

Needs Assessment

Franklin County encompasses 1,744 square miles with 2.67% of the area in lakes, rivers, and streams. Its surrounding counties are Somerset, Androscoggin, Oxford, and Kennebec. Franklin County had a population of 29,467 in 2000. The population density is 17 people per square mile. This is low compared to Maine's largest city of Portland, which has a population density of 3,029 people per square mile. This shows that Franklin county is a rural community and services are not readily accessible for many residents. Most people would have to drive half an hour to get to some of the services they need. The median income for a household in the county is \$31,459, which is well below the state average of \$37,240. This would indicate that people in Franklin County are less likely to be able to afford services even if they were offered. Insurance is not easily accessible either, with 14.6% of Franklin county going uninsured in 2000. This is significantly higher than the state (13.3 %) and the national (11.8%) percentages (Community Health Assessment 2003). 14.60% of the population is below the poverty line which is just under the state average of 14.8%. The poverty line for the state of Maine in 2000 was at or below \$17,601 for a family of four. This means that 14.6% of members in Franklin County live on \$17,601 or less. This clearly shows that people are making less money in Franklin County.

In an interview at the Franklin County Sheriff's Department, Jamie Meader who is the Coordinator of Jail Services asserts that:

“Franklin County is by far the worst in the state for substance abuse. That means drinking, drugs, anything. There is nothing else to do, so people make it a lifestyle. It's a poor environment because everyone is doing it. I would say that at any given time, at

least 85% of inmates at Franklin County are here because of substance abuse. And I would say that the majority of those people will be habitual offenders. They can even tell me before they leave that they think they'll be back. There are no rehabilitation programs to get them into in the area that will help them to stop abusing long term" (personal communication, October 4, 2004).

Farmington, Maine with its population of 7,410 in 2000, makes up over a quarter of Franklin County's population. It is also the largest revenue-making town in Franklin County bringing in \$105,196 in retail sales in 2000 (Consumer Retail Sales 200). This is almost five times the amount brought in by the next closest town. "The stresses and strains that accompany losing or not having a job, can erode an individual's physical and mental health" (Avison Ph. D 2000). There was a 7% unemployment rate in Franklin County at the beginning of 2004. This is well above the state level of 4.5% and the national average of 5.4%. Unemployment can contribute to substance abuse and the need for supportive programs. If people are unemployed, it increases the chance that they will be using substances. With little to no jobs available, individuals may become frustrated with where they are in life, and turn to substances as a solution. In turn, their kids may see this behavior as acceptable, leading to a high substance abuse rate in youth. In 2003, 53.7% of youth in grade 12 in Franklin County had used alcohol in the past 30 days before being surveyed (Community Health Assessment 2003).

Substance abuse may also be correlated with the low level of education in Franklin County. 85.1% of persons age 25 and older in Franklin County have a high school diploma. However, only 18.4% of those persons have a bachelor's degree (Community Health Assessment 2003). This is well below the state average of 22.9%,

and the national average of 24.5% (Community Health Assessment 2003). Most jobs in Franklin County involve manual labor such as construction and farming, and many mechanical jobs such as automobile repair. Substance abuse also can be caused by the stress and physical toll of these jobs (see Avison). Substance abuse may also result from dissatisfaction in lifestyle which results from low income and low employment. Franklin County has 14.6% of its population below poverty compared to 11.1% in Androscoggin, 11.1% in Kennebec, and 11.8% in Oxford. This again indicates that services are less affordable for Franklin County citizens. Compounding this situation is the fact that Franklin County has very limited substance abuse services currently available. In 2000, there were only 437.5 mental health workers for every 100,000 people in Franklin County. This is well below the state average of 535.3 per 100,000 (Community Health Assessment 2003). This demonstrates the need for more mental health professionals and the services they provide.

There are other programs in Franklin County and in Farmington specifically. Other services in the area are substance abuse counseling, Driver Education, Evaluation, and Prevention (D.E.E.P.) counselors, Alcoholics Anonymous, Narcotics Anonymous, and Tri-County Mental Health Services. However, there are no specific substance abuse programs being run through the Franklin County Sheriff's Department at this time. This is also a program that will look to prevent relapse and provide individuals with a support group, and information to stay away from substances. Currently there are no such mandated programs in Franklin County. D.E.E.P. is a court mandated program as well, but has not been an effective program in meeting the need for substance abuse

prevention. It deals mostly with O.U.I. and D.U.I., and is ineffective at relapse prevention. The program demands certain characteristics, and often times people in the program know how they need to answer the test questions in order to pass the program. It focuses strictly on substance abuse habits, and provides no information on how to identify triggers, focus on strengths, or find a good support group (personal communication 2003).

Program Narrative

The Substance Abuse Education and Relapse Prevention Program (S.A.E.R.P.P.) will be funded through government money in the Residential Substance Abuse Treatment for State Prisoners (see Appendix A). Meetings will be held at the Franklin County Sheriff's Department to limit travel for those attending meetings. This is a program that would be mandated by the Franklin County Courts, so communication of services will be given directly at the court (see Appendix B). This program would look to provide a service to all those individuals who were sent to Franklin County Jail for substance abuse arrests and detainments. It would provide education, strategies for relapse prevention, and a place to go to help curb the feelings of wanting to drink or do drugs. It would remove them weekly from a potentially dangerous environment that may promote substance abuse. It would also provide referral opportunities which promotes extended and future prevention. Individuals would be part of a six week program that they would be ordered to attend upon ending their sentence at the jail (see Appendix C). In the fall of every year, Farmington has an influx of people ages 19 to 25 due to the beginning of

the school year at the University of Maine at Farmington. That number also decreases when school is finished in the spring. Therefore, the need for this service could fluctuate depending on the time of year.

The design of the program is set up to focus on five major tenets. They are as follows:

1.) Provide a stable chemical free environment for a 6 week period.

The group would meet once a week for the six week period. The design is such, so that individuals have a lengthy but manageable period of being substance free. It is also a long enough time to cover all of the desired aspects of the program, and to allow a new group of individuals to be selected. This portion of the program focuses on harm reduction which, “Accepts that licit and illicit drug use is part of our world and chooses to work to minimize its harmful effects rather than simply ignore or condemn people using them” (Principles of HR 2001). It does not however, “Attempt to minimize or ignore the real and tragic harm and danger associated with licit and illicit drug use” (Principles of HR 2001). This is a strategy that helps to identify the clients’ problems without ridiculing them for mistakes they may have made. It also helps to create a more positive, supportive, and less condemning atmosphere, which may persuade participants to remain chemical free, while still supporting them if they don’t.

2.) Develop skills to prevent relapse and further jail time (see Appendix D).

This would be done by using the strengths perspective to identify the strengths of the clients, and focus on what they can do as opposed to what they can’t. Skills would also be built through role play, journaling, and raising the confidence of the clients to say

no when necessary. This would be done by helping the clients develop the mind set that they don't have to use in order to be in a social environment. It would also focus on certain things that clients can do in order to prevent relapse. These would include, "Keeping your focus on quitting, rewarding yourself for reaching small goals, not holding out for completion of long-term goals, and maintaining frequent contact with support people (health professionals, family, friends, and support groups)" (WebMD 2004).

3.) Educate participants on the life-long consequences of substance abuse.

The education program would focus more on helping participants understand how substance abuse affects relationships within the client's family, job, and friends. The idea behind this is that the clients already know what the drugs do in terms of effects. The program would look at the biosocial aspects instead, and try to give the clients an idea of what might happen to them later on in life, if they continue using drugs. One of these factors is that their kids may begin using drugs. The education portion of the program would also provide ideas to help foster healthy relationships. One of these is having family dinners. The National Center on Addiction and Substance Abuse (CASA) did a survey on the positive effects of family dinners. "The survey demonstrates that, compared to teens who have family dinners twice a week or less, teens who have dinner with their families five or more nights a week are 32 percent likelier never to have tried cigarettes, 45 percent likelier never to have tried alcohol, and 24 percent likelier never to have smoked pot" (CASA 2003). This not only helps to prevent substance abuse in their kids, but helps to create positive relationships within the clients' families.

4.) Develop skills and personal characteristics that help to avoid further drug use.

“If a person lives with approval, he learns to live with himself” (Family Education 2004). This would be the focus of this portion of the program. This section would range from role play of formal conversations to job hunting. Improving skills in certain areas of life will make it easier for the clients to interact in a social environment upon leaving the jail. It also gives them something to work towards while in the program. Within this aspect of the program, it would be a goal to have the clients locate jobs, and set up their own interviews. This will be done in order to get them out of a potentially destructive lifestyle, and provide them with recommendations. Finding a job would not only help to support the clients financially, but it would foster positive reinforcement, and a sense of responsibility.

5.) Referrals.

This aspect of the program will only be used upon a client’s request. There will be a list of resources available to the clients, and if they feel they need more help at the conclusion of the program, they will be set up with a counselor who can provide them with more support. The program really wants to focus on people’s strengths and abilities, and limiting the number of people coming into the jail for substance abuse. One way to do this is to provide future support at the end of the program by, “maintaining frequent contact with support people (health professionals, family, friends, and support groups)” (WebMD 2004).

Because clients have a wide variety of needs, this program would collaborate with other agencies within the community to support the clients’ needs. These agencies would

include Tri-County Mental Health Services, substance abuse counselors, and career placement centers. These services would be provided in order to assist the clients with job hunting, support groups, and referrals after the conclusion of the program. The program would also work with the Coordinator of Jail Services at Franklin County Sheriff's Department. The clients could utilize this person as a resource while at the jail, and the coordinator could prepare them for the program. This would be done in order to prepare the clients for what they might do while in the program. The program would use community resources such as Franklin Memorial Hospital, churches, Evergreen Behavioral Services, and counselors. This would provide the clients with a list of resources that they could use for medical needs, counseling, support groups, and church groups. Another resource that would be used would be the Department of Human Services. This would help clients with any domestic needs they may have, and also provide them with information on food stamps, medicare, and housing assistance.

This is a complimentary program in the respect that it could work with many outside agencies to provide the best services to the clients. These other programs will be vital in offering post-program services. There is evidence that community businesses have collaborated previously in regards to referring patients for services. Courts have referred people to substance abuse programs, the hospital has referred people to substance abuse programs, the hospital has referred people to counselors, and Tri-County Mental Health has provided or referred people for counseling. With the evidence of past collaborations, this program should also be able to fit into that network and put clients in to whatever services they may need.

The expected long-term benefits are that the community, court, and sheriff's department will see a decrease in the number of repeat offenders with regards to substance abuse. This will have a positive impact not only on the community, but on the lives of the clients and their families. In terms of change, the only thing different will be that the court will have this program as an option that it can utilize as opposed to having no program before. There will not be community-wide change in terms of substance abuse, however the clients in the program will be able to go back into the community and hopefully make their own changes, both personally, and within their community.

In terms of sustainability, the program will be continued by the program supervisor after funding has been discontinued. It is the goal, that by the end of grant funding, the community will see the value of the program, and it will receive further funding through municipal resources. The program supervisor will find other employment to compensate while still running the program at the jail free of charge. The program will still utilize jail space. If other expenses are incurred, they will be funded through another grant, or state money. Because the program will have already started, the start-up cost will not be a concern. Therefore, the cost to run the program will be minimal. This will make it easier to fund, and thus, easier to sustain.

The Franklin County Sheriff's Department will not match any funds while the program is receiving the grant. For compensation, they will provide a space in which the program can take place. They will also share staff members if needed, and they will cover the program under the department's liability insurance.

Program Evaluation *(Evaluations will be done at the end of each six week program)*

The program will be successful if 90% of clients attend all meetings, and 50% are chemical free for a six week period of time. The program's success also depends on education and prevention. Clients must be able to identify their personal setbacks with regard to substance abuse. Success of the program is determined by the fact that they are aware of how their substance use is going to affect not only themselves, but those around them. They must also be able to demonstrate that they are able to identify where they are more prone to use substances, and how they can avoid those situations. Another measure of success will be developing social skills that help the clients find jobs, interact with a different social crowd, and avoiding drug use in a social setting where substances are being used. Teaching conversation skills, job finding, and how to say no, will all be included in the curriculum, and will be successful if the clients know how to do each of these things. With regards to referrals, success may not be determined by the fact that someone asks for further help. If someone feels they are ready to go on their own, then they may not need extra help, and this will not be forced upon them. Success will be determined by whether or not the client feels that he or she can return to their lifestyle and remain drug free. This is a success whether they need a referral or not. Surveys will be done at the end of each six week program to assess how the clients felt about each activity, and its effectiveness. These will also tell the program supervisor whether or not the objectives were attainable in terms of time.

Success will be determined by whether or not the program objectives have been met. Data will be collected on attendance, how many clients stay chemical free for six

weeks, and how many clients asked for referrals at the end of the six week program. This will provide a framework as to whether or not the clients are taking the program seriously and getting something out of what they have learned. It also indicates the effectiveness of the program. The more clients who are at all the meetings, chemical free, and looking for more help, the more effective the program has been at educating the individuals about the harmful nature of their drug use. Data will also be collected on how many people who were in the program have returned to jail on similar charges. This will be an indicator of the success of the program. If clients are returning to jail shortly after the program is finished, the program has not been effective. This data will be kept to monitor if the clients that have used the program are able to use what they have learned to stay substance free.

People in charge of evaluating and collecting data will be the program supervisor, and the Coordinator of Jail Services at Franklin County Sheriff's Department. They will evaluate the program, and the data collected to see if the program has been successful. The coordinator at the jail will be able to keep track of how many clients are returning to the jail on drug charges. She will also be able to provide input from inmates on how they feel about the program, and what their expectations are before they have started. The program supervisor will evaluate attendance, and who is chemical free. This will be done through attendance records, and the results of the urine tests. Urine tests will be administered by the program supervisor in a place where the supervisor can unobtrusively view the urine test (i.e. "see the stream"). This is information that will be sent to the court system, so they can not only see how effective the program has been, but so that

they can deal with those individuals who have not met the six week requirements. The program supervisor will also work with counselors who are part of referrals from the program. This will be done in order to monitor the progress of those clients who asked for referrals upon leaving the program, and how successful the referral process was.

Data will be used to measure efficiency, effectiveness, and client satisfaction with regard to the program objectives (see Appendix E). This information will be communicated to the program supervisor so that he is aware of where the strong areas in the program are, and where more work needs to be done. It will also be communicated to the coordinator of jail services, the court systems, and the funders of the grant through letters and presented data. The coordinator will need to know this data so that she is aware of what people coming into the program can expect. The court system and the funders will see the evaluation material in order to show them the success of the program, and what it is providing to those who use it. This material will also be used to seek further funding once the grant runs out. Lastly, this material will be made available to people at the local and state level who work in government. This will be done with the hopes that they will see the effectiveness of the program, and look to start other programs throughout the state.

Appendix A

“Sample Budget”

Income

Support

Government Grants (Residential Substance Abuse Treatment for State Prisoners)	\$70,000.00
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TOTAL INCOME: \$70,000.00

Expenses (12 Month Period)

Program Supervisor Salary (Full Time)	\$50,000.00
25 6-week programs per year @ \$2,000 each	\$50,000.00

SUBTOTAL: \$50,000.00

Insurance, Benefits, Other Taxes \$50,000 x 33%	\$16,500.00
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Travel	\$500.00
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Equipment	
- 1 TV @ \$250.00	
- 1 VCR @ \$50.00	\$300.00

Supplies (Magazines, books, markers, poster board, pencils, etc.)	\$550.00
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Printing and Copying (Copies, resource guides, program booklets, journals)	\$750.00
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Other (Miscellaneous Expenses)	\$1,000.00
- Guest speakers	
- Educational Trips	

TOTAL: \$70,000.00

DIFFERENCE: \$0.00

Appendix D

“Program Goals and Objectives”

Program Objectives	Measurable Objectives (Benchmarks)	Activity	Measured By
1.) To provide a stable chemical free environment for a 6 week period.	Clients are chemical free for 6 weeks. (at least 50% of clients) “Harm reduction” 90% of clients attend all meetings.	<ul style="list-style-type: none"> • Urine samples • Attending all sessions • Focus on strengths using strengths perspective 	Program supervisor Court system
2.) Develop Skills to prevent relapse and further jail time. (Strengths Perspective)	Identify triggers Techniques on how to avoid triggers and harmful environments.	<ul style="list-style-type: none"> • Make list/journal • Practice situations • Role play • Realize that they don’t <i>have</i> to use in social situations. (“say no“) • Identify strengths 	Program supervisor
3.) To educate on the life-long consequences of drug use.	Program participants can identify negative effects of their personal use. (Current and future)	<ul style="list-style-type: none"> • Group discussion • Personal reflections • Guest speakers • 	Program supervisor
4.) Develop skills and personal characteristics that help to avoid further drug use.	Increase social skills that promote not using. (i.e. Job hunting, group settings, socializing without using)	<ul style="list-style-type: none"> • Role play • Conversation techniques • Formal conversations 	Program supervisor
5.) Provide referrals and further support for clients who want it.	Clients identify needing or wanting more help.	<ul style="list-style-type: none"> • Provide referral information • Instructions on calling • Expectations of further services 	Program supervisor Referral agencies

Appendix E

“Program Evaluation”

(Words in Parenthesis indicate how tasks will be measured)

Program Objectives	Measurable Objectives (Benchmarks)	Efficiency Measure	Effectiveness Measure	Client Satisfaction Measure
1.) To provide a stable chemical free environment for a 6 week period.	Clients are chemical free for 6 weeks. Clients attend all meetings.	Clients are able to attend all meetings. Address any problems with travel. (ACCESS)	Are clients able to maintain not using substances after the program is finished. (survey)	Clients express interest in being able to not use substances for six weeks.
2.) Develop Skills to prevent relapse and further jail time. (Strengths Perspective)	Identify triggers Techniques on how to avoid triggers and harmful environments.	Can clients identify triggers and avoid situations by the end of the program. (role play)	Can clients effectively say no, and avoid substance use. (Demonstrated through role play)	Clients are developing skills to boost self-esteem. They can also avoid situations where they may use. (role play)
3.) To educate on the life-long consequences of drug use.	Program participants can identify negative effects of their personal use. (Current and future)	Clients can identify negative effects of their use four weeks into the program.	Clients make it known to their families that they are trying to change. (Journaling, conversation)	Clients are aware of the harm caused and look to stop it. (Presentation from clients on information learned)
4.) Develop skills and personal characteristics that help to avoid further drug use.	Increase social skills that promote not using. (i.e. Job hunting, group settings, socializing without using)	Clients are developing skills to socialize and know where to find a job three weeks into the program.	Clients can find a job on their own. They can also converse well in social situations. (role play)	Clients are willing to find a job and are happy about the choices they have made upon exiting the program.
5.) Provide referrals and further support for clients who want it.	Clients identify needing or wanting more help.	Is the referral process easy and smooth for the client.	Are the referrals providing the extended help that the clients need.	Clients are content with the referral services and process. The help is effective.

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