Maine's Prevention Infrastructure: The Local Perspective

Interim Report

Hornby Zeller Associates, Inc.

January 2009

In the past few years, the Substance Abuse and Mental Health Services Administration (SAMHSA) has promoted its Strategic Prevention Framework (SPF) as a structure within which prevention work should occur. The Framework has five steps (shown below) with two overarching principles, sustainability and cultural competence. In 2004, Maine was selected to be among the first cohort of states to receive a Strategic Prevention Framework State Incentive Grant (SPF SIG). The grant funds the State to develop its substance abuse prevention infrastructure and implement evidence-based approaches based on needs and resources as well as a comprehensive strategic plan at the state and local levels.

In September 2006, Maine funded its first set of communities to begin the implementation of the Strategic Prevention Framework at the local level. This initial funding was known as the Community Strategic Planning and Environmental Programming (SPEP) grants. Fifteen lead agencies were funded across Maine, for ten to twelve months, to conduct a needs and capacity assessment and to develop a strategic plan, which accomplished Steps 1 (needs assessment), 2 (capacity building) and 3 (strategic plan) of the *Framework*. These activities were collectively referred to as "Phase I" and resulted in 15 needs assessments and strategic plans.[1] Of the 15 grantees, 5 were also awarded phase II funding to begin implementing evidence based strategies (step 4 of the SPF) to prevent underage drinking.

One of the key components of Maine's SPF SIG is to strengthen state and local prevention infrastructure. The evaluation team created the Community Infrastructure Assessment (CIA) to measure infrastructure enhancements and administered it at site visits with local grantees during Phase I. The initial results were summarized in a report that was released in the Spring of 2007 and established a baseline against which subsequent results could be measured. Phase I was initiated and evaluated before the States Public Health Workgroup (commissioned by the Governors Office) had finalized its recommendations for a state public health infrastructure/system (known as the Healthy Maine Partnership (HMP)). Local substance abuse prevention coordinators are a part of this new system.

[1] One of the plans addressed two counties (Penobscot and Piscataquis); the remaining 14 plans addressed 1 county each.

The new infrastructure consists of 8 Public Health Districts that contain a total of 28 local comprehensive community health coalitions, all of which are implementing the SPF. In an effort to build, enhance, and sustain substance abuse prevention work all across Maine OSA collaborated on the development of a braided RFP with two other state agencies, the Maine Center for Disease Control and Prevention and the Department of Education. Through this collaborative process and braided RFP, OSA was able to fund all 28 coalitions to implement evidence-based environmental strategies (SPF Step 4, Phase II of the funding plan). Subsequently, the evaluation team administered the second round of the CIA interviews during site visits with the new substance abuse coordinators in the Spring and Summer of 2008.

The assessment will be administered once more at the conclusion of grant funded prevention activities in order to capture the full scope of prevention infrastructure development that has occurred as a result of the grant. The following graphic illustrates the CIA assessment cycle and SFF SIG Steps to date:

Sept 2006 – Aug 2007	**Sept 2007 – Aug 2008**	*Sept 2008 – Aug 2009*
SPF SIG Steps 1 – 3	SPF SIG Step 4	*SPF SIG Steps 4 & 5*
Funding Phase I	Funding Phase II	*Funding Phase II*
(NOTE: 5 Communities funded for SPF SIG Step 4/Phase II)	CIA Round 2	*CIA Round 3 (28 Grantees)*
CIA Round 1 (15 Grantees)	(28 Grantees)	*Status: ANTICIPATED*
Status: COMPLETE	Status: COMPLETE	

Because the public health system changed after the first round of the CIA was administered, a true pre/post SPF SIG comparison of infrastructure at the sub-state/grantee level is not possible. However, the evaluation team anticipates that the final assessments will show progress when compared with the interim findings.

Purpose of This Report

The evaluation team is measuring the progress made to enhance the infrastructure by interviewing local grantees that receive SPF SIG funding and asking them questions that measure various aspects of infrastructure development. This report summarizes information collected during the second round of evaluation site visits with representatives from each HMP district during which the CIA was administered.

The following section of the report, *Prevention Infrastructure: Round 2 Results* explains the aggregate results from the midpoint administration of the infrastructure assessment which was completed in July 2008. The interim findings are compared to the baseline assessment conducted with all grantees during the Fall of 2006 and Winter of 2007.

Observations and Recommendations outlines some of the key areas where OSA may want to focus infrastructure development activities and some strategies that may be considered to enhance the prevention system at the state and local levels.

The Community Infrastructure Assessment structured interview is adapted from an instrument developed by the Pacific Institute of Research and Evaluation (PIRE) and is comprised of eight domains:

- Organizational Structure;
- Planning;
- Data and Data Systems;
- Workforce Development;
- Evidence-based Programs, Policies and Practices;
- Cultural Competence;
- Evaluation and Monitoring; and
- Sustainability.

The assessment is intended to gauge the state and local substance abuse prevention infrastructure at a given point in time from the perspective of the funded communities. The results are not indicative of the capacity of grantees specifically, but rather are about the prevention system generally.

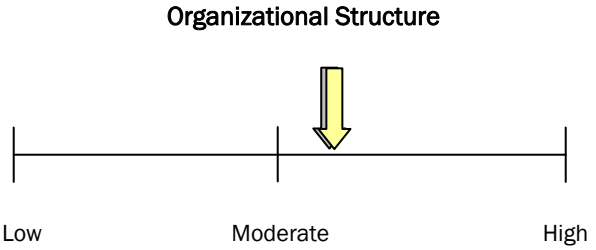
In all cases two evaluators were present when the infrastructure assessment was conducted. Each ranked the various responses to each question independently of the other. At the conclusion of the assessment the evaluators discussed the results and reached consensus on how to rank each item along a continuum from low to moderate to high. The low ranking was given a score of 1, moderate was 2 and high was 3.[2] These rankings were then averaged within each domain[3] resulting in the rankings discussed in this chapter. Note that the grey arrows indicate the Round 1 score, while the yellow arrows represent the current Round 2 score.

Following are the aggregate results of the infrastructure assessment by domain and highlights the findings in each area. When examining the results it is important to recall that many of the grantees (lead agencies) changed between the first and second administration of the infrastructure assessment, as previously highlighted. That shift has impacted infrastructure development in some regions; a decrease in infrastructure capacity should not be attributed to the work of the grantees, per se; for many this visit constituted more of an initial assessment.

[2] There are a few items in the instrument that have yes/no responses. "Yes" is coded as 3 and "No" as a 1.
[3] While ordinal variables are not meant to be calculated in this way, the averages are calculated for illustrative purposes.

Organizational Structure

Grantees ranked high in terms of organizational structure compared to other domains and there was slight improvement since the first round of assessment. The components of organizational structure include: the presence of a county-level group of Alcohol, Tobacco and Other Drug (ATOD) decision makers who convene to share information and engage in prevention planning activities; written guidelines for decision making in the group; and incorporation of input from community and state stakeholders in prevention decisions.



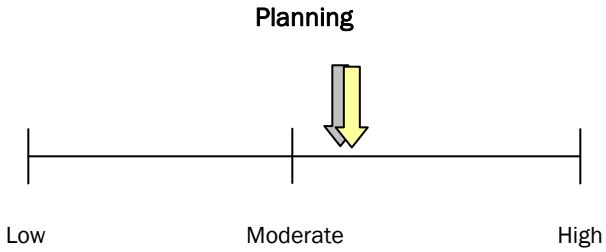
Seven of the eight HMP districts reported that a group of decision makers convene to integrate ATOD prevention efforts at the district level. Those groups meet at least quarterly and routinely share information. Four of the seven routinely engage in broad-based strategic planning and jointly plan for prevention activities. The one group that had not engaged in any strategic planning at all was simply too new to have undertaken that activity.

All districts reported that they incorporate input from community stakeholders when making substance-abuse prevention related decisions, and most involve state-level input as well. These activities represents an increase in soliciting outside support and advice.

However, districts were less likely to coordinate prevention funding by either pursuing funding jointly or by combining existing funding to support prevention activities. Moreover, only one district reported having written guidelines for decision-making at the district level, and another disagreed as to whether a group representing the entire district did in fact meet. These findings indicate that additional infrastructure development efforts are needed to organize and coordinate ATOD prevention efforts at the district level.

Planning

Grantees ranked highest in the planning domain compared to all others. Infrastructure in terms of planning was rated on the following: the existence of a mission and vision for substance abuse prevention; the extent of input from stakeholders in the mission and vision; the perceived level of support for a countywide strategic plan; staff time allocated to planning; the availability of technical assistance around planning; and mechanisms for linking state and county planning efforts.



All grantees reported that they currently have staff time specifically allocated to prevention planning and most reported that outside technical assistance specific to planning is available. This is not surprising given that the SPF model should result in planning

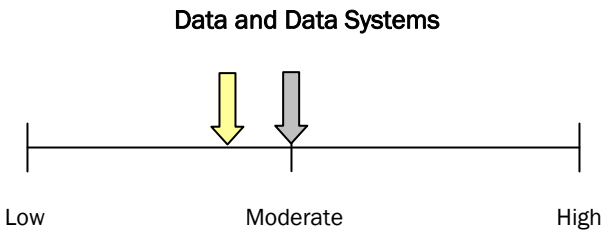
becoming an ongoing activity. However, many grantees, particularly the newer ones, are still unfamiliar with the SPF model and the concept of assessing and planning for their prevention work; as grantees become more aware of and confident in the model, this score should increase.

Half of the grantees identified the presence of a mission and vision for prevention that they consider to be district-wide; in some districts, though, there was disagreement as to whether the mission/vision was coalition, county or district specific. Moreover, some grantees reported that the strategic plan developed in Phase I did not always guide current practice. These two findings likely reflect the challenges stemming from the HMP transition between grantees and organizational structures.

Whereas two-thirds of respondents in Round 1 did not feel that there was a connection between state prevention planning and local level prevention planning, three-fourths indicated that at least some linkage existed in Round 2. Grantees reported that the list of approved strategies provided by OSA (OSA SPF SIG Strategy Approval Guide) greatly facilitates the local planning process and helps ensure that they are in step with state level prevention planning and priorities. Some grantees also reported that the guidance provided to them by their project officer helped them to feel connected to state planning efforts.

Data and Data Systems

The grantee ranking for this domain decreased the most from the first to second round of assessment. The components covered in this domain are: capacity to maintain data systems; funding available to develop capacity; the extent to which epidemiological data is shared; and guidance provided on how to interpret epidemiological data.

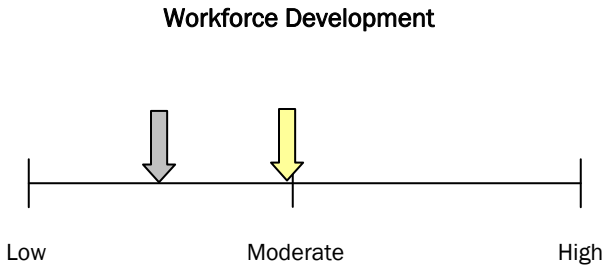


While most staff reported at least a moderate level of capacity to handle data systems, grantees also identified that there is little to no funding available to increase capacity. Most grantees reported that KIT has streamlined reporting requirements, particularly the quarterly reports, but others wished it could be better aligned with the Community Level Instrument required by SAMHSA. In addition, KIT can be very complicated for newly hired SAP coordinators who are not as familiar with the data reporting system compared to more experienced executive directors or prevention workers.

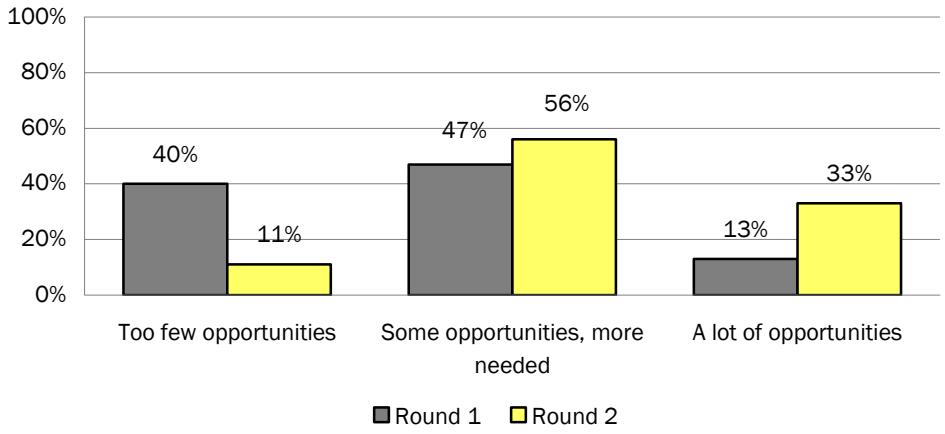
SPF SIG is heavily focused on epidemiological data. For many, this focus is relatively new. Previously, all but one of the communities described the extent of sharing of epidemiological data between the state and local grantees as not routine or non-existent. More communities now feel that there is increased sharing of such data, but they also reported generally that little guidance is provided to interpret the data. As with the funding available to increase capacity for data systems, this may be an area where more technical assistance is beneficial.

Workforce Development

Strengthening the substance abuse and prevention workforce is another of Maine's SPF SIG infrastructure goals. Grantees were asked about the existence of formal written professional development plans or policies; workforce development opportunities provided by the state; and accessibility of the opportunities.



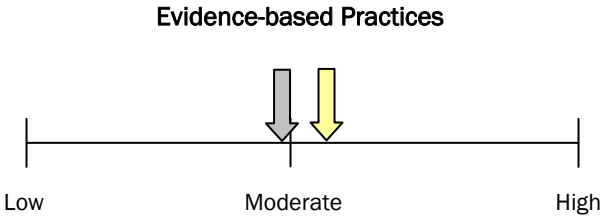
In the recent past, OSA has focused on providing more training opportunities for grantees. Those efforts are reflected in this domain, where the grantees clearly increased their capacity the most and clearly identified that more opportunities are available. While grantees still feel that there are more opportunities needed, there was a sharp decrease between Round 1 and Round 2 in the proportion of grantees reporting that too few workforce development opportunities were offered.



In general, grantees like the accessibility of opportunities that are provided through alternate forms of technology, such as conference calls and video conferencing. The grantees mentioned several topics in terms of workforce development. In the coming year, some of the areas the state may want to offer additional training opportunities to grantees include the following:

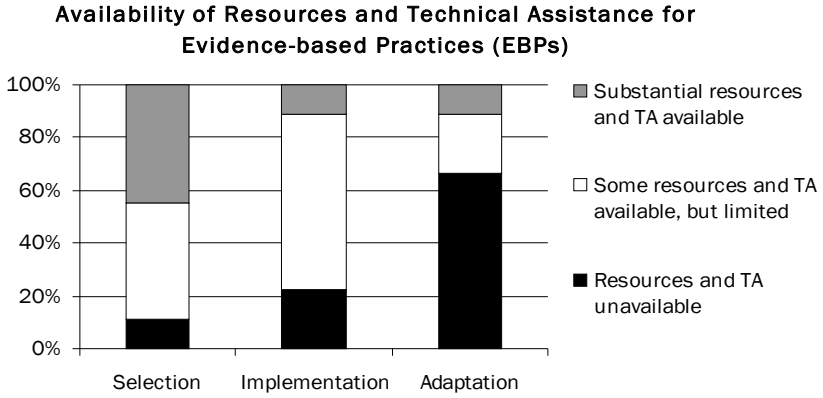
- Cultural competency;
- The implementation and adaptation of evidence-based practices and strategies;
- Using and interpreting epidemiological data;
- Evaluation planning and methods; and
- Sustainability and grant writing.

Evidence-based Programs, Policies and Practices

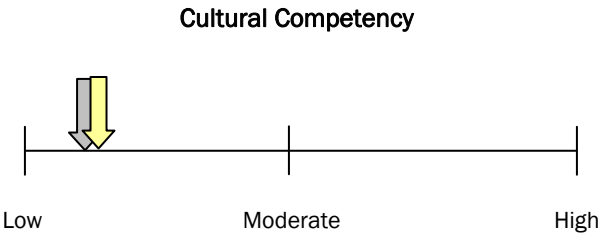


The infrastructure assessment assesses the consistency across state and local prevention entities in terms of defining "evidence-based" and looks at the current availability of resources to assist in the selection, implementation and adaptation of evidence-based practices. All grantees feel that the definition of evidence-based practices (EBP) is consistent across state and sub-state entities. This is based largely on the use of programs designated as models or promising practices and the requirements to use them. The list of pre-approved strategies as well as the training opportunities associated with the grant have greatly enhanced organizations' knowledge and ability to implement evidence-based prevention practices.

Most grantees believe that there are some or substantial resources available to assist prevention providers in the *selection* of EBPs. However, their perceptions of resource availability decline when the grantees speak about *implementation* and *adaptation* resources. A similar trend was seen in Round 1 of the assessment. The following graph illustrates the perceived differences in available resources with all three aspects of EBP.



Cultural Competency



The components of the cultural competence domain are: the provision of guidance by the state on cultural competency in the context of prevention; state support for selection and implementation of culturally appropriate practices; the presence of county-level written policies on cultural competence; and the existence of a process to assess and monitor cultural competence in prevention planning and practices at the county level. Cultural competence is the infrastructure domain that is most lacking among the eight domains, both at the current and previous infrastructure assessments.

Many grantees commented about the high expectations around cultural competency but a lack of materials and feedback about it. Three grantees reported that a moderate level of guidance is provided on cultural competence in the context of prevention, but almost all reported that state support for selecting and implementing culturally competent practices was low. Moreover, only one county within one district has developed a written, formal policy on how to ensure cultural competence in its prevention efforts and has a process in place to monitor cultural competence; this county reported this at the previous assessment as well.

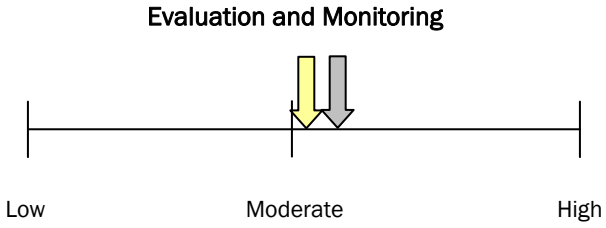
As with Round 1, discussions with grantees revealed very different opinions and views of cultural competence; some see it very narrowly, restricted to race and ethnicity. Others had a more broad view that included LGBTQI, socio-economic status, occupation (e.g., mill workers, fishing), urban versus rural settings and literacy.

Between the assessment in the Summer of 2008 and the writing of the report, OSA has coordinated and offered a large training to address this issue by the Northeast CAPT that was well attended and received; it is anticipated that infrastructure in this domain will rise as a result.

Evaluation and Monitoring

The components measured within the evaluation and monitoring domain include: the availability of evaluation expertise; the presence of an evaluator to provide assistance; the manner in which grantees utilize evaluation data; the manner in which the State monitors grantee activity; the streamlining of reporting requirements. This domain shows a decrease in capacity since the original Round 1 assessment.

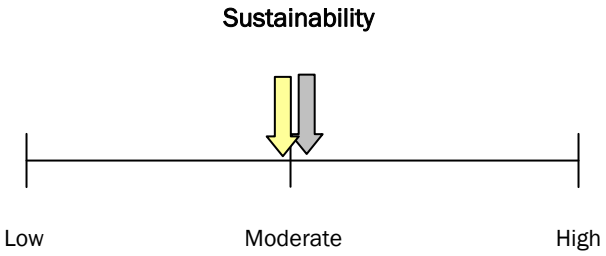
During the time between the Round 1 and Round 2 assessments, the Prevention Centers of Excellence ended and the funded organizations and grantees changed. It is likely that both factors influenced infrastructure in this domain.



However, all grantees have at least some access to evaluation expertise and three have an evaluator on staff or available through a contractual agreement. Nearly all use evaluation data as part of their prevention work. Moreover, evaluation training was provided by the SPF evaluators for the grantees at the November Grantee Provider's Conference, after the interviews in this assessment, in an effort address some of these capacity needs.

One of the state's SPF SIG goals is the development and use of common evaluation and monitoring tools, including reporting requirements. Almost all grantees say their activities are monitored by the state, primarily through the use of KIT Solutions. Grantees mentioned other mechanisms as well, such as grantees' project officers. Most grantees reported that KIT has streamlined reporting requirements, particularly the quarterly reports, but many were surprised by the detailed requirements contained in the strategy tracker. Grantees indicated that in some cases they felt the required indicators for substance abuse did not make sense or could not feasibly be tracked by their organization.

Sustainability



The sustainability domain is measured in terms of diversification of prevention funding, the extent of community involvement in county prevention efforts, plans to address sustainability issues and solicitation of input from the state on prevention sustainability at the state level. Sustainability scores decreased slightly between the first and second rounds and represented the area where grantees expressed the most anxiety. This is in large part due to the current economic turmoil and the limited state funds available to support prevention work. Moreover, grantees are looking toward the future without SPF SIG and do not see something comparable that would support the high level of activities in which they are currently engaged.

All grantees report at least moderate efforts to diversify funding streams as well as collaboration with other communities in their district. Still, sustainability efforts are not always consistently reviewed and plans are not always developed to overcome identified funding obstacles. Additional OSA training on sustainability and grant writing in the coming year would be useful.

Ideally, Maine's prevention system would be marked by shared responsibility for sustainability on a local and state level. Now and in the past, those at the local level do not feel that their input is sought to a large extent.

Grantees identified a number of challenges to sustaining prevention work. Not surprisingly, all grantees identified the availability of funding as the largest barrier. Additionally, as funding opportunities become scarcer, competition for what little money remains significantly increases. This does not always facilitate collaboration among agencies already struggling to survive. Grantees also voiced concern over the occasional lack of community interest and buy-in to prevention efforts.

Overall, it seems that the mantra "two steps forward, one step back" applies to the interim CIA findings. While merging with the existing HMP infrastructure brings many benefits to substance abuse prevention – such as increased resource sharing, opportunities to collaborate across the health spectrum and inroads into previously untapped networks – it also brings challenges.

First and foremost, most SPEP grantees established a strong foundation for building a county-level prevention infrastructure in the first round of funding that was undermined somewhat by the alignment with the HMP infrastructure. The transition to the HMP organizational structure has also impacted the prevention infrastructure development in some counties where the original SPEP grantee is no longer the primary SPF SIG grantee. Although most SPEP grantees remain at least somewhat involved in SPF Step 4 as part of the community coalition, not all current substance abuse prevention providers were involved in the development of the needs assessments and strategic plans. Therefore, there is often a disconnect between the people currently implementing the evidence-based prevention activities (SPF Step 4) and the people who completed SPF Steps 1-3 and developed the strategic plan. In other cases the result is simply that local substance abuse efforts have become a less visible priority than the larger public health initiative which focuses on tobacco prevention, physical activity, nutrition, sun exposure and chronic disease prevention. This may be due, at least in part, to the fact that it is easier to build community support for those types of public health initiatives opposed to substance use and abuse.

That leads to a second and persistent challenge: many grantees, particularly those that were not involved in the Phase 1 funding, are not aware of the SPF SIG model, its theoretical underpinnings or the history of SPF within Maine. Moreover, while the funding streams are braided (intertwined but separate) not blended (merged), the local perspective is simply that they receive funds. The fact that substance abuse prevention is funded through a unique federal grant that has its own theory of change (and its own reporting requirements) is not generally perceived. This poses a challenge for OSA not just in terms of the current grant requirements, but also as it embraces the SPF SIG model to guide future prevention work and infrastructure development.

Networking

All the grantees noted that the opportunity to hear about what other grantees are doing is extremely helpful. They recognize this as a capacity building opportunity as well as a chance to hear about best practices to achieve successful implementation. The conference calls sponsored by OSA received high praise from many grantees in addressing this need. However, some sites are not fully participating in the networking opportunities that are available. A challenge remains in engaging those grantees, as they are often sites that might greatly benefit from more frequent contact with their peers.

Cultural Competency

An online training session to address culturally competent prevention practices was recently offered and well attended by grantees. This represents the first step towards creating a more culturally competent prevention infrastructure in Maine. The grantee sites would

benefit from having a uniform definition of cultural competence issued by OSA which they could use to gauge their own level of cultural competency. OSA may want to consider continuing to work with the Northeast CAPT to develop a cultural competency assessment checklist based on this definition. Taking these steps will enable all sites to develop comprehensive plans to address and monitor cultural competency.

Workforce Development

Accessibility remains a barrier to attendance at workforce development opportunities for some grantees. This includes both distance and the costs and time associated with travel. Continuing to utilize conference calls and webinars will mitigate this problem in the short term. In addition, recording trainings would allow the trainings to be even more accessible to grantees since they would be able to access the information on their own schedule. This would also enable newly hired staff to access past opportunities, which would help them get up to speed more quickly.

Evidence Based Practices

In accordance with Center for Substance Abuse Prevention (CSAP) guidelines, OSA has established a means to document and determine effective prevention strategies in Maine. While grantees have not used this process much since it was implemented, the process successfully established the standard for appropriate prevention strategies in Maine.

While grantees were not always enthusiastic about the sharpened focus of the SPF SIG funding on alcohol and prescription drugs, they overwhelmingly appreciate the OSA SPF SIG Strategy Approval Guide that provided them the list of pre-approved strategies from which they could choose. In the coming year, the state should continue to consider ways in which it intends to provide additional guidance on how to implement evidence based programs, highlight best practices throughout the state to overcome common difficulties, as well as provide information on how to adapt strategies while remaining within the boundaries of a proven evidence-based practice.

Sustainability

Grantees largely do not feel that they are being included in the state-level discussion about what direction the state is headed and what sub-state prevention efforts need in order to sustain their work. One of the ways to formalize this is by adding local representatives to the SPF SIG workgroups. In the summer of 2008, the state SPF SIG added 2 local representatives to the Advisory Board, brought a local representative onto the Community Epidemiological Surveillance Network, and added two new local representatives to the KIT Monitoring Workgroup. OSA should ensure that this local level participation in state planning and data groups is made known to all SPF SIG grantees.

The development of evaluation skills at the local level is instrumental in securing continuation funds. The more communities can demonstrate the effectiveness of their work the more competitive they can be in securing funding to continue their work. To help meet this need, Hornby Zeller Associates plans to develop an evaluation guide to complement the needs assessment guide so that each funded community can work on evaluation and monitoring during the final implementation period.