MaineGeneral Medical Center
Maine's Strategic Prevention Framework State Incentive Grant (SPF-SIG)

Report to the Maine Office of Substance Abuse

Kennebec County

June 29, 2007

Strategic Plan Outline

Introduction
Substance abuse is a region wide problem that impacts all age groups, and civic leaders, law enforcement, school personnel, employers, and health care providers in Kennebec County recognize the need for interventions. In the 2005 health status survey conducted by MGMC, substance abuse and behavioral health issues were among the top community health needs identified by citizens. Alcohol abuse continues to be a major issue in our region and impacts many lives. Binge drinking in all age groups and underage drinking continue to be major health concerns.

Prescription drug abuse is an emerging problem in the teen and young adult age groups and impacts many economically and socially, as well as resulting in a high rate of accidental death due to overdose. The growing problem of prescription drug abuse requires Kennebec County to expand its partnership to include prescribers, pharmacies and health system leadership, in order to impact the supply of drugs.

Our strategic planning process has been staffed by a 20 hour/week position supported with OSA funding and an additional 10-20 hours/ week provided in-kind by MGMC's Prevention Center. Additional in-kind time has been contributed by other organizations to complete the strategic planning work. The planning group has included sectors of the community that serve populations from the entire lifespan, from infants to seniors. We have taken a close look at the natural history of addiction, and its consequences. The results of the Kennebec County Strategic Planning process recommend regional coordination of primary prevention efforts, with an emphasis on environmental strategies.

Vision
Create a County where the social norm is that:

Young people do not use illegal substances.
Adults do not abuse substances.
Prescription drugs are prescribed and used only appropriately.
When addiction does occur, it is recognized promptly and treated using best practice treatment guidelines.

As a group, we did not engage in a visioning exercise. Through the process of creating logic models, we were able to flesh out our long term outcomes and created a vision from those.

Description of Geographic Areas Covered in the Strategic Plan and Collaborating Partners
Kennebec County's substance abuse strategic planning effort has been anchored by MaineGeneral Medical Center's Prevention Center staff, and consultant time from MESAP. Partners in this process have included representatives from Greater Waterville PATCH, Greater Waterville Communities for Children and Youth/Prevention Coalition, Healthy Maine Partnership of Greater Waterville, Healthy Communities of the Capital Area, Senior Spectrum, Kennebec Valley Community Action Program, Waterville Police Department, Discovery House, Delta Ambulance Service, Crisis and Counseling, Kennebec County Sheriff's Office, Gardiner Boys and Girls Club, Augusta Boys and Girls Club/Capital Kids/The Edge, SAD 11,

Maranacook Area Schools, Winthrop Area Schools, HealthReach, Alfond Youth Center, Oakland Baptist Church, Greater Waterville Communities for Children and Youth, HealthReach and MaineGeneral Health inpatient and outpatient substance abuse treatment staff serving youth and adults and others. Representatives from all areas of Kennebec County have been invited to participate in the planning process in a variety of ways. Participation has included attending strategic planning meetings, serving on workgroups or subcommittees, giving access to populations to survey, answering key informant questions regarding substance use and abuse, reviewing documents and survey findings, meeting individually with the project staff, and maintaining ongoing communication by email, conference calls, etc.

Updates and reports have been shared with PATCH, the Greater Waterville Communities for Children and Youth/Prevention Coalition, HCCA and other groups as requested over the 10 month period.

The original key stakeholder group met monthly between October and December 2006. The members of this group then became part of the larger Planning Group, which has had a total of 6 planning meetings scheduled monthly from January -June 2007. This larger Planning Group also included many new participants to review assessment data and make major decisions regarding selecting priorities, identifying best practice intervention strategies, and finalizing the writing of our strategic plan.

Description of Planning Team and Process (including data and information used)[1]

Our Planning Group was comprised of key stakeholders throughout Kennebec County. This includes members from MaineGeneral Medical Center, Discovery House, Crisis and Counseling, PATCH, Oakland Baptist Church, Waterville Police Department, Healthy Maine Partnership of Greater Waterville, KVCAP and Greater Waterville Communities for Children and Youth/Prevention Coalition.

This original key stakeholder group met monthly between October and December 2006 to review past assessments done in Kennebec County and to make recommendations as to data collection that needed to be completed. The existing data that the group reviewed was the *Community Health Assessment* from MaineGeneral Medical Center, the *County Profile Supplement*, provided by OSA, the MYDAUS data and Prevention Coalition data. The key stakeholder group also conducted its own primary data collection, through surveys with inmates at the Kennebec County Jail, patients at Discovery House, a medication assistance treatment facility, and with patients in both inpatient and outpatient treatment at MGMC and Health Reach.

The key stakeholder group chose to conduct a survey of inmates in the county jail because they felt we did not have adequate information about this was a population. We did not have enough information about the negative consequences of addiction or the natural history of drug use, and this survey was a way to get more information. The survey was developed with the help of Diane Friese, UMaine Prevention Center, and Natalie Morse and Erica Colucci, both from MGMC's Prevention Center. The survey was approved for use after being reviewed by both the Sheriff and the Programs Director at the Kennebec County Jail. Erica Colucci contacted Sheriff

[1] All data collected for the assessment is housed at MaineGeneral. Copies can be obtained by contacting Natalie Morse at 207-872-1788.

Everett Flannery and Programs Director Erica Patterson, both of the Kennebec County Sheriff's department, to gain access to the facility. Once the survey was reviewed and approved, Erica Colucci scheduled several 3 hour blocks of time to spend in the jail. Erica individually surveyed 60 inmates during 6 three hour blocks of time. This survey took place in November and December 2006.

The key stakeholder group also decided to conduct surveys of patients at Discovery House and MGMC/HealthReach because of the lack of information regarding the natural history of drug use. The surveys were created in much the same way, but with the extra help of Nancy Moore, the Program Director at Discovery House and Treatment Staff at MGMC and HealthReach. Erica Colucci worked with Nancy Moore, the Programs Director at Discovery House, to gain access to the patients. Erica scheduled 4 hour blocks of time in which she was able to survey 26 patients as they came and went at Discovery House. This survey work took place in December 2006 through January 2007. To survey patients at MaineGeneral Medical Center, Erica Colucci worked with Jeff Bickford, the Manager of the Detox Unit, to review and approve the survey. Erica had to receive permission from MaineGeneral's Internal Review Board to gain access to patients. Once permission was granted, Jeff Bickford administered the surveys to 13 patients admitted to the Behavioral Health-Detox Unit. This survey work took place from December 2006 through January 2007. To complete the surveys with patients through HealthReach, or New Directions, Erica Colucci worked with Richard Watson, the Program Coordinator of New Directions in Augusta, and Pat Morini, the Program Coordinator of New Directions in Waterville to schedule time with patients and to review the survey to be used. Erica Colucci scheduled 2 full days at each site to survey 8 patients after their sessions with counselors.

With completion of this additional survey data, the key stakeholder group created a list of recommendations that would be addressed by a new, larger Planning Group. These recommendations were created to address the county as a whole and were to be decided on in county wide terms. The larger Planning Group brought on new members that represented many other agencies in Kennebec County, such as Maranacook Schools, the Alfond Youth Center, Gardiner Boys and Girls Club, Senior Spectrum, Phoenix House, the Gardiner School District, the Winthrop School District and the Augusta Boys and Girls Club/The Edge/Capitol Kids. This larger Planning Group reviewed the recommendations, data collection and existing data and with the use of the planning tools in the Assessment and Planning Guide, began to draft priority areas to be addressed in the strategic plan.

Processes Used to Interpret Information and Make Decisions

With the data and information available, the Planning Group began to identify priorities. With the help from the Assessment and Planning Guide and tools from the Learning Communities Conferences, the Planning Group used the Community Prioritization Process to decide on the importance and changeability of many of the recommendations from the original key stakeholder group. The Planning Group used the material in the guide to look at consequences, root causes, contributing factors and intervening variables. The established priorities and recommended strategies developed by the key stakeholders during the 10 month process are intended to be coordinated and implemented county wide.

Throughout the strategic planning process, much time was spent trying to engage stakeholders in both Northern and Southern Kennebec County. Phone calls were made to school staff, area agencies, police departments, social services, etc., to explain and engage people in the process. Many people expressed interest in the process but regrettably did not have time to participate; many of them were, however, kept informed by being on the email lists. Some who could not attend, but received the email updates, were the Krista Chase, Augusta School System; Becky Dick, Healthy Futures; Rich Abramson, Superintendent of Maranacook Schools; and Bill McKenna, Delta Ambulance. Program staff spent time meeting with people to explain the strategic planning process and trying to keep them involved and engaged. Time was spent at the Winthrop Schools, the Augusta Boys and Girls Club, the Kennebec County Sheriff's Department and the Maranacook School District. Many others were also kept informed through other members of the Planning Group.

Prioritization of Goals and Objectives

The key stakeholder group created a list of recommendations that they felt the larger Planning Group should focus on. This extensive list of recommendations was narrowed down using the Community Prioritization Process. With the help of Erica Schmitz from MESAP, the Planning Group was able to focus on both the importance and changeability of each recommendation and make appropriate decisions on where it should be placed. Through this process we also used many of the appendices located in the Assessment and Planning Guide. The priorities are based on what the Planning Group felt is needed in Kennebec County, but they were also based on how important and changeable the task would be.

The following goals and objectives were agreed on by the group:

1. **Reduce underage drinking**
    a. Increase effectiveness of law enforcement (also connected to social access)
    b. Reduce retail access by improving business practices
    c. Increase parental monitoring and knowledge of risk (also connected to social access)
    d. Increase perception of risk by teens

2. **Reduce high-risk drinking by young adults (18-25)**
    a. Decrease pricing/promotions that encourage high-risk drinking
    b. Increase knowledge of risk

3. **Reduce prescription drug abuse**
    a. Reduce access
        i. Improve prescribing practices/prescription monitoring
        ii. Improve storage and disposal practices
        iii. Decrease sharing of medication (connected to norms & knowledge of risk)
    b. Increase knowledge of risk (esp. by 18-25 population)

4. **Increase access to treatment**
    a. Increase/improve services available for incarcerated individuals
        i. During incarceration

ii. During transition to civilian life

b. Increase communication/coordination about treatment services available
c. Increase screening/early intervention services for adolescents

Once the priorities were determined, logic models were created as a way to plan out our work. Draft logic models and one-year workplans were created in a group setting and presented to the Planning Group in May 2007. The group reviewed the models and made suggestions and changes to make sure we captured all that was intended. A representative from HCCA participated in this meeting to review the logic models and workplans, and talk about the process in which these were drafted. The logic models and workplans were reviewed a final time by the entire Planning Group on June 15, 2007. The final drafts are attached.

The logic models and draft HMP workplans were completed by the Planning Group and given to PATCH and HCCA with the following recommendations:

1. To create a position in Southern Kennebec that would focus on substance abuse prevention work similar to that of the work done in Northern Kennebec by the Greater Waterville Communities for Children and Youth/Prevention Coalition.

2. To create a shared county wide position to focus on young adult (18-25) substance abuse issues.

3. To create a county wide position to focus on prescription drug abuse.

Due to limited resources, PATCH has decided to create 1 FTE that would work on both Young Adult Substance Abuse and Prescription Drug Abuse in the entire county. HCCA was not in support of sharing a regional position. However, HCCA is planning on creating a Substance Abuse Prevention position.

Capacity-Building Priorities

While significant progress was made during this 10-month project, there remains a significant need in Kennebec County to improve county-wide collaboration and coordination for substance abuse prevention planning and implementation. We had limited success in promoting coordination in the development of Healthy Maine Partnership proposals by PATCH and HCCA. In order for county-wide coordination and planning to continue, both agencies must make a commitment to further the work of the Planning Group and continue building a collaborative infrastructure for Kennebec County. In addition, work needs to be done on a regional level to improve coordination between Kennebec and Somerset County.

The Planning Group recommends that a regional Advisory Group be created to ensure region-wide planning and coordination of substance abuse prevention efforts. This group should meet at least quarterly, and should have representation not just from the Healthy Maine Partnerships, but also from stakeholder organizations that serve either or both counties.

The Planning Group identified community involvement as another capacity-building priority. In the new region-wide Advisory Group as well as on local HMP Action Teams and coalitions, all

efforts should be made to include involvement from a broad range of stakeholders, including youth, parents, seniors, 18-25 year olds, schools, colleges, health care providers, and pharmacists.

In addition, all efforts must include a plan for ensuring cultural competency, including how to involve different groups in a meaningful way, and how to develop materials and services that are culturally appropriate for the different populations in our county.

Evaluation

Throughout the strategic planning process and in creating our strategic plan outline, the Planning Group has defined appropriate measures and benchmarks for evaluation of the outlined objectives and strategies. We will continue to evaluate all work throughout the course of implementation. These measures and benchmarks can be found in the attached Strategic Plan Outline, listed under the category, benchmarks.

Action Plan

Goal 1: Reduce Underage Drinking

Objectives (from intervening variables)	Strategies (to address contributing factors)	Benchmarks
1. **Increase parental monitoring skills & knowledge of risks** (Note: The group decided to address these two intervening variables as one objective because they are so linked) **Capacity Building Actions:** Increase collaboration with Parents, Adults, Area Coalitions, Schools, Teens (especially 12-16 years old), Local Media, Employers, Colleges and Retailers	Educate parents about their role in preventing underage drinking (monitoring skills) and about the dangers of furnishing alcohol & a place to consume it. ▪ Social Marketing Campaign (OSA materials), outreach, community presentations/forums ▪ OSA Campaign: Find out More Do More ▪ "Parents Who Host"	10% increase in percentage of teens who believe they would be caught by their parents if they drank (2010 MYDAUS compared to 2006 baseline) 10% increase in percentage of teens who believe their parents think underage drinking is wrong (2010 MYDAUS compared to 2006 baseline) Process measures (ongoing): ▪ materials developed/disseminated ▪ # of presentations and trainings held ▪ # of parents reached
2. Increase effectiveness of law enforcement **Capacity Building Actions:** Collaboration with Police Administrators, Coalition Staff, Youth and Parents	Partner with police departments to implement model strategies ▪ Outreach to police leadership about the need for preventing underage drinking, youth access, & Model Policy ▪ Assess the needs/ motivators/ resources	10% increase in percentage of youth who believe they'd get caught by police (2010 MYDAUS compared to 2006 baseline) Process measures (ongoing): # of meetings with PD's # of PD reps that participate in

	of PD's ▪ Provide resources for officer training, party patrols, compliance checks. ▪ Assist with additional grant-writing as needed.	coalition meetings/activities and trainings and sign on to the project # of Departments that adopt model policy, conduct party patrols & compliance checks # of violations issued

Goal 1: Reduce Underage Drinking, Continued

Objectives (from intervening variables)	Strategies (to address contributing factors)	Benchmarks
3. Increase perception of risk by teens **Capacity Building Actions:** Collaboration with Parents, Adults, Area Coalition, Schools, Teens (12-16 years old) and Local Media	Educate teens (12-16) about the dangers of underage drinking ▪ Information Campaign (OSA materials?)	10% increase in percentage of teens who believe underage drinking is very dangerous (2010 MYDAUS compared to 2006 baseline) Process measures (ongoing): ▪ #of teens reached
4. Decrease youth access to alcohol from retail sources **Capacity Building Actions:** Collaboration with Retailers, Law Enforcement, Parents, Other Adults and Students	Educate retailers about their role in preventing access to youth (e.g. CardMe Program, seller/server training) Monitor retail access in the community working with law enforcement including funding for compliance checks	10% increase in percentage of high school teens who say alcohol is hard to get (2010 MYDAUS compared to 2006 baseline) Process measures (ongoing): # of retail stores participating in education # of retail stores evaluated with compliance checks # of compliance checks completed % of retailers passing compliance checks
5. Decrease youth access to alcohol from social sources (including the home) (See Objective 1, above) **Capacity Building Actions:** Increase collaboration with Parents, Adults, Area Coalitions, Schools, Teens (especially 12-16 years old), Local Media, Employers, Colleges and Retailers	(See Objective 1 strategies, above) Implement social marketing (adopt existing best practice from OSA materials) to change parent behavior to prevent youth access to alcohol from home, family and friends	10% increase in percentage of middle school teens who say alcohol is hard to get (2010 MYDAUS compared to 2006 baseline) Process measures (ongoing): ▪ materials developed/disseminated ▪ # of presentations and trainings held ▪ # of parents reached

Goal 2: Reduce High-Risk Drinking by Young Adults (18-25)

Objectives (from intervening variables)	Strategies (to address contributing factors)	Benchmarks
1. Increase knowledge of risk ▪ **Non-college, non-employed population 18-25** ▪ **College population 18-25** ▪ **Workplace population 18-25** **Capacity Building Actions:** ▪ Collaboration with employers, colleges, 18-25 population, & agencies and businesses that serve them	▪ Recruit and educate partners, conduct education/social marketing, disseminate information about free assessment feedback programs ▪ Recruit and educate partners, implement student education, conduct Assessment Feedback Program. ▪ Recruit and educate partners, implement employee education, conduct Assessment Feedback Program	Increase % of young adults who view high risk drinking as dangerous (2010 over baseline survey—by OSA, 2007?) Process measures (ongoing): # of places messages are distributed # non-college, non-employed people reached # of colleges on board # of students reached # of employers on board # of employees reached
2. Reduce pricing/promotions that encourage high-risk drinking **Capacity Building Actions:** Collaboration with retailers, colleges, workplaces, and state legislators, Coalitions, 18-25 year olds	▪ Educate retailers & distributors, colleges & workplaces ▪ Advocate for local-level policy changes to eliminate free/low-price drinks • E.g. Bar Owner's Agreement, Drug-Free Workplace policy and College policies ▪ Mobilize key stakeholders to promote statewide policy change that limits cheap drink specials and promotions	25% reduction in number of local establishments with low pricing/promotions, as measured by advertising survey (2010 over 2007 baseline) Process measures (ongoing) # of retailers on board # of policies passed

Goal 3: Reduce prescription drug abuse.

Objectives (from intervening variables)	Strategies (to address contributing factors)	Benchmarks
1. Reduce access (prescriptions): Improve prescribing practices/prescription monitoring **Capacity Building Actions:** Collaboration with doctors, dentists, pharmacists	Increase use & effectiveness of Prescription Monitoring Program Educate/conduct outreach to doctors, dentists, pharmacists	Increase # of doctors who utilize PMP (2010 over 2008 baseline, MaineGeneral Survey)
2. Reduce Access (social) ▪ **Improve storage & disposal practices** ▪ **Decrease sharing of medication (connected to norms & knowledge of risk)** **Capacity Building Actions:** Partnership with colleges, workplaces, senior centers, pharmacies, doctors, and other organizations/businesses to assist in distribution of materials	Design & implement Social Marketing Campaign regarding proper storage, disposal, and no sharing Implement a Take-back program	Increase % of survey respondents who report the use of proper storage & disposal practices and who report not sharing medication (2010 over 2008 baseline, MaineGeneral Survey) Process measures (ongoing): # of places where messages were distributed # take back programs use of take back program
3. Increase knowledge of risk (18-25) **Capacity Building Actions:** Partnership with colleges, workplaces, pharmacies, doctors, and other organizations/businesses to assist in distribution of materials	Design & implement Social Marketing Campaign regarding health risks for this age group Implement Drug-Free Workplace & College strategies (policy, education, assessment/feedback) Disseminate Overdose Prevention materials	Increase % of 18-25 year olds who report the health risks of prescription drug use (2010 over 2008 baseline—OSA survey?) Process measures (ongoing): # of places where messages were distributed

Goal 4: Increase access to treatment.

Objectives (from intervening variables)	Strategies (to address contributing factors)	Benchmarks
1. Increase/improve treatment services available for incarcerated individuals ▪ **During incarceration** ▪ **During transition following incarceration** **Capacity Building Actions:** - Collaboration with Treatment Providers, Crisis and Counseling and their staff, Community Coalitions and Day One - Collaboration with Probation Officers, the Kennebec Co. Court Inter-Agency, OSA and the Adolescent Treatment Task Force	Develop programs to meet the needs of inmates pre and post release with harm reduction and re-establishment of quality treatment called 'Progressive Patient Engagement', including: ▪ Opiate replacement treatment ▪ Plan for overdose prevention being worked into the current substance abuse counseling efforts at KCCF ▪ Transition plan to treatment following incarceration ▪ Overdose DVD's distributed at time of release	- Reduction in # of overdose deaths within 3 months of incarceration - Increase # of overdose 911 calls where patient has been placed in the recovery position Process measures (ongoing): - Survey of inmates to determine if their needs are being met by these programs - # of inmates receiving help with transition plan - # of inmates entering treatment after release - # of inmates that do not enter the system again - # of inmates involved in transition planning - # of inmates not returning back to home where use took place - # of DVD's being distributed
2. Increase number of adolescents accessing substance abuse treatment in Kennebec County via o **Schools** o **PCP's** o **Faith organizations** o **Community agencies** **Capacity Building Actions:** Collaboration with Schools • Nurses • School Admin. • Guidance Counselors Collaboration with PCPs • Pediatricians • Family Practice Collaboration with community agencies and faith organizations Community Coalitions Day One MGMC	Educate schools, PCP's, community agencies, and faith organizations about: o the importance of screening and early intervention o how to refer/educate families about what's available o how to screen adolescents - Identification, Assessment, and Referral Training o how to use the CRAFFT tool (PCP's) Create resource guide and website	Increase number of adolescents accessing substance abuse treatment Process measures (ongoing): # of schools staff taking part in trainings # of schools referring families to resources listed in guide # of adolescents being identified from Schools # of PCP's taking part in trainings # of family practices referring families to resources listed in guide # of adolescents being identified from PCP's # of faith organizations taking part in trainings # of adolescents being identified from faith communities # of social service agencies referring families to resources listed in guide

Sustainability
Please see the attached funding plan.

Appendices
Please see the following attached appendices:

- C: Assessment Committee Responsibilities
- D, E, F, G, H: Indicator Data
- I: Brainstorming Contributing Factors
- J: Information Collection Plan
- O: Assessment Report

Assessment Report
Please see Appendix O.

Planning Model
Please see attached Logic Models and Strategic Plan document.

MOUs
Members of the Planning Group decided that they are not ready to sign MOUs because there are still too many questions about what will happen in the fall. For example, the Healthy Maine Partnerships have not decided if and how planning and coordination will happen on a county or regional level.

The group agreed to meet in the fall to discuss how to move forward with a regional Advisory Group for planning and coordination of substance abuse prevention efforts, with a deadline of December 30, 2007 for MOUs.

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Assessment Committee Responsibilities
County: <u>Kennebec</u>

Committee Member	Affiliation	Role/Responsibility
Erica Colucci-Health Educator	MaineGeneral Health-Prevention Center	Staff position for the OSA Strategic Planning grant.
Natalie Morse-Director	MaineGeneral Health-Prevention Center	Natalie Morse has provided guidance and assistance to the staff position for this grant throughout the strategic planning process. Natalie has been involved in both the original and larger planning teams and in the creation of the surveys.
Andy Kane-PATCH Board Member, Local Pastor	Greater Waterville PATCH, Oakland Baptist Church	Andy Kane was part of the original planning team and was involved in making decisions regarding new data collection, drafting recommendations, and later became part of the larger planning group.
Nancy Moore-Programs Director	Discovery House-The Center for Recovery and Hope	Nancy Moore was part of the original planning team and was very involved in the creation of surveys to be used with patients at the Discovery House. Nancy also became part of the larger planning team.
Pat Kosma-Deputy Director	Kennebec Valley Community Action Program, KVCAP	Pat Kosma was part of the original planning team and was involved in making decisions regarding new data collection, drafting recommendations, and later became part of the larger planning team.
Peter Wohl-Program Director: Substance Abuse and Co-Occurring Services	Crisis and Counseling	Peter Wohl was part of the original planning team and was involved in making decisions regarding new data collection, drafting recommendations, and later became part of the larger planning team.
Officer Todd Burbank-South End Police Officer	Waterville Police Department	Officer Burbank was part of the original planning team and was involved in making decisions

		regarding new data collection, drafting recommendations, and later became part of the larger planning team. Officer Burbank was also able to provide the group with data regarding drug and alcohol related arrests in the city of Waterville.
Erica Patterson-Programs Director	Kennebec County Sheriff's Department	Erica Patterson was also part of the original planning team and was involved in making decisions regarding new data collection, drafting recommendations, and later became part of the larger planning team. Erica was also very involved in the creation of the survey used with inmates in the Kennebec County Jail and assisted with its conduction.
Erica Schmitz-Director	MESAP-Maine's Environmental Substance Abuse Prevention Center	Erica Schmitz has provided TA to the planning teams throughout the strategic planning process. Erica has been an integral part of this process as she provided explanations and guidance to the group as it moved forward.
Jeff Bickford-Unit Manager, Detox	MaineGeneral Medical Center-Behavioral Health	Jeff Bickford was part of the original planning team and was very involved in making decisions regarding new data collection, drafting recommendations, and later became part of the larger planning team. Jeff was also very involved in helping to create the surveys used with patients in both inpatient and outpatient treatment at MaineGeneral Medical Center.

Tina Chapman-Project Director	Healthy Maine Partnership of Greater Waterville	Tina Chapman was part of the original planning team and was involved in making decisions regarding new data collection, drafting recommendations, and later became part of the larger planning group.
Cyndi Desrosiers- Project Director	Prevention Coalition Greater Waterville Communities for Children and Youth	Cyndi Desrosiers was part of the original planning team and was involved in making decisions regarding new data collection, drafting recommendations, and later became part of the larger planning group. Cyndi also provided the group with access to data regarding her work with the Prevention Coalition.

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	55.7% never used 44.2% have used	11th graders	Higher **X** Lower About the same	
Lifetime use: marijuana	75.8% never used 24.2% have used	11th graders	Higher **X** Lower About the same	
Lifetime misuse: prescription drugs	88.3% never used 11.6% have used	11th graders	Higher Lower **X** About the same	
Previous 30-day use: alcohol	74.2% not using 25.8% using	12th graders	Higher **X** Lower About the same	
Previous 30-day use: marijuana	86.4% not using 13.6% using	12th graders	Higher Lower **X** About the same	
Previous 30-day misuse: prescription drugs	94.2% not using 5.8% using	11th graders	Higher Lower **X** About the same	
Previous 2-week participation in binge drinking by grade.	91.4% participating	12th graders	Higher **X** Lower About the same	
Previous 2-week participation in binge drinking by gender.	11.7% female 13.6% male	males	Higher **X** Lower About the same	
Age first tried alcohol	28.9% never used 71% used	14 years old and older	N/A	Changes over time?
Age first tried marijuana	53.5% never used 46.5% used	14 years old and older	N/A	Changes over time?

Substances of greatest concern in our county:
Alcohol use, particularly binge drinking, seems to be of greatest concern for this age group at this time.

Subpopulations/age groups of greatest concern in our county:
11th and 12th grade students seemed to stand out as age groups who seemed to be of particular concern. What are the issues surrounding this time in young people's lives that makes them more susceptible to substance use?

Substances consumed in our county at a higher rate than the state:
In this section, all the rates seemed to be the same, or lower than that of the state. However, this does not diminish the importance of Kennebec County's rates.

Areas where we need more information (such as whom, what, where, why and when):
We currently have a great deal of data in regards to the youth in Kennebec County. Some additional information may be needed specifically around youth in the southern part of the county.

Indicator Data for Substance Use Among Adults (from country profile supplement)

Indicator	County: Rate of use	State: Rate of Use	Compared to state?	Other notes
Lifetime use among adults: alcohol	7.2% never used 92.8% have used	91.8% have used	**X** Higher Lower About the same	
Lifetime use among adults: marijuana	55.2% never used 44.8% have used	40.5% have used	**X** Higher Lower About the Same	
Lifetime use among adults: prescription drugs	93.4% never used 6.6% have used	4.9% have used	**X** Higher Lower About the same	
Previous 30-day use among adults: alcohol	56.6% using	56.6% using	Higher Lower **X** About the same	
Previous 30-day use among adults: marijuana	5.1% using	4.0% using	**X** Higher Lower About the same	
Previous 30-day participation in binge drinking	27.7% participating	27.8% participating	Higher Lower **X** About the same	
Previous 12-month binge drinking by gender (not available for all counties)	35.1% females 52.6% males	44.4% females 57.0% males	Higher **X** Lower About the same	
Individuals crossing the threshold for prescription drugs	Female: 57.5% Male: 42.5%	Female: 62.7% Male: 37.3%	**X** Higher **for men** **X** Lower **for women** About the same	
Median age of individuals crossing the threshold	40 years old	42 years old	Higher **X** Lower About the same	

Substances of greatest concern in our county:
Opiate use is of a growing concern for Kennebec County, alcohol use rates are also quite high, and comparatively higher than the state rates.

Substances consumed in our county at a higher rate than the state:
Alcohol, marijuana and prescription drug use are all consumed at a higher rate than that of the state.

Areas where we need more information (such as whom, what, where, why and when):
It would be helpful to obtain more information regarding the natural histories of drug use and drug use patters.

Consequences of concern in our county among particular subpopulations/age groups:
Some consequence of concern regarding prescription drug use would be the crossing of a threshold for prescription drug purchases and the overdose death rates for Kennebec County.

Indicator Data: Substance Abuse Consequences Among Youth (from country profile supplement)

Indicator	Rate of consequence in most recent year: County	Compared to state?	Trends over time?	Other notes
Juvenile arrests for alcohol violations	2002: 1,238 per 100,000	**X** Higher Lower About the same	**X** Increase Decrease No change	
Juvenile arrests for drug violations	2002: 579 per 100,000	**X** Higher Lower About the same	**X** Increase Decrease No change	
Percent of all youth drivers (under 21) in fatal crashes who were alcohol-involved	1999-2003: 28.3%	**X** Higher Lower About the same	**X** Increase Decrease No change	
Suspensions/removals due to alcohol or drugs	N/A	Higher Lower About the same	N/A	

Consequences of concern in my county:
Juvenile arrests for alcohol violations, the rates in Kennebec County are higher than that state, and while it is important to note that law enforcement seems to be catching more youth using alcohol, it is also important to look into whether or not the current punishments are appropriate.

Consequences in which my county exceeds the state:
The consequences in which Kennebec County exceeds the state are juvenile arrests for alcohol violations, juvenile arrests for drug violations and percentage of youth drivers involved in fatal crashes where alcohol was involved.

Consequences where we need more information (such as who, what, when, where, why)
The consequence where we would like to seem more information would be regarding the suspensions and removals from school, in regards to alcohol and drug use.

Indicator Data: Substance Use Consequences Among Adults (from county profile supplement)

Indicator	Rate of consequence in most recent year: County	Compared to state?	Trends over time?	Other notes
Rates of reported crimes per 1,000 people, by type	Violent crime 5.6% Property crime 21.1%	N/A	Increase Decrease No change	
Arrests for alcohol violations, age 18 and older	1,108 per 100,000 people	**X** Higher Lower About the same	Increase **X** Decrease No change	
Adult OUI arrests, age 18 and older	540 per 100,000 people	Higher **X** Lower About the same	Increase **X** Decrease No change	
Arrests for drug violations, age 18 and older	353 per 100,000 people	Higher **X** Lower About the same	Increase **X** Decrease No change	
Percent of total fatal crashes over 5 years that were alcohol-related (all ages)	1999-2003: 23.9%	Higher **X** Lower About the same	Increase **X** Decrease No change	Compared to other counties?
Percent of all young adult drivers (21 to 29) in fatal crashes who were alcohol-involved	1999-2003: 23.5%	Higher **X** Lower About the same	Increase **X** Decrease No change	
Percent of all adult drivers (30 and older) in fatal crashes who were alcohol-involved	1999-2003: 10.5%	Higher **X** Lower About the same	Increase **X** Decrease No change	
Deaths by underlying cause		N/A	Increase Decrease No change	See page 13 of the County Profile Supplement
Overdose deaths	2003: 9.2 per 100,000	Higher **X** Lower About the same	Increase **X** Decrease No change	
Treatment admissions (all ages)	2003: 1,130 per 100,000	**X** Higher Lower About the same	**X** Increase Decrease No change	

Percent of total treatment admissions (18 and older) involving alcohol	2003: 73.9%	**X** Higher Lower About the same	Increase **X** Decrease No change	
Percent of total treatment admissions (18 and older) involving marijuana	2003: 34.4%	**X** Higher Lower About the same	Increase Decrease **X** No change	
Percent of total treatment admissions (18 and older) involving prescription drugs (not available for all counties)	2004: 21.1%	Higher **X** Lower About the same	**X** Increase Decrease No change	

Consequences of greatest concern in our county:
The consequence of greatest concern would be the overdose death rates in Kennebec County.

Consequences of concern in our county among particular subpopulations/age groups:
Overdose death rates among those aged 20+

Consequences in which our county exceeds the state:
Kennebec County exceeds the state in regards to treatment admissions and alcohol related arrests.

Consequences where we need more information (such as whom, what, where, why and when):
More information regarding treatment admissions would be helpful. Considering the admission rates for Kennebec County are lower than the state rates, it would be helpful to find out what barriers our community has when it comes to accessing treatment.
Appendix H: Review of Past Needs Assessments

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. MGMC Community Health Assessment-2005	Kennebec and Somerset County	Adults (18 and above) living in households in Kennebec and Somerset county	Information regarding the health status of the people living within MaineGeneral Medical Center's service area	Substance abuse and behavioral health issues were the top community health needs identified by citizens.
2. MYDAUS	Kennebec County	6^{th}-12^{th} grade students	Information regarding the drug and alcohol use trends among youth (6^{th}-12^{th} grade) in Kennebec County.	The youth in Kennebec County are dealing with drug and alcohol use issues which need to be addressed county wide.
3. Substance Consumption and Consequences: County Profile Supplement-OSA 2006	Kennebec County	Youth 6^{th} -12^{th} grade Adults 18 and above	Information regarding substance consumption patters for youth and adults in Kennebec County. Information regarding consequences related to use for youth and adults in Kennebec County.	Substance use and abuse for both youth and adults in Kennebec County needs to be addressed.
4. Prevention Coalition Data	Northern Kennebec County	Youth ages 12-17 Communities Families Schools Workplaces	Information regarding the use patterns of youth in Northern Kennebec County. Focusing on tobacco and binge drinking.	Substance use and abuse for youth in Northern Kennebec County needs to be addressed.

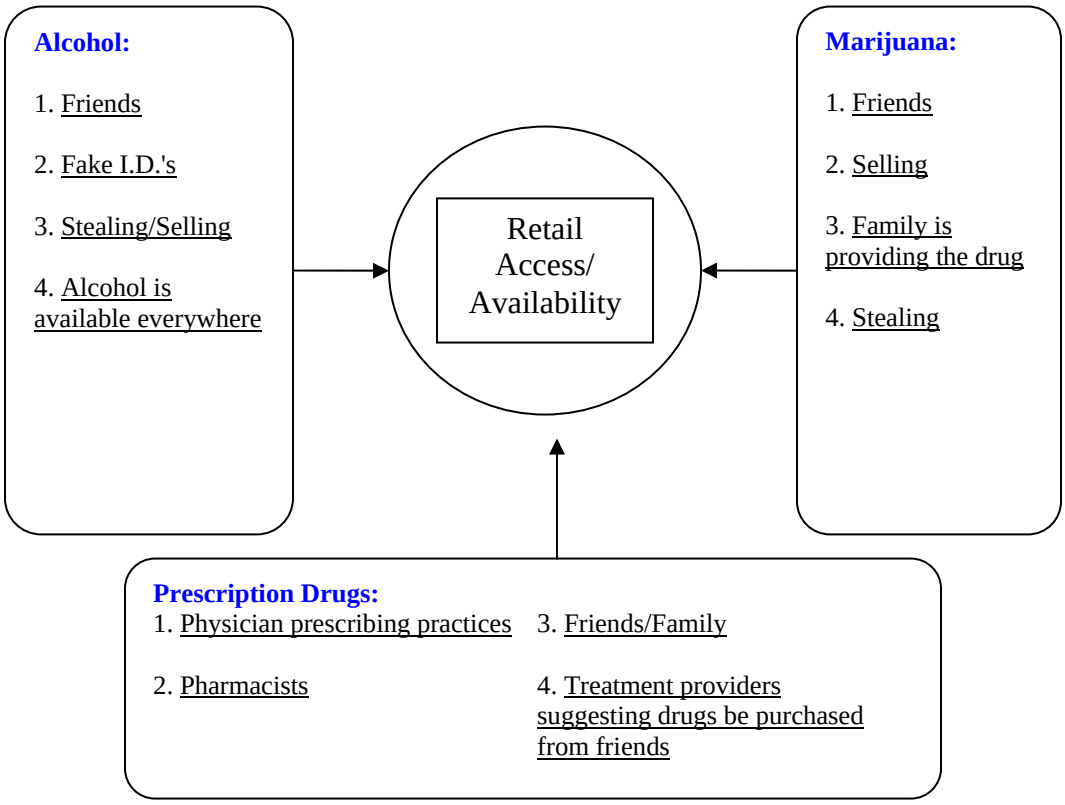
List any regions in your county in which an assessment that included substance abuse has not been conducted and why (if known):

All regions of Kennebec County were included in some form of assessment regarding substance abuse.
The MYDAUS data was gathered for all parts of Kennebec County.
The MGMC Community Health Assessment gathered data for the area in which MaineGeneral services; this includes all regions of Kennebec County.
The County Supplement Profile represented the county as a whole.

Brainstorming Contributing Factors

List POSSIBLE factors that contribute to each intervening variable:

County Name: Kennebec
Person Completing Form: Officer Todd Burbank, Erica Patterson and Pat Kosma
Completion Date: October 2006



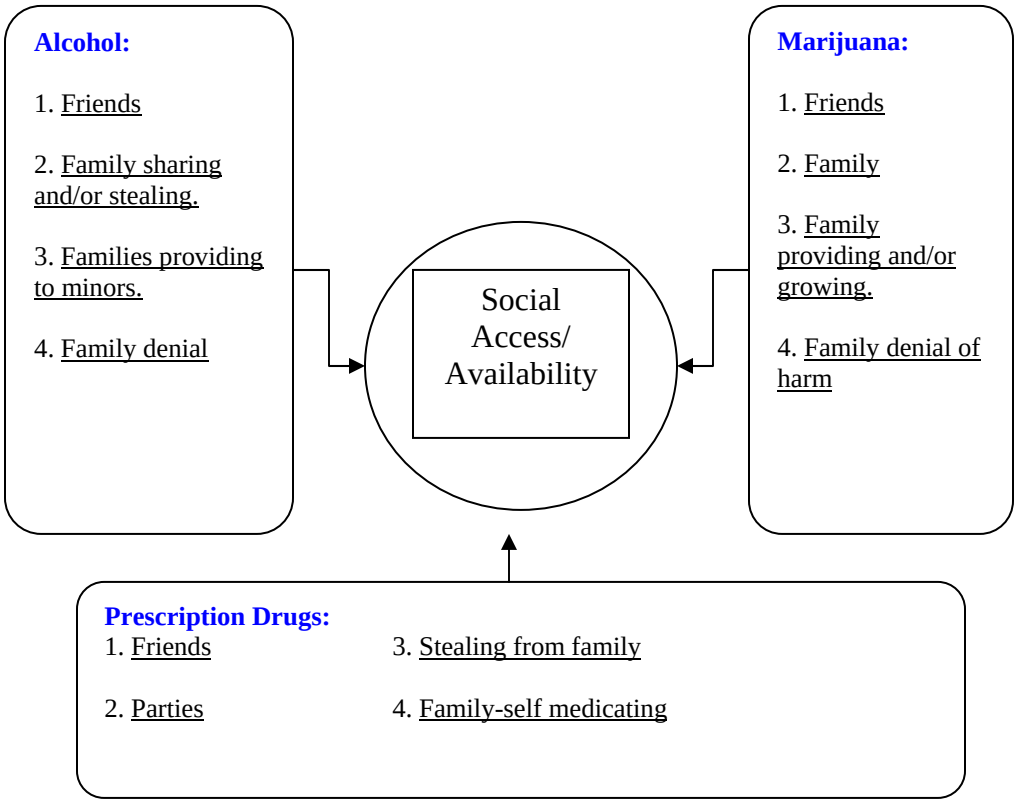
List areas where we need more information. What questions do we need to answer?

Why do retail stores not recognize fake I.D.s?

Brainstorming Contributing Factors

List POSSIBLE factors that contribute to each intervening variable:

County Name: Kennebec
Person Completing Form: Officer Todd Burbank, Erica Patterson and Pat Kosma
Completion Date: October 2007



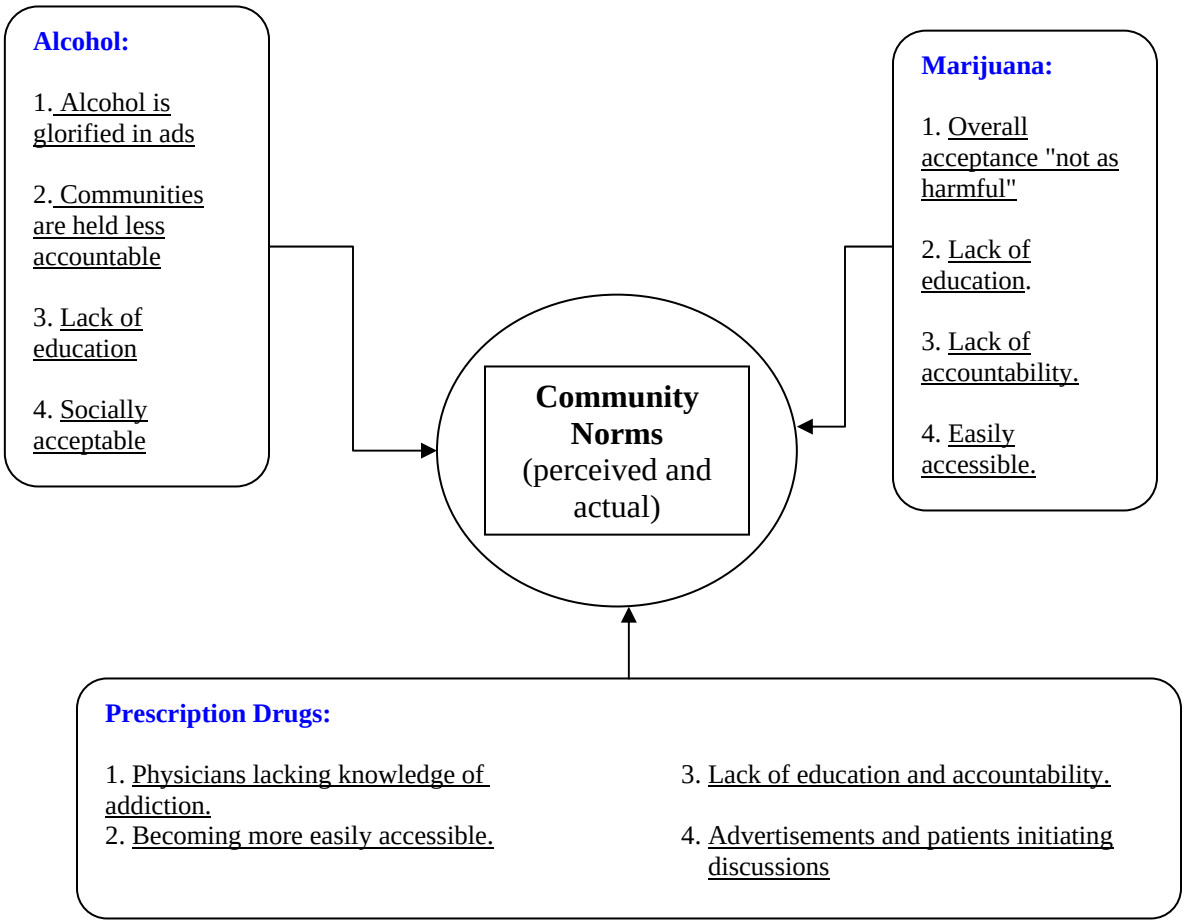
List areas where we need more information. What questions do we need to answer?

Why are families promoting or facilitating alcohol use?

Brainstorming Contributing Factors

List POSSIBLE factors that contribute to each intervening variable:

County Name: Kennebec
Person Completing Form: Erica Colucci, Andy Kane, Cyndi Desrosiers and Jeff Bickford
Completion Date: October 2006



List areas where we need more information. What questions do we need to answer?

Prescription access? What about child/grand parent homes?

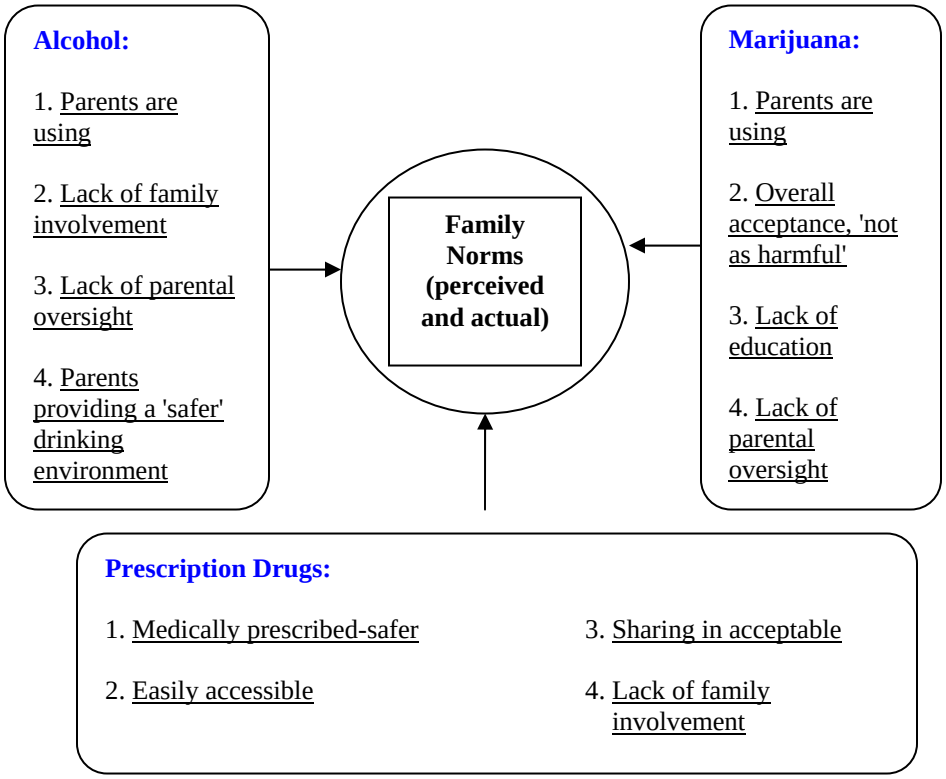
Intervention around economics, employment transition, family transition

Law enforcement: crime stats with substance use/abuse involvement

Brainstorming Contributing Factors

List POSSIBLE factors that contribute to each intervening variable:

County Name: Kennebec
Person Completing Form: Erica Colucci, Andy Kane, Cyndi Desrosiers and Jeff Bickford
Completion Date: October 2006



List areas where we need more information. What questions do we need to answer?

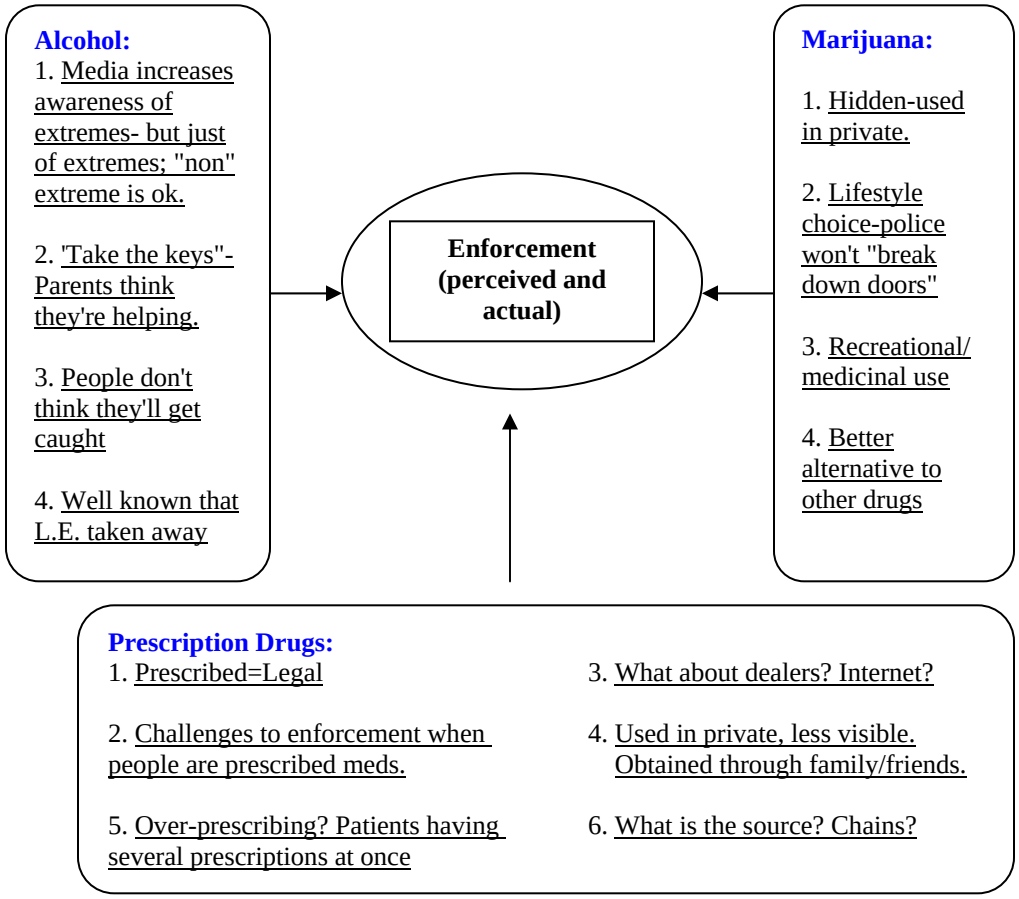
Do parents know what signs to look for when their child is using?

More parental education on what is safe.

Brainstorming Contributing Factors

List POSSIBLE factors that contribute to each intervening variable:

County Name: Kennebec
Person Completing Form: Erica Schmitz, Tina Chapman, Nancy Moore and Natalie Morse
Completion Date: October 2006



List areas where we need more information. What questions do we need to answer?

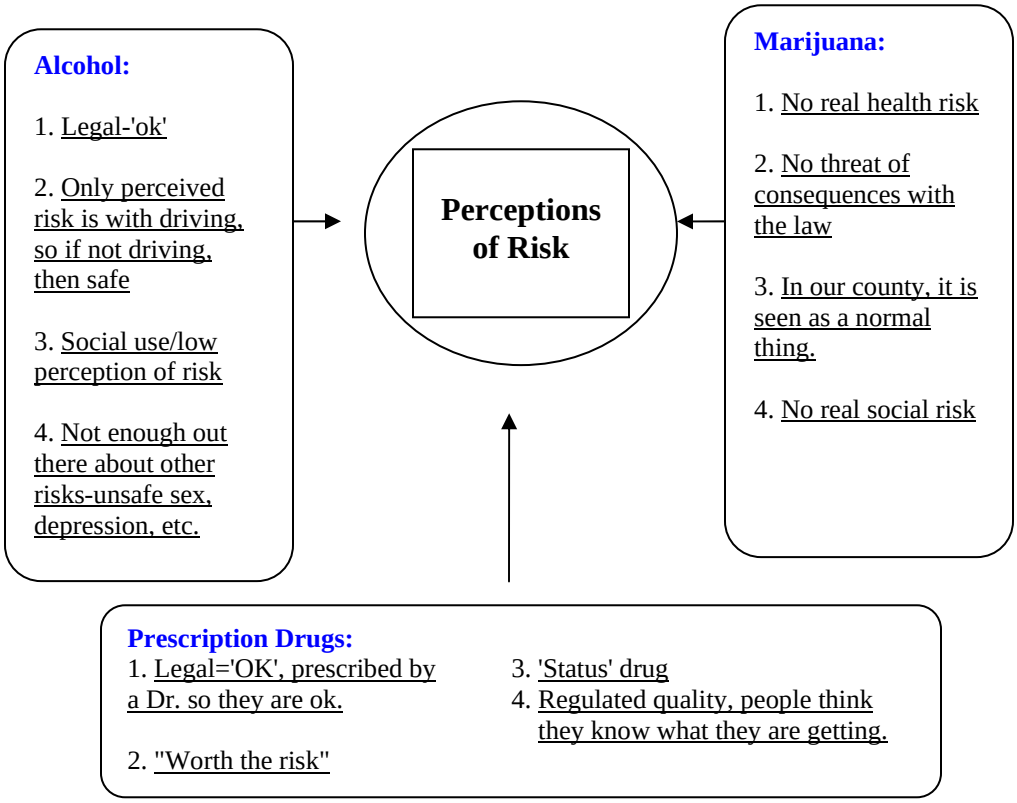
Prescription drugs-How does someone find a dealer? What are the access issues?

Marijuana-How does someone find a dealer? What are the access issues?

Brainstorming Contributing Factors

List POSSIBLE factors that contribute to each intervening variable:

County Name: Kennebec
Person Completing Form: Erica Schmitz, Tina Chapman, Nancy Moore and Natalie Morse
Completion Date: October 2006



List areas where we need more information. What questions do we need to answer?

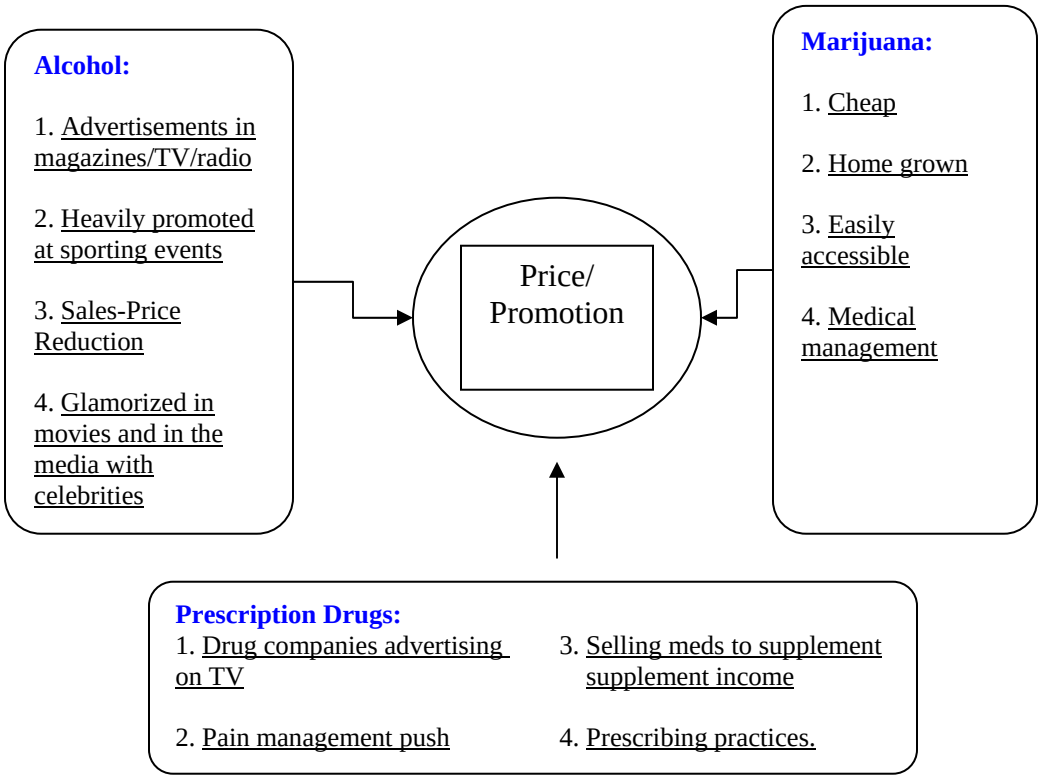
What are the consequences of using marijuana? Are there any perceptions of risk?

Do people know the risks of using prescription drugs? Is overdose the only risk

Brainstorming Contributing Factors

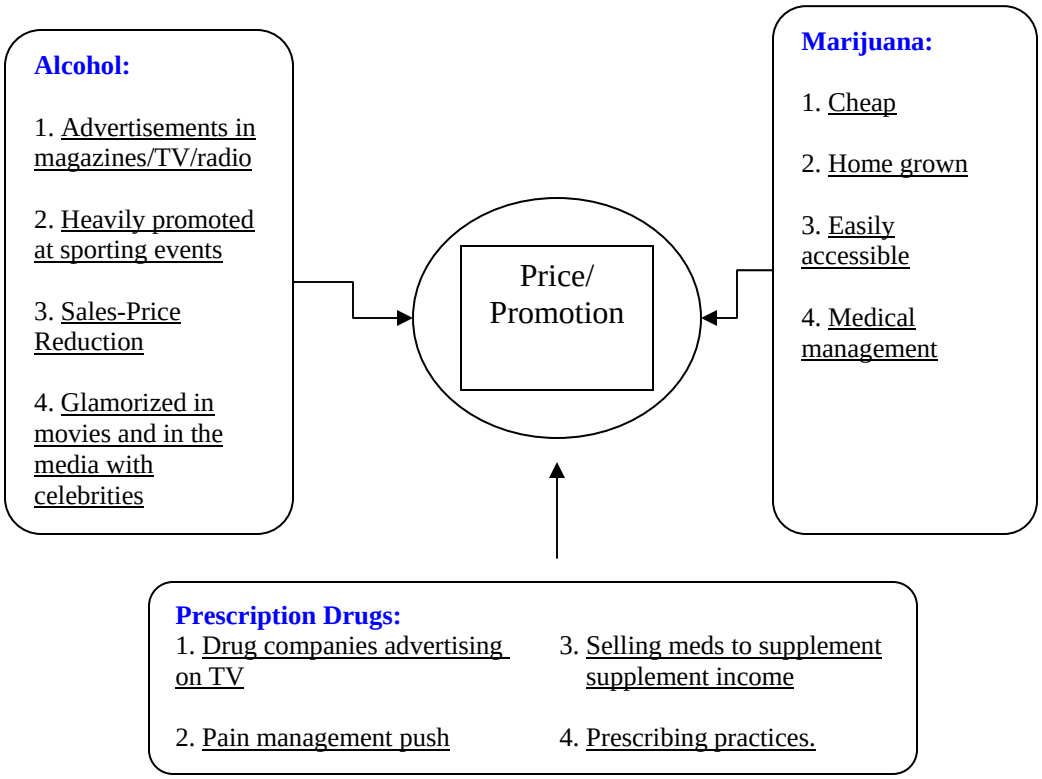
List POSSIBLE factors that contribute to each intervening variable:

County Name: Kennebec
Person Completing Form: Erica Schmitz, Tina Chapman, Nancy Moore and Natalie Morse
Completion Date: October 2006



List areas where we need more information. What questions do we need to answer?

Why aren't patients using pain medications as prescribed? What is the trend?


Alcohol:
1. Advertisements in magazines/TV/radio
2. Heavily promoted at sporting events
3. Sales-Price Reduction
4. Glamorized in movies and in the media with celebrities
Price/ Promotion
Marijuana:
1. Cheap
2. Home grown
3. Easily accessible
4. Medical management
Prescription Drugs:
1. Drug companies advertising on TV
2. Pain management push
3. Selling meds to supplement supplement income
4. Prescribing practices.

Information Collection Plan

County Name: Kennebec
Person Completing Form: Erica Colucci
Completion Date: October 2006

Research Questions	**Information Source**	**Collection Procedure**	**Timeline**	**Persons Responsible**
What 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?**
Consumption/Use Patterns	Kennebec County Jail Inmates	Surveys	November-December 2006	Erica Colucci- Primary Erica Patterson- Partner Sheriff Everett Flannery-Partner
Consumption/Use Patters	Discovery House Patients	Surveys	December 2006-January 2007	Erica Colucci-Primary Nancy Moore-Partner
Consumption/Use Patterns	Patients at MGMC Inpatient and Outpatient Treatment	Surveys	December 2006-January 2007	Erica Colucci-Primary Jeff Bickford-Partner Richard Watson-Partner Pat Morini-Partner
Crime Stats and Arrest Data	Waterville Police Department	Report from Police Department	December 2006	Officer Todd Burbank-Primary Erica Colucci-Partner

Assessment[2]

Section 1: What we learned initially from our review of existing data and prior assessments

1. What consumption patterns are of particular concern in your county? Why? Among which populations?

- Youth beginning alcohol use at young age (13-15)
- Prescribed opiates lead to addiction in adults (18+)
- Overdose rates in adults (21-45)
- High use in families (parents)

2. What consequences are of concern? Why?

- High use leading to addiction/economic trouble/health impact
- Addiction leading to overdose deaths
- Addiction leading to crime

3. What knowledge gaps exist?

- Law enforcement practices--OUI rates or substances used
- Physician prescribing practices
- Dentist prescribing practices
- Why social and family norms support "sharing or theft" of alcohol and drugs from family and friends.

Section 2: Putting it all together

1. High-Risk Drinking Among Youth (12-17)

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

- Brain damage, increased risk of addiction, high-risk behavior, depression/suicide, academic failure & dropping out of school

Is there a connection between the following intervening variables and the consumption of alcohol or the consequences of high risk drinking?

- **Enforcement:** YES. We know from MYDAUS that youth perception of enforcement is low. In the southern part of the county, underage drinking enforcement is not yet a priority, the model policy has not been adopted, and there are low resources for effective underage drinking enforcement. In the northern part of the county, there is a lot of work already being done

[2] All data collected for the assessment is housed at MaineGeneral. Copies can be obtained by contacting Natalie Morse at 207-872-1788.

(model policy adopted by all departments), but there is still some inconsistency on how individual officers handle incidents. There is also inconsistency in the penalties that youth are receiving: Some youth end up being fined, some get referred to diversion programs by JCCO's or Officers, some get suspended, and some have in-house suspensions, some have no consequences at all.

- **Retail Access:** YES. With no Bureau of Liquor Enforcement and scarce resources for local liquor enforcement, enforcement of liquor laws is limited and inconsistent across departments. Some departments have MOU's with the Department of Public Safety, but many don't. Smaller communities are especially limited in their ability to enforce these laws.
- **Social Access**- YES. We know from MYDAUS that youth access to alcohol is high, and we know from our community interviews and our interviews with jail inmates and treatment patients that initial access is usually through friends and family (given and/or stolen). There is a culture that supports hosting and providing alcohol to youth.
- **Promotion**- YES. Advertising of alcohol is the same here as it is in every county in the state- extremely influential.
- **Perceived risk of harm of use:** YES. We know from community interviews that teens believe that underage drinking is no big deal, it's "only alcohol." Adults are also unaware of the true danger, which contributes to furnishing norms. Parents believe that it's ok to drink as long as kids aren't driving.
- **Community Norms & Family Norms**- YES. We know from community interviews that norms play a significant part in condoning and supporting underage drinking and furnishing alcohol to minors as a rite of passage. A big part of this is that people just don't know the true impacts of underage drinking (perceived risk).
    - **Parental Monitoring:** We know from MYDAUS that many youth don't believe they'd be caught by their parents if they drink. In community interviews, respondents felt that parents need skills and techniques. They don't know to talk to their kids at this age, they're unaware or detached, and they're not monitoring. Parents don't know to keep track of their kids

2. High-risk drinking among young adults (18-25)

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

- Crime, OUI, auto crashes, addiction

Is there a connection between the following intervening variables and the consumption of alcohol or the consequences of high risk drinking?

- **Enforcement:** YES. With no Bureau of Liquor Enforcement and scarce resources for local liquor enforcement, enforcement of liquor laws is limited and inconsistent across departments. This means that there is

limited monitoring of retailers for over serving or pricing/promotions Smaller communities are especially limited in their ability to enforce these laws.

- **Retail Access**: YES. We know from community interviews that 18-20 year olds often are not asked for ID, pricing/promotions encourage high-risk drinking, and bars do not prevent over serving.
- **Social Access**-YES for underage (See above). For minors, alcohol is most often obtained through friends and family members of legal age
- **Promotion:** YES. We know from community interviews that bars have pricing/promotions that encourage high-risk drinking.
- **Perceived risk of harm of use**: YES. According to our community interviews, young adults believe that it's no big deal.
- **Community norms**: YES. Young adults believe that they're expected to party, that drinking high quantities is expected and "normal" use for this age group.
- **Family norms**- YES. Often the family also uses alcohol, and drinking with family members is common. Once they hit age 18, their parents stop setting limits.

3. High Risk Drinking among other adults

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

- Alcoholism, domestic violence, OUI

Is there a connection between the intervening variables and the consumption of alcohol or the consequences of high risk drinking?

- Community stakeholders identified the most influential intervening variables for this age group as **community norms, perceived risk, and family norms**. Alcohol is a central part of the way people socialize, celebrate, and relax with family and friends. Getting drunk and binge drinking are seen as normal. The common feeling is that these people are adults, and there is nothing wrong with having drinks. For example, having 5+ drinks at a time was considered normal and not problematic by the jail inmates we interviewed.

4., 5., and 6. Marijuana use

What are the consequences of marijuana use in your county?

- Addiction

Is there a connection between the intervening variables and the consumption of marijuana or the consequences of its use?

For all age groups:

- The intervening variables identified as most influential were **perceived risk of harm of use** and **community norms**. The attitude is that marijuana is safe and "natural," that it's less risky than other drug choices, and that "It's really no big deal." Many feel that it should be legal.

For youth (12-17):

- **Social access** and **family norms** are also influential. Youth are using both with family and friends, and usually obtaining marijuana from friends. In our inmate and treatment patient interviews, the great majority reported first getting marijuana through friends.

7. 8. and 9. Non-medical use of prescription drugs

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

- Addiction, overdose

Is there a connection between the intervening variables and the consumption of prescription drugs for non-medical use or the consequences of this type of use?

For all age groups:

- **Access** was identified as the key intervening variable:
  - Stored drugs provide the access to family source/diversion.
  - People not using proper disposal methods for their unused medications.
  - Seniors have medications out and home health workers have access to medication. Seniors have young teens/adults living with them and these family members have access to medication supply
  - Prescription practice by doctors and dentists lead to available sources for diversion. Seniors using a medication for years and not questioning what is continually being prescribed.
  - People can make money from selling them. Poverty and the need for cash results in selling to family and friends.
- **Community norms & Family norms** support medication sharing as no big deal, which increases access. Sharing is common both within families and among peers/friends.
- **Perceived risk of harm of use** is also a problem. There is a lack of knowledge of health risks related to abusing prescription drugs, and a lack of awareness about addictive prescription drugs. Since they are labeled and doctors prescribe them, they are seen as "safe." In addition, among the young adults especially (18-25), there is lack of knowledge about the risks of combining alcohol with prescription drug abuse.

10. Other drug use: Cocaine & Heroin

What are the consequences of other drug use (please identify) among youth in your county?

- Addiction, crime, overdose

Is there a connection between the following intervening variables and the consumption of this drug or the consequences of its use?

For all age groups:

- **Enforcement:** NO. Enforcement is very tough in this area with head of the local task force being in Oakland. The PD's are very aggressive about this type of use.
- **Perceived risk of harm of use:** NO. The norm really is that this type of use is dangerous.
- **Community Norms & Family Norms**: YES.
  - The belief is that if you use you are "bad" and not worthy of support, and this interferes with treatment. In most of the districts and in the community, heroin or cocaine or ecstasy is seen as more harmful and thus seems to demand a harsher consequence than alcohol or marijuana abuse.
  - Family use and living in environment where use takes place is also a problem. In our interviews with jail inmates and treatment patients, the majority reported living in a household with regular use.
- **Social Access**: YES. There is easy access of drugs from friends. Almost all of jail inmates and treatment patients reported receiving drugs from friends, and half reported receiving drugs from family.
- **Access to Treatment:** This was identified by community stakeholders as a priority area of need, along with the need to educate the public about addiction as a disease.

Section 3: Capacity Assessment

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

The areas of capacity that will assist us with the development of the strategic plan are the knowledge we have gained from the assessment, as well as the collaborations and relationships developed during the process.

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?

One important area of capacity is developing a county-wide collaborative infrastructure for substance abuse prevention that includes the southern part of the county. Despite recruitment efforts, the most active involvement continues to be from the northern part of the county.

In addition, we need to build capacity surrounding law enforcement practices and physician prescribing practices. These are two target areas because we currently have little information about both. In regards to physician prescribing practices, it is important to build capacity here because we are finding many individuals with prescription drug abuse who started out with legal prescriptions. In terms of law enforcement, we have

strong relationships and commitment in the northern part of the county, but not the southern part of the county.

Draft work plan- Kennebec County

Substance/Age Group: **Underage Drinking**

Intervening Variable(s) Addressed: **Access**

Activity/Task	Action Steps	Timeframe	Who Is Responsible?	With whom will you coordinate?
CardMe Program	(in development stages from OSA—includes recruiting and educating retailers, conducting training, disseminating materials, doing site visits, etc)	When available from OSA Pilot set to take place in Northern Kennebec County in July and Southern Kennebec County in the Fall/Winter.	Project staff	OSA
Enforcement	(see enforcement work plan)			
Social Marketing	Disseminate, implement, and evaluate social marketing program targeting furnishers (materials from OSA? Parents Who Host?)	Start Sept 2007, ongoing	Project staff	Schools Local media Employers Colleges Retailers Police Departments

Substance/Age Group: **Underage Drinking**

Intervening Variable(s) Addressed: **Parental Monitoring & Knowledge of Risk**

Activity/Task	Action Steps	Timeframe	Who Is Responsible?	With whom will you coordinate?
Marketing campaign	Using materials from OSA (Find out more, do more), disseminate, implement, and evaluate marketing program. Link with existing planned school & community events to engage parents.	Ongoing	Project staff	OSA Schools Community organizations Police Depts. GWC4CY Waiting Rooms Convenience Stores Grocery Stores

Substance/Age Group: **Underage Drinking**

Intervening Variable(s) Addressed: **Law enforcement**

Activity/Task	Action Steps	Timeframe	Who Is Responsible?	With whom will you coordinate?
Recruit and educate partners to adopt model policy	- One on one meetings with leadership of PD's, SO, State police – those who haven't yet adopted the policy - Presentation to District Chiefs meeting	Sept. 2007 to Jan 2008	Project staff	PD's who have not yet adopted the policy District Chiefs

Substance/Age Group: **Underage Drinking**

Intervening Variable(s) Addressed: **Law enforcement**

Activity/Task	Action Steps	Timeframe	Who Is Responsible?	With whom will you coordinate?
Collaboration & coordination	- Possible creation of regional task force to address issues on ongoing basis - Meetings with DA, DOC regarding prosecution & diversion	Ongoing	Project staff	PD's, DA, JCCO's
Training	- Officer training around party patrols and (possibly) compliance checks	By Feb 2008	Project Staff	District training coordinators, Maine Criminal Justice Academy, DPS, OSA, MESAP, PD's
Resources for enforcement to encourage comprehensive approach including community education.	- Mini-grants to PD's for o Party patrols o Compliance checks (?)	For those who already have policy: ongoing upon completion of training For others: upon policy adoption & completion of training	Project staff	PD's
Evaluation	- Collect data from those using the policy - Annually: # violations for underage drinking, furnishing, hosting - Ongoing: Compliance check data	Ongoing	Project staff	PD's

Substance/Age Group: **18-25 High-Risk Drinking**

Intervening Variable(s) Addressed: **Knowledge of health risks**

Activity/Task	Action Steps	Timeframe	Who Is Responsible?	With whom will you coordinate?
For non-college, non-employed population: Recruit and educate partners Education/Social Marketing Information about free assessment/feedback programs	- Develop partnerships with retailers/bar owners, convenience stores, career centers, WIC, family planning (events and locations where 18-25 congregate) to host the campaign - Develop, disseminate, implement, and evaluate social marketing campaign - Disseminate information about anonymous assessment/feedback program (web-based such as e-CHUG)	Ongoing Begin as materials become available from OSA, then ongoing Launch to coincide with social marketing campaign	Project staff Project staff Project staff	Retailers Bar owners Convenience stores Career centers WIC KVCAP Family planning Event organizers Local media OSA
For college population: Recruit and educate partners Assessment/Feedback Student education	- Outreach to college administration to bring on board - Education/training of student services personnel - Disseminate, implement evaluate assessment/feedback programs (for youth caught through BASICS Brief Alcohol Screening and Intervention and/or for general population through e-CHUG) - Educate students about school policies, low-risk guidelines, and available services at freshman orientation, dorm sessions, etc.	Ongoing Ongoing Ongoing Ongoing	Project staff Project staff & College admin College staff Project staff (TA)	HEAPP Community Partners including Police Depts. and the Prevention Coalition HEAPP HEAPP

Substance/Age Group: **18-25 High-Risk Drinking**

Intervening Variable(s) Addressed: **Knowledge of health risks**

Activity/Task	Action Steps	Timeframe	Who Is Responsible?	With whom will you coordinate?
For workplace population: **Recruit and educate partners**	- Outreach to employers of 18-25 year olds to bring on board - Education/training of HR staff	Ongoing	Project staff	Businesses and orgs that employ 18-25 year olds ME Chapter of SPHR (Human Resources association)
Assessment/Feedback	- Utilizing of HRA – Health Risk Assessments – to include substance abuse indicators - Utilizing of HR staff for SBI brief interventions	Ongoing As developed	Employers (business and organizations) HR staff	CC Med Dept GWU Medical School project OSA ad hoc SAW group
Employee education	- Policy education at NEO – New Employee Orientation - Health risks & substance abuse prevention education included in worksite wellness program for all employees	Ongoing	HR staff (TA from project staff) HR, wellness staff, community resources	MMWWC -- MidMaine Worksite Wellness Collaborative

Substance/Age Group: **18-25 High-Risk Drinking**

Intervening Variable(s) Addressed: **Price/Promotion**

Activity/Task	Action Steps	Timeframe	Who Is Responsible?	With whom will you coordinate?
Education of retailers & distributors	- Relationship building - Disseminate, implement, evaluation seller/server education	Ongoing	Project staff	Dept Public Safety OSA Trade associations Chamber of Commerce Police Depts. ▪ Waterville ▪ Oakland ▪ Winslow
Policy change-organizational	Policy changes to eliminate free/low-price drinks: - Bar Owner's Agreement - Drug-Free Workplace policy - College policies	End of year 1 Ongoing	Project staff	Trade associations, bar owners associations Business owners College administration OSA HEAPP Dept. of Public Safety
Policy change – state level	- Mobilize key stakeholders to promote statewide policy change that limits cheap drink specials	Ongoing	CCHC leadership Project staff	MAPP OSA Dept of Economic

Substance/Age Group: **18-25 High-Risk Drinking** **Intervening Variable(s) Addressed:** **Price/Promotion**				
Activity/Task	**Action Steps**	**Timeframe**	**Who Is Responsible?**	**With whom will you coordinate?**
				& Community Development Dept. of Public Safety

Substance/Age Group: Prescription Drugs

Intervening Variable(s) Addressed: Access and Availability

Activity/Task	Action Steps	Timeframe	Who Is Responsible?	With whom will you coordinate?
Reduce appeal of high risk drinking and prescription drugs by increasing the knowledge of risk in young adults in college settings	1. Lay the groundwork: Convene regional planning group and receive education and guidance from MESAP. 2. Conduct Situation Analysis: Assess current strategies being implemented in college settings, community etc that address high risk drinking and prescription drug use 3. Develop an Action Plan: Develop a plan and time line for activity to begin in Spring of 2008. Strategies to be included will be: Social Norm strategy: Keeping Your special events Festive and Safe Drug and Alcohol Over dose Prevention campaign , and distribution of overdose DVD	Beginning in October 2007	Substance Abuse Prevention Coordinator (Lead)	Prevention Coalition and Capital Kids Prescription Drug Use Prevention Specialist MESAP Colleges HMPs
Reduce availability of prescription drugs by increasing use of prescription monitoring program in the health system	1. Lay the groundwork: Meeting with OSA and Medical staff conducted in Spring of 2007 2. Conduct Situation Analysis: Work with OSA Summer of 2007 to assess # of PCP registered to use PMP (baseline) 3. Develop an Action Plan: Refine PCP education re PMP. Targeted Recruitment of PCP to register for use of PMP 4. Implement Plan for Change: Implement PMP recruitment strategies, and gather feedback from PCP re the use of PMP . 5. Monitor and Evaluate: Work with PMP/ OSA to track # of	Beginning in October 2007	Substance Abuse Prevention Coordinator (Lead)	MGMC/ Prevention Center

Substance/Age Group: Prescription Drugs

Intervening Variable(s) Addressed: Access and Availability

Activity/Task	Action Steps	Timeframe	Who Is Responsible?	With whom will you coordinate?
	PCP/ Dentist, FNP, registration and use of PMP in KC.			
Increase the number of employers addressing underage/ high risk drinking/ misuse use of prescription drugs	1. Lay the groundwork: Awareness building and outreach with employers of young adults regarding the HR drinking and drug overdose problem. Informal meetings by staff re the problem in the area as observed by employers. 2. Conduct Situation Analysis: Gather data when meeting with employers and determine next possible steps.	Beginning in January 2008	Prescription Drug Use Prevention Specialist (Lead)	MGMC/ Prevention Center Worksite Wellness Outreach/ MGMC Mid Maine Worksite Wellness Collaborative
Increase the use of proper prescription drug disposal of all unused/ expired prescription drugs in household in Kennebec County	1. Lay the groundwork: Expand the Prescription Drug Task Force to include pharmacists. PCP, Elder services providers etc. 2. Conduct Situation Analysis: Assess what prescription drug disposal strategies/ education already being piloted and evaluate effectiveness 3. Develop an Action Plan: Develop a Social Marketing plan, to implement prescription drug take back program, proper disposal campaign and other promising practices 4. Seek additional funding	Beginning in December 2007	Prescription Drug Use Prevention Specialist (Lead)	MGMC/ Prevention Center PATCH EPA HCCA

Substance/Age Group: Prescription Drugs

Intervening Variable(s) Addressed: Access and Availability

Activity/Task	Action Steps	Timeframe	Who Is Responsible?	With whom will you coordinate?
Decrease in incidence of overdose deaths in Kennebec County	1.Develop and Action Plan: Continue work of drug overdose task force by completing an action plan for distribution and promotion of the overdose prevention DVD. 2. Implement Plan for Change: Plan implemented county wide, and share with Somerset County as well 3. Monitor and Evaluate: Monitor drug overdose incidence and deaths, working with ED, EMS etc.	Beginning in October 2007	Prescription Drug Use Prevention Specialist (Lead)	MGMC/ Prevention Center Discovery House Jail/Corrections

Substance/Age Group: **Treatment**

Intervening Variable(s) Addressed: **Incarcerated Adults**

Activity/Task	Action Steps	Timeframe	Who Is Responsible?	With whom will you coordinate?
Develop a plan regarding pre-treatment stabilization during incarceration	-Form team -Conduct assessment regarding what the status is of current policies -Research best practices related to incarceration -Develop list of possible system changes to achieve "best practice" -Develop Mous re: treatment	End of year 1	Project Staff	Crisis and Counseling MaineGeneral Health Kennebec County Jail Discovery House
DVD Distribution	-Meet with Jail Staff -Develop a plan for DVD distribution to be integrated into whatever they are currently doing -DVD distribution	End of year 1	Project Staff Jail Staff	Kennebec County Jail MaineGeneral Health Opiate Overdose Task Force

Substance/Age Group: **Treatment**

Intervening Variable(s) Addressed: **Youth Access**

Activity/Task	Action Steps	Timeframe	Who Is Responsible?	With whom will you coordinate?
Develop plan for addressing barriers to quality assessment and treatment	-Convene team with charge to identify challenges to assessment and referral to treatment -Review model school policies and practice AAP/SAMSHA and in Maine -Complete review of existing county wide policies/practices and identify challenges -Develop recommendations re: policy changes needed to facilitate assessment and treatment	End of year 1	Project Staff	MaineGeneral Health Adolescent Center School Boards Prevention Coalition
Seek Funding	-Gather information on treatment funding options (Hazelton, RWJ, etc) -Meet with MGMC grant writer -Develop a list of possible funding needs -Write 1 grant	End of year 1	Project Staff	MGMC Grant Writer Treatment Staff
Provider education of CRAFFT tool	-Create workgroup to develop CRAFFT referral tool. Information and promotion plan	End of year 1	Project Staff	MaineGeneral Health PCPs

Substance/Age Group: **Treatment**

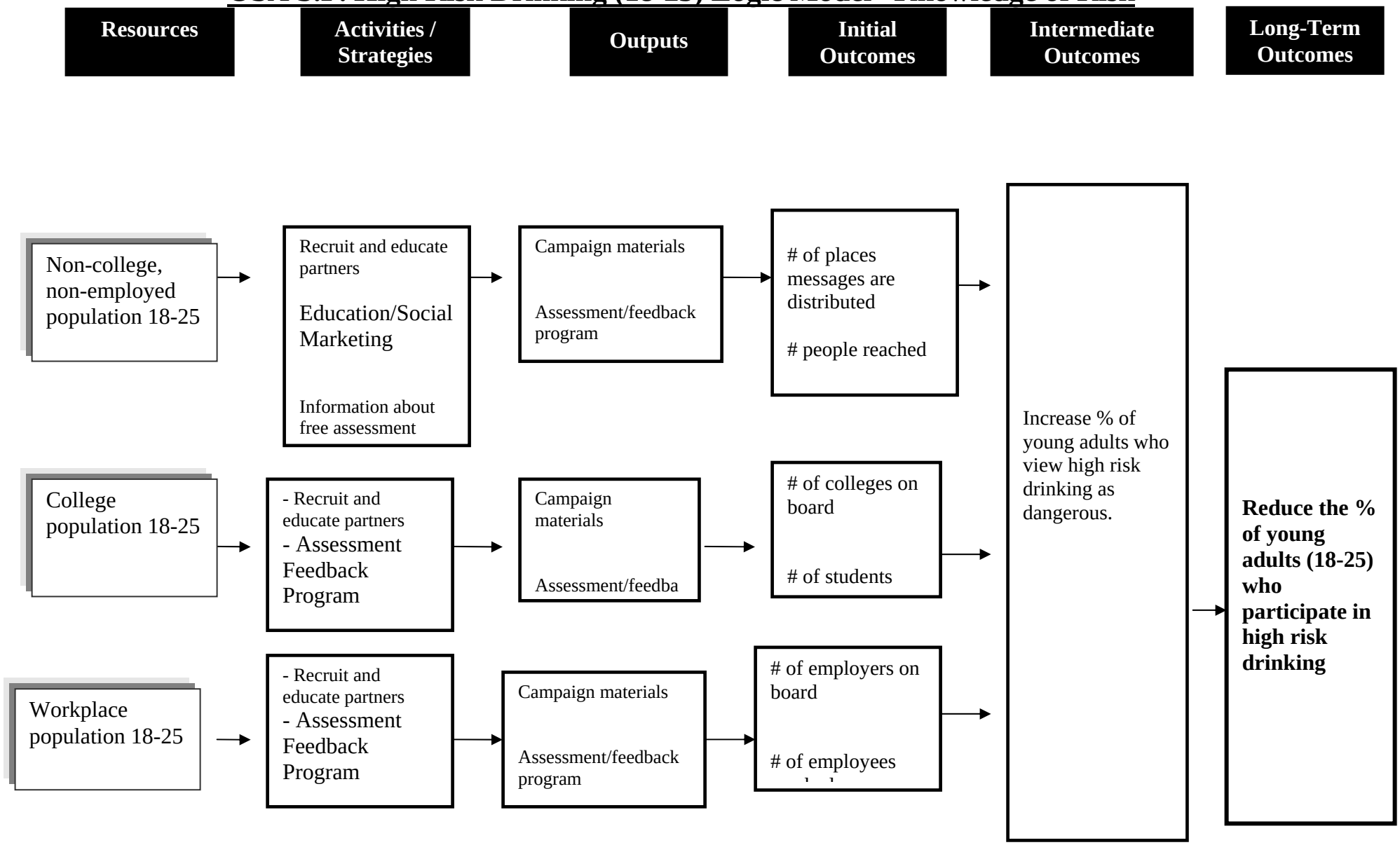
Intervening Variable(s) Addressed: **Youth Access**

Activity/Task	Action Steps	Timeframe	Who Is Responsible?	With whom will you coordinate?
	-Dept. article for physician newsletter -Develop treatment pocket guides (resources for treatment) -Packet for PCP re: CRAFFT for distribution by physician liaison -Schedule presentation to dept. of family practice and dept. of pediatrics re: CRAFFT and referral services -Schedule other physician education follow-ups			Treatment Staff
Outreach to social services re: youth treatment	-Contact social services agencies -Make available treatment resource information -Pamphlets regarding treatment, etc.	End of year 1	Project Staff	Social Services MaineGeneral Health Treatment providers Prevention Coalition

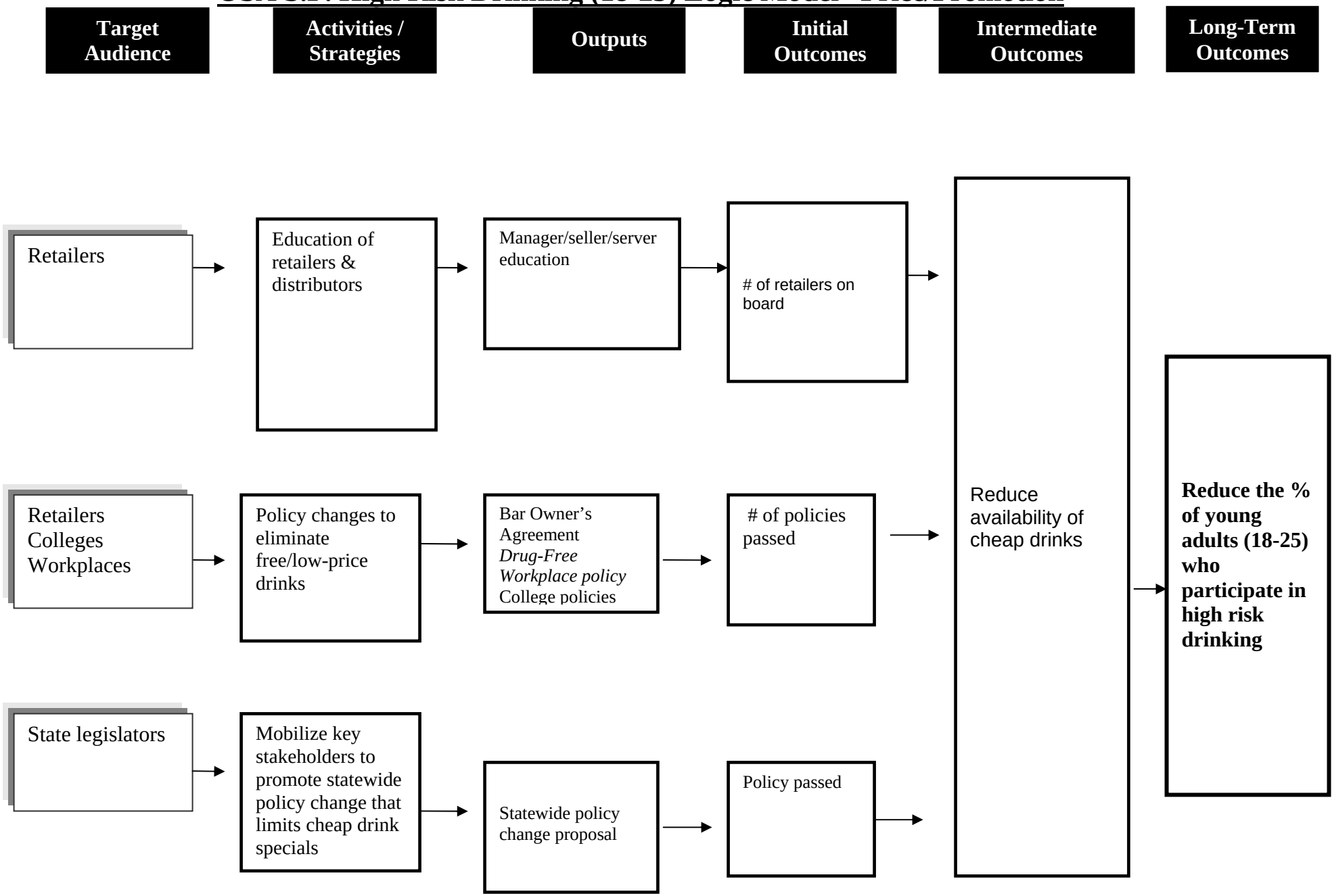
Kennebec County Funding Plan Format				
Planned activities/strategies (pull these from your action plan)	**Estimated level of funding necessary**	**Potential funding sources**	**Steps to secure funding**	**Who is responsible**
Prescription Drug storage/ disposal campaign	$100,000	RWJ MGH Community health fund	Work with Elizabeth DePoy, Ph.D. Coordinator of Interdisciplinary Disability Studies Center for Community Inclusion and Disability Studies University of Maine 5717 Corbett Hall Orono, Discuss with MG CHIC	MGMC Prevention Center
Prescription Drug Return Program	$200,000	Federal Grants	Work with MBSG/ UMaine Center on Aging Wins EPA Drug Return Grant Jennefer Crittenden Coordinator Work with MGH grant writer	MGMC Prevention Center KVCAP
Prescription Drug PDMP registration Tracking/ Reporting Project/ Evaluate impact on Prescription Practice Policy	$200,000	Federal grants MGH Community health fund	Work with Elizabeth DePoy, Ph.D. Coordinator of Interdisciplinary Disability Studies Center for Community Inclusion and Disability Studies University of Maine 5717 Corbett Hall Orono, Work with MGH grant writer	MGMC Prevention Center
Treatment access and improvement Project a) youth	$400,000	RWJ MeHAF	Work with MGH grant writer and treatment staff of MGH, jail, corrections	Discovery House Lee Lyford/MGMC adolescent

b) adults pre and post incarceration c) adults/ opiates			staff in Kennebec County	recovery Program Cathy Wall/ Capital Kids
Ongoing monitoring and intervention development to reduce overdose incidence and death	$100,000	King Foundation MGH Community health fund	Work with MGH grant writer and OSA staff to explore options for funding	Opiate Overdose Task Force MGH/ Prevention center Discovery House

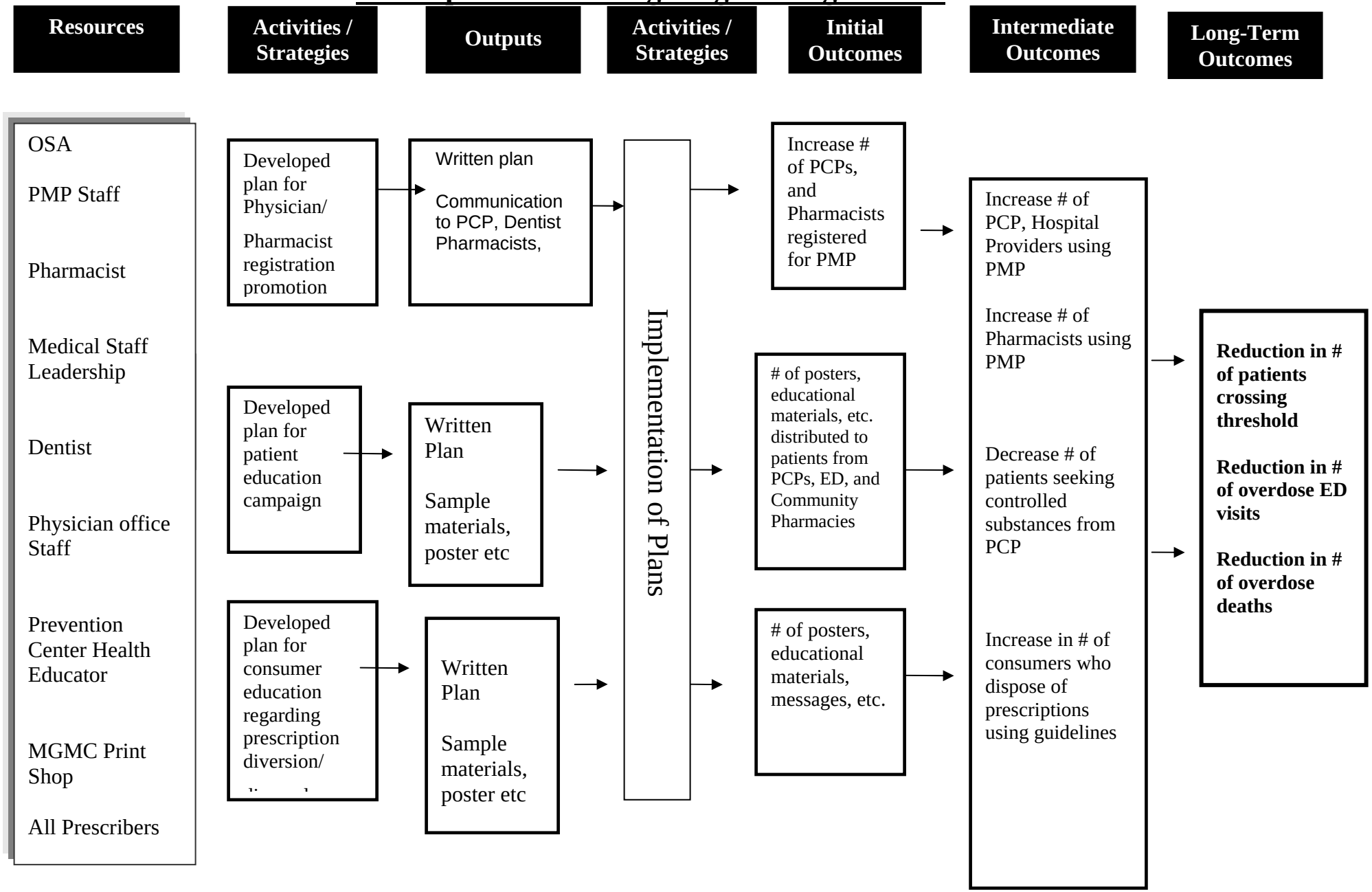
OSA S.P. High Risk Drinking (18-25) Logic Model –Knowledge of Risk



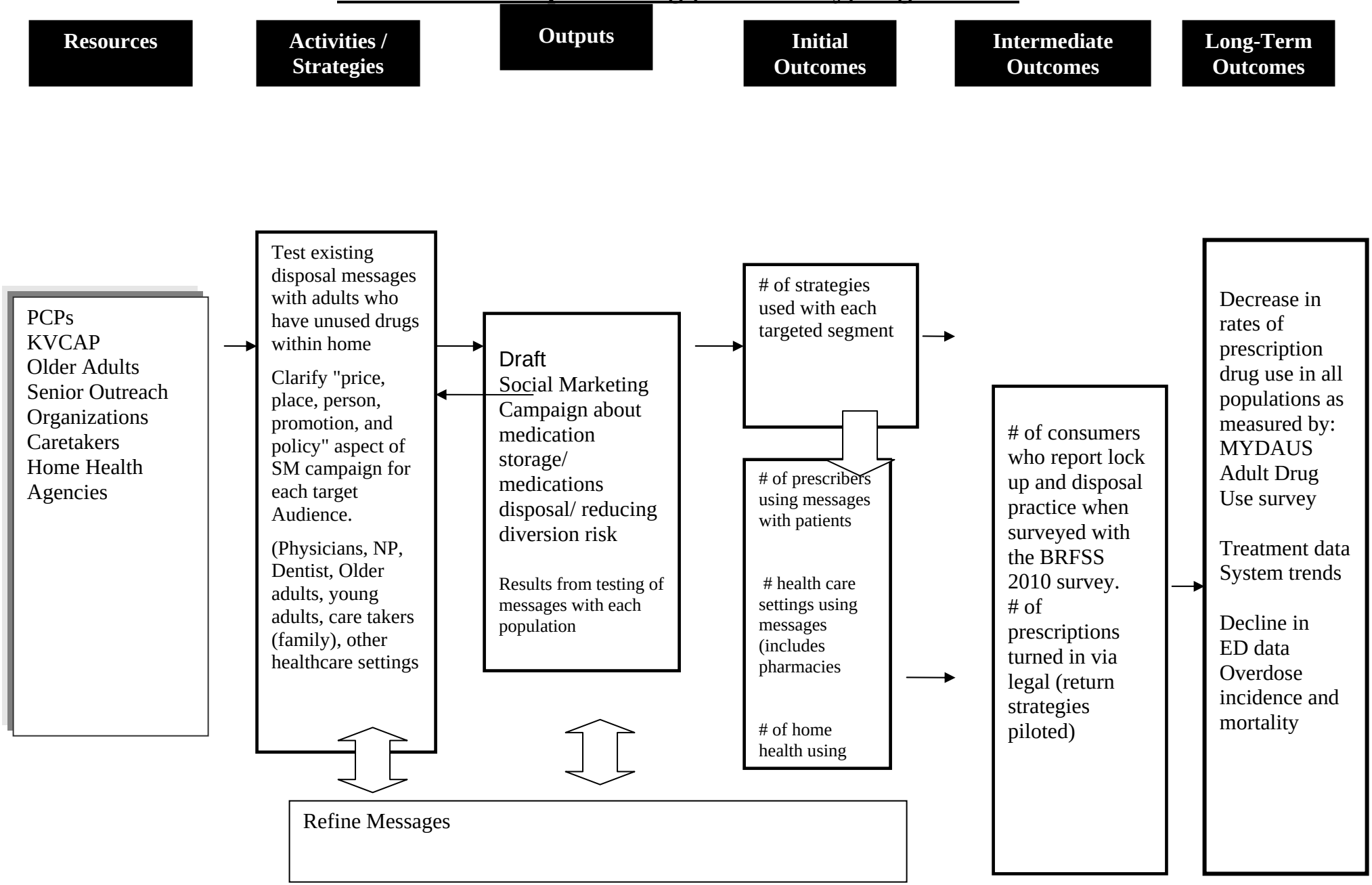
OSA S.P. High Risk Drinking (18-25) Logic Model –Price/Promotion



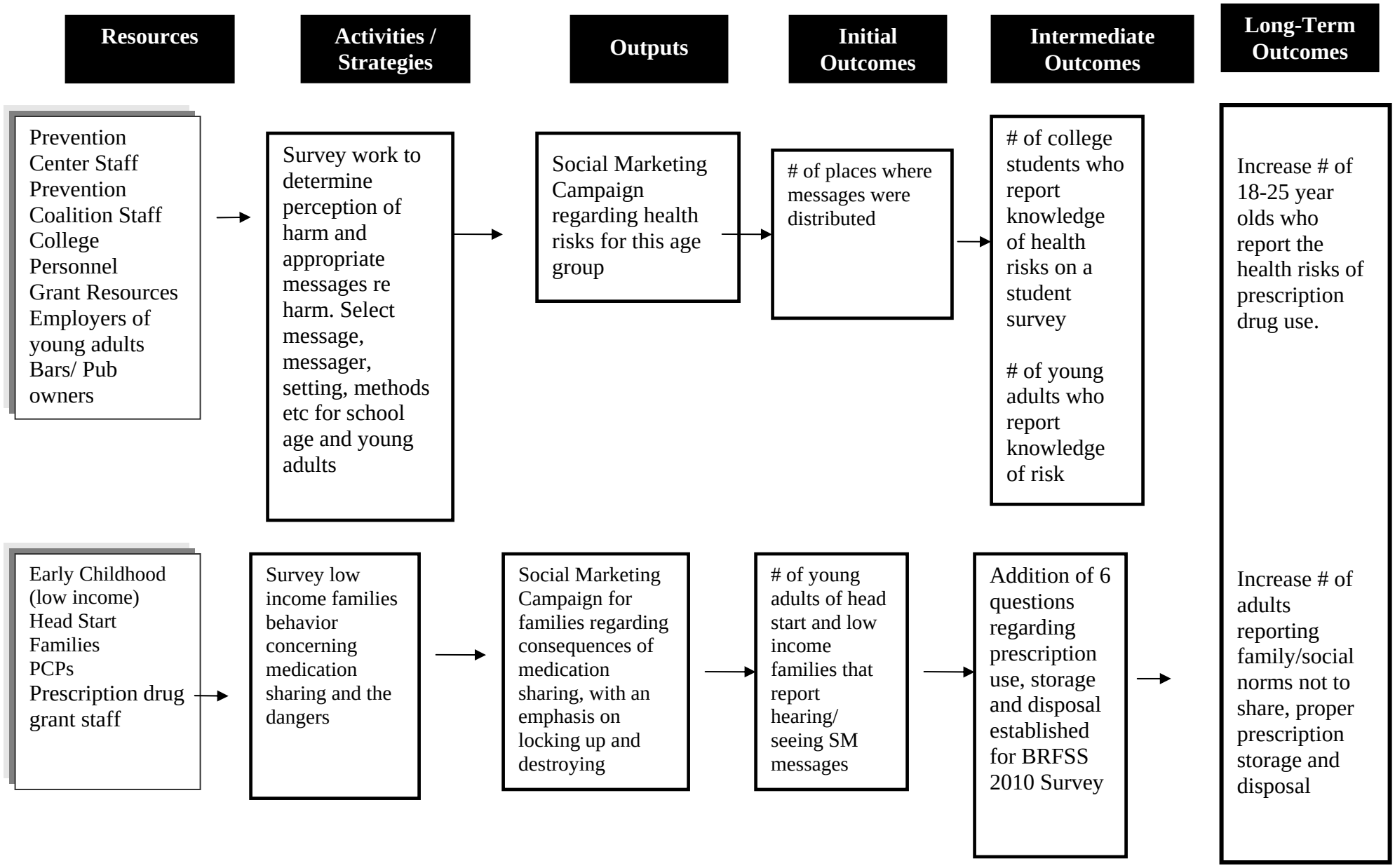
Prescription Monitoring Program Logic Model



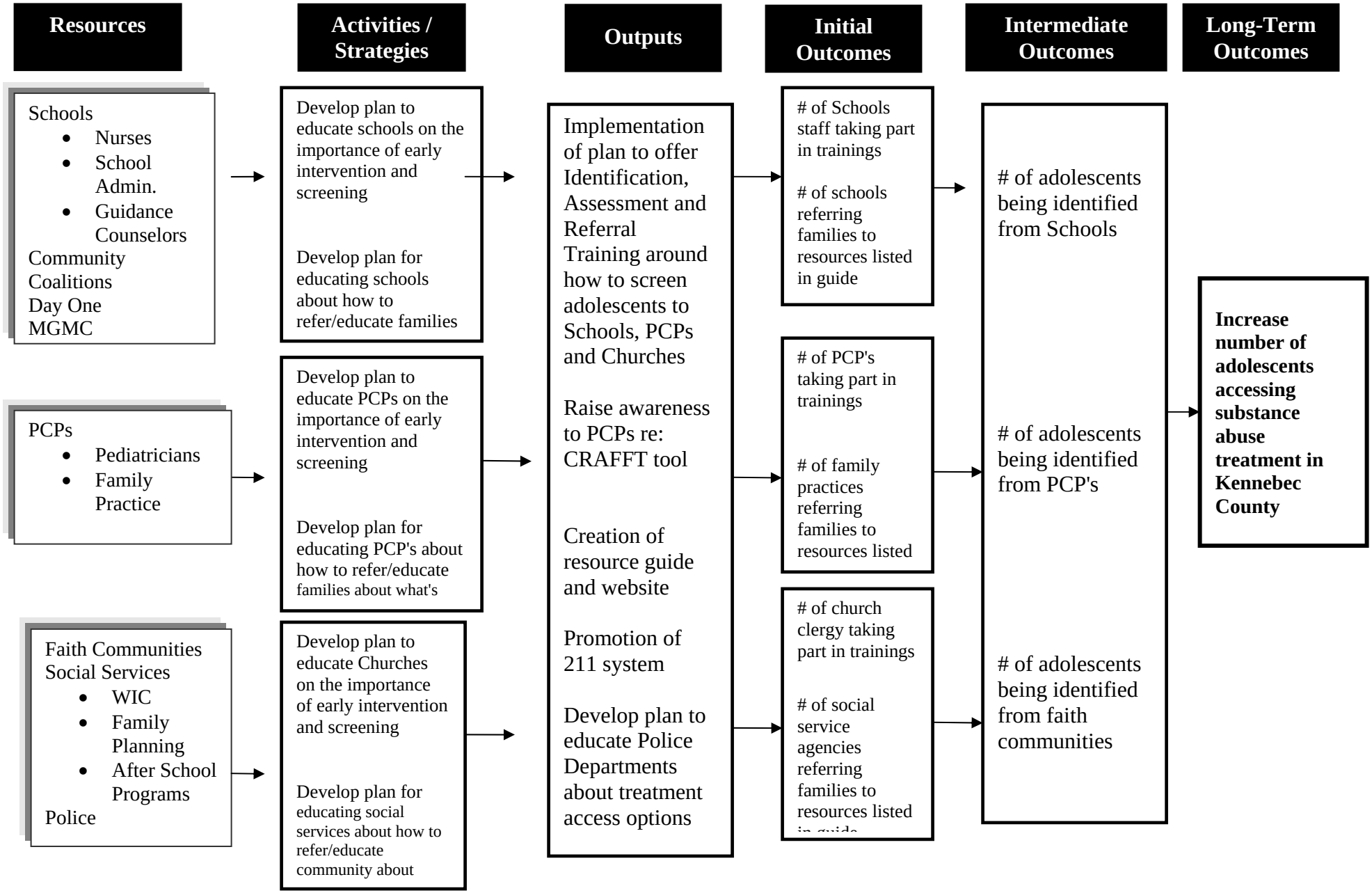
OSA S.P. Prescription Drug (Community) Logic Model



OSA S.P. Prescription Drug (Young Adult) Logic Model

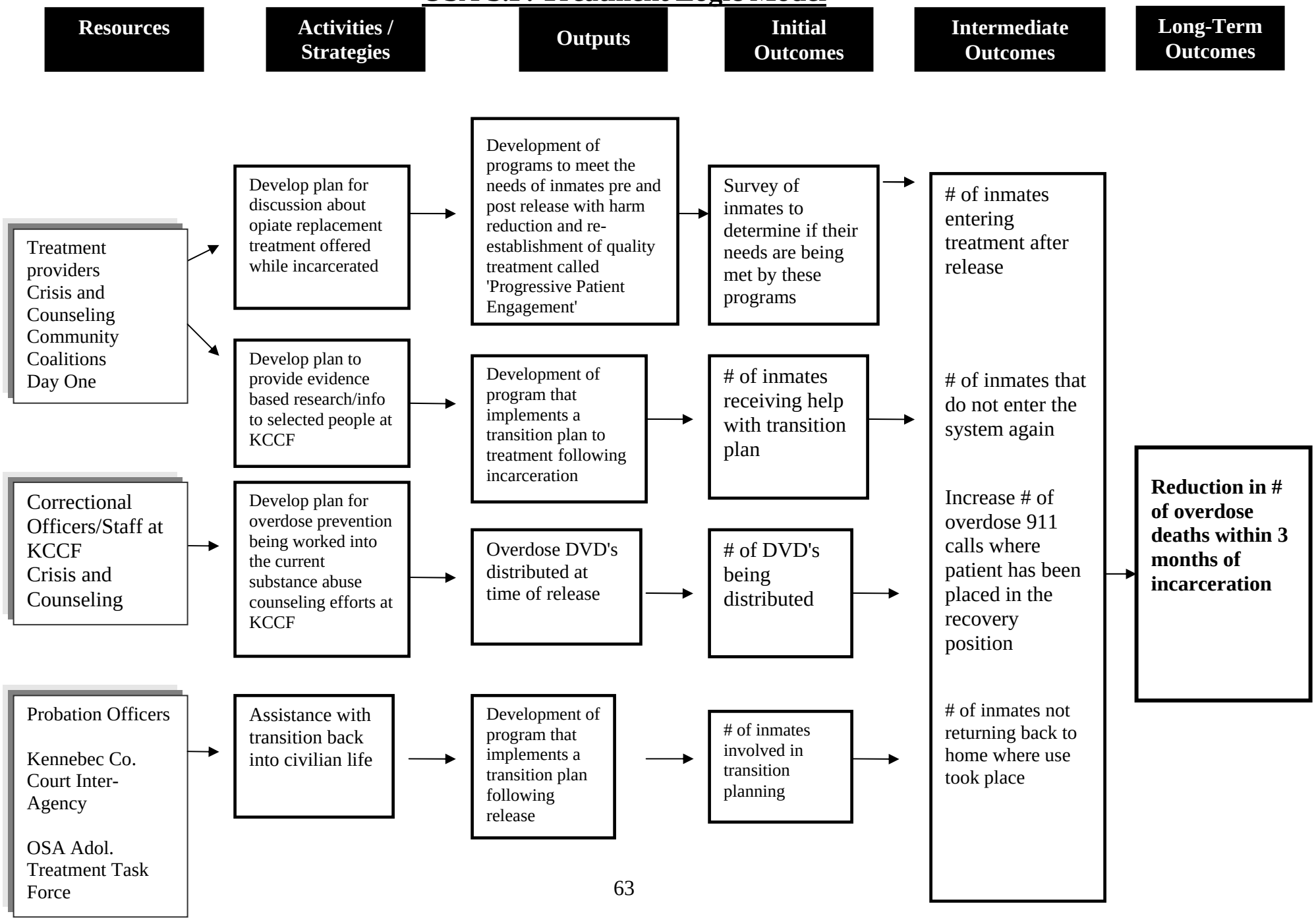


OSA S.P. Treatment (Adolescent Referrel) Logic Model

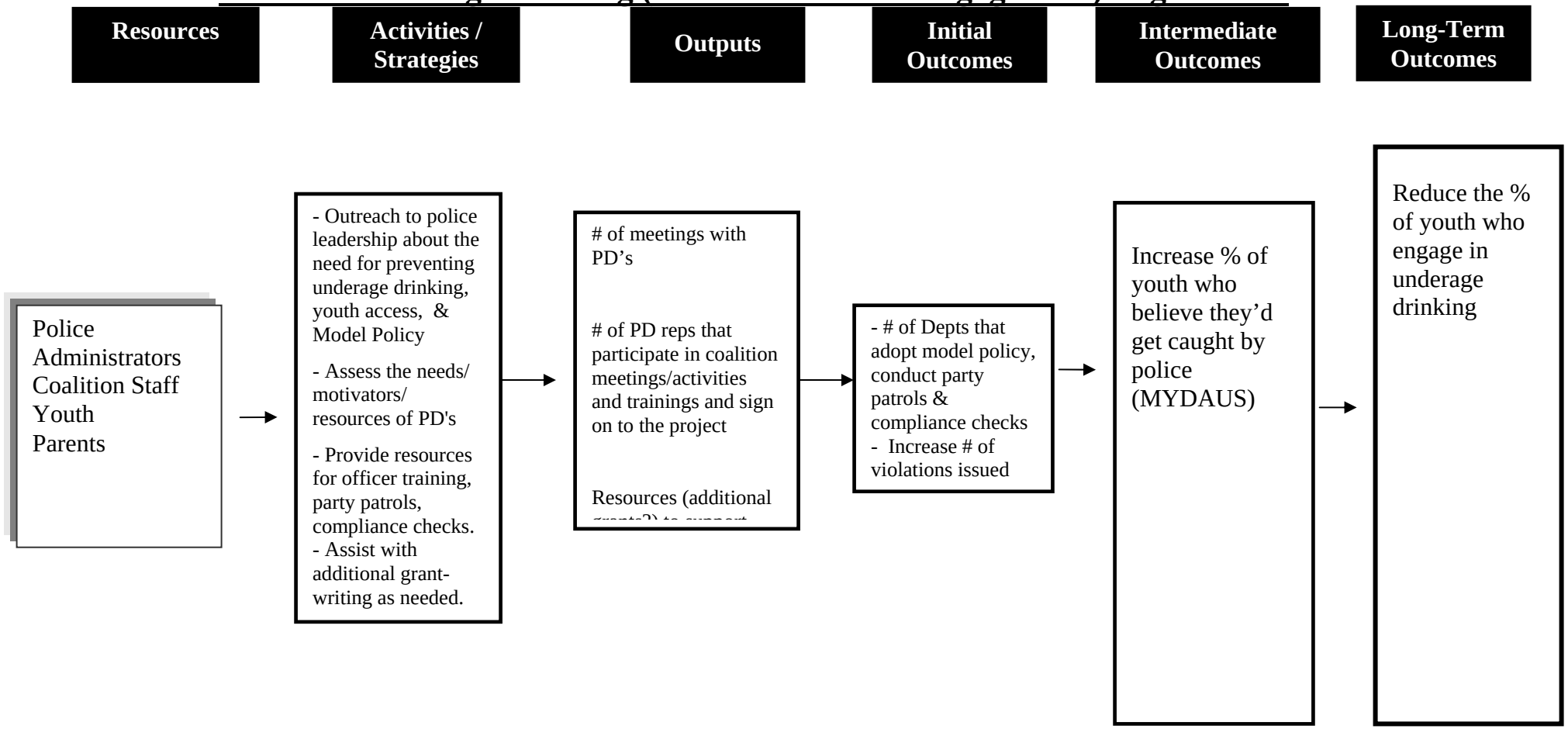


Revised June 2007

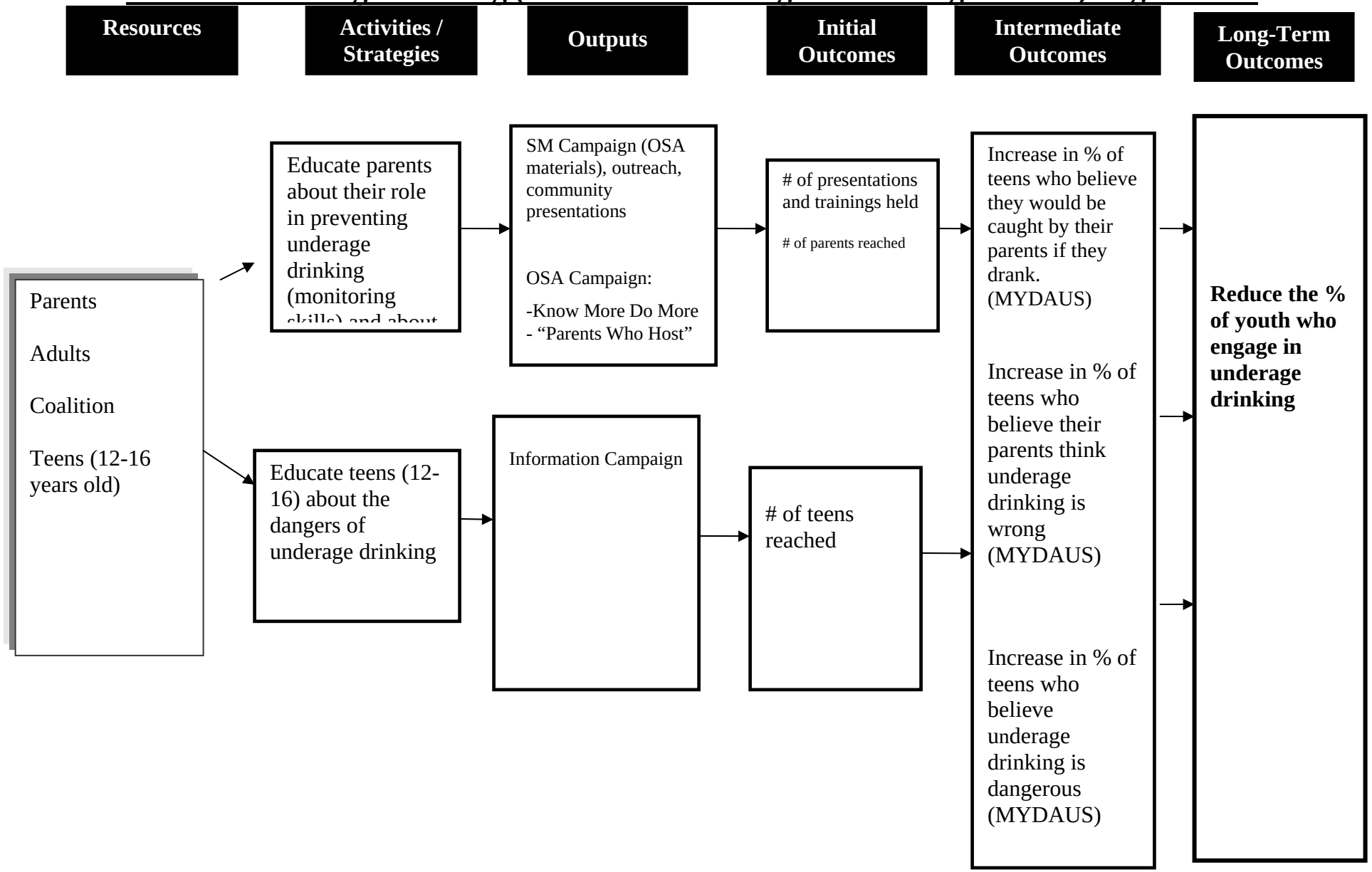
OSA S.P. Treatment Logic Model



OSA S.P. Underage Drinking (Law Enforcement Engagement) Logic Model



OSA S.P. Underage Drinking (Parental Monitoring & Knowledge of Risk) Logic Model



OSA S.P. Underage Drinking (Youth Access) Logic Model