

2021-2022

Port Townsend Community Prevention and Wellness Initiative  
Strategic Plan



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Jefferson County Public Health

2021-2022

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## **EXECUTIVE SUMMARY**

The Port Townsend Prevention Coalition (PTPC) was established in 2018 to bring youth, parents, schools, local organizations, and community leaders together to collaborate on preventing youth substance use in the Port Townsend School District. PTPC is volunteer led, and partners with the Olympic Educational Services District 114, Jefferson County Public Health, and the Port Townsend School District.

Our Mission: *“Youth, family, and community members collaborating to prevent youth substance use and abuse.”*

### **Background**

Port Townsend is a historic Victorian Seaport in East Jefferson County on the Olympic Peninsula in Washington State. The Port Townsend School District had an annual average enrollment for the 2017-2018 school year of 1,175 students, with a community population of 14,996. Situated on the northeastern most extent of the Olympic Peninsula- the Quimper Peninsula, Port Townsend is uniquely influenced by maritime culture, tourism, and the agricultural developments of Jefferson County.

### **Assessment**

Most students in the Port Townsend School District report feeling like they have opportunities to be engaged in their communities, and generally feel safe at school and have a trusted person to talk to, all of which act as protective factors against adolescent substance use. However, measures of youth substance use in Port Townsend’s 2018 Healthy Youth Survey show Alcohol, Tobacco, Marijuana, and other drug use among Port Townsend tenth graders is above the state average. The town also hosts more options for retail purchase of recreational substances, which influences the norms around consumption. Further, the majority of 10<sup>th</sup> grade students in Jefferson County don’t think alcohol, marijuana, and cigarettes would be hard to get. While about 80% of 8<sup>th</sup> and 10<sup>th</sup> graders report that there is a risk of harm of cigarette use, only about 30% of these students report that there is a risk of harm from using e-cigarettes or vaping products. This indicates the lack of awareness of the risk of addiction through using e-cigarettes and vaping products. Additionally, only 26% of 10<sup>th</sup> graders report that using alcohol once or twice a week would be harmful, and only 21% report that using marijuana once or twice a week would be harmful. The Healthy Youth Survey also showed students reporting parental attitudes tolerant of substance use, and high rates of peer use, both of which influence a teen’s perception of the acceptance of substances.

The Port Townsend community is impacted by long-term consequences of youth substance abuse including; school performance, youth delinquency, and mental health challenges. These consequences affect the community’s overall sense of connectedness and cohesiveness, and interfere with lifetime health outcomes and economic opportunities for young people.

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**Planning**

To recognize the challenges our young people experience, and honor the strengths of our community in the potential to address these risk factors, the Port Townsend Prevention Coalition assessed known risks, resources, and opportunities through a collaborative Strategic Planning process to identify opportunities for intervention. The Coalition clarified five primary goals for our prevention planning:

1. Increase understanding of the risks of harm of substance use among teens, parents, and community members.
2. Increase awareness of prosocial activities for teens.
3. Decrease perceptions of community acceptance of substance use through norms and enforcement.
4. Decrease the risk of availability of substances, including perceived availability among teens
5. Reduce community disorganization- develop prevention resource awareness and increase turnout in local programs.

**Implementation**

The Coalition will implement their Action Plan’s strategies, programs, and activities with a diverse selection of educational initiatives, trainings, community partnerships, and with the support of a variety of communication platforms. This network includes:

- School based alcohol, drug, tobacco, and vaping prevention education
- Community based parenting programs
- Cultural Mindfulness and Opioid Prevention Trainings
- Community Engagement and resource development/sharing
- Drug Take Back events
- Collaboration with media resources and communication platforms for public awareness and social norm campaigns

The Coalition staff, members, volunteers, and partner agencies expect to work together to actualize these strategies and initiatives with a community-centered lens. The Coalition aims to implement all strategies, programs, and activities with a culturally mindful approach, to acknowledge the experiences of marginalized groups in our community and promote healing to prevent further traumatization. In all our planning, programming, and evaluation, Port Townsend Prevention Coalition is motivated to work towards a vision of “Community-supported youth making healthy choices.”

## ORGANIZATIONAL DEVELOPMENT

### *Mission Statement and Key Values*

Mission Statement- *“Youth, family, and community members collaborating to prevent youth substance use and abuse.”*

Vision Statement- *“Empowered teens and our community living healthy lives.”*

Port Townsend Substance Abuse Prevention Coalition operates with a Trauma-informed lens, and recognizes the impact of Adverse Childhood Experiences (ACEs) on the adolescent brain, health behaviors, and long-term health outcomes. The Coalition’s strategies center on reducing youth substance abuse, and nurturing healthy community norms and environments. ‘Trauma Informed’ settings as defined by the Substance Abuse and Mental Health Services Administration (SAMHSA) operate with an awareness of the impact trauma can have across ‘settings, services, and populations’, and how it can play a role in changing the way people perceive and experience events. The four elements include;

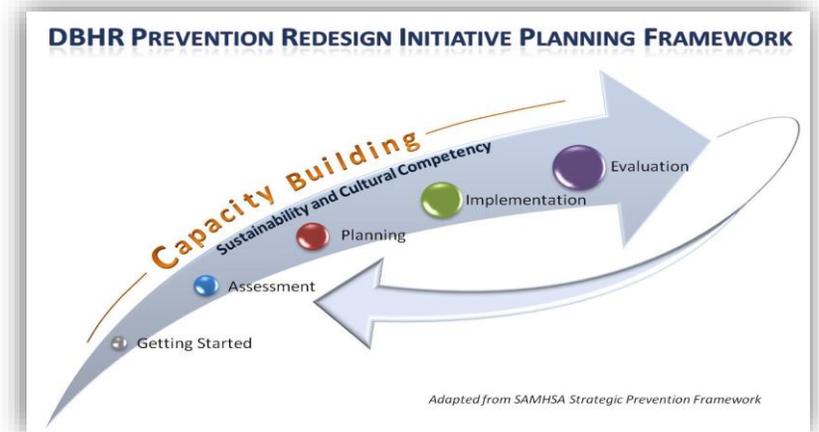
1. Realizing the prevalence of trauma
2. Recognizing how trauma affects all individuals
3. Responding to trauma by putting this knowledge into practice
4. Resisting re-traumatization

With this lens, PTPC advocates for and implements programs and services that increase protective factors and decrease risk factors among youth in the Port Townsend School District community. The Port Townsend Prevention Coalition further values universal access to safe, respectful environments for youth, and strives to reduce ACEs reducing barriers to activities, and collaborating across a broad range of sectors.

Our model is supported by the Strategic Prevention Framework, which informs the coalition’s planning process for preventing underage substance abuse. This framework is an adaptation from the research of J. David Hawkins and Rico F. Catalano’s on risk and protective factors, and the PTPC aligns its planning by following the five steps;

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1. Getting Started
  - Confirm partnerships and coalition structure
2. Assess Needs
  - Analyze Local Data
  - What is the problem, and how can I learn more?
3. Planning
  - Develop a data driven plan
  - What should I do and how should I do it?
4. Implementation
  - Organize effective prevention programs and policies to put into place
  - How can I put my plan into action?
5. Evaluation
  - Is my plan succeeding?



This model promotes continuous assessment of the Coalition’s goals, resources, and the risk profile of the community. With a rigorous commitment to capacity building and sustainability, the Coalition ensures that collaboration, partnerships, and mutual cooperation between sectors can increase the success of our goals in resource limited settings.

Coalition Development: The Port Townsend Prevention Coalition began in December 2018 as a result of the WA State Health Care Authority Division of Behavioral Health and Recovery’s (DBHR) identification of Port Townsend, WA as a community in Jefferson County that qualified for implementation of its Community Prevention and Wellness Initiative (CPWI) goals and objectives.

*“Community Prevention and Wellness Initiative (CPWI) – The Division of Behavioral Health and Recovery contracts with counties and the Office of the Superintendent of Public Instruction to provide community and school-based prevention services to reduce youth substance use, and the problem behaviors associated with substance use. The Community Prevention and Wellness Initiative, CPWI, is a new approach to those efforts—one that concentrates school and community-based services in high need communities. A key feature of the CPWI is a commitment to measuring the outcomes of the prevention services, which, if successful, will help to bring additional investments to the state’s prevention system and thereby improve the health of Washington’s youth.”*

The Coalition works in collaboration with Port Townsend School District, Olympic Educational Service District 114 (OESD 114), and Jefferson County Public Health as its fiscal agent. The Port Townsend Prevention Coalition is a group of volunteer citizens with an interest in building community wellness through prevention programs, including addressing adolescent experiences of alcohol and other drug use problems, community disintegration, low perceptions of harm related to substance use, high availability, and perceived use acceptance among

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community members and youth. The Coalition's coordinator is an employee of Jefferson County Public Health and works within the guidance of the Division of Behavioral Health and Recovery. JCPH provides administrative support and is the fiscal agent for the Port Townsend CPWI Coalition. The Coalition was organized as a result of the CPWI expansion to Port Townsend, and is currently focused on Strategic Planning and Coalition Development to ensure a sustainable, collaborative working Coalition for the Port Townsend Community.

**Coalition Structure and Organization**

*Organizational Structure:*

PTPC is made up of volunteers from the community who are dedicated to improving Port Townsend's health and wellness by reducing risk factors and enhancing protective factors associated with underage substance use.

The Leadership Team- made up of a Facilitator, Treasurer, and Secretary, collaborate with CPWI Coalition Coordinator to support the Coalition's goals by designing and maintaining fidelity to the Strategic Plan.

In Fall 2019 the Coalition elected Julie Russell and Dana Marklund as co-chairs, and Al Scalf as the Secretary.

Temporary workgroups collaborate on developing aspects of the Coalition's strategic plan and ongoing programs. The Coalition Coordinator supports all aspects of the Coalition's planning and implementation process, while coordinating with the Division of Behavioral Health and Recovery and the OESD 114, the Port Townsend School District, and Jefferson County Public Health.

*Decision Making Process:*

The Coalition meets monthly to share updates on different sector's activities, collaborate on strategic planning, and build relationships. Coalition decisions are made by hosting consensus building conversations to elicit the common goals of all members. To make formal decisions, a simple majority vote is called, and all members have equal voting power. The Coordinator and members of the Leadership team share facilitation of the meetings and the voting process. Anyone attending a monthly meeting may vote on programmatic updates, though fiscal decisions may only be voted on by members (those who have attended three consecutive meetings). The Coalition chooses a Facilitator, Treasurer, and Secretary at the end of the strategic planning process in April 2019. The coalition coordinator, facilitator, and secretary comprise the Leadership Team.

When a majority votes against a proposal, the Coordinator and Facilitator host dialogue to determine if the proposal under consideration is in the best interest of the Coalition's community; if the proposal should be set aside; or where clarification is needed, and what adjustments should be made in order for the proposal to be presented for a second majority vote. Members have the right to abstain from voting for any

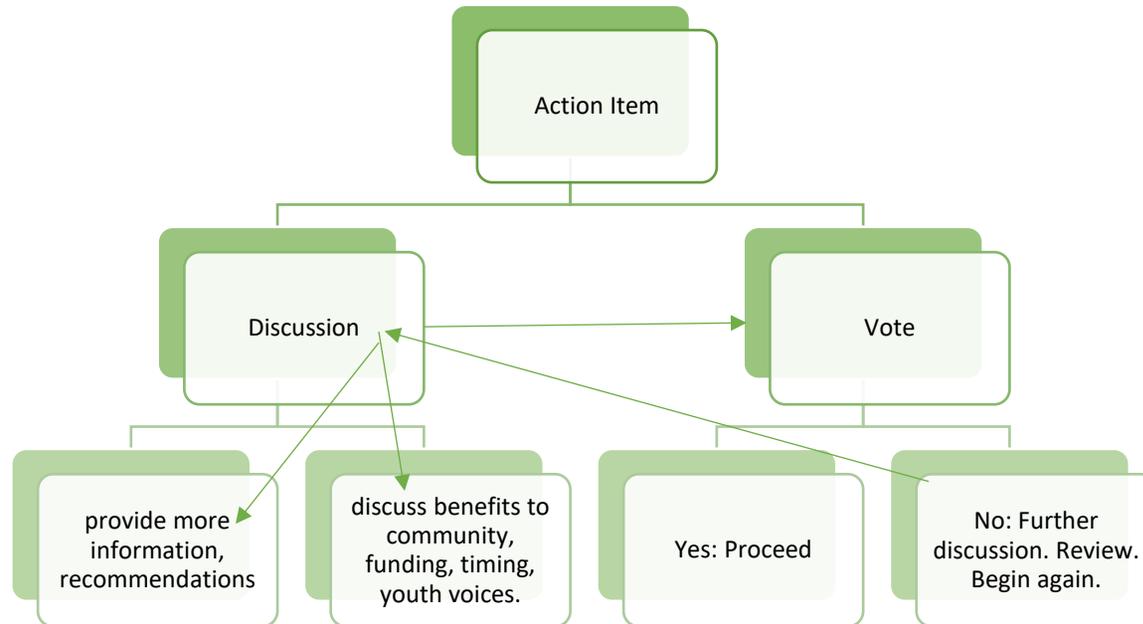
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reason. Coalition members agree to operate with best intentions in the voting process, with a shared interest in remaining both thoughtful and action-oriented.

Fiduciary decision-making is approved by the Coalition during annual strategic planning sessions and are submitted to DBHR for approval.

Workgroups are formed on an ad hoc basis to collaborate on Strategic Planning and during the Implementation phase.

The Prevention/Intervention Specialist (with Port Townsend High School) is an active member of the Coalition. They attend monthly coalition meetings, consults with the Coalition, and report on school-based prevention work to the Coalition.



*Fiscal Agent*

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The Coalition conducts business through a fiscal agent, Jefferson County Public Health, which serves as a pass-through agency for Community Prevention and Wellness Initiative funding for staff, strategies, and activities. While the health department provides fiscal oversight and administrative management, the Coalition retains discretion and control over fiduciary decision making.

*Communication*

The Coalition values clear communication to ensure effective collaboration in implementing its mission in the community. With diverse representation from community sectors, perspectives among Coalition members may differ. To prime our communications for success, the Coalition promotes finding a shared foundational understanding of all matters discussed on which to develop the best possible strategies to reduce risk factors increase protective factors to support youth.

While promoting equal partnership in Coalition activities, meetings are hosted in the local high school to reflect our mission to center youth in our work. Members with skilled facilitation skills include representatives from the local Public Health agency, mental health providers, youth serving organizations, and the faith-based community. All members agreed to co-created Group Agreements that ensure all meetings and communications in workgroups are ‘Youth Centered, Inclusive, Accessible, Action Oriented, and Structured’.

The Coalition’s Leadership Team establishes communication with community partners when necessary, and messages are tailored to reflect the Coalition’s Mission. Dissemination plans reflect the audience for communication, and can include social media, email, print media, tabling events at local events, and word-of-mouth. As the Coalition is in its first year, communications are expected to evolve depending on membership, and adapt to the dynamic of transitioning from the planning phase to implementation. The Leadership team includes an elected Facilitator, Treasurer, and Secretary, and ad-hoc subcommittees are created when needed. The Facilitator can be called the Chairperson as needed.

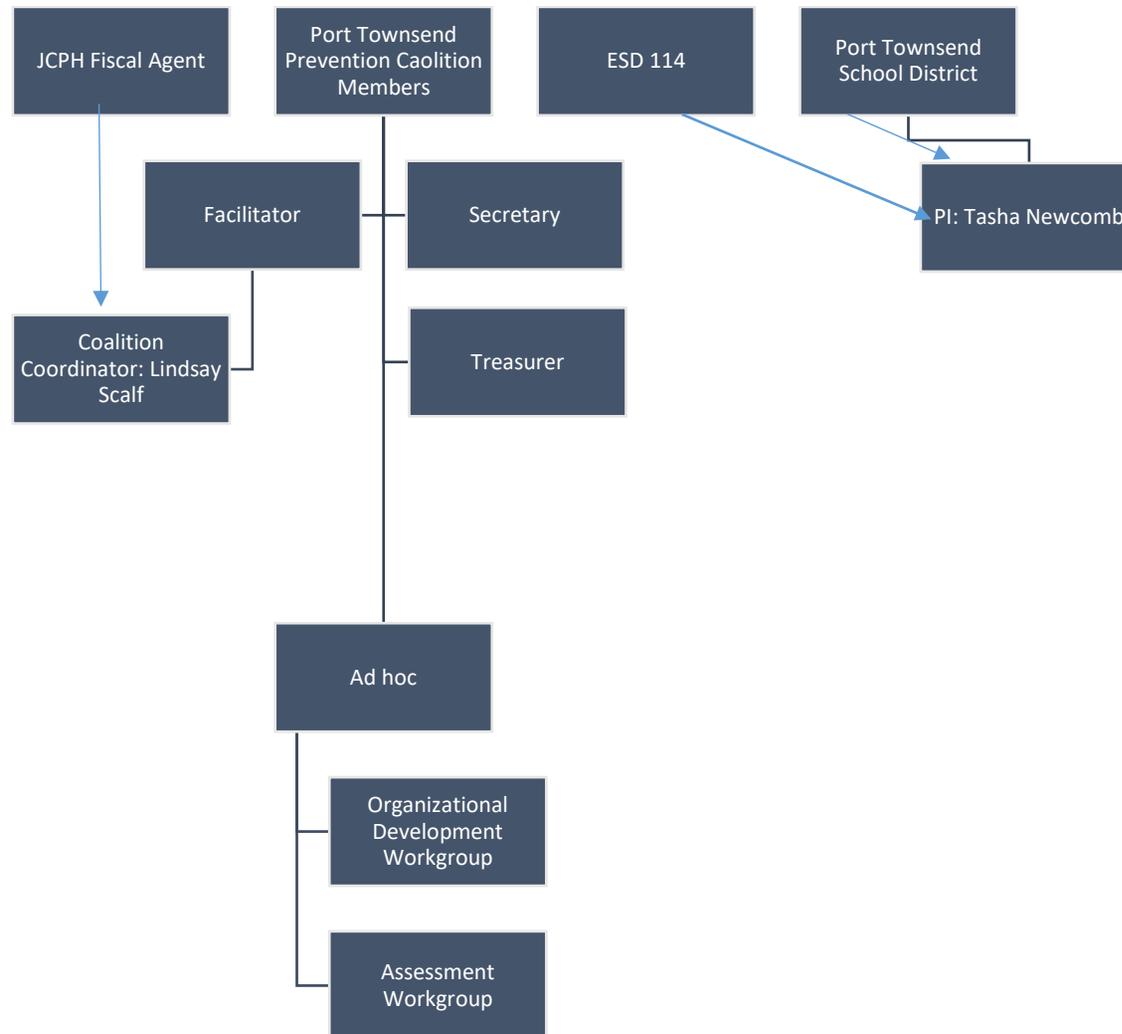
With regard to developing this strategic plan, the group will make use of our standard decision making process. The Coalition will engage in structural conversations at a monthly full-membership meeting to review our organizational plan and agenda. After conducting a risk and resources assessment process in February 2019, the coalition will describe critical elements of implementation and submit a strategic plan in March 2019. Due to its community centered approach, the Coalition is a dynamic organization, everyone is encouraged to be active and aware of the energy moving through different strategies, initiatives, and interpersonal communication.

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*Coalition Structure and Organizational Chart:*



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## **Membership Recruitment and Retention**

### *Membership Guidelines*

Coalition members and the Coordinator encourage participation by recruiting community advocates from the pre-identified twelve service areas to participate in the Coalition's mission. Recruitment from a broad range of sectors in the community is critical to ensure a holistic approach to preventing underage substance abuse, and Coalition members are active in a wide range of programming in the Port Townsend area. Membership in the Port Townsend Prevention Coalition is open to any person or organization who lives or works in the Port Townsend School District Catchment Area that wishes to participate in developing and implementing strategies that reduce underage drinking and other substance abuse.

### *Voting Member*

A Voting Member must attend three consecutive Coalition meetings. There is no limit to the number of voting members who can align themselves with the PTPC. To be considered a Voting Member one must agree to support the work of the Coalition by attending meetings, providing guidance to the Coalition and the Coordinator by sharing their skills through participating with their knowledge and experiences to create and implement an effective plan to prevent underage substance abuse. Regular attendance and active participation at monthly meetings provide accountability to the group and the Coalition's work, and for those who are unable to attend meetings, they commit to following up with the Coordinator or another member of the Coalition to stay informed and active.

### *Voting Members*

- Support the key values and mission of the Coalition.
- Attend regular and special meetings.
- Seek opportunities to contribute their unique skills to the work of the Coalition.
- Learn about prevention science and how it applies to our work in the community.
- Attend trainings and events supported by the Coalition, and bringing knowledge back to share with the Coalition.
- Serve as ambassadors of the Coalition by promoting strategies and initiatives, seeking community input, and communicating Coalition priorities to other groups in which the member is involved.
- Are respectful of fellow coalition members by being open and welcoming of diverse community voices and opinions.
- Agree to publicly support the decisions of the Coalition once they have been approved at a regularly scheduled coalition meeting or workgroup.

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*Guests:*

Guests include interested members of the community who occasionally attend and participate in Coalition meetings, but who have not met the three meeting requirement to become voting members. Guests are an important Coalition resource, as each has the potential to become a Voting member and strengthen the coalition by bringing experience from other areas of the identified sectors. Guests may participate in Coalition subcommittees, full membership meetings, and special projects, but do not vote on Coalition matters until they have met the three meeting requirement.

*Role of the Leadership Team*

The Leadership Team informs the Coalition and the creation of subcommittees regarding consistency with the intention of the Strategic Plan. It sets the facilitation for monthly meetings and works in collaboration with the Coordinator to ensure efficient and effective organization of the Coalition. Leadership team meetings are open to all Coalition members.

*Role of the Jefferson County Public Health*

The role of JCPH is to work with the Port Townsend Prevention Coalition while allowing them to make decisions that fulfill CPWI requirements. The Coalition Coordinator is an employee of Public Health, and is not a member of the Coalition, and shall not serve as an elected officer.

JCPH tasks include:

- Ensure that all provisions of CPWI are met in a timely manner:
- Serve as the Coalition's fiscal agent.
- Employ and provide oversight for the CPWI Coalition Coordinator

*Role of Educational Service District (ESD)*

The role of the ESD is to implement school-based prevention and intervention student support services. ESD Staff are important members of the Coalition but cannot serve as elected officers.

ESD tasks include:

- Supervise Prevention-Intervention Specialist in cooperation with district and building level administrators.

*Coalition Involvement*

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The Coalition Coordinator tracks membership and involvement in Coalition programming through sign-in sheets, minutes, and in-person telephone or e-mail follow-up. Subcommittee assignments occur on a volunteer basis. Involvement in Coalition subcommittee meetings – like the Leadership Team – and other activities are entered in the State’s management information system.

The Leadership team, in collaboration with the Coordinator, develops purpose driven and strategic agendas prior to each Coalition meeting. These agendas are designed to engage members in remaining informed and action-oriented. The Coalition aims to host meetings that are dynamic and avoid inefficient communication. The Group Agreements ensure that members commit to action-oriented, inclusive, and accessible participation at meetings.

The Coalition recognizes that membership is voluntary, and works to recruit members of grassroots organizing groups who are active in implementing community-based directives in the Port Townsend area. The community centered spirit of the Coalition is reflected in the Group Agreements, which includes norms that move the Coalition forward in implementing actions, and also norms to honor the dynamic experiences that each member brings to the working space.

*Sector Involvement*

The PTPC membership includes members from 12 different community sectors in the Port Townsend area, these include;

- Youth
- Media
- Law Enforcement
- Religious/Fraternal Organization
- State, local or tribal government
- Parents
- Schools
- Healthcare
- Mental Health
- Youth serving organizations
- Civic/volunteer groups
- Substance Abuse reduction organizations

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The Coalition reviews membership participation annually to ensure that at least eight of these twelve sectors are represented. This review is also associated with a broad recruitment period to ensure that these sectors are represented, and that new members of the community are able to begin participating in the Coalition.

PTPC has broad support from these sectors, as seen on the Coalition Membership list (Appendix 7)

Recruitment methods focus on one-on-one meetings, and also include;

- Letters
- Emailing recruitment
- Social media promotion
- Media events
- Participation in community events (Farmers Market, Rhody Parade...)

The Coalition makes every effort to communicate with leadership from local organizations by making presentations at community meetings, attending sponsored events and educational presentations, and promoting reciprocity in participation among Coalition members and other organizations.

*Orientation of New Members, Partners, Agencies and Stakeholders*

The CPWI Community Coordinator meets one-on one with new members for a brief orientation. Given the nature of the CPWI model, the coordinator believes an extensive orientation is essential. The PTPC coordinator provides new members with an orientation notebook that introduces new members to the Coalition's goals. New members are invited to introduce themselves at each meeting and all members are encouraged to make presentations at meetings about their sector's goals, and how the coalition can support them. DBHR delivers a Coalition Orientation in order to aid members in understanding the distinctive nature of the Substance Abuse Prevention System, Strategic Prevention Framework.

**Cultural Competency in Organizational Development**

*Demographic Diversity of the Port Townsend School District Catchment Area*

Port Townsend is a historic Victorian Seaport in East Jefferson County on the Olympic Peninsula in Washington State. The Port Townsend School District had an annual average enrollment for the 2017-2018 school year of 1,175 students, with a community population of 14,996. The community racial demographics are as follows; 1% American Native, 2% Asian, 1% Black, <1% Hawaiian/PI, 93% White, 3% Multi-Racial.

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The community ethnic demographics include 4% of the population identifying as Hispanic. Table 1 describes the demographic diversity of Port Townsend School District Catchment Area.

Population: 14,996

Race/Ethnicity in Port Townsend:

<b>Table 1: Port Townsend Race/Ethnicity Demographics</b>		
Race/Ethnicity	Number	%
White Non-Hispanic	13,448	90%
Any Minority	1,548	10%
Race		
American Native	206	1%
Asian	280	2%
Black	92	1%
Hawaiian/PI	44	0%
White	13,895	93%
Multi-Racial	478	3%
Ethnicity		
Hispanic	539	4%
<b>Total</b>	<b>14,996</b>	<b>100%</b>
*Adapted from Washington State Office of Financial Management Forecasting Division (2018). 2017 Estimates of Age, Sex, Race, and Hispanic Origin		

The Port Townsend School District student enrollment information shows that the student population is more diverse than the community at large; October enrollment 2017 in Port Townsend schools includes 1.2% American Indian/Alaskan Native, 2.2% Asian, 1.3% Black/African American, 8.1% Hispanic/Latino of any race(s), 0.3% Native Hawaiian/Other Pacific Islander, 82% White, and 4.9% Two or more races.

Race and Ethnicity of students in the Port Townsend School District:

<b>Table 2: Port Townsend School District Student Enrollment Race/Ethnicity Demographics 2017-2018</b>	
Race	%
American Indian/Alaskan Native	1.2%
Asian	2.2%

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Black/African American	1.3%
Hispanic/Latino of any race(s)	8.1%
Native Hawaiian/Other Pacific Islander	0.3%
White	82%
Two or more races	4.9%
*Adapted from Washington State Report Card from the Office of the Superintendent of Public Instruction	

The 2014 Health of Jefferson County reports the following:

Population in Jefferson County in 2013: **30,275**

Racial and ethnic demographics in Jefferson County: White 90% (State 75%); Black 0.7% (State 4%); American Indian /Alaskan Native 3% (state 2%); Asian /Pacific Island 2% (State 7%); Hispanic 3% (State 10%)

Other demographics: Median Age 55.1 (State 37.8); High School degree or less 29% (State 34%); Some post high school 36% (State 35%); Bachelor’s degree 21% (state 20%); Graduate/Professional degree 15% (State 11%); Unemployment rate 8.9 (State 7.0); Median household income \$46,651 (State \$56,444); Children 5-17 living in poverty 20.8% (State 16.8%); Medicaid paid births 58.9% (State 50.3%)

The four largest employment sectors are: Healthcare/Social assistance, Education, Retail (service/hospitality), Manufacturing, and Construction. The economy is influenced by seasonal 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 income.

*Norms, Values, Beliefs, Practices, Socioeconomic Characteristics, Risk and Resiliency Factors, Cultural Considerations and Unique and Special Needs of the Port Townsend School District*

The Port Townsend School District represents individuals from an array of backgrounds, historic family farms, maritime commerce, the visual and performing arts, and many others. The city of Port Townsend is the county seat for Jefferson County, which spans from the Washington coastline, through sections of the Olympic National Park, to the northeastern most tip of the Olympic Peninsula where the majority of its residents live. Many county residents are mobilized towards social and environmental justice initiatives, with a strong culture of pursuing renewable energies and reducing impact on the land. Despite this abundance of energy, many of the school districts residents experience stressors related to poverty and housing instability. These risk factors motivate the Coalition to respond with trauma informed development of all strategies and initiatives.

*Understanding of Cultural Competence*

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Cultural Competence is defined by SAMHSA as an ability to “interact effectively with people of different cultures”, to ensure that the needs of all community members are addressed. Culture can refer to characteristics like race, ethnicity, age, gender, sexual orientation, disability, religion, and income level. While the Coalition values the use of this term in a commitment to inclusive and accessible community organizing, our Coalition uses the term Cultural Mindfulness. With Cultural Mindfulness, we make every effort to center the experiences of oppressed groups, and acknowledge that those of us who are not members of those groups will commit to a life-long journey of listening and learning to build understanding, and heal from historical trauma. The Coalition aims to develop an action plan with a culturally mindful lens, to ensure that oppressed groups who are disproportionately affected by substance abuse are served by our programming.

The Coalition acknowledges that our community is located on the traditional lands of the S’Klallam people. In the post-contact period, European settlers displaced these communities from their native lands, putting into motion centuries of historical trauma. The Coalition aims to operate with this history in consideration in our work in the Port Townsend community, as we know that using a trauma-informed approach can promote healing, and avoid re-traumatization.

PTPC determined that the most pressing cultural competency priority areas are:

- Prioritizing the accessibility of our programs to low-income families, with awareness of the challenges they experience in accessing services, and the impact that has on their health outcomes.
- Encouraging racially diverse participation in the Coalition and in substance abuse prevention programming by using an anti-racist approach to ensure all communications and programming are inclusive of the experiences of People of Color.
- Encouraging representation of the LGBTQIA+ community in the Coalition and in substance abuse prevention programming.

*Ensuring Cultural Competence:*

As a part of the action plan, the Coalition and CPWI Community Coordinator will provide annual cultural competency training to members, and the community at large, as well as actively seek culturally, ethnically, and gender diverse membership. The coalition will research and identify a cultural competency trainer. Additionally, the Coalition may reach out to local groups for training. The coalition coordinator has been trained to facilitate presenting information and training activities related to cultural competency/mindfulness. Every month at coalition meetings, members take turns presenting activities pertinent to a variety of cultural, professional needs.

*Strategies for a Culturally Mindful Coalition*

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The PTPC aims to build an action plan that reflects the needs of low-income families, People of Color, and the LGBTQIA+ community. To significantly involve these priority groups, the Coalition aims to spend time in recruitment ensuring all members are operating with a culturally mindful approach, and that the members of these groups (Coalition members and nonmembers) are consulted and involved in maintaining the Coalition's accountability to our commitment to be culturally mindful.

The new Student Assistance Professional (SAP) Dana Marklund will work to be culturally mindful in her communications with parents, students, and staff. She will reach out to parents by attending parent nights, parent/teacher conferences, and the coalition coordinator will present at parent/teacher conferences and school board meetings. Our demographic profile reveals 8% of the population in the school district are Hispanic, and the Coordinator will work to assess ways to include participants if language is a barrier to participation.

*Sustainability in Organizational Development*

Though community based prevention work can face challenges in ensuring consistency in participation, the PTPC will benefit from collaborating with the Chimacum Prevention Coalition who has been implementing the CPWI Coalition since 2016. By sharing challenges, successes, and opportunities, this will allow both Coalitions to collaborate in ensuring successful programming in both school districts.

The Coalition set the groundwork for sustainable communication by highlighting norms in shared spaces through the Group Agreements, which will support the coalition in maintaining membership and recruiting new members.

## **CAPACITY BUILDING**

*Outreach*

*Shared Goals with Other Prevention Programs:*

The Coalition shares goals for reducing underage drinking and other substance use with the general efforts and concerns of multiple key community partners including; Port Townsend School District, Olympic Service District 114, Jefferson County Public Health, Jefferson County Sheriff's Department, Dove House, Olympic Peninsula YMCA, 4-H, Port Townsend Library, and Jumping Mouse Children's Center. Our shared goals are that we all work to provide youth serving programming, and may work to reduce traumatic experiences among young people. The Coalition partners with the Port Townsend School District to provide educational programming to youth, and partners with the Student Assistance Professional at Port Townsend High School to collaborate on ideal approaches to substance abuse prevention and treatment communication. Jefferson County's Community Health Improvement Plan identified four of the most pressing health priorities including

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mental health and substance abuse care. Among the partners listed, the community works to implement programming to address youth (and adult) substance abuse education, domestic violence prevention and education, childhood trauma and mental health support, community cohesiveness and recreational activities, and mentoring, all of which promote resilience among youth. These are all directly related to the goals of PTPC, which actively engages with these of these organizations, and is dedicated to continuing these strategic partnerships, to reach our vision of “Empowered teens and community living healthy lives.”

*Seeking Input from and Involving the Community in Coalition Efforts and Work:*

The Coalition conducts outreach with multiple community events to provide information about our vision, mission, and goals, while raising awareness about the impacts of underage drinking and substance use and other factors that contribute to these issues. Formal methods include:

- Hosting community events and attending local gatherings- PT Farmer’s Market, community festivals
- Writing press releases and disseminating flyers and educational materials related to underage drinking
- Forging collaborative relationships with new and existing organizations in the community

*Key Leader Involvement:*

PTPC will provide an annual report to inform Key Leaders, the Board of Health, and other community members as to the ongoing work of the Coalition. Twice a year the Coalition’s coordinator will present to the Jefferson County Board of Health, and Coalition activities are included in the County’s performance measures. This will be the primary avenue for recruiting Key Leader input and involvement in all phases of the ongoing Coalition development. Further, the Coalition Coordinator elicits feedback from local leaders about community initiatives and strategies with surveys, focus groups, and integrating into local events to build on existing relationships and increase key leader involvement.

*Training/Technical Assistance (TA)*

The Coalition intends training and capacity building to be a vital part of the role of all coalition members and partners. The Coalition hopes to raise awareness about substance use and prevention among the Coalition and community, and also to empower community with a foundational knowledge of cultural awareness, prevention science, trauma and resiliency, risk and protective factors, teen pregnancy, and mental health challenges.

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*Training for Coalition Staff*

To date, the Coalition Coordinator has completed training in general prevention education and CPWI coordination. Future trainings will include cultural mindfulness training, alcohol, tobacco, and other drug prevention education, and advanced CPWI coordination training. The Coalition will determine the need for future trainings for the coordinator based on the strategies outlined in the action plan section of the strategic plan. The Coordinator will complete their Certified Prevention Professional certification within one year of hire- by February 2020.

*Training for Coalition Members*

To date, Coalition members have received an introductory training to CPWI and the Strategic Planning Framework. Future trainings will be identified based on the strategies outlined in the action plan section of the strategic plan, and updated as needed. The Coalition Coordinator has received training on the Minerva reporting system, the Community Anti-Drug Coalitions of America (CADCA) Bootcamp Training, and will establish a training plan for 2019-2020 to develop community substance abuse prevention strategies and cultural competency.

*Training for Community*

The Coalition values Community based training and capacity building as it is a vital component of developing local leaders and building an infrastructure for prevention strategies in the community. As the Coalition members develop their own trainings for prevention, the Coalition will decide how to share similar trainings on prevention science, Adverse Childhood Experiences (ACEs), Resilience, and cultural competency with the community.

Training needs are determined annually after considering the Coalition Assessment Tool (CAT), the Annual Community Survey, and the Needs Assessment.

*Cultural Competency in Capacity Building*

The Coalition will ensure all outreach efforts to gain community-wide input into decision making are inclusive of all populations receiving services. Through our focus on building cultural mindfulness among coalition members and community, and using a trauma-informed approach to all programming associated with the coalition, we aim to center the needs of under-served and historically oppressed populations. This includes Communities of Color, low-income communities, and the LGBTQIA+ community. Using the standards of Culturally and Linguistically Appropriate Services (CLAS), the Coalition considers whether services are respectful to and responsive to each community member's culture and communication needs. CLAS takes into consideration; cultural health beliefs, preferred languages, health literacy levels, and communication needs. Through thoughtful mission development, community engagement, assessment, and implementation,

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the Coalition incorporates CLAS into all levels of our programming. Our priority is to develop all strategies and initiatives by building policy, practices, and allocating resources with a health equity lens. When evaluating programs, we will assess how culturally and linguistically appropriate they are, and adapt materials and programs as needed to be inclusive and accessible.

*Sustainability in Capacity Building*

Over the next two years the Coalition will involve key leaders in community members in promoting and continuing coalition efforts by;

- Ongoing Coalition recruitment
- Increased visibility in the community
- Refining and adapting the Strategic Plan
- Training on cultural mindfulness, prevention science, and trauma informed settings
- Building on relationships with the educational community
- Implementing the community survey
- Communicating about the coalition through media coverage, conversations, community presentations, visibility at community events, and disseminating public awareness materials

**ASSESSMENT**

**Needs Assessment**

*Process*

Port Townsend Prevention Coalition's Community Needs Assessment:

In 2019 the Coalition's Needs and Resource Assessment Work Group consists of Health Educator Karen Obermeyer, Chimacum CPWI Coalition Coordinator Denise Banker, Community Health Director for JCPH Apple Martine, and Coalition Coordinator Lindsay Scalf. They were trained to do this work through their background in analyzing community health data as health educators. They met separately to plan their approach to the assessment, and collaborated virtually to review validated data sources including;

- 2018 Healthy Youth Survey
- 2014 Health of Jefferson County Report
- 2016 Jefferson County Community Health Improvement Plan

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- 2018 CPWI Community Needs Assessment Data Book

In 2020 the Coalition’s Needs and Resource Assessment was conducted at monthly coalition meetings, and included Anne Dean, Julie Russell, Tasha Newcomb, Al Scalf, Lo Lo Sherwood, Karen Obermeyer, Al Scalf, and Lindsay Scalf.

The Coalition reviewed previous data sources, conducted a resource mapping activity, and analyzed the newly released results from the Community Survey in 2019 which assessed adult perspectives of adolescent substance use.

The workgroup also included anecdotal evidence from conversations with local stakeholders, and guided questions to assess the priority areas in relation to underage substance abuse.

The Assessment Workgroup dedicated time in full Coalition meetings to compare emerging trends and identify priority areas.

*Summary of Key Data*

Data reviewed for the Risk assessment showed Port Townsend 8<sup>th</sup> and 10<sup>th</sup> reporting higher rates of current alcohol, tobacco, vape, and marijuana use, as well as experiencing multiple risk factors including perceptions of alcohol and marijuana availability, favorable attitudes about substance use, and perceptions of community norms and enforcement. Contributing factors included low disapproval of peer use and low perception of harm. Further, we observed trends in teens who report depressive feelings and experience poor family management.

**Community Snapshot**

**Location:** Port Townsend is a historic Victorian Seaport in East Jefferson County on the Olympic Peninsula in Washington State. Port Townsend School District Catchment area has a population of 14,996.

**Schools:** Salish Coast Elementary, Blue Heron School, Port Townsend High School, and alternative K-12 program- OCEAN (Opportunity, Community, Experience, Academics, Navigation) are all located within the Port Townsend city limits, and serve students from within Port Townsend, as well as further South around the perimeter of Discovery Bay, as far south as Tarboo Lake and as far West as Gardiner.

About 77% of Port Townsend students graduate high school after four years (OSPI Washington State Report Card Port Townsend School District 2017-2018 results)

Female	51.5%
Male	48.5%
Special Education	16.5%
English Learners	3.2%

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Low Income	46.9%
*Adapted from Washington State Report Card from the Office of the Superintendent of Public Instruction	

Table 2: Port Townsend School District Student Enrollment Race/Ethnicity Demographics 2017-2018	
Race	%
American Indian/Alaskan Native	1.2%
Asian	2.2%
Black/African American	1.3%
Hispanic/Latino of any race(s)	8.1%
Native Hawaiian/Other Pacific Islander	0.3%
White	82%
Two or more races	4.9%
*Adapted from Washington State Report Card from the Office of the Superintendent of Public Instruction	

**Race/Ethnicity<sup>1</sup> in Port Townsend School District:**

- 1.2% American Indian/Alaskan Native
- 2.2% Asian
- 1.3% Black/African American
- 8.1% Hispanic/Latino of any race(s)
- 0.3% Native Hawaiian/Other Pacific Islander
- 82% White
- 4.9% Two or more races

The majority of Port Townsend youth choose healthy behaviors, feel safe at school, and have positive perceptions of their quality of life. Rates of current use of alcohol, tobacco, and marijuana use remain relatively high, with a sharp increase in vaping use since 2016, which is the most popular tobacco product among teens. Alcohol, Tobacco, Marijuana, and other drug use among Port Townsend tenth graders are above the state average.

Table 3: 2018 Healthy Youth Survey Measures of Youth Substance Use- Use of Substance in last 30 days for 10 <sup>th</sup> Graders in Port Townsend		
Prevalence	2016	2018
Current Cigarette Use	14%	11%
Current Vaping Use	15%	37%
Current Other Illegal Drug Use	13%	9%

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Current Pain Killer Use	5%	7%
Current Drinking	36%	37%
Current Marijuana Use	34	37
*Adapted from Healthy Youth Survey 2018		

Risk Factors for Youth Substance Use include Community Disorganization, Perceived Availability, Perceptions of Community Norms and Enforcement, Low Perception of Harm. Rates of students who reported cigarettes, alcohol, and marijuana would be difficult to get sharply decreased between 8<sup>th</sup> and 10<sup>th</sup> grade years (Table 4). Similarly, rates of students who reported that there would be a risk of harm from using cigarettes, vaping products, alcohol, or marijuana, decreased between 8<sup>th</sup> and 10<sup>th</sup> grade years (Table 5), illustrating the opportunity to provide educational opportunities to youth in this gap between 8<sup>th</sup> and 10<sup>th</sup> grade to illuminate the health risks of using these products. While about 80% of 8<sup>th</sup> and 10<sup>th</sup> graders report that there is a risk of harm of cigarette use, only about 30% of these students report that there is a risk of harm from using e-cigarettes or vaping products. This indicates the lack of awareness of the risk of addiction through using e-cigarettes and vaping products.

<b>Table 4: 2018 Healthy Youth Survey Measures of Perceived Availability of Alcohol, Marijuana, and Cigarettes between 8<sup>th</sup> and 10<sup>th</sup> graders in Jefferson County</b>		
	Grade 8	Grade 10
Percent of students who report cigarettes would be 'very hard' to get	47%	12%
Percent of students who report alcohol would be 'very hard' to get	41%	7%
Percent of students who report marijuana would be 'very hard' to get	35%	10%
*Adapted from Healthy Youth Survey 2018		

<b>Table 5: 2018 Healthy Youth Survey Perceptions of Harm of Substance Use between 8<sup>th</sup> and 10<sup>th</sup> graders in Jefferson County</b>		
	Grade 8	Grade 10
Percent of students who report "great risk" of harm from using cigarettes at least once or twice a week	82%	80%
Percent of students who report "great risk" of harm from using e-cigarettes or vaping at least once or twice a week	31%	34%

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Percent of students who report “great risk” of harm from using alcohol at least once or twice a week	35%	26%
Percent of students who report “great risk” of harm from using marijuana at least once or twice a week	24%	21%
*Adapted from Healthy Youth Survey 2018		

Rates of students who perceive that adults in their neighborhood think youth smoking, drinking, and marijuana use is wrong decrease between 8<sup>th</sup> and 10<sup>th</sup> grade years, showing the increasing perception of favorable attitudes of substance use between these grade levels (Table 6). Despite the reality that underage drinking is enforced, 78% of 8<sup>th</sup> and 10<sup>th</sup> graders in 2016 report that they do not think police enforce underage drinking (Table 7).

<b>Table 6: 2018 Healthy Youth Survey Perceptions of Community Norms between 8<sup>th</sup> and 10<sup>th</sup> graders in Jefferson County</b>		
	Grade 8	Grade 10
Percent of students who report that adults in their neighborhood think youth smoking is “very wrong”	62%	49%
Percent of students who report that adults in their neighborhood think youth drinking is “very wrong”	54%	24%
Percent of students who report that adults in their neighborhood think marijuana drinking is “very wrong”	44%	19%
*Adapted from Healthy Youth Survey 2018		

<b>Table 7: 2016 Healthy Youth Survey Measures of Enforcement of Alcohol Enforcement between 2014-2016 8<sup>th</sup> and 10<sup>th</sup> Graders</b>		
	2014	2016
Percent of youth who report police do not enforce underage drinking	67%	78%
*Adapted from Healthy Youth Survey 2016		

Contributing factors- depressive and suicidal feelings, poor family management, friends who use substances, social practices favorable to youth use (retail options higher than the state): The rate of students who report that their friends use alcohol or marijuana has increased

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since 2014, and both of these are also higher than the state average (Table 9). Family management assessment includes measures of family structure, family acceptance of alcohol and drug use, and parental involvement in school work. In the 2016 Healthy Youth Survey, 41% of 8<sup>th</sup> and 10<sup>th</sup> graders reported poor family management, with 54% reporting parental attitudes that are tolerant of substance use (Table 10). Both of these are higher than the state average. The CPWI Data Book shows Port Townsend has 4.5 active alcohol retailers per 1,000 persons, almost twice as high as the state average of 2.2 active alcohol retailers per 1,000.

Table 9 : 2016 Healthy Youth Survey Friends Who Use Substances		
	2014	2016
Percent of students whose friends use alcohol	46%	62%
Percent of students whose friends use marijuana	51%	61%
*Adapted from Healthy Youth Survey 2018		

Table 10 : 2016 Healthy Youth Survey Family Risk Factors		
	Percent at risk	
	PT	State
Poor Family Management	41%	33%
Parental Attitudes Tolerant of Substance Use	54%	31%
*Adapted from Healthy Youth Survey 2016		

Port Townsend Substance Abuse Prevention Coalition used local data to track substance use trends and identify risk factors contributing to youth substance use. Due to the small percentage of Healthy Youth Survey participants, and the number of students who respond to each question, some risk factors may not be representative. In some cases the workgroup compared responses to statewide rates to make conclusions about student health behavior, and in others compared responses to previous years to identify trends in adolescent substance use.

Participation in Jefferson County’s 2018 Healthy Youth Survey by grade was 155 (93%) of Grade 6 students, 159 (81%) of Grade 8 students, 138 (77%) of Grade 10 students, and 97 (48%) of Grade 12 students. All of these are above 40% participation, which indicates that they may be representative of the students in this grade. Potential limitations of the Healthy Youth Survey include low responses for individual questions, which results in unstable conditions and interferes with making conclusions about certain risk and contributing factors.

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*Needs Assessment Conclusions*

The Coalition Needs and Resource Assessment Workgroup reviewed all relevant data to identify priority areas for intervention. Data included results from the 2018 Healthy Youth Survey, the 2016 Community Health Assessment, Health of Jefferson County Report, 2016 Jefferson County Community Health Improvement Plan, 2018 CPWI Community Needs Assessment Data Book, and information from anecdotes from community stakeholders. Emerging trends and prevalence rates showed Port Townsend youth at a greater risk of substance use as compared to the state. Though the Healthy Youth Survey did not assess the increased risk of LGBTQIA+ (Lesbian, Gay, Bisexual, Trans, Queer, Intersex, Asexual, +other genders and sexualities) youth for substance abuse, national trends show that due to social stigma and discrimination, gender and sexual minorities experience greater stressors than their peers, which causes [disparities in substance use rates](#) among LGBTQIA+ teens. The 2018 Healthy Youth Survey in Jefferson County showed that in response to the question about sexual orientation in Grade 10, 2% of students identified as Gay or Lesbian, 13% identified as Bisexual, and 11% identified as Questioning/Something else/Not sure. In response to the question about gender identity in Grade 10, 2% of students identified as Transgender, 5% Questioning/not sure/something fits better. The workgroup found that Port Townsend’s most apparent risk factors for adolescent substance use include perceived availability of alcohol, tobacco, marijuana, and other drugs, favorable attitudes about usage, perceptions of community norms and enforcement, low disapproval of peer use, and low perception of harm.

*Long-Term Consequences of Adolescent Substance Use*

The Port Townsend community is impacted by long-term consequences of youth substance abuse including; school performance, youth delinquency, and mental health.

**Table 11 : Long Term Consequences of Substance Use- Behaviors that are known to be associated with substance abuse**

Consequence	Measure	PT	State
School Performance	Low Grades in School	19%	24%
	Skipping School	12%	20%
	On-time Graduation	68%	79%
Youth Delinquency	Gang membership	9%	5%
	Marijuana and Driving	14%	8%
Mental Health	Considering Suicide	28%	19%
	Attempted Suicide	24%	9%

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	Depression	36%	31%
*Adapted from 2016 Healthy Youth Survey			

Measures of these three consequences show Port Townsend consistently higher than the state average in measures of youth delinquency and mental health, though lower than the state average in low-grades and skipping school. Students in PT graduate on-time at a lower rate than the state average. These consequences affect the community’s overall sense of connectedness and cohesiveness, and interfere with lifetime health outcomes and economic opportunities for young people. In regards to mental health challenges, 82% of students in Jefferson County reported depressive feelings, and 17% attempted suicide in the past year, all grades higher than state average (Table 8). This illustrates the challenges young people in the Port Townsend School District are facing in regulating stressors, and maintaining mental and emotional wellbeing.

Table 8: 2018 Healthy Youth Survey Depressive Feelings, Anxiety Symptoms and Suicide Grade 10 in Jefferson County	
	2018
Percent of students who felt nervous or anxious in past two weeks	82%
Percent of students who were unable to stop or control worrying in past two weeks	74%
Depressive feelings in past year	51%
Considered attempting suicide in past year	32%
Made a suicide plan in past year	36%
Attempted suicide in past year	17%
*Adapted from Healthy Youth Survey 2018	

*Behavioral Health Problems*

The behavioral health problems that amplify these consequences include underage drinking, vaping use, marijuana use, and opioid/prescription drug use. Rates of use for all four of these behavioral health problems in Port Townsend are higher than the state average.

*Priority intervening variables: Community Connectedness, Social Access and Community Laws and Norms, Favorable Attitudes, and Early Initiation*

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*Protective Factors-* 88% of students surveyed in Jefferson County reported that they have lots of chances for involvement in school activities, and 78% reported that they have an adult in their neighborhood or community they can talk to about something important. Both of these are protective factors against adolescent substance use, and are higher than the state average.

*Risk Factors-* 8<sup>th</sup> and 10<sup>th</sup> graders participating in the Healthy Youth Survey in 2016 reported that alcohol and marijuana is easy to get at a higher rate than the state average. There are a higher number of active retail licenses for selling alcohol than the state average, in Port Townsend 4.5 retail alcohol licenses per 1,000 persons as compared to the state's 2.2/1,000 persons. Further, 78% of 8<sup>th</sup> and 10<sup>th</sup> graders taking the Healthy Youth Survey in 2016 reported their perception that police don't enforce underage drinking, a higher percentage than the state average.

*Priority contributing factors: Poor Family Management, Low perception of harm, Perception of Peer use, and Policies and social practices favorable to youth use*

The workgroup identified priority contributing factors including poor family management, low perception of harm, perception of peer use, and policies and social practices favorable to youth use. The percent of students who report that their friends use alcohol or marijuana has increased since 2014, and both of these are also higher than the state average (Table 9). Family management assessment includes measures of family structure, family acceptance of alcohol and drug use, and parental involvement in school work. In the 2016 Healthy Youth Survey, 41% of 8<sup>th</sup> and 10<sup>th</sup> graders reported poor family management, with 54% reporting parental attitudes that are tolerant of substance use (Table 10), indicating a need for programs designed to strengthen family management skills. Both parental attitudes and poor family management reports are higher than the state average. Rates of students who reported that there would be a risk of harm from using cigarettes, vaping products, alcohol, or marijuana, decreased between 8<sup>th</sup> and 10<sup>th</sup> grade years (Table 5), illustrating the opportunity to provide educational experiences to youth in this gap between 8<sup>th</sup> and 10<sup>th</sup> grade to illuminate the health risks of using these products. While about 80% of 8<sup>th</sup> and 10<sup>th</sup> graders report that there is a risk of harm of cigarette use, only about 30% of these students report that there is a risk of harm from using e-cigarettes or vaping products. This indicates the lack of awareness of the risk of addiction through using e-cigarettes and vaping products. Based on these contributing factors, the coalition will determine strategies for local implementation to prevent risk factors that increase adolescent substance use, and promote protective factors.

**Resource Assessment**

*Process*

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The Coalition’s Needs and Resource Assessment workgroup collected information on programs, policies, and practices that address the priority risk and protective factors chosen by the Coalition. Information about local organizations, initiatives, programs, and policies was collected from the networks of coalition members involved in the assessment, and reviewed to analyze resources in tested effective programs and identify gaps in resources/services.

The Coalition identified resources that are available to Port Townsend students and families, and community resources that affect the prioritized risk and protective factors; Community Connectedness, Social Access and Community Laws and Norms, Favorable Attitudes, and Early Initiation. They reviewed resources with the criteria of organization, programs, population served, risk factors addressed, and protective factors addressed.

The chart below lists programs and services that directly and indirectly address PTPC’s prioritized risk and protective factors.

<b>Table 12: Port Townsend Prevention Coalition Community Resources Assessment 2019</b>				
<b>Organization</b>	<b>Programs</b>	<b>Population Served</b>	<b>Risk Factors Addressed</b>	<b>Protective Factors Addressed</b>
Port Townsend High School	General Education Interact Club	Youth	Low perception of harm, peer use	Feeling safe at school, opportunities for involvement, youth feeling like they have someone to talk to
Olympic Educational Services District 114 Port Townsend High School	Student Assistance Professional	Youth	Favorable Attitudes, Low perception of harm, Community Disorganization	Providing health screenings , interventions and referrals for community resources
Jefferson Co. Public Health Jefferson Healthcare	School-based health clinic	Youth	Mental Health	Youth feeling like they have someone to talk to Increases positive health outcomes by providing mental health and health screening, interventions and referrals to appropriate community resources.
Jefferson Co. Public Health	Nurse Family Partnership	Expecting and new parents birth to age two. Indicated and Selective	Family management	Family bonding, which positively impacts youth perception of harm, increases the likelihood youth report

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				having a trusting adult to talk to, helps increase emotional wellbeing and reduces community disorganization
4-H Clubs and Programs	<u>13 different Clubs sponsored by 4-H</u>	Youth Universal	Community Disorganization, Acceptance, Favorable Attitudes	Community Connectedness, Provides prosocial opportunities for youth
YMCA	<u>After the Bell Building Futures in-school Mentoring</u>	Youth Universal	Poor family management; favorable attitudes, low perception of harm.	Opportunities for prosocial involvement with peers and adult mentors, which provides trusting adult to talk to.
Jefferson County Parks and Recreation	<u>Youth Sports and Recreation Services, Parks</u>	All Ages Youth Universal	Community Disorganization	Opportunities for involvement, youth feeling like they have someone to talk to, community connectedness, providing prosocial opportunities for youth- youth coaching
Churches	<u>Youth Organizations, &amp; Sunday Schools Community Soup Program</u>	All Ages Youth Universal		Youth organizations and Sunday Schools address prosocial opportunities with peers and adult mentors
Port Townsend School District	<u>After-school sports programs</u>	Youth Universal		Opportunities for prosocial involvement with peers and adult coaches
Port Townsend School District	<u>After-school clubs and school services</u>	Youth Universal		Opportunities for prosocial involvement with peers and adult mentors

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Boy Scouts Girl Scouts	<u>Youth Programming</u>	Youth Universal	Community Disorganization	Opportunities for prosocial involvement with peers and adult mentors
Juvenile Services	<u>ART</u> <u>FFT</u> <u>Girl Circle</u>	Youth Indicated Selective	Favorable Attitudes, Low Perception of Harm, Community Disorganization, Poor Family Management	
Skillmation	<u>Mentoring Connections</u>	Youth Adults Universal	Community Disorganization	Opportunities for prosocial involvement with mentors
Dove House	<u>Domestic Violence Shelter</u> <u>Violence Prevention</u>	Youth Parents Universal	Mental Health, Community Disorganization	Community Connectedness
OLYCAP	<u>Food Assistance</u> <u>Housing Emergency Shelter</u>	Universal	Community Disorganization, Availability	Community Connectedness
The Benji Project	<u>Teen Mindfulness Programming</u>	Youth Parents Universal	Mental Health	Opportunities for youth feeling like they have someone to talk to Community Connectedness

*Summary of Key Information*

The resource assessment identified significant community partnerships in place between the Coalition and the Port Townsend School District and Olympic Educational Services District. These partnerships originated through the CPWI partnership and have effectively contributed to a strategic planning process and in building relationships with local organizations. The Coalition could benefit from establishing more partnerships with local youth serving and substance abuse prevention organizations, to gain more representation from their direct service work.

Resources listed in the chart in Table 12 include community strategies and youth serving organizations that work to increase protective factors: community connectedness, opportunities for prosocial involvement, and reduce risk factors: mental health challenges, community disorganization, poor family management, favorable attitudes, and low perception of harm. One area for growth is providing programs that

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reduce the risk factor of low perception of harm of alcohol, marijuana, tobacco and vaping use. While there is emerging research on the health risks of vaping, many substance use prevention education programs have not yet begun to incorporate this lens into their curricula or communication campaigns.

Due to the need to the disconnect of perceptions of drug use among teens and adults (high rates of youth reporting parental attitudes tolerant of substance use) the Coalition finds that our strategies and programs should reflect this need to close the gap in perceptions of substance use by promoting prevention education for adults and students alike. Further, based on recent community organizing efforts to disseminate Good Samaritan Law information from local organizations, the Coalition finds that a Community Engagement strategy focusing on Overdose Prevention would serve these needs. The resource assessment displays multiple organizations prioritizing Community Disorganization as a risk factor shows, this emerging theme displays the need for increased community engagement efforts among substance use prevention efforts. The Nurse Family Partnership program was identified as a strong factor in reducing the risk factor of poor family management. In assessing Jefferson County Public Health's facilitation of the program, the Coalition found a need for expanding the program in the Port Townsend area.

*Resources Assessment Conclusions*

After reviewing the needs assessment and resource assessment the workgroup found there are many organizations working in our priority areas to increase protective factors and reduce risk factors for adolescent substance use.

As the Coalition engaged in its resource analysis, several themes emerged:

- While there are programs engaged in reducing favorable attitudes about adolescent alcohol, cigarette, and marijuana use, there is room to expand this lens to include vaping prevention, using emerging evidence that vaping contributes to adolescent nicotine addiction.
- Considering the increase in perceptions of harm and availability of substances between 8<sup>th</sup> and 10<sup>th</sup> grade, there is an opportunity to partner with the local school district to implement evidence-based school curriculum with these grade levels.
- After reviewing the data on mental health among teens in Port Townsend, we observe that we need increased programming on mental health literacy among teens and caregivers.
- Based on high perceptions of peer use among 10<sup>th</sup> graders, we observe that we need social norms campaigns on shifting community norms around substance use.
- Considering the number of other organizations addressing the risk factor of community disorganization, the Coalition needs to engage community with prevention trainings and networking opportunities.

*Cultural Competency in Assessment*

The Coalition will ensure initiatives, activities, and programs will appropriately meet the cultural needs of the residents of the Port

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Townsend community through robust evaluation of programs, increased recruitment for Coalition participation, and accountability loops to ensure that the Coalition and local partners are assessing data appropriately and respectfully. With this approach to cultural mindfulness in all sections of our strategic plan, the Coalition aims to build a community centered initiative in Port Townsend.

Representing 12 sectors with a range of backgrounds and ages among its members, the Coalition is primed to work with underrepresented groups in the Port Townsend community. Though the timeline for the Assessment section of the Strategic Planning process was abbreviated due to a quick deadline, the workgroup analyzed a diverse selection of data sources representing measures of substance use, mental health, and risk factors of underserved groups in Port Townsend- LGBTQIA+ people, Non-English speaking people, low-income people, and People of Color. Further, anecdotes from members of this community expressing the experiences of being marginalized and excluded from services informed the risk and resource assessment results, and prompted the workgroup to make efforts to systematize this equity lens by prioritizing community-led cultural competency trainings for Coalition members and youth service providers in Port Townsend.

*Sustainability in Assessment*

The coalition strives to sustain the protective factors in place at the local school and with other youth serving organizations. Resources that could benefit this sustainability include more broad participation from community partners to minimize the burden on individual Coalition members. Partnerships established in the Strategic Planning phase will be continued and built upon by Coalition staff and workgroup members to ensure sustainability in those relationships, and leave room for expanding the financial sustainability of the Coalition by finding alternative funding sources.

**PLAN**

**Process for Planning**

After reviewing the Risk and Resource Assessment at a meeting on March 25<sup>th</sup> 2019, the Coalition established goals, objectives, and strategies for the Strategic Plan. Members included Student Assistance Professional Dana Marklund, Chimacum Prevention Coalition Coordinator Denise Banker, Citizen Al Scalf, Blue Heron Middle School Dean of Students Julie Russell, Student Sierra Ruegg, and PT Coalition Coordinator Lindsay Scalf. The Coalition used a collaborative idea mapping process to refine the risk and protective factors from the assessment into goals for the community, then identified key objectives for each goal.

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The Action Planning phase of the Strategic Planning process was limited with a quick turnaround shortly after the Coordinator was hired on February 11, 2019, with the completed Strategic Plan due on April 1, 2019. With the intention of establishing a holistic action plan while also allowing sustainable partnerships to develop between the Coalition and the local schools, the Coalition concluded that the specific educational program to be delivered at the local middle school will be determined after further relationship development with school district leaders, and closer to the start date of the Student Assistance Professional. The position was vacant during the writing of this Plan.

**Goals, Objectives and Strategies**

The Coalition reviewed intervening variables- risk and protective factors, and local conditions to identify the following goals and objectives:

Goal Statement	Objectives	Strategies/ Programs
<p>Goal 1: Decrease Favorable Attitudes toward substance use</p>	<p>1.1 Increase understanding of the risks of harm of substance use among teens, parents, and community members.</p>	<p><i>Strategy: Direct Services</i></p> <p>1.1. Implement substance use education (alcohol, tobacco/vaping, marijuana, other drugs) at local schools</p> <ul style="list-style-type: none"> <li>• Evidence-based school program at middle school in Port Townsend to be selected due to readiness issues. Relationships are still being developed between the new Coordinator, Coalition leaders and school personnel. Curriculum selection follows relationship development. Keepin it Real is under consideration.</li> <li>• Project SUCCESS</li> <li>• Train teachers and staff at local schools on health risks and how to identify substances on campus (High in Plain Sight: Current Alcohol Drug and Concealment Trends and Identifiers)</li> </ul> <p>1.2. Evidence-based parenting program</p> <ul style="list-style-type: none"> <li>• Guiding Good Choices</li> </ul>
<p>Goal 2: Decrease Community Norms favorable to youth substance use</p>	<p>2.1 Decrease social practices favorable to youth substance use</p> <p>2.2 Decrease perceptions of laws/policies favorable to youth substance use</p>	<p><i>Strategy: Public Awareness/ Information Dissemination</i></p> <p>1. Develop Resource Guide of prosocial opportunities for teens</p>

		<ul style="list-style-type: none"> <li>a. Strengthen knowledge of resources for prosocial opportunities for youth in Port Townsend</li> </ul> <p>2. Positive Social Norms Campaign</p> <ul style="list-style-type: none"> <li>a. Promote communication of prosocial attitudes, beliefs and opportunities.</li> <li>b. Conduct formative research to understand and test the target audience responses. Conduct focus groups to determine messaging and appropriate frequency of exposure for target audience</li> <li>c. Pilot test messages (text, graphics, tone) with the target audience(s)</li> <li>d. Develop a communications plan to determine the message “dose” and mode(s) of message delivery to impact misperceptions of norms.</li> <li>e. Develop mass media/social marketing/social norms plan that identifies goals and objectives, target audience, behaviors or norms targeted, and strategy used.</li> <li>f. Promote collaboration between all sectors of the community in supporting this work.</li> <li>g. Collect and report local data to reinforce message prior to and after the campaign.</li> </ul> <p><i>Strategy: Public Awareness/Information Dissemination</i></p> <ul style="list-style-type: none"> <li>1. Develop and disseminate communications about the health risks and increased potency of drugs with media and outreach strategies</li> </ul>
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<p>Goal 3: Decrease the availability of substances, including perceived availability among teens</p>	<p>4.1 Decrease youth access of opioids from friends and home 4.2 Decrease policies/social practices favorable to youth substance use</p>	<p><i>Strategy: Information Dissemination</i> Activities: 1. Drug Takeback Events (April, October 2019) 2. Starts with One opioid prevention campaign <i>Strategy: Environmental</i> 1. Updating existing Jefferson County ordinance with the Board of Health to prohibit vaping in public places</p>
<p>Goal 4: Reduce community disorganization, increase attitudes of family management practices including monitoring, discipline, setting limits, control</p>	<p>5.1 Increase community readiness to address ATOD issues. 5.1.1. Develop resource awareness among educators, students, parents, and community members 5.1.2. Increase turnout in local programs, workshops, and trainings by building communication tools among educators and healthcare professionals 5.1.3. Increase family management skills</p>	<p><i>Strategy- increase family management skills</i> Activity: Implement expansion of home visiting program for selected pregnant and parenting individuals • Nurse Family Partnership program <i>Strategy: Community engagement/ coalition development</i> Activities: 1. Distribute information about PT and Chimacum Coalition and other prevention work through a monthly newsletter to all school staff 2. Provide opportunities for involvement in Coalition work, sustain coalition meetings 3. Community engagement in Prevention work- Increase cultural mindfulness capacity of Coalition members and partners at an annual training and host an Overdose Prevention Training</p>

**Action Plan**

*Summary*

The Coalition’s Action plan integrates strategies to support our goals including community engagement, coalition development, public awareness/information dissemination, environmental strategies, and school-based prevention services (Appendix 9). The Coalition will use available resources to implement the action plan, and has planned an appropriate amount of services in relationship to the intended impact

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and available resources. CPWI Cohort 6 Coalitions are required to have at least 60% of selected programs classified as Evidence Based Programming. We have achieved this with our program selection.

**Cultural Competency in Plan**

The Coalition will ensure the membership, decision making, and outreach efforts to gain community-wide input into decision making are inclusive of all populations receiving services. Through our focus on building cultural mindfulness among coalition members and community, and using a trauma-informed approach to all programming associated with the coalition, we aim to center the needs of under-served and historically oppressed populations. This includes Communities of Color, low-income communities, and the LGBTQIA+ community. The Coalition has assessed health disparities among racial and ethnic minorities, the LGBTQIA+ community, low-income people, and non-English speakers, and will develop materials with this inclusive lens, and will select curricula for school based and family education that is accessible to all audiences.

**Sustainability in Plan**

Over the next two years the Coalition will involve key leaders in community members in promoting and continuing coalition efforts, using the Strategic Plan’s goals and objectives to guide ongoing discussions and increase collaboration with community. This will be prioritized through:

- Ongoing Coalition recruitment
- Increased visibility in the community
- Refining, evaluating, and adapting the Strategic Plan
- Coalition and community training on cultural mindfulness, prevention science, and trauma informed settings
- Building on relationships with the educational community
- Implementing the community survey
- Communicating about the coalition through media coverage, conversations, community presentations, visibility at community events, and disseminating public awareness materials

Renewal of Assessments: Funding – Coalition Members and staff will continue to research any additional private and/or public funding to further the work of the Coalition.

Renewal of Evaluation Information: The Community Survey, HYS, and Coalition Assessment Tool will continue to be the primary sources for evaluation used by the Coalition to measure its impact.

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**IMPLEMENTATION**

**Structural Support for Implementation**

The Coalition will implement this Action Plan’s strategies, programs, and activities with a diverse support network of educational initiatives, trainings, community partnerships, communication platforms, and data/reporting systems. This network includes:

- Annual CPWI Training for new members
- Cultural Mindfulness and Trauma Informed Approach Training
- Member participation in Coalition meetings, active recruitment of new members with broad community outreach
- Collaboration with media resources and communication platforms for public awareness and social norm campaigns
- Curriculum specific trainings for community facilitators
- Continuous tracking of programs and strategies in the Minerva reporting system

These activities and programs have been identified through a collaborative process to be crucial to establishing the goals of the Coalition in the Port Townsend School District catchment area. The Coalition members, volunteers, and partner agencies expect to work together to actualize these strategies and initiatives with a community-centered lens, and will receive organizational support from the Coalition Coordinator in recruiting and confirming partnerships. The coalition will leverage community networks from the different sectors members represent to recruit for strategies and activities, and distribute recruitment materials with a range of mediums and with a diverse scope of locations. Similarly, the Coalition’s will expand their partnership through Jefferson County Public Health, Port Townsend School District, and OESD 114 with local organizations and community leaders to promote healthy participation in implementing the Coalition’s objectives, strategies, and activities.

**Budget**

Funding resources for the Coalition September 29, 2020 through September 30, 2021 will be confirmed in the Summer of 2020, currently the primary sources include funding from Partnerships for Success 2020-2021 and the State Opioid Response grants (Appendix 10) The Coalition will work to establish sustainable funding sources from within the Port Townsend School District catchment area to ensure community ownership of the Coalition’s strategies and initiatives.

**Cultural Competency**

The Coalition has completed extensive community assessment to gain perspective on the cultural needs of the diverse residents of the Port Townsend School District catchment area. The Coalition is committed to ensuring that all communications, strategies, and initiatives are

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thoughtfully planned, with community-wide input. Further, the Coalition is committed to making culturally sensitive, trauma informed approaches central to the decision making of meetings and workgroups, to ensure that decisions are inclusive of all populations receiving services. Through our focus on building cultural mindfulness among coalition members and community, and using a trauma-informed approach to all programming associated with the coalition, we aim to center the needs of under-served and historically oppressed populations. This includes Communities of Color, low-income communities, and the LGBTQIA+ community. Our priority is to develop all strategies and initiatives and allocating resources with a health equity lens. For example, in taking action to recruit a Coalition that is representative of these groups, and continuing to build relationships with underserved groups, the Coalition will have structural support for this equitable approach to policy and programs. When evaluating programs, we will assess how culturally and linguistically appropriate they are, and adapt materials and programs as needed to be inclusive and accessible, using the Culturally and Linguistically Appropriate Assessment Tool.

**Sustainability in Implementation**

The Coalition will use previously established funding sources (DBHR) and staffing resources (Coalition Coordinator, Student Assistance Professional) to support the implementation of the Strategic Plan. When resources or volunteers are needed to accomplish any of the strategies and initiatives, the Coalition Coordinator will lean on community partnerships built through reciprocity, mutual respect, and collaboration, to solicit those needs, including: staffing for community events, physical space to host events, or supplies for educational programs in the community. The Coalition values collaboration and reciprocity in their partnerships, and will work to ensure these values are present in all interactions with community organizations. The Coalition expects these efforts to result in positive outcomes from programs, the development and institutionalizing of policies, and the integration of programs into existing community organizations.

**REPORTING AND EVALUATION**

**Expected Outcomes (Baseline and Target Data)**

The table below outlines expected long-term outcomes for goals and objectives in relation to the goals and objectives in the Strategic Plan, as informed by prioritized intervening variables.

<b>Intervening Variable (Risk/Protective Factor)</b>	<b>Goals and Objectives</b>	<b>Intended long-term outcome</b>
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<b>(R) Low perception of harm of alcohol, tobacco, vaping, marijuana, and other drugs.</b>	<b>Goal 1:</b> Decrease Favorable Attitudes toward substance use.	Increased perception of harm of alcohol, tobacco, vaping products, marijuana, and other drugs
<b>(P) Opportunities for prosocial involvement</b>	<b>Goal 2:</b> Decrease Community Norms favorable to youth substance use.	Teens continue to report they have opportunities for prosocial involvement
<b>(R) Community Laws and Norms favorable to substance use</b>	<b>Goal 3:</b> Decrease Perceived Community and Law Enforcement Norms favorable to youth substance use.	Reduced favorable community and youth attitudes towards substances, increased awareness of enforcement of underage substance use
<b>(R) Availability, social access and increased retail options</b>	<b>Goal 4:</b> Decrease the availability of substances, including perceived availability among teens.	Reduced social access to substances
<b>(R) Community Disorganization (R) Family Management Problems</b>	<b>Goal 5:</b> Reduce community disorganization, increase attitudes of family management practices including monitoring, discipline, setting limits, control	Increased community awareness, connections, and participation in community events, family bonding

**Process and Outcome Measures**

The table below outlines the process and outcome measures tracked for each strategy/program/activity and the tools/instruments used to collect information.

Goal	Strategies	Process Measure	Outcome Measure	Evaluation Tool
Goal 1:	1.1 Implement substance use education (alcohol, tobacco/vaping, marijuana, other drugs) at local schools -Evidence-based school program at middle school in Port Townsend to be selected -Train teachers and staff at local schools on health risks and how to identify substances on campus (High in Plain Sight) 1.2 Evidence-based parenting program -Guiding Good Choices	Participation Strategy Implementation Community awareness	Community awareness of risks of harm of alcohol, tobacco, vaping, marijuana, and other drugs	-Program data collection sheets -Number of groups offered -# of events where information disseminated -# of media postings -Healthy Youth Survey -Pre/post surveys and interviews

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<p>Goal 2:</p>	<p>Strategy: Public Awareness/Information Dissemination</p> <ol style="list-style-type: none"> <li>1. Develop Resource List of prosocial opportunities for teens Strengthen knowledge of resources for prosocial opportunities for youth in Port Townsend</li> <li>2. Positive Social Norms Campaign               <ol style="list-style-type: none"> <li>a. Conduct formative research to understand and evaluate the target audience responses to the pilot test messages.</li> <li>b. Conduct and analyze data from focus groups to determine appropriate messaging, medium, and frequency of exposure for target audience.</li> <li>c. Develop an evaluation plan including follow up surveys/ data analysis to determine if gap between perceptions and desired social norms is closing.</li> <li>d. Regularly evaluate collaboration between key sectors of the community and the coalition to synchronize messaging.</li> </ol> </li> </ol>	<p>Participation Strategy Implementation Community awareness</p>	<p>Youth awareness of prosocial opportunities</p>	<p>-# of events where information disseminated -# of media postings -Healthy Youth Survey -Pre/post surveys and interviews</p>
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<p>Goal 3:</p>	<p>Strategy: - Public Awareness/ Information Dissemination</p> <ol style="list-style-type: none"> <li>1. Develop and disseminate communications about the health risks and increased potency of drugs with media and outreach strategies</li> </ol>	<p>Participation Strategy Implementation Community awareness</p>	<p>Knowledge of harm of substance use</p>	<ul style="list-style-type: none"> <li>-Program data collection sheets</li> <li>-Number of groups offered</li> <li>-# of events where information disseminated</li> <li>-# of media postings</li> <li>-Healthy Youth Survey</li> <li>-Pre/post surveys and interviews</li> </ul>
<p>Goal 5:</p>	<p>Strategy: Implement home visiting program for selected pregnant and parenting individuals</p> <ul style="list-style-type: none"> <li>-Nurse Family Partnership</li> </ul> <p>Strategy: Community engagement/coalition development</p> <p>Activities:</p> <ol style="list-style-type: none"> <li>1. Distribute information about PT and Chimacum Coalition and other prevention work through a monthly newsletter to all school staff</li> <li>2. Provide opportunities for involvement in Coalition work, sustain coalition meetings</li> <li>3. Community engagement in Prevention work-Increase cultural mindfulness capacity of Coalition members and partners and host an Overdose Prevention Training</li> </ol>	<p>Participation Strategy Implementation Community awareness</p>	<p>Increased participation in local prevention activities</p>	<ul style="list-style-type: none"> <li>-Program data collection sheets</li> <li>-Number of trainings offered</li> <li>-Pre/post surveys and interviews</li> <li>-# of events where information disseminated</li> <li>-# of media postings</li> <li>-Healthy Youth Survey - Coalition involvement evaluation scores: Percentage of coalition members that have improved CAT scores overtime.</li> </ul>

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**Use of Evaluation Information**

Information collected through process and outcome measures of the strategies of the Coalition will be shared with members at monthly meetings and revisions to strategies/activities will be approved as needed in monthly meetings or within the scope of the Leadership Team. Operating with a community centered lens will allow the coalition to be agile in adapting materials as needed, while also strategic in aligning changes with the intentions of the coalition as outlined in the Strategic Plan. The table below describes how evaluation information will be shared with the community and key leaders:

Who	What	Why	How
Who will want to know about the coalition’s evaluations results?	What will they want to know about the coalition’s evaluation?	What will the coalition want them to know about the evaluation results?	How will the coalition provide them with this information?
Parents/youth in PT School District Coalition members Board of County Commissioners Board of Health PT School Board Division of Behavioral Health and Recovery Other youth serving organizations Healthcare professionals Local businesses	Updated data on long-term outcomes, process information on programs, resources available for prevention and treatment in the PT School District	For potential funding support from local organizations and businesses Continued recruitment for members to reflect the demographics of the PT School District Increasing community support and connection	The Coalition will share results with Coalition members first, and then through presentations and communication campaigns with the broader community

**Minerva**

The Coalition will ensure proper reporting to DBHR by efficiently collecting data with the tools and instruments outlined above. The CPWI Coordinator will enter pre and post surveys into Minerva, as well as participation measures, and any program specific data collection sheets. All of the prior month’s data will be collected by the 10<sup>th</sup> of the following month and entered by the 15<sup>th</sup> of each month. Along with outcome specific data, the coordinator will also report on community prevention activities and networking, the allocation of DBHR funds, and the attendance at meetings, coalition sponsored activities, and quarterly reporting.

**Cultural Competency in Reporting and Evaluation**

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All evaluation tasks associated with CPWI will be conducted in a culturally competent manner, and surveys will assess the linguistic needs of the community for programs, strategies, and initiatives. While 8% of the PT School District is of Hispanic descent, English language materials have not been identified as a barrier to participation. With continued monitoring of this accessibility issue, the Coalition will address translation services as needed. To ensure that participation in surveys and programs is reflective of the community, the Coalition Coordinator and Leadership Team will distribute recruitment information broadly, and at venues that are reflective of a variety of socio-economic backgrounds.

**Sustainability in Reporting and Evaluation**

The Coalition has partnered with the PT School District to access updates to the Healthy Youth Survey, and with Coalition participation from 11 community sectors which ensures that access to and sharing of the Coalition Assessment Tool and Community Survey will continue. The Port Townsend School District had a 72% participation rate for the Healthy Youth Survey which has high enough confidence levels to use the data as reflective of the student body. To ensure greater participation in the Healthy Youth Survey in the future, the administrators, teachers, and counselors are on the prevention team and are committed to do what they can to ensure all efforts will be made to ensure that all students participate in the future. Pre/Post tests and Community Assessment Tool will be entered into the Minerva database by the Coalition Coordinator in a timely fashion, annually and after each program to ensure comprehensive documentation of all programs and maintain sustainability. The Coalition will continue to build relationships in the schools in the future with the intention of having more staff join the coalition. With stronger relationships within the school district will ensure greater participation in evaluation. Information from all evaluation materials will be shared with key stakeholders at Coalition meetings, and annually after the Coalition Assessment Tool and Community Survey is administered. Understanding data and continual coherent programming helps to sustain the Coalition by leaving a record of progress and establishing a basis for further grant funding.

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<b>APPENDIX 1: COALITION MEMBERSHIP</b>		
<b>Sector</b>	<b>Agency</b>	<b>Coalition Representative Name</b>
<b>Youth</b>	Port Townsend High School	Rajana Darrington
<b>Youth</b>	Port Townsend High School	Sierra Ruegg
<b>Parent</b>	Parent	Joel Peterson
<b>Law Enforcement</b>	Port Townsend Police Dept	Mike Evans, Jeremy Vergin
<b>Civic or Volunteer Group</b>	Sunrise Rotary	Lois Sherwood
<b>Business</b>	Gooding, O'Hara, Mackey, PS	John Mackey
<b>Healthcare Professional</b>	School Based Health Center	Susan O'Brien ARNP
<b>Media</b>	KPTZ Community Radio	Kate Ingram
<b>School</b>	Port Townsend School District	Carrie Ehrhardt
<b>Youth-Serving Organization</b>	Jefferson County Parks & Recreation	Matthew Tyler
<b>Religious/Fraternal Organization</b>	Community United Methodist	Scott Rosencrans
<b>State/Local/Tribal Organization</b>	Juvenile Services	Anne B. Dean
<b>Youth-Serving Organization</b>	Skillmation	Ben Bauermeister
<b>Other Substance Abuse Organization</b>	Believe in Recovery	Gabbie Caudill
<b>Volunteer Group</b>	Volunteer	Albert Scalf
<b>Healthcare Professional</b>	Jefferson County Public Health	Eamon Redding
<b>Local Government</b>	Jefferson County Public Health	Karen Obermeyer
<b>School</b>	Port Townsend School District	Joy Wentzel
<b>School</b>	Blue Heron Middle School	Kirsten Bledsoe
<b>School</b>	Blue Heron Middle School	Julie Russell

## **APPENDIX II: LEADERSHIP TEAM**

### **Leadership Team Roles**

#### **Lead Facilitator/Chairperson**

The Coalition facilitator. Focuses on group process, involvement and participation of all members and guests. Follows the agenda and works with the CPWI Coalition Coordinator. Encourages the Coalition to do its work. Models courtesy and respect within the Coalition. Allows Coalition consensus to form. Member of the leadership team.

#### **Secretary**

Takes minutes of Coalition meetings with focus on action/issues of the Coalition, not a verbatim recording. Custodian of the Coalition records, works with CPWI Coalition Coordinator. Tracks membership and meeting attendance of members and guests. Member of the leadership team.

#### **Treasurer**

Custodian of the funds of the Coalition. Reports to the Coalition on financial matters and financial records, works with CPWI Coalition Coordinator. Member of the leadership team.

### APPENDIX III: ACTION PLAN

**Goal 1:** Decrease Favorable Attitudes toward substance use (Minerva #11)

**Objective 1.1:** Increase understanding of the risks of harm of substance use among teens (Project SUCCESS) (Minerva #12, #13)

**Objective 1.2:** Decrease favorable attitudes toward the problem behavior (by increasing mental health awareness and coping skills) (YMHFA and Positive Action) Minerva #12, #13

**CSAP Strategy:** Problem ID and Referral (Project SUCCESS) and Education (YMHFA and Positive Action)(Minerva #15)

Name of Program	Funding Source	Brief Description	How	Who & IOM Category	Lead and Responsible Party(ies)	Surveys
<b>Program Name</b>	Use legend on 1 <sup>st</sup> page	Briefly state the main purpose of activity	How much? How often?	Who is this service for? How many people reached? Is it Universal-Indirect, Universal-Direct, Selective, or Indicated?	Which organization is delivering program and who from the Coalition is making sure implementation occurs?	What survey will you be using? Frequency?
Minerva #3	#7	#4	#18, #19	#16, #21, #22, #23	N/A	#24, #25
<b>Project SUCCESS</b>	<b>Other</b>  <b>Other</b>	SUCCESS (Schools Using Coordinated Community Efforts to Strengthen Students) is designed to prevent and reduce substance use among students 12-18 years of age, including four components: prevention education, school wide prevention activities, parent program, individual and group counseling.	How many program/activity series (groups): 8 groups in 2021-2022 school year  Total sessions: 8	Who & # reached: 100 PT Middle School Students  IOM: Universal - Direct	Organization delivering the program: SAP  Coalition lead on this program: SAP	Survey: (Survey by others)  Frequency:  <input checked="" type="checkbox"/> Not Applicable

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<b>Teens/Adult Mental Health First Aid</b>	<b>Other</b>  <b>Other</b>	Provide Mental Health First Aid training for students, faculty, staff, and parents. Include general counseling and build capacity for peer-to-peer mentoring/counseling	How many program/activity series (groups): one series in the 2021-2022 school year  Total sessions: 1	Who & # reached: 300 students in grades 7-12  IOM: Indicated	Organization delivering the program: MCS Counseling  Coalition lead on this program: Coordinator	Survey: HYS  Frequency: every two years  <input type="checkbox"/> Not Applicable
<b>Positive Action</b>	<b>SOR II</b>  <b>SABG</b>	Implement Positive Action Program in School-based Health Center	How many program/activity series (groups): 1 series in the 2021-2022 school year  Total sessions: 1	Who & # reached: 20 students in PT school district  IOM: Universal - Direct	Organization delivering the program: MCS Counseling  Coalition lead on this program: Coordinator	Survey: Favorable Attitudes Towards Use (Y2)  Frequency: Pre/Post or 1/year as appropriate  <input type="checkbox"/> Not Applicable

**Goal 2: Decrease Community Norms favorable to youth substance use (Minerva #11)**

**Objective 2.1: Decrease social practices favorable to youth substance use, perceptions of community and law enforcement and norms favorable to youth substance use, and perceptions of laws/policies favorable to youth substance use (Minerva #12, #13) CSAP Strategy: Information Dissemination Minerva #15**

Name of Program	Funding Source	Brief Description	How	Who & IOM Category	Lead and Responsible Party(ies)	Surveys
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<b>Program Name</b>	<i>Use legend on 1<sup>st</sup> page</i>	<i>Briefly state the main purpose of activity</i>	<i>How much? How often?</i>	<i>Who is this service for? How many people reached? Is it Universal-Indirect, Universal-Direct, Selective, or Indicated?</i>	<i>Which organization is delivering program and who from the Coalition is making sure implementation occurs?</i>	<i>What survey will you be using? Frequency?</i>
Minerva #3	#7	#4	#18, #19	#16, #21, #22, #23	N/A	#24, #25
<b>Positive Social Norms Campaign/Public Awareness Campaign</b>	<b>SOR II</b>  <b>SABG</b>	Hire youth intern to pilot test messages. Test the target audience responses & determine messaging and frequency of exposure. Develop communications plan using Social Norms Media guidelines on Athena to determine the message “dose” and mode(s) of message delivery. Develop media/social marketing/social norms plan that identifies goals and objectives, target audience, behaviors/norms targeted & strategies  Promote collaboration between all sectors of the community in messaging. Develop and disseminate communications about the health risks and increased potency of drugs with media and outreach strategies.	How many program/activity series (groups): disseminate information 9 months out of the year during the 2021-2022 school year  Total sessions: 9	Who & # reached: Community wide- 700 middle/high school students  IOM: Universal - Indirect	Organization delivering the program: PT Coalition  Coalition lead on this program: Coordinator, Clerk Hire	Survey: Community Survey selected questions HYS selected questions  Frequency: 1/year  <input type="checkbox"/> Not Applicable

**Goal 3:** Decrease availability of substances, including perceived availability among teens (Minerva #11)

**Objective 3.1:** Decrease youth access of opioids from friends and home

**Objective 3.2** Decrease policies/social practices favorable to youth substance use (Environmental) (Minerva #12, #13) **CSAP**

**Strategy:** Information Dissemination Minerva #15

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Name of Program	Funding Source	Brief Description	How	Who & IOM Category	Lead and Responsible Party(ies)	Surveys
<i>Program Name</i>	<i>Use legend on 1<sup>st</sup> page</i>	<i>Briefly state the main purpose of activity</i>	<i>How much? How often?</i>	<i>Who is this service for? How many people reached? Is it Universal-Indirect, Universal-Direct, Selective, or Indicated?</i>	<i>Which organization is delivering program and who from the Coalition is making sure implementation occurs?</i>	<i>What survey will you be using? Frequency?</i>
<i>Minerva #3</i>	<i>#7</i>	<i>#4</i>	<i>#18, #19</i>	<i>#16, #21, #22, #23</i>	<i>N/A</i>	<i>#24, #25</i>
<b>Drug Take Back Event</b>	<b>SOR II</b>  Select from list.	Promote the collection of unused prescription drugs for proper disposal. Remove potential for misuse among youth and adults. Distribute information about MED-Project to educate community of harms associated with prescription drug misuse, and ATOD use among youth.	How many program/activity series (groups): October 2021, April 2022  Total sessions: 2	Who & # reached: all adults in Port Townsend School District catchment area  IOM: Universal - Indirect	Organization delivering the program: Coalition  Coalition lead on this program: Coordinator	Survey: community survey  Frequency: annual  <input type="checkbox"/> Not Applicable
<b>Starts with One Campaign</b>	<b>Other</b>  Select from list.	Implement DBHR's "Starts with One" media campaign with posters, flyers, and social media posts with partners to be identified.	How many program/activity series (groups): 9  Total sessions: 9	Who & # reached: all adults in Port Townsend School District catchment area  IOM: Universal - Direct	Organization delivering the program: Coalition  Coalition lead on this program: Coordinator	Survey:  Frequency:  <input checked="" type="checkbox"/> Not Applicable
<b>Investigation of Local Policies (environmental)</b>	<b>SOR II</b>  Select from list.	Gather stakeholders and coalition members to build capacity with community members, law enforcement, teachers, healthcare workers and others to	How many program/activity series (groups): September 2021-June 2022	Who & # reached: stakeholders in PT School District catchment area  IOM: Universal - Direct	Organization delivering the program: Coalition workgroup	Survey: community survey  Frequency: annual

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<p>build awareness of the risk of perceived availability of drugs and review/amend local policies. Is expected to lead to linkage for school policy reform in the future. (2021/2022 Goal – Comprehensive County Plan to include PH messaging.)</p>	<p>as needed ad hoc workgroup committee meetings</p> <p>Total sessions: 9</p>	<p>Coalition lead on this program: Coordinator</p>	<p><input type="checkbox"/> Not Applicable</p>
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**Goal 4: Reduce community disorganization (Minerva #11)**

**Objective 4.1:** increase community readiness to address ATOD, develop resource awareness among educators, students, parents, and community members. increase turnout in local programs, workshops, and trainings by building communication tools among educators and public health systems (Minerva #12, #13)

**CSAP Strategy:** Community-based Process Minerva #15

Name of Program	Funding Source	Brief Description	How	Who & IOM Category	Lead and Responsible Party(ies)	Surveys
<b>Program Name</b>	Use legend on 1 <sup>st</sup> page	Briefly state the main purpose of activity	How much? How often?	Who is this service for? How many people reached? Is it Universal-Indirect, Universal-Direct, Selective, or Indicated?	Which organization is delivering program and who from the Coalition is making sure implementation occurs?	What survey will you be using? Frequency?
Minerva #3	#7	#4	#18, #19	#16, #21, #22, #23	N/A	#24, #25

**Port Townsend Community Prevention & Wellness Initiative (CPWI)  
Strategic Plan 2020-2021**

<p><b>PT Prevention Coalition Meetings (Evidence Based)</b></p>	<p><b>PFS  SOR II</b></p>	<p>Bring Coalition members together monthly to share updates and build program plans</p>	<p>How many program/activity series (groups):  Total sessions:</p>	<p>Who &amp; # reached: All adults and middle/high school students in PT School District catchment area  IOM: Universal - Indirect</p>	<p>Organization delivering the program: Coalition  Coalition lead on this program: Coordinator</p>	<p>Survey: Coalition Assessment Tool  Frequency: annual  <input type="checkbox"/> Not Applicable</p>
<p><b>PT Prevention Coalition Training</b></p>	<p><b>SABG  SOR II</b></p>	<p>Coalition Coordinator and Coalition members will attend annual required DBHR trainings and professional development</p>	<p>How many program/activity series (groups): 6 trainings (or as approved) Prevention virtual Summit Nov. 2021. Leadership Institute, 2022 How many program/activity series (groups): 6  Total sessions: 6</p>	<p>Who &amp; # reached: Coordinator and selected coalition members  IOM: Universal - Indirect</p>	<p>Organization delivering the program: Port Townsend Prevention Coalition leadership team  Coalition lead on this program: Coordinator</p>	<p>Survey: Coalition Assessment Tool and Training profile  Frequency: annual  <input type="checkbox"/> Not Applicable</p>

**Port Townsend Community Prevention & Wellness Initiative (CPWI)  
Strategic Plan 2020-2021**

<b>Participate in Jefferson Resilience Project Planning</b>	<b>Other</b> Select from list.	Provide leadership and assistance for cultural mindfulness promotion and building capacity for resilience project in Jefferson County	How many program/activity series (groups): ad hoc meetings as needed, October 2021September 2022  Total sessions: 12	Who & # reached: Community wide  IOM: Universal - Direct	Organization delivering the program: Coalition members, other agency and government members, community members  Coalition lead on this program: Coordinator	Survey: community survey  Frequency: annual  <input type="checkbox"/> Not Applicable
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**Goal 5: Decrease family management problems (Minerva #11)**

**Objective 5.1: increase attitudes about family management problems (including monitoring, punishment, discipline, limit setting, control, managing anger) (Minerva #12, #13)**

**CSAP Strategy: Information Dissemination Minerva #15**

Name of Program	Funding Source	Brief Description	How	Who & IOM Category	Lead and Responsible Party(ies)	Surveys
<b>Program Name</b>	Use legend on 1 <sup>st</sup> page	Briefly state the main purpose of activity	How much? How often?	Who is this service for? How many people reached? Is it Universal-Indirect, Universal-Direct, Selective, or Indicated?	Which organization is delivering program and who from the Coalition is making sure implementation occurs?	What survey will you be using? Frequency?
Minerva #3	#7	#4	#18, #19	#16, #21, #22, #23	N/A	#24, #25

**Port Townsend Community Prevention & Wellness Initiative (CPWI)  
Strategic Plan 2020-2021**

<b>Nurse Family Partnership</b>	<b>SOR II</b>	Prenatal and infancy home visitation program aimed at improving the health, wellbeing, and self- sufficiency of low-income first time parents and their children	How many program/activity series (groups): July 2021 – June 2022 monthly Nurses will meet with parents at least 9 times	Who & # reached: 7 parents in PT School District catchment area  IOM: Selective	Organization delivering the program: Jefferson County Public Health Nurses  Coalition lead on this program: Coordinator	Survey: AM Family Management Attitudes (P3)  Frequency: pre/post
	<b>SABG</b>		How many program/activity series (groups): 1 visit per month			<input type="checkbox"/> Not Applicable
			Total sessions: 9 per parent			

**Goal 6:** *Increase family bonding, opportunity, skills, and recognition (Minerva #11)*

**Objective 6.1:** *increase knowledge of nurturing parenting techniques (Minerva #12, #13) CSAP*

**Strategy:** *Information Dissemination Minerva #15*

Name of Program	Funding Source	Brief Description	How	Who & IOM Category	Lead and Responsible Party(ies)	Surveys
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**Port Townsend Community Prevention & Wellness Initiative (CPWI)  
Strategic Plan 2020-2021**

<b>Program Name</b>	<i>Use legend on 1<sup>st</sup> page</i>	<i>Briefly state the main purpose of activity</i>	<i>How much? How often?</i>	<i>Who is this service for? How many people reached? Is it Universal-Indirect, Universal-Direct, Selective, or Indicated?</i>	<i>Which organization is delivering program and who from the Coalition is making sure implementation occurs?</i>	<i>What survey will you be using? Frequency?</i>
Minerva #3	#7	#4	#18, #19	#16, #21, #22, #23	N/A	#24, #25
<b>Guiding Good Choices</b>	<b>SOR II</b>  <b>SABG</b>	Increase parents' capacity to communicate to youth about substance use through a 5-week parenting program	How many program/activity series (groups): 2 series- weekly class over 5 weeks/ Fall of 2021 and Spring of 2021  Total sessions: 2 series, five sessions per series= 10 sessions	Who & # reached: 5 parents in PT School District catchment area  IOM: Universal - Direct	Organization delivering the program: PT Prevention Coalition coordinator and Coalition member volunteers  Coalition lead on this program: Coordinator	Survey:  Learning Coalition Parent Skills Index  Frequency: pre/post  <input type="checkbox"/> Not Applicable

Appendix IV - Logic Model

Port Townsend Prevention Coalition Logic Model

