

ONE ME ANNUAL EVALUATION REPORT



Prepared for:

Office of Substance Abuse
Maine Department of Behavioral and Developmental Services

By:

RTI International and
Hornby Zeller Associates, Inc.



December 2004

Contents

Executive Summary	ES-1
1. Purpose of the State Incentive Grant	1-1
1.1 Introduction	1-1
1.2 What is One ME?	1-2
1.3 What is Science-Based Prevention?	1-4
1.4 The One Me Evaluation Logic Model	1-5
2. One ME Communities	2-1
3. Process and Outcome Evaluation of One ME	3-1
3.1 Process Evaluation Research Questions	3-1
3.2 Outcome Evaluation Research Questions	3-3
3.3 Process Evaluation Instruments	3-5
3.4 Outcome Evaluation Instruments	3-6
3.4.1 State- and Community-Level Outcome Evaluation	3-6
3.4.2 Program-Level Outcome Evaluation.....	3-8
4. Achievement of One ME Outcomes	4-1
5. Process Evaluation Results	5-1
5.1 State-level Findings	5-1
5.1.1 Advisory Council Survey	5-1
5.1.2 Workgroup Member Survey	5-3
5.1.3 State Agency Directors and Office of Substance Abuse (OSA) Prevention Team Interviews	5-6

5.2	Community-level Findings	5-45
5.2.1	Coalition Coordinator Survey	5-45
5.2.2	Coalition Member Survey	5-49
5.2.3	Model Program Training	5-51
5.2.4	One ME Environmental Strategies: Targeted Changes and Related Activities.....	5-71
5.2.5	Policy Change	5-76
5.2.6	Community-Initiated Regulations.....	5-78
5.2.7	Enforcement of Alcohol Laws and Policies.....	5-79
5.2.8	Youth Access to Alcohol	5-80
5.2.9	Distribution of Alcohol by Establishments.....	5-82
5.3.	Distribution of Alcohol to Minors by Minors	5-83
5.3.1	Summary	5-84
5.3.2	Fidelity of Implementation.....	5-85
5.3.3	One ME Spring 2004 Site Visit Summary	5-96
5.3.4	Cultural Issues in One ME Model Program Implementation.....	5-112
6	Recommendations	6-1
6.1	Coalition Functioning.....	6-1
6.2	Program Recruitment and Retention	6-3
6.3	Program Implementation and Fidelity.....	6-4
6.4	Technical Assistance Needs	6-6
6.5	State-Level Response.....	6-6
6.5.1	Coalition Functioning	6-6
6.5.2	Comprehensive Prevention Planning	6-7
6.5.3	KIT Solutions	6-8
6.5.4	Program Implementation and Fidelity.....	6-8
6.6	Conclusions	6-9
	Appendixes	
A	Description of State Agencies	A-1
B	Response Categories for State Agency Directors' Perceptions of Interagency Collaboration	B-1
C	State Agency Directors' Barriers and Benefits to Collaboration and Stakeholder Participation	C-1
D	OSA Prevention Team Perception of Benefits and Barriers of KIT Solutions.....	D-1

Figures

Figure 1-1	Evaluation Framework for One ME SICA.....	1-6
Figure 1-2	One ME Local Coalitions Logic Model	1-8
Figure 1-3	One ME State-Level Logic Model.....	1-9
Figure 5-1	Satisfaction with Advisory Council Functioning, Structure, and Experience.....	5-2
Figure 5-2	Barriers to the Success of One ME Coalitions' Efforts to Reduce Substance use.....	5-3
Figure 5-3	Accomplishments Reported by Advisory Council, Workgroup, and Coalition Members	5-4
Figure 5-4	Workgroup Participation, Functioning, and Decision Making	5-4
Figure 5-5	Coalition Organization and Formalization	5-46
Figure 5-6	Community Sectors Participating in One ME Coalition Meetings	5-46
Figure 5-7	Areas Coalition Coordinators Report Coalition Being "Somewhat" or "Very" Effective.....	5-48
Figure 5-8	Technical Assistance Needs of Coalitions During the Next 12 Months	5-49
Figure 5-9	Positive Changes From Participating on a One ME Coalition	5-50
Figure 5-10	Rating of Trainers	5-53
Figure 5-11	Increase in Knowledge about Substance Abuse Prevention.....	5-53
Figure 5-12	Perceived Effectiveness of Model Program Before and After Attending Training.....	5-54
Figure 5-13	Emphasis on Program Fidelity.....	5-55

Tables

Table 1-1	Fundamental SIG Goals	1-2
Table 3-1	Standard Data Collection Forms to Be Used for Process Evaluation.....	3-6
Table 3-2	List of Domains, Constructs, and Number of Items Used to Develop Youth Survey Instruments.....	3-9
Table 3-3	Curricula and Domains Covered for Youth Surveys	3-11
Table 3-4	List of Constructs and Source of Items Used to Develop the Parent Survey.....	3-12
Table 4-1	Coalitions' Program Choices and Domain Addressed, by Model Program.....	4-3
Table 5-1	Identification of Key Agencies for Substance Abuse Prevention.....	5-11
Table 5-2	Level of Familiarity with State Agencies Involved in Substance Abuse Prevention.....	5-12
Table 5-3	Level and Consistency of Reported Familiarity Between Agency Pairs	5-13
Table 5-4	Familiarity Rating and Average Number of Contacts between Agencies.....	5-14
Table 5-5	State Agency Directors' Collaborative Efforts With Other Agencies Based On Category of Collaboration.....	5-16
Table 5-6	Regularly Attended Standing Meetings Of State Agencies....	5-18
Table 5-7	Resources Pledged by Agencies for the One ME Initiative	5-19
Table 5-8	State Agencies with Formalized Collaborative Relationships	5-20
Table 5-9	Barriers to Interagency Collaboration Listed by State Agency.....	5-23

Table 5-10	OSA Prevention Team’s Stated Benefits for State-level Stakeholders’ Participation with One ME	5-23
Table 5-11	OSA Prevention Team’s Stated Barriers Faced by State-level Stakeholders’ Participating in One ME	5-24
Table 5-12	OSA Prevention Team Members’ Perceptions of Groups’ Understanding of One ME Outcomes	5-27
Table 5-13	OSA Prevention Team’s Stated Benefits for Coalition-level Stakeholders’ Participation with One ME	5-27
Table 5-14	OSA Prevention Team’s Stated Barriers Faced by Coalition-level Stakeholders’ Participating in One ME	5-30
Table 5-15	OSA Prevention Team’s Beliefs Regarding Selected Indicators of Coalition-level Stakeholders’ Abilities or Beliefs to Implement One ME Prevention Efforts.....	5-33
Table 5-16	The Ways In Which OSA Prevention Team Members Promote Science-based Prevention Among Contract Management Contacts.....	5-36
Table 5-17	OSA Prevention Team’s Beliefs Regarding Selected Indicators of OSA’s Actions Since the Beginning of One ME Prevention Efforts.....	5-38
Table 5-18	OSA Prevention Team’s Beliefs Regarding Selected Indicators of State-level Stakeholders’ Abilities or Beliefs to Implement One ME Prevention Efforts	5-40
Table 5-19	OSA Prevention Team Perceptions of One ME Coalition Technical Assistance Needs	5-41
Table 5-20	OSA Prevention Team’s Stated Benefits of KIT Solutions.....	5-43
Table 5-21	OSA Prevention Team’s Stated Barriers of KIT Solutions.....	5-44
Table 5-22	Factors that Influenced the Selection of Model Prevention Programs	5-48
Table 5-23	One ME Model Program Trained Survey	5-52

Executive Summary: One Maine Annual Report

PURPOSE OF THE STATE INCENTIVE GRANT

The State Incentive Grant (SIG) program was established in 1997 as a special initiative to curb substance use and abuse of alcohol, tobacco, marijuana, and other illicit drugs among adolescents aged 12 to 17 years. The intent of the SIG program is to provide states with resources and incentive to move them toward effective and systematic implementation of the elements of ONDCP's initiative. One ME Stand United for Prevention (One ME) was established in fall 2001 with the award of a State Incentive Grant from the Center for Substance Abuse Prevention (CSAP). The program is positioned within the Prevention Team of the Office of Substance Abuse (OSA), an agency of the Behavioral and Developmental Services (BDS) in Maine. OSA funded 23 community coalitions in geographically diverse regions of the state. Coalitions were selected based on their ability to provide prevention services targeting youth aged 12 to 17 throughout the state with science-based prevention programs.

ONE ME COMMUNITIES

The 23 community coalitions funded under this initiative selected (after a 6-month needs assessment process) and implemented a set of complementary evidence-based programs designed to reduce substance use, violence, and other risky

behavior. Sixteen grantees were made up of a single coalition, and the remaining seven grantees comprised multiple coalitions called *super coalitions*. The number of selected programs and strategies ranged from as few as 2 to as many as 6.

PROCESS AND OUTCOME EVALUATION OF ONE ME

RTI International and Hornby Zeller Associates, Inc. (HZA) developed an evaluation design that included both process and outcome components. The process evaluation described activities that took place as part of the One ME project to monitor and record the planning and implementation of the SIG at both the State and community levels and to provide constructive feedback to those who implemented the project. The second purpose of the process evaluation was to gather information that elucidated how the organizational and programmatic aspects of the SIG progressed and to synthesize this information in a manner that could help to interpret findings from the outcome evaluation. A third purpose was to extract key lessons from this project that could be applied to future prevention efforts in Maine.

The outcome evaluation activities had a dual focus. One set of activities pertains to the assessment of effects at the State and community level as measured by the Maine Youth Drug and Alcohol Use Survey (MYDAUS) data on the selected indicators. The other focus, which is at the program level, is based on data obtained from program participants. The design for the State and community-level evaluation is to compare measures of drug use and related risk and protective factors among youth statewide, and in communities that do not receive SIG coalition grants, using pre- and post-test intervention data.

For each program evaluated, the sites follow a standard protocol for data collection developed by RTI. Once sites selected their programs and recruited participants, they notified evaluators of their survey needs, and all survey implementation materials were shipped to sites along with FedEx materials for returning completed surveys. Survey data were collected from program participants just before the program started and again just after it concluded. The sites and specific program within sites that are being evaluated for these formal program-level evaluators were selected based on the programs identified by

coalitions. Whereas evaluators had primary responsibility for designing the program-level data collection instruments, program staff at the coalition level had primary responsibility for collecting and submitting program participants' data via scannable surveys.

ACHIEVEMENT OF ONE ME OUTCOMES

Using the Guide to Assessing Needs and Resources and Selecting Science-Based Programs, developed by HZA, all 23 coalitions completed assessments. Following the creation of community profiles, coalitions researched CSAP models and conducted feasibility assessments to select the programs they intended to implement as part of One ME. By September 1, 2003, almost all coalitions had made preliminary program selections. The next phase in addressing the long-term outcomes of One ME and the first intermediate outcome, enhancement of protective factors and attenuation of risk factors, was to begin implementing the selected programs. Between July 2003 and April 2004, all coalitions had implemented at least one model program, and 25 different model programs had been implemented by One ME coalitions in total. The most frequently selected model programs included Communities Mobilizing for Change on Alcohol (CMCA), Guiding Good Choices, Parenting Wisely, All Stars, and Stars for Families.

Ultimately these processes, consideration of community needs and resources, data-driven program selection, implementation of science-based programs and prevention planning are expected to lead to the achievement of One ME long-term outcomes.

PROCESS EVALUATION RESULTS

This report includes numerous sections that provide findings from a variety of stakeholders. Findings include survey responses from advisory council and workgroup survey respondents, OSA prevention staff, and State agency directors. Most committee members were satisfied with their personal experience on the committee (92 percent), the degree of member involvement (92 percent), the number of committee members (85 percent), and the planning process (77 percent). The cohesion of the advisory council was rated highly:

100 percent of members agreed that there was a shared understanding of the mission, 92 percent agreed that there was a general agreement with respect to its mission, 85 percent said there was a feeling of cohesiveness and team spirit, and 82 percent reported tolerance for differences and disagreement. Members noted several accomplishments of the committee, including expanding and strengthening prevention activities (69 percent), decreasing alcohol, tobacco, and other drug (ATOD) problems among youth (69 percent), improving information exchange among State agencies and organizations (69 percent), increasing leveraging of prevention resources (61 percent), and improving ATOD-related policies (61 percent).

Workgroup members reported high satisfaction with workgroup functioning. On a scale of 1 (very dissatisfied) to 5 (very satisfied), members reported a mean score of 4.5. Workgroup members rated their overall functioning as high, reporting a mean level of functioning of 4.3 on a scale of 1 (low) to 5 (high). According to workgroup members, the most common barriers to accomplishing One ME's mission are lack of (1) resources, (2) State-level awareness about ATOD problems, (3) involvement by important agencies or key stakeholders, (4) a shared vision, and (5) time to make substantial progress on goals and objectives.

State Agency Directors and OSA Prevention Staff Interviews

To examine One Me progress toward (1) coordinating funding for substance abuse prevention resources within the state among State agencies, and (2) developing and implementing a comprehensive prevention system to ensure that resources are used to fill gaps in the services targeting youth with science-based prevention programs, interviews were conducted with State agency directors and OSA prevention staff.

Directors or designated staff from several State agencies were interviewed about their level of collaboration with other agencies. Representatives from the State agencies, the Children's Cabinet (CC), and the District Courts within the Judicial Branch were selected for participation in the State Agency Collaboration Interview. Baseline interviews with State directors examined their perceptions of interagency collaboration, pledging of resources, and level of satisfaction

with collaborative efforts, as well as barriers to and benefits of collaboration. Results of the interviews show varying levels of collaboration among State agencies across seven increasingly complex categories of collaborative efforts, including sharing resources, joint planning, joint programming, technical assistance, joint funding of programs, and coordinated service delivery. However, despite clear indications of collaboration among these agencies, discrepancies in the reciprocity of respondents suggest that some State directors are not completely aware of the level of collaboration among various State agencies. This is particularly salient among larger agencies with several key leadership/managerial positions.

When asked about barriers to and benefits of collaboration, respondents noted that great advances had been made in State agency collaboration in the past 5 or 6 years. Examples included unprecedented cooperation among mid-level managers. The most commonly stated benefits focused on agency coordination and collaboration. Respondents reached a consensus on barriers to interagency collaboration, identifying Federal funding issues, organizational culture, and philosophical differences as barriers. Other barriers reported by at least half of the State directors included workforce development issues, State budget deficit, lack of time, and an agency's reluctance to compromise.

Perceived barriers to coalition-level stakeholders included social norms and the local political environment, time, lack of experience with collaboration, motivating people to work together, and recruitment and retention of volunteers. Other areas in which coalition-level stakeholders face barriers include funding requirements, working with schools, KIT Solutions, evaluation issues, OSA-related issues, and miscellaneous topics noted in the table.

The promotion and adoption of science-based prevention is a key component of the SICA program. OSA prevention team staff reported mixed perceptions regarding the coalition's understanding of science-based prevention. Less than half of the OSA prevention staff believed One ME coalitions had a "reasonably good" or "pretty good" understanding of science-based prevention. This is more accurate for coalition members and not necessarily coalition directors.

OSA prevention staff differed on the extent to which the promotion of science-based prevention should be subsumed under their job responsibilities. The relevance of this discrepancy is borne out in how the State determines to best promote the adoption of science-based programs and strategies. Since the inception of One ME, most prevention staff stated that OSA had increased

- involvement throughout the state in addressing alcohol and tobacco use among youth;
- exchange of information with other organizations concerning the prevention of alcohol and tobacco use among youth;
- undertaking of joint projects (such as developing a curriculum for prevention professionals) with other people, groups, and agencies concerning prevention of alcohol and tobacco use among youth; and
- participation in media coverage concerning the prevention of alcohol and tobacco use among youth.

Overall, prevention staff members believe that One ME will have an impact on the youth who participate in the programs. It is challenging for respondents to clearly state the effect they believe One ME might have in 5 years. Some believe solid groundwork in the form of increased coalition skills and quality local data will improve the potential for sustained programming.

Technical Assistance Needs

Prevention staff members identified four general areas in which One ME coalition could benefit from technical assistance: (1) sustainability, (2) KIT Solutions, (3) coalition functioning, and (4) evaluation.

Attention to some of the following issues may improve the future direction of One ME and substance abuse prevention efforts in Maine:

- Regardless of the merger, plan for agency staff turnover from retirement and build capacity among newly hired managers and directors during the beginning of their tenure in these positions.
- Initiate further collaboration on the State-level comprehensive Prevention Plan, and encourage use of it by staff from all levels within State agencies to make it a useful and “living” document.

- Continue training and professional development of the Prevention Team to ensure that all members have a common understanding of substance abuse prevention, science-based prevention principles, KIT solutions, and evaluation and OSA contracting processes.
 - Encourage all Prevention Team members to embrace and advocate for science-based prevention among the contacts with whom they work.
 - Continue the focus on developing the knowledge base and skills of coalitions involved in substance abuse prevention.
 - Celebrate successes and share lessons learned.
-

COMMUNITY-LEVEL FINDINGS

Overall, the most common reasons for selecting a particular research-based curriculum were that they met community needs (84 percent), addressed risk factors that were high in the community (74 percent), and were easy to adapt to meet local needs (65 percent)

Coalition coordinators rated their coalitions as very effective in increasing communication and networking (59 percent), increasing collaboration and cooperation (59 percent), creating a comprehensive and integrated prevention plan for the target community (36 percent), and providing new funds to the community for prevention activities (32 percent).

Coalition members reported positive changes resulting from coalition actions, including increased awareness of resources for prevention programming in the community, belief that prevention of ATOD problems is possible, knowledge about risk and protective factors for substance use, enjoyment of a coalition's work and skills in implementing prevention programs.

The most common barriers facing coalitions were denial and apathy in the community toward substance abuse problems, as well as lack of community awareness and resources for prevention.

Quality of Training

Overall, the trainings were rated favorably. Three-quarters of the attendees indicated that they would recommend the respective training to others. Ten percent said they may

recommend it, and 11 percent would *not* recommend the training. Almost all of the survey respondents considered the trainings to be well-organized. Eighty-three percent of the trainees gave the materials high ratings. Most trainers received high ratings from attendees, with only 7 percent of attendees reporting *poor* ratings of trainers.

Model programs receiving the most favorable ratings included the following:

- All Stars
- Communities Mobilizing for Change on Alcohol (CMCA)
- Creating Lasting Family Connections
- Guiding Good Choices
- Life Skills Training
- Lion's Quest
- Reconnecting Youth

Model program trainings that received less favorable ratings included Class Action, Parenting Wisely, Positive Action, and Second Step. However, Class Action was the only training that *none* of the attendees would recommend to others.

Environmental Strategies

Fourteen of One ME coalitions implemented environmental strategies, including CMCA and Community Trials Interventions to Reduce High-risk Drinking (CTI). RTI and HZA conducted interviews with coalition leaders to document coalition efforts to mobilize individuals and organizations to change their community in ways that result in a reduction in youth access to alcohol. The interviews focused on four areas: (1) community mobilization and information dissemination, (2) policy change, (3) enforcement of alcohol laws and policies, and youth access to alcohol. To mobilize communities and sustain objectives, coalitions conducted myriad activities to stimulate interest and raise awareness among local residents. Specific activities included community forums, door-to-door canvassing, and presentations to small groups and agencies.

Policy Change activities included ensuring visible signage outlining ATOD use laws, reducing advertising to youth at retail outlets, revising or developing explicit law enforcement policies regarding house parties, reviewing school policies on drinking,

and increasing the familiarity with and adherence to school substance use policies by school personnel and students.

Enforcement of alcohol laws and policies occurred at two levels. In addition to law enforcement agencies, other organizations enforced laws and policies concerning alcohol use. Examples of community enforcement actions included providing technical assistance and resources to coalitions on underage drinking, developing workgroups to review and make recommendations on school policies, and working with law enforcement to develop diversion programs for minors caught using alcohol. Examples of law enforcement actions included increasing the consistency of police patrols of local nightclubs, parks, and other youth "hang-outs" to monitor for and cite alcohol violations; and increasing enforcement of existing laws and policies regarding alcohol and minors.

Youth access to alcohol was targeted by addressing three methods of distribution: (1) access from adults in the community, (2) distribution through employees of establishments that serve or sell alcohol, and (3) personal acquisition or from other youth. Activities addressing access from adults included placing "stickers" on alcohol products to inform consumers of the legal drinking age and the unlawfulness of providing alcohol to minors and educating law enforcement about the transfer of alcohol from adults to minors. Activities targeting distribution of alcohol by establishments included Responsible Beverage Server (RBS) training programs designed to prevent intoxication among patrons, prevent service to underage persons, and prevent intoxicated individuals from driving. To address direct acquisition of alcohol by youth, some coalitions offered alternative events to youth that did not include alcohol; others discouraged shoplifting of alcohol by minors and attempted to prevent the gathering of youth in locations known for underage drinking.

All of the One ME coalitions implementing environmental strategies are engaged in mobilization of their community and disseminating relevant information. All coalitions are engaged in the development of strategy teams, or groups of people who will plan and implement various strategies within each community. Nine of the 14 coalitions had a team in place by May 2004. About half of the One ME coalitions implementing

CMCA and CTI are working on the enforcement of alcohol laws and policies among the community and law enforcement agencies. The efforts, which focus on enforcement in the community, are targeting parents, and one coalition is working on the issue of underage drinking among college students. Efforts targeting law enforcement agencies include educating officers, increasing patrols, and establishing targeting patrols and sobriety checkpoints.

Fidelity of Implementation

The term *fidelity* is used to assess the fit between the program that is actually delivered and the program as it was designed. In the first year of One ME program delivery, 38 Program Implementation Checklists were received from 12 One ME coalitions. The most frequently adapted program components included session frequency, length of sessions, and number of sessions. Least modified were the order of sessions, use of materials, program setting, and intended population. Model programs have been implemented and evaluated, producing consistent, positive, and replicable results. For this reason, a program should be implemented as close to its original design as possible if one is to expect similar positive outcomes. Although fidelity is important, CSAP and researchers in the field of prevention recognize that complete fidelity is not always possible.

The majority of adaptation in the first year on One ME implementation can be categorized as changes to the intensity or *dosage* of a program. Nearly one-half of the programs were delivered in a different time frame from that prescribed by the model program. More than 40 percent of the programs involved some change to the length of the sessions, and a third of the programs were modified in terms of the number of sessions delivered. Most of these adaptations were made to fit within established school class schedules.

One ME Site Visit Summary (Spring 2004)

Between March and May 2004, RTI and HZA staff conducted 23 site visits with One ME coalitions. The purpose of the site visits was to document coalition structure and functioning, and to observe program implementation to assess the quality of delivery and fidelity.

Recruitment and community-level mobilization resulted in most One ME coalitions being composed of two types of members: agency/organization representatives or concerned citizens/volunteers. Almost all coalitions met regularly. However, several did report that establishing regular meeting times and maintaining good attendance was difficult. Contributing factors included long traveling distances, conflicting schedules among members, and competing time demands.

The majority of coalitions reported an increase in the number of linkages formed and in the level of collaboration among substance abuse agencies as a result of the One ME project. Examples included coalitions increasing their levels of collaboration to obtain additional resources.

Good planning is a critical component of the coalition development and program implementation process. One ME coalitions that had solid plans were better able to deliver their prevention services compared with coalitions that had less developed plans. Specifically, coalitions that partially developed plans had difficulties getting model programs implemented in school-based settings because their plans did not incorporate ways to engage and receive the endorsement of the school prior to program implementation.

Implementation. Coalitions selected 63 programs and implemented 47 programs in the first 9 months following the needs and resources assessment phase as of April 2004.

Sustainability. To continue prevention efforts beyond One ME, several coalitions have submitted proposals for additional grant funding, whereas others are working to sustain programming in their communities by embedding the model programming into their community organization.

Implementation of Research-Based Programs

Although coalitions selected prevention programming based on a 6-month needs assessment process, One ME coordinators were interviewed to examine elements of program implementation: (1) what went well, (2) challenges in program implementation, (3) adaptations to programs or threats to fidelity, and (4) whether the program was a good *fit* for the audience.

Twelve programs were implemented during the school day. Implementation of these programs was most successful when the coalition coordinator laid the groundwork to gain the support and trust of multiple stakeholders within each school involved. Of the 12 programs, only 2 had not been implemented as planned.

RECOMMENDATIONS

The One Maine State Incentive Cooperative Agreement project has made significant progress toward meeting the goals and objectives outlined in its original proposal and specified in the Center for Substance Abuse Prevention (CSAP) solicitation. The purpose of the recommendations offered in this report is to provide the State with objective conclusions and strategies that may help to improve associated outcomes. These recommendations are based on evaluation findings regarding (1) coalition functioning, (2) program recruitment and retention, (3) program implementation and fidelity, (4) technical assistance needs, and (5) State-level response. This information serves as a formative feedback mechanism for OSA and the One ME coalitions to assess and, when necessary, modify existing practices.

Coalition Functioning

- Coalitions must continually reevaluate their membership and members' roles to determine whether all sectors are in agreement.
- Coordinators should consider each member's views on collaborating.
- Coalitions should continue to leverage the skills of their members in implementing project activities.
- Coalitions should identify *champions* to take over and sustain model programs beyond the One ME project.
- Coalitions should develop separate but complementary plans for coalition and program sustainability.

Program Recruitment and Retention

- Coalitions experiencing recruitment and retention difficulties should consider using incentives.
- Guiding Good Choices and Parenting Wisely each presented several implementation challenges. Improvements to Guiding Good Choices include updating

curriculum materials in consultation with the curriculum developer.

- Parenting Wisely was implemented using several different approaches. Despite the flexibility in its delivery modes, only one approach had even limited participant participation. The consistent implementation challenges experienced by several coalitions suggest that this model program is not appropriate for these communities and should be replaced with a parenting program that either uses referrals or is conducted in conjunction with another intervention.

Program Implementation and Fidelity

- When attempting to implement prevention interventions in schools, coalitions must
 - obtain support from all participating school administrators, including superintendents and principals, and other staff as appropriate;
 - identify a person on the school staff or with whom the school has an existing working relationship to deliver the program;
 - show school officials and teachers how the program fits into existing curricula, schedules, and existing school culture, including that of student families;
 - persuade school officials that implementing the program will produce a tangible benefit for the school as an institution.
- Coalitions should carefully consider program modifications in consultation with the program developer for programs implemented in after-school settings.

Technical Assistance Needs

Ongoing technical assistance and training are important and necessary components to facilitate the development of skills and capacity at the community levels. Interviews with OSA staff and coalition coordinators identified three topical areas at which to direct technical assistance resources:

- Training on confidentiality is needed to help coalition members to distinguish between anonymity and confidentiality.

- Effective coalition and recruitment and mobilization training is needed to help coalitions recruit members with the necessary expertise and influence in the community.
- Coalition coordinators identified a need to receive training on how to collaborate with organizations with which they had difficulty working in the past.

In addition to coalition members, the OSA prevention staff identified the following areas for meaningful training:

- Sustainability
- KIT Solutions
- Coalition Functioning
- Evaluation

State-Level Response

- OSA prevention staff need to identify coalitions that are having difficulty reaching their desired level of functioning and, to the extent possible, provide one-on-one coaching with key coalition stakeholders.
- Coalition coordinators need training to facilitate development of comprehensive sustainability plans.
- Sustainability plans are recommended over prevention plans because a comprehensive approach to prevention can be integrated into a coalition's sustainability plan.
- OSA needs to closely monitor implementation of all funded programs, paying special attention to parenting programs and programs for high-risk youth.

CONCLUSION

Our assessment of the State-level activities and collaboration suggests that State agency relationships have occurred with relative success, but they have not yet developed to the level necessary to engender a comprehensive and integrated system. However, Maine's preliminary comprehensive prevention plan attempts to remove some of those barriers to create a seamless system of prevention service delivery.

One ME and OSA staff should continue to promote collaboration among State agencies that have not traditionally worked together to provide coordinated services to youth.

1

Purpose of the State Incentive Grant

1.1 INTRODUCTION

The State Incentive Grant (SIG) program was established in 1997 as a special initiative to curb substance use and abuse of alcohol, tobacco, marijuana, and other illicit drugs among adolescents aged 12 to 17 years. The initiative is a component of the Department of Health and Human Services (DHHS) Youth Substance Abuse Prevention Initiative and a key vehicle of the Office of the National Drug Control Policy (ONDCP) aimed at “educating and enabling America’s youth to reject illegal drugs as well as the use of alcohol and tobacco.” The intent of the SICA program is to provide states with resources and incentives to move them toward effective and systematic implementation of the elements of ONDCP’s initiative. To support this initiative, the Center for Substance Abuse Prevention (CSAP) established three fundamental goals for states participating in the SICA program (*see Table 1-1*). Very broadly, these goals pertain to the coordination, leveraging, and redirection of prevention funding across State agencies; the development of a comprehensive, statewide plan for substance abuse prevention; and the implementation of research-based prevention strategies and programs within local communities.

Table 1-1. Fundamental SIG Goals

Goal 1.	To develop information, processes, agreements, and other mechanisms to coordinate, leverage, and/or redirect (as legally permissible) the federal and State substance abuse prevention funds and resources directed at individuals, schools, communities, and families in Maine.
Goal 2.	To implement in community settings research-based prevention programs designed to delay or reduce the use of alcohol, tobacco, marijuana, and other drugs among youth in the State of Maine aged 12 to 17 years.
Goal 3.	To develop and implement a comprehensive, statewide, prevention plan that focuses on preventing and reducing marijuana, other illicit drugs, alcohol, and tobacco use through systemic and sustained support of research-based strategies implemented at the community level.

1.2 WHAT IS ONE ME?

One ME Stand United For Prevention (One ME) was established in fall 2001 with the award of a State Incentive Grant from the Center for Substance Abuse Prevention. This program is positioned within the Prevention Team of the Office of Substance Abuse (OSA), an agency of the Behavioral and Developmental Services (BDS) in Maine. One ME has three main purposes: to (1) coordinate funding of substance abuse prevention resources within the State directed at communities, families, youth (aged 12 to 17), schools, and workplaces; (2) develop and implement a comprehensive prevention system to ensure all State prevention resources fill identified gaps in services targeting youth aged 12 to 17 with science-based prevention programs; and (3) measure progress in reducing substance use among youth aged 12 to 17 in the following areas: past 30-day use of tobacco (15% reduction) and binge drinking (10% reduction).

A Request for Proposal process was utilized to select 23 community coalitions in geographically diverse regions of the state. These coalitions are receiving 85 percent of the

\$9 million awarded, or \$2,555,000 annually, to provide substance abuse prevention programs within their communities. Coalitions were selected based on their ability to provide prevention services targeting youth aged 12 to 17 throughout the State with science-based prevention programs. They are currently providing services to over 180 communities throughout the state of Maine. The remainder of the money has been utilized to carry out a comprehensive evaluation of the project, provide funding for support staff, and to cover other training and administrative costs.

The Associate Director of the Office of Substance Abuse, William Lowenstein, is the Project Director for One ME and oversees the Prevention Team Manager, Linda Williams. The Prevention Team consists of the program manager, four prevention specialists, two One ME staff, and one Information and Resource Center (IRC) and one staff member donated from the National Guard's Demand Reduction Program as a prevention specialist. The Prevention Team staff members serve on workgroups and the executive management committee, and they provide expertise and resources for the project.

An advisory council and various workgroups were established to facilitate effective implementation of the One ME program. From the inception of the SIG until early 2003, the Council on Children and Families served as the advisory council for this project. This council had representatives from the Children's Cabinet, the State Senate, the State House of Representatives, and the Chief Justice of the Supreme Court. In the summer of 2003, the Substance Abuse Services Commission became the newly appointed One ME Advisory Council. This body is represented by members of the State Senate, the State House of Representatives, substance abuse treatment practitioners, prevention professionals, educators, attorneys, physicians, and the public at large.

In addition to the advisory council, five workgroups were created to utilize the skills and expertise of various members of the community. Each workgroup has a member from outside OSA who serves as the chair, one OSA staff person who manages the work, and several community members

representing youth, parents, educators, law enforcement, service providers, and prevention specialists. The workgroups identified are the following:

- The Needs and Gaps Workgroup tasked with identifying the needs data identified in the RFP, as well as the descriptions of existing programs, strategies, and services, to identify both funding and programmatic gaps.
- The Strategies and Awards Workgroup tasked with identifying the best science-based prevention approaches for the needs identified by coalitions and to oversee the subrecipient grant award process.
- The Oversight and Technical Assistance Workgroup is responsible for monitoring awards and for making technical assistance available in areas such as strategies, communications, and grant management.
- The Evaluation Workgroup oversees the work of the evaluators—RTI International of North Carolina and Hornby Zeller Associates, Inc. (HZA)—and serves as liaison between the evaluators and the subrecipients.
- The Public Communications Workgroup develops media plans to maximize public understanding and community support for effective prevention practices.

Through the combined efforts of the prevention team staff, workgroups, advisory council, and evaluators, the One ME project has continued to make strides toward achieving its overarching, long-term goal of mobilizing prevention resources in a manner that will allow for gaps to be filled in prevention services for youth aged 12 to 17.

1.3 WHAT IS SCIENCE -BASED PREVENTION?

Science-based prevention interventions, also called evidence-based or research-based prevention, have been shown through rigorous research to reduce the risk factors associated with substance abuse, increase protective factors, and/or reduce substance use and abuse. Science-based prevention refers to the process by which experts use commonly agreed upon criteria for rating interventions. CSAP has constructed a *Hierarchy of Evidence* for science-based prevention, which describes the levels required for meeting these criteria. The

hierarchy consists of five levels of evidence that can be used to determine whether a prevention intervention is effective:

Level 1: Recognized through awards, anecdotal information, newspaper articles, unpublished evaluations, etc.

Level 2: Documented in a professional journal that is not peer reviewed/refereed.

Level 3: Single peer-reviewed/refereed journal.

Level 4: Expert consensus or meta-analysis report.

Level 5: Multiple replication trials in peer-reviewed/refereed journals.

Science-based prevention may be implemented in several forms. These efforts can include the following:

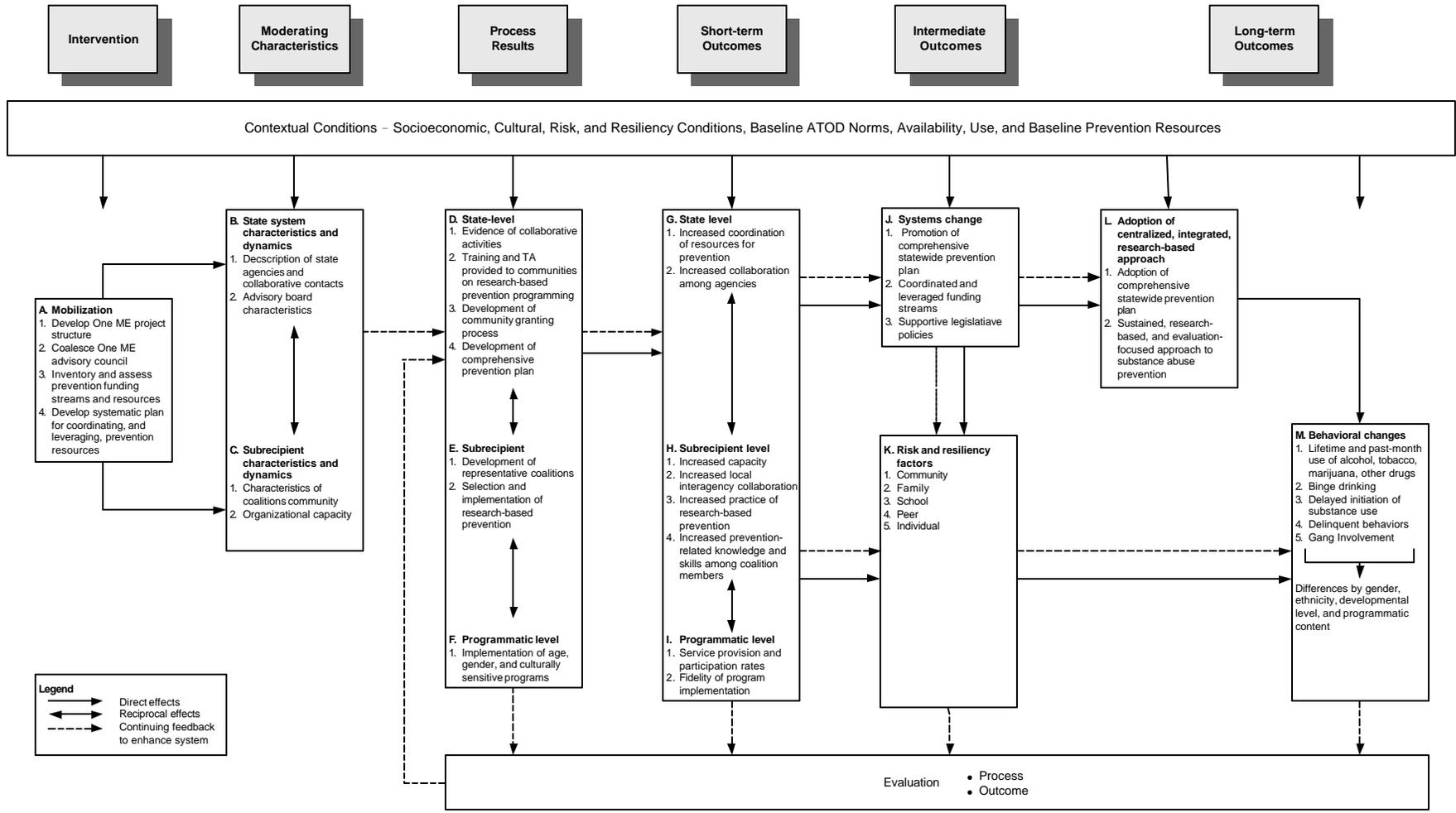
- *policies*—a plan or course of action intended to influence and determine decisions, actions, and behaviors of people;
- *principles*—underlying beliefs and assumptions that guide the actual practices of prevention;
- *programs*—well-designed and implemented curricula that can be used to reduce substance use/abuse; and
- *practices*—strategies or approaches to prevention that follow established research and evaluation protocol that can be used to guide prevention efforts.

Those implementing substance abuse/use prevention interventions have shifted to science-based approaches for a number of reasons including funders' demands for accountability, recognition of the widespread use of ineffective programs, and greater availability of evidence on effective programs. Regardless of the underlying reasons for this shift, it has resulted in more sound and effective use of resources directed toward substance use/abuse prevention.

1.4 THE ONE ME EVALUATION LOGIC MODEL

The framework depicted in **Figure 1-1** provides an overview of the key process components and anticipated outcomes of the Maine SIG. It was adapted—and expanded—for One ME from the model developed by the first cohort of SIG States as described in CSAP's State Incentive Grant Program Evaluation

Figure 1-1. Evaluation Framework for One ME SICA



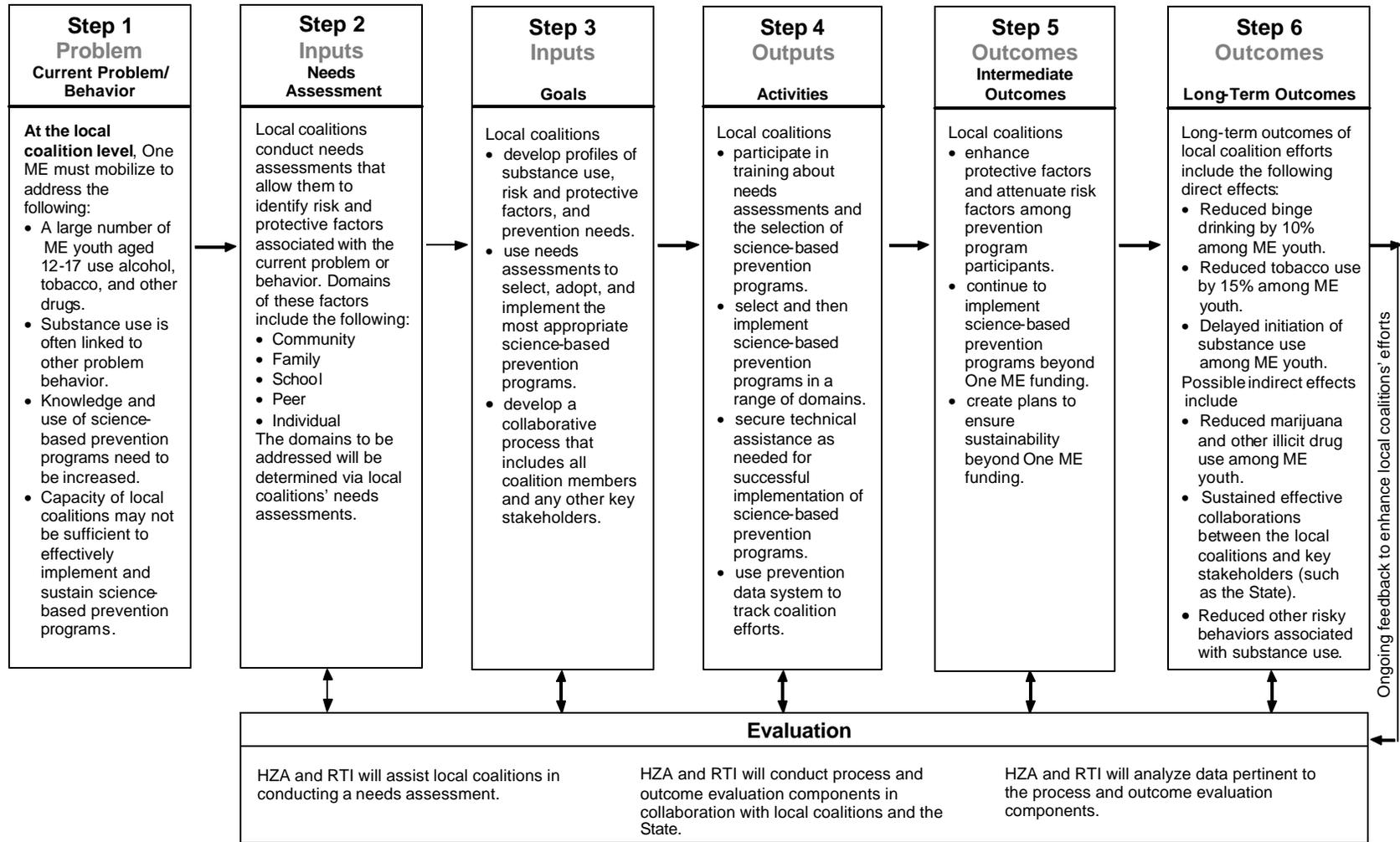
Framework (CSAP, 1998). The logic framework serves several purposes, including (1) providing a schematic representation of the interrelated elements constituting the Maine SIG as a policy and programmatic intervention with intended outcomes; (2) illustrating and identifying major milestones, activities, or outcomes relevant to the Maine SIG in order to guide both the process and outcome evaluation; and (3) articulating the causal expectations about the way in which the Maine SIG is believed to produce desired changes in adolescent substance use. The logic model strives to capture the dynamic nature of the process, including the flow from macro- to micro-level changes, as well as the bidirectional influences between the State and the affected communities. Three levels of focus are delineated in the logic model: the State, the subrecipient communities, and individual programmatic efforts implemented by each subrecipient. Each of these levels has unique but interrelated activities and outcomes to be evaluated. The evaluative process includes a continual feedback loop where information on progress, obstacles, and results are consistently introduced back into the system to redirect and enhance efforts. All aspects of the Maine SIG are believed to be filtered through Maine's unique culture as well as the pre-established norms, substance use rates, and prevention resources.

Because this initial model was fairly complex, evaluators worked to further refine this information by delineating separate models for the State and local coalition levels.

Figures 1-2 and **1-3** clarify the current problem/behavior, inputs, outputs, outcomes, and evaluation roles at both the local and State levels.

Figure 1-3 describes the State-level logic model. State-level activities are intended to mobilize the entire system, including the development of the project structure, the assignment of the advisory council, the development of the systematic plan for coordinating funds, and the review of science-based prevention programs. Mobilization activities and the resources required for these are described in steps 2 through 4 and are expected to result in State, coalition, and community-level efforts to collaborate with multiple agencies and established programs;

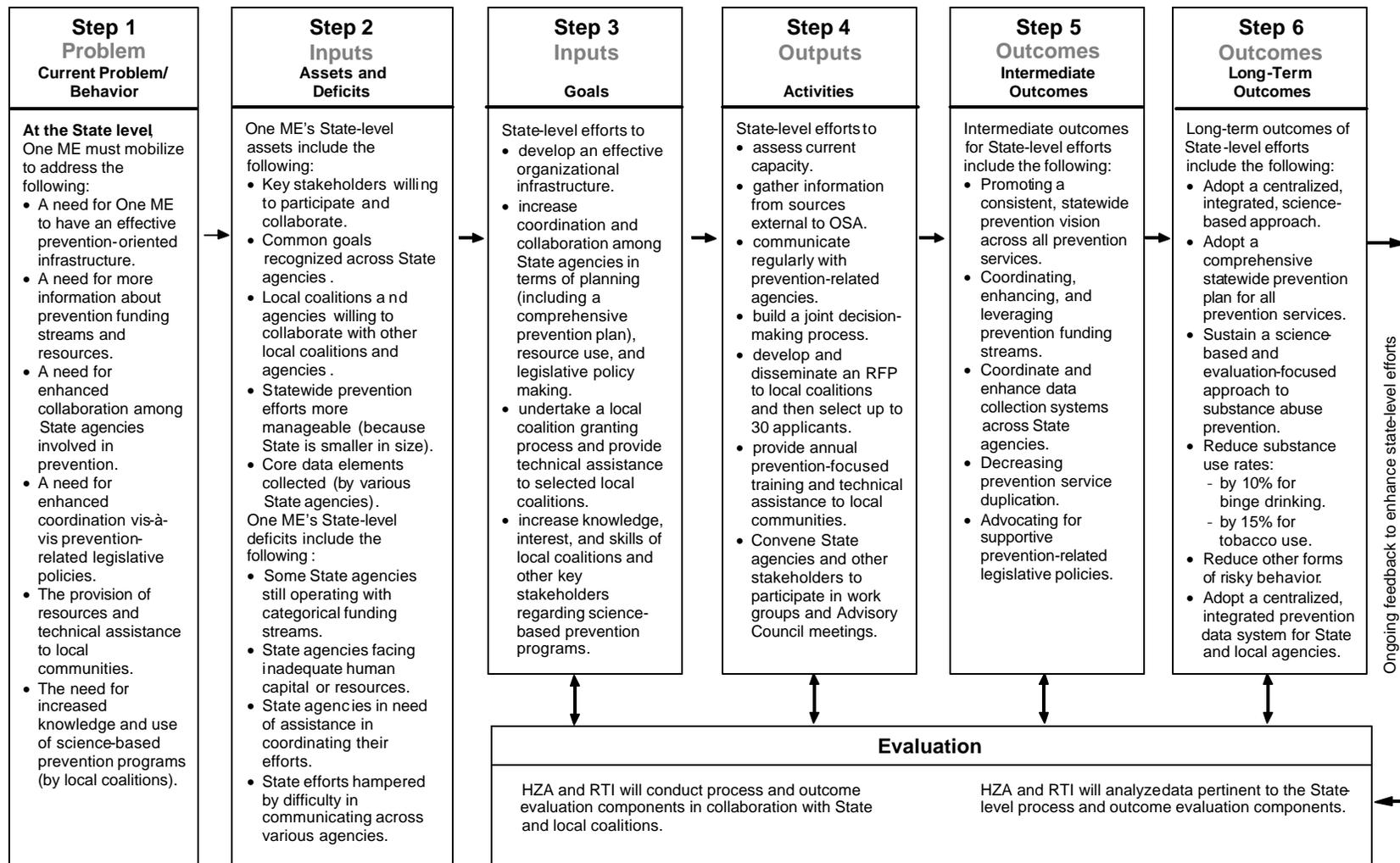
Figure 1-2. One ME Local Coalitions Logic Model¹



¹Although not noted in the model, One ME local coalitions influence State-level activities, and State-level activities influence the work of One ME local coalitions.

→ indicates a unidirectional relationship.
 ↔ indicates a reciprocal/relationship.

Figure 1-3. One ME State-Level Logic Model¹



¹ Although not noted in the model, State-level activities influence local coalitions' activities, and local coalitions' activities influence the work of the State.

→ indicates a unidirectional relationship.
 ↔ indicates a reciprocal relationship.

develop the process through which coalitions will be selected; train coalitions, prevention coordinators, and key stakeholders in the One ME model and in science-based prevention; and plan and implement empirically validated prevention programs that address identified community needs. These results are being assessed as part of the process evaluation to ensure that the Maine SIG unfolds accordingly and key milestones are achieved.

The local coalition logic model (**Figure 1-2**) pertains to the 23 coalitions that receive SIG funding. The grantees receive substantial levels of funding and technical assistance, and thus they are expected to implement most intensively the collaborative and science-based practices that are the intent of the SIG. For these reasons, they also receive focused attention in the evaluation. Despite the specific focus of the model on the selected coalitions only, it is clear that the model is also applicable to many other communities across the state, as they also will participate in, and benefit from, the systemic changes in the State's prevention system to be initiated by One ME.

While the process evaluation examines whether the intended activities occurred, the outputs (depicted in step 4 for both models, **Figures 1-2 and 1-3**) examine actual changes in prevention resources, staff and system capacity, coordination, knowledge, and implementation of science-based programs. Fulfillment of the One ME outputs occurs at the State and local levels. At the State level, the Maine SIG is designed to lead to critical systemic changes in the initiation and articulation of prevention policies and programmatic efforts. Structural changes in the way in which funds and resources are redirected and administered through a collaborative interagency process are also central goals of the One ME project. These changes in the way in which prevention resources are optimized are expected to lead directly to population-level shifts in the risk and protective factors at multiple ecological levels known to be associated with adolescent substance use. Research has demonstrated that these risk and resilience factors are directly malleable and may be successfully changed by science-based programming. Moreover, individual programs will provide information on service provision and participation. Both models

conclude with a primary goal of changing actual substance use and other risk behaviors. Specifically, the major intention of the Maine SIG is the reduction in use and initiation of marijuana, alcohol, tobacco, and other drugs among youth aged 12 to 17. The evaluative framework promotes the exploration of differences as allowable by ethnicity, gender, developmental status, and programmatic content.

2 One ME Communities

In January 2003, the Office of Substance Abuse awarded funding to 16 coalitions and seven super coalitions across the state. With the exception of Franklin and Piscataquis, all of Maine's counties are represented in part by One ME coalitions.

Following is a brief description of the service areas of the One ME coalitions and the model and non-model programs each selected to implement as a result of its assessment of local needs and resources conducted in the spring of 2003.

ACCESS Health Coalition

Mid Coast Hospital's ACCESS Health Coalition serves three school districts—Brunswick, Bath, and MSAD 75—and provides community-based alcohol and tobacco prevention services to the towns of Bath, Woolwich, Arrowsic, Georgetown, Phippsburg, Topsham, Bowdoin, Bowdoinham, and Harpswell. The towns are located in Sagadahoc County, with the exception of Brunswick and Harpswell, which are part of Cumberland County.

Programs Selected:

- Parenting Wisely as part of Supporting Successful Parenting, a non-model program
- All Stars

Bucksport Bay Healthy Communities

The towns of Bucksport, Orland, Verona Island, and Prospect, with a total population of 8,217, are served by Bucksport Bay Healthy Communities. Bucksport, Orland, and Verona are located in Hancock County, and Prospect is situated in Waldo County. The coalition serves two school departments: Bucksport, with students from Bucksport, Verona Island, Prospect, Orrington, Orland, Castine, and Penobscot; and the Orland Consolidated School, serving students from Orland and Orrington.

Programs Selected:

- Communities Mobilizing for Change on Alcohol
- Student Leadership Group, a non-model program through the National Center from Student Aspirations

Building Communities for Children

The Building Communities for Children Coalition serves 20 Waldo County communities in three school districts. The communities include the following:

- | | | | |
|-------------|-------------|--------------------|----------------------|
| ▪ Belfast | ▪ Jackson | ▪ Morrill | ▪ Swanville, MSAD 34 |
| ▪ Belmont | ▪ Knox | ▪ Northport | ▪ Thorndike |
| ▪ Brooks | ▪ Liberty | ▪ Searsmont | ▪ Troy |
| ▪ Frankfort | ▪ Monroe | ▪ Searsport | ▪ Unity |
| ▪ Freedom | ▪ Montville | ▪ Stockton Springs | ▪ Waldo, MSAD 3 |

These communities combined have approximately 27,000 residents according to the most recent U.S. Census data.

Programs Selected:

- Communities Mobilizing for Change on Alcohol
- Reconnecting Youth
- New Strategies for Youth, a non-model program
- Students Will Lead, a non-model program

Can't Overdose on Love

The Can't Overdose on Love (C.O.O.L.) coalition continues to work within MSAD 60, which encompasses the three rural towns of Berwick, North Berwick, and Lebanon.

Programs Selected:

- Class Action, implemented in high school
- Parenting Wisely
- Guiding Good Choices

Communities Promoting Health

The towns served by the Communities Promoting Health coalition are a mix of suburban and rural communities. The service area includes parts of York and Cumberland counties and the following school districts: SAD 6, Gorham, Scarborough, Westbrook, and Windham. In total, these districts have approximately 8,222 students between the ages of 12 and 17. The total population for the service area is 87,307.

Programs Selected:

- Leadership and Resiliency Program
- All Stars

Community Coalition of Western Maine

In Oxford County, the Community Coalition of Western Maine serves the Oxford Hills and Bethel regions described as the school districts MSAD 17 and MSAD 44. The Oxford Hills region has a population of 21,469; the Bethel region has a population of 5,728. The Oxford Hills region of Oxford County is the largest economic region in Oxford County. Together, the Oxford Hills and Bethel regions make up 45 percent of Oxford County's total population. This is a super coalition.

Programs Selected:

- LifeSkills Training
- Project ALERT
- Project SUCCESS
- Project Toward No Drug Abuse
- Reconnecting Youth
- STARS for Families

Community Voices

Community Voices serves communities within MSAD 27, which includes the following communities and unorganized territories: St. Francis, St. John, Fort Kent, Wallagrass, New Canada, Eagle Lake, Winterville, Allagash, T15RS, T17R4, and T17R5.

Programs Selected:

- Positive Action
- Parenting Wisely

Healthy Androscoggin

The coalition Healthy Androscoggin serves an area with a population of 80,000, which includes Lewiston, Auburn, Turner, Leeds, Greene, and Lisbon. The city of Lewiston is the second largest city in Maine.

Programs Selected:

- Communities Mobilizing for Change on Alcohol
- Guiding Good Choices
- Parenting Wisely
- STARS for Families
- Body Awareness Resource Network Multimedia Program, a non-model program by the developers of SMART Team

Healthy Hancock

Healthy Hancock focuses its efforts on the communities of Blue Hill, Ellsworth and Mount Desert Island. Healthy Hancock is composed of smaller community coalitions in each of the three communities. This is a super coalition.

Programs Selected:

- Communities Mobilizing for Change on Alcohol
- Creating Lasting Family Connections
- Second Step

Katahdin Area Partnership

Katahdin Area Partnership serves the Katahdin Region located in the northern part of Penobscot County. The Katahdin Region is rural and serves as the gateway to Baxter State Park. Millinocket, East Millinocket, and Medway are the predominant towns within the region, with a combined population of approximately 10,000.

Programs Selected:

- STARS for Families
- Communities Mobilizing for Change on Alcohol

KEYS for Prevention

The KEYS for Prevention coalition serves the York County communities of Kittery, Eliot, York, and South Berwick. The total population for the four towns combined is just under 40,000, according to the 2000 Census. This is a super coalition.

Programs Selected:

- Communities Mobilizing for Change on Alcohol
- Leadership and Resiliency Program
- Parenting Wisely

Knox County Coalition Against Tobacco

The Knox County Coalition Against Tobacco serves five midcoast towns. The five towns are served by three school districts: MSAD 69, which includes Appleton, Hope, and Lincolnville; MSAD 28, which includes Camden and Rockport; and the five-town CSD, Camden Hills Regional High School, which is a regional high school that includes all of the students in the aforementioned towns in grades 9 through 12. The total population for the five towns is 11,809.

Programs Selected:

- Guiding Good Choices
- All Stars

Lake Region Healthy Community Coalition

The Lake Region Healthy Community Coalition serves towns included in the MSAD 61 school district: Bridgton, Casco, Naples, and Sebago. Bridgton is the largest, with a population of 4,780. The total population for the four towns is 12,847.

Programs Selected:

- Across Ages
- Creating Lasting Family Connections
- Communities Mobilizing for Change on Alcohol
- Positive Action

One ME Downeast

Addison, Cherryfield, Columbia, Columbia Falls, Cutler, East Machias, Harrington, Jonesboro, Jonesport-Beals, Lubec, Machias, Machiasport, Marshfield, Milbridge, Trescott, Whiting, Wesley, and Whitneyville make up the One ME Downeast service area. The combined population of these rural towns is 15,174 residents, including 2,312 students.

Programs Selected:

- Project Northland
- Class Action, the high school component of Project Northland
- Community Trials Intervention to Reduce High-risk Drinking

One ME–One Portland Coalition

One ME–One Portland serves the City of Portland. With a population of 64,249, it is the state's largest city. Portland Public Schools operates 19 schools serving 7,779 students. The private schools in the city, including Waynflete, McAuley, and Cheverus, serve 1,099 youth. Portland has the greatest diversity within any school system in Maine, with 53 languages being spoken by students. This is a super coalition.

Programs Selected:

- Guiding Good Choices
- All Stars
- Communities Mobilizing for Change on Alcohol
- Families and Schools Together
- Kieve Leadership Decisions Institute, a non-model program at Waynflete School

Portland Partnership for Homeless Youth

Through the One ME project, the Portland Partnership for Homeless Youth addresses the alcohol and tobacco prevention needs of Portland youth aged 15 years and younger who are at risk of becoming homeless or who are already homeless. The program serves youth referred from Portland and its neighboring communities, which include Westbrook, South Portland, Cape Elizabeth, and Scarborough.

Program Selected:

- Brief Strategic Family Therapy

Prevention Coalition of Greater Waterville

The Prevention Coalition of Greater Waterville serves four area school systems: Waterville Public Schools, SAD 47, SAD 49, and School Union 52. The City of Waterville is located in central Maine and is surrounded by more than 30 small towns. This is a super coalition.

Programs Selected:

- Olweus Bullying Prevention Program
- Lions Quest Skills for Adolescence
- Parenting Wisely
- SMART Team

River Coalition, Inc.

The River Coalition serves the neighboring communities that border the Penobscot and Stillwater rivers in the central part of the state: Alton, population 816; Bradley, population 1,242; Greenbush, population 1,421; Milford, 2,950; Old Town, 8,130; and Orono, 9,112. Orono and Old Town are adjacent to the University of Maine campus. This is a super coalition.

Programs Selected:

- Community Trials to Reduce High-Risk Drinking
- Guiding Good Choices
- Class Action

River Valley Healthy Communities Coalition

River Valley Healthy Communities Coalition serves the towns of Andover, Byron, Canton, Dixfield, Hanover, Mexico, Peru, Roxbury, and Rumford. There are approximately 1,262 students in middle and high schools in the area's two districts.

Programs Selected:

- Guiding Good Choices
- All Stars
- Community Trials Intervention to Reduce High-risk Drinking

Sebasticook Valley Healthy Communities Coalition

Sebasticook Valley Healthy Communities Coalition serves 11 rural towns within three school administrative districts. The service area encompasses the corners of three counties: Somerset, Penobscot, and Waldo. The school districts in the area include MSAD 53, which serves Pittsfield, Detroit, and Burnham; MSAD 48, serving Hartland, Newport, Palmyra, Plymouth, St. Albans, and Corinna; and MSAD 38, which serves Etna and Dixmont. According to the 2000 Census, the area's combined population is 20,273.

Programs Selected:

- Across Ages
- Communities Mobilizing for Change on Alcohol

South Portland CASA

South Portland CASA serves the City of South Portland, which has approximately 23,000 residents.

Programs Selected:

- Reconnecting Youth
- Guiding Good Choices
- Parenting Wisely

Waponahki Prevention Coalition

The Waponahki Prevention Super Coalition consists of and serves the five federally recognized tribal populations in Maine: the Passamaquoddy Tribe at Indian Township, the Passamaquoddy Tribe at Pleasant Point, the Penobscot Indian Nation at Indian Island, the Houlton Band of Maliseet Indians, and the Micmac Nation. This is a super coalition.

Programs Selected:

- Creating Lasting Family Connections
- LifeSkills Training
- Parenting Wisely
- Positive Action
- STARS for Families
- Save the Child, Save the Teen, a non-model program

Youth Promise

Youth Promise serves communities within MSAD 40. Towns included in this area are Friendship, Union, Waldoboro, Warren, and Washington. The total population for these areas is 15,610.

Programs Selected:

- Positive Action
- Too Good for Drugs
- Responding in Peaceful and Positive Ways
- Communities Mobilizing for Change on Alcohol.

3

Process and Outcome Evaluation of One ME

3.1 PROCESS EVALUATION RESEARCH QUESTIONS

The process evaluation describes activities that are taking place as part of the One ME project designed to monitor and record the planning and implementation of the SIG at both the State and community levels and to provide constructive feedback to those who are implementing the project. This feedback includes assessments of project activity standings with respect to the implementation plan, the underlying conceptual framework for the SIGs, observations regarding the level and quality of implementation, and factors that impede implementation. A second purpose of the process evaluation is to gather information that elucidates how the organizational and programmatic aspects of the SIG have progressed and to synthesize this information in a manner that can help to interpret findings from the outcome evaluation. A third purpose is to extract key lessons from this project that can be applied to future prevention efforts in Maine.

Following are some of the questions the process evaluation activities are designed to answer.

State Level

Role and Effectiveness of the Advisory Council

Has One ME's advisory council's level of formalization changed over time?

What was the structure and role of the One ME Advisory Council in the implementation of the SIG?

How effective was the advisory council in reaching SIG goals?

What characteristics of the advisory council were most important for success?

What barriers hindered the advisory council?

Effect of One ME on State Agency Collaboration

Did the level of collaboration among State agencies that do substance abuse prevention-related work change?

What barriers were encountered in efforts to increase collaboration?

What kinds of collaborative activities are State agencies participating in?

Are State agencies coordinating funding streams?

State-Level Support for Sustaining One ME Activities

What kinds of training and technical assistance are needed to sustain the SIG activities, particularly in the areas of implementation, monitoring, and evaluation of research-based substance abuse prevention programs?

What other steps have been taken at the State level to sustain the collaboration and comprehensive prevention plan fostered by the SIG?

Community/Coalition Level

Community-Level Collaboration

To what extent have coalitions been successful in enhancing collaboration across organizations doing local substance abuse prevention work?

Implementation of Research-Based Prevention Programming

To what extent have coalitions been effective in implementing research-based prevention strategies?

What resources facilitated effective implementation, and what barriers hindered implementation?

What was the constellation or mix of prevention programs that were implemented in the community (including environmental strategies)? How were these program selected?

What was the size and demographic composition of groups that were exposed to or participated in these activities, and what was the length and level of exposure/participation?

Coalition Characteristics

What are the characteristics of the coalitions and how did they change over time (e.g., leadership, cohesion, decision making)?

What characteristics of coalitions were related to their effectiveness?

Sustaining Coalition Efforts

What steps have been taken at the community level to sustain the collaboration and emphasis on research-based practice fostered by the SIG?

Program Level (within a selected subset of coalition communities)

Program Fidelity and Adaptation

Were changes made during the implementation of the model programs? If so, what kinds of adaptations were made and for what reasons?

3.2 OUTCOME EVALUATION RESEARCH QUESTIONS

The ultimate goal of CSAP's SIG program is to reduce substance use among youth aged 12 to 17. Toward that end, the outcome evaluation activities have a dual focus. One set of activities pertains to the assessment of effects at the State and community level, as measured by the Maine Youth Drug and Alcohol Use Survey (MYDAUS) data on the selected indicators. The other focus is at the program level and is based on data obtained from program participants. The design for the State and community-level evaluation is to compare measures of drug use and related risk and protective factors between youth in coalition communities (geographically defined) with youth statewide, and in communities that do not receive SIG coalition grants, using both pre- and post-test intervention data. As such, the design is quasi-experimental with a nonequivalent control group. While not as rigorous as a true experimental design with random assignment, this design is strengthened by

its capability to conduct both within- and between-group comparisons. The program-level evaluation includes individually designed pre- and post-test measures. Although the use of comparison groups would strengthen these designs considerably, the logistical difficulties and costs of doing so precluded this option. Some key questions to be addressed by the outcome evaluation effort include the following:

State Level

Impact of Risk and Protective Factors

Has there been a statewide reduction over time in community, school, family, peer, and individual risk factors since implementation of the SIG project?

How does the prevalence of risk and protective factors at the statewide level in Maine compare with other SIG-funded and non-SIG funded states?

Impact on Substance Use and Antisocial Behaviors

Has there been a statewide reduction over time in substance use and antisocial behaviors since implementation of the SIG project?

How does the prevalence of substance use and antisocial behaviors at the statewide level in Maine compare with other SIG-funded and non-SIG funded states?

Community Level

Changes in Risk and Protective Factors and Substance Use in One ME–Funded Communities

Did substance use/antisocial behavior and risk factors among youth in One ME–funded communities decrease relative to non-One ME–funded communities?

Are coalition characteristics (e.g., level of collaboration, degree of formalization) related to changes in community-level substance use and risk factors?

Are there communities where unique conditions/events could help explain successes/failures in program implementation and ultimately outcomes (e.g., coordinator leaves, school does not buy in, alcohol-related traffic fatalities, police involved in coalition, etc.)?

Program Level

Were the youth prevention programs implemented by the coalitions effective in achieving the desired changes among participants? Were some programs more effective than others?

Were multilevel programs (e.g., child, parent, teacher focused) more effective than those focused on a single ecological level (e.g., child only)?

Was there a relationship between the quality/adequacy and comprehensiveness of training/follow-up and program outcomes?

What was the relationship between the quality of implementation and program outcomes?

Were the objectives/outcomes (from the Logic Model) achieved?

3.3 PROCESS EVALUATION INSTRUMENTS

Table 3-1 lists the formal instruments and other types of data collection tools that are being used as part of the process evaluation. RTI has administered a number of surveys to advisory council members, work group members, coalition leaders and members, and program facilitators in order to collect the information necessary to describe the activities that took place during One ME. Survey administration includes baseline and follow-up collections to allow for the examination of change over time in various constructs and indicators deemed important to the success of the SIG.

Collectively, these instruments address all the key constructs identified in the Maine SIG logic model that was presented in Section C.

RTI hired an onsite evaluation coordinator, Ms. Jayne Harper, who has taken major responsibility for both the State and the coalition process evaluations, working with RTI oversight and in close consultation and collaboration with the HZA, the firm participating in the local evaluation. Specific functions of the evaluator coordinator have been to (1) collect process data from a variety of sources using a variety of data collection techniques; (2) in collaboration with the RTI Evaluation

Table 3-1. Standard Data Collection Forms to Be Used for Process Evaluation

	Form/Instrument	Respondent	When?
State Level:			
1.	SIG Management Information Form (SMIF)*	State project director/evaluation team	Semi-annual
2.	State agency collaboration survey	Reps from top 5 prevention-related agencies	Annual
3.	Funding streams inventory	Agency directors or representatives	Annual
Community Level:			
1.	Subrecipient checklist*	Coalition directors	Semi-annual
2.	Coalition director survey	Coalition directors	Annual
3.	Program implementation and fidelity checklists	Coalition directors and members	Annual (at site visit)
4.	Coalition activity database	Coalition directors/evaluators	Quarterly
5.	Community resource assessment	Prevention service providers	Baseline and follow-up

*Required by CSAP for the State's semi-annual reports

Director, synthesize process evaluation data and make findings available to key State personnel on a timely basis; and (3) train State and community personnel on the underlying purpose and conceptual basis of the SIG.

3.4 OUTCOME EVALUATION INSTRUMENTS

3.4.1 State- and Community-Level Outcome Evaluation

MYDAUS data will be used to assess State- and community-level outcomes. The rationale for using the MYDAUS data for assessing State- and community-level effects is that this instrument effectively captures information relevant to the primary goal of reducing the overall prevalence of youth substance use. Theoretically, community-based efforts to prevent youth substance use can and should produce observable reductions in the prevalence of substance use in the communities where they are implemented. This is especially true of interventions designed to foster systemic changes in how prevention services in communities are planned and delivered.

To facilitate the community-level outcome evaluation design, OSA required coalition communities to be geographically

defined by school districts or aggregations of school districts. All districts within coalition boundaries were asked to participate in the MYDAUS survey, which is administered to students in grades 6 through 12. This instrument was successfully used in Maine in the spring of 1995/1996 and has been carefully validated by the Social Development Research Group (1997). Maine administered the survey in the spring of 2000, the spring of 2002, and again in 2004. There was also a special administration in the winter of 2003 to allow schools that had not completed the spring 2002 administration and were in funded coalition communities to complete the survey. Key behavioral self-report outcome measures in the MYDAUS survey include lifetime and past 30 day use of alcohol, cigarettes, marijuana, and other drugs; and binge drinking during the past 2 weeks. Changes in the risk and protective factors are conceived as intermediate outcomes, which precede behavioral changes. The risk and protective factors assessed by the survey include the following:

- School achievement and commitment
- Peer social norms regarding substance use and antisocial behavior
- Sensation-seeking and risk-taking behaviors
- Antisocial behavior (e.g., carried a handgun, been arrested)
- Intentions to use substances
- Problem-solving skills
- Perceptions of risk/benefits to substance use
- Problems relating to alcohol or drug use
- Parental relationships
- Family management
- Parental monitoring
- Involvement in family rules
- Availability of substances
- Community norms about substance use
- Community resources and disorder

3.4.2 Program-Level Outcome Evaluation

The Maine SIG evaluation is also assessing the impact of specific programs representing different domains of influence (i.e., peer-individual, school, family, and community). Although CSAP's minimal coalition requirements only suggest examining a select number of programs across three domains, our approach in Maine includes working with local communities to develop data collection systems that would allow RTI to evaluate outcome data at the program-specific level for all designated programs in each coalition community. All coalitions, to the extent possible, have participated in these evaluations with the intent of selecting programs to reflect both programmatic and regional diversity. Both youth and parent surveys were developed to capture changes resulting from curricula implementation.

The youth surveys were developed to have six possible components (demographics, individual/peer factors, substance use, family factors, school factors, and community factors). Regardless of the curriculum being implemented, everyone received the demographics, individual/peer, and substance use factors. However, depending on the risk factors targeted by the curriculum, the remaining three factors may not have been included. Additional curricula-specific items were added for certain curricula. **Table 3-2** lists all of the constructs that could potentially be included in the survey by domain. **Table 3-3** lists each curriculum and the domains that are included in its survey.

The survey was adapted from CSAP's *Core Measures Initiative Phase I* (Recommendations February 2003); 2002 *MYDAUS Survey*; the Social Development Research Group's *Communities That Care Survey*; *Tactics for Staying Away from Alcohol* from the *STARS for Families Evaluation Survey* from NIMCO, Inc., with permission from Chudley Werch; *Project ALERT Survey of Student Attitudes and Behavior* with permission from the Best Foundation; and *Center for Epidemiologic Studies-Depression Scale* by Radloff, LS.

Table 3-2. List of Domains, Constructs, and Number of Items Used to Develop Youth Survey Instruments

Domain	Construct	No. of Items
Demographics		15
	Subtotal	15
School		
	Academic Achievement	2
	School Rewards for Pro-social Involvement	6
	School Rewards for Involvement	5
	School Commitment	6
	Subtotal	19
Peer/Individual		
	Friends' Substance Use	4
	Interaction with Anti-Social Peers	7
	Attitudes Favorable towards Anti-Social Behavior	5
	Attitudes Favorable towards Drug Use	4
	Belief in Moral Order	4
	Rewards for Anti-Social Behavior	4
	Social Skills	4
	Perceived Risk of Drug Use	4
	Sensation Seeking	3
	Intention to Use	5
	Subtotal	44
ATOD Use		
	2-Week Binge Drinking	1
	30-Day Use	12
	12-Month Use	11
	Subtotal	24

(continued)

Table 3-2 (cont.)

Domain	Construct	No. of Items
Family		
	Family Attachment	4
	Parental Attitudes Favorable to Drug Use	3
	Parental Attitudes Favorable to Anti-Social Behavior	3
	Poor Family Management	6
	Poor Discipline	3
	Family Rewards for Involvement	4
	Family Opportunities for Pro-Social Involvement	3
	Subtotal	26
Community		
	Perceived Availability of Drugs	5
	Laws and Norms Favorable to Drugs	6
	Social Disorganization	5
	Community Opportunities for Involvement	6
	Community Rewards for Involvement	3
	Neighborhood Attachment	3
	Subtotal	28
	Total	175

Table 3-3. Curricula and Domains Covered for Youth Surveys

Curricula Name	Domains Included						
	Survey Version	Demo-graphics	About You/You & Your Friends	Substance Use	Family	School	Com-munity
<i>All Stars</i>	Youth V1	X	X	X	X	X	X
<i>Across Ages</i>	Youth V1	X	X	X	X	X	X
<i>Brief Strategic Family Therapy</i>	Youth V3	X	X	X	X		
<i>Class Action</i>	Youth V5	X	X	X			
<i>Creating Lasting Family Change</i>	Youth V2	X	X	X	X	X	
<i>Guiding Good Choices</i>	Youth V3	X	X	X	X		
<i>FAST</i>	Youth V3	X	X	X	X		
<i>Leadership & Resiliency</i>	Youth V4	X	X	X		X	
<i>Lions Quest</i>	Youth V2	X	X	X	X	X	
<i>LifeSkills Training</i>	Youth V5	X	X	X			
<i>Olweus Bullying</i>	Youth V6 ^a	X	X	X	X	X	
<i>Parenting Wisely</i>	Youth V2	X	X	X	X	X	
<i>Positive Action</i>	Youth V1	X	X	X	X	X	X
<i>Project ALERT</i>	Youth V7 ^b	X	X	X			
<i>Project Northland</i>	Youth V1	X	X	X	X	X	X
<i>Project Success</i>	Youth V4	X	X	X		X	
<i>Project Toward No Drug Use</i>	Youth V5	X	X	X			
<i>Project Toward No Tobacco Use</i>	Youth V5	X	X	X			
<i>Reconnecting Youth</i>	Youth V8 ^c	X	X	X		X	
<i>Second Step</i>	Youth V4	X	X	X		X	
<i>SMART</i>	Youth V5	X	X	X			
<i>STARS for Families</i>	Youth V9 ^d	X	X	X	X		

^a Separate Bullying survey.^c Uses Youth V4 with additional questions.^b Uses Youth V5 with additional questions.^d Uses Youth V3 with additional questions.

The Parent Survey was adapted from *Creating Lasting Family Connections Parent Survey*, developed by Knowlton Johnson of PIRE; the *Positive Action Parent 1 Year Posttest Survey*, with permission from Positive Action, Inc.; the *Strengths and Difficulties Questionnaire* created by Robert Goodman; and the *Parent-Child Affective Quality/Parent Report*, from CSAP's Core Measures Initiative Phase I Recommendations February 2003. All parents participating in programs (CLFC, GGC, PW, and STARS) receive the same survey. (See **Table 3-4.**)

Table 3-4. List of Constructs and Source of Items Used to Develop the Parent Survey

Question No.	Construct	No. of Questions	No. of Items	Source
1-5	Poor Family Management	5	5	CLFC Parent Survey
6	Parent/Child Bonding	1	7	Core Measures - Parent Bonding (Parent Instrument)
7	Poor Family Management	1	2	Positive Action Parent Posttest Survey
8-9	Tobacco Use by Parent	2	2	CLFC Parent Survey
10-13	Alcohol and Drug Use by Parent	4	4	CLFC Parent Survey
14	Social Support	1	10	CLFC Parent Survey
15	Parental Involvement with School	1	5	Positive Action Parent Posttest Survey
16	Child Strengths and Difficulties (emotional symptoms, conduct problems, hyperactivity/inattention, peer relationship problems, prosocial behavior)	1	25	Parenting Wisely Strengths and Difficulties Questionnaire
17-31	Demographics	15	15	CLFC Parent Survey
Total		31	75	

For each program being evaluated, the sites follow a standard protocol for data collection developed by RTI. Once sites have selected their programs and recruited participants, they notify evaluators of their pre- and post-test needs, and all survey implementation materials are shipped to sites along with FedEx material for returning completed surveys. Survey data are collected from program participants just before the program

starts and again just after it concludes. The sites and specific programs within sites that are being evaluated for these formal program-level evaluations were selected based on the programs identified by coalitions. While evaluators had primary responsibility for designing the program-level data collection instruments, program staff at the coalition level had primary responsibility for collecting and submitting program participants' data via scannable surveys.

4

Achievement of One ME Outcomes

The long-term outcomes of One ME are to achieve the following goals with youth aged 12 to 17 through the efforts of local coalitions:

- reduction of binge drinking by 10 percent;
- reduction in tobacco use by 15 percent; and
- delayed initiation of substance use.

While these are the project's long-term outcomes, the intermediate outcomes include the enhancement of protective factors and attenuation of risk factors among prevention program participants; continuation of the implementation of science-based prevention programs beyond One ME; and the development of plans to ensure sustainability beyond One ME funding.

In an effort to achieve these outcomes, coalitions have been required to conduct an assessment of local conditions to develop profiles of substance use, risk and protective factors, and prevention needs. The completed profiles and assessments have been used as guides for selecting the Center for Substance Abuse Prevention (CSAP) model program(s) most appropriate for each community (see **Table 4-1**). The next step for coalitions has been to implement model programs. One ME coalitions are also responsible for developing plans to ensure sustainability of science-based programming beyond One ME.

Using the *Guide to Assessing Needs and Resources and Selecting Science-Based Programs*, developed by Hornby Zeller Associates, all 23 coalitions completed assessments. They gathered Maine Youth Drug and Alcohol Use Survey (MYDAUS) data and Office of Substance Abuse indicator data on substance use to create local profiles of risk and protective factors by domain (i.e., community, school, family, and individual/peer). Coalitions also assessed their communities through the collection of qualitative information. Interviews and focus groups were conducted with community experts and businesses, and media sources were scanned. Businesses were visited to determine if they had signage about ID checks, age restrictions, and advertisements that promote substance use. Coalitions examined advertising practices of local media and media coverage of events or prevention efforts around youth alcohol and tobacco use. Finally, coalitions were tasked with identifying community resources, prevention and treatment organizations in particular, and assessing the coalition's strengths and weaknesses. All of the data gathered were compiled into community profiles of the One ME service areas.

Following the creation of the community profiles, coalitions researched CSAP models and conducted feasibility assessments to select the programs they intended to implement as part of One ME. By September 1, 2003, almost all coalitions had made preliminary program selections. **Table 4-1** shows the initial program choices made by One ME coalitions and the domains addressed by each.

The next phase in addressing the long-term outcomes of One ME and the first intermediate outcome, enhancement of protective factors and attenuation of risk factors, was to begin implementing the selected programs. Between July 2003 and April 2004, all coalitions had implemented at least one model program and, as listed in **Table 4-1**, 25 different model programs had been implemented by One ME coalitions in all.

Coalitions began directly to participate in measuring increases in protective factors and reductions in risk factors in the fall of 2003 by administering pre-tests to program participants. Pre- and post-survey results from the first year of implementation are being compiled.

Table 4-1. Coalitions' Program Choices and Domain Addressed, by Model Program

Model Program Name	Domain Addressed^a	No. of Coalitions Selecting Program	No. of Coalitions That Have Begun Implementation^b
Across Ages	F,S,C,I	2	1
All Stars	F,S,C,I	5	5
Brief Strategic Family Therapy	F,I	1	1
Class Action	I	2	1
Communities Mobilizing for Change on Alcohol	E	10	9
Community Trials Intervention	E	3	3
Creating Lasting Family Connections	F,S,I	3	2
Families and Schools Together	F,S,I	1	0
Guiding Good Choices	F	7	6
Leadership and Resiliency	S,I	3	2
LifeSkills Training	I	2	2
Lion's Quest	F,S,I	1	1
Olweus Bullying Prevention Program	F,S,I	1	1
Parenting Wisely	F	8	5
Positive Action	F,S,C,I	3	1
Project ALERT	I	1	1
Project Northland	F,S,C,I	1	0
Project SUCCESS	S,I	1	0
Project Toward No Drug Use	I	2	1
Project Toward No Tobacco Use	I	1	0
Reconnecting Youth	S,I	3	2
Responding in Peaceful and Positive Ways	S,I	1	0
SMART Team	I	1	1
STARS for Families	F,I	4	2
Too Good for Drugs	F,S,I	1	0
Total		68	47

^a F=Family; S=School; C=Community; I=Individual/Peer; E=Environment.

^b As of 4/1/04.

The intermediate outcomes of One ME include the continuation of the implementation of science-based programs and the development of plans to ensure sustainability beyond One ME. Coalitions were supposed to focus on sustainability plans, not necessarily comprehensive plans. Anticipated completion date is February 2005. As of spring 2004, 3 of the 23 coalitions report having comprehensive prevention plans in place, and 2 report having begun development of a prevention plan. In recognition of the goal of sustainability and the number of coalitions without existing prevention plans, One ME staff hosted a training in March 2004 entitled "Success and Sustainability of Effective Coalitions," with Steve Ridini, Ed.D. All One ME coordinators were required to attend. The focus of the day-long training was mobilization, recruitment, engagement, and retention of coalitions.

In early May 2004, One ME staff completed and distributed a "Community Self-assessment on Progress toward Comprehensive Prevention Planning for One ME Coalitions." Its purpose is to assist One ME coalitions in determining the current status of prevention planning within their community and to begin the process of determining what is needed to sustain the efforts created by the One ME project. One ME staff are planning to provide technical assistance and a workshop in early fall 2004 to guide coalitions in next steps in prevention planning.

Ultimately the processes described above, consideration of community needs and resources, data-driven program selection, implementation of science-based programs and prevention planning are expected to lead to the achievement of One ME long-term outcomes, reduction in youth alcohol and tobacco use and delayed initiation of substance use. MYDAUS data from 2003 or 2004 will serve as the baseline. Results will be compared with the 2006 MYDAUS data as one key measure of the effectiveness of the One ME initiative.

5

Process Evaluation Results

5.1 STATE-LEVEL FINDINGS

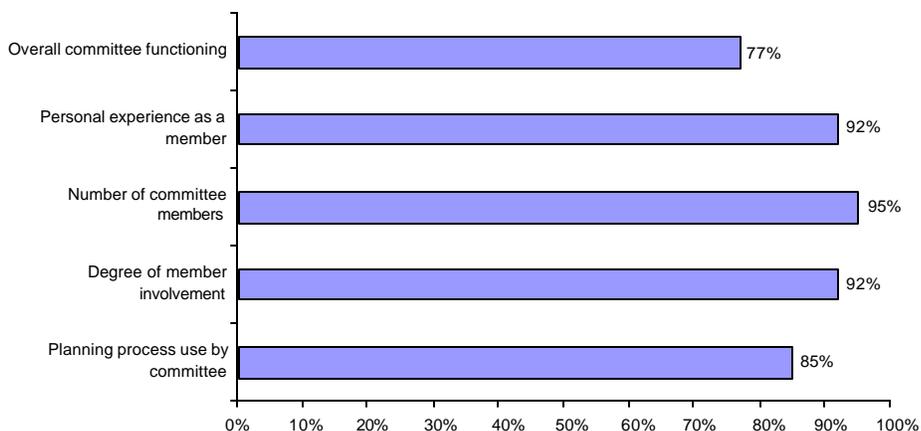
5.1.1 Advisory Council Survey

Most council members were satisfied with their personal experience on the council (92%), the degree of member involvement (92%), the number of council members (85%), and the planning process (77%).

In March 2004, surveys were mailed to the homes of advisory council members; 13 of 22 members returned completed surveys (59%). Nearly half of the advisory council members reported being involved in substance abuse prevention efforts for more than 10 years and almost one-quarter reported being involved in such efforts for at least 5 years. All agreed that the number of meetings was “about right.” All members reported they really care about the future of the council (100%), and most agreed that they had a voice in what the council decides (92%), and believe that the council has been effective in meeting its goals and objectives (77%). Satisfaction with the council was high. As shown in **Figure 5-1.**, most were satisfied with their personal experience on the council (92%), the degree of member involvement (92%), the number of council members (85%), and the planning process (77%).

The cohesion of the advisory council was highly rated, with all members agreeing that there was a shared understanding of the problem it and One ME are trying to address, and most agreeing there is a general agreement with respect to its

Figure 5-1. Satisfaction with Advisory Council Functioning, Structure, and Experience

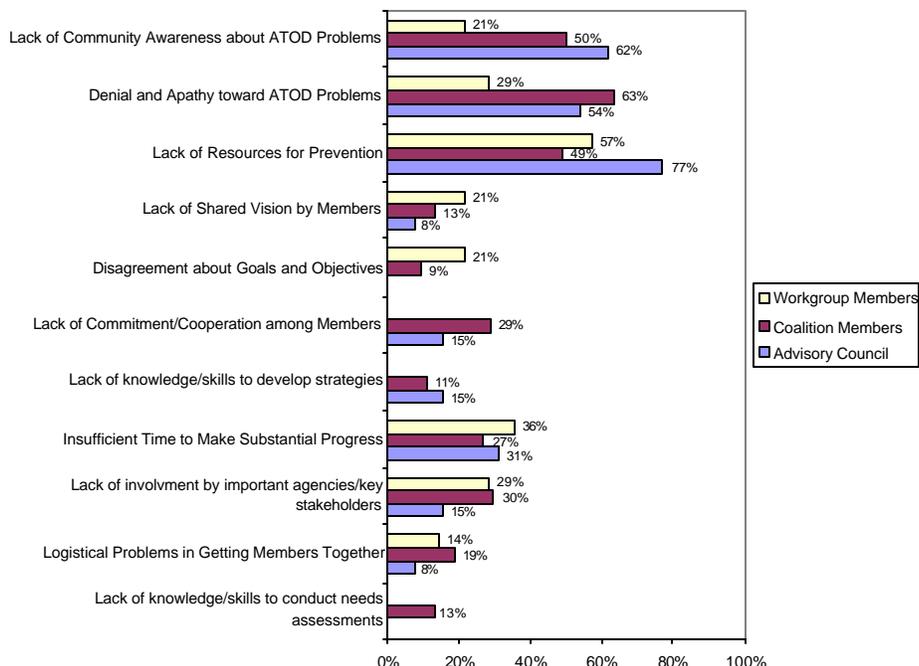


The cohesion of the advisory council was rated highly: 100% of members agreed there was a shared understanding of the mission, 92% agreed there is a general agreement with respect to its mission, 85% believed there is an agreement of strategies, 85% said there was a feeling of cohesiveness and team spirit, and 82% reported tolerance for differences and disagreements.

mission (92%), an agreement of strategies (85%), a feeling of cohesiveness and team spirit (85%), and a tolerance for differences and disagreements (82%). Conflict among council members was low. "Some" or "A lot" of conflict was most commonly associated with personality clashes (15%) and disagreements about inclusion or participation in the Advisory Council (15%). Open debate was the most popular method for dealing with conflict (77%), followed by voting (46%), appointing a subgroup to study further (38%), and negotiation or consensus building (31%). Members agreed with the decision-making procedures utilized by the council: 85% reported that the council followed standard procedures, 85% reported the process as fair, and 77% as timely.

Council members reported the following barriers to accomplishing One ME's mission: lack of resources (77%), lack of state-level awareness about ATOD problems (62%), denial and apathy of state administrators toward substance abuse problems (54%), and insufficient time to make substantial progress on goals and objectives (31%) (see **Figure 5-2**). The leadership of the advisory council received high marks. The leaders were evaluated as being respected (92%), making sound decisions (92%), being competent (92%), encouraging collaboration (92%), having a clear vision (85%), focusing on tasks (85%), seeking the views of others (85%), and utilizing the skills of many (85%). Some members felt they either had some (45%) or a lot (31%) of influence over decisions made by the advisory council, and 85% were very or somewhat

Figure 5-2. Barriers to the Success of One ME Coalitions' Efforts to Reduce Substance use



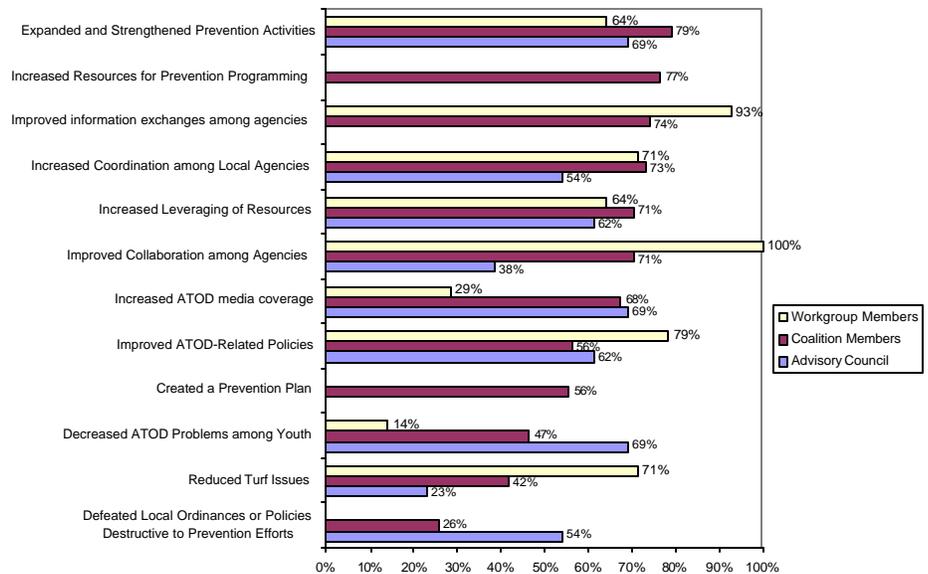
Members noted several accomplishments of the council, including expanding and strengthening prevention activities (69%), decreasing ATOD problems among youth (69%), improving information exchange among state agencies and organizations (69%), increasing leveraging of prevention resources (61%), and improving ATOD-related policies (61%)

comfortable with the decisions made by the council. Members noted several accomplishments of the council, including expanding and strengthening prevention activities (69%), decreasing ATOD problems among youth (69%), improving information exchange among state agencies and organizations (69%), increasing leveraging of prevention resources (61%), and improving ATOD-related policies (61%) (see **Figure 5-3**).

5.1.2 Workgroup Member Survey

In June 2004, surveys were mailed to the homes of workgroup members; 14 of 19 members returned completed surveys (74%). Nearly 60% of workgroup members reported being involved in substance abuse prevention efforts for 1-5 years, 14% reported being involved for 5 to 10 years, and 29% reported being involved for more than 10 years.

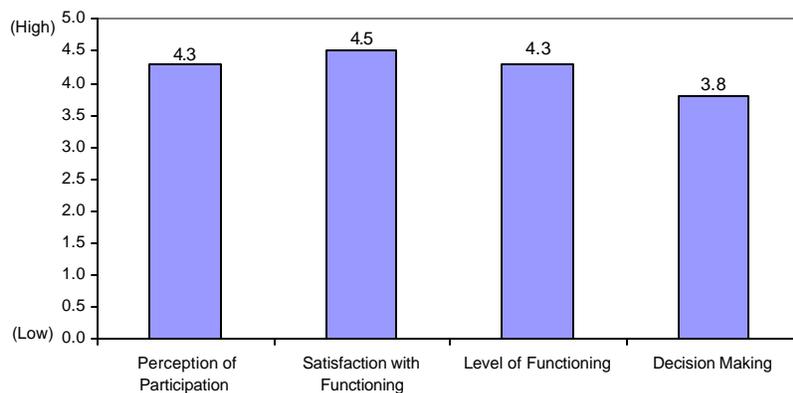
Figure 5-3. Accomplishments Reported by Advisory Council, Workgroup, and Coalition Members



Workgroup members reported high satisfaction with workgroup functioning. On a scale of 1 (very dissatisfied) to 5 (very satisfied), members reported a mean level of 4.5.

Participation in workgroups and satisfaction with the functioning of the groups were highly rated. Participation includes going to workgroup meetings, feeling a strong sense of loyalty, caring about the future of One ME, having a voice in decisions, and seeing the groups as successful in meeting goals and objectives. On a scale of 1 (low) to 5 (high), members reported a mean level of participation of 4.3 (see **Figure 5-4**). Satisfaction with the functioning of workgroups includes opinions about the planning process, degree of member involvement, number of members, personal experience with the group, and overall functioning. As shown in **Figure 5-4.**, on a scale of 1 (very dissatisfied) to 5 (very satisfied), members reported a mean level of satisfaction of 4.5.

Figure 5-4. Workgroup Participation, Functioning, and Decision Making



Workgroup members rated their overall functioning as high, reporting a mean level of functioning of 4.3 on a scale of 1 (low) to 5 (high).

Workgroup members also rated their level of functioning as high. Level of functioning includes a clear and shared understanding of the problem, agreement with respect to mission and approach, effective structure, meetings resulting in action, meeting processes, tolerance of differences, and use of member abilities and skills. As shown in **Figure 5-4**, on a scale of 1 (low level) to 5 (high level), work group members reported a mean level of work group functioning of 4.3.

Members did not rate the decision making of the workgroups as highly as satisfaction with and level of functioning. Decision making includes clear and explicit procedures for making recommendations, following standard procedures for making recommendations, fair processes for decisions, and the influence of members on the decisions. On a scale of 1 (strongly disagree) to 5 (strongly agree), workgroup members reported a mean of 3.8 in regard to the groups' approach to decision making (see **Figure 5-4**). Overall, half of members reported being very comfortable with the way the workgroups make recommendations, 21% were somewhat comfortable, and 14% were a little comfortable. Another 14% did not respond to this question. In addition, 21% felt they had a little influence in the workgroups' process for making recommendations, 50% felt they had some influence, and 21% felt they had a lot of influence. About 7% of respondents did not answer this question.

According to workgroup members, the most common barriers to accomplishing One ME's mission are lack of resources (64%), lack of state-level awareness about ATOD problems (57%), lack of involvement by important agencies or key stakeholders (57%), lack of a shared vision (50%), and insufficient time to make substantial progress on goals and objectives (50%)

Workgroup members reported the most common barriers to accomplishing One ME's mission as follows: lack of resources (57%), insufficient time to make substantial progress on goals and objectives (36%), lack of involvement by important agencies or key stakeholders (29%), and denial and apathy of state personnel toward ATOD problems (29%)(see **Figure 5-2**). However, members noted several accomplishments of the workgroups. Members strongly agreed or somewhat agreed that their workgroup has improved collaboration among state agencies (100%), improved information exchange among organizations and agencies (93%), carried out efforts that led to improved ATOD-related policies (79%) increased coordination among ATOD-related organizations (71%), reduced "turf" issues among state agencies and organizations (71%), expanded and strengthened prevention activities (64%), and undertook activities that resulted in increased leveraging of prevention resources (64%) (see **Figure 5-3**). Overall, 79% of workgroup members perceived the workgroups to be somewhat or very effective.

5.1.3 State Agency Directors and Office of Substance Abuse (OSA) Prevention Team Interviews

This sub-section focuses on two of One ME's purposes: coordinating funding for substance abuse prevention resources within the state among state agencies¹ and developing a comprehensive prevention system to ensure resources are used to fill gaps in the services targeting youth with science-based prevention programs.

To evaluate the effect of One ME on interagency collaboration, directors or designated staff from several state agencies conducting programs or overseeing contracts for youth prevention programming responded to an interview about their level of collaboration with other agencies. In addition some items within the OSA Prevention Team Interviews inquire about individual perspectives regarding state agency collaboration as a result of the One ME initiative. These data are presented

¹ The term state agency is used throughout this chapter to include entities created and administered by the state that are not officially agencies.

together to provide a view from various levels of state agency involvement in the SIG.

To evaluate the effect of the One ME SIG at the state level among staff at OSA and at the community level among OSA prevention contracts, including One ME-funded coalitions, members of the Prevention Team responded to an interview about their perceptions regarding interagency collaboration, youth substance abuse prevention and the One ME initiative. A more localized view of the effect of the SIG is presented within these baseline data.

A defining characteristic of One ME “success” will be interagency collaboration. The unique perspectives provided by state agency directors or their designated staff and members from the OSA Prevention Team have been presented in this chapter. The Prevention Team data further elucidates how One ME has had an effect within OSA and upon their substance abuse prevention efforts with contracting agencies and coalitions. Results from these interviews provide a basis for future comparisons as One ME staff work toward achieving the SIG outcomes.

State Agencies

Representatives from four state agencies, the Children’s Cabinet (CC) and the District Courts within the Judicial Branch (JB) were selected for participation in the State Agency Collaboration Interview. Two of the agencies selected fall under organizational umbrellas of larger departments: OSA falls under Behavioral and Developmental Services (BDS) and the Bureau of Health (BOH) falls under the Department of Human Services (DHS). Initial agency selection was based on historical involvement in both substance abuse prevention and service delivery for youth. Each agency, except the JB, has a history of involvement in both One ME workgroups and the CC. [see Appendix A for a full description of the state agencies surveyed.]

Methodology

Data Collection. Baseline interviews with representatives from state agencies with major responsibilities in the area of alcohol, tobacco, and other drug prevention among youth

highlight the perceptions of these staff members regarding aspects of interagency collaboration. Baseline interviews of the OSA Prevention Team, including data from a Prevention Team member who left employment in mid-2003, highlight the perceptions of these staff members regarding the effect of One ME on state-level and coalition-level stakeholders.

Respondents met with a member of the evaluation team for a face-to-face interview. State Agency Collaboration interviews consisting of 10 items took between 20 and 45 minutes to administer. Four of the six State Agency Collaboration interviews were audio taped. OSA Prevention Team interviews consisting of 32 items took between 30 and 90 minutes to administer. Nine of the ten Prevention Team interviews were audio taped. All respondents had the opportunity to review notes from their interview and provide feedback or suggest corrections prior to data analysis.

State Agency Director's Interview. Baseline interviews with upper-middle and top-level management from state agencies with major responsibilities in the area of alcohol, tobacco, and other drug prevention among youth conducted in January and February 2004 highlight the perceptions of these staff members regarding: interagency collaboration; resources pledged toward achievement of One ME outcomes; level of satisfaction with collaborative efforts among agencies; and barriers to collaboration among state agencies.

Four state agencies and the CC were selected initially for participation based on historical involvement in both substance abuse prevention and service delivery to youth.

Representatives from each entity have a history of active participation in one or more One ME workgroups. Data from the following state agencies are included: OSA within BDS; Department of Corrections (DOC); Department of Education (DOE); and BOH within DHS. Not only has each of these agencies been actively involved in One ME workgroups, they have a history of active involvement with the CC, with the exception of the Department of Public Safety (DPS). The CC was created in 1997 by former Governor King to "actively collaborate to create and promote coordinated policies and

service delivery systems that support children, families and communities.”

An interview from a representative of the DPS is not included in this evaluation due to the dismantling of the Bureau of Liquor Enforcement (BLE) on June 7, 2003. Most of the staff positions within this Bureau have been cut and retail alcohol compliance checks cannot occur in Maine until a legislative change reinstates the BLE or assigns compliance checks to another state agency. A representative from the DPS has not attended weekly Senior Staff meetings of the CC since September 2003. The relationship between the OSA Prevention Team and the Bureau of Liquor Enforcement has shifted with the halt of compliance checks. Members of the Prevention Team have been forming a new working relationship with Liquor Licensing, the new name given the department formerly called BLE. The focus of the new working relationship is on how to efficiently and best educate law enforcement officers about Maine’s underage drinking laws.

Two other agencies came under consideration for inclusion in these interviews. Both were mentioned by three of the original five respondents as having involvement with substance abuse prevention among youth—the Department of Labor (DOL) and the Juvenile and Family Treatment Drug Courts within the JB. An interview with a representative from the DOL was not pursued since there are no programs specific to youth substance abuse prevention or positive youth development. A representative from the District Court system of the JB of government participated in these interviews and offered the perspective of the Juvenile and Family Treatment Drug Courts.

OSA Prevention Team Interview. Baseline interviews of the OSA Prevention Team conducted in July (1), October (7) and November (2) 2003 highlight the perceptions of these staff members regarding: benefits and barriers to interagency collaboration; youth substance abuse prevention and the One ME initiative; community readiness for implementing science-based model substance abuse prevention programs; promotion of science-based prevention among peers; impact of One ME at the state and community level; technical assistance needs of

One ME funded coalitions; and benefits and barriers of KIT Solutions.

The interview guide includes fifteen items that required the respondent to complete the statement using options shown on a handcard. The options included: Decreased A Lot; Decreased A Little; Not Changed; Increased A Little; Increased A Lot; and Don't Know Enough To Judge. During analysis a new response option was added to show the complete data set. The new category shown below is "Between Increased A Little and Increased A Lot." Six of the statement completion items describe the respondent's perception of community readiness to address substance abuse prevention among youth and nine of the statement completion items describe perceptions of the impact of One ME at the state-level.

RESULTS

State Agency Directors' Interagency Familiarity and Frequency Of Contact. The interviewer asked respondents which agencies play a role in substance abuse prevention and to comment on their familiarity with each agency named. Responses to the open-ended questions ranged from: "very familiar"; "most familiar"; "slightly familiar"; "somewhat familiar"; "not very familiar"; and "not at all familiar." For the purpose of coding these data, the respondent who stated "most familiar" for one agency received "slightly familiar" for all other agencies identified during the interview. **Table 5-1** shows an overview of the respondents' sense of which agencies play an important role in substance abuse prevention and their level of familiarity with each agency or state entity. A limitation of these data are that one individual from each agency responded. It was possible for an agency representative to be unfamiliar with contacts their subordinates or co-workers have with other agencies.

The CC was not identified as playing a key role in substance abuse prevention among youth by OSA, BOH and JB. Each of these agencies does not have a direct representative from their leadership attending the weekly CC Senior Staff meetings. Senior staff from the larger Departments of BDS and DHS attend. The JB was not identified as one of the departments

Table 5-1. Identification of Key Agencies for Substance Abuse Prevention

Responding Agency	Agencies Identified as Conducting Substance Abuse Prevention among Youth					
	OSA/BDS	DOC	DOE	BOH/DHS	CC/ C4C	JB
OSA/BDS		v	v	v	a	v
DOC	v		v	v	v	v
DOE	v	v		v	v	*
BOH/DHS	v	v	v		*	v
CC/ C4C	v	v	v	v		*
JB	v	v	v	*	*	

v respondent identified agency as important for youth substance abuse prevention

* not mentioned by respondent as important for youth substance abuse prevention

a not viewed as a state agency by respondent

directly related to children and families assigned to form the Children's Cabinet. In addition, the JB was not identified as playing a key role in prevention by DOE and CC/C4C because the courts were viewed by respondents from these agencies as an intervention versus prevention.

Legend for State Agencies

OSA/BDS:	Office of Substance Abuse within Behavioral and Developmental Services
DOC:	Department of Corrections
DOE:	Department of Education
BOH/DHS:	Bureau of Health within Department of Human Services
CC/C4C:	Children's Cabinet and the Communities For Children initiative
JB:	Judicial Branch of State Government including the Juvenile and Family Drug Treatment Courts
DD	Department of Defense
SS/DMV	Secretary of State under which is the Department of Motor Vehicles
DOL	Department of Labor
DPS	Department of Public Safety
DEC	Department of Economic and Community Development

Qualitative responses to familiarity with state agencies were grouped to assign a high, medium or low level of familiarity

with an agency. A response of “very familiar” or “most familiar” receives an “H”, responses of “somewhat familiar”, “slightly familiar” and “not very familiar” receive an “M”, and a response of “not at all familiar” receives an “L.” As **Table 5-2** illustrates, the strongest levels of familiarity exist between OSA and DOC, between OSA and DOE and between CC and DOE.

Table 5-2. Level of Familiarity with State Agencies Involved in Substance Abuse Prevention

Responding Agency	Description of Familiarity					
	OSA/BDS	DOC	DOE	BOH/DHS	CC/ C4C	JB
OSA/BDS		H	H	H	a	H
DOC	H		M	M	M	M
DOE	H	H		H	H	H
BOH/DHS	M	L	M		*	M
CC/C4C	H	H	H	H		*
JB	M	H	M	*	*	

- v respondent identified agency as important for youth substance abuse prevention
- * not mentioned by respondent as important for youth substance abuse prevention
- a not viewed as a state agency by respondent

There were no situations in which an agency pair reported medium levels (“M”) of familiarity with one another.

When responses from agency pairs are compared (**Table 5-3**), there was an inconsistent level of familiarity between most respondents of agency pairs, either one agency expressing more familiarity with the other or one agency did not recognize the other as being integrally involved in substance abuse prevention. An “I” indicates an inconsistent level of familiarity; for example, DOC reported being “slightly familiar” with DOE, but DOE reported being “very familiar” with DOC. OSA, DOE and CC reported being “very familiar” with the majority of other agencies. DOC and JB reported being “very familiar” with only one other agency. The BOH/DHS reported only medium and low levels of familiarity with other agencies and entities.

In some cases agency respondents indicated a state agency that did not participate in the interviews as playing a role in

Table 5-3. Level and Consistency of Reported Familiarity Between Agency Pairs

Responding Agency	Description of Familiarity Based on "Matched" Responses of Interviewees						Identified by Interviewee as Playing a Role in Youth Substance Abuse prevention				
	OSA/										
	BDS	DOC	DOE	BOH/DHS	CC/C4C	JB	DD	SS/DMV	DOL	DPS	DEC
OSA/		H	H	I	I	I	v	v			
BDS											
BDS	H		I	I	I	I			v	v	
DOC											
DOC	H	I		I	H	I*			v	v	v
DOE											
BOH/DHS	I	I	I		I*	I*					
CC/C4C	I	I	H	I*		*			v	v	
DC/JB	I	I	I*	I*	*						

H High Level of Familiarity (Very Familiar)

I Inconsistent Level of Familiarity (i.e. agency ratings do not match within pairs)

I* Inconsistent Level Familiarity; one agency in pair did not mention other agency

* Both agencies in the pair did not mention one another as playing an important role in youth substance abuse prevention

v Interviewee from Responding Agency stated agency as playing an important role but agency was not interviewed for this report

substance abuse prevention (indicated by a check mark within **Table 5-3**). Although the interview question specified interagency contact, individual respondents from each agency may have varying familiarity with different sections or programs within their agency, so it was possible for a respondent to be not aware of a standing meeting about which another agency respondent attends regularly.

Respondents provided an average number of times they met with another agency (**Table 5-4**). Numbers were averaged to annual contacts since reports varied in terms of timeframe: weekly, monthly, or quarterly. If a respondent said they met six to eight times monthly, the average of seven was used and multiplied by 12 for an annual number of 84 contacts. Some respondents included contact their staff members made on their behalf with other agencies. For agencies that share a high

Table 5-4. Familiarity Rating and Average Number of Contacts between Agencies

Agencies	Familiarity Rating	Average Annual Contacts
OSA ? DOE	H	4
DOE ? OSA	H	60
OSA ? DOC	H	52
DOC ? OSA	H	36
OSA ? JB	H	0
JB ? OSA	M	52
OSA ? CC/C4C	*	6
CC/C4C ? OSA	H	60
OSA ? DHS/BOH	H	12
BOH ? OSA	M	24
DOE ? DOC	H	60
DOC ? DOE	M	18
DOE ? JB	*	0
JB ? DOE	L	4
DOE ? CC/C4C	H	52
CC/C4C ? DOE	H	52
DOE ? DHS/BOH	H	60
DHS/BOH ? DOE	M	84
DOC ? JB	M	12
JB ? DOC	H	4
DOC ? CC/C4C	M	0
CC/C4C ? DOC	H	12
DOC ? DHS/BOH	M	6
DHS/BOH ? DOC	L	0
JB ? CC/C4C	*	0
CC/C4C ? JB	*	0
JB ? DHS/BOH	*	0
DHS/BOH ? JB	M	0
CC/C4C ? DHS/BOH	H	60
DHS/BOH ? CC/C4C	*	52

* = Need definition

level of familiarity but numbers of contacts vary greatly, it is probable respondents interpreted the question differently in terms of who made contact and how they defined whether respondents count contacts in person, over the telephone or via e-mail.

State Agency Directors' Perceptions of Interagency Collaboration. Respondents were asked to identify the agencies with whom they engaged in each of seven increasingly complex categories of collaboration. Due to open-ended questions, this included but was not limited to the six agencies specified during these interviews. Response categories included: Shared Information; Joint Planning; Joint Programming; Technical Assistance; Jointly Fund Program; and Coordinate Service Delivery. Responses have been placed in one of the categories listed here. **Table 5-5** highlights categorical responses by interviewees. The length of these interviews precluded an exhaustive list of every activity and these data are meant to provide a snapshot of the ways in which state agencies are working together. A brief description and examples of each of the categories can be found in Appendix B.

The data in **Table 5-5** show collaborative relationships identified by a respondent from one agency and not reciprocated by the respondent from the respective agency. For example, according to interviewees from the DOC, JB and OSA, representatives from these agencies meet regularly to coordinate treatment programs for clients within the criminal justice system. Depending on which agency contact spoken with, different types of collaborative activities are taking place among the agencies. Respondents from the three entities collectively agreed upon "sharing information or data" and "conducting joint planning", although only two respondents agreed upon "conducting joint programming", "jointly funding a program or project" and "coordinating service delivery." It is possible individual respondents have different views of the same relationship. Regardless, it is clear all three state agencies are working collaboratively.

Table 5-5. State Agency Directors' Collaborative Efforts With Other Agencies Based On Category of Collaboration

Maine State Agencies	Collaborating Agencies By Type of Shared Effort					
	Share information or data	Conduct joint planning	Conduct joint programming	Receive or give technical assistance	Jointly fund a program or project	Coordinate service delivery
Office of Substance Abuse (OSA) within Behavioral and Developmental Services (BDS)	DOC, BOH/DHS DOE, C4C, SS	DOC, BOH/DHS DOE	DOC, BOH/DHS, DOE	DOC, DOE, BOH/DHS C4C, SS	DOC, BOH/DHS, DOE	DOC, BOH/DHS, DOE, (BDS)
Bureau of Health (BOH) within Department of Human Services (DHS)	OSA, DOE	OSA, DOE	DOE	OSA, DOE		
Communities For Children (C4C) within Children's Cabinet (CC) of Governor's Office	OSA, DOC, BOH/DHS DOE, DPS, DOL	OSA, DOC, BOH/DHS DOE, DOL	OSA	OSA, DOC, BOH/DHS DOE, DOL	OSA, DOC DHS, DOE DOL	
Department of Corrections (DOC)	OSA, DPS, DOE	OSA; JB BOH/DHS DOE			OSA	
Department of Defense (DOD)						
Department of Economic Development (DED)						

Table 5-5. State Agency Directors' Collaborative Efforts With Other Agencies Based On Category of Collaboration (continued)

Maine State Agencies	Collaborating Agencies By Type of Shared Effort					
	Share information or data	Conduct joint planning	Conduct joint programming	Receive or give technical assistance	Jointly fund a program or project	Coordinate service delivery
Department of Education (DOE)	BDS/OSA CC, DHS, DOL, DPS, DOC DED	BDS/OSA CC, DHS, DOL, DPS, DOC, DED		BDS, CC, DHS, DOL, DPS, DOC DED		BDS/OSA, DOC, DHS
Department of Labor (DOL)						
Department of Public Safety (DPS)						
Family Treatment Drug Court of Judicial Branch (JB)	OSA DHS	OSA DHS	OSA			OSA DHS
Secretary of State (SS)						

Agencies or entities in the shaded boxes provided interview data for this chapter. Other agencies or entities were mentioned by respondents but were not interviewed.

During the course of the interviews, several standing meetings of two or more state agencies were identified. Many times other community-based or social services agencies participate as well as parents, youth, legislators, business leaders, or health care professionals. These meetings demonstrate formalized associations among agencies and are shown in **Table 5-6**. Identification of standing meets was not a goal of these baseline interviews so the data show only the meetings mentioned during interviews without specific follow up for an exhaustive listing of meetings and each state agency involved. The reader can gain an understanding of the ways in which state agencies in Maine are intertwined and their foci on overlapping populations or topic areas.

Table 5-6. Regularly Attended Standing Meetings Of State Agencies

Standing Meeting	Frequency (if mentioned)	Sponsoring Agency	Other Agencies that Attend
Children’s Cabinet Senior Staff	Weekly	CC	BDS, DHS, DOC, DOE, DPS
Disaster Preparedness	Monthly	BOH/DHS	OSA/BDS
Early Childhood Task Force Steering Council, plus four Workgroups	Monthly (each)	BOH/DHS and CC	DOE, DOL, DEC, Office of the Attorney General, State Planning Office
Family Drug Court Steering Council	Almost Monthly	JB	OSA/BDS
Interdepartmental Coordinating Council; “School Survey Meeting”	Quarterly	DOE	OSA/BDS, BOH/DHS
Juvenile Drug Court Steering Council	Quarterly	JB	DOE, DOC
Juvenile Justice Advisory Group	Monthly	DOC	CC/C4C, DOE, DHS, BDS
One ME Evaluation Workgroup	Every Other Month	OSA	BOH/DHS, DOE
One ME Oversight & Technical Assistance Workgroup	Every Other Month	OSA	BOH/DHS, CC/C4C
One ME Strategies & Awards Workgroup (a.k.a. Strategies for Healthy Youth)	Almost Monthly	OSA	BOH/DHS, CC/C4C, DOE, DOC
Women’s Health Initiative	Quarterly	BOH/DHS	DOC

State Agency Directors’ Pledging of Resources. Another method of assessing collaboration among state agencies is to identify ways in which agencies or programs share resources. Two interview questions addressed this topic, one regarding pledging of agency resources specifically to the One ME initiative and another regarding whether an agency had a contract or Memorandum of Agreement/Understanding with an agency.

Information in **Table 5-7** highlights resources pledged by state agencies specifically for the One ME initiative. Involvement by the largest number of agencies takes the form of staff time to

Table 5-7. Resources Pledged by Agencies for the One ME Initiative

Resource	Pledging Agency(ies)
Staff time to attend workgroup meetings and provide technical assistance or professional expertise	OSA, BOH, DOE, CC, DOC
Staff time outside of meetings to work on specific projects	BOH, CC
Office space for staff and evaluator	OSA
Equipment for staff and evaluator	OSA
Prevention contracts in 2005 open for re-bid to supplement One ME project after SIG expires	OSA
Fund-raising for Parent Media Campaign supplies	CC

participate in One ME workgroup meetings. The BOH and CC have spent additional time and resources completing small projects for One ME administration. In addition a staff person with the CC raised over \$10,000 in the community for parent kit materials to be printed and distributed through the OSA Information and Resource Center, many of which went directly to One ME coalitions. OSA has donated office space and equipment (computer hardware, software, telephones, fax, office supplies and copy machine access) for One ME staff and an evaluator working on the project. OSA also has altered the method through which prevention contracts will be sent to bid and award so that One ME coalitions will have the opportunity to supplement funding after the SIG funding ends.

Respondents shared information regarding agency contracts and formal agreements of which they had knowledge. Due to time limitations on the interviews, an exhaustive list of formal agreements has not been generated and the information in **Table 5-8** is meant to provide an overview of the types of formal collaborative efforts that are taking place.

Table 5-8. State Agencies with Formalized Collaborative Relationships

Agencies with Memorandums of Agreement (MOA) or Contracts	Brief Description of Collaborative Program, Project or Service
BDS and DOE	Agreement to provide educational services to youth placed outside of their homes for reasons other than education; Coordination of service delivery to comply with Americans with Disabilities Act
BOH/DHS and DOE	Administration of Coordinated School Health within the Healthy Maine Partnerships service areas
BOH/DHS and OSA	Combined MYDAUS and YTS survey administration beginning in February 2004
C4C/CC and OSA	Administration of the Federal PRISM grant (2000-2003)
C4C/CC and State Planning Office	Management of the AmeriCorps*VISTA payroll, a project of C4C
DD and OSA	Staff member from the National Guard's Demand Reduction Program is on loan as an OSA Prevention Team member
DHS and DOE	Agreement to provide educational services to youth placed outside of their homes for reasons other than education; Coordination of service delivery to comply with Americans with Disabilities Act
DOE and OSA	Administration and staffing of the Safe and Drug Free Schools Program
JB and OSA	Administration of the Drug Treatment Courts
OSA and SS/DMV	Administration of the Driver Education and Evaluation Program (DEEP) for people cited for operating under the influence of alcohol or drugs
Agencies sharing responsibilities without an MOA or contract	Program, Project or Service Offered in Collaboration
DOC, DOE, OSA/BDS, BOH/DHS, DPS	Each agency provides financial contributions (dedicated funds for specific projects or staff positions including salary and benefits) or rent-free office space and equipment with on-going technical assistance to maintain the CC/C4C initiative

State Agency Directors' Level of Satisfaction with Collaborative Efforts. All interview respondents agree progress has been made in the recent past toward collaborative efforts among state agencies. Three respondents express overall satisfaction with the collaborative efforts among state agencies and the interviewee from DOC has been extremely satisfied with work between them and OSA, DOE and JB. The respondent from DOC expresses a desire for more opportunities to collaborate with BOH, DPS and DOL. The interviewee from

JB has been impressed by the amount of collaboration taking place thus far since the JB has historically separated its work from the Legislative and Executive Branches of government. The interviewee from the JB welcomes additional collaboration under the condition of clearly stated guidelines to ensure success since each court is set up differently financially. Some specific examples cited as proof of successful collaboration follow:

- Achievements of the One ME Strategies and Awards Workgroup (renamed Strategies for Healthy Youth in January 2004): work on core competencies for prevention professionals, rollout of the Maine Prevention Calendar of training events and drafts of the State Comprehensive Prevention Plan;
- Agreement to combine the MYDAUS and YTS for the February 2004 survey administration within Maine public schools;
- Maine State Legislature “gets” substance abuse prevention and the connection between substance use and other social issues;
- Maintenance of the CC through financial and material support from five other state agencies and nominal support from the Legislature; and
- SAMSHA funding of the Drug Treatment Courts requiring collaboration among JB District Courts and OSA.

One respondent feels collaborative relationships are “not bad” but believes relationships could be improved in a way that would result in joint efforts to establish rates for services, conduct multiple data collection initiatives and implement model programs to achieve Federal early childhood indicators. Two agencies identified one another as challenging to work with due to organizational structure and personalities involved although both respondents felt these issues are not insurmountable.

A couple people note the complexities involved in maintaining the CC, a state entity without the status afforded a state agency, yet is funded by state agencies. The CC’s situation is further complicated by its focus on positive youth development and a vision for all state agencies working together in a coordinated manner toward common goals. The state agencies

involved with and supporting the CC receive funding to address specific risk reduction factors among youth, creating funding silos.

Most of the respondents commented on the pending merger of BDS and DHS as having an effect on collaborative relationships among agencies involved in prevention efforts. Everyone made comments that were neutral with regard to the merger's effect—too many details remain unknown.

State Agency Directors' Barriers and Benefits to Collaboration. Respondents from six State Agency Directors interviews and ten OSA Prevention Team interviews identified many similar barriers to better collaboration among state agencies. Both groups of interviewees mention funding issues and entrenchment in state bureaucracy as the most common barriers to collaboration (**Tables 5-9 and 5-11**). Both groups feel great advances have been made in state agency collaboration in the past five or six years. Three Prevention Team members note unprecedented cooperation among mid-level managers and one person from this respondent pool laments that top-level management does not work this well together. Respondents from both groups mention individual state agencies with which other agencies have had challenges collaborating although most of these people feel the issues are not insurmountable. In addition the merger of the Behavioral and Developmental Services and the Department of Human Services on July 1, 2004 will have effects on current state agency relationships that are yet to be seen. (See Appendix C for detailed information regarding barriers and benefits to collaboration and Stakeholder Participation).

The most commonly stated benefits relate to agency coordination and collaboration (**Table 5-10**). Seven respondents mention the overlap in prevention topics or populations served among state agencies. Agencies have the

Table 5-9. Barriers to Interagency Collaboration Listed by State Agency

Barrier	Agency					
	OSA	BOH	DOC	DOE	CC	JB
Federal funding issues	v	v	v	v	v	v
Organizational culture; philosophical differences		v	v	v	v	v
Workforce development issues	v	v	v		v	
State budget deficit	v		v			v
Lack of time			v	v		v
Barriers inherent to the collaborative process		v	v	v		
An agency's reluctance to compromise	v			v	v	
Vacant Commissioner's seat creates leadership void	v					
Technology limits face-to-face interactions	v					
Large number of legislative councils that need to be educated				v		
Lack of common language for prevention		v				
Staying on top of current best-practices research			v			
Maine's decentralized service structure with large amount of public involvement leads to slow adoption of prevention framework			v			

Table 5-10. OSA Prevention Team's Stated Benefits for State-level Stakeholders' Participation with One ME

Benefits	Responses
Agency Coordination/Collaboration	Total 21
Overlap in population served or topic addressed by agencies	7
Results of past/current collaborative efforts (i.e. Prevention Calendar, training)	4
Agencies maximize their resources	3
Improved communication; networking and formalized communication	3
Broad prevention efforts (i.e. C4C and BOH/Healthy Communities Project) can incorporate One ME outcomes into their frameworks	1
Strategies and Awards Workgroup is a "support group" for agency staff with community-based projects	1
Communities with multiple funding sources are seeing agencies work collaboratively; positive shifts in community perceptions	1
Focus on sustainability beyond One ME funding	1
Means of Providing Funding to Coalitions	Total 3
Funding model builds capacity and involves communities in prevention	3
Evaluation	Total 1
Data from the One ME evaluation	1
Miscellaneous	Total 1
Coalitions more likely to be responsive to state agencies that provide large amounts of funding	1

Table 5-11. OSA Prevention Team’s Stated Barriers Faced by State-level Stakeholders’ Participating in One ME

Barriers	Responses
Bureaucracy and Turf Issues	Total 11
Bureaucracy and entrenchment in systems	6
Specific agency(ies) is reluctant to collaborate	3
Merger between BDS and DHS	1
Personalities involved and leadership styles	1
Categorical Funding	Total 6
Funding silos	4
Reporting and project structure differences among funding sources	2
Collaboration Challenges	Total 6
Lack of time to collaborate	4
Collaborating on such a large scale	1
Communicating One ME information throughout the state	1
Scarce Resources	Total 2
Lack of funds for prevention work	1
Competition for scarce resources	1
Miscellaneous	Total 2
Need community involvement for One ME success	1
Money is not as much of a barrier as other issues	1

opportunity to share lessons learned both from addressing substance abuse prevention and from funding community initiatives also. Four respondents cite the benefits from specific collaborative efforts: the shared prevention calendar ([www.MainePrevention Calendar.org](http://www.MainePreventionCalendar.org)); training events for state staff and coalition representatives; and the prevention data system/network. Three comments relate more generally to the benefits of agencies sharing and maximizing resources.

OSA Prevention Team Perceptions of the One ME-funded Coalitions. Many items within the Prevention Team interview inquire about perceptions related to overall substance abuse prevention, community readiness to implement model prevention programs, beliefs regarding science-based prevention, One ME’s impact at the state and community level, technical assistance needs of One ME coalitions, and benefits

and barriers to KIT Solutions, OSA's performance-based prevention system (PBPS) database. There are not corresponding data from the State Agency Collaboration interviews for these items.

OSA Prevention Team Perceptions of Youth Substance Abuse Prevention and the One ME Initiative. In general, the attitude toward substance abuse prevention for youth among the people, groups and agencies with whom Prevention Team members work is favorable. Prevention Team members manage contracts and participate in professional meetings with staff from: school districts throughout Maine; colleges and universities; community agencies; and One ME coalitions. Most respondents qualify "in general" by noting the people who do this work and incorporate substance abuse prevention within their agency's mission understand the complexities of the issue and how to be effective while others do not acknowledge the substance abuse issue or fully understand how to be effective in implementing programs and policies.

One respondent highlights the subtleties of being aware of versus understanding substance abuse prevention efforts. An anecdote shared during the interview involved an employee in a position of authority at the Women, Infants and Children (WIC) Program within DHS. After seeing the OSA Parent Media Campaign targeting parents of teens (he is a parent of a teen), he made a connection between substance use and the work he does at WIC. Prior to seeing the Parent Media Campaign, he had a limited understanding of substance abuse possibly affecting the population served by the WIC Office, but no clients reported substance use on their client intake paperwork. Subsequent to seeing this OSA advertisement he required his staff members to attend a training to better administer the intake paperwork to effectively capture client substance use data. As a result there is a greater likelihood that WIC clients with substance use issues will gain access to education and treatment if they need it.

Among the Prevention Team there are differing philosophies about who should receive prevention services. There are some who believe in zero tolerance, meaning only youth who have never used substances should receive services. Other

Prevention Team members feel any youth who is not in a treatment program should have access to prevention programming. It would be useful to work from a common definition of prevention.

Four respondents cite lack of funding as having an effect on the attitude toward substance abuse prevention. Two made broad statements about frustration over lack of funds to fully address the issues. One person feels there is not adequate funding available for schools to address substance abuse prevention. The other person notes the lack of funds specifically to address substance use prevention among 18-25 year-olds.

OSA Prevention Team Perceptions of Other's Knowledge of One ME Outcomes. Prevention Team members responded to their belief about how well different groups understand One ME outcomes. The answers shown in **Table 5-12** reflect interviewees' perceptions regarding the outcomes outlining reductions in tobacco use and binge drinking. Some respondents mention the local prevention plan as an outcome of which coalition coordinators may be unclear and some Prevention Team members appear to be unaware of the requirement for local prevention plans. The prevention plan outcome has been included in the contracts signed by funded agencies but One ME staff has placed higher priority on the former two outcomes with an understanding that the prevention plan will be addressed fully at a later date. One respondent reported that outcomes are not clear to Prevention Team staff because of a situation in November 2003 during which the percentages for the tobacco and binge drinking outcomes got switched and overlooked by Prevention Team staff members. The error was identified by a One ME coalition representative. The "no" responses in **Table 5-12** are from separate respondents.

OSA Prevention Team Perceived Benefits for Coalition-level Stakeholders Participating in One ME. The benefits of One ME to coalition-level stakeholders outlined by the Prevention Team overwhelmingly highlight local capacity building. (**Table 5-13**) The 23 coalitions have funding to provide staffing, model and non-model prevention programs, access to on-going technical

Table 5-12. OSA Prevention Team Members' Perceptions of Groups' Understanding of One ME Outcomes

One ME Outcomes are clear to...	"Believe so" or "Somewhat clear" or "Don't Know or Unsure" or "No"			
	Yes	"Somewhat clear"	Don't Know or Unsure	No
OSA Prevention Team Members	8	1		1
One ME Workgroup Members	2	4	3	1
One ME Coalition Coordinators	7	1	2	
One ME Coalitions	2	5	2	1

Table 5-13. OSA Prevention Team's Stated Benefits for Coalition-level Stakeholders' Participation with One ME

Benefits	Responses
Capacity Building	Total 19
Financial resources for substance abuse prevention programs and staff positions	7
Written guide: Needs and Resources Assessment	3
On-going technical assistance and current best practices information	3
Potential for sustainability	2
Involvement of local law enforcement officers	1
Written local prevention plan	1
Building infrastructure	1
Ability to spend funds on model and non-model programs	1
Part of a Larger Initiative	Total 8
Synergy from a group of coalitions working on a single issue	4
Identity with and connection to other One ME coalitions/network for professional support	3
If funded by One ME and other prevention initiatives, can coordinate prevention dollars locally	1
Science-based Prevention	Total 4
Coalitions are implementing model programs and learning about effective prevention programming	3
Coalitions are buying into implementing environmental strategies	1
Evaluation	Total 2
Data from the One ME evaluation	1
Data to report to the Federal government	1
BOH Lessons	Total 2
OSA avoided mistakes made by BOH/HMP's	1
Implemented KIT Solutions	1
Prevention within Domains	Total 2
Schools are only one venue for programming	1
Substance abuse prevention is a community issue, not a school issue	1

support from a variety of sources, written materials to further prevention efforts (i.e. Needs and Resources Assessment and guidelines for creating a local prevention plan), active involvement from law enforcement officers, and the potential for sustained prevention programming beyond the One ME funding cycle.

The other areas in which coalition-level stakeholders benefit from participation in One ME are: inclusion as part of a larger initiative; implementation of science-based prevention programs; participation in an external evaluation; access to lessons learned by the BOH during early implementation of the HMP's; and administration of a prevention effort broader than programming exclusively within schools.

Prior to One ME, OSA only had small amounts of funding for prevention efforts implemented across multiple domains and primarily had been funding prevention programs within individual domains. For example, funds from the Substance Abuse Prevention and Treatment Block Grant have supported prevention programs within community agencies and funds from Title IV-A SDFS have supported prevention programs within school districts. The One ME initiative allows for a comprehensive substance abuse prevention model within many communities and with programs designed for youth, families, parents and the community (environmental strategies). The shift has allowed people involved with One ME to participate locally on something larger, affecting the whole state. One ME has created access to multiple resources, the scope of which had been previously unavailable to local substance abuse prevention professionals: state-level staff support, external project evaluators, the Northeast Center for Application of Prevention Technologies (NECAPT), model program developers, and other One ME coordinators. Two of interview respondents use the term synergy to describe the anticipated sum of the whole One ME initiative becoming greater than the sum of the parts.

Beginning in 2000, the BOH began funding the HMP's through the state's 31 hospital administrative districts. Previous to HMP implementation, the BOH administered the Partnership For A Tobacco-free Maine using a coalition-based model. Because of

the relationships formed and collaborative efforts in place prior to One ME and involvement from the BOH on all One ME workgroups, OSA had the opportunity to review and consider the data collection system the BOH had custom-made for HMP reporting. Staff within OSA and the One ME Evaluation Workgroup made the decision not to use the BOH/HMP data collection system. Instead OSA contracted with KIT Solutions for the performance based prevention system used by other SIG-funded states. One of the lessons OSA learned from the BOH is the difficulties and time investment inherent to building a custom system. Another lesson the BOH shared with staff on the One ME initiative is to limit the number of required training events and mandatory meetings for coalition coordinators.

OSA Prevention Team Perceived Barriers to Coalition-level Stakeholders Participating in One ME. The barriers One ME coalition-level stakeholders face in participating in the One ME initiative mostly relate to challenges inherent to collaboration. (**Table 5-14**) The aspects of collaboration cited most frequently by interviewees include: social norms and the local political environment; time; lack of experience with collaboration; motivating people to work together; and recruitment and retention of volunteers.

Coalition-level and state-level stakeholders face similar challenges in collaborating with individuals and organizations with one exception. Local coalitions attempt to recruit and retain volunteers among their ranks. A respondent notes volunteers should be treated differently than paid staff members and specifically not asked to conduct fundraising activities. Volunteers should be invited to apply their skills and time to activities of their choosing while paid staff should be relied upon to carry out activities necessary to the smooth functioning of the coalition and model program implementation.

The other areas in which coalition-level stakeholders face barriers include: funding requirements; working with schools; KIT Solutions; evaluation issues; OSA-related issues; and miscellaneous topics noted in the table.

A couple interviewees mention the challenges posed by the timing of the grant application process during the summer of

Table 5-14. OSA Prevention Team's Stated Barriers Faced by Coalition-level Stakeholders' Participating in One ME

Barriers	Responses
Challenges Inherent to Collaboration	Total 11
Political environment and social norms are difficult to change	3
Time to collaborate	3
Lack of experience (as a coalition and/or with collaboration)	2
Motivating people to work together	2
Volunteers are different than paid staff	1
Funding Requirements	Total 8
Different sources have different data collection and reporting mechanisms	6
Competing for funding sources (agencies or schools within a One ME coalition)	1
State's new policy preventing carry-over funds	1
Working with Schools	Total 5
Implementing model programs within local schools	2
Demands on teacher time; challenge to focus on One ME outcomes with other priorities within school	2
Timing of grant submission for FY 2003-04	1
KIT Solutions	Total 5
Steep learning curve and slow adoption rate for system usage by coordinators	3
Working "bugs" out of the system	2
Evaluation Issues	Total 4
Lack of understanding of evaluation	1
Conflicts between timing of One ME surveys and 2004 MYDAUS administration	1
One ME surveys are too long	1
Timing of grant submission for FY 2003-04	1
OSA-related Issues	Total 3
Change in One ME Coordinators between contracts	1
Multiple requirements of project: contracts; reporting; KIT Solutions; and evaluation	1
Differential treatment by OSA of One ME and prevention contracts	1
Miscellaneous	Total 6
Motivating community members to work on substance abuse prevention efforts	1
Motivating parents to attend model prevention programs	1
Local workforce experience with science-based prevention	1
Geography; large One ME service areas	1
Crime	1
Economics; industry leaving Maine leads to local community disorganization	1

2003. The originally scheduled One ME grant application deadline was June 1, 2003. A combination of factors led to many applications being submitted during July and August, some as late as September. This resulted in two unintended outcomes. First, it became more challenging to implement model programs within schools after the beginning of the school year since the No Child Left Behind Act requires schools administering surveys among whole grade-levels to inform parents at the beginning of the school year of the survey schedule for the academic year. There was additional confusion with regard to planning One ME surveys within schools on a year scheduled for MYDAUS administration. With the need for coordinated planning and technical assistance to facilitate smooth implementation of all surveys, some model programs have been delayed for implementation by an academic year. Second, the delay in contracts affected the external evaluators' schedule for implementing evaluation surveys. It took longer than anticipated to identify which model programs would be implemented by coalitions and to complete subsequent Internal Review Board applications and gain approval for research prior to printing and distributing consent letters and surveys to coalitions.

OSA Prevention Team Perceptions of Community Readiness

OSA Prevention Team Comments on Coalitions' Perceptions of a Drug problem Among Youth. Prevention Team members were asked about the extent to which communities throughout the state believe there is a drug problem among youth. Everyone interviewed feels in general communities acknowledge a problem among youth. There are only a small number of communities that continue to deny any problem: Bangor; Brunswick; Camden; Falmouth; and some communities within Washington County. One person noted 98% of the school districts within the state participate in the SDFS program, demonstrating admission of an issue that warrants attention. Three Prevention Team members make the point that many people interpret "drug problem among youth" as excluding tobacco or alcohol use. Another point made by two interviewees is that while people may acknowledge a drug

problem among youth, it may be a lower priority than other issues community members decide to address; or drug use among youth is viewed as a right of passage about which nothing can be done.

OSA Prevention Team Comments on Coalitions' Perceptions of One ME. Half of the respondents reported that the One ME initiative is viewed favorably by the funded coalitions. Some think coalitions appreciate having the funds to carry out a more comprehensive prevention effort with planned changes in multiple domains. Others believe coalitions are following the funding. They simply comply with the requirements to maintain funding for the duration of the SIG. Two Prevention Team members are surprised by the general positive response to One ME in light of the requirements for reporting and evaluation. Three individuals have heard comments from community members involved in both HMP's and One ME that the One ME model is a great way to get this work done and is less complicated than the HMP system. One person thinks coalitions appreciate the technical support available to them. Three respondents feel they do not work closely enough with One ME coalition representatives to comment on community perceptions of the initiative.

There are only two examples of coalitions feeling negative toward the One Maine initiative although one person succinctly stated, "Most have bought-in to science-based prevention although this may be a biased perspective since prevention folks are touchy-feely and less likely to focus on negative issues." One negative comment was the result of someone not reading the materials sent to her by the One ME Coordinator and the other potentially negative item related to a Prevention Team member knowing the implementation of KIT Solutions has been frustrating for some coordinators.

OSA Prevention Team Perceptions of Community Readiness to Address Substance Abuse Prevention. As part of the interview, respondents were asked to complete statements read to them by pointing to a response using options shown on a handcard.

The six items in **Table 5-15**² relate to beliefs about coalition-level stakeholder’s readiness to implement substance abuse prevention efforts. One ME funding allows community coalitions to pay staff to administer the initiative and facilitate model and non-model prevention programs, increasing coalition-level stakeholders with the “energy, time and talent” to address substance abuse prevention among youth, the power to address this issue, the organizational capabilities and the ability to establish and maintain prevention programs. Belief in community-based prevention remained unchanged because they always believed in it or the model has improved their understanding of conducting prevention in this manner.

Table 5-15. OSA Prevention Team’s Beliefs Regarding Selected Indicators of Coalition-level Stakeholders’ Abilities or Beliefs to Implement One ME Prevention Efforts

Interview Item	Decreased A Lot	Decreased A Little	Not Changed	Increased A Little	“Between” Increased A Little and Increased A Lot²	Increased A Lot	Don’t Know Enough To Indicate
Since One ME began, the involvement of coalition-level substance abuse prevention stakeholders with energy, time, and talent to address this issue among youth has...				3		7	
Since One ME began, coalition-level stakeholders’ belief in community-based prevention has ...			3		1	3	3
Since One ME began, coalition-level substance abuse prevention stakeholders’ willingness to act has...				4	2	2	2
Since One ME began, coalition-level substance abuse prevention stakeholders with the power to address substance abuse among youth have...				1	1	5	3
Since One ME began, coalition-level substance abuse prevention stakeholders with the organizational capabilities to address substance abuse among youth have...				3		5	2
Since One ME began, coalition-level substance abuse prevention stakeholders with the ability to establish and maintain a prevention programs have...				2	1	4	2

² During analysis a new response option was added to show the complete data set. The new category shown below is “Between Increased A Little and Increased A Lot.”

In a broad sense, most communities and schools in Maine believe there is an issue of substance use among youth that should be addressed. Some respondents point out knowledge of the existence of an issue does not necessarily lead to action though. Between seven and ten Prevention Team members believe there have been slight to large increases in coalition-level stakeholders' abilities or beliefs regarding implementation of One ME prevention efforts with one exception. Three Prevention Team members feel there has not been a change in coalition-level stakeholders' belief in community-based prevention because they always believed in it.

OSA Prevention Team Perceptions of Promoting Science-based Prevention

OSA Prevention Team Comments on Coalitions' Understanding of Science-based Prevention. One of nine respondents stated they thought One ME coalitions understood science-based prevention. Four people note OSA has put a lot of energy into educating substance abuse prevention professionals and public health professionals by providing: two-day training events in two locations in Maine before the release of the One ME RFP; one-day training for One ME grantees in January 2003; two and a half-day evaluation and model program training in April 2003; and a one-day training for KIT Solutions in August 2003. OSA also has encouraged One ME coalition representatives to participate in the NECAPT on-line science-based prevention course in the spring of 2003 and to send staff members to the annual NE Prevention Institute Summer School. Based on all of these opportunities, four Prevention Team members feel One ME coalitions have a "reasonably good" or "pretty good" understanding of Science-based prevention and another three respondents think the understanding varies among people involved at the coalition-level. Two individuals believe that choosing model programs from a list provided by CSAP does not qualify as science-based prevention although one of these respondents feels One ME coalition coordinators understand science-based prevention even though their coalition members do not. Another Prevention Team member stated it is more important for local coalition representatives to implement science-based prevention than to understand it.

One interviewee feels promoting science-based prevention is not part of his/her job.

OSA Prevention Team Members' Promotion of Science-based Prevention. When asked the ways in which they promote science-based prevention as part of their job, five interviewees conveyed that they believe in and support science-based prevention principles and identify ways in which they can share these principles with OSA contract contacts. In more general terms, four Prevention Team members mention OSA's requirement for prevention contractors to select a program that has been researched and evaluated as a means of promoting science-based prevention. Three respondents feel neutral toward promoting science-based prevention, two of whom report encouraging school contacts to select the program best suited to local needs without regard to its model program status. One interviewee feels promoting science-based prevention is not part of his/her job.

Recipients of the SDFS funding need to select a model program or submit a waiver explaining why the non-model program they are selecting meets their needs better than model prevention programs. Respondents report the waiver process is not very difficult and many schools opt to complete it. Although another interviewee noted approximately 40% of the SDFS contracts now implement model programs and only three or four years ago, almost none of the SDFS contracts implemented model programs. (See **Table 5-16**).

OSA Prevention Team Opinions Regarding Home-grown Substance Abuse Programs. All of the Prevention Team respondents strongly stated that there is an important role for home-grown substance abuse prevention programs. Almost everyone acknowledges there are effective and ineffective programs. Respondents support programs that are based on science or theory, are well-thought-out and withstand some sort of evaluation. Home-grown programs are important because they energize local developers, have the buy-in of agency decision-makers and are adapted to the local community. Additionally, some organizations are unable to implement model prevention programs, an example of which is

Table 5-16. The Ways In Which OSA Prevention Team Members Promote Science-based Prevention Among Contract Management Contacts

Response	Among One ME Coalitions	Among Other Contracts Administered through OSA
No response		1
Neutral toward science -based prevention; it's not part of job	—	3
No opportunity to promote science-based prevention	1	1
Promotion through on-going TA with prevention contracts	1	2
Presenter for training sessions and workshops	2	1
Send science-based prevention information on list serve or email lists	1	1
Aligns professional activities with risk and protective factor framework	—	1
Promotes evaluation of non-model programs	—	1
Supports science -based prevention through OSA RFP process	—	4

the National Guard that aligns with science-based principles but does not implement model programs. Almost all interviewees mention the necessity of evaluating these programs as they are implemented to demonstrate their success. In this time of limited budgets, programs that are not evaluated will not be funded.

Overall, Prevention Team members think One ME coalition coordinators have at least a rudimentary understanding of science-based prevention principles although this understanding may or may not extent to other coalition members. OSA has provided many opportunities for One ME grantees to learn more about science-based prevention.

When it comes to promoting science-based prevention, half of the Prevention Team state they actively educate about and advocate for use of model prevention programs. There is some ambivalence among other members of the Prevention Team toward actively promoting science-based prevention. All Prevention Team members view home-grown prevention efforts as useful and important—when data is collected to demonstrate the program’s effects.

OSA Prevention Team Perceptions of the Impact of One ME. Four of ten respondents did not make a distinction between the effect of One ME on youth in two years or five years. Two respondents stated that the initiative is laying the groundwork on which coalitions will build sustained efforts. Coalitions are obtaining important skills that will be retained and lead to more efficient prevention efforts regardless of fluctuations in funding. Hopefully SIG Enhancement funds will be awarded subsequent to the One ME initiative. One interviewee stated that One ME will have a positive effect on the youth who benefit from model programs that increase protective factors and decrease risk factors. Finally, one respondent believes probable effects in two years or five years should not be ascribed to One ME singularly; the credit needs to be shared with HMP's for the work they have done on tobacco prevention and control.

Four other respondents reported that One ME will have its greatest impact on youth in two years (late 2005) since coalitions will be actively implementing model programs with One ME funds. Three of these people are unsure of effects in five years due to so many unknown factors. One person stated there will be residual effects in five years from programs that have been sustained and that prevention science in 2008 will have advanced to be even more effective.

Two interviewees predict there will be slight positive changes in youth in two years while the One ME initiative is still implementing programs but the greatest effects will be seen in five years.

OSA Prevention Team Perceptions of OSA's Collaborative Efforts Since the Implementation of One ME. As part of the interview, respondents were asked to complete statements read to them by pointing to a response using options shown on a handcard. During analysis a new response option was added to show the complete data set. The new category shown below is "Between Increased A Little and Increased A Lot."

The six items in **Table 5-17** relate to perceptions about OSA's efforts to collaborate and educate state-level stakeholders regarding the One ME initiative. A review of the data in

Table 5-17. OSA Prevention Team’s Beliefs Regarding Selected Indicators of OSA’s Actions Since the Beginning of One ME Prevention Efforts

Interview Item	Decreased A Lot	Decreased A Little	Not Changed	Increased A Little	“Between” Increased A Little and Increased A Lot	Increased A Lot	Don’t Know Enough To Judge
Since One ME began, OSA’s involvement throughout the state in addressing alcohol and tobacco use among youth has...				2		8	
Since One ME began, OSA’s exchange of information with other organizations concerning the prevention of alcohol and tobacco use among youth has...				2		8	
Since One ME began, OSA’s sharing of resources (e.g. equipment or supplies) with other organizations concerning the prevention of alcohol and tobacco use among youth has...			1	6			3
Since One ME began, OSA’s collaborating on events (such as trainings or conferences) with other people, groups and agencies concerning prevention of alcohol and tobacco use among youth has...			1	6		3	
Since One ME began, OSA’s undertaking of joint projects (such as developing a curriculum for prevention professionals) with other people, groups and agencies concerning prevention of alcohol and tobacco use among youth has...				4		4	2
Since One ME began, OSA’s participation in media coverage concerning the prevention of alcohol and tobacco use among youth has...				4	1	4	1

Table 5-17 shows all Prevention Team members who responded to the items believe that since One ME began, OSA has increased:

- involvement throughout the state in addressing alcohol and tobacco use among youth;
- exchange of information with other organizations concerning the prevention of alcohol and tobacco use among youth;
- undertaking of joint projects (such as developing a curriculum for prevention professionals) with other people, groups and agencies concerning prevention of alcohol and tobacco use among youth; and
- participation in media coverage concerning the prevention of alcohol and tobacco use among youth.

One respondent to OSA's sharing of resources such as equipment or supplies with other organizations, and OSA's collaboration on events such as training or conferences with other substance abuse prevention agencies stated there has been no change since One ME began. All other interviewees who responded to these items reported that OSA has increased at least a little on these activities.

Prevention Team members were asked to use the handcard a final time to indicate their beliefs about state-level stakeholders' ability to implement One ME prevention efforts. Four respondents reported involvement of state-level stakeholders with energy, time and talent to address substance abuse prevention among youth has increased a lot. Four individuals stated it has increased a little and two feel there has been no change.

Overall, Prevention Team members perceive that One ME will have an impact on the youth who participate in the programs. However, it is challenging for respondents to clearly state the effect they believe One ME might have in five years. Some interviewees believe solid groundwork in the form of increased coalition skills and quality local data will improve the potential for sustained programming. Of the people responding to handcard items (**Tables 5-17 and 5-18**) almost all indicated that since One ME began, there has been at least a little increase in the indicators listed.

OSA Prevention Team Perceptions of One ME Coalition

Technical Assistance Needs. Prevention Team members were asked to identify areas in which One ME coalitions could benefit from technical assistance. Some respondents indicated they are not involved with coalitions enough to identify specific needs. However, most respondents provided responses that fall into four categories: sustainability; KIT Solutions; coalition functioning; and evaluation.

Table 5-18. OSA Prevention Team’s Beliefs Regarding Selected Indicators of State-level Stakeholders’ Abilities or Beliefs to Implement One ME Prevention Efforts

Interview Item	Decreased A Lot	Decreased A Little	Not Changed	Increased A Little	“Between” Increased A Little and Increased A Lot	Increased A Lot	Don’t Know Enough To Judge
Since One ME began, the involvement of state-level substance abuse prevention stakeholders with energy, time, and talent to address this issue among youth has...			2	4		4	
Since One ME began, state-level substance abuse prevention stakeholders’ belief in community-based prevention has ...			3	3		2	1
Because of One ME, the likelihood of sustaining Maine’s substance abuse prevention efforts among youth beyond the life of this initiative has...			1	5	1	2	1

Several comments highlight the need for technical assistance related to sustainability. Some Prevention Team members view the need for general training on this topic, others believe coalitions will benefit more by learning about grant writing and working on their local prevention plans. In general, respondents stated technical assistance needed to allow recipients to arrive at a common knowledge base regarding substance abuse prevention, evaluation and the internal contracting process.

Some staff indicated that One ME coalitions need continued support in using KIT Solutions. One staff person reported that the OSA Prevention Team needs technical assistance to gain a common understanding of the system to provide leadership among their contracts for using KIT Solutions.

Specific topics related to coalition functioning such as meeting management or facilitation skills, conflict resolution, Coalition Development 201, effective One ME coalitions, super coalitions, media savvy and time management have been identified by at least one respondent. Two people mention the need to build capacity among coalitions to evaluate programs or evaluate the “right” outcomes. (See **Table 5-19**).

Table 5-19. OSA Prevention Team Perceptions of One ME Coalition Technical Assistance Needs

Topic Area	Responses
Sustainability	Total 7
Sustaining Substance Abuse Prevention Efforts	3
Grant Writing and identification of financial resources	1
Guidance for Creating Local Prevention Plans	1
Continuing Substance Abuse Prevention and Evaluation	1
Support with Substance Abuse Prevention, Evaluation and Internal Contracting Process for OSA Prevention Team	1
KIT Solutions	Total 5
Maintain technical support for users of KIT	2
Educate users on how to use the system	1
Entering data into KIT	1
Support with KIT Solutions for OSA Prevention Team	1
Coalition Functioning	Total 8
Meeting Management Skills/Facilitation Skills	2
Conflict Resolution	1
Coalition Development 201	1
Logistics of an effective One ME coalition	1
Super Coalitions	1
How to Deal with the Media (i.e. phrasing statements)	1
Evaluation	Total 2
Build capacity to evaluate prevention efforts/Evaluate the “right” outcomes	2
Other	Total 2
Cannot think of any TA needs	2

One respondent feels there are particular challenges with providing technical assistance on any topic due to the range of knowledge and experience of such a large group. When technical assistance is provided in a group format to the lowest common denominator, many experienced people lose interest. Another concern that does not directly translate to a specific technical assistance need but arose during this question is that of coalition coordinators or designees of the coalition facilitating a model program without having attended a training sponsored by the program developer. This person wonders how program fidelity can be achieved when someone facilitates a program without any training or previous familiarity with the respective program.

OSA Prevention Team Perception of Benefits and Barriers of KIT Solutions. The most commonly cited benefits to using KIT Solutions include: the ability for all users to access immediate feedback and reporting (5); the relative user-friendly nature of the system (3); the ability for state-level contract managers to monitor data in real-time (4); and the improved clarity of connections between outcomes, targets and verifications for coalition-level users (5). (**Table 5-20**) The barriers to KIT Solutions implementation most commonly named include: the labor intensive initial implementation and steep learning curve required of all users (10); the lack of capacity to implement a new technology and limited support from OSA leadership for the subsequent adoption for state-level users (7); and the amount of time required to enter data for coalition-level users (4). (**Table 5-21**). (See Appendix D for additional descriptions of benefits and barriers of KIT Solutions.)

In general, state agency directors, their staff and the OSA Prevention Team have been effectively coordinating to develop and implement a comprehensive substance abuse prevention system to ensure that resources are used to fill gaps in the services targeting youth with science-based prevention programs. When viewed as a process, the group of state-level and coalition-level people focused on this work continues to move in a positive direction. The organizational chart outlining the newly merged Department of Health and Human Services (formerly Behavioral and Developmental Services and the Department of Human Services) will have a great impact on future state agency collaboration efforts. Many people ascribe the smooth implementation of the One ME initiative to adhering to advice about lessons learned by the Bureau of Health in implementing the Healthy Maine Partnerships.

Attention to some of the following issues may improve the future direction of One ME and substance abuse prevention efforts in Maine:

Table 5-20. OSA Prevention Team’s Stated Benefits of KIT Solutions

Benefits	Responses
General Benefits to All Users	Total 20
System generates immediate feedback, reports and accountability	5
Reasonably user-friendly and easy to understand	3
System is a tremendous resource and has enormous potential	2
Sub-recipient Checklist is on KIT system	2
System captures data that may not get documented elsewhere	2
Established system; other states are pleased with it	1
System provides data and reports for small group implementation of non-model programs	1
KIT developers share adaptations and modules from other states at no-cost	1
Data collection is standardized	1
System tracks risk and protective factor data consistently in one place	1
Too early to identify benefits, therefore judgment if suspended	1
State -level Benefits	Total 7
Ability to monitor prevention contracts in “real-time” and track data entry	4
Ability to view areas of need for technical assistance based on data entered	2
Monitor and track model program fidelity	1
Coalition-level Benefits	Total 13
System creates a better understanding of outcomes, targets and the linkages among outcomes and targets due to it’s design	5
Benefits of learning and using this system outweigh the barriers	2
Ability to conduct local-level evaluation with this established tool	1
Availability of universal instrument to evaluate non-model programs with KIT	1
Access to data from One ME evaluators—once survey data is transferred	1
Coalitions paid for it up-front therefore are not paying for it while working through the “bugs” in the system	1
Track staff and coalition volunteer hours for agency record-keeping	1
Provides a framework for thinking about non-model programs, capturing data and evaluating these programs	1

Table 5-21. OSA Prevention Team’s Stated Barriers of KIT Solutions

Barriers	Responses
<u>General Barriers to All Users</u>	<u>Total 13</u>
Implementation is labor intensive and includes a steep learning curve	10
Users have varying levels of comfort with new technology	2
The necessity of having to use it regularly to maintain a level of functioning and confidence in using the system	1
<u>State-level Barriers</u>	<u>Total 13</u>
Lack of capacity and support for implementation	7
Usefulness of some aspects of KIT Solutions questioned by Prevention Team members	2
Limitations on database potential built into implementation by the state	1
Potential dependency on One ME evaluators	1
Staff time and capacity to monitor system use	1
Repeated rescheduling of implementation	1
<u>Coalition-level Barriers</u>	<u>Total 11</u>
The amount of time it takes to enter data into the system	4
Most people are not using the system currently	3
There is an on-going technology training issue	2
Coalition level people need to have the computer hardware and software	2

- Regardless of the merger, plan for agency staff turnover from retirement and build capacity among newly hired managers and directors during the beginning of their tenure in these positions;
- Initiate further collaboration on the state-level Comprehensive Prevention Plan and encourage use of it by staff from all levels within state agencies to make it a useful and “living” document;
- Continue training and professional development of the Prevention Team to ensure all members have a common understanding of substance abuse prevention, science-based prevention principles, KIT Solutions, evaluation and OSA contracting processes;
- Encourage all Prevention Team members to embrace and advocate for science-based prevention among the contract contacts with whom they work;

- Continue the focus on developing the knowledge base and skills of coalitions involved in substance abuse prevention; and
- Celebrate successes and share lessons learned.

5.2 COMMUNITY-LEVEL FINDINGS

5.2.1 Coalition Coordinator Survey

Of the 23 coalition coordinators, all but 1 completed an assessment regarding their coalition. More than half of coalition coordinators lived in the community that they served (55%) and worked full-time (55%). Nearly 40% had worked in the substance abuse prevention field for at least three years. Coalition coordinators were well educated, with the majority (46%) reporting a master's degree or higher. About 82% of coalitions reported at least one full-time staff person. The number of coalition members varied, with 9% reporting fewer than five members, 14% reporting 9 to 12 members, 27% reporting 13 to 16 members, 27% reporting 17 to 20 members, and 23% reporting more than 20 members. Members were fairly active; coalition coordinators reported that 68% of coalition members attended most of the meetings and 32% attended some of the meetings. Most coalition coordinators reported they had conducted between 7 and 12 meetings (55%), another 27% reported 13 to 18 meetings. As shown in **Figure 5-5**, most coalitions met basic requirements for formalization: 95% use agendas, 91% take minutes during meetings, 91% have mailing lists, 86% have a mission statement, and 86% hold meetings on a regular date and time.

Representation of community sectors on the coalition was diverse (see **Figure 5-6**). The majority included members representing the school system (95%), health care sector (86%), private nonprofit health or social services providers (77%), grassroots community organizations (73%), parents (73%), local prevention agency staff (68%), and law enforcement (64%). Only 27% of coalitions were formed as a result of One ME and 32% are part of a One ME super coalition. Almost all coalition coordinators were satisfied with the diversity of skills and resources of coalition members (82%) and the representativeness of their coalition (64%).

Figure 5-5. Coalition Organization and Formalization

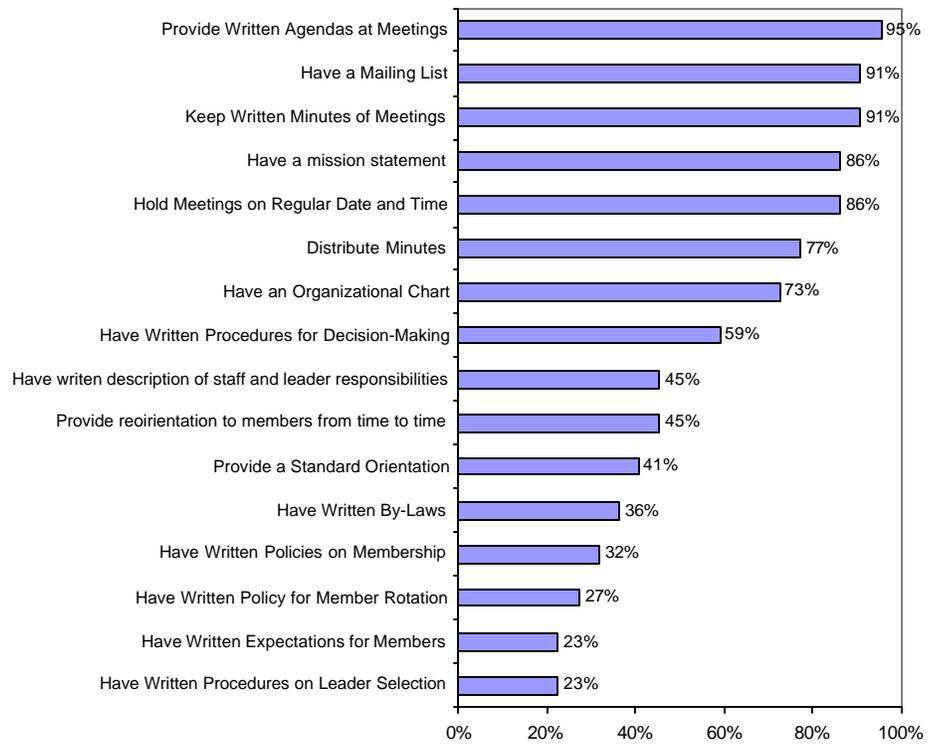
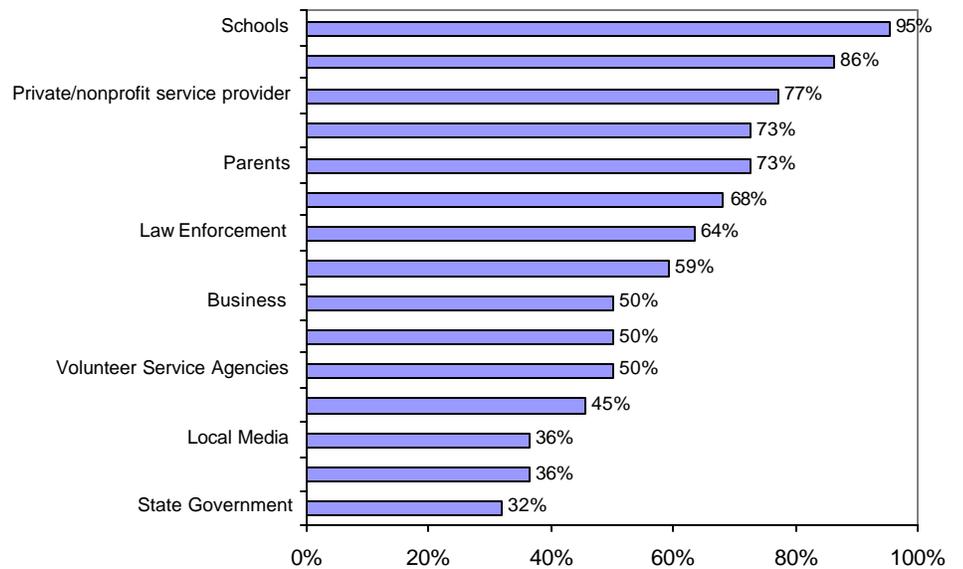


Figure 5-6. Community Sectors Participating in One ME Coalition Meetings



Overall, the most common reasons for selecting a particular research-based curriculum was they meet community needs (84%), address risk factors that are high in the community (74%), and are easy to adapt to meet local needs (65%)

Approximately 46% of coalitions are implementing one or two model prevention programs or strategies, 23% are implementing three, and 32% are implementing 4 or more. The five most commonly implemented prevention programs included Communities Mobilizing for Change on Alcohol (CMCA) (9 coalitions), Parenting Wisely (7 coalitions), Guiding Good Choices (GGC) (6 coalitions), STARS (5 coalitions), and All Stars (4 coalitions). Coalition coordinators were asked about how and why they selected specific model programs. Across the five programs most commonly implemented, the main reasons for choosing these programs were they meet community needs (84%), address risk factors that are high in the community (74%), and are easy to adapt to meet local needs (65%). By program, the reasons were similar. Of those coalitions implementing each program, meeting community needs was the most common reason for selecting CMCA (78%), Parenting Wisely (100%), and GGC (100%). For STARS, the most common reason was it addresses risk factors high in the community (80%). Coalitions that implemented All Stars reported they chose the program because it not only addresses risk factors that are high in the community (100%) but it also was compatible with their current prevention philosophy (100%) (see **Table 5-22**).

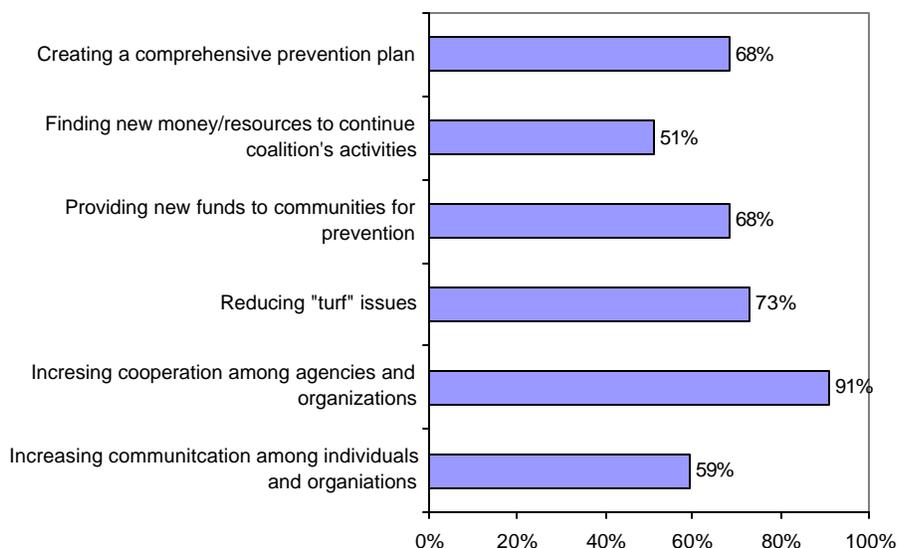
Coalition coordinators rated their coalition as very effective in increasing communication and networking (59%), increasing collaboration and cooperation (59%), creating a comprehensive and integrated prevention plan for the target community (36%), and providing new funds to the community for prevention activities (32%).

More than half of coalition coordinators perceived their One ME coalition to be somewhat effective and 27% perceived their coalitions to be very effective. The majority of coalition coordinators rated their coalition as very effective in increasing communication and networking (59%) and in increasing collaboration and cooperation (59%). Thirty-six percent believed they were very effective in creating a comprehensive and integrated prevention plan for the target community and 32% believed they were very effective in providing new funds to the community for prevention activities. Only 27% rated themselves as successful in reducing “turf” issues among community agencies and only 14% believed they were very effective in finding new resources to continue coalition activities (see **Figure 5-7**).

Table 5-22. Factors that Influenced the Selection of Model Prevention Programs

Reasons	CMCA	PW	ALL STARS	GGC	STARS
Meets community needs	77.8%	100.0%	75.0%	100.0%	60.0%
Addresses risk factors that are high in the community	55.6%	71.4%	100.0%	83.3%	80.0%
Easy to adapt	77.8%	71.4%	75.0%	50.0%	40.0%
Recommended by others	44.4%	57.1%	50.0%	66.7%	60.0%
Compatible with coalition's prevention philosophy	33.3%	57.1%	100.0%	66.7%	40.0%
Affordable	55.6%	42.9%	75.0%	50.0%	40.0%
Easy to stop if not working	11.1%	42.9%	0.0%	50.0%	40.0%
Easy to implement	22.2%	42.9%	50.0%	16.7%	20.0%
Easy to obtain	66.7%	28.6%	50.0%	33.3%	20.0%
Used by others in the community	0.0%	14.3%	0.0%	0.0%	0.0%

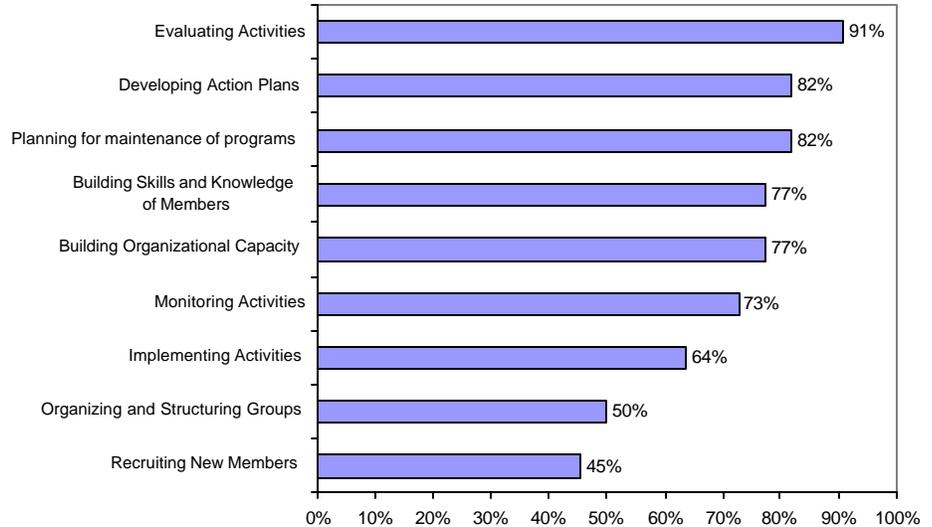
Figure 5-7. Areas Coalition Coordinators Report Coalition Being "Somewhat" or "Very" Effective



Technical assistance needs were commonly recognized. Coalition coordinators reported wanting technical assistance in the next 12 months regarding evaluation of program activities (91%), development of an action plan (82%), planning for maintenance and institutionalization of prevention programs over the long term (82%), building the coalition's organizational capacity (77%), building knowledge and skills of members (77%), and monitoring activities to make changes in

current actions or decide on changes in future activities (73%) (see **Figure 5-8**).

Figure 5-8. Technical Assistance Needs of Coalitions During the Next 12 Months



5.2.2 Coalition Member Survey

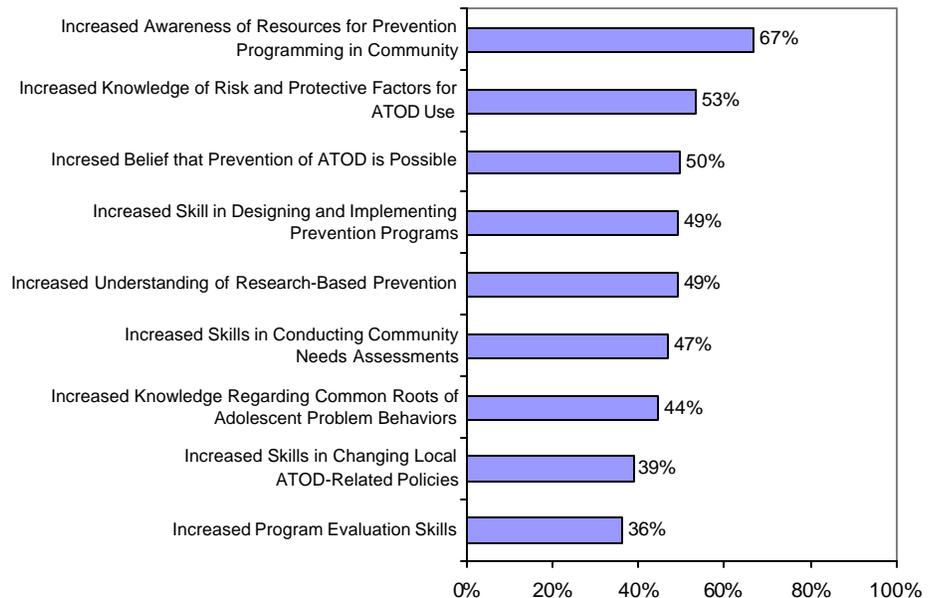
Two hundred and twenty-four coalition members (62%) completed a mailed survey describing their experience within their community coalition. The majority of coalition members attended at least some (14%), most (54%), or all (19%) coalition meetings. Most contributed to meetings (91%), served on councils (69%), worked for the coalition outside of meetings (60%), and helped organize activities other than meetings (52%). A smaller proportion served in a leadership role (41%), directed a particular program's implementation (31%), or served in a paid capacity as a coalition staff member (9%). The majority of members were satisfied with the diversity of member skills and resources (72%) and representativeness of their coalition (66%).

Most members were satisfied with the performance of the coalition. The majority reported that they really cared about the future of the coalition (91%), had a voice in what the coalition decided (86%), felt a strong sense of loyalty to the coalition (79%), and were satisfied with how the coalition operates (77%). Only 17% reported attending meetings just "because it is a part of my job." Coalition members reported

Coalition members reported positive changes resulting from coalition actions, including increased awareness of resources for prevention programming in the community (90%), belief that prevention of ATOD problems is possible (83%), knowledge about risk and protective factors for substance use (82%), enjoyment of coalition's work (82%), and skills in implementing prevention programs (80%)

positive changes resulting from coalition actions, including increased awareness of resources for prevention programming in the community (67%), knowledge about risk and protective factors for substance use (53%), belief that prevention of ATOD problems is possible (50%), skills in implementing prevention programs (49%), and understanding of research-based prevention (49%) (see **Figure 5-9**). The cohesion of the coalition was highly rated. The majority (87%) reported that members had a shared understanding of the problems that the coalition was designed to address, 89% reported that members were in agreement on the coalition's mission, and 86% believed the coalition's discussions had resulted in action. Coalition coordinators reported low conflict within their coalitions. When conflict occurred, it tended to revolve around the inability of members to make commitments (54%), differences of opinion about the best approach (45%), personality clashes (30%), and disagreements about division of labor and the coalition's work process (28%). Open debate was the most commonly used method to address conflict (68%), followed by negotiation (39%), and voting (31%). Most members agreed that decision making was fair (75%) and timely (71%).

Figure 5-9. Positive Changes From Participating on a One ME Coalition



The most common barriers facing coalitions were denial and apathy in the community toward substance abuse problems (88%), lack of community awareness (85%), and lack of resources for prevention (77%).

Approximately 66% of coalition members felt their coalition was somewhat or very effective. More than half of members believed that the work of their coalition had resulted in the following: expansion/strengthening of community ATOD prevention activities, increased coordination among local ATOD-related organizations, more prevention resources, increased leveraging of prevention resources, improved collaboration among local organizations, improved information exchange, increased ATOD-related media coverage, improved ATOD-related policies, and a comprehensive community prevention plan (see **Figure 5-3**). However, as shown in **Figure 5-2**, the most common barriers facing coalitions were denial and apathy in the community toward substance abuse problems (63%), lack of community awareness of substance abuse problems (50%), and lack of resources for substance abuse prevention (49%). Coalition leaders were highly rated: 91% agreed that leaders were competent, 90% agreed that leaders had clear vision, 88% agreed that the leader was well respected by members, and 87% agreed that the leader could “get things done.”

5.2.3 Model Program Training

Between July 2003 and June 2004, *One ME Model Program Training Surveys* were sent to One ME coalition members and facilitators who participated in trainings offered by model program developers. The purpose of the survey is to assess perceptions of the effectiveness and quality of the trainings. The survey is one of the process measures being used by the One ME evaluation team as the results may help to explain program outcomes. One hundred forty-two trainees representing 18 One ME Coalitions³ responded to the survey for an overall response rate of 66 percent. (See **Table 5-23**). Developers of 15 of the 24 model programs selected for implementation in One ME communities provided trainings. The Olweus Bullying Prevention Program training was attended by the largest number of people (19). As shown in the table, the Parenting Wisely, Communities Mobilizing for Change on

³ Eighteen surveys were returned without the coalition name included.

Table 5-23. One ME Model Program Trained Survey

Model Program	Number Attending
Across Ages	3
All Stars	12
Class Action	9
Communities Mobilizing for Change on Alcohol	16
Creating Lasting Family Connections	3
Families that Care—Guiding Good Choices	10
Leadership and Resiliency Program	8
LifeSkills Training	3
Lion's Quest	10
Olweus Bullying Prevention Program	19
Parenting Wisely	17
Positive Action	3
Reconnecting Youth	8
Second Step	8
STARS for Families	7
Not specified	6
<i>Total</i>	<i>142</i>

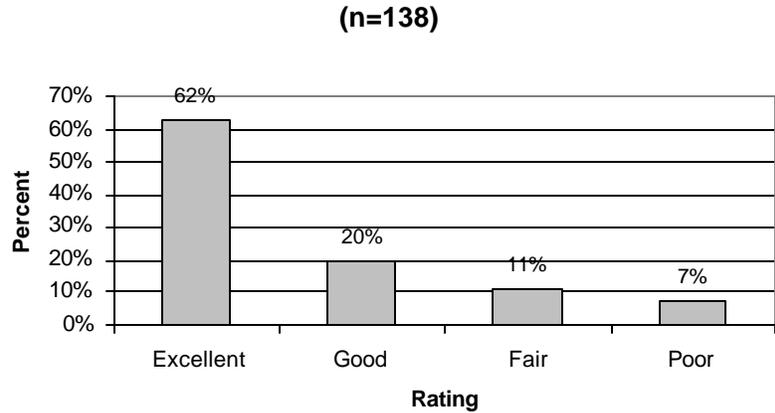
Alcohol, All Stars, Guiding Good Choices and Lion’s Quest trainings all had ten or more attendees.

Quality of Training

Overall, the trainings were rated favorably. Three quarters of the attendees indicated that they would recommend the respective training to others. Ten percent said they *may* recommend it, while 11 percent (15 people) would not recommend the training. Almost all of the survey respondents (91%) felt the trainings were well-organized. Eighty-three percent of the trainees gave the training materials high ratings.

The trainers received positive ratings, with two-thirds of the attendees rating them as “excellent.” As shown in the graph below, just seven percent of the attendees thought the trainers were “poor.” All but 13 attendees indicated that the trainers were knowledgeable about their respective model programs. (See **Figure 5-10**).

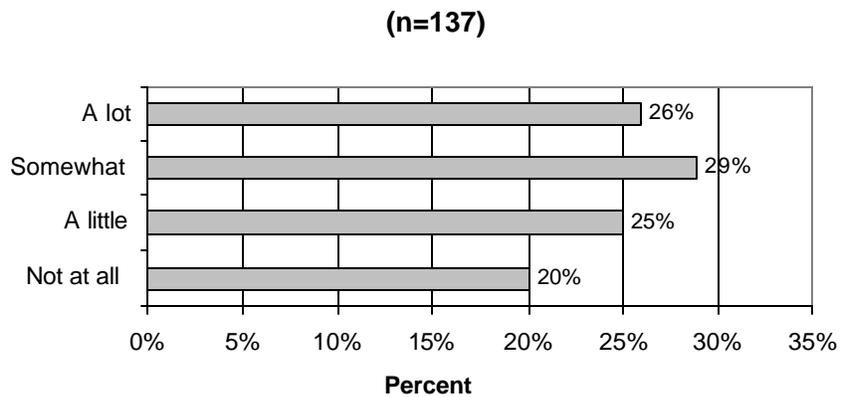
Figure 5-10. Rating of Trainers



Effectiveness of Training

The majority of the trainees (56%) indicated that the training they attended increased their knowledge of prevention either a lot or somewhat. Twenty percent reported no increase in knowledge about prevention. (See **Figure 5-11**).

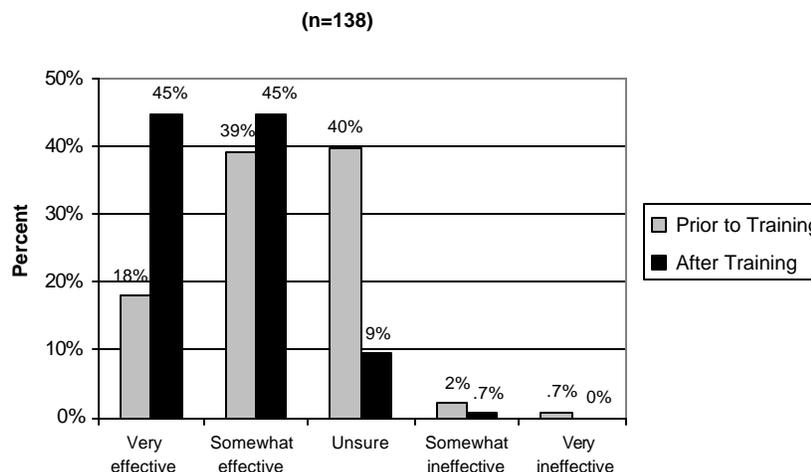
Figure 5-11. Increase in Knowledge about Substance Abuse Prevention



As shown in the graph below, attendance at training increased the perceived effectiveness of the model programs. Prior to training, just over half of the attendees (57%) thought the program would be effective. Following training nearly 90

percent thought it would be effective. (See **Figure 5-12**). Another measure of training effectiveness is the extent to which people feel prepared to implement the model program after training. Overwhelmingly (92%), those attending model program training felt prepared to implement the program. Just seven of 137 trainees indicated that they were either somewhat or very unprepared to deliver programming after being trained.

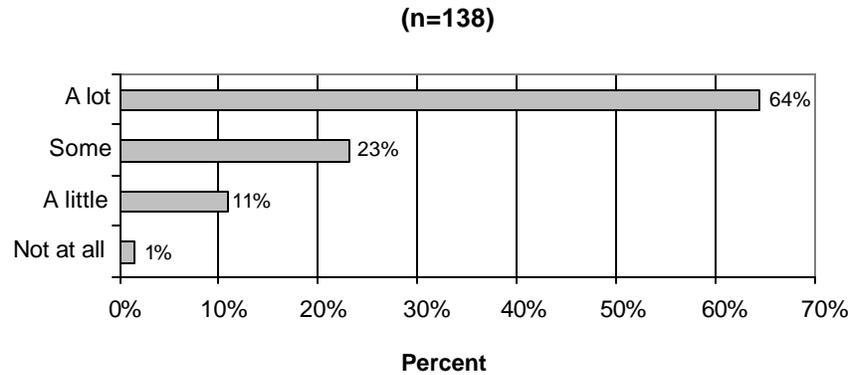
Figure 5-12. Perceived Effectiveness of Model Program Before and After Attending Training



Emphasis on Fidelity

Fidelity is the extent to which facilitators follow the program curriculum or guidelines when implementing a program. Because model programs have been implemented and evaluated and have produced consistent, positive and replicable results, adaptation may diminish the effectiveness of the programs. For this reason, it is important that trainers stress the significance of fidelity to their models. Those attending the trainings were asked to indicate how much emphasis was placed on fidelity by the trainer. As shown in the following graph, two-thirds of the trainees said that the trainers placed “a lot” of emphasis on fidelity. (See **Figure 5-13**).

Figure 5-13. Emphasis on Program Fidelity



Individual Model Program Trainings

Following are the One ME Model Program Training Survey results for each of the model programs. Those programs receiving overwhelmingly positive ratings include:

- All Stars
- Communities Mobilizing for Change on Alcohol
- Creating Lasting Family Connections
- Guiding Good Choices
- LifeSkills Training
- Lion's Quest
- Reconnecting Youth

Class Action, Parenting Wisely, Positive Action and Second Step were rated least favorably among all of the trainings.

Whether or not trainees would recommend that others attend a similar training is one indicator of the quality of training provided. In the case of five of the model program trainings, all attendees said they would recommend the training to others. Those five programs are as follows:

- Across Ages
- All Stars
- Creating Lasting Family Connections
- Guiding Good Choices
- Reconnecting Youth

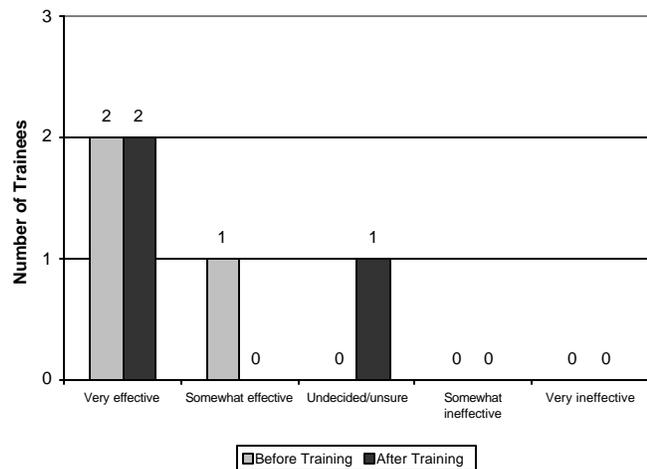
Class action was the only training that none of the attendees would recommend to others.

Across Ages

To What Extent did the Training Increase your Knowledge about Substance Abuse Prevention?

(n=3)			
A lot	Somewhat	A little	Not at all
1	0	1	1

Perceived Effectiveness of Across Ages Before and After Training



How Prepared do you Feel to Implement the Program? (n = 3)

Very prepared	Somewhat prepared	Undecided/ unsure	Somewhat unprepared	Very unprepared
2	1	0	0	0

Comments about preparedness for implementation:

- I have a good understanding of program components and feel qualified and have the supports in place to implement the program effectively.

How much emphasis did the trainer place on program fidelity during training? (n= 3)

A lot	Somewhat	A little	Not at all
3	0	0	0

How organized was the training? (n= 3)

Very organized	Some-what organized	Undecided /unsure	Some-what dis-organized	Very disorgan-ized
3	0	0	0	0

How would you rate the quality of the training materials? (n= 3)

Very high quality	Some-what high quality	Undecided/ unsure	Some-what low quality	Very low quality
2	0	1	0	0

How would you rate the trainer's knowledge of the program? (n= 3)

Very high	Some-what high	Undecided /unsure	Some-what low	Very low
3	0	0	0	0

How would you rate the trainer overall? (n= 3)

Excellent	Good	Fair	Poor
3	0	0	0

Would you recommend the training to others? (n= 3)

Yes	No	Maybe
3	0	0

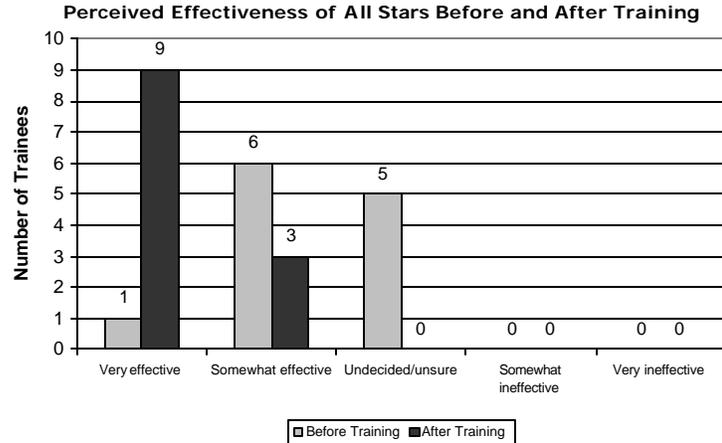
Comments about recommending training to others:

- Anyone who plans to use All Stars should attend the training in order to deliver the program effectively.
- I would recommend training for others who might want to implement this program in their school or community.
- The training is recommended for someone looking for a prevention program for non-users and additional support for families to share values and delay risky behaviors.

All Stars

To What Extent did the Training Increase your Knowledge about Substance Abuse Prevention?

(n=12)			
A lot	Somewhat	A little	Not at all
7	5	0	0



How Prepared do you Feel to Implement the Program? (n = 12)

Very prepared	Somewhat prepared	Undecided/unsure	Somewhat unprepared	Very unprepared
8	4	0	0	0

Comments about preparedness for implementation:

- There was a lot of information all at once and I know the real experiences will be different.
- The program materials were well presented and well organized.
- The training plus my extensive work with children makes me feel very well prepared to implement this program.
- The manual is clear and well-organized.
- There is solid research behind All Stars.

How much emphasis did the trainer place on program fidelity during training? (n= 12)

A lot	Somewhat	A little	Not at all
9	1	2	0

How organized was the training? (n= 12)

Very organized	Somewhat organized	Undecided/unsure	Somewhat disorganized	Very disorganized
12	0	0	0	0

How would you rate the quality of the training materials? (n= 12)

Very high quality	Somewhat high quality	Undecided/unsure	Somewhat low quality	Very low quality
10	2	0	0	0

How would you rate the trainer's knowledge of the program? (n= 12)

Very high	Somewhat high	Undecided/unsure	Somewhat low	Very low
12	0	0	0	0

How would you rate the trainer overall? (n= 12)

Excellent	Good	Fair	Poor
12	0	0	0

Would you recommend the training to others? (n= 12)

Yes	No	Maybe
12	0	0

Comments about recommending training to others:

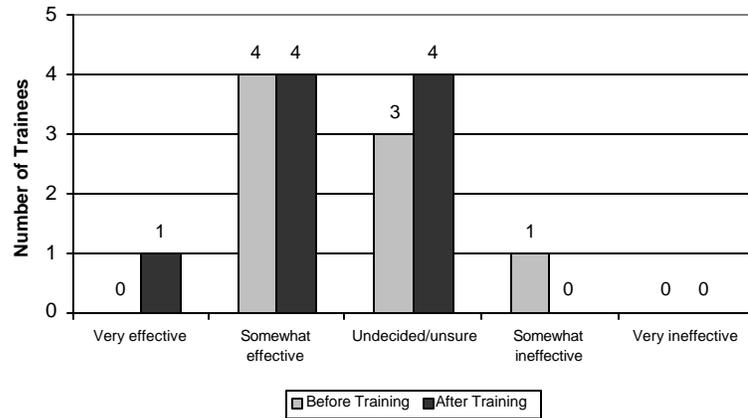
- Anyone who plans to use All Stars should attend the training in order to deliver the program effectively.
- I would recommend training for others who might want to implement this program in their school or community.
- The training is recommended for someone looking for a prevention program for non-users and additional support for families to share values and delay risky behaviors.

Class Action

To What Extent did the Training Increase your Knowledge about Substance Abuse Prevention?

(n=12)			
A lot	Somewhat	A little	Not at all
0	1	5	2

Perceived Effectiveness of Class Action Before and After Training



How Prepared do you Feel to Implement the Program? (n = 9)

Very prepared	Somewhat prepared	Undecided/ unsure	Somewhat unprepared	Very unprepared
1	5	0	0	3

Comments about preparedness for implementation:

- Too much information.
- The training was not very good.

How much emphasis did the trainer place on program fidelity during training? (n= 9)			
A lot	Somewhat	A little	Not at all
2	4	3	0

How organized was the training? (n= 9)				
Very organized	Some-what organized	Undecided/ unsure	Some-what dis-organized	Very disorganized
1	3	0	2	3

How would you rate the quality of the training materials? (n=9)				
Very high quality	Some-what high quality	Undecided/ unsure	Some-what low quality	Very low quality
0	5	2	2	0

How would you rate the trainer's knowledge of the program? (n= 9)				
Very high	Some-what high	Undecided/ unsure	Some-what low	Very low
1	2	0	4	2

How would you rate the trainer overall? (n=9)			
Excellent	Good	Fair	Poor
0	0	3	6

Would you recommend the training to others? (n= 9)		
Yes	No	Maybe
0	7	2

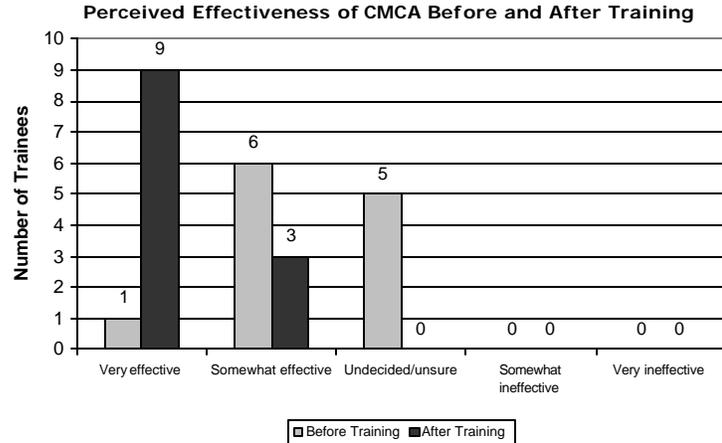
Comments about recommending training to others:

- The curriculum is self-explanatory.
- There should be more clearly defined goals for what trainees want to get out of the training.
- The training is not necessary; the books are self-explanatory.

Communities Mobilizing for Change on Alcohol

To What Extent did the Training Increase your Knowledge about Substance Abuse Prevention?

(n=16)			
A lot	Somewhat	A little	Not at all
6	7	3	0



How Prepared do you Feel to Implement the Program? (n = 16)

Very prepared	Somewhat prepared	Undecided/ unsure	Somewhat unprepared	Very unprepared
5	8	2	1	0

Comments about preparedness for implementation:

- The focus on community organizing was helpful.
- This is a very complex program.
- I have the right tools to implement the program but the issue is figuring out who the players are in the community and getting them on board.
- Many different approaches to dealing with the issue were presented.
- I am not feeling completely confident due to my lack of experience.
- I am trying to get a grasp on where to start; we have such a huge rural area to consider.

How much emphasis did the trainer place on program fidelity during training? (n= 16)

A lot	Somewhat	A little	Not at all
10	6	0	0

How organized was the training? (n= 16)

Very organized	Somewhat organized	Undecided/ unsure	Somewhat dis-organized	Very disorganized
11	5	0	0	0

How would you rate the quality of the training materials? (n= 16)

Very high quality	Somewhat high quality	Undecided/ unsure	Somewhat low quality	Very low quality
7	8	1	0	0

How would you rate the trainer's knowledge of the program? (n= 16)

Very high	Somewhat high	Undecided/ unsure	Somewhat low	Very low
15	1	0	0	0

How would you rate the trainer overall? (n= 16)

Excellent	Good	Fair	Poor
9	7	0	0

Would you recommend the training to others? (n= 12)

Yes	No	Maybe
14	0	2

Comments about recommending training to others:

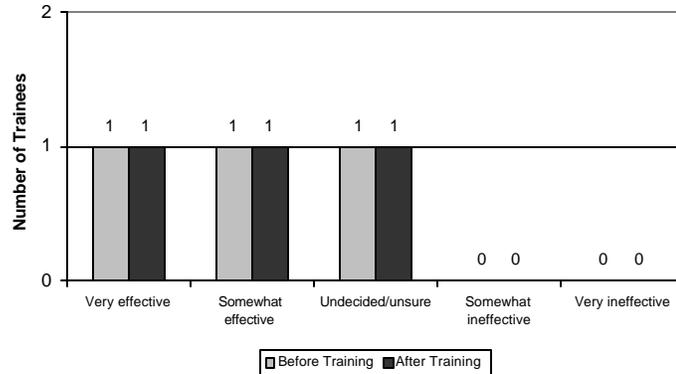
- This was a great training, but I wish there was more emphasis on actual strategies rather than mobilizing communities.
- The program has very good concepts but will take great dedication and organization to implement.

Creating Lasting Family Connections

To What Extent did the Training Increase your Knowledge about Substance Abuse Prevention?

(n=3)			
A lot	Somewhat	A little	Not at all
1	0	2	0

Perceived Effectiveness of CLFC Before and After Training



How Prepared do you Feel to Implement the Program? (n = 3)

Very prepared	Somewhat prepared	Undecided/ unsure	Somewhat unprepared	Very unprepared
1	2	0	0	0

Comments about preparedness for implementation:

- I have facilitated groups before with youth and parents/adults.

How much emphasis did the trainer place on program fidelity during training? (n= 3)

A lot	Somewhat	A little	Not at all
3	0	0	0

How organized was the training? (n= 3)

Very organized	Some-what organized	Undecided/ unsure	Some-what dis-organized	Very disorganized
3	0	0	0	0

How would you rate the quality of the training materials? (n= 3)

Very high quality	Some-what high quality	Undecided/ unsure	Some-what low quality	Very low quality
2	1	0	0	0

How would you rate the trainer's knowledge of the program? (n= 3)

Very high	Some-what high	Undecided/ unsure	Some-what low	Very low
3	0	0	0	0

How would you rate the trainer overall? (n= 3)

Excellent	Good	Fair	Poor
1	1	1	0

Would you recommend the training to others? (n= 3)

Yes	No	Maybe
3	0	0

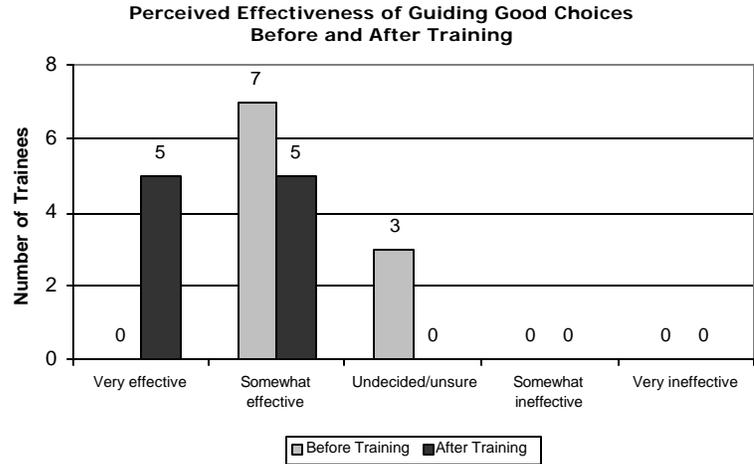
Comments about recommending training to others:

- Teams from each school or community should attend to ensure that there are facilitators who are adequately trained.
- The training would be helpful for someone with little to no teaching experience.

Guiding Good Choices

To What Extent did the Training Increase your Knowledge about Substance Abuse Prevention?

(n=10)			
A lot	Somewhat	A little	Not at all
5	3	2	0



How Prepared do you Feel to Implement the Program? (n = 10)

Very prepared	Somewhat prepared	Undecided/ unsure	Somewhat unprepared	Very unprepared
6	4	0	0	0

Comments about preparedness for implementation:

- I am worried about the information fading away since we haven't yet run the program.
- Having the training and book as a guide to follow makes it possible to stay on task.

How much emphasis did the trainer place on program fidelity during training? (n= 10)

A lot	Somewhat	A little	Not at all
6	3	1	0

How organized was the training? (n= 10)

Very organized	Somewhat organized	Undecided/ unsure	Somewhat disorganized	Very disorganized
8	2	0	0	0

How would you rate the quality of the training materials? (n= 10)

Very high quality	Somewhat high quality	Undecided/ unsure	Somewhat low quality	Very low quality
8	2	0	0	0

How would you rate the trainer's knowledge of the program? (n= 10)

Very high	Somewhat high	Undecided/ unsure	Somewhat low	Very low
10	0	0	0	0

How would you rate the trainer overall? (n= 10)

Excellent	Good	Fair	Poor
9	1	1	0

Would you recommend the training to others? (n= 10)

Yes	No	Maybe
10	0	0

Comments about recommending training to others:

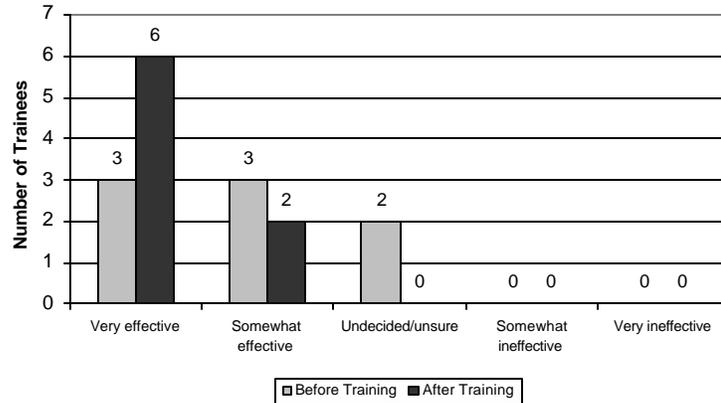
- The training was easy to understand.
- I would recommend it as a workshop or training for a whole community and to teens and parents.

Leadership and Resiliency Program

To What Extent did the Training Increase your Knowledge about Substance Abuse Prevention?

(n=8)			
A lot	Somewhat	A little	Not at all
2	5	1	0

Perceived Effectiveness of LRP Before and After Training



How Prepared do you Feel to Implement the Program? (n = 8)

Very prepared	Somewhat prepared	Undecided/unsure	Somewhat unprepared	Very unprepared
7	1	0	0	0

Comments about preparedness for implementation:

- The developers have been very accessible and willing to answer questions and advise via telephone.
- I feel prepared to implement the essence of what they discussed and to provide some of the same activities.

How much emphasis did the trainer place on program fidelity during training? (n= 8)			
A lot	Somewhat	A little	Not at all
3	4	1	0

How organized was the training? (n= 8)				
Very organized	Somewhat organized	Undecided/unsure	Somewhat disorganized	Very disorganized
6	2	0	0	0

How would you rate the quality of the training materials? (n=8)				
Very high quality	Somewhat high quality	Undecided/unsure	Somewhat low quality	Very low quality
6	2	0	0	0

How would you rate the trainer's knowledge of the program? (n= 8)				
Very high	Somewhat high	Undecided/unsure	Somewhat low	Very low
7	1	0	0	0

How would you rate the trainer overall? (n= 8)			
Excellent	Good	Fair	Poor
7	1	0	0

Would you recommend the training to others? (n= 8)		
Yes	No	Maybe
7	0	1

Comments about recommending training to others:

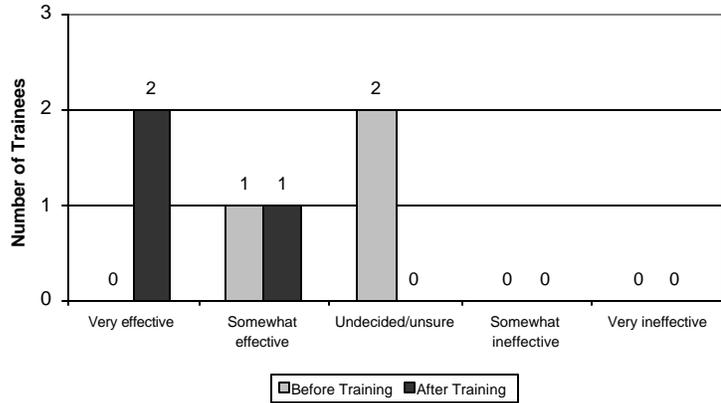
- Amazing training. Amazing program.
- The training is definitely helpful for those who have little formal training in substance abuse prevention.
- I would recommend the training for people who already have teaching skills and who already understand prevention. The training does not seem to be designed for novices. I thought the trainers were terrific.
- A longer training is needed to cover more of the curriculum.

LifeSkills Training

To What Extent did the Training Increase your Knowledge about Substance Abuse Prevention?

(n=3)			
A lot	Somewhat	A little	Not at all
1	1	1	0

Perceived Effectiveness of LifeSkills Training Before and After Training



How Prepared do you Feel to Implement the Program? (n = 3)

Undecided/				
Very prepared	Somewhat prepared	unsure	Somewhat unprepared	Very unprepared
1	2	0	0	0

How much emphasis did the trainer place on program fidelity during training? (n= 3)

A lot	Somewhat	A little	Not at all
3	0	0	0

How organized was the training? (n= 3)

Very organized	Some-what organized	Undecided/ unsure	Some-what dis-organized	Very disorganized
2	1	0	0	0

How would you rate the quality of the training materials? (n=3)

Very high quality	Some-what high quality	Undecided/ unsure	Some-what low quality	Very low quality
1	2	0	0	0

How would you rate the trainer's knowledge of the program? (n= 3)

Very high	Some-what high	Undecided/ unsure	Some-what low	Very low
2	1	0	0	0

How would you rate the trainer overall? (n= 3)

Excellent	Good	Fair	Poor
2	1	0	0

Would you recommend the training to others? (n= 3)

Yes	No	Maybe
2	0	1

Comments about recommending training to others:

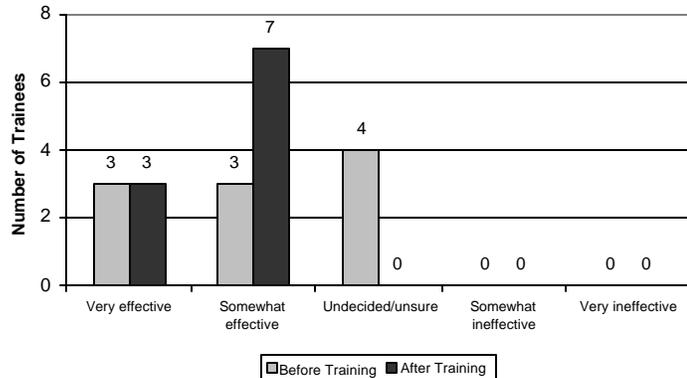
- I would recommend the training annually for more ideas and conversation with other trainees.
- It is recommended for someone who has not taught the LifeSkills program before.

Lion's Quest

To What Extent did the Training Increase your Knowledge about Substance Abuse Prevention?

(n=10)			
A lot	Somewhat	A little	Not at all
3	3	3	1

Perceived Effectiveness of Lion's Quest Before and After Training



How Prepared do you Feel to Implement the Program? (n = 10)

Very prepared	Somewhat prepared	Undecided/unsure	Somewhat unprepared	Very unprepared
5	4	1	0	0

Comments about preparedness for implementation:

- After training, we realized that it was too comprehensive for our schools.
- It's a wonderful program. I am not able to use the whole program, but was able to use a lot of it in my classes.
- Our school chose not to implement the program.

How much emphasis did the trainer place on program fidelity during training? (n= 10)			
A lot	Somewhat	A little	Not at all
8	1	1	0

How organized was the training? (n= 10)				
Very organized	Somewhat organized	Undecided/unsure	Somewhat disorganized	Very disorganized
10	0	0	0	0

How would you rate the quality of the training materials? (n= 10)				
Very high quality	Somewhat high quality	Undecided/unsure	Somewhat low quality	Very low quality
8	2	0	0	0

How would you rate the trainer's knowledge of the program? (n= 10)				
Very high	Somewhat high	Undecided/unsure	Somewhat low	Very low
9	1	0	0	0

How would you rate the trainer overall? (n= 10)			
Excellent	Good	Fair	Poor
9	1	0	0

Would you recommend the training to others? (n= 10)		
Yes	No	Maybe
9	0	1

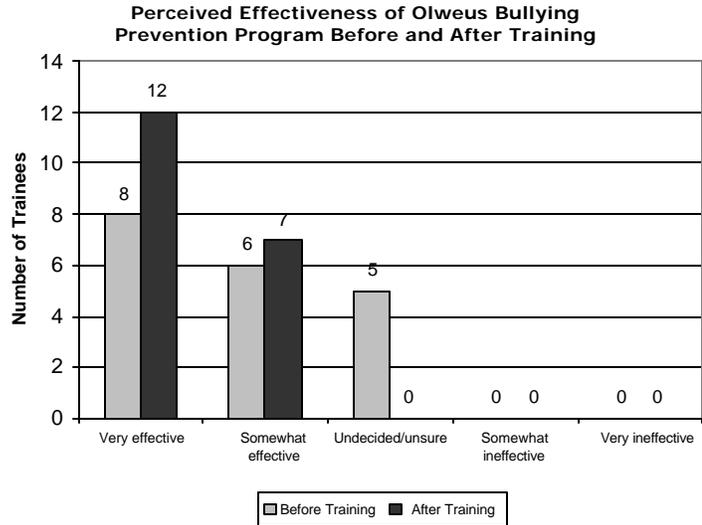
Comments about recommending training to others:

- The program has lots of good information. I would suggest that all teachers attend.
- Schools should know how comprehensive the program is prior to training and see if it can be implemented with fidelity given the time constraints on schools.

Olweus Bullying Prevention Program

To What Extent did the Training Increase your Knowledge about Substance Abuse Prevention?

(n=18)			
A lot	Somewhat	A little	Not at all
6	3	3	6



How Prepared do you Feel to Implement the Program? (n = 19)

Very prepared	Somewhat prepared	Undecided/unsure	Somewhat unprepared	Very unprepared
13	6	0	0	0

How much emphasis did the trainer place on program fidelity during training? (n= 19)			
A lot	Somewhat	A little	Not at all
16	2	1	0

How organized was the training? (n= 19)				
Very organized	Somewhat organized	Undecided/unsure	Somewhat disorganized	Very disorganized
16	3	0	0	0

How would you rate the quality of the training materials? (n= 19)				
Very high quality	Somewhat high quality	Undecided/unsure	Somewhat low quality	Very low quality
10	9	0	0	0

How would you rate the trainer's knowledge of the program? (n= 19)				
Very high	Somewhat high	Undecided/unsure	Somewhat low	Very low
18	1	0	0	0

How would you rate the trainer overall? (n= 19)			
Excellent	Good	Fair	Poor
17	2	0	0

Would you recommend the training to others? (n= 19)		
Yes	No	Maybe
18	0	1

Comments about recommending training to others:

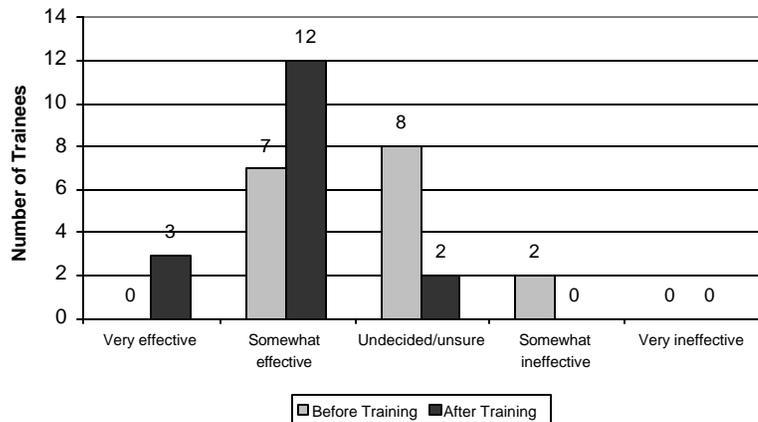
- I think it is essential that all staff are fully interested in implementing the program.
- The training would be effective for individuals working with youth in a structured setting that would be able to follow through with all facets of the program.
- I would recommend additional training during the school year.

Parenting Wisely

To What Extent did the Training Increase your Knowledge about Substance Abuse Prevention?

(n=17)			
A lot	Somewhat	A little	Not at all
1	3	7	6

Perceived Effectiveness of Parenting Wisely Before and After Training



How Prepared do you Feel to Implement the Program? (n = 17)

Very prepared	Somewhat prepared	Undecided/unsure	Somewhat unprepared	Very unprepared
9	7	0	1	0

Comments about preparedness for implementation:

- I have prepared myself. The training did not concentrate on practical items. Instead the owner was still "selling." We just needed some real walk-through of the components.
- I think no matter how prepared you think you may be, there will always be glitches.
- The trainer covered materials thoroughly.

How much emphasis did the trainer place on program fidelity during training? (n=17)			
A lot	Somewhat	A little	Not at all
6	5	5	1

How organized was the training? (n=17)				
Very organized	Some-what organized	Undecided/unsure	Some-what dis-organized	Very disorganized
4	9	0	4	0

How would you rate the quality of the training materials? (n=17)				
Very high quality	Some-what high quality	Undecided/unsure	Some-what low quality	Very low quality
6	5	2	2	2

How would you rate the trainer's knowledge of the program? (n=17)				
Very high	Some-what high	Undecided/unsure	Some-what low	Very low
13	3	1	0	0

How would you rate the trainer overall? (n=17)			
Excellent	Good	Fair	Poor
4	6	5	2

Would you recommend the training to others? (n=17)		
Yes	No	Maybe
9	6	2

Comments about recommending training to others:

- I would recommend it only if it was more practical.
- It is recommended for an instructor with little or no experience with parenting groups or teaching.
- The training is a good overview of Parenting Wisely.
- The format was more about why to use it than how to use it.
- There is better material available that is more concrete and substantial that could have been presented.

Positive Action

To What Extent did the Training Increase your Knowledge about Substance Abuse Prevention?

(n=3)			
A lot	Somewhat	A little	Not at all
0	0	0	3

Perceived Effectiveness of Positive Action Before and After Training



How Prepared do you Feel to Implement the Program? (n = 3)

Very prepared	Somewhat prepared	Undecided/ unsure	Somewhat unprepared	Very unprepared
2	1	0	0	0

Comments about preparedness for implementation:

- Materials were simplistic and easy to use and understand.

How much emphasis did the trainer place on program fidelity during training? (n= 3)			
A lot	Somewhat	A little	Not at all
2	1	0	0

How organized was the training? (n= 3)				
Very organized	Somewhat organized	Undecided/ unsure	Somewhat disorganized	Very disorganized
1	1	0	1	0

How would you rate the quality of the training materials? (n=3)				
Very high quality	Somewhat high quality	Undecided/ unsure	Somewhat low quality	Very low quality
1	1	0	1	0

How would you rate the trainer's knowledge of the program? (n= 3)				
Very high	Somewhat high	Undecided/ unsure	Somewhat low	Very low
0	1	1	1	0

How would you rate the trainer overall? (n= 3)			
Excellent	Good	Fair	Poor
0	1	2	0

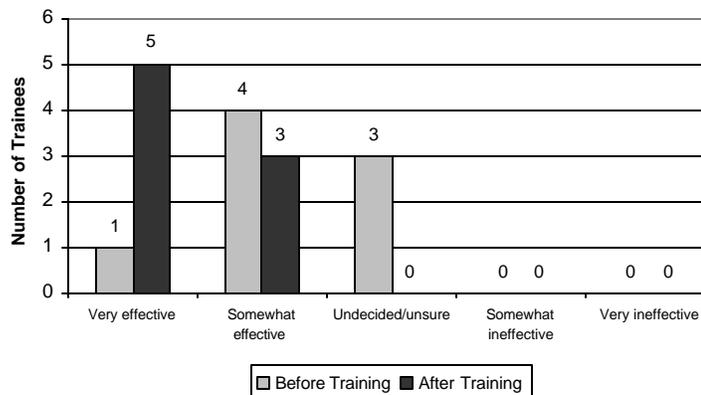
Would you recommend the training to others? (n= 3)		
Yes	No	Maybe
1	1	1

Reconnecting Youth

To What Extent did the Training Increase your Knowledge about Substance Abuse Prevention?

(n=8)			
A lot	Somewhat	A little	Not at all
1	4	3	0

Perceived Effectiveness of Reconnecting Youth Before and After Training



How Prepared do you Feel to Implement the Program? (n = 8)

Very prepared	Somewhat prepared	Undecided/ unsure	Somewhat unprepared	Very unprepared
4	4	0	0	0

Comments about preparedness for implementation:

- I believe the first time this course is offered I will need a lot of time in order to prepare and carry out the lesson plan according to program guidelines. I need practice to feel prepared with confidence.
- The materials and extensive training were adequate preparation.
- Successful implementation requires a compatible staff, administration and guidance office.

How much emphasis did the trainer place on program fidelity during training? (n= 8)			
A lot	Somewhat	A little	Not at all
8	0	0	0

How organized was the training? (n= 8)				
Very organized	Some-what organized	Undecided/ unsure	Some-what dis-organized	Very disorganized
6	2	0	0	0

How would you rate the quality of the training materials? (n=8)				
Very high quality	Some-what high quality	Undecided/ unsure	Some-what low quality	Very low quality
5	3	0	0	0

How would you rate the trainer's knowledge of the program? (n= 8)				
Very high	Some-what high	Undecided/ unsure	Some-what low	Very low
8	0	0	0	0

How would you rate the trainer overall? (n= 8)			
Excellent	Good	Fair	Poor
7	1	0	0

Would you recommend the training to others? (n= 8)		
Yes	No	Maybe
8	0	0

Comments about recommending training to others:

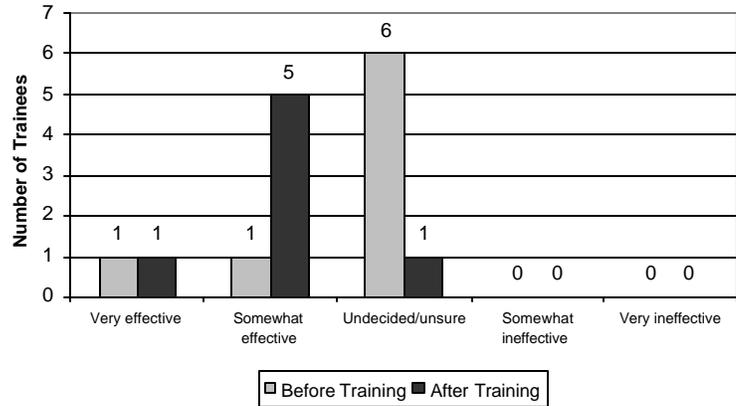
- I would recommend it to any public institution and some larger corporate private organizations.
- The more people who approach children in this manner, the more they will feel connected.

Second Step

To What Extent did the Training Increase your Knowledge about Substance Abuse Prevention?

(n=8)			
A lot	Somewhat	A little	Not at all
0	1	3	4

Perceived Effectiveness of Second Step Before and After Training



How Prepared do you Feel to Implement the Program? (n = 7)

Very prepared	Somewhat prepared	Undecided/ unsure	Somewhat unprepared	Very unprepared
1	6	0	0	0

Comments about preparedness for implementation:

- I felt the program was effective once I began using after training.
- I have not had a chance to go over the grade appropriate lessons I will be teaching.
- Using the program will make me more confident in implementing it.

How much emphasis did the trainer place on program fidelity during training? (n= 7)			
A lot	Somewhat	A little	Not at all
2	3	1	1

How organized was the training? (n= 7)				
Very organized	Some- what organized	Undecided/ unsure	Some- what dis- organized	Very disorgan- ized
2	3	2	0	0

How would you rate the quality of the training materials? (n=8)				
Very high quality	Some- what high quality	Undecided/ unsure	Some- what low quality	Very low quality
1	2	3	1	1

How would you rate the trainer's knowledge of the program? (n= 8)				
Very high	Some- what high	Undecided/ unsure	Some- what low	Very low
2	2	2	2	0

How would you rate the trainer overall? (n= 7)			
Excellent	Good	Fair	Poor
2	2	3	0

Would you recommend the training to others? (n= 8)		
Yes	No	Maybe
2	4	2

Comments about recommending training to others:

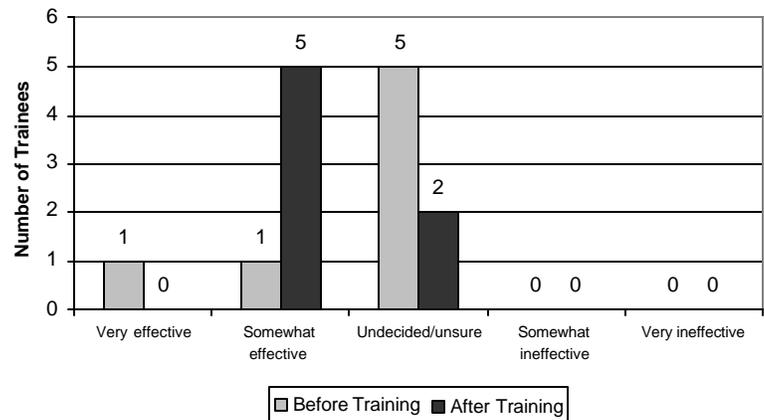
- I would rather have a person present material instead of viewing videos.
- There was no trainer, just a video.
- I would recommend it for the whole school.

STARS for Families

To What Extent did the Training Increase your Knowledge about Substance Abuse Prevention?

(n=7)			
A lot	Somewhat	A little	Not at all
1	3	0	3

Perceived Effectiveness of STARS for Families Before and After Training



How Prepared do you Feel to Implement the Program? (n = 7)

Very prepared	Somewhat prepared	Undecided/unsure	Somewhat unprepared	Very unprepared
3	1	1	1	1

Comments about preparedness for implementation:

- I felt the program was effective once I began using after training.
- I have not had a chance to go over the grade appropriate lessons I will be teaching.
- Using the program will make me more confident in implementing it.

How much emphasis did the trainer place on program fidelity during training? (n= 7)			
A lot	Somewhat	A little	Not at all
5	2	0	0

How organized was the training? (n= 7)				
Very organized	Some-what organized	Undecided/unsure	Some-what dis-organized	Very disorganized
4	2	0	1	0

How would you rate the quality of the training materials? (n= 7)				
Very high quality	Some-what high quality	Undecided/unsure	Some-what low quality	Very low quality
2	3	1	0	1

How would you rate the trainer's knowledge of the program? (n= 7)				
Very high	Some-what high	Undecided/unsure	Some-what low	Very low
4	2	1	0	0

How would you rate the trainer overall? (n= 7)			
Excellent	Good	Fair	Poor
3	2	1	1

Would you recommend the training to others? (n= 8)		
Yes	No	Maybe
2	3	2

Comments about recommending training to others:

- I would rather have a person present material instead of viewing videos.
- There was no trainer, just a video.
- I would recommend it for the whole school.

5.2.4 One ME Environmental Strategies: Targeted Changes and Related Activities

Between March and May 2004, RTI International (RTI) and Hornby Zeller Associates, Inc. (HZA) conducted interviews with the 14 One ME coalitions implementing the model environmental strategies, Communities Mobilizing for Change on Alcohol (CMCA) and Community Trials Intervention to Reduce High-risk Drinking (CTI). The purpose of the semi-annual interviews is to document coalition efforts to mobilize individuals and organizations to change their community in ways that result in a reduction in youth access to alcohol. The interviews are conducted with the leader or leaders of the effort to implement the environmental strategy. Evaluators document activities in Environmental Strategy Activity Tables. The tables document targeted changes, activities conducted by the coalitions and activities conducted by people or organizations outside of the coalition. As progress is made toward achieving the changes targeted, the tables will include a column to record results. Coalition-specific tables were distributed to coalition coordinators; the following is an overview of One ME environmental strategy efforts statewide.

The efforts are organized into four sections, *Community Mobilization and Information Dissemination*, *Policy Change*, *Enforcement of Alcohol Laws and Policies* and *Youth Access to Alcohol*.

Community Mobilization and Information Dissemination shows what coalitions and their communities have done to mobilize and educate community members about CMCA or CTI and youth alcohol issues in general. Activities noted in this section include: recruiting strategy team members; publishing information on CMCA or CTI; planning, mobilization and education efforts; holding one-on-one discussions; and making presentations to local organizations.

The *Policy Change* section describes changes targeted and actions taken by communities to establish or change policies or laws that affect youth access to alcohol and includes two types of policy change, institutional policies and community-instituted regulations. Institutional policies are guidelines or procedures

of agencies or organizations such as schools or alcohol establishments. Community instituted regulations are rules that apply to the community as a whole. These two categorizations include targeted changes such as reducing alcohol advertising to youth in selected locations (institutional policy), revising school policies on substance use (institutional policy) and mandating Responsible Beverage Server training (community regulation). Activities in the Policy Change section include educating local organizations about the state of alcohol advertising in the community, working with schools to develop stricter policies and working with the District Attorney to develop a local ordinance mandating Responsible Beverage Server training.

Enforcement of Alcohol Laws and Policies includes targeted changes and activities involving the enforcement of current laws or policies. Laws and policies can be enforced not only by law enforcement, but by community members and organizations (e.g., schools). Activities aimed at increasing enforcement include coalitions educating or re-educating police on laws governing alcohol use and a school administrator writing an open letter explaining school policies on alcohol use and reminding the community of its responsibility to prevent alcohol use by minors.

Youth Access to Alcohol describes targeted changes and activities that directly prevent or reduce youth access to alcohol. Youth obtain alcohol directly from adults in the community and from employees of establishments that serve or sell alcohol; some coalitions are implementing strategies aimed at reducing the direct transfer of alcohol to youth by adults over 21 years of age. Environmental strategies also include reducing access to alcohol by decreasing the opportunities that youth have to consume alcohol (e.g., provide alternative activities). The activities described in the *Youth Access to Alcohol* section include: planning or mounting "Sticker Shock" campaigns that inform consumers at the point of purchase about laws concerning furnishing alcohol to minors; planning alternative activities to drinking for youth; and advertising the availability of on-line Responsible Beverage Server training.

As CMCA and CTI efforts develop, evaluators will document developments in individual coalitions' Environmental Strategy Activity Tables. During future site visits, evaluators will review the tables with CMCA and CTI team leaders and document new targets and activities and the progress of previous environmental efforts.

Community Mobilization and Information Dissemination

In order to mobilize communities and attain objectives, coalitions need to stimulate interest and raise awareness among local residents; they often achieve this by disseminating information to their target groups. Coalitions distribute information about their objectives and goals through various strategies, including door-knocking, one-on-ones and holding meetings for community members. The following table shows the targets and activities of One ME coalitions around mobilization and information dissemination.

Change Targeted	Activities Conducted by Coalition	Steps Taken by Those Outside Coalition to Address Targeted Change
Increase local community awareness regarding alcohol abuse and youth [all coalitions]. ^a	Hold community forums for community assessment [all coalitions]	
Develop strategy or action teams to implement CMCA or CTI [all coalitions]	Identify current community norms; determine desired norms [all coalitions]	Local police inform coalition of substance abuse related law enforcement news
	Form environmental strategy or action team* ^b [9 coalitions]	
Increase awareness of community members through grassroots efforts [8 coalitions]	Recruit environmental strategy or action team [4 coalitions]	
	Plan to recruit an environmental strategy or action team [1]	
	Plan to conduct one-on-ones [2 coalitions]	Parent network newsletter publishes CMCA information*
	Conduct one-on-ones*	Church newsletter publishes CMCA information*
	Conduct door-to-doors*	
	Develop e-mail list to inform people when door-to-doors to be conducted*	Local clergy influence local government official council member to respond to CMCA*
	Conduct presentations to small groups and educating community agencies and members one on one about CMCA [3 coalitions]	

(continued)

Change Targeted	Activities Conducted by Coalition	Steps Taken by Those Outside Coalition to Address Targeted Change
Increase awareness of local government [3 coalitions]	<p>Work with local governments to pass resolutions or make proclamations regarding alcohol and youth, including accepting the findings of the National Academy of Sciences and proclaiming Alcohol Awareness weeks or months [4 coalitions]</p> <p>Present MYDAUS data to educate town councils [4 coalitions]*</p> <p>Work with Senators Mitchell and Davis to promote CMCA [2 coalitions]*</p>	Local governments adopt statements regarding alcohol use [4 coalitions]*
Increase awareness of law enforcement [all coalitions]	<p>Recruit law enforcement to participate in CMCA team by providing training [4 coalitions]*</p> <p>Work with local law enforcement [11 coalitions]</p> <p>Work with sheriff's department [2 coalitions]</p> <p>Work with DARE Officer to inform other police officers of strategy team meeting content and goals</p>	
Increase awareness in schools [4 coalitions]	<p>Meet with school principals about CMCA</p> <p>Make presentations for school staff on CMCA for recruitment purposes*</p> <p>As part of a One ME non-model program area middle school drama team write a script for a play; perform play for three middle schools. High school creates an awareness video examining consequences of substance abuse as part of non-model program</p> <p>Plan a poster contest within local schools regarding substance abuse</p> <p>Provide refreshments and relevant literature for high school event*</p> <p>Attend training on social marketing and norms related to alcohol use; working with high schools to implement a social marketing plan in schools [2 coalitions]*</p>	
Increase awareness of youth outside of school [1 coalition]		Elementary school and police department collaborate to support summer teen center
Increase awareness of parents [1 coalition]	<p>Plan presentations to parent groups using data on youth alcohol use</p> <p>Distribute 2,400 OSA Parent Kit flyers throughout communities*</p>	

(continued)

Change Targeted	Activities Conducted by Coalition	Steps Taken by Those Outside Coalition to Address Targeted Change
Increase awareness of other groups in the community [12 coalitions]	<p>Plan community forum to generate discussion</p> <p>Write letters to parents and businesses so that businesses can include flyers about themselves in OSA parent kits</p> <p>Plan to hold parental awareness meetings such as "Saying No Is Not Enough" and Book Clubs that focus on prevention</p> <p>Maintain an alcohol education table at community events [3 coalitions]*</p> <p>Speak with community groups, e.g. Rotary [3 coalitions]*</p> <p>Solicit the participation of the police department to speak to the community about youth substance abuse*</p> <p>Participate in state-level alcohol policy group and bring resources and ideas back to coalition meetings [2 coalitions]</p> <p>Present MYDAUS data to a group of 11 future supervisors on recognizing and taking action regarding youth substance on the job*</p>	
Increase awareness through use of mass media [11 coalitions]	<p>Research social norms marketing</p> <p>Make a radio announcement about CTI *</p> <p>Place ads and inserts in local newspapers; supplied information on laws, health education and consequences [4 coalitions]*</p> <p>Ask a member of the local media to cover CMCA issues*</p> <p>Write op-ed piece</p> <p>Plan to write a letter to the editor on CMCA*</p> <p>Work with hospital marketing department to produce press releases for local newspaper*</p> <p>Write monthly column on an issue associated with underage alcohol use and submit to a local newspaper for publication</p> <p>Run weekly articles and advertisements on preventing marijuana use appear in local newspaper</p> <p>Sponsor social marketing campaigns in local newspaper; ran the following six-week campaigns: "Do You Know?"; server and seller campaign; parent responsibility*</p> <p>Purchase weekly ads for future campaigns*</p>	<p>Radio station broadcasts announcement about CTI</p> <p>Independent from coalition, newspaper runs ads and articles regarding alcohol use*</p> <p>Other substance abuse organization (Hazelden) runs ad in local newspaper*</p> <p>Local newspaper covers environmental strategy event [5 coalitions]*</p> <p>Two newspapers publish articles written by coalition member*</p>

(continued)

Change Targeted	Activities Conducted by Coalition	Steps Taken by Those Outside Coalition to Address Targeted Change
Increase state level awareness of youth-related alcohol issues [4 coalitions]	Work with State Policy group [3 coalitions] Apply for complementary substance use prevention grant from the Office of Juvenile Justice and Delinquency Prevention (OJJDP)*	Police departments and college security complete a survey to identify which brands of alcohol youth drink and submitted results to Attorney General Rowe* State -level policy group addressing issue of alcohol companies targeting youth in ads
Increase community awareness and wellness around issues related to alcohol [2 coalitions]	Establish a center to attract agencies that serve families; recruited agencies to the center* Plan a Health Screening Day Distribute table tents at local restaurants during holiday seasons; tents gave patrons information regarding effects of alcohol use* Distribute point of purchase items with information on alcohol use* Produce informational brochures on alcohol use* Conduct a poster campaign on alcohol use during holiday seasons* Produce health related inserts for six issues of local newspaper* Sponsor First Annual Community Christmas Party; non-alcoholic beverages and recipes provided for ~500 people*	Service agencies co-locate at a center in the community* Restaurants display informational table tents* Stores distribute point of purchase items with alcohol information on them* Various agencies distribute brochures in the community* Schools hold a poster contest on substance abuse issues* Alcohol display boards shown on schools and buses

^aInformation in brackets shows the number of coalitions with the specified targeted change or activity. Where there are no brackets, only one coalition has the specified target or is engaged in the activity.

^bThose activities with an asterisk have been completed.

5.2.5 Policy Change

Institutional Policies

In addition to mobilization and information dissemination, environmental strategies focus on policy change. The following table shows those One ME targets and activities aimed at developing guidelines or procedures specific to particular community events, locations or institutions for the purpose of reducing youth access to alcohol.

Change Targeted	Activities Conducted by Coalition	Steps Taken by Those Outside Coalition to Address Targeted Change
Ensure that visible signage outlining alcohol and tobacco use laws are displayed in common areas in the community (e.g., parks and playing fields) [2 coalitions]	Plan to designate newly funded youth skate park a drug-free zone when it opens Participate in HMP coalition and provide resources and technical assistance	Staff members of local Parks and Recreation and the municipality agree to post drug-free zone signs in skate park Members from HMP coalition educate staff from municipalities to reduce pro-tobacco and alcohol signage and/or restrict tobacco and alcohol sponsorship of events
Reduce alcohol advertising to youth at retail outlets and increase signage promoting lawful sales of alcohol [1 coalition]	Document pro-alcohol signage and pro-legal sales signage at local retail outlets through Alcohol Avalanche Present Alcohol Avalanche results to Rotary Club	20 retail outlets provide consent for teams of youth and coalition members to document signage
Revise or develop explicit police department policies regarding house parties and alcohol [1 coalition]	Work with police department to clarify existing policies and practices	
Review school policies on drinking [1 coalition]	Assist with school policy review	School considering revision of chemical health policy
Increase familiarity with and adherence to school substance use policies and procedures by school personnel and students [5 coalitions]	Participate in review and update of school event policies and procedures around substance use [3 coalitions] Provide access to Challenge Day for all sophomores in service area to improve communication skills, assertiveness and positive youth development* Provide placemats on school cafeteria trays with anti-substance use message on them* Distribute anti-marijuana messages on 200 snack bags at youth event and 105 bags for Community Lunch Program* Use funds to support training and program implementation of Boomerang (diversion program for youth policy violators)* Work with probation office to reduce the cost of drug of testing kits for high schools* Work with mental health agencies to reduce fees on assessments for high school drug test policy implementation*	Superintendent writes an open letter to the community reinforcing school policy and unlawfulness of furnishing alcohol to minors; letter published in two local newspapers* Superintendent reinforces to school personnel their contractual obligation to report substance abuse policy violations to principal and/or superintendent* Superintendent coordinates with School Board to create a seat for student representation; student appointee selected* Police department follow up on substance use incidents among students in schools Staff and students of all schools in a One ME service area plan to post policy statement signs in schools after policy review is completed A school board to vote on approving revised substance use policy Coordinate grant with AdCare Student Intervention Reintegration Program (SIRP) to refer student policy violators to attend diversion program Community member and police officer train to staff Boomerang (diversion program)*; schools and communities learn about and refer youth/parents to the program Coordinate tobacco prevention (HMP) and control efforts with One ME alcohol and tobacco prevention activities A local high school adopts and implements a random drug testing policy among students*

(continued)

Change Targeted	Activities Conducted by Coalition	Steps Taken by Those Outside Coalition to Address Targeted Change
Increase communication, planning and programs between school, law enforcement and other agencies on strategies to reduce underage drinking and substance use [5 coalitions]	Work with agencies to improve interagency communication regarding substance abuse [4 coalitions]	Parents go to School Board regarding school resource officer; Board referred parents to Substance Abuse Task Force*
	Meet with School Board and police to improve school-police relationship*	
	Work with police to persuade them to play supportive role with schools regarding substance abuse*	
	Work with community members to encourage institution of school resource officer	
	Participate in state policy group	

5.2.6 Community-Initiated Regulations

In addition to the establishment of specific institutional policies discussed above, policy change includes the development of community-wide regulations meant to prevent youth access to alcohol. The table below shows the community-initiated regulations toward which One ME coalitions are working.

Change Targeted	Activities Conducted by Coalition	Steps Taken by Those Outside Coalition to Address Targeted Change
Mandate local Responsible Beverage Server training [2 coalitions]	Work with District Attorney to develop local ordinance to mandate training Offer server training in June 2004	
Change classification of "malternatives" from malt beverage to spirits to increase prices of alcoholic beverages popular with youth [2 coalitions]	Plan to present to town council arguments for a local ordinance mandating training Participate in statewide policy group	
Address problems in the state law that allow minors to consume alcohol at home [1 coalition]	Plan to organize a parent task force to pursue policy change	

5.2.7 Enforcement of Alcohol Laws and Policies

Enforcement of alcohol laws and policies is traditionally thought of as solely a law enforcement function. Model environmental strategies expand this view to include enforcement by community members and organizations. One ME enforcement activities include both types of enforcement:

- Actions taken by organizations other than law enforcement to enforce laws and policies concerning alcohol use
- Actions taken by law enforcement agencies to enforce alcohol laws and policies

Community Enforcement Actions

Change Targeted	Activities Conducted by Coalition	Steps Taken by Those Outside Coalition to Address Targeted Change
Review and increase enforcement of college policies on underage alcohol use in the One ME service area [1 coalition]	Participate on College Underage Drinking Prevention Coalition and provide resources and technical assistance	A related prevention effort, the Higher Education Alcohol Prevention Project is leading the effort to revise policies and increase enforcement
Increase parental familiarity with and level of enforcement of school substance use policies and procedures [2 coalitions]	Form a working group to review and make recommendations on school policies* Interview law enforcement and judicial representatives to learn why and how to incorporate diversion programs for minors caught using alcohol*	Superintendent writes an open letter to the community reinforcing school policy and unlawfulness of furnishing alcohol to minors; letter is published in two local newspapers* Assistant District Attorney presents to coalition regarding use of diversion programs for youth who violate substance use policies

Law Enforcement Actions

Change Targeted	Activities Conducted by Coalition	Steps Taken by Those Outside Coalition to Address Targeted Change
Increase consistency of police patrols of local night clubs, parks and other youth "hang-outs" to monitor for and cite alcohol violations [3 coalitions]	Develop relationship with local police department	Police departments in a One ME service area regularly refer issues to Liquor Licensing
	Plan to (re)educate law enforcement professionals about liquor licensing duties and available diversion programs	Law enforcement officers refer underage alcohol citations to diversion programs
	Plan to activate contract with AdCare for Student Intervention Reintegration Program (SIRP) and use One ME funds for Boomerang	Police seek out coalition coordinator regarding community alcohol related issues
	Participate in state-level alcohol policy group	Town Council is petitioning for additional police officer to be hired to patrol for substance abuse
	Distribute resource postcard to law enforcement officers*	Police department creates a special forces team to address liquor licensing issues in community; officers follow-up on every complaint, maintain logs and report to City Council*
	Educate officers and retail alcohol outlets about free on-line responsible beverage server training*	AdCare holds a grant to offer Student Intervention Reintegration Program (SIRP), a diversion program for underage alcohol use
	Provide for additional police officer to patrol prom*	
Increase enforcement of existing laws and policies regarding alcohol and minors [2 coalitions]	Work with police department establish targeted patrols	
	Work with police department on establishing sobriety checkpoints	
	Work with police department on increasing enforcement [2 coalitions]*	Police department enforcing zero tolerance policy on OUI
	Work with county judge to develop a strategy*	County judge issuing stiff penalties to offenders when offenses involve youth
	Plan to increase police knowledge on enforcement of specific laws regarding alcohol use and youth	Area police forces planning to attend a training on liquor laws

5.2.8 Youth Access to Alcohol

Young people access alcohol in various ways:

- Directly from adults in the community;
- Directly from employees of establishments that serve or sell alcohol; and
- Acquire it themselves or from other youth.

Several coalitions are attempting to reduce the amount of alcohol transferred from adults 21 years and older to minors, prevent the sale of alcohol to minors from local businesses, and increase community awareness of laws and penalties about providing minors with alcohol.

The following three tables outline the One ME environmental strategies' targeted changes and activities aimed at limiting access to alcohol by minors.

Transfer of Alcohol from Adult Community Members to Minors

Change Targeted	Activities Conducted by Coalition	Steps Taken by Those Outside Coalition to Address Targeted Change
Reduce amount of alcohol transferred from adults age 21 years and older to underage youth [10 coalitions]	Educate law enforcement officers regarding the transfer of alcohol from young adults to underage youth and encourages the use of diversion programs for offenders	Retail outlets provide consent for teams of youth and coalition members to affix stickers to alcoholic beverages
	Seek data from police departments regarding citations for providing alcohol to minors	University Greek Life Coordinator and University Substance Abuse Director meet*
	Implement Sticker Shock; teams of youth and coalition members affix bright stickers to alcohol products informing consumers of legal drinking age and unlawfulness of providing alcohol to minors	Colleges hold fraternities accountable for whom they serve alcohol
	<ul style="list-style-type: none"> ▪ Plan Sticker Shock [2 coalitions] ▪ Complete Sticker Shock [7 coalitions]* 	
Increase community knowledge of penalties for furnishing to minors [5 coalitions]	Plan to persuade a club near local university to change its wrist band policy for underage patrons to effectively reduce youth access to alcohol	
	Research development of ordinance	Shaw's corporate participate in Sticker Shock
	Educate public on laws [3 coalitions]	Shaw's place Parenting Kits from OSA in break rooms
	Plan to combine alcohol vendor education with "No Buts" program	Television station cover Sticker Shock launch*
		Police Chief makes appearance at Sticker Shock launch
		Student organizations volunteer to apply stickers for Sticker Shock*

Change Targeted	Activities Conducted by Coalition	Steps Taken by Those Outside Coalition to Address Targeted Change
<p>Reduce the number of parties on private property where alcohol is available to youth and the parent perception that underage drinking is inevitable and that it is safer to have them drink at home</p> <p>and</p> <p>Increase parent support of law regarding serving alcohol to adults age 21 and older in their homes [3 coalitions]</p>	<p>Research policies in other states regarding parties on private property</p> <p>Explore development of an ordinance and educating public on laws on the issue</p> <p>Plan to implement a Safe Homes Program among parents of middle school students initiated through school mailings to parents [2 coalitions]</p>	<p>Police departments are in planning phase of initiating a Turn Key Program; parents inform police department when they will be away so officers can monitor home to keep it safe</p>

5.2.9 Distribution of Alcohol by Establishments

Responsible Beverage Server training programs (RBS) are designed to prevent intoxication among patrons and guests of alcohol establishments, prevent service to underage persons and prevent intoxicated individuals from driving. In the first year of One ME, a small number of coalitions focused their efforts toward this type of activity.

Change Targeted	Activities Conducted by Coalition	Steps Taken by Those Outside Coalition to Address Targeted Change
<p>Reduce amount of alcohol sold to underage patrons of retail outlets (bars, restaurants, stores) [2 coalitions]</p> <p>Increase retailer support of and compliance with law on serving alcohol to patrons age 21 and older [1 coalition]</p>	<p>Research possibility of linking merchant training with compliance checks*</p> <p>Coalition members educate professional contacts regarding availability of free on-line merchant training for responsible beverage service</p> <p>Publicize availability of on-line server training*</p> <p>Encourage stores to routinely train employees in RBS</p> <p>Recognize retailers who participate in Sticker Shock with thank you notes*</p> <p>Plan to do an on-line RBS training</p> <p>Discuss with police the possibility of a compliance program for local businesses</p> <p>Coordinate server training for bar employees and owners</p> <p>Hold regular bar owner meetings to coordinate on issues</p> <p>One ME coordinator initiates and maintains regular bar owner meetings with law enforcement officers to facilitate communication about and support for this law</p>	<p>OSA funded an agency to provide free on-line server training to local retailers through 2005; law enforcement encourages merchants to participate</p> <p>Bar owners and staff members attend & participate in Server Training*</p> <p>A related prevention effort, the Higher Education Alcohol Prevention Project, is offering access to on-line training</p> <p>Four bar owners attend meetings with One ME coordinator and law enforcement officers</p>

Change Targeted	Activities Conducted by Coalition	Steps Taken by Those Outside Coalition to Address Targeted Change
Improve merchants' ability to recognize fake ID's and refuse to serve [1 coalition]	Plan to provide merchants fake ID training Plan to implement undercover fake ID checks	
Increase consistency of local night club checking for fake identification [1 coalition]	Coalition members write a position paper to the bar owner and City Council*	Bar owner attends One ME-sponsored bar owner meetings 20 bar staff members attend training on responsible beverage service Police patrol bar parking lot more regularly

5.3.0 *Distribution of Alcohol to Minors by Minors*

Items in this sub-section concern youth acquiring alcohol themselves through retail outlets or by means other than having been given it by an adult. Some coalitions are taking action by offering alternative events to youth that do not include alcohol; others are working to discourage shoplifting of alcohol by minors and to prevent youth from congregating in areas where youth are known to consume alcohol.

Change Targeted	Activities Conducted by Coalition	Steps Taken by Those Outside Coalition to Address Targeted Change
Reduce the number of locations where minors can congregate to drink [2 coalitions]	Plan to find a way to light community parking lots well	
Decrease shoplifting of alcohol in grocery stores [1 coalition]	Work with stores to develop procedures for alcohol sales as exists for cigarette sales Work with stores to post signs about store surveillance Work to persuade stores to position cameras to effectively capture on tape shoplifting of alcoholic beverages	
Increase youth participation in alternative activities to drinking [5 coalitions]	Support community organizations who work to increase the number of alternative activities for youth Plan to explore ideas for events and activities that might appeal to youth Support SAFE night* Work with high school guidance counselor, Juvenile Probation, and District Attorney to develop alternative activities Plan to provide alternatives to keg parties Plan to hold events to attract youth, like Battle of the Bands, at which alcohol is not present [2 coalitions] Plan to work with Media and IT teacher at the high school	

5.3.1 Summary

All of the One ME coalitions implementing environmental strategies are engaged in mobilization of their community and disseminating relevant information. All of the coalitions are engaged in the development of strategy teams, or groups of people who will be planning and implementing the various strategies within each community. Nine of the 14 coalitions had a team in place by May 2004. All of the coalitions are doing work in the community to increase awareness around youth access to alcohol. The coalitions are focused on raising awareness among the following groups:

- Local government,
- Law enforcement,
- Schools,
- Youth,
- Parents,
- State-level policy makers, and
- Other community groups.

Many of the coalitions are focused on changing the policies of institutions within their communities and on initiating community regulations. Three coalitions are working to increase signage in the community outlining alcohol and tobacco use laws and also increasing signage to promote legal sales of alcohol. The changes targeted by a small number of coalitions to address community regulations include mandated Responsible Beverage Server training, reclassification of certain alcoholic beverages and review of a state law that allows minors to consume alcohol at home. One coalition is working with local law enforcement on their policy on house parties attended by youth. Six coalitions are working with schools on their policies and five coalitions are increasing communication among different community agencies to reduce underage drinking.

About half of the One ME coalitions implementing CMCA and CTI are working on the enforcement of alcohol laws and policies among the community and law enforcement agencies. The efforts which focus on enforcement among the community are targeting parents and one coalition is working on the issue of

underage drinking among college students. The efforts which target law enforcement agencies include educating officers, increasing patrols, establishing targeted patrols and establishing sobriety checkpoints.

All coalitions are engaged in some way in directly addressing youth access to alcohol. Three strategies are focusing on the prevention of youth in obtaining alcohol from other youth. One strategy is aimed at decreasing shoplifting of alcohol by youth; others are providing alternative activities for youth and reducing the number of locations where young people can gather and drink alcohol. The primary strategy to prevent the distribution of alcohol by establishments is education (e.g., server training). One coalition is coordinating regular bar owner meetings with law enforcement. In working to prevent the transfer of alcohol from adults other than retailers to minors, nine coalitions report either planning a future Sticker Shock campaign or are in the midst of conducting one. Many coalitions are focusing on general public education around the issue and on education of law enforcement personnel. A small number of coalitions have begun researching the development of local ordinances.

At future site visits the tables of targeted changes and associated activities will be updated to reflect new strategies and what has been accomplished by the coalitions on the targets and activities in the first year of implementation.

5.3.2 Fidelity of Implementation

One of the critical aspects of One ME is for each coalition to deliver programs consistent with models which have been tested elsewhere. The replication of programs with a high level of fidelity increases the likelihood of success based on evidence of prior effectiveness. While this is true, strict replication has potential disadvantages such as the program as designed not meeting the needs of a particular coalition's population, the program not having been designed for the same conditions that exist in the coalition's service area and the program requiring more resources than are available to a coalition. To minimize these potential challenges, One ME required coalitions to

carefully select Center for Substance Abuse Prevention (CSAP) models that fit best with local needs and resources.

The term “fidelity” is used to assess the fit between the program that is actually delivered and the program as it has been designed. Dumas, Lynch, Laughlin, Smith, and Prinz (2001) define fidelity as a demonstration that all program components are delivered in a consistent manner to participants with adherence to the theoretical foundation of the intervention. Two types of fidelity are integral to program success: process and content. Process fidelity pertains to the manner the intervention is delivered whereas content fidelity ensures that all of the contents of the intervention are delivered in the same way to all participants. Both the process and the content should reflect the original design of the program which is being replicated.

Interventions can be hampered when care is not taken to understand the program’s protocol and core components and to fully implement the intervention comparably for all participants. This lack of consistency in implementation may result in a poor outcome, suggesting that a particular program does not work. When this happens evaluators need to know whether the reason is that the program has not been implemented according to the model or whether other factors are at play. In an effort to assess fidelity, the One ME Evaluation Team developed the Program Implementation Checklist. The Checklist is one way for evaluators to document program fidelity. It is completed by program facilitators at the end of each program cycle to gain an understanding of how programs are implemented.

In the first year of One ME program delivery, 38 Program Implementation Checklists were received from 12 One ME coalitions. The table below shows the number of Checklists completed. Nearly one-third of the Checklists received by evaluators are from Class Action.

Program Implementation Checklists Received by Program		
Model Program	Number	Percent of Total
All Stars	6	15.8%
Class Action	12	31.6%
Creating Lasting Family Connections	4	10.5%
Guiding Good Choices	5	13.2%
Leadership and Resiliency Program	1	2.6%
LifeSkills Training	2	5.3%
Parenting Wisely	4	10.5%
Project ALERT	1	2.6%
Project Toward No Drug Abuse	2	5.3%
STARS For Families	1	2.6%
Total	38	100.0%

One ME Adaptations

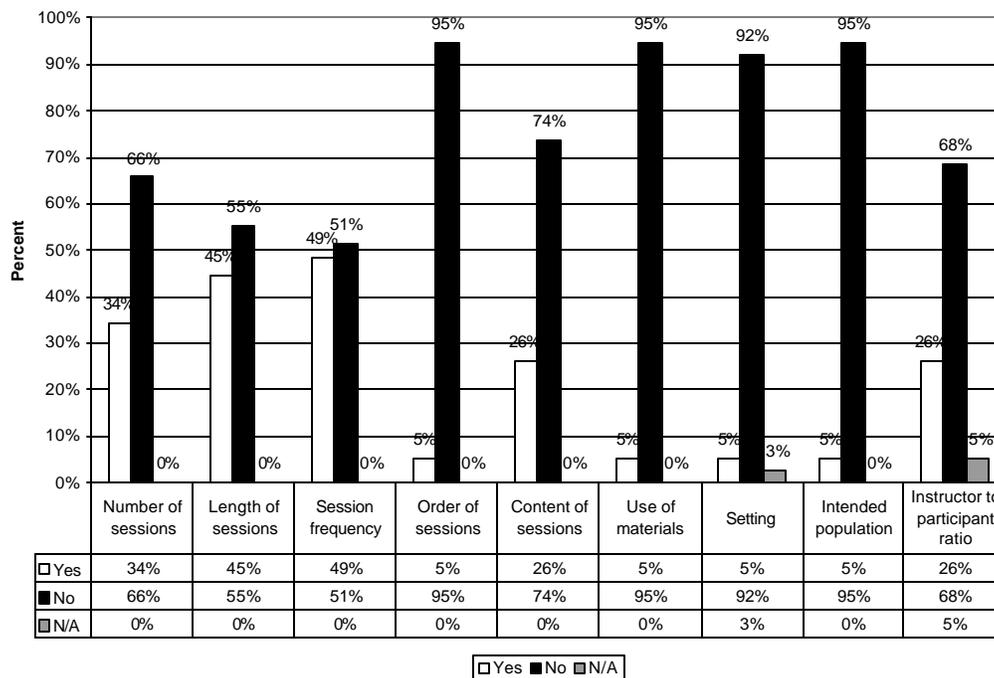
Ideally, One ME coalitions would implement their model programs with complete fidelity. While this is ultimately the goal when implementing research-based prevention programs, it is in many cases unrealistic. Local circumstances very often necessitate changes to program components to make program delivery feasible. These changes or adaptations can be deliberate or accidental. Adaptations can include:

- deletions or additions of program components;
- modifications to program components;
- changes in intensity of the administration of program components; and
- cultural or other modifications required by local circumstances.⁴

The following table shows the program components that differed from the original design of the model programs in the first year of One ME implementation. The most frequently adapted program components include session frequency (49%), length of sessions (45%) and the number of sessions (34%). The order of sessions, use of materials, program setting and intended population were modified least often.

⁴Program Fidelity and Adaptation in Substance Abuse Prevention, 2002 Conference Edition.

Did Delivery of the Model Program Differ from the Original Design in Terms of...?



Number and Length of Sessions and Session Frequency. One-third of the programs differed from the original design of the model programs in the number of sessions delivered. Just under half of the facilitators (45%) reported modifying the length of the sessions and half of the *Checklists* (49%) indicated that changes were made to the frequency with which programs were delivered.

The most common adaptation was reducing the total number of sessions because the length of class periods in some schools is twice the time allotted to program delivery by the program developer. Many facilitators reported delivering two lessons in one class period. A directly related adaptation was a reduction in the length of the program cycle. In other cases, the number of sessions was increased and the length of the program cycle was extended. These changes were made to give program participants more time for discussion of issues, to allow students who missed classes to be brought up to speed and to

cover all of the material. Below are all of the adaptations noted in relation to the number, length and frequency of sessions.

Changes in intensity of program administration:

- Reduced the number of total sessions by delivering two lessons in one class period (16 programs)
 - Class periods are 80 to 90 minutes; some programs are intended to be delivered in 45-60 minute sessions.
- Decreased the length of the program cycle (e.g., delivered a multi-week program over a four-day period of time) (7 programs)
- Increased the number of sessions (5 programs)
 - This allowed participants time to discuss issues more thoroughly.
 - The extra sessions allowed for the completion all the lessons.
 - Participants who missed sessions were able to catch up.
- Increased the length of the program cycle (e.g., delivered a nine week program over 12 weeks) (3 programs)
- Added more time per session (2 programs)
 - The added time allowed participants more time for discussion and the program did not appear rushed.
 - The additional time enabled the facilitator to acclimate to curriculum.
- Shortened lessons (1 program)
 - Because of low numbers of participants, there was reluctance to role play. Lessons were shorter because of this.
 - There was not enough time allotted per class period.

Addition of program components:

- Added sessions to accommodate guest speakers and the showing of videos (1 program)

Order of Sessions. Just two of the 38 *Checklists* indicated that the order of sessions was modified. One of the facilitators noted that the program developer was consulted prior to making a change to the order of the sessions.

Content of Sessions. One-quarter of the facilitators report modifying the content of the program sessions. Almost all of the changes to content noted by facilitators were omissions of certain components; one noted that components were added to enhance the program.

Deletion of program components:

- Omitted one case study (4)
- Shortened the first session to accommodate the pre-test (2 programs)
- Did not complete a role playing exercise because of time constraints (2)
- Did not complete role playing because of participants' discomfort with the exercise (1 program)
- Omitted parts of lessons to allow for more discussion (1 program)

Addition of program components:

- Supplemented material with videos and speakers (1 program)

Use of materials. The delivery of two programs included changes to the materials provided by the developers. In one case, the developer's evaluation tools were not used because of the amount of time they would have required. The other modification was the use various art media to enhance one of the activities.

Setting. Two facilitators of an after-school program noted that rather than hold a particular model program in a school setting, they located it at a business within the community. This allowed participants expelled from school to take part in the course and the location is thought to be a better physical environment for the program.

Intended Population. Certain model programs are designed for at-risk youth. One facilitator reported that there were fewer high risk students who attended the program than was initially expected. Another noted that for the pilot implementation the students were not at-risk youth.

Instructor to Participant Ratio. A quarter of the facilitators (26%) reported that the instructor-participant ratio differed

from the original design of the model program; some had more participants than expected and some reported having too many facilitators for the number of participants.

Nearly half of the facilitators (46%) felt that the adaptations made to their program improved it in some way. The improvements noted include the following:

- Holding longer sessions allowed for more interaction, connection and processing among participants (4 programs);
- Shortening segments of the program allowed more time for discussion (2 programs);
- Supplementing the program with videos and guest speakers enhanced it (1 program);
- Instructing students to make case scenarios applicable to Maine and their town improved the program (1 program); and
- Combining the model program with a non- model program made it more attractive and palatable (1 program).

Guidance Regarding Adaptations

Seventeen facilitators indicated that they received guidance about the adaptations. The table to the right shows the person(s) providing guidance on modifications. Six facilitators said that they did not receive guidance about making adaptations to program delivery.

Who provided guidance about changes?	
	Number
Coalition Coordinator	12
OSA or One ME Staff	1
Program developer	1
Evaluation team	0
Northeast CAPT	0
Coalition	1
School Health Coordinator	1
Other people who have delivered program	1
Total	17

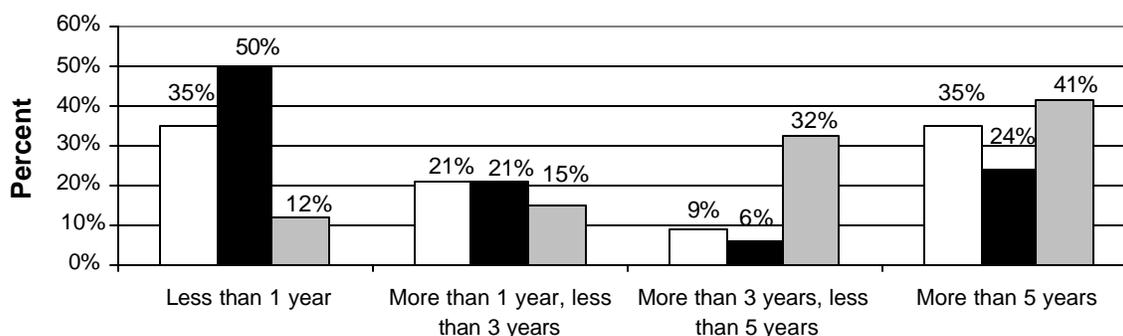
Experience of Program Facilitators

It is important for program facilitators to understand the model programs' curricula and core components. Without this understanding it would be difficult to implement with fidelity. Thirty of the facilitators (79%) had attended training for the

model program they delivered; seven had not been to training. [See section 5.2.3 for further information on model program trainings.]

In addition to model program training, facilitators are asked about their experience with substance abuse prevention, the delivery of prevention programs and teaching. While the following graph shows that half of all facilitators are relatively new to delivering prevention programs and about one-third have less than one year of experience in substance abuse prevention, 25 of 34 facilitators have more than three years of teaching experience.

Years of Experience
(n=34)



Substance abuse prevention
 Delivering prevention programs
 Teaching experience

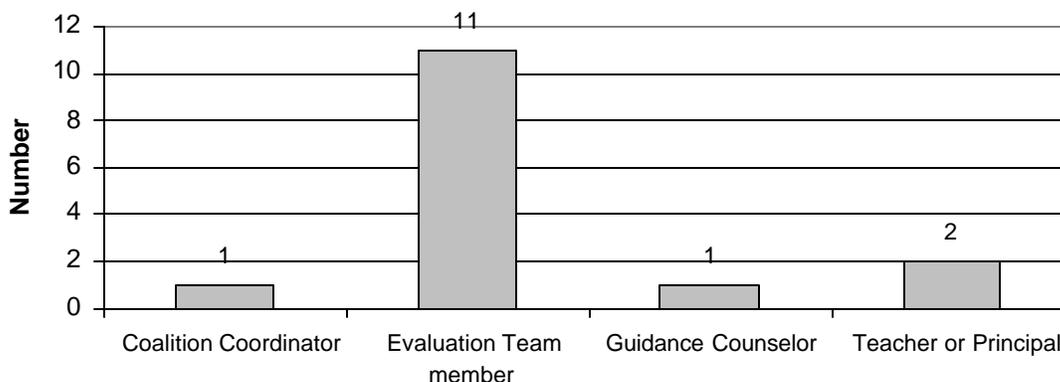
Feedback Provided to Facilitators

Feedback is an important part of the implementation and evaluation the One ME model programs. While it is the job of the evaluation team to provide feedback on program implementation, it is also important that coalition coordinators and others provide feedback periodically as part of program improvement. Evaluators have the opportunity to observe programs twice annually, but are not able to see each and

every One ME program. For this reason, it is helpful for coordinators, school personnel or coalition members to visit the programs periodically and offer suggestions for improvement.

Program observation is one way to assess fidelity of implementation by facilitators. Sixty-nine percent of the Checklists indicated that the facilitator had been observed implementing their program. Almost all (91%) had been observed one time. One facilitator reported having been observed two to three times; another had been observed six or more times. The majority (73%) had been observed by an evaluator as part of the semi-annual site visits.

**Person who Observed Program Implementation
(n=15)**



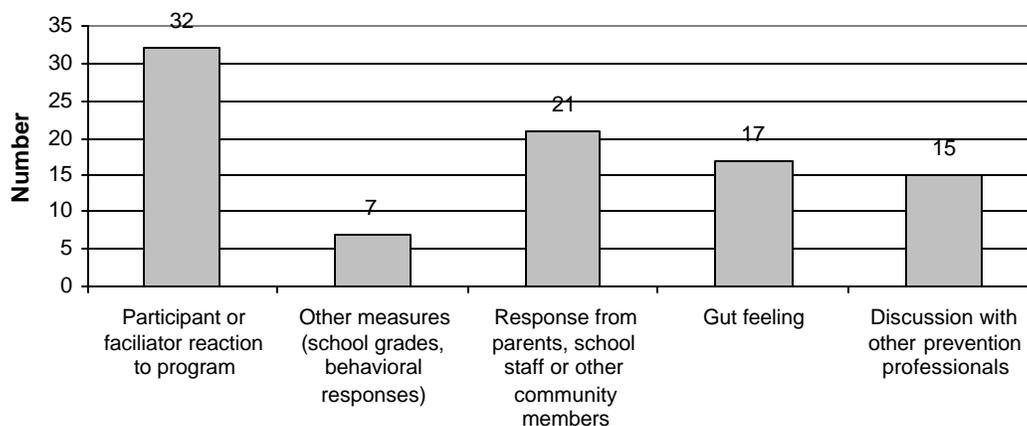
Nearly two-thirds (61%), or 22 facilitators, report having received feedback about implementation from the individuals observing the program.

Facilitator Opinions About Model Programs

Almost all facilitators (95%) think that the model program they implemented could have a significant positive effect on its participants. Eighty-four percent base this opinion on the participants' or their own reaction to the program and just over half think the program will have a positive impact because of the response to the program by parents, school staff or other community members.

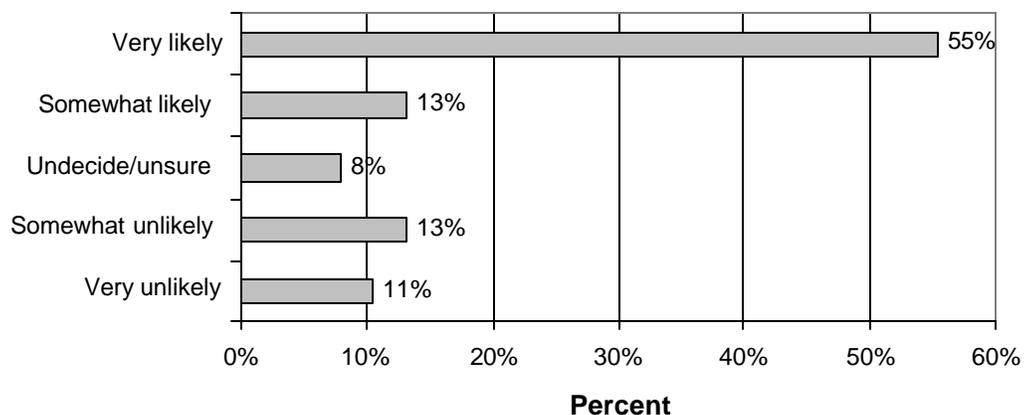
Do you think the model program implementation could have a significant positive effect on participants?		
Response	Number	Percent
Yes	36	94.7%
No	0	0.0%
Unsure	2	5.3%
Total	38	100.0%

Why Facilitators Think Model Program Could Have Significant Effect (n=38)



Given the opportunity, over half of the facilitators (21 of 38) would use the model program again. Nine indicated that it is very or somewhat unlikely they would implement the program again.

Likelihood of Using Model Program Again (n=21)



Summary

Model programs have been implemented and evaluated and have produced consistent, positive and replicable results. For this reason, a program should be implemented as close to its original design as is possible if one is to expect similar positive outcomes. While fidelity is important, CSAP and researchers in the field of prevention recognize that complete fidelity is not always possible. The One ME evaluation team is using the Program Implementation Checklist to assess fidelity and document adaptations.

The majority of adaptations in the first year of One ME implementation can be categorized as changes to the intensity or “dosage” of a program. Nearly one-half of the programs were delivered either in a shorter timeframe or longer timeframe than that prescribed by the model program. Over 40 percent of the programs involved some change to the length of the sessions and a third of the programs were modified in terms of the number of sessions delivered. Most of these adaptations were made to fit within established school class schedules.

A fourth of the programs had changes to the content of the program curriculum. Almost all of these changes were deletions of program components rather than additions or enhancements.

It is not surprising that a quarter of the facilitators reported that their implementation differed from the original program design in terms of the instructor to participant ratio. It is difficult to anticipate the number of participants who will actually sign-up, attend and complete a program that has never before been implemented. It is expected that the number of modifications to the facilitator-participant ratio will decrease in year two of implementation.

It is encouraging that many of the facilitators attended training for the particular program they are implementing. A greater understanding of the model program may increase the level of fidelity to it. It is equally encouraging that facilitators are receiving feedback from people observing their program

delivery not only from evaluators but from coalition coordinators and school personnel.

To increase the likelihood that One ME coalitions see similar improvements in protective factors and reduction of risk factors among the population of youth targeted by One ME, continued attention to and monitoring of fidelity concerns will be important in year two of the project. As outcome data comes in and is analyzed, evaluators will test the relationship of program fidelity to outcomes.

5.3.3 One ME Spring 2004 Site Visit Summary

Introduction

Between March and May 2004, RTI International (RTI) and Hornby Zeller Associates, Inc. (HZA) conducted 23 site visits with the One ME coalitions. The purpose of the site visits was to document coalition structure and functioning, and to observe program implementation to assess quality of delivery and fidelity. Each site visit included an interview with the coalition coordinator and an observation of a model program session.

The interview portion of the site visit covered topics such as coalition structure, functioning, inter-agency linkages and collaboration. Particular attention was paid to successes and barriers experienced during implementation of the model prevention programs.

The final portion of the site visit, program observation, focused on several aspects of program delivery including: the goal and setting of the session; the instructor's knowledge, abilities and attitude; activities and materials for the session; and participant behaviors. In some cases, an additional brief interview was also conducted with the facilitator about his or her experience in implementing the model program.

This section of the report contains findings and observations from the spring 2004 site visits.

Coalition Structure and Function

This section of the report includes general observations about coalition development for the period fall 2003 to spring 2004.

Recruitment and Mobilization. Fourteen of the One ME coalitions report some type of continued recruitment effort. Eleven are focused on recruiting members from under-represented sectors of the community while eight others are working to recruit members who could be helpful in actually implementing One ME model programs.

The majority of coalitions have two types of members. One type of member has been designated by their organization to serve as a representative on the coalition. These representatives include persons from schools, hospitals, law enforcement, social service agencies, and youth agencies. The second type of member classification consists of concerned citizens, including parents and youth. As was observed in fall 2003, this second type of member continues to be under-represented on most coalitions.

Because one of the primary activities of One ME is to implement model programming, it is necessary to mobilize coalition and community members to assist in program implementation. Coalitions currently tend to rely heavily on the coalition coordinator to make the necessary contacts within communities and to secure the necessary resources to support model program implementation. To ensure sustainability of these programs beyond One ME, coalitions must make more of an effort to mobilize people in support of program implementation and institutionalize programs within organizational structures.

Organizational Structure and Function. Most programs have the same coalition structures as were observed by evaluators in fall 2003. About one-third of the coalition coordinators report that they are reviewing their coalition structures and may undergo change prior to the upcoming One ME contract. Even those that are not planning to make changes still seem to be examining the functioning of their coalitions. Some of these coalitions have changed or plan to change from serving as an advisory board into a working group or developing working groups within their structures. Almost one quarter of the coalitions have contracted or plan to contract with individuals, interns in some cases, to assume discrete coalition projects or duties, such as entering data into KIT Solutions, creating and

distributing marketing materials, and developing community linkages.

Almost all coalitions meet regularly. Several coalitions did report that establishing regular meeting times and maintaining good attendance was difficult. Some cited long distances for members to travel, others noted conflicting schedules among coalition members, and some coalition members have competing demands for their time.

Building Capacity. In a coalition model, capacity comes from resources gained through linkages and collaboration among community organizations. The majority of the coalitions reported an increase in the number of linkages formed and in the level of collaboration among substance abuse agencies as a result of the One ME project. The kinds of linkages formed and the degree to which collaboration increased varied among the coalitions. Linkages ranged from that of casual conversations informing a community member about the coalition to donations of materials and time. In a few instances organizations or individuals subcontracted or entered into formal agreements with the coalitions. One coalition contracts with organizations to deliver model programming; two other coalitions have formal agreements with other organizations to fund school health coordinator positions. One-third of the coalitions attempted to increase levels of collaboration in order to obtain necessary resources. One coalition deepened its association with another organization to the extent that it became part of that agency.

Planning for Action. Coalitions that successfully planned for action clearly defined who would deliver programs, where they would be delivered, when they would be delivered and developed a method to account for the costs of the plan components. Plans that were not or only partially realized tended to have no more than a couple of these elements. The most notable plans gone awry were those that included schools; some coalitions lacked a clear understanding of how schools operate, did not have the necessary relationships with schools in place and did not have a solid commitment from schools to implement programs.

Schools require a process that is school-oriented and based on school values. Coordinators and facilitators need to understand the functioning of the school system to ensure the appropriate school sources are consulted, forms are correctly completed and standards are met. Coalitions that did not follow school procedures or did not have someone in the school system to facilitate the process found that most of their time was devoted to learning about how the school works, what motivates them and how to navigate through the process.

Implementation. One ME coordinators continue to be the driving force behind the activities and successes of the initiative. The coordinators' skills determine the extent to which the coalition focuses its resources on meeting the goals of One ME.

In this first year of implementation, some coalitions encountered problems when trying to implement many model programs at one time. In some instances, one program would be delayed as another program received more attention from the coordinator or multiple programs suffered because none received sufficient amounts of attention. Coalitions selected 63 programs and implemented 47 programs in the first nine months following the needs and resources assessment phase as of April 1, 2004. [Chapter 2 provides a list of all programs selected and implemented.]

Sustainability/Institutionalization. As the first year of the implementation phase of the One ME initiative draws to a close, coalitions have approached the continuation of their programs in various ways. Approximately one-third of the coalitions have submitted proposals for additional grant funding from other agencies, such as from the Office of Juvenile Justice and Delinquency Prevention. Others have scheduled formal strategic planning sessions to plan for the next One ME grant application.

Other coalitions are working to sustain model programming in their communities by embedding the model programming into community organizations. A few coordinators have said that their goal is to work themselves out of a job. In this way, institutionalization of the model programs will not be contingent

upon the sustainability of the present coalition or One ME funding.

The Office of Substance Abuse requires coalitions to write a sustainability plan. The planning process is intended to help coalitions assess their current state of prevention efforts and to help coalitions plan next steps in their communities as a coalition. Three coalitions have existing plans and two reports having begun the planning process. One ME staff have researched prevention plan development and have gathered existing plans to use as a guide for assisting the One ME coalitions in developing plans to meet the requirement.

Implementation of Research-based Programs

One ME coordinators provided feedback to evaluators on each of the model prevention programs implemented. The interviews identified the following:

- what went well during implementation;
- challenges in program implementation;
- adaptations to programs or threats to fidelity; and
- whether the program was a good “fit” for the audience.

In this section implemented programs have been grouped according to whether the programs took place during or after school, and based on their intended participants: youth; parents; or both.

Youth Programs Delivered During the School Day. Youth programs delivered during the school day include:

- Across Ages,
- All-Stars
- Class Action,
- Leadership Resiliency Program (LRP)
- LifeSkills Training,
- Lion’s Quest,
- Olweus Bullying Prevention (OBP),
- Project ALERT,
- Project SUCCESS,
- Project Towards No Drug Abuse (TND)

- Reconnecting Youth, and
- SMART Team

Olweus Bullying Prevention, Class Action, and LifeSkills Training have been implemented among large numbers (i.e., entire grade levels) of students within coalition schools. Coalition coordinators report that implementation was successful when the coordinator laid the groundwork to gain the support and trust of multiple stakeholders within each school involved. Program facilitators and One ME coordinators attended model program training prior to the start of implementation and felt the training adequately met their needs to implement the program. Finally program facilitators believe the programs meet the needs of the students and add to their knowledge level and skills base.

All Stars, Project SUCCESS, Project ALERT, and Project Toward No Drug Abuse have also been implemented in schools. They were delivered to a limited number of classes within schools, small classes, or in small schools. Project ALERT was the only program of this group that has been observed by an evaluator. It was described as being very similar to LifeSkills but with activities that more deeply explored issues important to youth. For many coalitions, All Stars is implemented as an after school program, but when implemented in schools, it helped the schools meet Maine Learning Results. Coordinators have reported favorable reactions to the programs. A comparison to LifeSkills, however, was a frequent element of discussions of SUCCESS, ALERT and TND. LifeSkills seems to be the measure by which these other programs are judged.

Reconnecting Youth and Leadership Resiliency Program are delivered to selected groups of students. The selection processes include identification of likely candidates by teachers, consent to participate from students and their families, and an interview process. Students who have been chosen to participate were thought to be especially in need of the skills the programs have to offer. Because of this, facilitators found that if guidelines regarding participant behavior issues or class size were not followed, implementation of the program became extremely difficult. Facilitators found training to be essential to delivering the programs well, but also found that training had

not prepared them for some of the classroom challenges they would face or the logistical details to which they would have to attend as part of program implementation.

Two of the school-based model programs have not been implemented as planned. One coalition put the SMART program on hold for a year because it was scheduled to be implemented in conjunction with another model program (either Lion's Quest or Olweus Bullying Prevention) and it was enough to implement a single program within a school. Additionally the format of the SMART program—computer—based multi-media learning—made it particularly challenging to collect pre- and post-tests from participants in a systematic way. The coordinator, school personnel, and local evaluator should spend more time planning to successfully evaluate this program. Lion's Quest was implemented but with multiple adaptations due to changes in the school environment and personnel that arose after selection of the program. This program has not been evaluated by One ME evaluators. First the school sent out parent letters associated with Lion's Quest prior to the consent forms required by the evaluators. It was decided parents would be confused by receiving a second letter explaining the evaluation. In the fall, the school passed a policy requiring active consent by parents for any survey administered within the school. Only 15 of the 139 active consent forms were received in January 2004. Participation in the evaluation would have been too low and the logistics of collecting these data would have been too disruptive given that only a small number of students would have been surveyed.

A number of programs that were to be delivered in schools have yet to be implemented or have been implemented with numerous adaptations. Attempts to implement these programs have met with a number of obstacles that have to do with adding new curricula to schools. In order to adequately lay the ground work for schools to implement new curricula, coalitions should do the following: obtain support from the appropriate school administrative levels, including the superintendent and principal; have a person on school staff or with whom the school has an existing working relationship deliver the program; show the school how the program can fit into existing

curricula and schedules; and show that through implementing the program the school as an institution will gain a tangible benefit, such as compliance with Maine Learning Results.

Youth Programs Delivered After School. Positive Action and All Stars are two youth programs delivered in an after school setting.

Facilitators like the structure and content provided by the Positive Action and All Stars curricula after school. They report appreciating not having to “make up activities” and that the participants seem to value the programs conceptual content and some of the activities. Facilitators who attended the All Stars training found it useful and especially informative regarding the philosophy behind the program.

While facilitators of these programs report that their content is valuable and that students seem to benefit from the curricula and even like it on some level, they almost all note that the programs are dry and too much like school. Even the most enthusiastic facilitators report having to “spice up” the lesson plans. This “spicing up” takes the form of providing time for participants to be active and increasing the amount of arts and crafts activity integrated in the curriculum. For some, “spicing up” means reducing the amount of reading and writing the students must do or finding ways to make the material culturally appropriate.

Logistically, coordinators and facilitators have had to provide incentives for participants and transportation in order to keep session attendance up. Coalitions have made arrangements with school transportation, paid for or found volunteer bus drivers to pick up participants at their homes after school and drop them off, or held sessions on school grounds allowing participants to take late buses home. Some facilitators have sent “thank you” gifts for each session attended in the form of certificates for a session at a roller rink or ice skating rink, for a movie at a theater or some entertainment venue attractive to youth. Almost all provide snacks or a meal at each session.

The model programs offered by CSAP that can be implemented as after school programs seem to be school-based programs transferred to a different venue. Coalition coordinators would

like to see model programs that provide culturally appropriate activities for youth led by local experts and community members.

Parent Programs. The two parent programs, Guiding Good Choices and Parenting Wisely have consistently been a challenge for all coalitions to implement. This is due largely in part because of the amount of effort and resources required to recruit participants. Although facilitators and participants reported that the contents of two curricula are valuable, most coalitions have had low attendance and have had to cancel at least one cycle of implementation. Implementations that were exceptions to this rule delivered the program through existing parent groups or agencies that had access to parents.

Facilitators report that the Guiding Good Choices curriculum is straightforward and clearly mapped out, both in terms of activities and concepts. Facilitators who were new to the concepts learned them by taking participants through the activities. Those who made adaptations to the activities reportedly work to ensure that core concepts of the program are maintained. Issues identified by coordinators about Guiding Good Choices had to do with supplemental materials that were outdated or not relevant to particular groups of parents. Facilitators were able to make appropriate substitutions.

The five week structure required by Guiding Good Choices, while rigorous, demands a commitment from parents that few are able to make. In some cycles attendance fluctuated from week to week. In others it dwindled to the point of facilitators having to cancel the program.

Parenting Wisely has been implemented in two different ways. It has been delivered to groups of parents or the program materials have been placed in a community setting so that parents can borrow them from a location within the community. There are various methods for presenting the program to a group of parents. These range from meeting only once to meeting for a prescribed number of sessions. It has also been presented by one coalition in conjunction with another non-model parenting program.

Parenting Wisely seems to be received well when parents can be recruited to attend group sessions. Creative One ME coordinators have achieved attendance rates of six to 14 participants when Parenting Wisely has been offered in combination with another activity such as “Dine and Discuss” meetings, recognition of nutrition awareness month or as the parental portion of a diversion program for youth violators of school substance use policies.

Parenting Wisely has been used as a public relations tool by several coalitions. It serves as a tangible product that a One ME coordinator can offer to community agencies and it provides a means by which the coordinator can create an opportunity to educate individuals within an organization about One ME and gain support for the project’s outcomes. Although agencies readily accept Parenting Wisely as something they can offer parents to “check out,” as one would check out a book from a library, very few of these agencies have someone who advocates for the use it among her or his clients.

Youth and Parent/Adult Programs. There are three programs delivered to both youth and parents, they are:

- STARS for Families,
- Creating Lasting Family Connections (CLFC) and
- Across Ages.

In implementing the STARS for Families program, it has been challenging to access groups of parents prior to the start of the program to gain their consent for both their child’s and their own participation in the evaluation. Coalition strategies for addressing this have included attending school events that parents are required to attend to recruit parents or planning a community event during which parents will be informed of the STARS for Families program. In these forums, parents are asked for consent to participate and invited to complete a pre-test if they agree to participate in the evaluation. An added difficulty has been planning to successfully collect post-tests from parents since their participation may be relatively passive and takes place in their own home.

Similar recruitment issues apply to CLFC although parents and youth attend weekly group meetings as part of this program. Program facilitators faced the challenge of identifying a time during which the largest number of youth and parents could attend the program.

In addition to facing the issue of scheduling family outings, implementations of Across Ages will have the added challenge of recruiting mentors.

Model Program Observation Findings. For curriculum-based programs, evaluators rate instructors on class management, knowledge of the lesson, management of class discussion, enthusiasm, respect paid to students, class preparation, clarity and adherence to the lesson guide. Evaluators also note class participant reaction to the program delivery. Evaluators rate participant reaction by how many were excited, interested and engaged, thoughtful, bored and disruptive. They also note whether or not participants have opportunities to practice positive behaviors.

For non-curriculum-based programs, evaluators note participant reaction and of opportunities they to practice positive behaviors.

Curriculum-based Model Program Observation Findings. Evaluators observed fourteen different curriculum-based model programs. A few of the programs were observed multiple times because more than one coalition is delivering them. Those programs considered to be curriculum-based are the following:

- Across Ages
- All Stars
- Creating Lasting Family Connections
- Families that Care: Guiding Good Choices
- Leadership and Resiliency Program
- LifeSkills Training
- Project ALERT
- Project SUCCESS
- Project Toward No Drug Use
- Reconnecting Youth

Instructor(s). Evaluators rated the facilitators' ability to manage their classes fairly high, with 28 percent receiving a rating of "expertly".

How Well Instructor Managed Class (N=18)				
Poorly			Expertly	
1	2	3	4	5
0%	0%	33%	39%	28%

Most instructors appeared to know the lesson being delivered fairly well. Only 5 percent of instructors did not seem to know the lesson well.

How Well Instructor Knew Lesson (N=19)				
Frequently Read Curriculum			Knew Lesson Very Well	
1	2	3	4	5
0%	5%	21%	47%	27%

Evaluators rated the discussions and their relevance to the goal or objective of the lesson. Again, facilitators were rated high, with 74 percent receiving fours and fives on a five point scale.

Relevance of Discussions to Lesson Objectives (N=19)				
Not at all Relevant			Very Relevant	
1	2	3	4	5
0%	0%	26%	37%	37%

Sixty-four percent of the instructors observed received a rating of four indicating that the majority conveyed a great deal of enthusiasm for the lesson being delivered.

Instructor's Level of Enthusiasm (N=22)				
Not at all			Extremely Enthusiastic	
1	2	3	4	5
0%	0%	18%	64%	18%

Overwhelmingly evaluators gave instructors the highest rating (i.e., very respectful) in relation to the instructors level of respect toward the program participants.

Instructor's Respect Toward Students (N=22)				
Not at all Respectful			Very Respectful	
1	2	3	4	5
0%	0%	5%	18%	77%

The facilitation skills of instructors were also rated. Two-thirds received a four on a five point scale, indicating "expert" facilitation skills.

How Well Instructor Facilitated Program/Discussion/Lesson (N=21)				
Poorly			Expertly	
1	2	3	4	5
0%	5%	29%	52%	14%

Over half of the facilitators appeared "very well prepared" in terms of having session materials prepared in advance of the session.

Materials Prepared in Advance and Ready for Use (N=19)				
Not Prepared in Advance			Very Well Prepared	
1	2	3	4	5
0%	0%	11%	37%	52%

Eighty-five percent of instructions gave clear instructions to participants. Only one instructor was rated as presenting somewhat confusing instructions.

Clarity of Activity Instructions (N=20)				
Very Confusing				Very Clear
1	2	3	4	5
0%	5%	10%	45%	40%

Prior to observing a model program, evaluators request a copy of the lesson plan. Based on the plan, they rate the instructor on how well he or she follows the curriculum. Half followed the lesson plan closely while five percent made many adaptations.

Lesson Conveyed According to Guide (N=22)				
No, Many Adaptations				Yes, Followed Closely
1	2	3	4	5
5%	18%	9%	18%	50%

Participants. Evaluators observe the level of interest and general demeanor of participants throughout the program. The table below shows the percentage of participants who appeared excited, engaged, thoughtful, bored and disruptive.

	Participant Behavior/Participation/Interest			
	Most	Some	A Few	None
Excited (N=19)	21%	42%	21%	16%
Interested/engaged (N=20)	65%	15%	20%	0%
Thoughtful (N=20)	35%	20%	45%	0%
Bored (N=21)	0%	0%	57%	43%
Disruptive(N=19)	0%	11%	47%	42%

In 75 percent of the model programs observed, participants were given some to many opportunities to practice positive

behaviors. One quarter of the programs observed provided few such opportunities.

Opportunities for Participants to Practice Positive Behaviors				
(N=20)				
No Opportunity				Many Opportunities
1	2	3	4	5
0%	25%	40%	20%	15%

Non-curriculum-based Model Program Observation Findings.
 Non-curriculum-based programs include the following:

- Brief Strategic Family Therapy
- Communities Mobilizing for Change on Alcohol
- Community Trials Intervention to Reduce High-Risk
- Parenting Wisely
- STARS for Families

In total, evaluators observed three of these programs; some were observed more than one time.

Instructor(s). Evaluators observed seven non-curriculum based programs. Of the seven, over half provided some opportunities to practice positive behaviors.

Opportunities for Participants to Practice Positive Behaviors				
(N=7)				
No Opportunity				Many Opportunities
1	2	3	4	5
0%	14%	57%	29%	0%

Participants. The following table shows the evaluators' observations about the level of participant interest in the non-curriculum-based programs.

Participant Behavior/Participation/Interest (N=3)				
	Most	Some	A Few	None
Excited	0%	33%	67%	0%
Interested/engaged	67%	33%	0%	0%
Thoughtful	0%	100%	0%	0%
Bored	0%	0%	0%	100%
Disruptive	0%	0%	0%	100%

KIT Solutions

Coordinators were asked about their experiences using KIT Solutions. While most had no opinion about the system, a few reported having had positive experiences with KIT Solutions, and a small number noted a dislike for the system.

Problems experienced by users varied. Most coordinators reported having experienced “growing pains” with system implementation. This was especially true for coalitions that use Macintosh computers, as KIT Solutions is not fully functional with this operating system. Some coordinators reported problems with connectivity issues with their work computers. These issues have forced them to enter data from their home computers. Others expressed frustrations about a system change which was implemented in February without notice. This change involved participant middle initials becoming a required field within the system.

Almost all coordinators expressed a desire for added functionality or system changes. While some coordinators mentioned an appreciation for the ability to print reports from the system to share with their supervisors, one coordinator mentioned a desire for the ability to print regular reports to share with the coalition. A few requested the ability to print meeting agendas on a single page and for an easier way to record meeting minutes in the KIT system.

The consensus of all users is that if KIT is not used regularly, system knowledge is forgotten.

Evaluation Experiences

General Observations. Overall, evaluators and One ME coalitions continue to enjoy positive relationships. One ME coordinators have expressed an appreciation of the evaluation

efforts as a means of gaining perspective on their efforts and tracking their accomplishments.

Many program facilitators noted issues with the length of the youth and parent evaluation surveys. Most facilitators and coordinators report resistance by some students to the surveys due to the length, content (too similar to MYDAUS, negative focus of many questions, or high level of reading comprehension), timing of survey administration (too close to MYDAUS), and confidentiality concerns.

Several coordinators have commented on the high reading level required to understand the evaluation materials (cover letters, consent forms and surveys) and about the use of terms in the Coalition Member Survey that may not be known by some respondents such as *Robert's Rules of Order*.

5.3.4 Cultural Issues in One ME Model Program Implementation

In June 2004, HZA interviewed Zoe Miller, a program manager for PROP's Peer Leader Program and member of the One Maine—One Portland Coalition to explore cultural competency as it relates to the delivery of model programs for One ME.

"Cultural competence is defined as a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals and enables that system, agency, or those professionals to work effectively in cross-cultural situations (Cross et al., 1989; Isaacs & Benjamin, 1991). Operationally defined, cultural competence is the integration and transformation of knowledge about individuals and groups of people into specific standards, policies, practices, and attitudes used in appropriate cultural settings to increase the quality of services; thereby producing better outcomes (Davis, 1997 referring to health outcomes).

There are five essential elements that contribute to a system's ability to become more culturally competent. The system should (1) value diversity, (2) have the capacity for cultural self-assessment, (3) be conscious of the "dynamics" inherent when cultures interact, (4) institutionalize cultural knowledge, and (5) develop adaptations to service delivery reflecting an understanding of diversity between and within cultures.

Further, these five elements must be manifested in every level of the service delivery system. They should be reflected in attitudes, structures, policies, and services.”⁵

The focus of the interview was cultural and language barriers encountered by the coalition in its participation in the One ME project and specifically challenges in the delivery of the All Stars program in Portland’s public housing neighborhoods.

One Maine—One Portland’s Population

One Maine—One Portland, through PROP, delivers the All Stars program in four Portland Housing Authority neighborhoods, Sagamore Village, Kennedy Park, Front Street and Riverton Park. Over half of Portland Housing Authority residents (56%) are New Americans, representing 38 nationalities. The largest ethnic groups in Portland’s public housing are Somali, Cambodian, Sudanese and Vietnamese.⁶ Over four percent of Portland’s population entered the United States between 1990 and 2000 compared with 0.8 percent statewide.⁷

There are a higher percentage of people in Portland than in the state who speak a language other than English at home, 9.9 percent versus 7.8 percent statewide.⁸ In the Portland Public Schools, 57 languages other than English are spoken by 1,506 students. The largest linguistic groups in Portland schools are Khmer, Somali, Spanish and Vietnamese.⁹

One Maine—One Portland selected All Stars after completing an assessment of local needs and resources. It was thought to be a good fit based on existing risk and protective factors and because of its youth empowerment approach to delaying the onset of risky behaviors among youth. Following implementation, All Stars was still thought to be philosophically

⁵ Mark A. King, Anthony Sims, & David Osher (http://www.air-dc.org/cecp/cultural/Q_integrated.htm#def)

⁶ Maine’s Changing Demographics, Center for Cultural Exchange, Immigrant Legal
<http://www.migrants.org/Diversitypresentation.pdf>

⁷ U.S. Census Bureau

⁸ U.S. Census Bureau

⁹ Maine’s Changing Demographics, Center for Cultural Exchange, Immigrant Legal <http://www.migrants.org/Diversitypresentation.pdf>

a good program but the style and method of delivery presents challenges.

Issues and Adaptations

Many of One Maine—One Portland's All Stars participants are being raised in homes where English is not spoken and where parents do not typically read to their children. For these youth, the reading level of the All Stars materials is problematic. All Stars is characterized as "very linguistic" by the program manager because it involves a good deal of writing.

Progressing through the written materials takes longer with the One Maine—One Portland youth than the curriculum allows.

Some of the topics discussed in the All Stars curriculum are not necessarily considered acceptable in the participants' culture of origin. Participants have indicated to the facilitators that they are "not supposed to talk about" certain issues.

The program has presented challenges for the participants' parents as well. The curriculum of All Stars involves exercises that parents and youth are supposed to complete together. This has proved to be unrealistic in some instances. Many parents do not read English and, for some cultures, verbal communication is the preferred source of communication. The program facilitators are sensitive to the power relationship that can develop should a young person need to act as a translator for his or her parents. Acting as a translator can diminish the parent's role in the parent-child relationship. The young person can use the language barrier to manipulate the parent (e.g., to get out of completing an assignment).

Compliance with the One ME evaluation has been challenging for One Maine—One Portland. Interpreters are needed to gain permission from parents for their children to participate in the evaluation. Also, the language of the pre and post tests is challenging for the participants; the wording of the questions is thought to be too complex.

In an effort to overcome or eliminate these barriers, the program manager and facilitators have made the following adaptations in the delivery of All Stars:

- Interpreters are used with parents to gain consent for youth participation in the evaluation.
- Facilitators have discussions with participants about the feasibility of parents completing take home activities.
- More time than is recommended in the curriculum guide is used to complete lessons.
- Many components of the curriculum are completed orally.

Summary

The intent of this initial exploration of cultural issues encountered in the delivery of a model program in one community is to raise awareness of the challenges of implementing a model program and making necessary adaptations to increase cultural competency.

Language has proved a barrier for both parents and the participants. Adaptations have been made to accommodate those with limited English-speaking and reading abilities. The adaptations made for the participants include providing them with additional time for the lessons and allowing them to do more of the written exercises orally. Facilitators are sensitive to the culture of the participants and have eliminated discussions of issues that are not discussed in non-American cultures.

The One ME evaluation materials have been challenging for One Maine—One Portland to use. The surveys, designed largely based on the Center for Substance Abuse Core Measures, are considered too complex for this population of youth.

Interpreters have been utilized to gain consent from parents for participation of their youth in the evaluation because of the parents' limited ability to read the consent letters.

In year two of implementation, HZA will continue to work with One Maine—One Portland to document issues around language and culture.

6

Recommendations

This chapter provides evaluative feedback and recommendations based on evaluation findings regarding (1) coalition functioning, (2) program recruitment and retention, (3) program implementation and fidelity, (4) technical assistance needs, and (5) State-level response. This information serves as a formative feedback mechanism for OSA and the One ME coalitions to use to assess and, where necessary, modify existing practices. We focus on the four topics mentioned above because these elements are most critical to the overall success of the One ME project at the community level. Discussion also includes how OSA can facilitate this process.

6.1 COALITION FUNCTIONING

Working with a variety of community groups, members, and institutions to establish evidence-based prevention programs in a community is demanding and complex. One ME coalitions must work within preexisting organizational and community cultures and with diverse personalities in order to introduce new programs and the evidence-based philosophy. They must then persuade individuals or institutions within the community to adopt programs and continue to support them. This role is

most appropriate for the One ME coordinator who, in almost all coalitions, continues to be the driving force of this initiative.

In general, One ME coalitions need to periodically reevaluate their membership and members' roles to determine whether they have sufficient and appropriate representation from disparate community sectors. As coalitions prepare for the final contract period, they should recruit or mobilize members capable of acquiring or employing community resources to implement and adopt evidence-based prevention programs. Coalitions should organize subcommittees or workgroups to focus on program implementation and sustainability. It is important for coordinators to carefully consider how each linkage they cultivate will contribute to the implementation and adoption of model programs. In approaching partners, coalitions and their coordinators should also determine what a potential partner views as a benefit of collaboration. Because the coalition will most likely ask for material or human resources to support or even adopt programs, the potential collaborator should identify an added benefit beyond the cost of just another standing meeting. An effective strategy may require the One ME coordinator to pitch the benefits of taking over a model program to a key individual within an organization or community institution.

Coalitions should continue the process of delineating member roles, relying on members to use their skills and connections to carry out coalition activities, and support members in gaining new skills and recognition for their efforts. Coordinators would do well to identify agencies in their service area that will act as *champions* of programs—agencies that will take over model programs and become the providers, responsible for staff, facilities, recruitment, and program delivery.

Most One ME coalitions are planning for sustainability and are actively seeking additional funding sources to take them beyond the One ME time frame. One ME coalition sustainability will most likely support continued model program implementation. However, coalition sustainability and model program sustainability are not identical. They may support each other, and they may both benefit the community, but they

should be considered separately as coalitions plan for the future and develop their comprehensive prevention plans.

6.2 PROGRAM RECRUITMENT AND RETENTION

One ME coalitions need to attend to the details of recruiting and retaining program participants. For example, a limited number of One ME coalitions used incentives to recruit and retain program participants with very good success. Coalitions moving into this final contract period with continued recruiting challenges may do well to revise their budgets and plan for incentives to improve program attendance rates.

The remainder of this subsection focuses on programs that have experienced recruiting and retention challenges. The parenting programs Guiding Good Choices and Parenting Wisely have required more energy than anticipated to successfully recruit participants. Perhaps even more than other types of programs, parenting programs require a local “champion” in the community to take over recruitment and delivery of the program as part of their work plan or mission. Examples of champions include existing parent groups, employees within agencies that house a model program, who advocate for participation in the program and agencies for whom the program is a good “fit” because their missions and structures are well aligned with the philosophy and content of the program.

Facilitator complaints about Guiding Good Choices concerned supplemental materials that were outdated or irrelevant to particular groups of parents. Facilitators have been able to make appropriate substitutions. The 5-week structure required by Guiding Good Choices, although rigorous, demands a commitment from parents that few are willing to make. In some cycles attendance fluctuated from week to week. In others it dwindled to the point of facilitators having to cancel the program. Although the curriculum is highly structured and supported by research, the skill of the facilitator determines the quality of program delivery. In regard to the champion issue mentioned, a champion for Guiding Good Choices would have to be an advocate for its underlying concepts or its structure.

Parenting Wisely, when implemented among a group of parents, instead of as a “checkout” option, can be adapted to meet the expectations of local parents; it has the potential to reach families and support their efforts to prevent substance use among youth. A successful adaptation of Parenting Wisely that has resulted in increased group attendance is to incorporate the program into other events that are meaningful (such as “Dine and Discuss” or a Nutrition Education Month event addressing how to use sit-down meals as family time to communicate effectively with children) or required by parents (such as a diversion program for youth who violate school substance use policies). Another coalition successfully recruited participants by providing incentives and meeting on Sundays after church.

Programs that combine both parent and youth participation are uniquely challenging to implement. They present the same recruiting, scheduling, and curricular difficulties as programs meant solely for one group. These difficulties are compounded because strategies and tactics that work for one group do not necessarily work for another.

6.3 PROGRAM IMPLEMENTATION AND FIDELITY

This evaluation report does not include program-level outcome data but instead focuses on important State-level (e.g., collaboration) and community-level (e.g., program implementation and fidelity) processes that are requisite components for successful implementation and anticipated outcomes. Anticipated positive outcomes are first a result of appropriate implementation of a selected model program or strategy. Thus, our ability to assess the extent to which evidence-based programs are appropriately implemented is critical to understanding the impact of programs on targeted populations. The emphasis on program implementation and fidelity ensures that the forthcoming program-level outcomes reports reflect the true impact of selected programs to the extent that the positive or negative findings are attributable to the program.

Findings from site visit program observations and the program implementation checklist suggest that One ME coalitions must

attend to the details of implementing programs, including who will facilitate them, how they will be delivered, where and when they will take place, and at what cost and to whom. Evaluators deduced from interviews with coordinators that during this first year of implementation, some coalitions encountered problems when trying to implement several model programs simultaneously. In some instances, one program would be delayed as another program received more attention from the coordinator, or multiple programs suffered because none received sufficient attention.

Coalitions seeking to implement model programs in schools must be well prepared to address challenges salient to working in these institutions. They include the following:

- obtain support from all appropriate school administrators, including the superintendents and principals, and other staff as appropriate;
- identify a person on school staff or with whom the school has an existing working relationship to deliver the program;
- show school officials and teachers how the program fits into existing curricula, schedules, and existing school culture, including that of student families; and
- persuade school officials that implementing the program will produce a tangible benefit for the school as an institution.

Model programming for after-school implementation requires further development or adaptation to be effective with youth during that time of day. For certain populations, curriculum materials must be sensitive to potential cultural differences among participant populations. We strongly recommend that coalitions consult with program developers prior to any program modification or adaptation. In cases where coalitions are unable to consult with a program developer, we highly encourage them to contact the OSA prevention team or the One ME project manager to discuss all program modifications.

6.4 TECHNICAL ASSISTANCE NEEDS

Coordinators identified three areas of technical assistance need. The following is a description of the three areas and suggested titles for potential trainings on the topics.

Explaining Confidentiality. The training should address the difference between anonymity and confidentiality and what the two terms mean in reference to the One ME evaluation. A brief description of who has access to data collected should be provided.

Effective Coalition Recruitment and Mobilization.

Coalitions have struggled with delineating roles for their members. They have struggled with recruiting members with the necessary expertise and influence in the community, motivating them to use their skills and to teach existing members new skills. Training or technical assistance should address these areas of concern.

How to Work in Unfamiliar Territory with Schools, Law Enforcement, Government, Youth, Parents, and Alcohol Retailers and Businesses. Many coalitions have developed expertise working with various sectors of their communities, but most report having a particular institution or organization with which they experience difficulty. A training program on this topic could facilitate the sharing of experiences of coalitions and their coordinators.

6.5 STATE-LEVEL RESPONSE

The recommendations put forward in this report focused on improvements at the community and not the State level. However, community-level change can occur at the local level only if State-level activities and policies are available to promote, facilitate, and monitor those community-level activities. The following set of recommendations is intended to offer State-level prevention staff strategies to facilitate the development of community-level prevention activities.

6.5.1 Coalition Functioning

OSA prevention staff need to identify coalitions that are having difficulty reaching their desired level of functioning. Level of

functioning includes, but is not limited to, member participation, decision making, meeting attendance, and member skill development. To the extent possible, one-on-one coaching with key coalition stakeholders (i.e., paid staff and volunteers) represents a strategy that is tailor made and coalition specific. OSA should consider developing a regional prevention network with contract consultants to work directly with local coalitions to increase their capacity. This strategy is particularly significant if the State decides to adopt a SICA-like approach for all prevention efforts across all youth-oriented agencies.

Additional emphasis must focus on how well coalitions are mobilizing and recruiting the needed community partners. This report has highlighted the need to identify *champions* of prevention efforts. These champions can be represented by individuals or organizations; therefore it is necessary that One ME coalition staff recruit and retain a cadre of community partners that will sustain their efforts beyond this current funding. A recommended strategy to address this issue includes the development of strong marketing skills or materials that teach coalitions how to market their coalition's mission to the general community and to key stakeholders (i.e., individuals, organizations, and agencies) within those communities.

6.5.2 Comprehensive Prevention Planning

To date, very few One ME coalitions have completed comprehensive prevention or sustainability plans. It is recommended that OSA prevention staff consider collaborating with the Northeast CAPT to develop training for coalition coordinators to facilitate the development of comprehensive prevention or sustainability plans. However, sustainability plans are recommended in lieu of prevention plans because a comprehensive approach to prevention can be integrated into a coalition's sustainability plan. In developing an appropriate training, OSA prevention staff need to review site visit reports and make an assessment of each coalition's stage of readiness or capacity level. If there is considerable variance in the capacity level of coalitions, an appropriate training may need to compensate for those differing levels by having modified modules.

6.5.3 KIT Solutions

The KIT Solutions is a potentially underutilized tool for data collection and evaluation. OSA needs to explore how One ME coalitions can use the KIT Solutions platform to collect survey data to conduct simple analysis of participant data. OSA also needs to work more closely with project evaluators to determine how to best use KIT Solutions and capitalize on its many capabilities.

6.5.4 Program Implementation and Fidelity

The One ME logic model visually demonstrates the importance of program implementation and fidelity as outputs that evidently lead to changes in youth substance use. Without proper implementation, the probability of reduction in substance use diminishes, and any observed changes are more difficult to attribute to the intervention. Some One ME coalitions had difficulty implementing several parenting programs. Specifically, Parenting Wisely and Guiding Good Choices proved to be the most difficult programs to implement.

Parenting Wisely presented problems in both its implementation and the evaluation of its effectiveness. Although CSAP provides a list of evidence-based programs, not every program is necessarily effective or appropriate for every community. Parenting Wisely's poor implementation and limited data collection suggest that the program cannot provide the desired outcomes or necessary data. However, minor adaptations can provide an alternative solution. If OSA continues to allow coalitions to implement Parenting Wisely, it should consider strongly recommending that the program be integrated into an existing program that serves a "captive" audience. Evaluation findings suggest that this approach is the only viable strategy to gather data from program participants. However, integration with another program greatly diminishes any opportunity to attribute change to Parenting Wisely. The evaluation findings also suggest that the checkout method for Parenting Wisely is not an effective strategy for Maine communities. It is strongly recommended that coalitions use only the group administration strategy. OSA needs to closely monitor the implementation of all funded programs, but we recommend that special attention

be given to parenting programs and programs with high-risk youth.

6.6 CONCLUSIONS

This annual evaluation report provides a comprehensive assessment of One ME activities at the State and community level. One ME coalitions have selected and implemented evidence-based programs based on needs assessment data and community characteristics. Evaluation findings suggest that although some model programs were adapted, most changes were a result of implementation constraints that necessitated the adaptations. Most coalitions encountered difficulties in implementing the parenting programs, which to date have reached few participants. Minimal participation in programming and evaluation data collection activities has limited our ability to test the effectiveness of these programs, and continued poor participation may necessitate their termination unless coalitions are able to develop more effective recruitment and retention strategies.

Our assessment of the State-level activities and collaboration suggest that State agency relationships have occurred with relative success, but they have not yet developed to the level necessary to engender a comprehensive and integrated system. However, Maine's preliminary comprehensive prevention plan attempts to remove some of those barriers to create a seamless system of prevention service delivery. One ME and OSA staff should continue to develop strategies to facilitate collaboration among State agencies that have traditionally not worked together to provide services to youth. The effect of the recent merger of Behavioral and Developmental Services (BDS) and the Department of Human Services (DHS) into the Department of Health and Human Services on July 1, 2004, remains to be seen as this process continues to unfold.

Future evaluation activities will include individual short reports of coalitions' pre- and post-test findings, site visits, and State-level systems change assessment activities. RTI and HZA staff will continue to provide technical assistance to One ME coalitions and One ME workgroups.

Appendix A: Description of State Agencies

A.1 OFFICE OF SUBSTANCE ABUSE

The Maine Office of Substance Abuse (OSA) provides state-level administrative authority for planning, development, implementation, regulation and evaluation of substance abuse prevention and treatment services. Administratively, OSA is comprised of a prevention team and a treatment team. The vision of the OSA prevention team is “A public untouched by substance abuse” and the mission is “To prevent and reduce substance abuse and related problems by providing leadership, education and support to communities and institutions throughout Maine.”

Funds used by the OSA Prevention Team come from a variety of sources:

- Enforcing Underage Drinking Laws monies from the Office of Juvenile Justice Delinquency Prevention;
- Fund for a Healthy Maine monies from the Tobacco Settlement;
- One ME—Stand United for Prevention, SIG monies from the Substance Abuse and Mental Health Services Administration (SAMHSA);

- Safe and Drug-free Schools and Communities Act (SDFS) monies from Title IV-A of the No Child Left Behind Act; and
- Substance Abuse Prevention and Treatment Block Grant monies from the SAMHSA.

Shortly after the inauguration of Governor John Elias Baldacci in January 2003, it was announced BDS and DHS would be merged to form a single large agency—the Department of Health and Human Services. The merger officially occurred on July 1, 2004 although the transition continues presently and requires continued decision-making by the Maine State Legislature.

A-2 BUREAU OF HEALTH

The Maine Bureau of Health (BOH) is an administrative bureau under DHS and has responsibility for public health issues and concerns. The mission of the BOH is to “Develop and deliver services to preserve, protect and promote the health and well-being of the citizens of Maine.”

There are eight divisions within the BOH, within which the Division of Community Health resides. There are a number of programs and services offered by the Division of Community Health that promote substance use prevention among the youth of Maine. Most notably, one of the goals of the Healthy Maine Partnerships (HMP) is to reduce tobacco use and tobacco-related chronic diseases. Some of the One ME coalitions work closely with their local HMP to coordinate activities of the respective initiatives that support reduction in tobacco use among youth age 12-17. In addition there is overlap within some One ME coalitions and the Healthy Communities initiative, a program of the Community Health Promotion Program within this BOH Division. Staff members from other Division of Community Health Programs participate in One ME workgroups.

A.3 DEPARTMENT OF CORRECTIONS

The Maine Department of Corrections (DOC) is responsible for administrative supervision, guidance and planning of the state’s juvenile and adult correctional facilities and programs. The DOC houses three administrative units: Adult Community

Corrections; Juvenile Services; and Legislative and Program Services. The mission of DOC is “To hold the offender accountable to the victim and community and to prevent or reduce the likelihood of juvenile and adult offenders re-offending.” A staff member from the Juvenile Justice Advisory Group within DOC has participated with the One ME Strategies and Awards Workgroup.

A.4 DEPARTMENT OF EDUCATION

The Maine Department of Education (DOE) is responsible for the availability of high quality educational services for all people of the state. “Maine’s people will be among the best educated in the world” is the Department’s vision, supported by the mission, “To provide leadership, focus, support and information to assist Maine school systems and the greater community in achieving high performance for all students.” The DOE is administered through the Office of the Commissioner and six teams: Special Services; Federal Program Services; Management Information Services; Standards, Assessment and Regional Services; School Support Services; and Instructional Technology Services. Representatives from the DOE have been actively involved in the One ME Evaluation and Strategies and Awards Workgroups.

A.5 CHILDREN’S CABINET/COMMUNITIES FOR CHILDREN

The Children’s Cabinet (CC) of the Governor’s Office was created in 1997 to “actively collaborate to create and promote coordinated policies and service delivery systems that support children, families and communities.” Commissioners or their representatives from each of the five departments directly related to children and families participate in the CC. The contracted agencies include: OSA/BDS (representative from BDS attends), BOH/DHS (representative from DHS attends), DOE, DOC, DPS.

Weekly senior staff members from each of the contracted agencies bring issues to the agenda that overlap agency boundaries. Topical areas addressed by the CC include; providing mental health services for juveniles who are

incarcerated (BDS/DOC), or implementing the integrated case management system for families in need of multiple entry points to the social service system, for example a mother with substance abuse issues and a child with mental health treatment needs.

The CC has implemented the Communities For Children (C4C) initiative as a means of providing prevention efforts via partnership between state government and local communities to support assets and protective behaviors while limiting risky behaviors.

A-6 JUVENILE AND FAMILY TREATMENT DRUG COURTS/JUDICIAL BRANCH

The Juvenile and Family Treatment Drug Courts began in October 2002 with the award of funding from SAMHSA. Drug Courts provide intensive treatment regimes for drug-using criminal offenders through a comprehensive program of substance abuse treatment, drug testing, and ancillary services such as educational programs, job training, or recreational planning. The mission of the Juvenile Drug Treatment Court is "To improve the quality of juvenile justice in Maine through timely and effective substance abuse, social services and juvenile justice interventions." The Drug Courts work closely with staff from OSA and DOC.

A.6.1 Office of Substance Abuse Prevention Team Staff

The OSA Prevention Team is comprised of nine full-time staff members, although the state does not fund all of these positions. Some positions are project-based and another person is assigned by the National Guard's Counter-Drug Program. Most Prevention Team members focus primarily on managing contracts or a project funded by a specific source while offering expertise and technical assistance to other team members' contract management and project duties. Prevention Team members have regular contact with staff members from at least one of the state agencies involved in this chapter.

Some Prevention Team members dedicate their time to managing contracts for the 23 community coalitions funded by the One ME SIG to reduce substance abuse in the 12-17 year

old population. The One ME project has three active workgroups built into its functioning structure: Strategies and Awards (Strategies for Healthy Youth as of January 2004); Oversight and Technical Assistance (incorporated the previously inactive Public Communication Workgroup in March 2004); and Evaluation. Each workgroup has representation from at least two other state agencies. Workgroups also have representation from community agencies and One ME coalition coordinators.

Some Prevention Team members dedicate their time to managing the approximately 170 school systems receiving Title IV-A Safe and Drug-free Schools and Communities funding. Schools participate in an annual application process to receive these funds. This initiative is part of the No Child Left Behind Act and therefore closely associated with the DOE.

Other Prevention Team members work primarily on one contract or service such as the Enforcing Underage Drinking Laws Grant, coordinating implementation of KIT Solutions for One ME coordinators and prevention providers, carrying out the parent media campaigns or managing the Information and Resource Center at OSA. In addition these team members manage contracts for the forty programs funded by the Substance Abuse Treatment and Prevention Block Grant. The nature of the Enforcing Underage Drinking Laws Grant lends itself to collaboration between OSA Prevention Team staff and Department of Public Safety staff members.

Appendix B: Response Categories for State Agency Directors' Perceptions of Interagency Collaboration

B.1 SHARED INFORMATION

Two or more state agencies come together for a formal meeting or regular standing meeting to share information or data related to a program or common service population. Examples include:

- staff from DOC and DOE meet to identify youth who are recently released from juvenile detention centers into the public school system and plan for their transition into their community
- staff from DOE and OSA share data to update the annual Maine Safe and Drug-free Schools and Community Act Program: Report on Incidence of Prohibited Behavior and Drug and Violence Prevention
- staff from OSA and JB share information regarding Juvenile and Family Drug Treatment Courts and participate in Steering Committee meetings

B.2 JOINT PLANNING

Two or more state agencies come together for a formal meeting or regular standing meeting to create plans for addressing

common foci among them. Some agencies have worked together to submit funding proposals for Federal funding sources. Examples include:

- leadership from DOC works with BOH/DHS staff to plan the Women's Health Initiative
- staff from DOE, BDS/OSA and DHS/BOH meet as part of the Interdepartmental Coordinating Committee to agree upon a single state-wide youth survey incorporating the Maine Youth Drug and Alcohol Survey (MYDAUS), Behavioral Risk Factor Surveillance Survey (BRFSS), Maine Educational Assessment Survey (MEAS), and the Youth Tobacco Survey (YTS) by 2007
- staff from CC and BOH regularly attend Early Childhood task Force meetings and have conducted joint grant writing

B.3 JOINT PROGRAMMING

Two or more state agencies create and implement a program or service together for a common purpose or population.

Examples include:

- staff from BOH and OSA jointly provide the Reconnecting Youth suicide prevention program to identified school districts throughout the state
- staff from DOE and DOC created a substance abuse prevention program for clients within a juvenile correction facility that provided graduation credits to participants of the program
- staff from OSA and DOE coordinate their efforts to carry out the SDFS Program and meet the requirements of the No Child Left Behind Act

B.4 TECHNICAL ASSISTANCE

Agencies share expertise or data sets to improve upon their contract management or service delivery responsibilities.

Examples include:

- Senior Staff from BDS, DHS, DOC, DOE, DPS share their professional expertise when analyzing policies or developing service coordination procedures
- staff from BOH provide technical assistance to One ME workgroups with regard to experience in implementing a statewide coalition-based tobacco prevention program

B.5 JOINTLY FUND PROGRAM

Agencies or entities pool financial resources to provide a program, service or event for common populations or staff development training topics. Examples include:

- OSA and DOC conduct joint implementation of treatment programs for criminal justice clients through the Drug Treatment Courts
- CC and OSA joined resources to co-sponsor a conference

Coordinate Service Delivery. Two or more agencies work together to adapt policy or create memorandums of understanding between them to provide coordinated services for a particular population. Examples include:

- OSA, BOH/DHS and community agency representatives meet approximately monthly with other community agencies to coordinate and plan for bio-terrorism and natural disasters
- see Table 8 for a listing of memorandums of understanding between state agencies

Appendix C: State Agency Directors' Barriers and Benefits to Collaboration and Stakeholder Participation

C.1 BARRIERS TO COLLABORATION

Respondents of these interviews identify a number of barriers to collaboration, many of which are held in common. Table 9 shows which agency representatives feel certain barriers interfere with their agency's ability to collaborate more effectively with others.

Each respondent identifies limitations created by Federal funding sources as an impediment to collaboration among state agencies. One of these limitations is a result of varied reporting requirements for state-level and community, coalition or school-level grantees. Within the current system, even when state-level collaboration takes place, each agency involved must satisfy the reporting requirements laid out the Federal funding agency leading to multiple reporting systems at the state-level and local-level. The volatile nature of Federal funding also plays a role in whether or how state agencies collaborate. Since collaboration is labor-intensive and requires work that is not specifically funded, it is risky to put this time and energy into obtaining funding that may not last. One

respondent succinctly stated, “Everyone is driven by external expectations.”

Five of the six respondents cite philosophical differences or differing organizational cultures as a barrier to collaboration. Some respondents note the difference in perspectives among prevention versus treatment professionals. While professionals on either side of this divide have an understanding the other’s perspective, they are driven by the need to get their funded work done within the limited resources available. In addition to various professional frameworks, some respondents note distinct cultural differences among state agencies. Leadership styles at the highest levels of management and different organizational work ethics (some agencies or programs within agencies adhere to a 40-hour work week while others commonly work more hours) lead to distinct and diverse local cultures. One respondent notes specifically that different language used to describe prevention within agencies is a barrier—although currently people seem more open to discussing this issue and arriving at agreement on terms. Two respondents identify a vision toward which they hope all state agencies involved in prevention will work toward: state agencies unified in their holistic view of prevention carried out collaboratively instead of multiple single strategies carried out by specific programs or agencies.

Two-thirds of the respondents mention workforce development issues as having a negative impact on collaboration. Respondents identify the combination of factors categorized under this topic. The state workforce has been shrinking due to budget considerations. New positions are not created when programs get funded (most positions are outsourced through community agencies or educational institutions) and some positions remain unfilled when someone retires. The mass retirement of as many as 50% of the state workforce in the next 5 years and subsequent loss of institutional memory or loss of relationships formed between agencies based on personal relationships will affect collaboration. During Fiscal Year 2003-04, key staff members from DOC, DOE and BOH retired, leaving a gap in representation from these respective agencies on One ME workgroups. Regardless of a manager’s

training or inherent style, he or she is required to be hands-on leaving less time for planning and collaborating. Even when the highest levels of management buy into collaboration (i.e. weekly Senior Staff meetings of the Children's Cabinet), there is insufficient time and background knowledge of program details to more clearly guide or facilitate collaborative efforts among subordinates.

Three respondents feel the State budget deficit has an effect on agency collaboration. In these lean times, if programs or agencies have surplus funds at the end of a fiscal year, they will be required to return them to the General Fund. It is less complicated to budget within an agency or program to spend exactly the funds available than to collaborate and run the risk of budget errors that lead to program or agency surplus (or deficits).

Half of the respondents state a lack of time interferes with efforts to collaborate. Since collaboration is inherently labor-intensive and is not typically a funded activity, employees from agencies who collaborate have taken a personal interest in working with one another and in reaching out to community agencies. A related topic cited by half of the respondents is barriers inherent to the collaborative process: labor-intensiveness; challenges with language and definitions of everyone involved; turn-over in staff/representatives; involvement by decision-makers and those affected by decisions; and education about the collaborative process and substantive issues depict some of the reasons.

Three respondents name specific agencies that demonstrate reluctance to compromise when sitting at the table for collaborative efforts. One agency was viewed by two others as inflexible in terms of coming to agreement on how to combine surveys administered among youth in public schools throughout Maine. Another agency cites personalities and bureaucratic processes within an agency as obstructive to better collaboration among agencies. These comments need to be tempered with the fact that all six respondents feel collaboration among state agencies has improved in the past few years and continues to move in a positive direction despite

admission to challenges throughout the process and the need for more work.

C.2 OSA PREVENTION TEAM PERCEPTIONS OF INTERAGENCY COLLABORATION

Ten interviewees were asked to respond to their perception of adequate involvement of relevant people, groups and agencies at the state to create a comprehensive prevention plan. One person feels there is adequate involvement of others since there have been dialogues among individuals and organizations involved in prevention of child abuse, substance abuse, sexual assault and domestic violence. Three respondents feel there is not representation of the relevant stakeholders in creating the SIG-required Comprehensive Prevention Plan. Three respondents feel they do not know enough about the process and those involved to answer. Other interviewees share answers with qualifying statements. Each feels there are great efforts being made on behalf of different state agencies to collaborate and that coordination across agencies has vastly improved in the past five or six years. State agency staff working within the substantive areas of child abuse, substance abuse, sexual assault and domestic violence prevention are working on a global prevention plan concurrently with OSA's Comprehensive Prevention Plan.

Three people note there has been an unprecedented level of cooperation among mid-level state agency management in the recent past and presently. Many of these relationships are the result of the combination of a common belief in and commitment to collaboration, and individual personalities. Another respondent perceives the relationships among mid-level managers are constructive but would like for the information shared and decisions made among them to flow more freely among subordinates to these managers. Some note it will be interesting to see what develops in the future with the recent retirement of three key mid-level managers during FY 2003-04 and the pending merger of BDS and DHS. One person feels there should be better cooperation among top-level management of state agencies.

Although the One ME initiative cannot claim credit for the improvement in state agency collaboration—the formalized agreements outlined in Table 8 and the standing meetings outlined in Table 6 demonstrate relationships prior to One ME. The process of applying for the SIG (twice) and successfully implementing the One ME workgroups has had a positive impact on maintaining or deepening these relationships. Specifically the Strategies and Awards Workgroup is mentioned multiple times as fostering constructive collaborative activity among OSA, BOH, DOE, CC and DOC.

One of the Prevention Team members feels three years is not enough time to build the kind of relationships among state agencies that should be built and maintained. This person maintains hope for OSA learning lessons from coalition-level staff members. She said, “People at the local level have been working together for years and are much better at it than the state-level folks. The state could learn a lot from the community. The new One ME coordinator has a real strength in fostering and supporting local professionals to make contributions at the state level.” Other Prevention Team members also hope OSA will continue moving in the direction of including and relying upon input from coalition experts as work continues on state-level prevention activities.

C.3 OSA PREVENTION TEAM PERCEPTIONS OF BENEFITS TO STATE-LEVEL STAKEHOLDER'S PARTICIPATING IN ONE ME

Nine of the ten people interviewed responded to the question regarding benefits state-level stakeholders receive from participating in the One ME initiative. One person is unclear about who the state-level stakeholders are who could potentially benefit from One ME and refrained from additional comment on this item. The responses fall into four categories: Agency Coordination/Collaboration; Means of Providing Funds to Coalitions; Evaluation; and Miscellaneous.

The most commonly stated benefits relate to agency coordination and collaboration. (Table 10) Seven respondents mention the overlap in prevention topics or populations served among state agencies. Agencies have the opportunity to share

lessons learned both from addressing substance abuse prevention and from funding community initiatives also. Four respondents cite the benefits from specific collaborative efforts: the shared prevention calendar (www.MainePreventionCalendar.org); training events for state staff and coalition representatives; and the prevention data system/network. Three comments relate more generally to the benefits of agencies sharing and maximizing resources. Finally three miscellaneous comments are highlighted in the data.

Three respondents believe funding coalitions is a benefit to state-level stakeholders because there is a greater likelihood of community involvement with prevention efforts at every level, including the state. In addition, coalitions that follow the One ME model and build capacity at the local level have a greater chance of maximizing prevention efforts in place locally, or of obtaining additional resources for prevention efforts. One person acknowledges the One ME evaluation data will be useful to collaborating state agencies. Finally one interviewee feels coalitions are more likely to participate actively in One ME funding requirements due to the amount of the award. State-level stakeholders may be more inclined to actively participate in an initiative when local-level grantees are actively engaged in their prevention efforts.

C.4 OSA PREVENTION TEAM PERCEPTIONS OF BARRIERS TO STATE-LEVEL STAKEHOLDER'S PARTICIPATING IN ONE ME

Nine of the ten people interviewed responded to this question about the barriers they perceive state-level stakeholders face when considering participation in the One ME initiative. One person is unclear about who the state-level stakeholders are who could potentially benefit from One ME and refrained from additional comment on this item. Responses fall into five categories: Bureaucracy and Turf Issues; Categorical Funding; Collaboration Challenges; Scarce Resources; and Miscellaneous.

There are eleven comments related to bureaucracy and turf issues acting as barriers to collaboration on One ME at the state-level. Prevention Team members notice ways in which

employees from other agencies do not have the authority to make decisions during opportunities for collaboration or they use the system in place to make excuses to maintain the status quo. The pending merger between BDS and DHS has made some people insecure about their own positions or the position of OSA within the new Department of Health and Human Services.

The issues of categorical funding and challenges inherent to collaboration are mentioned six times each by Prevention Team members. Two respondents feel the lack of funding interferes with collaboration although one person stated money is not as much as a barrier as other issues. One person believes it is imperative for the success of One ME to have coalition-level involvement at the state level.

Respondents from State Agency Directors interviews and OSA Prevention Team interviews identified many similar barriers to better collaboration among state agencies. Both groups of interviewees mention funding issues and entrenchment in state bureaucracy as the most common barriers to collaboration. Funding issues are referred to as Federal Funding Issues and State Budget Deficit by State Agency Directors interview respondents (Table 9) and Categorical Funding and Scarce Resources by OSA Prevention Team interview respondents (Table 11). State Bureaucracy is the term used by Prevention Team interviewees and Organizational Culture and Agency's Reluctance to Compromise are the terms used by State Agency Directors respondents.

Both groups feel great efforts have been made in state agency collaboration in the past five or six years. Three Prevention Team members note unprecedented cooperation among mid-level managers and one person from this respondent pool laments that top-level management does not work this well together.

An explanation for this recent improvement in state agency collaboration may be related to the increase in numbers of state agencies funding coalitions or communities to carry out population-based prevention or public health initiatives. Many times, multiple funding streams to a coalition or community

flow to a single agency. It requires good communication between the local agency and each of its funding sources and between the state level funding sources to avoid unreasonable burdens on the local stakeholders as they attempt to satisfy the requirements of all their funders.

Appendix D: OSA Prevention Team Perception of Benefits and Barriers of KIT Solutions

D.1 BENEFITS

After research by the One ME staff, One ME Evaluation Workgroup and OSA Executive Management Team in 2002, the performance-based prevention system, KIT Solutions was selected as the data and tracking system for the SIG. The system also is used by other OSA prevention contractors in anticipation of continued use of this system beyond the One ME initiative.

OSA Prevention Team members were asked to share their experiences with the benefits and barriers of KIT Solutions. Responses are categorized as general to all users, state-level and coalition-level.

Interviewees identify twenty general benefits, five of which have between two and five authors: system generates immediate reports and the Sub-recipient Checklist; system is reasonably user-friendly; system has enormous potential; and system captures data potentially otherwise lost with paper-based reporting. Single item responses can be viewed in [Table 20](#).

State-level benefits with two and four responses respectively include the ability to track data in real-time and the ability to identify coalitions' areas of need for technical assistance. Prior to KIT Solutions, written reports arrived quarterly and errors or poor quality work were overlooked until after the fact. With KIT Solutions, OSA contract managers have the ability to view data entered to actively monitor contracts' current activities. The data will also alert contract managers of potential technical assistance needs.

Coalition-level benefits with five and two responses respectively include the system design lends itself to a better understanding of outcomes, targets and verification, and the benefits of learning the system outweigh the barriers. In addition to having access to an extensive "Expert Help" directory, the KIT system is a relational database. The fields are linked in a logical manner and in many situations self-populate with data once the system contains initial details regarding program implementation activities. This will help users to better understand the connections between outcomes, targets and verification more clearly than the previous paper-based contracting and reporting framework.

D.2 BARRIERS

General barriers to effective implementation of KIT Solutions include ten comments regarding the steep learning curve involved in adopting new technology combined with the initial labor-intensive implementation by all users. Two comments address varying levels comfort with technology among OSA Prevention Team members and coalition staff. Using this newly adopted system is terrifying for some people.

In regard to state-level barriers, the largest number of Prevention Team members mentions OSA's lack of capacity and internal support for implementation as a barrier to adoption of KIT Solutions. A couple respondents cite the need for better planning in terms of staff roles and responsibilities, staff time allocation and a more clearly defined implementation plan. In the absence of a clear implementation plan, customizations have become time-consuming and created additional responsibilities for everyone. Internal lack of capacity among

the Prevention Team is demonstrated by inconsistent understanding of the OSA contract process including outcomes, targets and verification. It has been difficult working as a team to implement this new technology when everyone has different levels of knowledge regarding the theory behind KIT Solutions.

Two members of the Prevention Team question the usefulness of the Coalition Module and the Outcomes section within KIT Solutions. Local users are not able to enter or print meeting agendas or minutes in an efficient way using the Coalition Module. In addition it seems Outcomes within the system are useful only on an annual basis to both coalition-level and state-level users. Issues such as these lead some people to call the system into question during this adoption phase of a new technology.

Some respondents note the possibility of barriers that could arise after full implementation of the system. First, KIT Solutions has been created as a SIG data system, so its potential could be limited by adapting it to become a more global prevention data system. Second, there is the potential for Prevention Team staff to become dependent on One ME evaluators if HZA oversees KIT Solutions technical assistance needs for One ME contracts. Finally Prevention Team staff may either spend too much time monitoring contract data entered into the system and not have time for other job duties, or staff may not spend enough time monitoring data which could result in useless information. One interviewee wonders if the delay in implementation is having a negative impact on coalition-level users. The original roll-out date was scheduled for April 2003. Coalition-level users received training in August 2003—although only a small number of One ME coalitions began implementing model programs in the fall of 2003.

Some Prevention Team members feel the amount of time it may take coalition-level staff to enter data into KIT Solutions will act as a barrier to its implementation. At the time of these interviews coalitions with large numbers of program participants worked with their One ME contract managers to either hire a data entry person with One ME funds or obtain student lists from schools to have KIT Solutions download participant information into the system. Since model programs

are implemented in a manner that staggers participant start dates, this did not become the burden many had feared. One Prevention Team member noted the time required to enter data into KIT Solutions may be less than the time required to complete quarterly reports (prior to adoption of KIT Solutions).

The issues of on-going technology training, computer hardware and software requirements and limited local-level use are being resolved with the passage of time. The OSA Prevention Team has taken over on-going training for One ME coordinators and prevention contract holders on an as-needed basis.