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Evaluation of Maine's Strategic Prevention Framework

An Interim Report on Steps 1, 2 & 3

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EVALUATION OF MAINE'S STRATEGIC PREVENTION FRAMEWORK

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THIS REPORT IS PRODUCED FOR:
MAINE OFFICE OF SUBSTANCE ABUSE
DEPARTMENT OF HEALTH AND HUMAN SERVICES

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Introduction

The Strategic Prevention Framework

For the past few years, the Substance Abuse and Mental Health Services Administration (SAMHSA) has been promoting its Strategic Prevention Framework (SPF) as a structure within which prevention work should occur. The Framework has five steps (shown below) with two overarching principles, sustainability and cultural competence.

In 2004, Maine was selected through a competitive process to be among the first cohort of states to receive a Strategic Prevention Framework State Incentive Grant (SPF SIG). The grant funds the State to develop its substance abuse prevention infrastructure and to implement evidence-based approaches based on needs and resources and a comprehensive strategic plan at the state and local levels.

Maine funded 27 communities in September 2007 to implement evidence-based environmental approaches. This follows the completion of state and local assessments and strategic planning processes.

Evaluation of SPF in Maine

Evaluation and monitoring is the fifth step in the Framework. The purpose of the evaluation of Maine's Strategic Prevention Framework is first and foremost to determine whether or not the substance abuse prevention work, framed by the SPF, reduces the negative consequences of alcohol and prescription drug misuse and the consumption patterns that contribute to them. Maine has chosen to focus on three consumption priorities and their related consequences. These priorities are:

- Underage drinking;
- High risk drinking among young adults; and
- Young adult prescription drug misuse.

The associated consequences that will be measured at the state level include:

- Motor vehicle crashes related to alcohol;
- Abuse or dependence on alcohol and prescription drugs;
- Poisonings from alcohol and opioids; and
- Overdose deaths due to prescription drugs.

In addition to the outcome evaluation, Hornby Zeller Associates, Inc. (HZA), the SPF SIG evaluation firm, is charged with documenting and evaluating how Maine implements the SPF and what contributes to the success of the effort and achievement of outcomes.

This evaluation report focuses on the first three steps of the SPF: 1) profile population needs, resources and readiness; 2) mobilize and/or build capacity; and 3) develop a comprehensive strategic plan. The information presented is based upon a number of sources, including:

- A Community Infrastructure Assessment;
- Capacity Assessments conducted by the Prevention Center of Excellence
- The federal Community Level Instrument;
- A Strategic Plan Rating Matrix;
- Structured and unstructured reviews of SPF SIG products (e.g., needs assessments, strategic plans, requests for proposals);
- Interviews with SPF SIG workgroup members;
- Site visits with local grantees;
- Observations of workgroup and other SPF SIG meetings; and
- A review of Healthy Maine Partnership work plans.

Purpose of Report

Maine has been applying the strategic prevention framework to its State Incentive Grant funded substance abuse prevention efforts for three years. This report seeks to document the implementation of the first three steps of the Framework and to answer a number of evaluation questions as to what has resulted from this process.

Infrastructure for the Delivery of Substance Abuse Prevention Services

To meet the goals of reducing substance use and its related consequences, Maine recognized that the development of a strengthened, more systematic prevention infrastructure is essential. The "pre-SPF SIG" infrastructure was characterized by:

- Underserved areas, partly due to little local prevention infrastructure and capacity in certain areas and the resulting inability of entities in those areas to successfully compete for limited prevention funding;
- Inconsistent and limited funding to implement prevention programs; and
- Lack of coordination of prevention efforts in the parts of the state that have funding from different federal, state and private sources which resulted in both gaps and duplication of effort.[1]

"The state of Maine is poised to institute broad and far-reaching changes in its prevention infrastructure in order to coordinate, deliver, sustain and evaluate evidence-based prevention services."

"Maine currently lacks a consistent sub-state level infrastructure for prevention. Government is town-based and the state-level prevention/health promotion structure has historically been split across different executive departments. This year Maine has an important opportunity for coordination and infrastructure building because the state's two largest social service departments will merge. Planning for the new Department of Health and Human Services is clearly focused on improving Maine's health care system (including a strong focus on prevention), and on reducing costs and increasing cost-effectiveness through a more effective coordination of service delivery systems. The timing and design of this SPF SIG are just right to help the newly merged department translate these goals into action."

–Excerpts from the Abstract of Maine's application for SPF SIG funding, June 2004

Infrastructure Development Efforts

In the first three years of SPF SIG, these issues have been addressed in five ways: Maine conducted a study of coalitions to identify models for others to consider; the Office of Substance Abuse (OSA) actively participated in the Public Health Workgroup to ensure that substance abuse prevention was an integral component in the public health infrastructure being developed in the State; OSA funded all areas of the state to conduct substance abuse prevention assessments and to complete strategic plans for each county; OSA joined the Maine Center for Disease Control and Prevention in issuing a joint request for proposals that braids funding sources and is an important step in local infrastructure development; and OSA funded the start-up of two Prevention Centers of Excellence. These steps, discussed more in depth below, directly address infrastructure

[1] Office of the Governor, Application for Federal Assistance, Strategic Prevention Framework SIG, June 30, 2004.

concerns such as underserved areas, lack of coordination and inconsistent funding among others.

Study of Coalitions: Unified Governance Structure Study

Maine, with funding from SPF SIG, embarked on a "participatory case study of eight very different community-based coalitions located throughout the State. The purpose of the study was to provide ideas and models to help communities in Maine develop their own infrastructure and thus strengthen Maine's prevention capacity."[2]

The study resulted in a report that details capacities needed within coalitions to implement the SPF steps when a coalition is engaged in each of these four functions:

- Community capacity building;
- Community level/environmental strategies;
- Program and service development and integration; and
- Coalition development and maintenance.

The results of this study were shared at a prevention conference in late 2006, are posted on OSA's website and were also shared with the Public Health Workgroup while it was considering the structure and roles of local coalitions.

Public Health Workgroup

The Office of Substance Abuse was an integral part of Maine's Public Health Workgroup. The Workgroup was charged with designing a framework for Maine's comprehensive public health system. As the table below shows, the Workgroup objectives are closely aligned with the infrastructure goals set forth in Maine's SPF SIG proposal.

Alignment of Public Health Workgroup Objectives and SPF SIG Planned Activities	
Public Health Workgroup	**SPF SIG**
Implement a statewide community-based public health infrastructure that works hand-in-hand with the personal healthcare system.	Coordinate with other statewide programs and organizations with overlapping goals and objectives.
Assure coordinated funding for sub-state and local entities.	Develop and implement a plan for cross-agency use of common infrastructure and coordinated distribution of prevention funds.

[2] Maine Office of Substance Abuse. (September 2006). *What coalitions can do: An examination of the Functions of Community Coalitions*.

Alignment of Public Health Workgroup Objectives and SPF SIG Planned Activities	
Public Health Workgroup	**SPF SIG**
Streamline reporting requirements.	Develop common tools for prevention grantees.
Develop a conduit for the State Health Plan (approach includes prevention, early detection and treatment).	Prevention strategies approved for use by local SPF SIG grantees cover the prevention interventions listed in the State Health Plan. In addition, the approved strategies include the use of tools and assessments for early detection.
Initiate action with federal agencies and national foundations to improve and increase funding for public health in Maine.	[While no corresponding activity is explicitly planned for SPF SIG, sustainability is a main focus of the Strategic Prevention Framework and OSA's work.]
Improve Maine's public health workforce capacity.	Develop a cross-disciplinary prevention workforce development plan; conduct cross-disciplinary training; obtain technical assistance from JBS (forthcoming).
Enhance emergency preparedness.	Not applicable.

Given the correspondence between the public health effort and OSA's SPF SIG, it is difficult to separate the actions of the two when it comes to the development of infrastructure in the state.

The Public Health Workgroup recommended a structure comprised of eight districts:

1. York County (York District)
2. Cumberland County (Cumberland District)
3. Sagadahoc, Lincoln, Waldo and Knox Counties (Midcoast District)
4. Androscoggin, Oxford and Franklin Counties (Western District)
5. Kennebec and Somerset Counties (Central District)
6. Piscataquis and Penobscot Counties (Penquis District)
7. Aroostook County (Aroostook District)
8. Hancock and Washington Counties (Downeast District)

Within the eight districts are Comprehensive Community Health Coalitions (CCHCs), whose functions are noted on the following page. It is the CCHCs to whom OSA has recently provided funds for SPF step 4, implementation of evidence-based approaches.

As part of Maine's public health infrastructure, in the future a Comprehensive Community Health Coalition in Maine:

1. Serves a defined local geographic area and is part of a coordinated statewide system.

2. Uses a broad definition of health and quality of life; includes public health in its core mission.

3. Is a multi-sector coalition comprised of designated organizational representatives and interested community members who share a commitment to their communities' health and quality of life.

4. Engages local people and others with necessary expertise to assess community health needs and assets; creates and coordinates plans to address those health needs; and mobilizes resources to implement those plans.

5. Mobilizes working partnerships in which local, regional, statewide, and national efforts and resources are combined in order to produce better results than any one organization or sector could achieve alone.

6. Links its work with local, regional, state, and federal health systems and priorities as part of a public health infrastructure that helps achieve the goals of the Maine State Health Plan.

7. Brings together:
   - Interested community members
   - Leaders of formal and informal civic groups
   - Leaders of youth, parent, and older adult groups
   - Health system leaders (e.g. hospitals, health centers, mental health and substance abuse providers)
   - Local Health Officers
   - Emergency responders
   - Local government officials
   - Leaders in early childhood development and education, K-12 schools, colleges and universities
   - Community, social service and other non-profit agency leaders
   - Leaders of issue-specific networks, coalitions and associations
   - Business leaders (e.g. Chambers of Commerce)
   - Leaders of faith-based groups
   - Law enforcement

8. Carries out some of the specific local functions within the Ten Essential Public Health Services.

–Consensus Recommendations for Comprehensive Community Health Coalitions (1.8.07), http://www.maine.gov/dhhs/boh/phwg/index.htm. Accessed October 26, 2007.

Strategic Planning and Environmental Programming Grants

Prior to the completion of the Public Health Workgroup's recommendations, OSA issued SPF SIG funds to local grantees to carry out SPF steps 1 (assessment), 2 (mobilization) and 3 (strategic planning). The "equity model" was used to distribute funding, whereby each grantee received the same amount. In this way each locale could develop its local prevention infrastructure; the model also reflected that there was not enough evidence to distinguish one county from another with regard to risk and need. The initial round of SPF SIG local funding was allocated to 15 grantees that covered Maine's 16 counties. They were charged with conducting needs assessments and developing strategic plans.

While more detail on this "Phase I" funding is provided in the remainder of the report, it is discussed here as it was an interim step in the development of the prevention infrastructure. OSA was ready to begin rolling out the SPF locally in 2006; however, the state (Governor's Office and Public Health Workgroup) had not yet decided what the new public health infrastructure was going to look like. To move from a truly competitive bidding process that had historically resulted in leaving some areas underserved and fostering competition rather than partnerships, OSA chose to fund each county so that all areas of the state would be prepared to implement evidence-based approaches once the public health structure was defined.

Healthy Maine Partnership

As the public health infrastructure was finalized, OSA and the Maine Center for Disease Control (MCDC) worked on the development of a joint request for proposals (RFP) as laid out in the State Health Plan. One of the main intents of the Healthy Maine Partnership RFP is "to build a statewide network of Comprehensive Community Health Coalitions to effectively address some important public health issues, including tobacco, substance abuse, physical inactivity, poor nutrition and chronic diseases (cardiovascular disease, cancer, diabetes, asthma and other chronic lung diseases) as well as to deliver some of the ten essential public health services."[3] This effort is characterized by braided funding, shared project management among state departments and offices, a common reporting system and statewide coverage. It is through this mechanism that SPF SIG dollars will be disbursed locally for the implementation of evidence-based environmental approaches.

[3] State of Maine, Department of Health and Human Services, Maine Centers for Disease Control and Prevention and Office of Substance Abuse (in partnership with Maine Department of Education), *RFP #G10792: Healthy Maine Partnership*. February 2007.

Prevention Centers of Excellence

One of the major investments in the substance abuse prevention infrastructure was the allocation of SPF SIG funds to the development of two Prevention Centers of Excellence, one at the University of Southern Maine in Portland and one at the University of Maine in Orono. The functions of these Centers are to:

- Provide technical assistance and facilitation and support for coalitions on a regional basis;
- Assist with needs assessment and the development of prevention plans in underserved areas within each region;
- Engage in prevention workforce development initiatives in Maine;
- Work toward developing a self-sustaining and diversified funding base for the Centers; and
- Design, propose and conduct academic research on substance abuse, prevention and other inter-related issues.

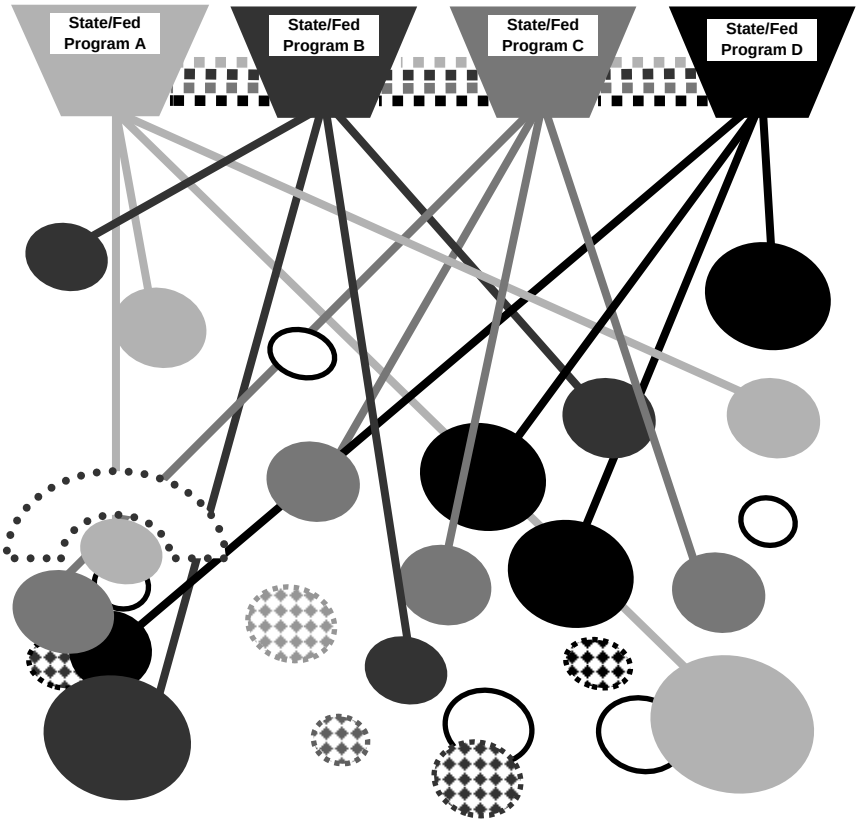
The Centers assisted with local infrastructure when the state granted funds for county level assessments and strategic plans. There were four areas that did not initially apply for the planning grants (Aroostook, Waldo, Penobscot and Piscataquis Counties). The Centers were tasked with identifying key prevention partners in those counties and bringing them together to apply for the planning funds. By January 2007, all counties were engaged in SPF assessment and planning.

The remaining contributions of the Prevention Centers of Excellence are woven into the following sections of this report where they have assisted communities with particular activities within the assessment, capacity building and strategic planning steps of the SPF.

A Snapshot of the Current Prevention Infrastructure

Before Maine received its SPF SIG funding, the Maine Office of Substance Abuse diagramed its infrastructure in a way that depicted the overall lack of coordination at the state and local levels and the duplication and gaps as well.

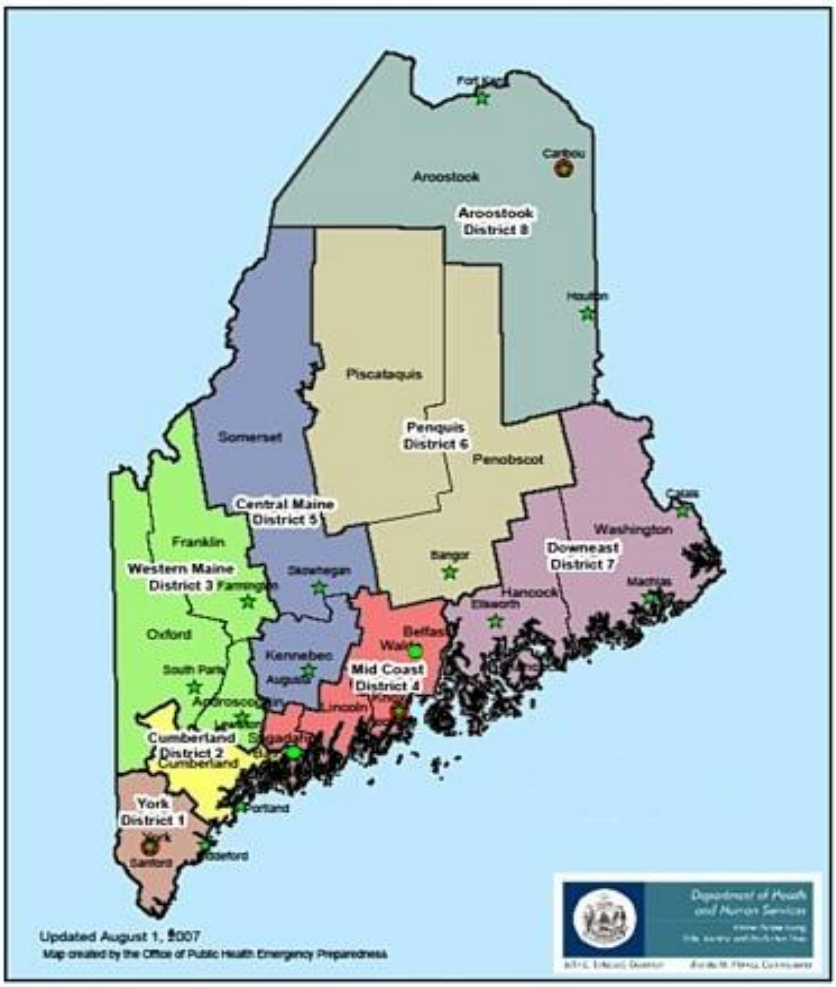
Pre-SPF SIG Infrastructure



KEY
Solid color= established state and federal programs
Trapezoid = state level
Circle = local level
Patterns = programs that are organizing
No color = locally funded programs
Arc shape = Unified Governance Structure

Through the efforts described in this chapter, Maine had made great strides in designing a statewide structure to overcome geographic gaps and duplication in prevention service delivery. In addition, some of the coordination issues are being addressed through the braided funding (SPF SIG, HMP, PTM, DoE) within the new Healthy Maine Partnership structure. The map on the following page shows eight districts within which community coalitions are beginning to coordinate and deliver prevention and health promotion services.

Maine's 8 Public Health Districts[4]



The national cross-site SPF SIG evaluation team has identified eight key domains within which infrastructure development occurs:

1. State organizational structure;
2. Planning;
3. Data systems;
4. Workforce development;
5. Evidence-based programs, policies and practices;
6. Cultural competence;
7. Evaluation and monitoring; and
8. Sustainability.

[4] Department of Health and Human Service, Maine Center for Disease Control and Prevention, Public Health Workgroup, http://www.maine.gov/dhhs/boh/phwg/phwg.htm. Accessed October 26, 2007.

As part of its baseline evaluation, Hornby Zeller Associates conducted a *Community Infrastructure Assessment* among the county-level grantees charged with local SPF assessment and planning. The assessment was structured around the same domains identified by the national cross-site evaluators. The remainder of this chapter highlights briefly the current state of infrastructure according to each of these domains.

Organizational Structure

More than ever before, the Office of Substance Abuse and its public health partners are collaborating in concrete ways to improve the prevention infrastructure through the Healthy Maine Partnership effort. The two graphics above depict the change that has occurred over the first three years of SPF SIG. While there are many details to work out in this collaboration, great strides have been made to share local contract oversight, to join funding sources, and to agree on reporting systems.

The majority of the grantees tasked with assessment and planning described themselves as having a group of decision-makers who convene to integrate alcohol, tobacco and other drug prevention efforts. They report meeting regularly to share information. It is expected that the Healthy Maine Partnership grantees will develop an even stronger organizational structure going forward, as the initiative has a common set of expectations and objectives, as well as broader public health responsibilities.

Planning

OSA developed its SPF SIG strategic plan and had it approved by the Center for Substance Abuse Prevention in 2006. The plan was revisited in the early part of 2007, resulting in priorities affecting the most people (youth and young adults) and those with a strong link to consequences (alcohol and prescription drugs). These changes have not been documented in a revised plan, but were laid out in the Healthy Maine Partnership RFP and served as a guide for local funding distribution.

Each county in the state has a substance abuse prevention strategic plan as a result of SPF SIG. Because the grantees charged with SPF implementation are not necessarily the same grantees that completed the strategic plans, and because of the shift to a comprehensive public health approach, one would reasonably anticipate that a certain amount of continued infrastructure planning will be necessary at the local level.

Data Systems

One of the key achievements of the first phase of SPF SIG was the adoption of OSA's prevention data system, KIT Solutions, by its partner at the Maine Center for Disease Control. The entities and their evaluators are working to refine the system to meet the needs of both agencies. This is expected to streamline reporting for the local grantees in a way that has not been done before and provide an improved tool for process evaluation and monitoring. While this data system is useful in capturing the prevention activities in the state, it does not contribute to an underlying need to capture consumption pattern and consequence data more consistently across the state.

Workforce Development

There was some initial work on workforce development early on in SPF SIG by OSA and the Prevention Center of Excellence at the University of Southern Maine. An initial assessment of the components of the prevention workforce was conducted and a cross-disciplinary prevention training curriculum was developed by the Center as well. To date, there has been one cross-disciplinary training. This training occurred in December 2006 and included the fields of substance abuse, domestic violence, child welfare, and sexual assault. The goals of the training were as follows:

- Deliver a client-sensitive, interactive and integrated training approach that capitalizes on the expertise and experience of both the participants and the trainers.
- Sensitize prevention professionals who work within the disciplines of child abuse, domestic violence, substance abuse and sexual assault to best prevention practices.
- Familiarize those who work within these disciplines with the dynamics of and desired outcomes for individuals and families.
- Promote communication and collaboration among service providers in the hope that it will positively impact professional practice.[5]

Workforce development was one of the areas in which attention is needed at the sub-state level. In general, local prevention coalitions do not have workforce development plans and the providers would like more assistance in this area.

Evidence-based Programs, Policies and Practices

SPF SIG provided a number of resources to help local grantees to select and implement best-fit evidence-based practices. In February and March 2007, OSA, in conjunction with the Northeast Center for the Application of Prevention Technologies (NECAPT), hosted two learning communities on evidence-based practices. In subsequent reports the evaluators will be looking for what infrastructure is put in place to help with the adaptation and implementation of these practices. This need was identified in the baseline *Community Infrastructure Assessment* and will be especially important as the grantees who participated in the learning communities are not necessarily the ones charged with implementation.

In early 2007, the Center for Substance Abuse Prevention (CSAP) issued a guidance document to assist states in ensuring that evidence-based practices are employed with SPF SIG dollars. It defines “evidence-based” as:

1. Inclusion in a Federal List or Registry of evidence-based interventions;
2. Being reported (with positive effects) in a peer-reviewed journal; or
3. Documentation of effectiveness (based on the guidelines listed in the sidebar on the following page).

[5] Cross-disciplinary Prevention Training Agenda, December 5-8, 2006.

Using this guidance, OSA's SPF SIG staff established a set of criteria by which a seven member "panel of informed experts" would approve or disapprove of the strategies proposed by local grantees that did not fall within one of the first two categories above. The panel is made up of experts from the Maine Environmental Substance Abuse Program, the Higher Education Alcohol Prevention Partnership, ADCARE of Maine, the NE CAPT, and OSA. This document also provides a list of environmental strategies from federal lists and those reported in peer-reviewed journals. Very few grantees proposed the implementation of strategies not meeting the top two criteria.

Guidelines for Determining "Documented Effectiveness"

1. The intervention is based on a solid theory or theoretical perspective that has been validated by research;
2. The intervention is supported by a documented body of knowledge—a converging of empirical evidence of effectiveness—generated from similar or related interventions that indicate effectiveness; and
3. The intervention is judged by a consensus among informed experts to be effective based on a combination of theory, research and practice experience. "Informed experts" may include key community prevention leaders, and elders or other respected leaders within indigenous cultures.

–Identifying and Selecting Evidence Based Interventions: Guidance Document for the Strategic Prevention Framework State Incentive Grant Program, Dept. of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention, January 2007.

Cultural Competence

One of the initial steps in Maine's SPF SIG was to fund studies of cultural sub-populations through a competitive bidding process. The six studies included the following populations:

1. 18 to 25 year-olds, primarily not in college;
2. Elderly (65 and older) in Hancock County (and a statewide resources assessment);
3. GLBTQ persons between the ages of 18 and 29;
4. Elderly 65 and older in Knox County;
5. 18 to 24 year-old females in five Maine colleges; and
6. The Sudanese and Cambodian refugee population in Portland.

The results of the studies were featured at a 2006 prevention event and fact sheets and reports are available on OSA's website. It is unclear at this time how the results will be used in the development of an infrastructure that considers and ensures cultural competence.

The baseline *Community Infrastructure Assessment* revealed that among the infrastructure domains, cultural competence is the area most lacking. Many grantees commented on the high expectations around cultural competence but the lack of materials and feedback about it. In addition, there is no consistent definition of "cultural competence" at the local level or state level. Some see it narrowly, restricted to race and ethnicity, while others have a more broad view that included GLBTQ, socio-

economic status, occupation (e.g., mill workers, fisherman), urban versus rural settings and literacy.[6]

Evaluation and Monitoring

As with the first State Incentive Grant, OSA selected a contracted evaluator to conduct process and outcome evaluations at the state and local levels. In the Fall of 2007, OSA and the Maine Center for Disease Control began to coordinate the efforts of their contracted evaluators. This will be essential moving forward given the new public health infrastructure.

At the local level, the baseline infrastructure assessment revealed that most grantees have at least some access to evaluation expertise and they report using the expertise and evaluation results as part of their work.

In terms of monitoring, the majority feels that, while they are monitored by the state, the monitoring processes are not streamlined across programs. It is expected that in the next round of infrastructure assessments local grantees will report higher levels of streamlining because of the common reporting tool to be used for the Healthy Maine Partnership grants.

Sustainability

Sustainability has not been an explicit focus of SPF SIG infrastructure development but is expected to be strengthened given the other infrastructure-building activities that are taking place. Joining the State's public health structure is a major step in sustaining prevention work and provides a vehicle to ensure statewide prevention services. The allocation of funds to all CCHCs will most likely result in local capacity-building and should make those locals who have traditionally had difficulty competing for state and local funds more competitive and able to fund their work.

[6] Hornby Zeller Associates, Inc., *Maine's Prevention Infrastructure: The Local Perspective,* March 2007.

Step 1: Profile Needs, Resources and Readiness

The first step in the Strategic Prevention Framework is to develop a profile of population needs, resources and readiness to address the problems and gaps in service delivery. This step was implemented at the state and local levels as part of SPF SIG.

State-Level Profile

According to SAMHSA, the state needs assessment process is comprised of four key steps:

1. Set the stage: describe the purpose, goals, procedures and timelines
2. Collect data: identify a set of state indicators and data sources
3. Analyze data: describe the baseline, trends and patterns in the data
4. Integrate and communicate: develop a state profile that integrates findings and presents them in a cohesive way.[7]

Set the Stage

The purpose of the initial SPF SIG needs and resource assessment was to prioritize Maine's substance abuse prevention investments and activities based on epidemiological and other data. The Office of Substance Abuse and its SPF SIG State Epidemiological Workgroup (SEW) were charged with

The process evaluation of this SPF step asks the following questions:

- What process is used in the assessment? Who is involved?
- Does the responsible entity have the requisite skills to collect, review and analyze data on substance abuse-related consequences, consumption patterns, target areas/populations, intervening variables, prevention resources and readiness? Does the analysis examine patterns in consequences, consumption and intervening variables in relation to geographic/target population differences?
- Are needs assessment data used to specify target issues? What targets/priorities are identified? Are the target issues clearly linked to identified consequences and consumption patterns? Are needs assessment data used to specify the target geographic area and/or population? Are data used to specify intervening variables that should be addressed to change target issues?
- Are gaps in prevention resources and infrastructure needed to address substance abuse identified?
- How are results communicated to state and local stakeholders? What is the process for continued assessment? What are the products?

[7] Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention (2005). SPF SIG overview and expectations.

conducting the State assessment. At the time the assessment was completed, Maine's SEW included members of OSA's Prevention Team, Hornby Zeller Associates' Evaluation Team, a Drug Enforcement Administration Demand Reduction Coordinator, representatives from the Prevention Centers of Excellence, the Maine Center for Disease Control and Prevention, and the Maine Children's Trust.

Demonstrating its commitment to data driven decision making, SAMHSA requires each state's SPF SIG project to have an Epidemiologist. OSA initially had some difficulty in hiring for this position and twice experienced staff turnover. Despite staffing issues that caused some delays, the Epidemiologist did provide the necessary expertise to carry out the needed data collection and analysis with help from the SEW.

The initial epidemiological assessment was scheduled for completion in late 2005; it was finalized in August 2006. OSA currently does not have an Epidemiologist and is in the midst of shifting the SEW responsibilities to the Community Epidemiological Surveillance Network (CESN). The CESN produces semi-annual substance abuse trend reports which focus largely on consumption patterns. The method by which OSA builds a system to track substance abuse consequence, as well as intervening variable data going forward has not yet been fully determined. It is expected that OSA will integrate the SPF SIG epidemiological functions with the work of the CESN in the future.

Collect the Data

The collection of epidemiological data has focused on substance abuse consequences and consumption patterns. As part of this process, the SPF SIG evaluators produced an inventory of data sources for consideration by the SEW and the Epidemiologist. While many data sources were considered, ultimately the following were used to profile the consequences of substance abuse and the contributing consumption patterns:

- Fatality Analysis Reporting System (FARS);
- National Center for Health Statistics (NCHS);
- National Survey of Drug Use and Health (NSDUH);
- Behavior and Risk Factor Surveillance System (BRFSS);
- Maine Household Survey;
- Youth Risk Behavior Surveillance System (YRBSS);
- Maine Youth Drug and Alcohol Use Survey (MYDAUS); and
- Prescription Monitoring Program (PMP).

The data sources were selected based on a set of criteria: the data source is valid, reliable, unbiased and representative of the statewide population; the data are collected periodically; adequate sample sizes are available to generate stable estimates at the state level; and the indicator reflects the underlying substance abuse needs of the population.[8]

[8] Maine Office of Substance Abuse, Maine State Substance Abuse Assessment and Epidemiological Profile, August 31, 2006.

As is common across all SPF SIG states, Maine's major challenge in conducting a thorough assessment is the lack of sub-state consequence data and an overall lack of data on the young adult population, specifically 18 to 25 year olds. To work towards addressing these data gaps and others, the Office of Substance Abuse intends to develop a Data Improvement Plan. One step towards the creation of the Plan was taken during the summer of 2007. Members of the SEW identified consequences that have some relationship to substance abuse and wrote a series of "white papers" on each topic. These topics included:

- Child maltreatment;
- Major crime;
- Minor crime;
- Mental health;
- Traffic injury and mortality;
- Overdose deaths;
- Reduced work production;
- Economic cost; and
- Intimate partner violence and domestic violence.

The papers sought to answer these questions: 1) What is the link between the consequence and substance abuse? How strong is the evidence of the linkage? How does the public perceive the link? 2) If there is a link, what are the consumption patterns? Which substance(s) and what population(s) are involved? 3) Are there any sub-populations disproportionately impacted by this consequence? 4) Can we impact the consequence by changing the consumption patterns using prevention strategies? The SEW plans to take what was learned from the papers and prioritize areas for the Data Improvement Plan.

In addition to the gathering of epidemiological data, qualitative information was collected by the Prevention Center of Excellence at the University of Southern Maine through a series of interviews with stakeholders across the state. The interviews involved OSA SPF SIG staff, members of the Strategies for Healthy Youth Workgroup, other state level stakeholders and local stakeholders (e.g., OSA grantees, social service organizations, school officials and local coalitions). The interviews sought to answer questions about substance use issues of concern, the prevention infrastructure, prevention funding and community values and norms. There is a brief discussion of the interview findings in the State Strategic Plan.

Another assessment activity in which information was gathered to inform the SPF SIG project was an event conducted by the Strategies for Healthy Youth Workgroup. The group hosted a 2-day *System Capacity for Prevention and Health Promotion for Youth Assessment Workshop* in October 2005. "The purpose of the workshop was to assess the state-level systems for coordinated prevention and health promotion programs for

youth."[9] The results were intended to inform the workgroup in their role as advisors to SPF SIG. Information was gathered utilizing a tool developed by the Association of Maternal and Child Health Programs and the National Network of State Adolescent Health Coordinators; the event was facilitated by staff from the State Adolescent Health Resource Center, Konopka Institute for Best Practices in Adolescent Health, University of Minnesota. One of the results of the event was to identify the need for the Data Improvement Plan referred to above.

Analyze the Data

The table below shows what data were analyzed at the state level in the conduct of the statewide needs assessment, who conducted the analysis and what was found.

Data/ Information Analyzed	Group Responsible	Key Findings
Epidemiological data	OSA Epidemiologist SEW	"State level analysis clearly indicated the importance of focusing the SPF SIG on youth and young adults and on high-risk drinking, marijuana use and the abuse of prescription medication."[10]
Stakeholder interviews	Prevention Center of Excellence (University of Southern Maine)	The interview findings supported Maine's decision to focus on alcohol, marijuana and prescription drugs. On infrastructure, stakeholders saw the need for: • More services, providers and funding • Integration of services • Environmental change
Availability and distribution of prevention coalitions	Prevention Center of Excellence (University of Maine)	GIS maps were produced that show population density and prevention infrastructure coverage across Maine. The assessment section of the State Strategic Plan does not interpret the maps in narrative form.
Consumption data from the Maine Youth Drug and Alcohol Use Survey	Prevention Center of Excellence (University of Maine)	GIS maps were produced that show population density, prevention infrastructure coverage across Maine and consumption of key substances. The assessment section of the State Strategic Plan does not interpret the maps in narrative form.

[9] System Capacity Assessment Memo to Dora Mills and Kim Johnson, February 1, 2006.
[10] Maine Office of Substance Abuse, *Maine Substance Abuse Prevention Strategic Prevention Framework Plan Summary: 2006-2010*. August 26, 2006.

Data/ Information Analyzed	Group Responsible	Key Findings
System capacity assessment results	Strategies for Healthy Youth Workgroup	Capacity building should prioritize: • Moving beyond data collection, analysis and reporting to using data to develop programs, guide policy and evaluate activities • Improving methods for sending health education messages to youth • Increasing the visibility of adolescent and young adult health issues among the general population • Increasing the focus and funding for public education • Identifying opportunities to engage families in prevention and health promotion • Investing in workforce development so there is a sufficient pool of qualified professionals for prevention and health promotion

Integrate and Communicate

While the results of the assessment processes are briefly covered in the State Strategic Plan, there is no one place where the results are brought together and articulated clearly. Someone who had been actively involved in the SPF SIG workgroups would know that the various sources of data and information led the state to select its priority consumption patterns, but the link between assessment and planning is not communicated well to those outside of the process.

The Office of Substance Abuse chose three priorities (underage drinking; high-risk drinking among young adults; and prescription drug misuse among young adults) to fund from the list of five (setting aside marijuana use and methamphetamines) identified in its strategic plan. The shorter list of priorities and priority intervention variables were communicated at the community level through the Healthy Maine Partnership Request for Proposal. This is the sense in which the priorities have been operationalized.

Local Profiles

The same research questions that apply to SPF Step 1 at the state level apply at the local level as well. What process is used to assess needs, resources and readiness? Who is involved in the assessment? What is assessed? Are assessment data used to identify priorities? Are resource gaps identified? How are the results communicated?

Assessment Process

In September 2006, Maine made a significant investment of SPF SIG funding to try to overcome some of the issues that had plagued the prevention infrastructure described above. It funded its first set of communities to begin the implementation of the Strategic Prevention Framework at the local level. This investment intended to ensure that all areas of the state were included and represented an important step towards addressing funding inequities. This funding is known as the Community Strategic Planning and Environmental Programming (SPEP) grants. The initial set of 12 grantees and the counties they represent are shown in the table below.

Organization Name	County
Healthy Androscoggin/CMCHC	Androscoggin
People's Regional Opportunity Program	Cumberland
Healthy Community Coalition	Franklin
Hancock County Planning Commission	Hancock
Maine General Medical Center	Kennebec
Penobscot Bay YMCA	Knox
United Way of Midcoast	Lincoln
Community Concepts	Oxford
Mid Coast Hospital	Sagadahoc
Somerset County Assoc. of Resource Providers	Somerset
Regional Medical Center at Lubec, Inc.	Washington
Day One	York

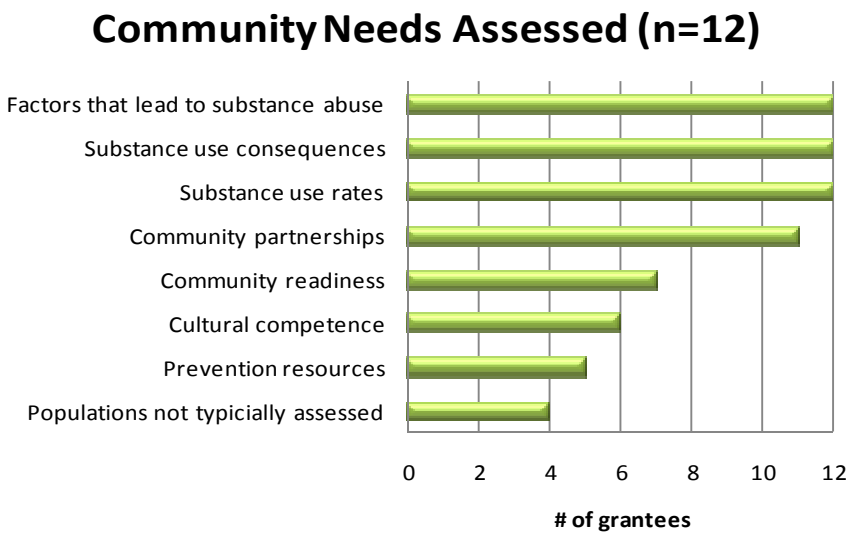
The grantees were funded for ten to 12 months to conduct a county-level needs and capacity assessment and to develop a strategic plan. The Prevention Centers of Excellence (PCOEs) worked within the remaining four counties that were not funded (Aroostook, Waldo, Penobscot and Piscataquis) to identify an organization or a group of organizations capable of undertaking the assessment and planning activities. The PCOEs helped these organizations to mobilize the necessary stakeholders. The grantees listed below were funded in January 2007. This second round of this "Phase I" funding ensured that all counties participated in the implementation of the Strategic Prevention Framework's first three steps.

Organization Name	County
Cary Medical Center	Aroostook
Waldo County Preschool and Family Services	Waldo
City of Bangor Health and Welfare	Penobscot/Piscataquis

Recognizing the different knowledge, skills and capacities at the local level and the short timeframe within which grantees had to complete the assessment, Hornby Zeller Associates developed a structure for assessing community needs. *Maine's Strategic Prevention Framework Guide to Assessment and Planning*[11] led grantees to explore readily available data available on consequences and consumption. The available data included:

- Maine's Epidemiological Profile;
- County Profiles developed by Hornby Zeller Associates;
- GIS maps created by the Prevention Center at the University of Maine;[12]
- Other local data (e.g., police reports, school incident reports, court records, emergency department data);
- Prior needs and resource assessments.

The guide then moved the grantees into the identification of knowledge gaps and a focus on exploring the intervening variables and more discrete factors in the community that contribute to substance use. The result was a set of needs assessments that examined a host of factors. The table below shows what was assessed at the county level.



Many different data sources were used in the local assessments. As shown in the next chart, all communities used student survey and law enforcement data. With the lack of existing data sources at the local level, particularly around some of the intervening variables (e.g., social access, promotion of substances), communities also used qualitative methods of data collection such as interviews, community surveys and public meetings.

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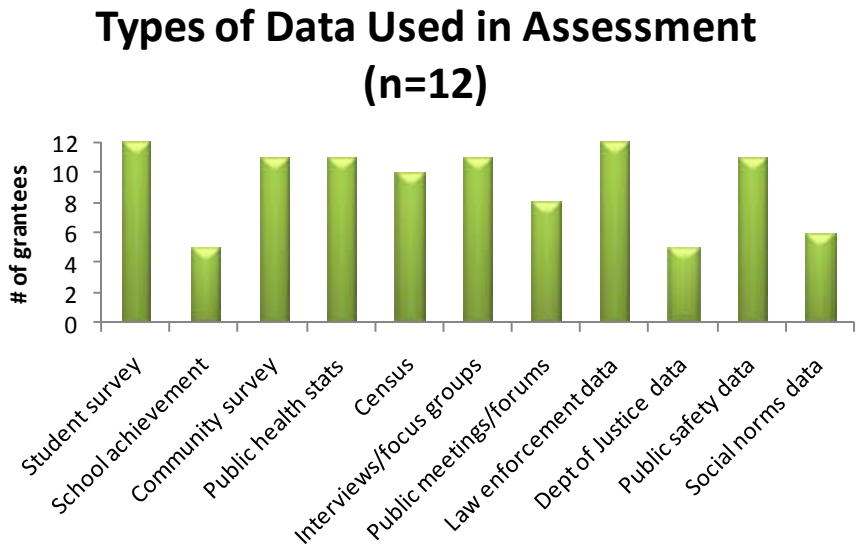
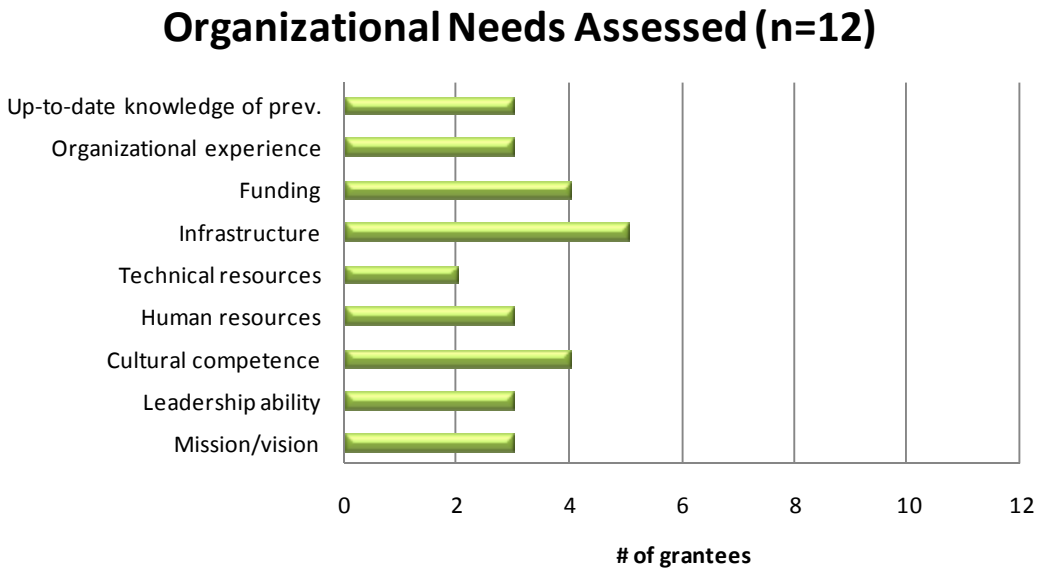
[11] Guide can be viewed at http://www.maine.gov/dhhs/osa/prevention/community/spfsig/index.htm
[12] The Epidemiological Profile, County Profiles and GIS maps can be found on OSA's SPF SIG website: http://www.maine.gov/dhhs/osa/prevention/community/spfsig/index.htm

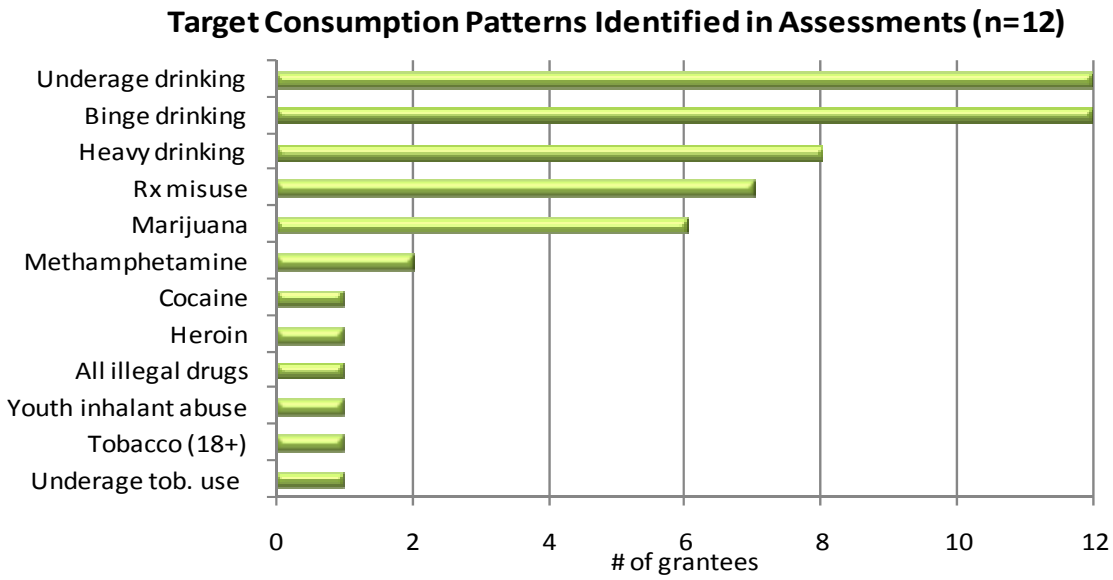


The assessment of organizational resources was not as comprehensive as that of community needs. As the graph below shows, only about a quarter to a third of the grantees considered resources (e.g., prevention knowledge, technical resources and leadership) as they completed step 1 of the SPF.



Assessment Results

In terms of substance use consequences, the majority of the SPEP assessments revealed concerns with crime and dependence and abuse[13] in their communities. There was quite a bit of consistency in terms of target consumption patterns identified by the community assessments. By far, alcohol was the substance of most concern, along with prescription drug misuse and marijuana.



Integrating and Communicating

For Maine, the quality of presentation of the local assessment results is especially important because the grantees that are responsible for the implementation of evidence-based practices for SPF SIG at the local level (Step 4 of the framework) are not necessarily the same grantees that conducted the assessment and drafted the strategic plan (Steps 1-3). The evaluators anticipate that grantees whose assessments and strategic plans are clearly articulated and presented will have a smoother transition into the implementation phase. The following table shows the ways in which the needs assessment results were presented. Two grantees, Androscoggin and Aroostook counties, produced separate needs assessment reports. The grantees in York and Cumberland Counties also presented results in a comprehensive, detailed way, going beyond what was required.

[13] The Community Level Instrument asked only about motor vehicle crashes, crime, abuse and dependence, alcohol-related mortality, tobacco-related mortality and drug-related mortality.

	Assessment Results Were…		
County	Highlighted or Described in Strategic Plan	Attached to Strategic Plan	Presented as a Comprehensive, Separate Report
Androscoggin	√		√
Aroostook		√	√
Cumberland		√	
Franklin	√		
Hancock	√		
Kennebec		√	
Knox		√	
Lincoln	√		
Oxford	√	√	
Penobscot/ Piscataquis	√	√	
Sagadahoc	√		
Somerset		√	
Waldo		√	
Washington		√	
York	√		

Concluding Remarks about State and Local Profiles

The state conducted the necessary activities to assess needs and resources and used the results in the planning process. However, while the results were compiled into a data profile, they were not pulled together to form a comprehensive picture of Maine's prevention needs. As OSA updates its epidemiological profile, there will be an opportunity to improve the integration and presentation of that profile.

In a series of interviews with SPF SIG workgroup members, the evaluators found that the members felt that the initial state profile resulted in in-depth analysis, but that moving forward, significant time and attention should be focused on a data improvement plan.

Fifteen grantees completed needs assessments covering all counties in Maine. This represents a major step in overcoming some of the capacity issues that have historically plagued the state's prevention system.

Step 2: Mobilize and Build Capacity to Implement SPF

According to a 2005 SAMHSA Expert Workgroup Report, "capacity refers to the various types and levels of resources available to establish and maintain a community prevention system that can identify and respond to community needs."[14] The tasks associated with capacity building include:

- Identification of capacities to address prioritized problems;
- Mobilization of state and community capacity;
- Reaching out to new partners; and
- The establishment of structures to strengthen collaboration between organizations and individuals.[15]

Process evaluation questions for SPF Step 2:

Are capacity building efforts directed at resource gaps and redundancies?

Are capacity building efforts clearly documented?

Are education and recruitment efforts directed at weaknesses identified in the readiness assessment?

Are missing partners systematically identified?

Is guidance from target populations sought and used in planning and implementation?

Are prevention project outcomes sustainable?

What are the state's plans to develop capacity at the state and local levels? Who is involved? What is accomplished?

State Level Capacity-Building Activities

The Office of Substance Abuse engaged in a number of activities in the first three years of SPF SIG to build capacity to achieve prevention goals. These activities involved both the state and local level.

Identification of Capacities to Address Prioritized Problems

In 2005, the Prevention Center at the University of Southern Maine conducted a professional development self-assessment. The purpose was to: help to guide the development of a professional development plan; identify areas for planning training and technical assistance; identify people with substantial training and expertise willing to mentor others; and to guide workforce development efforts.[16]

[14] Substance Abuse and Mental Health Services Administration, *Expert Workgroup Report*, 2005.
[15] *Ibid*.
[16] *Professional Development Self-assessment for OSA-funded Substance Abuse Providers*, November 2005.

The substance abuse prevention providers who completed the assessment were all contracted through OSA. They rated themselves in the following skill areas:

- Administrative (e.g., data analysis, grant writing, working with legislators);
- Capacity building (e.g., mobilization, facilitation, team building);
- Programmatic (e.g., working with different populations, presentation skills, theories of change);
- Personal (e.g., networking, time management, using technology);
- Content (e.g., substance abuse and dependence, evidence-based prevention); and
- Supervisory (e.g., staff development, recruitment, hiring).

The results of the self-assessments were shared with SPF SIG workgroups, but it is unclear how they will be used moving forward.

Mobilization of Capacity and Inclusion of New Partners

The Office of Substance Abuse has three formal workgroups involved in the SPF SIG. It is through these groups that statewide capacity is mobilized. The workgroups and their roles and membership are presented in the table below.

Workgroup	Role	Groups/Stakeholders Represented
Strategies for Healthy Youth (SHY)	Advise OSA on SPF implementation	• SPF SIG staff • OSA Prevention Team (non-SPF SIG staff) • Evaluators (Hornby Zeller Associates) • Drug Enforcement Administration • Maine Centers for Disease Control and Prevention • Maine Children's Trust • Department of Education • Higher Education Alcohol Prevention Partnership • Maine Association of Prevention Providers • Communities for Children and Youth • Maine Environmental Substance Abuse Programs
Executive Management Team	Make decisions for SPF SIG	• SPF SIG staff • OSA Prevention Team (non-SPF SIG staff) • Evaluators (Hornby Zeller Associates) • Prevention Centers of Excellence

Workgroup	Role	Groups/Stakeholders Represented
State Epidemiological Workgroup (SEW)	Develop state profile; monitor consumption and consequence data	• SPF SIG staff • OSA Prevention Team (non-SPF SIG staff) • Evaluators (Hornby Zeller Associates) • Prevention Centers of Excellence • Drug Enforcement Administration • Maine Centers for Disease Control and Prevention • Maine Children's Trust • Department of Transportation • Northern New England Poison Center • Margaret Chase Smith Policy Center

Over the first three years of SPF SIG, new partners were added to the SEW, in particular the Northern New England Poison Center and the Department of Transportation.

In an effort to build community capacity to select and implement comprehensive, evidence-based environmental approaches, OSA, along with the Northeast Center for Application of Prevention Technologies (NECAPT) and Maine's Environmental Substance Abuse Prevention Center, held two learning communities in early 2007. All of the SPEP grantees attended the two days of training.

Establishment of Structures to Strengthen Collaboration

The adoption of KIT Solutions, OSA's prevention database, by the Healthy Maine Partnership in the second year of SPF SIG was discussed in the infrastructure chapter of this report. It deserves mention here because it is a system that has necessitated a high level of collaboration as the SPF SIG moves into implementation. The cross-agency use of a single data system may be a tool that will strengthen collaboration in the future. Another effort that has necessitated multi-agency collaboration is the development of the Maine Integrated Youth Health Survey. This survey will gather data on alcohol, other drugs, tobacco, unintentional injury, mental health, physical activity and nutrition, sexual behavior and youth assets. It should provide representative information and encourage cross-agency data sharing.

The Office of Substance Abuse has multiple contractors responsible for the provision of technical assistance to communities. In December 2006, these contractors were brought together for a one-day workshop facilitated by NECAPT. The purpose was to assist OSA in thinking about its system for technical assistance provision and how the various contracts do and will work together to guide SPF implementation.

Local Capacity-Building Activities

The SPEP grantees were not explicitly charged with building local capacity, rather they received funding to assess community needs and resources and complete strategic

plans. By virtue of the SPF SIG work and the normal course of business, all of the grantees did engage in some capacity building.

The following describes their capacity building activities related to organizational resources, raising community awareness and relationship building.

Organizational Resources

Each grantee did some type of bolstering of internal organization or coalition resources. Three quarters of the grantees identified key goals for their organizations and two thirds of them engaged in coordinated data collection. Some of the grantee organizations hired and trained prevention staff during the ten to 12 month grant period as well.

Community Awareness

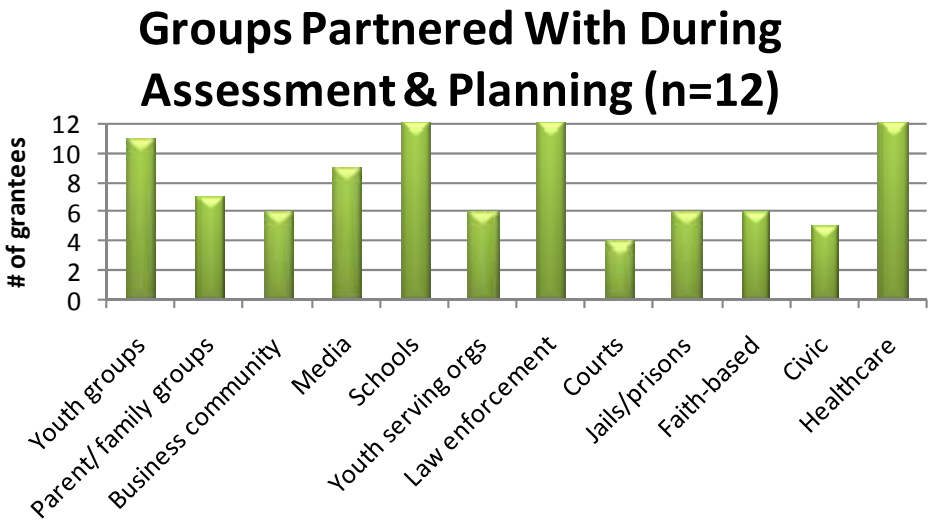
Ten of 12 of the grantees took action to raise community awareness around issues related to substance use. The majority of the grantees focused awareness activities on:

- The general public;
- Parents;
- Youth;
- Government agencies;
- Law enforcement;
- Schools;
- Businesses; and
- The media.

Most grantees (10) focused on raising community awareness of substance use rates and trends. Two-thirds raised awareness of factors that contribute to substance use and half worked on awareness of substance use consequences. Many methods were used to get messages out, such as face-to-face events, media and internet (e.g., listservs, websites, mass emails).

Relationship Building

Each grantee spent time over the course of their assessment and planning work identifying stakeholder and partner organizations to participate in SPF SIG intervention activities. All but one identified partners who should be involved but were not.



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Step 3: Develop a Strategic Prevention Plan

In the first three years of SPF SIG, a state strategic plan and 15 county level plans[17] were completed. The following briefly describes the processes used at the state and local levels to accomplish this.

State Strategic Planning

OSA initially contracted with the University of Southern Maine to develop the state strategic plan. SPF SIG workgroup members felt the plan was comprehensive but that it was too broad and complex to be useful to many people who might use it. They suggested that the plan be condensed and simplified to be more user-friendly. OSA took on the responsibility of condensing, revising and completing the plan for approval by CSAP.

Vision:

A public untouched by substance abuse.

***Mission**:*

To prevent and reduce substance abuse and related problems by providing leadership, education and support to communities and institutions throughout Maine.

–Maine Substance Abuse Prevention Strategic Prevention Framework Plan

Another concern of workgroup members was that the planning process seemed to happen "out of order." This may have been due, in part, to the fact that development of the epidemiological profile and the state strategic planning were occurring concurrently.

Step 3 Evaluation Questions:

To what extent does the state strategic plan include a vision for prevention activities at the state level?

To what extent does the strategic plan use assessment results?

To what extent are there measures of state capacity and infrastructure accompanied by plans to increase capacity and infrastructure, where needed?

To what extent is there discussion of how the state will ensure cultural competence in implementation?

To what extent are there methods and measures for monitoring state level outcomes?

To what extent is there a discussion of how the state will develop a plan for sustaining the SPF once SPF SIG has ended?

Who is involved in the development of the plan? How is it communicated to stakeholders? How is it used?

[17] Penobscot and Piscataquis counties were served by one grantee; their final products were combined.

The state's plan included the following:

- A vision for substance abuse prevention;
- Logic model;
- The state context within which prevention services have been delivered;
- An overview of the needs and capacity assessment;
- A description of SPF SIG priorities; and
- The approach to planning, implementation and evaluation that will be used for SPF SIG.

After the strategic plan was approved, OSA continued to narrow its priorities and specify target intervening variables that it felt should be worked on across the state. The refinement of SPF SIG priorities is not reflected in an updated plan, but was articulated in the Healthy Maine Partnership request for proposals. The Healthy Maine Partnership is the mechanism through which grantees will receive SPF implementation funds.

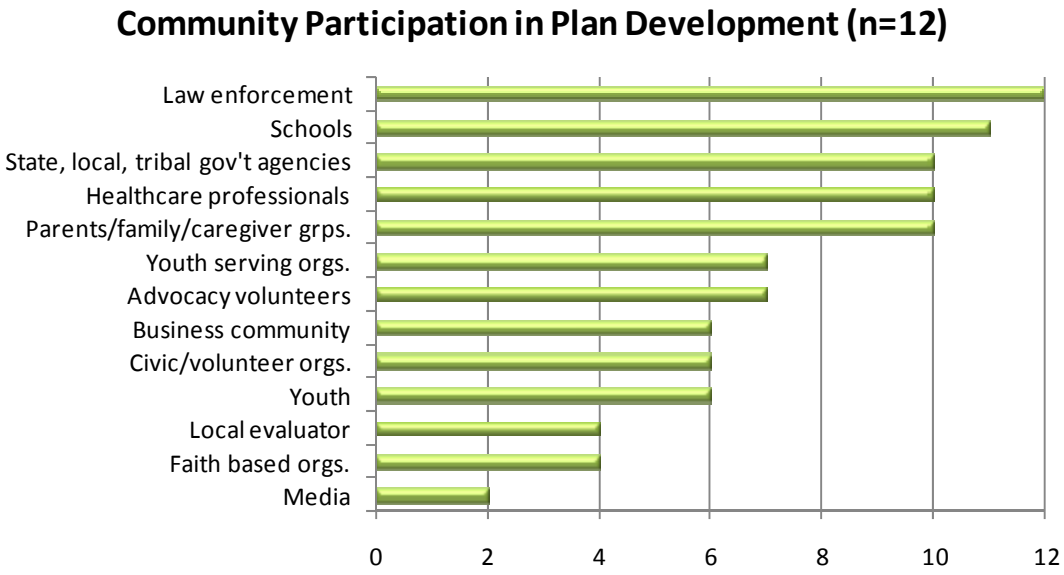
Local Planning

Strategic plans were completed for each county in Maine as part of the Community Strategic Planning and Environmental Programming (SPEP) grants. As is typical, the quality and depth of these plans varied greatly across the state. Each plan was reviewed separately by two SPF SIG evaluators using a *Strategic Plan Rating Matrix*. Once the independent reviews were completed, the two evaluators discussed the ratings and reached consensus. An overview of the findings of the review is presented below, but first it is important to understand the context within which communities were working.

HZA's evaluation team put together a guide for the SPEP grantees which was designed to lead communities through a strategic planning process that was very much local and data-driven. Much of the focus was on uncovering the factors within the community that lead to certain consumption patterns of concern, with the understanding that environmental factors contributing to substance use may be different in different areas of the state. Around the time that grantees were finishing their needs assessments and beginning their strategic plans, the Healthy Maine Partnership Request for Proposals was released. This RFP narrowed the state's priorities, not only in terms of priority consumption patterns but also in priority intervening variables (those factors that contribute to use). It is clear from reading the strategic plans that this RFP influenced the planning process locally. With consolidated funding in the future, grantees knew that they needed to be responsive to the identified consumption patterns and intervening variables; fortunately the RFP's priorities often coincided with what the local assessments had already found. However, sometimes the RFP's priorities seemed to trump the needs that had been identified.

Scope of Community Participation in Planning

All 15 strategic plans demonstrated that key community partners were included in the planning process. The local planning partners are shown in the following chart. Schools and law enforcement agencies were the most common community sectors to participate in the local strategic planning effort.



Not surprisingly the scope of community participation narrowed substantially in the actual plans for implementation. In many cases the grantee assumes almost exclusive responsibility for implementing the strategies contained in the plans.

Priorities Identified

All grantees identified specific priority consumption patterns and target populations (shown in the table on the following page). The most commonly identified priorities are underage drinking, high-risk drinking among young adults and prescription drug misuse.

Part of the review of the strategic plans was to determine whether or not the plans were driven by the needs assessment findings. All 15 plans demonstrated at least "some" evidence of being data driven. This was difficult to assess in some of the plans because the needs assessment results were not fully presented or because the narrative did not make a clear connection between the assessment findings and the priorities selected.

The table on the next page shows the priorities identified in each of the counties.

Priorities Identified in County Strategic Plans										
	Underage drinking	High-risk drinking (young adults)	Binge drinking	Prescription drug misuse (youth)	Prescription drug misuse (young adult)	Marijuana use/abuse (youth)	Marijuana use/abuse (adult)	Inhalant use (youth)	Crystal Meth	Illegal drug use
Androscoggin	√	√		√	√	√		√[18]		
Aroostook[19]	√	√		√	√[20]	√	√	√		
Cumberland	√[21]	√		√	√[21]					
Franklin	√	√		√	√[21]	√	√[21]		√	
Hancock[22]	√	√		√	√[21]	√	√[21]			√
Kennebec	√	√			√[21]	√				
Knox	√	√		√	√	√	√	√		
Lincoln	√	√			√					
Oxford	√	√								
Penobscot/Piscataquis	√	√			√					
Sagadahoc	√	√			√					
Somerset	√		√[23]		√					
Waldo	√	√		√	√					
Washington	√	√			√	√	√[21]			
York	√	√	√[24]	√	√	√	√			

[18] Specifically, youth ages 12 to 15.
[19] Aroostook's priorities also included youth stimulant and over-the-counter medication abuse; the alcohol priorities are specifically "misuse of alcohol".
[20] Age group not specified; assume inclusion of all adults.
[21] Focus is "high-risk" drinking.
[22] Hancock also included elder alcohol use and abuse as a priority.
[23] Specifically, ages 15 to 25.
[24] Specifically, youth.

Selection of Best Fit Strategies

In early January 2007, the Center for Substance Abuse Prevention put out a guidance document for the identification and selection of evidence-based interventions. This document describes three considerations to determine "best fit" interventions:

- Conceptual fit to the logic model: Is it relevant?
- Practical fit to the community's needs and resources: Is it appropriate?
- Strength of evidence: Is it effective?[25]

Conceptual fit, or relevance, is the extent to which the policy, practice or program addresses the underlying conditions that contribute to a problem. If the intervention does not relate then it is unlikely to be effective in changing substance use patterns. For the most part, there are clear links between the proposed strategies and those factors identified as contributing to substance use in the communities. The disconnects that exist are primarily in the areas of access and alcohol promotions, and can be described in these ways:

- Confusion between strategies that address retail access and retailer promotions.
- Lack of understanding of strategies that address retail access and those aimed at social access.

It is expected that as implementation funds are distributed through Healthy Maine Partnerships and actual work plans are submitted and approved that these misunderstandings will be addressed.

The question of practical fit, or appropriateness, is an interesting one in the context of the design of SPF implementation in Maine. The implementation funding requires work on certain objectives and OSA provides a list of applicable strategies to address the substance use objectives. Practical fit will in many ways be an evaluation question, rather than an issue for strategy selection. Success or failure of a strategy may be, in part, explained by whether or not a community had or developed the capacity, resources and readiness to implement it.

In July 2007, the Office of Substance Abuse released its *SPF SIG Strategy Approval Guide* which laid out a comprehensive list of evidence-based strategies for each of the Healthy Maine Partnership objectives. The county strategic plans include strategies from this list. Only a small number of plans deviated from this approved list; therefore all plans included strategies with evidence of effectiveness.

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[25] Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention, *Identifying and Selecting Evidence-based Interventions: Guidance Document for the Strategic Prevention Framework State Incentive Grant Program*, January 2007.

Comprehensive Approach

In February 2007, OSA, the Northeast Center for the Application of Prevention Technologies and the Maine Environmental Substance Abuse Prevention Center provided training on the selection of environmental strategies. This training included instruction on comprehensive approaches to prevention. The majority of the strategic plans clearly demonstrated an understanding of a comprehensive approach. Two of the four strategic plans that were weak in this area had action plans that focused more on capacity building and readiness than on specific strategies. Two others did not demonstrate consideration of the development of a comprehensive approach.

Components of a comprehensive approach include:

Collaboration

Communications

Policy

Enforcement

Education

Capacity and Readiness

The guidance document that grantees worked with for plan development suggested that capacity building needs be identified for each of their objectives. There was an explicit discussion of capacity needs in all 15 plans. In addition, many of the grantees appended to their plans the *Capacity Assessment for Substance Abuse Prevention* conducted by the Prevention Centers of Excellence. Readiness was one of the capacity components assessed by the Centers. Readiness was not addressed comprehensively, with the exception of two counties. Aroostook utilized the Tri-Ethnic Prevention Research Center's Readiness Assessment in four regions within the county and Androscoggin conducted a county readiness survey.

Detailed Action Plan for Implementation

The action or implementation plan section of the local strategic plans was the weakest of all the areas assessed with the *Strategic Plan Rating Matrix*. Action plans were rated based on the following three criteria:

- The action plan is specific, gives timeframes and responsible parties for each strategy or activity;
- Planned activities aim to reach a sufficient portion of the target audience; and
- Planned activities consider strategy dosage/saturation.

Six county plans had detailed action plans. The remainder had plans that either lacked specific timeframes or did not identify who would be responsible for implementation or named just one person as responsible. One county did not include a plan for implementation.

A review of the local strategic plans reveals that there will need to be technical assistance provided on how to reach a sufficient number of people with the different prevention approaches and how many times people should be "touched" by the

approaches. The plans did not articulate these considerations[26], but they will be important to the success or failure of environmental approaches statewide.

Measurable Benchmarks

The majority of grantees (12) included preliminary benchmarks against which their progress can be measured. Moreover, seven of the twelve grantees provided highly specific and detailed benchmarks that will allow for easy identification of progress towards the identified goals.

Sustainability

All but three county plans discussed concrete ways in which the coalition or county will obtain funding and other resources needed to implement the prevention strategies. Nine of the 15 plans discussed mechanisms for continuing the strategic planning process.

Cultural Competence

Cultural competence was not one of the rating categories for the review of the strategic plans because the grantees were not specifically charged with and not provided guidance on addressing it in the plans.

One grantee noted few cultural sub-populations, but that the low-income population needs to be included in prevention activities. Another grantee in the southern part of the State discussed the need for data on the elderly population as it is expected to increase substantially in that area and also talked about the need to develop a better understanding of immigrant populations. One county is in the process of writing a cultural competency plan.

[26] It was not specified as a requirement that grantees address reach and dosage.

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Moving into Implementation: The Next Step

As of September 2007, Maine has funded 27 Comprehensive Community Health Coalitions (CCHCs) to implement evidence-based substance abuse prevention strategies under the combined Request for Proposal. These CCHCs are:

District	CCHC
Androscoggin – Franklin – Oxford	Franklin Healthy Community Coalition Western Maine Health Healthy Oxford Hills Healthy Androscoggin River Valley Healthy Communities Coalition
Aroostook	Cary Medical Center Aroostook County Action Program
York	Coastal Healthy Communities Goodall Hospital Choose to Be Healthy
Cumberland	Peoples Regional Opportunity Program City of Portland Public Health/Healthy Casco Bay
Hancock – Washington	Healthy Acadia St. Croix Healthy Communities Bucksport Bay Healthy Communities Coalition Healthy Peninsula
Kennebec – Somerset	Somerset County Association of Resource Providers Greater Waterville PATCH Sebasticook Valley Hospital Healthy Communities of the Capital Area
Penobscot – Piscataquis	City of Bangor Health and Welfare Sebasticook Valley Hospital Mayo Regional Hospital Katahdin Shared Services
Sagadahoc – Lincoln – Waldo – Knox	Youth Promise Knox County Community Health Coalition Access Health Waldo County General Hospital Bucksport Bay Healthy Communities Coalition

This distribution of funding provides statewide coverage with the exception of one part of Washington County. The state is working with that area and a contract is expected to be in place in the near future.

The new grantees are charged with meeting a set of five required objectives (see side bar) related to underage drinking and young adult high-risk drinking. Some have chosen to work on other optional objectives as well, some related to alcohol and some to prescription drug misuse among the young adult population.

In addition to measuring the substance use outcomes of these efforts, the evaluation of SPF step 4 (implementation of evidence-based policies and practices) will seek to answer the following questions:

- How is implementation designed and coordinated at the state level? What resources are provided to guide implementation?
- How is implementation monitored by the state?
- What systems are established to provide training and technical assistance on implementation?
- What training and technical assistance is provided to ensure prevention activities and outcomes continue after SPF SIG?
- Where do Maine's interventions fit within the Center for Substance Abuse Prevention cost bands?
- How many evidence-based programs and strategies are implemented statewide?
- How many people are reached statewide (by age, gender, race and ethnicity)?
- How does the state's infrastructure for substance abuse prevention develop over time, with a specific focus on the following:
    - Organizational structure
    - Planning
    - Data systems
    - Workforce development
    - EBP
    - Cultural competence
    - Evaluation & monitoring
    - Systems sustainability
    - Financial stewardship

Required substance use objectives:

Increase the effectiveness of local underage drinking law enforcement policies and practices.

Increase the use of recommended parental monitoring practices for underage drinking.

Increase the effectiveness of retailer policies and practices that restrict access to alcohol by underage youth.

Reduce the appeal of high-risk drinking by increasing knowledge of health risks.

Decrease promotions and pricing that encourage high-risk drinking among young adults.

Local Knowledge and Experience Needed for Implementation

In late September 2007, OSA and the evaluators asked newly funded grantees to complete a self-assessment. They were asked to rate their level of knowledge on key components of SPF implementation and to rate their expertise, and that of their coalition, on components of the five required substance abuse objectives (shown in the side bar on the previous page. A summary of results is presented below and should be used to guide upcoming training and technical assistance.

Law Enforcement Policies and Practices

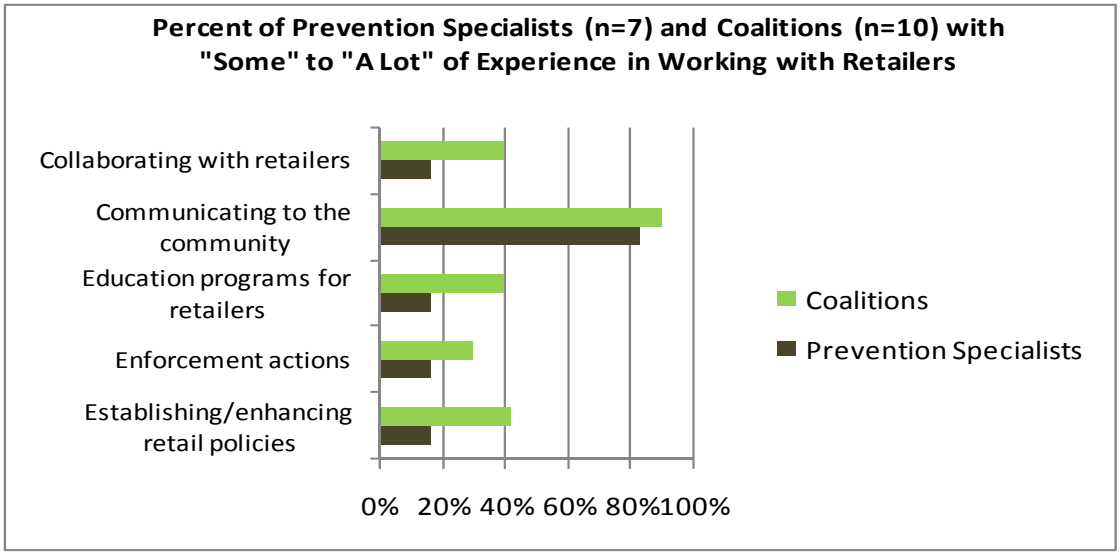
The majority of the Prevention Specialists who had been hired by the end of September 2007 have little to no experience in instituting or changing law enforcement policies and practices, increasing enforcement or educating law enforcement officers. Most have collaborated with enforcement agencies, however.

Parental Monitoring Practices

Overall, the Prevention Specialists feel that they have experience in communicating prevention messages to parents, collaborating with media and other organizations to get prevention messages out and educating parents about parenting techniques and underage drinking laws. While this is the area in which the Specialists have the most experience, it is important to note the difficulty grantees in Maine's first State Incentive Grant, One ME, had in reaching parents. The main difficulty in One ME was attracting parents to attend courses or events; only two coalitions were able successfully to reach a large number of parents with prevention activities.

Retailer Policies and Practices that Restrict Underage Access

As the chart below shows, there is not very much experience in working with retailers to restrict access to alcohol, particularly among those who will be leading these efforts.



Knowledge of Health Risks of High-risk Drinking

There is a general lack of experience on the part of the Prevention Specialists and their coalitions in implementing policies and education programs about health risks and in communicating health risk information to the young adult population. Coalitions and Specialists do, however, have experience in collaborating with the organizations (colleges and workplaces) that will be crucial to success.

Promotions and Pricing that Encourage High-risk Drinking

The majority of grantees do not have experience in this area; specifically they have not worked with law enforcement agencies on retailer compliance or educated retailers on the impact of alcohol promotions and low pricing.

The self-assessment shows that there is a great need for practical training and technical assistance in the environmental strategies that the 27 grantees will employ to achieve the targeted objectives. Many grantees feel that their coalitions have the expertise that the Prevention Specialist may be lacking. While this is important, historically, most of the coordination and day-to-day implementation falls on the Specialists. It should be noted that there were specific requests for any assistance to be focused not on the theoretical but on the "how-to" of the strategies and people are eager to learn from their colleagues in other communities.

The grantees report being knowledgeable in the broader areas important to successful implementation such as: the SPF; logic models; action planning; indicators and data sources for evaluation; cultural competence and sustainability; and adaptation. It is interesting to note the comfort with cultural competence, sustainability and action planning, as these are the areas that were weakest in the strategic plans completed as part of the Community Strategic Planning and Environmental Programming grant.

Summary and Conclusion

Since 2005, OSA has undertaken numerous activities as part of Steps 1 through 3 of the SPF SIG. At both the state and sub-state levels, these efforts have included collecting and examining new data; expanding the current prevention infrastructure; producing comprehensive strategic plans; and setting the stage for implementing environmental strategies statewide. In some cases, this was the first time such activities had been undertaken with a focus on the prevention of the negative consequences related to substance abuse. However, many activities did not materialize into a tangible product or concrete resolution. For example, the Unified Governance Structure Study, the Cultural Sub-population studies and the "white papers" series were conducted and the findings presented, but subsequent activities to build upon them or incorporate the findings into a revised strategic plan have not been pursued.

The SPF SIG activities to date have occurred within the broader context of the new Public Health Infrastructure initiative in the state. This process has brought both benefits and challenges to the SPF SIG process. Grantees now have a stronger and more streamlined local infrastructure within which to begin the implementation of environmental evidence-based prevention strategies. However, instead of creating a strategic plan with a vision that was larger than the upcoming RFP, some grantees focused their SPF SIG assessment and planning efforts on the RFP's priorities. This downplayed the mission of SPF SIG to have local grantees create a data-driven strategic plan that could serve as a guide for their future prevention priorities, not just funded prevention work.

Moreover, changing grantees between Step 3 and Step 4 poses the risk of disconnecting SPF Steps 1 through 3 from Steps 4 and 5. Particularly for CCHCs that are not the original grantees, the evaluators anticipate that the implementation phase could result in strategies that are not strongly linked to the needs assessment (Step 1) or that do not reflect the original SPF SIG strategic plan (Step 3). OSA needs to be vigilant to ensure that SPF SIG and Maine's 3 consumption priorities do not get lost in the implementation phase.

To keep the SPF SIG model at the forefront of prevention efforts, training the current Prevention Specialists on the SPF SIG model will be imperative. Additional technical assistance to address the skills and experience needed to implement environmental strategies, such as how to work with law enforcement, will also greatly benefit SPF SIG.

Sustaining Maine's SPF SIG plan also includes developing data sources that can measure the impact and outcomes of the implemented strategies at the state and sub-state levels. OSA has successfully redeveloped KIT Solutions to capture a multitude of local level data regarding the process of implementing evidence-based environmental strategies, as well as the scope and reach of those efforts. This will help with reporting many of the required National Outcome Measures (NOMs). However, the KIT system

does not collect consumption and consequence outcome data at the local level. Some outcome data can be collected using existing data sources such as MYDAUS. The lack of a sub-state data source for the target population of 18 to 25 year olds must be addressed in order to gauge the impact of the SPF SIG. In all data improvement efforts going forward, OSA should endeavor to maintain the ability to aggregate CCHC data up to the county and district levels in order to compare results to current data sources. OSA should also consider reinstating the Maine General Population Survey for this purpose.