257 (average) students enrolled in the Port Townsend School District (Grades K-12), programs and services, (including public education) based on population, are not adequately funded and very hard to start and maintain. For example, Big Brothers Big Sisters had a presence in Jefferson County from 2006-2010, but was unable to be self-sustaining. Middle school sports were discontinued in the 2011-2012 school year due to inability to fund coaching, liability and transportation needs. They were re-instituted for the 2012-2013 school year due to a non-profit organization doing fundraising.
- **Developmental gaps in the continuum of services:** There are minimal parenting programs/education available in Port Townsend covering the B-12 age range. Programs, sometimes offered, usually have a high out-of-pocket cost or are cancelled due to lack of participation. Some offered, like Love & Logic, are not considered best practice programs. Prevention programs in the schools do not cover the K-12 continuum, and also are seeing high turnover in trainers.
- **Cultural Competency:** PTC determined that the most pressing cultural competency issues are; low income families compared to the more affluent, aging retired residents; balancing the allocation of resources to provide programs and services to youth/families verses a more traditional retiree population; and access to those programs and services, including financial hardship, transportation barriers and actual availability of services/programs that are population-based.
- **Funding limitations:** This is by far the largest gap in Port Townsend. As federal, state, county and city dollars continue to dwindle, programs and services are being eliminated. With a limited population, individual or corporate contributions and non-profit funding is minimal at best. As well, public funding opportunities (grants) are often switching away from funding direct services and shifting to more environmental strategies (e.g. Drug Free Communities Grant). Locally, the City of Port Townsend is no longer funding the Project Alert program in Port Townsend schools, after funding this for 8 years. Community Mobilization and Family Policy Council funding that has provided some support in the past has been reduced to such a level that even minimal support for programming is not possible.

Summary:

After reviewing the “big picture” of Port Townsend, the PTC’s PRI Strategic Plan emphasizes that PTC activities are designed to be free, accessible and widely promoted in the community. This includes:

- There is a continual need for education and training around substance abuse prevention, intervention, treatment and aftercare and the impact it has on youth, families and the community. Education needs to be directed at policy makers and community members alike.
- All youth prevention programs to be implemented are universal, with the primary venue for the implementation being the public schools, alternative schools, private schools and the Boiler Room, a drug-free alternative youth non-profit
- Facilitation of programs selected will need to be through a broad range of venues, including churches, schools, pre-school agencies, etc. (The intent is to provide meals and childcare to encourage participation from all families. The future goal is to have parenting programs become a “social norm” and an expected and accepted process for all families).
- Understanding the universality of Adverse Childhood Experiences (ACE), and in efforts to reduce the stigma and impact, ongoing ACEs education and implementation of the ACE questionnaire for primary healthcare providers, especially those serving pregnant women and families with children, educational professionals, groups and individuals working with youth and families, law enforcement and the general community.
- PT Babies/PT Kids: Though not evidence-based, continue moderating the Yahoo Groups that provide a supportive environment for over 500 parents and caregivers as they raise/take care of young children. Members share information about raising children, community activities/events that are family-focused, and programs/services that support children and families. Increase advertising of this support and offer information where there is free internet access and computers (e.g. Port Townsend Public Library).
- Funding and sustainability are always going to be concerns. This will be a major focus requiring additional support to seek funding from multiple avenues and sources (public and private).
- Collaboration and cooperation are REQUIRED. The PTC has brought more community groups and members to the table and all have a strong commitment to the health and well-being of children and families. There is a common understanding that ALL need to work together to provide adequate supports in the Port Townsend community. Previous significant partnerships are being made stronger (e.g. Jefferson County Public Health, Jefferson County Community Network, Substance Abuse Advisory Board members) and new partnerships are being created (e.g. PTC membership, the Port Townsend School District and Jefferson Healthcare).

IV. PLAN FOR ACTION

With this Plan of Action the PTC believes that our targeted problem behavior outcomes are achievable. Based on the thorough look at community risk and protective factors in the CTC trainings, the Port Townsend Coalition prioritized the following risk and protective factors:

Prioritized Risk Factors

- **Community:** Lack of Community Connectedness
- **Community:** Alcohol Laws and Policies
- **Family:** Favorable Parental Attitudes and Involvement in the Problem Behavior
- **Peer:** Favorable Attitudes Towards Alcohol/Drug Use (Perceived Risk of Harm)
- **Peer:** Friends Who Engage in the Problem Behavior
- **Peer:** Intention to Use

To reduce these risk factors the PTC will support direct service implementation of prevention programs, community organizing and environmental strategies with the goal of reducing the likelihood of youth engaging in underage drinking and other substance use, as well as other related problem behaviors.

DIRECT SERVICES

RISK FACTOR: Friends Who Engage in the Problem Behavior

- Goal: To decrease the risk associated with friends who use.
- Objective: To increase peer disapproval of use.
To increase youth refusal and resistance skills.

Strategies/Programs/ Activities:

1. Implement *Protecting You/Protecting Me*, an evidence-based prevention curriculum, in grade 4 at Blue Heron Middle School.
2. Continue to implement *Protecting You/Protecting Me*, an evidence-based prevention curriculum, in grades 1, 2, 3 at Grant Street Elementary and grade 5 at Blue Heron Middle School.
3. Implement *Life Skills Training*, an evidence-based prevention curriculum in grades 6, 7, and 8 at Blue Heron Middle School.
4. Continue to implement *Project Success*, an evidence-based prevention program, at Port Townsend High School (6- to 8-week universal prevention education for the 9th grade; 8- to 12-week process groups for selected and indicated youth, and individual prevention assessment using the evidence based Brief Intervention Program.)

Rationale: Port Townsend data shows significant findings with regard to youth who report friends who use alcohol and drugs. Because research shows that youth who associate with peers who engage in problem behaviors are more likely to adopt those behaviors themselves, the PTC believe universally implementing evidence-based prevention programs, and providing group and 1-1 sessions for selected and indicated youth will decrease youth's alcohol and other substance use.

Scope:

1. *Protecting You/Protecting Me*, an evidence-based prevention curriculum, will be facilitated in grades 1 through 5 in all public classrooms in Port Townsend.
2. *Life Skills Training*, an evidence-based prevention curriculum, will be facilitated in grades 6 through 8th grade in public classrooms in Port Townsend.
3. Project Success programs, an evidence-based prevention program, will be made available to all public high school students in Port Townsend. Prevention education is for all 9th graders. Students are referred for group and 1-1 by parents, staff or self-referred.

Next Steps: The Implementation Work Group will explore ways to provide the above mentioned prevention programs to youth who attend alternative schools, private school or who are home schooled.

RISK FACTOR: Favorable Attitudes Towards Alcohol / Drug Use (including Perceived Risk of Harm)

Goal: To decrease the risk associated with youth’s perceived risk of drug use.

Objective: To increase youth’s awareness of the physical, social & legal impact of alcohol & substance use.

Strategies/Programs/ Activities:

1. Implement *Protecting You/Protecting Me*, an evidence-based prevention curriculum, in grade 4 at Blue Heron Middle School.
2. Continue to implement *Protecting You/Protecting Me*, an evidence-based prevention curriculum, in grades 1, 2, 3 at Grant Street Elementary and grade 5 at Blue Heron Middle School.
3. Implement *Life Skills Training*, an evidence-based prevention curriculum, in grades 6, 7 and 8 at Blue Heron Middle School.
4. Continue to implement *Project Success*, an evidence-based prevention program, at Port Townsend High School (6- to 8-week universal prevention education for the 9th grade; 8- to 12-week process groups for *selected* and *indicated* youth, and individual prevention assessment using the evidence-based Brief Intervention Program.)
5. Guiding Good Choices, an evidence-based parenting program, will be facilitated by Trinity Methodist in Port Townsend for parents of children age 9-14. Beginning participants will be selected from a referral list from Port Townsend School District staff and/or other organizations and agencies that work with families. After the first series of parenting classes, participation will be opened to all parents in Port Townsend.

Rationale: Port Townsend data shows significant findings with regard to youth who do not perceive harm from using alcohol and other drugs. Because research shows that youth who do not perceive harm from using alcohol and other drugs are more like to drink alcohol and use other drugs, the PTC believes universally implementing evidence-based prevention programs, and providing group and 1-1 sessions for selected and indicated youth will decrease youth’s alcohol and other substance use.

Scope:

1. *Protecting You/Protecting Me*, an evidence-based prevention curriculum, will be facilitated in grades 1 through 5 grades in all public classrooms in Port Townsend.
2. *Life Skills Training*, an evidence-based prevention curriculum, will be facilitated in grade through 8th grade in all public classrooms in Port Townsend.
3. Project Success programs, an evidence-based prevention programs, will be made available to all public high school students in Port Townsend. Prevention education is for all 9th graders. Students are referred for group and 1-1 by parents, staff or self- referred.
4. Guiding Good Choices, an evidence-based parenting program, will be facilitated by Trinity Methodist in Port Townsend for parents of children age 9-14. Beginning participants will be selected from a referral list from Port Townsend School District staff and/or other organizations and agencies that work with families. After the first series of parenting classes, participation will be opened to all parents in Port Townsend.

Next Steps: The Implementation Work Group will explore ways to provide the above mentioned prevention programs to youth who attend alternative schools, private school or who are home schooled.

RISK FACTOR: Intention to Use

Goal: To reduce the risk associates with youth’s intention to use.

Objective: To increase youth’s awareness of the short term and long term physical, social and legal impact of alcohol and substance use.

Strategies/Programs/ Activities:

1. Implement *Protecting You/Protecting Me*, an evidence-based prevention curriculum, in grade 4 at Blue Heron Middle School.
2. Continue to implement *Protecting You/Protecting Me*, an evidence-based prevention curriculum, in grades 1, 2, 3 at Grant Street Elementary and grade 5 at Blue Heron Middle School.
3. Continue to implement *Project Success*, an evidence-based prevention programs, at Port Townsend High School (6- to 8-week universal prevention education for the 9th grade; 8- to 12-week process groups for selected and indicated youth, and individual prevention assessment using the evidence based Brief Intervention Program.)

Rationale: Port Townsend data shows significant findings with regard to youth who report intentions to use. Because research shows that youth who report intentions to use in the future are more likely to begin to drink alcohol and use other drugs, the PTC believes universally implementing evidence-based prevention programs, and providing group and 1-1 sessions for selected and indicated youth will decrease youth's alcohol and other substance use.

Scope: 1. *Protecting You/Protecting Me*, an evidence-based prevention curriculum, will be facilitated in grades 1 through 5 grades in all public classrooms in Port Townsend.
2. Project Success programs, an evidence-based prevention programs, will be made available to all public high school students in Port Townsend. Prevention education is for all 9th graders. Students are referred for group and 1-1 by parents, staff or self-referred.

Next Steps: The Implementation Work Group will explore ways to provide the above mentioned prevention programs to youth who attend alternative schools, private school or who are home schooled.

PUBLIC AWARENESS

RISK FACTORS: Favorable Parental Attitudes Toward Alcohol and Drug Use and Involvement in the Problem Behavior

Local Condition: Approximately 67% of Jefferson County Residents have had 1 ACE event and 26% have an ACE score of 4 or more.

Goals: Decreased the favorable attitudes of adults and the community toward alcohol and drug use. Increase community knowledge about the Adverse Childhood Experiences Study and Next Steps; and Increase community knowledge about the impact and legal implications of underage drinking and drug use on youth, on families and on the community.

Objective #1: Educate the community about the impact of underage drinking and substance abuse on youth, families and the community at large.

Objective #2: Educate PT community about ACE Study. Develop common understanding and shared language with organizations working with children and families.

Objective #3: Continue to facilitate trainings and support primary healthcare providers in implementing the ACE questionnaire into existing assessment protocols.

Strategies/Programs/ Activities:

1. Radio panel presentations on:
 - ACE Study and Next Steps
 - impact on youth, families and the community from underage drinking and other substance abuse
 - Legal implications of underage drinking and substance use for youth, families and the community
2. Presentations and workshops for policy makers, community organizations and the community at large on:
 - ACE Study and Next Steps

- Impact and the legal implications of underage drinking and substance use on youth, families and the community.
3. Work with primary healthcare providers, businesses, organizations and services groups that work with youth and families:
- develop a common understanding and shared language about the ACE Study and next steps
 - continue to train primary healthcare providers on ways to incorporate the ACE questionnaire into existing assessment protocols
 - sponsor and facilitate a “Brown Bag” monthly meeting to support service providers in the implementation of the ACEs questionnaire into their protocol
 - further educate on the impact on youth, families and the community from underage drinking and other substance abuse.

Rationale: With a high adult acceptance of youth alcohol and substance use, PTC will implement a campaign to educate the community as to the impacts and legal implications from underage drinking and substance use for youth, families and the community. Understanding that approximately 72% of the population is impacted by one or more Adverse Childhood Experience, and that there can potentially be negative outcomes from this exposure, PTC will continue to educate the community at large as to the impact of ACEs and Next Steps.

Scope: To be determined by the PTC, prevention staff and other community partners like the Jefferson County Community Network, Jefferson County Public Health, the Substance Abuse Advisory Board, and Port Townsend School District.

ENVIRONMENTAL STRATEGIES

RISK FACTOR: Alcohol Laws and Policies

Local Condition: There is a High Adult Acceptance of Marijuana Use. Jefferson County Adults Voted a 65.23% Passage of Initiative 502. Many Adults Believe Teen Alcohol and Drug Use is a Rite of Passage.

Goals: Decreased the favorable attitudes of adults and the community toward alcohol and drug use.

Objective: Working with other community partners, PTC will support PTSD in reviewing and updating alcohol and drug policies.

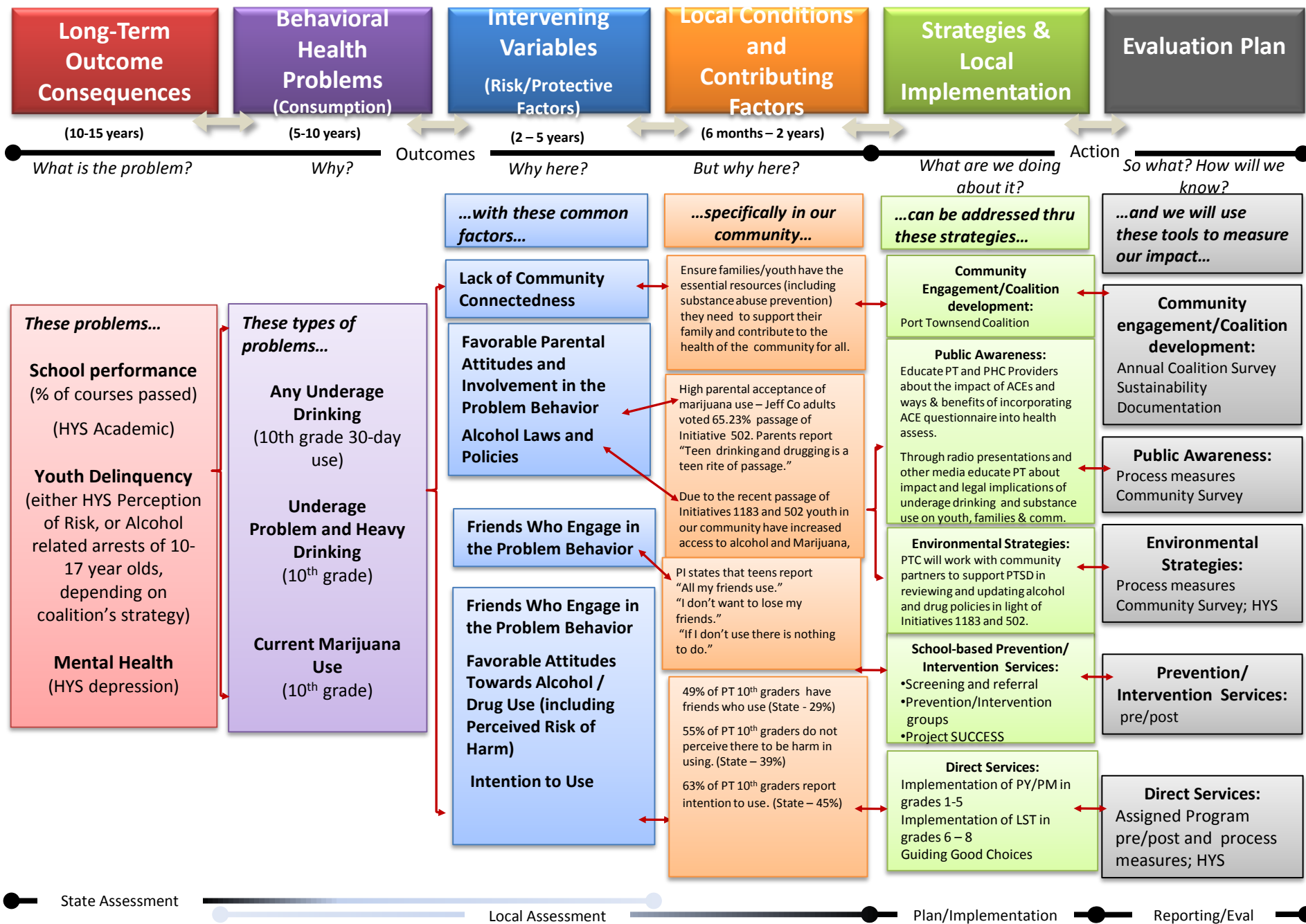
Strategies/Programs/ Activities:

To be determined by the PTC, prevention staff and other community partners like the Jefferson County Community Network, Jefferson County Public Health, the Substance Abuse Advisory Board, and Port Townsend School District.

Rationale: Considering the fact that the passage of Initiative 1183 and Initiative 502 may increase youth access to alcohol and marijuana, and may increase adult and youth’s favorable attitudes toward alcohol and marijuana use, PTC, working with other community partners, will support PTSD in reviewing and updates school district alcohol and drug policies.

Scope: To be determined by the PTC, prevention staff and other community partners like the Jefferson County Community Network, Jefferson County Public Health, the Substance Abuse Advisory Board, and Port Townsend School District.

Port Townsend Coalition Logic Model



V. Implementation Plan

Risk Factors: 1.Friends Who Engage in the Problem Behavior 2. Favorable Attitudes towards Alcohol / Drug Use (including Perceived Risk of Harm)

Goal: To decrease the risks associated with the above risk factors.

Strategies: Facilitation of prevention programs

ACTIVITY	DESCRIPTION	DURATION	INTENSITY	SCOPE	TARGET POPULATION	LEAD ORGANIZATION	RESPONSIBLE PARTY	EVALUATION
Protecting You/Protecting Me 1st – 5 th grades	Evidence-based prevention curriculum	11/1/2012 – 6/30/2012	8 classroom sessions per grade level	All 1 st through 5 th grade classes at Grant Street Elem & Blue Heron School	For children grades 1-5	PT School District and PT Police	Greg Peterson, PT School District Counselor; Garin William, School 'Resource Officer and Mike Evans, PT Police	Pre and post tests by developer will be administered to participating students
Life Skills Training 6 th – 8 th grades	Evidence-based prevention curriculum	10/1/2012 – 6/30/2012	15 sessions for 6 th grade; 10 sessions for 7 th grade; 5 sessions for 8 th grade 30-45 minute classes	All 6 th , 7 th and 8 th grade classes at Blue Heron Middles School.	Grades 6,7 and 8	PT Police	Garin William, School 'Resource Officer Mike Evans, PT Police Meghan DeWalt, Jefferson Mental Health	Pre and post tests by developer will be administered to participating students
Project Success 9 th – 12 th grades	Evidence-based prevention program	10/1/2012 – 6/30/2012	6- to 8-week 8- to 12-week process groups for selected and indicated youth, and individual prevention assessment using the evidence-based Brief Intervention Program.	Prevention education for all 9 th graders at Port Townsend High School. Group and 1-1 sessions available to all referred students (may be self-referred as well as parent and staff referred)	Universal prevention education for the 9 th grade; All referred PT High School students	OESD 144 and PT High School	Connie Moore, the PT High School P/I Specialist	Connie Moore, the PTHS P/I Specialist, will follow Project Success evaluation protocol

Risk Factors: 2. Favorable Attitudes towards Alcohol / Drug Use (including Perceived Risk of Harm)

Goal: To decrease the risks associated with the above risk factors.

Strategies: Facilitation of parenting program.

ACTIVITY	DESCRIPTION	DURATION	INTENSITY	SCOPE	TARGET POPULATION	LEAD ORGANIZATION	RESPONSIBLE PARTY	EVALUATION
Guiding Good Choice	Evidence-based curriculum	2/1/2013 – 6/30/2013	Facilitator-led five 2 hour workshops guided by workbook and videos	All parents in Port Townsend of children 9-14 years of age	Parents in Port Townsend of children 9-14 years of age.	Trinity Methodist of Port Townsend	Youth Pastor Tony Brown of Trinity Methodist	Pre and post tests by developer will be administered to participating parents

Risk Factor: Intention to Use

Goal: To decrease the risk associated with youth' intention to use in the future.

Strategies: Facilitation of prevention programs

ACTIVITY	DESCRIPTION	DURATION	INTENSITY	SCOPE	TARGET POPULATION	LEAD ORGANIZATION	RESPONSIBLE PARTY	EVALUATION
Protecting You/Protecting Me 1st – 5 th grades	Evidence-based prevention curriculum	11/1/2012 – 6/30/2012	8 classroom sessions per grade level	All 1 st through 5 th grade classes at Grant Street Elem & Blue Heron School	for children grades 1-5	PT School District and PT Police	Greg Peterson, PT School District Counselor; Garin William, School 'Resource Officer and Mike Evans, PT Police	Pre and post tests by developer will be administered to participating students.
Project Success 9 th – 12 th grades	Evidence-based prevention program	10/1/2012 – 6/30/2012	6- to 8-week; 8- to 12-week process groups for selected and indicated youth, and individual prevention assessment using the evidence-based Brief Intervention Program.	Prevention education for all 9 th graders at Port Townsend High School. Group and 1-1 sessions available to all referred students (may be self-referred as well as parent and staff referred)	Universal prevention education for the 9 th grade; All referred PT High School students	OESD 144 and PT High School	Connie Moore, the PT High School P/I Specialist	Connie Moore, the PTHS P/I Specialist, will follow Project Success evaluation protocol.

VI. Plan for Reporting and Evaluation

REPORTING IN PBPS:

The Port Townsend Coalition will collect data needed to demonstrate the impact of the PRI strategies, activities and programs. For recurring services programs entered into PBPS, pre-and post-surveys will be gathered and inputted in the PBPS. PBPS reports will be reviewed by the PTC to track the progress and success of the prevention programs as well as provide a feedback mechanism to discuss whether any program modifications are needed.

The PTC's Community Coordinator will continue to report on community prevention activities and networking, the allocation of CPTS funds and the attendance at PTC Board Meeting, Work Groups and PTC sponsored activities in PBPS.

Data collected by the Prevention / Intervention Specialist facilitating Project Success will be done through OESD 114 and shared with the PTC.

Evaluation: The PTC will use the outcome data collected from all activities to inform the coalition when conducting the next community assessment and for the evaluation of the Strategic Plan, so as to meet the targeted outcomes.

Program /Activity	Evaluation Tool
Board Recruitment and Retention	Sign-in sheet from monthly meetings. Reported in PBPS.
Work Group Participation	Sign-in sheet from monthly meetings. Reported in PBPS.
Maintain a Culturally Competent Coalition	Trainings: Sign-In Sheets:
Coalition Assessment Tool	Annually in October Reported in PBPS
Conduct community Survey (January – February)	Annually - submitted to DBHR
complete update of strategic plan	Annually by June each year
Key Leader Orientation	Sign-in sheet. Reported in PBPS
Review outcomes with Coalition	results shared as evaluations are conducted and annually at time of strategic plan review
Implement Environmental Strategies	document in PBPS, entered as a Program under Environmental
Implement Public Awareness Campaign	document in PBPS, entered as a separate program or a group under Coalition's Program
Protecting You / Protecting Me	Provided by developer: facilitators and Community Coordinator responsible to ensure required data is entered into PBPS.
Life Skills Training	. Provided by developer: Facilitators and Community Coordinator responsible to ensure required data is entered into PBPS.
Project Success	Evidence-based program. Report from OESD 114.



Should Washington Legalize Marijuana?

a look at both sides of I-502...

(appearing on the November 6, 2012 general election ballot in Washington State)

Are you ready to vote?

Have you heard about Initiative 502 to legalize marijuana?

What impact could the passage of I-502 have on Jefferson County and Washington State?

In an effort to provide education and information about issues pertinent to substance abuse prevention, intervention, treatment and aftercare, the following information is provided by the: Jefferson County Community Network, Port Townsend Coalition and Jefferson County's Substance Abuse Advisory Board.

Here is how Initiative 502 will appear on your ballot:

Initiative Measure No. 502 concerns marijuana.

This measure would license and regulate marijuana production, distribution, and possession for persons over twenty-one; remove state-law criminal and civil penalties for activities that it authorizes; tax marijuana sales; and earmark marijuana-related revenues.

Should this measure be enacted into law?

- Yes
- No

Topics Surrounding the Initiative:	Proponents of I-502 state the following*: [1]	Opponents of I-502 state the following:
\$582 Million in New Revenue Generated Every Year [2]	<ul style="list-style-type: none"> • According to the state Office of Financial Management, a new 25% marijuana excise tax, combined with retail sales and B&O tax, will generate more than half a billion dollars in new revenue each year • 40% of the new revenues will go to the state general fund and local budgets • 60% will be dedicated to substance-abuse prevention, research, education and health care. 	<ul style="list-style-type: none"> • Taxing marijuana will not help our economy. Any taxes collected by state or cities on the sales of marijuana (or income taxes on marijuana businesses) are subject to seizure by the federal government because they are proceeds of illegal drug trafficking. [3] • Revenue would pale in comparison to social and health costs. Taxes cover just 7.8% of the \$185 billion in social costs associated with alcohol (medical, law enforcement, legal, treatment, etc.). [4] • Dedicated funds for prevention are not sustainable—The state legislature can divert dedicated funds to the state general fund just two years after an initiative is approved by the people. [5]
Privately Owned and Operated Washington Businesses	<ul style="list-style-type: none"> • WA farmers and businesses will be allowed to apply for special licenses to grow & sell marijuana • Marijuana will only be available in stores that sell no other products, are located at least 1000 feet from schools, playgrounds & parks, and do not display marijuana in a way that is visible to the public • State employees will not be involved in growing, distributing, or selling marijuana 	<ul style="list-style-type: none"> • Income taxes on marijuana businesses are subject to seizure by the federal government because they are proceeds of illegal drug trafficking [6]



Note: Majority of information in "Proponents" Column comes from New Approach Washington-www.newapproachwa.org, unless otherwise noted

Topics Surrounding the Initiative:	Proponents of I-502 state the following:	Opponents of I-502 state the following:
Impact on Youth	<ul style="list-style-type: none"> I-502 tightly restricts advertising and bans advertising in places frequented by youth New tax revenue is dedicated to proven community and school-based prevention programs Selling marijuana to minors will remain a felony 	<ul style="list-style-type: none"> I-502 does not restrict marijuana advertising on broadcast media, print media, or the Internet. If legalized, marijuana distributors would be free to advertise marijuana just like alcohol. [7] Youth will have increased access to marijuana at home, at parties, and by giving money to someone older to buy it for them. When drugs are illegal, youth perceive them to be risky. Decreased perception of risk and increased availability of drugs show increases in youth use. [8] Marijuana is particularly harmful to the developing youth brain—may permanently impact IQ scores if smoked heavily prior to age 18. [9] Marijuana is the #1 reason youth enter substance abuse treatment in WA, even though alcohol is more commonly used. [10]
Public Health	<ul style="list-style-type: none"> State agencies will regulate numbers of stores per county, operating hours, security, quality control, labeling, and other health and safety issues 	<ul style="list-style-type: none"> Legalizing a drug does not control access to it: Alcohol is tightly regulated, but it is the #1 drug of choice among youth. Tobacco is tightly regulated, but is the #2 drug of choice among youth. [11] Alcohol is the most widely abused substance in America. Alcohol taxes pay for only 7.8% of their societal costs (youth and adult). [12] The abuse of prescription drugs, some of the most tightly regulated substances in our country, is exploding, regardless of age. In 2009, 28% of fatally injured drivers tested positive for marijuana use [13] The American Medical Association, the American Society of Addiction Medicine, and the American Academy of Pediatrics oppose the legalization of marijuana [14] I-502 contains no funding for substance abuse treatment programs
Law Enforcement, Public Safety and Road Safety	<ul style="list-style-type: none"> A new marijuana DUI standard that operates like the alcohol DUI standard will be established I-502 sets a science-based limit of 5ng/ml active THC blood concentration Police officers still need proof of impairment to make an arrest and take a driver to a medical professional for a blood draw-just like current law New Approach Washington ad states, "Frees up police to go after violent crime instead" [15] Will eliminate millions of dollars spent by Washington taxpayers on legal and judicial costs including building new jails. [16] <p><small>*Note*: Majority of information in "Proponents" Column comes from New Approach Washington-www.newapproachwa.org, unless otherwise noted</small></p>	<ul style="list-style-type: none"> The cost of public safety will increase because with increased access, use will also increase and will have a larger burden on law enforcement. Between 2000-2011, 138,000 people in WA were arrested with marijuana-related charges as one of their offenses. NONE of them were arrested with marijuana possession as the most serious crime. NONE were sent to jail solely because they possessed marijuana for personal use. [17] Of those arrested with marijuana-related charges as one of their offenses: <ul style="list-style-type: none"> -42% were under the age of 21 -86% were white -8% were black -6% were another race [18]

Topics Surrounding the Initiative:	Proponents of I-502 state the following:	Opponents of I-502 state the following:
Medical Marijuana Patients	<ul style="list-style-type: none"> I-502 does not change WA's medical marijuana law Patients will finally receive protection from arrest because possession will no longer be a crime for anyone 21 or older Patients will finally receive access to safe, secure, reliable, and quality-controlled marijuana that has been grown locally 	<ul style="list-style-type: none"> There are likely medical benefits from some parts of the marijuana plant. This is very different than legalizing smoked marijuana. The FDA has concluded that no sound scientific studies have supported the medical use of smoked marijuana for treatment. According to the Institute of Medicine, smoking marijuana is an unsafe delivery system that produces harmful effects. [19] Collective gardens are legal under state law, but remain illegal federally. [20]
Organized Crime and Gang Activity	<ul style="list-style-type: none"> New Approach Washington ad states, "We would control the money, not the gangs" [21] "Marijuana prohibition has wasted billions of American taxpayers' dollars and has made our communities less safe. Just as when we repealed alcohol Prohibition, we need to take the marijuana profits out of the hands of violent organized crime." [22] 	<ul style="list-style-type: none"> Legalizing marijuana will not rid our state of organized crime Marijuana is only one, and a small percentage, of many illicit substances that are sold by drug-trafficking organizations. They are diversified and sell cocaine, meth, ecstasy and other drugs in addition to marijuana. [23] The taxation structure of I-502 may render legal marijuana as expensive as illicit marijuana. Organized crime will undercut the legal price and will compete successfully with the legal market. [24]
<p>"Marijuana is not an addictive drug."</p> <p style="text-align: center;">or</p> <p>"Isn't marijuana generally harmless?"</p>	<ul style="list-style-type: none"> <i>"Be aware that misinformation about marijuana is common. Trying to protect young people has encouraged exaggeration. On the one hand, it's rarely acknowledged that most adults who use marijuana do so without harm, but on the other, it's often claimed that marijuana is harmless. A useful website for science-based knowledge about marijuana is offered by the Alcohol and Drug Abuse Institute at the UW: http://adai.uw.edu/marijuana/."</i> [25] 	<ul style="list-style-type: none"> Marijuana is classified as a Schedule I drug meaning it has a high potential for abuse and no current accepted medical use in the US [26] Risks associated with marijuana use include learning and memory problems, increased risk of mental illness and compromised judgment which can lead to risky behavior [27] 9% of marijuana users become addicted. In 2010, 4.5 million people met the criteria for addiction (more than pain reliever, cocaine, hallucinogens and heroin... COMBINED!) [28] Marijuana addiction is linked to a withdrawal syndrome similar to that of nicotine withdrawal, which can make it hard to quit. People trying to quit report irritability, sleeping difficulties, craving and anxiety. [29]
Regulates Where Marijuana May be Used or Grown	<ul style="list-style-type: none"> Prohibits public use and display of marijuana Does not allow home growing for people who are not medical marijuana patients 	<ul style="list-style-type: none"> Legalization would create unhealthy social norms, decrease youth perception of harm of the drug and subsequently increase use

Note: Majority of information in "Proponents" Column comes from New Approach Washington-www.newapproachwa.org, unless otherwise noted

Additional Internet Resources:

- **Full Text of Initiative Measure 502:** https://wei.sos.wa.gov/agency/osos/en/press_and_research/PreviousElections/2012/General-Election/Documents/I-502_complete_text.pdf
- **WA 2012 General Election Voters' Guide for I-502:** https://wei.sos.wa.gov/agency/osos/en/press_and_research/PreviousElections/2012/General-Election/Pages/Online-Voters-Guide.aspx
- **Washington Association for Substance Abuse and Violence Prevention's (WASAVP) "Marijuana Education Toolkit:** <http://wasavp.org/marijuana-education-toolkit/>
- **New Approach Washington (Yes on I-502)'s Website:** <http://www.newapproachwa.org/>
- **No on I-502's Website:** <http://www.nooni502.com/wordpress/>

Will You Vote to Legalize Marijuana?



References/Citations

1. "About The Initiative". New Approach Washington. 2012. <http://www.newapproachwa.org/content/about-initiative>. Retrieved September 9, 2012.
2. "OFM Fiscal Impact Statement (I-502)" (PDF). Washington State Office of Financial Management. August 10, 2012. http://www.ofm.wa.gov/initiatives/2012/502_fiscal_impact.pdf. Retrieved September 9, 2012.
3. "Marijuana Policy Toolkit: Talking Points". Washington Association for Substance Abuse and Violence Prevention. <http://wasavp.org/wp-content/uploads/2012/06/MJ-Policy-Talking-Points.pdf>. Retrieved September 9, 2012.
4. "Marijuana Legalization". Office of National Drug Control Policy. <http://www.whitehouse.gov/ondcp/ondcp-fact-sheets/marijuana-legalization>. Retrieved September 13, 2012.
5. <http://wasavp.org/wp-content/uploads/2012/06/MJ-Policy-Talking-Points.pdf>. Retrieved September 9, 2012.
6. <http://wasavp.org/wp-content/uploads/2012/06/MJ-Policy-Talking-Points.pdf>. Retrieved September 9, 2012.
7. <http://wasavp.org/wp-content/uploads/2012/06/MJ-Policy-Talking-Points.pdf>. Retrieved September 9, 2012.
8. "Legalization of Marijuana: Potential Impact on Youth." American Academy of Pediatrics. June 2004. <http://pediatrics.aappublications.org/content/113/6/1825.full.pdf+html?sid=e0c6e62f-6bf1-41ce-90e8-21ebdde1024a>. Retrieved September 9, 2012.
9. "Persistent Cannabis Users Show Neuropsychological Decline from Childhood to Midlife". Proceedings of the National Academy of Sciences. August, 2012. <http://www.pnas.org/content/early/2012/08/22/1206820109.abstract>. Retrieved September 9, 2012.
10. 2010 Tobacco, Alcohol, and Other Drug Abuse Trends in Washington State, Washington State Division of Behavioral Health and Recovery. <http://www.dshs.wa.gov/pdf/dohr/2010%20Trends%20Report%20links.pdf>. Retrieved September 9, 2012.
11. Washington State Healthy Youth Survey, 2010. <http://www.askhys.net/library/Old/10analyticreprt.pdf>. Retrieved September 9, 2012.
12. "Marijuana Legalization". Office of National Drug Control Policy. <http://www.whitehouse.gov/ondcp/ondcp-fact-sheets/marijuana-legalization>. Retrieved September 13, 2012.
13. CESAR Analysis of 2009 National Highway Transportation and Safety Administration FARS data. <http://wasavp.org/wp-content/uploads/2012/06/MJ-Policy-Talking-Points.pdf>. Retrieved September 9, 2012.
14. <http://wasavp.org/wp-content/uploads/2012/06/MJ-Policy-Talking-Points.pdf>. Retrieved September 9, 2012.
15. "Let's Talk About a New Approach". New Approach Washington. 2012. <http://www.newapproachwa.org/content/let%E2%80%99s-talk-about-new-approach>. Retrieved September 9, 2012.
16. "Resolution on the Control of Marijuana". King County Bar Association. <http://www.kcoba.org/druglaw/consideration.aspx>. Retrieved September 9, 2012.
17. "Treating Marijuana Like Alcohol: Criminal Justice". Washington Association for Substance Abuse and Violence Prevention. <http://wasavp.org/wp-content/uploads/2012/06/WASAVP-know-the-facts-CRIMINAL-JUSTICE.pdf>. Retrieved September 9, 2012.
18. <http://wasavp.org/wp-content/uploads/2012/06/WASAVP-know-the-facts-CRIMINAL-JUSTICE.pdf>.
19. "Inter-Agency Advisory Regarding Claims That Smoked Marijuana Is a Medicine". FDA Statement. April 20, 2006. http://medicalmarijuana.procon.org/view_additional_resource.php?resourceID=000174. Retrieved September 9, 2012.
20. "Marijuana FAQs". Washington Association for Substance Abuse and Violence Prevention. <http://wasavp.org/wp-content/uploads/2012/06/marijuana-pocket-FAQ-card.pdf>. Retrieved September 9, 2012.
21. "Let's Talk About a New Approach". New Approach Washington. 2012. <http://www.newapproachwa.org/content/let%E2%80%99s-talk-about-new-approach>. Retrieved September 9, 2012.
22. WA 2012 General Election Voters' Guide for I-502. "Arguments For" Section. 2012. https://wei.sos.wa.gov/agency/osos/en/press_and_research/PreviousElections/2012/General-Election/Pages/Online-Voters-Guide.aspx. Retrieved September 10, 2012.
23. "Marijuana Legalization". Office of National Drug Control Policy. <http://www.whitehouse.gov/ondcp/ondcp-fact-sheets/marijuana-legalization>. Retrieved September 13, 2012.
24. "Marijuana Legalization". Office of National Drug Control Policy. <http://www.whitehouse.gov/ondcp/ondcp-fact-sheets/marijuana-legalization>. Retrieved September 13, 2012.
25. "What About Kids?" New Approach Washington. 2012. <http://www.newapproachwa.org/sites/newapproachwa.org/files/What%20About%20Kids%20-%2020042312.pdf>. Retrieved September 10, 2012.
26. <http://www.deadiversion.usdoj.gov/schedules/#ist>. Retrieved September 9, 2012.
27. "Marijuana: Facts Parents Need to Know". National Institute on Drug Abuse. March, 2011. http://www.drugabuse.gov/sites/default/files/parents_marijuana_brochure.pdf. Retrieved September 9, 2012.
28. "Drug Facts: Nationwide Trends". National Institute on Drug Abuse. Revised August, 2012. <http://www.drugabuse.gov/publications/drugfacts/nationwide-trends>. Retrieved September 13, 2012.
29. "Marijuana: Facts Parents Need to Know". National Institute on Drug Abuse. March, 2011. http://www.drugabuse.gov/sites/default/files/parents_marijuana_brochure.pdf. Retrieved September 9, 2012.

Appendix B: Data Sources for Community Assessment:

<p>“What’s Happening in Port Townsend? A Community Needs Assessment Data Book”, from DBHR, July, 2011</p>	<p>Division of Social and Health Services, Client Counts and Service Costs, 7/09-6/10. Accessed at: http://clientdata.rda.dshs.wa.gov/</p>
<p>Healthy Youth Survey data from 2002-2012. Accessed at: www.askhys.net</p>	<p>ACEs Too High Website. Accessed at: http://acestoohigh.com/</p>
<p>Washington State Department of Social & Health Services, “Risk and Protection Profile for Substance Abuse Prevention in Jefferson County”, July, 2010</p>	<p>Statistical Analysis Center, WA State, Uniform Crime Report Query. Accessed at: http://wa-state-ofm.us/UniformCrimeReport/</p>
<p>US Census Bureau, Small Area Income and Poverty Estimates 2010. Accessed at: http://www.census.gov/did/www/saipe/</p>	<p>Centers for Disease Control, ACE Study. Accessed at: http://www.cdc.gov/ace/index.htm</p>
<p>Washington State Department of Social & Health Services, “Risk and Protection Profile for Substance Abuse and Prevention in Washington Communities: Port Townsend”, July, 2012. Accessed at: http://www.dshs.wa.gov/pdf/ms/rda/research/4/53/SD/porttownsend.pdf</p>	<p>Jefferson County Public Health, ACE Index. 9/2009-6/2010. Accessed at: http://www.jeffersoncountypublichealth.org/pdf/Mental_Health_Sub_Use_Data_Oct2010.pdf</p>
<p>Jefferson County Public Health, “The Health of Jefferson County: 2003-2011. Accessed at: http://www.jeffersoncountypublichealth.org/index.php?health-of-jefferson-county</p>	<p>Social Development Research Group (Hawkins and Catalano), <i>Communities That Care</i> website for CTC resources. Accessed at: http://www.sdrp.org/ctcresource/</p>
<p>US Census Bureau, Port Townsend QuickFacts, 2010-2011. Accessed at: http://quickfacts.census.gov/qfd/states/53/5355855.html</p>	
<p>US Census Bureau, American Community Survey, 2006-2010. Accessed at: http://factfinder2.census.gov/bkmk/table/1.0/en/ACS/10_5YR/DP02/1600000US5355855</p>	
<p>Choose Washington, Jefferson County Profile. Accessed at: http://www.choosewashington.com/locate/counties/Pages/Jefferson.aspx</p>	