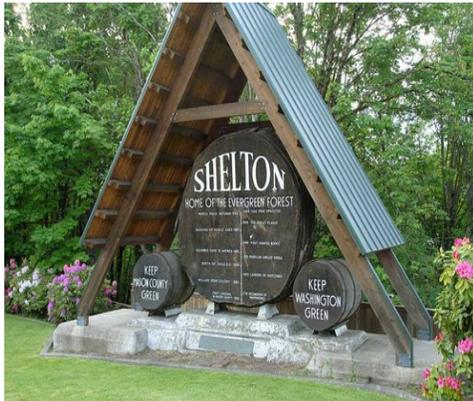


Prevention Redesign Initiative Shelton Drug Prevention Coalition Strategic Plan



March 2014

Shelton Drug Prevention Coalition Strategic Plan

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EXECUTIVE SUMMARY/INTRODUCTION

Overview of Plan

Executive Summary/Introduction

Coalition Description:

Shelton Drug Prevention Coalition began in January 2014. It came together to address the high risks and needs in Shelton, Washington. The community youth have high incidence of risk factors across the family, community, peer, and school domains. Youth substance use is high in Shelton; because of this, the coalition works to reduce local risk factors, while increasing protective factors across the community through targeted prevention strategies and programming. We feel privileged to have the opportunity to specially address youth underage drinking, marijuana use, prescription drug abuse, and other local youth substance use/abuse.

Need in the community of Shelton is great. By evidenced by DBHR who identified Shelton as community at risk. Risks include academic failure, crime, prevalence of alcohol and substance abuse, mental health needs, and extreme economic deprivation.

The 2012 Healthy Youth survey showed eighth grade use alcohol use to be 1% above the state rate and the Marijuana use to be 2% above the state rate. There were not enough responses in the tenth grade to get results.

Mission of the Shelton Drug Prevention Coalition:

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

GENERAL GEOGRAPHIC AREA TARGET POPULATION CHARACTERISTICS:

Catchment/target area: is the area served by the Shelton School District in Mason County, Washington State. Shelton, the target area population is the only incorporated city in Mason County It is also the largest. Located at the foothills of the Olympic Mountains to the North and the Southern Puget Sound and Oakland Bay. We are serving the Shelton School Dist. All schools are located within a ten mile radius. The Shelton population (9,800) is small, yet the school district serves a large area of Mason County with a general population of approx 60,000 Feeder school districts include Pioneer and Hood Canal Schools. Hood Canal has a large student population from the Skokomish Indian tribe Shelton School Dist serves both communities and the larger unincorporated areas, each community's residents do not like to be lumped with the others and proudly assert their independence. Many families have lived in the area for generations and many have stayed even after employers have closed up shop. Because of this, most wage earners work out of town.

The unemployment rate is 9.4 and is one of the highest in WA State.. This may influence a youth's perception that there are limited opportunities. Like in many communities, families and youth who need services and education are often the hardest to reach. Efforts to involve those who would benefit most from services (for example, parenting classes) will be a priority. Targeted, personal invitations from school counselors will be one recruitment method and general invitations through the newspaper, school newsletters, and local posters are other recruitment methods that will be used prior to the start of services.

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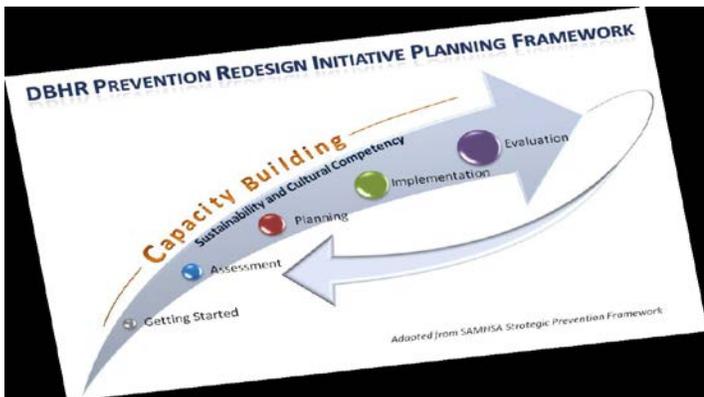
INTRODUCTION/PRIORITIES:

This strategic plan addresses obvious needs like lack of opportunities for youth, but also the social norms, root causes of problem behaviors, and behavioral health concerns of the community. We actively recruit members of all ages and social backgrounds and work diligently to encourage dialog between members and groups of differing beliefs and experiences. Coalition staff regularly attends community gatherings and actively nurture trusting relationships with other community members. Members are encouraged to attend prevention training opportunities, including those that emphasize cultural competence. The Shelton community has the opportunity to specifically address youth underage drinking, marijuana and Rx drug abuse through the Shelton Drug Prevention Coalition strategic prevention initiatives.

Dedicated folks show up monthly to take on the work. Each month members talk strategy, and plan for the next activity. The DBHR Prevention Redesign Initiative required counties to address the needs in the highest ranking community within each county. Shelton met that threshold and we are well on our way to creating positive sustainable change.

RESEARCH FRAMEWORK: The Coalition will use SAMHSA's Strategic Prevention *Framework (SPF)* to address the risk factors in the Shelton community. The Community Prevention and Wellness Initiative (CPWI) uses the (SPF) for planning and implementing appropriate prevention efforts. This framework includes sustainability, capacity building, and cultural competence in every step:

- Assessment
- Planning
- Implementation
- Evaluation



Shelton Drug Prevention Coalition Strategic Plan

ESD 113 will implement the following strategies/activities and programs through the PI at the junior and senior high schools:

Program 1 - P r o j e c t A L E R T

Project ALERT is a school-based prevention program for middle or junior high school students that focus on alcohol, tobacco, and marijuana use. It seeks to prevent adolescent nonusers from experimenting with these drugs, and to prevent youths who are already experimenting from becoming more regular users or abusers. Based on the social influence model of prevention, the program is designed to help motivate young people to avoid using drugs and to teach them the skills they need to understand and resist pro-drug social influences. The curriculum is comprised of 11 lessons in the first year and 3 lessons in the second year. Lessons involve small-group activities, question-and-answer sessions, role-playing, and the rehearsal of new skills to stimulate students' interest and participation. The content focuses on helping students understand the consequences of drug use, recognize the benefits of nonuse, build norms against use, and identify and resist pro-drug pressures. Project ALERT has evaluation strategies built in to the curriculum.

Program 2: Project SUCCESS

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.

In recent years, Project SUCCESS has been used in regular middle and high schools for a broader range of high-risk students. The intervention includes four components: The Prevention Education Series (PES), an eight-session alcohol, tobacco, and other drug program conducted by Project SUCCESS counselors (local staff trained by the developers) who help students identify and resist pressures to use substances, correct misperceptions about the prevalence and acceptability of substance use, and understand the consequences of substance use. School-wide activities and promotional materials to increase the perception of the harm of substance use, positively change social norms about substance use, and increase enforcement of and compliance with school policies and community laws.

A parent program that includes informational meetings, parent education, and the formation of a parent advisory committee. Individual and group counseling, in which the Project SUCCESS counselors conduct time-limited counseling for youth following their participation in the PES and an individual assessment. Students and parents who require more intensive counseling, treatment, or other services are referred to appropriate agencies or practitioners in the community. Project SUCCESS has evaluation strategies built in to the curriculum.

Youth N Action and Students Against Destructive Decisions (SADD Club) will lead strategies/activities in Program 3 during the school year and conduct an annual take back event on April 26th (National Take Back Day):

Program 3: Decrease the risk of drug abuse associated prescription drug use.

The Shelton Youth N Action and The Shelton SADD Club will Increase knowledge of National Prescription Drug Take-Back Day. The event held nationally on April 26 offers a safe and easy way for people to dispose of expired and/or unused medicines. The Shelton Drug Prevention Program supports this initiative as a way to educate the public about storing and disposing of medication, as well as informing the public about the dangers of prescription drug abuse, misuse, and trafficking of prescription drugs.

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The Mason County Sheriff Department offers year-round locked prescription drop boxes (one outside the Sheriff's Office and one located at Fire District #2 in Belfair) to the public for disposal of prescription drugs. Youth N Action and SADD will develop and promote messaging for the yearly Drug take back day in April and prescription drop boxes using social media, local radio, newspaper, community message boards, school dist web page and Facebook.

Plan to implement and evaluate the strategies and activities:

- Project Success and Project Alert implementation will include pre/post tests to measure student knowledge progress and growth as a result of Evidence Based Program curriculum. This information will be entered into PBPS by the PI and will be accessible for reporting and evaluation purposes at the local level. Programs will be continued as they are deemed appropriate and effective by the Coalition.
- The Shelton Take Back Day will be implemented by YNA and SADD on April 26th annually. It will be evaluated by measuring community and partner involvement (increase or decrease from year to year?), saturation of campaign messaging in the community (was every news outlet utilized and did PSA's get played on the radio?), and overall community participation by weighing pills after each event (from year to year, the Coalition anticipates an increase).
- YNA and SADD will gather pre- and post- data to determine if the promotional intervention increased the amount of prescription drugs collected in designated disposal receptacles.

This Mason County's Cohort 3 Strategic Plan will cover and address the following strategic plan topics:

- Executive Summary/Introduction
- Organizational Development
- Capacity Building
- Assessment
- Planning
- Implementation
- Reporting and Evaluation

Shelton Drug Prevention Coalition Strategic Plan

ORGANIZATIONAL DEVELOPMENT

Mission Statement and Key Values

Mission of the Shelton Drug Prevention Coalition:

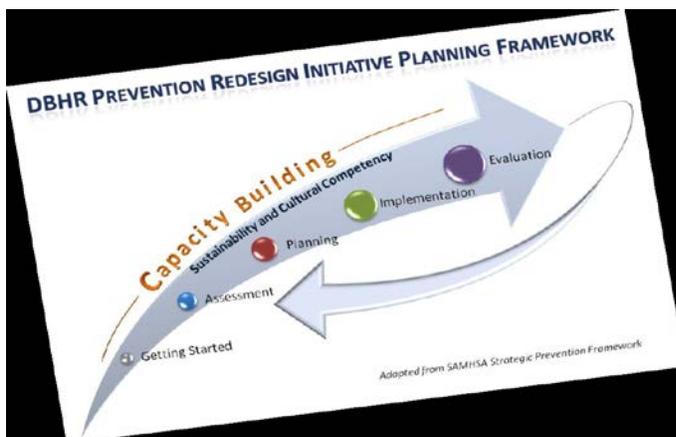
“Strengthen collaboration among Shelton Drug Prevention Coalition members and other community members and organizations in supporting efforts to reduce substance abuse and related problem behaviors and to increase healthy behaviors among youth by developing and implementing strategies in a culturally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

Coalition Structure and Organization

Organizational Development

The Shelton Drug Prevention Coalition’s mission is to “Strengthen collaboration among Shelton Drug Prevention Coalition members and other community members and organizations in supporting efforts to reduce substance abuse and related problem behaviors and to increase healthy behaviors among youth by developing and implementing strategies in a culturally competent manner.

Shelton is going to be utilizing the strategic prevention framework SPF. This is the community prevention planning process that includes capacity building, sustainability, and cultural competency throughout each step. The SPF helps the coalition address local risk factors using evidence based programs that are targeted to local community needs that have been identified in the assessment of local data, planned for the purpose of reducing local risks specific to Shelton, implemented with fidelity, and evaluated for overall effectiveness, sustainability and cultural competence. These programs address root causes for youth problem behavior including substance use.



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Shelton will apply prevention interventions and strategies by matching evidence based prevention programming and interventions to local risk factors. Risk and protective factors predictive of adolescent problem behaviors such as substance abuse and delinquency are local targets for Shelton community preventive intervention. Shelton will continually assess and target risk and protective factors when designing prevention programs.

Shelton Drug Prevention Coalition's structure and Organization:

The Coalition will establish and maintain, at a minimum, the following:

- A meeting schedule and structure to achieve components required for strategic planning and implementation.
- A mission statement.
- A decision-making model to be used.
- Procedures for communication.
- Coalition will review mission, goals, activities, and strategies annually to decide if revisions are needed.
- Develop job descriptions for coalition members (including school representatives), "leadership team," and staff.
- Establish work groups as necessary.
- Bring selected key leaders and coalition members together.
- Provide necessary training to increase the understanding for the key leaders in the PRI/Strategic Prevention Framework planning model, related local data, goals, and activities of coalition.
- Celebrate successes to date.
- Develop 'buy-in' for coalition by key leaders.
- Provide opportunity to hear perspective of key leaders on the goals, activities, and efforts of the coalition.
- Commitment/re-commitment from key leaders to support the goals, activities, and efforts of the coalition.
- (Re) energize coalition members.
- Coalition will gather information and feedback about the work and strategies of the coalition from the community. Coalition will incorporate the community feedback into its decision-making processes.
- The coalition works with Mason County Public Health as the fiscal agent. The Coalition makes all fiscal decisions in accordance with all contract requirements.
- The coalition is currently organizing around establishing work groups and sub committees that regularly meet to achieve action plans and goals.

DECISION MAKING MEETINGS:

Regular Coalition meetings are held monthly and are open public meetings. Meeting dates/times are advertised through media sources and email. Minutes of all meetings are on file. Minutes and sign in sheets are part of ALL monthly coalition meetings.

Short term task forces are created to work on specific projects related to the Strategic Plan. This work is reported at the Coalition monthly meetings and recorded in the minutes.

Short term task forces were/are created to work on specific projects such as the Strategic Plan. A task force was created in January 2014 to complete the coalition assessment and create the Strategic Plan. The members that belong to these task forces make the decisions and share in completing identified tasks. Task force members provide information and recommendations for coalition final decision making. This leads to true grass roots decision making. Robert's Rules of

Shelton Drug Prevention Coalition Strategic Plan

Order (majority vote) is followed during decision making process. Coalition Coordinator sits on all task forces and follows through with coalition members completing identified task.

The Shelton Drug Prevention Coalition members meet one hour each month. This allows them the opportunity to share their work efforts with the entire Coalition and gather consensus on decisions to be made.

Membership Recruitment and Retention

COMMUNICATION PLAN:

The new Shelton Drug Prevention Coalition was formed in January 2014. Coalition members are notified by email of upcoming meetings, task force meetings, and executive committee meetings by the coalition coordinator. The day of the coalition meeting a reminder is sent out. Our youth are notified via text messaging on their cell phones. Our youth advisors (coalition members) all have youth coalition members phone numbers and youth coalition members have advisors and coalition coordinator's phone and email contacts. Coalition coordinator has an "open door" policy where all coalition members can email or call at anytime, and they do! The coalition makes all decisions regarding how to spend grant funding on action plan items and works with the fiscal agent to ensure that coalition goals and objectives are met. The coalition procedure to ensure effective communication and coordination with partners and media policy makers and others. Shall be responsible minutes and records are taken by the secretary and are distributed by email to all members prior to the next scheduled monthly coalition meeting. Hard copy of minutes will be made available at meetings for those who do not have email.

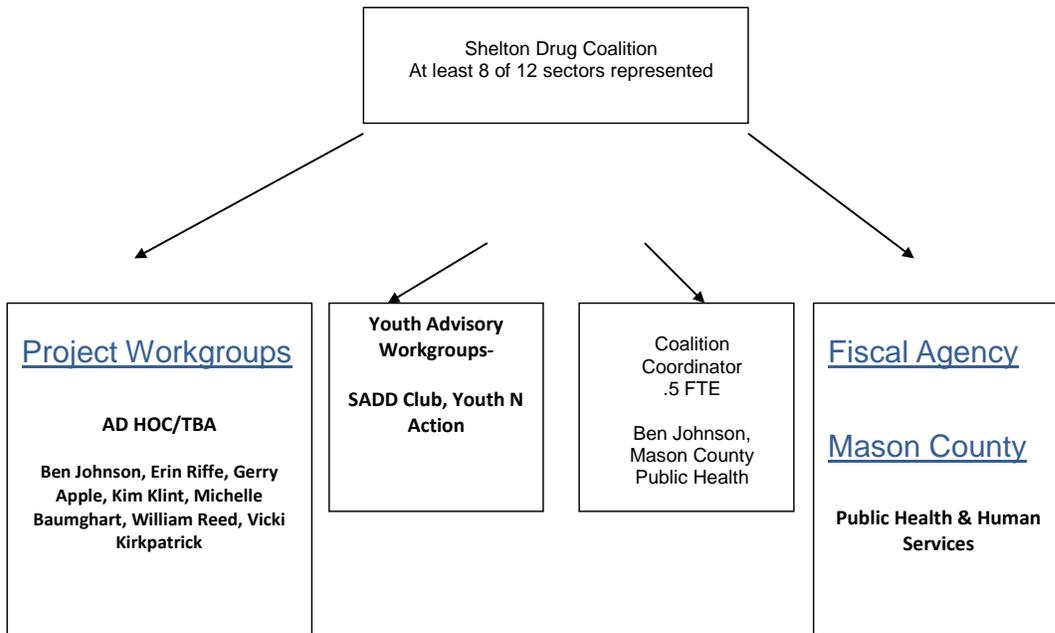
Partners: We communicate and coordinate with partners at monthly coalition meetings, in person meetings, phone, emails, social media and other community meetings that with interest that align with coalition goals and objectives.

Media: We have established partnership with the Mason County Journal to report on and promote coalition activities. The Journal is invited to all coalition meetings. Provided with coalition minutes and coordinator meets with Journal regularly to plan strategically placement of prevention articles focusing on local programs.

Policy Makers: We communicate with local policy makers at local coalition meetings. Established and Ad hoc workgroups work with policy makers concerning coalition action plan items and policies that directly affect youth substance use in Shelton. The coalition leverages relationships with policy makers in order to improve local policy and local program service delivery according to the coalition action plan.

Other communication: The coalition communicates with other outside the organization using, social media, school newsletters, county web site, faith based communications and Journal marking and promotion to the population at Large.

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Membership Recruitment and Retention Plan:

Membership is open to any member of the Shelton community. Beginning membership started by targeting community members who were identified by leaders in the eight sectors. These individuals were sought out because of their interest in youth drug treatment and prevention in Shelton. We engaged them by matching their values and interests to the overall mission of the Coalition. These individuals were asked to complete a coalition involvement agreement to become a member. Those who have signed a coalition involvement agreement are considered voting members of the Coalition. Bylaws govern the entire Coalition management process.

Because the Shelton area is the only area of sizeable population in Mason County, almost every county city government activity, as well as local social and health service providers maintain their offices within the Coalition's Shelton School District Target Area. With a majority of the county population in the Shelton area, staff of these agencies know each other and frequently see each other at meetings and community activities. The Mason County Public Health Department is well known for programs targeting many health and social issues, which draws people to our Coalition meetings and many join in our work as volunteers.

Shelton Drug Prevention Coalition Strategic Plan

The coalition has the following strategies for maintaining involvement by its members.

- Members will be recruited to tasks that match their interests, skills and education.
- Activities will be reported to coalition monthly. Coalition members will see how their involvement actively contributes to achieving the action plan objectives and goals.
- Attendance is required to remain in good standing. Although our communication plan insures that members will continue to have updates through monthly meeting minutes.
- Members are also recognized monthly for exemplary work to achieve action plan.

ADHERENCE AND MAINTENANCE OF SECTOR REPRESENTATION:

The Coalition ensures that we are in compliance with eight sector requirement. Representatives from the following sectors identified as important by DBHR: Youth, Parent, Business, Media, School, Youth-Serving Organization, Law Enforcement, Religious or Fraternal Organization, Civic or Volunteer Group, Healthcare Professional, State or Local Government Agency dealing with substance abuse, and finally other organizations involved in reducing substance abuse.

The Executive Committee coalition covers maintenance of this area as one of their tasks. At the end of each year, a membership assessment is completed by the Executive Committee. As gaps are assessed, the Committee and the coordinator work to fill gaps and address any needs identified. Additionally, the coalition coordinator is always recruiting new members to the coalition. Anytime a coalition member leaves the entire membership is involved with finding a replacement.

We track attendance at monthly meetings and the coordinator will follow up with missing sector members to keep them engaged and involved. Additionally, the coalition as a whole works to recruit more than one individual to represent each sector.

The Prevention Intervention Specialist is required to attend coalition meetings and actively contribute to coalition action plan initiatives. Additionally the PI is responsible for implementing the evidence based programs, PROJECT ALERT and PROJECT SUCCESS in the Shelton Middle School. This includes providing pre/post testing and inputting these results in PBPS, which provides insight into the evaluation of the overall effectiveness of each EBP program.

The coalition will ensure grassroots volunteer citizen participation by recruiting members through school and other community based programs not associated with the Coalition. Individual's representative of underserved and diverse backgrounds will be sought out in order to provide support to the Coalition to become more culturally competent, appropriate, and sensitive in putting forth its prevention strategies and initiatives.

The coalition has the following strategies for maintaining involvement by its members.

- Members will be recruited to tasks that match their interests, skills and education.
- Activities will be reported to coalition monthly. Coalition members will see how their involvement actively contributes to achieving the action plan objectives and goals.
- Attendance is required to remain in good standing. Although our communication plan insures that members will continue to have updates through monthly meeting minutes.
- Members are also recognized monthly for exemplary work to achieve action plan.

Shelton Drug Prevention Coalition Strategic Plan

The coalition will actively recruit new members/partners, agencies and stake holders to support the coalition efforts to aid sustainability and will seek to institutionalize prevention programs within the educational system. Additionally, the Coalition will use prevention programming and prevention strategies to direct the targeting of individuals needed to get the work done or get the work of the Coalition done more effectively. As individuals are identified, the Coalition will send members most suited to successfully recruiting the targeted individual by matching each up based on SHELTON DRUG PREVENTION COALITION BY-LAWS

Article 1 – Name:

The name of the organization shall be the – Shelton Drug Prevention Coalition.

Article II – Mission and Function:

A. Mission Statement: The Shelton Drug Prevention Coalition will utilize effective prevention strategies and activities to promote healthful behaviors, decisions and environments that will reduce, postpone or eliminate the problematic use of alcohol, prescription, and over-the-counter drugs, and any use of illegal drugs.

B. Functions:

1. Establish and maintain a regular meeting schedule;
2. Adopt written by-laws;
3. Advise those in service delivery regarding:
 - a. Mission
 - b. Long range goals
 - c. Policies and Procedures
 - d. Budget;
4. Review and update yearly plan on a quarterly basis.
5. Update membership on yearly plan progress.
6. Address program challenges and brainstorm ways to address challenges with the membership.
7. Determine timeline and delegate tasks to membership which will include member sign up and commitment.
8. Members will share Shelton Drug Prevention Coalition information at other related meetings.
9. Members will assist in selecting potential members who meet core membership requirements.

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Article III – Members:

A. In accordance with Drug Free Communities requirements, the Shelton Drug Prevention Coalition shall consist of at least eight of these thirteen sectors:

1. Youth
2. Parents
3. Business Community
4. Media
5. School
6. Youth Serving Organizations
7. Law Enforcement Agencies
8. Religious or Fraternal Organizations
9. Civic and Volunteer Groups
10. Healthcare Professionals
11. State, local, or tribal governmental agencies with expertise in the field of substance abuse (if applicable, the State authority with primary authority for substance abuse)
12. ESD 113 Prevention Intervention Specialist
13. other organizations involved in reducing substance abuse

B. Appointment, qualifications and terms of appointed memberships:

1. Voting members shall be appointed by the Shelton Drug Prevention Coalition and must have a signed coalition involvement agreement.
2. Members serve at the discretion of the Shelton Drug Prevention Coalition.
3. Term of membership shall be for the period of 1 year.
4. The terms of membership are staggered as required by the terms provided for members of the Coalition.
5. At the end of a term, a member continues to serve until a successor is appointed and qualifies.
6. A member who is appointed after a term has begun serves only for the rest of the term and until a successor is appointed and qualifies.
7. If any member fails to attend three (3) consecutive regular meetings without satisfactory cause or prior notice, the Council may consider the position vacant and proceed to fill such vacancy.

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Article IV – Officers & Duties:

A. Officers:

1. The officers of the Shelton Drug Prevention Coalition shall be a chairperson, vice-chairperson.
2. The officers shall be elected bi-annually and assume duties as of November 1st. Terms of each officer shall be two years.
3. Should an officer resign during the year, his/her successor shall be elected by the Shelton Drug Prevention Coalition.

B. Duties:

1. The Chairperson shall plan the agenda, preside at all meetings of the Shelton County Drug Shelton Drug Prevention Coalition, may appoint sub-coalitions, and perform all of the duties usually pertaining to the office of chairperson.

2. Vice-chairperson shall perform the duties of the chairperson in the absence of or inability of the chairperson to discharge the duties of the office, and perform any other duties as may be determined.

3. Members – shall be responsible to review minutes and records of the meetings of the Shelton Drug Prevention Coalition and shall perform such other duties as may be determined by workgroups directed by strategic plan action items.

Article V – Meetings and Quorum:

A. Meetings:

1. The Shelton Drug Prevention Coalition will meet monthly and as often as deemed necessary by the membership.
2. Notice of all meetings shall be sent to all Shelton Drug Prevention Coalition members so as to reach members prior to a meeting.

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3. All meetings are open to the public.

B. Quorum:

1. At all meetings of members, every member shall have one (1) vote.
2. The presence in person of a simple majority of the members shall constitute a quorum.
3. When decisions need to be made quickly in relation to grant approval, members will be e-mailed and expected to respond in 48 hours. In this instance, quorum will be 11 members.

Article VI – Amendments:

A. The by-laws may be amended if the amendment is submitted in writing at the previous regular meeting and 2/3 of those present and voting approve.

B. The amendment goes into effect immediately upon its adoption unless the motion to adopt specifies a time for its going into effect.

Article VII – Conflict of Interest:

A. When there appears to exist an actual or potential conflict between the interests (whether personal, financial or fiduciary) of a Shelton Drug Prevention Coalition member and their official duties as a Shelton Drug Prevention Coalition member, the Shelton Drug Prevention Coalition member shall disqualify him or herself from personally and substantially participating and voting as a member of the Shelton Drug Prevention Coalition on any such issue.

B. When a member is uncertain of whether or not an actual conflict or potential conflict of interest exists between their private interests and duties, the member shall raise the question before the Shelton Drug Prevention Coalition.

C. Questions of conflict of interest may be brought up by other Shelton Drug Prevention Coalition members or the public. Such question of conflict shall be publicly raised at a Shelton Drug Prevention Coalition meeting before a decision is made on the matter before the Shelton Drug Prevention Coalition, and the member in question shall be given the opportunity to explain his or her position. When necessary the Shelton Drug Prevention Coalition by a majority vote of those present shall decide the issue with the member under question excluded from voting.

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Article VIII – Parliamentary Decision: *Robert’s Rule of Order* shall be used as the basis for any Parliamentary decisions not covered by these by-laws.

CULTURAL COMPETENCE in Organizational Development: 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 and volunteers from Shelton Youth N Action and The Shelton SADD Club. We have both genders, two languages, and several generations around the same table. 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”. We will continue to accomplish this through a combination of ongoing formal Cultural Competency training and frequent input from representatives of diverse groups in our community. Additionally, we will continue to seek out and engage individuals from diverse and underserved populations of Shelton such as parents and youth from all socioeconomic and cultural backgrounds.

Socioeconomic beliefs and practices:

Forest products became the largest industry in the county, and expanded greatly when the railroads made it possible to feed the various mills in the area. Work on creating a terminus for the transcontinental railroad in Union came to an abrupt halt with the Panic of 1893, the most serious economic crisis in the nation’s history. Mason County was fortunate, however, in that banker Alfred Anderson partnered with loggers to get them back to work and then with Sol Simpson to create the Simpson Logging Company, which became the largest employer in the state. In the 1980s, the Forest Service eliminated most timber sales to protect the spotted owl.

The prison in Shelton added hundreds of beds during this period, helping to offset job losses in the forest industry. Recreation as well as oyster and seafood production and processing also have increased in importance. Mason County also has become an important bedroom community for commuters to Thurston and Pierce counties.

Shelton is the only incorporated city in Mason County. The population is small, yet the school district serves a large area of southern Mason County including students who transfer from feeder schools such as the Hood Canal School on the Skokomish Reservation and the Pioneer and Southside Schools. Many families have lived in the area for generations and many have stayed even after employers have closed up shop. Because of this, most wage earners work out of town. Thurston, Pierce and Kitsap Counties.

Employment:

The unemployment rate has been over 10% for many years. This may influence a youth’s perception that there are limited opportunities. Like in many communities, families and youth who need services and education are often the hardest to reach. Efforts to involve those who would benefit most from services (for example, parenting classes) will be a priority. Targeted, personal invitations from school counselors will be one recruitment method and general invitations through the newspaper, school newsletters, and local posters are other recruitment methods that will be used prior to the start of services.

Public awareness, education and buy-in will be needed for the success of most environmental strategies. We take Careful planning and care to include all sector representatives with differing viewpoints and good communication among the individuals will be needed to effectively complete our coalition objectives and community-level projects. who is most apt to successfully build a Coalition relationship with the targeted individual

Shelton Drug Prevention Coalition Strategic Plan

Cultural Competency in Organizational Development

Cultural Competence

The Coalition's understanding of cultural competence is having the understanding of all cultural considerations of the many subcultures and backgrounds of all populations in Shelton so that it can craft and design prevention initiatives that are not only appropriate and sensitive, but effective in achieving the goals and objectives set forth in this strategic prevention plan.

Ensuring cultural competency:

Building trust with and between our Tribal, Hispanic community's individuals will be a key to coalition success. Native Americans represent 4% of our community and Hispanics represent approximately 20 %.

Our local tribes report very high substance abuse in their community. Alcohol continues to be the primary drug of choice although; many other substances are also very common. We have stressed recruitment of Tribal and Hispanic membership and have both of our local tribes are currently involved in membership. (See Appendix 3: Membership Chart) We will continue to make efforts through key informant recruitment to have key leadership in all of our community groups. Ben Johnson, Coalition coordinator has been asked to participate on the Squaxin Island tribal drug Prevention Coalition. This is a good opportunity to share like prevention messages and ensure that any programs that the Shelton Coalition offers has appropriate content that will be culturally appropriate.

This strategic plan addresses obvious needs like lack of opportunities for youth, but also the social norms of the communities. We actively recruit members of all ages and social backgrounds and work diligently to encourage dialog between members and groups of differing beliefs and experiences. Coalition staff regularly attends community gatherings and actively nurture trusting relationships with other community members. Members are encouraged to attend prevention training opportunities, including those that emphasize cultural competence. Overall, recruitment to the coalition and retaining of members is done by matching individuals' values and belief systems to the overall mission and goals of the coalition. We match members up with work that they are eager to do because of their interests, qualifications, or personal power. We report on overall progress of implementation and completion of action plan items at meetings so individuals can connect their work to the overall completion of tasks. The Coalition also participates in prevention activities which provide quick, easy wins for those individuals who need short-term tasks that are completed and celebrated often.

Sustainability in Organizational Development

SUSTAINIBILITY AND ORGANIZATIONAL DEVELOPMENT:

The Coalition seeks to build sustainability into every aspect of its organizational development. Our main sustainability piece is our membership. We need adequate help and support to get the work done including those who have the power or power to leverage decision makers in favor of Coalition initiatives. Engagement is important to keeping membership active. We keep coalition members engaged by matching interest skills and knowledge to action plan and work group tasks. Reporting on the work helps keep members engaged by connecting their work to the overall completion of tasks, goals, and objectives of the Coalition's prevention initiatives. Additionally, tracking and reporting monthly action plan progress is reported at monthly coalition meetings so that members feel that their contribution is valued and productive.

Shelton Drug Prevention Coalition Strategic Plan

Recruiting member: Recruiting member's whose values align with the mission and goals of the coalition. These members have a vested interest in the work and progress of the local community coalition.

Monitoring participation: we will monitor participation with attendance sheets. We will address attendance involvement gaps using this evaluation method and the coalition coordinator and members will actively engage inactive members through personal contact. Members will address the need of the member and attempt to re engage them in coalition work.

Monitoring attendance of least eight of the twelve sectors: Attendance sheets will be completed at each meeting. We will monitor the gaps of inactivity and the coordinator and the sustainability workgroup will see to engage inactive members and recruit if necessary.

Shelton Drug Prevention Coalition Strategic Plan

CAPACITY BUILDING

Outreach

Capacity Building:

Outreach

The Shelton Drug Prevention coalition shares goals with other with other substance abuse prevention programs such as the Prevention Advocacy and Specialized Services Program. They provide Substance abuse prevention for elementary age students at the Pioneer school which is one of the Shelton school dist feeder schools. The PASS program staff is also has a member on our coalition. We are also connected very closely with both Tribal drug treatment and prevention services. Our coalition coordinator has also been invited to participate in the newly developed prevention coalition on the Squaxin Island reservation. We feel that will assist both the Shelton and Tribal community establish alcohol and drug-related policies that will benefit both communities. Because the coalition coordinator is an employee of the Mason County Public Health Department, there is a natural partnership that includes the support of the Public Health Director and the mason county Commissioners and County Board of health. All parties have a common goal of reducing drug and alcohol use in Shelton.

The Shelton Drug Prevention Coalition is very involved in collaborating with many community organizations that want to reduce drug and alcohol abuse in Shelton. One of our primary collaboration efforts has been with Mason Matters. A non-profit organization in Mason County who's primary goal is to increase the number of high school graduates who are moving onto career paths after graduation. For some students, college is the next step in their career paths. For other students, it is apprenticeships and on-the-job training.

A secondary goal of this initiative is to build the preparedness of the incoming workforce so that local employers have a rich and deep pool of strong candidates that draws upon individuals who are committed to Mason County.

Kim Klint, who is the Director of Mason Matters, worked tirelessly over the past 13 years on community health improvement strategies. Since public health is everyone's responsibility and everyone has a role in improving the health of their community, a cross-sector Community Health Improvement Plan (CHIP) is a critical to guide inclusive community planning and action. Mason Matters facilitated Mason County's health prioritization process. This process was guided by the [Mobilization Action through Partnership and Planning \(MAPP\) tool](#).

Mason County's vision for its Community Health Improvement Plan (CHIP) is "Mason County is the healthiest county in the state." The CHIP process was framed by the [County Health Rankings framework](#). When the County Health Rankings initiative was launched in 2010, Mason County ranked 37th of 39th counties. Mason County improved to 33rd ranking in 2013.

Using a data-driven process, the CHIP Work Group identified six strategic health priorities in which a deliberate and coordinated plan will make meaningful improvements in the health of Mason County. The six strategic health priorities are

- Trained and prepared workforce with living wage jobs
- Affordable and safe housing

Shelton Drug Prevention Coalition Strategic Plan

- Eating for health
- Access to and appropriate use of health care
- Built environment that supports health
- Functional families

Although the data suggests that substance use and abuse are critical issues, they were NOT identified as a separate health priority. The community felt that these issues should be considered in all six strategic health plans, since they impact all areas. However, once dedicated money was allocated to the County, an alcohol and drug prevention priority was added to the CHIP

The coalition plans to seek input from and involve the community outside its collaborations through the Town Hall process, Community Survey, and public forums that are not involved with Coalition efforts and initiatives.

Informing and involving Key Leaders not currently involved in the coalition: We will share progress through regular reports and seek feedback at the Mason County Board of Health and Shelton City Council meetings. Vicki Kirkpatrick, Mason County Public Health Director attends and reports at Health Board meetings monthly and reports progress as needed.

Training/Technical Assistance (TA)

We started in Jan, 2014. At that time, DBHR provided strategic prevention plan planning trainings and technical assistance. Additionally, DBHR provided resources and gaps analysis training as well as technical assistance in determining the best strategies to implement to address our local risk factors and problematic local conditions.

Our coalition members represent a broad cross-section of our community who are actively involved in learning how to implement a strategic plan to reduce youth substance use in Shelton. Among our members are prominent community leaders, parents and volunteers from Shelton Youth N Action and The Shelton SADD Club. We have both genders, two languages, and several generations around the same table. 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”. Future training will be determined by DBHR requirements and the needs of the coalition. This will be accomplished on yearly coalition evaluation and annual gaps analysis.

Future training/TA planned:

- Scheduled Cultural Competency Training: facilitator TBA
- Scheduled tentative mid-Fall 2014 "Cultural Competency" training. Agreed that content of training would address.
- Build knowledge and skills for growing a more culturally inclusive organization;
- Help facilitate development of a basic foundation for cultural diversity awareness;
- Help transfer awareness and understanding into commitment and action to grow a more culturally inclusive organization.

Shelton Drug Prevention Coalition Strategic Plan

- Coalition members will be encouraged to attend Drug Free Community Academy training, CADCA, and Prevention Summit.

The coalition will determine the need for future trainings based on evaluation data and overall goals that the group needs assistance and training to achieve.

Cultural Competency in Capacity Building

The coalition will use to ensure that the outreach efforts to the community are inclusive. We will include culturally inclusive questions in all of our community surveys. This includes providing more input to DBHR who currently produces the current survey. We will continue to work with our community partners, Housing Coalition, The Skokomish and Squaxin Island Tribe have representative who report to and are involved in the strategic planning process of the coalition. They insure that the drug prevention needs of the tribe and tribal youth are being met by the coalition. We reach out to under-served populations such as youth such as Youth N Action and The Shelton SADD Club. In order to continually build capacity in the area of cultural competency, we will provide cultural competence training every two years. We will participate in culture competency training that focuses on total community involvement with a specific focus on Tribal, Hispanic, low socio-economic, youth involvement. We do targeted recruitment using key leaders in the coalition, citizens and sector members who can target specific individuals and bring them in because they are in relationship and can connect common interests of coalition and individuals. Coalition members can also recruit other non coalition community leaders to complete tasks. (The Mayor/County Commissioners)

Sustainability in Capacity Building

The Coalition will involve key leaders and community members in promoting and continuing coalition efforts continually. Key leaders that are not involved with the Coalition as members will be involved as tasks and projects come up for which they are necessary. In involving key leaders and community members in every step of the SPF process, they will become educated on local prevention efforts and be able to see how their involvement directly plays into reducing youth problem behaviors in Shelton. Again, key leaders, community members and partners will be matched to tasks and projects according to their values, interests, abilities and amount of time they can devote to the ongoing Coalition effort.

Shelton Drug Prevention Coalition Strategic Plan

ASSESSMENT

Needs Assessment

Process:

The Coalition gathered data from the community survey, Healthy Youth Survey (HYS), Shelton Community needs Data book (October 2013), WA State Patrol DUI data, Shelton Police dept City MIP arrest data, and County Health Rankings and met over the data to assess the needs of the Shelton community as well as the priorities for prevention efforts.

Input from and involving/informing the community: We have conducted a community survey by survey monkey in Dec 2013 (see pages 17-22, Data Results)

The survey was disseminated by email throughout the community. Paper copies were made available for those who cannot complete it via electronic mail. We began the survey process in December 2013. Our coalition members were asked to promote the survey through key informant interviews and promotion. The survey was placed on the Mason county Web site, Facebook page and promoted in the local newspaper (Journal). A year end press release was sent out to all local media outlets, social media outlets, and email list serves. There were 438 surveys completed within 31 days.

Summary of Key Data:

We reviewed all data and discussed community norms that and gaps (GAPS ANALYSIS). Community resources and community norms. We discussed many different strategies and approaches and had discussions about whom and what age should our prevention efforts be focused. We discussed many issues regarding substance use. Including who is using, social norms, and community perception of use and legal aspects of use in our community The Coalition collected data using the following sources:

- Shelton community survey of 438 adults. Dec 2013.
- HYS 2012 8th and 10th (9th and 12th grade data suppressed due to low response rates) for Shelton School District.
- Shelton Community needs Data book Oct 2013.
- WA State Patrol DUI data, 2008-2011.
- Shelton Police dept City MIP arrest data 2008-2011.
- The County Health Rankings. The County Health Rankings Individual health behaviors factors account for approximately 30% of health outcomes. The County Health Rankings project uses seven key indicators to determine county rankings. Results: Mason County ranks 37th out of 39 counties on these factors.
- The Adult community survey conducted in Dec 2013.

Shelton Drug Prevention Coalition Strategic Plan

- Key leadership input at coalition meetings and strategic planning meetings. Included Adult and Youth Coalition members.

DBHR staff provided a short training with the coalition at the Jan 2014 meeting about the process of data review and (GAPS ANALYSIS). The coalition then completed a gaps analysis and started developing logic models for underage drinking, marijuana use and RX drug abuse.

The coalition was presented with the data at two community coalition meetings. Feb and March 2014. 17 coalition members including 2 DBHR staff members attended our strategic planning retreat in April 2014.

All members felt that Shelton and Mason County deserves a comprehensive substance abuse prevention program that would encompass very child. Although they are very aware of the limitations of the funding.

The prevention coordinator attended the three day prevention coordinator training in Renton WA in Feb 2014.

We had an ad hoc assessment team that met at Olympic Middle School in Shelton in April 2014. This group finalized logic models and selected strategies to address local conditions and root causes for, underage drinking, marijuana use and RX drug abuse.

Summary of Key DATA

What we've learned from the data is that alcohol and marijuana continue to be a problem for the children, youth, and adults in the Shelton School District. Key informant interviews tell us that prescription drug misuse and abuse is a local problem with teens in Shelton, although our data does not highlight this as a problem.

Youth Substance Use: Approximately 25% of 8th graders along w/ 14% reporting that they smoke marijuana. 10th grade use was under reported. Thus, we will work closely with ESD 113 and the school dist to ensure that we have complete and accurate data next year. The next HYS is scheduled for the fall of 2014. Although we do know that the trend for marijuana use has been trending up by 8% between 2004 and 2008. In which 30 % of 10th graders had reported smoking marijuana in the past 30 days. See page 17-22, Data Results.

Consequences: Consequences of youth substance abuse include *school attendance* and performance, youth delinquency and mental health problems. School attendance is stated as the percent of the student body in school on any particular day. A yearly average statewide is 85% or better in attendance. Last year Shelton High School was averaging about a 65% daily attendance rate. *School performance* is self-reported on the HYS 2010, 28% of tenth and 24% of 8th graders reported getting mostly C's, D's, or F's compared to 26% for their state counterparts. Baseline *mental health data* included depression, and suicide data. Nearly 1 in 4 eighth graders reported felt hopeless or sad and 18% considered suicide in the past 30 days.

Perception data provided insight into student thoughts. Student perception includes the idea that consequences may differ depending on which law enforcement entity (Tribal, State, or County) officer responded. There was also discussion among the members of

The law enforcement work group as to the lack of available man power to adequately police youth in the Shelton area. They also stated the law sometimes prevents them from entering homes that youth are in and known to be consuming alcohol. With declining man power and funding, all of the agencies reported reduced funds for emphasis patrols and help in supporting legal consequences for youth. According to WA State Patrol, there were 1,600 adult DUI's between

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2008 and 2011. The Shelton Police Department report an average of 3-5 Minor in Possession arrests per year, between 2011 and 2014 in Shelton.

The adult community survey was a very successful community assessment. We were able to get 438 responses in 31 days. The assessment was shared with the coalition and also reviewed at the strategic planning retreat. The Adult Perception data provided insight into adult perceptions of drug and alcohol use.

Q7 Among the youth in this community, how much of a problem are these issues?

Answer Choices	Responses
	5.14% 20
	29.05% 113
	57.58% 224
	8.23% 32
Total	389

**Needs
Assessment
Conclusions:**

**Resources
Assessment**

Shelton Drug Prevention Coalition Strategic Plan

8 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.

	Not a problem	A minor problem	A moderate	A serious problem	Total
Tobacco use	3.41%	10.71%	45.74%	40.15%	
Alcohol use	2.93%	4.88%	34.15%	58.05%	
Marijuana use	4.42%	8.60%	29.48%	57.49%	
Depression	4.28%	12.59%	42.07%	41.06%	
Suicide	9.25%	33.42%	35.99%	21.34%	
Driving under the influence	5.03%	12.06%	40.20%	42.71%	
Prescription drug abuse	4.08%	13.78%	38.52%	43.62%	

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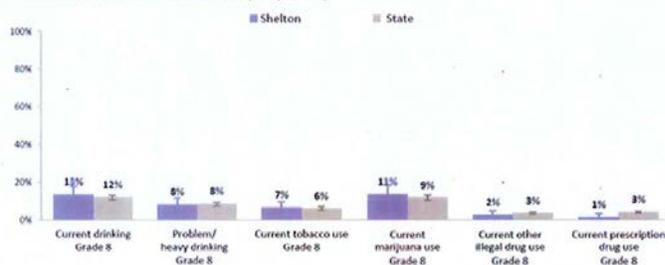
Shelton 2012 Health Youth Survey Results – Substance Use Indicators

(There were not enough 10th grade responses to the Health Youth Survey to provide results for this district. So, only the 8th grade results from 2012 are provided, along with the 2010 results for 10th graders.)

Youth Substance Use

Alcohol is the most widely used substance in our state, and is associated with the most harm. Consumption measures are also available for tobacco, marijuana, and other illegal drugs.

HYS Measures of Youth Substance Use (2012, Percent)



HYS Measures of Youth Substance Use	Grade	Shelton		State	
		2010	2011	2010	2011
Current Drinking. During the past 30 days, on how many days do you drink a glass, can or bottle of beer? (District results: Drink any days)	10	24%	12%	14%	12%
Problem/Heavy Drinking. (District results: 3-5 days drinking in the past 30 days and/or 1 binge or past 2 weeks, or 6+ days drinking in the past 30 days and/or 2+ binges past 2 weeks)	10	14%	8%	10%	8%
Current Tobacco Use. During the past 30 days, on how many days did you smoke cigarettes, or use chewing tobacco, snuff, or dip? (District results: Use on any days)	10	17%	7%	8%	6%
Current Marijuana Use. During the past 30 days, on how many days did you use marijuana or hashish? (District results: Use any days)	10	14%	11%	8%	8%
Current Other Illegal Drug Use. During the past 30 days, on how many days did you not counting alcohol, tobacco, or marijuana, use another illegal drug? (District results: Use any days)	10	4%	2%	3%	3%
Current Prescription Drug Use. During the past 30 days, on how many days did you use a pain killer to get high, like Vicodin, OxyContin or Percocet? (District results: Use any days)	10	8%	1%	4%	3%

HYS Measures of Youth Substance Use	Grade	Shelton		State	
		2010	2011	2010	2011
Current Drinking. During the past 30 days, on how many days did you drink a glass, can or bottle of beer? (District results: Drink on any days)	10	35%	28%		
Problem/Heavy Drinking. (District results: 3-5 days drinking in past 30 days and/or 1 binge in past 2 weeks, or 6+ days drinking in the past 30 days and/or 2+ binges past 2 weeks)	10	25%	18%		
Current Tobacco Use. During the past 30 days, on how many days did you smoke cigarettes, or use chewing tobacco, snuff, or dip? (District results: Use on any days)	10	21%	15%		
Current Marijuana Use. During the past 30 days, on how many days did you use marijuana or hashish? (District results: Use on any days)	10	30%	20%		
Current Illegal Drug Use. During the past 30 days, on how many days did you not counting alcohol, tobacco or marijuana, use another illegal drug? (District results: Use on any days)	10	7%	7%		
Current Prescription Drug Use. During the past 30 days, on how many days did you use a pain killer to get high like Vicodin, OxyContin or Percocet? (District results: Use on any days)	10	10%	8%		

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Community Health Status Assessment 2013/ County Health Ranking DATA

There are a myriad of factors that influence a person's overall health outcomes.¹ The County Health Rankings Report combines measures of these factors when determining a county's Health Factors ranking. In 2013, Mason County ranked 30th of 39 counties in Health Factors.

Individual health behaviors factors account for approximately 30% of health outcomes. The County Health Rankings project uses seven key indicators to determine county rankings. Mason County ranks 37th out of 39 counties on these factors.

Mason County's smoking rates for both youth and adults have been consistently higher than state rates. In the adult population, there has been a slight, 3%, and decrease in smoking rates since 2004-2006 time periods. About 24% of 12th grade students reported that they started smoking before the age of 13 years.

Health Behavior Factors Comparison of Key Indicators, 2013

	Mason	WA State
Adult smoking rates	26%	16%
Adults obesity rates	31%	27%
Physical inactivity	21%	19%
Excessive drinking	16%	17%
Motor vehicle crash death rate	18/100,000	10/100,000
Sexually transmitted infection rate	227/100,000	317/100,000
Teen birth rate	44/100,000	31/100,000

Shelton Drug Prevention Coalition Strategic Plan

HYS DATA:

Friends Use Alcohol

2012 8th Grade - Shelton, 38%; State, 28% (Data Book - page 20)
 2010 to 2012 Comparison - Shelton decreased from 58% in 2010 to 38% in 2012 (Data Book - page 20)
 Longer term trends - 2012 levels are the lowest ever for 8th graders

Youth Don't Think Drinking Is Wrong

2012 8th Grade - Shelton, 20%; State, 15% (Data Book - page 20)
 2010 to 2012 Comparison - Shelton decreased from 24% in 2010 to 20% in 2012 (Data Book - page 20)
 Longer term trends - 2012 levels are the lowest ever for 8th graders

Community Doesn't Think Drinking Is Wrong

2012 8th Grade - Shelton, 17%; State, 13% (Data Book - page 20)
 2010 to 2012 Comparison - Shelton decreased from 18% in 2010 to 17% in 2012 (Data Book - page 20)
 Longer term trends - 2012 levels are the lowest ever for 8th graders

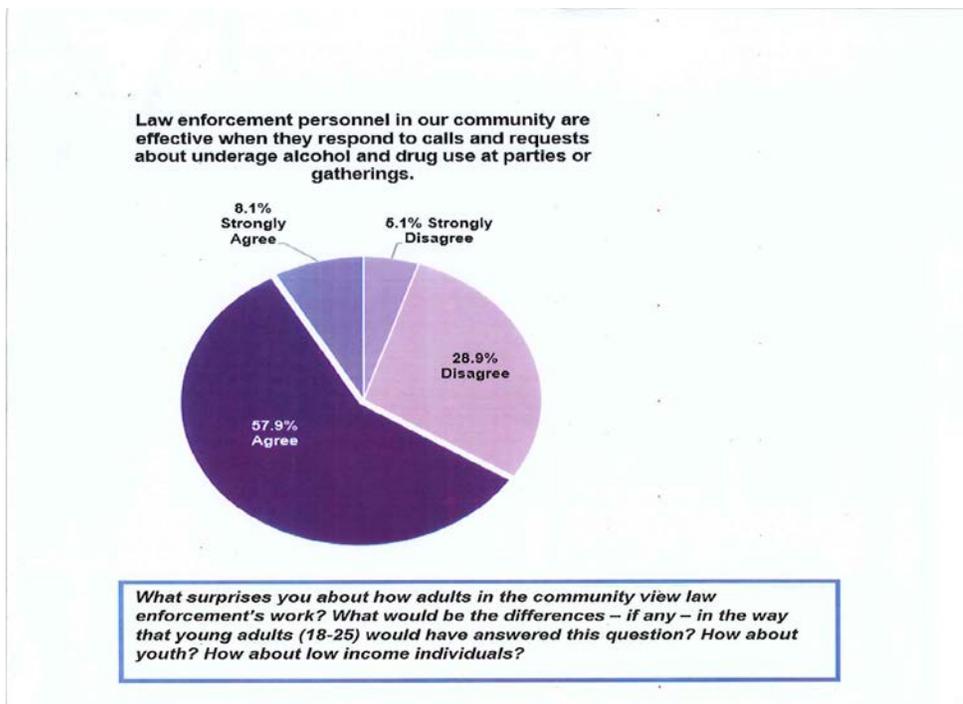
Community Survey Fall 2013

Among the youth in this community, how much of a problem are these issues?

Answer Options	Not a problem	A minor problem	A moderate problem	A serious problem	Response Count
Tobacco use	14	45	190	169	418
Alcohol use	12	20	143	242	417
Marijuana use	18	35	122	239	414
Depression	17	53	168	166	404
Suicide	36	133	143	84	396
Driving under the influence	20	49	164	172	405
Prescription drug abuse	17	55	152	174	398
			<i>answered question</i>		421
			<i>skipped question</i>		30

Shelton Drug Prevention Coalition Strategic Plan

ADULT COMMUNITY SURVEY DATA:



Needs Assessment Conclusions:

Overall process. The coalition assessed the data which led them to conclusions above in order to address local; priorities or root causes. The coalition focused on youth access to substances, favorable attitudes towards drug use by parent's peers and the community as well as community laws and norms favorable to drug use. Much of these problems also stem from community disorganization and a lack of community connectedness, although indicator data is not available as reported for Shelton.

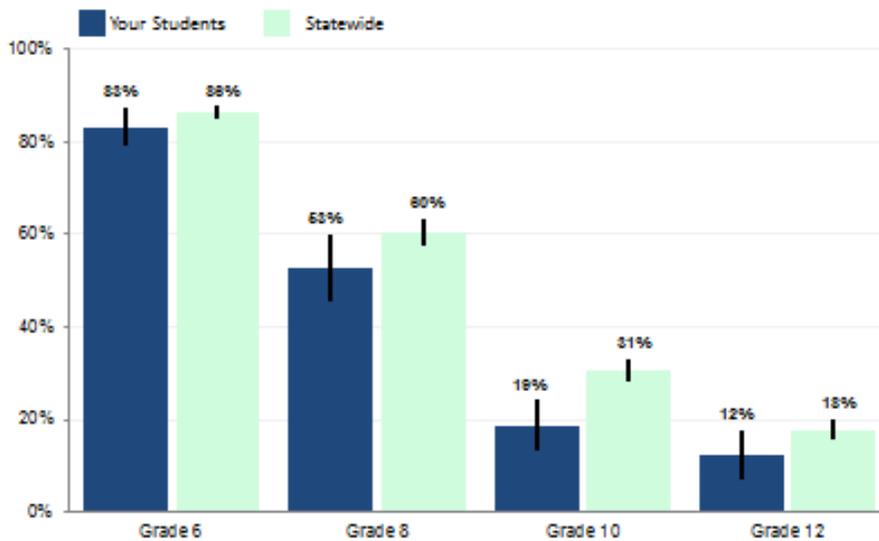
- Community Connectedness – No state level indicators reported in the data book for Shelton

Shelton Drug Prevention Coalition Strategic Plan

- Social Access to alcohol -
 - 48% of 8th graders report getting alcohol from friends at a party (Mason County HYS 2012)
 - 55% of 10th graders report getting alcohol from friends at a party (Mason County HYS 2012)
 - 40% of 8th graders report getting alcohol at home with/without permission (Mason County HYS 2012)
 - 29% of 10th graders report getting alcohol at home with/without permission (Mason County HYS 2012)
- Social Access to marijuana –
 - 67% of 10th graders report that it is easy or very easy to get marijuana (Mason County HYS 2012)

Perceived Availability of Marijuana

Percent of students who report marijuana
would be "very hard" to get



Source: 2012 Healthy Youth Survey

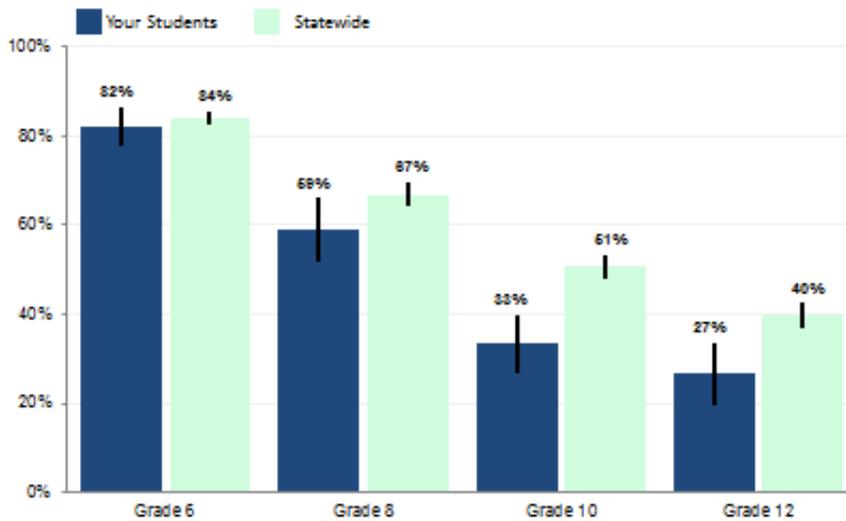
Mason County 44

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- Social Access to prescription painkillers –
 - 36% of 10th graders got painkillers from a friend to get high (Mason County HYS 2012)
- Law and Norms Favorable to Drug Use –
 - 33% of 8th graders report that the police would catch them if they had been drinking (Mason County HYS 2012)
 - 16% of 10th graders report that the police would catch them if they had been drinking (Mason County HYS 2012)
 - 17% of 12th graders report the police would catch them if they used marijuana (Mason County HYS 2012)
 - 41% of 8th grade Shelton students reported to be at risk- Laws and Norms Favorable to Drug Use (Shelton Data Book 2013)

Perception of Neighborhood Norms - Marijuana

Percent of students who report that adults in their neighborhood think youth marijuana use is "very wrong"



Source: 2012 Healthy Youth Survey

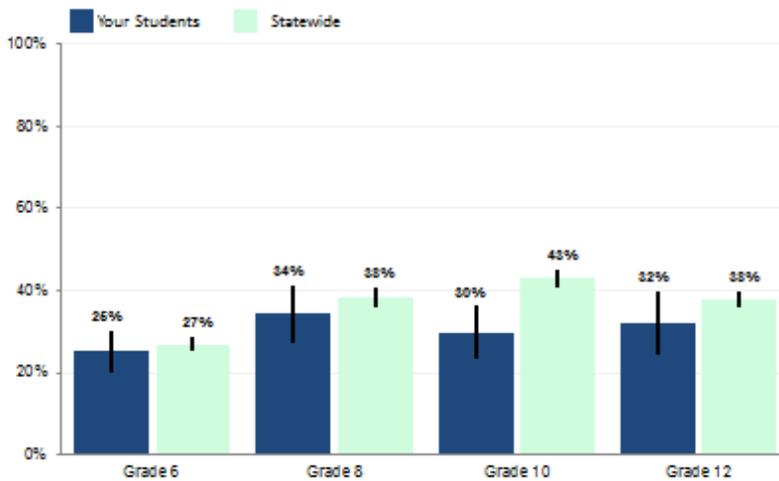
Mason County 41

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- Favorable Attitudes for Drug Use –

Perceived Risk of Regular Alcohol Use

Percent of students who report "great risk" of harm
from drinking alcohol daily



Source: 2012 Healthy Youth Survey

Mason County 43

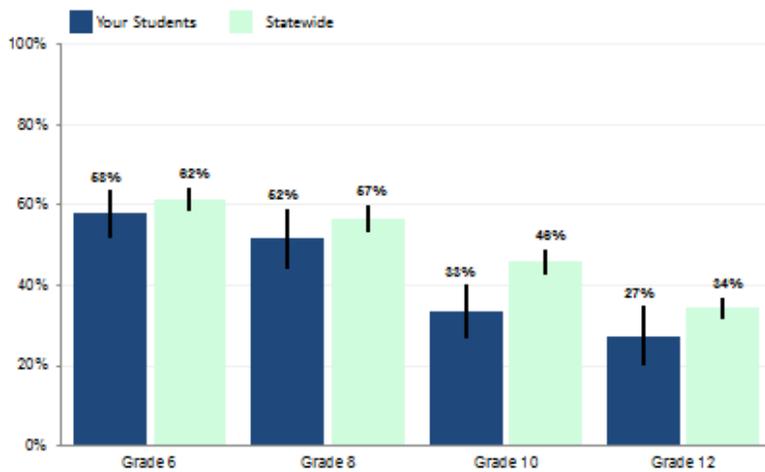
- Only 26% of 8th graders report "great risk" of harm from drinking alcohol daily – (Mason County HYS 2012)
- Only 34% of 10th graders report "great risk" of harm from drinking alcohol daily – (Mason County HYS 2012)
- 47% of 8th graders report little or no risk from using marijuana (try once or twice) - (Mason County HYS 2012)
- 66% of 10th graders report little or no risk from using marijuana (try once or twice) - (Mason County HYS 2012)
- 75% of 12th graders report little or no risk from using marijuana (try once or twice) - (Mason County HYS 2012)

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- 55% of 10th graders report little or no risk from using marijuana (Use occasionally) - (Mason County HYS 2012)
- 65% of 12th graders report little or no risk from using marijuana (Use occasionally) - (Mason County HYS 2012)
- 47% of 12th graders report little or no risk from using marijuana (Use regularly – once or twice a week) - (Mason County HYS 2012)

Perceived Risk of Regular Marijuana Use

Percent of students who report "great risk" of harm
from smoking marijuana at least once or twice a week



Source: 2012 Healthy Youth Survey

Mason County 47

- Poor Family Management –
 - 40% of 8th grade Shelton students reported to be at risk – Poor Family Management (Shelton Data Book 2013)

These local conditions are present in Shelton due to several factors including extreme economic deprivation, cultural norms in both the Tribal and non Tribal communities. Lack of education, lack of enforcement the absence of environmental policies that would reduce youth substance use in Shelton as a whole.

Shelton Drug Prevention Coalition Strategic Plan

The long term consequences of alcohol, marijuana and Rx drug abuse contributes to increase incidents to local youth suicide, higher risk of harmful behaviors due to use. The community experiences the impacts of substance abuse across the family, peer, school and community domains. Our goal is to reduce substance abuse, marijuana an RX misuse and abuse.

- Youth alcohol use in Shelton is the highest priority. Alcohol use in Shelton is at a higher level than marijuana. 35% of 10th graders reported consuming alcohol, in the past 30 days HYS 2010. This also was identified as a long term need to address and a priority by key informants and our Coalition members.
- Marijuana is our second priority 30% of 10th graders reported consuming alcohol, in the past 30 days HYS 2010. Marijuana is highly used in both Tribal and Non Tribal communities. However use is reported to be higher in Tribal communities. As reported by key informants. Legalization of marijuana in WA State in contributing to an increased normalization of youth marijuana use in Shelton. Additionally, some youth and adults still do not understand the laws associated with the new laws. We have seen an increased incidence marijuana acceptance by youth and parents. Principals are now dealing with youth bringing green cards to school and parents advocating for their child to be able to use at school! This has created new policy and legal issues to deal with. We also are anticipating new issues that may arise when marijuana sales become legal in WA this summer.
- RX misuse and abuse in Shelton is not necessarily supported by current data, however, it was identified as our third priority due to key informant interviews with citizens, tribal representative and law enforcement suggest otherwise. Shelton is experiencing increasing residential thefts and crime in relation to local Rx misuse and abuse. Local prevention efforts will focus on education and training the local community in safe disposal and locking up meds for the purpose of reducing youth access to these medications.

Process:

Resources Assessment:

Resource Assessment/process for planning

Shelton Drug Prevention Coalition Strategic Plan

At the Jan, Feb and March 2014 coalition meeting the group reviewed the draft of the logic model including priorities, local conditions, and intervening variables specific to the issues in Shelton. This process was done in anticipation of selecting strategies at the next meeting. A strategic planning workgroup was held to review all the resources available in the community. Shelton has limited access to resources. That being said, there are still many resources available in this community, it just may lack some coordination. The workgroup reviewed five different resource listings, and talked about what might be missing. The purpose of familiarizing themselves with all the resources provided in the community was to ensure that as the coalition selected strategies, they do not duplicate efforts that may already exist. The group talked at length about a need for coordination, access, and communication about the resources available in the community, who they are accessible to, and how they can be paid for. The group identified that there are many resources available from community agencies for food, shelter, and some transportation.

Available Resources:

Counseling services, Maternity Support Services and the WIC Program, Community Services Drug and Alcohol Counseling Program. Food banks, Planned Parenthood, Boys and Girls Club. North Mason County, Church youth Groups, PASS Program Pioneer School and Shelton High School, South Sound Drug Treatment, Family Education and Support Services, BHR , SADD Club Shelton Jr. High and High Schools. Churches, Shelton Schools, True North Students Services ESD 113.

GAPS Identified

The first and biggest gap identified was the lack of drug prevention service at the Oakland Bay Middle School this entire year. Lost funding at end of last year. The need for a local and accessible community center or Boys and Girls Club or YMCA has been identified several times by this group. The local bowling alley burned down a few years ago and has not been re-built. The local swimming pool is in disrepair and is in need of renovation. The coalition continues also has suggested that the need for a more comprehensive drug and alcohol prevention program.

Currently, Mason County Transit is building a transit and community center in downtown Shelton. The center will serve as a transit center, counseling, community center and will possibly be used for after school program and social programs.

Easy access to Alcohol and new marijuana laws were also discussed at length with varied thoughts and ideas. Prescription drug use was also a concern. Law enforcement shared that most home burglaries included the thief going through the medicine cabinet looking for drugs. Most coalition members felt that the community does not have a good understanding of where they could dispose of Rx drugs.

Shelton Drug Prevention Coalition Strategic Plan

Easy access to alcohol in stores was also identified. The new alcohol laws and product placement in stores was discussed. The local Safeway places soda and energy drinks next to the liquor and wine. Kids are in the liquor dept when they are buying soda.

Summary of Key Information:

Resources Assessment Conclusions:

Resources Assessment Conclusions:

Prioritizing gaps was based on what is currently available. The group understands that they need to be realistic about their strategy selection based on capacity. The coalition made efforts to not duplicate current efforts that are working, and will continue to work to enhance current efforts if needed. It became clear that some needs could not be addressed by the coalition at this point, but would remain on the radar as capacity and resources increase.

After discussing gaps, we came to the conclusion that the need for more comprehensive drug prevention programming was needed. Also, when discussing alcohol access the local Safeway was identified as a needed community partnership. This is the main grocery store in Shelton and is in walking distance from the CHOICE Alternative high school. The coalition will work to build a relationship with this establishment to explore how to support the loss prevention efforts in this store. Especially with liquor now being available in grocery stores.

One of the main gaps identified by this group is a lack of centrally located centrally resources, and who those resources are available to. We will work with the Mason Transit center to promote youth prevention and support programs. One partnership that we are encouraging to move into space at the center is the Youth N Action Project.

The contributing factors selected based on the assessment are: lack of community pride, lack of coordination and awareness of community services, increased alcohol access due to I-1183, youth perception of marijuana access, increased prescription drug access,

community norms that youth don't think youth use is wrong, a perception of permissive community attitudes toward youth use, and exaggerated perception of peer use, youth perception that it isn't harmful to try or use substances regularly, and lack of supervision,

Teaching of life skills, responsibility at home.

Coalition members realize these are lofty goals. As detailed in the planning section, a community survey is a key strategy in helping members better understand these local conditions, and will then help them better prioritize their strategies in addressing the problem behaviors specific to the Shelton community.

Shelton Drug Prevention Coalition Strategic Plan

In anticipation of selecting strategies, coalition members discussed where the biggest impact could be made based upon the limited capacity of the fledgling coalition. Coalition members understand that the Strategic Prevention Framework is an ongoing process that will be amended and updated based on increased capacity and access to resources in the community, as well as gaining a better understanding of the local conditions as the work progresses.

The most important areas for the coalition to begin addressing seemed to be working on the community gaining a better understanding about access to Rx substances, and strategies to increase youth drug prevention skills. Specifically in middle school youth. These all seemed to be the common themes that would arise in each discussion, and is supported by the data reviewed. These also seemed to be priorities that the coalition could realistically address without duplicating existing efforts in the community.

After reviewing the information collected from our needs assessment we determined that significant resources are available at the high school and Jr. High level and the Middle youth students have not had drug prevention services in almost one year. Thus we decided we needed evidence based programming that would address the lack of drug prevention education in our Jr. High 5th and 6th grade level students.

Cultural Competency in Assessment

We included both The Squaxin Island and the Skokomish Tribe in our entire decision making process. Both Tribal Managers were contacted directly. They were informed and briefed about the Shelton Drug coalition and asked to participate. Both Managers then directed a member of their Social Serves departments to participate as representative of the Tribe. Representatives have participated in all meetings including The 17 member Strategic Planning meeting. The Coalition coordinator has also been invited to be on the Squaxin land Drug Coalition. The assessment tool for the Adult Community assessment had been completed by DBHR and we are not aware how culture awareness may have been implemented. Although, we will ensure that discussions with our Tribes (4% pop), Hispanic community (20% pop) will be included in assessment discussion. This will be completed through key leader discussions prior to any new community assessment.

Sustainability in Assessment

In a small rural county, operating in a silo isn't just ineffective – it is simply impossible. Most, if not all, of the Coalition's strategies include multiple partners, which requires trust and a demonstrated ability to leverage community outreach. The Coalition goal is to engage the community and constantly connects community members and organizations to project goals and deliverables.

We have and will continue to connect with our main partners: Shelton School Dist, Shelton Police a, mason County Sheriff, Mason County Public Health, Mason Matters, Squaxin Tribe, Skokomish Tribe, Youth N Action, SADD Club,

Shelton Drug Prevention Coalition Strategic Plan

Mason Transit and all other community and youth groups that share our mission. As part of the coalition's overall strategy to prevent Alcohol and prescription drug abuse in Shelton.

Shelton Drug Prevention Coalition Strategic Plan

PLAN

Process for Planning Implementation

Structural Support: coalition participation is tracked using sign-in sheets for all Coalition, subcommittee, and workgroup meetings. In addition, we will also track volunteer time for our in-kind match. Both of these systems allow us to track member involvement and not lose sight of members who may be missing meetings or are becoming disengaged. If we notice a coalition member has missed several meetings without following up with either staff or coalition board members, we contact them to reconnect and revisit their involvement. In addition to assessing the sign-in sheets and in-kind volunteer timesheets, we have developed a spreadsheet of the members identified for the 12 sectors required by DFC.

Each Coalition member signs a Coalition Involvement Agreement (CIA) at our annual meeting in January. On the CIA, the Member states the number of regular coalition meetings they will attend and in which subcommittees/workgroups they will participate. If a member is not fulfilling their agreement, a conversation occurs to make any necessary as stated above. This provides the Coalition with oversight to meet our funders' expectations for sector involvement, and in addition, provides a system of accountability to our members and helps identify ongoing recruitment needs.

Goals, Objectives, and Strategies Implementation

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invite them through key informant interviews. Other may be contacted directly by community coordinator.

Actively Engaging Media: The Mason County Journal Newspaper has been invited to participate as coalition member/media consultant. They have chosen to report the news and events of the coalition. Minutes will be shared with the Journal Newspaper monthly or as requested by the Journal. Meetings schedule will be made available to the

Shelton Drug Prevention Coalition Strategic Plan

Journal for print in the local meetings and The following is a summary of the programs that will be implemented in the Plan:

Program 1: The Project ALERT curriculum was created and tested by RAND, the nation's leading think tank on drug policy. Developed over a ten-year period, Project ALERT addresses the pro-drug mindset of today's teens and effectively increases their likelihood to remain drug-free.

Rationale for choosing: The coalition selected Project Alert to be taught at Oakland Bay middle school, by ESD 113 Prevention and Intervention Specialists because there are currently no Drug and alcohol prevention services at the middle school

Objective/Action Plan: Project ALERT is a school-based prevention program for middle or junior high school students that focus on alcohol, tobacco, and marijuana use. It seeks to prevent adolescent nonusers from experimenting with these drugs, and to prevent youths who are already experimenting from becoming more regular users or abusers. Based on the social influence model of prevention, the program is designed to help motivate young people to avoid using drugs and to teach them the skills they need to understand and resist pro-drug social influences. The curriculum is comprised of 11 lessons in the first year and 3 lessons in the second year. Lessons involve small-group activities, question-and-answer sessions, role-playing, and the rehearsal of new skills to stimulate students' interest and participation. The content focuses on helping students understand the consequences of drug use, recognize the benefits of nonuse, build norms against use, and identify and resist pro-drug pressures.

Program 2: Project SUCCESS will improve social competence skills (communication, decision making, problem solving, interactions with others, assertiveness) among youth (under 18) in The Shelton School Dist Oakland Bay Middle School

Rationale for choosing: The coalition selected Project Success to be taught at Oakland Bay middle school, by ESD 113 Prevention and Intervention Specialists because there are currently no Drug and alcohol prevention services at the middle school

Objective/Action Plan: 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.

Shelton Drug Prevention Coalition Strategic Plan

In recent years, Project SUCCESS has been used in regular middle and high schools for a broader range of high-risk students. The intervention includes four components: The Prevention Education Series (PES), an eight-session alcohol, tobacco, and other drug program conducted by Project SUCCESS counselors (local staff trained by the developers) who help students identify and resist pressures to use substances, correct misperceptions about the prevalence and acceptability of substance use, and understand the consequences of substance use. School-wide activities and promotional materials to increase the perception of the harm of substance use, positively change social norms about substance use, and increase enforcement of and compliance with school policies and community laws.

A parent program that includes informational meetings, parent education, and the formation of a parent advisory committee. Individual and group counseling, in which the Project SUCCESS counselors conduct time-limited counseling for youth following their participation in the PES and an individual assessment. Students and parents who require more intensive counseling, treatment, or other services are referred to appropriate agencies or practitioners in the community.

Program 3: Decrease the risk of drug abuse associated prescription drug use through an environmental strategy to educate and inform the Shelton community of the importance of proper disposal and storage of Rx drugs.

Rationale for choosing: Prescription drug abuse is the fastest-growing drug problem in America, and 70 percent of youth get their prescription drugs from family and friends. Painkillers are stolen by home burglars, who raid medicine cabinets for lucrative products to re-sell on the street, according to our key informant law enforcement officials who participated in our Strategic Planning Process.

Leaving medicines on counters or easy-to-reach places can lead to accidental ingestion by small children. Storing prescriptions in medicine cabinets can expose them to unusual heat and moisture, resulting in lost effectiveness.

Objective/Action Plan: The Shelton Youth N Action and Shelton SADD Club will increase knowledge of National Prescription Drug Take-Back Day. The event held nationally on April 26 offers a safe and easy way for people to dispose of expired and/or unused medicines. The Shelton Drug Prevention Program supports this initiative as a way to educate the public about storing and disposing of medication, as well as inform the public about the dangers of prescription drug abuse, misuse, and trafficking of prescription drugs.

The Mason County Sheriffs Dept offers year-round drop boxes have been available to the public for disposal of Rx drugs. Youth N Action Will develop and promote messaging for the yearly Drug take back day in April and Rx lock boxes using social media, local radio, newspaper community message boards, school dist web page and Facebook.

Shelton Drug Prevention Coalition Strategic Plan

Youth 'N Action is a Statewide youth advocacy program that brings youth voice to public policy and empowers at risk youth ages 14-24 to make differences in their lives, communities and systems that serve youth. Five core functions of YNA

- Youth Leadership - YNA provides youth with opportunities to give more, grow positively and become leaders in their communities, amongst their peers and in their own lives. This is accomplished through opportunities to be part of YNA as well as through YNA's efforts to support youth to participate in community and state activities on behalf of other youth and to serve as leaders within their own local organizations.
- Technical Assistance and Outreach – YNA provides communities, service providers, policy makers, youth and family serving organizations, and youth with training and technical assistance so that they can effectively complete their own missions. YNA also supports other youth organizations to be part of a collaborative network focused on youth involvement and youth voice in public policy in Washington State.
- Advocacy – YNA actively organizes youth to develop political and policy positions that are relevant to improving the health and well-being of at-risk youth in the state. YNA then organizes youth to advocate for achieving legislative, policy, and service provision change in these priority areas.
- Peer Support - YNA organizes youth to provide one-on-one or group based support to peers in order to address individual needs and build upon individual strengths, and to encourage the healthy development of young adults as they transition to adulthood by meeting their needs for positive social interaction and connecting them to resources that can help them (e.g., housing, mental health services, employment, education, etc). YNA investigates and promotes the use of youth peer-to-peer support techniques that are based on evidence for effectiveness.
- Accountability and Sustainability – YNA is committed to being an accountable and effective organization. YNA accomplishes this function by (1) setting goals with measurable outcomes and using this process to ensure that its functions and planned activities are actually done, (2) evaluating its effectiveness, and (3) promoting its effectiveness and accomplishments in a way that ensure that YNA can continually expand the influence of the organization.

The Shelton Students Against Destructive Decisions (SADD Club): Originally, the mission of the SADD chapter was to help young people say "No" to drinking and driving. Today, the mission has expanded. Students have told us that positive peer pressure, role modeling and environmental strategies can prevent other destructive decisions and set a healthier, safer course for their lives. And that is why SADD has become a peer-to-peer education, prevention, and activism organization dedicated to preventing destructive decisions, particularly underage drinking, other drug use, risky and impaired driving, teen violence, and teen suicide. SADD's mission: To provide students with the best prevention tools possible to deal with the issues of underage drinking, other drug use, risky and impaired driving, and other destructive decisions.

Coalition staff, members, volunteers and partnering agencies all has a role in implementing the drug prevention plan. Coalition meetings will be governed by Robert's Rules of Order are used at all coalition meetings including Task Force meetings. Coalition Members Role: Is an integral part of this coalition. They are involved with every aspect of the coalition management. There are members on the Executive Committee, this committee decides what action items are placed on the monthly coalition agenda; they advise the coalition coordinator on last minute decisions for the coalition; they meet either in person or via email. Youth Coalition member meet with the regular coalition members for one hour per month. Youth members will also participate on Project Workgroups as required to assist with specific goals and objective as they arise.

Shelton Drug Prevention Coalition Strategic Plan

Workgroups Responsibilities

1. The number and makeup of project workgroups will depend on the needs of the community and current priorities of the coalition. Workgroups might be focused around specific projects such as developing a mentoring program or a larger strategy such as increasing public awareness of the coalition or community issues.
2. Workgroups can include both members and partners.
3. Workgroups will choose their own leaders and will report to the whole coalition and to the Core Workgroup directly or through the coalition staff.
4. Workgroups will coordinate efforts with other existing organizations when possible to fulfill the coalition objectives.

Community Coordinator Responsibilities

1. General oversight of the coalition, including planning, delivering and reporting.
2. Run the day-to-day operations of the coalition.
3. Monitor paid coalition staff.
4. Financial record-keeping and reporting to state and other funding sources.
5. Work with Local Advisory Committee to develop program budget(s).

Mason County Public Health and Human Services Responsibilities

1. Ensure the community coordinator, fiscal agent Mason County and school districts are well-informed about the Key Objectives of PRI and the tasks expected.
2. Work with the community coordinator and coalition to identify how to support and enhance prevention efforts in the community.
3. Participate in coalition meetings and projects as needed. Work with the coalition staff for reporting requirements.

ESD 113—Student Assistance Professionals Responsibilities

1. Provide screening and referral information to students and parents.
2. Conduct early intervention educational support groups for selected and indicated students.
3. Participate in the coalition.
4. Provide prevention education in the schools in collaboration with classroom teachers.
5. Provide information and increase awareness of available prevention, intervention and treatment services to school staff, parents and students.
6. Participate as integral member of the multi-disciplinary team at assigned schools.
7. Assist in developing alcohol, tobacco and other drug-related policies at schools when needed.
8. Implement and maintain methods of program evaluation.

Process for Recruiting: Keeping coalition member's engaged by matching interest skills and knowledge to action plan work group tasks. Tracking and reporting monthly action plan progress at monthly coalition meetings so that members feel that their contribution is valued and productive. We will recruit members whose values align with the mission and goals of the coalition. These members have a vested interest in the work and progress of the local community coalition.

Invite key leaders who have not regularly been attending to meeting at least once a year:

Shelton Drug Prevention Coalition Strategic Plan

We will provide for coalition updates for key community leaders and community members who have not been a regular part of our program throughout the year. We will increase the understanding of the project for key leaders and membership. We also plan to celebrate successes of the project at this meeting. This will coincide with National Volunteer recognition month in April.

This will be accomplished by acknowledging accomplishments at meetings and through media outlets. Such as the Mason County Journal Newspaper, social media, Mason County Public Health Facebook page and the Shelton School District web site.

Key leaders will be identified by the Shelton Drug Prevention Coalition. Members were asked to contact leaders and what's happening section. The Journal is weekly paper and has limited free space. Thus providing information does not guarantee it will be published.

Budget Narrative

Funding to support the work of the Coalition and the implementation of the Plan comes from the DBHR funding plus in-kind support from Mason County Public Health and Human Services and the Coalition members. Mason County Public Health and Human Services provides financial management and assurance of compliance with the contract requirements, the participation of the health and human services Director in the Coalition, document editing, and other infrastructure support as needed. The budget will take into account that we have a very diverse community that includes a large Hispanic and Native American population. Along with underserved community members and youth. Funding for this project includes all middle school youth attending Oakland Bay Middle School and will be part of and included in the prevention the project.

PRI funding will be used to support Shelton's Drug Prevention Coalition's planning and implementation:

- Salary and benefits for a .5 FTE Coalition Coordinator, including administrative and overhead, at Mason County Public Health = \$47,833 and \$5,315 in-kind match
- Partnership contracts with ESD 113 Prevention Intervention Specialist Program to implement Project ALERT and Project SUCCESS in Oakland Bay Middle School = \$24,000
- Partnership contract with WSU Extension's Youth N Action Program and Shelton School District's SADD Club to implement community education and environmental strategies focusing on prescription drug abuse prevention = \$12,424 (\$6,212 / each)

Action Plan

Cultural Competency in Plan

CULTURAL COMPETENCY IN IMPLEMENTATION:

The Shelton Drug coalition will continue to strongly connect with both Local Tribes and the Hispanic communities through representation on the coalition and through project collaboration. This coalition is part of a larger community

Shelton Drug Prevention Coalition Strategic Plan

health project. (CHIP) The Community Health Improvement Plan. Thus, the goal of our coalition is in concert with the CHIP plan that is inclusive of all community cultures, race, religion ethnicities, gender, age and geography. Their primary goal to make Mason County the healthiest *county* in the nation.” The Community Health Improvement Planning Committee incorporated this challenge to develop a Vision Statement for this community planning effort.

Sustainability in Plan

Sustainability in Implementation:

Goal: To maintain human, social and material resources needed to achieve the Shelton Drug Free Coalition long term goals.

- We will continue to identify, build and maintain partners through all recruitment avenues stated above. Members will come and go through time. Natural turnover happens and we will continue to recruit and replace old members as needed. Leadership also changes. We will continue to develop strong leadership through proactive recruitment
- Continue to evaluate our barriers. Community systems continue to change and can create barriers. New organizations may crop up and current community systems close. We will continue to evaluate our community partners in hopes to have a broader range of available partners.
- Document and periodically review impacts as issues arise through monthly updates at coalition meetings and a yearly strategic planning meeting to review our original goals and objectives.

Current resources for sustainability:

The Mason County Public Health and Human Services Department provides staff time for a coalition coordinator who will ensure program deliverables are accomplished. Support for coalition organization, financial management, office space, computer and phone are also provided by the health department. Social media, materials, postal service, Twitter and The Mason County Life Paper.

We are committed to follow the Mason County’s health prioritization process. This process was guided by the [Mobilization Action through Partnership and Planning \(MAPP\) tool](#).

We are also committed to the Mason County’s vision for its Community Health Improvement Plan (CHIP) is “Mason County is the healthiest county in the state.”

The CHIP process was framed by the [County Health Rankings framework](#). When the County Health Rankings initiative was launched in 2010, Mason County ranked 37th of 39th counties. Mason County improved to 33rd ranking in 2013.

Using a data-driven process, the CHIP Work Group identified six strategic health priorities in which a deliberate and coordinated plan will make meaningful improvements in the health of Mason County. The six strategic health priorities are

Shelton Drug Prevention Coalition Strategic Plan

Plan for Reporting and Evaluation:

The Coalition's plan for tracking and evaluating information: All chosen strategies/activity programs are reported on a monthly basis as part of the program update section of the meeting agenda. Updates are completed by leads working on the three program strategies. Reports will include updates on output and outcome measures as well as recommended changes that may be needed to achieve positive outcomes for the project. This will include sharing pre and post survey results or significant project highlights or challenges. The Coalition Coordinator will provide grant or funding updates as well as reporting output/outcome measures to the State.

PBPS

The Coalition Coordinator enters coalition data into the Performance Based Prevention System (PBPS) on a monthly basis. The data includes all meetings and contacts in person by the coordinator and all services direct or indirect coordinated by the efforts of the coalition. All coalition meetings will have a sign in sheet for meeting attendance that is recorded, and minutes are taken at all of the formal coalition meetings and workgroup meetings. These can be uploaded into PBPS if necessary. Any direct service programming will be recorded with participant information and pre and post survey results.

Reporting performance based contracting requirements monthly: The Prevention Intervention Specialist reports detailed information into an online database that is tracked for the number of students served in each building. Although confidential, this information can be reviewed with non-identifying indicators to learn about the progress of youth prevention and intervention in the community. The Washington State Healthy Youth Survey will be used on a biannual basis to learn about the progression of change in the community over time. Each data point that has been used to prioritize coalition strategies will be monitored for change over time as well as all data watched longitudinally for changes in youth behavior and perception data.

Shelton Drug Prevention Coalition Strategic Plan

IMPLEMENTATION

Structural Support for Implementation

Budget

Cultural Competency in Implementation

CULTURAL COMPETENCY IN IMPLEMENTATION:

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Shelton Drug Prevention Coalition Strategic Plan

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Shelton Drug Prevention Coalition Strategic Plan

REPORTING AND EVALUATION

Expected Outcomes (Baseline and Target Data)

Plan for Tracking and Reviewing Evaluation Information

Plan for Reporting and Evaluation:

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Use of Evaluation information

PBPS

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Local evaluation (optional)

Shelton Drug Prevention Coalition Strategic Plan

Cultural Competency in Reporting and Evaluation

Cultural Competency in reporting:

This coalition is part of a larger community health project. (CHIP) The Community Health Improvement Plan. Thus, the goal of our coalition is to work in concert with the CHIP plan that is inclusive of all community cultures, race, religion, ethnicities, gender, age and geography. The coalition will seek cultural key leaders from the Shelton community to review all survey material for culturally sensitive methods and content. This may be accomplished by email or in small work group setting.

Sustainability in Reporting and Evaluation

Sustainability in Reporting and Evaluation: An annual community survey will be used to determine community-wide change based on the activities of the coalition and messaging around community norms and healthy behaviors in the community. In addition, the Coalition will use local data from existing evaluation sources such as Healthy Youth Survey, police reports, and Adult Community Survey. The coalition will use data and evaluation information as they progress. As the coalition builds capacity, gains resources, and develops a more concise understanding of the local conditions strategies will be modified accordingly. The coalition has taken great care to understand the current information available about the local conditions as well as identifying the need to continually strive to gather data for an even greater understanding. This will lead the coalition in their ability to be an effective community change-agent in understanding their responsibility to best utilize the resources in the community.

Additional Requirements:

At least 60% of programs are DBHR Evidence Based. Project SUCCESS and Project ALERT are evidenced based programs. Youth N Action and SADD Club's Rx Drug Community Prevention Education Project is an environmental project.

Shelton Drug Prevention Coalition Strategic Plan

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

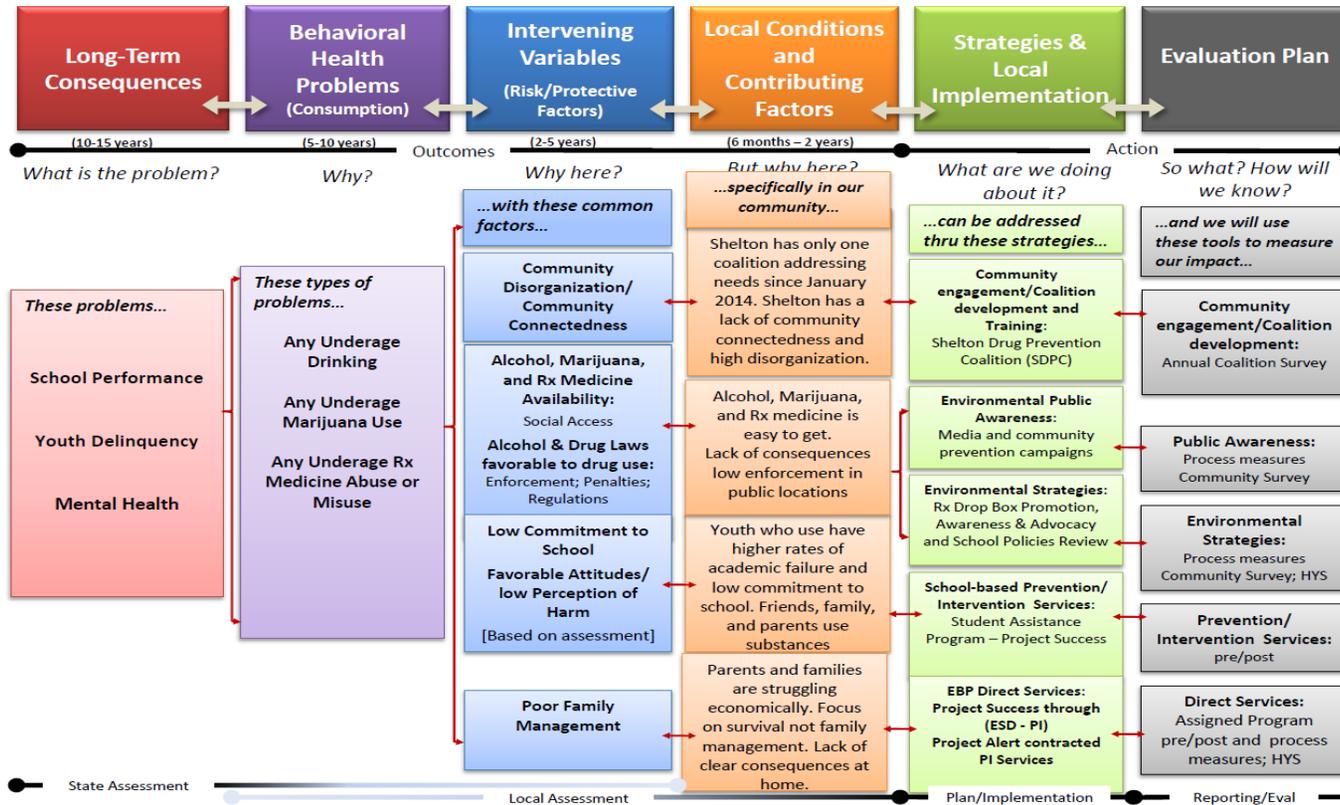
Appendix 5. Resources Assessment

Appendix 6. Action Plan

Attachment 1: Budget

Shelton Drug Prevention Coalition Strategic Plan

Shelton Drug Prevention Coalition Logic Model



Appendix 2. List of Coalition Members

Sector	Agency/Organization	Coalition Representative Name
Local Org w/expertise	Mason Matters	Kim Klint
Youth	Shelton High SADD Club	Gerald Apple
Tribal Government	Skokomish Tribe	Christopher James
Law enforcement	City Police/School Resource	Brent Dehning
Youth Serving Org	Youth In Action	Brian McCracken
Medical/Health care	RN	Lynn nelson
Parents	Parent	Lara Bichl
Juvenile Court/Law Enforcement	Mason Co. juvenile Court	James Madsen
Youth Drug Treatment	ESD 113	Erin Riffe
Other	Mason transit	Kathy Geist
Other	Homeless Shelter	Debbie Hurst
School	South Side School Dist Administration	Doris Bolender
Tribal Government	Squaxin Tribe	Kathy Block
Other	United Way of Mason County	Tamra Ingwaldson
Sector	Agency/Organization	Coalition Representative Name

**Shelton Drug Prevention Coalition
Strategic Plan**

Appendix 3. Needs Assessment

**Shelton Drug Prevention Coalition
Strategic Plan**

Appendix 4. Community Survey Results

Include a copy of the Community Survey Results in the Attachments of the Plan using report provided by DBHR. The Coalition will receive this report following the administration of the community survey. If you opt not to use the DBHR prepared Survey Monkey tool, please provide your report of data from your survey here.

Shelton Drug Prevention Coalition Strategic Plan

Appendix 5. Resources Assessment

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Shelton Drug Prevention Coalition Strategic Plan

The most important areas for the coalition to begin addressing seemed to be working on the community gaining a better understanding about access to Rx substances, and strategies to increase youth drug prevention skills. Specifically in middle school youth. These all seemed to be the common themes that would arise in each discussion, and is supported by the data reviewed. These also seemed to be priorities that the coalition could realistically address without duplicating existing efforts in the community.

After reviewing the information collected from our needs assessment we determined that significant resources are available at the high school and Jr. High level and the Middle youth students have not had drug prevention services in almost one year. Thus we decided we needed evidence based programming that would address the lack of drug prevention education in our Jr. High 5th and 6th grade level students.

Appendix 6. Action Plan

**Shelton Drug Prevention Coalition
Shelton Alcohol and Drug Prevention Coalition**

Shelton Drug Prevention Coalition Strategic Plan

Goal 1: **Reduce low commitment to school**

Objective 1.1: **Increase resistance skills and perception of harm in at least half of the middle school students attending program classes as measured by pre and post-tests.**

Strategy 1.1.1: **Education.** The Project ALERT curriculum was created and tested by RAND, the nation’s leading think tank on drug policy. Developed over a ten-year period, Project ALERT addresses the pro-drug mindset of today’s teens and effectively increases their likelihood to remain drug-free.

Intervening Variable: **Low commitment to school, low perception of harm, favorable attitudes, and poor family Management.**

Local Condition: **No alcohol and drug prevention services in the middle school. Friends, family, and parents who use substances which contribute to low perception of harm and favorable attitudes.**

Activity/Program	Brief Description	When	How	Who	Lead Organization	Responsible Party (ies)
<i>Name of activity/program</i>	<i>Briefly state the main purpose of the activity</i>	<i>When will this take place? What is timeframe for this activity?</i>	<i>How much? How often?</i>	<i>Who is this service for? How many people impacted?</i>	<i>Who is conducting?</i>	<i>Who from the coalition is making sure this gets done?</i>
Project ALERT school-based prevention program for middle or junior high school students that focus on alcohol, tobacco, and marijuana use	Project ALERT addresses the pro-drug mindset of today’s teens and effectively increases their likelihood to remain drug-free.	Ongoing Summer/School Year	11 lessons in the first year and 3 lessons in the second year	Olympic Middle School Students 5 th and 6 th grades	ESD 113 Shelton School District	Student Assistance Specialist

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- Goal 2: **Decrease favorable attitudes toward youth substance use**
- Objective 2.1: **Increase perception of harm of alcohol use by at least half of 6th and 8th grade students attending program classes as measured by pre and post-tests.**
- Strategy 2.1.1: **Education. Project SUCCESS program implementation.**
- Objective 2.2: **Increase perception of harm of marijuana use by at least half of 6th and 8th grade students attending program classes as measured by pre and post-tests.**
- Objective 2.3: **Increase perception of harm of marijuana use by youth, 6th and 8th grades, in Shelton by 10% as indicated by Healthy Youth Survey results.**
- Intervening Variable: **Favorable attitudes, low perception of harm, and low commitment to school.**
- Local Conditions: **Survey results indicate lax parental attitudes regarding underage alcohol and other drug use. Adults perceive that other adults are providing youth with alcohol. Youth believe peers are drinking alcohol. Youth who use have higher rates of academic failure and low commitment to school.**

Brief Description	When	How	Who	Lead Organization	Responsible Party (ies)
<i>Briefly state the main purpose of the activity</i>	<i>When will this take place? What is timeframe for this activity?</i>	<i>How much? How often?</i>	<i>Who is this service for? How many people impacted?</i>	<i>Who is conducting?</i>	<i>Who from the coalition is making sure this gets done?</i>
Project SUCCESS provides staff development on ATOD issues, screening and referral for high risk students, individual and small group counseling, and school wide prevention activities.	During the 2014/2015 school year	Ongoing	Identified high risk students, self-referred students, staff	ESD 113 Shelton School District	Student Assistance Specialist

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- Goal 3: **Reduce access to prescription drugs**
- Objective 3.1: **Educate adults about risks and consequences of failing to secure prescription medications or dispose of old medications.**
- Strategy 3.1.1: **Education and Campaign Messaging. Decrease the risk of drug abuse associated prescription drug use through an environmental strategy to educate, inform, and promote the importance and use of proper disposal and storage of Rx drugs.**
- Strategy 3.1.2: **Promotion and advocacy. Research and produce short public service video on safe disposal.**
- Intervening Variable: Favorable attitudes, social access, and low perception of harm.**
- Local Condition: **HYS results showed a sharp increase in the abuse of prescription drugs by 8th and 10th graders. HYS survey 2012 indicates increased Rx Drug abuse with age. Youth are using prescription drugs to get high. 2012 HYS indicated an increase in from 2% to 8% for 8th and 10th graders.**

Activity/Program	Brief Description	When	How	Who	Lead Organization	Responsible Party (ies)
<i>Name of activity/program</i>	<i>Briefly state the main purpose of the activity</i>	<i>When will this take place? What is timeframe for this activity?</i>	<i>How much? How often?</i>	<i>Who is this service for? How many people impacted?</i>	<i>Who is conducting?</i>	<i>Who from the coalition is making sure this gets done?</i>
Public service video	Youth N Action and Shelton SADD Club will co-produce Rx drug take back video about how to properly dispose medication	Fall, 2014- Summer 2015	Five lessons, 1 school assembly coordinated with National Drug Take Back Day	Youth grades 7-12	SDPC	Rx Abuse work group members, Coalition Coordinator, SAS

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Install and Promote Rx drop box	Fall, 2014- Summer 2015	One time installation accompanied by media campaign during National Drug Take-Back day	Community at large	SDPC	Rx Abuse work group members, Coalition Coordinator, Youth N Action and Shelton SADD Club.
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Goal 4: **Decrease Community Disorganization**

Objective 4.1: **Increase Community Connectedness**

Strategy 4.1.1: **Shelton Drug Prevention Coalition**

Local Condition: **there has not been good coordination of youth drug prevention services to address the needs in the community.**

Goal 4: **Decrease Community Disorganization**

Objective 4.1: **Increase Community Connectedness**

Strategy 4.1.1: **Shelton Drug Prevention Coalition**

Local Condition: **there has not been good coordination of youth drug prevention services to address the needs in the community.**

Activity/Program	Brief Description	When	How	Who	Lead Organization	Responsible Party (ies)
<i>Name of activity/program</i>	<i>Briefly state the main purpose of the activity</i>	<i>When will this take place? What is timeframe for this activity?</i>	<i>How much? How often?</i>	<i>Who is this service for? How many people impacted?</i>	<i>Who is conducting?</i>	<i>Who from the coalition is making sure this gets done?</i>
Shelton Drug Prevention Coalition	Monthly meetings and work groups to implement action plan	ongoing	Monthly and as needed ad- hoc	Coalition and community at large	SDPC	Gerry Apple, Chair and Ben Johnson Coalition Coordinator,

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- Goal 5: **Decrease student access to substances in the schools.**
- Objective 5.1: **Decrease alcohol and marijuana access in the schools through increased enforcement of effective school alcohol and drug policies: Shelton High, Oakland Bay Junior High and Olympic Middle School.**
- Strategy 5.1.1: **Shelton Drug Prevention Coalition review of drug and alcohol policy in the Junior and Senior High school. Including focus groups with students.**
- Local Condition: **Drugs and alcohol are being sold and accessed at school.**

Activity/Program	Brief Description	When	How	Who	Lead Organization	Responsible Party (ies)
<i>Name of activity/program</i>	<i>Briefly state the main purpose of the activity</i>	<i>When will this take place? What is timeframe for this activity?</i>	<i>How much? How often?</i>	<i>Who is this service for? How many people impacted?</i>	<i>Who is conducting?</i>	<i>Who from the coalition is making sure this gets done?</i>
Shelton Drug Prevention Coalition Drug and alcohol policy review	Ad-Hoc policy review group to meet monthly. To review school enforcement policies for effectiveness	Ongoing until complete	Monthly and as needed ad- hoc	Coalition and students	SDPC	Gerry Apple, Chair and Ben Johnson Coalition Coordinator

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Goal 6: **Build Coalition Capacity**

Objective 6.1: **Train coalition coordinator, coalition and coalition youth in prevention to build capacity and support action plan.**

Strategy 6.1.1: **Education**

Local Condition: **Beginner coalition**

Activity/Program	Brief Description	When	How	Who	Lead Organization	Responsible Party (ies)
<i>Name of activity/program</i>	<i>Briefly state the main purpose of the activity</i>	<i>When will this take place? What is timeframe for this activity?</i>	<i>How much? How often?</i>	<i>Who is this service for? How many people impacted?</i>	<i>Who is conducting?</i>	<i>Who from the coalition is making sure this gets done?</i>
Training of coalition coordinator, coalition and coalition youth; CADCA, Prevention Summit, Youth Forum and CPWI Trainings	Local, State and National Coalition Training	As Scheduled	Per action Plan	Coalition, Coalition Coordinator and youth Coalition	SDPC	Gerry Apple, Chair and Ben Johnson Coalition Coordinator

Shelton Drug Prevention Coalition

