

TACOMA-PIERCE COUNTY HEALTH DEPARTMENT

Marijuana Prevention and Education Program Regional Implementation Plan

FOR

The Pierce County Prevention Collaborative (PC2) Regional Network

July 2018 to June 30, 2023



Regional Implementation Plan

Pierce County Prevention Collaborative Regional Network (PC2)

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A. INTRODUCTION SUMMARY

Since 2016 the Tacoma-Pierce County Health Department has worked with a diverse group of community stakeholders called the Pierce County Prevention Collaboration (PC2) to assess the needs and develop strategies for Marijuana prevention and education across Pierce County. The PC2 group has met regularly to discuss regional needs and issues, and to provide advice and guidance to Health Department staff. The Collaboration has regular participation from over thirty groups and individuals representing all geographic areas of the County, community organizations, health, schools, law enforcement and many others.

The results of this ongoing, collaborative process are summarized in the following plan. The mission and selection of strategies were selected through a collaborative PC2 process based on the needs assessment data. The Collaborative identified five primary priority youth populations: African American, Latino, LGBTQ Youth, Native American and Rural Youth.

Strategies to be carried out under this plan will include the primary strategies to increase knowledge of potential harms and to change youth attitudes towards marijuana use; reducing youth access to marijuana; and increasing regional capacity to prevent initiation and use of marijuana by youth. Innovative strategies will include increasing awareness of marijuana advertising through youth-led environmental assessments of marijuana messaging and creating marijuana prevention and education programs to reduce marijuana use by youth.

B: MISSION

The Pierce County Prevention Collaborative Regional Network (PC2) will work to promote health and wellness by implementing policy, systems and environmental change strategies that prevent initiation and decrease marijuana use among youth.

C: ASSESSMENT SUMMARY

1. Primary Problem

Three risk factors were identified during the community asset and needs assessment. They are: Perception of Harm, Favorable Attitudes Toward Use, and Increased Access and Availability. The following includes a summary of needs assessment and key informant survey findings which guided the work that led to the identification of primary issues that will need to be addressed and the related strategic actions.

Perception of Harm

The legalization of recreational marijuana for adults has changed the landscape of prevention. This requires a change in the prevention messages for youth and adults that include an understanding of the laws about marijuana as well as the consequences of risk of harm for use of marijuana. Legalization of recreational marijuana moved marijuana use from an illegal to a legitimate activity.

In June of 2016 Tacoma Pierce County Health Department completed The Community Needs/Asset Assessment for Youth Marijuana Prevention and Education for Pierce County¹

For the quantitative part of this work, Tacoma-Pierce County Health Department Office of Assessment, Planning & Improvement analyzed quantitative measures from the 2016 Washington Healthy Youth Survey.² For the qualitative part of this work, Tacoma-Pierce County Health Department contracted with Puget Sound Educational Services District (ESD) to gather information using a key informant approach. This included telephone and face-to-face interviews with approximately 30 key informants using a semi-structured interview protocol based on YMPEP needs and assets tool. Initial contacts began with individuals recommended by Tacoma-Pierce County Health Department and existing contacts known through Puget

¹ Tacoma Pierce County Department of Health, *Community Needs/Asset Assessment for Youth Marijuana Prevention & Education Program: Pierce County*. Tacoma Pierce County Health Department. Tacoma, WA June 2016

² Washington State Department of Health. *Healthy Youth Survey*. Washington State Department of Health. Olympia, WA 2016

Sound ESD activities. Collectively, these individuals represented community coalitions, school districts, health care providers, prevention and treatment programs, community-based organizations, afterschool programs, county government, tribal health care, law enforcement, and marijuana and vapor retailers. Interviewers also spoke with youth in focus groups that took place in an alternative school, and a treatment center with a largely Latino population.

The findings of this community asset and needs assessment have provided a clear picture of the communities and target populations that guided the plan development.

The assessment found that changes in the marijuana laws have caused a shift in attitude among many adults from, “I don’t use marijuana” to “I might try marijuana someday”. As a result, some youth may not view marijuana as a risky or dangerous substance.³

10th grade youth in the Tacoma School District and at Stadium High School are less likely to perceive great risk of harm from regular marijuana use when compared to 10th grade Pierce County youth.⁴ Adults may now view marijuana use among youth through a more permissive lens, such as allowing or tolerating youth to use marijuana in the same way that they may allow or tolerate youth to drink alcohol. Legalization has created confusion about the age for legal use of marijuana (18 or 21 years), where you can use marijuana, who can share or grow or re-sell marijuana, and the laws about using marijuana and driving.

Favorable attitudes towards marijuana use.

The idea that marijuana has medical benefits has complicated prevention work. This will require specific prevention activities that address marijuana as a medicine including appropriate uses, doses, and side effects. The failure to initially regulate medical marijuana allowed retailers to open stores across Pierce County creating a sense that medical marijuana use had become a socially acceptable norm. Washington State regulations beginning in July 2016 gave added legitimacy to medical marijuana. This legislation created official-sounding Certified Medical Marijuana Consultants. One trainer is a Seattle area college. The legitimacy was reinforced by the creation of a Medical Marijuana Authorization form, a Medical Marijuana Authorization Database, and a Recognition Card.

Key informant interviews showed that youth may think that marijuana is healthier than smoking tobacco or drinking alcohol because they know about the risks of those substances. Youth may overlook the real health risks of marijuana use, such as lung disease from smoking;

³ Tacoma Pierce County Department of Health, *Community Needs/Asset Assessment for Youth Marijuana Prevention & Education Program: Pierce County*. Tacoma Pierce County Health Department. Tacoma, WA June 2016

⁴ Washington State Department of Health. *Healthy Youth Survey*. Washington State Department of Health. Olympia, WA 2016

impacts on coordination, memory, and mental health; alterations in the developing brain; and the potential for addiction.⁵

Youth appear to be unaware of the specific medical uses of marijuana, for example when a youth in a focus group claimed that marijuana was good for cancer, he could not elaborate beyond saying, “That is what I heard”.⁶

Youth may over-generalize the benefits of marijuana in other ways, for example youth in focus group discussions often expressed the opinion that marijuana is better than alcohol because it “makes you chill” whereas alcohol makes you aggressive.

As confirmed in focus group discussions, youth often come to their own understandings about marijuana through selective attention to facts and rationalizations. Youth often believe in information from friends who have some experience with marijuana or vaping over experts who do not have personal experience.

Youth are smart when it comes to figuring things out about marijuana – but not always well informed. This will require ongoing prevention activities. Some youth think, due to their developmentally egocentric manner of thinking, that the unhealthy effects of marijuana use will not happen to them, but only to others. Youth may conclude that marijuana use is ‘OK ‘because it has medical uses, or it is not as bad as alcohol use, often the drug of choice among their parents. The internet is a powerful driver of youth knowledge and attitudes about marijuana and vaping, such as in videos showing vaping tricks, or the music of “gangsta rap” and “narcocorridos” (drug ballads) that portray marijuana use as part of a glorified lifestyle of wealth and power. Social media is frequently used by youth to communicate about marijuana use and availability.

Increased access and availability of marijuana, e-cig and vaping devices.

Compared to 10th grade Pierce County Youth countywide, 10th grade youth in the Tacoma School District and in Stadium High School are more likely to report it is not hard to get marijuana.⁷

There is a dynamic environment regarding marijuana across the country, in the State of Washington, and in Pierce County. This will require continual adjustments in prevention information. New Washington State regulations began in July 2016. They were designed to

⁵ Tacoma Pierce County Department of Health, *Community Needs/Asset Assessment for Youth Marijuana Prevention & Education Program: Pierce County*. Tacoma Pierce County Health Department. Tacoma, WA June 2016

⁶ IBID

⁷ Washington State Department of Health. *Healthy Youth Survey*. Washington State Department of Health. Olympia, WA 2016

better control medical marijuana and fold it into recreational marijuana retailers, but it is not fully known what impacts these new regulations will have. There will be ongoing legal challenges to municipal ordinances and zoning requirements across Pierce County that regulate marijuana growing, processing, and retail businesses. Additional marijuana-related legal issues related to collective gardens, marijuana delivery services, and marijuana tourism continue to arise creating an ongoing “limbo land” of regulation. When the U.S. Food and Drug Administration begins regulating vaping products, this will cause as yet unknown changes in the vaping industry, products, and sales. Expansions in the marijuana and vaping industries have outrun a body of scientific knowledge about the effects of these substances. Consequently, new research about the effects of marijuana use and vaping will continue to appear in the literature.

Since the Pierce County community needs and assets assessment was completed in June of 2016, major studies were released about the dramatic increase in nicotine poisoning among children due to exposure to vaping products, and the increase in fatal car accidents among drivers who recently used marijuana.⁸

Process, Indicators and Collection Methods Used to Identify and Collect Indicators of Marijuana Use/Abuse Problems in Pierce County

Tacoma-Pierce County Health Department (TPCHD) Office of Assessment, Planning & Improvement analyzed quantitative measures from the 2016 Washington Healthy Youth Survey. In Washington State, the Healthy Youth Survey has been tracking marijuana use and perceptions since 1995. In this report, indicators pertaining to marijuana are reported for 10th grade youth in participating high schools in Pierce County. Results of these indicators are reported as a percent. There is a 95% confidence interval, or margin of error for this data.⁹

The Healthy Youth Survey is a school-based survey administered in even numbered years to schools in Washington State. The Healthy Youth Survey includes grades 6, 8, 10, and 12. Topics include health risk behaviors, family and community risk and protective factors, and current health conditions. Like other survey data, it is subject to social desirability bias and recall error. The data were weighted to reflect the demographic and geographic diversity of the population more accurately.¹⁰

⁸ Washington State Department of Health. *Healthy Youth Survey*. Washington State Department of Health. Olympia, WA 2016

⁹ IBID

¹⁰ IBID

Geographical information system (GIS) technology was utilized to construct a series of regional maps. These maps visualized the location and intensity of various risk and protective factors across Pierce County.¹¹

For the qualitative part of this work, Tacoma-Pierce County Health Department contracted with Puget Sound Educational Service District (ESD) to gather information using a key informant approach. This included telephone and face-to-face interviews with approximately 30 key informants using a semi-structured interview protocol based on the Youth Marijuana and Prevention Education Plan (YMPEP) needs and assets tool. Initial contacts began with individuals recommended by Tacoma-Pierce County Health Department and existing contacts known through Puget Sound ESD activities. Interviewers solicited names of additional contacts during each interview. Collectively, these individuals represented community coalitions, school districts, health care providers, prevention and treatment programs, community-based organizations, afterschool programs, county government, tribal health care, law enforcement, and marijuana and vapor retailers. Interviewers also spoke with youth in focus groups that took place in an alternative school, and a treatment center with a largely Latino population. The information from these efforts provided insight into Pierce County communities.¹²

Each community coalition works with the whole population in the communities they serve. The seven community coalitions include Franklin Pierce Youth First!, Lakewood CHOICE, Orting Standing Together on Prevention (OSTOP), Tacoma Healthy Youth Coalition, High School Coalition, Sumner/Bonney Lake Area Drug Free Communities Coalition and Foothills Healthy Community Coalition (Buckley and Carbonado) and United for University Place.

The Pierce County Prevention Collaborative brings all these efforts together to provide planning and input to Tacoma-Pierce County Health Department's regional strategic planning. Current members organizations include Asia Pacific Cultural Center, Bethel School District, Boys and Girls Clubs, Carbonado (rural), Consultants for Indian Progress, Eatonville (rural), Chief Leschi School District, Community Counseling Institute, Franklin Pierce Prevention First, Haven Youth Center in Orting, Hilltop Urban Gardens, Lakewood's Choice, Molina Health Care, Multicare, Nexus Youth and Families, Oasis Youth Center serving LGBTQ youth, Prairie Ridge Community Coalition, Puget Sound Educational Service District (PSESD), Safe Homes, Safe Streets, Sumner Drug Free Communities, Tacoma Healthy Youth, Tacoma Urban League, TPCHD Physical Activity, Nutrition & Tobacco Program, Tacoma Police Department, White River School District.

¹¹ Tacoma Pierce County Department of Health, *Community Needs/Asset Assessment for Youth Marijuana Prevention & Education Program: Pierce County*. Tacoma Pierce County Health Department. Tacoma, WA June 2016

¹² IBID

Where this population reflects a specific priority population, their work includes strategies appropriate to that population. Additionally, each coalition involves youth leaders. For example, one coalition emphasizes youth voice in the following way - rather than having one youth attend a coalition meeting as a youth representative during the school day, the coalition develops questions on which they want youth input. A coalition member takes these questions to the Prevention Club where students videotape each other responding to the questions. The videos are played at coalition meetings. Youth also pose questions to the coalition in the same manner. Each of these coalitions includes organizations with expertise relevant to the cultures represented in their communities. Additionally, each coalition is generally staffed by members who reflect the priority populations.

An example of specific sub population issues identified include that during the 30 key informant interviews is identifying special education students as a group that may also be at risk in light of recent incidents of special education students using and bringing marijuana to school. Part of the risk is that some special education students may not be able to cognitively understand the consequences of marijuana use and possession. Others have a history of taking medication to modify their behavior and may see benefits of self-medication using marijuana. Additionally, there appears to be a social interaction aspect of sharing marijuana as a way to enter friendships and a social group. Unfortunately, some youth may then treat a special education student as a patsy – the one left holding the goods and taking the blame should they get caught.¹³

Regional Activities to Address Problems

During a strategic planning day on November 20, 2017 the Pierce County Collaborative members voted to select the following strategies as the focus for our YMPEP action plan.

Primary Strategies

Strategy #1:

Increase knowledge of potential harms and change youth attitudes towards marijuana use.

Activity 1-1: Educate youth on the law and potential harms of marijuana use through paid or earned media.

Strategy # 2:

Reduce youth access to marijuana.

¹³ Tacoma Pierce County Department of Health, *Community Needs/Asset Assessment for Youth Marijuana Prevention & Education Program: Pierce County*. Tacoma Pierce County Health Department. Tacoma, WA June 2016

Activity 2-1: Educate parents and the public on the laws, potential harms of marijuana use, not to use in front of children and to keep marijuana inaccessible to kids at home.

Strategy #3:

Increase Regional Capacity to prevent the initiation and use of marijuana by youth.

Activity 3-1: Reach out to decision makers to promote prevention work.

Strategy #4

Increase knowledge of potential harms and change youth attitudes towards marijuana use.

Activity 4-1: Advocate for screen and referral systems in health care and education settings.

Strategy #5

Reduce youth access to marijuana.

Activity 5-1: Advocate for marijuana free school environments.

Strategy # 6

Reduce youth access to marijuana.

Activity 6-1: Educate marijuana retailers on the laws and potential harms of youth marijuana use.

Innovative Strategies

Strategy #1:

Increase knowledge of potential harms and change youth attitudes toward marijuana use.

Activity 1-1: Promote youth leadership and social skill development.

Activity 1-2: Increase awareness of marijuana advertising through youth-led environmental assessments of marijuana messaging.

Activity 1-3: Create marijuana prevention and education programs and strategies to reduce marijuana use by youth.

2. Priority Populations

Using prevalence data Tacoma-Pierce County Health Department identified five groups of youth as being a priority including African American, American Indian, Latino, LGBTQ youth and youth who live in rural areas. Each of these groups has a cultural perspective and a particular set of risk and protective factors. Each group also share a number of risk and protective factors. Additionally, it is important to acknowledge that there is a diversity of perspectives within each group and community.

African American Youth Background factors

African American youth are significantly more likely to be current marijuana users compared to all 10th grade Pierce County youth (25.75 vs. 18.7%). African American youth are significantly more likely to get poor grades (36.3% vs. 26.75) and to live with someone who has used marijuana compared to all 10th grade Pierce County youth (33.9% vs 21.5%). African American youth may be seen as the most likely users of marijuana, but differences in use between African Americans and other groups can be small. African American youth may be more likely to be caught for marijuana use because they are suspected of use and targeted for enforcement.¹⁴

According to key informant interviews with the Tacoma Urban League and several other community members, African American youth may receive more severe sanctions for marijuana use when they are caught as compared to other groups. African Americans who had convictions from marijuana-related offenses when marijuana was illegal continue to be impacted by their criminal record or loss of driver's license, even though marijuana has been legalized.¹⁵

Risk factors for African American Youth

Some youth may not view marijuana as a risky or dangerous substance. African American youth might not be referred to treatment as readily as other youth. Parents may not follow through on referrals and youth may resist treatment

Protective factors for African American Youth

African American youth experience some strong protective factors when both parents and other relatives who touch the lives of youth are engaged in education, social and prevention activities. Well-run programs for out-of-school time activities, including those operated by faith-

¹⁴ Washington State Department of Health. *Healthy Youth Survey*. Washington State Department of Health. Olympia, WA 2016

¹⁵ IBID

based organizations, constitute a protective factor when they include adult mentors from the community in positions of success, close-knit families with strong family ties, close supervision of youth and honest communications between generations. The majority of African American families are located in eastside of Tacoma, Tacoma Mall and south Tacoma, and the Hilltop area, although this concentration is decreasingly due to gentrification.

Latino Youth Background Factors

There are generational issues that impact communication in Latino families: Grandparents and parents may know the culture of their native country while youth may only know the culture of the United States.

Older generations may speak mainly Spanish, may not understand verbal or written communications that are in English, and if their children need support, they may not understand the extent of the risk or trouble facing their children. Youth may mainly speak English. Older generations may have a strong belief against using marijuana while youth may be more accepting of using marijuana. Great care needs to be taken when translating information into Spanish. The translations need to consider: The intended audience and the language they use – a formal Spanish, a colloquial or everyday Spanish, or a language specific to a country of origin, and the audience for the message - parents or youth. The medium for the message - written translations of materials - will not work well for everyone and some audiences may be better reached through radio, television, robo-phone calls, or social media such as text and twitter. In these ways the message can be provided in both Spanish and English

Protective factors for Latino Youth

Protective factors include a belief that Latinos can change their lives for the better in this country, that there are opportunities, supports, programs and services. Another protective factor for Latino families is respect for families, parents and family bonds, for example families participate together in family gatherings, eating, and religious activities. Latino parents care deeply about their children but may not always know how to support them in an unfamiliar culture of marijuana use and in the context of a larger White culture. There is a strong cultural identity and pride in culture. There is often a communal orientation rather than a value of individuals, an emphasis on the importance of social connections, and a collective responsibility to help others in your group.

Risk Factors for Latino Youth

Many Latino families live with the trauma of immigration – having been smuggled into this country, living in fear of being caught, and being deported. For adults this means being deported to a country where they may not feel is safe, for youth this means being deported to a country they do not know. Larger mental health organizations that have resources may be reluctant to work with the Latino community because staff lack cultural competence and don't know how to work with Latino families. Consequently, they may automatically refer Latinos to smaller organizations who work with Latinos. Clusters of families are located in the Lakewood area in the Springbrook neighborhood, Tacoma eastside in the Lincoln High School service area, Mt. Tahoma High School service area, Parkland, and pockets in eastern Pierce County such as Sumner, Prairie Ridge, and Carbonado.

LGBTQ Youth Background Factors

LGBTQ youth were not identified previously in Healthy Youth Survey (HYS) data so there is less information about these youths. Starting with the 2016 HYS there is a question on the optional sheet that school districts may use that asks: Which of the following best describes you? 1) Heterosexual (straight), 2) Gay or lesbian, 3) Bisexual, 4) Not sure. This may provide more information in the future.¹⁶

Access to a safe environment for education, socializing, living, and working is a major concern in terms of moderating stress from social prejudices and discrimination. Messages targeted for the general population may not be equally well-received by LGBTQ youth. For example, a recent anti-smoking message noted how smoking can lower your voice – which was meant as an undesirable message for youth but was viewed differently by some transgender youth.

Risk Factors for LGBTQ Youth

LGBTQ youth have dramatically and disproportionately high rates of substance use for tobacco, alcohol and other drugs. This is due to three main reasons - use of substances as a way to cope with high levels of stress from social prejudices and discrimination, lack of cultural competency in health care systems or cessation programs that acknowledge factors related to sexual orientation or gender identity, and use of substances as a way to identify and make a connection to the traditional use of substances by LGBTQ individuals in bars and clubs that functioned as safe spaces. The act of coming out is not a one-time event but a process that extends over several years and includes trying on different identities – some of which may include use of marijuana, other substances, and other risky behaviors.

¹⁶ Washington State Department of Health. *Healthy Youth Survey*. Washington State Department of Health. Olympia, WA 2016

Protective Factors for LGBTQ Youth

According to key informants from the OASIS Youth Center and other community organizations serving this population, LGBTQ youth have a protective factor in that they are “endlessly brilliant and have incredible courage” to understand their surroundings and reframe or translate it for themselves.¹⁷ LGBTQ youth have the strength that they are committed to helping others and their community. LGBTQ youth are located in every community and school.

Native American/Alaska Native Youth Background Factors

The U.S. Department of Justice issued a memo in the fall of 2015 noting that it would no longer prosecute marijuana possession on tribal lands which opened the door for tribes to legalize marijuana in the same manner that states have legalized marijuana. There are widely differing views within and between tribes about marijuana. For example, the Suquamish Tribe and the Squaxin Island Tribe legalized the use of marijuana on their lands and approved the retail sale of marijuana. On the other hand, the Yakama Tribe maintains marijuana will remain illegal on reservation land and is considering extending the ban to off-reservation ancestral lands. Additionally, some Native Americans view marijuana as a sacred herb that should be legalized while others view it as a non-indigenous plant that should be prohibited. The theory of historical trauma in the Native American community is a highly relevant factor in marijuana prevention and treatment. This is the idea that Native Americans are at risk for substance abuse and other adverse health risks due to the cross-generational transmission of trauma from historical losses of population, land and culture. The source of prevention messages is a concern because many Native Americans have a “deep mistrust of mainstream government and mental health organizations”. Building trust with the Native American community is essential for prevention work to be successful and this includes aligning with tribal elders and tribal government to get buy-in. This work may take years to build trust but a rapid approach or one with changing prevention messages may not get buy-in.

Protective Factors for Native American/Alaska Native Youth

Most tribes embrace protective factors and the cultural values of substance-abuse free living. Due to this value and historical trauma, it is essential to place marijuana prevention work within a culturally appropriate framework, such as the Healing of the Canoe Project.¹⁸ According to the

¹⁷ Tacoma Pierce County Department of Health, *Community Needs/Asset Assessment for Youth Marijuana Prevention & Education Program: Pierce County*. Tacoma Pierce County Health Department. Tacoma, WA June 2016

¹⁸ Donovan, D.M., Thomas, L.R., Sigo, R.L.W., Price, L., Lonczak, H., Lawrence, N., Ahvakana, K., Austin, L., Lawrence, A., Price, J., Purser, A., & Bagley, L. (2015). *Healing of the Canoe: Preliminary results of a culturally*

preliminary findings of the 27th Annual Protecting Our Children National Indian Conference on Child Abuse and Neglect youth success in Indian communities is based on a balanced approach in four quadrants:

Context:	Connecting with Resources, Healthy Relationships, Service and Safety.
Spirit:	Balance, Connections to Native Ancestry, Spiritual Understanding and Practices, Knowledge/Skills in Traditional Cultural Practices.
Mind:	Coping Capacities-Emotional Health Focus & Determination, Personal Qualities, Education, Employment, Cultural Knowledge, Identity.
Body:	Finances, Fitness, Health Care, Healthy Lifestyle, Housing. ¹⁹

Risk factors for Native American/Alaska Native Youth

Native American teen males have the highest rates of substance abuse, suicide and mental health issues of any sub-group of youth. Approximately half of Native Americans live off-reservation as urban Indians and may face barriers making connections to tribal health care and cultural services

The National trend whereby more and more Native Americans are moving from tribal lands and living off-reservation is also the experience of the Native American Nations that are a part of Pierce County, i.e., Puyallup, Nisqually, Squaxin Island, Snohomish and many other Coast Salish tribes who traditionally seasonally migrate to and through the area. National projections by the Census Bureau is that as many as 50% of the population are now residing among the general population. (Report Issued by the Urban Indian Health Commission with resources provided by the Robert Wood Johnson Foundation, 2015.)²⁰

Rural Youth Background Factors

10th graders who attend Peninsula High School are 25.3% significantly more likely to be current marijuana users compared to Pierce County 10th graders as a whole (18.7%). 10th graders who attend White River High School are 25.5% significantly more likely to be current marijuana users compared to Pierce County 10th graders as a whole (18.7%).²¹ There is a lower level of

tailored intervention to prevent substance abuse and promote tribal identity for Native youth in two Pacific Northwest tribes. *American Indian and Alaska Native Mental Health Research*, 22(1), 42-76. doi: 10.5820/aian.2201.2015.42

¹⁹ National Indian Child Welfare Association (NICWA), Research and Training Center on Family Support and Children's Mental Health (RTC, Native American Youth and Family Center (NAYA), *Risk and Protective Factors in Native American Youth: A Preliminary Analysis*. 27th Annual Protecting Our children National Indian Conference on Child Abuse and Neglect. Reno, NV. April 2009.

²⁰ Urban Indian Health Commission Report. Robert Wood Johnson Foundation. 2015

²¹ Washington State Department of Health. *Healthy Youth Survey*. Washington State Department of Health. Olympia, WA 2016

law enforcement by sheriff patrols that are thinly spread across unincorporated areas and a lower priority is placed on issues of youth and marijuana. Some rural residents may grow their own marijuana with less concern of being caught. There is geographical isolation and a population sparsely spread across large areas of the county. Some families may live in isolated regions because they do not want to be reached. There is often a less ethnically and racially diverse population. However, people of color do live in rural areas and may not feel safe becoming involved in activities that identify them by ethnic or racial group membership.

Risk Factors for Rural Youth

Youth appear to have access to marijuana, even in areas without medical or retail marijuana stores. Isolated communities may have fewer resources for positive youth activities, prevention, and treatment, or it may be difficult for families to locate services. Lack of transportation and the need to travel long distances to access resources is an issue that may make it difficult to reach families with prevention activities.

Protective factors for Rural Youth

Sumner, Bonney Lake and Gig Harbor have passed municipal ordinances banning marijuana growing, processing and retail businesses. Several communities have active prevention coalitions including Sumner, Franklin Pierce, Tacoma, and Orting.

The Protective Strategies will be addressed in our Strategic Plan. During the interviews, key informants also identified special education students as a group that may also be at risk in light of recent incidents of special education students using and bringing marijuana to school. Part of the risk is that some special education students may not be able to cognitively understand the consequences of marijuana use and possession. Others have a history of taking medication to modify their behavior and may see benefits of self-medication using marijuana. Additionally, there appears to be a social interaction aspect in that sharing marijuana is a way to enter friendships and a social group. Unfortunately, some youth may then treat a special education student as a patsy – the one left holding the goods and taking the blame should they get caught.

Each coalition works with the whole population in the communities they serve. Where this population reflects the needs of a specific priority population, this work includes strategies appropriate to that population. Additionally, each coalition involves youth leaders. For example, one coalition emphasizes youth voice in the following way – rather than having one youth attend a coalition meeting as a representative during the school day, the coalition develops questions on which they want youth input. A coalition member takes these questions to the Prevention Club where students videotape each other responding to the questions. The

videos are played at coalition meetings. Youth also pose questions to the coalition in the same manner.

Each of these coalitions includes organizations with expertise relevant to the cultures represented in their communities. Additionally, these coalitions are generally staffed by members whose experiences reflect the priority populations.

Other Populations in Pierce County

While the five priority populations were identified through needs assessment and prevalence data, Pierce County has a diverse population that spans many races and cultures. In carrying out this plan the Collaboration and Tacoma Pierce County Health department will work to serve all under represented populations in the communities served.

3. Capacity, Assets, and Resources:

Process and Methods

Methods For the quantitative part of this work, the Tacoma-Pierce County Health Department Office of Assessment, Planning & Improvement analyzed quantitative measures from the 2016 Washington Healthy Youth Survey²². 1 In Washington State, the Healthy Youth Survey has been tracking marijuana use and perceptions since 1995. In this report, indicators pertaining to marijuana are reported for 10th grade youth in participating high schools in Pierce County. Results of indicators are reported as a percent. The 95% confidence interval, or margin of error, shows how precise this percent is.²³ Geographical information system (GIS) technology was utilized to construct a series of regional maps. These maps visualized the location and intensity of various risk and protective factors across Pierce County.

For most of the qualitative part of this work, Tacoma-Pierce County Health Department contracted with Puget Sound ESD to gather information using a key informant approach. This included telephone and face-to-face interviews with approximately 30 key informants using a semi-structured interview protocol based on YMPEP needs and assets tool. Initial contacts began with individuals recommended by Tacoma-Pierce County Health Department and

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²³ Washington State Department of Health. *Healthy Youth Survey*. Washington State Department of Health. Olympia, WA 2016

existing contacts known through Puget Sound ESD activities. Interviewers solicited names of additional contacts during each interview. Collectively, these individuals represented community coalitions, school districts, health care providers, prevention and treatment programs, community-based organizations, afterschool programs, county government, tribal health care, law enforcement, and marijuana and vapor retailers. Interviewers also spoke with youth in focus groups that took place in an alternative school, and a treatment center with a largely Latino population. The information from these efforts provided insight into community knowledge and opinions.²⁴

The Healthy Youth Survey is a school-based survey administered in even numbered years to schools in Washington State. The Healthy Youth Survey includes grades 6, 8, 10, and 12. Topics include health risk behaviors, family and community risk and protective factors, and current health conditions. Like other survey data, it is subject to social desirability bias and recall error. The data were weighted to more accurately reflect the demographic and geographic diversity of the population.²⁵

Pierce County Planning Team

Pierce County Prevention Collaborative (PC2) Regional Team consists of approximately 35 diverse community partners that represent Pierce County community as well as our priority populations identified in the assessment. Current members organizations include Asia Pacific Cultural Center, Bethel School District, Boys and Girls Clubs, Carbonado (rural), Consultants for Indian Progress, Eatonville (rural), Chief Leschi School District, Community Counseling Institute, Franklin Pierce Prevention First, Haven Youth Center in Orting, Hilltop Urban Gardens, Lakewood's Choice, Molina Health Care, Multicare, Nexus Youth and Families, Oasis Youth Center serving LGBTQ youth, Prairie Ridge Community, Puget Sound Educational Service District (PSESD), Safe Homes, Safe Streets, Sumner Drug Free Communities, Tacoma Healthy Youth, Tacoma Urban League, TPCHD Physical Activity, Nutrition & Tobacco Program, Tacoma Police Department, and White River School District.

4. Regional Readiness

Tacoma-Pierce County Health Department's Office of Assessment, Planning, and Improvement (OAPI) provides geographic analysis (GIS). OAPI's major functions are Data Collection, Data Analysis, GIS, Planning Assistance, Program Evaluation, Technical Assistance, Quality

²⁴ Tacoma Pierce County Department of Health, *Community Needs/Asset Assessment for Youth Marijuana Prevention & Education Program: Pierce County*. Tacoma Pierce County Health Department. Tacoma, WA June 2016

²⁵ Washington State Department of Health. *Healthy Youth Survey*. Washington State Department of Health. Olympia, WA 2016

Improvement, and Training. This includes the collection of quantitative (statistical, measurable and closed-ended) and qualitative (descriptive, inductive and open-ended) data and presentation. OAPI has been involved in the data collection and analysis for this plan and designed the process evaluation and data collection plan to be used throughout its implementation.

The Tacoma-Pierce County Health Department has several processes in place that involve gathering a wide range of input to assess readiness in the community and these include:

A Community Health Improvement Plan (CHIP) process to identify priorities. As part of this process, the Forces of Change Assessment (December 2013) ²⁶identified recent changes in Washington State laws regarding the privatization of alcohol sales and the legalization of marijuana as driving forces in changing social norms, substance abuse, and disproportionate numbers of minorities and youth being arrested for the personal use of marijuana. Additionally, this report identified the driving forces of rapidly changing demographics, increasing diversity and disparities in health and health care.

Tacoma-Pierce County Community Health Improvement Plan (revised August 2016) includes the Goal 1-D: Prevent use of alcohol, tobacco and other drugs among youth with the objective: By 2017 increase the number of youth served by evidence-based prevention programs for alcohol, tobacco and other drugs. Accompanying strategies include: Promote the use of evidence-based practices for alcohol, tobacco and drug prevention, and pursue additional funding opportunities for early prevention programs in underserved communities. ²⁷ Additionally, the plan includes a goal specific to smoking, that could encompass marijuana, in Goal 3-A: Reduce tobacco use, focusing on populations that use the most with the objective: By 2016, decrease initiation of smoking among youth populations with smoking rates higher than the county average.²⁸

Tacoma-Pierce County Health Department accesses Healthy Youth Survey (HYS) data to identify trends in a variety of health-related behaviors and can disaggregate results for different racial and ethnic groups.²⁹

Consequently, several aspects of readiness appear to be in place including an awareness of issues and how these affect priority populations, a shared knowledge of the organizations involved in existing prevention efforts, and a practical knowledge-base of prevention practices. Key informants indicated they are well-aware of the pressing issues of youth and marijuana and

²⁶ Pierce County, *Community Health Improvement Plan (CHIP)*, Tacoma, WA, August 2016.

²⁷ IBID

²⁸ IBID

²⁹ Washington State Department of Health. *Healthy Youth Survey*. Washington State Department of Health. Olympia, WA 2016

look forward to a strategic and stable county-wide approach to youth marijuana prevention. This state of readiness falls more than mid-way along a continuum of not being aware of the issues presented by marijuana to taking detailed steps to intervene in these issues. For vaping, Pierce County has been more proactive in regulating vaping and vapor retailers as well as producing prevention materials for the public.

However, readiness to respond to youth marijuana prevention may be overshadowed by other community issues. Some key informants described marijuana use as a lesser problem compared to larger social determinants of health such as non-living wages, substandard or unaffordable housing, lack of access to health care, lack of reliable transportation, lack of documentation of citizenship, lack of access to a quality education that supports dual-languages, under-representation of communities of color in positions of political power, and institutional racism. These issues may drive marijuana use among youth as a way to cope with these larger life stresses. Without progress on these larger issues, efforts to prevent youth from using marijuana may struggle to be effective.³⁰

While the prevention community may be ready to respond, youth who regularly use marijuana or vape may be less ready to respond. In focus groups, these youths spoke readily of their perceptions of the positive aspects of marijuana use (it's relaxing, helps you deal with your problems, it makes you feel more like yourself, being high is fun – being sober is boring, you can sell it for money, you can't overdose, it is called a gateway drug and addictive but they doubted that is true).³¹ Youth also spoke to the pleasant social aspects of using marijuana with friends.

Youth spoke more sparingly of the dangers of marijuana use (it is only bad if you get caught). Only when these youths were pressed for more detail did they acknowledge that marijuana use can harm a developing brain and that youth who do not use marijuana are the students who stay in school, get good grades, participate in sports and have healthier brains and bodies. Youth added that they might use marijuana less if they were not bored or were engaged in some activity, but also acknowledged that “there can be trouble everywhere” or as one youth shared, “School is where you meet your plug (a source for drugs – principally marijuana)”. This suggests some youth are not ready to respond to prevention efforts and that there remains a strong need for treatment options.³²

While this regional assessment of needs and assets meets the criteria set forth by the Washington State Department of Health Youth Marijuana Prevention & Education Program

³⁰ Tacoma Pierce County Department of Health, *Community Needs/Asset Assessment for Youth Marijuana Prevention & Education Program: Pierce County*. Tacoma-Pierce County Health Department. Tacoma, WA June 2016

³¹ IBID

³² IBID

(YMPEP), there are some limitations to this work. First, a number of individuals who were contacted did not return phone calls, emails, or appear at scheduled meetings, even after repeated attempts at making contact. When this was the case, we sought information from alternative sources.³³ Second, the Health Youth Survey (HYS) is generally the only source of county-wide data on marijuana use. The quality of data varies depending on the number of youth who took the survey in each school district and each high school. For Native American youth, the low numbers participating in the HYS causes some results to be suppressed. Third, interpreting the HYS data based on racial and ethnic groups may require some caution. For example, the term “Hispanic” may include youth of very different backgrounds depending on their country of origin and length of time in this country. Additionally, the term “Multi-racial”, is increasingly selected by youth, is also difficult to interpret.

D. CAPACITY SUMMARY

The Pierce County Prevention Collaborative (PC2) formed in 2016 to respond to the Youth Marijuana Prevention and Education Program (YMPEP) activities.

1. Regional Network

The PC2 Collaborative includes members of other organizations who have vested interest in reducing substance use by youth. This group has met regularly to implement the YMPEP Work Plan including planning two day-long events focused on marijuana prevention – one for youth and families and one for professionals. Representatives from the following : Asia Pacific Cultural Center, Bethel School District, Boys and Girls Clubs, Carbonado (rural), Consultants for Indian Progress, Eatonville (rural), Chief Leschi School District, Community Counseling Institute, Franklin Pierce Prevention First, Haven Youth Center in Orting, Hilltop Urban Gardens, Lakewood’s Choice ,Molina Health Care, Multicare, Nexus Youth and Families, Oasis Youth Center serving LGBTQ youth, Prairie Ridge Community, Puget Sound Educational Service District (PSESD), Safe Homes, Safe Streets, Sumner Drug Free Communities, Tacoma Healthy Youth, Tacoma Urban League, TPCHD Physical Activity, Nutrition & Tobacco Program, Tacoma Police Department, White River School District .

The role of PC2 is to advise TPCHD on the work, resources and the best ways to reach communities of focus. Tacoma Pierce County Health Department has MOUs with the majority of the Collaborative members and is currently negotiating to update the remaining PC2 member MOU’s. To date nine MOU updates have been completed and twenty more are pending. Below is a list of PC2 members and the Sector they represent.

³³ Tacoma Pierce County Department of Health, *Community Needs/Asset Assessment for Youth Marijuana Prevention & Education Program: Pierce County*. Tacoma-Pierce County Health Department. Tacoma, WA June 2016

Pierce County Prevention Collaborative (PC2) Members

Name/ Sector	Organization
Linda Graves, YMPEP Coordinator	TPCHD
Tutrecia Baker, YMPEP Manager	TPCHD
Tony Smith, YMPEP staff	TPCHD
Dianna Sullivan / Youth Serving Organization, Mental Health	Boys and Girls Club
Ginlin Woo / Facilitator	Consultant for TPCHD
Heather Wesolowski / Health Care	MultiCare/Mary Bridge Children's Hospital
Fred Swanson / LGBTQ	Gay City of Seattle
Cat Banobi / Civic and/or Volunteer	Center for Multi-Cultural Health
Janel Okorogu / Civic and /or Volunteer	Center for Multi-Cultural Health
Henry Jauregui / Public Health	TPCHD
Rebecca Morales	Franklin Pierce Family First Youth Coalition
Janis Clark / Youth Serving Organization	Safe Homes
Patricia Neagle / Youth Serving Organization	El-Camino
Wanda Rochelle / Youth Serving Organization	Safe Streets
Megan Dominguez / Youth Serving Organization	Haven Youth Center
Toby Joseph / Tribal Agency	Progress for Indian Consultants
Joshua Kriebach / Health Care	Community Health Care
Jessica Ramirez / Schools	Foss High School
Erin Watlington / Youth Serving Organization	Tacoma Healthy Youth Coalition
Mary Beth Holmes / Youth Serving Organization	Prairie Ridge Community Coalition
Dan Pritchard / Faith Based Community, Civic Organization	Asia Pacific Cultural Center
Hugh Flint / Public Schools	White River SD
Kim Nygard / Parent, Education	Sumner Drug Free Coalition
Mike Sandner / Public Schools, Youth Serving Organization	Bethel School District
Kim Beeson / Education	Puget Sound Educational Services District
Sebrena Chambers / Public Health Director	TPCHD
Jessica Alvestad / Public Health	TPCHD
Grace Eichner / Youth Serving Organization	Safe Streets
Terese Carroll / Law Enforcement	Tacoma Police Department
Sara Petruska / Youth Serving Organization	Nexus Youth and Families
Jessica Ramirez / Youth Serving Organization	Lakewood's Choice – Youth First
Pamala Sacks / State Agency	DSHS
Dean Jackson / Civic Agency	Hill Top Urban Gardens
Daniel Felizardo / Tribal School	Chief Leschi Schools

Andi Sledge / State – Local	Pierce County Drug Free/Community Prevention Wellness Initiative Coordinator
Priscilla Lisicich / Civic Group	Safe Streets

2. Capacity and Infrastructure

The plan is to build capacity throughout the region by:

- Providing education on marijuana laws and the harms of underage use.
- Educating decision makers about harms/products via paid/earned media.
- Increasing awareness in the importance of locking up all drugs.
- Producing educational materials/public service announcements (PSAS).
- Training adults and youth in marijuana prevention.

The plan to build capacity within the network includes training in the areas of coalition building; cultural competency, policy system and environmental strategies (PSE), education on marijuana products/health effects of underage use, marijuana retailer education, screen and referral systems (SBIRT), disproportionality of school discipline, youth advocacy training and grant writing. The Pierce County Prevention Collaboration (PC2) has identified several trainings they would like to see provided in 2018. Those include:

Cultural Competency on LGBTQ youth “Understanding Queerness” - Fred Swanson, trainer.

Policy, Systems and Environmental Change (PSE) 101 - Vic Coleman, trainer

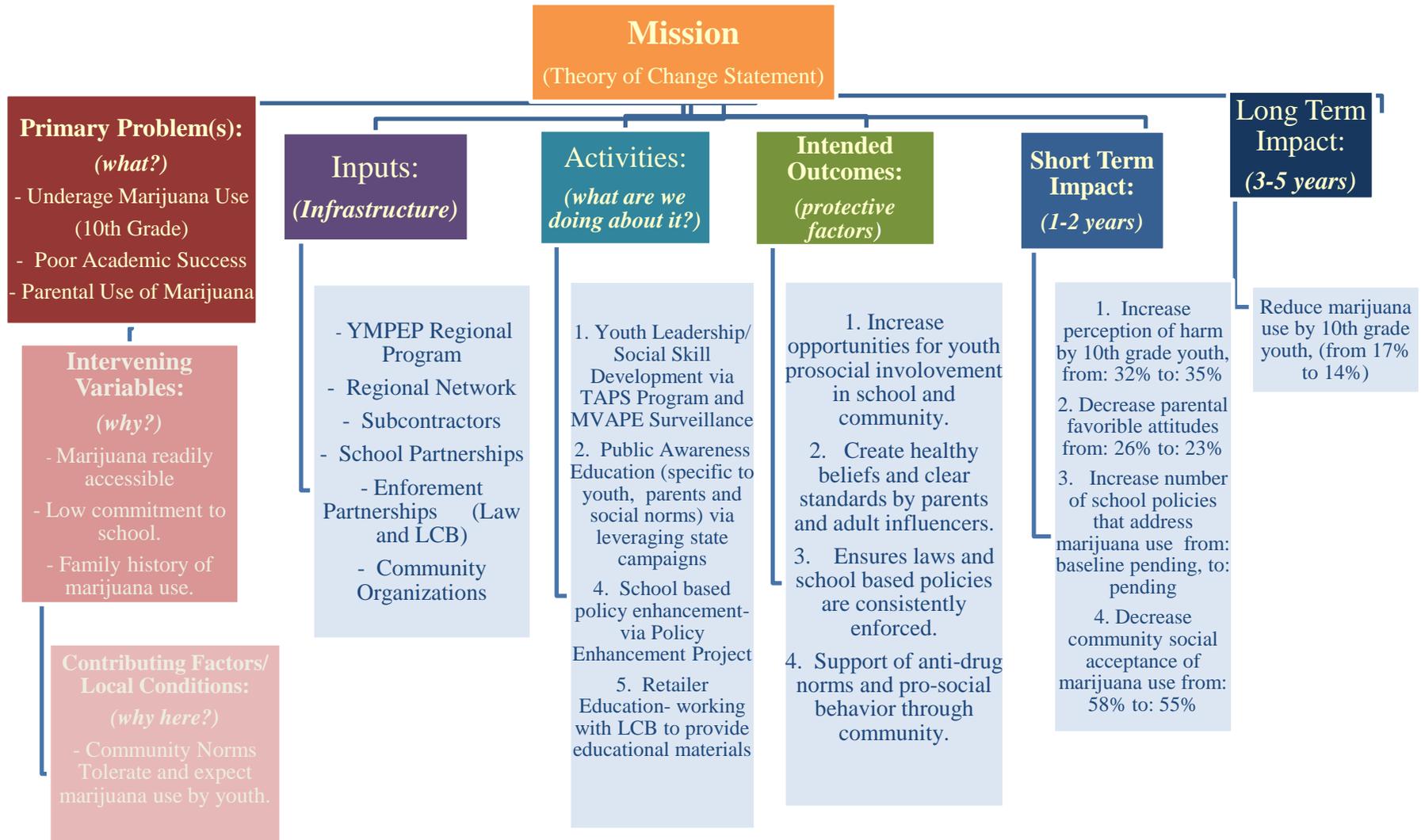
Identifying Current Trends: Marijuana Paraphernalia, methods of use, clothing, laws and health effects of marijuana use among use - Officer Jermaine Galloway, trainer.

3. Professional Development

Pierce County regional partners expressed a need to continually stay informed about new and emerging marijuana products and to better understand marijuana policies and laws. We will build capacity within the regional network to provide training in marijuana prevention and education and youth advocacy training by utilizing the State Department of Health’s marijuana education PowerPoints and youth marijuana prevention trainings such as the Teens Against Pot Smoking (TAPS).³⁴

³⁴ Washington State Department of Health. *TAPS (Teens Against Pot Smoking)*

1. Logic Model



This logic model was developed through a collaborative process with the Pierce County Prevention Collaboration (PC2) using needs assessment and Healthy Youth Survey data.

Intervening Variables

The intervening variables that relate to initiation are the lack of awareness of the laws in Washington and increased availability of marijuana. The contributing factors are normalization of marijuana use and favorable attitudes of use.

The failure to initially regulate medical marijuana allowed retailers to open stores across Pierce County creating a sense that medical marijuana use had become a socially acceptable norm. Washington State regulations beginning in July 2016 gave added legitimacy to medical marijuana. Key informant interviews showed that youth may think that marijuana is healthier than smoking tobacco or drinking alcohol because they know about the risks of those substances. Youth may overlook the real health risks of marijuana use, such as lung disease from smoking; impacts on coordination, memory, and mental health; alterations in the developing brain; and the potential for addiction.³⁵ 56% of 10th graders in Pierce County believe that marijuana use is possibly NOT wrong and 54% of 10th graders reported that their friends possibly would NOT feel it would be wrong for them to use marijuana.³⁶

2. Prioritization Process

The Regional Network, the Pierce County Prevention Collaborative (PC2) met on a monthly basis and provided input during the entire strategic planning process. Through this process a regional mission statement and logic model were developed and the key and innovative strategies and activities that would most effectively address regional priorities were identified. The strategic planning process started with a daylong retreat on November 20, 2017 at the Environmental Services Building in University Place, Washington. Thirty- three Collaborative members participated in this planning retreat. Based on the findings of the regional assessment, the group drafted a mission statement and logic model. They caucused in small groups throughout the day. After reaching agreement on the Mission and Logic Model, the Collaborative members voted on the strategies that would best address regional needs, and then prioritized activities to carry out these strategies.

³⁵ Tacoma Pierce County Department of Health, *Community Needs/Asset Assessment for Youth Marijuana Prevention & Education Program: Pierce County*. Tacoma-Pierce County Health Department. Tacoma, WA June 2016

³⁶

3. Strategy Selection

All aspects of PC2's Strategic Plan was completed in consort with all members of the Regional Network which joined together to form a county-wide prevention collaborative. Tacoma-Pierce Health Department staff and a planning facilitator who worked with the group exercised great care to ensure that the planning process was open, transparent and collaborative.

Prior to focusing on drafting the plan itself, several Coalition organizational meetings were utilized to grow the awareness of all partners of the entire initiative and the direction that the State was exercising to take for the next several years. Copies of the YMPEP Regional Implementation Guide were widely disseminated and the details related to the purpose, process and particulars of the Regional Network was discussed at several meetings prior to engaging members on working to determine PC2's direction and priorities and to develop its Theory of Change. A series of planning conversations culminated in the Strategic Planning Retreat held on November 20, 2017 where Coalition members dialogued and gave input into all portions of the Draft Logic Model, i.e., the Vision and Values, the Mission Statement, the DOH List of Proposed Strategies. Several rounds of 'dot voting' were used to engage the coalition membership in dialoguing and prioritizing Strategies and the related Primary Activities and Innovative Activities.

4. Cultural Competency

To ensure that the strategies will be culturally competent, inclusive and relevant, network members are from the communities of focus will vet all strategies and activities with a cultural competency lens.

The PC YMPEP region will work to improve cultural competency by having PC2 members attend various cultural competency trainings provided to the regional network and community, as well as help to bring training and technical assistance to the organizations and individuals providing strategies.

From its inception, PC2 has set as core values: inclusion cross-cultural respect and maintaining a commitment to equity. The entire coalition views its diverse membership as an asset and strength and is committed to growing its cultural awareness, humility, and multicultural/multilingual membership and advocacy. PC2's "walk the talk" commitment is evidenced in the following approaches:

- Maintaining a constant filter on cultural inclusion, responsiveness and appropriateness;
- Adopting a definition of cultural diversity that embraces the vast terrain and intersections of race/ethnicity, gender, sexual orientation, national origin, ability and

disability, socio-economic status, indigenous status, language, religion/spirituality, age and generation, etc.

- Providing ongoing training to continually grow the awareness, connection, skill of Pierce County to be respectful and inclusive of all of our communities and community members. Topics that have already been identified by members as priority include:
 - Cultural humility, cultural competency and beyond strategies
 - Outreach to diverse cultural communities
 - Gender neutral language. (This workshop has already been scheduled and Fred Swanson from Gay City will explain the use of pronouns and their Importance, LGBTQ language and grammar, the differences between sexual orientation, gender expression and gender Identity. Fred will also discuss what ally-ship could look like and will talk about some of the unique issues facing LGBTQ youth with marijuana use.
 - Interrupting offensive language and behavior
 - Historical trauma, addictions and recovery
- Being intentional about sharing leadership and being transparent with decision making.
- Developing and maintaining a set of working agreements and guiding values that put inclusion, cross-cultural respect and ally relationships at the forefront of coalition work.
- Holding as a priority the work of expanding our circle and reaching out and connecting across the county to include every community, especially to our most marginalized populations

6. Timeline

2017-2019 Regional Youth Marijuana Prevention and Education Program Timeline

Key:

S= Start

O= Ongoing

C=Complete

Date Ranges:

Quarter 1: July 1, 2016- September 30, 2017

Quarter 2: October 1, 2017- December 31, 2017

Quarter3: January 1, 2018- March 31, 2018

Quarter 4 : April 1, 2018- June 30, 2018

Policy Enhancement Coordinator Key Activities:	Key Staff/Lead	Q1	Q2	Q3	Q4
<input type="checkbox"/> Hire Project Enhancement Coordinator	Regional Coordinator	S/C			
<input type="checkbox"/> Identify Sub-Contractors	Regional Coordinator	S	O	O	
<input type="checkbox"/> Sub-Contractor Contracts in place	Regional Coordinator	S/C	S/C		
<input type="checkbox"/> Submit Monthly Report (by 15 th of each month)	Regional Coordinator	S	O	O	O
<input type="checkbox"/> Submit Monthly A-19 (by 30 th of each month)	Regional Coordinator & Fiscal	S	O	O	O
<input type="checkbox"/> Work plan Development & Updates (as needed)	Regional Coordinator	S	O	O	O
<input type="checkbox"/> Review and Complete Program Timeline	Regional Coordinator & DOH Contract Manager	S/C			
YMPEP Activities: To be negotiated after Strategic Plan is final and approved.	Key Staff/Lead	Q1	Q2	Q3	Q4
Required					
<input type="checkbox"/> Coordination & Maintenance of Regional Network	Regional Coordinator				
<input type="checkbox"/> Conduct Regional Assessment of Needs	Regional Coordinator & Network	S/C			
<input type="checkbox"/> Develop Logic Model	Regional Coordinator & Network		S	C	
<input type="checkbox"/> Develop Strategic Plan	Regional Coordinator & Network		S	C	
Primary Activities		Q1	Q2	Q3	Q4

2017-2019 Regional Youth Marijuana Prevention and Education Program Timeline

X P-1: Reach out to decision-makers to promote prevention work.	S	O	O	
<input type="checkbox"/> P-2: Educate marijuana retailers on the law and potential harms of youth marijuana use.				
X P-3: Educate parents on the law, potential harms of marijuana use, not to use in front of children, and to keep marijuana inaccessible to kids in the home.	S	O	O	
<input type="checkbox"/> P-4: Advocate for marijuana-free school environments.				
<input type="checkbox"/> P-5: Advocate for screen-and-refer systems in health care and education settings.				
X P-6: Educate youth on the law and potential harms of marijuana use through paid or earned media.	S	O	O	
<input type="checkbox"/> P-7: Advocate for enforcement or public use bans.				
<input type="checkbox"/> P-8: Education public on public-use bans through paid or earned media.				
<input type="checkbox"/> P-9: Advocate for marijuana-free public housing policies.				
<input type="checkbox"/> P-10: Promote Recovery Helpline				
Innovative Activities	Q1	Q2	Q3	Q4
X I-1: Promote youth leadership and social skill development.	S	O	O	
<input type="checkbox"/> I-2: Increase awareness of marijuana advertising through youth-led environmental assessments of marijuana messaging.				
<input type="checkbox"/> I-3: Create marijuana prevention and education programs and strategies to reduce marijuana use by youth.				

F: IMPLEMENTATION SUMMARY

1. Strategies:

- Describe the chosen strategies and activities.

Chosen strategies below. Strategies/Activities are listed in order of implementation.

Primary Strategies

Strategy #1:

Increase knowledge of potential harms and change youth attitudes towards marijuana use.

Activity 1-1: Educate youth on the law and potential harms of marijuana use through paid or earned media.

Strategy # 2:

Reduce youth access to marijuana.

Activity 2-1: Educate parents and the public on the laws, potential harms of marijuana use, not to use in front of children and to keep marijuana inaccessible to kids at home.

Strategy #3:

Increase Regional Capacity to prevent the initiation and use of marijuana by youth.

Activity 3-1: Reach out to decision makers to promote prevention work.

Strategy #4

Increase knowledge of potential harms and change youth attitudes towards marijuana use.

Activity 4-1: Advocate for screen and referral systems in health care and education settings.

Strategy #5

Reduce youth access to marijuana.

Activity 5-1: Advocate for marijuana free school environments.

Strategy # 6

Reduce youth access to marijuana.

Activity 6-1: Educate marijuana retailers on the laws and potential harms of youth marijuana use.

Innovative Strategies

Strategy #1:

Increase knowledge of potential harms and change youth attitudes toward marijuana use.

Activity 1-1 : Promote youth leadership and social skill development.

Activity 1-2: Increase awareness of marijuana advertising through youth-led environmental assessments of marijuana messaging.

Activity 1-3: Create marijuana prevention and education programs and strategies to reduce marijuana use by youth.

Strategy #1:

Increase knowledge of potential harms and change youth attitudes towards marijuana use.

Activity 1-1: Educate youth on the law and potential harms of marijuana use through paid or earned media.

Strategy # 2:

Reduce youth access to marijuana.

Activity 2-1: Educate parents and the public on the laws, potential harms of marijuana use, not to use in front of children and to keep marijuana inaccessible to kids at home.

Strategy #3:

Increase Regional Capacity to prevent the initiation and use of marijuana by youth.

Activity 3-1: Reach out to decision makers to promote prevention work.

Innovative Strategies

Strategy #1:

Increase knowledge of potential harms and change youth attitudes toward marijuana use.

Activity 1-1 : Promote youth leadership and social skill development.

How and when will the YMPEP region implement the strategies over the 2017-2019 biennium?

- **What amount of resources will go to each activity?**

Required Activity -1: Engage regional organization to develop the Regional Networks.

- Quarterly meeting and monthly communication to this group such as newsletters, email or other outreach methods. Strategy will be implemented during the entire 2017-2019 biennium.
- **Resources** -Regional Network/PC2, Program Manager, Coordinator, Media/Admin Lead, meeting rooms, strategic planning consultant, technical writer, epidemiologist.

Activity 1-1: Educate youth on the law and potential harms of marijuana use through paid or earned Media.

- Youth will be educated on the laws and potential harms through youth developed media, website, Facebook, free/paid media and TAPS training. Strategy will be implemented during the entire 2017-2019 biennium.

Resources- Website, Facebook, free and paid media. TAPS training. Youth Leaders, Adult Advisors Regional Network/PC2, Program Manager, Coordinator, Media/Admin Lead.

Activity 2-1: Educate parents and the public on the laws, potential harms of marijuana use, not to use in front of children and to keep marijuana inaccessible to kids at home.

We will work with the Washington Poison Center and promotion the “Not for Kids” log to educate marijuana consumers about the risks associated with youth access to marijuana products. At least twice a year submit press releases and/or public service announcements to local media outlets promoting current program activities. Develop a region-specific education campaign. Work with MPEP to promote state marijuana prevention-related media campaigns by distributing materials, hosting or sponsoring special events, and taking advantage of other campaign marketing opportunities as they arise. Develop educational materials and/or use existing parent education materials (such as Seattle Children’s Hospital: A Parent’s Guide to Preventing Underage Marijuana Use) and disseminate to parents through public school systems, at parent information nights, through emails, and newsletters. Develop and disseminate educational materials to adult consumers regarding the risks associated with youth marijuana use, the laws about providing marijuana to a minor, the harms associated with children ingesting marijuana products, potential harms of exposure to secondhand marijuana

smoke and smoking in public places laws. Strategy will be implemented during the entire 2017-2019 biennium.

Resources-Printed materials, marijuana toolkit, Department of Health/TPCHD marijuana education PowerPoint, website, Facebook, Youth Leaders, Adult Advisors, Regional Network/PC2, Program Manager, Coordinator, Media/Admin Lead.

Activity 3-1: Reach out to decision makers.

We will develop a strategy/communication plan to reach decision makers and key regional leaders. Inform and educate regional leaders about current program efforts (on at least a quarterly basis). Maintain agency website, social media platforms, and/or develop a newsletter to provide updates about YMPEP and resources. Strategy will be implemented during the entire 2017-2019 biennium.

Resources - Communication Plan, printed materials, marijuana toolkit, Strategic Plan PowerPoint, website, Facebook, Youth Leaders, Adult Advisors, Regional Network/PC2, Program Manager, Coordinator, Media/Admin Lead

Innovative Activity 1-1: Promote youth leadership and social skill development.

- We will provide technical assistance to schools and communities. Encourage the formation of youth driven peer-education clubs aimed at addressing marijuana prevention and education. Conduct a local youth summit(s) focusing on specific topics of interest to youth and youth leaders. Educate will include items on the effects and consequences of marijuana use, but also may include topics regarding social skill development and other protective factors related to youth marijuana use. Conduct Peer Education Programs - Implement the Teens Against Pot Smoking (TAPS) program. Strategy will be implemented during the entire 2017-2019 biennium. Staff and Regional Network members will be attending a TAPS training in March 2018 Ellensburg, WA. We will plan and host and TAPS event in Pierce County. **Resources**-School District Partners, Youth Leaders, Adult Advisors, Parents, Regional Network/PC2, Program Manager, Coordinator, Media/Admin Lead, TAPS, Youth Leadership and Advocacy trainers and curriculum.

2. Role Delineation

Describe the role of the regional coordinator, the Regional Network, and the subcontractor in implementing each strategy.

Regional Network/PC2 will advise and provide recommendations on the work plan. The Coordinator Media/Admin Lead and Manager will execute and implement.

Role Delineations are listed in work plan next to each activity.

3. Fidelity

Tacoma-Pierce County Department of Health's Office of Assessment, Planning and Improvement (OAPI) Program strives to improve strategic and operational efficiency across its research activities. Some possible ways of doing this include putting together thematic groups in areas such as research continuation and knowledge management. In other words, OAPI uses best practices in running surveys, storing the data, and distributing the findings. The PC2 group will capitalize on existing research partnerships and also with external research partners in business, foundations, and academia to ensure our methods are sound. The strategy makes recommendations for improving the research competencies through measures such as continued learning and changes to the evaluation processes.

G. EVALUATION SUMMARY

1. Outcomes

Based on the region's logic model, the region expects to change the following using short-term (1-2 years) and long-term (3-5 years) goals.

In the short term (1-2 years), the PC2 Collaborative plans to:

- Increase perception of harm by 10th-grade youth from: 32% to: 35% reasonable?
- Decrease parental favorable attitudes for 10th-grade youth use from: 26% to: 23% reasonable?
- Increase number of school policies that address marijuana use from: (baseline pending) to: (goal pending)
- Decrease community social acceptance of marijuana for 10th-grade youth use from: 58% to: 55% reasonable?

In the long-term (3-5 years), the PC2 Collaborative plans to:

- Reduce marijuana use by 10th-grade youth from 17% to 14%. (adjusted)

2. Process Evaluation Plan

YMPEP will use a comprehensive system throughout intervention implementation to capture ongoing activities and determine their utility and impact. Quality management strategies, such as creating and refining quality management systems and tools, using data experts, providing supervision, and sending reminders will be performed.

Specifically, the YMPEP region will track the results of the Healthy Youth Survey (2018, 2020, etc.) to determine perception of harm by youth, parental favorable attitude for marijuana use, social acceptance of marijuana use, and the long-term marijuana use by 10th grade youth. A baseline survey (pre-assessment) of the school policies for marijuana use and punitive actions will be performed by December 2018, and a post-survey will be completed to track progress. Alongside this data, follow-up interviews, key informant interviews, and focus groups will be performed. Staff and key stakeholders of the YMPEP region will also perform an after-action review to determine barriers and lessons learned from their activities. Healthy Youth Survey is specific to the target audience, so the data is appropriate to report.

Evaluation question	Indicator(s)	Method	Data source	Responsibility	Comments
To what extent has the regional strategic plan been implemented?	Description of regional prevention work including geographies, award amounts and activities implemented Estimates of reach by activity Summary of activities full implemented, partially implemented and not implemented	Synthesis of work plan progress notes and contractual agreements Summation of unique population by activity type Synthesis of work plan progress notes	Work plan progress reporting	Program Manager/Program Coordinator/OAPI	
What barriers did the YMPEP region encounter when implementing the Regional Strategic Plan?	Summary of barriers	Synthesis of work plan progress notes	Work plan progress reporting	Program Manager/Program Coordinator/OAPI	

Describe any lessons the YMPEP region learned from these experiences.	List of potential solutions by barrier type List of program changes agreed to by regional network	Brainstorm solutions to identified barriers Vote by regional network to adopt program improvements	Summary of barriers Regional network meeting notes	Program Manager/Program Coordinator/ Regional Network/ OAPI	
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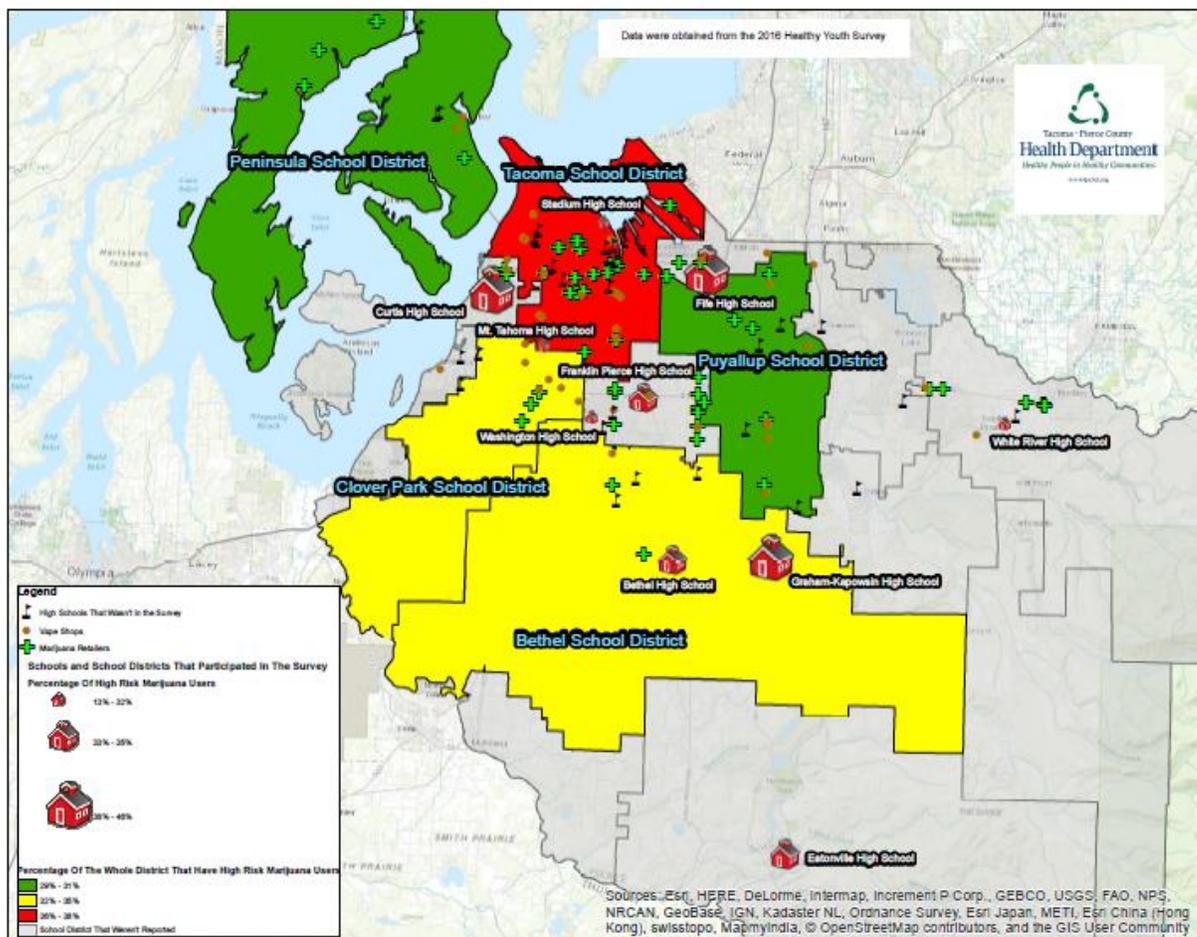
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I: MAP: MARIJUANA RISK OF HARM

The attached map shows 10th graders that perceive the risk of harm from regular marijuana use in Pierce County. This data is from the Healthy Youth Survey questionnaire, 2016. The schools and school districts identified have given their permission for the data to be used. The red/green/yellow choropleth indicates the percentage of the whole district that has high-risk marijuana users.

10th Graders That Perceive Great Risk Of Harm From Regular Marijuana Use from 2016; Pierce County



Sources:
Geography: Pierce County GIS
For more information, contact
Melissa Trapp Petty, mtrapppetty@pctcd.org
Dorell Wilson, dwilson@pctcd.org