

**Community Prevention and Wellness
Initiative (CPWI)
Bremerton Substance Abuse Prevention
Coalition
Strategic Plan**



June 2019

Table of Contents

EXECUTIVE SUMMARY/INTRODUCTION.....	3
<i>Overview of Plan</i>	<i>3</i>
ORGANIZATIONAL DEVELOPMENT (GETTING STARTED)	6
<i>Mission Statement and Key Values</i>	<i>6</i>
<i>Coalition Structure and Organization</i>	<i>6</i>
<i>Membership Recruitment and Retention</i>	<i>7</i>
<i>Cultural Competency in Organizational Development</i>	<i>7</i>
<i>Sustainability in Organizational Development</i>	<i>8</i>
CAPACITY BUILDING.....	9
<i>Outreach</i>	<i>9</i>
<i>Training/Technical Assistance (TA)</i>	<i>9</i>
<i>Cultural Competency in Capacity Building</i>	<i>10</i>
<i>Sustainability in Capacity Building.....</i>	<i>10</i>
ASSESSMENT.....	11
<i>Needs Assessment.....</i>	<i>11</i>
<i>Process</i>	<i>11</i>
<i>Summary of Key Data.....</i>	<i>11</i>
<i>Needs Assessment Conclusions</i>	<i>14</i>
<i>Resources Assessment.....</i>	<i>14</i>
<i>Process</i>	<i>12</i>
<i>Summary of Key Information.....</i>	<i>15</i>
<i>Resources Assessment Conclusions</i>	<i>18</i>
<i>Cultural Competency in Assessment.....</i>	<i>18</i>
<i>Sustainability in Assessment</i>	<i>18</i>
PLAN.....	19
<i>Process for Planning</i>	<i>19</i>
<i>Goals, Objectives, and Strategies.....</i>	<i>19</i>
<i>Action Plan.....</i>	<i>19</i>
<i>Cultural Competency in Plan.....</i>	<i>20</i>
<i>Sustainability in Plan</i>	<i>20</i>
IMPLEMENTATION.....	21
<i>Structural Support for Implementation.....</i>	<i>21</i>
<i>Budget.....</i>	<i>22</i>
<i>Cultural Competency in Implementation.....</i>	<i>22</i>

<i>Sustainability in Implementation</i>	22
REPORTING AND EVALUATION	23
<i>Expected Outcomes (Baseline and Target Data)</i>	23
<i>Plan for Tracking and Reviewing Evaluation Information</i>	23
Use of Evaluation information.....	23
Minerva.....	23
Local evaluation (optional)	23
<i>Cultural Competency in Reporting and Evaluation</i>	23
<i>Sustainability in Reporting and Evaluation</i>	24
Appendix	25
Appendix 1. Logic Model	26
Appendix 2. List of Coalition Members	28
Appendix 3. Needs Assessment	33
Appendix 4. Community Survey Results	35
Appendix 5. Resources Assessment	52
Appendix 6. Action Plan	53
Attachment 1 Commission on Children and Youth By-laws.....	62
Attachment 2 Coalition Committee Membership Chart.....	70
Attachment 3 Budget	71

EXECUTIVE SUMMARY/INTRODUCTION

Overview of Plan

The Bremerton Substance Abuse Prevention Coalition (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.

The City of Bremerton, located in Kitsap County, 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 41, 235 (<https://www.census.gov/quickfacts/bremertoncitywashington>). The largest employer 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 12,000 civilians.

Prevention Framework:

According to the Preventing Mental, Emotional and Behavioral Disorders among Young People Report (also known as the IOM Report), prevention is specifically defined as, "Interventions that occur prior to the onset of a disorder that are intended to prevent or reduce risk for the disorder." Mental health promotion is defined as, "Interventions that aim to enhance the ability to achieve developmentally appropriate tasks (developmental competencies) and a positive sense of self-esteem, mastery, well-being, and social inclusion and to strengthen the ability to cope with adversity."

The DBHR (Division of Behavioral Health and Recovery) CPWI Planning Framework consists of: Getting started, Assessment, Planning, Implementation, and Evaluation. In this process, capacity building, cultural competency, and sustainability are expected throughout. The CPWI model is adapted from the Strategic Prevention Framework (SPF).

While there are a number of conceptual frameworks included in substance abuse prevention, the Coalition subscribes to three key concepts of the current prevention work, which support the Coalition's Logic Model including risk and protective factors, developmental assets, and adverse childhood experiences. (Appendix 1)

Among the most important developments in substance abuse prevention theory and programming has been a focus on risk/protective factors. In the early 1980's, Hawkins and Catalano, from the University of Washington School of Social Work, reviewed and analyzed hundreds of studies of adolescent problem behavior, specifically substance abuse. They looked for the commonalities in the childhood experiences and traits of youth involved,

who became involved in substance abuse. The main idea of this framework is that the more risk factors a child or youth experiences, the more likely he/she will experience substance abuse and related problems in adolescence or young adulthood. Researchers have also found that the more the risks in a child's life can be reduced, the less likely that child will have to subsequent health and social problems.

Risk and protective factors provide the underlying framework for which much of prevention research and practice is based. Although various research frameworks may be more general or specific depending on the research and intent of focus, the IOM Report 2 defines risk and protective factors broadly as follows:

- Protective factor: A characteristic at the biological, psychological, family or community (including peers and culture) level that is associated with a lower likelihood of problem outcomes or that reduces the

negative impact of a risk factor on problem outcomes.

- Risk factor: A characteristic at the biological, psychological, family, community, or cultural level that precedes and is associated with a higher likelihood of problem outcomes.

Risk and protective factors for substance abuse and mental health disorders are often categorized into four domains: individual, family, school, and community. Within each of these domains there are various factors that have been shown to either increase (risk factors) or decrease (protective factors) the likelihood of an individual developing problem behaviors, such as substance abuse. Generally speaking, a greater number of risks present, compounded by less protective factors, are associated with greater chance of problem behaviors developing. Conversely, less risk supported by greater presence of protection increases the likelihood of healthy development. The essence of prevention practice is to decrease risk and increase protection through our efforts to create positive individual and community change.

The Developmental Assets are 40 common sense, positive experiences and qualities that help influence choices young people make, and help them become caring, responsible, successful adults. Because of its basis in youth development, resiliency, and prevention research and its proven effectiveness, the Developmental Assets framework has become one of the most widely used approaches to positive youth development in the United States. Search Institute's research using 200,000 youth subjects indicates that assets help protect youth from risk taking behavior including the use of alcohol, tobacco, marijuana, and other drugs, as well as reducing antisocial behavior and youth violence. The more assets a young person has, the more likely they are to do well in school and have a positive outlook on their future.

More recently within the prevention field, we have begun to recognize and integrate information provided regarding adverse childhood experiences (ACE). **The Adverse Childhood Experiences (ACE) Study** is one of the largest investigations ever conducted to assess associations between childhood maltreatment and later-life health and well-being. The study is collaboration between the Centers for Disease Control and Prevention and Kaiser Permanente's Health Appraisal Clinic in San Diego.

More than 17,000 Health Maintenance Organization (HMO) members undergoing a comprehensive physical examination chose to provide detailed information about their childhood experience of abuse, neglect, and family dysfunction. To date, more than 50 scientific articles have been published and more than 100 conference and workshop presentations have been made. The ACE Study findings suggest that certain experiences are major risk factors for the leading causes of illness and death, as well as poor quality of life in the United States. Progress in preventing and recovering from the nation's worst health and social problems is likely to benefit from understanding that many of these problems arise as a consequence of adverse childhood experiences.

ACE fall within two categories: abuse (physical, sexual, and verbal) and household dysfunction (substance abuse, parental separation/divorce, mental illness, battered mother, and criminal behavioral). Research has shown that there is a strong relationship between ACE and a number of problem behaviors including age of first use and any alcohol use. The ACE Study seeks to understand the frequency of problem behaviors present in our communities based on the underlying relationship of initiation of risky behavior by an individual. By helping to identify more specifically the underlying causes related to the adoption of certain behavior by individuals, we can build on our knowledge of risk and protective factors to provide insight into the development of specific strategies in certain populations and increase the potential for successful outcomes.

Strategic Planning Framework:

While there are a number of conceptual frameworks for strategic planning in substance abuse prevention, the Coalition will use the Strategic Prevention Framework to support the Coalitions planning process

The Strategic Prevention Framework (SPF) was originally developed by the Federal Substance Abuse and Mental Health Services Administration (SAMHSA). SAMHSA's SPF is a comprehensive planning process designed to help States and communities build the infrastructure necessary for effective and sustainable prevention. It is driven by the concept of outcome-based prevention. The SPF drives people toward defining the specific results they expect to accomplish with their prevention plan. Outcomes-based prevention starts with looking at consequences of use, then identifying the patterns of consumption that produce these consequences. The SPF used for planning utilizes a five-step process known to promote youth development, reduce risk-taking behaviors, build assets and resilience, and prevent problem behaviors across the life span. The SPF is built on a community-based risk and protective factors approach to prevention and a series of guiding principles that can be utilized at the Federal, State/Tribal and Community levels. The idea behind SPF is to use the findings from public health research, along with evidence-based prevention programs, to build capacity within States/Tribes/Territories and the prevention field. This in turn will promote resilience and decrease risk factors in individuals, families, and communities. The Strategic Prevention Framework is comprised of the following key elements that contribute to more meaningful strategic plans:

- Assessment: What is the problem(s)?
- Capacity: What resources do you have to work with? What are your human resources?
- Planning: What works? How do you build upon success?
- Implementation: Put the plan into action, deliver evidence-based programs/practices
- Evaluation: Examine the process and outcomes of interventions to determine what is successful
- Sustainability and cultural competency are incorporated throughout each stage.

The mission of the 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!

We have revisited the Strategic Planning Framework, including assessing the resources and needs of the community. Community needs were then prioritized, and services were delivered from 2012-present. We have completed the process of revising strategies and activities to alleviate our current prevention needs in Bremerton.

ORGANIZATIONAL DEVELOPMENT (*GETTING STARTED*)

Mission Statement and Key Values

The Bremerton Substance Abuse Prevention Coalition will:

- 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!

Vision Statement: Bremerton is a healthy community that educates and engages all youth in a hope-filled and substance free lifestyle.

Coalition Structure and Organization

The Coalition is staffed and managed by the Kitsap County Department of Human Services (KCHS). KCHS administers an annual operating budget in excess of 40 million dollars. Approximately 97% of the department's funds are obtained through State and Federal grants and contracts. The remaining funds 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.

The Kitsap County Substance Abuse Prevention and Treatment Program is administered through the Kitsap County Department of Human Services. The Kitsap County Substance Abuse Prevention and Treatment Program currently funds comprehensive programs for alcohol and other drug prevention, treatment, and intervention/crisis services. 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. Treatment services for indigent and low-income consumers are provided through State, local and Federal grants. Prevention services aimed at all Kitsap County citizens, as well as those who have an increased risk for substance abuse, are provided through the use of State and Federal funds. Prevention funds are administered through the Washington State Health Care Authority (HCA) Division of Behavioral Health and Recovery.

The Kitsap County Department of Human Services 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-four community members appointed by the Kitsap County Board of Commissioners. The CCY makes planning and funding recommendations to the Kitsap County Board of Commissioners.

The planning and funding recommendations are made to the Kitsap County Board of Commissioners. As a standing committee of the Commission on Children and Youth, we are governed by their by-laws. (Attachment 1) The Coalition shall be comprised of at least twelve (12) members of the target community and include representation from the following sectors: law enforcement, education, faith community, youth serving organizations, government, media, business, civic groups, health care, chemical dependency treatment, mental health, youth, and parent. Coalition members shall identify community needs and resources and develop, implement and evaluate appropriate, evidence-based substance abuse prevention strategies in selected communities.

Membership Recruitment and Retention

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 one to two hours per month working towards coalition goals. Coalition members have voting rights when they have attended the two meetings prior to voting. (Appendix 2) 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 10 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 Q Center 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. 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. Subcommittee assignments occur on a volunteer basis and engagement and effectiveness of the Coalition are tracked through word-of-mouth, target surveys, and implementation of the Coalition Assessment Tool. Involvement in Coalition meetings, subcommittee meetings, and other activities are regularly entered into Minerva (the State’s Management Information System). In addition to leading prevention efforts within the school, the Student Assistance Professional for Bremerton High School attends monthly Coalition meetings and meets with **Prevention Club** students. They update the Coalition on activities and needs within the school district, as well as provide valuable insight into what works with Bremerton youth when it comes to Substance Abuse Prevention.

Cultural Competency in Organizational Development

The Coalition is comprised of many individuals with expertise in cultural competency. We consider cultural competency at all service levels, including policymaking, administration, practice, communications and marketing materials. We strive to consider the environment in which meetings and events occur, consider the importance of the message and communicate it clearly, consider the volume and frequency of messages as not to overload members, and consider the effectiveness of different communication methods. Culture is considered throughout each step of the Strategic Prevention Framework in order for diverse populations to benefit from selected interventions. The Bremerton community has been working in close partnership as long as it has been populated. Being on a peninsula with limited geographic egress, outside of the major I-5 corridor, and of moderate population size, has resulted in our need to work together to meet the needs of the community. The Coalition’s key community partners are involved in many mutual initiatives and include personalities who work well together. Effective communication is key to working with a diverse group. Bremerton is a diverse city with a large population of military families with strong values of democracy and respect. We have many single working parents and grandparents raising grandchildren that have a lower education level than the rest of Kitsap County and the State. (<http://www.towncharts.com/Washington/Demographics/Bremerton-city-WA-Demographics-data.html>). These items are key factors in the larger number of low-income families in Bremerton than in the rest of the county and the State.

The Bremerton School District has more cultural diversity than the rest of the County or the State. The Coalition will continue to reach out to several local groups that are not currently well represented in our Coalition to ensure diversity. Some of the organizations we will connect with include: the South Puget Intertribal Planning Agency (SPIPA), Fleet and Family Services of Naval Base Kitsap, Kitsap Immigrant Assistance Center, The Marvin Williams Center (youth outreach center specializing in services for inner-city African American youth), Housing Kitsap (public low income housing), and the Q-Center, (a center for gay, lesbian, bisexual, transgender, questioning, and straight ally youth).

Sustainability in Organizational Development

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 from the beginning. Too often practitioners wait until the 11th hour to begin thinking about sustainability. Building support, showing results, and ultimately, obtaining continued funding all takes time. 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.

Outreach

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 (CNA) Team, included representatives from the Kitsap County Health District, Olympic Educational Services District #114, Kitsap County Traffic Safety, Kitsap County Community Mobilization, Kitsap County Substance Abuse Prevention and Treatment Services, and the Public Health and Safety Network 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 is comprised of members from these organizations.

In 2008, the Kitsap County Board of Health established Count on Kitsap, a coalition comprised of 135 Kitsap County community members, led by a twelve-member Council, to serve as its advisory group on tobacco and other substance abuse issues. They were awarded a Drug Free Communities (DFC) grant to identify and reduce substance abuse problems among youth in our community. The Bremerton Coalition worked closely with Count on Kitsap to assist in the development of our CPWI coalition. Much of what was learned in this process has been utilized in the development of the Bremerton Coalition

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.

In 2012, the Bremerton Substance Abuse Prevention Coalition was formed. 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.

As part of the Coalition's efforts to involve the community in prevention efforts and initiatives, we developed an ongoing multi-media membership campaign 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 shares a welcome pack of information that explains the Coalition's structure, goals and activities to potential members.

Training/Technical Assistance (TA)

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 as meetings and via email among the members on an on-going basis. Staff attend conferences and training opportunities such as CADCA, The Montana Summer Institute, the National Prevention Network, NASPA Strategies Conference, Youth Marijuana Education Prevention Program and DBHR required and recommended trainings; as funds and opportunities become available.

The Coalition Coordinator, our Prevention Manager, and ESD Prevention and Treatment Coordinator attend the bi-monthly HCA sponsored learning community sessions and seek-out prevention focused webinars for staff and Coalition. 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; Strengthening Families Program, Youth Mental Health First Aid (not currently funded by CPWI), the Adverse Childhood Experience Study and Resiliency building.

Cultural Competency in Capacity Building

Cultural competency will continue to be examined at all steps, from planning to evaluation. Meetings are facilitated in such a manner as to encourage sharing from Coalition members representing populations that are under-served in the community. Coalition membership is routinely examined to ensure representation by all, including race, ethnicity, gender, age, education, socio-economic status and other factors that typically identify a segment of the population. Policies, communications, tools, and technology are developed with cultural competency in mind. We sponsored a local Cultural Competency training for Coalition members and the community in November of this past year. Bremerton Coalition will continue to pursue training that encourages the development of cultural competencies within the Coalition and our community.

Sustainability in Capacity Building

Organizational and infrastructure development is necessary to build capacity. The Coalition maintains effective prevention policies, systems, and programs that include a sustainability component.

The Coalition will continue to:

- Identify program champions willing to speak about and promote prevention efforts.
- Invest in capacity - at both the individual and systems levels. Teach people how to assess needs, build resources, and effectively plan and implement prevention programs and create the systems necessary to support these activities over time.
- 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 and discuss the benefits of joining the Coalition.

As stated previously, "The Coalition is staffed and managed by the Kitsap County Department of Personnel and Human Services (KCHS). KCHS administers an annual budget of over 40 million dollars. Approximately 97% of the department's operating funds are obtained through State and Federal grants and contracts. The remaining funds 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."

Needs Assessment

Process

The Assessment Committee includes individuals with a high level of experience in assessment, statistics, policy development, and grant writing. For Committee membership (see Attachment 2) Staff provided training to new members of the Assessment Committee. 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 2018 Healthy Youth Survey data, Kitsap (Bremerton) Data Book provided by HCA, Kitsap Community Health Priorities (KCHP) Community Survey, Annual SYNAR Report, Coalition Assessment, Bremerton Law Enforcement data, The Kitsap County Prosecuting Attorney 2015 Annual Report, 2014-2015 Client Data Reports from DSHS, the Bremerton Community Survey conducted by the Coalition, *the Kitsap Behavioral Health Strategic Plan Review*, April 2017, 2015-2016 School Report Card by OSPI, CDC 2015-2016 Briefing, Washington Poison Center Toxic Trend Reports 2017.

Summary of Key Data:

After reviewing statistics from the 8th and 10th grade Healthy Youth (HYS) participants the committee discovered:

- Bremerton is currently experiencing relatively low school performance and the school dropout rate is higher than the State.
 - 40% of 8th graders and 33% of 10th graders report low grades in school as compared to 21% (8th graders) and 25% (10th graders) for the State
 - 20% of 8th graders and 21% of 10th graders report skipping school compared to 14% (8th graders) and 16% (10th graders) for the State
 - In 2017, 13% of Bremerton students left school without graduating this is 9% higher than the State
- Our students show a heightened risk for substance abuse due to a high rate of depression, suicidal ideation, and suicide attempts.
 - 34% of 8th graders and 51% of 10th graders report experiencing depression in the past 12 months as compared to 32% (8th graders) and 40% (10th graders) for the State
 - 18% of 8th graders and 36% of 10th graders report considering suicide in the past 12 months as compared to 20% (8th graders) and 23% (10th graders) for the State. Although the percent of 8th graders is 2% lower than the State, those considering is still unacceptably high and appears to increase by 10th grade.
 - 9% of 8th graders and 17% of 10th graders report attempting suicide during the past 12 months as compared to 10% (8th graders) and 10% (10th graders) for the State. The percent of 8th graders is 1% lower than the State but appears to increase by 10th grade.
- Rate of 30-day substance use among Bremerton High School 10th graders are higher than the State average for tobacco, alcohol, and marijuana. The HYS data shows that substance use is more prevalent among 10th graders than 8th graders.
 - 12% of 10th graders report current cigarette smoking as compared to 5% for the State
 - 23% of 10th graders report current alcohol use compared to 18% for the State
 - 24% of 10th graders report current marijuana use compared to 18% for the State
 - 11% of 10th graders report current illegal drug use as compared to 6% for the State

The Sales of Tobacco to Minors State report showed an increase in sales to minors. From 2012 to 2013, the rate increased by 16.2%. In 2013, Kitsap County had the highest rate of sales to minors in the state. This is further complicated by the fact that the highest concentration of alcohol and tobacco retailers for Kitsap County is in Bremerton. Access to ATOD is reported as being relatively easy and this is reflected in the rate of early initiation to ATOD. Specifically, 32 % of 10th graders report early initiation of drugs which is 14% higher than the State (2018 HYS). Further, 54% of 10th graders report that alcohol is easy to get and 55% report that marijuana is easy to get (2018 HYS). Hand in hand with early initiation is the 16% rate of problem and heavy drinking among 10th graders (2018 HYS). As we moved forward, from 2015 to 2016 the rates of tobacco sales to minors went from 13.1 to 17.1 which are a reflection that follows closely with the increase of youth use of e-cigarettes and vaping devices.

(<https://www.doh.wa.gov/portals/1/Documents/Pubs/340-163-SynarComplianceCheckKitsapCounty.pdf>)The CDC specifically reports that e cigarette use among teens increased.

(https://www.cdc.gov/tobacco/data_statistics/fact_sheets/youth_data/tobacco_use/index.htm)

Our data has shown risky and violent behavior among our youth has decreased but still is at concerning rates. For example, 29% of 8th graders and 27% of 10th graders report fighting in the past 12 months as compared to 26% (8th graders) and 19% (10th graders) for the State. These figures represent a 3% decrease in 8th grader reports of fighting since 2016 and 1% decrease in 10th grader reports of fighting since 2016. Additionally, 9% of 10th graders report gang membership (past 12 month) which is 3% higher than the state and a 1% increase since 2016. The Kitsap County Sherriff's Dept data reports do show a decrease in overall violent crimes. The Community Survey results confirm the Assessment Committee's finding that 47% of survey participants recognize moderate to high risk in youth harming themselves if they use marijuana regularly, 25% perceived ease of access to marijuana, and that 91.5% believe mental health "depression" is a serious problem. Upon review of the community survey and the HYS, the Committee has identified an ongoing need to educate the community as a whole and to provide a variety of opportunities to develop refusal skills and resilience building for youth. The assessment committee identified three broad categories of long-term outcome consequences for youth in the Bremerton community related to substance abuse. These long-term outcome consequences include poor school performance, youth delinquency, and mental health problems and suicidal ideation.

The Committee identified the following priority Risk and Protective Factors: early initiation of drug use, intentions to use drugs, favorable attitudes towards drug use, friends who use drugs, low parental supervision, parental attitudes tolerant of drug use and mental health. These factors were identified and prioritized as a result to the most recent data findings with careful consideration of funding, reach and best fit in relation to program and implementation.

The Committee identified the intervening variables as alcohol availability, promotion of alcohol and alcohol laws, perception that ATOD laws are not enforced, a low perception of harm, and a low commitment to school. These findings have been identified as a direct correlation to the previously notes data points.

The Coalition's next step was to identify our local conditions and contributing factors. Local contributing factor one is that North Kitsap is a military community with a history of long-term deployments. The largest employer in North Kitsap 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 efforts for

longer periods are more likely than children whose parents did not deploy to receive a diagnosis of a mental health problem. (<https://pediatrics.aappublications.org/content/143/1/e20183258>). Most often the diagnosis is for stress disorders, depression, behavioral problems, anxiety, and sleep disorders. According to the 2018 data book, 34% of 8th graders and 51% of 10th graders in Bremerton report depression compared to the State's rate of 32% of 8th graders and 40% of 10th 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. (<https://www.kpbs.org/news/2013/jan/23/military-kids-drug-use-increases-when-deploys/>)

The second local contributing factor is availability alcohol and other substance. Among HYS participants, 54% of Bremerton 10th grade students report it is very easy to get alcohol compared to 48% for the state. There is a close relationship between actual availability (the number of alcohol sales outlets) of alcohol in communities and higher underage drinking rates. Additionally, 55% of Bremerton 10th grade students report it is easy to get marijuana compared to 49% state.

Underage drinkers only have to believe there is an increase in access in order for the higher underage drinking rates to occur (<https://popcenter.asu.edu/content/underage-drinking-0>). 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 has experienced an increase in heroin use and heroin-related crime as reported across jurisdictions. (<https://kitsappublichealth.org/information/files/OpioidFactSheet.pdf>, <https://www.kitsapdailynews.com/news/heroin-injecting-crime-into-kitsap/>)

The third local contributing factor is that the Bremerton youth lack consistent and clear messages from home. Among HYS participants, 33% of 8th graders and 42% of 10th graders in Bremerton report poor family management. Perhaps the most significant indicator here is the number of students reporting that parental attitudes are tolerant of substance use. Specifically, 34% of 8th graders and 50% of 10th graders as compared to the State's rate of 25% of 8th graders and 39% of 10th graders.

The fourth local contributing factor is low enforcement of substance related offences in public locations. Sixty-five percent of 8th graders and 72% of 10th graders report police don't enforce underage drinking in Bremerton compared to the State's rate of 55% of 8th graders and 74% of 10th graders. School Resource Officers are being provided by Bremerton Police Department.

The fifth local contributing factor is that Bremerton youth are currently being exposed to favorable alcohol and marijuana messages from peers, family and community. With the privatization of alcohol, legalization of marijuana and the ongoing changes associated with the marijuana legislation; youth in Bremerton have been exposed to a multitude of messages that alcohol and marijuana use is favorable. HYS data collected from youth that participated showed, 34% of 10th graders and 15% of 8th graders report neighborhood or community think that it is a little bit wrong or not at all wrong to use marijuana in comparison to the state's rate of 19% of 10th graders and 10% of 8th graders. Underage drinkers prefer to drink spirits (privatized and more readily available), specifically those brands of spirits that are popularly marketed on television and on the internet. Legislation has passed that increases youth access to alcohol and marijuana including privatization of alcohol, legalization of marijuana ad medical marijuana. In addition to privatizing alcohol, Washington State voters approved Initiative 502 which establishes precedent for growing, processing, retailing and possessing marijuana. In 2011, the Washington State Legislature changed the requirements for providing medical marijuana (cannabis) recommendations to qualifying patients by passing ESSB5073. Research indicates that alcohol consumption increases dramatically in places that privatize liquor sales. Additionally, the uncontrolled sale of mass marketing of e-cigarettes has dramatically increased youth tobacco and vape use.

(<https://alcoholjustice.org/images/factsheets/Privatization2014.pdf>, <https://www.cdc.gov/media/releases/2016/p0425-ecigarette-ads.html>)

The sixth contributing factor is that 51% of 8th graders who participated in the HYS and 41% of 10th graders report a low commitment to school compared to the State's rate of 43% of 8th graders and 44% of 10th graders. Students also reported low school opportunities for pro-social involvement, 59% of 8th graders and 59% of 10th graders compared to the State's rate of 67% of 8th graders and 64% of 10th graders. It is also noted that Bremerton students show a higher than average dropout rate at 13%, which also is noted as a risk factor compared to the State at 4%.

The seventh contributing factor is that Bremerton is a culturally diverse community with limited resources and activities associated with each population, which presents a greater risk of isolation and/or the lack of inclusion in positive youth developmental activities.

Also, it has been discovered that 30% of 10th graders while 5% of 8th graders in Bremerton report that friends don't think prescription drug use is wrong compared to the State's rate of 10% of 8th graders and 15% of 10th graders based on HYS data. This has been noted as an area of concern for 10th graders and we will continue to monitor this data point. Though it may be seen that in some areas our community's data rates are above or below state rates; these factors have each been identified as rates of concern.

Needs Assessment Conclusions

In the fall of 2014, a behavioral health specialist was placed in the ten greatest need elementary schools utilizing our recently passed local Behavioral Health Tax. Using the CSAP Strategy 6: *Problem Identification and Referral*, enhancement of mental health services to elementary students has been possible. Through the identification of youth who have used ATOD appropriate resources and educational support can be provided. (Appendix 3).

As a result of the 2016 Washington State SYNAR report findings of a 3.1% increase to sales of tobacco products to minors in Kitsap County, the committee had determined retailer and community education and awareness to be of great importance. In addition to the increased accessibility, there has been a rise in use of more dangerous drugs and their accessibility, with some leading to death. The CDC specifically reports that e cigarette use among teens increased. In conclusion, the need to continue the efforts of retailer education and awareness in our community was determined.

Resources Assessment

Process:

The Coalition's Resources Assessment has been built on work done by our local Kitsap Community Resources (Community Action Program), who keeps a very extensive and up-to-date Community Resource Guide. In addition, the Coalition used data from the April 2017 Salish Behavioral Health Strategic Plan Review. A summary of existing resources and gaps in services, together with the data and community assessment information, was collected during the development of the 2019-2020 Strategic Plan and was reviewed by staff for updates. (Appendix 4)

Summary of Key Information:

Key partnerships that are currently in place include the long-term relationships between service providers and the schools in Bremerton. As a mid-sized city on a peninsula, partnerships have been instrumental to our community's success. As the largest city in Kitsap County, the majority of the services are centered in Bremerton. We have several local Coalitions in operation in Bremerton that support collaboration in service delivery, healthy living, positive youth development, and substance abuse prevention. We have developed an active partnership with our former Mayor, who joined the Coalition and supports coalition mission and goals. The former Mayor has been an effective partner when it comes to connecting with key community leaders and hard to reach pockets of the community. Given the privatization of alcohol and legalization of marijuana and related changes, and the corresponding media and marketing, the community is being exposed to; the community is in desperate need of information and education related to perception of harm. The Coalition assessed local resources based on four criteria including existing local coalitions, public awareness and community education, environmental strategies, school-based prevention/intervention services, and direct service providers (Appendix 5).

Existing Local Partner Organizations/Groups:

- Kitsap County Commission on Children and Youth – Appointed body of the Kitsap County Board of Commissioners whose charge is to advise, facilitate and advocate on issues related to children and youth.
- Olympic Workforce Development Youth Council – Develops the youth-related portions of the local workforce development plan, coordinating and overseeing youth activities offered through local providers.
- Kitsap County Domestic Violence Task Force – Educates the community, law enforcement, the court system, medical providers, social service providers, treatment providers and youth about domestic violence.
- Kitsap Continuum of Care Coalition – Provides leadership to end homelessness through planning, coordination among social service providers, advocacy, and education.
- Kitsap Early Learning Partnership – Group of individuals and organizations interested in creating optimal support for families with young children.
- Kitsap County Parent Coalition – Provide families with developmental disabilities support through advocacy, education and sharing information.
- Applied Support Services Integrated Skills Training (ASSIST) – ASSIST is an approach to serving the supported work and community access clients with the use of Applied Behavioral Analysis (ABA) to provide training and skills development.
- American Financial Solutions – American Financial Solutions is a non-profit credit counseling and financial education agency. Our certified credit counselors offer confidential, one-on-one credit and budget counseling, and debt management
- Catholic Community Services – Serves and supports poor and vulnerable people through the provision of quality, integrated services and housing. Our focus is on those individuals, children, families, and communities struggling with poverty and the effects of intolerance and racism. We actively join with others to work for justice.
- Crisis Clinic of the Peninsulas – Provides over-the-phone crisis intervention, information referral, and a supportive listening ear to people in our community who are experiencing situational distress.
- Dispute Resolution Center of Kitsap County – A nonprofit organization that provides mediation, education and mental health Ombudsmen services to help individuals, families and organizations resolve conflict.

- Freedom 13 – Works to eliminate child sex trafficking by prevention, rescue, and restoration.
- Kitsap Rescue Mission – Exists to assist the homeless and poor of Kitsap County as they work toward restoration of body, mind and spirit through Christ-centered programs.
- Lutheran Community Services Northwest – Is a non-profit human services agency serving communities throughout Washington, Oregon and Idaho. Our caring staff provides a wide variety of services to adults, adolescents, children, families, schools, businesses, congregations, neighborhoods and communities. We are privileged to touch the lives of people of all ages, cultures and faiths.
- Project Rachel
- Scarlet Road – A faith based, non-profit organization serving women and girls who need support leaving the sex industry and finding a new life and hope. We provide services throughout Kitsap and North Mason County.
- Skookum Educational Programs – Creates jobs for people with disabilities. Since 1988, we have helped people with all types of disabilities join the workforce by providing critical services to business and government.
- The Arc of Kitsap and Jefferson Counties – Works through education, advocacy and support to improve the quality of life for people living with intellectual and developmental disabilities.
- Kitsap County Suicide Prevention Coalition – A collaborative group partnered with community providers concerned about all aspects of issues leading to suicide, prevention, social awareness and education.

Public Awareness and Community Education:

- Mothers Against Drunk Driving and Target Zero –Work to stop drunk driving, support the victims of this violent crime and prevents underage drinking.
- The Parenting Place – Offers a variety of age-appropriate and topic-specific parenting classes to strengthen families of Kitsap County.
- Washington State University Extension Strengthening Families Programs – Support for providing Strengthening Families Programs in the Community.
- Kitsap County Health District – Assists families with children up to 19 or pregnant women, with their applications for no-cost healthcare to cover reproductive and sexual health services, medical care, testing, exams, HIV testing, contraception, pregnancy testing and education.
- Kitsap County Traffic Safety Task Force – Task Force led by the Kitsap County’s Sheriff’s Office dedicated to reducing traffic fatalities, including those caused by drunk drivers.
- West Sound Fleet and Family Support Center – Provides a wide range of assistance and counseling services. The center offers numerous monthly workshops including parenting, financial, family enrichment and skill development program.
- YWCA ALIVE Shelter – Provides shelter for battered women and their children (some age restrictions), medical referrals, legal advocacy, support groups, volunteer resources and other social services.
- Kitsap Sexual Assault Center – Provides 24-hour service assisting victims of sexual assault and those close to them, legal and medical advocacy, and therapy.
- Kitsap Strong – A community initiative to improve the health and health well-being of all children, families, and adults in Kitsap.

Environmental Strategies: In addition, school policies that relate to substance use and possession are being reviewed for the identification of needed changes, revisions or creation on new policies.

Permanent Med Take Back system: Education and advocacy for people who want to do the right thing, but cannot, because there are not enough drop boxes or do not know where to locate appropriate drop-off locations. This includes education and awareness campaigns and collaboration with partners for substance abuse prevention to keep prescription drugs from polluting our waters, the soil and out of the hands of children and information the public about the current policies and their status.

School-based Prevention/Intervention Services:

- Olympic Educational Services District #114 – Provides a Student Assistance Professional at Bremerton High School.
- South Puget Sound Boys and Girls Clubs – Offers spaces and after school programs for children and teens to learn, create, and attain their best in academics, athletics and more.
- Substance abuse prevention curriculum is currently being utilized in less than half of the Bremerton elementary schools. Curricula include: Riding the Waves, the Book “Teaching Conflict Resolution,” The Great Body Shop.
- At the high school, the Student Assistance Professional is administering Project SUCCESS.
- Kitsap County Suicide Prevention Coalition – Collaborates and supports community organizations across Kitsap County to amplify prevention efforts.

Direct Services

- Olympic Educational Service District 114 – In the fall of 2014, a behavioral health specialist was placed in the ten greatest need elementary schools utilizing our recently passed local Behavioral Health Tax. This has greatly enhanced mental health services to elementary students.
- Kitsap Mental Health Services – Provides mental health services for the chronically mentally ill, including individual, family and group counseling; geriatric day treatment; case management; medication management; children and adolescent services; and County-designated mental health professionals.
- Peninsula Health Care Services – Provides primary medical care for low-income, uninsured and underserved families in Kitsap County. May assist established Peninsula Community Health Services (PCHS) patients with prescription purchases or samples.
- Kitsap Community Resources – Provides emergency and transitional housing programs for low income, homeless, elderly and handicapped participants.
- Kitsap Youth In Action – Offers volunteer and service learning opportunities to youth (ages 11-17) in a variety of service projects throughout the community.
- Bremerton Parks and Recreation – Provides aquatic, athletic, and recreational opportunities for persons of all ages, and provides safe and attractive parks and facilities for play, health and fitness, enjoyment, and celebrations.
- Washington State University Extension 4-H – Provides positive youth development programs that focuses on the development of life-skills in youth 5-19 years of age through a variety of projects.
- Bremerton Housing Authority – Public housing for low-income families. They also offer free after-school programs for youth.
- Housing Kitsap – Public housing for low-income families. They also offer free after-school programs for youth.
- Coffee Oasis – Provides physical and emotional support for homeless youth in the community.
- Bremerton Family YMCA – Provides positive youth development through physical activities and programs.
- Pathways to Success – Provides job training and placement assistance for persons 21 years of age and under.
- Stand Up for Kids – Program designed to empower homeless and at-risk youth toward life-long personal growth through a national on-the-streets outreach program.

- SPIPA – The South Puget Sound Intertribal Planning Agency (SPIPA) provides an urban approach to direct services, planning, and technical assistance to the Tribes eligible Native Americans residing within the SPIPA service area.

Resources Assessment Conclusions:

Analysis of the Bremerton Family and Community Risk and Protective Factors indicates that students in the Bremerton School District are experiencing opportunities for pro-social involvement and in one case at a higher rate than the State average. For example, 69% of 8th grade students who participated in the HYS reported family opportunities for prosocial involvement as compared to 66% for the State. Our Coalition's resource assessment supports the data supplied by the *Community needs Assessment Book for Bremerton*. There are many opportunities for youth to get involved in positive youth development and leadership activities in the community both community and school based. There is currently only one Student Assistance Professional serving the entire school district and would greatly benefit from additional staff. In the fall of 2014, a behavioral health specialist was placed in the ten greatest need elementary schools utilizing our recently passed local Behavioral Health Tax. This has greatly enhanced mental health services to elementary students

Cultural Competency in 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. The Coalition obtained community approval for data collection methods and analysis. The Coalition evaluated the data to ensure it is culturally responsive 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.

Sustainability in Assessment

The Coalition continues to build ownership among stakeholders. The more invested stakeholders become, the more likely they will support prevention activities for the long term. 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.

Process for Planning

Strategic Direction for Strategies, Policy Initiatives, Programs and Activities

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 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

Universal preventive interventions take the broadest approach, targeting “the general public or a whole population that has not been identified on the basis of individual risk”. Universal prevention interventions within this plan include Strengthening Families Program, Positive Action, Mental Health First Aid (not funded by CPWI) Information Dissemination Media Campaigns and Public Education on Alcohol, Tobacco and Other Drugs.

Selective preventive interventions target “individuals or a population sub-group whose risk of developing substance abuse disorders is significantly higher than average,” prior to the diagnosis of a disorder. Selective interventions target biological, psychological, or social risk factors that are more prominent among high-risk groups than among the wider population. Selective prevention interventions in this plan include School Based Prevention/ Intervention Services, Riding the Waves Suicide Prevention Curriculum (not funded by DBHR), Nurse Family Partnership, Adverse Childhood Experiences (ACEs) Training, and

Indicated preventive interventions target “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 Student Assistance Professional is implementing Project Success which may reach an indicated population.

Goals, Objectives, and Strategies

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 goals to address. 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.

Action Plan

(Appendix 6)

Cultural Competency in Plan

The Coalition developed its Action Plan as 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 need 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 target populations within the community 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, the Bremerton African American Churches, Mesa Redonda for the Bremerton Latino population, Nurse Family Partnership (bilingual) for connection with young, low income mothers, The Q Center 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 the all pockets of the community in a culturally responsive manner. The programs we have selected to implement are also normed for cultural competency.

Sustainability in Plan

The Coalition has included sustainability in all aspects of our development. The Coalition continues to establish administrative structures and formal linkages that facilitate implementation of our action plan and sustain cooperation among diverse organizations within the community. We accomplish this through involving our community leaders in all steps of our strategic plan. The Coalition recognizes that our funding through the State is temporary and we will develop a cadre of grant writers to pursue outside funding opportunities. The Coalition is actively seeking out long-term, diverse funding for Coalition efforts. Our meeting space is provided free of charge by Bremerton High School. Most events will occur at facilities run by coalition members and offered free of charge.

Strategies planned include the initial training of local facilitators who then are able to continue the work without additional training fees. Our planned strategies around ACES, Mental Health First Aid (not funded by CPWI), School Policies, Strengthening Families and environmental strategies are supported by the local community. We will maximize existing resources within the community as often as possible to decrease the need for funding.

IMPLEMENTATION

Structural Support for Implementation

The Coalition decided to develop an action plan that involve 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.

*The increase in family bonding as found in Goal 1, will be accomplished through contracting with Kitsap Public Health Services to provide Nurse Family Partnership Program (NFP).

*The increase in opportunities, skills and recognition to contribute to family bonding/positive family involvement as found in Goal 1, will be accomplished through contracting with Kitsap Community Resources to provide the Strengthening Families Program (SFP).

*Reducing low neighborhood attachment and community disorganization found in Goal 2, will be accomplished by the Coalition and Staff with oversight provided by the Leadership Workgroup and the Commission on Children and Youth Advisory Board.

*The increase in community capacity to address ATOD will be accomplished by increasing prevention knowledge of coalition members and community as described in Goal 2, will be accomplished by providing Substance Abuse Prevention related training and education to coalition members and the community.

*Decreasing community laws and norms favorable to ATOD use as seen in Goal 3, will involve Coalition members, community volunteers, and law enforcement and Staff, the Bremerton Substance Abuse Prevention will share responsibility to implement media and public awareness campaigns and other various forms of information dissemination to decrease policies and social practices that are favorable toward ATOD use.

*Increase commitment to school and opportunities, skills and recognition for prosocial involvement as described in Goal 4, will be accomplished by contracting with The Boys and Girls Club to provide services through the Positive Action program.

*Increase healthy beliefs and clear standards in school as described in Goal 5 will be accomplished by identification and advocacy through the School Policies Workgroup.

*Decrease favorable attitudes toward the problem behavior as described in Goal 6 will be accomplished through the work provided by the Student Assistance Professional in the form of implementation of the Project Success Program.

Budget

The coalition funds evidence-based programs, trained staff and facilitators through the use of CPWI funds. The coalition will utilize leveraged funds, whenever possible, and seek grant opportunities to provide the community with the most appropriate and effective ATOD use and abuse prevention tools, education and programs. 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. (Attachment 4)

Cultural Competency in Implementation

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, school, 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.

Coalition activities are Evidence-Based or Promising Practice evaluated programs that include cultural competency as part of the evaluation categories. Agencies chose to operate contracts have a proven track record of cultural competency without entire community. We are continually working to have representation from each cultural pocket of the Bremerton community for review of educational and marketing materials for cultural competency.

Sustainability in Implementation

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.

REPORTING AND EVALUATION

Expected Outcomes (Baseline and Target Data)

The coalition's efforts are focused on our vision "Bremerton is a healthy community that educates and engages all youth in a hope-filled and substance free lifestyle. We conduct an annual planning process that includes evaluation of our coalition efforts. We measure our success by an improvement in the Healthy Youth Survey data, which is 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 and the Prevention Programs and Practices for Youth Marijuana Prevention program list for each problem identified.

Plan for Tracking and Reviewing Evaluation Information

The Coalition Coordinator for the Bremerton Substance Abuse Prevention Coalition has 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. Results will be reviewed by the Coalition. The Coalition Coordinator will record the evaluation information provided by each strategy. Pre and Post Tests will be used to evaluate the effectiveness of direct services delivered. The Coalition will utilize this information in our annual evaluation and planning process.

Use of Evaluation information

The Coalition will use the outcomes data collected on an annual basis to inform themselves when making decisions regarding strategies policies, and modifications to the implementation process. This information will be passed on to Washington Health Care Authority (HCA), local law enforcement, school district, media, key leaders, and the public. Strategies for this include press releases and reports to the groups.

Minerva

HCA requires reporting in the Minerva system monthly to maintain contract compliance. The Coalition members are vested in the success of the Coalition efforts. The responsible parties for implementation of our prevention strategies are members of the Coalition and therefore are vested in the success of the strategies. Contracts will be written between providers and the county. Agencies providing the contracted services are vested in the success of the prevention strategies, which results in a positive long-term relationship.

Local evaluation (optional)

Kitsap County is an active partner in the Kitsap County Collective Impact Project with its goal to maximize services to meet the identified needs of the community which are: ACES, behavioral health, homelessness, prevent/reduce obesity.

Cultural Competency in Reporting and Evaluation

Our evaluation tools have been normed for cultural competency by HCA, or as a requirement of becoming an evidence based program. 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.

Sustainability in Reporting and Evaluation

The Coalition will create and use reports from the evaluation information to gather support for Coalition efforts, plan additional strategies, implementation, and evaluation. We will share our results with HCA, local law enforcement, school district, media, key leaders, and the public. Strategies for this include press releases and reports to the groups.

Appendix

Appendix to Coalition Strategic Plan

- Appendix 1. Logic Model
- Appendix 2. List of Coalition Members
- Appendix 3. Needs Assessment
- Appendix 4. Community Survey Results
- Appendix 5. Resources Assessment
- Appendix 6. Action Plan

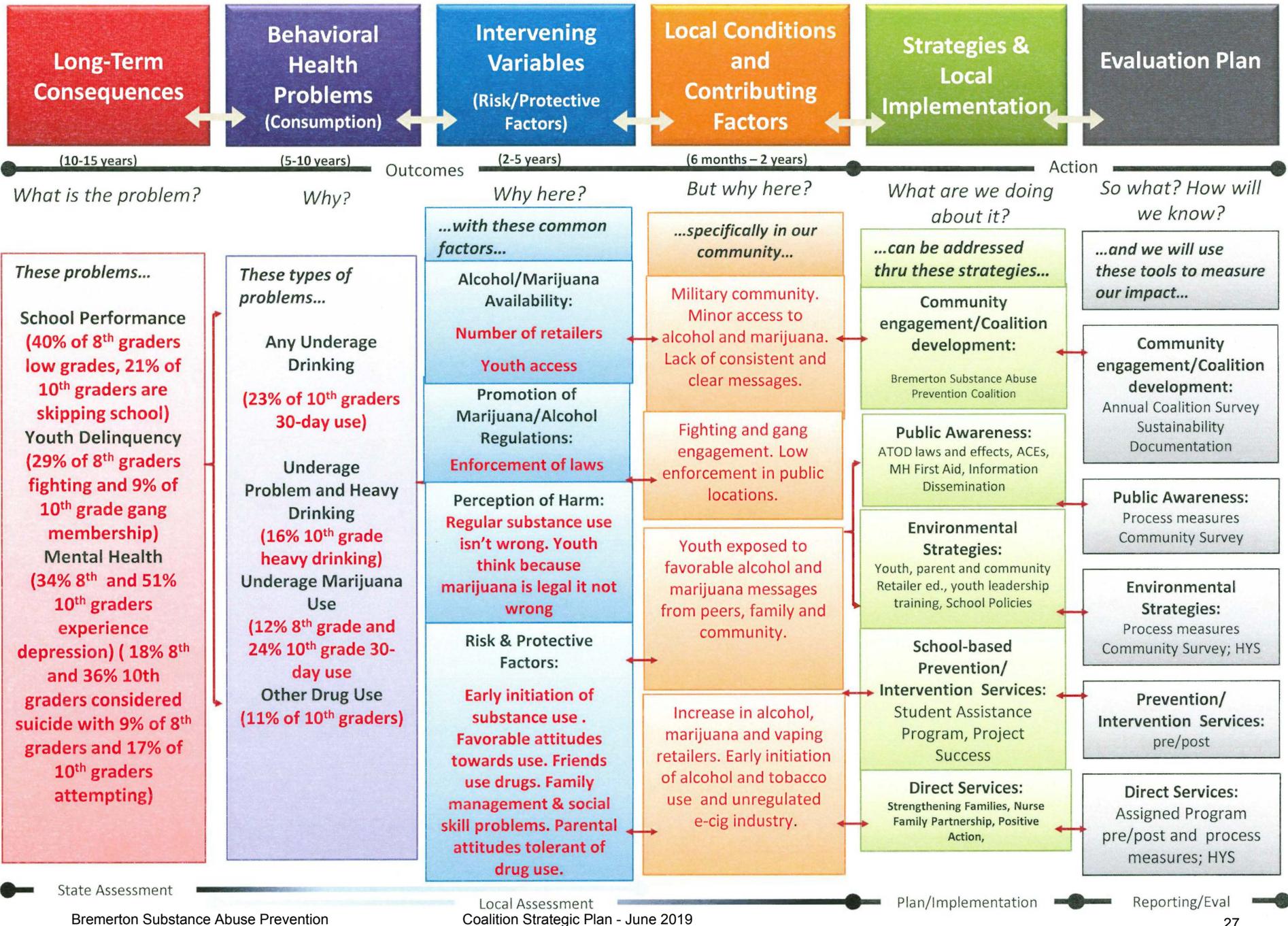
Attachment 1: Commission on Children and Youth By-Laws

Attachment 2: Coalition Committee Membership Chart

Attachment 3: Budget

Appendix 1. Logic Model

Bremerton Substance Abuse Prevention Coalition Logic Model



Strategic Plan

Appendix 2: [List of Coalition Members](#)

Sector	Agency/Organization	Coalition Representative Name
Business	Kitsap Regional Library	
Youth		Adam Schow
Behavioral Health Treatment	Agape Unlimited	Agape Unlimited
Healthcare Professionals	Peninsula Community Health Services	Cindy Hare-Willis
Youth		Amara Regnier
Behavioral Health Treatment	KMH	Dwayne Bebock
Youth		Beth KuyKendall
Youth-serving Organizations	WSU	Organizational Partner
Youth-serving Organizations	WSU/4-H	Joy Life
Behavioral Health Treatment	Northwest Behavioral Health Services	Bob Wicks
School	Bremerton High School	Anne Giardina
School	OESD 114	Michelle Dower
Law Enforcement	Bremerton Police Department	Kenny Davis
Law Enforcement	Target Zero	Marsha Masters
Religious or Fraternal	Coffee Oasis	Organizational Partner
Religious or Fraternal	YMCA	Kristopher Whitcher
Religious or Fraternal	Salvation Army	Organizational Partner
Youth-serving Organizations	Our Gems	Collins Vicki
Youth-serving Organizations	Boys and Girls Club	Rikki Picariello

Youth-serving Organizations	Coffee Oasis	Steve Walker
Behavioral Health Treatment	Harrison Medical	Connie Bristow
Civic and Volunteer Groups	People's Harm Reduction Alliance	Organizational Partner
Civic and Volunteer Groups	Kitsap Sexual Assault Center	Organizational Partner
Other Substance Use Disorders Prevention	Crime Victims Assistant Center	Organizational Partner
Other Substance Use Disorders Prevention	MADD	Organizational Partner
State/Local/Tribal Governments	Kitsap Public Health District	Megan Moore
Parent		Jon Stroop
Parent		Gail Schow
Healthcare Professionals	KCHD	Dana Bierman
Youth		Danakai Whitcher-Thoman
Youth-serving Organizations	Coffee Oasis	Daniel Frederick
Media	BKAT	Organizational Partner
Media	Kitsap Sun	Tad Sooter
State/Local/Tribal Governments	DSHS	Organizational Partner

Youth-serving Organizations	Coffee Oasis	Darrell Thomas
Parent		David Malnar
Healthcare Professionals	PCHC	Dennie Bowers
State/Local/Tribal Governments	DSHS	Organizational Partner
Business		Erich Dewald
Youth	Kitsap Regional Library	Erynn Jensen

Civic/Volunteer Groups	Freedom 13	Organizational Partner
Parent		Dusty Nelson
State/Local/ Tribal Governments	DSHS	Gary Freyer
State/Local/ Tribal	Kitsap County Human Services	Gay Neal
Business	Goodwill	Organizational Partner
Other Substance Use Disorders Prevention Organizations		Grace Ingram
School	Headstart/ECAP	Organizational Partner
Youth-serving Organizations		Heather Carrell
Other Substance Use Disorders Prevention	Housing Kitsap	Organizational Partner
parent		Isidra Quintanilla
State/Local/ Tribal Governments	Drug Court	Janice Riley
Law Enforcement	BPD	John Bogen
Youth		Jordan Shan
Media	Kitsap Sun	Josh Farley
Parent	Coffee Oasis Crisis Line	Joshua Goss
Youth-Serving Organizations	WSU Extension	Joy Lile
Healthcare Professionals		Juliana Wagner
Healthcare Professionals		Julie McGill
Youth	BHS	Julianna King
Healthcare Professionals	KCHD	Karen Boysen-Knapp

Other Substance Use Disorders Prevention	Kitsap County Courts volunteer	Kate Paja
Civic/Volunteer Groups	Kitsap ACE's Partnership	Organizational Partner
Business	Kitsap Community Resources	Organizational Partner
Healthcare Professionals	Kitsap County Public Health Board	Organizational Partner
Law Enforcement	Kitsap County Sheriff's Department	Organizational Partner
Other Substance Use Disorders Prevention	Kitsap Public Health District	Organizational Partner
Civic/Volunteer Groups	Kitsap Immigration Assistance Center	Organizational Partner
Parent	DSHS	Laura Daley
Law Enforcement	Liquor and Cannabis Board	Organizational Partner
Law Enforcement	M.A.D.D.	Organizational Partner
Youth		Aria McKay
School	OESD	Michelle Dower
Youth		Moriah Donnelly
School	OESD 114	Organizational Partner
School	Olympic College	Organizational Partner
Other Substance Use Disorders Prevention	Kitsap Mental Health	Pat Gordon-Rice
School		
State/Local/Tribal Governments		
BSD	Patti Sgambellone	
Mayor (former), Legislative advocate	Patty Lent	
PCAP- Parent-Child Assistance	Organizational Partner	
Salvation Army	Organizational Partner	
	Sarah Hansen	
Scarlet Road	Organizational Partner	

KCSD	SchonMontague	
SPIPA	Organizational Partner	
West Sound Treatment Center Organizational Partner		
Youth-serving Organizations	United Way	
Law Enforcement	Target Zero	Organizational Partner

Appendix 3: Needs Assessment

The Assessment Committee includes individuals with a high level of experience in assessment, statistics, policy development, and grant writing. Staff provided training to new members of the Assessment Committee. We reviewed the data over the course of electronic correspondences and committee meetings, during which community themes, trends, perceptions, prevalence rate, 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 Kitsap Data Book provided by DBHR, Kitsap Community Health Priorities (KCHP) Community Survey, Annual SYNAR Report, Coalition Assessment, Bremerton Law Enforcement data, The Kitsap County Prosecuting Attorney 2015 Annual Report, 2014-2015 Client Data Reports from DSHS, the Bremerton Community Survey conducted by the Coalition, 2015-2016 School Report Card by OSPI, CDC 2015-2016 Briefing, Washington Poison Center Toxic Trend Reports 2015-2016, *Wilson, D. (2017, April) The Sounding Board, Reflections on Resilience.*

The phenomenon of “vaping” (using an e-cigarette, which resembles smoking) and availability of E-cigarettes and liquid nicotine has dramatically increased over the past several years across the country.

The Washington Poison Center (WAPC) has seen a staggering increase in total calls to the poison control center by over 600% compared to previous years, according to data presented in their most recent Toxic Trends Report.

Retrieved from:

<http://www.theglobaldispatch.com/calls-about-e-cigarettes-up-600-washington-poison-center-66536>

Kitsap Community Health Priorities (KCHP) Community Health

Substance abuse is mixed for teens and worsening for adults

Fewer teens are abusing alcohol and pain killers and while youth tobacco use is unchanged, electronic cigarette use is emerging and marijuana use has increased.

On the other hand, although adults are smoking less, adults are binge drinking more often, and the rates of alcohol-related hospitalizations and drug-related deaths have increased.

Mental health trends mixed for teens and adults

Rates of mental distress and depression are too high among adults and youth. One-third of youth report not having an adult to turn to when they are feeling sad or hopeless; one-quarter of adults report not getting needed social/emotional support, lower among adults with lowest income.

More youth are reporting seriously considering suicide in the past year. The self-inflicted injury hospitalization rate is improving although rates vary by sub-county area (30 per 100,000 to 58 per 100,000) and sub-group, lowest among seniors age 65+ and highest among young adults age 18-34. The suicide death rate is highest among males and older adults.

Retrieved from:

http://www.kitsappublichealth.org/information/files/2014_Final_Community_Health_Assessment_Report.pdf

Organizational Partner

OLYMPIA – More than 17 percent of Washington’s tobacco retailers illegally sold tobacco to minors in 2015, according to the annual Synar Report. Washington’s 2015 retailer non-compliance level is the highest it’s been since the state began tracking in 1997, when the rate was 19.8 percent. If the rate exceeds 20 percent, the state could lose federal funding for drug,

alcohol, and tobacco prevention and treatment.

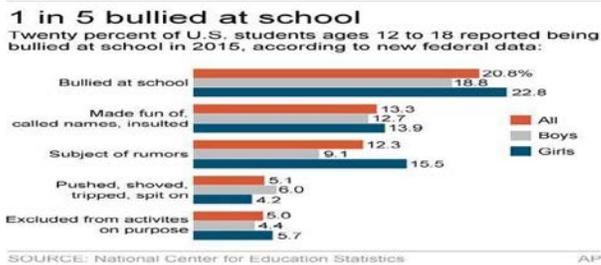
“It is unacceptable that more than one in six retailers are illegally selling tobacco to minors,” said Secretary of Health, John Wiesman, “When kids get their hands on tobacco, it can lead to a lifetime of addiction, poor health, and early death. In our state tobacco is the number one cause of preventable death. Tobacco retailers need to follow the law and help us grow the healthiest next generation.

“Nearly 9 out of 10 people who smoke start by age 18, and 104,000 Washington youth alive today will die prematurely from a disease caused by smoking.

“Restricting youth access to tobacco is critical to meeting federal requirements for funding that helps us provide school and community-based services to prevent and reduce alcohol, tobacco and other drug misuse, and the negative ripple effects this has on all of us,” said Carla Reyes, Assistant Secretary with the Washington State Department of Social and Health Services. “Communities use this funding to strengthen families and educate young people on how to be safe healthy, and successful.”

Retrieved from:

<http://lcb.wa.gov/pressreleases/tobacco-sales-to-minors-at-highest-level-since-1997>



Retrieved from:

<http://www.uwcita.org/category/sounding-board-dee-wilson/>, Danilova, M. (2017, May 18)

Study shows bullying still persists in schools in US.

Risk and Protective Profile for Substance Abuse Prevention in Kitsap County (Feb 2019) Retrieved

From:

<https://www.dshs.wa.gov/ffa/research-and-data-analysis/community-risk-profiles>

Community Risk Profile; Kitsap County

Retrieved from:

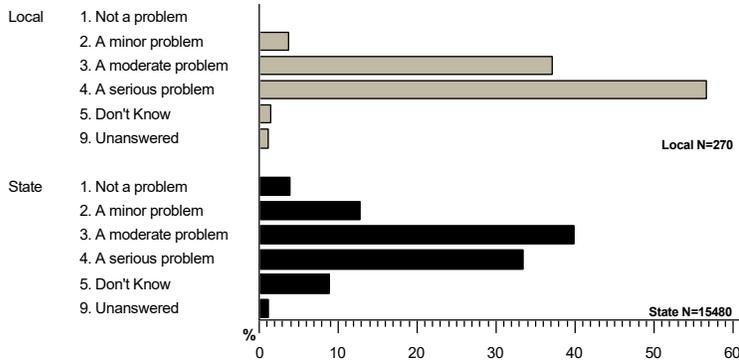
https://www.theathenaforum.org/sites/default/files/public/documents/risk_profile_summary_kitsap_county_2018.pdf

Appendix 4. Community Survey Results

1

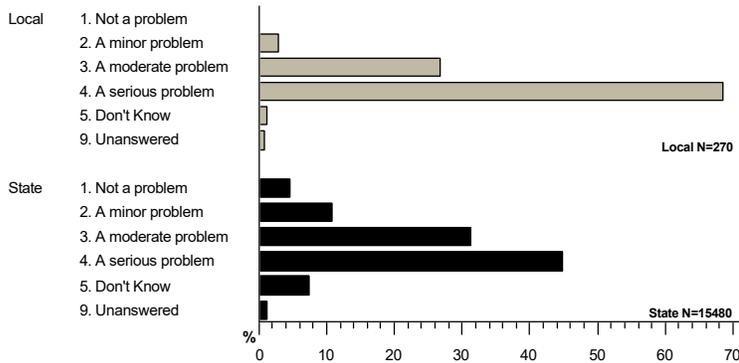
2018 Bremerton CPWI Community Survey Results
270 responses collected between 08/15/2018 and 11/29/2018

1a. How much of a problem do you think each of the following is among youth (6th – 12th grade) in your community? Alcohol use



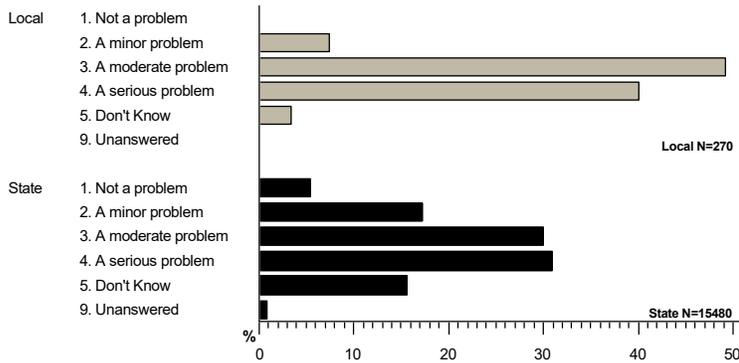
Answer	Local		State	
	Count	%	Count	%
1. Not a problem	0	0.0	617	4.0
2. A minor problem	10	3.7	1972	12.7
3. A moderate problem	100	37.0	6164	39.8
4. A serious problem	153	56.7	5160	33.3
5. Don't Know	4	1.5	1373	8.9
9. Unanswered	3	1.1	194	1.3

1b. How much of a problem do you think each of the following is among youth (6th – 12th grade) in your community? Marijuana or hashish use (weed, hash, pot)



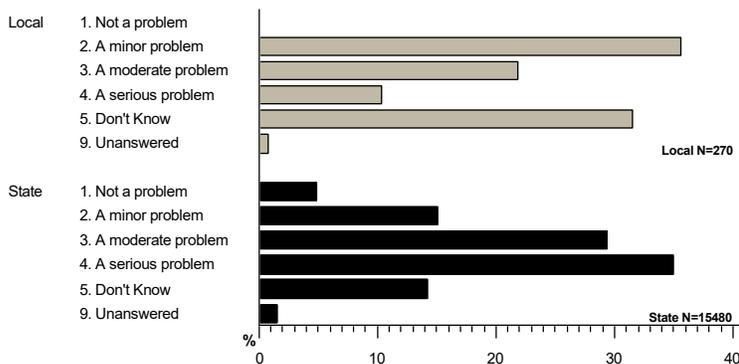
Answer	Local		State	
	Count	%	Count	%
1. Not a problem	0	0.0	698	4.5
2. A minor problem	8	3.0	1680	10.9
3. A moderate problem	72	26.7	4827	31.2
4. A serious problem	185	68.5	6938	44.8
5. Don't Know	3	1.1	1151	7.4
9. Unanswered	2	0.7	186	1.2

1c. How much of a problem do you think each of the following is among youth (6th – 12th grade) in your community? Prescription drug misuse (using medication without a prescription or in a way other than prescribed)



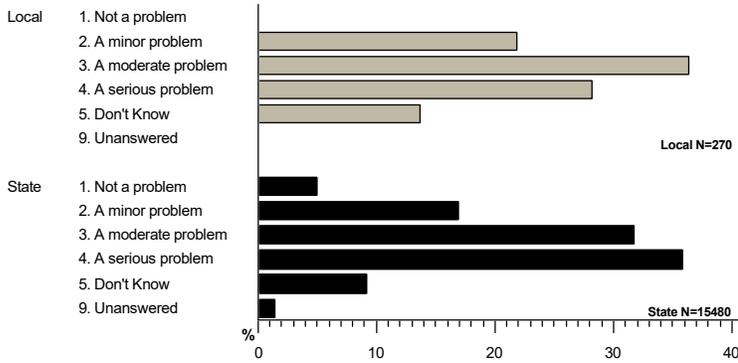
Answer	Local		State	
	Count	%	Count	%
1. Not a problem	0	0.0	844	5.5
2. A minor problem	20	7.4	2661	17.2
3. A moderate problem	133	49.3	4641	30.0
4. A serious problem	108	40.0	4778	30.9
5. Don't Know	9	3.3	2415	15.6
9. Unanswered	0	0.0	141	0.9

1e. How much of a problem do you think each of the following is among youth (6th – 12th grade) in your community? Driving under the influence of alcohol, marijuana or other drugs



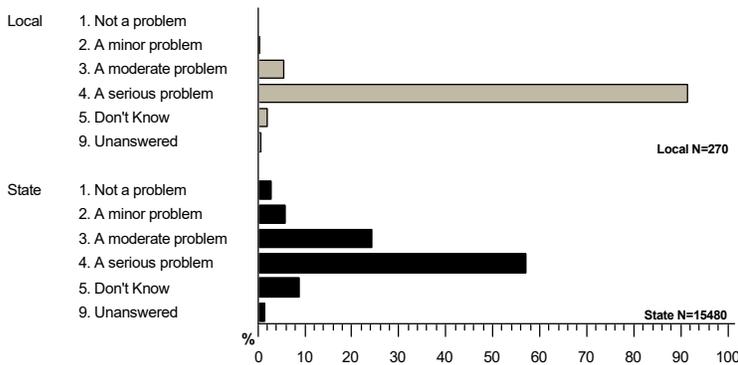
Answer	Local		State	
	Count	%	Count	%
1. Not a problem	0	0.0	747	4.8
2. A minor problem	96	35.6	2334	15.1
3. A moderate problem	59	21.9	4539	29.3
4. A serious problem	28	10.4	5414	35.0
5. Don't Know	85	31.5	2200	14.2
9. Unanswered	2	0.7	246	1.6

1f. How much of a problem do you think each of the following is among youth (6th – 12th grade) in your community? Tobacco



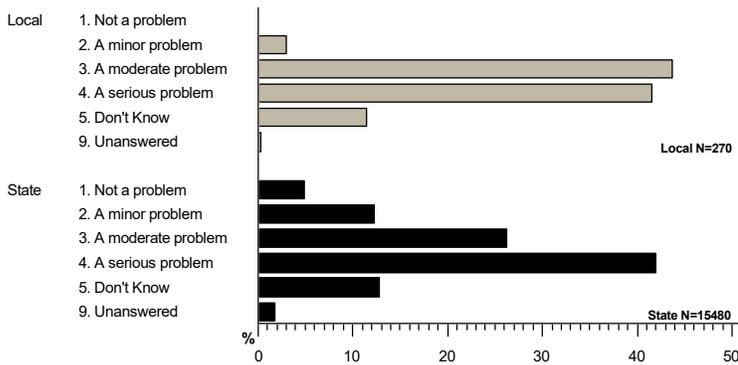
Answer	Local		State	
	Count	%	Count	%
1. Not a problem	0	0.0	770	5.0
2. A minor problem	59	21.9	2618	16.9
3. A moderate problem	98	36.3	4911	31.7
4. A serious problem	76	28.1	5546	35.8
5. Don't Know	37	13.7	1417	9.2
9. Unanswered	0	0.0	218	1.4

1g. How much of a problem do you think each of the following is among youth (6th – 12th grade) in your community? Depression



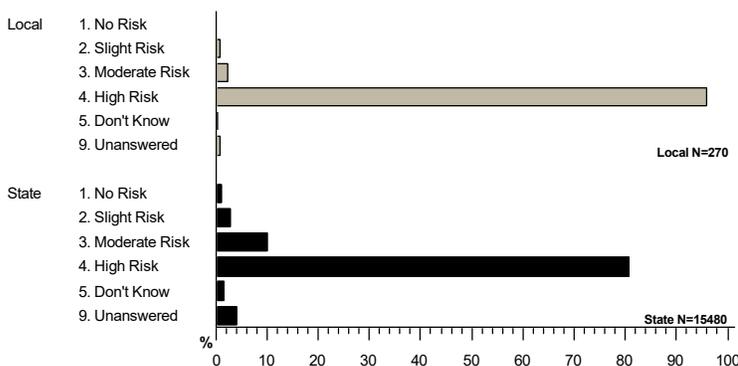
Answer	Local		State	
	Count	%	Count	%
1. Not a problem	0	0.0	418	2.7
2. A minor problem	1	0.4	893	5.8
3. A moderate problem	15	5.6	3733	24.1
4. A serious problem	247	91.5	8841	57.1
5. Don't Know	5	1.9	1365	8.8
9. Unanswered	2	0.7	230	1.5

1h. How much of a problem do you think each of the following is among youth (6th – 12th grade) in your community? Suicide



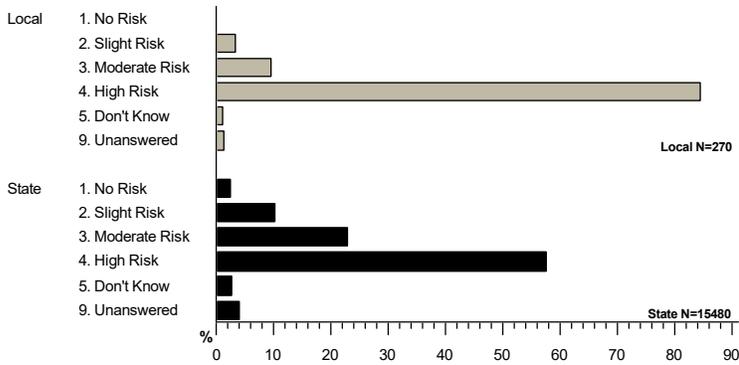
Answer	Local		State	
	Count	%	Count	%
1. Not a problem	0	0.0	763	4.9
2. A minor problem	8	3.0	1905	12.3
3. A moderate problem	118	43.7	4063	26.2
4. A serious problem	112	41.5	6492	41.9
5. Don't Know	31	11.5	1975	12.8
9. Unanswered	1	0.4	282	1.8

2a. How much do you think people risk harming themselves and others when they drive under the influence of alcohol?



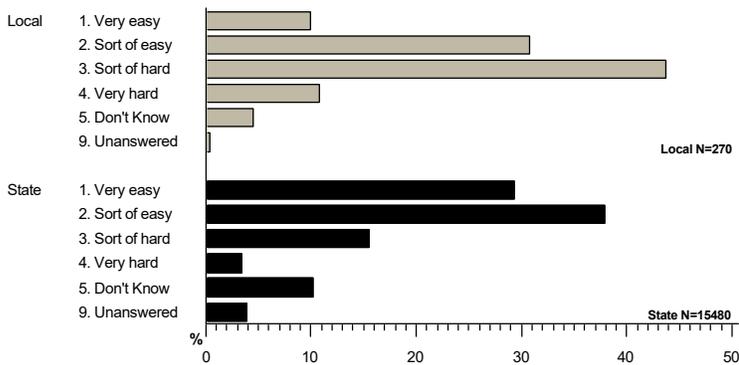
Answer	Local		State	
	Count	%	Count	%
1. No Risk	0	0.0	155	1.0
2. Slight Risk	2	0.7	422	2.7
3. Moderate Risk	6	2.2	1537	9.9
4. High Risk	259	95.9	12478	80.6
5. Don't Know	1	0.4	256	1.7
9. Unanswered	2	0.7	632	4.1

2b. How much do you think people risk harming themselves and others when they drive under the influence of marijuana?



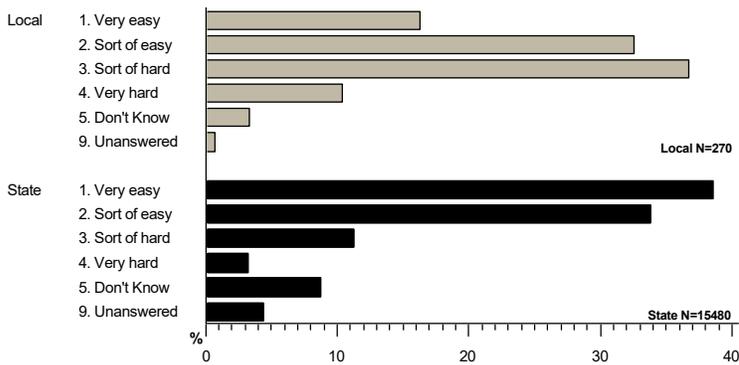
Answer	Local		State	
	Count	%	Count	%
1. No Risk	0	0.0	384	2.5
2. Slight Risk	9	3.3	1598	10.3
3. Moderate Risk	26	9.6	3538	22.9
4. High Risk	228	84.4	8900	57.5
5. Don't Know	3	1.1	418	2.7
9. Unanswered	4	1.5	642	4.1

3a. If a youth (6th - 12th grade) wanted to get some alcohol, how easy would it be for them to get some?



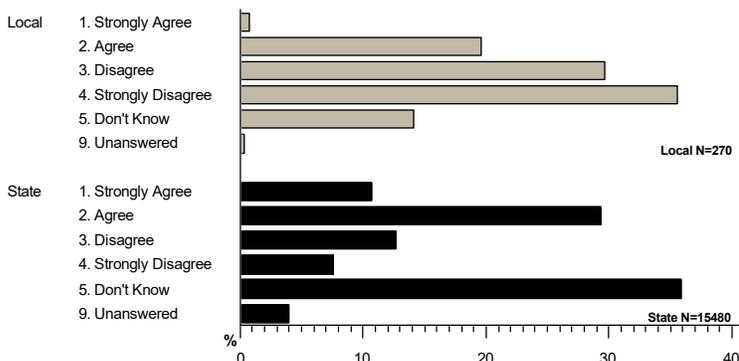
Answer	Local		State	
	Count	%	Count	%
1. Very easy	27	10.0	4528	29.3
2. Sort of easy	83	30.7	5858	37.8
3. Sort of hard	118	43.7	2402	15.5
4. Very hard	29	10.7	520	3.4
5. Don't Know	12	4.4	1572	10.2
9. Unanswered	1	0.4	600	3.9

3b. If a youth (6th - 12th grade) wanted to get some marijuana, how easy would it be for them to get some?



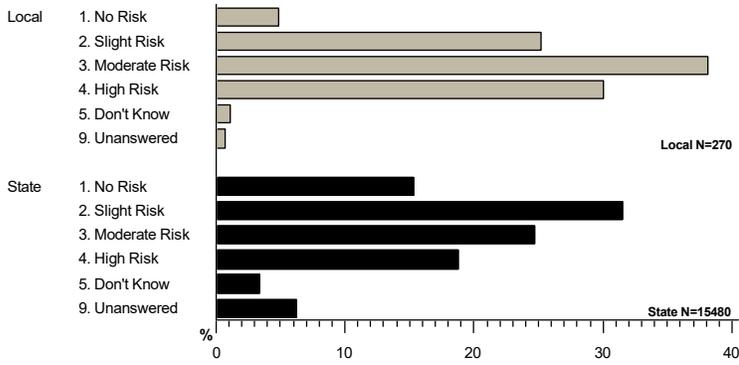
Answer	Local		State	
	Count	%	Count	%
1. Very easy	44	16.3	5970	38.6
2. Sort of easy	88	32.6	5240	33.9
3. Sort of hard	99	36.7	1742	11.3
4. Very hard	28	10.4	505	3.3
5. Don't Know	9	3.3	1346	8.7
9. Unanswered	2	0.7	677	4.4

4. Law enforcement personnel in our community are effective when they respond to calls and requests about underage alcohol and drug use at parties or gatherings.



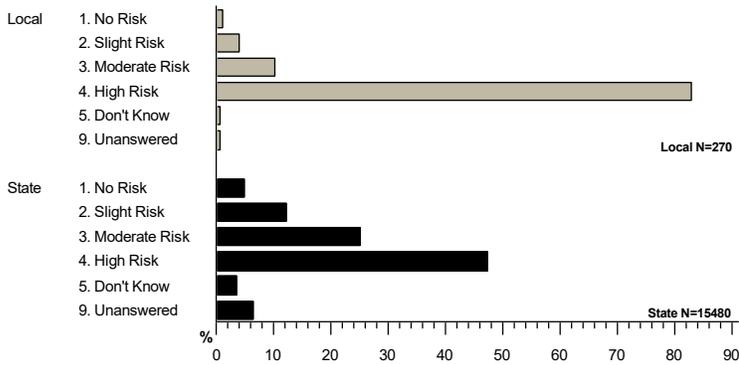
Answer	Local		State	
	Count	%	Count	%
1. Strongly Agree	2	0.7	1649	10.7
2. Agree	53	19.6	4541	29.3
3. Disagree	80	29.6	1967	12.7
4. Strongly Disagree	96	35.6	1168	7.5
5. Don't Know	38	14.1	5546	35.8
9. Unanswered	1	0.4	609	3.9

5a. How much do you think youth (6th-12th grade) risk harming themselves if they try marijuana once or twice?



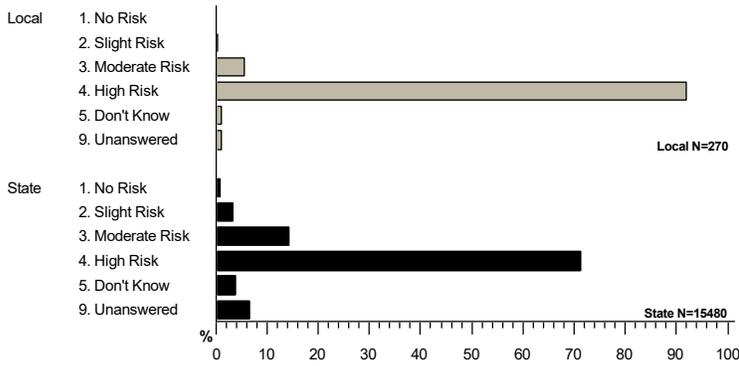
Answer	Local		State	
	Count	%	Count	%
1. No Risk	13	4.8	2369	15.3
2. Slight Risk	68	25.2	4885	31.6
3. Moderate Risk	103	38.1	3822	24.7
4. High Risk	81	30.0	2913	18.8
5. Don't Know	3	1.1	528	3.4
9. Unanswered	2	0.7	963	6.2

5b. How much do you think youth (6th-12th grade) risk harming themselves if they use marijuana regularly (once or twice a week)?



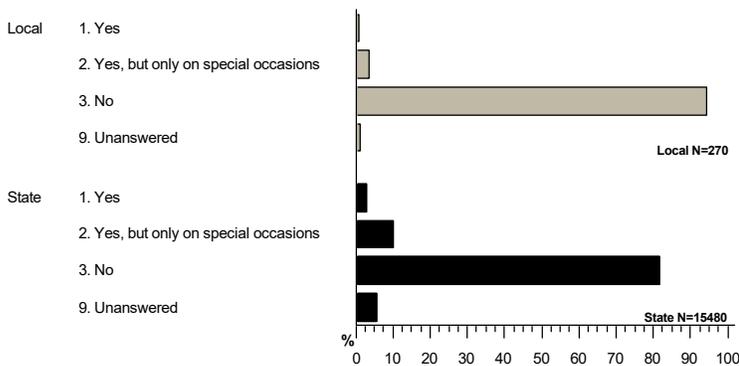
Answer	Local		State	
	Count	%	Count	%
1. No Risk	3	1.1	777	5.0
2. Slight Risk	11	4.1	1910	12.3
3. Moderate Risk	28	10.4	3909	25.3
4. High Risk	224	83.0	7316	47.3
5. Don't Know	2	0.7	547	3.5
9. Unanswered	2	0.7	1021	6.6

5c. How much do you think youth (6th-12th grade) risk harming themselves if they use medication without a prescription or in a way other than prescribed?



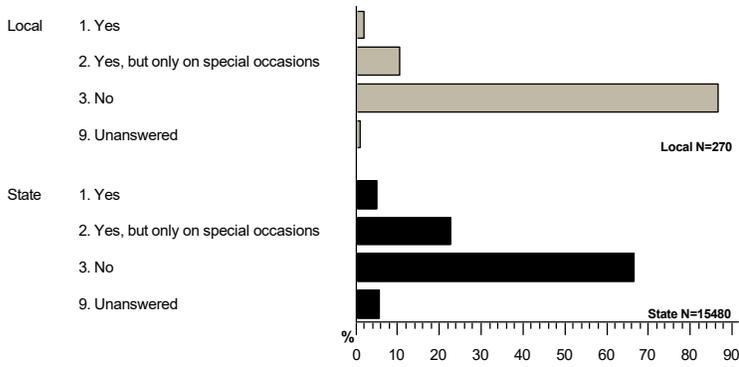
Answer	Local		State	
	Count	%	Count	%
1. No Risk	0	0.0	141	0.9
2. Slight Risk	1	0.4	526	3.4
3. Moderate Risk	15	5.6	2203	14.2
4. High Risk	248	91.9	11011	71.1
5. Don't Know	3	1.1	594	3.8
9. Unanswered	3	1.1	1005	6.5

6. Do you think it is OK for teenagers to drink at parties if they don't get drunk?



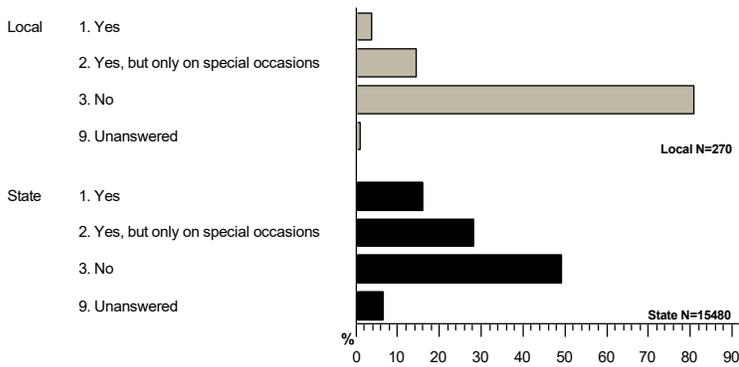
Answer	Local		State	
	Count	%	Count	%
1. Yes	2	0.7	426	2.8
2. Yes, but only on special occasions	10	3.7	1557	10.1
3. No	255	94.4	12617	81.5
9. Unanswered	3	1.1	880	5.7

7. Do you think it is OK for parents to offer their teenage children alcoholic beverages in their home?



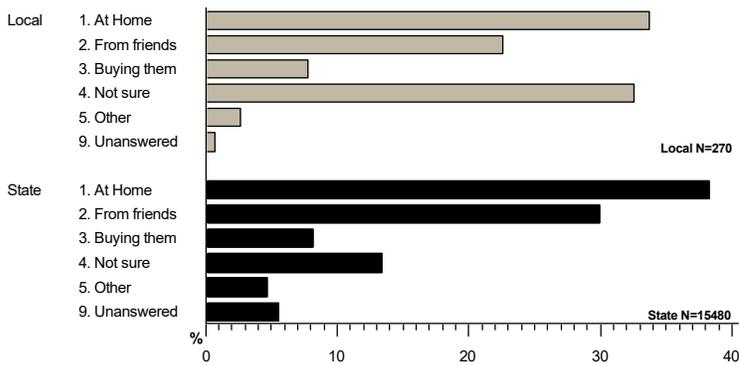
Answer	Local		State	
	Count	%	Count	%
1. Yes	5	1.9	774	5.0
2. Yes, but only on special occasions	28	10.4	3508	22.7
3. No	234	86.7	10308	66.6
9. Unanswered	3	1.1	890	5.7

8. Do you think most adults in our community feel it is OK for parents to offer their teenage children alcoholic beverages in their home?



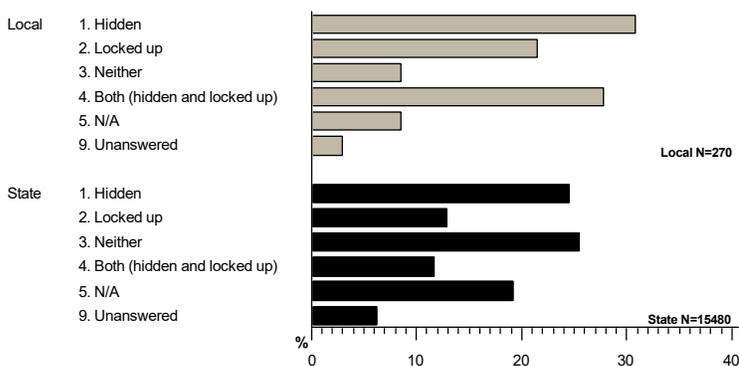
Answer	Local		State	
	Count	%	Count	%
1. Yes	10	3.7	2464	15.9
2. Yes, but only on special occasions	39	14.4	4357	28.1
3. No	218	80.7	7626	49.3
9. Unanswered	3	1.1	1033	6.7

9. Where do you think youth usually get prescription drugs not prescribed to them by a doctor?



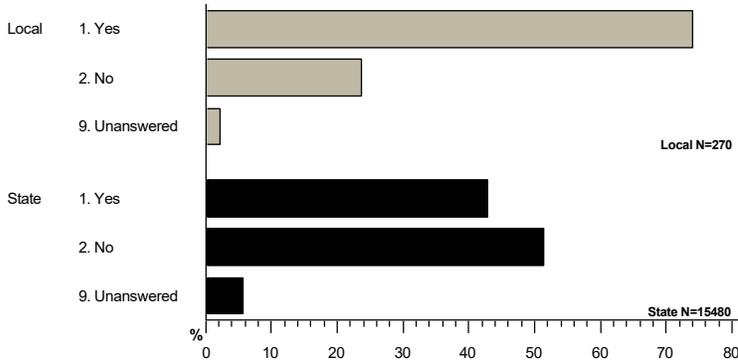
Answer	Local		State	
	Count	%	Count	%
1. At Home	91	33.7	5926	38.3
2. From friends	61	22.6	4638	30.0
3. Buying them	21	7.8	1259	8.1
4. Not sure	88	32.6	2077	13.4
5. Other	7	2.6	723	4.7
9. Unanswered	2	0.7	857	5.5

10. If you currently have prescription medication at your home, where is the medication usually kept?



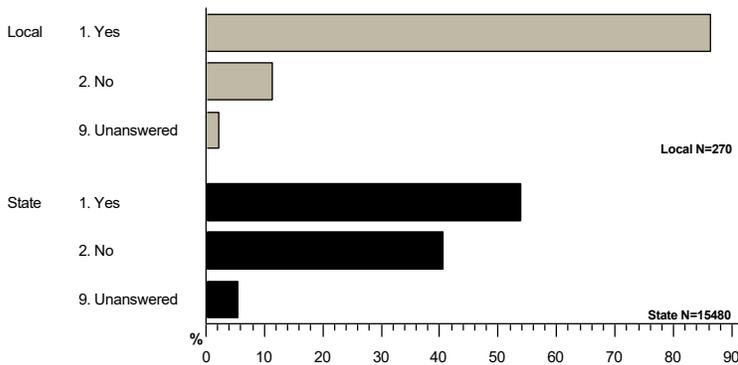
Answer	Local		State	
	Count	%	Count	%
1. Hidden	83	30.7	3790	24.5
2. Locked up	58	21.5	1999	12.9
3. Neither	23	8.5	3950	25.5
4. Both (hidden and locked up)	75	27.8	1800	11.6
5. N/A	23	8.5	2975	19.2
9. Unanswered	8	3.0	966	6.2

11. There is a group of volunteers in your community who are working to reduce youth alcohol and other drug use. Are you aware of this group/coalition?



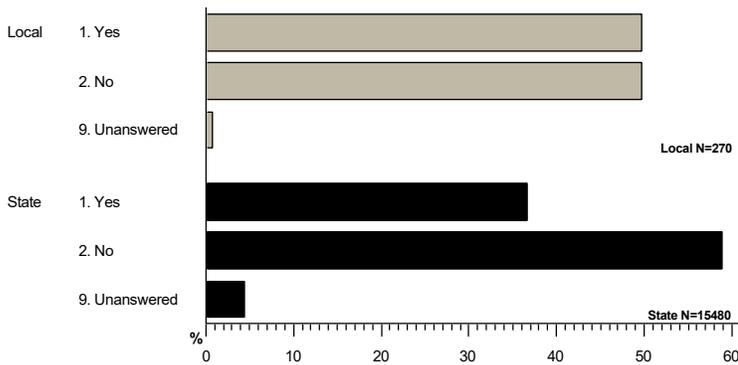
Answer	Local		State	
	Count	%	Count	%
1. Yes	200	74.1	6629	42.8
2. No	64	23.7	7962	51.4
9. Unanswered	6	2.2	889	5.7

12. Do you know where in your community you could get rid of prescription drugs that you no longer need?



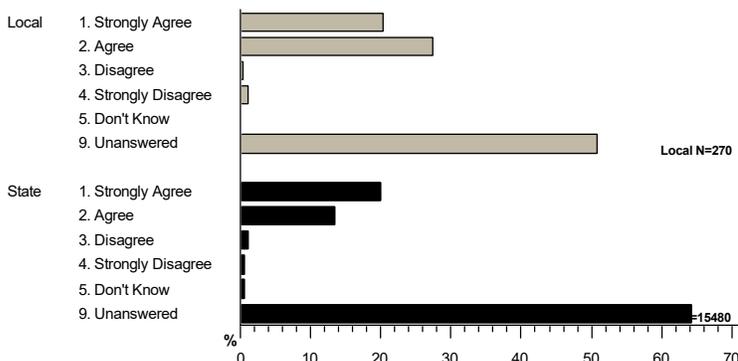
Answer	Local		State	
	Count	%	Count	%
1. Yes	233	86.3	8349	53.9
2. No	31	11.5	6266	40.5
9. Unanswered	6	2.2	865	5.6

13. Are you a parent or guardian with any children in 6th – 12th grade?



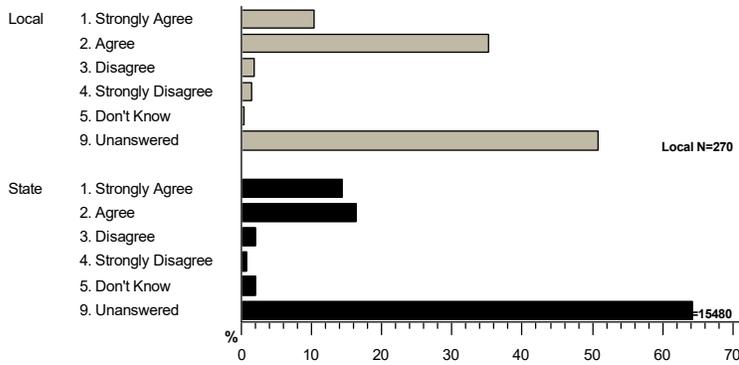
Answer	Local		State	
	Count	%	Count	%
1. Yes	134	49.6	5674	36.7
2. No	134	49.6	9118	58.9
9. Unanswered	2	0.7	688	4.4

14a. I know what to say to my child about drugs (alcohol, tobacco, marijuana, and other drugs).



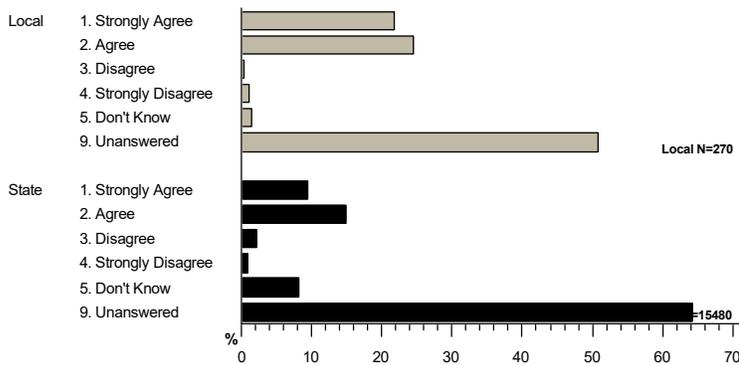
Answer	Local		State	
	Count	%	Count	%
1. Strongly Agree	55	20.4	3098	20.0
2. Agree	74	27.4	2096	13.5
3. Disagree	1	0.4	173	1.1
4. Strongly Disagree	3	1.1	102	0.7
5. Don't Know	0	0.0	86	0.6
9. Unanswered	137	50.7	9925	64.1

14b. What I say will have an influence on whether my child uses drugs (alcohol, tobacco, marijuana, and other drugs).



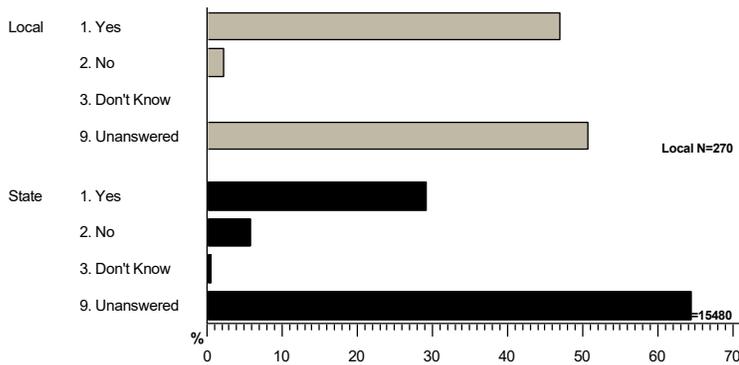
Answer	Local		State	
	Count	%	Count	%
1. Strongly Agree	28	10.4	2231	14.4
2. Agree	95	35.2	2536	16.4
3. Disagree	5	1.9	326	2.1
4. Strongly Disagree	4	1.5	122	0.8
5. Don't Know	1	0.4	324	2.1
9. Unanswered	137	50.7	9941	64.2

14c. There are places in my community where I can learn more about how to help to prevent my child from using drugs (alcohol, tobacco, marijuana, and other drugs).



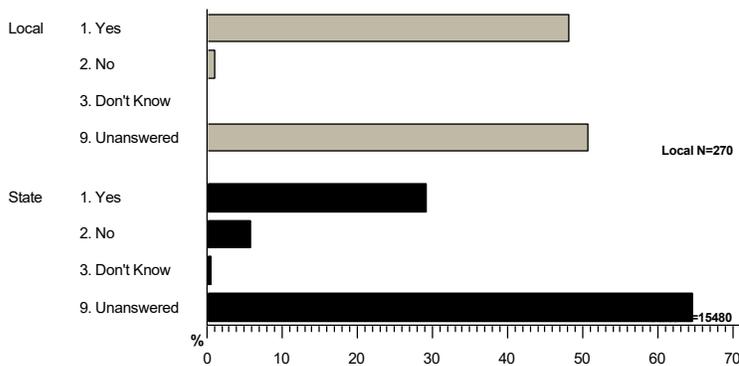
Answer	Local		State	
	Count	%	Count	%
1. Strongly Agree	59	21.9	1470	9.5
2. Agree	66	24.4	2307	14.9
3. Disagree	1	0.4	350	2.3
4. Strongly Disagree	3	1.1	153	1.0
5. Don't Know	4	1.5	1260	8.1
9. Unanswered	137	50.7	9940	64.2

15a. Have you talked to your child (6th - 12th grade) in the last 3 months about the risks or harms from underage alcohol use?



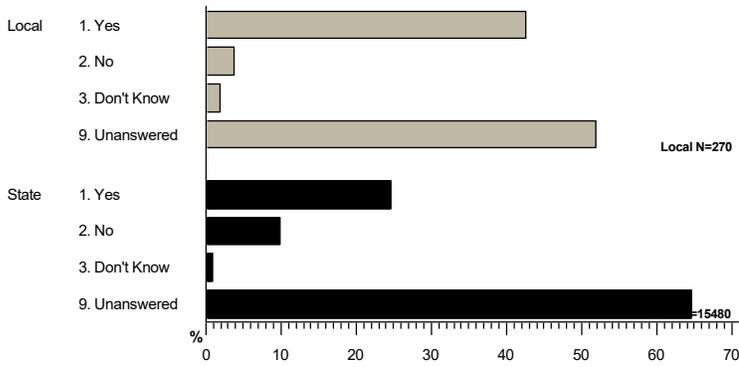
Answer	Local		State	
	Count	%	Count	%
1. Yes	127	47.0	4512	29.1
2. No	6	2.2	908	5.9
3. Don't Know	0	0.0	81	0.5
9. Unanswered	137	50.7	9979	64.5

15b. Have you talked to your child (6th - 12th grade) in the last 3 months about the risks or harms from using marijuana?



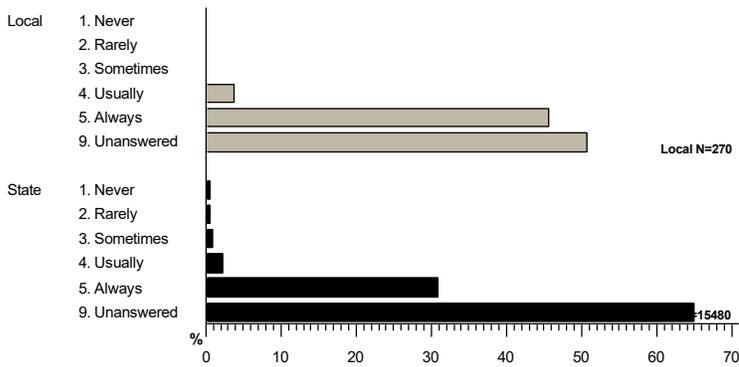
Answer	Local		State	
	Count	%	Count	%
1. Yes	130	48.1	4506	29.1
2. No	3	1.1	888	5.7
3. Don't Know	0	0.0	89	0.6
9. Unanswered	137	50.7	9997	64.6

15c. Have you talked to your child (6th - 12th grade) in the last 3 months about the risks from using medication without a prescription or in a way other than prescribed?



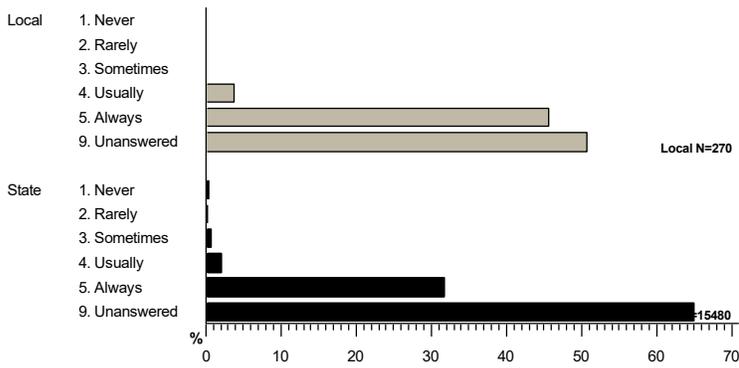
Answer	Local		State	
	Count	%	Count	%
1. Yes	115	42.6	3809	24.6
2. No	10	3.7	1538	9.9
3. Don't Know	5	1.9	132	0.9
9. Unanswered	140	51.9	10001	64.6

16a. When your child (6th - 12th grade) goes out in the evening or on the weekend, how often do YOU: Ask who he/she will be with?



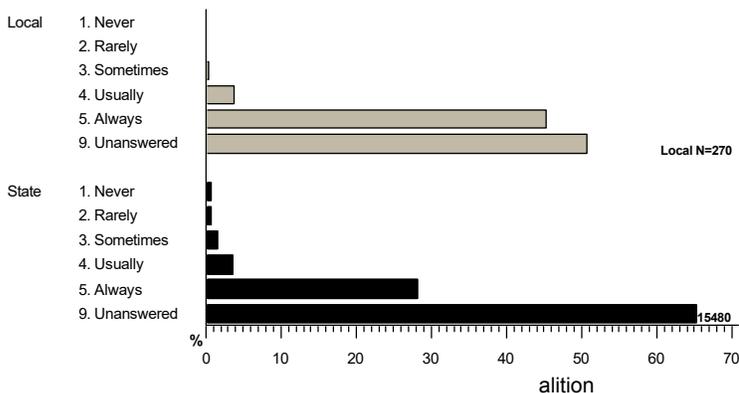
Answer	Local		State	
	Count	%	Count	%
1. Never	0	0.0	91	0.6
2. Rarely	0	0.0	83	0.5
3. Sometimes	0	0.0	137	0.9
4. Usually	10	3.7	340	2.2
5. Always	123	45.6	4778	30.9
9. Unanswered	137	50.7	10051	64.9

16b. When your child (6th - 12th grade) goes out in the evening or on the weekend, how often do YOU: Ask where he/she is going?



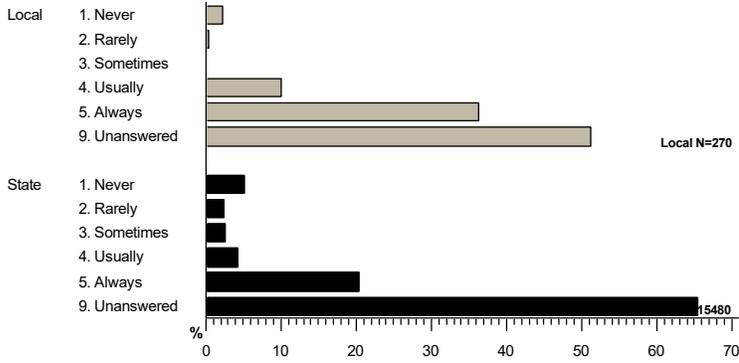
Answer	Local		State	
	Count	%	Count	%
1. Never	0	0.0	58	0.4
2. Rarely	0	0.0	39	0.3
3. Sometimes	0	0.0	103	0.7
4. Usually	10	3.7	315	2.0
5. Always	123	45.6	4904	31.7
9. Unanswered	137	50.7	10061	65.0

16c. When your child (6th - 12th grade) goes out in the evening or on the weekend, how often do YOU: If my child is attending a party, check to see if the party will have adult supervision?



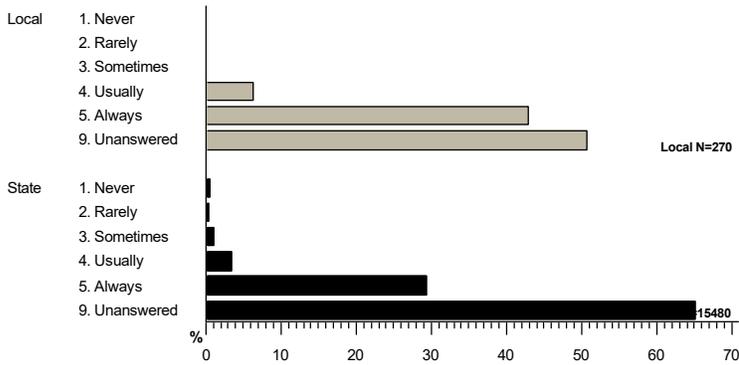
Answer	Local		State	
	Count	%	Count	%
1. Never	0	0.0	113	0.7
2. Rarely	0	0.0	108	0.7
3. Sometimes	1	0.4	244	1.6
4. Usually	10	3.7	564	3.6
5. Always	122	45.2	4352	28.1
9. Unanswered	137	50.7	10099	65.2

16d. When your child (6th - 12th grade) goes out in the evening or on the weekend, how often do YOU: Check to see if your child is under the influence of alcohol or drugs (talk with them, smell breath, and check eyes)?



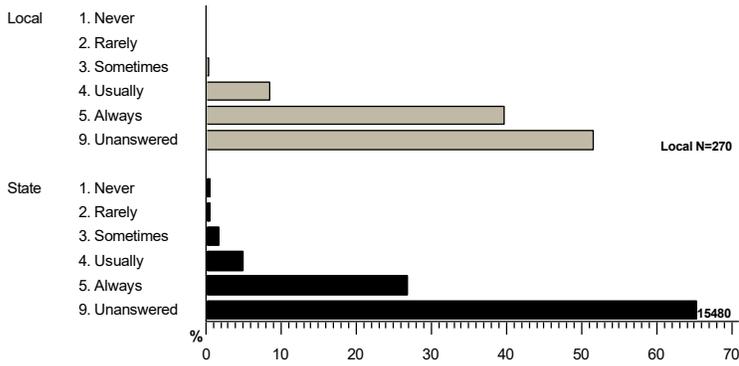
Answer	Local		State	
	Count	%	Count	%
1. Never	6	2.2	793	5.1
2. Rarely	1	0.4	372	2.4
3. Sometimes	0	0.0	389	2.5
4. Usually	27	10.0	656	4.2
5. Always	98	36.3	3143	20.3
9. Unanswered	138	51.1	10127	65.4

16e. When your child (6th - 12th grade) goes out in the evening or on the weekend, how often do YOU: Set a time for your child to be home?



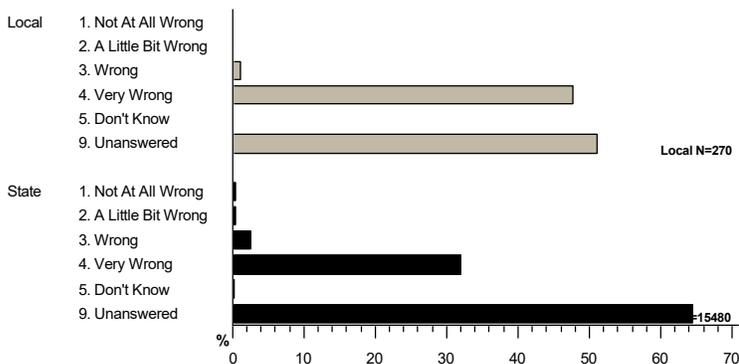
Answer	Local		State	
	Count	%	Count	%
1. Never	0	0.0	84	0.5
2. Rarely	0	0.0	64	0.4
3. Sometimes	0	0.0	167	1.1
4. Usually	17	6.3	542	3.5
5. Always	116	43.0	4542	29.3
9. Unanswered	137	50.7	10081	65.1

16f. When your child (6th - 12th grade) goes out in the evening or on the weekend, how often do YOU: Wait up until your child comes home?



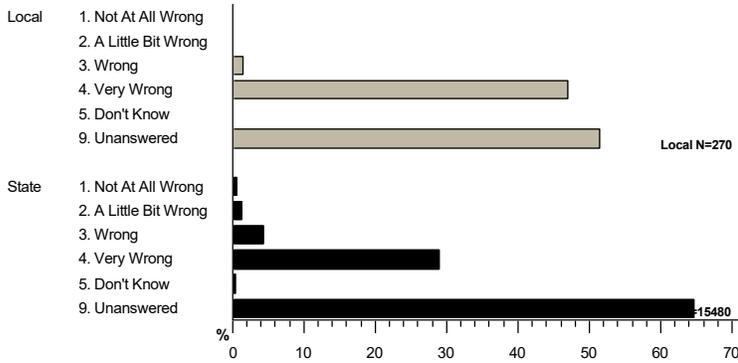
Answer	Local		State	
	Count	%	Count	%
1. Never	0	0.0	95	0.6
2. Rarely	0	0.0	91	0.6
3. Sometimes	1	0.4	274	1.8
4. Usually	23	8.5	775	5.0
5. Always	107	39.6	4136	26.7
9. Unanswered	139	51.5	10109	65.3

17a. How wrong do you think it would be for your child (6th - 12th grade) to have one or two drinks of an alcoholic beverage nearly every day?



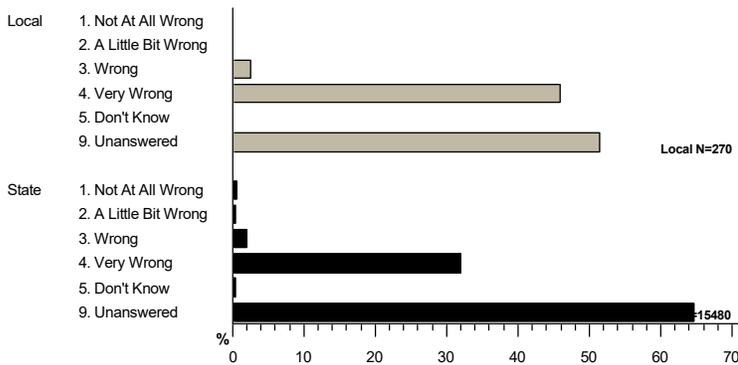
Answer	Local		State	
	Count	%	Count	%
1. Not At All Wrong	0	0.0	70	0.5
2. A Little Bit Wrong	0	0.0	50	0.3
3. Wrong	3	1.1	392	2.5
4. Very Wrong	129	47.8	4947	32.0
5. Don't Know	0	0.0	30	0.2
9. Unanswered	138	51.1	9991	64.5

17b. How wrong do you think it would be for your child (6th - 12th grade) to use marijuana?



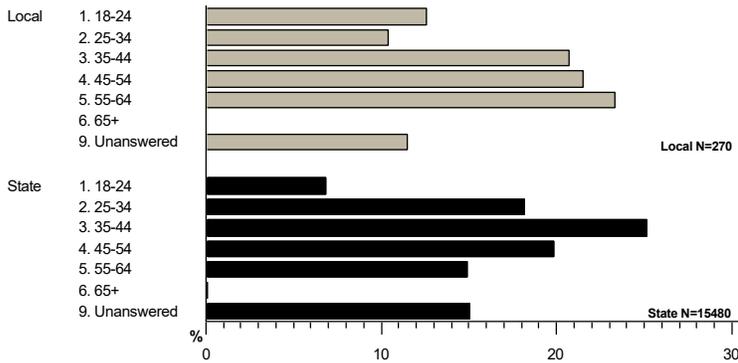
Answer	Local		State	
	Count	%	Count	%
1. Not At All Wrong	0	0.0	85	0.5
2. A Little Bit Wrong	0	0.0	192	1.2
3. Wrong	4	1.5	664	4.3
4. Very Wrong	127	47.0	4478	28.9
5. Don't Know	0	0.0	49	0.3
9. Unanswered	139	51.5	10012	64.7

17c. How wrong do you think it would be for your child (6th - 12th grade) to use prescription drugs not prescribed to them?



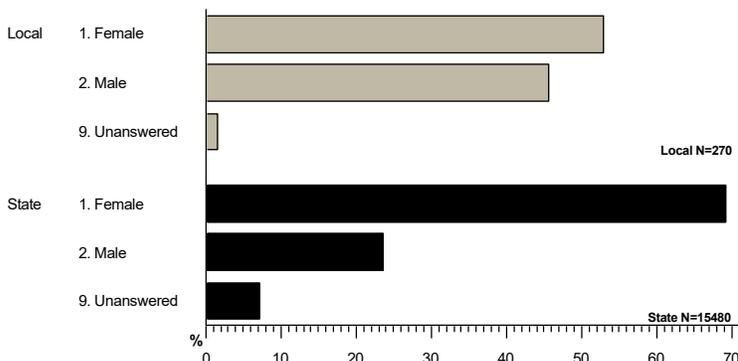
Answer	Local		State	
	Count	%	Count	%
1. Not At All Wrong	0	0.0	80	0.5
2. A Little Bit Wrong	0	0.0	49	0.3
3. Wrong	7	2.6	320	2.1
4. Very Wrong	124	45.9	4961	32.0
5. Don't Know	0	0.0	60	0.4
9. Unanswered	139	51.5	10010	64.7

18. What is your age?



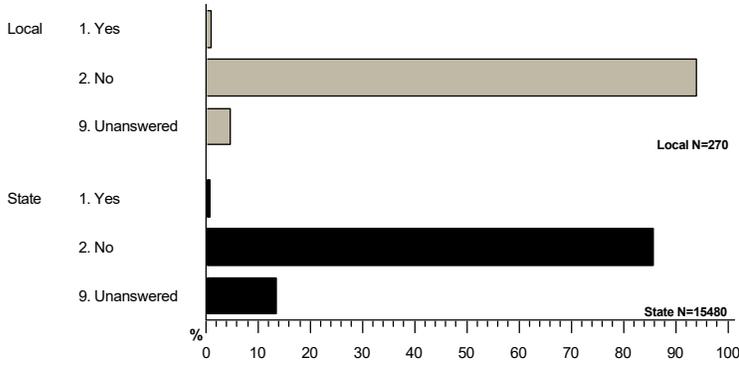
Answer	Local		State	
	Count	%	Count	%
1. 18-24	34	12.6	1055	6.8
2. 25-34	28	10.4	2816	18.2
3. 35-44	56	20.7	3888	25.1
4. 45-54	58	21.5	3073	19.9
5. 55-64	63	23.3	2308	14.9
6. 65+	0	0.0	9	0.1
9. Unanswered	31	11.5	2331	15.1

19. What is your gender?



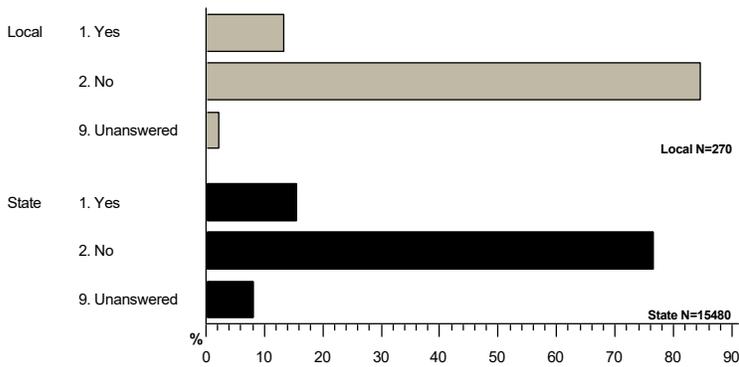
Answer	Local		State	
	Count	%	Count	%
1. Female	143	53.0	10707	69.2
2. Male	123	45.6	3662	23.7
9. Unanswered	4	1.5	1111	7.2

20. Are you transgender?



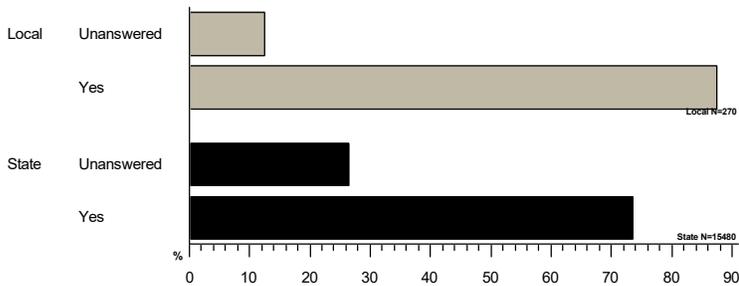
Answer	Local		State	
	Count	%	Count	%
1. Yes	3	1.1	110	0.7
2. No	254	94.1	13282	85.8
9. Unanswered	13	4.8	2088	13.5

21. Are you of Hispanic, Latino/Latina or Spanish origin?



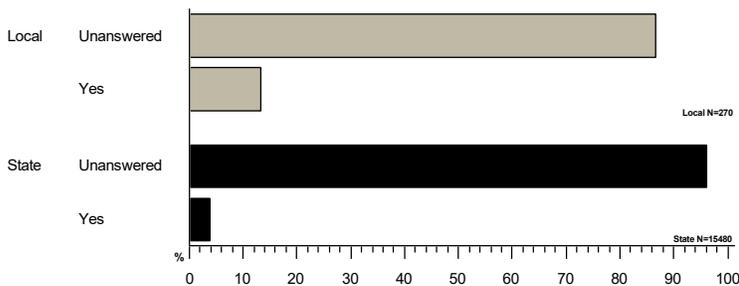
Answer	Local		State	
	Count	%	Count	%
1. Yes	36	13.3	2404	15.5
2. No	228	84.4	11827	76.4
9. Unanswered	6	2.2	1249	8.1

22a. What is your race? White



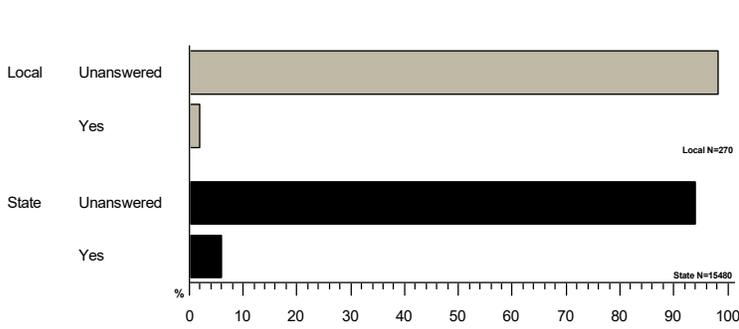
Answer	Local		State	
	Count	%	Count	%
Unanswered	34	12.6	4089	26.4
Yes	236	87.4	11391	73.6

22b. What is your race? Black or African American



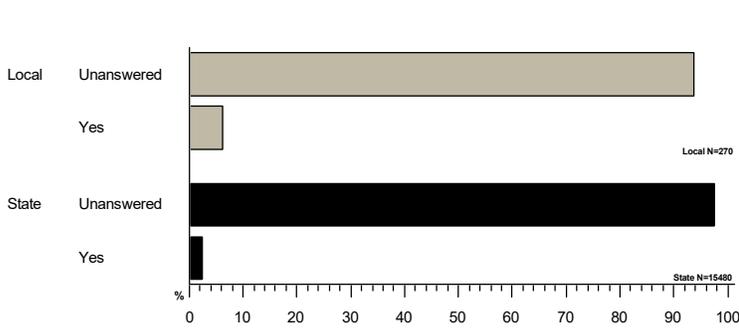
Answer	Local		State	
	Count	%	Count	%
Unanswered	234	86.7	14886	96.2
Yes	36	13.3	594	3.8

22c. What is your race? American Indian, Alaska Native



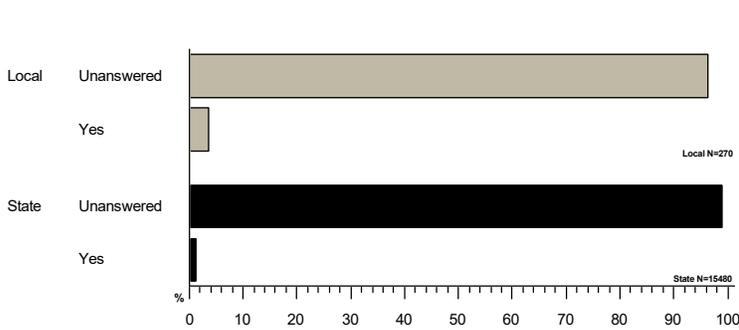
Answer	Local		State	
	Count	%	Count	%
Unanswered	265	98.1	14550	94.0
Yes	5	1.9	930	6.0

22d. What is your race? Asian or Asian American



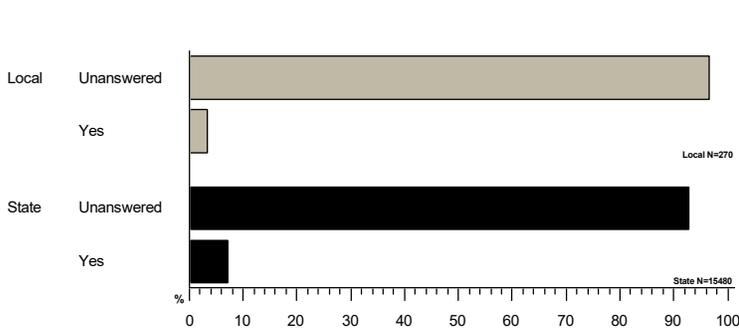
Answer	Local		State	
	Count	%	Count	%
Unanswered	253	93.7	15100	97.5
Yes	17	6.3	380	2.5

22e. What is your race? Native Hawaiian or other Pacific Islander



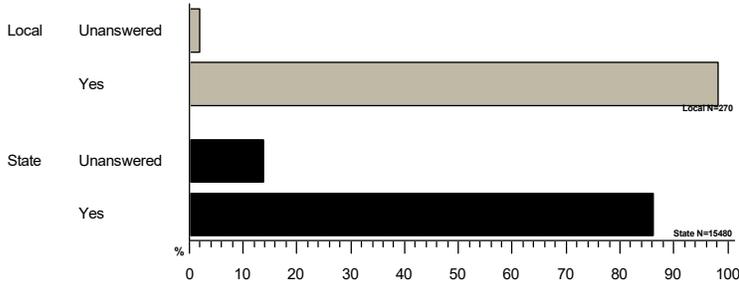
Answer	Local		State	
	Count	%	Count	%
Unanswered	260	96.3	15298	98.8
Yes	10	3.7	182	1.2

22f. What is your race? Other



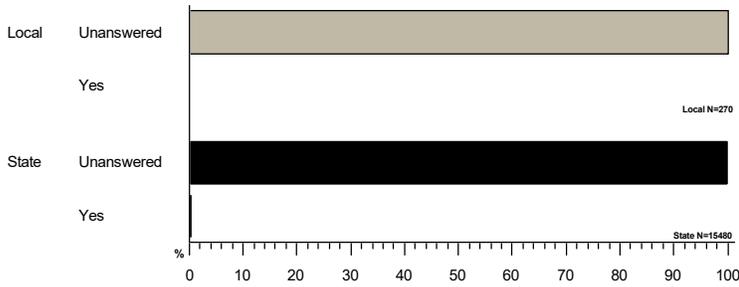
Answer	Local		State	
	Count	%	Count	%
Unanswered	261	96.7	14359	92.8
Yes	9	3.3	1121	7.2

23a. What languages are spoken in your home? Cambodian/ Khmer



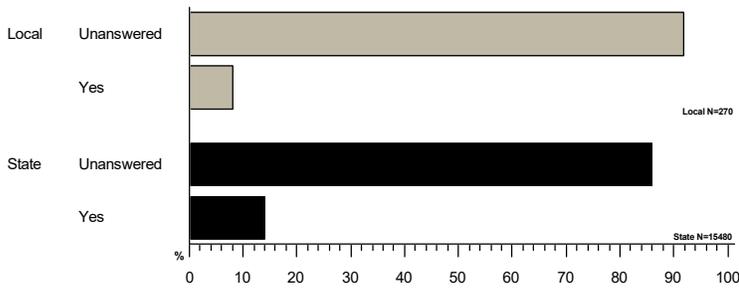
Answer	Local		State	
	Count	%	Count	%
Unanswered	5	1.9	2145	13.9
Yes	265	98.1	13335	86.1

23b. What languages are spoken in your home? English



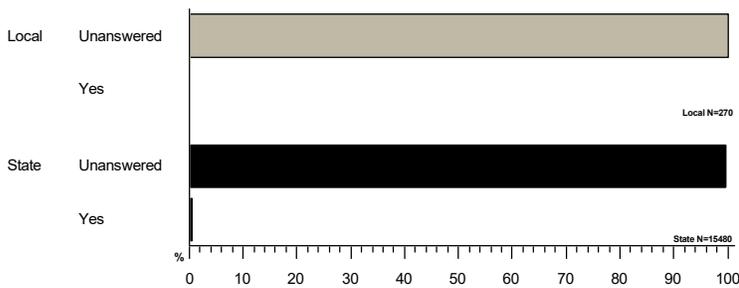
Answer	Local		State	
	Count	%	Count	%
Unanswered	270	100.0	15444	99.8
Yes	0	0.0	36	0.2

23c. What languages are spoken in your home? Russian



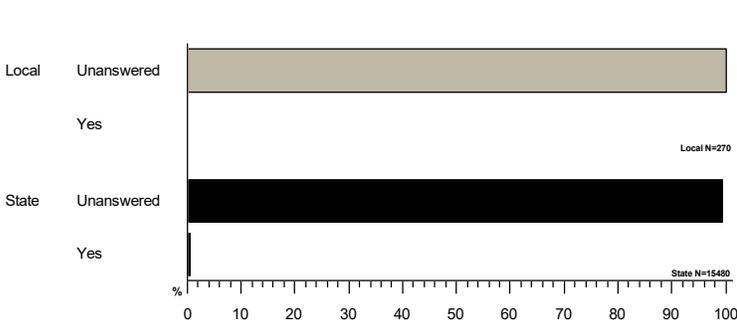
Answer	Local		State	
	Count	%	Count	%
Unanswered	248	91.9	13301	85.9
Yes	22	8.1	2179	14.1

23d. What languages are spoken in your home? Somali



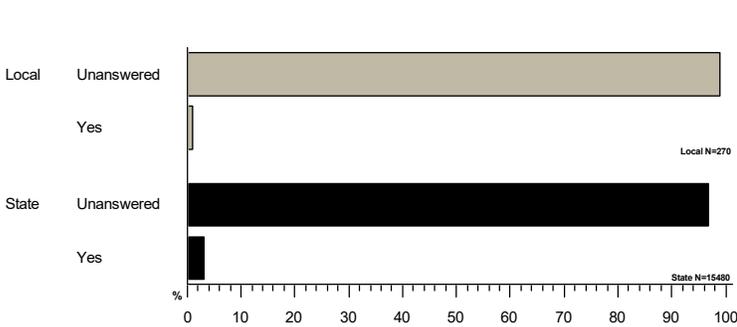
Answer	Local		State	
	Count	%	Count	%
Unanswered	270	100.0	15407	99.5
Yes	0	0.0	73	0.5

23e. What languages are spoken in your home? Spanish



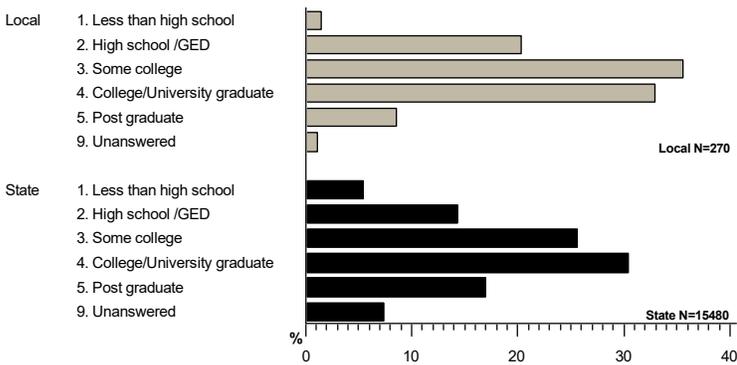
Answer	Local		State	
	Count	%	Count	%
Unanswered	270	100.0	15402	99.5
Yes	0	0.0	78	0.5

23f. What languages are spoken in your home? Other



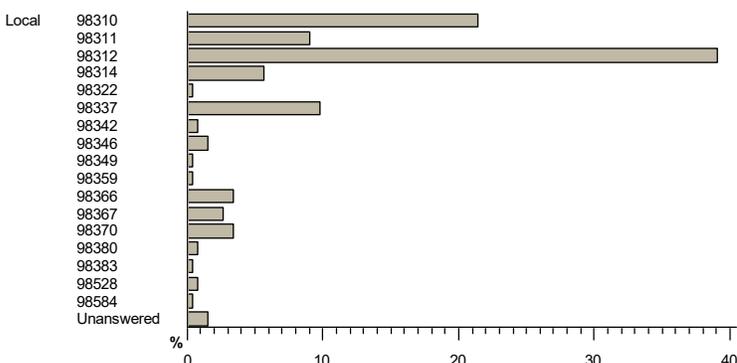
Answer	Local		State	
	Count	%	Count	%
Unanswered	267	98.9	14991	96.8
Yes	3	1.1	489	3.2

24. What is the highest degree or level of school you completed?



Answer	Local		State	
	Count	%	Count	%
1. Less than high school	4	1.5	839	5.4
2. High school /GED	55	20.4	2214	14.3
3. Some college	96	35.6	3955	25.5
4. College/University graduate	89	33.0	4703	30.4
5. Post graduate	23	8.5	2629	17.0
9. Unanswered	3	1.1	1140	7.4

25. What is your zip code where you live most of the time?

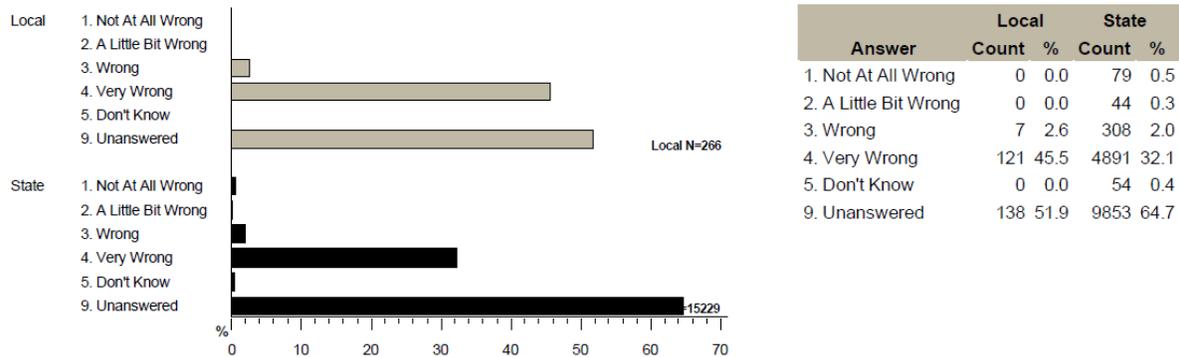


	98310	98311	98312	98314	98322	98337	98342	98346	98349
Local	57	24	104	15	1	26	2	4	1
	98359	98366	98367	98370	98380	98383	98528	98584	Unanswered
	1	9	7	9	2	1	2	1	4

2018 Bremerton CPWI Community Survey Results

Correction for question 17c

17c. How wrong do you think it would be for your child (6th - 12th grade) to use prescription drugs not prescribed to them?



Note: Correction on response counts due to translation error in question 17c Hispanic version.

Appendix 5. Resources Assessment

The Coalition’s Resources Assessment has been built on work done by our local Kitsap Community Resources (Community Action Program), who keeps a very extensive and up-to-date Community Resource Guide. In addition, the Coalition used data from the 2014-2016 Kitsap County Strategic Plan for Substance Abuse Prevention, Intervention, Treatment and Aftercare; which is still being used. A summary of existing resources and gaps in services, together with the data and community assessment information, was collected during the development of the 2019-2020 Strategic Plan and was reviewed by staff for updates. Additional information was provided through key informant interviews with members of the community including coalition partners/members.

Appendix 6. Action Plan

Bremerton Coalition Action Plan

July 1, 2019 - June 30, 2020

FOR COALITION USE ONLY	Date Submitted: 8/13/19 revision	Submitted By: Deanne Jackson
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FOR DBHR USE ONLY	Date Approved: 7/24/19 initial approved	Approved By: AF
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For assistance using this template please contact the DBHR Prevention Training Team at PxTraining@hca.wa.gov. This form now has a row that describes the corresponding question in the Minerva system while building the program profile. This is to be used as a reference as you build your new programs in the system, as well as fill this template out.

This form is locked for filling in form functions, but is not password protected. If you need to add rows, feel free to unrestrict the editing protection and make your edits.

Funding Source Legend	
SABG	<i>Substance Abuse Block Grant (Federal Funds)</i>
PFS 2013	<i>Partnerships for Success Grant (Federal Funds) (WA is a PFS 2013 awardee)</i>
PFS 2018	<i>Partnerships for Success Grant (Federal Funds) (WA is a PFS 2018 awardee)</i>
SOR	<i>State Opioid Response (Federal Funds) (WA is a SOR 2018 awardee)</i>
DMA	<i>Dedicated Marijuana Account (State Funds)</i>
DFC	<i>Drug Free Communities Grant Funds (Federal Funds)</i>
Match	<i>Match funding to support implementation / training</i>
Other	<i>Local funding source or not DBHR contracted</i>
TBD	<i>Funding not secured yet, or Future Planning if funds became available</i>

Goal 1: Increase Family bonding (opportunity, skills, and recognition) (Minerva #11)

Objective 1.1: Increase knowledge of nurturing parent techniques. (Minerva #12, #13)

CSAP Strategy: Education Minerva #15

Name of Program	Funding Source	Brief Description	How	Who & IOM Category	Lead and Responsible Party(ies)	Surveys
Program Name	<i>Use legend on 1st page</i>	<i>Briefly state the main purpose of activity</i>	<i>How much? How often? During which months?</i>	<i>Who is this service for? How many people reached? Is it Universal-Indirect, Universal-Direct, Selective, or Indicated?</i>	<i>Organization delivering program? Who from the Coalition is making sure this gets done?</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>
Nurse Family Partnership - Bremerton	DMA	Nurse-Family Partnership (NFP); prenatal and infancy nurse home visitation program that aims to improve the health, wellbeing, and self-sufficiency of low income, first-time parents and their children.	Face-to-Face education. 9 nurse support meetings, 9 mother/nurse support group meetings and 18 (bi-weekly) nurse mother meetings. Oct 2019 – June 2020	Who & # reached: Pregnant and/or young parents, 7 unduplicated participants IOM: Selective	Nurse Family Partnership subcontractor, Bremerton Substance Abuse Prevention Coalition	Learning Coalition Parent Skills Index Pre-Post

Objective 1.2: Increase opportunities, skills and recognition to contribute to family bonding/positive family involvement (Minerva #12, #13)

CSAP Strategy: Education Minerva #15

Name of Program	Funding Source	Brief Description	How	Who & IOM Category	Lead and Responsible Party(ies)	Surveys
Program Name	Use legend on 1 st page	Briefly state the main purpose of activity	How much? How often? During which months?	Who is this service for? How many people reached? Is it Universal-Indirect, Universal-Direct, Selective, or Indicated?	Organization delivering program? Who from the Coalition is making sure this gets done?	What survey will you be using? Frequency?
Minerva #3	#7	#4	#18, #19	#16, #21, #22, #23	N/A	#24, #25
Strengthening Families Program: for Parents and Youth (10-14) - Bremerton	DMA	The Strengthening Families Program: For Parents and Youth 10-14 (SFP 10-14) is a family skills training intervention designed to enhance school success and reduce youth substance use and aggression among 10- to 14-year-olds. It is theoretically based on several etiological and intervention models including the bio-psychosocial vulnerability, resiliency, and family process models.	1 series, 7 sessions per series September-October 2019	Who & # reached: Parents/caregivers of children 10-14 and children 10-14, 15 unduplicated participants IOM: Universal-Direct	Strengthening Families subcontractor, Bremerton Substance Abuse Prevention Coordinator	Strengthening Families for Parents of Youth 10-14 (Parent), Strengthening Families WSU (Youth) Pre-Post

Goal 2: Reduce low neighborhood attachment and community disorganization (Minerva #11)

Objective 2.1: Increase community capacity to address ATOD issues [Increase prevention knowledge of coalition members and community by 20% using community and coalition survey results] (Minerva #12, #13)

CSAP Strategy: Other: Training Minerva #15

Name of Program	Funding Source	Brief Description	How	Who & IOM Category	Lead and Responsible Party(ies)	Surveys
Program Name	<i>Use legend on 1st page</i>	<i>Briefly state the main purpose of activity</i>	<i>How much? How often? During which months?</i>	<i>Who is this service for? How many people reached? Is it Universal-Indirect, Universal-Direct, Selective, or Indicated?</i>	<i>Organization delivering program? Who from the Coalition is making sure this gets done?</i>	<i>What survey will you be using? Frequency?</i>
Minerva #3	#7	#4	#18, #19	#16, #21, #22, #23	N/A	#24, #25
Training	SABG/ DMA TBD MHFA	Provide SAP related training and education regarding community-based process and the SPF to coalition members. Coordinator and community member trainings (i.e., CADCA, NPN, NASPA Strategies Conference, Youth Marijuana Education Prevention Program (YMPEP), Coalition 101, Advocacy vs. Lobbying, ACEs and Resilience, Healthy Gens and DBHR required (Prevention Summit, Coalition Leadership Institute,) recommended trainings, Mental Health First Aid* *CPWI funding will not be utilized for Mental Health First Aid	10 sessions July-June	Who & # reached: Coalition Coordinator, community and coalition members. The number of people reached will vary based on the training activity. IOM: Universal-Direct	Bremerton Substance Abuse Prevention Coalition	N/A N/A

Objective 2.2: Increase capacity to address ATOD issues [Decrease youth substance use by 5% using HYS data] (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
Program Name	<i>Use legend on 1st page</i>	<i>Briefly state the main purpose of activity</i>	<i>How much? How often? During which months?</i>	<i>Who is this service for? How many people reached? Is it Universal-Indirect,</i>	<i>Organization delivering program? Who from the Coalition is making sure this gets done?</i>	<i>What survey will you be using? Frequency?</i>
Minerva #3	#7	#4	#18, #19	#16, #21, #22, #23	N/A	#24, #25
Bremerton Substance Abuse Prevention Coalition	SABG	A coalition is a formal arrangement for cooperation and collaboration between groups or sectors of a community. Each group retains its identity, but all agree to work together using the CPWI Strategic Prevention Framework toward a common goal of building a safe, healthy, and drug-free community.	4 groups (regular coalition meetings, leadership meetings standing committees, ad hoc meetings), As part of the ad hoc meetings, a Social Norms workgroup will be created and recorded as part of efforts to develop a social norms marketing plan for state fiscal year 2020-202140 sessions July-June.	Who & # reached: General Population, 25 unduplicated participants IOM: Universal-Direct	Bremerton Substance Abuse Prevention Coalition Coordinator, Coalition Leadership Team	Coalition Assessment Tool, HYS

Goal 3: Decrease community laws and norms favorable to alcohol/drug use, Firearms and Crimes (Minerva #11)

Objective 3.1: Decrease policies, social practices favorable toward ATOD use [increase perception of harm and attitudes against ATOD use through community education and awareness by 5% using HYS data, increase public awareness of local ATOD use and associated harm through media campaigns and community education] (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
Program Name	Use legend on 1 st page	Briefly state the main purpose of activity	How much? How often? During which months?	Who is this service for? How many people reached? Is it Universal-Indirect, Universal-Direct, Selective, or Indicated?	Organization delivering program? Who from the Coalition is making sure this gets done?	What survey will you be using? Frequency?
Minerva #3	#7	#4	#18, #19	#16, #21, #22, #23	N/A	#24, #25
Information Dissemination – Public Awareness/ Education of ATOD and ACEs	TBD	Public awareness and knowledge of the nature, access and extent of substance abuse, addiction and their effects on individuals, families and the community. Monthly through meetings with policy makers, stakeholders and community action groups, fact sheets, and health fairs.	2 groups, 70 sessions – quarterly newsletters, monthly social media, web, health fairs/take back events July - June	Who & # reached: Target audience is the entire community; reach will vary depending on specific activity – up to 66,000 IOM: Universal-Indirect	Bremerton Substance Abuse Prevention Coalition	N/A N/A
Information Dissemination – Media Campaigns	TBD	Increase awareness of substance abuse issues and resources for community members and how to prevent and decrease through messaging (i.e., Start Talking Now, You Can, It Starts with One, Looks Can Deceive)	4 groups, 6 sessions for each campaign	Who & # reached: Youth, parents/caregivers, and community members – up to 66,000 IOM: Universal- Indirect	Bremerton Substance Abuse Prevention Coalition	N/A N/A

Goal 4: Increase commitment to school (Minerva #11)

Objective 4.1: Increase opportunities, skills and recognition for prosocial involvement in school and the classroom (Minerva #12, #13)

CSAP Strategy: Education Minerva #15

Name of Program	Funding Source	Brief Description	How	Who & IOM Category	Lead and Responsible Party(ies)	Surveys
Program Name	<i>Use legend on 1st page</i>	<i>Briefly state the main purpose of activity</i>	<i>How much? How often? During which months?</i>	<i>Who is this service for? How many people reached? Is it Universal-Indirect, Universal-Direct, Selective, or Indicated?</i>	<i>Organization delivering program? Who from the Coalition is making sure this gets done?</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>
Positive Action - Bremerton	DMA	Positive Action is an integrated and comprehensive program that is designed to improve academic achievement; school attendance; and problem behaviors such as substance use, violence, suspensions, disruptive behaviors, dropping out, and sexual behavior.	82 sessions 15-20 minutes in duration September - June	Who & # reached: 19 unduplicated 6-8 grade students including homeschooling families and Boys and Girls Club participants IOM: Universal-Direct	Positive Action Subcontractor, Bremerton Substance Abuse Prevention Coalition	School Connections Pre-Post

Goal 5: Increase healthy beliefs and clear standards in school. (Minerva #11)

Objective 5.1: Increase awareness of school policies regarding ATOD use/possession. (Minerva #12, #13)

CSAP Strategy: Environmental Minerva #15

Name of Program	Funding Source	Brief Description	How	Who & IOM Category	Lead and Responsible Party(ies)	Surveys
Program Name	<i>Use legend on 1st page</i>	<i>Briefly state the main purpose of activity</i>	<i>How much? How often? During which months?</i>	<i>Who is this service for? How many people reached? Is it Universal-Indirect, Universal-Direct, Selective, or Indicated?</i>	<i>Organization delivering program? Who from the Coalition is making sure this gets done?</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>
School Policies - Bremerton	NA	The School Policies Program addresses school policies associated with the formal regulations associated with sanctions against youth for the possession of alcohol, tobacco and other drug as well as the consequences or punishments for specific serious infractions.	Qtly meetings to identify policies that need to be strengthened to support prevention or to be added that are not present, meeting to review policies held in other jurisdictions and compare, Plan development to make policy changes and progress meeting 1 hour and ongoing review of policies and procedures; July 2019-June 2020	Who & # reached: Bremerton School District students – up to 5,412 unduplicated youth. IOM: Universal: Indirect	Coalition Coordinator and Bremerton Substance Abuse Prevention Coalition	NA

Goal 6: *Decrease favorable attitudes toward the problem behavior (Minerva #11)*

Objective 6.1: *Increase perception of harm [Decrease youth substance use by 5% using HYS data] (Minerva #12, #13)*

CSAP Strategy: *Problem Identification and Referral Minerva #15*

Name of Program	Funding Source	Brief Description	How	Who & IOM Category	Lead and Responsible Party(ies)	Surveys
Program Name	<i>Use legend on 1st page</i>	<i>Briefly state the main purpose of activity</i>	<i>How much? How often? During which months?</i>	<i>Who is this service for? How many people reached? Is it Universal-Indirect, Universal-Direct, Selective, or Indicated?</i>	<i>Organization delivering program? Who from the Coalition is making sure this gets done?</i>	<i>What survey will you be using? Frequency?</i>
Minerva #3	#7	#4	#18, #19	#16, #21, #22, #23	N/A	#24, #25
Project Success - Bremerton	NA	Project SUCCESS (Schools Using Coordinated Community Efforts to Strengthen Students) is designed to prevent and reduce substance use among students 12 to 18 years of age. The program was originally developed for students attending alternative high schools who are at high risk for substance use and abuse due to poor academic performance, truancy, discipline problems, negative attitudes toward school, and parental substance abuse.	Weekly group meetings .45 mins, for 9 weeks and individual meetings based on referral, minimum .5 hr. each, Sept 2019- June 2020	Who & # reached: 9-12 grade students referred to S.A.P., 300 unduplicated participants IOM: Selective/Indicated	Student Assistance Professional and OESD 114	NA/HYS

Meeting Date: January 28, 2013

Agenda Item No:

Attachment 2 : By-Laws

<u>Kitsap County Board of Commissioners</u>		
Office/Department: Commissioners Staff Contact & Phone Number: Rebecca Pirtle (360) 337-4650 Gay Neal (360) 337-4879 Agenda Item Title: AMENDMENTS TO THE COMMISSION ON CHILDREN AND YOUTH BYLAWS		
Recommended Action: Move to Adopt the Resolution Approving Amendments to the Commission on Children and Youth Bylaws.		
Summary:	<i>The Commission on Children and Youth advises the Kitsap County Board of Commissioners and residents on the needs of children, youth and families based on periodic needs assessments; facilitates the coordination of information and local services targeted to children and youth; and advocates for an environment, which fosters healthy, self-sufficient, responsible and productive children, youth and families. In November 2012, the Commission approved amendments to its bylaws that need be approved by the Board of Commissioners. Changes made to the Bylaws are shown here in Attachment 1. The final bylaws that require Commissioner signatures are shown here as Attachment 2.</i>	
Attachments:	Resolution Attachment 1 Bylaws showing amendments made Attachment 2 Bylaws in final form to be signed by Commissioners	
Fiscal Impact for this Specific Action		
Expenditure required for this specific action:	NA	
Related Revenue for this specific action:	NA	
Cost Savings for this specific action:	NA	
Net Fiscal Impact:	NA	
Source of Funds:	NA	
Fiscal Impact for Total Project		
Project Costs:	NA	
Project Costs Savings:	NA	
Project Related Revenue:	NA	
Project Net Total:	NA	
Fiscal Impact (DAS) Review		
Departmental/Office Review & Coordination		
Department/Office	Representative	Recommendation/Comments
Commissioners	Rebecca Pirtle	Approve

RESOLUTION NO. 0 -2013

AMENDMENTS TO THE COMMISSION ON CHILDREN AND YOUTH BYLAWS

WHEREAS, the Kitsap County Board of Commissioners advocates public participation and supports and encourages citizen involvement in all matters of County government; and

WHEREAS, the Kitsap County Board of Commissioners created the Commission on Children and Youth pursuant to the Revised Code of Washington (RCW) 70.96A.300; and

WHEREAS, the Commission on Children and Youth approved changes to its Bylaws in November 2012 to add to its preferred representation of some of its members to better reflect a broad range of opinion, age, ethnic background, experience and expertise and these amendments need to be approved by the Board of Commissioners.

THEREFORE, BE IT RESOLVED BY THE KITSAP COUNTY BOARD OF COMMISSIONERS that amendments to the Commission on Children and Youth Bylaws are hereby approved as attached hereto and incorporated herein by this reference.

Adopted this 28th day of January 2013



**BOARD OF COUNTY COMMISSIONERS
KITSAP COUNTY, WASHINGTON**

101

JOSH BROWN, Chair
Charlotte Garrido

CHARLOTTE GARRIDO, Commissioner
Robert Gelder

ROBERT GELDER, Commissioner

ATTEST:

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Dana Daniels, Clerk of the Board

**KITSAP COUNTY COMMISSION ON CHILDREN AND YOUTH
BYLAWS**

AS AMENDED JANUARY 28, 2013

ARTICLE I

The Kitsap County Commission on Children and Youth, hereafter called Commission, was established on April 25, 1988 through adoption of Resolution No. 173-1988 by the Kitsap County Board of Commissioners.

ARTICLE II - PURPOSE

The purpose of the Commission is to advise and make recommendations to the Kitsap County Board of Commissioners and the people of Kitsap County on issues affecting children and youth in Kitsap County. In carrying out its activities, the Commission will seek the views and involvement of business and community leaders, local public officials, representatives from cities, tribes, military, service providers and users, and children, youth and their families.

The Commission shall:

- Make a periodic assessment of the conditions and needs of children and youth in the county, and recommend to the Kitsap County Board of Commissioners a strategic plan for addressing needs;
- Upon approval of the strategic Plan by the Board of Commissioners, undertake a program of activities to support implementation of Plan objectives;
- Submit to the Board of Commissioners an annual report identifying issues of special concern, describing progress made in achieving strategic objectives, and making recommendations for further action;
- Serve as an advocate for children and youth in the county, provide a focus for children and youth issues, and be a resource for community groups, agencies and organizations;
- Develop and implement procedures for coordinating, among children and youth agencies, information regarding children and youth issues, training opportunities, and applications for funding, and promote working agreements between agencies, including blending of funding and interagency collaboration.

ARTICLE III- MEMBERSHIP

The Commission shall consist of *twenty-four (24)* voting members reflecting a broad range of opinion, socio-economic and ethnic background, geographical location, experience and expertise. To the extent possible, members, may be appointed from the following categories of interest: business (2), health (2), social services (2), education (2), law and justice (2), military (2), Tribe (1), faith based (1), parks and/or recreation (1), *youth (5)*, and at-large (4).

To fill the youth category, one high school student from each Kitsap County school district shall be appointed as regular Commission members by the Kitsap County Board of Commissioners. In addition, one high school student from each school district shall be appointed as alternate members. These ten (10) students shall also represent their school districts on the Teen Advisory Council. Terms for all youth category members and alternates shall be for one year, from July 1 through June 30. Members and alternates may be reappointed for more than one term.

The Commission may, at its own initiative, forward to the Board of Commissioners suggested recommendations for appointments to vacant Commission positions.

All members serve at the pleasure of the Board of Commissioners; however, the term of office of a Commission member shall expire after three (3) years. A member may serve on the Commission not more than two (2) consecutive three (3) year terms. At the conclusion of a member's second full term, at least one year shall have elapsed before the member may be reappointed to the Board.

Commission members are expected to attend all meetings. After a member has had two unexcused absences or missed three consecutive meetings, the Executive Committee may ask the Board of Commissioners to replace the member. An absence will be excused if the Coordinator of the Commission is notified by the day of the scheduled meeting.

ARTICLE IV- OFFICERS

The members of the Commission shall elect a Chairperson, and Vice-Chairperson to coordinate the activities of the Commission. Terms of selected officers shall be for one (1) year from the date of their selection or until their successors are elected by a majority of the Commission members. An officer may serve for more than one term.

The Chairperson shall conduct the regular meetings of the full Commission and serve as Chair of the Executive Committee. The Chairperson shall act as spokesperson for the Commission or may, under special circumstances, delegate another Commission member to serve as spokesperson.

The Chairperson, with the approval of the Executive Committee, shall appoint members to committees and designate committee chairpersons taking into account the preferences of the members. With the exception of the Commission Chairperson, no member may be appointed to serve on more than three committees or as chairperson of more than one (1) standing committee.

The Vice-Chairperson shall serve in the absence of the Chairperson and shall serve as Chairperson of the Strategies/Coordinating Committee.

ARTICLE V - COMMITTEES

Section I- General

The Commission shall have not more than six (6) standing committees, and such ad hoc committees as are deemed necessary by the Chairperson and Executive Committee, through which the day-to-day activities of the Commission are carried out. All committees shall operate in accordance with Roberts' Rules of Order Newly Revised.

Committees shall consist of voting members of the Commission and, except for the Membership and Executive Committees, such other ad hoc members of the public and the professional community, as the Commission Chairperson deems necessary and appropriate. Ad hoc committee members shall have voting authority in committee deliberations.

Section II- Executive Committee

The Executive Committee shall be a standing committee composed of the Chairperson, the Vice-Chairperson, the immediate past Chairperson, if still a member of the Commission, and the Chair of each standing committee.

The Executive Committee shall review an annual budget to support Commission activities and may take action on behalf of the Commission. All actions of the Executive Committee shall be reported to the full Commission at its next regular meeting.

The Executive Committee shall prepare, for full Commission approval, proposals for implementing needs assessment and strategic activities, and shall oversee the implementation of such activities, including preparation of the annual report to the Kitsap County Board of Commissioners.

Section III- Membership Committee

The Membership Committee shall be a standing committee composed of not less than three (3) voting Commission members. The Membership Committee shall prepare, for full Commission approval, suggested recommendations to the Kitsap County Board of

Commissioners for appointments to vacant Commission positions and shall propose nominations for the officers of the Commission. In making nominations for officers, the Committee shall take into consideration length of service, qualifications, demonstrated commitment and such other data that may be relevant. The Membership Committee shall also conduct new member orientation.

Section IV - Strategies/Coordinating Committee

The Strategies/Coordinating Committee shall be a standing committee, which is chaired by the Vice-Chairperson of the Commission and is composed of not less than three (3) voting Commission members and three (3) ad hoc members of the public with no fiduciary interest. **"No Fiduciary interest"** means a person who acts solely in an advisory capacity and receives no compensation from a health, educational, social service, or justice system organization, and who has no budgetary or policy-making authority is deemed to have no fiduciary interest in the organization.

The Strategies/Coordinating Committee shall prepare, for full Commission approval, proposals for coordinating, among children and youth agencies, information regarding issues and events affecting children and youth, training opportunities, and applications for funding, and shall promote working agreements between agencies.

Section V - Advocacy Committee

The Advocacy Committee shall be a standing committee composed of not less than three (3) voting Commission members.

The Advocacy Committee shall prepare, for full Commission approval, proposals for an active program of advocacy in behalf of children and youth in the county, and shall oversee implementation of committee activities.

Section VI - Teen Advisory Council

The Teen Advisory Council shall be a standing committee composed of not less than three (3) voting Commission members.

The Teen Advisory Council shall prepare, for full Commission approval, proposals for developing county-wide broad-based participation of youth in the activities of the Commission, with attention to recruiting youth from diverse backgrounds in the community. The Committee shall oversee implementation of committee activities.

ARTICLE VII - MEETINGS

Meetings will be scheduled monthly but held not less than four (4) times per year, to conduct the work of the Commission. Meetings may be called by the Chairperson whenever deemed necessary, and shall be called whenever a majority of the Executive

Committee or a majority of the members of the full Commission request the same in writing to the Chairperson. Not less than fourteen (14) days' notice of meetings shall be given to Commission members. Commission meetings shall be open to the public and media.

One-third of the seated Commission membership, or a minimum of five members, shall constitute a quorum for conducting business. Voting may be by voice or show of hands as determined by the Chairperson. Each member shall have one vote; proxy votes are not allowed. The minutes shall record the number of yeas and nays, and the names of any members abstaining. The Chairperson shall vote only in case of a tie. Motions will be passed by a simple majority of the quorum.

ARTICLE VIII - CONFLICT OF INTEREST

No member shall engage in any activity, including participation in the selection, award, or administration of a subgrant or contract supported by Commission funds if a conflict of interest, real or apparent, would be involved. Such a conflict would arise when: 1) the individual, 2) any member of the individual's immediate family, 3) the individual's partner, or 4) an organization which employs, or is about to employ, any of the above, has a financial or other interest in the firm or organization selected for award.

No member shall cast a vote on, nor participate in, any decision-making capacity on the provision of services by such member (or any organization which that member directly represents), nor on any matter which would provide any direct financial benefit to that member. If a matter arises which places a member in a conflict of interest situation or a potential conflict of interest situation, that member will notify the chair and abstain from voting.

ARTICLE IX - RECORD OF MEETINGS

A written summary of deliberations and actions taken at Commission meetings shall be prepared and maintained in a place designated by the Chairperson, which is open to the public. Written summaries of committee meetings and all other official documents and correspondence of the Commission shall also be maintained in such designated place.

ARTICLE X - PARLIAMENTARY PROCEDURE

The rules contained in the current edition of Roberts' Rules of Order Newly Revised shall govern the Commission in all cases to which they are applicable and in which they are not inconsistent with the bylaws of the Commission.

ARTICLE XI- AMENDMENTS OF BYLAWS

Bylaws may be amended by a majority vote of the current membership. Members may vote by absentee ballot. Prior written notice, together with proposed written amendments to bylaws, shall have been made available to each member at least two weeks prior to the vote.

ADOPTION

Bylaws are in full force and effect when approved by the Kitsap County Board of Commissioners on the 13th day of January 2013.



**BOARD OF COUNTY COMMISSIONERS
KITSAP COUNTY, WASHI**

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JOSH BROWN, Chair

Charlotte Garrido

CHARLOTTE GARRIDO, Commissioner

Robert Gelder

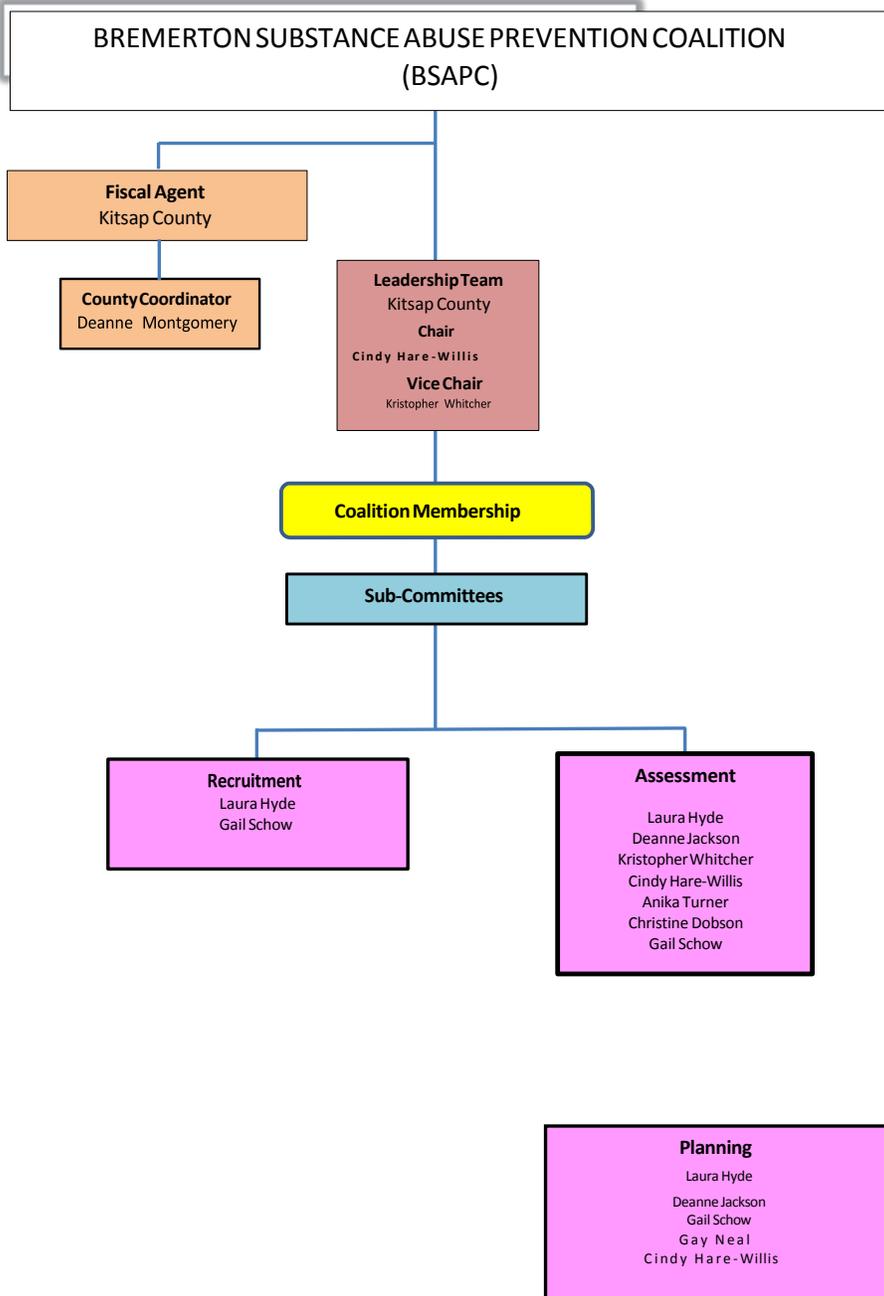
ROBERT GELDER

, Commissioner

ATTEST:

Board

Attachment 3: Membership Chart



Attachment 3: Budget

CATEGORY	General Fund State (Admin only)	Block Grant Prevention (SABG)	Dedicated Marijuana Account (DMA) EBP/RBP	Dedicated Marijuana Account (DMA) Promising	Dedicated Marijuana Account (DMA) General ****	SUBTOTALS	Future Planning
Administration	\$ 7,061.00				\$ 1,738.40	\$ 8,799.40	\$ -
Salary and Benefits		\$ 76,706.50	\$ -	\$ -		\$ 76,706.50	\$ -
Coordinator Training/Travel		\$ 1,019.22	\$ -	\$ -	\$ 2,680.76	\$ 3,699.98	\$ -
Strategies and Programs		\$ 3,482.78	\$ 17,310.84	\$ -		\$ 20,793.62	\$ 2,500.00
Coalition/Community Training		\$ -	\$ -	\$ -	\$ -	\$ -	\$ 4,000.00
TOTALS	\$ 7,061.00	\$ 81,208.50	\$ 17,310.84	\$ -	\$ 4,419.16	\$ 109,999.50	\$ 6,500.00
TYPE IN YOUR ALLOCATED Budget Amount by Funding Source IN THESE CELLS	\$ 7,061.00	\$ 81,208.50	\$ 17,310.84		\$ 4,419.16		
only.						\$ 110,000.00	

Bremerton Substance Abuse Prevention Coalition

