

**Department of Health and Human Services
SAMHSA – Drug Free Communities Support Program**

Project Narrative

1. What are the community’s youth substance use-related problems?

a. Youth Substance Use Data/Trends: The severity of alcohol, marijuana and tobacco abuse among Sonoma County youth also is clearly documented in the results of the California Healthy Kids Survey (CHKS), a biennial self-report survey of students in grades 5, 7, 9, 11 and in alternative¹ schools in Sonoma County and across the state. The CHKS is a comprehensive, youth self-reporting survey that provides essential and reliable health risk assessment and resilience data to schools, districts, and communities. According to 2007 CHKS results, *alcohol, marijuana and tobacco are the leading substances used by Sonoma County youth.* (Table 1)

Table 1: California Healthy Kids Survey 2007 ATOD Use Report

Issue Surveyed	Grade 9		Grade 11		Alternative Ed.	
	Female %	Male %	Female %	Male %	Female %	Male %
Used alcohol (1 full drink in past 30 days)	35	22	47	41	69	52
Smoked marijuana in last 30 days	15	13	28	23	57	56
Had 5 or more drinks in last 30 days	21	13	33	31	65	48
Frequency of marijuana use in last 30 days	5	4	8	8	22	31
Smoked tobacco in last 30 days	10	12	15	17	49	50

The CHKS statewide data show that Petaluma’s two comprehensive high schools have binge-drinking rates in the 90th and 91st percentile statewide and marijuana use falls into the 85th percentile statewide. Binge drinking rates are of great concern, as these risky activities are often related to increases in fights, accidents, sexual assaults, and academic failure². Marijuana use interferes with youth brain development and decision-making skills, increasing the likelihood that youth will lack critical skills to ensure long-term resiliency³. Cigarette smoking is normally experimented with in preadolescent years. In the U.S., tobacco use is considered the main preventable cause of death. The use of both marijuana and tobacco use by youth are performance indicators that the CA Department of Education has recommended for monitoring progress in reducing substance use⁴.

Fifty percent (50%) of eleventh graders and fully 100% of continuation students indicated that they have used cigarette or smokeless tobacco at some point. The majority of students also find it fairly easy or very easy to obtain tobacco (Table 2).

¹ The definition for alternative schools encompasses a broad variety of schools, including community, small necessary schools, and continuation schools. The alternative schools referenced in this proposal are continuation schools.

² CHKS Key Findings Summary Report, Fall 2007, WestEd

³ Ibid.

⁴ Ibid.

Table 2: California Healthy Kids Survey 2007 Tobacco Use Report

Issue Surveyed	Grade 9 %	Grade 11 %	Alternative Ed. %
Used Cigarettes or Smokeless Tobacco, Lifetime	28	50	100
Used Cigarettes or Smokeless Tobacco, past 30 days	15	25	65
Perceived difficulty in obtaining – fairly easy or easy	60	77	78

Twenty-eight percent (28%) of ninth graders and 44% of eleventh graders report using alcohol in the last 30 days (Table 3). Of particular concern are the high-risk behaviors that can occur in association with teen alcohol use. Over half of all eleventh-graders (52%) in Sonoma County report getting very drunk or sick from alcohol and 32% report binge drinking⁵ in the past 30 days. Sonoma County students exceed statewide averages in all areas of high-risk behavior listed in Table 3.

Table 3: Alcohol Use among Sonoma County High School Students	Comprehensive Schools				Alternative Schools	
	County		State		County	State
	9 th	11 th	9 th	11 th	9 th	11 th
Percentage of students who report...						
Alcohol (whole drink) in past 30 days	28	44	24	36	65	56
Being very drunk/sick from drinking	27	52	21	40	77	65
Binge drinking in past 30 days	16	32	12	21	47	40

Source: 2007 California Healthy Kids Survey

The most recent CHKS results also reveal that the Petaluma Joint Union High School District (PJUH) reports binge-drinking rates in the 90th percentile statewide and have some of the highest rates of alcohol and other drug abuse in the county. Table 4 shows rates of binge drinking among PJUH 11th graders and their percentile ranking among California schools⁶.

Table 4: 11 th Grade 30-Day Binge Drinking Rates for PJUH		
Percentage of students who report ...	% Reporting 30-Day Binge Drinking	State Percentile Ranking
Casa Grande High	35.82	91
Petaluma High	34.59	90
Alternative: San Antonio	61	NA

While research has consistently shown that the great majority of students believe frequent use of alcohol, tobacco and other drugs is harmful, students usually think that alcohol, marijuana and tobacco are less dangerous than other drugs. Furthermore, the majority of students in Sonoma County (72%) believe that their peers would not disapprove or not disapprove “very much” of their using alcohol.

Such high rates of consumption and other risky behaviors by teens have serious negative consequences for themselves and their communities. Research has shown that impacts on youth and young adult that regularly drink and/or smoke marijuana include impaired social and physical development, health problems, poor school or job performance, unplanned or unprotected sex, sexual assault, fights and other violence, traffic injuries and fatalities, and other unintentional

⁵ Binge drinking is defined as consuming five drinks in a row in a single setting or occasion (within a couple of hours)

⁶ WestEd High School Binge Drinking Percentile Report for California, 2005-2006

injuries, like drowning, burns and falls. Community impacts include increased noise and litter, vandalism, property damage, decreased productivity, and significant costs associated with calls for police and medical services.⁷

Reports of marijuana-related incidents by the Sonoma County Sheriff's Department have risen from 401 in 2008 to 421 in 2009, to 71 in less than two months in 2010. Marijuana-related arrests have steadily increased each year: There were 208 in 2006, 325 in 2007, 355 in 2008, 419 in 2009 and 71 so far in 2010.

b. Youth access to substances that can be abused: Data from a Petaluma Community Wide Needs Assessment for a State Incentive Grant to reduce Underage and High Risk Drinking in 2004 indicated that Petaluma has one alcohol outlet for every 279 residents compared to the state average of one for every 558. This number has remained steady as reflected in follow up calls made by Petaluma Prevention Coalition Staff in 2009. Numerous studies have shown that areas with a higher density of alcohol outlets experience higher rates of alcohol consumption, alcohol-related traffic crashes, assaults, homicides and other crimes than their neighbors.

Because there is no zoning ordinance regulating tobacco outlets, Petaluma has seen a recent proliferation of "smoke shops". Smoke shops sell drug paraphernalia including pipes, bongos, hukas, vaporizers, papers, etc. that are legal as they can be used for tobacco. One popular smoke shop displays a logo that includes the silhouette of a naked woman, a cannabis leaf and a puff of smoke. As a result of this recent increase in smoke shops and other stores selling tobacco and drug paraphernalia, Petaluma recently received a 'D' in the American Lung Association (ALA) Report Card. The ALA grades communities in three categories: smoke-free air, smoke-free housing and reducing sales of tobacco products. These three grades are averaged for one overall local tobacco control grade.

Because of recent changes in state regulations regarding medical marijuana, there are now five medical marijuana dispensaries in Sonoma County. Although there is a city ban on medical marijuana dispensaries in Petaluma, dispensaries in Cotati, Sebastopol and Santa Rosa have provided easy local access to marijuana. The Petaluma Police Department reports that they have seen a proliferation of "grow houses" in Petaluma. This has created a very challenging situation for enforcement of laws prohibiting illegal possession, sale and use. Police are finding that a number of known drug dealers are now carrying medical marijuana cards. They are also finding an increase in the number of youth holding such cards.

c. Data related to youth consequences (i.e., social indicators): Data provided by the Petaluma Valley Hospital's Emergency Department reveal that an alarming number of underage drinkers are being admitted to the hospital for treatment related to alcohol consumption. Data provided by the Petaluma Valley Hospital Emergency Department reflects the adolescent social trend in this community toward "extreme" binge drinking. Nineteen youth between the ages of 12 and 18 were admitted to the emergency room in 2009 with a primary diagnosis of alcohol intoxication. The graph (See "Other Attachments") shows that all but two youth had a blood alcohol content level well over the legal limit of .08 for an adult and .05 for someone under the age of 21. Both males and females are drinking at this intensity. The ER department manager reports that on any weekend night, they see underage patients who are admitted for other injuries where alcohol appears to be a contributor or where the Blood Alcohol Content is obtained by law

⁷ Community Prevention Institute (CPI), "Binge Drinking: Community Action to Reduce Binge Drinking," *Prevention Tactics*, 8:4 (2004).

enforcement and sent to the criminal justice laboratory. The manager says, “My nursing and physician staff agree that youth are not presenting as casual drinkers. They are drinking to get smashed and they are coming in with blood alcohol levels higher than we have ever seen in our careers.”

Until recently, PJUH had two School Resource Officers (SROs) on site at its high school and middle school campuses from September 2001 until January 2009. During the time the SROs were in place, suspensions related to substance use were significantly reduced. Unfortunately, when the positions were cut due to lack of funding, the incidents began to increase.⁸

2. What factors contribute to the community’s youth substance use-related problems?

a. Environmental factors: Petaluma’s dynamic redevelopment district includes a large number of bars, nightclubs and music venues in the downtown area. As previously stated, Petaluma has more than its fair share of alcohol outlets; numerous studies have shown that areas with a higher density of alcohol outlets experience higher rates of alcohol consumption, alcohol-related traffic crashes, assaults, homicides and other crimes than their neighbors.⁹ Downtown Petaluma has a history of heavy drinking and the resultant alcohol-related problems by both adults and youth. Street crime police officers have nicknamed the downtown drinking scene “The Bermuda Triangle”, implying that this area poses risks to downtown patrons from drinkers moving from establishment to establishment, engaging in loud, unruly and disruptive behavior.¹⁰

Problems related to youth alcohol consumption are not limited to bars and restaurants. Results from CHKS indicate that off-sale outlets (such as a supermarket, convenience, liquor, drug or other retail store) are problematic as well. Students report that of those that drink, 50% of 11th graders buy alcohol at an off-sale outlet.

The downtown has also started to attract purveyors of tobacco and drug-related paraphernalia – aka, “smoke shops.” These retail establishments are often a combination of convenience stores and head shops. Youth may enter the stores to purchase gum, candy, or other items, only to find themselves within easy reach of products that may be legal yet nevertheless should be off-limits to underage customers.¹¹ There has been an increase in medical marijuana dispensaries appearing in rural areas just outside of Petaluma. Police report that they are encountering known drug dealers as well as youth that are carrying medical marijuana cards. According to Petaluma Police Department data, of the 27 expellable AOD events year-to-date for 09-10 in the Petaluma City Schools District, 24 were related to marijuana use, possession, sales or theft. Seven of the cases were marijuana theft from a dispensary, and of the 17 remaining cases, 12 of the students indicated they received the marijuana from someone who had a medical marijuana card.

b. Policies and Practices: The Coalition supported the passage of a Social Host Ordinance (SHO) in 2007, which resulted in a drop in the number of house parties¹². The Coalition was also instrumental in supporting the passage of an Alcohol Related Nuisance Ordinance (ARNO) in

⁸ Source: Petaluma Police Department, March 15, 2010

⁹ (Scribner R et al: May 1999), (Scribner RA; Mackinnon D; Dwyer J: July 1994) (Scribner RA; Cohen DA; Fisher W: February 2000) (LaBouvie E; Ontkush M: 1998) (Runcek D; Maier P: 1991)

¹⁰ The Argus Courier website (Petaluma360.com), February 19, 2010

¹¹ *ibid.*

¹² City of Petaluma Police Department Alcohol Control and Enforcement Final Report to the CA Dept. of Alcoholic Beverage Control, FY 2007-2009.

2008, resulting in a reduction in nuisance problems citywide¹³. Yet even with the success the Coalition had in its efforts to pass the ARNO, due to municipal budget cuts, the Petaluma Police Department recently had to eliminate its dedicated ARNO officer. Reductions to the city's General Fund resulted in the elimination of the two school resource officers (SRO) who worked with PJUH to prevent substance related problems at four secondary (middle and high school) campuses. There has been a dramatic increase in marijuana and alcohol use and referrals since the SROs were eliminated¹⁴.

c. Community Norms: Petaluma is considered a “wet” community, with a longstanding history of alcohol and tobacco as part of the community “rite of passage”. There is a tacit agreement in the parent community that it is acceptable to allow youth to drink at home and at community events with parents present, as long as parents take the keys. Based on anecdotal and focus group feedback from the past three years, the Coalition members have learned that parents are not aware of the risks related to alcohol consumption. They felt like they were being responsible by taking the keys away. Coalition members also heard from parents and youth alike that the parents think they if can't stop teenagers from drinking, the safest route is to host parties at their homes.¹⁵

The smoke shops that have been cropping up in town also encourage a permissive and lenient attitude not just regarding tobacco but marijuana as well. The smoke shops present pot-related images, such as photos and drawings of the marijuana leaf, which exploit youth vulnerability to seductive marketing tactics.¹⁶

It is also socially acceptable and very common in Petaluma and Sonoma County to promote alcohol as part of the fundraising strategy for youth programs. Recent environmental scans conducted by Coalition members revealed a number of problems: underage servers; use of volunteer servers without training in standard pour size; serving alcohol until close of the event; and using symbols of alcohol (wine and champagne bottles for instance) in event advertising, including high school newspapers.

As a result of these scans, event producers are beginning to listen to the Coalition about developing special event policies that include: training in responsible beverage service (RBS), standard pour size, carding, signage, promoting non-alcohol drinks, and terminating alcohol service one hour before end of an event.

d. Inconsistent enforcement of laws and policies: The City of Petaluma is in a deep financial crisis. The police department has eliminated all of their programmatic prevention positions and returned all personnel to patrol. This has had a negative impact on enforcement of the Social Host Ordinance (SHO) and the Alcohol Related Nuisance Ordinance (ARNO). The two School Resource Officers who covered the two comprehensive high schools and two comprehensive junior high schools were eliminated in January 2009. They played a key role in alcohol, tobacco and marijuana use prevention on school campuses as well as reducing risks related to gang activity. Since the SROs were eliminated, suspensions have gone back up.

¹³ Ibid.

¹⁴ Ibid.

¹⁵ The Gaucho Gazette, Casa Grande High School, February 2, 2010

¹⁶ Ibid.

e. Lack of coordination between existing agencies, organizations and services: Most of the members of the Coalition have deep and long standing ties to each other, extending across system networks in Petaluma and throughout Sonoma County. The Coalition members have worked cooperatively to create momentum to change Petaluma's environment, its policies and practices, and its community norms and expectations for youth behavior and development. The goal is to shift the environment from one in which abusing alcohol and other substances is considered a rite of passage to an environment that supports the healthy development of youth.

Yet, as with any effort to create lasting systemic and community change, there are gaps that exist that the Coalition is working to close. The DFC funding opportunity provides the Petaluma community a rare opportunity to be a part of creating a lasting and sustainable structure that will strengthen collaborations between all the sectors that serve youth and their families in Petaluma to reduce the use of alcohol, tobacco and marijuana in the community and improve the healthy development of all youth. Following is an overview of the efforts within the sectors to improve outcomes for youth and some of the challenges of coordination they face.

The Sonoma County Office of Education (SCOE) works closely with local school districts and service providers to establish sustainable ATOD and mental/behavioral health prevention and treatment services for youth. SCOE's Project SUCCESS is a SAMHSA-approved evidence-based practice employed by SCOE at school districts throughout the county. It is designed to prevent and reduce substance abuse and behavioral problems among high school adolescents, 14-18 years of age, by placing highly trained professionals in schools to provide a full range of prevention and early intervention services. Petaluma City School District (PCSD) is struggling to learn how to effectively refer students to these services and create a "wrap-around" system that supports the intervention efforts. Losing the SROs coupled with the abundance of high-quality marijuana available at low prices adds another layer of challenges.

Another major gap in coordination is in the healthcare sector. The primary service providers for Petaluma, including Petaluma People Service Center (PPSC), Drug Abuse Alternative Center (DAAC), the Petaluma Health Center, St. Joseph Health System – Sonoma County, Kaiser Permanente and Sonoma County Department of Health Services and Department of Mental Health, have collaborated with each other, the school district, and law enforcement for many years. But the effectiveness of these collaborative relationships has been challenged due to ongoing and severe budget reductions for prevention and treatment services, with few ATOD outpatient and no local specialized inpatient treatment services for youth in the local community. The Coalition conducted focus groups with the local pediatricians and women's health providers, who expressed great concern regarding the incidences of substance use by parents, and in children showing risk behaviors. One major provider has an outpatient substance abuse treatment program, yet there are no intensive individual adolescent treatment facilities in Petaluma; patients must travel 15 miles either north or south to access treatment. Especially for youth, this is a near-insurmountable hurdle.

Overall, while the sectors that serve Petaluma's youth have made great strides in recent years to organize within their organizational and sector framework, the community has yet to achieve clear alignment across outcome measures, process transparency, and coordination of service. To take the next steps in organizing and mobilizing agencies that seek to improve outcomes for youth, the community adopted the Forum for Youth Investment's *Ready by 21* approach to community organizing. *Ready by 21* helps leaders effectively strengthen change initiatives by providing tools and resources that assess readiness to do big picture planning and implementation. This framework has allowed the community to see more clearly where the gaps

are; while organizations believed they were working together, when outcomes and measurements were compared inconsistencies emerge. It has also made this DFC application possible, in that the sectors are now beginning to align with each other on a cohesive approach to addressing the spectrum of youth needs that is focused on a shared vision and agreed-upon youth outcomes.

f. Insufficient involvement of key community leaders and decision makers: The Coalition has been working to establish a basic level of engagement with leaders of agencies that impact youth outcomes regarding substance use. What is lacking is the depth of capacity in the different sectors to agree and then act on the highest priority objectives. The Coalition is the instigator in these efforts to create a framework of accountability by bringing together sector representatives and encouraging them to commit to being accountable to their part in implementing initiatives, evaluating the work, and making the necessary changes to ensure sustainability. As the Coalition has experienced success in its recent policy change work (SHO, ARNO), the Coalition members are becoming clearer on their roles and responsibilities in the operating structure of Coalition.

The Coalition's efforts to outreach to and educate the local Chamber of Commerce leadership regarding policy change impacting alcohol sales and service have been met with resistance. In response to the Coalition's policy change work, they organized merchant opposition to ARNO fee policy change and opposed the ARNO passage, as they deemed it a threat to their ability to successfully conduct their businesses. As a result of this response, the Coalition is working to re-engage this sector and identify how the Coalition and the Chamber can be successful partners.

The Coalition has also struggled in its efforts to implement special events policies from various sectors, including the business and merchants associations; non-profit, youth-serving organizations and civic and community service clubs (Lions, Kiwanis, Rotary). In the local community there is a lack of understanding about how substance use policy implementation and enforcement is directly connected to youth safety and health.

Additionally, although the health providers and school districts have been making efforts over the past five years to integrate cultural and linguistic competency into their services, many students and parents report frustration with cultural proficiency in the local business, education, government, and nonprofit sectors. Especially with such a rapid rise in Spanish speaking immigrants, this population is under-represented in leadership in all sectors of the community including the Coalition. In the schools, the English Learner Advisory Committee (ELAC) and DELAC (District English Learner Advisory Committee) consist of individuals who are parents of and are English language learners. They are essentially local-level peer support groups. The North Bay Organizing Committee, a grass roots organizing group, has been working with the Spanish speaking members of local churches and synagogues over the last two years to help this sector of the community identify their key issues and create a political presence. The Coalition has identified these groups as being potentially effective resources for emerging leaders from the Spanish-speaking community. The Coalition will continue to engage the various sectors to identify other resources (i.e., individuals and/or organizations) to help the Coalition connect with this community. With the growing numbers of Latinos in Petaluma and surrounding areas, it is imperative for the Coalition to "bring to the table" individuals and organizations that represent the voices of the Latino community to help the Coalition bridge the cultural and linguistic differences that exist between this community and the Coalition. Most current Coalition members are not formally connected to the Latino community, thus we lack the necessary perspective of this community that will help the Coalition identify ways to accurately communicate what its goals are.

It is also important for the Coalition to learn what challenges the Spanish speaking community faces in regards to youth alcohol, tobacco and marijuana use, so that its activities are aligned with the community's specific needs.

If funded through the DFC Program, the Coalition will be able provide the necessary framework to create broad, community-based approach to changing the environment and social norms regarding the health and safety of Petaluma's diverse youth community. The Coalition demonstrates the extraordinarily high commitment by the member organizations to improve outcomes for Petaluma's youth by creating a comprehensive and culturally competent community collaborative that will support efforts to prevent and reduce the use of alcohol, tobacco and marijuana use among youth.

g. Inadequate financial resources: The City of Petaluma, like most communities in California, is in the midst of a deep financial crisis. Services in all sectors—including health and human services, law enforcement, and administration—are being cut to the bone. School personnel, service provider funding, and health care service resources have also been greatly reduced—with a corresponding drop in the number of youth served and types of services altered. Core services in primary prevention and intervention are being stressed by funding cuts. For example, the core youth individual counseling and diversion programs provided through the Petaluma People Service Center that are funded by the state may be entirely eliminated in June. Continued fiscal reductions for intervention services are inevitable in this harsh economic climate, which is why it is critical at this juncture to focus on developing collaborative relationships at the environmental prevention level, which will increase efficiencies and help build community capacity.

h. Access to Service: Due to funding cuts, Petaluma has experienced severe reductions or eliminations of services for substance abuse. Outpatient services have been substantially reduced, resulting in long waiting lists for services for both youth and adults. Inpatient services for adolescents are available in Santa Rosa, but specialized inpatient substance abuse treatment services are generally referred to San Francisco or Vallejo, 25 and 30 miles away.

For the services that are available, The Coalition found that one of the main barriers to accessing service is information. In youth focus groups conducted in 2006 by the Coalition, the middle school and high school-aged youth indicated that they were unaware of what basic health and substance abuse treatment services exist, where they are, and how to access them. Local health providers confirmed this. One issue may be that the age of confidentiality is 12, and there seems to be a breakdown around that time for young people accessing services. Yet another barrier for youth is the administrative aspects of accessing health care – filling out forms is not a strong suit at this age. What's most important is that youth are given numerous opportunities, in a variety of ways, to learn about what services are out there for them.

3. What resources are available in the community to address youth substance use?

a. Effective Collaborations: The Coalition has been in place for five years with stable, active participants. Members of the Coalition include representatives from the religious sector; law enforcement; a youth serving agency; an alcohol prevention program; the local school district; the County Department of Health Services, Prevention and Planning Division; local business

representatives; parents (including the Petaluma City Schools' PTA president); youth representatives; healthcare; media; and civic groups.

The Coalition spearheaded local campaigns that led to the approval of a Social Host Ordinance (SHO) and an Alcohol Related Nuisance Ordinance (ARNO). The Coalition has drafted language for a Conditional Use Permit for Alcohol and is in the process of bringing forward a resolution to fund the ARNO through fees for alcohol in all on and off sale outlets.

The Coalition has experienced success in its work with local public and private schools, integrating a Parent and Community Pledge into 7-12 grade student registration packets at Petaluma City schools and St. Vincent's Catholic High School. Over 4,000 families have signed the pledge. In addition, the Coalition has worked with St. Vincent's High School to adopt a policy requiring all freshmen parents to attend an alcohol awareness night with their children in the first semester of school. The Coalition is in process of passing a similar policy in Petaluma City School District, which will require all students taking Human Interaction classes in 9th or 10th grade to bring a parent or guardian to a parent education night to complete the class.

Another important resource in this work is HC2's Petaluma Youth Network (PYN) and its spearheading of the Ready by 21 initiative. Over the last two years the PYN has worked with youth serving organizations, government agencies, law enforcement, youth leagues and public and private schools to create a framework that focuses on youth success.

The Coalition works with agencies that serve young children and families as well, including the Family Resource Centers, the Community Health Center and elementary schools. The Centers offer a structure of support especially to families of children 0-5 through Healthy Start and First 5 programs. The goal is to establish connections and build relationships with community members as early as possible on the continuum to ensure they are aware of the resources available to help children be successful.

The Petaluma City School District has been working to build effective support systems at the middle and high school levels. The elementary schools have a counseling grant that have allowed the schools to create a standardized approach to screening and working with youth who are identified as being at high risk for substance abuse. The counselors provide case management and referral services, providing the children with a solid base for ongoing intervention, treatment and prevention as they move into middle school. At the middle schools, the Project Alert Program offers primary prevention services to youth. At the high school level, Project SUCCESS, as part of the Student Assistance Program (SAP), has played a large role in the community's collaborative efforts to prevent and reduce substance use by youth.

After school programs are offered at three low-income housing sites and through the Boys and Girls Clubs. Mentor Me Petaluma provides individual mentoring with elementary and middle school students most at risk for failure. And even as fundamental services are falling away at the community level, the Coalition and its partners are putting structures in place to ensure at-risk youth don't fall through the cracks. The work of the city's Youth Commission in partnership with HC2's Petaluma Youth Network has provided career exploration strategies to prepare youth for their transition to young adulthood.

On the county level, the Sonoma County Prevention Partnership, which focuses on implementing population level strategies to prevent alcohol, tobacco and other drug problems is an important partner and complement to the Coalition's work. The Coalition is one of five local environmental prevention coalitions in Sonoma County, all of which participate in the Partnership. The municipalities around the county are working together to identify best practices and

collaborate on local implementation to address ATOD issues in the county (see Attachment 6, Letter of Mutual Cooperation).

b. Partners and systems supportive of positive youth development: Communities across the country face the challenge of implementing a comprehensive and proactive systems-building approach to provide children and youth with the services, supports and opportunities they need to grow and thrive. Central to this challenge is engaging youth, families and youth-serving organizations across community sectors and collecting and presenting data in ways that build joint accountability for child and youth outcomes.

The Healthy Community Consortium (HC2) was originally formed in 1995 by several lead agencies in the community to ensure a neutral vehicle of communication to create a healthy community in Petaluma. HC2 established its Petaluma Youth Network (PYN) in 2005 to respond to the challenge of providing Petaluma children and youth with an integrated services approach to help them become healthy, productive adults. PYN is a large-scale, community-wide youth development initiative using the Forum for Youth Investment's *Ready by 21* framework to positively and effectively impact youth outcomes, family and community connections, policy, and community leadership regarding youth. The PYN has established a structure and process for prioritization and coordination across all sectors of the community. The issue of underage alcohol, tobacco and marijuana use has been identified as a top priority by this network.

The PYN and the Coalition emerged as two distinct yet complementary strategies. PYN provides a vehicle for the whole community to work together within one framework to ensure that all youth have what they need to be ready to thrive, learn, work, connect and lead by age 21. The Coalition was formed to prevent and reduce problems related to underage alcohol and other drug use. The Network and the Coalition are both managed by the Healthy Community Consortium (HC2), the applicant for this grant request.

The work of the PYN is supported and complemented by the City of Petaluma, which has a Youth Commission of seven adults and 14 youth appointed by the City Council. HC2 was instrumental in the restructuring of the Youth Commission. The Youth Commission has aligned their priorities with those of the PYN. The City of Petaluma also has a youth master plan that was adopted in 2008 reflecting the values and vision of PYN and the Prevention Coalition. As previously described, the PCSD's Project SUCCESS program at the high school level, and other school-based youth development initiatives specifically targeted for ATOD prevention/early intervention, are also closely aligned with the work of HC2 and its programs.

c. Youth and adult volunteers, including time used for in-kind match: Our core volunteer group consists of 20-25 individuals, representing the 12 required sectors. The Coalition estimates that if funded by DFC, a minimum of 15 of the general volunteers will work an average of 3 hours per week throughout the year. This includes a youth volunteer who works side by side with professional level volunteers, and also engages in youth-focused communication strategies.

Professional-level volunteers provide their expertise in ways that best engages their skill sets. Duties may include: attending Coalition meetings, taking on time-limited projects through membership on ad-hoc committees, performing environmental scans at special events, meetings with community leaders and community members to educate them about the Coalition's work and to gather feedback, fiscal oversight of the Coalition, expert technical assistance in environmental prevention and other strategies, community organizing, and other duties and activities as the needs arise.

d. Financial Resources including in-kind match: Please see the attached budget and budget narrative for this information.

e. Policies, practices, programs and services: Community substance abuse resources for youth include:

- Student Assistance Program (SAP) – offers Project SUCCESS at the high school level
Elementary School Counseling and Caring Communities – both are prevention programs at the elementary school level
- Project Alert - a primary substance abuse prevention program delivered to all students at the middle school level
- Expansion of Boys and Girls Club program into low income housing sites – this resiliency program offer life skills, resiliency, effective resistance strategies
- Teen clinic and peer counseling at the Phoenix Theater – this is a popular “hang out” location for teens that provides a weekly health clinic that offers basic health care services, including STD tests, AOD referrals, etc.
- St. Vincent’s Catholic High School has a Senior Mentoring program where senior students mentor their younger classmates in ATOD prevention.
- Service Providers: The Drug Abuse Alternatives Center (DAAC) and the Petaluma People Services Center (PPSC) provide substance abuse counseling, referral and other supportive services to youth

f. Training opportunities:

- MFT internship program at secondary school sites to develop sustainable counseling services
- Challenge Day and Be the Change – training opportunities for youth and adult volunteers
- PYN provides youth leadership development training to youth (including Youth Action Councils and a Youth Leadership team)
- PYN’s strategic planning process offers training opportunities to youth, adults, and agency leaders in planning, needs assessments, environmental scanning, youth development theory, policy change, etc.
- Student Assistance Programs (SAPs): The Pennsylvania SAP model used by PCSD is a research-based student support system where a site team consisting of administrators, counselors, teachers, and classified staff are trained to identify and refer students
- St. Joseph’s Health System’s Bilingual Grassroots Leadership Training Course (A.C.T.I.O.N. /A.C.C.I.O.N.)
- Future training opportunities for coalition members may include: needs assessments; how to develop training plans (capacity building, policy/advocacy, media advocacy, data gathering, etc.); financial and organizational structures (board development); and other trainings related to building and sustaining the coalition

4. How has the coalition used data to inform and mobilize the community?

a. Traditional Media: Newspapers: The Coalition has a strong partnership with the local weekly newspaper, *The Argus Courier*. They have published front-page stories, editorials, and community polls all in support of the Coalition's objectives.

Community Access Television: The Coalition collaborated with Petaluma Community Access to produce a three-part feature interviewing youth and adults regarding the issues related to underage alcohol use.

Issue Briefs: The Coalition has produced four, four-page issue briefs on policies related to youth and high-risk drinking and a summary report to City Council. These have been posted on the Coalition's web site and have been linked to county and national sites - CADCA.

Brochures: The Coalition and the City of Petaluma co-published a brochure for licensed alcohol outlets summarizing the Alcohol Related Nuisance Ordinance.

b. Social Media: HC2 recently upgraded its web site to include links to its Facebook fan page site and Twitter to better communicate with youth and those that are interested in local youth issues. The HC2 website is also linked to the Sonoma County Health Services, Prevention and Planning Division website. HC2 has posted articles on the local newspaper's website, Petaluma 360, and regularly monitors the site's content and reader comments to keep track of local opinions and trends on youth issues.

c. Interactive Feedback sessions: The Coalition has hosted town hall meetings, focus groups, and community retreats over the last five years to engage community members, gather information and mobilize grass roots support for policy change. Four town hall meetings (including one in Spanish) in 2008 focused on parent ATOD awareness. One meeting led to the senior mentors at St. Vincent's High School holding breakout sessions to discuss problems and ways to ask for help. The Coalition also hosted a series of public meetings to discuss the ARNO. The Coalition solicited feedback from merchants, and then facilitated meetings with the Chamber and other business members to discuss strategies for funding for ARNO.

5. How did the coalition organize/mobilize to respond to the identified youth substance use issues?

The Coalition's formation can be traced back to the Teen Alcohol Prevention Project in 1996. The group came together in 2002 when the Coalition collaborated with residents, healthcare systems, Petaluma City Schools, the city of Petaluma and Sonoma County to establish a clean and sober classroom for youth in recovery.

In 2004, Petaluma was one of three communities in Sonoma County to receive funding through a State Incentive Grant to complete a community needs assessment and launch environmental prevention strategies to reduce problems related to underage and high-risk drinking. This funding caused the Coalition to narrow its focus away from general substance abuse prevention strategies and gave the Coalition the momentum to focus its resources on the most pressing youth substance abuse problem in the community—high risk and underage drinking. The objective of the Coalition in this work was to develop a model of environmental prevention (thus moving away from the more traditional focus on individually-oriented approaches) that would lead to implementation of policy changes specifically focused on alcohol.

The County and other funders have continued to see the value of the Coalition's work since the initial funding of the SIG grant, and have continued to fund the Coalition. The Coalition has had a strong focus on writing and implementing public policy, providing education, engaging in media advocacy, policy enforcement and social norm change regarding problems related to underage and high-risk drinking.

In 2009 the Petaluma Youth Network facilitated a community-wide assessment of youth development needs. The issues of marijuana and tobacco began emerging as issues of public health and youth safety concern. The assessment also revealed a growing concern regarding reduced city funding and elimination of the dedicated Alcohol Enforcement Officer and two School Resource Officers. These findings led the Coalition to review its mission and assess its capacity to apply for DFC grant funding to include tobacco and marijuana in our policy and social change agenda. As these new priorities have emerged, the Coalition voted to broaden its mission: *To improve the health and well being of the Petaluma community by working collaboratively to develop and implement community level strategies that reduce problems associated with alcohol, tobacco, and other drugs.*

6. What are the major duties and relevant experience of the coalition's key paid staff and volunteer leadership?

a. History/connection of the grantee/legal entity to youth substance use prevention/reduction: The Healthy Community Consortium (HC2) is the legal entity and lead agency for the Coalition. HC2 was formed in 1995 with the mission to improve the quality of life for Petaluma. One of the strategic priorities for this organization has been youth development and youth substance prevention/reduction since its inception.

b. Duties and experience of staff: Pat Landrum, Executive Director for HC2 since 2003, has 25 years of experience facilitating community level policy change to reduce/prevent youth substance use. Ms. Landrum also has been the Program Director/Project Coordinator for the Petaluma Prevention Coalition since 2003. As program director/coordinator, she oversees the Coalition to ensure its work is aligned with the HC2 mission, vision, and strategic priorities. Other duties include hiring staff and facilitating efforts to secure sustainable funding.

John Milburn currently serves as part time project coordinator for the Petaluma Youth Network. For PYN, his duties include facilitating community dialogue and action to ensure all youth in Petaluma have resources, opportunities and the supports they need to live healthy lives. He facilitates training, strategic planning, evaluation, and project implementation. If this proposal is funded, Mr. Milburn will perform the same duties as Project Coordinator for the Coalition under direct supervision of Ms. Landrum.

c. Duties and experience of volunteer leaders: The Prevention Coalition has been structured as a committee. Decisions have been made by consensus with paid staff (Landrum) serving as facilitator for monthly coalition meetings. The roles of note taker and timekeeper for Coalition meetings have rotated among members of the coalition. This has served the group well in its current form as an informal volunteer membership group. As a member of the Coalition, national environmental prevention expert Michael Sparks provides ongoing technical assistance and general guidance to the Coalition.

Coalition core members include representatives from a wide range of community sectors. Roles and responsibilities for the ongoing work of the Coalition is articulated and communicated at meetings and followed up with written communications. Members of the coalition may take on a leadership role to facilitate and oversee project implementation, depending on their expertise and availability. One of the strengths of this particular Coalition is the members' ability to be clear and specific about deliverables, timelines and conditions of satisfaction. Because the Coalition is

comprised of high-level professionals, projects and activities are implemented and completed effectively.

7. How has the coalition engaged volunteers/partners, including the required 12 sector members?

a. Key activities of volunteers and partners: Over the last four years the Coalition has drafted and facilitated passage of two ordinances (SHO and ARNO), two city facility policies (a special events facilities policy and a policy restricting alcohol in city parks), developed and distributed a Parent and Community Pledge, produced town hall meetings, parent and youth focus groups, a public access TV series, and written and distributed four issue briefs and one brochure. The structure for engaging volunteers and partners is as follows:

- Core coalition members attend monthly meetings or send representative to monthly meetings that are facilitated by the project coordinator. Responsibility for taking notes is rotated among members. Minutes are distributed by the project coordinator to all members of the coalition including those who attend meetings and those who are engaged in work teams.
- Project work teams research, draft documents and edit materials. These teams include coalition members and volunteers with specific expertise. The scope of project work teams generally is 1-3 months.
- Ad hoc outreach teams engage sectors and mobilize community volunteers. These volunteer teams are facilitated and coordinated by the project coordinator.
- Active engagement of the 12 sectors, each of which play an important role in helping the Coalition to reach various segments of the community

b. Shared ownership of coalition efforts/sector contribution of resources: Through the Coalition members and the relationship of the Coalition to HC2 and the Petaluma Youth Network, the Coalition has strong cross agency ownership of goals and efforts, which has come out of the work in recent years to build a shared vision to improve youth outcomes. Sector resources include:

- Youth: Their voices and perspectives through the PYN and the Petaluma Youth Commission;
- Parents that volunteer on the Coalition and through various school events and programs;
- The Argus Courier Newspaper and the local cable access channel are critical partners in the Coalition's work to inform the community of the Coalition's work and the problems in the community related to youth substance use;
- The school districts (public and private) and the Sonoma County Health Services Prevention and Planning Division offer information and training;
- Local substance abuse providers (DAAC, PPSC) provide staff and other resources;
- St. Joseph's Health System-Sonoma County/Petaluma Valley Hospital's ER Manager is an active participant in the Coalition, providing data, prevention education to admitted families and referrals to the Coalition and other community resources. It's Healthy Communities Director is also a key Coalition member, and is a co-facilitator in trainings has expertise in cultural proficiency and community mobilizing;
- Both Petaluma Valley Hospital and Kaiser have adopted ATOD as a strategic priority that links well with their work in the Coalition;
- Petaluma Health Care District: The District offers information about the Coalition on its website, and provides in-kind financial oversight;

- The Petaluma Police Department is a strategic partner, gathering data, drafting ordinances, carrying ordinances forward, developing and implementing Responsible Beverage Service training, and providing ongoing enforcement of ordinances;
- The Downtown Merchants Association: Due to their work as a Coalition member, they implemented special events best practices by establishing broad policies around ATOD use for the community events; and
- City of Petaluma: They have partnered with the Coalition to establish and implement facility use policies related to ATOD, provide GIS mapping regarding problem areas, and maintain links to the Coalition on their website, The Assistant City Manager has provided key technical assistance in strategic planning efforts.

c. Access to partners and key community agency leadership and decision makers: The Coalition as a strategic initiative of HC2 has deep connections to a wide range of community partners. The HC2 board and the Coalition itself is comprised of top local decision makers for key community agencies including the police captain, assistant city manager, superintendent of schools, Dean of Santa Rosa Junior College Petaluma Campus, Petaluma People Service Center, Kaiser Permanente, St. Joseph Health System, and the Petaluma Healthcare District. These community leaders have supported HC2's efforts to build the Coalition into an effective and well-respected voice in the community. The Coalition's program director (who is also the HC2 executive director) is in regular daily contact with these key leaders to discuss ongoing and emerging problems in the community related to youth. These individuals regularly attend Coalition and HC2 meetings and work together to identify potential solutions and assign roles and responsibilities to ensure the Coalition's identified strategies are carried out (examples include the approval of the SHO and ARNO policies).

d. Engagement of diverse populations within the community: Working coalition members are predominantly representatives of youth-serving, government, school, health care, business and civic organizations. Youth members to this point have been represented by the Petaluma Youth Network and through organizational linkages to the Petaluma Youth Commission. The Coalition currently lacks representation from the older adults, Spanish speaking, low income and homeless populations. This is a key priority of the Coalition in 2010. The Coalition member from St. Joseph's has deep connections in the local Latino community as well as specialized experience in community mobilizing. The Coalition will work with her to engage this community. St. Joseph's Hospital's Director of Healthy Communities, community organizers, and community health staff will support the Coalition's outreach efforts into the Spanish-speaking community, leveraging existing relationships and opportunities through St. Joseph's community benefit activities in Petaluma. These activities include health education and promotion, gender-specific asset-based after school programming, grassroots leadership mentoring, and partnership development. Please see the Action Plan and the attached Logic Model for more details on how the Coalition will engage the Latino community.

e. Available board leadership or youth substance abuse prevention training: The Coalition has access to excellent resources in the fields of environmental prevention and substance abuse prevention. National environmental prevention expert Michael Sparks is a member of the Coalition and provides ongoing technical assistance to the Coalition. Center for Applied Research Solutions (CARS) is another resource for substance abuse training. The Sonoma County Department of

Health Services, Planning and Prevention Division, also provides ongoing training. Coalition staff and volunteer leaders attend quarterly meetings with other environmental prevention coalitions in Sonoma County (trainings and peer sharing). The Coalition also regularly sends its members to attend board leadership training through the Sonoma County Volunteer Center.

8. What are the coalition's operational structures?

The Coalition's two part-time staff are funded by the Sonoma County Department of Health Services, Planning and Prevention Division. Coalition staff meets monthly with the Division and a TA consultant to review project priorities, deliverables and plan strategy.

The Coalition volunteer members, representing the key sectors involved with the work of the Coalition, meet monthly to review progress, set strategy, identify activities and determine roles and responsibilities for specific projects. Ad-hoc committee members and subject matter experts are engaged for specific projects as needed.

Coalition staff, along with working committee members and coalition members makes day-to-day decisions. Decisions are made by consensus. Recommendations regarding strategy, allocation of funds, and project deliverables are presented at meetings facilitated by the project coordinator to the coalition members, HC2 board and partner organizations prior to meetings where decisions will be made. Where conflict is present, a formal vote is taken. Meeting notes are taken by volunteer members and distributed by the project coordinator. Governance of the Coalition is currently overseen by the HC2 and its Executive Director. Communications and decision making that takes place between in-person meetings are guided by the executive director (who is also the Coalition program director).

9. What is the coalition's financial structure?

As the umbrella organization overseeing the Coalition and PYN initiative, HC2 has been responsible for planning and allocating resources, monitoring grant funds, and making personnel decisions for the Coalition. HC2 is currently responsible for all financial decision-making related to the Coalition, including its systems, policies and procedures. The HC2 board of directors reviews financial reports monthly that are prepared by the executive director and office manager. HC2 contracts with a CPA to ensure books are in compliance with 501c3 reporting requirements. The Petaluma Healthcare District provides in-kind consultation to HC2 staff by reviewing the financials on quarterly. Coalition members participate in decision making regarding specific budget line items (for example the members provide input/feedback on trainings, travel, etc.).

10. What are the coalition's communication mechanisms? Communication mechanisms include:

- Monthly coalition notes
- Record of all key meetings maintained in coalition computer files and binders
- Issue briefs, progress reports to public, city council, HC2 board and partner boards
- Reports to school district board, Superintendent's lay advisory council, secondary school staffs, Petaluma Youth Network membership
- Feature stories and guest editorials in local weekly newspaper
- Web page on HC2 web site; links to Facebook and Twitter
- E-mail blasts to key stakeholders and coalition members
- Presentations to local church groups (English and Spanish), service clubs, chamber of commerce board and membership groups

- Presentations to ELAC and DELAC groups for school sites (targeting Spanish speaking community)
- Networking with Adult Education program (there are many Spanish speakers)
- Parent and Community Pledges are published in English and Spanish
- Community organizing of Latino/Spanish speaking community: With guidance by the Coalition member from St. Joseph's who has specific skills in community organizing in the Latino community, the Coalition shares informational materials with St. Joseph's Spanish speaking clients and community partners. She also keeps St. Joseph's leadership apprised of outreach efforts, and regularly updates the Health Action Program Manager to support additional linkages with the community health improvement initiative.

11. What planning process has the coalition used to address youth substance use?

a. Coalition members' involvement in planning: The Coalition members, as representatives of their sectors, have been involved with the planning and implementation of efforts to address youth substance abuse for over 10 years.

Petaluma has an abundance of child and youth programs, with a decade-long history of asset-based collaborative protocols. However, despite all the excellent efforts, it is clear that many youth in Petaluma are lacking critical skills as they enter adulthood. The PYN has been engaged in an extensive planning process over the past two years with the intent to be inclusive, comprehensive and systematic. Simultaneously, the PYN has been in action to address "hot issues" impacting children and youth and to build community capacity in the face of dramatic reductions in financial support. The planning process has included electronic surveys to evaluate community ability to improve children and youth outcomes and to gather specific information about needs; youth focus groups; town hall meetings; expert informant meetings, strategy groups and community retreats.

b. Community Participation: The general community has also participated in planning efforts, through initiatives such as the Ready by 21 planning process and through broader community dialogue and interviews. For example, in 2004, HC2 in partnership with the Petaluma City Schools conducted a community engagement process around youth issues. Over 1,500 community members have participated in a variety of youth outreach efforts, including dialogues in English and Spanish at churches, community centers, low-income housing units, schools, and businesses. Youth substance abuse consistently has been identified as one of the top concerns of the community. Local community participation has also been solicited through newspaper and on line polls. The local weekly newspaper, *The Argus Courier*, has conducted six polls in the past two years soliciting community input on issue of underage drinking, drug use, parent responsibility and needs for prevention, intervention, and enforcement.

c. Use of data and current research: The Coalition will continue to access much of the data it already uses, including:

- California Healthy Kids Survey
- Sonoma County Community Needs Assessment – community wide health needs assessment that was co produced by Sonoma County, Sutter, Kaiser Permanente, and St. Joseph Health System – Sonoma County
- Sonoma County Department of Health Services Substance Abuse Report

- Current research on environmental prevention practices (with input and guidance from Michael Sparks)

The Coalition will also identify and research other sources of data to support and guide its programming and activities, including evidence-based programs, promising practices, etc.

d. Prioritization process: The Coalition’s process to address highest risk environments and opportunities for change are based on priorities set by community and Coalition member input and resources available (such as the data sources identified above). The Coalition uses SAMHSA’s Strategic Planning Framework to assess needs, identify best opportunities to have an impact, identify resources available to make change. The Coalition set its priorities in 2004 based on this process and has been in the process of implementation, re-assessing, and re-prioritizing since that time.

12. What key environmental strategies will the coalition employ to create community change?

GOAL 1: Expand and enhance community capacity to reduce youth alcohol, tobacco, and marijuana use in Petaluma.

Strategy 1: Strengthen capacity of residents to represent and advocate for the Coalition’s mission, goals, objectives and strategies.

Problems include:

- Missing/inconsistent policies to underage use of alcohol, tobacco and marijuana
- Youth obtain and consume alcohol, tobacco, and marijuana in social settings
- Youth obtain alcohol and tobacco from and around retail alcohol outlets
- Youth are exposed to widespread alcohol marketing and promotion

Identified policies and practices to be changed (Objectives & Activities):

- Strengthen capacity of residents to advocate for environmental strategies
- Align collaborative efforts, resources, and measurements across sectors
- Provide information, training and support to residents
- Establish and expand formal agreements
- Develop internal capacity to provide training and technical assistance

Evidence of Impact: (Outcomes)

- Increased number of residents trained
- Increased awareness of alcohol, tobacco and marijuana problems and policy solutions
- Increased number of residents involved in policy change work
- Increased communication between adults and youth regarding substance use

Strategy 2: Expand and deepen active Coalition participation of community members:

Problems include:

- Unable to expand Coalition membership with current resources

- b. Lack of Spanish-speaking, Latino community and economically diverse representation
- c. Membership turnover

Identified policies and practices to be changed (Objectives & Activities):

- Establish structure and process for expansion
- Engage new representatives of key sectors
- Formalize membership roles, responsibilities and expectations
- Develop/implement training and mentoring system for volunteers/sector representatives
- Research and implement best practices for sustainable coalition funding
- Research and facilitate implementation of funding for education/enforcement

Evidence of Impact: (Outcomes)

- Increased capacity to engage diverse members
- Expanded Coalition membership and engagement
- Effective underage alcohol, tobacco and marijuana prevention practices
- New local funding streams identified/established
- Sustainable funding sources

Strategy 3: Update and expand Coalition using SAMHSA Strategic Planning framework

Problems include:

- a. Youth obtain alcohol and tobacco from retail alcohol outlets
- b. Youth obtain alcohol, tobacco and marijuana in social settings
- c. Youth are exposed to widespread alcohol and tobacco marketing and promotions

Identified policies and practices to be changed (Objectives & Activities):

- Complete needs assessment/strategic action plan
- Assess local social norms regarding alcohol, tobacco and marijuana use
- Conduct environmental scans of community settings
- Expand routine police department data collection and reporting on ARNO, SHO, etc.

Evidence of Impact: (Outcomes)

- Strategic Plan reflects use of SAMHSA framework
- Multi-sector participation in planning process
- Routine police department reporting on ARNO, SHO, etc.

Strategy 4: Facilitate adoption and enforcement of policies and practices to reduce social access and availability of tobacco, alcohol and marijuana to youth

Problems include:

- a. ARNO and SHO are not being enforced.
- b. Responsible Beverage Training is not being offered or monitored
- c. A Conditional Use Permit for on- and off-sale alcohol outlets has been stalled
- d. School Resource Officers have been eliminated

Identified policies and practices to be changed (Objectives & Activities):

- Ensure development/implementation of sustainable community based funding strategies
- Facilitate media advocacy campaign/grassroots advocacy for ARNO/SRO enforcement
- Facilitate public education and mobilization to advocate for ARNO/SRO fees

Evidence of Impact: (Outcomes)

- Increased public awareness of need for dedicated enforcement related to substance use
- City Council adoption of revised ARNO to include fee

Goal #2: Reduce youth alcohol, tobacco and marijuana use in Petaluma

Strategy 1: Decrease availability of sales of alcohol to youth by adopting a conditional use permit and ensuring enforcement of the Petaluma Alcohol Related Nuisance Ordinance (deemed approved) including Responsible Service Training.

Problems include:

- a. Youth obtain alcohol from and around retail alcohol outlets

Identified policies and practices to be changed (Objectives & Activities):

- Reduce the number of retail outlets selling alcohol to youth
- Educate community and ARNO and Responsible Beverage Service (RBS) Training
- Train, support and mobilize community to complete environmental scans
- Ensure police department conduct friendly code enforcement inspections

Evidence of Impact: (Outcomes)

- Community members trained in environmental scans, media/grassroots advocacy
- Increased community engagement and advocacy for ARNO and RBS
- Increased merchant compliance with ARNO and RBS

Strategy 2: Reduce availability and sales of tobacco products and drug paraphernalia to youth through the adoption of a Conditional Use Permit (CUP) and Tobacco Retailer Licensing (TRL).

Problems include:

- a. Increase in number/density of smoke shops
- b. Tobacco shoulder taps/decoy operations not being conducted
- c. Tobacco retailers not being monitored for sale to underage users
- d. Youth are exposed to tobacco marketing/promotions

Identified policies and practices to be changed (Objectives & Activities):

- City will adopt a Conditional Use Permit (CUP) regarding tobacco outlets
- Revise current draft ordinance
- Implement media advocacy plan
- Develop/adopt a TRL program

Evidence of Impact: (Outcomes)

- Adoption of CUP
- Adoption of TRL

Strategy 3: Develop and implement a comprehensive environmental prevention approach to the problems associated with underage marijuana use.

Problems include:

- a. Rate of marijuana use in 11th graders is significantly higher for Sonoma County youth
- b. Possible legalization of recreational use of marijuana
- c. Lack of strategic plan to address youth marijuana use

Identified policies and practices to be changed (Objectives & Activities):

- Use of the SAMHSA Strategic Planning Format to complete a comprehensive needs assessment and strategic plan regarding use of marijuana by youth

Evidence of Impact: (Outcomes)

- Needs assessment and strategic plan completed

Strategy 4: Facilitate the adoption and enforcement of policies and practices to reduce social access and availability of tobacco, alcohol and marijuana to youth.

Problems include:

- a. Youth obtain and consume alcohol, tobacco and marijuana in social settings

Identified policies and practices to be changed (Objectives & Activities):

- Reduce problems related to social access to alcohol, tobacco and marijuana
- Develop and implement parent education nights; include Parent/Community Pledges
- Facilitate community education, training, advocacy for enforcement of SHO
- Research models/best practices for youth alcohol, tobacco, marijuana abstinence pledge
- Support adoption and enforcement of special event policies

Evidence of Impact: (Outcomes)

- Increased number of parents signing Parent and Community Pledge
- Increased number of parents/youth that attend education nights
- Establishment of peer structure of support for enforcing Parent and Community Pledge

Strategy 5: Alter social norms regarding youth alcohol, tobacco, and marijuana use in Petaluma

Problems include:

- a. Youth are exposed to alcohol and tobacco marketing
- b. Petaluma youth/healthcare providers indicate youth drink with “intent to get wasted”

Identified policies and practices to be changed (Objectives & Activities):

- Engage parents of elementary-high school students re: Parent/Community Pledge
- Engage youth and parents in development of media advocacy campaign
- Strengthen protective factors to prevent youth substance abuse

Evidence of Impact: (Outcomes)

- Increased youth advocacy for abstaining from substance use
- Increased parent leadership with children and youth regarding substance use
- Reduced social messages condoning youth alcohol, tobacco, and marijuana use

Please refer to the Logic Model and 5-Year Plan (Attachment 13) for a more detailed account of the Coalition's goals, strategies, objectives, outcomes and indicators.

13. What is the coalition's plan for addressing youth substance use in the first 12 months after the awarding of the DFC grant? Please see the Action Plan, which is attached at the end of the narrative section starting on page 27.

14. How will the coalition implement the strategies and activities listed in the Action Plan?

a. Role of staff, sector members, and other community volunteers: The Coalition staff in conjunction with Coalition members will conduct outreach within the Petaluma community to identify new potential Coalition members and to identify and train youth, parent, and other interested residents in how to execute the activities outlined in the Action Plan. Please see the Action Plan for more specific details regarding activities and responsible parties.

b. Engagement of key community leaders and decision makers: Many of the current Coalition members are key community leaders and decision makers. Under Goal 1, HC2 leadership in partnership with Coalition staff and members will seek to expand the number of leaders contributing their time and resources to the Coalition through a variety of outreach and other engagement activities. Please see the Action Plan for more specific details regarding activities and responsible parties.

c. Identification of predictable barriers: Probably the biggest barrier is the scope of work that this effort requires. The number of people and organizations that are needed to implement the activities is formidable, despite the many relationships and linkages that already exist. Another barrier is the fact that most large institutions (such as government agencies and health care institutions) find it difficult to respond in a timely manner to the need to change or adapt to changing conditions. These types of organizations also are wary of allowing access by general community members (i.e., parents, youth, general volunteers) to their internal processes.

d. Processes to address unexpected challenges and barriers, including modifying the Action Plan: The Coalition has a close working relationship with the evaluator, which will help staff and members to accurately monitor progress towards the project's goals. When unexpected challenges appear, the Coalition will be able to review the project's status, re-evaluate strategies, and if necessary make specific changes to ensure continued progress towards the goals.

15. What is the coalition's formal monitoring mechanism for ensuring effective implementation?

The Strategic Prevention Framework (SPF) identifies evaluation as one the six essential

components. By building evaluation plans into each and every Action Plan, the Coalition will assume responsibility for collecting progress and outcome data. A local evaluation consultant will also be contracted to assist with the evaluation designs for Action Plans and for coaching during implementation of the evaluation activities. Coalition members will present summary interim and annual data collected for each Action Plan at least annually to the Coalition as a means to promote monitoring and fine-tuning on an ongoing basis. These presentations and resulting actions will be incorporated into the Action Plan.

A Coalition Member Survey will be developed by the local evaluator and used at baseline (upon award) and annually, near the end of the year. The survey will measure the following: 1) gaps in coalition membership-who else needs to be involved?; 2) gaps in the knowledge base-what training is needed?; 3) attention to the SPF-are Action Plans developed using the SPF?; 4) level engagement-are members actively engaged?; 5) quality of collaborative activities-is the collaborative efficient in building momentum to meet stated objectives?; 6) leadership to sustain activities-are coalition members building the leadership capacity necessary to sustain efforts?; 7) data driven decisions-does the coalition use data to identify community needs and evaluate the impact of efforts?; and 8) cultural competence-does the coalition address the cultural needs of the community? The local evaluator will summarize the findings and present results to the coalition at baseline and annually. In addition, sign-in sheets will be used for all coalition-related meeting to identify active participation among members.

In addition to the internal coalition communication processes mentioned above, the coalition will communicate with the community via: Issue briefs, progress reports to public, city council, HC2 board and partner boards; reports to school district board, superintendent's lay advisory council, secondary school staffs, Petaluma Youth Network membership; feature stories and guest editorials in local weekly newspaper; web page on HC2 web site; links to Facebook and Twitter; e-mail blasts to key stakeholders and coalition members; presentations to local church groups (English and Spanish), service clubs, chamber of commerce board and membership groups; and presentation to ELAC and DLAC groups for school sites (targeting Spanish speaking community).

16. How will trends in community data be monitored to determine the coalition's impact on the identified problems?

The project will monitor the four core measures for DFC: 1) past 30-day use; 2) average age of onset; 3) perception of risk; and 4) perception of parental disapproval. These data will be collected annually using items from the California Healthy Kids Survey (CHKS) at grades 5, 7, 9 and 11. In addition, the survey will be used to monitor binge drinking and school safety/violence data. School suspension and juvenile justice arrest data will be monitored as well. The Action Planning process will also identify data that will be monitored to show progress in meeting yet-to-be formulated objectives. As these plans are developed, the local evaluator will work with the coalition to develop measurement strategies, format report templates, and coach team on data collection strategies. The processes used to gather these data are already in place. See response to Question 17, below.

17. How will the coalition collect the data required for the reporting of the core measures required for the National DFC Cross-Site Evaluation?

The CHKS administration protocol will continue to be used. Given that the survey is currently administered every two years, the project will facilitate administration of a shortened

version during the “off” years. The school district has already agreed to cooperate in this effort. Having annual data will ensure that regular monitoring will occur. The school district and police department routinely collect the school suspension and arrest data. The school district and police department have agreed that these activities will continue using the same protocol, and that data will be shared with the coalition. The Project Director will present the annual data to the coalition and the community at-large, as discussed in the previous section. These data will be entered in COMET annually.

18. How will the coalition maintain resources needed to achieve long-term goals?

Please refer to the Action Plan and the Logic Model/5-Year Plan, which outline a number of ways the Coalition intends to ensure the long-term sustainability of its work, including: efforts to build and maintain resources (volunteers and community partners), identifying a number of potential financial resources (such as fees to support ARNO enforcement, re-institution of SROs, and RBS training), and institutionalizing Petaluma’s policies and practices regarding use of alcohol, tobacco and marijuana by youth.