# Somerset County Association of Resource Providers (SCARP)

Office of Substance Abuse
Strategic Planning
&
Environmental Programming
Grant

STRATEGIC PLANNING REPORT 2007

#### **INTRODUCTION:**

**SCARP's mission**: The Somerset County Association of Resource Providers (SCARP) is a 501(c) 3 Comprehensive Community Health Coalition dedicated to improving the quality of life and health of Somerset County citizens through a coordinated approach to planning, community action, education and prevention. Its goals are to:

- Strengthen existing organizations that contribute to a healthy environment for all citizens of Somerset County;
- Encourage the establishment of new organizations/resources to fill gaps in programs and services; and
- Assist organizations with coordination of existing resources and assets; identify and prioritize community issues; develop, deliver and evaluate programs and services which contribute to policy and environmental change.

SCARP's mission is to create a cohesive community system to support, educate, and advocate for all persons residing in Somerset County, and to promote public health in the county. SCARP provides networking and information sharing among members, keeping them updated on things like programs, admission criteria, and waiting lists; communicates as a united voice and resource to local government and state legislators, bringing attention to Somerset County needs and issues; and explores and pursues state, federal, and other financial resources to support service delivery.

**SCARP's history:** SCARP was formed in 1993 (and incorporated the following year) as a grassroots community movement of service providers aiming to improve communication and services to Somerset County residents. During the 1990s it deployed a Mental Health Initiative in area jails (1995), received a grant to create a Family Support Program (1996), collaborated with Kennebec Valley Community Action Program (KVCAP) on a grant for the Healthy Families Initiative (1998), launched the Weaving Connections project (1998), and received a grant for a Local Case Review effort (1999).

The first years of the new millennium saw development of a Community Critical Incident Team (2000), the first Teen Pregnancy Forum in Somerset (in collaboration with KVCAP--2001), community asset mapping with Communities for Children and Youth (2003), the first annual Boyz Day (2003), and the first annual Project Graduation (using OSA funding to provide resources and information to all graduating seniors and prom attendees--2004).

The last few years have seen SCARP increase its work pace. In 2005 it implemented a One ME Grant with KVCAP for community data collection, held the first annual Fall Family Fun Fair, received a three-year Office of Substance Abuse, Essential Substance Abuse Prevention Services grant to better serve western Somerset County, launched the first annual Girlz Day, and distributed SCARP member Resource Guides to all town offices in the county. The following year saw a teach-in at the Bingham School District, development of Community Forums in Pittsfield (with Sebasticook Valley Healthy Community Coalition), receipt of an

OSA Strategic Planning & Environmental Programming grant, receipt of a Family Planning Association of Maine Teen Pregnancy Grant, Community Health Visioning; distribution of community health surveys at the Skowhegan State Fair, and start of a Behavioral Health SAMHSA National GAINS Center Jail Diversion program. So far in 2007, SCARP has also received a \$500 incentive grant from 4 Imprint, and has collaborated with the town of Skowhegan to address youth issues.

SCARP became a 501(c) 3 non-profit organization in its own right in 2005.

**SCARP's organizational structure**: SCARP's organization includes four entities: the Executive Committee, the Advisory Committee of Key Leaders, the Community Coalition, and Committees.

The **Executive Committee** meets monthly and is responsible for general management of SCARP affairs, including:

- Setting the agenda for SCARP meetings
- Furnishing program and financial reports to the Community Coalition and Advisory Committee of Key Leaders on a quarterly basis.
- Providing oversight of current grants and ensuring compliance with regulations, and
- Assigning tasks and overseeing the efforts of the committees

The Executive Committee includes the four officers of the SCARP Community Coalition (President, Vice President, Secretary and Treasurer), committee chairs, and other key members appointed by the Community Coalition. The four officers are chosen biannually from the Community Coalition at the Annual Retreat.

The **Advisory Committee of Key Leaders** meets up to twice a year to receive updates on all SCARP activities, and to gather input from those community leaders on SCARP's goals and direction. It includes business CEO's, school leaders, elected officials, other town and county leaders, and others approved by the Community Coalition.

#### The SCARP Community Coalition meets monthly to:

- Set policies regarding the Coalition's direction
- Identify community needs and set priorities for work to address issues
- Pursue funding sources to address planned priorities
- Recommend allocation of resources among priorities
- Refer items to the committees

- Develop short- and long-range plans to address issues
- Undertake necessary research and evaluation activities to ensure issues are being addressed
- Nominate members for the Advisory Committee of Key Leaders
- Monthly Spotlights to enhance knowledge of members to services and programs available in Somerset County

SCARP develops Committees, as needed, to carry out its work. Composition of committees is designed to be diverse and appropriate to the tasks assigned; at least one member of each group must be a SCARP member. Each committee appoints its own chair(s) and secretary, submits meeting minutes to the Secretary, and reports to the Coalition members at the monthly SCARP meeting.

#### **VISION for the SPEP Grant:**

"All youth & young adults in Somerset County are emotionally& physically unaffected by substance abuse"

#### **GEOGRAPHIC AREA & COLLABORATING PARTNERS:**

The Somerset County Association of Resource Providers' (SCARP's) LSA includes all towns in Somerset County

Why this is a logical area? This Local Service Area (LSA) is already served by the Somerset Heart Health HMP, and Sebasticook Valley HMP which have established ties with local communities throughout the area. The LSA also incorporates several areas identified as recognizable units by other elements of Maine state government. For example, it includes several Regional Service Centers designated by the Maine State Planning Office on the basis of retail sales, jobs-to-workers ratio, amount of federally assisted housing, and the volume of service sector jobs (Jackman, Norridgewock, and Skowhegan). The SCARP LSA is also based upon one of the hospital inpatient service areas (i.e., a group of cities and towns that include one or more hospitals to which local residents generally have the plurality of their inpatient admissions) defined by the Maine Health Data Organization.

The service area is also united by U.S. Routes 2 and 201, which provide a natural flow for the population and economy (e.g., shipments of raw timber to processing plants). People in Jackman think nothing of going all the way to Skowhegan for groceries

or health care, for example. The LSA is also homogeneous racially, ethnically, socio-economically, in its rural/small town nature, and in lifestyle (e.g., emphasis on outdoor activities like snowmobiling, rafting, hiking, and fishing).

Priority areas that have come out of our strategic planning for the next 3 -5 years will be the Skowhegan area, Pittsfield area, Bingham area, and Jackman area. (Area means all towns that attend the MSAD in these communities)

#### **PLANNING TEAM & PROCESS:**

Communities for Children and Youth (C4C&Y), subcommittee of SCARP, assisted in conducting the SPEP grant assessment and strategic planning process, the conclusion is that our priority areas of concern for Somerset County are underage drinking, binge drinking and prescription drug abuse. This was concluded after many hours of review from the data collected, focus group materials and surveys conducted over the past year.

Our data has concluded that we are in alignment with the top priorities of the Office of Substance Abuse as dictated in the assessment of the SPEP Grant. The difference found in Somerset County is to include the underage population in the binge drinking category along with the 18 – 25 year olds. As the C4C&Y committee completes the assessment and strategic plan for the SPEP grant all materials will be made available to all members of SCARP and the 2 HMP's for assistance in any future grant applications or local planning processes.

CC&Y Members: KVCAP, Somerset County Sheriff's Dept., Sebasticook Valley HCC, both School Health Coordinators, Somerset Heart Health, Youth & Family Services, Kennebec Valley Behavioral Health Center, Skowhegan Community Focus Group Team, University of Maine Cooperative Extension, and local Youth.

This is an outline of the goals and strategies identified for Somerset County

- 1. Underage drinking
  - a. Retail Access and Availability
  - b. Lack of knowledge of health risks
  - c. Social norms in the community
  - d. School Policies

- 2. Binge Drinking of both the under 18 age group (15-18) and the 18 to 25 age group
  - a. Retail Access and Availability
  - b. Lack of knowledge of health risks
  - c. Social norm in county
  - d. Law Enforcement issues
  - e. Promotion and pricing
  - f. Lack of screening or early intervention
- 3. Prescription drug abuse across all age populations
  - a. Easy Access and Availability
  - b. Lack of Knowledge of health risks
  - c. Law Enforcement issues
  - d. Health & Mental Health
  - e. Norms family vs. social

#### **DATA & INFORMTION USED:**

C4C&Y used all data available to assist in the assessment and strategic planning process.

Data included:

MYDAUS from 5 local MSAD's

SCARP Community Survey conducted in 2006

Local law enforcement data

Focus groups conducted with youth, parents and local businesses

Maine Safe & Drug Free Schools & Communities ACT Program

Maine Community Epidemiology Surveillance Network Report April 2005

Maine's Prescription Drug Monitoring Program Data

The Cost of Alcohol & Drug Abuse in Maine 2000

Study: Alcohol most abused substance in rural areas – July 2006 Bangor Daily news

Search Instituted report - Developing Assets: A Profile of your Youth Lawrence High

And any other data that was introduced by the SPEP Coordinator to assist in clarifying any conflicts.

#### PROCESS USED TO INTERPRET INFORMATION & MAKE DECISIONS:

This was a process in itself. First we needed to make sure that all participants understood what strategic planning was, why this process is so important, and what the results will mean to Somerset County.

All materials mentioned above was presented in a manner that compared Somerset County to Maine State data. We found this to be the easiest way for all to get the BIG picture of the problem in our county. Once we started this process, members of C4C&Y wanted to cover more issues that became apparent to them. We had to keep a tight rein to make sure we stayed on task with only substance abuse issues.

Once all data materials were presented it was very easy for the group to come up with our target concerns. As one member stated "they just jumped off the sheets at us, we did not have to think twice about it".

The next difficult process was not in the goal setting but in the strategies process. Keeping focus on what we could do – measure, evaluate and show positive outcomes was not an easy process. Initially our goals were too broad. But as you can see we got it done.

### PRIORITIZATION OF GOALS & OBJECTIVES:

	Somerset County Action Plan Prevention					
Goals	Objectives	Activities and Capacity Building Activities	Timeline	Who is Responsible	Measures	
To reduce Alcohol use among	Decrease retail access and availability	Enforcement: stings and administrative penalties for sale to underage youth	Fall – 08	Underage Drinking task force C4C&Y SCARP Substance abuse Coordinator	6 of the 6 LE agencies agree to conduct stings collaboratively	
youth (14-18 yr. olds)		Collaboration: Work with retailers to establish polices for staff	Winter – 08	SCARP SAC UDTF	All 96 retailers invited to receive sample polices and assistance in writing polices	
		Education: Merchant Education	Winter – 08	SCARP SAC C4C&Y	100% of retailers receive printed materials	
		Communication: Warning & educational posters to remind clerks of laws and ID Checks	Winter - 08	SCARP SAC C4C&Y	25% of Somerset County retailers have education materials visible to staff	
	Reduce the appeal of underage drinking by increasing knowledge of health risks	Collaboration: work with schools to establish in- school educational	Fall 08	SCARP SAC SHC's C4C&Y	6 school districts in Somerset County display education materials	

		display /resource corner Education: public awareness campaign	Fall – 08 thru Spring 09	SCARP SAC C4C&Y SHC's	1 monthly ad in local weekly paper, 2 newspaper editorials, and 1 Cable TV story.
		Communication: Posters and other educational materials to local business as part of their worksite wellness programs	Fall-08 thru Spring - 09	SCARP SAC, C4C&Y, HMP	20 local business posting/ disseminating Ed materials to families with teens
	Increase effectiveness of School substance abuse policies	Collaboration: Work with School districts throughout Somerset County to share best practice policies	Fall-08 thru Spring-09	SCARP SAC, SHC's, C4C&Y HMP	4 School district in Somerset County Will review existing Substance Abuse policies
		Education: Share model polices used around the state	Fall-08 thru Spring-09	SCARP SAC, SHC's C4C&Y School administrators	All School District in Somerset County receive model policies
		Policies: Schools to agree to review model policies	Fall-08 thru Spring-09	SCARP SAC, SHC's, Schools	4 School District sign onto change Substance abuse policies to meet model policies
Reduce high risk	Decrease alcohol promotion/advertising	Collaboration: work with	Fall-08 thru	SCARP SAC, C4C&Y, UDTF,	Coalition makes personal contact

drinking among 18-25 year olds	that appeals to the 18 – 25 year olds	retailers and bars to limit promotions that encourage high-risk drinking	Spring-09		with 50% of retailers and bars in Somerset County to discuss limiting alcohol promotions
		Policies: Bar owners' agreement/policies to limit pricing specials, limit serving sizes ad only one drink per customer at a time. and of course ID checks	Fall-08 thru Summer - 09	SCARP SAC, C4C&Y, UDTF	10% of bar owners in Somerset County have signed the YEP agreement
		Communication: Increase public awareness via media campaign	Fall-08 thru Spring - 09	SCARP SAC, C4C&Y, UDTF	Have 1 article in local weekly paper for 9 months
	Increase Law Enforcement visibility at strategic times and locations through out the county	Collaboration: work with UDTF and 6 LE agencies to develop plan of action to address enforcement	Winter - 08,09	SCARP SAC, UDTF, 6 LE agencies	Identify SC high risk times of year and locations. Share with coalition
		Enforcement: LE check high risk times and special events (prom, graduation,	All 08-09	6 LE agencies, SCARP SAC	6 LE agencies increase enforcement in high risk times and special events identified by UDTF

	holidays)			
	Education: Develop media campaign to educate public of health and safety risks of high risk drinkers	Winter - 08-09	SCARP SAC, C4C&Y, UDTF	Have 1 article in local weekly paper for 9 months
Reduce appeal of high risk drinking or prescription drug abuse by increasing knowledge of health risks 18-25 years olds	Collaboration: Work with local business via worksite wellness to reach 18 – 25year olds	Fall -08	SCARP SAC, HMP	All business already using Good works Wellness program to include alcohol and prescription drug abuse issues as part of program
	Education: Business worksite education	Fall-08	SCARP SAC, C4C&Y, UDTF	Manager /supervisor training on substance abuse and prescription drug abuse issues of 18 – 25 year workers
	Communication: Have educational materials fro business to use/post or distribute.	Winter - 08-09	SCAR SAC, HMP	100% of businesses in SC offering worksite wellness program have Ed materials to distribute or post
Decrease social norms of alcohol	Education: develop media	Fall -08	SCARP SAC, SHC's, C4C&Y, UDTF, HMP	Have weekly article on data gathered

and prescription drug abuse in Somerset County	campaign to increase awareness of problem in county			comparing SC to Maine.
	Collaboration: Gather the school, UDTF, businesses, the media and any other interest parties to address best way to do media campaign	Fal08	SCARP SAC	Have a media campaign developed
	Communication: Education materials developed and disseminated	Fall-08	SCARP SAC, SHC'c, C4C&Y, HMP	100% of worksite wellness site have materials available to them

### MOU's:

New MOU's will be collected after the SCARP Retreat in September

### **Appendix C: Assessment Committee Responsibilities**

County:	Somerset
---------	----------

Committee Member	Affiliation	Role/Responsibility
Denise Delorie – Health Educator	Somerset County Association of Resource Providers	Staff position for OSA Strategic Planning Grant
Julie Kosch	Youth & Family Services Inc. Prevention Coordinator	Staff position for OSA Alcohol & Substance abuse Prevention
Dana Hamilton	Somerset County Sheriff Dept. Community Resource Officer	Dana was part or the original planning team, and assisted in the writing of this grant for SCARP. She was involved in the decisions regarding data collection, survey sites, drafting recommendations. Dana was also able to provide us with the county drug and alcohol crime statistics.
Amanda Hilton	Kennebec Valley Community Action Program, Community Outreach Health Services	Amanda is co-chair of Communities for Children & Youth Committee that over saw this grant. Amanda was involved in the development of surveys and conducting focus groups.
Rob Rogers	Youth & Family Services Inc. President of SCARP	Rob is the president of SCARP
Lauren Stevens	UMF Student, Intern	Lauren assisted in the collection and dissemination of data from rural health centers. She also was involved in the decisions regarding data analysis.
Kennebec Valley Community Action Program Community Outreach Supervisor		Andrea assisted in the development of surveys, decision on data collection, and recommendations on planning process.

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

Indicator	Overall Rate of use, 2006	Group with highest rates, 2006	Compared to state?	Other notes
Lifetime use: alcohol	50.8%	12 <sup>th</sup> at 71.4%	☐ Higher X Lower ☐ About the same	
Lifetime use: marijuana	24.7%	11 <sup>th</sup> at 43.8%	☐ Higher ☐ Lower X About the same	
Lifetime misuse: prescription drugs	13%	11 <sup>th</sup> at 19.9%	X Higher ☐ Lower ☐ About the same	
Previous 30-day use: alcohol	30.0%	12 <sup>th</sup> – 45.7% 6 <sup>th</sup> – 10.7%	☐ Higher X Lower ☐ About the same	6th grade is double the state %
Previous 30-day use: marijuana	13.6%	12 <sup>th</sup> at 24.1%	Higher X Lower About the same	
Previous 30-day misuse: prescription drugs	6.3%	11 <sup>th</sup> at 11.8%	X Higher  Lower  About the same	Jump in % of 11 <sup>th</sup> graders then down again in 12th
Previous 2-week participation in binge drinking by grade	82.9%	12 <sup>th</sup> - 24.8%	☐ Higher☐ Lower X About the same	
Previous 2-week participation in binge drinking by gender	Male – 15.1% Female – 12.7%	Male	X Higher Lower About the same	
Age first tried alcohol	Less then 14 at 28.5% 2006	Over 14 2004 at 53.6%	Over 14 at 53.6 % 2006	Changes over time? Not much only a few % points up and down.

Age first tried marijuana Under 14	14 & over 27.2% 2006	N/A	Changes over time? Seen a decline of 5% over past 4 year.
------------------------------------	----------------------	-----	---

Substances of greatest concern in our county:

Alcohol with prescription drug abuse running a close second.

Subpopulations/age groups of particular concern in our county:

12 - 18 year olds

18 - 25 years olds a close second

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

Alcohol & prescription drugs

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

None

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

Indicator	County: Rate of use	State: Rate of Use	Compared to state?	Other notes
Lifetime use among adults: alcohol	90.3%	91.8%	☐ Higher☐ Lower X About the same	
Lifetime use among adults: marijuana	30.5%	49.5%	☐ Higher X Lower ☐ About the same	
Lifetime use among adults: prescription drugs	0	4.9%	☐ Higher X Lower ☐ About the same	
Previous 30-day use among adults: alcohol	49.6%	56.6%	☐ Higher X Lower ☐ About the same	
Previous 30-day use among adults: marijuana	4.5%	4%	☐ Higher☐ Lower X About the same	
Previous 12-month participation in binge drinking	43.8%	50.8%	☐ Higher X Lower ☐ About the same	
Previous 30-day participation in binge drinking	28.1%	27.8%	☐ Higher☐ Lower X About the same	
Previous 12-month binge drinking by gender (not available for all counties)	Female 40.7% Male 61.1%	Female 62.7% Male 57.0%	X Higher Lower X About the same	Females are below state average while males are higher
Individuals crossing the threshold for prescription drugs	Female: 60.7% Male: 39.3%	Female: 62.7% Male: 37.3%	Higher Lower X About the same	Females using prescription drugs twice that of males
Median age of individuals crossing the threshold	33	42	X Higher Lower About the same	

Substances of greatest concern in our county: Alcohol & Prescription drugs

Substances consumed in our county at a higher rate than the state: None many about the same

Areas where we need more information (such as whom, what, where, why and when): The increase in prescription drugs, any state history available

Consequences of concern in my county among particular subpopulations/age groups: The high overdose rate of women over 18 with prescription drugs.

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

Indicator	Rate of consequence in most recent year: <u>County</u>	Compared to state?	Trends over time?	Other notes
Juvenile arrests for alcohol violations	264 per 100,000	☐ Higher X Lower ☐ About the same	☐ Increase X Decrease ☐ No change	Decrease by 50% from 2001
Juvenile arrests for drug violations	405 per 100,000	☐ Higher X Lower ☐ About the same	☐ Increase X Decrease ☐ No change	Decrease of over 200
Percent of all youth drivers (under 21) in fatal crashes who were alcohol-involved	0	Higher Lower About the same	☐ Increase☐ Decrease☐ No change	Somerset county has had 2 recent deaths due to alcohol use and driving
Suspensions/removals due to alcohol or drugs	N/A	Higher Lower About the same	N/A	

### Consequences of concern in my county:

Drug violations are double the alcohol violations

### Consequences in which my county exceeds the state:

In 94-98 Somerset County exceeded but not since then.

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

We would like to have more school suspension data.

### Appendix G: 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 – 7.8% Property – 18.7%	N/A	☐ Increase☐ Decrease☐ No change	
Arrests for alcohol violations, age 18 and older	626 per 100,000	☐ Higher X Lower ☐ About the same	☐ Increase X Decrease ☐ No change	
Adult OUI arrests, age 18 and older	397 per 100,000	☐ Higher X Lower ☐ About the same	☐ Increase X Decrease ☐ No change	
Arrests for drug violations, age 18 and older	230 Per 100,000	☐ Higher X Lower ☐ About the same	X Increase Decrease No change	Doubled in 97-98
Percent of total fatal crashes over 5 years that were alcohol-related	1999-2003 27.3	☐ Higher X Lower ☐ About the same	☐ Increase  X Decrease ☐ No change	Compared to other counties? Almost same
Percent of all young adult drivers (21 to 29) in fatal crashes who were alcohol-involved	1999-2003 45	☐ Higher X Lower ☐ About the same	X Increase Decrease No change	
Percent of all adult drivers (30 and older) in fatal crashes who were alcohol-involved	1999-2003 11.1	☐ Higher X Lower ☐ About the same	X Increase Decrease No change	
Deaths by underlying cause		N/A	☐ Increase☐ Decrease☐ No change	Please see page 13 of Somerset County profile provided by OSA
Overdose deaths	2003 7.8	☐ Higher X Lower ☐ About the same	X Increase Decrease No change	
Treatment admissions (all ages)	2003 1114 per 100,000	X Higher Lower About the same	X Increase Decrease No change	Over double but also increase in available service to county

Indicator	Rate of consequence in most recent year: County	Compared to state?	Trends over time?	Other notes
Percent of total treatment admissions (18 and older) involving alcohol	2003 79.5	X Higher Lower About the same	☐ Increase X Decrease ☐ No change	
Percent of total treatment admissions (18 and older) involving marijuana	2004 33.5	X Higher Lower About the same	<ul><li>☐ Increase</li><li>X Decrease</li><li>☐ No change</li></ul>	
Percent of total treatment admissions (18 and older) involving prescription drugs (not available for all counties)	2004 15.9	☐ Higher X Lower ☐ About the same	X Increase  Decrease  No change	Steady increase over past 4 years

### Consequences of concern in my county:

Increase in accident related death due to alcohol Increase in prescription drug abuse from 0 to 15%

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

18 yrs and older – seen increase in this population

### Consequences in which my county exceeds the state:

Somerset County exceeds state in treatment in all age groups.

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

More information on treatment admissions would be helpful.

### **Appendix H: Review of Past Needs Assessments**

County Name:
Person Completing Form:

Denise Delorie

Completion Date:

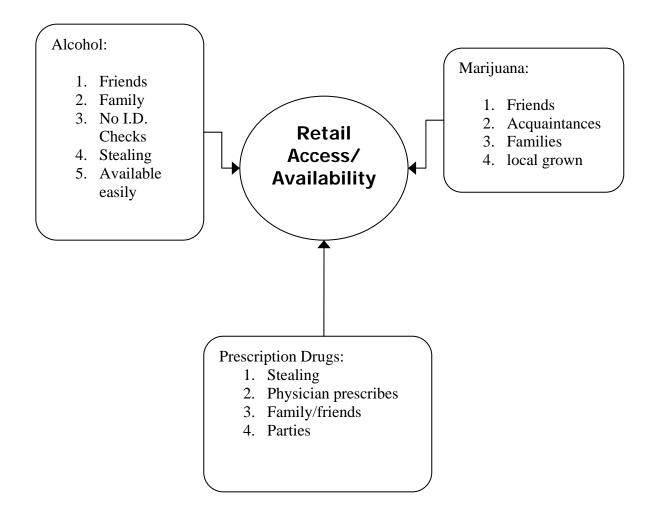
Dec 2006

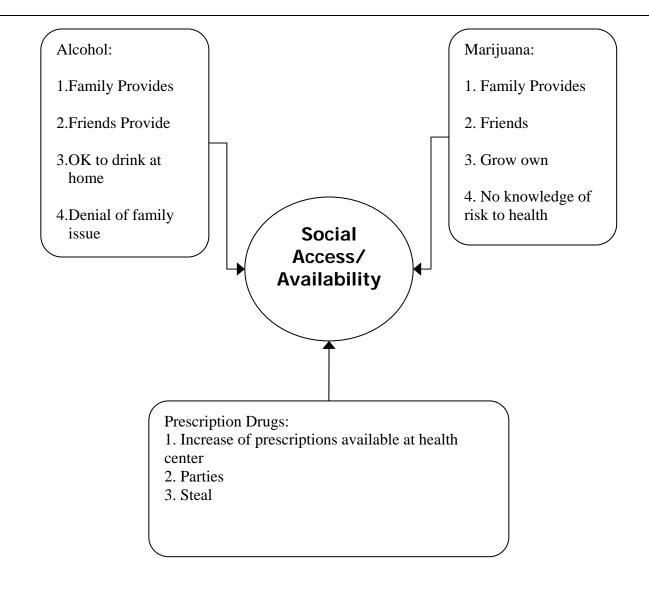
Somerset

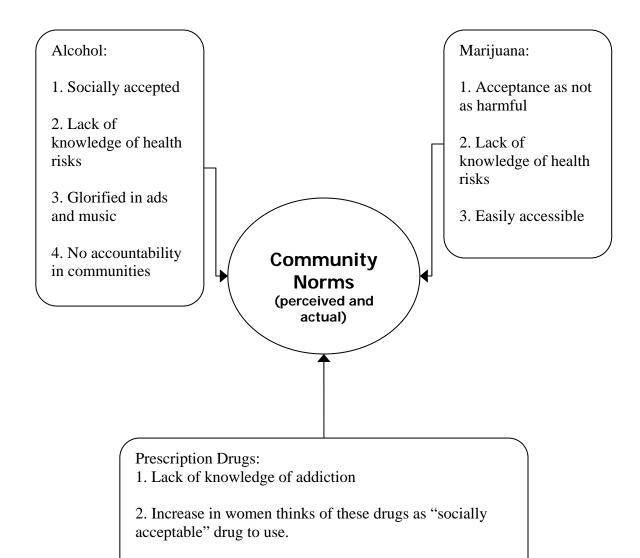
Once you have collected the past assessments that have been conducted in your county, fill out the grid below.

Who conducted it and when?	What geographic area did it cover?	What age group(s) did it cover?	What type of information is in the assessment?	What were the key findings relevant to substance abuse prevention?
1. SCARP Community assessment 2006	Somerset County	12 yrs old - adults	Health status for residents of Somerset County	Substance abuse and teen pregnancy issues were the top community health needs identified
2. MYDAUS	Somerset County	6 <sup>th</sup> – 12 <sup>th</sup> grades	Information on drug and alcohol use trends	The youth in Somerset County are dealing with large substance abuse issues that need to be addressed as a county
3. Substance Consumption and Consequences: profile supplement – OSA 2006	Somerset County	Youth 6 <sup>th</sup> – 12 <sup>th</sup> grades and adults 18 and over	Patterns in substance consumption for youth & adults. Consequence information for the same groups.	Substance use and abuse for both youth and adults need to be addressed in Somerset County
4. Underage Drinking Task Force Data	Western Somerset County	Youth 6-18 years old Communities Families School Workplace	Information regarding the use patterns of youth & adults.	Substance use and abuse for both youth and adults needs to be addressed in Somerset County

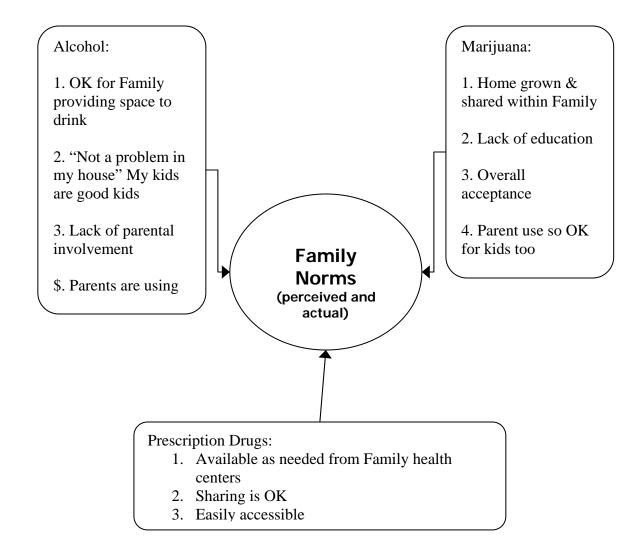
### Appendix I: brainstorming Contributing Factors

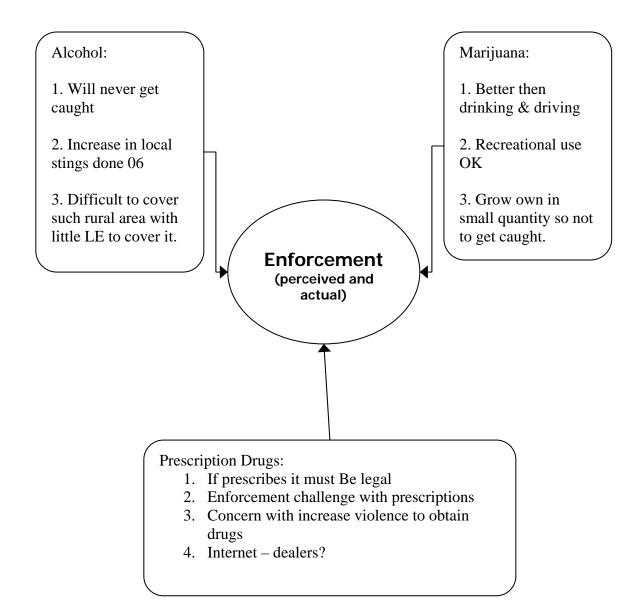


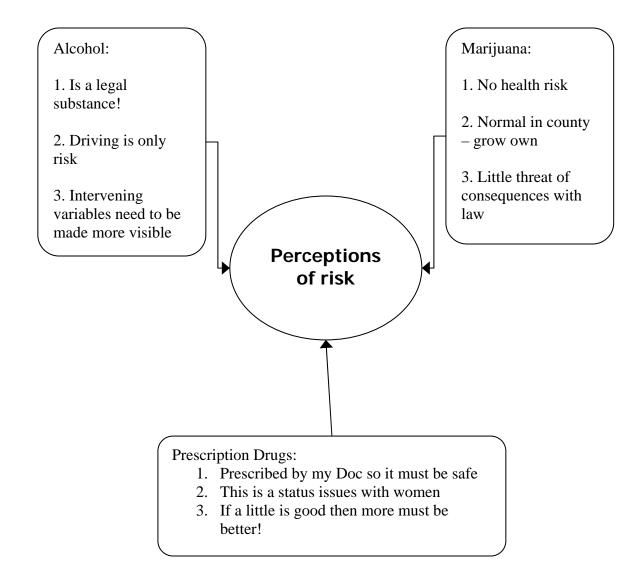


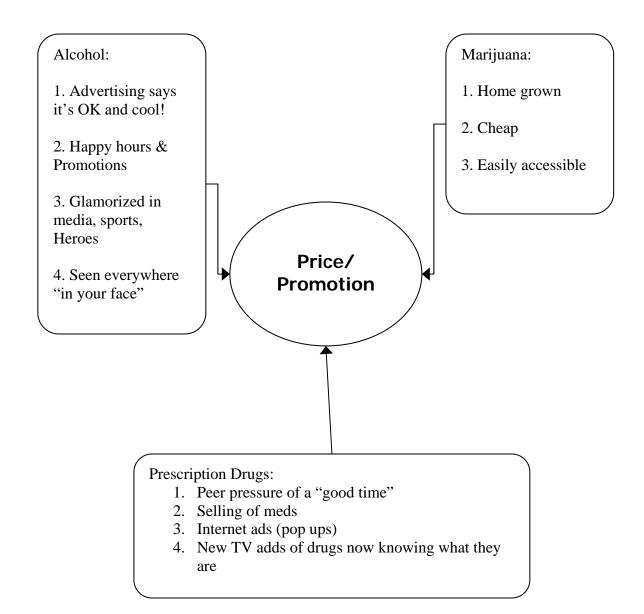


3. Lack of education & accountability









### Appendix J: Information Collection Plan<sup>19</sup>

County Name: Somerset

Person Completing Form: Denise Delorie & C4C&Y Team

Completion Date: June 2007

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	From whom or from what will you get the information?	What methodology will be used to collect the information?	When will the information be collected?	Who will gather the information?
knowledge that relate to intervening variables and their contributing factors)		(e.g., focus groups, interviews)		
Consumption & Use Patterns in the over 18 to 25 year olds	Work with OSA and their Essential Substance Abuse Prevention Services Grant	Simple survey in the workplace	Fall 2007	Julie Kosch, Essential Substance Abuse Prevention Services Staff
Older adult population	Work with local TRIAD Committee and Senior Spectrum	Survey/ discussion at Senior Appreciation Day/ senior volunteers, RSVP, SCP, etc.	Sept 2007	TRIAD Committee Chair and Substance Abuse Health educator for SCARP

### **Appendix O: Assessment Report**

# Section 1: What you learned initially from your initial review of existing data and prior assessments,

- 1. What consumption patterns are of particular concern in your county? Why? Among which population(s)? Please make sure you list the source of your information.
  - Binge drinking (12 18 year olds) MYDAUS
  - Prescription abuse (18 25 year olds) County profile/Community surveys
  - Prescription abuse (Under 18 population) Community surveys
- 2. What consequences are of concern? Why? Please make sure you list the source of your information.
  - Drug free workplace Policies or lack of in worksite Healthy workplace training session
  - Policies outdated in schools school administrators
  - Addiction/use leading to crime Sheriffs Dept. State police and local PD
  - Death of our youth 2 new deaths in past 3 months
- 3. What knowledge gaps exist?
  - Law Enforcement practices (UDTF)
  - Physician Prescription practices
  - Social norm of use and access
  - Responsibility of community to assist in combating these issues

### Section 2: Putting it all together

### High-risk drinking among youth (12 – 17 years old)

Is there a linkage between contributing factors and consumption & consequences?

- **Enforcement**: YES. Our MYDAUS and local survey data show that youth perception of enforcement is very low. Somers County has not had a lot of prevention education so model polices are not in place. The UNDF is looking to educate the 6 LE agencies so all individuals handle incidents the same. Consequences need to be the same for all through out the county.
- Retail access/availability: YES. With Maine having NO Liquor Enforcement is left to local Law Enforcement
  that is under staffed already. Local Stings conducted in Spring of 2006 show that local retailers are following
  state law regard I.D. Checks
- **Social access/availability:** YES. Through MYDAUS and local surveys we know that access is easy through family and friends. There is a culture that still supports the hosting and providing to youth.
- **Price & Promotion:** YES. Advertising is as the youth say "in your face" everywhere you turn. This is a state wide issue and needs to be addressed as such.
- **Perceived risk:** Yes. From all our research we hear over and over that alcohol is not big deal as long as you do not drive drunk. Adults consider alcohol as a "Right of Passage" for their child to use/experiment with alcohol. They have little to sense of the health risks.
- **Social norms:** Yes. We know from our surveys with youth that the social expectance plays a large role in their decision to start using. Youth have told us and MYDAUS concurs that youth felt parents will not catch them or believe "their child" would use or steal from alcohol or drugs form them.

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

✓ High risk sexual behavior

Increase risk of addiction

- ✓ Depression/suicide
- ✓ Academic failure
- ✓ Drop out

### High-risk drinking among young adults (18 – 25 years old)

- **Enforcement:** Yes. With no Bureau of Liquor Enforcement and little resources for local liquor enforcement, enforcement of laws is limited and inconsistent across departments.
- **Retail:** Yes. I.D. checks are inconsistent across the county. Advertising and promotions invite high risk drinking.
- **Social Access:** Yes. With the 18 -25 year olds "Hanging out" together, access is through friend and family of age. The "they looked old enough" philosophy with store clerks has added to the ease of access from retailers.
- **Promotions:** Yes Again see the "in your face" promotions everywhere and bars offering promotions and 2 for 1 deals increase the likelihood of high risk drinking.
- **Perceived risk of Harm:** Yes. The "No big Deal" attitude adds to the increase in consumption. We also found that economics play a role.
- Community & Family Norms: Yes. Young adults believe they are expected to drink high quantities at parties. This is normal! Families often drink in the open and it is considered normal to "teach" the young adult how drink.

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

- ✓ OUI
- ✓ Crime
- ✓ Addition
- ✓ Accidents

### High Risk drinking among other adults (over 25 years old)

SCARP Community Surveys showed that as adults, drinking is a normal way to interact, reduce stress, connect with family and friends and medicate self. There is little concern for Health Risk Factors.

This is a population SCARP would like to have more time to survey, educate and connect with on this issue.

### What are the consequences of high risk drinking among adults in our county?

- ✓ OUI
- ✓ Domestic abuse issues
- ✓ Addiction
- ✓ Accidents
- ✓ Influence on youth

### Marijuana use

- **Enforcement:** Yes. With Somerset County being mostly rural farm and woodland, enforcement is difficult and done on a seasonal basis. The youth and young adults realize this and make high risk behavior choices.
- **Availability:** Yes. Easy to grow in concealed areas of county inexpensive to grow and purchase.
- **Social Access:** Yes. There is the assumption that this is a non addicting drug so OK to use and abuse. Youth say they first try it because of friend and then because it made them feel relaxed.

The attitude is that marijuana is safe, non addicting and natural that it's less risky then other drug choices and many would like to see it legalized

### What are the consequences of using marijuana in our county?

- ✓ Addiction
- ✓ Self Medication
- ✓ Redirection of law enforcement/with limited resources

### Non-Medical use of Prescription Drugs

- Access and Availability: Yes. In our youth surveys this kept coming to the top. The ease of access from families, friends. The frequency of use was alarming.
  - No disposed of drugs at home or relatives
  - o Prescriptions from physicians
  - o Insecure storage of prescriptions
  - o Money made by selling
- Community & Family Norms: Yes. Sharing of prescribed med with siblings instead of another trip & co-pay to the dr.
- **Perceived risk**; Yes. Youth think that there is no risk of taking prescribed drug even when not prescribed to them. They must be OK drugs that are legal! The health risks of combining drugs with alcohol and marijuana is not there. If one makes you feel good two makes you feel great. "You need to wash the drugs down with something" so they often combine drugs with alcohol use.

### What are the consequences of non-medication use in our county?

- ✓ Addiction
- ✓ Overdose
- ✓ Increased violence
- ✓ Criminal activity

### **Section 3: Capacity Assessment**

Attached is our capacity assessment

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

The insight into the community's perception of Substance use and abuse as well as the relationships and new collaborations that have been formed.

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

The development of a county wide collaboration including the Sebasticook Valley Health Community Coalition. This new and expanding collaboration has made it possible for the review of entire county data. Work has begun to hire one staff to cover the entire county and work from both coalitions. This will bring a seamless continuum of Substance Abuse Prevention Programs to Somerset County.

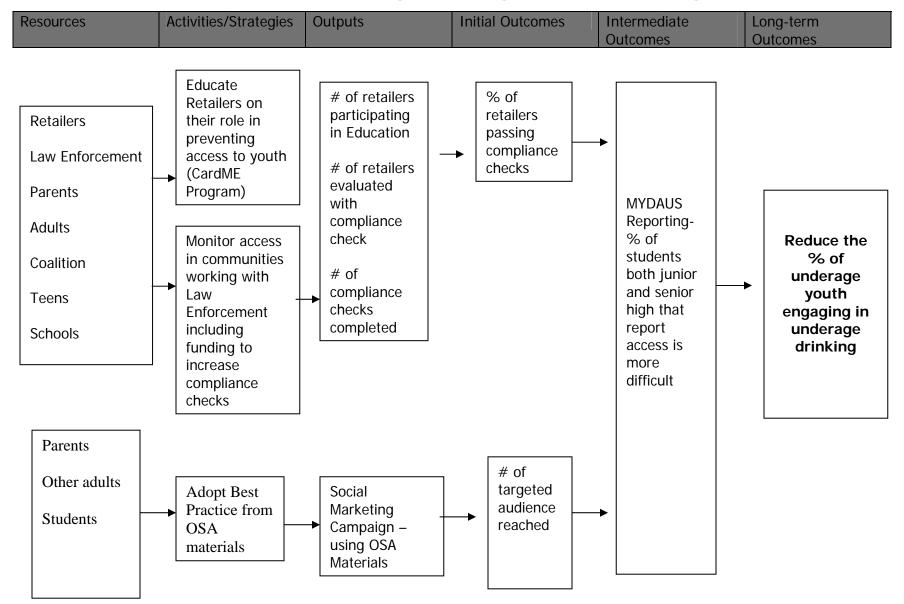
One area of concern is with Law Enforcement, they are included but understaffed so not able to participate in discussions of concern that relate directly to enforcement.

### **SCARP (Somerset County) Funding Plan**

Planned Activities/strategies	Estimated level of funding necessary	Potential funding source	Steps to secure funding	Who is responsible
Drug free communities Program	\$150,000	Federal Grant	Work with grant writer to apply for funding	SCARP
Program funds	\$75,000	Federal, state and foundation grants	Work with grant writer to apply for funding	SCARP

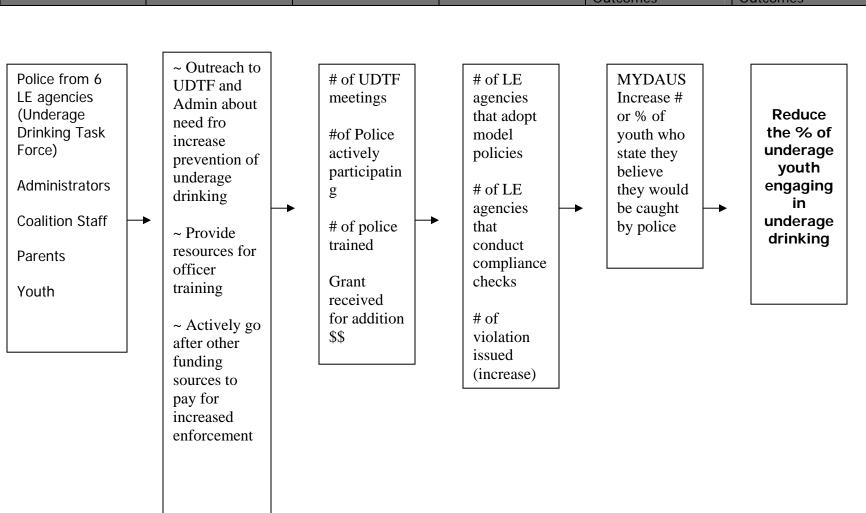
SCARP will be working closely with Kennebec County seek regional grants and look at any and all grant opportunities that are presented to us.

OSA S.P. Underage Drinking Youth Access Logic Model

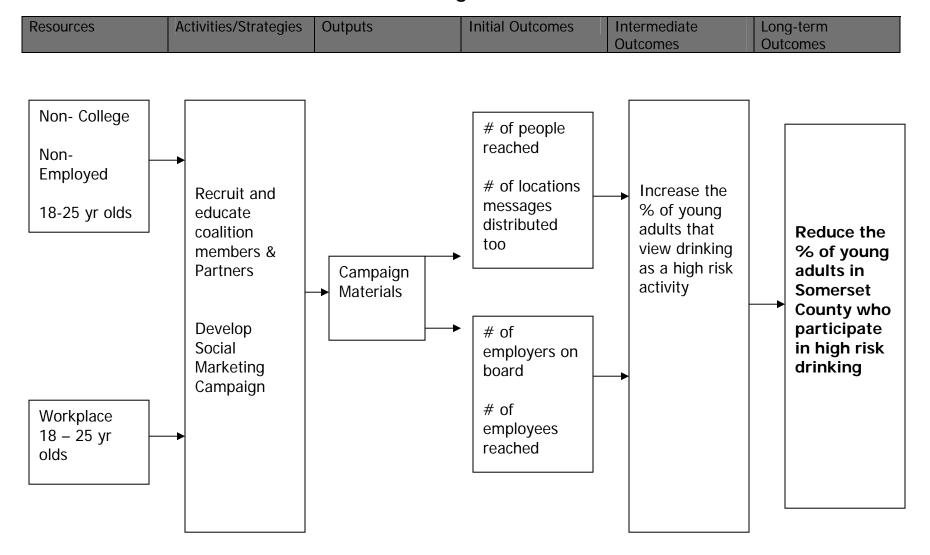


### **OSA S.P. Underage Drinking Law Enforcement Logic Model**

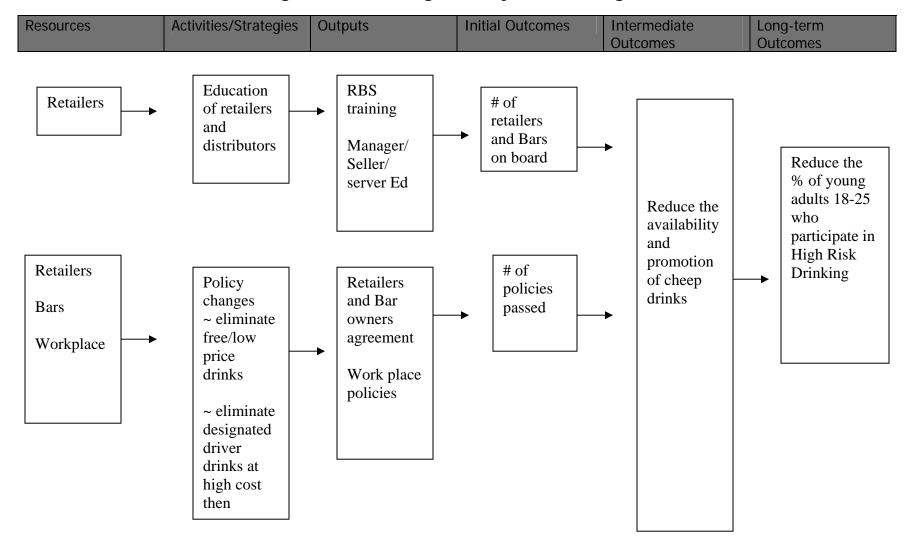
	Resources	Activities/Strategies	Outputs	Initial Outcomes	Intermediate	Long-term
					Outcomes	Outcomes



OSA S.P. High Risk Drinking 18-25 year olds Logic Model Knowledge of Risk



OSA S.P. High Risk Drinking 18-25 year olds Logic Model Price & Promotion



## **OSA S.P. Prescription Drug Logic Model all ages**

Resources	Activities/Strategies	Outputs	Initial Outcomes	Intermediate Outcomes	Long-term Outcomes
UDTF C4C&Y	~ Survey workplace	~ Social marketing	# of location	# of workplace	Increase # of students who
Parents Schools	for perception of harm issues	campaign showing health risks for all age groups	message distributed	adults that report knowledge of risk	report increase of knowledge of health risks
Workplace	~ Work with OSA for materials for	~ Social	# of school	OTTISK	
Childcare providers	the under 18 year old	marketing Campaign for families	participatin g/displayin	# of students	Increase # of young adults (18-25) who
Families PCP's	population & schools	regarding consequences of medication	g materials	that report knowledge of health	report increase knowledge of
OSA staff	~ Survey low income families,	sharing ~ Social		risks	health risks
	behavior concerns, medication sharing, and dangers	marketing campaign showing importance of lock and destroy	# of low income families that report seeing or hearing campaign	# Of families that report knowledge of health risks and safety concerns	Increase # of parents/famil ies that  report increase knowledge of, not to share, proper storage sand disposal.