

Coalition for Healthy Tomorrows

**Washington County
Substance Abuse Prevention
Strategic Plan**

June 2007

Introduction

The Coalition for Healthy Tomorrows (CHT) began as a local, but international organization in 1996 when citizens from Lubec, Maine (USA) and Campobello Island, New Brunswick (Canada) came together to address local health issues. This group became the Downeast Healthy Tomorrows (DHT), which continues by that name as the coalition supporting tobacco cessation, nutrition, and physical activity healthy choice issues. The Coalition for Healthy Tomorrows was an outgrowth of the DHT whose goals focused on substance abuse prevention, intervention and treatment. CHT will take advantage of the state's public health infrastructure development to reintegrate with DHT in the new Community Comprehensive Health Coalition serving coastal Washington County south and west of Wesley and east along the coast to Lubec. CHT partners who lent significant support to this planning activity include HealthWays, Weed & Seed, Neighbors Against Drug Abuse (NADA), the Women's Health Resource Library (WHRL), the EdGE Program (Maine Seacoast Mission), the Pleasant Point Housing Authority, the Community Caring Collaborative, the Washington County Drug Action Team, Downeast Healthy Tomorrows, St Croix Valley Healthy Communities, the Washington County Alcohol Abuse Reduction Collaborative, Drug-Free Communities Support Program, and the University of Maine at Machias. Other contributors included the Washington County Commissioners, the Washington County Council of Governments, Residents Against Drugs, the Downeast Community Hospital, the Harrington Family Health Center, Eastport Health Care, Discovery House, and the Rapid Response Trauma Network. This plan is intended to carry forward the work of CHT and its partners as active members of the new state public health infrastructure. Washington County is treasured by its residents for its beautiful rural environment that includes stunning rocky coastlines, extensive blueberry barrens, and vast preserves of fir and spruce. However, the endemic poverty, poor economic environment, and low educational achievement in this rural and geographically isolated region of Downeast Maine contribute to a social climate characterized by under-employment, low wages, dysfunctional families, and low aspirations for the future. These are predominant risk factors that promote high rates of substance abuse in the area. Our strategic planning group first convened last September to collaboratively develop new strategies to reduce alcohol, tobacco, and illicit drug (ATID) use among county residents. Enclosed herein is documentation of our work and findings.

Vision

All Washington County residents – from infants to elders – receive the public health support they need to achieve healthy, substance-free, productive and financially viable lives while respecting cultural and community differences.

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

The Healthy Maine Partnership current coverage areas will be adopted for the new infrastructure. Two CCHC / HMP areas will divide along the formal hospital coverage areas defined for Calais Regional Hospital and the Down East Community Hospital and continue to the Washington County border.

Partners invited to collaborate include the 21st Century Learning Centers / After School program, Alcoholics Anonymous, the American Lung Association, Big Brothers Big Sisters, the Boys & Girls Club, the Calais City Government, the Calais Police Department, Calais Regional Hospital, Calais Weed & Seed, chambers of commerce, the Coalition for Healthy Tomorrows, the Cobscook Community Learning Center, the Community Caring Coalition, Discovery House, Downeast Aids Network, Downeast Community Hospital, Downeast Health Services, Downeast Healthy Tomorrows, Downeast Hospice, Drug Court, Eastport Health Center, EdGE, faith-based leaders, Families First, Family Planning, Hancock County Breastfeeding Coalition, Harrington Family Health Center, Husson College, Greenland Point, HealthWays, Indian Township Health Center, the Lighthouse Corporation, Local Health Officers, Local Public Health Nurses, Lubec Cares, Maine Center for Disease Control, Maine Department of Health and Human Services, Maine Office of Substance Abuse, Maine Seacoast Mission, Maine Wabanaki Program, Maine Youth Voices, the Margaret Chase Smith Policy Center, Moosabec Area Drug Awareness Group, Narcotics Anonymous, Neighbors Against Drug Abuse, Next Step, Pleasant Point Indian Health Center, Princeton Health Center, private practitioners, private schools, Protea, the Rapid Response Trauma Network, the Red Cross, Residents Against Drugs, St. Croix Valley Healthy Communities, the Salvation Army, Scouts (BSA, GSA), Sipayik Housing Authority, Sunrise County Economic Council, the University of Maine at Machias, Washington County Alcohol Abuse Reduction Collaborative (MSAD 14, 19, 37, SU 102, 103, 104, 106, 107 and Washington Academy), the Unobskey School, the Washington County Ambulance Authority, the Washington County Asthma Council, Washington County Commissioners, Washington County Community College, Washington County Council of Governments, Washington County Drug Action Team, Washington County Drug-Free Communities, Washington County Emergency Management Agency, Washington County Psychotherapy Associates, Washington County Sheriff's Department, Washington County Substance Abuse Continuum of Care Advisory Board, Washington Hancock Community Agency, the Women's Health Resource Library, WIC (Women, Infants, and Children), the Women's Program, and Youth Leaders Encouraging A Difference.

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

The following listed participants attended the number of meetings identified in the chart below. All but one session was facilitated by a contracted professional facilitator, Deb Burwell. We followed the work plan submitted in the original application, with minor delays due to inclement weather.

Participant	Number of meetings
Rick Tanney (Washington County Drug-Free Communities Support Program / Washington County Council of Governments)	11
David Archer (Downeast Healthy Maine Partnership)	9
Barbara Drisko (Washington County Drug Action Team)	7
Eleody Libby (Downeast Healthy Maine Partnership)	8
Gail Wahl (Calais Weed & Seed)	7
Wendy Harrington (Maine Seacoast Mission EdGE)	8
Carol Carew (HealthWays)	6
Don Hallcom (HealthWays Community Services)	7
Amanda Adams (Neighbors Against Drug Abuse)	5
Billie Jo Ham (St. Croix Valley Healthy Communities Healthy Maine Partnership)	6
Brian Altvater (Sipayik Housing Authority)	3
Alison Ouellette (Maine Seacoast Mission – The EdGE Program)	2
Cindy Look (Public Health Nurse)	2
Jane Weil (Community Caring Collaborative)	2
Linda Pagels (Washington County Commissioners)	2
Marjorie Withers (Community Caring Collaborative)	2
Mike Doran (Washington County Alcohol Abuse and Reduction)	2
Sunshine Lambert (Women's Health Resource Library)	2
Ann Acheson (Margaret Chase Smith Policy Center)	1
Aslan Howard (Maine Seacoast Mission - The EdGE Program)	1
Charlie Harrington (Maine Seacoast Mission – The EdGE Program)	1
Dee Howard (Maine Seacoast Mission - The EdGE Program)	1
Erica Famous (HealthWays Resource and Evaluation)	1
Glen Avery (HealthWays)	1
Heather Henry (St. Croix Valley Healthy Communities Healthy Maine Partnership)	1
Helen Adams (Neighbors Against Drug Abuse)	1
Jane Brissette (Downeast Community Hospital)	1
Jayna Smith (Discovery House)	1
Jennifer (Oakes) Pitts (Lubec Consolidated School / Machias School Union 102)	1
Joan Crockett (Harrington Family Health)	1
Katie Evans (Eastport Health Care)	1
Kristy Sprague (University of Maine at Machias)	1
Larry Saunders (Discovery House)	1
Nichole Greaves (Rapid Response Trauma Network)	1
Paul Stuart (St. Croix Valley Healthy Communities Healthy Maine Partnership)	1
Paula Lambert (St. Croix Valley Healthy Communities Healthy Maine Partnership)	1

Most meetings were held simultaneously at the Career Center in Machias and the NADA conference room at 479 Main Street in Calais, with videoconferencing connections. Sessions held at the Clipper Lounge on campus at the University of Maine at Machias were intended for the general public; the community was invited to attend to hear about project progress and to give their feedback. The other sessions were intended for a core planning group, and the attendance numbers were good indicators of who had been active in that group.

Processes Used to Interpret Information and Make Decisions

Project staff and expert participants, such as Healthy Maine Partnership directors and New England Institute for Addiction Studies trained members, provide data and planning guidance based on publicly available sources, such as the Maine Youth Drug and Alcohol Use Survey, agency and coalition collected data, and the county summary provided by Hornby and Zeller. The data are examined in light of current OSA guidance, SAMHSA's Communities That Care program, and recent trends in prevention work. We avoid ambiguity about whether we are planning for programs or for infrastructure by focusing on infrastructure needs first. The new HMP RFP is invaluable in clarifying these needs. Decisions are made by modified consensus, that is, by vote only if a consensus decision is not clear.

Prioritization of Goals and Objectives

I. Infrastructure/Capacity Priorities:

Goal #1: Create a governing body representing all of Washington County responsible for planning, organizing, directing, communicating and evaluating.

Goal #2: Establish a coordinated infrastructure that will promote healthy and productive lifestyles throughout Washington County.

Goal #3: Build capacity to address unmet needs.

II. Substance Abuse Priorities:

Goal #4: Reduce Underage Drinking

Goal #5: Reduce High Risk Drinking in 18-25 year olds

Goal #6: Reduce Prescription Drug Abuse

Goal #7: Reduce Marijuana Abuse

Activities to Reach Each Goal

Goal #1: Create a governing body representing all of Washington County responsible for planning, organizing, directing, communicating and evaluating.

- Define criteria for choosing governing board members, keeping prevention's place in the new public health infrastructure in mind.
- Current planning participants are an interim Board with the authority to establish the governing body, its rules and mandates.
- Define by-laws

- Work group asks for input on how to emphasize that within the governing structure we need an advocate who goes to Augusta to be a voice of the county
- Recruit representative on the two-county council to represent this coalition
- Recruit representatives who are not linked to agencies for example, families
- Create expectations of the governing body spelled out in MOUs

Goal #2: Establish a coordinated infrastructure that will promote healthy and productive lifestyles throughout Washington County.

- It is the board's function to create this infrastructure by hiring staff to do it
- Coordinate efforts to establish Comprehensive Community Health Coalition infrastructure and staffing
- Additional functions include: conducting needs assessments, maintaining an agreement with a fiscal agency, grant and resource coordination, outreach, communications, maintain a history of public health efforts in the county

Goal #3: Build the capacity to address unmet needs.

- Assess community health needs, especially related to substance abuse, and develop assessment strategies to maintain both historical and up-to-date current information on county and more local health needs and indicators
- Assess capacity of existing resources and integrate them into the overall public health service effort
- Establish participant commitment to address identified priorities by creating funding-dependent Memoranda Of Understanding
- Develop funding sources
- Monitor effectiveness of all programs and develop improvement strategies
- Develop evaluation capacity and tools
- Create plan for continuous quality improvement by creating a shared data system for Washington County agencies, organizations and collaborations
- Maintain demographic, economic and epidemiological data for county, HMP coverage area, and minor civil divisions
- Maintain up-to-date survey results from the Maine Youth Drug and Alcohol Use Survey (MYDAUS) and Behavioral Risk Factor Surveillance System (BRFSS) BRFSS, and other state, federal and private institution sources.
- Create a centralized accessible online data collection repository.
- Identify primary factors to address and develop strategies to address them

Goal #4: Underage Drinking

Primary strategy: policy changes at three levels – law enforcement, school and city/municipal level

- NADA will use OSA's Comprehensive Underage Drinking Strategies
- Continue the party patrol/hot line in Calais
- Expand policies and practices to the entire county
- NADA also got the City Council to make policy changes around drinking at the International Festival (this is also collaboration)
- Implement OSA's model school policy

Secondary Strategies:

Retail Access:

- *Community Trials* implemented in 9 towns in the county
- Will use *Card Me* when it comes out from OSA

Parental Monitoring

- Implement social marketing campaign (i.e. OSA's *Parent Monitoring Campaign*)
- Build on social marketing by adding in information on brain research

Goal #5: High Risk Drinking (18-25 – these are youth in transition)

Primary strategy: policy changes at three levels – law enforcement, school and city/municipal level

- Border crossing checks (into Canada where the legal age is lower)
- Work with municipalities on serving alcohol at public events
- Implement work place policies
- Build on DHT's workplace wellness work with businesses
- Collaborate with the Washington County -- One Community initiative, which has identified developing a sober workforce as a top priority
- Locate county-wide business champion
- Present on high risk drinking at pre-existing forums to reach businesses (such as the annual business conference)

Secondary Strategies:

Education:

- Engage young adults at the University in high risk drinking prevention
- HealthWays Research and Evaluation will check to see how web based tools are being used such as *E-Chug*
- Create a pamphlet on the risks of binge drinking
- Research possible connection with concerns about obesity

Price/promotions:

- Participate with the Maine Alcohol Impact Coalition in trying to raise the cost of each drink (proceeds for law enforcement, after school programs and other prevention activities)
- Assess to see what, if any, price promotions are occurring in the County

Goal #6: Prescription Drug Abuse

Primary strategy: improve effectiveness of law enforcement

- Encourage collaboration between wardens, sheriffs, and local law enforcement

Access:

- Educate on and implement a drug take-back initiative pilot
- Collaborate on the drug take-back initiative with the public safety department
- Public health nurses will work with elders to identify expired drugs
- NADA to conduct a conference on prescription drug issues

Policy change:

- Work with pharmacies and prescribers in monitoring

Education and communications:

- NADA conference to focus on new research on brains and also look at how people become addicted

Goal #7: Marijuana Abuse

- Conduct research on marijuana use in the county
- Collaborate with school health coordinators and law enforcement to determine the best approach to prevent marijuana use.

Workplan / Action Plan

Underage Drinking

Primary Strategy: policy change at three levels – law enforcement, school and city/municipal level

Objective: improve effectiveness of law enforcement

Activity/Task & Target Audience	Action Steps	Timeframe	Who is responsible	With whom coordinate
Expand use of OSA's Comprehensive Underage Drinking Strategies from Calais to entire county Target audience: Law enforcement staff	Find champion to kick off this effort by talking with sheriff and state police (Calais police chief just had a health crisis, so unavailable) Develop county-wide strategy building on what Calais has learned Explore how to work on border issues (legal age is younger in Canada)	Fall 2007	Leads: Gail Wahl with Weed and Seed/ and both CCHC's	Washington County Drug Action Team, municipal police, wardens, Coast Guard, college security at UMM and WCCC

Objective: improve effectiveness of school policies

Activity/Task & Target Audience	Action Steps	Timeframe	Who is responsible	With whom coordinate
Expand use of best practices in school policies	Ask all schools in county to share a copy of	Underway now through 2008	Lead Washington County Alcohol	School Health Coordinators School staff

(use OSA work out in 2008)	their current policies		Abuse Reduction Collaborative	
Target audiences: School administrators School boards Parents	Build on work of U.S. Department of Education evidence based curriculum Class Action using community trials intervention Look for ways to sustain these activities			

Objective: improve effectiveness of municipal policies

Activity/Task & Target Audience	Action Steps	Timeframe	Who is responsible	With whom coordinate
Raise awareness regarding youth access to alcohol at public events Build on success of NADA getting Calais City Council to make policy changes re: drinking at International Festival Target audience: Municipal officials The Public	Determine what municipalities are currently doing Identify what resources and model policies are available to offer municipalities Engage youth so they can speak about the reality of access to alcohol in their local areas Take pictures at summer events like Milbridge Days and Cherryfield Days to document this issue Meet with Western	Summer 2007 September 2007	Lead: Washington County Alcohol Abuse Reduction staff Assisted by: St Croix Valley Healthy Communities (HMP), WHRL, Maine Seacoast Mission, and municipal governments Downeast Healthy Tomorrows WCDAT	Council of Governments Washington County One Community Lubec Cares The EdGE Program Maine Youth Voices Youth Advocacy Programs

Activity/Task & Target Audience	Action Steps	Timeframe	Who is responsible	With whom coordinate
	Washington County selectmen			

Objective: Reduce access/availability of alcohol

Activity/Task & Target Audience	Action Steps	Timeframe	Who is responsible	With whom coordinate
Utilize Community Trials Utilize Card Me Program when available Target Audience: Retailers The public	Institute Card Me program	Ongoing Begin January 2008	WCAAR and CCHC's	Schools Chambers of Commerce as link to retailers Washington County Economic Development Council North and south HMPs

Objective: Improve quality and frequency of parental monitoring practices

Activity/Task & Target Audience	Action Steps	Timeframe	Who is responsible	With whom coordinate
Institute OSA Find Out More, Do More Campaign Target Audience: Parents The public	Social marketing campaign and community discussions Show films Work with WABI-TV to do story Put info out at public events Have Health Centers share info with patients	September 2009	Leads: CCHC's Assist: School Health Coordinators EdGE Health Centers: WHRL HealthWays	After school programs including The EdGE (through meetings with parents) Schools – have health fair on parent night, half-time at basketball games Health Centers

High Risk Drinking – 18-25 (youth in transition)

Primary Strategy: policy change at four levels – law enforcement, school and city/municipal level (many activities from underage drinking will apply to this area)

Objective: improve effectiveness of law enforcement and school policies

Activity/Task & Target Audience	Action Steps	Timeframe	Who is responsible	With whom coordinate
<p>Work with institutions of higher education to develop and implement effective policies</p> <p>Target audience: UMM and WCCC Administration and staff</p>	<p>Ask both institutions for policies on drinking and ask how they enforce them</p> <p>Research best practices on campus policies</p>	Fall 2007	<p>Lead: CCHC</p> <p>UMM / CLL</p>	Staff at both institutions
<p>Work with jails to see what policies they have in working with 18-25</p> <p>Target audience: 18 – 25 year old youth</p>	<p>Explore whether there is a difference in how jails work with underage drinking vs. 18-25</p> <p>Research how Passamaquoddy are providing treatment in jail</p>	Have info on this by fall of 2007	Lead: WCDAT	<p>Sipayik Housing Authority</p> <p>County sheriff</p>

Objective: Increase knowledge of repercussions of binge drinking (social, health)

Activity/Task & Target Audience	Action Steps	Timeframe	Who is responsible	With whom coordinate
<p>Work with employers to increase knowledge of repercussions of binge drinking</p> <p>Target audience: Employers of 18-25 year olds</p>	<p>Work with Geoff Miller (OSA) to talk about how best to work with employers</p> <p>Identify a large company who could become a champion</p> <p>Explore collaboration with business forums (annual county business conference)</p>	Have information about what we can offer employers by Fall 2007	<p>Lead: Weed & Seed</p> <p>WHRL will contact Marine Resources</p>	<p>Cheryl Mahar who does drug testing with businesses</p> <p>Washington County Drug Action Team</p> <p>Washington County One Community</p> <p>Sunrise County Economic Development Council</p> <p>Marine Resources</p> <p>Lobsterman's</p>

Activity/Task & Target Audience	Action Steps	Timeframe	Who is responsible	With whom coordinate
	Look at overlap with public events like Lobster Boat Races			Association Construction Industry
<p>Work with campuses at University of Maine at Machias and Washington County Community College</p> <p>Target audience: students and educational institutions and their staff</p>	<p>Continue work with Alex, UMM counselor, and Student Life staff on social norming campaign using E-Chug, Virtual Bar and peer counselors</p> <p>Explore working with Alex on doing more education during student orientation</p> <p>Fitness Center at UMM offer alternative events to drinking</p> <p>Look into possibilities of students doing action research on health risks</p> <p>Work with staff on what to do when see students hung over</p> <p>Explore having college Peer Educators talk with high school</p>	Fall 2007	Lead: CCHC CLL at UMM WCDAT / UMM	UMM Student Life and counselor UMM Fitness Center

Activity/Task & Target Audience	Action Steps	Timeframe	Who is responsible	With whom coordinate
	<p>students (many attend UMM)</p> <p>Explore creating a forum for students modeled after the UMM Wellness Work Place for employees</p>			

Objective: Address availability through prices/promotions

Activity/Task & Target Audience	Action Steps	Timeframe	Who is responsible	With whom coordinate
<p>Support statewide efforts on promotions</p> <p>Audience: retailers</p>	<p>Continue work with Maine Alcohol Collaboration on efforts to make legal changes</p> <p>Promote Card Me Program</p> <p>Work with law enforcement on the number of promotional signs retailers can have</p>	2008	Lead: CCHC NADA	<p>Maine Alcohol Collaboration</p> <p>OSA – Card Me</p> <p>Sheriff, local police, state police</p>

Prescription Drug Abuse

Objective: improve effectiveness of law enforcement

Activity/Task & Target Audience	Action Steps	Timeframe	Who is responsible	With whom coordinate
<p>Find out what law enforcement policies are</p> <p>Target Audience: Law enforcement</p>	Do this work in concert with underage drinking efforts	Fall 2007	Weed & Seed	NADA WCDAT

Objective: Reduce access/availability of prescription drugs

Activity/Task & Target Audience	Action Steps	Timeframe	Who is responsible	With whom coordinate
Carry out Drug Turn In pilot in coordination with Calais law enforcement	Continue planning for Drug Take Back event	Fall 2007	Lead: NADA and Weed and Seed	Calais Police Chief Local pharmacies
Target Audience: The public Law enforcement Pharmacies	Assess what learned			
	Develop strategy to expand throughout the county (identify champions and collaborators)	Summer 2007		Anne Perry, legislative sponsor of Prescription Monitoring Bill Dave Peters – local pharmacist
Ensure that every pharmacy is signed up for the prescription monitoring program	Work with collaborators to develop strategy for full compliance			Health Centers Doctors Emergency rooms Hospitals
Target Audience: Pharmacies				

Objective: increase awareness of diverted prescription drugs

Activity/Task & Target Audience	Action Steps	Timeframe	Who is responsible	With whom coordinate
Hold second conference for providers on prescription abuse	NADA builds on success of first conference in planning second one	October 2007	Lead: Weed & Seed, NADA	Anne Perry Doctors
Target Audience: Pharmacies Doctors Policy makers The public				

Marijuana Abuse

Objective: conduct more research

Activity/Task & Target Audience	Action Steps	Timeframe	Who is responsible	With whom coordinate
<p>Continue gathering data to determine whether this is a significant problem</p> <p>Target Audience: Prevention Planners</p>	<p>Work with law enforcement and school health coordinators to determine best strategy</p>	Spring 2008	<p>Lead: Heather Henry Assist: other school health coordinators</p>	<p>YAP Coordinators WCDAT Discovery House</p>

Develop a Coalition Infrastructure

Activity/Task & Target Audience	Action Steps	Timeframe	Who is responsible	With whom coordinate
<p>Create an engaged community-based coalition</p> <p>Target Audience: Two CCHCs Potential members of the coalitions</p>	<p>In the north – take the core group that they had six years ago and broaden it to reflect the ways that the work plan has changed</p> <p>In the south Eleody is building momentum (buzz) and people are getting involved</p> <p>Work on having the structure of the two – north and south – be as similar as possible to help them work together</p> <p>Have a number of people who sit on</p>	Summer 2007	<p>Leads: CCHC Assist: neutral facilitator</p>	Other Coalitions in state

Activity/Task & Target Audience	Action Steps	Timeframe	Who is responsible	With whom coordinate
	<p>both coalitions</p> <p>Form the boards and develop by-laws so that are ready to go by September 2007</p> <p>At the first meeting reflect on what we have learned from this planning process and define the relationship with the fiscal agent and come up with a proposed operating policy</p>			

Sustainability

The ongoing work of our group is influenced by the prevention organizations and programs currently operating in Washington County: Calais Weed & Seed, Neighbors Against Drug Abuse, Drug Free Communities Support Project, The Washington County Alcohol Abuse Reduction Collaborative, Community Caring Collaborative, Moosabec Cares, Lubec Cares, the Maine Youth Voices groups in the schools, and others. One of our goals in developing this plan is to bring together the various groups to ensure greater coordination of services and programs and to avoid unnecessary duplication of services – while remembering that the sheer geographic area of Washington County often necessitates the provision of duplicative services in more than one area.

It is the work and financial resources of these various groups that will enable us to continue our planning work into the future. In the near future, much of our work will be directed by the Comprehensive Community Health Coalition that oversees the two Healthy Maine Partnerships in Washington County. As an impartial body, we anticipate that its involvement in our prevention work will only enhance and strengthen the work many of us have been committed to for many years.