# Maine's
# Strategic Prevention Framework
# Guide to Assessment and Planning

**August 2006**

Evaluate

Assess

Cultural
Competence &
Sustainability

Implement

Build
Capacity

Plan

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# Strategic Prevention Framework
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# Contents

# Introduction

Congratulations on being selected to participate in Phase 1 of Maine's Strategic Prevention Framework State Incentive Grant (SPF SIG). The Office of Substance Abuse (OSA) is looking forward to working with you to assess your county's needs and capacity and to develop a strategic plan that will increase your ability to effectively prevent substance use in your county.

Over the next several months, you will be conducting an extensive assessment of the areas where substance prevention efforts are needed, as well as the capacity of your county to engage in evidence-based practices.  Many of you have likely conducted some type of needs and resources analysis in the past, but the Strategic Prevention Framework informs the needs and capacity assessment in ways that are new to most.

This guide will first provide you a brief overview of the Strategic Prevention Framework and how this assessment will differ from those you may have done it before. The guide will then take you step by step through the activities that you will need to undertake to assess local needs and capacities. Throughout this process, the Guide will help you understand what you are assessing and why, suggest data sources and provide methods to collect and compile data.

The end result will be an assessment report that outlines substance consumption patterns and related consequences in your county, identifies some of the causal factors and assesses your county's readiness and capacity to engage in evidenced-based prevention activities.  The report will serve as the foundation upon which you will build your strategic plan for strengthening capacity and implementing evidence-based prevention practices.

To help keep you organized, a checklist of major activities is provided in Appendix A. While the assessment activities are presented in an ordered list, many of them can be performed simultaneously.  Keep in mind that **by June 30, 2007**, you are to submit to OSA:

- An assessment report;
- Draft of your countywide strategic plan that outlines the steps you will be taking to strengthen capacity and implement evidence-based prevention strategies; and
- Memoranda of Understanding (MOUs) between you and your collaborators.

Appendix O provides the format for your assessment report and Appendix P the format for your draft strategic plan.  These appendices, when complete, are the products to submit to OSA.

The state has established two Prevention Centers of Excellence (PCoEs) that are available to assist counties in their capacity assessments.  In addition, staff at Hornby

Zeller Associates, Inc. (HZA), the SPF SIG evaluation firm, and OSA SPF SIG staff and prevention team members are available to answer questions and provide technical assistance to SPF SIG grantees.  Telephone numbers and email addresses for staff at the Prevention Centers of Excellence, HZA and OSA are provided in Appendix B.

## Why Assess and Plan?

A strategic plan for substance prevention efforts is often compared to a roadmap. Continuing the metaphor, the needs and capacity assessment is about gathering information on potential routes, traffic patterns, the number of roads in an area, the condition of various routes, the amenities along the way and the systems in place to maintain all of the above for the duration of your journey.

In addition to increasing your understanding of substance use in your county, completing the Strategic Prevention Framework assessment of needs and capacity will allow your county to target its resources and maximize its impact on substance use. For example, are you targeting the appropriate age groups?  Are there certain towns or geographic areas on which you should focus?  Are there certain substances of greater concern than others?  Where could your efforts be more effective?  These questions are especially important given the current fiscal climate in which resources are scarce and expected to produce results.

The assessment process will function as a tool in a larger effort to strengthen the prevention infrastructure.  It is designed to be a countywide effort and not the sole responsibility of the designated lead agency staff.  It will help collaborating organizations to think more deeply about the specific strengths and needs in your county and to engage in a dialogue about how to best address the issues.

The process may serve to reenergize prevention efforts.  The Strategic Prevention Framework will lead to the implementation of evidence-based strategies that "fit" with your needs.  These strategies may be new to you or may strengthen the prevention work begun through other initiatives such as One ME.

The assessment process entails assessing need and assessing capacity.  These can be accomplished concurrently although they are discussed separately in the Guide. The last portion of the Guide provides a framework within which to develop your strategic plan.

Strategic planning makes it possible to carry out the mission and vision of an organization or group in an effective, orderly way.  It keeps the group on track, helps people develop and implement a prevention plan that is meaningful to their county, and outlines what everyone should be doing to move toward the goals.  A good strategic plan will also provide a means of evaluating progress.  Moreover, the strategic plan will provide the tools for successfully recruiting the funding that will be needed to carry out future work.[1]

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[1] Building Drug Free Communities: A Planning Guide. Alexandria, VA: Community Anti-Drug Coalitions (CADCA), 2001.  p.56

## The Strategic Prevention Framework and Its Application in Maine

**What is the Strategic Prevention Framework?**

The Strategic Prevention Framework is a process comprised of these five steps:

1. Conduct a community needs assessment;
2. Mobilize and/or build capacity;
3. Develop a comprehensive strategic plan;
4. Implement evidence-based prevention programs and infrastructure development activities; and
5. Monitor process and evaluate effectiveness.[2]
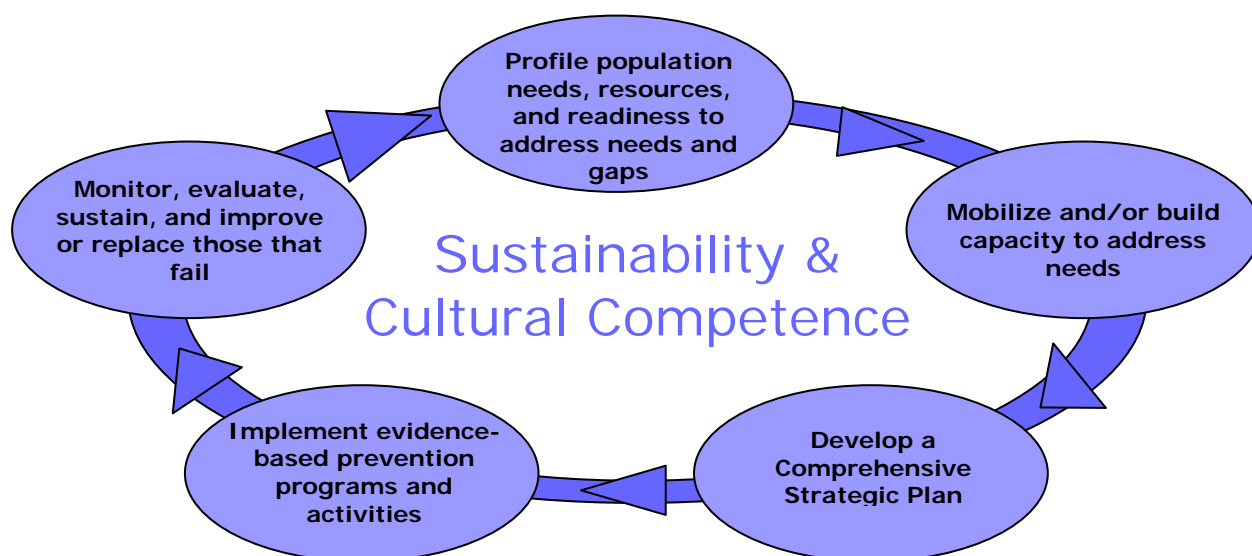


The framework is intended to build state and local capacity to decrease substance use and abuse.

The state has been implementing steps one through three over the past two years. The result of this effort has been the identification of Maine's priorities to address through the Strategic Prevention Framework, articulated in a state strategic plan. Maine's priorities are:

- Decrease morbidity, mortality, injury, disability and other consequences related to substance use/abuse; and

- Decrease alcohol and other drug abuse, including: high risk drinking, marijuana, prescription medication misuse and methamphetamine.[3]

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[2] "SAMHSA Action Plan: Strategic Prevention Framework Fiscal Years 2006 and 2007." Substance Abuse and Mental Health Services Administration. 3 Jul 2006 <http://www.samhsa.gov/Matrix/SAP_prevention.aspx>.

The purpose of this Guide is to assist you through the implementation of the first three steps of the Strategic Prevention Framework at the county level.  Through this process you will assess, work to build capacity and develop a plan to address Maine's priorities. County grantees can also identify and plan to address their own additional priorities.

## How is the Strategic Prevention Framework Different?

The five steps of the framework may not look much different than approaches used in previous efforts such as Maine's first State Incentive Grant, One ME – Stand United for Prevention.  However, the Strategic Prevention Framework is designed to impact **population level change** and is built on **outcomes based prevention** focusing on both consequences and consumption.  Lastly, it addresses the lifespan rather than only a particular age group.

In the past, One ME and other Office of Substance Abuse (OSA) funded prevention programs have tended to be focused on individual-level change.  The Strategic Prevention Framework challenges us to work towards population-level change – that is, impacting whole communities, not just 20 or 50 individuals.  In this way, the framework is a public health approach to prevent and reduce substance-related problems.

## What is Population-level Change?

"Population-level change" focuses on change for entire populations.  By entire populations, we mean collections of individuals who have one or more personal or environmental characteristics in common.[4]

## What is Outcomes Based Prevention?

"The most effective prevention efforts begin with a solid understanding of the problem to be addressed.  Substance abuse prevention planning begins with a clear understanding of the chief consequences of alcohol, tobacco and other drug use."[5]  **Consequences** are defined as the social, economic and health problems associated with the use of alcohol and illicit drugs.  Examples are things such as illnesses related to alcohol (cirrhosis, fetal effects), drug overdose deaths, crime, and car crashes or suicides related to alcohol or drugs.[6]

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[3] Although methamphetamine is potentially an emerging problem in Maine and has been identified as such in Maine's Strategic Plan, you are not required to address it here.
[4] Center for Substance Abuse Prevention, "SPF SIG Overview and Expectations." New Grantee Workshop.
[5] Outcomes-based Prevention: Using Data to Drive Prevention Planning, Implementation, Monitoring and Improvement. Strategic Prevention Framework State Incentive Grant State Epidemiological Workgroup Workshop. Washington, DC: March 16-17, 2006.
[6] Lowther, Mike and Johanna D. Birckmayer. "Outcomes-Based Prevention."  Multi-State Technical Assistance Workshop. Washington, DC. March 16, 2006.

To understand the magnitude of substance use consequences it is important to understand the substance use, or consumption, itself. **Consumption** includes overall consumption, acute or heavy consumption, consumption in risky situations (e.g., drinking and driving) and consumption by high risk groups (e.g., youth, college students, pregnant women).[7] "The way in which people drink, smoke and use drugs is linked to particular substance-related consequences."[8]

The theory behind outcomes based prevention is that there are factors that "cause" substance-related consequences and consumption in communities. We call these factors **intervening variables** (see the box below for examples). It is through positively impacting intervening variables that we achieve population-level changes in substance consumption and consequences.

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**Intervening Variables**
- ∇ Availability of substances (price, retail, social)
- ∇ Promotion of substances
- ∇ Social norms regarding use
- ∇ Enforcement

*Source: examples from "A General Causal Model to Guide Alcohol, Tobacco and Illicit Drug Prevention: Assessing the Research Evidence." Multi-State Technical Assistance Workshop. Washington, DC. March 16, 2006.*

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When intervening variables are identified, only then can we select strategies to address the issues in our communities. It is for this reason that choosing strategies is not discussed in this Guide until we reach the strategic planning phase.

The basic outcomes based prevention model is as follows:
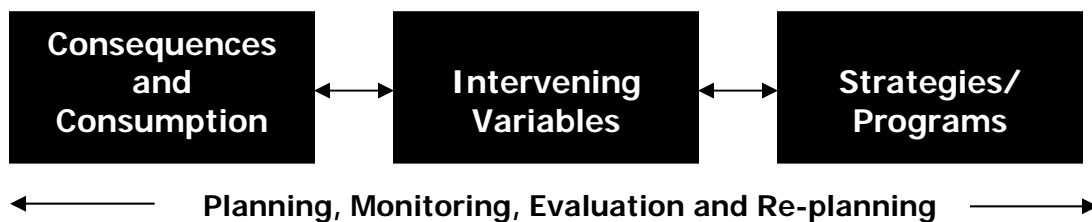
| Consequences and Consumption | ⟷ | Intervening Variables | ⟷ | Strategies/ Programs |

← **Planning, Monitoring, Evaluation and Re-planning** →

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[7] US Department of Health and Human Services. Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention. SPF SIG Overview and Expectations: New Grantee Workshop.
[8] Outcomes-based Prevention: Using Data to Drive Prevention Planning, Implementation, Monitoring and Improvement. Strategic Prevention Framework State Incentive Grant State Epidemiological Workgroup Workshop. Washington, DC: March 16-17, 2006.

Your role in outcomes based prevention in Maine is to:

- Understand the problem to be addressed;
- Assess intervening variables for planning purposes;
- Prioritize intervening variables for action;
- Choose effective and relevant strategies to address the intervening variables.[9]

This Guide is intended to help you employ outcomes based prevention to address substance use and abuse in Maine.

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[9] Lowther, Mike and Johanna D. Birckmayer. "Outcomes-Based Prevention." Multi-State Technical Assistance Workshop. Washington, DC. March 16, 2006.

# Overview of Assessment and Planning Activities

## Assessment of County Needs

The State of Maine examined multiple sources of data as part of its "epidemiological analysis" and has identified the following priorities:[10]

1. High-risk drinking (particularly among youth and young adults)[11]

2. Marijuana use

3. Non-medical use of prescription drugs

Your needs assessment will examine the patterns of consumption and consequences related to these three problems in your county. *You may examine other substances if they appear to be significant problems in your county, even if they do not emerge as priorities in the State assessment.*

The major activities in the assessment of needs are to:

- Establish a committee to oversee and assist in the assessment activities;

- Gather and analyze existing assessments and data to begin to identify the patterns of alcohol and drug use and

> The goal of the needs assessment is to define the substance use problem(s) and related consequences for your county. The more specific details you can gather, the more specifically you can design your strategic plan to target those areas.
>
> The goal of the capacity assessment is to target your resources and readiness to implement and sustain outcomes-based prevention strategies.

the related consequences in your county. Some of this epidemiological data has been provided to you as a supplement to this Guide. Other existing sources include but are not limited to:

- o the statewide epidemiological analysis;
- o GIS maps developed by the PCoE at the University; and
- o past assessments that have been conducted in your county.

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[10] Although methamphetamine is potentially an emerging problem in Maine and has been identified as such in Maine's Strategic Plan, you are not required to address it here. Maine has decided to primarily target high-risk drinking, marijuana use and abuse of prescription drugs with SPF SIG funds.

[11] According to Maine's Strategic Prevention Framework Strategic Plan, "Much of the prevention field has moved to using the term "high-risk" drinking because of concerns about misinterpretation of the term 'binge drinking'. High-risk drinking is a broader term that shifts the focus away from precisely *how much* alcohol is consumed, and instead is based in part on the negative *consequences* of misuse of alcohol." However, the same quantitative definition tends to be used for both terms (5 or more drinks on one occasion).

- Pinpoint the areas where you need more information (e.g., age groups, other subpopulations, geographic areas, aspects of the substance abuse problem).
- Collect more in-depth, county-specific information to fill in gaps in existing information to address those areas. Possible methods to gather this information include, but are not limited to:
  - holding focus groups;
  - interviewing community experts; and
  - completing environmental scans.

Each of these methods for gathering further information is discussed in a later section of this Guide.

## Assessment of Capacity

At the same time that you are engaging in the needs assessment, you will be conducting an assessment of capacity in your county. For your capacity assessment, you will work with staff from the two PCoEs to examine capacity across various domains.

The goals of the examination of capacity are:

1. To help determine areas where technical assistance may be helpful; and
2. To assist in the development of a realistic strategic plan.

## Development of a Strategic Plan

The good news is that by the time you begin to develop your strategic plan, much of the work will already have been done. You will have identified consequences, consumption patterns and intervening variables, as well as factors that impact those intervening variables. The strategic planning process is a matter of turning that information into measurable objectives and prioritizing your goals based on your capacity and available resources. Your last step in the process will identify evidence-based strategies that address those goals and will lead to a reduction in substance consumption and negative consequences.

The strategic planning section asks you to:

1. Assemble a planning team;
2. Review your needs and capacity assessment;
3. Develop a vision statement;
4. Articulate your problem statement(s);

5. Define your goals;

6. Identify measurable objectives for each goal;

7. Identify strategies for each objective;

8. Develop action steps to achieve each strategy;

9. Create a funding plan; and

10. Write your plan.

## Needs Assessment Part I: Examination of Existing Information

The data collection portion of your needs assessment will be like a choose-your-own-adventure book. That is, your next actions will be determined by your answers to "what do we still need to know?" and "how do we get that information?" There are many points throughout the process where you will have answered as many questions as you can with the information that you have. In order to answer more questions, or gain a depth of understanding, you will collect additional information - hold focus groups, interview local leaders or re-examine existing data to identify patterns or to understand the reasons the data appear as they do, for example. The tools in the appendices will help you answer the important questions and indicate points where you should pause to identify knowledge gaps. Figure 1 illustrates the process for the needs assessment.

**Strategic Prevention Framework Step 1: Assess**

**Figure 1. Needs Assessment Process**
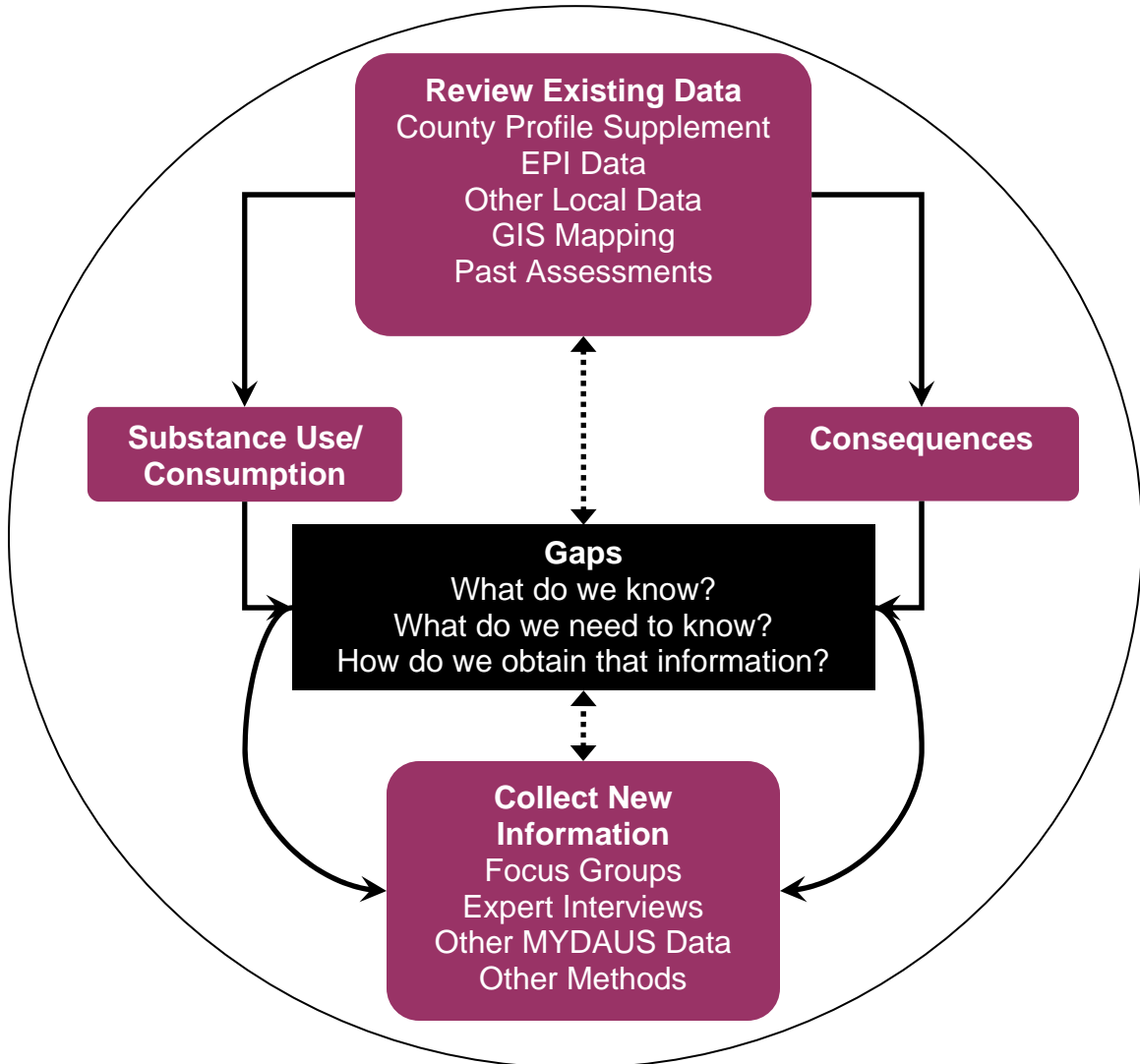


As the diagram shows, needs assessment can go on forever, and to some extent it should.  However, assessing needs and collecting data should be done strategically, to ensure that you are still on track with your strategy and resource allocation, or to identify new needs that may arise. That is, you need a clear plan for collecting the information critical to your assessment in as efficient a way as possible.

There is so much information out there that it is easy to get off track.  You need to stay focused on the priorities Maine has identified: high risk drinking among youth and young adults, marijuana use, and the nonmedical use of prescription drugs, as well as any county-specific priorities you are likely to include in your plan.

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*When to Stop Gathering Data*

Has anyone ever said to you "The more you know, the more you know you DON'T know!"?  It is sometimes hard to gauge when you should stop gathering data and start analyzing what you have collected.  Try not to get hung up on one detail or target population if it is keeping you from moving ahead with your analysis.  *It is OK if there are still things missing or areas where you want to gather more information!*  Remember that your strategic plan can always include longer-term strategies to gather more information about concerns that were not captured by this assessment.

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## Establish an Assessment Committee

Before you begin to collect or analyze data, you should establish an **assessment committee** to oversee and conduct the needs and capacity assessment for your county.  Representatives from your collaborating organizations should be included on this committee.  You may want to include some members from the community as well.  The key is to ensure that you have geographic coverage, members who can speak to

☑ **Action Step:**
Establish a Committee

the lifespan focus of the Strategic Prevention Framework and members who have an array of experiences so your work can be conducted in a culturally competent way.  One of your first agenda items should be to agree on a decision-making process for the committee and to determine an acceptable timeline for the assessment.  You will need to establish roles and articulate who will be responsible for making sure each portion of the assessment gets completed.  Make sure that these agreements are recorded and that everyone understands the goals and objectives of the needs and capacity assessment so that the process runs as smoothly as possible.  Appendix C provides a simple table you may wish to use to track roles and responsibilities of your committee members.

## Gather Existing Data and Assessments

### *Epidemiological Data*

SPF SIG requires data-driven decision making.  Pulling from multiple data sources, the State compiled **Maine's SPF SIG Substance Abuse Epidemiological Profile** from which it identified its priorities.  The State's epidemiological study examined substance use and consequence information from the following sources:

- Behavior and Risk Factors Surveillance System (BRFSS)
- Fatality Analysis Reporting System (FARS)
- Juvenile Crime and Data Book
- Incidence of Prohibited Behavior and Drug and Violence Prevention, Safe and Drug Free Schools (SDFS)
- Maine Drug Enforcement Agency (MDEA)
- Maine General Population Household Survey (MGP)
- Maine Youth Drug and Alcohol Survey (MYDAUS)
- National Center for Health Statistics (NCHS), Multiple Cause of Death Public Use Files
- National Survey on Drug Use and Health (NSDUH)
- Prescription Monitoring Program (PMP)
- Treatment Data System (TDS)
- Uniform Crime Reporting (UCR)
- Youth Risk Behavior Surveillance System (YRBSS)

The State requires counties to examine epidemiological data relating to consumption and consequences for their county. To aid you in this endeavor, HZA has compiled a detailed **County Profile Supplement** that presents the state epidemiological data that is relevant to your county as well as additional MYDAUS and OSA indicators on substance use.  The alcohol or drug-related consequences included cover such areas as:

- Alcohol or drug-related school suspensions;
- Car accidents involving alcohol;
- Arrests;
- Mortality;
- Drug overdoses; and
- The number of adults seeking treatment for alcohol or drugs.

As you review the County Profile Supplement's charts and tables, ask your committee to consider the following questions:

- Does the consumption of one substance appear to be more of a problem than others?
- Does one consequence appear to be more of a problem than others?
- Is there a pattern of consumption among certain grades or age groups that is of particular concern?
- How does your county compare with the State?

In addition, Appendices D, E, F and G (optional) can be used to guide your examination of the consumption and consequence data contained in the County Profile Supplement.

The purpose of this exercise is to get you to focus on the consequences of substance use in your county.  This will lay the foundation for your strategic plan.

### *GIS Maps*

During the state-level needs and capacity assessment, the Prevention Center of Excellence (see box) at the University of Maine began an examination of underserved areas using Geographic Information Systems (GIS) mapping.  These maps are available online at:

> **Prevention Centers of Excellence**
> OSA has funded to two Regional Prevention Centers of Excellence (PCoE) located at the University of Maine in Orono and the University of Southern Maine.  Among other tasks, the Centers will provide technical assistance, facilitation and support for grant recipients on a regional basis.
>
> Source: State of Maine RFP #206080

http://www.maine.gov/dhhs/osa/prevention/community/spfsig.  You may contact University of Maine PCoE staff for assistance on interpreting their meaning.

### *Other Data Sources*

You may want to ask around about gaining access to local sources of information.  These can include (but are not limited to):

- Police reports;
- School incident and discipline reports;
- Court records;
- Medical examiner data;
- Hospital discharge data; and
- Emergency department data.

All these sources of information have pluses and minuses.  Many are not computerized and may raise privacy concerns.  You may have to reach agreements with the organizations or agencies in order to gain access to the records.  However, these records can be rich sources of information to help you pinpoint substance-related consumption and consequences in your county.  For example, obtaining the number of emergency room visits that involved the non-medical use of prescription drugs would be an appropriate and data-driven way to identify whether the consumption of prescription drugs is a concern in your county.[30]

Maine's Epidemiologist will be available to advise you on how to best gain access to and analyze these local data.

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[30] Data Collection Methods: Getting Down to Basics June 12, 2006. Center for Application of Prevention Technology. Module #2, "Using Existing Data: Sources of Local Data."

## *Review Previous Needs and Resource Assessments*

OSA requires you to gather and review any previous needs assessments that have been conducted throughout your county over the last five years and might be relevant to substance abuse issues. Identify the aspects of the assessments that are relevant to

> ☑ **Action Step:** Gather and review assessments previously conducted in your county.

substance abuse prevention, particularly to priority consumption patterns and the related negative consequences. What you find will help shape your subsequent data collection efforts. Appendix H provides a table to help you compile the findings from the prior assessments.

# Needs Assessment Part II: Identification of Information Gaps and Collection of Additional Information

**Strategic Prevention Framework Step 1: Assess (continued)**
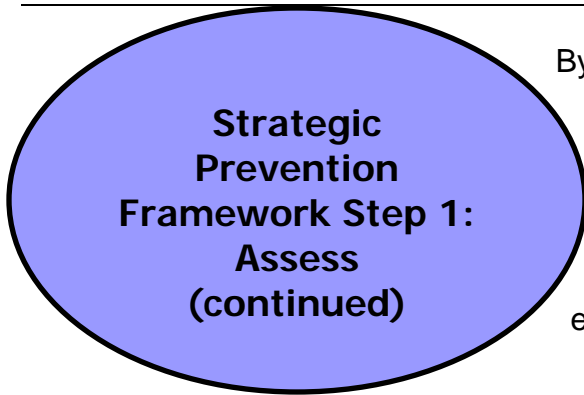
By now you have probably come to the conclusion that the data you have reviewed thus far is not enough to give you the whole picture. The next phase of the needs assessment asks you to begin to think about intervening variables. This will build upon what you have learned and help focus further information gathering efforts.

**Begin to Identify Intervening Variables and Contributing Factors**

Once you have examined available data and considered the assessments that have been conducted in your county, stop and review what you have learned thus far.

- What are the common themes across the data sources?

- What findings from the needs assessments agree or conflict with the data you have examined?

- What do the findings tell you about consumption patterns and consequences in your county?

> ✓ **Action Step:** Review the data and past needs assessments and identify common themes.

At this point, you need to think of the data you have collected in terms of the **intervening variables** that influence the use and consequences of each substance. Remember, intervening variables represent a group of factors that social scientists have identified as influencing the occurrence and magnitude of substance use and its consequences. The Strategic Prevention Framework is built on the idea that making changes to these variables at the community level will cause changes in substance use and related problems. Intervening variables already identified as priorities in the State needs assessment include:

- Enforcement;

- Retail access/availability;

- Social access/availability;

- Price and promotion of substances;

- Social norms:
    - Community norms;
    - Family norms; and

- Perceptions of risk and harm.[31]

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[31] The State Strategic Plan identifies intervening variables for underage drinking based on an analysis of MYDAUS data. However, prevention research suggests that there are other intervening variables; it is these intervening variables that are listed here.

**Action Step:** Look at the information you have gathered so far in terms of intervening variables and contributing factors.

**Intervening variables** are broad factors that manifest differently in different communities. It is your job to define what it is about each intervening variable that contributes to substance use and consumption in your county. Using marijuana as an example: the issue may be that in one community people who use marijuana believe that they will not get caught because even though the police are working hard to enforce the laws nobody hears about anyone who got caught (perception about enforcement). In another community, police may not in fact spend their time enforcing laws around marijuana use because other substances pose a bigger problem (focus of police enforcement). Both of these factors contribute to the intervening variable of enforcement (perceived or actual) related to marijuana use. Each of the intervening variables e.g., social access, promotion and community norms, is shaped by **contributing factors** as well. Figure 2 illustrates potential contributing factors for the intervening variable of retail access/availability.

**Figure 2: Sample Contributing Factors to the
Intervening Variable of Retail Access/Availability**

Alcohol:

1. High number of alcohol outlets

2. Convenience stores selling to minors

**Retail Access/ Availability**

Marijuana:

1. No ID checks for rolling paper sales

2. High number of "head shops"

Prescription Drugs:

1. "Prescription happy doctors"

2. Doctor shopping
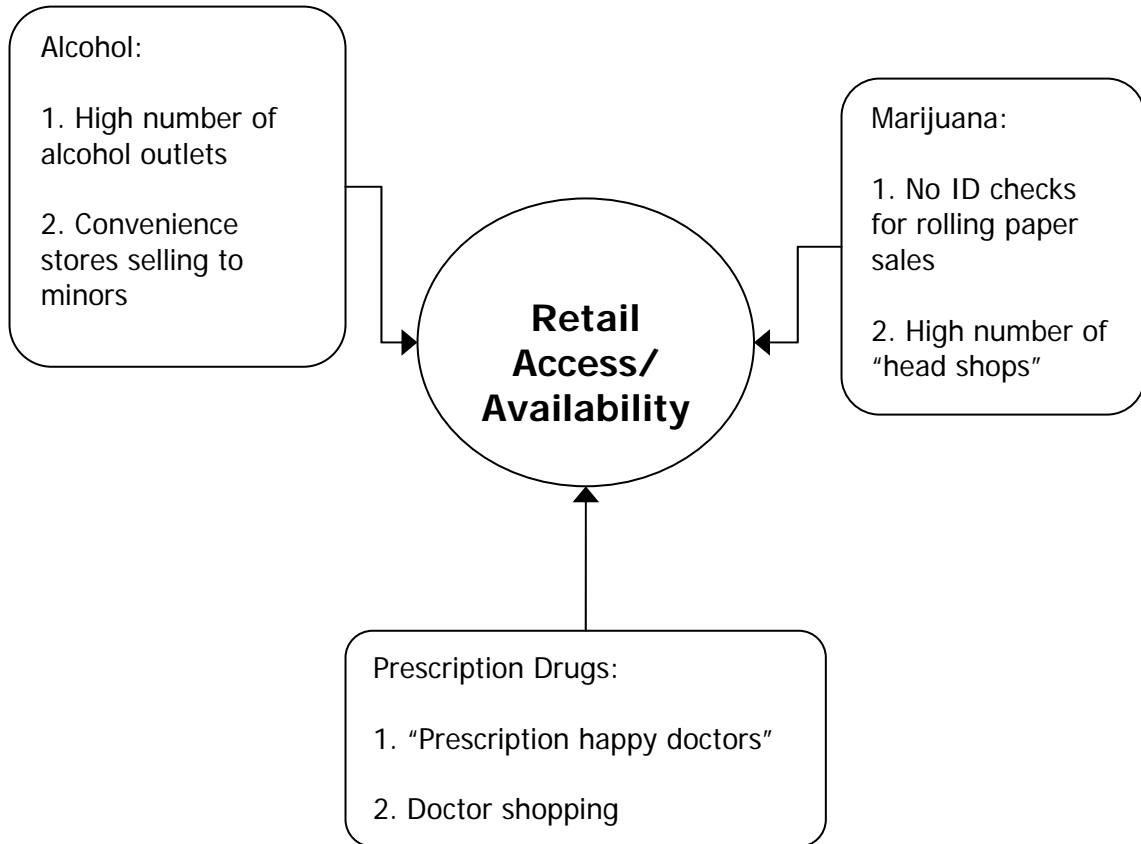
Appendix I provides you with a series of tools similar to Figure 2. These tools are intended to help you brainstorm and identify the contributing factors in your county that are associated with each intervening variable. Use your needs assessment information to inform your selection of contributing factors. Do not dismiss factors simply because you have little to no data to support them. It is these factors and gaps in knowledge which may be used to shape your data collection needs, the focus of the next section of the Guide.

Intervening variables and contributing factors for drug use are more difficult to identify than those for alcohol, due in large part to the illicit nature of the substances. However, Maine's epidemiological analysis concluded that many of the same indicators and factors that contribute to problem alcohol use also impact prescription drug misuse and marijuana.

> Identifying the contributing factors is key to selecting appropriate prevention efforts to employ in your county.

**Identifying Gaps in Needs Assessment Information**

A "knowledge gap" is a general term for any area where you do not have enough information to answer an important question. To identify knowledge gaps, look at the consumption and consequence data you have gathered and ask yourself:

- *Who* is involved in the problem (age, gender, income, race/ethnicity, area/town)?
- *Where* does the problem occur?
- *When* does the problem occur?
- *Why* is the problem occurring?

If you answer "I don't know", you may need to collect more information to fill your knowledge gap. This will add depth to your understanding of the patterns and problems associated with a particular substance.  In addition, ask yourself what you know or still need to know about the intervening variables and contributing factors that you brainstormed for your county.

**Action Step:** Create a plan for information collection.  See Appendix J for a suggested format.

Then, you need to develop an **information collection plan**, an explanation of how you will gather information you need to complete this assessment.  Appendix J will help you to document what gaps exist in your assessment and how you will shape your data collection.

Your approach may include multiple methods, such as:

- Focus groups;
- Interviews with "community experts";
- A scan of businesses, public areas, local media or other environments; and/or
- Surveys.

Each of these data collection methods has benefits and drawbacks.  Selecting which methods to use, and how you choose to use them, will be determined in large part by what knowledge gaps you identify after your review of existing data and your preliminary exploration of intervening variables and contributing factors.

| Summary of Data Collection Methods | | |
|---|---|---|
| **Type** | **Pros** | **Cons** |
| Focus groups | Supplements data findings with personal experiences and perspectives. | Time consuming to develop questions and arrange groups. It can be difficult to recruit participants. |
| Expert Interviews | Collects on-the-ground knowledge of policies and practices. | Data are based on interviewee's perceptions/biases. |
| Environmental scans | Efficient way to measure availability and promotion. | Difficult to conduct for a large geographic area. |
| Surveys | Collects the information you want; allows for statements such as "20% of residents responded that…"; can be compared to other data. | Require technical knowledge to design. Can be very time consuming and too few responses can make results invalid. Can be costly. |

For any of these collection methods, it is important to focus your data collection to obtain information for a purpose. For the Strategic Prevention Framework, the main purpose of data collection is to clarify consumption and consequence patterns, to identify priorities and to further define intervening variables and contributing factors.

**Collecting Information to Fill in Gaps**

*MYDAUS Data*

The County Profile Supplement you looked at in the early stages of this assessment includes only a small portion of MYDAUS data and focused on consumption and consequences. MYDAUS is one of the strongest data sources you have at your disposal, so it is recommended that you go online to examine those MYDAUS results that pertain to the intervening variables you began to think about. These data can be examined by individual question and/or by scale (e.g., laws and norms favorable to drugs). A scale is made up of a set of questions. For example, the *laws and norms favorable to drugs* scale is a set of questions that includes the following:

- If a kid smoked marijuana in your neighborhood, would he or she be caught by the police?

- If a kid drank some beer, wine or hard liquor (for example, vodka, whiskey, or gin) in your neighborhood, would he or she be caught by the police?

- If a kid carried a handgun without permission in your neighborhood would he or she be caught by the police?

- How wrong would most adults (over 21) in your neighborhood think it is for kids your age: to use marijuana? to drink alcohol? to smoke cigarettes?

The MYDAUS data can be accessed via the OSA website, located at: http://www.maineosa.org/data/mydaus. The MYDAUS website allows users to generate reports at various levels, including: state, region, county and school district/school.

<table>
<tr><td>☑ **Action Step:** Examine additional MYDAUS reports pertaining to norms, perceptions and accessibility.</td><td>State, regional and county reports are available to the public; the school district and school reports require a user name and password. User names and passwords are provided to superintendents and principals of those schools participating in the MYDAUS. Appendix K provides more information on utilizing the MYDAUS website.</td></tr>
</table>

As you look at the MYDAUS data, consider questions such as the following:

- How does your county compare with surrounding counties? Your region? The state?

- Do perceived risks from alcohol and drug use vary by grade and/or gender?

- Do perceptions of social norms and attitudes about to alcohol and drugs vary by grade and/or gender?

Because SPF SIG focuses on the lifespan, but MYDAUS only provides data on middle and high school students, this Guide asked you to complete an information collection plan to identify how you will collect information not readily available from existing data sources such as MYDAUS. Following is an overview of the different methodologies and some tips for employing them you may use to collect additional information.

### *Focus Groups*

Focus groups can be used to gather qualitative information from your community about issues and attitudes. They are typically led by a facilitator who presents a small number of targeted questions and facilitates the discussion. Participants share ideas and observations that can clarify issues for you or present new perspectives. Compared with surveys and other methods, focus groups allow you to delve more deeply into a topic area or to probe for more information. Focus groups also can lead you to topics or points that you had not considered. Recruiting and conducting effective focus groups can be challenging and time consuming.

> **Focus Groups with Youth**
> You will need to obtain parental permission for youth to participate in your focus group. To make this easier, consider asking the parents of your youth participants to be in your parent group. Then hold the youth and parent focus groups concurrently in order to facilitate participation.

The purpose of your SPF SIG focus groups is generally to gain the community's perspective on substance use and related consequences. Your questions can be tailored to address specific areas in which you need more information such as intervening variables and contributing factors.

Your focus groups may be targeted to different age groups (see box for tips on holding youth groups) or you may wish to bring people from certain geographic areas or

community sectors together.  Your assessment committee will be especially useful in making decisions about who to invite and how to encourage them to participate.  Below are some focus group guidelines.

## Developing Focus Group Questions

When developing a focus group protocol and questions, there are some considerations to keep in mind.

- Rely on a small number of core questions, usually 10 to 12.  Focus groups should not last more than 90 minutes and you need to allow enough time for everyone in the group to respond.

- Use broad, open-ended questions.  Do not ask questions that elicit a "yes" or "no" response as these tend to end the discussion.

- Ask participants to speak from their own experiences. It is more useful to ask about their experiences that what they or other people think.

- Start with an easy, non-threatening question that everyone should be able to answer.  This will break the ice and provide a sense of who is shy and who might dominate the conversation.

- End by asking if participants have anything else to add.[32]

## Preparing for a Focus Group[33]

When preparing for a focus group, follow these steps:

- Find someone to lead the focus group.  This person should have experience facilitating groups, be a good listener and know something about the topic, but have the ability to appear neutral about participant opinions.

- Find a note-taker to record what is said.  Focus groups are often tape-recorded, but only with permission from the group members.

- Decide whom you will invite.  The groups should be carefully planned so as to create a non-threatening environment in which participants feel free to express their opinions.

- Determine whether you will need to provide some type of incentive for people to participate.

- Decide when and where the focus groups will be held.

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[32] Data Collection Methods: Getting Down to Basics June 12, 2006. Center for Application of Prevention Technology.  Module #3, "Collecting Your Own Data."

[33] State of Maine Department of Health and Human Services. Office of Substance Abuse. Guide to Assessing Needs and Resources and Selecting Science-Based Programs. Portland, ME: Hornby Zeller Associates, Inc., 2003.

- Review your focus group questions. Are there other questions you want to delete or add? Are there questions you wish to re-word? Develop more probing questions if you feel it is necessary, particularly based on other information you have collected.

- Recruit your members. It is suggested that your groups each have between six and ten people. Ensure that you obtain written permission from a parent or guardian for youth to participate.

- Make sure you have all of the materials you will need for the groups ready in advance (e.g., a copy of your questions and probes for the facilitator and the note-taker, pens or pencils).

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## Conducting a Focus Group

- Thank the participants for agreeing to be a part of the group.

- Have the participants introduce themselves by first name only.

- Explain the purpose of the group and why those in attendance were recruited to participate.

- Explain how the meeting will be structured and the ground rules. Common ones are:
    o Only one person should speak at a time;
    o Be respectful of the opinions of others;
    o Everyone is encouraged to participate; and
    o Participants will not be identified to anyone or in any report and their opinions and responses will be anonymous.

- Make sure all participants have an opportunity to be heard.

- When you have finished with the focus group questions, ask if people have any other comments. Tell the participants how their input will be used and thank them for participating. You may want to prepare a summary of all of the focus groups you conduct and distribute the summary to the participants.[34]

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## Analyzing Focus Group Results

Soon after each focus group, while the information is fresh in your mind, review the information that was recorded. What are the common themes? Did you hear anything that you want to follow up on or learn more about? Write down your thoughts and keep them with the notes. Appendix L provides a guide for recording and analyzing what you saw and heard in the individual groups. Appendix M provides a tool for you to summarize the findings from all your focus groups.

> ✓ **Action Step:** If you conducted focus groups, summarize what you learned. Appendix M provides a structure to organize your findings.

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[34] Adapted from "Community Tool Box." University of Kansas. 29 Aug 2006 <http://ctb.ku.edu/> and Needs Assessment & Strategic Planning – Community How to Guide on Underage Drinking Prevention, National Highway Traffic Safety Administration, March 2001.

### Interviews with Community Experts

Community expert interviews can provide you the perspectives of people who observe and monitor community functioning. Their perspectives can provide a meaningful assessment of substance use and consequences observed within their areas of responsibility. They can also add to your knowledge of intervening variables and contributing factors by lending understanding to the "when, why, and where" of substance use and the related consequences. Principals, teachers, school counselors, caseworkers, sheriffs, parks and recreation staff, shelter staff, probation officers, police officials, pharmacists, youth, doctors, hospital staff and emergency responders are examples of community experts. One risk is that you may get a slanted or one-sided perspective on a problem. For this reason it is important to consider what others have to say and what your other data tell you.

Based on the initial data examined and the knowledge gaps that you have identified, you determined what types of experts should be contacted. Your next task is to develop a list of the questions that you would like to ask. Try to limit the number of questions to ten so that you can leave some time for open-ended discussion. Some broad areas you may want to explore include the following:

- Do policies on substance use exist? If so, on what level (formal or informal)?

- Are there clearly defined penalties for violations?

> **Tip:** Expert interviews allow you to ask the interviewee specific questions that may address a specific knowledge gap. Open-ended questions provide general themes for discussion, but allow community experts to introduce their own ideas and issues.

- Are laws and policies enforced? Are they enforced consistently? If not, where are the variations?

- What substance(s) (alcohol, marijuana, prescription drugs or other) pose a threat to the community? Why?

- What consequences of substance use has the interviewee witnessed?

Once you have decided whom you are interviewing and what questions you will ask, follow these steps:

- Obtain the names and contact information for local community experts that represent the perspective you would like to obtain.

- Contact the individuals and ask them if they would be willing to participate in an interview and if not, could they designate an alternate.

- Explain the purpose of the interview and briefly discuss the purpose of the SPF SIG assessment.

- Assure the person that the responses to the interview questions will be confidential.

- Schedule a time to meet.

Again, make sure that the interviews are focused on one of your identified knowledge gaps. Keep in mind that by interviewing different types of community experts, you will minimize the risk of obtaining information slanted by strong opinions and will keep the data more reliable. For example, people representing schools, hospitals or local non-profit agencies may offer perspectives that differ from those provided by judges, district attorneys and law enforcement agencies.

You may use some yes/no or multiple choice questions in your expert interviews, which can be analyzed quantitatively. However, open-ended interview questions need to be analyzed in a way similar to that used for focus groups. The responses need to be carefully reviewed to identify the primary themes among interview participants. The themes should first be identified for a specific group (e.g., law enforcement) and then compared to other groups (e.g., emergency personnel). In some instances the groups will concur with one another, and in other instances the groups will report variations in opinions.

> ☑ **Action Step:** If you conducted interviews, summarize what you learned. Appendix M can be adapted for this purpose if you wish to use that format.

### *Environmental Scans*

Environmental scans are observations of various aspects of your community. For example, you could examine the practices businesses use to promote and sell alcohol products. Or you could review the use of public spaces and advertisements in print, radio and television to get an idea of the number of promotion versus prevention messages that are in the community. While an environmental scan is not required and is not particularly useful for substances other than alcohol, it can be particularly useful to obtain more information about retail availability and promotion. Remember, whether or not you conduct a scan and what information you collect should be directly linked to the knowledge gaps that you identified.

An environmental scan can be difficult to conduct in a way that represents your entire county, particularly if it covers a wide geographic region. Because you likely do not have the resources to conduct a countywide scan, one way to focus your efforts is to target areas with a high density of alcohol outlets. Appendix N provides a list of the number of active liquor licenses within each county, broken out by town.

Finally, if you want to find out the extent of advertising and how much of it promotes substance use and how much of it is dedicated to prevention messages, you may want to do a scan of local media coverage, advertising and public service announcements in print, radio and television advertising.

*Surveys*

Surveys allow you to collect specific information on individual attitudes, beliefs, and behaviors.  They are not required as part of this assessment and you may find that you do not have the time or resources to conduct a survey.  You may however wish to include this methodology in your strategic plan as a future action.  Surveys allow you to make statements such as "Twenty percent of college students surveyed report that …" Surveys also allow you to make comparisons to national or state data, or to gather information on an issue not included in a standardized survey.[35]  However, conducting a survey requires technical knowledge of survey design and administration and can be costly to administer.  Moreover, it can be difficult to get enough people to respond to a survey, and often requires significant follow-up activity. Too few responses can make your results invalid. We recommend that you involve OSA's Epidemiologist if you consider collecting your own survey data.

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[35] Adapated from <u>How Do We Know We Are Making A Difference? A Community Alcohol, Tobacco, and Drug Indicators Handbook</u>. Boston, MA: Join Together, 2005.

# Capacity Assessment

Step 2 of the SPF SIG process is to mobilize and build capacity. Capacity includes the human, technical, organizational and financial resources necessary to monitor affected populations and to implement substance abuse prevention in a culturally and socially sensitive way. It also includes being ready, willing and able to identify and successfully utilize information from, and also network with, external organizations and resources at the local, state, and national levels.[36] At this point you are being asked to assess your current capacity.

**Strategic Prevention Framework Step 2: Mobilize/Build Capacity**
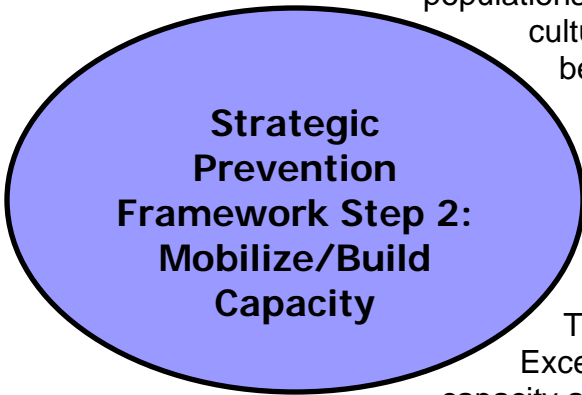
Toward this end, the Prevention Centers of Excellence have developed a process for assisting with capacity assessment and for providing technical assistance, should you need it, as you build your capacity to implement or expand substance abuse prevention in your county. The RFP for this grant states that grantees must include in their Needs, Resources and Readiness Assessment "the results of a self-administered Readiness Assessment." An assessment team representing the two prevention centers will meet with each grantee to discuss the readiness assessment, and additional capacity issues, and to prioritize areas where the prevention centers can offer assistance.

☑ **Action Step:** Meet with the PCoE assessment team to determine priority needs for capacity building.

On the last page of your Assessment Report (Appendix O), you are asked to attach your capacity assessment, and to identify strengths and areas needing capacity building. The PCoEs' assessment process will generate a capacity assessment document that will identify these for you. Your strategic plan will include actions to build capacity in the identified areas.

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[36] PCoE definition of capacity.

# Reporting Your Needs and Capacity Assessment Findings

It is now time to bring together the findings of your assessment of needs and capacity. Appendix O provides a template for you to complete your Assessment Report. This is one of the products that OSA is requiring of you. The template has been designed to put your assessment findings into the context of the Strategic Prevention Framework and summarize them in a way that will assist in you in identifying priorities and moving into the strategic planning phase of the grant.

Before completing the Assessment Report, revisit the brainstorming activity you completed on identifying contributing factors and make any adjustments given new information collected in Part II of your needs assessment. This review will help you complete the report.

> **Action Step:** Revise the brainstorming activity on contributing factors given what you learned in the second part of your needs assessment.

The Assessment Report begins by asking three questions about what you learned initially, that is, from Part I of the needs assessment, and what knowledge gaps were identified. The report then asks you to link what you have learned about intervening variables to consumption and consequences in your county. The last part of the report pertains to the capacity assessment.

> **Action Step:** Complete the Assessment Report found in Appendix O.

Hopefully, as your compile your information, you will find that results from different methods of information collection (e.g., interviews and focus groups) converge or overlap in a meaningful way. Another strong finding would be when different segments of the community (e.g., parents and school officials) share common beliefs about substance abuse issues. Finally, if your focus group results, for example, support the epidemiological or other data you reviewed, you also have a strong finding. However, your results may reveal true differences in opinion or conclusions. Then you have two

> ***Things to consider:***
> ✓ How much will you weigh the findings from each data source?
> ✓ How will you address contradictory findings?

choices – continue to collect information to see if you find more commonality or accept and explain the conflicting findings and conclusions in your assessment report. The lack of consensus is an important finding and may influence your strategic plan.

**Your final Assessment Report is to be submitted to OSA by June 30, 2007.** However, since you are likely to have completed it earlier in the year, submitting it earlier would help OSA, HZA and the PCoEs understand the context for your strategic planning. A revised version can always be submitted as your final product in June if you make changes as your work proceeds.

# Strategic Planning

**Strategic Prevention Framework Step 3: Plan**

Step 3 of SPF SIG is planning. "Planning involves developing a comprehensive, logical and data driven plan to address the problems identified in Step 1 with the current and future capacity developed in Step 2 of the Strategic Prevention Framework."[37]

The strategic planning activities will be to:

- Assemble a planning team;
- Review your needs and capacity assessment;
- Develop a vision statement;
- Articulate your problem statement(s);
- Define your goals;
- Identify measurable objectives for each goal;
- Identify strategies;
- Develop action steps to achieve each objective;
- Create a funding plan; and
- Write your plan.

## Assemble a Planning Team

Just as you convened an assessment committee for the needs and resources assessment, you will need to pull together a planning team. This may be the same as your assessment team. More likely, this will be an opportunity to involve new community members and organizations that were highlighted as important during your assessment.

"Moreover, your ability to create a culturally competent substance prevention plan is maximized by involving the various subpopulations present in your county in all phases of the implementation process, as well as in the interpretation of outcomes."[38] As you assemble the team, be sure that its members represent the various subpopulations of particular interest to your county.

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[37] US Department of Health and Human Services. Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention. SPF SIG Overview and Expectations: New Grantee Workshop.
[38] "21st Century SIG/Prevention Block Grant." Definitions. 29 Aug 2006 <http://wind.uwyo.edu/sig/definition.asp>.

**Review Your Needs and Capacity Assessment**

At one of your first planning meetings you will want to review the purpose of the strategic plan and review the findings of your needs and capacity assessment. The Assessment Report you prepared should be sufficient, but you may wish to share more detailed findings as well.

**Develop a Vision Statement**

While much of the work you have done so far is focused on the past and present conditions in your community, it is now time to develop a vision for the future. A vision statement is a "description of that ideal end-state"; it should "indicate what the group is striving to achieve."[39]

> *A vision statement should always be positive, personal and inspirational. The vision statement paints the big picture: where the organization is now, and where it needs to be going. The statement should provide a framework for decision making. Its inspirational nature helps to develop team spirit and to empower the organization.[40]*

The OSA Prevention Team vision is "A public untouched by substance abuse."[41] What is your vision for your county?

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Guidelines for your vision statement:

- The vision statement should capture the dream of how coalition/participating members want their county to be.
- It needs to be concise and clear so that the message is immediately evident.
- Vision statements are positive and often contain a collage of upbeat and positive phrases such as "healthy teens" or "drug-free youth."
- The vision statement must be general; that is, it shouldn't indicate such specifics as how an organization will reach its goal. It also needs to be broad enough to attract support and not offend any group of people.
- A vision statement should be flexible. It is common ground enough so that everyone can agree with it.
- It is inspirational and adapts to fit changes in the community, needs, organization membership and times.
- It can apply to all people in your community and stand as litmus in guiding important decisions.

*Source: Adapted from Building Drug-Free Communities: A Planning Guide*

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[39] Building Drug Free Communities: A Planning Guide. Alexandria, VA: Community Anti-Drug Coalitions (CADCA), 2001. p.57
[40] Ibid.
[41] State of Maine Department of Health and Human Services. Office of Substance Abuse. Draft Maine Substance Abuse Prevention Strategic Prevention Framework Plan 2006-2010. Augusta, ME: 2006.

**Articulate Your Problem Statement(s)**

By now, you have a pretty good idea of which consequences and consumption patterns are the most imperative in your county based on the information you have collected. Before you start drafting your strategic plan, however, you need to start making some logical connections that will focus your efforts. In other words, what consequences are you concerned with and what substance use patterns contribute to those consequences? Remember, in the Strategic Prevention Framework, substance-related consequences are defined as the social, economic, and health problems associated with the use of alcohol and illicit drugs. In essence, consequences and related consumption patterns are your problem statements.

What are your problem statements for your county?

**Define Your Goals**

"Goals are broad, general statements describing what the project or group wants to accomplish."[42] In the context of the Strategic Prevention Framework, your goals should be set around the consumption and consequences.

> *Goal Example: Reduce non-medical use of prescription drugs among youth and young adults.*

What are the goals for your county?

**Identify Measurable Objectives**

Just as problem statements and goals relate to consequences and consumption, objectives equate with intervening variables. "Objectives describe the intermediate steps that help accomplish the broader goals"[43] and relate to your intervening variables in the Strategic Prevention Framework. For example:

> ***Problem Statement:*** High incidence of emergency department admissions for non-medical prescription drug use. In County X, the emergency department admissions are due largely to misuse of prescription drugs among youth and young adults.
> ***Goal:*** Reduce non-medical use of prescription drugs among youth and young adults.
> ***Objective 1:*** Reduce social access to prescription drugs.
> ***Objective 2:*** Increase perceived risk of harm from non-medical use of prescription drugs.

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[42] Needs Assessment & Strategic Planning – Community How to Guide on Underage Drinking Prevention, National Highway Traffic Safety Administration, March 2001.
[43] Ibid.

This is a good point at which to **begin to put your planning model together.** Your planning model (see Figure 3) depicts the decisions you have made at each step and shows how they relate to one another as well as to the strategies which will be identified. The start of a sample planning model is shown in Figure 4.

**Figure 3: Planning Model**

| Problem Statement | Priority Goals/ Expected Outcomes | Objectives | Strategies |
|---|---|---|---|
| What are the consequences that are a concern? What are the consumption patterns that contribute to the consequences identified? | What changes do you wish to see in consequences and consumption patterns? | What intervening variables contribute to the consequences and consumption patterns you wish to change? | What strategies, related to the contributing factors, can positively impact the intervening variables? |

**Figure 4: Planning Model Example: Non-medical use of prescription drugs**

| Problem Statement | Priority Goals/ Expected Outcomes | Objectives | Strategies |
|---|---|---|---|
| High incidence of emergency department admissions involving non-medical prescription drug use; Misuse of prescription drugs by teens and young adults | Reduce non-medical use of prescription drugs by teens and young adults | Reduce social access to prescription drugs<br><br>Reduce low perceived risk of harm | |
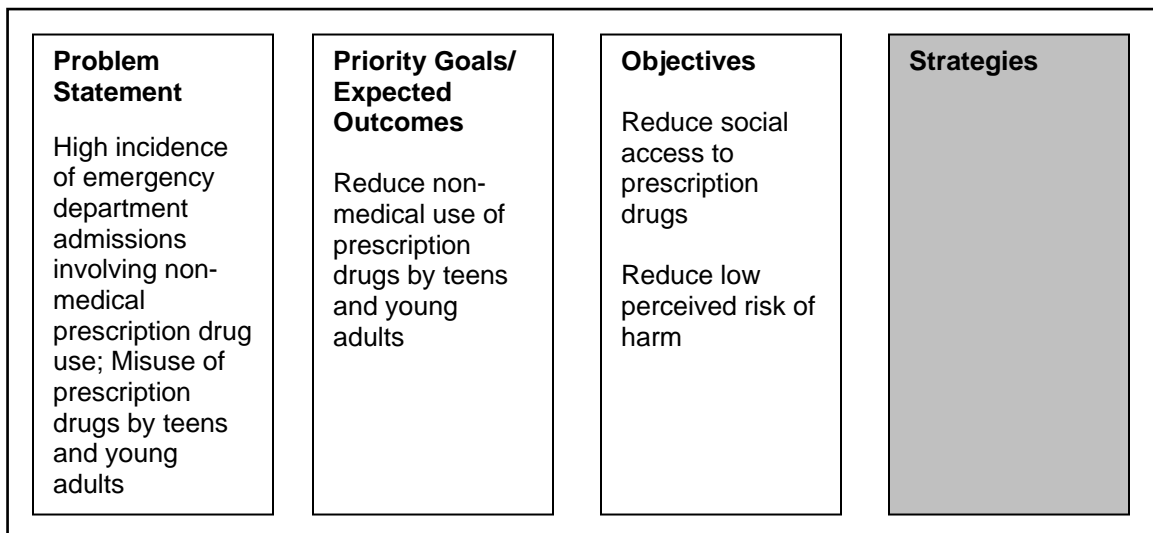
Remember to check your planning. Starting with objectives, ask yourself:

- If I achieve the objectives, will that help meet my goals?
- Will achieving my goals impact consumption patterns and related consequences?

Two other key questions that must be addressed are, what is your capacity to address the components of the planning model and how will you know you have achieved your objectives?

A well-worded objective will be Specific, Measurable, Attainable/Achievable, Realistic and Time-bound (SMART).

*Source: "Strategic Planning Training: New Mexico Strategic Prevention Framework State Incentive Grant ."*

HZA will be measuring the impact of SPF SIG on the goals and objectives identified by the State's needs assessment. Where possible this will include the measurement of the project's impact on consequences, consumption and intervening variables at the State and county levels. Your plan will also need to identify measures for your objectives. To select measurements for your objectives, you need to think about how you identified them (your intervening variables) as problems to be addressed.

What data and information did you examine or collect in your needs assessment that you can use over the next three to five years to measure the success in achieving your objectives?

### Prioritizing your objectives

Given your human and fiscal resources, it is unlikely that you will be able to address each and every intervening variable you identified. It is therefore necessary to prioritize those which you will work on in the next three to five years.

Prioritization should be based on the severity of the problem and your ability to address that problem. Severity can be thought of as the seriousness of the future consequences if no preventive actions are taken. The assessment of severity may be qualitative or quantitative, such as financial loss, number of people affected or political impact, for example. When determining the severity of an intervening variable, ask yourself:

- What are the probable results of failing to positively impact the intervening variable?
- How strong is the link between the consequence and this intervening variable?[44]

Your ability to address the problem is determined in large part by the extent of your county's resources, capacity and community readiness. You need to ask yourself whether your county has the capacity to begin implementing strategies for each intervening variable. Perhaps you have existing collaborations with law enforcement, but not with local businesses. Therefore, you may want to give enforcement a higher priority than retail access and outline what steps will be taken to build your relationships with county business leaders in your strategic plan. Or, if retail access emerges clearly as a high priority, it may justify a greater investment of time and effort to build relationships with retailers. Your capacity assessment should provide you with information that will help you identify short-term priority action steps.

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[44] Feathers, Paula . "Strategic Planning Training: New Mexico Strategic Prevention Framework State Incentive Grant ." Southwest Center for Applied Prevention Technologies. February 22, 2006.

You may find that you have pinpointed a severe need, but your county does not have the ability to address it.  Be sure to outline in your strategic plan what steps you intend to take to build that capacity in order to ensure that the prevention strategies in your plan can be implemented effectively.


## Identify Strategies

| Note: Over the course of Phase I, more information will be provided to you about strategies with an evidence base. |
| --- |

Your next task is to research and identify strategies to address your objectives.  Any strategy you select should be evidence-based.  Evidence-based means there is sufficient research and evidence to demonstrate the effectiveness of the strategy.  Some strategies are called "limited evidence" or "effective" strategies because their positive results are not as strongly proven as others.[45]

The first thing you must consider when examining and selecting strategies is whether the strategy is appropriate for your target population and the intervening variables you identified as priorities.  To ensure that your strategies are linked to your intervening variables, you need to return to the contributing factors you identified in the needs assessment.  Your strategies should relate directly to those contributing factors.  Let's go back to the example used above of non-medical use of prescription drugs.

> *Problem Statement:* High incidence of emergency department admissions for non-medical prescription drug use.  In County X, the emergency department admissions are due largely to misuse of prescription drugs among youth and young adults.
> *Goal:* Reduce non-medical use of prescription drugs among youth and young adults.
> *Objective 1:* Reduce social access to prescription drugs.
> *Contributing Factor 1:* Parents are not monitoring prescription drugs in the home.
> *Contributing Factor 2:* Teens and young adults are sharing pills in party situations, including taking prescription medication without knowing what it is or what the risks are.
> *Objective 2:* Increase perceived risk of harm from non-medical use of prescription drugs.
> *Contributing Factor 1:* Lack of knowledge that even though these drugs are prescribed by a physician, they can be harmful if misused.

What strategies will you employ to impact your contributing factors?

As you did with intervening variables in naming your objectives, you also want to consider your county's capacity and level of readiness to implement strategies.  Does your county have the infrastructure and resources to put the strategies into practice?

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[45] Feathers, Paula . "Strategic Planning Training: New Mexico Strategic Prevention Framework State Incentive Grant ." Southwest Center for Applied Prevention Technologies. February 22, 2006.

To monitor and evaluate success?  If not, your plan should include capacity-building steps.

At this point you can complete the last section of your planning model, the strategies you will employ.  As you receive feedback on your planning model from your stakeholders, it is suggested that you send your OSA project officer a draft of the planning model.  He or she can also provide valuable feedback.

**Figure 5: Planning Model with Capacity Components**

| **Problem Statement**<br><br>What are the consequences that are a concern? What are the consumption patterns that contribute to the consequences identified? | **Priority Goals/ Expected Outcomes**<br><br>What changes do you wish to see in consequences and consumption patterns? | **Objectives**<br><br>What intervening variables contribute to the consequences and consumption patterns you wish to change? | **Strategies**<br><br>What are the contributing factors to your intervening variables?  What strategies can positively impact the contributing factors? |
|---|---|---|---|

Capacity components (What capacity do you have to achieve the goals and objectives?  What capacity do you need to build to achieve them?):

**Develop Action Steps**

Once you know what evidence-based strategies and capacity-building activities you need to achieve your goals and objectives, you should create a plan to implement your strategies and activities.  A common format for an action plan is:

☑ **Action Step:** Complete an action plan for year one of implementation.

| **Sample Action Plan Format[46]** | | | | | |
|---|---|---|---|---|---|
| **Goals** | **Objectives** | **Prevention Activities and Capacity Building Activities** | **Timeline** | **Who is Responsible** | **Measures** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

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[46] Building Drug Free Communities: A Planning Guide. Alexandria, VA: Community Anti-Drug Coalitions (CADCA), 2001. p.79

**Create a Funding Plan**

A key component of the Strategic Prevention Framework is the development of a long-term strategy to **sustain** policies, program and practices.[47]  SPF SIG does not guarantee funding for you to implement evidence-based strategies.  So, now that you know what you plan to do and when, how do you plan to fund it?

> **Action Step:** Complete a funding plan for the next three to five years.

| Sample Funding Plan Format | | | | |
|---|---|---|---|---|
| Planned activities/strategies (pull these from your action plan) | Estimated level of funding necessary | Potential funding sources | Steps to secure funding | Who is responsible |
|  |  |  |  |  |
|  |  |  |  |  |

**Write Your Plan**

Appendix P provides a format for the second product to be submitted to OSA, the draft strategic plan.  At this point, you should have all the information needed to write it.

Keep in mind that your contract for Phase I requires that you submit **memoranda of understanding** that have been signed by the SPF SIG grantee and its collaborators.  The purpose of this requirement is to help leverage commitments from partners to ensure that components of the strategic plan are acted upon.  A memorandum of understanding, also known as a memorandum of agreement, is not a legal document and is not enforceable in court.

> *"Memoranda of agreement are usually used to clarify and/or specify the terms of a cooperative or collaborative arrangement involving two or more organizations. They may have to do, for example, with sharing space, with working together toward common goals, with each organization contributing something toward a common effort, or with agreements to serve on one another's boards."[48]*

Discuss the terms of the agreement with all your collaborators and then circulate a draft of the memoranda for feedback.  Being clear and specific in your memoranda helps avoid misunderstandings throughout your collaboration and ensures that everyone's expectations are the same.  Once the appropriate parties have signed the agreement, submit a final copy as an appendix to your strategic plan.

> **Action Step:** Write and submit your three to five year strategic plan to OSA.

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[47] US Department of Health and Human Services. Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention.  SPF SIG Overview and Expectations: New Grantee Workshop.

[48] "Community Tool Box." University of Kansas. 29 Aug 2006 <http://ctb.ku.edu/>.

**Congratulations!**

Working through this assessment and planning process is a huge undertaking and hopefully one that you have found helpful in moving your county forward in its efforts to tackle substance abuse problems.  The idea is not that you will have a perfect assessment and strategic plan at the end of this 10-month process.  Both should be considered "living documents" and part of your agreement with your partners may include setting timelines for revisiting and revising the assessment and plan on a regular basis.  But, at this point, you should be ready to implement some effective strategies and see an impact on the problem in your county.  Your efforts will be appreciated by the communities as they will enjoy a better quality of life as a result of your work.

**Thank you for all your hard work!**

# Appendices

# Appendix A: Major Activities Checklist

**County Name:** _____

**Person Completing Form:** _____

**Completion Date:** _____

☐ Establish committee to oversee and conduct needs assessment

☐ Gather and review existing information (State EPI profile, County Profile Supplement, other local data)

☐ Gather and review previously conducted assessments

☐ Brainstorm factors that contribute to the intervening variables

☐ Identify gaps and plan information collection

☐ Collect additional information to address identified gaps

☐ Engage in a capacity assessment with PCoE staff

☐ Complete Assessment Report and submit to OSA by June 30, 2007

☐ Assemble a Planning Team

☐ Develop a vision statement and problem statements and identify goals, objectives and strategies for your planning model

☐ Complete MOUs for work on the strategic plan in 2007-2008 (submit to OSA with strategic plan)

☐ Complete strategic plan and submit to OSA staff by June 30, 2007

# Appendix B: Contact Information

**Office of Substance Abuse (OSA)**
A.M.H.I. Complex
11 State House Station
Marquardt Building
Augusta, ME 04333
www.maineosa.org
www.maine.gov/dhhs/osa/prevention/community/spfsig/index.htm

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# Appendix C: Assessment Committee Responsibilities

**County:** _____

| Committee Member | Affiliation | Role/Responsibility |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

# Appendix D: Indicator Data for Substance Use Among Middle and High School Students
## (from County Profile Supplement)

| Indicator | Overall Rate of use, 2006 | Group with highest rates, 2006 | Compared to state? | Other notes |
|---|---|---|---|---|
| Lifetime use: alcohol | | | ☐ Higher<br>☐ Lower<br>☐ About the same | |
| Lifetime use: marijuana | | | ☐ Higher<br>☐ Lower<br>☐ About the same | |
| Lifetime misuse: prescription drugs | | | ☐ Higher<br>☐ Lower<br>☐ About the same | |
| Previous 30-day use: alcohol | | | ☐ Higher<br>☐ Lower<br>☐ About the same | |
| Previous 30-day use: marijuana | | | ☐ Higher<br>☐ Lower<br>☐ About the same | |
| Previous 30-day misuse: prescription drugs | | | ☐ Higher<br>☐ Lower<br>☐ About the same | |
| Previous 2-week participation in binge drinking by grade | | | ☐ Higher<br>☐ Lower<br>☐ About the same | |
| Previous 2-week participation in binge drinking by gender | | | ☐ Higher<br>☐ Lower<br>☐ About the same | |
| Age first tried alcohol | | | N/A | Changes over time? |

| Indicator | Overall Rate of use, 2006 | Group with highest rates, 2006 | Compared to state? | Other notes |
|---|---|---|---|---|
| Age first tried marijuana | | | N/A | Changes over time? |

Substances of greatest concern in our county:

Subpopulations/age groups of particular concern in our county:

Substances consumed in our county at a higher rate than the state:

Areas where we need more information (such as who, what, where, why and when):

# Appendix E: Indicator Data for Substance Use Among Adults
## (from County Profile Supplement)

| Indicator | County: Rate of use | State: Rate of Use | Compared to state? | Other notes |
|---|---|---|---|---|
| Lifetime use among adults: alcohol | | | ☐ Higher<br>☐ Lower<br>☐ About the same | |
| Lifetime use among adults: marijuana | | | ☐ Higher<br>☐ Lower<br>☐ About the same | |
| Lifetime use among adults: prescription drugs | | | ☐ Higher<br>☐ Lower<br>☐ About the same | |
| Previous 30-day use among adults: alcohol | | | ☐ Higher<br>☐ Lower<br>☐ About the same | |
| Previous 30-day use among adults: marijuana | | | ☐ Higher<br>☐ Lower<br>☐ About the same | |
| Previous 12-month participation in binge drinking | | | ☐ Higher<br>☐ Lower<br>☐ About the same | |
| Previous 30-day participation in binge drinking | | | ☐ Higher<br>☐ Lower<br>☐ About the same | |
| Previous 12-month binge drinking by gender (not available for all counties) | | | ☐ Higher<br>☐ Lower<br>☐ About the same | |
| Individuals crossing the threshold for prescription drugs | Female:<br><br>Male: | Female:<br><br>Male: | ☐ Higher<br>☐ Lower<br>☐ About the same | |
| Median age of individuals crossing the threshold | | | ☐ Higher<br>☐ Lower<br>☐ About the same | |

Substances of greatest concern in our county:

Substances consumed in our county at a higher rate than the state:

Areas where we need more information (such as who, what, where, why and when):

Consequences of concern in my county among particular subpopulations/age groups:

# Appendix F: Indicator Data: Substance Use Consequences Among Youth
## (from County Profile Supplement)

| Indicator | Rate of consequence in most recent year: County | Compared to state? | Trends over time? | Other notes |
|---|---|---|---|---|
| Juvenile arrests for alcohol violations | | ☐ Higher<br>☐ Lower<br>☐ About the same | ☐ Increase<br>☐ Decrease<br>☐ No change | |
| Juvenile arrests for drug violations | | ☐ Higher<br>☐ Lower<br>☐ About the same | ☐ Increase<br>☐ Decrease<br>☐ No change | |
| Percent of all youth drivers (under 21) in fatal crashes who were alcohol-involved | | ☐ Higher<br>☐ Lower<br>☐ About the same | ☐ Increase<br>☐ Decrease<br>☐ No change | |
| Suspensions/removals due to alcohol or drugs | N/A | ☐ Higher<br>☐ Lower<br>☐ About the same | N/A | |

Consequences of concern in my county:

Consequences in which my county exceeds the state:

Consequences where we need more information (such as who, what, where, why and when):

# Appendix G: Indicator Data: Substance Use Consequences Among Adults (from County Profile Supplement)

| Indicator | Rate of consequence in most recent year: <u>County</u> | Compared to state? | Trends over time? | Other notes |
|---|---|---|---|---|
| Rates of reported crimes per 1,000 people, by type | | N/A | ☐ Increase<br>☐ Decrease<br>☐ No change | |
| Arrests for alcohol violations, age 18 and older | | ☐ Higher<br>☐ Lower<br>☐ About the same | ☐ Increase<br>☐ Decrease<br>☐ No change | |
| Adult OUI arrests, age 18 and older | | ☐ Higher<br>☐ Lower<br>☐ About the same | ☐ Increase<br>☐ Decrease<br>☐ No change | |
| Arrests for drug violations, age 18 and older | | ☐ Higher<br>☐ Lower<br>☐ About the same | ☐ Increase<br>☐ Decrease<br>☐ No change | |
| Percent of total fatal crashes over 5 years that were alcohol-related | | ☐ Higher<br>☐ Lower<br>☐ About the same | ☐ Increase<br>☐ Decrease<br>☐ No change | Compared to other counties? |
| Percent of all young adult drivers (21 to 29) in fatal crashes who were alcohol-involved | | ☐ Higher<br>☐ Lower<br>☐ About the same | ☐ Increase<br>☐ Decrease<br>☐ No change | |
| Percent of all adult drivers (30 and older) in fatal crashes who were alcohol-involved | | ☐ Higher<br>☐ Lower<br>☐ About the same | ☐ Increase<br>☐ Decrease<br>☐ No change | |
| Deaths by underlying cause | | N/A | ☐ Increase<br>☐ Decrease<br>☐ No change | |
| Overdose deaths | | ☐ Higher<br>☐ Lower<br>☐ About the same | ☐ Increase<br>☐ Decrease<br>☐ No change | |

| Indicator | Rate of consequence in most recent year: __County__ | Compared to state? | Trends over time? | Other notes |
|---|---|---|---|---|
| Treatment admissions (all ages) | | ☐ Higher<br>☐ Lower<br>☐ About the same | ☐ Increase<br>☐ Decrease<br>☐ No change | |
| Percent of total treatment admissions (18 and older) involving alcohol | | ☐ Higher<br>☐ Lower<br>☐ About the same | ☐ Increase<br>☐ Decrease<br>☐ No change | |
| Percent of total treatment admissions (18 and older) involving marijuana | | ☐ Higher<br>☐ Lower<br>☐ About the same | ☐ Increase<br>☐ Decrease<br>☐ No change | |
| Percent of total treatment admissions (18 and older) involving prescription drugs (not available for all counties) | | ☐ Higher<br>☐ Lower<br>☐ About the same | ☐ Increase<br>☐ Decrease<br>☐ No change | |

Consequences of concern in my county:


Consequences of concern in my county among particular subpopulations/age groups:


Consequences in which my county exceeds the state:


Consequences where we need more information (such as who, what, where, why and when):

# Appendix H: Review of Past Needs Assessments

**County Name:** _____

**Person Completing Form:** _____

**Completion Date:** _____

*Once you have collected the past assessments that have been conducted in your county, fill out the grid below.*

| Who conducted it and when? | What geographic area did it cover? | What age group(s) did it cover? | What type of information is in the assessment ? | What were the key findings relevant to substance abuse prevention? |
|---|---|---|---|---|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |
| 7. | | | | |
| 8. | | | | |

List any regions in your county in which an assessment that included substance abuse has not been conducted and why (if known):

# Appendix I: Brainstorming Contributing Factors

**County Name:**

**Person Completing Form:**

**Completion Date:**

List POSSIBLE factors that contribute to each intervening variable:
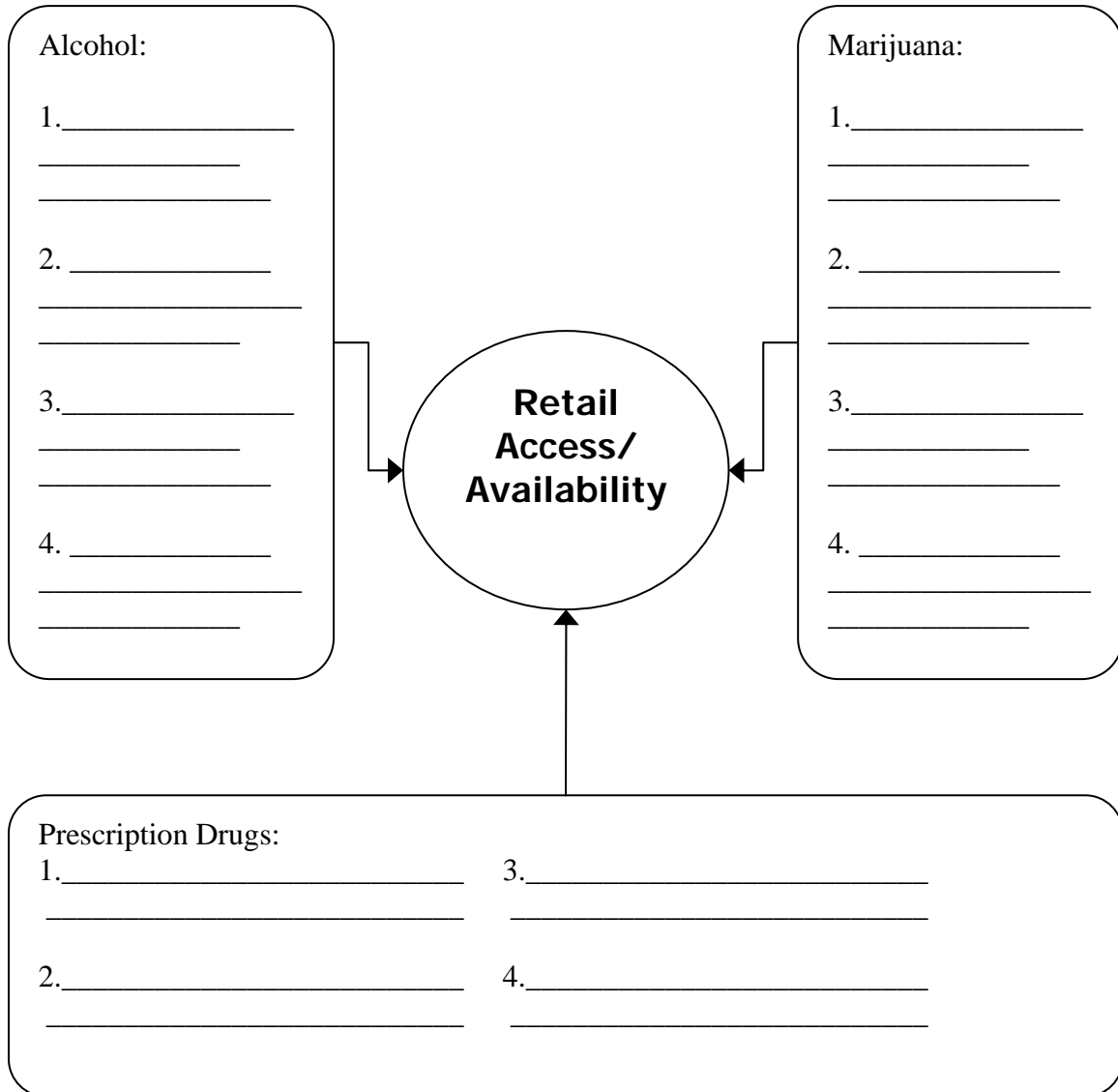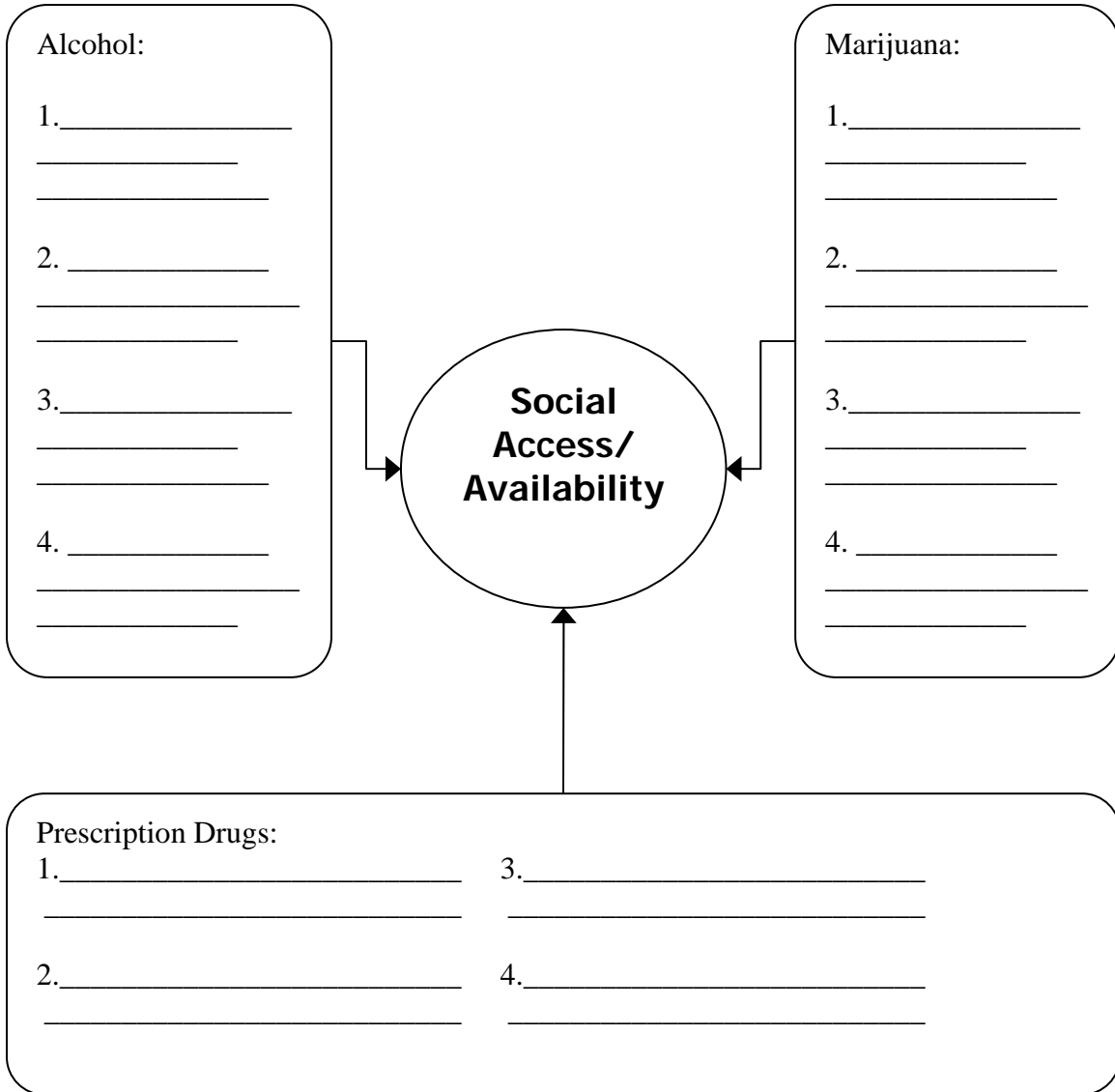
Alcohol:

1._____
_____
_____

2._____
_____
_____

3._____
_____
_____

4._____
_____
_____

Marijuana:

1._____
_____
_____

2._____
_____
_____

3._____
_____
_____

4._____
_____
_____

**Retail Access/ Availability**

Prescription Drugs:

1._____     3._____
_____     _____

2._____     4._____
_____     _____

# Brainstorming Contributing Factors

Alcohol:

1._____
_____
_____

2._____
_____
_____

3._____
_____
_____

4._____
_____
_____

Marijuana:

1._____
_____
_____

2._____
_____
_____

3._____
_____
_____

4._____
_____
_____

**Social Access/ Availability**

Prescription Drugs:

1._____    3._____
_____        _____

2._____    4._____
_____        _____

# Brainstorming Contributing Factors

Alcohol:

1._____
_____
_____

2. _____
_____
_____

3._____
_____
_____

4. _____
_____
_____

Marijuana:

1._____
_____
_____

2. _____
_____
_____

3._____
_____
_____

4. _____
_____
_____

**Community Norms**
**(perceived and actual)**

Prescription Drugs:

1._____     3._____
_____     _____

2._____     4._____
_____     _____

# Brainstorming Contributing Factors

**Alcohol:**

1._____
_____
_____

2. _____
_____
_____

3._____
_____
_____

4. _____
_____
_____

**Family Norms (perceived and actual)**

**Marijuana:**

1._____
_____
_____

2. _____
_____
_____

3._____
_____
_____

4. _____
_____
_____

**Prescription Drugs:**

1._____    3._____
_____    _____

2._____    4._____
_____    _____

# Brainstorming Contributing Factors

**Alcohol:**

1._____
_____
_____

2._____
_____
_____

3._____
_____
_____

4._____
_____
_____

**Marijuana:**

1._____
_____
_____

2._____
_____
_____

3._____
_____
_____

4._____
_____
_____

**Enforcement**
**(perceived and actual)**

**Prescription Drugs:**

1._____

_____

2._____

_____

3._____

_____

4._____

_____

# Brainstorming Contributing Factors

Alcohol:

1._____
_____
_____

2._____
_____
_____

3._____
_____
_____

4._____
_____
_____

Marijuana:

1._____
_____
_____

2._____
_____
_____

3._____
_____
_____

4._____
_____
_____

**Perceptions of risk**

Prescription Drugs:

1._____     3._____
_____      _____

2._____     4._____
_____      _____

# Brainstorming Contributing Factors

**Alcohol:**

1._____
_____
_____

2. _____
_____
_____

3._____
_____
_____

4. _____
_____
_____

**Marijuana:**

1._____
_____
_____

2. _____
_____
_____

3._____
_____
_____

4. _____
_____
_____

**Price/ Promotion**

**Prescription Drugs:**

1._____

2._____
_____

3._____
_____

4._____
_____
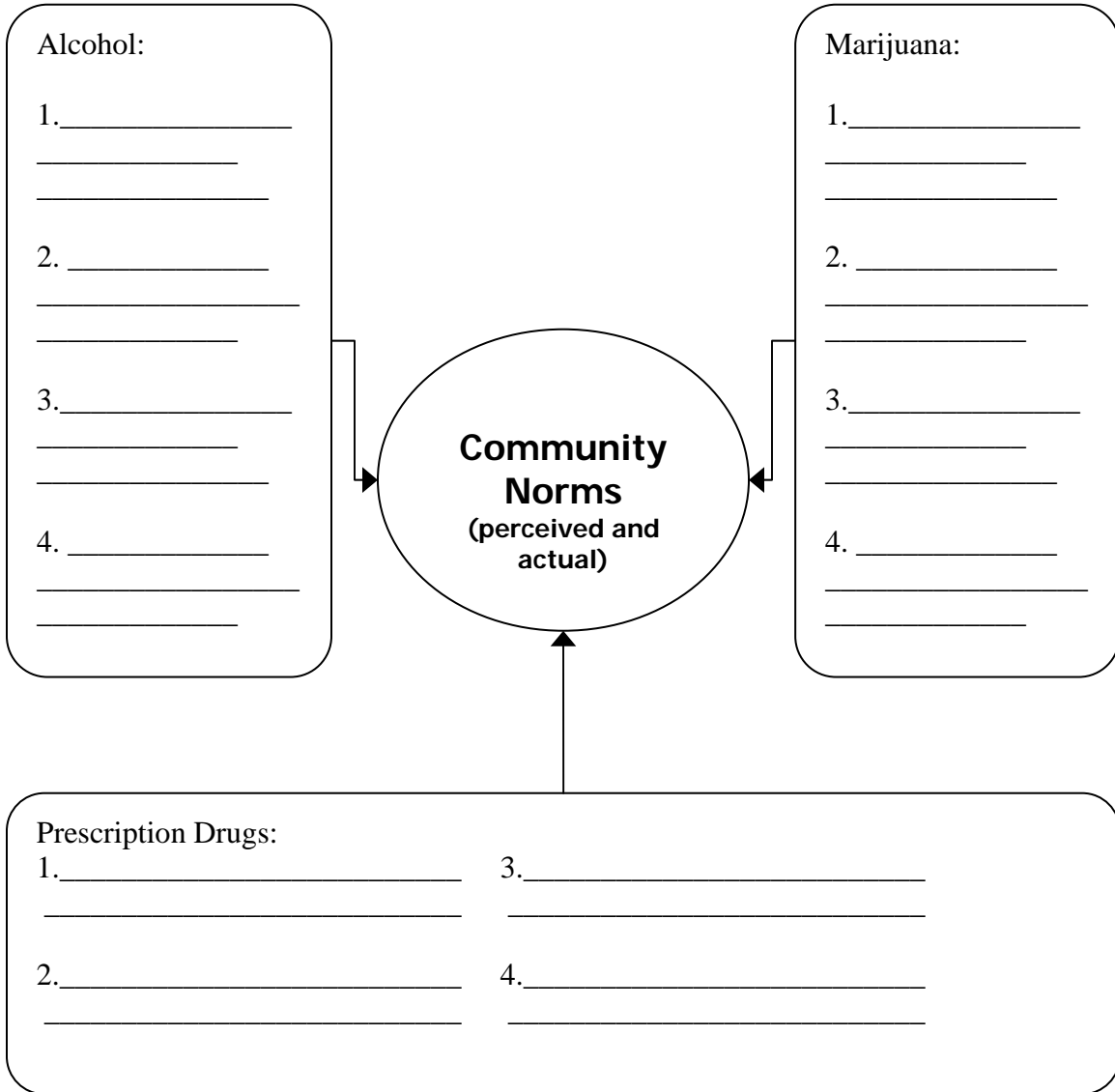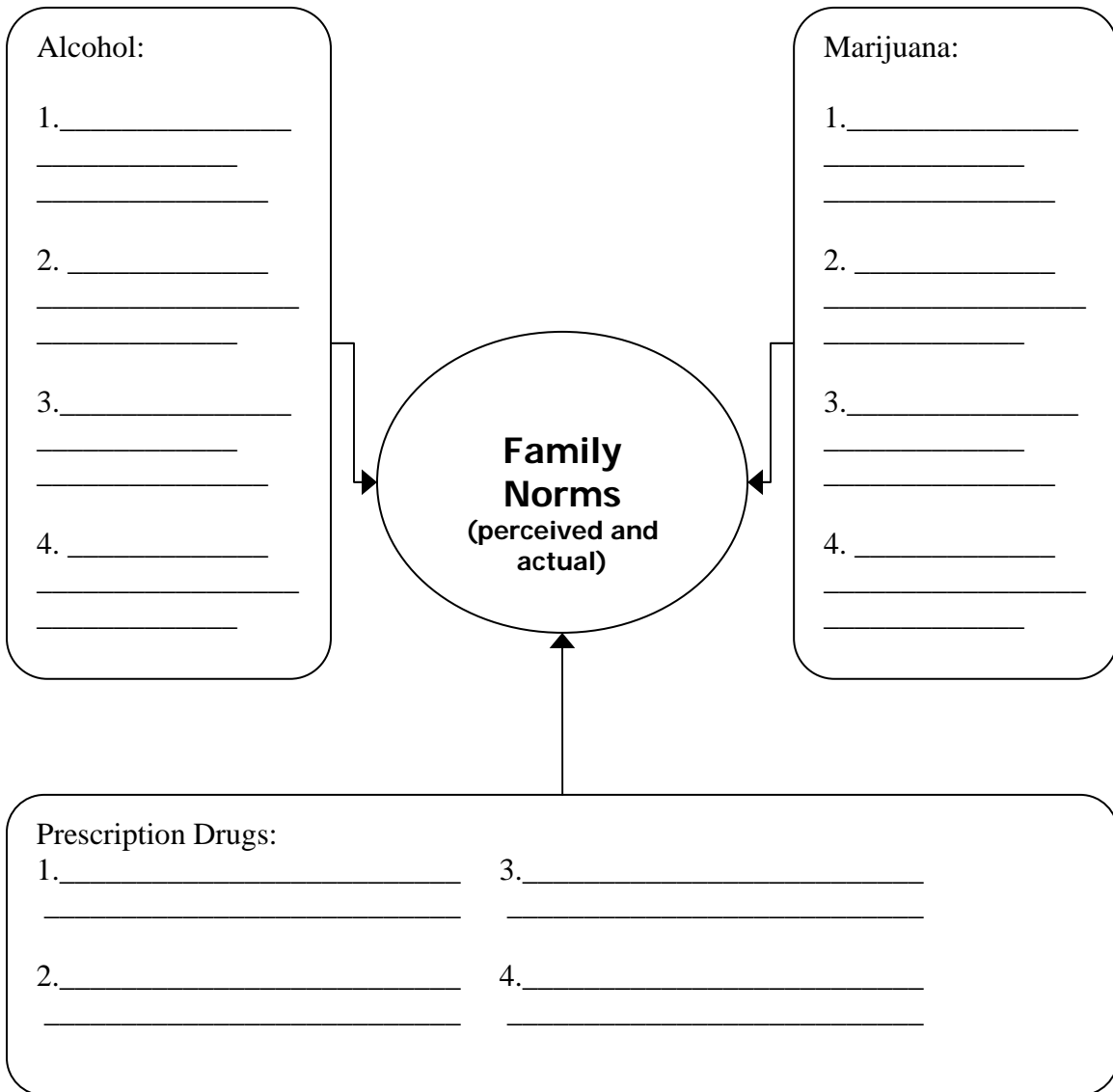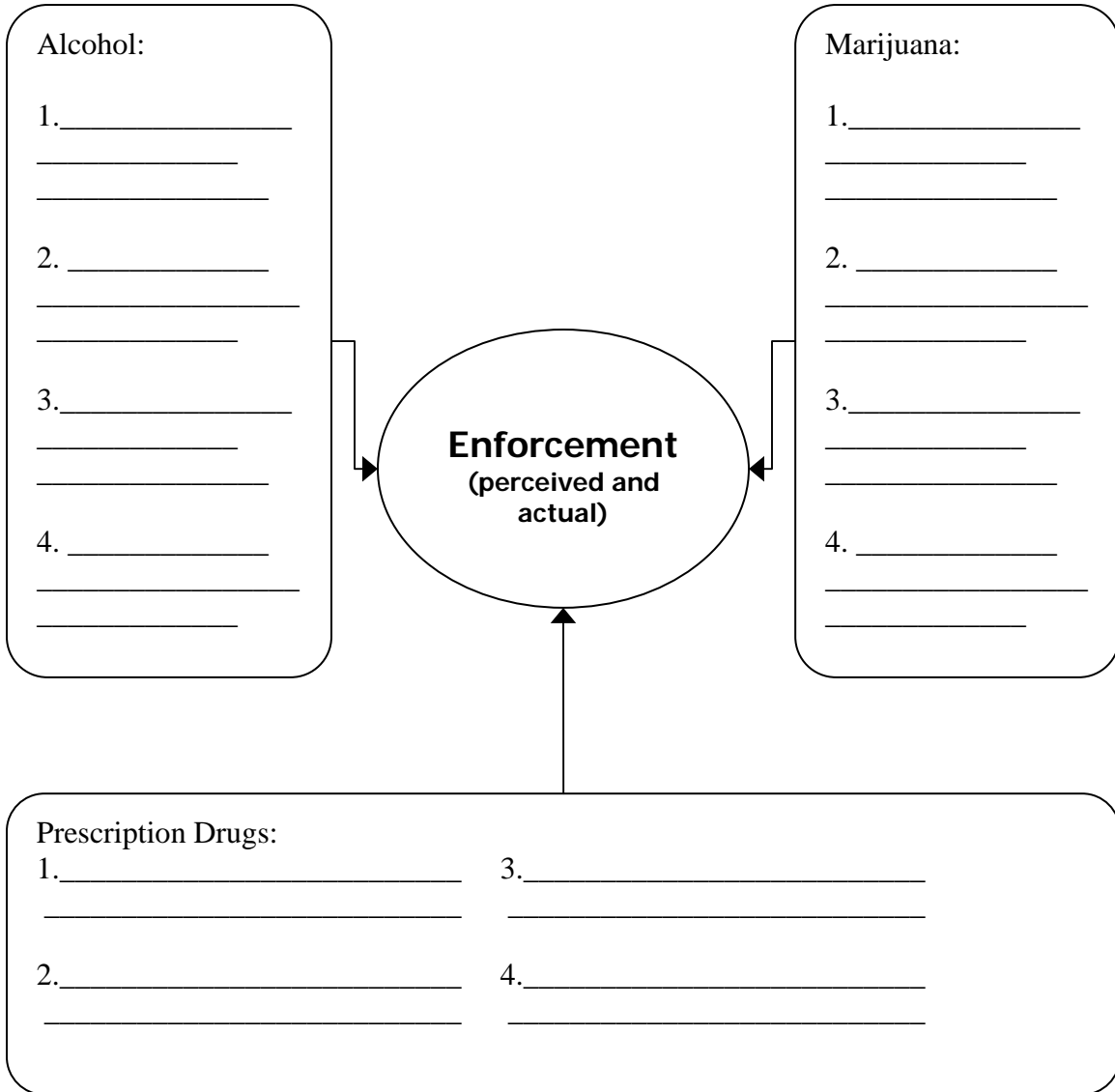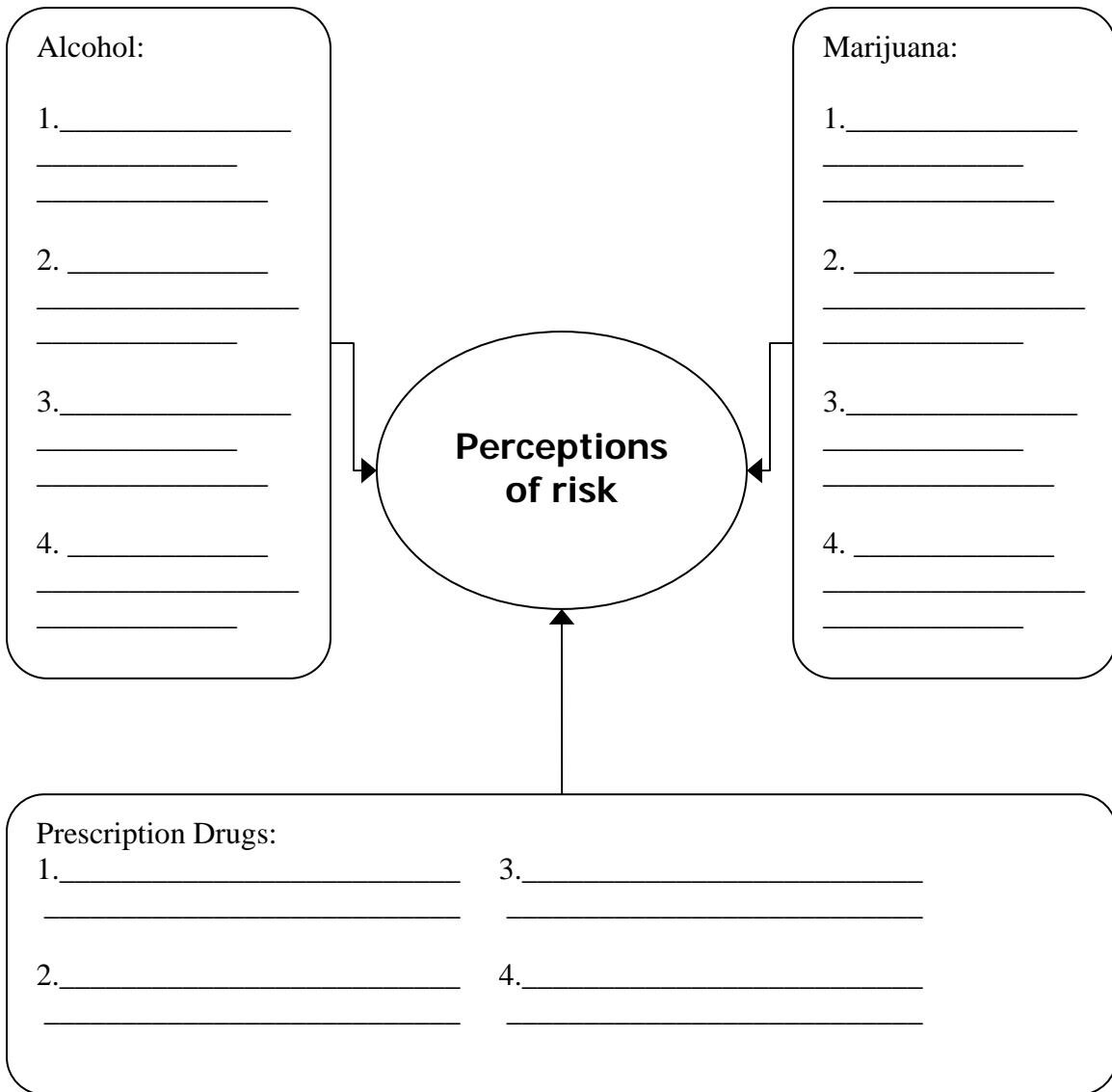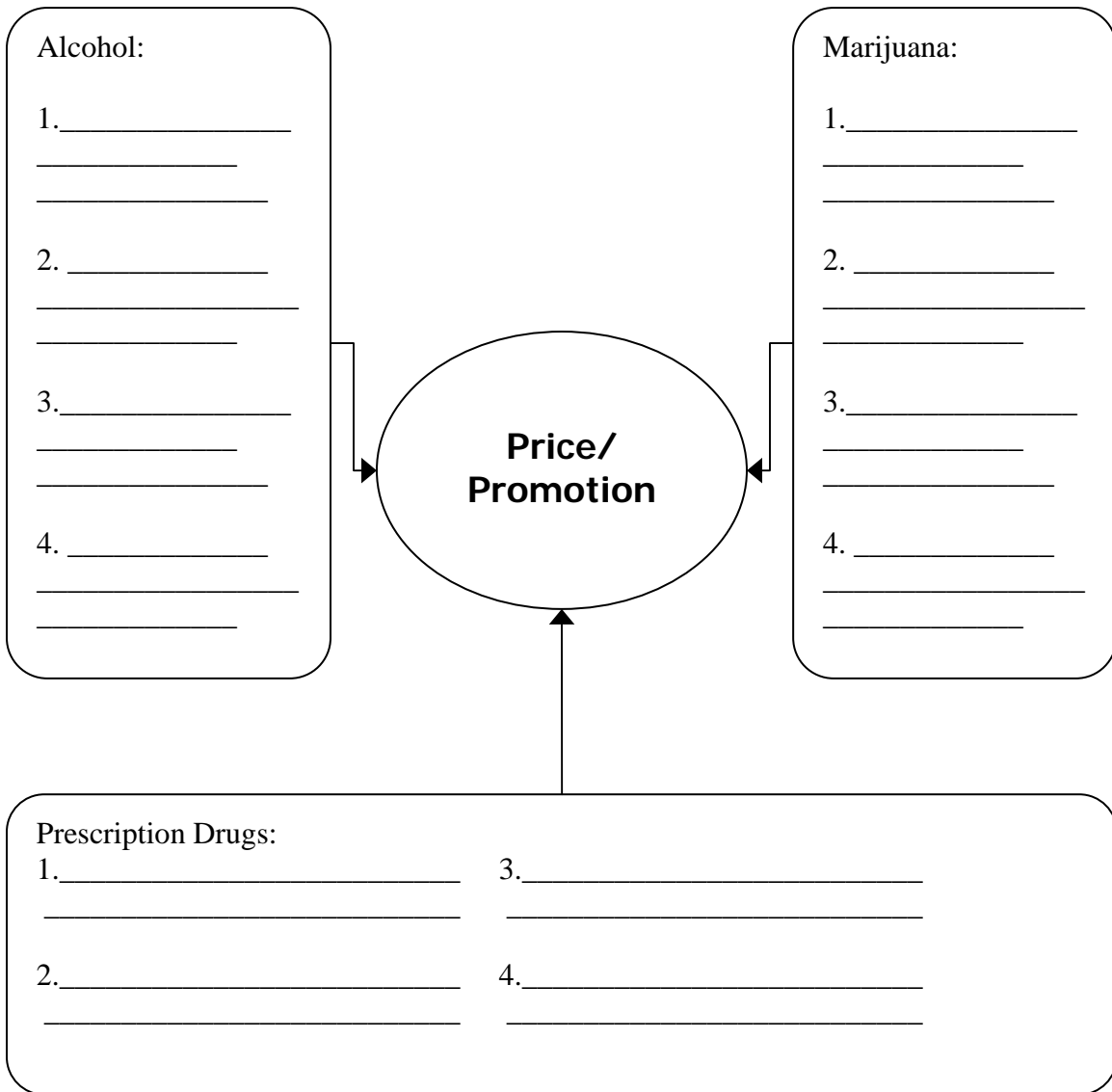
# Appendix J: Information Collection Plan[49]

County Name: _____

Person Completing Form: _____

Completion Date: _____

| Research Questions | Information Source | Collection Procedure | Timeline | Persons Responsible |
|---|---|---|---|---|
| What do else do we need to know? (this should be driven largely by gaps that exist in knowledge that relate to intervening variables and their contributing factors) | From whom or from what will you get the information? | What methodology will be used to collect the information? (e.g., focus groups, interviews) | When will the information be collected? | Who will gather the information? |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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[49] Citation needed: based on Safe and Drug Free Schools

# Appendix K: Accessing Additional MYDAUS Data

***Accessing MYDAUS***

The MYDAUS data can be accessed via the OSA website, located at:
http://www.maineosa.org/data/mydaus.  The MYDAUS website allows users to generate reports at various levels, including: state, region, county and school district/school. State, regional and county reports are available to the public; the school district and school reports require a user name and password.  User names and passwords are provided to superintendents and principals of those schools participating in the MYDAUS (see below).

***Summary Reports***

You can access summary reports for your county by going to the MYDAUS website.  On the bottom right of the page, you will find a link for Summary Reports: MYDAUS 2006 data for the State, OSA Regions and Counties and by Grade, Gender and Race.  Once there, use the drop-down menu to select which report you wish to view and hit "Go". These reports will help you obtain the state/county comparisons for indicators you have examined.

***County Reports***

To take a more in-depth look at MYDAUS indicators for the area you serve, select *View County Reports* from the MYDAUS reports system.  Next, select the MYDAUS year (2000, 2002, 2004 or 2006) and your county from the drop-down menus.  Lastly, select the report that you would like to generate.

***School District Reports***

You may decide that you would like to access MYDAUS data at the school district or school level in order to identify more specific problem areas in your county.  In order to do so, you may need to sign agreements with your local school districts in order to obtain the passwords and user name to access that information.  If you do get permission to obtain district and/or school level information, you enter the school district or school's user name and password on the MYDAUS website to access the school district reports.  For each school district within your area, generate the same reports that you ran for the county level.

# Appendix L: Capturing Individual Focus Group Information

**County Name:** _____

**Person Completing Form:** _____

**Completion Date:** _____

*Use this summary sheet to summarize your impressions after each focus group.*

**Facilitator:** _____

**Date:** _____

**Focus Group:** _____

**Number of Participants:** _____

**What were the main themes, issues, and reactions you witnessed during this session?**

**What key points resonated with other information you have collected?**

**What, if any, key points contradict other information you have collected?**

# Appendix M: Analyzing Focus Group Information

**County Name:**

**Person Completing Form:**

**Completion Date:**

*Use this summary sheet to help capture the general themes that emerged from **all** your focus groups, as well as differences that you noticed.*

How many focus groups did you conduct?

How many participants attended in total?

**List the categories of people that attended the focus groups:**

**What were the common themes:**

*…regarding drinking?*

*…regarding marijuana use?*

*…regarding misuse of prescription drugs?*

*…regarding other substances/topics?*

**What did you learn about your intervening variables and contributing factors?**

**Were there any significant differences in among the various focus groups? If yes, please describe.**

# Appendix N: Current Liquor Licenses

## Liquor Licenses by County

| County | Number | Percent |
|---|---|---|
| ANDROSCOGGIN | 265 | 6.7 |
| AROOSTOOK | 243 | 6.1 |
| CUMBERLAND | 791 | 19.9 |
| FRANKLIN | 132 | 3.3 |
| HANCOCK | 269 | 6.8 |
| KENNEBEC | 283 | 7.1 |
| KNOX | 154 | 3.9 |
| LINCOLN | 148 | 3.7 |
| OXFORD | 187 | 4.7 |
| PENOBSCOT | 404 | 10.2 |
| PISCATAQUIS | 86 | 2.2 |
| SAGADAHOC | 81 | 2.0 |
| SOMERSET | 157 | 3.9 |
| WALDO | 103 | 2.6 |
| WASHINGTON | 132 | 3.3 |
| YORK | 544 | 13.7 |
| **STATE** | **3,979** | **100.0** |

| | Number | Percent | | Number | Percent |
|---|---|---|---|---|---|
| AUBURN | 76 | 28.7 | MINOT | 1 | 0.4 |
| DURHAM | 1 | 0.4 | NORTH TURNER | 1 | 0.4 |
| EAST LIVERMORE | 1 | 0.4 | POLAND | 5 | 1.9 |
| GREENE | 4 | 1.5 | POLAND SPRING | 3 | 1.1 |
| LEEDS | 4 | 1.5 | SABATTUS | 7 | 2.6 |
| LEWISTON | 106 | 40.0 | TURNER | 13 | 4.9 |
| LISBON | 8 | 3.0 | WEST MINOT | 1 | 0.4 |
| LISBON FALLS | 11 | 4.2 | WEST POLAND | 1 | 0.4 |
| LIVERMORE | 5 | 1.9 | **TOTAL** | **265** | **100.0** |
| LIVERMORE FALLS | 9 | 3.4 | | | |
| MECHANIC FALLS | 8 | 3.0 | | | |

| | Number | Percent | | Number | Percent |
|---|---|---|---|---|---|
| ALLAGASH PLT | 2 | 0.8 | NEW CANADA PLT | 2 | 0.8 |
| ASHLAND | 6 | 2.5 | NEW LIMERICK | 2 | 0.8 |
| BENEDICTA | 1 | 0.4 | NEW SWEDEN | 1 | 0.4 |
| BRIDGEWATER | 2 | 0.8 | OAKFIELD | 3 | 1.2 |
| CARIBOU | 25 | 10.3 | ORIENT | 1 | 0.4 |
| CASWELL | 1 | 0.4 | PORTAGE | 2 | 0.8 |
| CASWELL PLT | 1 | 0.4 | PORTAGE LAKE | 1 | 0.4 |
| EAGLE LAKE | 5 | 2.1 | PRESQUE ISLE | 40 | 16.5 |
| EASTON | 2 | 0.8 | SHERMAN MILLS | 4 | 1.6 |
| FORT FAIRFIELD | 13 | 5.3 | SINCLAIR | 2 | 0.8 |
| FORT KENT | 17 | 7.0 | ST AGATHA | 6 | 2.5 |
| FRENCHVILLE | 6 | 2.5 | ST FRANCIS | 3 | 1.2 |
| GRAND ISLE | 4 | 1.6 | ST JOHN PLT | 1 | 0.4 |
| HODGDON | 1 | 0.4 | ST. DAVID | 3 | 1.2 |
| HOULTON | 21 | 8.6 | STOCKHOLM | 4 | 1.6 |
| ISLAND FALLS | 8 | 3.3 | VAN BUREN | 12 | 4.9 |
| LIMESTONE | 5 | 2.1 | WALLAGRASS PLT | 1 | 0.4 |
| MADAWASKA | 18 | 7.4 | WASHBURN | 2 | 0.8 |
| MAPLETON | 1 | 0.4 | WESTON | 1 | 0.4 |
| MARS HILL | 6 | 2.5 | WOODLAND | 2 | 0.8 |
| MASARDIS | 1 | 0.4 | WYTOPITLOCK | 1 | 0.4 |
| MONTICELLO | 3 | 1.2 | **TOTAL** | **243** | **100.0** |

## Cumberland County

| | Number | Percent | | Number | Percent |
|---|---|---|---|---|---|
| BAILEY ISLAND | 3 | 0.4 | NORTH WINDHAM | 6 | 0.8 |
| BRIDGTON | 22 | 2.8 | NORTH YARMOUTH | 2 | 0.3 |
| BRUNSWICK | 67 | 8.5 | ORR'S ISLAND | 1 | 0.1 |
| CAPE ELIZABETH | 9 | 1.1 | PEAKS ISLAND | 5 | 0.6 |
| CASCO | 6 | 0.8 | PORTLAND | 274 | 34.6 |
| CHEBEAGUE ISLAND | 2 | 0.3 | POWNAL | 1 | 0.1 |
| CLIFF ISLAND | 1 | 0.1 | RAYMOND | 11 | 1.4 |
| CUMBERLAND | 6 | 0.8 | SCARBOROUGH | 49 | 6.2 |
| CUMBERLAND CENTER | 1 | 0.1 | SEBAGO | 4 | 0.5 |
| EAST BALDWIN | 1 | 0.1 | SOUTH CASCO | 3 | 0.4 |
| FALMOUTH | 20 | 2.5 | SOUTH PORTLAND | 82 | 10.4 |
| FREEPORT | 32 | 4.0 | SOUTH WINDHAM | 1 | 0.1 |
| GORHAM | 20 | 2.5 | STANDISH | 12 | 1.5 |
| GRAY | 16 | 2.0 | STEEP FALLS | 3 | 0.4 |
| HARPSWELL | 6 | 0.8 | WESTBROOK | 38 | 4.8 |
| HARRISON | 4 | 0.5 | WINDHAM | 24 | 3.0 |
| LONG ISLAND | 3 | 0.4 | YARMOUTH | 24 | 3.0 |
| NAPLES | 23 | 2.9 | **TOTAL** | **791** | **100.0** |
| NEW GLOUCESTER | 9 | 1.1 | | | |

# Franklin County

| | Number | Percent | | Number | Percent |
|---|---|---|---|---|---|
| AVON | 4 | 3.0 | NEW SHARON | 1 | 0.8 |
| CARRABASSETT | 4 | 3.0 | NEW VINEYARD | 2 | 1.5 |
| CARRABASSETT VALLEY | 12 | 9.1 | NORTH JAY | 1 | 0.8 |
| CARTHAGE | 2 | 1.5 | OQUOSSOC | 6 | 4.5 |
| CHESTERVILLE | 1 | 0.8 | PHILLIPS | 3 | 2.3 |
| COBURN GORE | 1 | 0.8 | RANGELEY | 14 | 10.6 |
| DRYDEN | 1 | 0.8 | SALEM | 2 | 1.5 |
| EAST WILTON | 3 | 2.3 | SANDY RIVER PLT | 1 | 0.8 |
| EUSTIS | 5 | 3.8 | STRATTON | 3 | 2.3 |
| FARMINGTON | 30 | 22.7 | STRONG | 2 | 1.5 |
| FARMINGTON FALLS | 1 | 0.8 | WELD | 1 | 0.8 |
| INDUSTRY | 1 | 0.8 | WEST FARMINGTON | 1 | 0.8 |
| JAY | 12 | 9.1 | WILTON | 9 | 6.8 |
| KINGFIELD | 9 | 6.8 | **TOTAL** | **132** | **100.0** |

# Hancock County

| | Number | Percent | | Number | Percent |
|---|---|---|---|---|---|
| AMHERST | 1 | 0.4 | LAMOINE | 1 | 0.4 |
| BAR HARBOR | 76 | 28.3 | MANSET | 1 | 0.4 |
| BASS HARBOR | 4 | 1.5 | MOUNT DESERT | 5 | 1.9 |
| BERNARD | 1 | 0.4 | NORTHEAST HARBOR | 9 | 3.3 |
| BIRCH HARBOR | 3 | 1.1 | ORLAND | 7 | 2.6 |
| BLUE HILL | 11 | 4.1 | OTIS | 1 | 0.4 |
| BROOKLIN | 4 | 1.5 | OTTER CREEK | 1 | 0.4 |
| BROOKSVILLE | 3 | 1.1 | PENOBSCOT | 1 | 0.4 |
| BUCKSPORT | 12 | 4.5 | PROSPECT HARBOR | 1 | 0.4 |
| CASTINE | 10 | 3.7 | SEAL HARBOR | 1 | 0.4 |
| CRANBERRY ISLES | 1 | 0.4 | SEDGWICK | 2 | 0.7 |
| DEDHAM | 1 | 0.4 | SOUTHWEST HARBOR | 23 | 8.6 |
| DEER ISLE | 5 | 1.9 | STONINGTON | 7 | 2.6 |
| EAST ORLAND | 1 | 0.4 | SULLIVAN | 3 | 1.1 |
| EASTBROOK | 1 | 0.4 | SUNSET | 1 | 0.4 |
| ELLSWORTH | 35 | 13.0 | SURRY | 2 | 0.7 |
| ELLSWORTH FALLS | 1 | 0.4 | TREMONT | 1 | 0.4 |
| FRANKLIN | 2 | 0.7 | TRENTON | 6 | 2.2 |
| GOULDSBORO | 2 | 0.7 | VERONA | 5 | 1.9 |
| HANCOCK | 8 | 3.0 | WINTER HARBOR | 4 | 1.5 |
| HULLS COVE | 3 | 1.1 | **TOTAL** | **269** | **100.0** |
| ISLESFORD | 2 | 0.7 | | | |

## Kennebec County

| | Number | Percent | | Number | Percent |
|---|---|---|---|---|---|
| ALBION | 2 | 0.7 | NORTH VASSALBORO | 2 | 0.7 |
| AUGUSTA | 74 | 26.1 | OAKLAND | 13 | 4.6 |
| BELGRADE | 3 | 1.1 | PITTSTON | 1 | 0.4 |
| BELGRADE LAKES | 2 | 0.7 | RANDOLPH | 4 | 1.4 |
| BENTON | 3 | 1.1 | READFIELD | 4 | 1.4 |
| CHELSEA | 4 | 1.4 | ROME | 1 | 0.4 |
| CHINA | 2 | 0.7 | SIDNEY | 2 | 0.7 |
| CLINTON | 5 | 1.8 | SOUTH CHINA | 5 | 1.8 |
| FARMINGDALE | 3 | 1.1 | SOUTH GARDINER | 2 | 0.7 |
| FAYETTE | 1 | 0.4 | VASSALBORO | 3 | 1.1 |
| GARDINER | 24 | 8.5 | WATERVILLE | 61 | 21.6 |
| HALLOWELL | 11 | 3.9 | WAYNE | 2 | 0.7 |
| LITCHFIELD | 4 | 1.4 | WEST GARDINER | 2 | 0.7 |
| MANCHESTER | 6 | 2.1 | WINDSOR | 2 | 0.7 |
| MONMOUTH | 4 | 1.4 | WINSLOW | 12 | 4.2 |
| MOUNT VERNON | 3 | 1.1 | WINTHROP | 11 | 3.9 |
| NORTH BELGRADE | 1 | 0.4 | **TOTAL** | **283** | **100.0** |
| NORTH MONMOUTH | 4 | 1.4 | | | |

## Knox County

| | Number | Percent |
|---|---|---|
| APPLETON | 1 | 0.6 |
| CAMDEN | 39 | 25.3 |
| HOPE | 2 | 1.3 |
| ISLE AU HAUT | 1 | 0.6 |
| NORTH HAVEN | 3 | 1.9 |
| OWLS HEAD | 1 | 0.6 |
| PORT CLYDE | 4 | 2.6 |
| ROCKLAND | 49 | 31.8 |
| ROCKPORT | 17 | 11.0 |
| SOUTH THOMASTON | 2 | 1.3 |
| SPRUCEHEAD | 1 | 0.6 |
| ST GEORGE | 1 | 0.6 |
| TENANTS HARBOR | 7 | 4.5 |
| THOMASTON | 6 | 3.9 |
| UNION | 6 | 3.9 |
| VINALHAVEN | 7 | 4.5 |
| WARREN | 5 | 3.2 |
| WASHINGTON | 1 | 0.6 |
| WEST ROCKPORT | 1 | 0.6 |
| **TOTAL** | **154** | **100.0** |

# Lincoln County

|  | Number | Percent |  | Number | Percent |
|---|---|---|---|---|---|
|  |  |  | NEWCASTLE | 3 | 2.0 |
| ALNA | 1 | 0.7 | NOBLEBORO | 2 | 1.4 |
| BOOTHBAY | 7 | 4.7 | PEMAQUID | 1 | 0.7 |
| BOOTHBAY HARBOR | 47 | 31.8 | ROUND POND | 2 | 1.4 |
| BRISTOL | 2 | 1.4 | SOUTH BRISTOL | 3 | 2.0 |
| DAMARISCOTTA | 18 | 12.2 | SOUTHPORT | 4 | 2.7 |
| DRESDEN | 2 | 1.4 | TREVETT | 1 | 0.7 |
| EAST BOOTHBAY | 1 | 0.7 | WALDOBORO | 16 | 10.8 |
| EDGECOMB | 1 | 0.7 | WALPOLE | 1 | 0.7 |
| JEFFERSON | 3 | 2.0 | WESTPORT | 2 | 1.4 |
| MONHEGAN | 3 | 2.0 | WHITEFIELD | 5 | 3.4 |
| MONHEGAN PLT | 1 | 0.7 | WISCASSET | 15 | 10.1 |
| NEW HARBOR | 6 | 4.1 | **TOTAL** | **148** | **100.0** |
| NEWAGEN | 1 | 0.7 |  |  |  |

# Oxford County

|  | Number | Percent |  | Number | Percent |
|---|---|---|---|---|---|
| ANDOVER | 2 | 1.1 | NORTH FRYEBURG | 1 | 0.5 |
| BETHEL | 25 | 13.4 | NORTH WATERFORD | 2 | 1.1 |
| BROWNFIELD | 1 | 0.5 | NORWAY | 13 | 7.0 |
| BRYANT POND | 2 | 1.1 | OTISFIELD | 1 | 0.5 |
| BUCKFIELD | 4 | 2.1 | OXFORD | 10 | 5.3 |
| CANTON | 3 | 1.6 | PARIS | 1 | 0.5 |
| CENTER LOVELL | 4 | 2.1 | PERU | 2 | 1.1 |
| DENMARK | 1 | 0.5 | PORTER | 2 | 1.1 |
| DIXFIELD | 5 | 2.7 | ROXBURY | 1 | 0.5 |
| FRYEBURG | 12 | 6.4 | RUMFORD | 27 | 14.4 |
| GREENWOOD | 3 | 1.6 | SOUTH PARIS | 18 | 9.6 |
| HANOVER | 1 | 0.5 | STONEHAM | 1 | 0.5 |
| HEBRON | 1 | 0.5 | STOW | 1 | 0.5 |
| HIRAM | 1 | 0.5 | SUMNER | 1 | 0.5 |
| LOVELL | 6 | 3.2 | UPTON | 1 | 0.5 |
| LYNCHTOWN TWP | 1 | 0.5 | WATERFORD | 3 | 1.6 |
| MAGALLOWAY PLT | 1 | 0.5 | WEST BETHEL | 1 | 0.5 |
| MEXICO | 10 | 5.3 | WEST PARIS | 5 | 2.7 |
| NEWRY | 13 | 7.0 | **TOTAL** | **187** | **100.0** |

# Penobscot County

| | Number | Percent | | Number | Percent |
|---|---|---|---|---|---|
| ALTON | 1 | 0.2 | KINGMAN | 1 | 0.2 |
| BANGOR | 111 | 27.5 | LAGRANGE | 2 | 0.5 |
| BRADFORD | 1 | 0.2 | LEE | 1 | 0.2 |
| BRADLEY | 2 | 0.5 | LEVANT | 3 | 0.7 |
| BREWER | 43 | 10.6 | LINCOLN | 19 | 4.7 |
| BURLINGTON | 1 | 0.2 | MATTAWAMKEAG | 2 | 0.5 |
| CARMEL | 3 | 0.7 | MEDWAY | 9 | 2.2 |
| CLIFTON | 1 | 0.2 | MILFORD | 2 | 0.5 |
| CORINNA | 3 | 0.7 | MILLINOCKET | 34 | 8.4 |
| DEXTER | 12 | 3.0 | MOUNT CHASE PLT | 1 | 0.2 |
| DIXMONT | 3 | 0.7 | NEWBURGH | 2 | 0.5 |
| DOLBY | 1 | 0.2 | NEWPORT | 17 | 4.2 |
| EAST HOLDEN | 1 | 0.2 | OLAMON | 1 | 0.2 |
| EAST MILLINOCKET | 5 | 1.2 | OLD TOWN | 23 | 5.7 |
| EAST NEWPORT | 1 | 0.2 | ORONO | 23 | 5.7 |
| EDDINGTON | 4 | 1.0 | ORRINGTON | 3 | 0.7 |
| ENFIELD | 2 | 0.5 | PASSADUMKEAG | 2 | 0.5 |
| ETNA | 1 | 0.2 | PATTEN | 9 | 2.2 |
| GARLAND | 1 | 0.2 | PLYMOUTH | 1 | 0.2 |
| GLENBURN | 4 | 1.0 | SPRINGFIELD | 3 | 0.7 |
| GREENBUSH | 2 | 0.5 | STETSON | 1 | 0.2 |
| HAMPDEN | 15 | 3.7 | STILLWATER | 1 | 0.2 |
| HERMON | 5 | 1.2 | VEAZIE | 2 | 0.5 |
| HOLDEN | 5 | 1.2 | WEST ENFIELD | 2 | 0.5 |
| HOWLAND | 5 | 1.2 | WINN | 1 | 0.2 |
| HUDSON | 1 | 0.2 | **TOTAL** | **404** | **100.0** |
| KENDUSKEAG | 5 | 1.2 | | | |

# Piscataquis County

| | Number | Percent | | Number | Percent |
|---|---|---|---|---|---|
| ABBOT | 1 | 1.2 | KOKADJO | 2 | 2.3 |
| ABBOT VILLAGE | 1 | 1.2 | MILO | 9 | 10.5 |
| BOWERBANK | 1 | 1.2 | MONSON | 4 | 4.7 |
| BROWNVILLE | 6 | 7.0 | NORTHEAST CARRY TWP | 1 | 1.2 |
| BROWNVILLE JUNCTION | 1 | 1.2 | PARKMAN | 1 | 1.2 |
| DOVER-FOXCROFT | 15 | 17.4 | SANGERVILLE | 3 | 3.5 |
| GREENVILLE | 25 | 29.1 | SEBEC | 1 | 1.2 |
| GREENVILLE JUNCTION | 1 | 1.2 | SHIRLEY | 1 | 1.2 |
| GUILFORD | 11 | 12.8 | TOWNSHIP 1, RANGE 9 | 1 | 1.2 |
| KINEO TOWNSHIP | 1 | 1.2 | **TOTAL** | **86** | **100.0** |

## Sagadahoc County

|  | Number | Percent |
|---|---|---|
| BATH | 30 | 37.0 |
| BOWDOIN | 1 | 1.2 |
| BOWDOINHAM | 2 | 2.5 |
| GEORGETOWN | 5 | 6.2 |
| PHIPPSBURG | 7 | 8.6 |
| RICHMOND | 10 | 12.3 |
| SEBASCO ESTATES | 2 | 2.5 |
| SMALL POINT | 1 | 1.2 |
| TOPSHAM | 17 | 21.0 |
| WEST BATH | 1 | 1.2 |
| WOOLWICH | 5 | 6.2 |
| **TOTAL** | **81** | **100.0** |

## Somerset County

|  | Number | Percent |  | Number | Percent |
|---|---|---|---|---|---|
| ANSON | 2 | 1.3 | NORTH ANSON | 2 | 1.3 |
| ATHENS | 2 | 1.3 | NORTH NEW | | |
| BINGHAM | 10 | 6.4 | PORTLAND | 1 | 0.6 |
| CAMBRIDGE | 1 | 0.6 | PALMYRA | 5 | 3.2 |
| CANAAN | 3 | 1.9 | PITTSFIELD | 12 | 7.6 |
| DETROIT | 1 | 0.6 | ROCKWOOD | 4 | 2.5 |
| FAIRFIELD | 15 | 9.6 | SKOWHEGAN | 31 | 19.7 |
| HARMONY | 2 | 1.3 | SMITHFIELD | 2 | 1.3 |
| HARTLAND | 5 | 3.2 | SOLON | 5 | 3.2 |
| HIGHLAND PLT | 1 | 0.6 | ST ALBANS | 3 | 1.9 |
| HINCKLEY | 3 | 1.9 | STARKS | 1 | 0.6 |
| JACKMAN | 13 | 8.3 | THE FORKS | 3 | 1.9 |
| MADISON | 13 | 8.3 | THE FORKS PLT | 1 | 0.6 |
| MERCER | 2 | 1.3 | WEST FORKS | 5 | 3.2 |
| MOOSE RIVER | 1 | 0.6 | WEST FORKS PLT | 1 | 0.6 |
| NEW PORTLAND | 1 | 0.6 | **TOTAL** | **157** | **100.0** |
| NORRIDGEWOCK | 6 | 3.8 | | | |

## Waldo County

|  | Number | Percent |
|---|---|---|
| BELFAST | 36 | 35.0 |
| BELMONT | 2 | 1.9 |
| BROOKS | 2 | 1.9 |
| BURNHAM | 3 | 2.9 |
| FRANKFORT | 2 | 1.9 |
| FREEDOM | 1 | 1.0 |
| ISLESBORO | 5 | 4.9 |
| KNOX | 1 | 1.0 |
| LIBERTY | 2 | 1.9 |
| LINCOLNVILLE | 8 | 7.8 |
| LINCOLNVILLE BEACH | 2 | 1.9 |
| MORRILL | 1 | 1.0 |
| NORTHPORT | 9 | 8.7 |
| SEARSMONT | 1 | 1.0 |
| SEARSPORT | 11 | 10.7 |
| STOCKTON SPRINGS | 5 | 4.9 |
| SWANVILLE | 1 | 1.0 |
| TROY | 1 | 1.0 |
| UNITY | 5 | 4.9 |
| WALDO | 1 | 1.0 |
| WINTERPORT | 4 | 3.9 |
| **TOTAL** | **103** | **100.0** |

## Washington County

|  | Number | Percent |  | Number | Percent |
|---|---|---|---|---|---|
| ALEXANDER | 2 | 1.5 | JONESBORO | 3 | 2.3 |
| BAILEYVILLE | 7 | 5.3 | JONESPORT | 4 | 3.0 |
| CALAIS | 27 | 20.5 | LUBEC | 13 | 9.8 |
| CHERRYFIELD | 3 | 2.3 | MACHIAS | 13 | 9.8 |
| COLUMBIA | 3 | 2.3 | MILBRIDGE | 4 | 3.0 |
| COLUMBIA FALLS | 1 | 0.8 | PEMBROKE | 4 | 3.0 |
| COOPER | 1 | 0.8 | PERRY | 7 | 5.3 |
| CRAWFORD | 2 | 1.5 | PRINCETON | 4 | 3.0 |
| CUTLER | 1 | 0.8 | ROBBINSTON | 1 | 0.8 |
| DANFORTH | 2 | 1.5 | STEUBEN | 4 | 3.0 |
| EAST MACHIAS | 3 | 2.3 | TOPSFIELD | 3 | 2.3 |
| EASTPORT | 13 | 9.8 | VANCEBORO | 2 | 1.5 |
| GRAND LAKE STREAM | 2 | 1.5 | WAITE | 2 | 1.5 |
| HARRINGTON | 1 | 0.8 | **TOTAL** | **132** | **100.0** |

# York County

| | Number | Percent |
|---|---|---|
| ACTON | 5 | 0.9 |
| ALFRED | 3 | 0.6 |
| ARUNDEL | 7 | 1.3 |
| BAR MILLS | 3 | 0.6 |
| BERWICK | 1 | 0.2 |
| BIDDEFORD | 55 | 10.1 |
| BIDDEFORD POOL | 1 | 0.2 |
| BUXTON | 11 | 2.0 |
| CAPE NEDDICK | 5 | 0.9 |
| CAPE PORPOISE | 4 | 0.7 |
| CORNISH | 9 | 1.7 |
| DAYTON | 1 | 0.2 |
| EAST LEBANON | 1 | 0.2 |
| EAST WATERBORO | 6 | 1.1 |
| ELIOT | 6 | 1.1 |
| HOLLIS | 5 | 0.9 |
| KENNEBUNK | 26 | 4.8 |
| KENNEBUNKPORT | 25 | 4.6 |
| KITTERY | 23 | 4.2 |
| KITTERY POINT | 2 | 0.4 |
| LEBANON | 1 | 0.2 |
| LIMERICK | 6 | 1.1 |
| LIMINGTON | 3 | 0.6 |
| LYMAN | 6 | 1.1 |
| MOODY | 4 | 0.7 |
| NORTH BERWICK | 3 | 0.6 |
| NORTH WATERBORO | 1 | 0.2 |
| OGUNQUIT | 50 | 9.2 |
| OLD ORCHARD BEACH | 57 | 10.5 |
| PARSONSFIELD | 5 | 0.9 |
| SACO | 47 | 8.6 |
| SANFORD | 42 | 7.7 |
| SHAPLEIGH | 4 | 0.7 |
| SOUTH BERWICK | 6 | 1.1 |
| SOUTH WATERBORO | 1 | 0.2 |
| SPRINGVALE | 8 | 1.5 |
| WATERBORO | 5 | 0.9 |
| WELLS | 46 | 8.5 |
| WEST KENNEBUNK | 1 | 0.2 |
| WEST NEWFIELD | 2 | 0.4 |
| YORK | 32 | 5.9 |
| YORK BEACH | 10 | 1.8 |
| YORK HARBOR | 5 | 0.9 |
| **TOTAL** | **544** | **100.0** |

# Appendix O: Assessment Report

**County Name:** _____

**Person Completing Form:** _____

**Completion Date:** _____

**Section 1: What you learned initially**

**From your initial review of existing data and prior assessments,**

1. What consumption patterns are of particular concern in your county?  Why?  Among which population(s)? Please make sure you list the source of your information.

2. What consequences are of concern?  Why?  Please make sure you list the source of your information.

3. What knowledge gaps exist?

**Note: Before completing Section 2, you must have completed your additional information collection efforts (i.e., Needs Assessment Part II).**

## Section 2: Putting it all together

Grantees are expected to include in their assessment and strategic plan the priorities identified in Maine's State Strategic Plan.  Again, they are:

- High-risk drinking, particularly among youth (grades 9-12) and young adults (ages 18-25)
- Marijuana
- Non-medical use of prescription drugs

In the tables which follow, you are asked to describe what it is in your county that specifically contributes to the use of these substances and the related consequences.  If you have identified priorities in addition to the State priorities, space is provided to include those. The areas in which you will be looking for linkages between contributing factors and consumption and consequences are as follows:

- **Enforcement** includes the enforcement of the rules, laws and policies surrounding substance use and its consequences, as well as the public perception of the levels of enforcement and how likely people are to believe they will get caught if they violate the rules, laws and policies.

- **Retail access/availability** refers to the accessibility of alcohol, tobacco and drugs from retail sources (i.e., where money is exchanged.[50]  Examples are: the ability of underage youth to obtain alcohol from stores as well as the ease of purchasing alcohol for adults; and, the sale of drug paraphernalia, such as rolling papers.

- **Social access/availability** refers the access one has to substances through social networks. In this case money is rarely exchanged.  For example, parents who throw house parties provide social access to alcohol for youth.

- **Price** refers to economic availability such as special deals and discounts for alcohol in particular, such as "2 for 1" specials or discounted happy hour prices.

- **Promotion** attempts to increase the attractiveness of drinking, smoking or using illicit drugs.[51]  It can include advertising that promotes excessive, illegal and/or unsafe use as well as sponsorship of events that promote excessive, illegal and/or unsafe use.

- **Perceived risk**  - if individuals do not feel substance use poses a great risk, they tend to underestimate the potential consequences. For example, if individuals believe that

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[50] A General Causal Model to Guide Alcohol, Tobacco and Illicit Drug Prevention: Assessing the Research Evidence. Strategic Prevention Framework State Incentive Grant State Epidemiological Workgroup Workshop. Washington, DC: March 16-17, 2006.
[51] A General Causal Model to Guide Alcohol, Tobacco and Illicit Drug Prevention: Assessing the Research Evidence. Strategic Prevention Framework State Incentive Grant State Epidemiological Workgroup Workshop. Washington, DC: March 16-17, 2006.

they won't get in a crash while driving under the influence, they may be more likely to engage in that behavior.

- **Social norms** are informal standards or values regarding the acceptability or unacceptability of certain behaviors including substance use.[52]

  - o *Family norms* include parental attitudes towards substances (e.g. kids will be kids), parental monitoring and involvement, parental/sibling use of substances.
  - o *Community/peer norms* include attitudes of peers and adults in the community towards substance use (e.g. belief that most people drink/use drugs or that social events must include substances), peer/community use of substances, and the perceived social benefits of substance use (the "coolness" factor).

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[52] A General Causal Model to Guide Alcohol, Tobacco and Illicit Drug Prevention: Assessing the Research Evidence. Strategic Prevention Framework State Incentive Grant State Epidemiological Workgroup Workshop. Washington, DC: March 16-17, 2006.

o
## 1. High-risk Drinking <u>Among Youth</u> (12-17):

What are the consequences of high-risk drinking among youth in your county?

| In your county, is there a connection between the following intervening variables and the consumption of alcohol or the consequences of high-risk drinking? | If yes, what is the connection (contributing factors) and how do you know this? |
|---|---|
| Enforcement | |
| Retail access | |
| Social access | |
| Promotion | |
| Perceived risk of harm of use | |
| Community norms | |
| Family norms | |

## 2. High-risk Drinking Among <u>Young Adults (18-29)</u>:

What are the consequences of high-risk drinking among young adults in your county?

| In your county, is there a connection between the following intervening variables and the consumption of alcohol or the consequences of high-risk drinking? | If yes, what is the connection (contributing factors) and how do you know this? |
|---|---|
| Enforcement | |
| Retail access | |
| Social access | |
| Promotion | |
| Perceived risk of harm of use | |
| Community norms | |
| Family norms | |

## 3. High-risk Drinking Among <u>Other Adults (</u>30 and over<u>)</u>:

What are the consequences of high-risk drinking among other adults in your county?

| In your county, is there a connection between the following intervening variables and the consumption of alcohol or the consequences of high-risk drinking? | If yes, what is the connection (contributing factors) and how do you know this? |
|---|---|
| Enforcement | |
| Retail access | |
| Social access | |
| Promotion | |
| Perceived risk of harm of use | |
| Community norms | |
| Family norms | |

## 4. Marijuana Use Among Youth (12-17):

What are the consequences of marijuana use among youth in your county?

| In your county, is there a connection between the following intervening variables and the consumption of marijuana or the consequences of its use? | If yes, what is the connection (contributing factors) and how do you know this? |
|---|---|
| Enforcement | |
| Retail access | |
| Social access | |
| Promotion | |
| Perceived risk of harm of use | |
| Community norms | |
| Family norms | |

## 5. Marijuana Use Among Young Adults (18-29):

What are the consequences of marijuana use among young adults in your county?

| In your county, is there a connection between the following intervening variables and the consumption of marijuana or the consequences of its use? | If yes, what is the connection (contributing factors) and how do you know this? |
|---|---|
| Enforcement | |
| Retail access | |
| Social access | |
| Promotion | |
| Perceived risk of harm of use | |
| Community norms | |
| Family norms | |

### 6. Marijuana Use Among Other Adults (30 and over):

What are the consequences of marijuana use among other adults in your county?

| In your county, is there a connection between the following intervening variables and the consumption of marijuana or the consequences of its use? | If yes, what is the connection (contributing factors) and how do you know this? |
|---|---|
| Enforcement | |
| Retail access | |
| Social access | |
| Promotion | |
| Perceived risk of harm of use | |
| Community norms | |
| Family norms | |

## 7. Non-medical Use of Prescription Drugs <u>Among Youth (12-17)</u>:

What are the consequences of non-medical use of prescription drugs among youth in your county?

| In your county, is there a connection between the following intervening variables and the consumption of prescription drugs for non-medical use or the consequences of this type of use? | If yes, what is the connection (contributing factors) and how do you know this? |
| --- | --- |
| Enforcement | |
| Retail access | |
| Social access | |
| Promotion | |
| Perceived risk of harm of use | |
| Community norms | |
| Family norms | |

## 8. Non-medical use of Prescription Drugs Among <u>Young Adults (18-29)</u>:

What are the consequences of non-medical use of prescription drugs among young adults in your county?

| In your county, is there a connection between the following intervening variables and the consumption of prescription drugs for non-medical use or the consequences of this type of use? | If yes, what is the connection (contributing factors) and how do you know this? |
| --- | --- |
| Enforcement | |
| Retail access | |
| Social access | |
| Promotion | |
| Perceived risk of harm of use | |
| Community norms | |
| Family norms | |

## 9. Non-medical use of Prescription Drugs Among <u>Other Adults</u> (30 and over):

What are the consequences of non-medical use of prescription drugs among other adults in your county?

| In your county, is there a connection between the following intervening variables and the consumption of prescription drugs for non-medical use or the consequences of this type of use? | If yes, what is the connection (contributing factors) and how do you know this? |
|---|---|
| Enforcement | |
| Retail access | |
| Social access | |
| Promotion | |
| Perceived risk of harm of use | |
| Community norms | |
| Family norms | |

**(OPTIONAL – If any other drugs have emerged as high priorities in your assessment)**

**10.    Use of Other Drugs (Please identify _____) Among Youth (12-17):**

What are the consequences of _____ among youth in your county?

| In your county, is there a connection between the following intervening variables and the consumption of this drug or the consequences of its use? | If yes, what is the connection (contributing factors) and how do you know this? |
|---|---|
| Enforcement | |
| Retail access | |
| Social access | |
| Promotion | |
| Perceived risk of harm of use | |
| Community norms | |
| Family norms | |

**(OPTIONAL – If any other drugs have emerged as high priorities in your assessment)**

**11.    Use of Other Drugs (Please identify _____) Among Young Adults (18-29):**

What are the consequences of _____ among young adults in your county?

| In your county, is there a connection between the following intervening variables and the consumption of this drug or the consequences of its use? | If yes, what is the connection (contributing factors) and how do you know this? |
|---|---|
| Enforcement | |
| Retail access | |
| Social access | |
| Promotion | |
| Perceived risk of harm of use | |
| Community norms | |
| Family norms | |

**(OPTIONAL – If any other drugs have emerged as high priorities in your assessment)**

**12.     Use of Other Drugs (Please identify _____) Among Other Adults (30 and over):**

What are the consequences of _____ among other adults in your county?

| In your county, is there a connection between the following intervening variables and the consumption of this drug or the consequences of its use? | If yes, what is the connection (contributing factors) and how do you know this? |
|---|---|
| Enforcement | |
| Retail access | |
| Social access | |
| Promotion | |
| Perceived risk of harm of use | |
| Community norms | |
| Family norms | |

**Section 3: Capacity Assessment**

Attach your capacity assessment to the report you submit to OSA.

13. Which areas of capacity (strengths) will assist you in the development of your strategic plan?

14. Which areas of capacity will be included in your strategic plan as areas that you will work on in the coming years and why?

# Appendix P: Strategic Plan Outline

**Introduction**

**Vision**

**Description of Geographic Areas Covered in the Strategic Plan and Collaborating Partners**

**Description of Planning Team and Process** (including data and information used)

**Processes Used to Interpret Information and Make Decisions**

**Prioritization of Goals and Objectives** (What are the priorities and why?)

(Complete one of these tables for each problem statement)

## Problem Statement:

### Goal:

| Objective (from intervening variables) | Strategies (to address contributing factors) | Benchmarks (How will you know you have achieved your objectives?  When do you expect to achieve them?) |
|---|---|---|
| Objective 1:<br><br>Capacity Building Actions: | 1.<br><br>2.<br><br>3. | |
| Objective 2:<br><br>Capacity Building Actions: | 1.<br><br>2.<br><br>3. | |
| Objective 3:<br><br>Capacity Building Actions: | 1.<br><br>2.<br><br>3. | |

**Capacity Building Priorities** (Describe any additional capacity building priorities beyond those associated with specific objectives in the tables above)


**Action Plan** (insert and describe your workplan for year one)


**Sustainability** (Describe your plan for continuing the collaborative strategic planning process beyond the SPF SIG grant.  Describe your funding plan to develop and attain the resources needed to implement the priority strategies identified)

**Appendices**

Assessment Report (or reference where it can be found)

Planning Model

MOUs

# Appendix Q: References

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