

# Community Prevention and Wellness Initiative (CPWI) Bremerton Substance Abuse Prevention Coalition

## Strategic Plan



2025-2027

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## Executive Summary

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The Kitsap County Substance Abuse Prevention and Treatment Program is administered through the Kitsap County Department of Human Services (KCDHS). The goals of the Substance Abuse Prevention and Treatment Program are to reduce the likelihood that people living in Kitsap County will abuse substances and to provide effective services for people addicted to alcohol and other drugs. Through this department, we have established the Bremerton Substance Abuse Prevention Coalition.

The Bremerton Substance Abuse Prevention Coalition is a part of the Community Prevention and Wellness Initiative (CPWI) funded through the Washington State Health Care Authority's Division of Behavioral Health and Recovery (HCA DBHR). The foundation of CPWI's strategic planning process is an adaptation of both the Substance Abuse and Mental Health Services Administration's (SAMHSA) Strategic Prevention Framework (SPF) and the Communities That Care (CTC) planning model. In this document, you will find descriptions of how the community, including school-based services, have come together to form a Coalition and how the Coalition has built and plans to continue to build capacity to prevent substance use disorder as well as promote health and wellbeing throughout the community. You will also find descriptions of the data used to assess the community needs, resources and gaps. Then, the plan to leverage identified assets to address those needs. Finally, there is a description of how the plan will be implemented, measurements to evaluate progress and ways to inform future decisions.

The Bremerton Substance Abuse Prevention Coalition is a grassroots volunteer organization formed in May of 2012 for the purpose of mobilizing the Bremerton community to prevent and reduce youth substance abuse in the Bremerton School District Catchment area. Key partners regularly attend scheduled monthly meetings and/or participate in Coalition prevention efforts within the community. Key partners include but are not limited to Kitsap Public Health District (KPHD), Olympic Educational Service District (OESD) 114, The Conduit and Gather together Grow Together (G2G2), Kitsap Black Student Union (KBSU), Kitsap County Sheriff's Department, Coffee Oasis, Kitsap Regional Library, Freedom 13, Bremerton School District, Kitsap Recovery Center, Salish Recover Coalition, Living Life Leadership and Kitsap County Commissioners.

The Bremerton School District is located in Kitsap County and lies east of the Olympic Mountains directly across the Puget Sound from Seattle. Kitsap County is located in the Puget Sound region of Western Washington, surrounded on the east by the Sound and on the west by Hood Canal. The largest employer in Bremerton is the Federal defense agency, which includes Naval Base Kitsap (combined into one employer now with Bangor Naval Base), Puget Sound Naval Shipyard Bremerton, and Naval Undersea Warfare Center Keyport. Bremerton's Puget Sound Naval Shipyard continues to service U.S. Navy ships and its yard employs approximately 15,000 civilians. The fiscal agent is the Kitsap County Substance Abuse Prevention and Youth Services Division which is administered through the Kitsap County Department of Human Services in Port Orchard, which is where the Coalition Coordinator's main workstation is located. The school being served by the Student Assistance Professional (SAP) is Bremerton High School. The OESD 114 is the fiscal agent for the SAP. The Bremerton Substance Abuse Coalition has consistently supported evidence-based practices and environmental strategies designed to reduce alcohol and cannabis use and to promote positive social and emotional development. The following section provides a brief description of the strategies and activities planned for the upcoming year.

- **Goal:** Reduce low neighborhood attachment and community disorganization
- **Objective:** Increase community readiness to address Alcohol Tobacco and Other Drugs (ATOD) issues
- **Strategy:** Community Based Process
- **Program:** Bremerton Substance Abuse Prevention Coalition
  
- **Goal:** Reduce low neighborhood attachment and community disorganization
- **Objective:** Increase community readiness to address ATOD issues
- **Strategy:** Community Based Process
- **Program:** Training
  
- **Goal:** Reduce low neighborhood attachment and community disorganization
- **Objective:** Increase community capacity to address ATOD issues
- **Strategy:** Information Dissemination
- **Program:** Community Outreach
  
- **Goal:** Decrease community laws and norms favorable to ATOD use
- **Objective:** Decrease favorable attitudes towards ATOD use
- **Strategy:** Information Dissemination
- **Program:** Public Awareness
  
- **Goal:** Decrease early initiation of problem behaviors
- **Objective:** Decrease favorable attitudes towards ATOD use
- **Strategy:** Education
- **Program:** Positive Action
  
- **Goal:** Decrease favorable attitudes towards problem behaviors
- **Objective:** Increase perception of harm
- **Strategy:** Problem Identification and Referral
- **Program:** Project Success
  
- **Goal:** Family: Healthy beliefs and clear standards
- **Objective:** Family management skills among caregivers
- **Strategy:** Education
- **Program:** Guiding Good Choices
  
- **Goal:** Decrease community laws and norms favorable to ATOD use
- **Objective:** Decrease favorable attitudes towards ATOD use
- **Strategy:** Environmental
- **Program:** Communities Mobilizing for Change on Alcohol (CMCA)

# Organizational Structure, Organization, and Development (Getting Started)

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## **What we are about:**

The Bremerton Substance Abuse Prevention Coalition is a grassroots volunteer organization formed in May 2012 for the purpose of mobilizing the Bremerton community to prevent and reduce youth substance abuse in the Bremerton School District Catchment area.

The **mission** of the Bremerton Substance Abuse Prevention Coalition is to:

Provide opportunities for youth to be in a safe and substance free environment while they move from surviving to thriving. Coordinate and generate resources for youth, families and the Bremerton community. Develop a unified message to end substance abuse and communicate common values of respect. Empower today's youth to be Bremerton's better tomorrow!

## **Who we are:**

The Bremerton Substance Abuse Prevention Coalition is a part of the Community Prevention and Wellness Initiative (CPWI) funded through the Washington Health Care Authority, Department of Behavioral Health and Recovery (HCA DBHR). The foundation of CPWI's strategic planning process is an adaptation of both the Substance Abuse and Mental Health Services Administration's (SAMHSA) Strategic Prevention Framework (SPF) and the Communities That Care (CTC) planning model. In this document, you will find descriptions of how the community, including school-based services, have come together to form a Coalition and how the Coalition has built and plans to continue to build capacity to prevent substance use disorder as well as promote health and wellbeing throughout the community. You will also find descriptions of the data used to assess the community needs, resources, and gaps. Then, the plan to leverage identified assets to address those needs. Finally, there is a description of how the plan will be implemented, measurements to evaluate progress, and ways to inform future decisions. Describe the makeup of the Coalition including key partners and sector representatives.

The City of Bremerton is located in Kitsap County and lies east of the Olympic Mountains directly across the Puget Sound from Seattle. Kitsap County is located in the Puget Sound region of Western Washington, surrounded on the east by the Sound and on the west by Hood Canal. Bremerton is the county's largest city with a population of 45,450 (<https://www.census.gov/quickfacts/fact/table/bremertoncitywashington/PST045223>). The largest employer is the Federal Defense Agency, which includes Naval Base Kitsap and Bangor Naval Base, Puget Sound Naval Shipyard Bremerton and Naval Undersea Warfare Center Keyport. Bremerton's Puget Sound Naval Shipyard continues to service U.S. Navy ships and its yard employs approximately 12,000 civilians. The school being served by the Student Assistance Professional (SAP) is Bremerton High School.

The Coalition will be staffed and managed by the Kitsap County Department of Human Services (KCDHS). KCDHS administers an annual operating budget more than 40 million dollars. Approximately 97% of department's operating funds are obtained through State and Federal grants, and the remaining are provided by the County's general fund. Over 20,000 Kitsap County residents benefit from services directly provided by employees of this department or through one of the 87 department's contractors.

As the fiscal agent, KCDHS provides onsite workspace and access to all necessary resources to conduct Coalition business. Included is tech support, office and meeting space, social media presence, staff support including training, background checks and additional departmental support such as event participation and key leader connections. The KCDHS established their Substance Abuse Prevention Program (KCSAPP) in 1990 to develop needed substance abuse prevention resources and to support and assist with the coordination of existing prevention programs and services for youth, families, schools and communities. The program works with the Kitsap County Commission on Children and Youth (CCY) to advise the Kitsap County Board of Commissioners on the planning and delivery of substance abuse prevention services to Kitsap County citizens. The CCY reviews all service plans, applications for funding and expenditure budgets. CCY also makes recommendations regarding substance abuse treatment and prevention programs funded through Kitsap County.

The CCY is responsible for assisting the Kitsap County Substance Abuse Prevention and Treatment Program in establishing priorities for services. The CCY is comprised of twenty community members appointed by the Kitsap County Board of Commissioners. As a standing Committee of the CCY, we are governed by their by-laws. The Bremerton Substance Abuse Prevention Coalition shall be comprised of at least twelve members of the target community and include representation from the following sectors: law enforcement, education, faith based, youth serving organizations, government, media, business, civic groups, health care, chemical dependency treatment, mental health, youth and parent. The Coalition is led by a Chair and Vice Chair that has been voted into position by the Coalition members. Coalition members shall identify community needs and resources and develop, implement and evaluate appropriate evidence-based substance abuse prevention strategies in selected communities. Some of the support events/workgroups the Coalition is involved in include the Health Equity Collaborative (HEC), Opioid Response Workgroup, Salish Recovery Coalition, Suicide Awareness Coalition, Youth Commercial Cannabis and Tobacco Prevention (YCCTPP) Program, Kitsap Community Health Priorities. Events that the Coalition regularly supports and participates in include Red Ribbon Week, National Night Out, Suicide Awareness Fair, National Prevention Week, Medicine Take Back Days, Alcohol Awareness Month, National Drug and Alcohol Facts Week, Advocacy Day, Prevention Policy Day, National Youth Mentoring Month as well as various other community events and activities.

School-based services are contracted with the OESD 114 through the HCA. The Coalition Coordinator works with the OESD 114 to collaborate on prevention programs, activities and other primary prevention focused efforts. These efforts are shared with the Coalition as part of ongoing development and partnership in prevention efforts.

The Bremerton Substance Abuse Prevention Coalition Coordinator's role is to provide staff support to the Coalition. As staff, the coordinator manages the processes of strategic planning and implementation. The coordinator and other Coalition staff are not members of the Coalition and should not serve as elected officers. The coordinator and other Coalition staff assist with support for planning, problem solving and information management (evaluation, deadlines, reporting, etc.). The role of the coordinator is to

understand the framework, process and requirements of the Coalition; to guide the Coalition through processes and to ensure the Coalition is making progress and moving forward; keep accurate and detailed records of the work and decisions of the Coalition; ensure reporting is done; and communicate to members, meeting information and distribute agendas and meeting minutes.

The Coalition Coordinator oversees all prevention related projects, workgroups, subcommittees and meetings. All Coalition efforts are conducted based on an Evidence Based Practice model with the approval of HCA and Kitsap County and are based on the findings of a community needs assessment, resources and community capacity in an effort to reach the community where they are. Environmental and innovative strategies may also include the partnership with the fiscal agent through shared work such as large community events. Subcommittees and workgroups are extra meetings with Coalition members and partner attendance for the purpose of working together for a common goal aligned with the strategic plan. Standing workgroups are formed to focus efforts on event planning and marketing. These include key leader events, the Annual Youth Forum, nationally recognized prevention campaigns and various community activities. We also utilize Ad-Hoc workgroups for data assessment, strategic planning, as well as other topics when the need arises. Each group is designed to focus on specific activities and/or programs. These meetings may be held in person, virtual or in a hybrid model.

### **Our structure:**

The Coalition is managed by the Substance Abuse Prevention and Youth Services Division through the KCDHS. The Coalition Coordinator keeps track of the overall process and guides the Coalition. The coordinator works alongside the SAP and the OESD 114 toward Coalition goals. When workgroups and/or subcommittees are formed, participants are identified and may include the SAP and/or OESD 114 staff. The Coalition work is driven by the identified prevention needs in the community, capacity of the community and the Coalition members.

### **Our decision-making process:**

The decision-making process for the Coalition is generally on a voting system. Information goes out for consideration to the active members for their vote. We have a follow up last call for any attendees not at the voting meeting. We aim to get a unanimous vote but when that's not an option, we use the majority vote. In time sensitive situations when pre-planning time is not available, a request for votes will go out electronically (still following the above-described process). Once the votes are submitted and counted, the results are sent electronically and also announced at the following meeting. Discussions about the details of the item(s) up for vote are conducted at meetings and/or via email.

### **Who is a member:**

The Coalition recognizes that a diverse membership is the foundation upon which a community Coalition builds strength, effectiveness and future success. A Coalition member is defined as "an individual who expresses interest in substance abuse prevention and Coalition activities." To encourage effectiveness, Coalition members strive for 75% attendance at Coalition meetings and events and 1 to 2 hours per month working towards Coalition goals. Coalition members have voting rights when they have attended

the two meetings prior to voting. The Coalition Coordinator, the Chair and Vice chair along with the members all have decision making abilities.

The Coalition Assessment Tool (CAT) is administered annually to active members of the Coalition in person and electronically. The CAT is used to capture feedback on the Coalition structure, leadership and a variety of areas associated with membership, engagement and effectiveness. This tool is used to evaluate the effectiveness of Coalition and the scope of its efforts. Findings are shared with members and plans for improvement where needed are developed through meeting discussions and workgroups as appropriate.

### **Recruitment:**

As a standing Committee of the Commission on Children and Youth, we are governed by their by-laws. Currently, the Coalition has regular representation from 8 of the 12 the key sectors of the community. When there is a sector vacant, the Coalition members are requested to recommend possible candidates. Consideration is given to cultural diversity when recruiting and selecting potential members. The Coalition reaches out to specific populations within the Coalition boundaries, such as the military and members of the Faith community, the Native American community and the Northwest Hopeful Horizons for representation from the LGBTQ community. The Coalition members invite the candidates to attend a meeting and provide background material on the Coalition. The Coalition reviews membership bi-annually for diversity and targeted recruitment efforts.

We retain membership by considering strategies to encourage the broadest participation possible through the scheduling of regular meeting times, location and conflicting community and school events. Other considerations for meetings are meeting topics and format, preferred methods of communication, participant roles and the needs of individual members. The Coalition strives to maintain its largely volunteer membership while putting extra effort to recruit parents and other community stakeholders. Some Coalition members may be participating in the Coalition as part of their assigned employment duties. Membership and involvement in Coalition initiatives are tracked by the Leadership Team through sign-in sheets, minutes, in-person, telephone or email follow-up communication.

### **Health equity and sustainability:**

The Coalition strives to have membership and participation that is representative of the community and its members. We utilize continual efforts to recruit and engage in any underrepresented demographics. Regular reviews of the community, its population and cultural influences are used to steer recruitment efforts as well as service delivery. As part of our efforts to scan the community demographics, we utilize the opportunity to gather feedback about concerns and identified risk and protective factors in the community. In addition, we strive to build relationships with other organizations and agencies allowing us access to their needs assessments. This gives us more insight to the community voice. Information that is gathered is utilized in quarterly assessments of community needs and engagement as well as decision making for Coalition goals. Assessments used include pre/post test results, quantitative and qualitative feedback gathered through community partners, agencies and Coalition members.

We offer regular monthly in-person and online meetings with consistent days and times that are held at a designated location. The location is easily accessible, has appropriate parking and has been selected and approved by Coalition members through the voting process.

As the fiscal agent, KCDHS, manages the CPWI contract with the HCA that covers the Coalition work. The OESD 114 also holds a contract with the HCA that covers the work of the SAP at Bremerton High School. Kitsap County works in partnership with the OESD 114 and maintains a positive working relationship to support sustainable long-term implementation of CPWI in the community.

Sustainability refers to the process through which a prevention system becomes a norm and is integrated into ongoing operations. Sustainability is vital to ensuring that prevention values and processes are firmly established, partnerships are strengthened, and that financial and other resources are secured over the long-term. The Coalition will think about sustainability throughout all stages of program and strategy efforts.

The Bremerton Substance Abuse Prevention Coalition will do the following:

**Form administrative structures and formal linkages.** These are built and strengthened so that the Coalition will, over time, have the capacity to carry out our functions effectively and responsively. We will sustain linkages that facilitate cooperation among diverse organizations.

**Develop champion and leadership roles.** Leadership buy-in and active promotion by multiple champions across the Coalition and systems will continue to help ensure success. Champions and leaders with the ability to communicate their commitment, engage others, address barriers and build system capacity will be recruited.

**Support resource development.** The Coalition will continue to assure adequate and sustainable funding, staffing, technical assistance and materials.

**Create administrative policies and procedures.** The Coalition supports programs, organizations and systems that support the adoption and sustainability of innovations. This will help to ensure that innovations remain part of the routine practice of organizations and send a clear message about the desirability and expectation for sustaining efforts.

**Encourage community and practitioner expertise.** The Coalition will continue to build and maintain expertise in the areas of needs assessment, logic model construction, selection and implementation of evidence-based programs, fidelity and adaptation, evaluation and cultural competence that supports capacity building and sustainability.

The Coalition recognizes that our funding through the State is temporary, and we will continue to pursue additional grants to secure outside funding opportunities.

## Capacity Building

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### **Collaboration and Partnership:**

Kitsap County Substance Abuse Prevention Providers have a long history of working together to conduct local needs assessments and strategic planning processes. In 2003, The Kitsap County Collaborative Needs Assessment Team included representatives from the Kitsap County Health District, OESD 114, Kitsap County Traffic Safety, Kitsap County Community Mobilization, Kitsap County Substance Abuse Prevention and Treatment Services and the Public Health and Safety Network who met to review local data gathered during the State biennium. The agencies met again in 2007 and developed a strategic plan that would span another six years. The Coalition has representation and/or support from these organizations. After the initial organizational structure was established, we began the strategic planning process. Annually, an assessment of community needs, resources and capacity is conducted. A revision to the Coalition's Strategic Plan is also conducted as needed to best meet the needs of the community based on the needs, goals, and outcomes.

In 2011, Kitsap Community Health Priorities (KCHP), a local comprehensive planning process for community health improvement was launched. Convening partners included the Kitsap Public Health District, Harrison Medical Center and the United Way of Kitsap County. The process developed a community health data repository, community-wide health priorities and a forum for collaboration and conversations on the County's health and well-being. KCHP is collaborative and dynamic and involves representatives from diverse community sectors. Members of the Bremerton Coalition have participated in the KCHP planning process and reviewed their data as part of the 2012 and 2015 assessment process. As a result of this effort, the Collective Impact Project has been created in which the Coalition continues to partner with in an ongoing effort to educate, identify gaps and build awareness in the community.

As part of the Coalition's efforts to involve the community in prevention efforts and initiatives, we developed an ongoing multi-media membership campaign (such as Starts With One, Start Talking Now, You Can, Focus on You and Friends for Life WA) and identified community members to invite to the Coalition. As part of outreach efforts, key leaders from the community are engaged and utilized how and where appropriate in the planning and implementation of prevention education, events/activities and programming. The Coalition leadership and members actively participate in outreach and recruitment efforts to encourage relationships and support of potential members. The Coalition provides annual Coalition 101 training and has re-designed an updated welcome packet of information that explains the Coalition's structure, goals and activities to potential members. This packet will be provided to all new members, and existing members that may be interested in a refresh or to share with others.

An annual key leader event is held within the community. Leaders across the community including elected officials at the County and City levels, heads of medical services, local leaders from the business community, the Sheriff and local law enforcement, Tribal leaders and administrators, military personnel and affiliates, administrators from local treatment and recovery programs, advocacy groups, school board members, department leads from various County and City departments, parents/caregivers, agency directors including local youth centered programs are included as invitees in an effort to gather feedback and engagement from across the community and all of its sectors. The format of the event varies based

on current community needs, capacity and feedback from community feedback. Key leaders are invited to attend as panel members, guests, participants and on occasion event planning tasks. This event is also utilized to recruit new membership as well as building and strengthening relationships with existing members.

### **Building Prevention Knowledge:**

The Coalition continuously pursues information regarding local, regional and online trainings to develop awareness of issues around substance abuse, strategies to combat substance abuse, mobilize the community and grant writing. These trainings are shared with staff, Coalition members, and the community as a whole. Training needs continue to be explored, and opportunities are shared at meetings and via email among the members on an on-going basis. Staff attend conferences and training opportunities such as Community Anti-Drug Coalitions of America (CADCA), The Montana Summer Institute, National Prevention Network, National Association of Student Personnel Administrators Strategies Conference, Youth Cannabis and Commercial Tobacco Prevention Program (YCCTPP) and DBHR required and recommended trainings as funds and opportunities become available.

The Coalition Coordinator, our Prevention Manager and the OESD Prevention and Treatment Coordinator attend the bi-monthly HCA sponsored learning community sessions and seek-out prevention focused webinars for staff and Coalition. Facilitator training is also considered where appropriate. Staff attend the Annual Washington State Prevention Summit and the Coalition Leadership Institute, CADCA, Montana Institute and Social Norms Training, and HCA required and recommended trainings as opportunity is available along with budget dollars and time. We continue our efforts to educate Coalition members and the community on a wide selection of prevention topics; some examples include Advocacy vs Lobbying, Diversity Equity and Inclusion, Guiding Good Choices, Positive Action, Youth Mental Health First Aid (not currently funded by CPWI), the Adverse Childhood Experience Study and Resiliency building.

In addition to the variety of evidence based, prevention driven trainings, the Coalition Coordinator is required to maintain the status of Certified Prevention Professional. This credential requires annual continued education hours and a bi-annual recertification. This credential is reviewed by the Prevention Specialist Certification Board of Washington.

### **Health Equity and Sustainability:**

Organizational and infrastructure development is necessary to build capacity. The Coalition maintains effective prevention policies, systems, and programs that include a sustainability and equity components. As part of this practice, the Coalition seeks to remain current on the pulse of the community therefore being current on needs and changes that may occur over time. Maintaining awareness of these potential changes drives the Coalition to be flexible and prepared to make needed revisions to prevention programs and strategies and needed to meet the community where they are.

The Coalition will continue to:

- Identify diverse resources including human, financial, material and technological. Be sure to identify and tap into as many of these as possible.

- Evaluate membership bi-annually for gaps in sectors of the community, cultural diversity and representation from larger community groups.
- Solicit Coalition members to contact the candidates that represent the diverse community and discuss the benefits of joining the Coalition.
- Offer and promote prevention education and awareness through providing, promoting and sharing opportunities and content to further sustain prevention efforts over time.

The Coalition engages local community agencies, law enforcement, Tribal members and communities, local military personnel and affiliates, the general public and members to promote healthy behaviors and prevent substance misuse. In an effort to be proactive, we seek to promote the wellbeing of the youth and our community. Through training and education, we work to equip those working in prevention and the general community with the skills and ability to best support the community as a whole. We attempt to increase the understanding of the Culturally and Linguistically Appropriate Services (CLAS Standards).

We will continue to build new and strengthen existing partnerships with agencies and organizations as well as community members. This effort includes attendance and participation in community events and activities, community board and agency meetings, implementation of evidence-based programs and strategies, community project workgroups and Coalition support and participation with groups that goals and vision align with prevention. These efforts coupled with ongoing community assessment of needs, risk and protective factors and gathering feedback from the community will assist in the sustainability of Coalition efforts. We can ensure sustained efforts by discussing short and long-term goals and objectives for prevention at the Coalition meetings as well as maintaining member presence at partner events, meetings and activities.

## Assessment

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### **Needs Assessment:**

The process the Coalition took to complete the needs assessment included forming an Assessment Committee. The Assessment Committee included individuals with a high level of experience in assessment, statistics, policy development and grant writing. Members of the Committee were representatives from Kitsap Public Health District, Kitsap Recovery Center, Kitsap County Sheriff's Department, Kitsap County Parent Coalition, OESD 114, The Right Choice Counseling, Kitsap Black Student Union (KBSU), Freedom 13, Kitsap County as well as private individual partners. Trainings and/or presentations were provided to Coalition members focused on assessment resources, how to access data resources and how they can be used in our work. In addition, we shared training opportunities offered by other organizations and agencies that were directly related to needs assessments and strategic planning. We reviewed the data over the course of electronic correspondences and committee meetings, during which community themes, trends, perceptions, prevalence rates, economic impact and demographic health disparities were assessed.

We identified our key findings, intervening variables, local conditions and contributing factors. Data reviewed by the Committee include the following sources: the 2023 Healthy Youth Survey, Kitsap (Bremerton) Data Book provided by HCA, Kitsap Community Health Priorities (KCHP) Community Survey, Annual SYNAR Report, Coalition Assessment, Kitsap County Sheriff's Department Law Enforcement report, the Bremerton Community Survey conducted by the Coalition, the Kitsap Behavioral Health Strategic Plan Review 2021 (Jan. 2021-Dec. 2026), 2023 School Report Card by OSPI, Census report, 2024 Salish Behavioral Health Strategic Plan Review, Washington Poison Center Toxic Trend Reports 2023 and the Risk and Protective Profile for Substance Abuse Prevention in Kitsap County 2024. A summary of resources was identified based on Coalition mission and goals, previous years' strategic plan, extensive and current data compiled as part of our local Kitsap Community Action Program partnership.

The Committee decided the results most important to consider were the identified Risk & Protective Factors such as early initiation of drug use, low neighborhood attachment/community disorganization, community laws and norms favorable to ATOD, early initiation of problem behavior, availability; social or retail access, favorable attitudes toward problem behavior, family; healthy beliefs and clear standards, opportunities, skills and recognition to contribute to positive family involvement. The Committee identified the intervening variables as alcohol availability, promotion of alcohol and alcohol laws, perception that police don't enforce ATOD laws, a low perception of harm and a low commitment to school. The risk factors identified include early initiation of drug use, intention to use drugs, favorable attitudes toward drug use, having friends who use drugs, low parental supervision and parental attitudes tolerant of drug use.

Based on Committee findings, priority behavioral health findings were identified as: any underage drinking, underage problem and heavy drinking, opioid/RX drug use, cannabis use, vapor/e-cigarette use and over the counter drug misuse. Through our assessment we were able to identify local conditions and contributing factors as community readiness to address ATOD issues, community capacity to address ATOD issues, favorable attitudes toward ATOD use, pro-social school involvement, family management

skills among caregivers, low perception of harm for early adolescent drug use and low alcohol refusal/resistance. Based on the data below, we were able to identify the above conditions and factors.

The long-term consequences (outcomes) include negative impact on school performance, youth delinquency, mental health and suicide. In review of this data, the Committee found the following key findings:

Mental health, youth delinquency and school performance indicators are a high-level concern. The Committee discovered that 5% of 10<sup>th</sup> graders report current drinking as opposed to 9% for the state. Problem/heavy drinking among 10<sup>th</sup> graders is 4%, 5% with the state. Current cigarette smoking for 10<sup>th</sup> graders is 3% with the state at 2%. Current vaping for 8<sup>th</sup> and 10<sup>th</sup> graders is reported at 8% and 10% with the state at 5% and 8% respectively. Current cannabis for 8<sup>th</sup> and 10<sup>th</sup> graders is reported at 7% and 8% the state at 4% and 8% respectively. Current other illegal drug use amongst 10<sup>th</sup> graders is 1% with the state at 2%. Current prescription drug use for 8<sup>th</sup> and 10<sup>th</sup> graders is 1% and 3% respectively, both equal with state at 3%. Suicide ideation for 10<sup>th</sup> graders is 23%, state at 15%. Suicide attempts for 10<sup>th</sup> graders is 9%, with the state at 7%. 34% of 10<sup>th</sup> graders have low grades, 25% at state. 23% of 10<sup>th</sup> graders reported skipping school with 20% at state. 20% of 8<sup>th</sup> graders and 13% of 10<sup>th</sup> graders report fighting, the state at 23% and 16% respectively. 4% of 8<sup>th</sup> graders engaged in gang membership with 2% at state.

The Coalition's next step was to identify and prioritize our local conditions and contributing factors. The first identified local contributing factor is that Bremerton is a military community with a history of long-term deployments. The largest employer in Bremerton is Naval Base Kitsap employing active duty, civilian contractors, retail workers and service providers who have served in the military or whose livelihood is tied to the military. Family members of military personnel who are or have been deployed face their own unique challenges. They may experience significant mental and behavioral health problems of their own. Children with a parent who was deployed in the U.S. military for longer periods are more likely than children whose parents did not deploy, to receive a diagnosis of a mental health problem. Most often the diagnosis is for stress disorders, depression, behavioral problems, anxiety and sleep disorders. 23% of 8<sup>th</sup> graders and 42% of 10<sup>th</sup> graders in Bremerton report depression compared to the State's rate of 27% for 8<sup>th</sup> graders and 30% for 10<sup>th</sup> graders. Another cause for concern is that recent research shows drug use among middle and high school students increases when a parent or sibling is on deployment.

The second local contributing factor is alcohol and drug availability. 39% of Bremerton 10<sup>th</sup> grade students report that it is very easy to get alcohol compared to 40% for state. There is a close relationship between actual availability (the number of alcohol sales outlets) of alcohol in communities and higher underage drinking rates. Currently, Underage drinkers only have to *believe* there is an increase in access in order for the higher underage drinking rates to occur. We are currently seeing alcohol being sold in nearly every retail establishment, increasing the exposure to pro-alcohol messaging and increasing ease of access. Kitsap County is currently experiencing an increase in fentanyl and heroin use and heroin-related crime as reported across jurisdictions.

The third local contributing factor is that Bremerton youth lack consistent and clear messages from home. 49% of 8<sup>th</sup> graders and 27% of 10<sup>th</sup> graders in Bremerton report poor family management with the state at 34% and 26% respectively. Perhaps the most significant indicator here is the number of students reporting that parental attitudes are tolerant of substance use, 28% of 8<sup>th</sup> graders and 42% of 10<sup>th</sup> graders compared to the state's rates of 25% of 8<sup>th</sup> graders and 48% of 10<sup>th</sup> graders. It was also reported in key

informant interviews that there is a perceived lack of older youth parental supervision in the community that is contributing to delinquency and substance use.

The fourth local contributing factor is low enforcement of substance related offenses in public locations. 57% of 8<sup>th</sup> graders and 71% of 10<sup>th</sup> graders report police don't enforce underage drinking in Bremerton compared to the state's rate of 52% of 8<sup>th</sup> graders and 64% of 10<sup>th</sup> graders.

The fifth local contributing factor is that Bremerton youth are currently being exposed to favorable alcohol and cannabis messages from peers, family and community. With the privatization of alcohol, legalization of cannabis and cannabis legislation, youth in Bremerton have been exposed to a multitude of messages that alcohol and cannabis use is favorable. 34% of 8<sup>th</sup> graders and 32% of 10<sup>th</sup> graders in Bremerton report laws and community norms favorable to drug use compared to the State's rates of 25% of 8<sup>th</sup> graders and 29% of 10<sup>th</sup> graders. Underage drinkers prefer to drink spirits (privatized and more readily available), specifically those brands of spirits that are popularly marketed on social media and the internet. Research indicates that alcohol consumption increases dramatically in places that privatize liquor sales. Additionally, the uncontrolled sale of and recent mass marketing of vape devices has dramatically increased youth tobacco and vape use.

The sixth contributing factor is that 54% of 8<sup>th</sup> graders and 64% of 10<sup>th</sup> graders report a low commitment to school as compared to the state's rates of 56% for 8<sup>th</sup> graders and 52% for 10<sup>th</sup> graders. Students also report low school opportunities for pro-social involvement, 59% of 8<sup>th</sup> graders and 67% of 10<sup>th</sup> graders compared to the state's rate of 71% for 8<sup>th</sup> graders and 70% of 10<sup>th</sup> graders.

The seventh contributing factor is a lack of transportation; public, school and private transportation was reported by key informants as a major factor in the data which shows low student commitment to school, low neighborhood bonding and low involvement in activities in the school and community.

The eighth contributing factor is that Bremerton is a multi-jurisdictional community which presents major regulatory, enforcement, funding and community organizing challenges. Bremerton includes unincorporated County and one small city. It is difficult to navigate these systems when gathering data for community assessments, organizing Coalitions, marketing and the delivery of services. The community is also influenced by two Tribal Nations with their own rules, laws and limited resources that are supporting tribal cannabis retail sales. Though the Tribal Nations are not geographically represented in Bremerton, numerous Tribal Members do reside within Bremerton jurisdictions.

## **Resource Assessment:**

The Coalition conducted its assessment activities as a team of culturally competent individuals with experience in successful community assessment. The data sources included a mix of survey and archival data to ensure input from a cross-section of the community. Training and/or presentations were provided to Coalition members where they received information regarding assessment resources, how to access data resources and how they can be used in our work. Members were provided training opportunities offered by other organizations that were directly related to strategic planning. We reviewed the data via electronic correspondences as well as in Committee meetings. The Committee decided the results most important to consider were the identified Risk & Protective Factors because, during the process it became

clear that the long-term consequences (outcomes) had a severe negative impact on youth's school performance, delinquency and mental health. The Coalition obtained community approval for data collection methods and analysis. The Coalition evaluated the data to ensure that it is culturally responsive, inclusive and appropriate. Additionally, the Coalition developed a process for identifying culturally relevant risk and protective factors and identified change from a community perspective. The Coalition gained community approval of its key findings, analysis and prioritization of data.

Existing resources within the community include positive partnerships with several agencies, tribes and community organizations. Our partnership with the OESD 114 and the local SAP at the Bremerton School District has allowed us to reach students and collaborate on prevention initiatives. We have a growing partnership with Kitsap Black Student Union (KBSU) which has provided us an opportunity to implement evidence-based prevention programs. With Peninsula Community Health Services (PCHS) and school-based clinics has given us access points to get written prevention materials as well as youth engagement/awareness activities into the schools in addition to the high school level. Through our partnerships with Port Gamble S'Klallam and Suquamish Tribes, we are able to come alongside with supportive prevention materials/training curriculum as well as professional level training opportunities. Kitsap County Sheriff's Department has an actively engaged Coalition member, giving us the opportunity to leverage meeting and event participation, including tabling major events at no cost. Kitsap Public Health District, Kitsap Regional Library, New Day Ministries, Gather Together Grow Together (G2G2) and The Conduit are partners that have allowed us to implement evidence-based prevention programs as well as providing Coalition and prevention focused marketing.

The gaps identified highlight the needed prevention focus areas and include: access to transportation, laws and limited resources, low neighborhood bonding and low involvement in activities in the school and community, low commitment to school, low family management and skills among caregivers, early initiation to ATOD, laws and community norms favorable to drug use, exposure to favorable alcohol and cannabis messaging, low enforcement of substance related offenses in public locations, alcohol and drug availability as well as being a military community with a history of long-term deployments which faces its own unique challenges.

## **Health Equity and Sustainability:**

The Coalition continues to build diverse member stakeholders. The Coalition uses reported demographics within the community to identify population density based on a variety of ethnicities, cultures and subcultures. From these findings, we identify the underrepresented groups within the makeup of our Coalition. We then go to them as a supportive partner and engage in the work they are doing and gather information and feedback from the point of view of that culture. We took that baseline information to determine perceived needs, viewpoints, concerns and priorities as a consideration for prevention efforts in our community assessment in an effort to gather additional data. This strategy is also used as part of new member recruitment and member retention and commitment. The more invested stakeholders become, the more likely they will be to support prevention activities for the long term, potentially beyond direct Coalition involvement. We involve them early on and find meaningful ways to keep them involved. Stakeholders who are involved in assessment activities are more likely to support prevention activities that stem from the assessment. They are also more likely to sustain these activities over time. On average, at least once per quarter we review current data from community partner agencies and organizations as well

as qualitative feedback associated with prevention programming and community needs. In addition, at least once per quarter, we seek observed trends, needs, etc. from partnering agencies and organizations to determine community acceptance and involvement in prevention efforts and adjust accordingly.

## Planning

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### **Goals and Objectives:**

The role envisioned for the Bremerton Substance Abuse Prevention Coalition is to continue to act as a catalyst for change and provide strategic direction to the Bremerton Community in developing an action plan that reduces alcohol, tobacco and other drug use. The Coalition has developed a history of bringing diverse parties to the table through the Strategic Prevention Framework (SPF) activities of needs assessment, capacity building, strategic planning, implementation, and evaluation. The Committee collected data along with the community needs assessment and gaps were identified to establish each of the following goal statements, objectives and the strategies appropriate to achieve them. With the use of the Center for Substance Abuse Prevention (CSAP) Principles of Effectiveness to identify the types of strategies to implement change in the identified goals. The following goals, objectives, strategies and activities have been established by looking at all levels of prevention, including Universal, Selective and Indicated. They also address both the substance use and mental health needs of the community.

The Bremerton Substance Abuse Prevention Coalition formed an Assessment Committee which reviewed our substance abuse data as outlined in the Assessment Section of this plan. The Committee identified six unique goals to address community readiness, ATOD issues, favorable attitude towards ATOD use and to increase perception of harm. As we examined the data further, we identified objectives for each goal. Next, we convened a joint meeting of the Assessment and Leadership Committees. Each member came with strategies for each objective. The recommendations were further researched by the Coalition staff, finalized and added to the budget. The recommendations of the Coalition were approved by the Kitsap County Commission on Children and Youth. We select strategies and programs based on the data that's been collected from the needs assessment, after looking at priorities. We are contracted to have 85% evidence-based programming and all the programming that we propose have to be agreed upon with the Coalition based on community needs and capacity, but also with the County and Washington Health Care Authority, Department of Behavioral Health & Recovery (HCA DBHR). Monthly tracking and expenditures as well as outcome progress is reviewed and reported as part of meeting our budget. Where there are additional needs, we utilize our partnerships to leverage where needed.

Based on the data collected we are seeing noted improvements associated with our youth related to many areas of substance use. Though these numbers may appear better than State levels, we strive to do more for our community bringing those percentages of youth using potentially harmful substances to zero percent. Based on this information, we have identified the continuation of implementation by using the programs and strategies below.

Goal one is to reduce low neighborhood attachment and community disorganization. Our focus is to increase community readiness to address ATOD issues. Our plan to reach this goal is to hold the Bremerton Substance Abuse Prevention Coalition meetings and provide evidence-based training opportunities. A Coalition is a formal arrangement for cooperation and collaboration between sectors, to include full Coalition meetings, leadership meetings, events and marketing. The Coalition serves the general public, Coalition members and partners. Training opportunities vary and include Advocacy vs

Lobbying, ACE's and Resilience, the Prevention Summit, Youth Mental Health First Aid, and more. Funding for this goal will come from SUPTRS CO (Substance Use Prevention Treatment and Recovery Services, Continued), SUPTRS (Substance Use Prevention Treatment and Recovery Services), PFS (Partnership for Success) and DCA (Dedicated Cannabis Account) provided through HCA. Kitsap County will assist and support delivery along with Deanne Jackson Coalition Coordinator. Permissions for approval associated with meeting space, event/activity venues and all additional related prevention efforts will be approved by HCA, Kitsap County and Coalition members. Implementation will be July 2025 through June 2026 and will serve a minimum of 25 individuals with a minimum of 36 sessions, meetings, and/or trainings.

Goal two is to decrease community laws and norms favorable to ATOD use. Our objective is to decrease favorable attitudes towards ATOD use. We are using public awareness with the use of media campaigns and Drug Take Back Day. Media campaigns may include Start Talking Now, Starts with One, You Can, Focus on You and Friends for Life. All campaigns utilized have been approved by Washington State and are considered evidence-based in their content. Funding for this goal will be primarily leveraged through community partnerships. The lead organization is the Bremerton Substance Abuse Prevention Coalition with Deanne Jackson as the Coalition Coordinator. All content to be shared or posted will be approved by HCA, Kitsap County and Coalition members with a reach estimated at 30,000 individuals through a minimum of 12 publications beginning July 2025 through June 2026.

Goal three is to decrease early initiation of early problem behaviors. Our objective is to decrease favorable attitudes toward ATOD use. Based on the current data, we have determined that the continued implementation of the Positive Action program will be used to reach this goal. Positive Action is an integrated and comprehensive program designed to improve academic achievement, school attendance and problem behaviors such as substance use, disruptive behaviors, drop out and sexual behaviors. This program will be funded with DCA funding which is provided through HCA. This program will be implemented by the Boys and Girls Club. The program will serve a minimum of 24 1<sup>st</sup> through 5<sup>th</sup> grade students, with 44 planned sessions between September 2025 and June 2026. The Boys and Girls Club will obtain permissions associated with participation from parents prior to implementation. Any adaptations to deliver this program would be approved by the developer before implementation.

Goal four is to decrease favorable attitudes towards problem behaviors. Our objective is to increase perception of harm. The implementation of Project Success will be delivered by the OESD 114, who is the lead organization. This will be delivered by the Bremerton High School SAP. Services will be provided September 2025 through June 2026 in alignment with the school year. Project Success targets "high-risk individuals who are identified as having minimal but detectable signs or symptoms foreshadowing mental, emotional or behavioral disorder" prior to the diagnosis of a disorder. Interventions focus on the immediate risk and protective factors present in the environments surrounding individuals. Currently, the Coalition is not supporting any indicated strategies however, the SAP is implementing Project Success which may reach an indicated population. The funding for this program is through CPWI (Community Prevention and Wellness Initiative) that is funded through HCA. Project Success is a school-based program using community efforts that works to reduce the factors that put students at risk for substance use.

Goal five is increase healthy family beliefs and clear standards. Our objective is to increase family management skills among caregivers. Based on the current data, we have determined that the continued implementation of the Guiding Good Choices program will be used to reach this goal. This is a family

engagement program that gives families information and tools that work to protect preteens and teens from the inevitable risks they encounter as they become more independent. The funding source for this program is SUPTRS CO provided through HCA. The lead organization is Gather Together Grow Together (G2G2) supported by Deanne Jackson, Coalition Coordinator. Approvals to deliver the program will be with HCA, Kitsap County and Coalition members. Any adaptations to deliver this program would be approved by the developer before implementation. Marketing for engagement will be conducted by G2G2 and the Coalition to reach relevant populations. There will be a minimum of 6 families with youth ages 10-14 to be served through 1 series (6 weeks) to be completed to fidelity. Implementation will be July 2025 through June 2026.

Goal six is to decrease community laws and norms favorable to ATOD use. Our objective is to decrease favorable attitudes towards ATOD use. Based on the current data, we have determined that the continued implementation of the Communities Mobilizing for Change on Alcohol (CMCA) program will be used to reach this goal. CMCA is a program designed to limit access to alcohol as well as communicate a clear message that underage drinking is inappropriate and unacceptable by seeking and achieving changes in local public policies and practices and related Environmental Strategies Committees. The funding source for this program is SUPTRS provided through HCA. The lead organizations will be Kitsap County and KBSU through the direction of Laura Hyde, Coalition Coordinator. Any permissions associated with this program will be made through HCA, Kitsap County, Coalition members and potential community retailers that agree to participate in this program. The program reach is to the general population, the goal is to serve a minimum of 20 individuals with 2 sessions beginning August 2025 through June 2026.

The Coalition is open to community members as guests, participants and in membership. Opportunities for the community to engage with the Coalition include Coalition meetings, data gathering and assessment meetings, community and Coalition events, prevention focused training and public awareness information dissemination. The use of information dissemination goes out to the public electronically through email, social media and printed materials. Weekly notifications are sent out or otherwise posted. Tailored personal messaging and communications are utilized to ensure that the Coalition, the community (including our key leaders) are included in information dissemination and event invitations.

In addition to the programs described above, the Coalition will ensure direct services in both a community and school-based setting that will be prioritized to ensure an annual delivery of services through partnerships as well as feedback from those partnerships and from the community. These areas will be prioritized through an annual delivery of services with considerations from pre/post survey evaluation results and necessary capacity building. Kitsap County provides support and pays for any required training as needed for program facilitation. If barriers are present for participation, we assist in practical efforts of accessibility and inclusion. Ongoing training is made available to those engaged in direct service selection, implementation and evaluation. Ongoing discussions that cover adaptation, fidelity and the review of the CSAP Principles of Effectiveness are included throughout the year with program facilitators and the Coalition. Data is collected through review of regular reporting, pre/post surveys and observational feedback from facilitators and participants.

### **Health Equity and Sustainability:**

The Coalition developed a team of culturally competent individuals with experience in successful planning,

implementing and evaluating programs and initiatives in this community. The Coalition is mindful of the Bremerton community's diverse populations and cultures because our Coalition members are representative of and/or work closely with many of the cultural pockets within our community. Our community has a rich history of cross-cultural collaboration to meet the needs of the residents. Our data sources included a mix of survey, archival data and key informant interviews to ensure input from a cross section of the community. The Coalition evaluated the data, goals, objectives, strategies, programs and activities to ensure it is culturally responsive and appropriate. We will continue this procedure when developing new goals and activities. The Coalition solicited input from populations within the community identified through demographic reports that are representative of the community as a whole regarding our strategic plan. We will continue to do so with marketing and campaign materials. The target populations in our community to reach out to include the military and civilian workforce of the Puget Sound Naval Shipyard, Navy Fleet and Family Department, Mesa Redonda for the Kitsap County Latino population, Nurse Family Partnership (bi-lingual) for connection with young and first time, low income mothers, Northwest Hopeful Horizons for connection with the LGBTQ population, the School District Indian Education Coordinator for the Native American population, and Coffee Oasis for the homeless youth population. The Coalition is constantly recruiting new members with a focus on our underserved populations within the County. The agencies we have chosen to provide contracted services have a long history of effectively serving all pockets of the community in a culturally responsive manner. The programs we have selected to implement are also normed for cultural competency and health disparities.

Programs and strategies to be implemented will be observed for participation and progress. As part of this observation, we will look for any barriers to access and address them in an effort to increase participation and therefore increase positive outcomes.

The programs selected will be sustained over time through ongoing staff and volunteer development and training. Based on a questionnaire administered by staff we will identify member strengths and weaknesses to put them in a role that is gratifying to them and beneficial to the community at large. Administrative and financial supports are provided through Kitsap County Substance Abuse Prevention and Youth Services Division. Providers are selected by the Coalition based on qualifications, community connections and engagement. Additionally, we look at the population served by the provider and whether it fits with the goals and objectives of the Coalition.

The Coalition has identified a need for additional family engagement/parenting programs in the community. We are seeking additional funding to afford the implementation of Guiding Good Choices and Positive Action in a variety of new locations. In an effort to identify additional funding we are reviewing grant opportunities that may be available, partnership leverage and community/foundation opportunities.

## Implementation

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### **Implementation Monitoring:**

The Coalition decided to develop an action plan that involves agencies who are represented at the table as primary providers. This ensures that the contracted agencies are fully invested in the success of the programs, understand the big picture and have had the opportunity to provide input in all aspects of the development of the service delivery model. Coalition staff (Kitsap County), provide oversight for all programs to support, ensure fidelity, document and report to the Coalition, the State and the media. In an effort to monitor each program for fidelity, a monitoring plan was developed by Coalition members, leadership and staff focusing on goals, objectives and program fidelity requirements. This plan is put into action at the onset of each program's implementation and is carried out to the end of the delivery period. This allows foreknowledge regarding the need to address any adaptations or procedural changes that may be needed, including outreach to developers if relevant, rescheduling due to low attendance or any other unforeseen circumstances in which to ensure that evidence-based program requirements are met.

Regular monitoring is conducted as part of oversight in the implementation of prevention programming. Monitoring includes scheduled and unscheduled site visits, regular correspondence with additional communications as needed and monthly reviews of progress and participation. In an effort to ensure the best possible outcomes for program participants and facilitators, communication is encouraged and all concerns, challenges and questions that may arise are dealt with in a priority manner.

Reporting based on pre/posttest data is to be conducted in accordance with the HCA/CPWI requirements and are evaluated at all stages of the implementation. Results associated with participation as well as goals and outcomes will be used to consider future program implementations and/or expansions of implementation.

### **Budget:**

Coalition efforts are funded through HCA allocations including SUPTRS CO, SUPTRS, DCA, PFS. In-kind and leveraged resources will include but not be limited to; event and meeting space, media outreach, printed publication distribution, partner provided publications and materials, and volunteer time. In addition, whenever possible, scholarships and free trainings will be utilized for staff, volunteer, and Coalition trainings. Based on a history of delivering programs with Coalition subcontractors, facilitators were contacted, and a review of program expectations, requirements and goals/outcomes was conducted. The Coalition budget was developed by reviewing staff salaries, benefits and programs and strategies proposed for implementation. Close review of capacity was considered as part of allocating funds per program. Considerations included level of time commitment to facilitate, delivery requirements and number to be served. Fiscal review was conducted with KCDHS accounting with final approvals from HCA. Careful consideration is given to assess all related expenditures and deliverables. Regular review of our budget and expenditures related to all programs and strategies is conducted ensuring funding is expended appropriately.

After initial efforts to finalize budget allocations, careful review of potential expansion of services was considered. Budget allotments were finalized with a plan secured for additional program implementation should additional funding be made available.

### **Health Equity and Sustainability:**

Programs will be monitored to ensure the intended population is being served appropriately through participant information provided at the beginning of implementation, regular reporting including attendance, site visits and regular communications. An important part of Coalition participation and community involvement is ensuring cultural competency. Members represent a broad cross-section of our community. Among our members are prominent community leaders, parents, youth, schools and representatives from Bremerton service agencies. What we have in common is a shared passion for prevention. What we need to ensure – on an ongoing basis – is that our approach to prevention is inclusive and that we are sensitive to the cultural norms of “communities within our community”. The Coalition has examined our goals, objectives, strategies, programs and activities to ensure they are culturally responsive and appropriate. We will continue this procedure when developing new goals and activities, and at least annually through the Coalition evaluation process. The Coalition solicited input from target populations within the community regarding our action plan. Most of our chosen strategies are Evidence Based Programs or Best Practice Programs, which have been designed and evaluated with cultural competency in mind.

The Coalition provides educational opportunities as part of scheduled meetings throughout the year. Included is Prevention Spotlight, presentations and trainings. The Coalition also works to stay current on any culturally appropriate trainings, events and activities or other educational opportunities to increase cultural competency for Coalition members and partners. In an active effort to maintain or increase cultural competency, consideration of all cultures and subcultures represented in our community are identified. Coalition efforts for all events, activities and programming include an intentional and strategic focus to be inclusive and accessible for all.

Sustainability has been considered at all steps of our planning process. Agencies providing the services will be under contract which stipulates the specifics of the services that are to be provided. The Coalition, by design, will be establishing a team of grant writers to develop additional funding for the Coalition. The Coalition will strive to develop in-kind services and donations at all points of implementation. Regular review of funding opportunities including but not limited to grants will be conducted by staff and members. Community feedback has identified security and consistency of programs and services available in the community as being critically important. In an effort to build sustainability with reliable consistency and secured, grant options will continue to be a priority to ensure long term prevention effort security within the community.

## Reporting and Evaluation

### Expected Outcomes:

Program Names:	
<i>Community Coalition</i> <i>Training</i> <i>Community Outreach</i>	
Process Measures	Tool/instrument
<i>Participation</i>	<i>Monthly meeting sign-in sheets, Minerva reporting</i>
<i>Sector Representation</i>	<i>Primary sectors represented in Minerva</i>
Outcome Measures:	
<i>Increase community readiness to address ATOD use</i>	<i>Coalition Assessment Tool and Community Survey</i>
<i>Increase community capacity to address ATOD issues</i>	

The intended outcomes for the Community Coalition, Training and Community Outreach are to increase community readiness and capacity to address ATOD issues (6 months - 1 year). Reduce low neighborhood attachment/community disorganization (2-4 years). Decrease any underage drinking, underage problem and heavy drinking, opioid/RX drug use, cannabis use, vapor/e-cigarette use and over the counter drug misuse (5-10 years). Overall, increase school performance and mental health and decrease youth delinquency and suicide.

Program Name:	
<i>Public Awareness</i>	
Process Measures	Tool/instrument
<i>Participation</i>	<i>Monthly reporting in Minerva</i>
<i>Media Postings</i>	<i>Media metrics</i>
Outcome Measures:	
<i>Increase community readiness to address ATOD</i>	<i>Healthy Youth Survey, Community Survey</i>

The intended outcome for Public Awareness is to decrease favorable attitudes toward ATOD use (6 months - 1 year). Decrease community laws and norms favorable to ATOD use (2-4 years). Decrease any underage drinking, underage problem and heavy drinking, opioid/RX drug use, cannabis use, vapor/e-cigarette use and over the counter drug misuse (5-10 years). Overall, increase school performance and mental health and decrease youth delinquency and suicide.

Program Name:	
<i>Positive Action</i>	
Process Measures	Tool/instrument
<i>Participation</i>	<i>Class sign-in sheets, reporting in Minerva</i>
<i>Class Facilitation</i>	<i>Site visits</i>
Outcome Measures:	
<i>Decrease favorable attitudes toward ATOD use</i>	<i>Community Survey, Healthy Youth Survey, Pre/post surveys</i>

The intended outcome for Positive Action is to decrease favorable attitudes toward ATOD use (6 months - 1 year). Decrease early initiation of problem behaviors and increase perception of harm from early adolescent drug use (2-4 years). Decrease any underage drinking, underage problem and heavy drinking, opioid/RX drug use, cannabis use, vapor/e-cigarette use and over the counter drug misuse (5-10 years). Overall, increase school performance and mental health and decrease youth delinquency and suicide. For more information about Positive Action visit: <https://theathenaforum.org/prevention-101/excellence-prevention-strategy-list/positive-action>

Program Name:	
<i>Project Success</i>	
Process Measures	Tool/instrument
<i>Participation</i>	<i>Meeting sign-in sheets</i>
Outcome Measures:	
<i>Increase perception of harm</i>	<i>Reporting to the OESD 114, Healthy Youth Survey, disciplinary data</i>

The intended outcome for Project Success is to increase the perception of harm (6 months - 1 year). Decrease favorable attitudes toward problem behaviors (2-4 years). Decrease any underage drinking, underage problem and heavy drinking, opioid/RX drug use, cannabis use, vapor/e-cigarette use and over the counter drug misuse (5-10 years). Overall, increase school performance and mental health and decrease youth delinquency and suicide.

Program Name:	
<i>Guiding Good Choices</i>	
Process Measures	Tool/instrument
<i>Participation</i>	<i>Class sign-in sheets, reporting in Minerva</i>
<i>Class Facilitation</i>	<i>Site visits</i>
Outcome Measures:	
<i>Increase family management skills among caregivers</i>	<i>Community Survey, Healthy Youth Survey, Pre/post surveys</i>

The intended outcome for Guiding Good Choices is to increase family management skills among caregivers (6 months - 1 year). Increase healthy family beliefs and clear standards (2-4 years). Decrease any underage drinking, underage problem and heavy drinking, opioid/RX drug use, cannabis use, vapor/e-cigarette use and over the counter drug misuse (5-10 years). Overall, increase school performance and mental health and decrease youth delinquency and suicide. For more information about Guiding Good Choices visit:

<https://theathenaforum.org/prevention-101/excellence-prevention-strategy-list/guiding-good-choices>

Program Name:	
<i>Communities Mobilizing for Change on Alcohol (CMCA)</i>	
Process Measures	Tool/instrument
<i>Participation</i>	<i>Activity sign-in sheets, Pre/post Environmental scan</i>
Outcome Measures:	
<i>Decrease favorable attitudes toward ATOD use</i>	<i>Community Survey</i>

The intended outcome for CMCA is to decrease favorable attitudes toward ATOD use (6 months - 1 year). Decrease community laws and norms favorable to ATOD use (2-4 years). Decrease any underage drinking, underage problem and heavy drinking, opioid/RX drug use, cannabis use, vapor/e-cigarette use and over the counter drug misuse (5-10 years). Overall, increase school performance and mental health and decrease youth delinquency and suicide. For more information about Guiding Good Choices visit:

<https://theathenaforum.org/prevention-101/excellence-prevention-strategy-list/communities-mobilizing-change-alcohol>

## **Data Collection and Reporting:**

The Coalition Coordinator for the Bremerton Substance Abuse Coalition and the KCDHS support staff have already been reporting on Minerva by the 15th of each month and assures the continuing data input on a timely basis. The Coalition administers a Coalition Assessment Tool and a Community Survey annually. Coalition members are tasked to report observed changes within the community that may alter our primary focus as well as service delivery. Pre/posttest survey will be used to evaluate the effectiveness of direct services delivered. All data results will be reviewed by the Coalition. Information is provided to members through electronic and/or meeting participation. Data sets including attendance, pre/posttests and participant feedback will be used in the evaluation process in which to adjust in current and/or future program deliverables. The Coalition Coordinator will record the evaluation information provided by each strategy. The Coalition will utilize this information in our annual evaluation and planning process.

Key leaders, stakeholders and Coalition members/participants are encouraged to participate and support in the data collection efforts. We also provide them with data and program evaluation information for the purpose of fidelity and intended outcomes. The Coalition's efforts are focused on our vision to "bring together community leaders to work together to create a framework of resources, support and collaborative partnerships to combat substance abuse in Bremerton. Provide youth and their families with resources and opportunities for positive and substance-free interactions and activities in the community. Identify and implement targeted interventions to prevent substance abuse and empower youth." We will conduct an annual planning process that will include evaluation of our Coalition efforts. We will measure our success by an improvement in the Healthy Youth Survey administered every 2 years. Other measures are built into the evaluation provided with each strategy chosen. The strategies we have chosen are prescribed strategies based on the Washington State Excellence in Prevention Strategies list for each problem identified.

Data is collected and evaluated with the support and participation of several Coalition partners that include the Olympic Educational Service District (OESD) 114, Student Assistance Professional, Bremerton School District, Kitsap Black Student Union (KBSU), Peninsula Community Health Services (PCHS), Kitsap Public Health District, Kitsap County Sheriff's Department, Gather Together Grow Together (G2G2) and The Conduit as well as others

The Coalition will use the outcomes data collected on an annual basis when making decisions regarding strategies policies and modifications to the implementation process. This information will be passed on to the HCA, local law enforcement, school districts, media, key leaders and the public. Strategies for this include press releases, reports to the groups and presentations within the community and key leader events.

## **Health Equity and Sustainability:**

The Coalition has a contract with HCA that outlines evaluation and reporting requirements. In addition, we have internal processes at the KCDHS as well as information reporting to our County Commissioners. Our evaluation tools have been normed for cultural competency by HCA as a requirement of becoming an evidence-based program. As an internal process we have created a guide tool for planning, reporting and timeline requirements associated with all of our program deliverables, including sector representation. This helps us maintain inclusion and sensitivity regarding underserved groups. The programs and events that are not evidence-based will be evaluated by the Coalition directly. One of the factors that will be considered during the evaluation is cultural competency.

## Appendix

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List of Coalition Members and Sectors Represented

Logic Model

## List of Coalition Members and Sectors Represented

Curtis Murray - Chair	Substance Abuse Treatment Organizations
Keyera Gaulden - Vice Chair	Other Substance Abuse Organization
Victoria Hilt	Youth Serving Organizations
Juan Galvez	Civic/Volunteer Group
Andrea Keller	Schools
Naomi Levine	Healthcare Professionals/Agencies
Grace Ingram	Business Community
Aldrin Villahermosa	Youth Serving Organizations
Felicia Hord	Business Community
Theresa Cunningham	Military
Kelly Skore	Other Substance Abuse Organization
Marwan Cameron	Media
Jewel Shepherd-Sampson	Youth Serving Organizations
Gene Hill	Civic/Volunteer Group
Sandy Hill	Civic/Volunteer Group
Maddy Forteny	Schools
Schon Montague	Law Enforcement
Christina Dobson	State, Local or Tribal Government
Adam Jackson	Parent
Marsha Masters	Law Enforcement
Steve Walker	Parents/Caregivers
Carolyn Hartness	Tribal Leaders or Elders

## Logic Model

