



# Maryland Strategic Prevention Framework (MSPF2) Final Report

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Submitted by:

**Behavioral Health Resources and Technical Assistance Program**

University of Maryland School of Pharmacy  
Pharmaceutical Health Services Research Department  
220 Arch Street  
Saratoga Building 12th Floor  
Baltimore, MD 21202  
BHRT@rx.umaryland.edu

**Fadia Shaya, PhD, MPH**

Professor and Executive Director

**Nicole Sealfon, MPH**

Associate Director

**Shardai Jones, MPH**

Public Health Specialist

**Vanessa Michel**

Public Health Specialist

**Michelle Taylor, PhD, MBA, CPP**

Associate Director

**Apoorva Pradhan, BAMS, MPH**

Post-Doctoral Fellow

**Victoria Wolf, Pharm.D Candidate 2021**

Research Assistant

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## Table of Contents

<b>EXECUTIVE SUMMARY .....</b>	<b>5</b>
PROJECT BACKGROUND AND OBJECTIVES .....	5
STATE-LEVEL PREVENTION CAPACITY AND INFRASTRUCTURE .....	5
COMMUNITY-LEVEL PREVENTION CAPACITY AND INFRASTRUCTURE.....	5
STATE-LEVEL OUTCOME EVALUATION.....	6
COMMUNITY-LEVEL OUTCOME EVALUATION .....	6
<b>BACKGROUND OF MARYLAND STRATEGIC PREVENTION FRAMEWORK .....</b>	<b>7</b>
<b>STATE-LEVEL IMPLEMENTATION AND CAPACITY ENHANCEMENT .....</b>	<b>9</b>
ASSESSMENT.....	9
CAPACITY BUILDING .....	10
IMPLEMENTATION.....	10
<b>ENHANCING MARYLAND’S PREVENTION CAPACITY AND INFRASTRUCTURE.....</b>	<b>15</b>
TRAINING AND TECHNICAL ASSISTANCE SESSIONS TO MSPF2 COMMUNITIES .....	15
IMPROVING STATE PREVENTION INFRASTRUCTURE .....	15
<b>STATE-LEVEL OUTCOME EVALUATION.....</b>	<b>20</b>
<b>COMMUNITY-LEVEL IMPLEMENTATION AND OUTCOMES .....</b>	<b>26</b>
<i>Annapolis</i> .....	26
<i>Anne Arundel County</i> .....	30
<i>Baltimore City</i> .....	32
<i>Baltimore County</i> .....	33
<i>Calvert</i> .....	35
<i>Cecil County</i> .....	43
<i>Frederick</i> .....	44
<i>Garrett</i> .....	48
<i>St. Mary’s</i> .....	51
<i>Worcester</i> .....	55
SPOTLIGHT ON SUCCESSFUL STRATEGIES FOR IMPLEMENTATION .....	58
<b>DISCUSSION .....</b>	<b>61</b>
CHANGES IN PRIORITIES DUE TO MSPF2 IMPLEMENTATION:.....	61
OUTCOME EVALUATION QUESTIONS: .....	61
LESSONS LEARNED .....	62
<b>CONCLUSIONS .....</b>	<b>63</b>
<b>APPENDIX .....</b>	<b>64</b>
APPENDIX A. MARYLAND PREVENTION WORKFORCE ASSESSMENT .....	64

## Table of Figures and Tables

Figure 1. Needs assessment approval .....	10
Figure 2. Strategic plan approval .....	11
Figure 3. Prevention workforce survey self-reported assessment skills .....	16
Figure 4. Prevention workforce survey self-reported capacity building skills .....	17
Figure 5. Prevention workforce survey self-reported implementation skills.....	17
Figure 6. Prevention workforce survey self-reported evaluation skills.....	18
Figure 7. Prevention workforce survey self-reported sustainability skills .....	18
Figure 8. Prevention workforce survey self-reported high confidence levels .....	19
Figure 9. 30-day alcohol consumption in high school students. Source: YRBS. ....	20
Figure 10. 30-day alcohol consumption in middle school students. Source: YRBS.....	21
Figure 11. 30-day alcohol consumption in young adults ages 21-25 between MSPF2 and non-MSPF2 jurisdictions. Source: MYSA. ....	21
Figure 12. 30-day binge drinking in high school students. Source: YRBS.....	22
Figure 13. Binge drinking in young adults ages 21-25 between MSPF2 and non-MSPF2 jurisdictions. Source: MYSA.....	23
Figure 14. Trend for alcohol and drug related car crashes, ages 16-20. Source: MDOT.....	24
Figure 15. Trend for alcohol and drug related car crashes, ages 21-25. Source: MDOT.....	24
Figure 16. Alcohol related emergency department visits among youth and young persons, ages 12-20. Source: HSCRC. ....	25
Table 1. Participating jurisdictions.....	9
Table 2. Evaluation reports submitted by jurisdictions .....	12
Table 3. Contributing factors identified by intervening variable .....	12
Table 4. Strategies implemented by each MSPF2 jurisdiction .....	13
Table 5. Policy step milestones by MSPF2 jurisdiction.....	14
Table 6. MSPF2 technical assistance trainings .....	15
Table 7. Workforce prevention survey responses.....	16
Table 8. Annapolis summary.....	26
Table 9. Annapolis Outcome Evaluation.....	26
Table 10. Anne Arundel County summary.....	30
Table 11. Anne Arundel County Outcome Evaluation .....	30
Table 12. Baltimore city summary .....	32
Table 13. Baltimore City Outcome Evaluation.....	32
Table 14. Baltimore county summary.....	33
Table 15. Baltimore County Outcome Evaluation .....	33
Table 16. Calvert county summary .....	35
Table 17. Calvert County Outcome Evaluation.....	37
Table 18. Cecil county summary .....	43
Table 19. Cecil County Outcome Evaluation.....	43
Table 20. Frederick county summary .....	44
Table 21. Frederick County Outcome Evaluation .....	45

Table 22. Garrett county summary.....	48
Table 23. Garrett County Outcome Evaluation .....	49
Table 24. St. Mary's county summary .....	51
Table 25. St. Mary's County Outcome Evaluation .....	51
Table 26. Worcester county summary .....	55
Table 27. Worcester County Outcome Evaluation .....	55
Table 28. Implementation highlights by jurisdiction .....	58

## Executive Summary

### Project Background and Objectives

In 2015, SAMSHA awarded funding to the Maryland Department of Health to administer the Strategic Prevention Framework-Partnership for Success (SPF-PFS) grant in Maryland (referred here after as MSPF2).

The MSPF2 evaluation will assess the impact of the Maryland Strategic Prevention Framework initiative at the State and local jurisdiction level. More specifically, the goals are to evaluate whether the MSPF2 program:

1. Reduced underage drinking in the selected jurisdictions and statewide.
2. Reduced youth binge drinking in the selected jurisdictions and statewide.
3. Followed the Strategic Prevention Framework (SPF) process at the state and jurisdiction levels.
4. Increased the capacity of Maryland's prevention providers.
5. Strengthened Maryland's State and local prevention infrastructure through leveraging, re-directing, and realigning substance abuse block grant (SABG) resources.

### State-Level Prevention Capacity and Infrastructure

The Maryland MSPF2 project accomplished the following:

- Increased the skill set of the prevention workforce.
- Increased prevention capacity in Maryland through the provision of training and technical assistance to jurisdictions.
- Implemented the MSPF2 in 10 jurisdictions.
- Conducted an evaluation of the MSPF2 initiative.

### Community-Level Prevention Capacity and Infrastructure

The Maryland MSPF2 project accomplished the following:

- Two jurisdictions successfully changed policies in their community.
- Community partners gained skills to mobilize their communities and skills for advocacy.
- Used primarily evidence-based environmental prevention strategies addressing key intervening variables for underage and youth binge drinking. Key intervening variables included retail access

to alcohol, social access, perception of harm and risk, community and social norms, enforcement of alcohol laws, alcohol pricing, and promotions.

- Coalitions augmented these environmental strategies with information dissemination, prevention education, and community-based processes to strengthen community awareness of and support for their prevention efforts.

### State-Level Outcome Evaluation

**Priority #1: Reduce the number of Maryland youth and young adults, 12-25, reporting past month alcohol use:** Data from the Maryland Youth Risk Behavior Survey (YRBS) and the National Survey on Drug Use and Health (NSDUH) suggest that Maryland underage drinking rates are decreasing and are lower than the national average.

**Priority #2: Reduce the number of Maryland youth and young adults, 12-25, reporting past month binge drinking:** According to NSDUH, the rates of binge drinking in Maryland have been fluctuating over the past few years. Most recent data from YRBS show that binge drinking in Maryland decreased more MSPF2 counties than non-MSPF2 counties (51.5% in 2016 to 48.5% in 2018 in MSPF2 counties, and 50.4% in 2016 to 49.6% in 2018 in non-MSPF2 counties)

### Community-Level Outcome Evaluation

MSPF2 communities identified 18 factors contributing to underage alcohol use and binge drinking with high emphasis on retail availability and over service. To measure changes in these contributing factors, primary data was collected across nine communities. Jurisdictions were able to provide skills to coalitions and the community to address individual and environmental strategies.

## Background of Maryland Strategic Prevention Framework

The communities selected made significant progress using the Strategic Prevention Framework (SPF) process to plan and implement community level evidence-based prevention strategies, but each community was identified through our process and outcome evaluation activities as needing additional capacity in certain key aspects in order to fully implement the SPF process. The SPF is built on a community-based risk and protective factors approach to prevention and adopts a series of guiding principles that can be utilized at the federal, state, county and community levels. A fundamental aspect of SPF is utilizing a public health approach to prevention, meaning efforts should be focused on population-based change. Throughout the SPF process, states and communities are expected to methodically:

1. Assess their prevention needs based on epidemiological data
2. Build prevention capacity
3. Develop a strategic plan
4. Implement effective community prevention programs, policies and practices
5. Evaluate their efforts



The State of Maryland determined the overarching MSPF2 priority would be to reduce the misuse of alcohol by youth and young adults in Maryland as measured by the following indicators:

- Reduce the rate of underage drinking by youth ages 12-20 in selected SPF-PFS jurisdictions and statewide, as measured by the Maryland YRBS and NSDUH data.
- Reduce the rate of binge drinking by youth ages 18-25 in selected SPF-PFS jurisdictions and statewide, as measured by NSDUH and jurisdictional survey data.

The second major priority of MSPF2 was to strengthen both State-level and community-level prevention capacity and infrastructure through:

- Increasing the capacity of Maryland’s prevention providers through the provision of up-to-date research, training, and technical assistance on implementing evidence–based prevention practices that are determined through the SPF process, as measured by SPF-PFS records.
- Strengthening Maryland’s State and local prevention infrastructure through leveraging, redirecting and realigning SABG resources to exclusively support evidence-based prevention practices and strategies, determined through the SPF process, as measured by SPF-PFS records.
- Assisting in building capacity for: developing stronger, more inclusive, and more influential MSPF Coalitions; collecting and analyzing local planning data; using media advocacy strategies; using surveys and other primary data sources to track the reach and effectiveness efforts; and implementing policy changes which have the potential to result in significant and long-range changes in youth alcohol misuse in their communities.
- Shifting the position of the Office of Prevention to the Office of Population Health Improvement within the Public Health Services arm of the Maryland Department of Health on February 4, 2019. Due to this reorganization, the Local Prevention Programs Unit now has a focus on not only prevention, but also health at the population level.



## State-Level Implementation and Capacity Enhancement

In this section, we discuss how Maryland implemented MSPF2 and enhanced its prevention infrastructure throughout the duration of the project (September of 2015 through September of 2020).

### Assessment

The Behavioral Health Association (BHA) selected the priorities of underage drinking in 12-20 year-old individuals and binge drinking in those 18-25 year-old for the SPF-PFS. This decision was made after reviewing Alcohol and Other Drugs (AOD) use data, resources allocated to preventing AOD use in Maryland, and the likelihood of decreasing AOD use through evidence-based strategies.

Maryland selected and funded ten local health departments and their substance use prevention coalition in order to prevent and reduce underage and youth binge drinking in their communities. These coalitions, with training and technical assistance provided by the Behavioral Health Resources and Technical Assistance (BHRT) program, worked to build upon their past successes and overcome challenges they faced over the previous five years of the MSPF initiative. The communities selected made significant progress using the SPF process to plan and implement community level evidence-based prevention strategies, but each was identified through our process and outcome evaluation activities as needing additional capacity in certain key aspects of fully implementing the SPF process.

The primary recipients of the prevention strategies were anticipated to be 367,356 youth and young adults, defined as 12-25 years old living in the 10 selected jurisdictions. These coalitions were selected based on a formula that first considered the following three aspects of youth alcohol use: prevalence indicators of use, consequences of use, and contributing factors to use. This accounted for 70% of the selection score. The remaining 30% of the score was determined based on past coalition success in bringing previous MSPF initiatives and each jurisdiction's contribution to the cultural diversity and geographic balance of the initiative.

*Table 1. Participating jurisdictions*

Western Region	Central Region	Southern Region	Eastern Region
Garrett County	Baltimore City	Annapolis *	Kent County*
Frederick County	Baltimore County	Northern Anne Arundel County	Worcester County
	Cecil County	Calvert County	
		St. Mary's County	

\*Due to lack of capacity and resources, Kent County never completed an approved Needs Assessment, and their funding was stopped by the State. Annapolis was added as the new tenth site in the summer of 2017.

## Capacity Building

The State used MSPF2 resources to strengthen the capacity of its prevention system and infrastructure in order to expand and strengthen the number, reach, and effectiveness of community-level prevention programs and strategies. The prevention system and infrastructure was strengthened through the provision of 1) continuation of alcohol and other drug (AOD) prevention trainings at the State, jurisdictional, and community levels, 2) technical assistance and resources to assist local communities to strengthen their AOD awareness, assessment, community mobilization, active prevention coalitions, and strategic planning capabilities, and 3) technical assistance and resources to communities for program monitoring and evaluation.

The number, reach, and effectiveness of community-level prevention programs and strategies were strengthened through the provision of additional resources at the community level. This encouraged evidence based environmental strategies and programs designed to affect population level changes in substance abuse. These strategies also specifically addressed local community needs as well as the State MSPF priorities and indicators.

Plans were made to establish an Evidence-Based Work Group. Partners were identified, but due to limited resources and change in leadership at the State, the group was not initiated. In addition to having a partnership with BHRT, the State also contracted with Johns Hopkins Policy Technical Assistance who developed policy and advocacy skills for each jurisdiction.

## Implementation

Maryland implemented MSPF2 in ten jurisdictions starting in 2015. During the first year, the communities were trained on the updated Needs Assessment Workbook, proceeded to collect local assessment data, and completed a needs assessment. Due to lack of capacity and resources, Kent County never completed an approved needs assessment, and their funding was stopped. Annapolis was added as the new tenth site in the summer of 2017. Milestones reached by each MSPF2 jurisdiction are detailed in Table 2, Figure 1, and Figure 2.

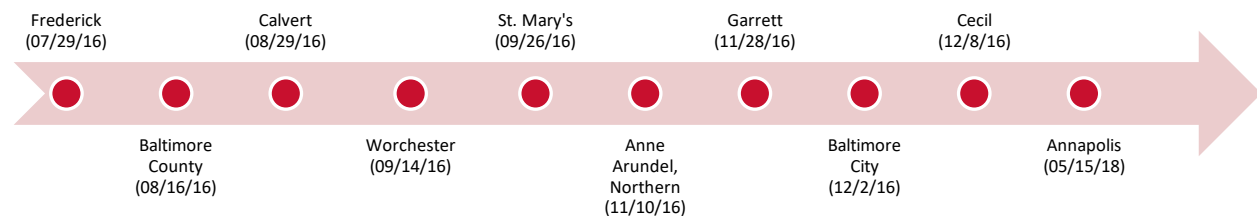
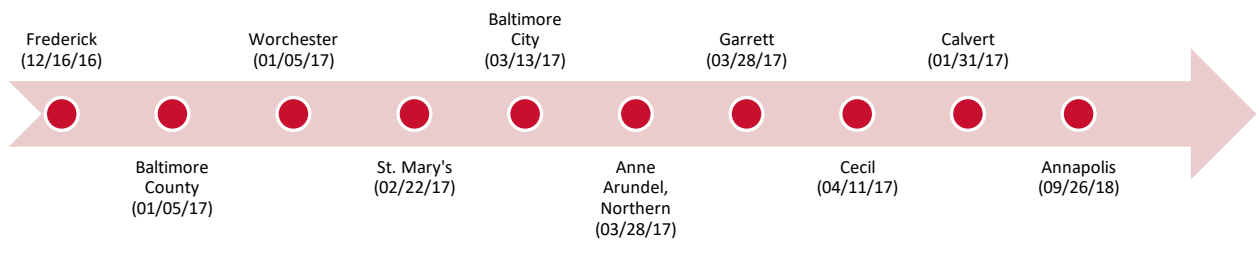


Figure 1. Needs assessment approval



*Figure 2. Strategic plan approval*

Table 2. Evaluation reports submitted by jurisdictions

	FY'18	FY'19	FY' 20
Annapolis		X	X
Anne Arundel (Northern District)	X	X	X
Baltimore City	X	X	X
Baltimore County	X	X	X
Calvert	X	X	X
Cecil	X	X	X
Frederick	X	X	X
Garrett	X	X	X
Kent*			
St. Mary's	X	X	X
Worcester	X	X	X

\*Kent County is no longer a part of MSPF2

During the assessment phase, each community used local data to select their intervening variables and contributing factors for underage and binge drinking. This work ultimately identified where each community would focus their MSPF efforts. The following table indicates the intervening variables and contributing factors selected by each MSPF2 community.

Table 3. Contributing factors identified by intervening variable

Intervening Variable	Contributing Factor	Number of Communities
Retail availability	Lack of TIPS/TAMS/RBS trained per establishment	5
	Lack of consistent compliance checks	2
	High alcohol outlet density	1
	Poor compliance with ID laws by alcohol retailers	1
Individual factors	Lack of responsible drinking practices	4
	Lack of young adults (18-25) partying with a plan	1
Enforcement /adjudication	Lack of resources for compliance checks	4
	Lack of resources to effectively monitor underage drinking activities	1
Social availability	Alcohol frequently provided by friends older than age 21	1
	Lack of enforceable social host law	1
Retail access	Youth and young adults have easy access to fake ID's	1

During the planning phase, each community selected evidence-based strategies to target their identified contributing factors. These strategies were identified from the Strategic Plans for each community and are listed below in Table 4. Each jurisdiction was required to select and implement a policy-based strategy. Most jurisdictions (eight of ten) identified the policy approach to require and enhance responsible beverage service training in order to address over-service and alcohol-related harms in retail establishments.

Table 4. Strategies implemented by each MSPF2 jurisdiction

	Anne Arundel (Annapolis)	Anne Arundel (Northern)	Baltimore City	Baltimore County	Calvert	Cecil	Frederick	Garrett	St. Mary's	Worcester
Enhance RBS training policy	X	X	X	X	X	X	X			X
Develop policy & practices for fake ID's by means of police or alcohol beverage control board	X									
Conduct alcohol age compliance checks and issue citations to retailers	X	X		X	X	X	X		X	X
Enhance police capacity to address alcohol laws	X									
Over-service enforcement initiatives		X				X			X	
Binge drinking media campaign		X		X	X			X		X
Promotion of TIPS line and MD laws regarding furnishing alcohol to minors							X			
Regulation of alcohol outlet density through licensing			X							
Support citywide initiative on alcohol outlet density through policy change			X							
Community-based processes to support media, advocacy, and capacity			X							
Establish social host ordinance									X	
Implement saturation patrols during target times										X
Alcohol restrictions at community events								X		

During the implementation phase, each jurisdiction followed a ten-step policy process to develop and implement a local policy change in their community. Cecil County and Anne Arundel (Northern) County both had a policy adopted by the Maryland legislature that increased the requirements of RBS training for retail establishments. The following table highlights the policy step milestones for each MSPF2 jurisdiction.

Table 5. Policy step milestones by MSPF2 jurisdiction

	Anne Arundel (Annapolis)	Anne Arundel (Northern)	Baltimore City	Baltimore County	Calvert	Cecil	Frederick	Garrett	St. Mary's	Worcester
Policy Action Statement	X	X	X	X	X	X	X	X	X	X
Engage Enforcement	X	X		X	X	X	X	X	X	X
Data Collection	X	X	X	X	X	X	X	X	X	X
Making the Case		X		X	X	X		X	X	X
Explore Policy Language		X				X		X	X	
Use Media Advocacy						X		X	X	
Mobilize Support and Provide Community Engagement		X				X		X	X	
Policy Adoption		X				X		X	X	
Ensure Enforcement of the Policy										
Evaluate Campaign Effectiveness										

## Enhancing Maryland’s Prevention Capacity and Infrastructure

In the following section, we describe in detail how MSPF2 strengthened prevention capacity and infrastructure through the provision of ongoing training, technical assistance, grant resources, and dissemination of best practices to participating Maryland prevention providers.

### Training and Technical Assistance Sessions to MSPF2 Communities

The SPF-PFS initiative increased the training and technical assistance provided to the participating jurisdictions. Over the five years of MSPF2 implementation in Maryland, local jurisdiction staff participated in trainings developed or facilitated by BHRT and Johns Hopkins Policy Technical Assistance Team. A summary of the trainings is provided in Table 6 below. Additionally, technical assistance calls, guidance documents, and visits were provided to jurisdictions from BHRT and Johns Hopkins Policy Technical Assistance Team throughout the SPF process.

*Table 6. MSPF2 technical assistance trainings*

Technical Assistance/Training Title	Trainers
Ongoing Technical Assistance	BHRT/JHU
Community Mobilization Training	Andrea Harris (Facilitated by BHRT)
Qualitative Data Training	Carson Consulting (Facilitated by BHRT)
Alcohol Policy Conference	US Alcohol Policy
MSPF2 Needs Assessment Training	BHRT
MSPF2 Strategic Planning Training	BHRT
Policy Webinar	Michael Sparks (Facilitated by JHU)
Policy Training- Overview of the 10 Policy Steps	Michael Sparks and David Jernigan (Facilitated by JHU)
Strategy Implementation	BHRT/JHU
New Reporting Forms, Evaluation Concepts, & Best Practices	BHRT/BHA
MSPF2 Learning Collaborative	BHRT/BHA/JHU
MSPF2 Booster Webinar (Follow-Up to MSPF2 Learning Collaborative)	BHRT/JHU
Policy Training	JHU (Facilitated by BHRT)
Capacity Training	Prevention Solutions (Facilitated by BHRT)
Community of Practice Call - Evaluation	BHRT
Alcohol Awareness Training	JHU
Media in Advocacy	JHU
Peer Sharing Call - Responding to Prevention Needs in Today’s Environment	BHRT
Peer Sharing Call – Prevention in Virtual Settings	BHRT

### Improving State Prevention Infrastructure

The MSPF2 project enhanced the State’s capacity by increasing the skills of the prevention workforce. In order to assess the prevention workforce’s skills and knowledge, the BHRT team developed and

implemented the Prevention Workforce Survey (Appendix A). In this survey, questions measured self-reported level of knowledge and skills on the SPF process. The survey respondents were asked to rate their knowledge in specific areas such as assessment, capacity building, implementation, evaluation and sustainability (ratings of 1 or 2 were pooled as low knowledge and 3 or 4 were pooled as high knowledge). The table below shows the total number of responses collected and their distribution between MSPF2 and non-MSPF2 grantees.

Table 7. Workforce prevention survey responses

Overall Respondents	MSPF2 Grantees	Non MSPF2 Grantees
68	17	51

Figures 3 through 7 outline the comparison between MSPF2 and non-MSPF2 recipients with regards to the self-reported level of knowledge and skills related to assessment, capacity building, implementation, evaluation, and sustainability. It was observed that participants from MSPF2 jurisdictions more frequently self-reported their skills as high and less frequently self-reported their skills as low than non-MSPF2 participants.

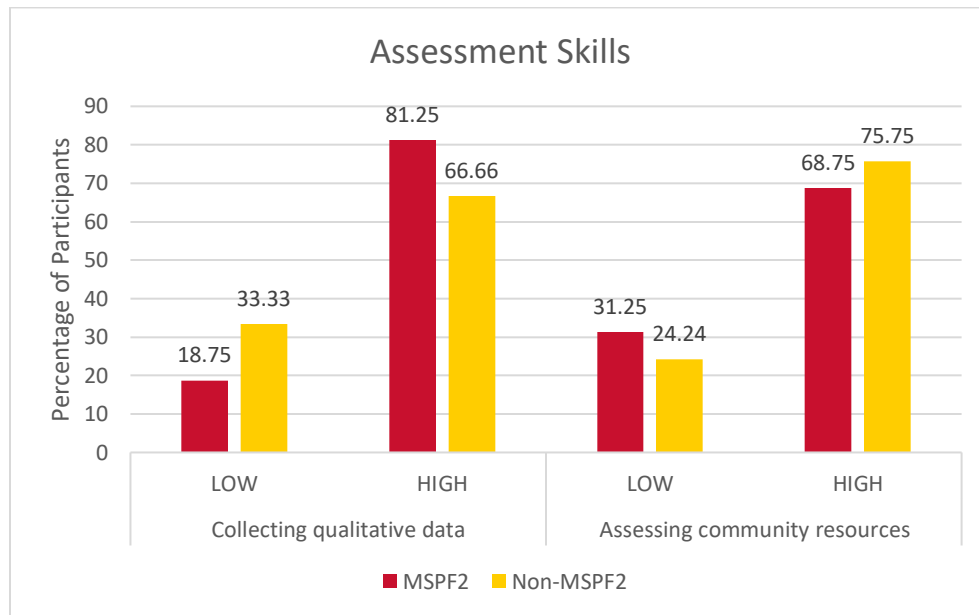


Figure 3. Prevention workforce survey self-reported assessment skills



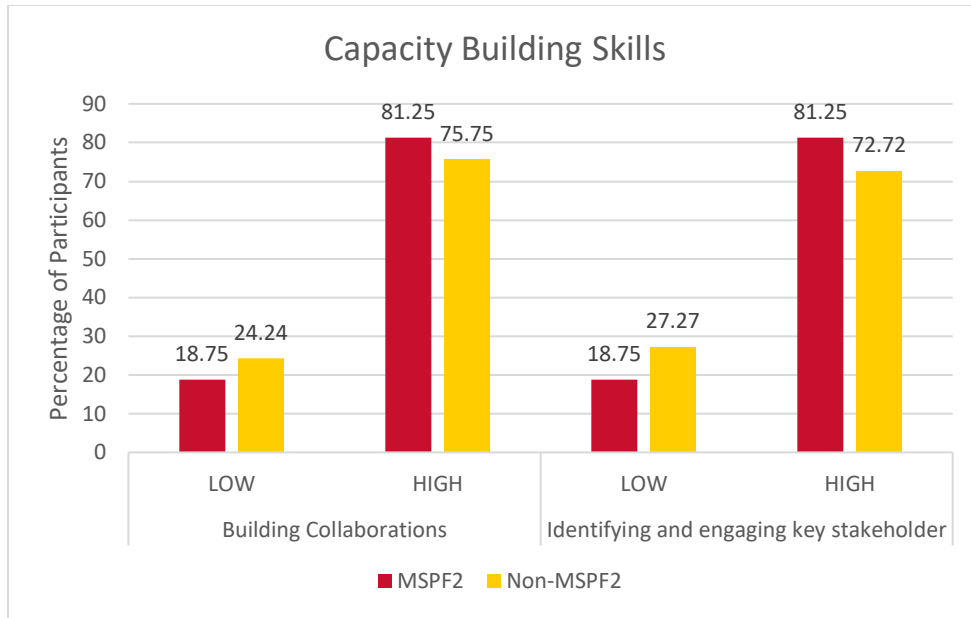


Figure 4. Prevention workforce survey self-reported capacity building skills

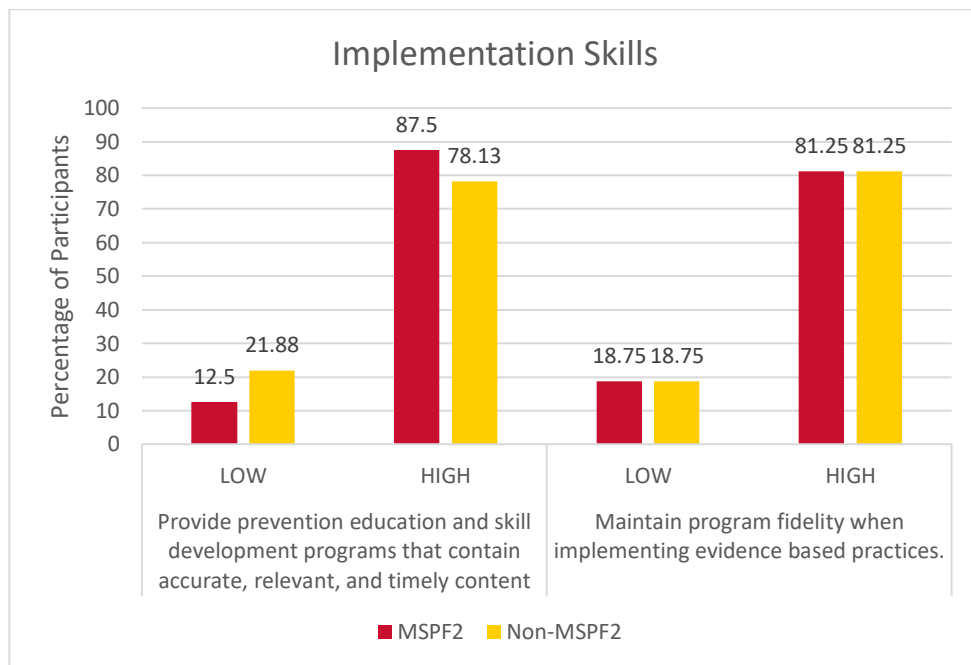


Figure 5. Prevention workforce survey self-reported implementation skills

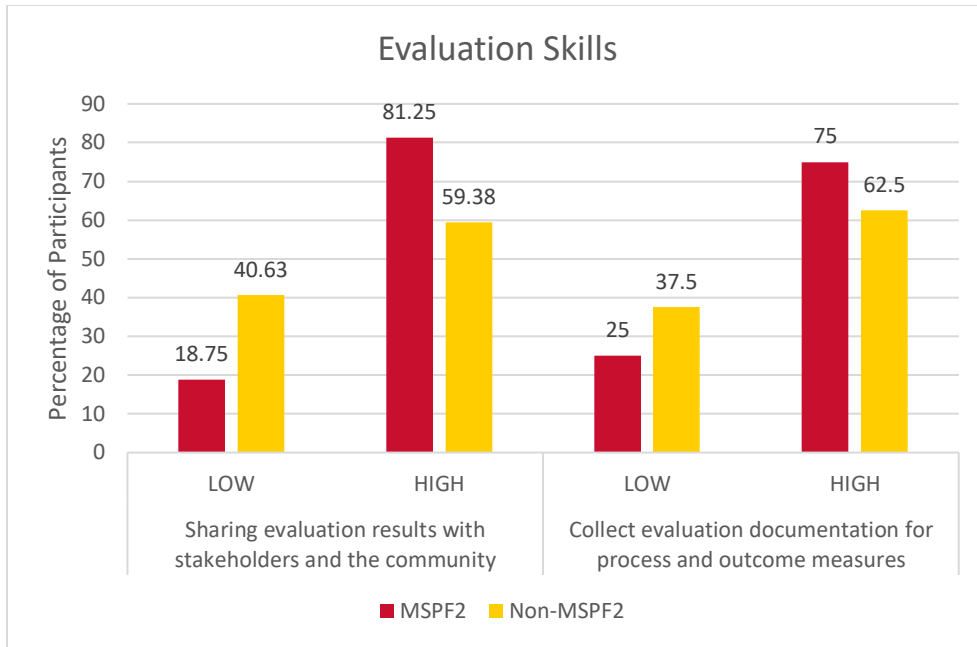


Figure 6. Prevention workforce survey self-reported evaluation skills

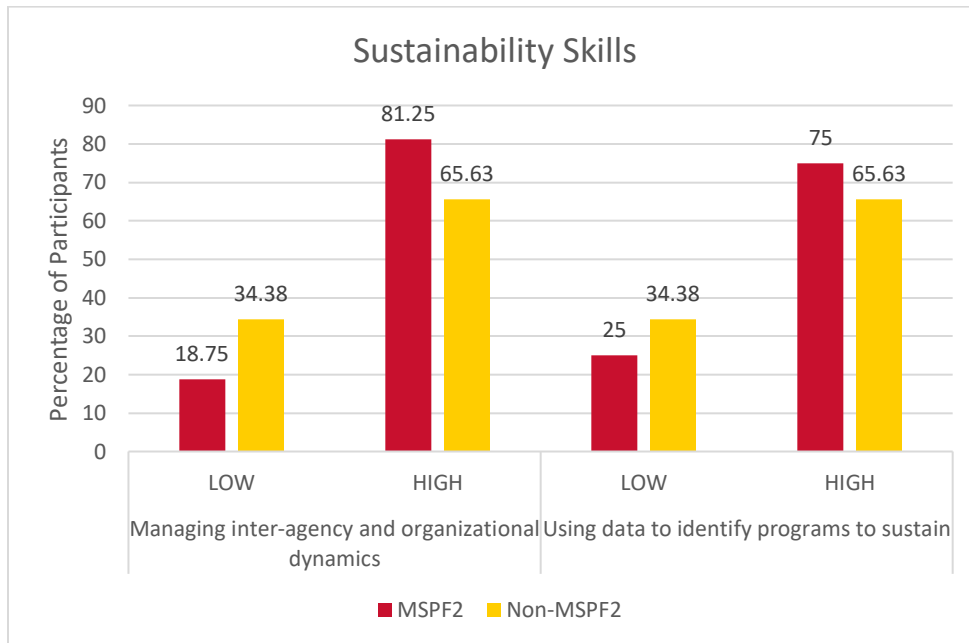
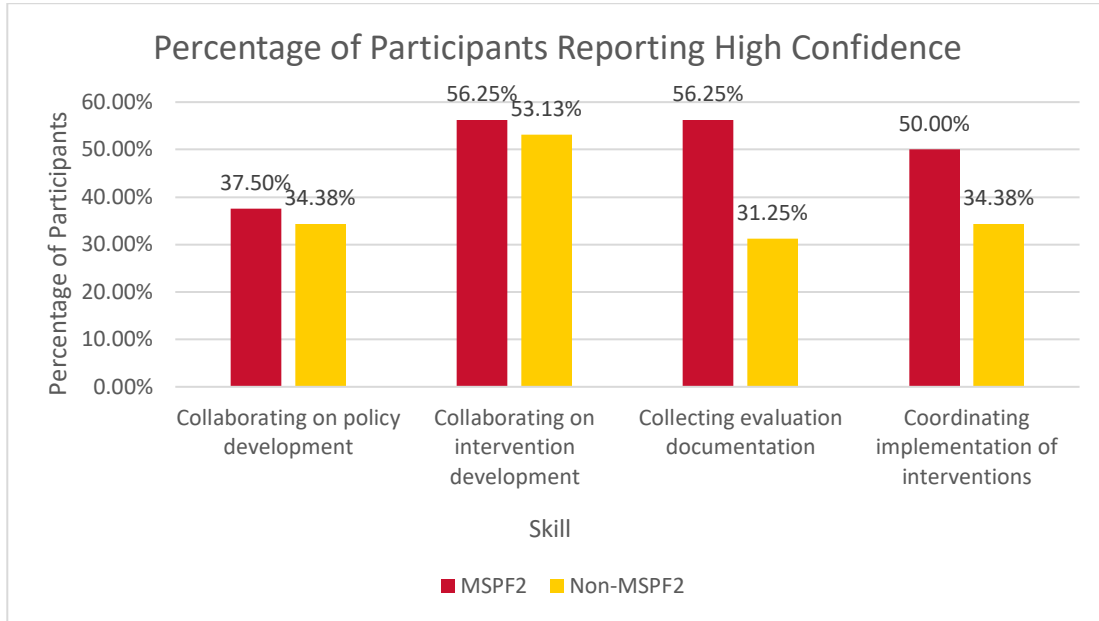


Figure 7. Prevention workforce survey self-reported sustainability skills

The survey also collected information about the self-reported level of confidence that the respondents had with regards to the different aspects of the SPF process. Figure 8 shows the percentage of MSPF2 and non-MSPF2 participants reporting high confidence with four different skills.



*Figure 8. Prevention workforce survey self-reported high confidence levels*

The largest differences in the percentage of participants reporting high confidence were seen in the skills collecting evaluation documentation and coordinating implementation of interventions. For these skills, MSPF2 participants more frequently reported high confidence than non-MSPF2 participants, which can likely be attributed to the TA support from MSPF2.

## State-Level Outcome Evaluation

**Were there reductions in the number of youth and young adults, ages 12-25, reporting past month alcohol use?** (Sources: Youth Risk Behavior Surveillance System (YRBSS) and Maryland Young Adults Survey on Alcohol Use (MYSA))

For this priority, underage drinking was operationalized as alcohol consumption within the past 30 days among youth ages 12 to 25 years. Overall, Maryland YRBS data shows a downtrend in underage drinking since 2013. Underage drinking among Maryland youth in counties that implemented the MSPF2 intervention (ages 12 to 20 years) declined from 28.3% in 2013 to 23.3% in 2018 among high school students (Figure 9). A similar trend of decline was observed in counties without MSPF2 in high school students. Among middle school students, there was a slightly greater decline in the MSPF2 counties from 30.2% in 2013 to 21.6% in 2018, as opposed to a decline from 29.8% in 2013 to 21.6% in 2018 that was observed in non MSPF2 counties (Figure 10). Using linear regression models, we observed that there was a statistically significant decrease in the 30-day alcohol consumption among middle school and high school students over the past 5 years after adjusting for the presence for the MSPF2 intervention.

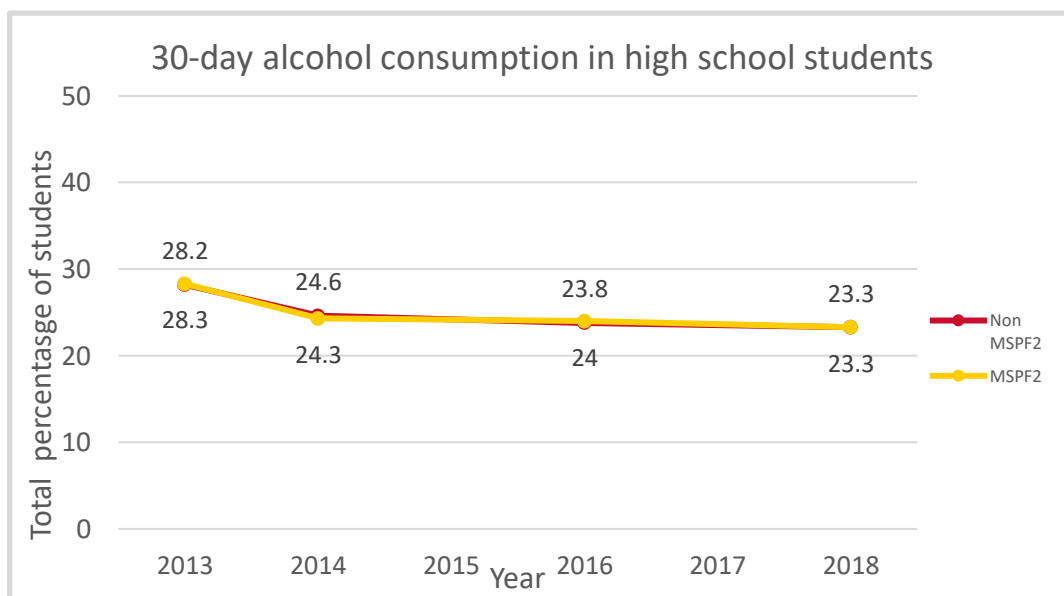


Figure 9. 30-day alcohol consumption in high school students. Source: YRBS.

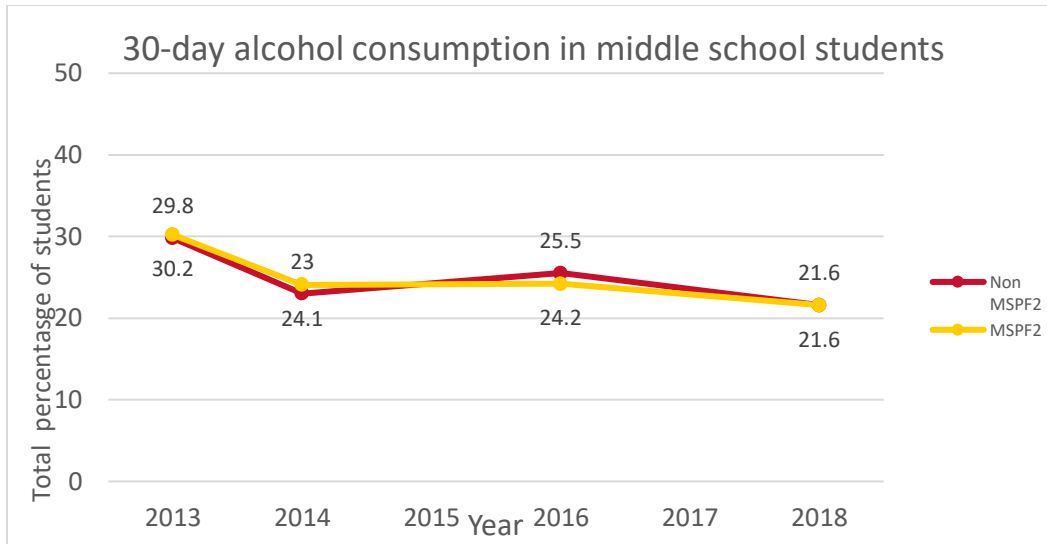


Figure 10. 30-day alcohol consumption in middle school students. Source: YRBS.

Young adults ages 21-25 also showed similar trends of decline in the 30-day consumption of alcohol as captured using the MYSA report. Irrespective of MSPF2, the 30-day alcohol consumption decreased from 2016 to 2018. However, a sharper decline was observed in counties that did not implement the MSPF2 intervention (53.2% in 2016 to 46.8% in 2018) as compared to the ones that did (50.6% in 2016 to 49.4% in 2018) (Figure 11).

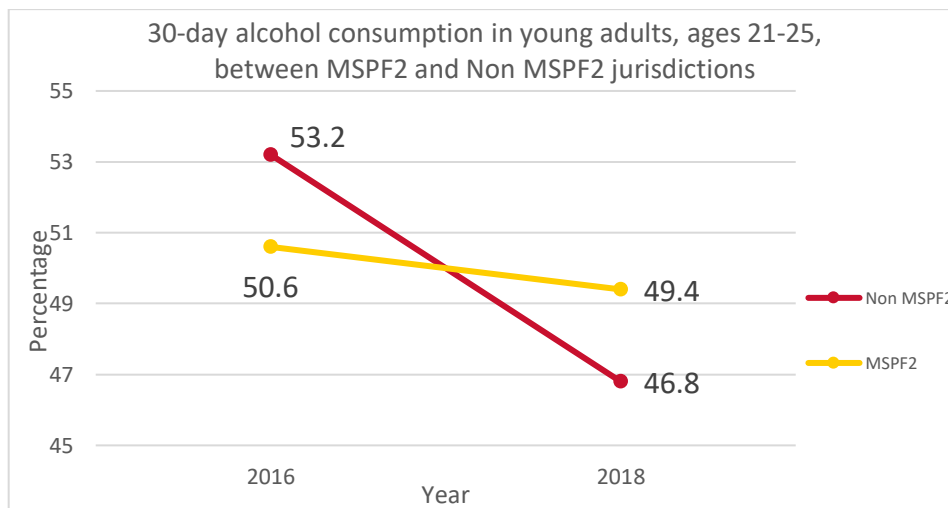


Figure 11. 30-day alcohol consumption in young adults ages 21-25 between MSPF2 and non-MSPF2 jurisdictions. Source: MYSA.

**Were there reductions in the number of youth and young persons, ages 12-25, reporting past month binge drinking?** (Sources: Youth Risk Behavior Surveillance System (YRBSS) and Maryland Young Adults Survey on Alcohol Use (MYSA))

For the purposes of MSPF2, binge drinking was defined as having five or more drinks of alcohol in a row among young adults. While statistically not significant, fewer high school students report binge drinking since 2016 as indicated in YRBSS (50.4% in 2016 to 49.6% in 2018 in non-MSPF2 counties, and 51.5% in 2016 to 48.5% in 2018 in MSPF2 counties) (Figure 12).

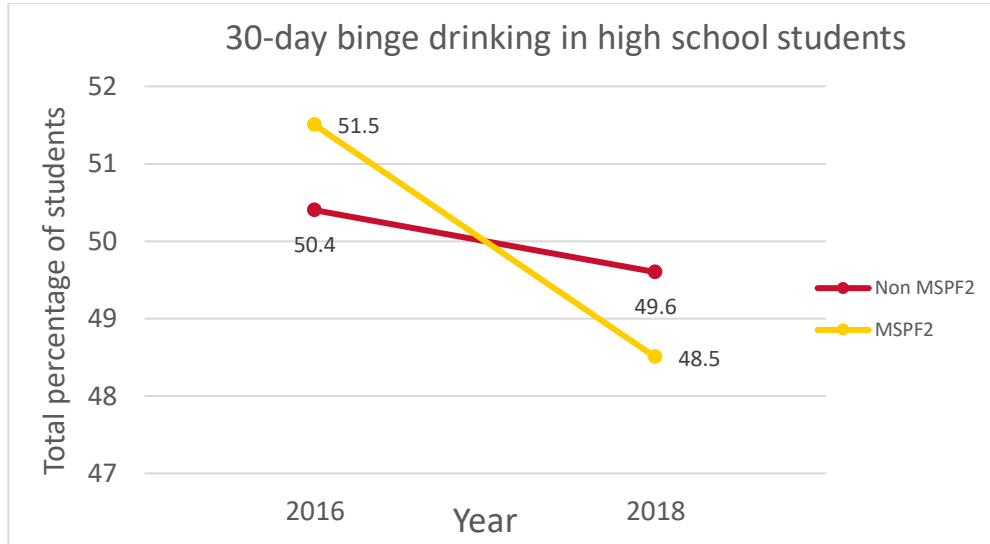


Figure 12. 30-day binge drinking in high school students. Source: YRBSS.

While a decrease in the 30-day binge drinking rate was observed among high school youths, there was an increase in the 30-day binge drinking among young adults ages 21-25 from 2016 to 2018. This increase was observed to be more pronounced in the non-MSPF2 counties (47.49% in 2016 to 52.21% in 2018) when compared to the counties that implemented MSPF2 (49.49% in 2016 to 50.51% in 2018) (Figure 13).

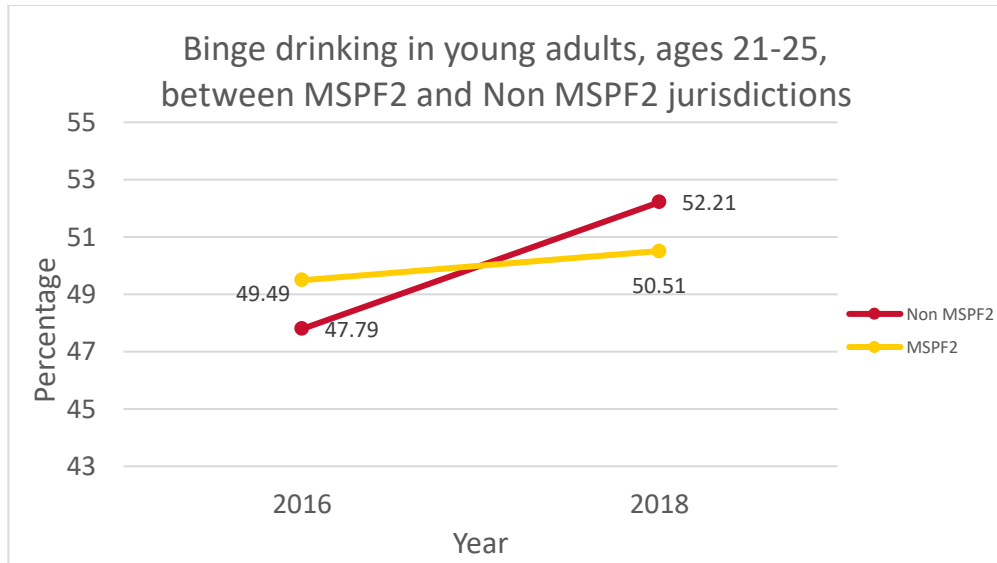


Figure 13. Binge drinking in young adults ages 21-25 between MSPF2 and non-MSPF2 jurisdictions. Source: MYSA.

**Was there reduction in the alcohol and/or prescription drug-related car crashes, fatalities and injuries among youth and young persons, ages 16-20?** (Sources: Maryland Department of Transportation)

Alcohol-related car crashes are one of the numerous consequences of alcohol consumption. Using data from the Maryland Department of Transportation (MDOT), we assessed trends for alcohol and/or prescription drug-related car crashes, fatalities, and injuries between counties with and without MSPF2. From 2008 to 2017, there was a nearly 62% decrease in the total number of crashes among young adults aged 16-20 years, and nearly 28% decrease in total number of crashes from 2013-2017 among young adults aged 21-25.

Using linear regression models, we observed that there was no statistically significant change in the alcohol and/or prescription drug-related car crashes, fatalities, and injuries over the past 5 years after adjusting for the presence for the MSPF2 intervention.

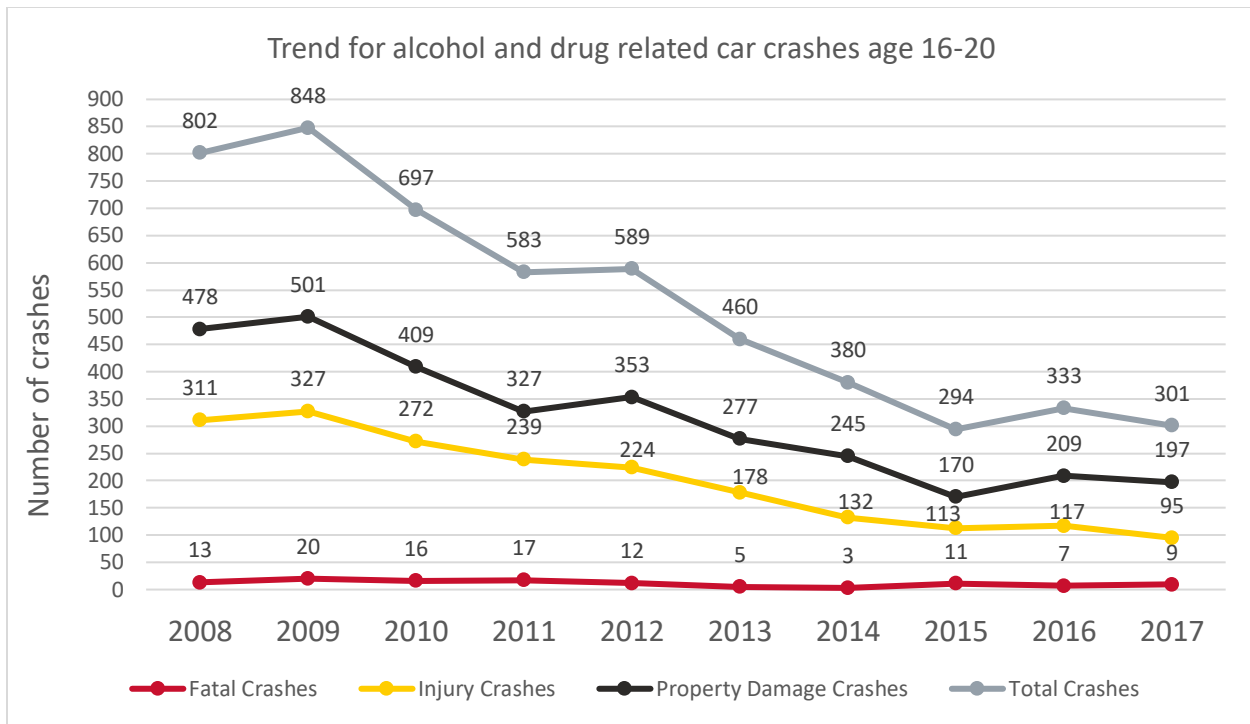


Figure 14. Trend for alcohol and drug related car crashes, ages 16-20. Source: MDOT.

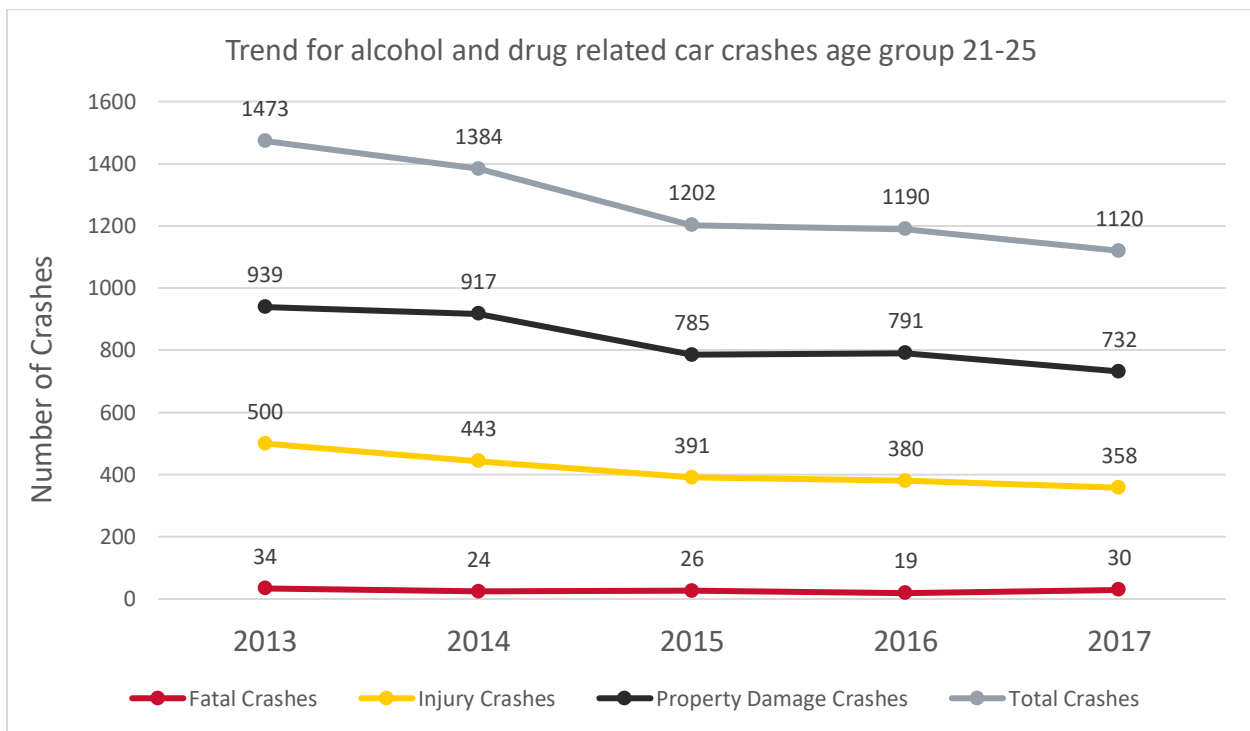


Figure 15. Trend for alcohol and drug related car crashes, ages 21-25. Source: MDOT



**Was there a reduction in the alcohol-related emergency admissions and/or hospitalizations among youth and young persons, ages 12-20?** (Sources: Health Services and Cost Review Commission (HSCRC))

Consequences such as hospital utilization and fatalities are also indicative of excessive drinking among Marylanders of all ages. We used the Health Services and Cost Review Commission (HSCRC) data to visualize the change in the alcohol related emergency admission and/or hospitalization event rates among individuals aged 12-20 years in counties that implemented the MSPF2 intervention. Statewide, the rate of alcohol related emergency department (ED) visits has declined from 110% in 2013 to 61% in 2018 (Figure 16). The sharpest decline from 170% to 58% from 2013 to 2018 was observed in Anne Arundel County.

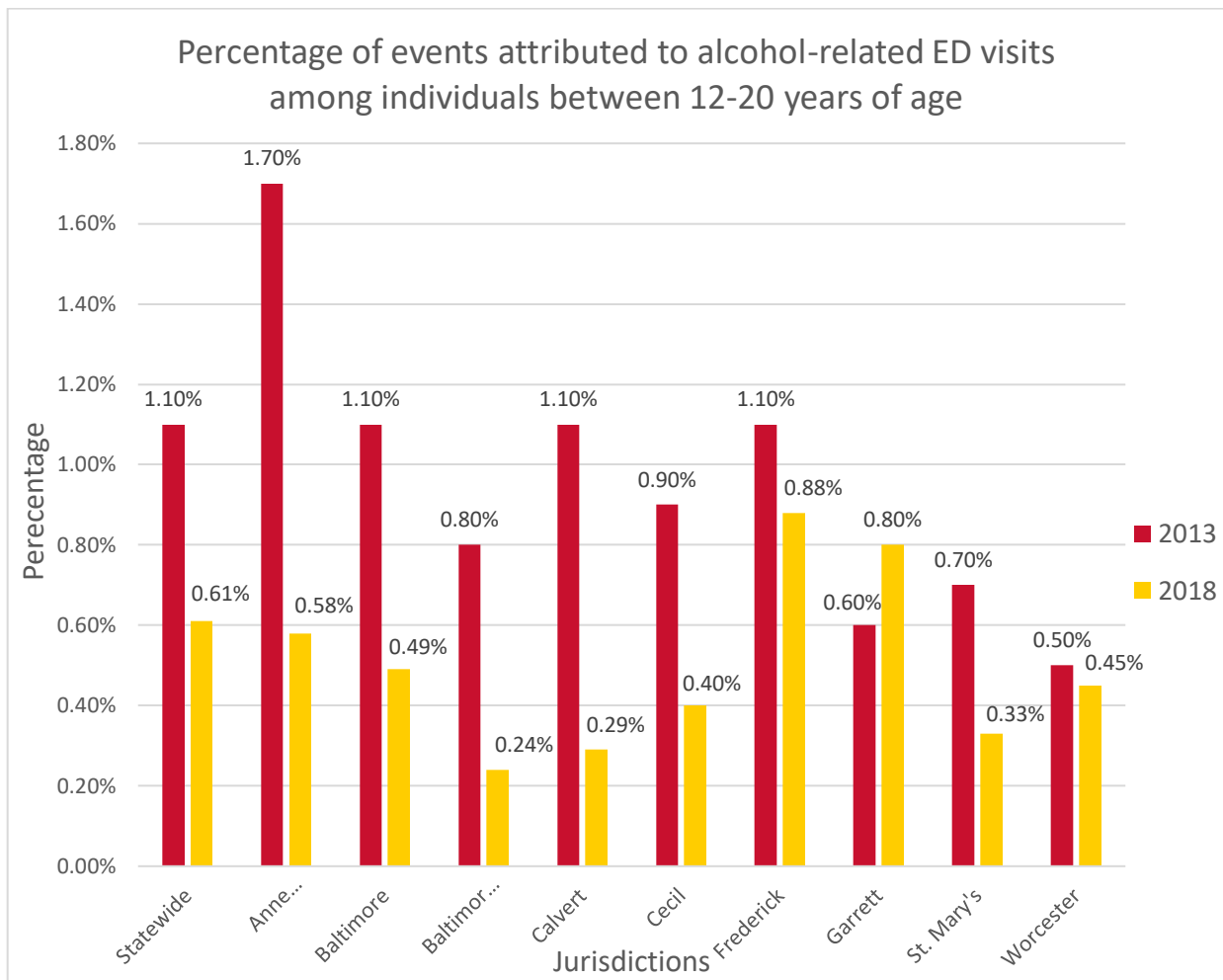


Figure 16. Alcohol related emergency department visits among youth and young persons, ages 12-20. Source: HSCRC.

## Community-Level Implementation and Outcomes

In this section, we describe how the MSPF2 communities implemented each SPF step and strengthened their capacity towards reducing underage drinking and binge drinking. A summary table identifies each community's selected intervening variables, contributing factors, and strategies. We also provide a summary of the communities' successes. Finally, for each community we provide a table with baseline and follow-up data on contributing factors targeted by the MSPF2 initiative. The data tables included were collected by each jurisdiction's final evaluation report.

Table 8. Annapolis summary

Annapolis		
Coalition Name: Annapolis Substance Abuse Prevention Coalition (ASAP)		
Intervening Variables	Contributing Factors	Strategies
Retail Access	Youth and young adults have easy access to fake IDs	<ul style="list-style-type: none"> <li>Enhance responsible beverage service/seller training.</li> <li>Develop policy/practices regarding fake IDs by means of police or the Alcohol Beverage Control Board.</li> </ul>
Retail Availability	Lack of consistent compliance checks	<ul style="list-style-type: none"> <li>Conduct alcohol age compliance checks and issue citations to retailers selling alcohol to youth.</li> <li>Enhance law enforcement capacity and commitment to address alcohol laws.</li> </ul>

Table 9. Annapolis Outcome Evaluation

Outcome Evaluation Questions	Outcome Measures	Baseline Data	Outcome Evaluation Results (Outcome Data Collected)
Was there an increase percentage of servers reporting being trained in RBS and have skills to identify fake ID	Within one year after program implementation there will be a 10% increase in knowledge provided in Responsible Beverage Service (RBS) training and 10% increase in server skills in identifying fake IDs.	*No previous RBS training	According to server surveys, 48% of participants indicated that training gave them an increased sense of responsibility as a server of alcohol.
Was there a decrease in the percentage of young adults reporting retail access to alcohol?	Intermediate term Within two years of program implementation, there will be a decrease in retail availability of alcohol for young adults ages 18-20 in Anne Arundel	According to the 2016 MYSA, 18.7% of young adults 18 to 20 in AAC purchased alcohol at a retail establishment.	According to the 2020 MYSA, 14.9 % of young adults 18-20 in AAC purchased alcohol at a retail establishment.

	County by 10% from 18.7% to 16.8% as indicated by 2018 MYSA data.		
Was there a decrease in the percentage of 12-17 year olds reporting past 30 day use?	Long term Youth ages 12-17 reporting past 30 day alcohol use in AAC will be reduced by 10%, from 30.2% to 27.1%, as indicated by YRBS data.	30.2% of youth ages 12-17 reported past 30 day alcohol use	27.5% youth ages 12-17 reported past 30 day alcohol use in AAC according to the 2018 YRBS.
Was there a decrease in the percentage of 18-20 year olds reporting past 30 day use?	Long term Youth ages 18-20 reporting past 30 day alcohol use in AAC will be reduced by 10%, from 86.08% to 77.04%, as indicated by MYSA data.	86.9% of youth ages 18-20 reported past 30 day alcohol use in AAC according to the 2016 MYSA.	74.53% of youth ages 18-20 reported past 30 day alcohol use in AAC according to the 2018 MYSA.
Was there a decrease in the percentage of 18-25 year olds reporting binge drinking in the past 30 days?	Long term Young adults ages 18-25 who report binge drinking at least once in the past 30 days in AAC will be reduced by 10% from 56.18 % to 50.5%, as indicated by MYSA.	56.18% of young adults ages 18-25 reported binge drinking at least once in the past 30 days in AAC according to the 2016 MYSA	58.07% of young adults reported binge drinking at least once in the past 30 days in AAC according to the 2018 MYSA.
Was a policy or procedure developed to establish best practices for alcohol law violations for retail establishments?	Short term Within one year of program implementation, develop a policy or procedure to establish best practices for alcohol law violations for retail establishments.	No known policy/procedure established	A restaurant initiative encompassing 'business checks' in partnership with APD was chosen as a policy
Was a policy/procedure been implemented?	Intermediate term Within two years of program implementation, implement the policy/procedure	No known policy/procedure implemented	Currently in planning stages
Was there a decrease in the percentage of young adults reporting retail access to alcohol?	Intermediate term Within two years of program implementation, there will be a decrease in the retail availability of	According to the 2016 MYSA, 18.7% of young adults 18 to 20 in AAC purchased alcohol at a retail establishment.	According to the 2018 MYSA, 14.9% of young adults 18-20 in AAC purchased alcohol at a retail establishment.

	alcohol for young adults ages 18-20 in AAC by 10% from 18.7 to 16.8% as indicated by 2018 MYSA data.		
Percentage of 12 to 17 year olds reporting past 30 day use	Long term Youth ages 12-17 reporting past 30 day alcohol use in AAC will be reduced by 10%, from 30.2% to 27.1%, as indicated by YRBS data.	30.2% of youth ages 12-17 reported past 30 day alcohol use in AAC according to the 2016 YRBS.	27.5% youth ages 12-17 reported past 30 day alcohol use in AAC according to the 2018 YRBS.
Was there a decrease in the percentage of 18-25 year olds reporting binge drinking in the past 30 days?	Long term Young adults ages 18-25 who report binge drinking at least once in the past 30 days in AAC will be reduced by 10% from 56.18 % to 50.5%, as indicated by MYSA.	56.18% of young adults ages 18-25 reported binge drinking at least once in the past 30 days in AAC according to the 2016 MYSA	58.7% of young adults reported binge drinking at least once in the past 30 days in AAC according to the 2018 MYSA.
Was there an increase in the number of compliance checks completed compared to the previous year?	Short term Within one year of implementation there will be an increase in the number of establishments that pass their compliance checks by 10% as indicated by law enforcement data.	In FY 17, 67 % of establishments passed compliance checks, as indicated by law enforcement data.	FY 17: 67% passed 3 checks completed  FY 18: 62% passed 21 checks completed  FY 19: 62% passed 82 checks completed  FY 20: 77% passed 27 checks completed  FY 21: 71% passed 45 checks completed
Was there a decrease in the percentage of young adults reporting retail access to alcohol?	Intermediate term Within two years of program implementation, there will be a decrease in the retail availability of alcohol for young adults ages 18-20 in AAC by 10% from 18.7 to 16.8% as indicated by 2018 MYSA data.	According to the 2016 MYSA, 18.7% of young adults 18 to 20 in AAC purchased alcohol at a retail establishment.	According to the 2018 MYSA, 14.9% of young adults 18-20 in Anne Arundel County purchased alcohol at a retail establishment
Was there a decrease in the percentage of 12-17 year olds reporting past 30 day use?	Long term Youth ages 12-17 reporting past 30 day	30.2% of youth ages 12-17 reported past 30 day alcohol use in AAC according to the 2016 YRBS.	27.5% youth ages 12-17 reported past 30 day alcohol use in AAC according to the 2018 YRBS.

	alcohol use in AAC will be reduced by 10%, from 30.2% to 27.1%, as indicated by YRBS		
Was there a decrease in the percentage of 12-17 year olds reporting past 30 day use?	Long term Youth ages 18-20 reporting past 30 day alcohol use in AAC will be reduced by 10%, from 86.08% to 77.04%, as indicated by MYSA	86.9% of youth ages 18-20 reported past 30 day alcohol use in AAC according to the 2016 MYSA.	74.53% of youth ages 18-20 reported past 30 day alcohol use in AAC according to the 2018 MYSA.
Was there a decrease in the percentage of 18-20 year olds reporting past 30 day use?	Young adults ages 18-25 who report binge drinking at least once in the past 30 days in AAC will be reduced by 10% from 56.18 % to 50.5%, as indicated by MYSA data.	56.18% of young adults ages 18-25 reported binge drinking at least once in the past 30 days in AAC according to the 2016 MYSA	58.7% of young adults reported binge drinking at least once in the past 30 days in AAC according to the 2018 MYSA.
Has a policy with recommendations to increase law enforcement been developed?	Within one year, develop policy recommendations to increase law enforcement	No known policy/procedure established	Policy with recommendations to increase enforcement is in development
Has a policy been implemented to increase law enforcement capacity and commitment?	Within two years, implement policy to increase law enforcement capacity and commitment	No known policy/procedure implemented	A decision was made to increase compliance check training for APD officers
Was there a decrease in the percentage of young adults reporting retail access to alcohol?	Within two years of program implementation, there will be a decrease in the retail availability of alcohol for young adults ages 18-20 in Anne Arundel County by 10% from 18.7 to 16.8% as indicated by 2018 MYSA data.	According to the 2016 MYSA, 18.7% of young adults 18 to 20 in AAC purchased alcohol at a retail establishment.	According to the 2020 MYSA, 14.9% of young adults 18-20 in Anne Arundel County purchased alcohol at a retail establishment.
Was there a decrease in the percentage of 12-17 year olds reporting past 30 day use?	Youth ages 12-17 reporting past 30 day alcohol use in AAC will be reduced by 10%, from 30.2% to 27.1%, as indicated by YRBS data.	30.2% of youth ages 12-17 reported past 30 day alcohol use in AAC according to the 2016 YRBS.	According to the 2020 MYSA, 14.9% of young adults 18-20 in Anne Arundel County purchased alcohol at a retail establishment.
Was there a decrease in the percentage of 18-20 year olds reporting past 30 day use?	Youth ages 18-20 reporting past 30 day alcohol use in AAC will be reduced by 10%, from 86.08% to 77.04%, as indicated by MYSA data.	86.9% of youth ages 18-20 reported past 30 day alcohol use in AAC according to the 2016 MYSA.	27.5% youth ages 12-17 reported past 30 day alcohol use in AAC according to the 2020 YRBS.

Was there a decrease in the percentage of 18-25 year olds reporting binge drinking in the past 30 days?	Young adults ages 18-25 who report binge drinking at least once in the past 30 days in AAC will be reduced by 10% from 56.18 % to 50.5%, as indicated by MYSA data.	56.18% of young adults ages 18-25 reported binge drinking at least once in the past 30 days in AAC according to the 2016 MYSA	58.7% of young adults reported binge drinking at least once in the past 30 days in AAC according to the 2020 MYSA.
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Table 10. Anne Arundel County summary

<b>Anne Arundel County</b>		
<b>Coalition Name: Northern Lights against Substance Abuse Coalition (NLASA)</b>		
<b>Intervening Variables</b>	<b>Contributing Factors</b>	<b>Strategies</b>
Retail Availability	Lack of Consistent Compliance Checks  Lack of Trained Staff at Retail Established	<ul style="list-style-type: none"> <li>• Conduct alcohol compliance checks and issue citations to retailers selling alcohol to youth.</li> <li>• Over-service law enforcement initiatives.</li> <li>• Requiring/enhancing Responsible Beverage Service/Seller Training (Policy).</li> </ul>
Individual Factors	Lack of Responsible Drinking Practices	<ul style="list-style-type: none"> <li>• Enhance media campaign.</li> <li>• Enhancing Responsible Beverage Service Training.</li> </ul>

Table 11. Anne Arundel County Outcome Evaluation

<b>Outcome Measures</b>	<b>Baseline Data</b>	<b>Outcome Evaluation Results (Outcome Data Collected)</b>
Increase the number of retail establishments check for sales to minors	FY 2016: 42	FY17: 99 FY18: 65 FY19: 82 FY20: 78 FY21: 43
Decrease retail availability for young adults	MYSA 2016 18.7%	MYSA 2020 14.9% of AACo ages 18-20 purchased alcohol at a retail establishment
Ages 12 – 17 in the past 30 days use of alcohol	2016 YRBS 30.2%	YRBS 2018: 27.5%
Ages 18 – 20 in the past 30 days use of alcohol	MSYA 2016 86.08%	MYSA 2020: 74.53%

Ages 18 – 25 binge drinking in the past 30 days	YSA 2016 56.18%	MYSA 2020: 58.07%
Increase the number of over-service checks	0	8, all 8 passed
Decrease retail availability for young adults	MYSA 2016: 18.7%	MYSA 2020 14.9% young adults purchased alcohol at retail establishments
Ages 12 – 17 in the past 30 days use of alcohol	2016 YRBS: 30.2%	YRBS 2018: 27.5%
Ages 18 – 20 in the past 30 days use of alcohol	MSYA 2016: 86.08%	MYSA 2020: 74.53% past 30 day use
Ages 18 – 25 binge drinking in the past 30 days	MYSA 2016: 56.18%	MYSA 2020: 58.07% binge drinking in the past 30 days
Ten percent increase in server skills checking for IDS	No baseline data.	Servers survey gave themselves a 4.32 out of 5 in skill for checking IDs after training.
Decrease retail availability for young adults	MYSA 2016: 18.7%	MYSA 2020 14.9% young adults purchased alcohol at retail establishments
Ages 12 – 17 in the past 30 days use of alcohol	2016 YRBS: 30.2%	YRBS 2018: 27.5%
Ages 18 – 20 in the past 30 days use of alcohol	MSYA 2016: 86.08%	MYSA 2020: 74.53%
Ages 18 – 25 binge drinking in the past 30 days	MYSA 2016: 56.18%	MYSA 2020: 58.07%
Ages 18 - 25 who report physically injuring themselves while intoxicated will be reduced	2018 MYSA data: 44.9% reported moderate risk	2020 MYSA data: 26.27% report moderate risk
Decrease retail availability for young adults	MYSA 2016: 18.7%	MYSA 2020 14.9% young adults purchased alcohol at retail establishments
Ages 12 – 17 in the past 30 days use of alcohol	2016 YRBS: 30.2%	YRBS 2018: 27.5%
Ages 18 – 20 in the past 30 days use of alcohol	MSYA 2016: 86.08%	MYSA 2020: 75.4%
Ages 18 – 25 binge drinking in the past 30 days	MYSA 2016: 56.18%	MYSA 2020: 58.07%

Table 12. Baltimore city summary

Baltimore City		
Coalition Name: Behavioral Health Systems Baltimore		
Intervening Variables	Contributing Factors	Strategies
Retail Availability	High alcohol outlet density	<ul style="list-style-type: none"> <li>Regulation of alcohol outlet density through licensing.</li> <li>Supporting the BGNC Zoning Legislative Campaign.</li> </ul>
Individual Factors	Lack of responsible drinking practices	<ul style="list-style-type: none"> <li>Conduct compliance checks (underage and over service compliance) and issue alcohol citations to retailers.</li> <li>Underage and binge drinking media campaign.</li> </ul>

Table 13. Baltimore City Outcome Evaluation

Outcome Evaluation Questions	Outcome Measures	Baseline Data	Outcome Evaluation Results (Outcome Data Collected)
What were the findings or outcomes from the protest hearing?	Trends in addressing high outlet density FY20-21.	<p>Number of liquor store outlets in the community</p> <p>Number of liquor store outlets with a history of non-compliance</p> <p>Number of liquor stores with previous sanctions</p>	No protest hearings were conducted this fiscal year. Many of the liquor hearings were closed due to COVID 19. Despite closing the prevention team continued to educate community through virtual meetings on identifying alcohol outlets in their communities that were non-compliant and the routes to properly protest when BLLC reopens.
What was the community response to policies/bills supported by MSPF2?	Community responses	Examination of any previous laws centered around alcohol.	No results were collected this fiscal year.
What were the sanctions against liquor stores?	list of sanctions and other actions	The number of violations/sanctions from alcohol outlets in those catchment areas.	No alcohol outlets were in non-compliance.
To what degree are community members engaged in seeking awareness regarding alcohol outlets in their community?	The number of impressions on landing page	<p>The number of community meetings held.</p> <p>The number of attendees.</p> <p>The number of community members aware of</p>	Community members have become more engaged now that they are aware of the effects of alcohol use on youth and young adults.



		the initiative centered around underage drinking.	
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Table 14. Baltimore county summary

<b>Baltimore County</b>		
<b>Coalition Name: Combating Underage Drinking (CUD) Coalition</b>		
<b>Intervening Variables</b>	<b>Contributing Factors</b>	<b>Strategies</b>
Retail Availability	Lack of experience and skills among servers who are not equipped to deal with high-risk drinkers (including underage drinkers and heavy drinkers)	<ul style="list-style-type: none"> <li>• Expand compliance checks.</li> <li>• Enhanced Responsible Beverage Service               <ul style="list-style-type: none"> <li>○ Improved RBS for high risk drinking.</li> <li>○ Options and policies that promote enhanced retailers training.</li> </ul> </li> </ul>
Individual Factors	Lack of responsible drinking behaviors among target population	<ul style="list-style-type: none"> <li>• SBIRT</li> <li>• High risk drinking media campaign.</li> </ul>

Table 15. Baltimore County Outcome Evaluation

<b>Outcome Measures<sup>1</sup></b>	<b>Baseline Data</b>	<b>Outcome Evaluation Results (Outcome Data Collected)</b>
STO: A 3% reduction among 18-20-year-olds and among 21-25- year-olds who binged from 1-5+ times in past 30 days and who report usually getting alcohol at restaurant, bar or club <sup>2</sup> (MYSA)	18-20: 2016: 10.97%  21-25: 2016: 40.59%	18-20: 2018: 12.71% a change of +15.86%  2020: 6.45% a change of -41.20% (CAGR <sup>3</sup> = -12.43%)  21-25: 2018: 34.54% a change of -14.91% 2020: 27.10% a change of -33.23% (CAGR= -9.61%)  2018: 12.71% a change of +15.86% 2020: 6.45% a change of -41.20% (CAGR <sup>3</sup> = -12.43%)
A 2% increase among 18-20- year-olds and among 21-25- year-olds who report being cut-off or denied service at a bar, restaurant or club		18-20: 2016: NA 2018: NA  21-25:

due to their level of intoxication.		2016:NA 2018: NA
A 10% reduction among 18-20 year-olds in past 30-day alcohol use (MYSA)	18-20: 2016: 58.97%	18-20: <sup>4</sup> 2018: 64.28% a change of +9.00% 2020: 54.83% a change of -7.02% (CAGR= -1.80%)
Self-reported 10% reduction of past 30-day binge drinking among Baltimore County for youth ages 18-20 and 21-25 (MYSA)	18-20: 2016: 46.38% 21-25: 2016: 52.48%	18-20: 2018: 36.77% a change of -20.73% 2020: 45.01% a change of -2.95% (CAGR= -0.75%) 21-25: 2018: 30.41% a change of -42.04% 2020: 39.96% a change of -23.85% (CAGR= -6.58%)
A Baltimore County policy in place that assures that all persons involved in alcohol service in Baltimore County are RBS- trained.		Data reflecting need for enhanced RBS 2016 and 2018 data: 46.61% and 35.59% (respectively) of respondents indicated they had seen staff at licensed establishments providing alcoholic beverages to visibly intoxicated persons. More than 18% and 10% respectively said they'd seen this at least 3 times.
A 10% reduction among 18-20-year-olds in past 30-day alcohol use Binge drinking	See Expanded Compliance Checks	See Expanded Compliance Checks – and discussions, above
2% increase in awareness of high-risk drinking behaviors among youth ages 18-20 and among young adults ages 21-25 as indicated by MYSA 2016 baseline to MYSA 2020	18-20 2016: 19.70% (Great Risk) 21-25 2016: 25.94% (Great Risk)	18-20 2018: 19.59% a change of -0.57% 2020: 18.43% a change of -6.43% 21-25 2018: 24.23% a change of -6.58% 2020: 17.93% a change of -30.87%

<p>A 5% reduction among 18-20- year-olds and among 21-25- year-olds in the number of 5+ drinks/occasion 7</p>	<p>18-20 2016: 68.08%</p> <p>21-25 2016:84.75%</p>	<p>18-20 2018: 60.48% a change of -11.16% 2020: 47.47% a change of -7.32%</p> <p>21-25 2018: 78.55% a change of -30.28% 2020: 63.74% a change of -24.79%</p>
<p>A 5% reduction) among 18-20- year-olds and among 21-25- year-olds in the number of days of &gt;5 drinks in the past 30 days</p>	<p>18-20 2016: 10.97%</p> <p>21-25 2016: 11.09%</p>	<p>18-20 2018: 13.06% a change of 19.01% 2020: 7.37% a change of -32.80%</p> <p>21-25 2018: 11.70% a change of 5.50% 2020: 11.70% a change of 5.47%</p>
<p>Increase in responsible drinking behaviors characterized by drink pacing among 18-20- year- old and among 21-25-year-old (MYSA) self-reported reduction of past 30-day binge drinking among Baltimore County</p> <ul style="list-style-type: none"> <li>youth ages 18-20 by 10% as indicated by MYSA 2020 data</li> <li>young adults ages 21-25 by 10% as indicated by MYSA 2020 data</li> </ul>	<p>18-20 2016: 4.49% (always pace)</p> <p>21-25 2016: 3.56% (always pace)</p> <p>18-20 2016: see metric 1 above</p>	<p>18-20 2018: 7.56% a change of 68.42% 2020: 9.68% a change of 115.59%</p> <p>21-25: 2018: 8.08% a change of 126.63% 2020: 7.02% a change of 96.88%</p>

Table 16. Calvert county summary

<b>Calvert</b>		
<b>Coalition Name: Act Now Calvert</b>		
<b>Intervening Variables</b>	<b>Contributing Factors</b>	<b>Strategies</b>

Individual Factors	Lack of young adults (18-25) partying with a plan	<ul style="list-style-type: none"> <li>• Binge drinking media campaigns to educate and advocate for specific outcomes with preapproved materials using purchased media.</li> </ul>
Enforcement and Adjudication	Lack of funding for compliance checks	<ul style="list-style-type: none"> <li>• Conduct alcohol age compliance checks and issue citations to retailers selling alcohol to youth.</li> </ul>
Retail Availability	Lack of TIPS/TAMS trained per establishment	<ul style="list-style-type: none"> <li>• Enhance and require Responsible Beverage Training for retailers.</li> </ul>

Table 17. Calvert County Outcome Evaluation

Outcome Measures	Baseline Data	Outcome Evaluation Results (Outcome Data Collected)			
Was there a decrease in the percentage of underage youth reporting binge-drinking behaviors?	Did youth 18-25 years old report pacing alcoholic beverages to one or fewer per hour as reported by MYSA.	<p><u>MYSA Binge Drinking Question</u>                      “According to the Centers for Disease Control (CDC), binge drinking is defined as consuming 5 or more drinks in within 2 hours for men and 4 or more drinks within 2 hours for women. In the past 30 days, how many days did you binge drink?”</p>			
			MYSA 2016 111 respondents 18-25 yrs old	MYSA 2018 60 respondents 18-25 yrs old	MYSA 2020 100 respondents 18-25 yrs old
		0 Days	47%	46%	35%
		1-5 Days	30%	42%	44%
		6-30 Days	23%	11%	21%
		<p>Summary: Between MYSA 2020 and MYSA 2016, the number of “zero days of binge drinking” decreased by 12%. There was a 14% increase in respondents saying that they engaged in binge drinking behaviors 1-5 days a month.</p>			
		<p><b>What is the data telling us? According to MYSA<sup>1</sup> 2016-2020, Young adults reported more binge drinking. This is a <u>negative trend</u>.</b></p> <hr/> <p><u>MYSA Responsible Drinking Strategy Questions</u>                      MYSA has six questions that relate to responsible drinking habits. For the purpose of this evaluation, the team decided to examine drinking patterns related to “pacing”. MYSA Questions: During the last 12 months, when you partied / socialized, how often did you: <u>Paced your drinks to 1 or fewer per hour?</u></p>			
		MYSA 2016 209 respondents 18-25 yrs old			

		<table border="1"> <tr><td>5.9%</td></tr> <tr><td>3.4%</td></tr> <tr><td>25.3%</td></tr> <tr><td>27.4%</td></tr> <tr><td>32.9%</td></tr> <tr><td>5.5%</td></tr> </table> <p>Summary: Comparing MYSA 2020 and 2016 shows a 14.8% increase in respondents answering “Always or Most of the time” and a 10% decrease in “Rarely” / “Never” when asked about pacing drinks to 1 or fewer per hour.</p> <p><b><u>What is the data telling us? A higher percentage of young adults reported pacing of alcoholic drinks to 1 or fewer per hour. This is a positive trend.</u></b></p>	5.9%	3.4%	25.3%	27.4%	32.9%	5.5%
5.9%								
3.4%								
25.3%								
27.4%								
32.9%								
5.5%								
Was there an increase in responsible drinking strategies self-reported by young adults?	Was there a reduction in past 30-day binge drinking among youth ages 14-18 years old as reported by YRBS?	<p>Analysis of YRBS 2018 for the question: “Percentage of students who currently were binge drinking (had four or more drinks of alcohol in a row for female students or five or more drinks of alcohol in a row for male students, within a couple of hours) on at least 1 day during the 30 days before the survey.”</p> <p>Summary: Comparing YRBS 2018 with 2014, Calvert County had a <u>4.2% decrease</u> in 14-18 years old 30-day binge drinking.</p> <p><b><u>What is the data telling us? Youth reported a decrease in monthly binge drinking usage. This is a positive trend.</u></b></p>						
Has there been a reduction in youth (ages 12-18) self-reporting purchasing alcohol from retail establishments?	Was there a reduction among youth ages 12-18 years old reporting of their 30-day alcohol use as measured by YRBS?	<p>Analysis of YRBS 2018 for the question: “Percentage of students who currently drink alcohol (at least one drink of alcohol, on at least 1 day during the 30 days before the survey.)”</p> <ul style="list-style-type: none"> <li>- Comparing High School YRBS 2018 with previous years showed a steady decline in 30-day use. 30.8% in 2018, 33.4% in 2016 and 34.4% in 2014. This is a positive trend.</li> <li>- Comparing Middle School YRBS 2018 with previous years showed a decline in 30-day use. 6.8% in 2018, 7.7% in 2016 and 7.2% in 2014. This is a positive trend.</li> </ul> <p><b><u>What is the data telling us? A significant number of high school youth (3.6%) reported a decrease in 30- day alcohol use in 2018. This is a positive trend.</u></b></p>						

<p>Has there been a reduction in young adults (ages 18-20) self-reporting purchasing alcohol from retail establishments?</p>	<p>Was there a reduction among young adults 18-20 years old purchasing alcohol from retail establishments as measured by MYSAs?</p>	<p><b>MYSAs 2020 – Access Question</b> Question: “During the past 30 days, how did you usually get the alcohol you drank?”</p> <table border="1" data-bbox="596 264 1871 574"> <thead> <tr> <th></th> <th>MYSAs 2016 111 respondents ages 18-20</th> <th>MYSAs 2018 60 respondents ages 18-20</th> <th>MYSAs 2020 19 respondents ages 18-20</th> </tr> </thead> <tbody> <tr> <td>Off-premise Brought from a store</td> <td>16%</td> <td>12%</td> <td>15.8%</td> </tr> <tr> <td>On-premise Brought from a bar/restaurant</td> <td>9%</td> <td>8%</td> <td>15.8%</td> </tr> </tbody> </table> <p>Comparing MYSAs 2020 and 2016 on-premise access question showed a 6.5% increase in 18-20 year old buying alcohol at an on-premise retail establishment. This is a negative trend.</p> <p><b>What is the data telling us? Young adults are reporting an increase in obtaining alcohol at on-premise retail establishments (bars, restaurants or clubs.) This corresponds with failed compliance checks at on-premise retail establishments.</b></p>		MYSAs 2016 111 respondents ages 18-20	MYSAs 2018 60 respondents ages 18-20	MYSAs 2020 19 respondents ages 18-20	Off-premise Brought from a store	16%	12%	15.8%	On-premise Brought from a bar/restaurant	9%	8%	15.8%
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<p>Has server confidence for handling high-risk drinking behaviors increased after participating in RBS training?</p>	<p>Pre and Post TIPS/TAMS training survey measuring server confidence.  House Policies Survey</p>	<p><b><u>What is the data telling us? From February 2019 through June 2020, there was an overall 9.3% increase in confidence in first-time students after taking the TIPS training. The Team has seen a trend of high pre-test confidence scores in students who have taken RBS training before. It is unknown if servers are as competent as their self-perceptions indicates.</u></b></p> <p>After distributing the “House Policies Toolkit”, the Team administered a “House Policies” survey to gather data about the policies management at local alcohol establishments have in place. 16 local establishments responded. Most establishments reported having policies around not serving under-aged patrons and to stop serving visibly intoxicated patrons. Yet these policies were the least utilized among establishments that responded to the survey:</p> <ul style="list-style-type: none"> <li>- No Free Pours – 53.3% of establishment respondents has this policy</li> <li>- Not serving guests in short intervals – 40% of establishment respondents has this policy</li> <li>- Procedures to document incidents of intoxication – 40% of establishment respondents has this policy</li> <li>- Has House Policies signage throughout the establishment – 40% of establishment respondents has this policy</li> </ul> <p><b><u>What is the data telling us? Alcohol retail establishments that responded to the survey have many of the best practices policies in place for preventing underage and binge drinking. Management training to implement additional best practices is a</u></b></p>												

		<u>possible area of growth.</u>																												
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<p>Has server confidence for handling high-risk drinking behaviors increased after participating in RBS training?</p>	<p>Pre and Post TIPS/TAMS training survey measuring server confidence.</p> <p>House Policies Survey</p>	<p>TIPS/TAMS Pre-Post Surveys</p> <p><u>February-June 2019 Results:</u> There was an overall 5% increase in confidence in TIPS students in being able to identify Behavioral cues of intoxication after taking the TIPS class. There was a 12% increase in confidence identifying behavioral cues among 1st-time students after taking the TIPS class.</p> <p><u>July-December 2019 Results:</u> After taking the training, student scores increased an <u>overall 7%</u> in confidence in identifying behavioral cues, checking photo IDs and refusing intoxicated patrons alcohol. When stratifying the results to only analyze first time students taking the TIPS class, the results were virtually identical as students who have taken the class before.</p> <p><u>January-June 2020 Results:</u> Looking at first-time TIPS students, there was an overall 4.8% lower level of confidence than total class averages in identifying intoxication behavioral cues, checking photo IDs and refusing intoxicated patrons alcohol. After taking the TIPS training, first time student self-reported an increase of 16.2% in confidence.</p> <p><b><u>What is the data telling us? From February 2019 through June 2020, there was an overall 9.3% increase in confidence in first-time students after taking the TIPS training. The Team has seen a trend of high pre-test confidence scores in students who have taken RBS training before. It is unknown if servers are as competent as their self-perceptions indicates.</u></b></p> <p>After distributing the “House Policies Toolkit”, the Team administered a “House Policies” survey to gather data about the policies management at local alcohol establishments have in place. 16 local establishments responded. Most establishments reported having policies around not serving under-aged patrons and to stop serving visibly intoxicated patrons. Yet these policies were the least utilized among establishments that responded to the survey:</p> <ul style="list-style-type: none"> <li>- No Free Pours – 53.3% of establishment respondents has this policy</li> <li>- Not serving guests in short intervals – 40% of establishment respondents has this policy</li> <li>- Procedures to document incidents of intoxication – 40% of establishment respondents has this policy</li> <li>- Has House Policies signage throughout the establishment – 40% of establishment respondents has this policy</li> </ul> <p><b><u>What is the data telling us? Alcohol retail establishments that responded to the survey have many of the best practices policies in place for preventing underage and binge drinking. Management training to implement additional best practices is a possible area of growth.</u></b></p>
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Have young adults (ages 18-20 years old) self-reporting of fake ID use decreased?	MYSAs data: Fake ID use ages 18-20 yrs old	<b>MYSAs 2020 – Fake ID Use, 18-20 year olds</b>			
		Question: The most recent time you purchased alcohol in a store, what form of ID did you show to the clerk?			
			MYSAs 2016	MYSAs 2018	MYSAs 2020 (22 respondents ages 18-20)
		A fake or altered ID	18%	27.3%	18.18%
		Don't remember	8.2%	69.7%	77.27%
		I was not asked to show ID	13.1%	0%	4.55%
		My own real ID	3.2%	3%	0%
		Someone else's real ID	4.9%	0%	0%
		Other	52.5%	-----	-----
		Question: The most recent time you purchased alcohol at a restaurant or bar, what form of ID did you show to the server?			
	MYSAs 2016	MYSAs 2018	MYSAs 2020 22 respondents ages 18-20		
A fake or altered ID	14%	21.2%	4.55%		
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<p><b>What is the data telling us? Comparing MYSAs 2020, 2018 and 2016 data on fake ID usage, a high percentage of respondents answered "Don't Remember" or "Other". It is possible that respondents chose not to self-report their fake ID use. During the MSPF2 Needs Assessment focus groups, participants reported a high rate of fake ID use.</b></p>					

Table 18. Cecil county summary

<b>Cecil County</b>		
<b>Coalition Name: Cecil County MSPF2 Coalition</b>		
<b>Intervening Variables</b>	<b>Contributing Factors</b>	<b>Strategies</b>
Retail Access	Lack of required over service training	<ul style="list-style-type: none"> <li>Requiring/enhancing responsible beverage seller training.</li> </ul>
Enforcement	Lack of sufficient compliance checks	<ul style="list-style-type: none"> <li>Conduct alcohol age compliance checks and issue citations to retailers selling alcohol to youth.</li> <li>Enhance over service law enforcement initiatives.</li> </ul>

Table 19. Cecil County Outcome Evaluation

<b>Outcome Measures</b>	<b>Baseline Data</b>	<b>Outcome Evaluation Results (Outcome Data Collected)</b>
Number of compliance checks	FY17: 135	FY18: 237 FY19: 383 FY20: 217 FY21: *
Reduced number of failed compliance checks (Liquor Control Board data)	FY16: 30 failed checks	FY18: 0 FY19: 1 FY20: 3
Reduced past 30-day use of alcohol in youth (Core Measures Survey)	2017: Middle School: 10.7% 2017: High School 34.4%	2018: Middle School: 9.6% 2018: High School 11.8%
Counts of total establishments visited (Liquor Control Board data)	FY17: 0	FY19: 49 (Over-Service Checks) FY20: 30 (Over-Service Checks) FY21: 238 (Combo Checks)
Count of those who violated over service standards (Liquor Control Board data)	FY18: No checks	FY19: 3 FY20: 0 FY21: 1
Reduced past 30-day use of alcohol in youth (Core Measures Survey)	2017: Middle School: 10.7% 2017: High School 34.4%	2018: Middle School: 9.6% 2018: High School 11.8%
Calls for service to licensees (Cecil County Sheriff's Office)	FY20: 1,450*	FY21: 1,265
Alcohol retail establishments that have all required staff receive RBS Training (Liquor Control Board data)	FY19: 0%	FY21: 99% of establishments met requirements
Information about numbers of individuals who receive RBS Training (Chesapeake Training Center)	2017: 137 (avg.)	FY18: 417 FY19: 483 FY20: 278 FY21: 214

Policy change: Required TIPS training for all alcohol server/sellers, including managers and owners (MSPF2)	2017: No county policy in place	July 1, 2018: Policy effective
Reduced past 30-day use of alcohol in youth (Core Measures Survey)	2017: Middle School: 10.7% 2017: High School 34.4%	2018: Middle School: 9.6% 2018: High School 11.8%
Calls for service to licensees (Cecil County Sheriff's Office)	FY20: 1,450*	FY21: 1,265

Table 20. Frederick county summary

<b>Frederick</b>		
<b>Coalition Name: Frederick County Alcohol Prevention Initiative (FC-API) Coalition</b>		
<b>Intervening Variables</b>	<b>Contributing Factors</b>	<b>Strategies</b>
Enforcement	Lack of resources to effectively monitor underage drinking activities	<ul style="list-style-type: none"> <li>• Enhance law enforcement capacity and commitment to address alcohol laws through underage drinking event identification, deterrence, and compliance checks.</li> </ul>
Individual Factors	Lack of responsible drinking practices	<ul style="list-style-type: none"> <li>• Binge drinking media campaign.</li> <li>• Requiring and enhancing Responsible Beverage Service/Seller Training</li> </ul>

Table 21. Frederick County Outcome Evaluation

Outcome Evaluation Questions	Outcome Measures	Baseline Data	Outcome Evaluation Results (Outcome Data Collected)
Was there an increase in the number of calls regarding underage drinking events?	# of event-specific calls	64 calls/year (2016 baseline)  70 calls/year anticipated outcome	Onset-Conclusion: <b>72 calls</b> 9 calls between 1/1/2018 to 6/30/2018 10 calls between 7/1/2018 to 12/31/2018 34 calls between 1/1/2019 and 6/30/2019 12 calls between 7/1/2019 and 12/31/2019 6 calls between 1/1/2020 and 6/30/2020 1 call between 7/1/2020 and 9/30/2020  The precise reasons for the calls cannot be determined with available data.
Was there an increase in the number of interventions for underage drinking parties?	# of interventions total and by type (citations written, parties prevented, warnings given)	0 (2016 baseline)  5 calls anticipated outcome	We were able to identify 5 underage possession (under 18) and 1 underage possession (under 21) in 2020-related TIPS line utilization.
Was there a reduction in past 30-day alcohol use among youth ages 15-18?	A 5% reduction (36.3% to 29.73%) in past 30-day alcohol use among youth ages 15-18 measured by YRBS bi-annual survey.	2013: 36.3% (YRBS)  29.73% anticipated outcome	2014: 31.3% 2016: 31.9% 2018: 30.9% 2020: Data not available
Was there a reduction in past 30-day alcohol use among youth ages 18-20?	A 5% reduction (76.4% to 72.58%) in past 30-day alcohol use among 18-20-year-olds measured by bi-annual MYSA survey1	2016: 76.4% (revised baseline)  72.58% anticipated outcome	2018: 78.9% 2020: 60% 2021: 95%

<p>Was there an increase in the % of class A, B, and DBR licensees checked in the target areas?</p>	<p># of licensees of each type checked per jurisdictional area licensees; and 50% among Class DBR licensees.</p>	<p><i>Prior to MSPF2, the 2016 baseline revealed: 143 Class A and B licensees checked in</i></p>	<p><i>FY18: 176 (of 330) Class A, B, and DBR licensees checked FY19: 93 (of 332) Class A, B, and DBR licensees checked</i></p> <p><i>FY20: 99 (of 340) Class A, B, DBR and DBR licensees checked but suspended in March 2020 due to Covid restrictions.</i></p> <p><i>FY21: Compliance check operations were conducted under the auspices of the Substance Abuse Block Grant. Data are not reported here.</i></p>
<p>Was there an increase in Compliance from baseline to 2020 in targeted jurisdictions?</p>	<p># of licensees in compliance each year</p>	<p><i>The baseline compliance rate Was approximately 84% MONG Class A licensees; 68% among Class B licensees; and 50% among Class DBR licensees.</i></p>	<p><i>Class A: 85% compliance Class B: 89% compliance Class DBR: 100%</i></p>
<p>Was there an increase in responsible drinking behaviors?</p>	<p>self-reported increase of 25% in responsible drinking behaviors characterized by:4</p> <ul style="list-style-type: none"> <li>• (most of the time/always) drink pacing (from 17.5% to 21.9%) among 18-20-year-olds; and (from 20.4% to 25.5% among 21- 25-year-olds5</li> <li>• (most of the time/always) alternating non- alcoholic with alcoholic beverages from 18.1% to 22.6% among 18-20-year-olds; and from</li> </ul>	<p><i>Drink Pacing (18-20): 2016-17.5%</i></p> <p><i>Drink Pacing (21-25): 2016: 20.4%</i></p> <p><i>Alt. Bvg. (18-20) 2016: 18.1%</i></p> <p><i>Alt. Bvg. (21-25) 2016: 19.1%</i></p>	<p><i>Drink Pacing (18-20): 2018-22.6% 2020-18.8% 2021: 37%</i></p> <p><i>Drink Pacing (21-25): 2018: 29.2% 2020: 28.0% 2021: 38%</i></p> <p><i>Alt. Non- w/alcoholic bev. (18-20) 2018: 38.2% 2020: 59.0% 2021: 31%</i></p> <p><i>Alt. Non- w/alcoholic bev. (21-25) 2018: 21.8%</i></p>

	19.1% to 23.9% among 21-25- year-olds		2020: 56.4% 2021: 33%
Was there a reduction in the number of days of consuming > 5 drinks per occasion in the past 30 days among 18-20-year-olds and 21-25-year-olds?	A reduction of 5% (26.2% to 24.9%) among 18-20-year-olds and (15.2% to 14.3%) among 21-25-year-olds in more than 5 drinks occasion	>5 drinks (18-20) 2016: 26.2%  >5 drinks (21-25) 2016: 15.2%	>5 drinks (18-20) 2018: 27.5% 2020: 21.9% 2021: 25% >5 drinks (21-25) 2018: 22.0% 2020: 15.6% 2021: 25%
Was there a reduction in blacking out after drinking (among respondents who acknowledged past 12-month alcohol use)?	A reduction of 10% (from 32.25% to 29.02% among 18–20-year-olds and 28.05% to 25.24% among 21–25-year-olds) in self-reported blacking out after drinking	18-20 2016: 32.25%  21-25 2016: 28.0%	18-20 2018: 32.75% 2020: 35.71%  21-25 2018: 38.9% 2020: 33.65%
Was there a reduction in past 30-day binge drinking?	A 10% reduction (52.2% to 47%) among 18-20-year-olds and (58.4% to 52.2%) among 21-25-year-olds in past-30-day binge drinking	18-20 2016: 52.2%  21-25 2016: 57.8%	18-20 2018: 50.0% 2020: 66.7%  21-25 2018: 57.8% 2020: 58%

Table 22. Garrett county summary

<b>Garrett</b>		
<b>Coalition Name:</b> Drug Free Communities Coalition: Action Team to Prevent Underage Drinking		
<b>Intervening Variables</b>	<b>Contributing Factors</b>	<b>Strategies</b>
Social Availability	Alcohol frequently provided by friends older than age 21	<ul style="list-style-type: none"> <li>• Social host liability law/ordinance.</li> </ul>
Individual Factors	Lack of exhibiting responsible drinking behaviors	<ul style="list-style-type: none"> <li>• Alcohol restrictions at community events.</li> <li>• Media campaign regarding binge drinking.</li> </ul>



Table 23. Garrett County Outcome Evaluation

Outcome Evaluation Questions	Outcome Measures	Baseline Data	Outcome Evaluation Results (Outcome Data Collected)
Have non-profit organizations increased their awareness of RBS practices?	Key informant interview of representatives of non-profit organizations	Prior to FY 18, non-profit organizations were unaware of RBS best practices	Over the three year period, there was an increase in the number of RBS best practices that were observed from an average of 73% to 85%
Was there a increase in the percent of young people ages 18-25 who report they practice responsible drinking behaviors?	Young people, ages 18-25 reporting their behaviors	% reporting 5 or more drinks on one occasion 2016 MYSA 54.34% 2018 MYSA 32.61 %	2020 MYSA 39.47%
Was there a decrease in reported binge drinking?	Young people, ages 18-25 reporting their behaviors	Past 30 days, on days you drank, how many reported >5 drinks 2016 MYSA 26.19% 2018 MYSA 10.98%	2020 MYSA 15.79%
Was there a decrease in the percent of young people ages 18-25 who report they practice responsible drinking behaviors?	Young people, ages 18-25 reporting their behaviors – responsible drinking behavior	Individual Factors (percent of respondents ages 18-25 selecting the responses “Always” or “Most of the Time”) Alternating non-alcoholic drinks 2016 MYSA 17.03% 2018 MYSA 29.90%  Eat before/during drinking 2016 MYSA 50.00% 2018 MYSA 55.67%  Determine set number of drinks 2016 MYSA 34.04% 2018 MYSA 32.29%	2020 MYSA 36.5%  2020 MYSA 60.32%  2020 MYSA 47.62%  2020 MYSA 52.38%

		<p>Stick to one kind of alcohol 2016 MYSA 40.42% 2018 MYSA 48.96%</p> <p>Choose not to drink alcohol 2016 MYSA 15.22% 2018 MYSA 31.96%</p> <p>Pace your drinks to 1 per hour 2016 MYSA 21.27% 2018 MYSA 23.71%</p> <p>Have a friend let you know when you have enough 2016 MYSA 19.15% 2018 MYSA 26.80%</p>	<p>2020 MYSA 30.16%</p> <p>2020 MYSA 33.79%</p> <p>2020 MYSA 33.33%</p>
Was there a decrease in reported binge drinking?	Young people, ages 18-25 reporting their behaviors – binge drinking	% reporting more than 5 drinks on one occasion 2016 MYSA 54.34% 2018 MYSA 32.61 %	2020 MYSA 39.47%
Was there a decrease in reported binge drinking	Young people, ages 18-25 reporting their behaviors – binge drinking	Past 30 days, on days you drank, how many reported >5 drinks 2016 MYSA 26.19% 2018 MYSA 10.98%	2020 MYSA 15.79%

Table 24. St. Mary's county summary

<b>St. Mary's</b>		
<b>Coalition Name:</b> Community Alcohol Coalition		
<b>Intervening Variables</b>	<b>Contributing Factors</b>	<b>Strategies</b>
Social Availability	Lack of enforceable social host law	<ul style="list-style-type: none"> <li>Establish social host ordinance.</li> </ul>
Retail Availability	Poor compliance with ID laws by alcohol retailers	<ul style="list-style-type: none"> <li>Enhancing Responsible Service/Seller Training.</li> </ul>
Enforcement	Limited resources for alcohol enforcement in retail settings	<ul style="list-style-type: none"> <li>Over-service law enforcement initiatives.</li> <li>Conduct alcohol age compliance checks and issue education to retailers selling alcohol to youth under the age of 21.</li> </ul>

Table 25. St. Mary's County Outcome Evaluation

<b>Outcome Evaluation Questions</b>	<b>Outcome Measures</b>	<b>Baseline Data</b>	<b>Outcome Evaluation Results (Outcome Data Collected)</b>
Was there an increase in the number of social host citations from 0-10?	An increase from 0-10 in the number of social host citations		<p><i>FY 2020: No data; no social host ordinance (SHO) enacted.</i></p> <p><i>There is not yet a SHO, thus no progress can be assessed.</i></p>
Was there an increase in the number of social host citations from 0-10?	An increase from 0-2% in the percentage of reported parties that result in a social host citation (LE data)		<i>FY 2020: No data; no social host ordinance</i>
Was there a decrease in the percentage of underage youth reporting	After 3 years, a 5% decrease (46.5% to 44.2%) in the number of "someone gave it to me" responses to the usual past-30 day social sources of alcohol A 5%	2016: 46.5%	2018: 35% (a 25% reduction)

that they get alcohol from older friends and family?	decrease (46.5% to 44.2%) in the number of “someone gave it to me” responses to the usual past-30-day social sources of alcohol (MYSA) <sup>1</sup>		2020: 22% ( a 55% reduction)
Was there a decrease in underage drinking among middle school students?	A 7% reduction (10% to 9.3%) among youth 12-15 in past 30-day alcohol use (YRBS 2014 baseline to YRBS 2020. <sup>2</sup> )	2014: 10%	2016: 13.4% 2018: 10.3%
Was there a decrease in underage drinking among high school students?	A 7% reduction (31.9% to 29.7%) among youth 15-18 in past 30-day alcohol use (YRBS)	2014: 31.9%	2016: 32.6% 2018: 30.0%
Was there a decrease in alcohol use among young adults?	A 12% reduction (80.7% to 71%) among young adults 18-20 in past 30-day alcohol use (MYSA)	2016: 80.7%	2018: 56.3% 2020: 66.1%
Was there an increase in knowledge among participants attending the over-service training?	After over-service training all participating LE entities will have the knowledge and skills needed to conduct overservice compliance checks measured by a post-event survey		<i>FY 2020: CAC cancelled in-person training and offered online training. The pre-post survey was not useful in terms of data analysis as few responses were submitted.</i>  <i>FY 2021: Due to the decrease in MSPF funds, training was not offered this grant period.</i>

<sup>1</sup> This outcome as originally stated was not measurable with MYSA data as the closest query is “I took it from a store or family member” providing no way to separate the respondents who took alcohol from a store from those who took (or got) alcohol from older friends and family. FY 2018 Evaluation Report uses the “someone gave it to me” data and has been restated as displayed above which comports with the measures used, though not the language of the original objective.

<sup>2</sup> The Long-Term outcome (as displayed on all original Logic Models February 2017 revision) is a reduction of past 30-day alcohol use. However, two of the three Logic Models combine 12-18-year-old data with no explanation as to how these data were derived from YRBS MS and YRBS HS reports. A more accurate approach is to track behavior changes of the two age groups separately using the YRBS MS and HS surveys. The long-term outcome was revised.

<p>Was there an increase in the percentage of compliance checks completed?</p>	<p>A 10% increase in the percentage of compliance checks completed (# completed/ liquor licenses) from 30% to 33% (ABB data)</p>	<p><i>FY 2019: 60 compliance checks conducted; 100% compliance observed</i></p>	<p><i>FY 2018: Alcohol Enforcement Officer position vacant for most of the fiscal year.</i></p> <p><i>FY 2019: 60 underage compliance checks were conducted; no violations were found.</i></p> <p><i>FY 2020: 15 underage compliance checks conducted. 2 retailers provided alcohol to the undercover underage informant.</i></p> <p><i>FY 2021: No over-service compliance checks were conducted due to most establishments being closed for in-person service or very reduced attendance in drinking establishments during pandemic.</i></p>
<p>Was there an increase in the pass rate among licensees visited during Educational Retail Compliance Checks?</p>	<p>A 5% increase (from 85.5% to 89.8%) in the overall Pass Rate among licensees visited during Educational Retail Compliance Checks.<sup>3</sup></p>	<p><i>FY 2018: 220 educational retail compliance checks were conducted by sub-contractor and an 85.5% overall compliance rate was found.</i></p>	<p><i>FY 2019: 95% compliance rate</i></p> <p><i>FY 2020: 94% compliance rate</i></p>
<p>Was there a decrease among youth ages 18-20 purchasing alcohol from retail establishments?</p>	<p>A 5% reduction (34% to 32%) among youth ages 18-20 purchasing alcohol from retail establishments (MYSA)</p> <p>NOTE: These data are broken down by on- and off-premises sales to more accurately reflect retail purchases.</p>	<p><i>On premise:</i></p> <p><i>2016: 14.2% (8 of 56 respondents)</i></p> <p><i>Off premise:</i></p>	<p><i>2018: 17.8% (5 of 28 respondents)</i></p> <p><i>2020: 2.0% (1 of 49 respondents)</i></p> <p><i>Off premise:</i></p> <p><i>2018: 16.6% (7 of 42 respondents)</i></p>

<sup>3</sup> This outcome replaced earlier Overservice Law Enforcement Initiatives.

		<i>2016: 19.1% (14 of 73 respondents)</i>	<i>2020: 28.6% (14 of 49 respondents)</i>
Was there a decrease in past 30-day binge drinking reported by young adults ages 18-25?	A 5% decrease (50.9% to 48.4%) among 18-25-year-olds in past 30-day binge drinking (MYSAs and local data collection)	<i>2016: 50.9%</i>	<i>2018: 51.3%</i> <i>2020: 11%</i>

Table 26. Worcester county summary

<b>Worcester</b>		
<b>Coalition Name: MSPF2 Process Team</b>		
<b>Intervening Variables</b>	<b>Contributing Factors</b>	<b>Strategies</b>
Individual Factors	Lack of practice of responsible drinking behaviors	<ul style="list-style-type: none"> <li>• Binge drinking media campaign.</li> <li>• Requiring and enhancing Responsible Beverage Service/Seller Training.</li> </ul>
Enforcement	Lack of law enforcement resources to address alcohol laws	<ul style="list-style-type: none"> <li>• Conduct alcohol age compliance checks and issue citations to retailers selling alcohol to youth.</li> <li>• Implement saturation patrols during targeted time periods such as the post-closing hours.</li> </ul>
Retail Availability	Lack of seasonal employees trained in responsible beverage sales	<ul style="list-style-type: none"> <li>• Require and enhance RBS Service/Seller Training.</li> </ul>

Table 27. Worcester County Outcome Evaluation

<b>Outcome Evaluation Questions</b>	<b>Outcome Measures</b>	<b>Baseline Data</b>	<b>Outcome Evaluation Results (Outcome Data Collected)</b>
Was there a decrease in reported binge drinking among young adults?	Decrease in reported binge drinking among young adults by 10%, from 66% to 59.4% in 2020	66% MYSA 2016	2018: 17% (MYSA) 2020: 22% (MYSA)
Was there a decrease in reported binge drinking among high school students in the past 30 days?	Decrease in reported binge drinking among high school students in the past 30 days by 10 % from 30.9% to 27.8% in 2020	30.9% YRBS 2013	2016: 19.5% (YRBS) 2018: 19% (YRBS)
Was there a decrease in reported drinking under the influence among young adults?	Decrease in young adults report that they drove under the influence by 5% from 27% to 25.65% in 2020	27 % MYSA 2016 16.7% YRBS 2013	2018: 15.38 % (MYSA) 2020: Rarely: 15.21 %, Never DUI 84.79% (MYSA) 2016: 9.5 % (YRBS) 2018: 8.5 % (YRBS)

Was there a decrease in DUI arrests?	Decrease in DUI arrests	NA	FY 18: 31 FY 19: 7 FY 20: 1 FY 21: 0
Was there a decrease in the number of violations for sales to minors?	Decrease in the number of violations for sales to minors	N/A	Local Data FY 18: 30 violations FY 19: 20 violations FY 20: 9 violations FY 21: 8 violations
Was there a decrease in binge drinking in 18-25year-old?	Decrease in reported binge drinking among young adults by 10%, from 66% to 59.4% in 2020	2016: 66% (MYSA)	2018: 17% (MYSA) 2020: 22% (MYSA)
Was there a decrease in reported past 30 day drinking among underage youth?	Decrease in reported past 30 day drinking among underage youth by 10% from 44.9% to 40.4% in 2020	44.9% (YRBS 2013)	2016: 33.1% (YRBS) 2018: 32 % (YRBS)
Was there a decrease in reported past 30 binge drinking among underage youth and young adults ages 18-25?	Decrease in reported past 30 days of binge drinking among underage youth by 10 % from 30.9% to 27.8% (YRBS) and young adults ages 18-25 by 10%, from 66% to 59.4% in 2020(MYSA)	30.9% YRBS 2013  66% MYSA 2016	2016: 19.5 % (YRBS) 2018: 19% (YRBS)  2018: 17% (MYSA) 2020: 22% (MYSA)
	Decrease in # of failed compliance checks		The number of failed compliance checks has been decreasing by ~50% in each fiscal year. In FY 18, there were 30 failures. In FY 19, there were 16 failures, and in FY 20, there were only 9 failures. (local police department reports)



Was there a decrease in binge drinking in 18-25year-old?	Decrease in reported binge drinking among young adults by 10%, from 66% to 59.4% in 2020	66% MYSA 2016	2018: 17% (MYSA) 2020: 22% (MYSA)
Did high school students report a decrease in 30-day drinking?	Decrease in reported past 30 days of binge drinking among underage youth by 10 % from 30.9% to 27.8%	30.9% YRBS 2013	2016: 19.5% (YRBS) 2018: 19% (YRBS)
Was there a decrease in reported drinking under the influence among young adults?	Decrease in young adults report that they drove under the influence	27 % MYSA 2016 16.7% YRBS 2013	2018: 15.38 % (MYSA) 2020: Rarely: 15.21 %, Never DUI 84.79% (MYSA) 2016: 9.5 % (YRBS) 2018: 8.5 % (YRBS)
Was there a decrease in DUI arrests?	Decrease in DUI arrests	NA	FY 18: 31 FY 19: 7 FY 20: 1 FY21: 0
Was there a decrease in high school students reporting sexual assault and dating violence?	Decrease in high school students reporting sexual assaults and dating violence by 10% from 12.3% to 11%	12.3% YRBS 2013	2016: 9.4 % YRBS

## Spotlight on Successful Strategies for Implementation

Table 28. Implementation highlights by jurisdiction

Jurisdiction	Implementation Highlight
Anne Arundel Annapolis	<p>Between FY18 to FY19, ASAP quadrupled the number of compliance checks conducted. In addition, they increased the pass rate by 15% (5% over the goal) within a 2-year window.</p> <p>During FY' 20, ASAP has continued a meaningful and strong partnership with the Annapolis Police Department. They are committed to the overall mission of reducing underage and binge drinking. They continue to have presence at community events and through other outreach efforts. A relationship with the liquor board continues to grow.</p> <p>As of 2021, ASAP was able to enhance RBS with the implementation of the TIPS training process. The training and knowledge of bar and restaurant servers continues to improve, as well as the sense of responsibility and accountability of beverage service in general. ASAP also added a NARCAN training to each TIPS session to raise awareness and train servers on how to administer NARCAN. The partnership with ABCB has been one of the top accomplishments for ASAP.</p>
Anne Arundel NLASA	<p>During FY'19, NLASA had success with their policy change. Additionally, they were able to increase establishments interest with TIPS training after they switched their method of outreach. Previously they were getting in contact with establishments over the phone; however, establishments became more interested in TIPS training after conducting face-to-face outreach. Furthermore, they were able to have personnel certified as TIPS trainers and can conduct training in-house.</p> <p>The policy of requiring at least one person to be on-site that is trained in RBS was passed in the last full session of the General Assembly (2019). That mandate went into effect October 2019 and will be a part of our outreach services to Alcohol Retail Establishments.</p> <p>For the media campaign, positive changes were observed for the 12-17 and 18-25 age groups.</p> <p>NLASA made meaningful connection with elected officials and law enforcement to influence policy and understand implementation of valuable substance abuse prevention strategies.</p> <p>As of Fall 21, their biggest accomplishment was starting the Sound of Silence program, which aimed to decrease the stigma around mental health. Through Sound of Silence, NLASA was able to build stronger relationships with Anne Arundel County Public Schools and SADD.</p>
Baltimore City	<p>During FY' 19, the MSPF2 team mobilized the community in protest and hearings, resulting in the closing of an alcohol retail establishment that was non-compliant. Additionally, they revamped the coalition and improved membership engagement by having members take leadership roles in arranging TIPS trainings.</p> <p>Throughout the years, Baltimore City has partnered with several agencies to address the high level of alcohol outlet density in catchment areas.</p> <p>After years of educating the community and giving them the tools, they needed, the Prevention Team was able to teach communities how to properly protest alcohol outlets that were not in compliance. As a result, they were successfully able to protest Eric 500, which led to the noncompliant establishment getting shut down. After this protest, alcohol outlet owners are more aware of the community's recognition to hold them accountable.</p>

	<p>With COVID-19, the MSPF2 team had to cancel the protests for the year. However, they were still able to educate the community through virtual meetings. Because of this, communities have been made more aware of the negative effects of alcohol and the team continued to gain the attention of local law makers.</p>
Baltimore County	<p>During FY' 18, the coalition strengthened their relationships with several RBS vendors and expanded their ability to offer subsidized training to local retailers. Additionally, they were able to provide technical assistance to RBS vendors and expanded outreach to local retailers to participate in training. They were also able to establish a new connection with the Baltimore County Public School System.</p> <p>They were able to successfully launch their media campaign and it reached the intended audience. In addition, the Baltimore County Health Department retained ownership of all media messages and images and can continue the campaign without relying on outside vendors</p> <p>As of 2021, the Baltimore County team has continued to expand the Combatting Underage Drinking Coalition. In addition, they gained partnerships with law enforcement, the BC Liquor Board, and Alcoholic Beverage Association.</p>
Calvert	<p>The Calvert County Alcohol Inspector has noted that since the grant has gone into effect, there have been decreased citations in alcohol retail establishments. The Liquor Board has communicated the importance of RBS trainings with alcohol retail establishments. The team continues to advertise and offer TIPS/TAMS trainings.</p> <p>The Binge Drinking Media campaign produced successful results, according to the 2020 MYSA data. There was a higher percentage of young adults who reported pacing alcoholic drinks to 1 or fewer per hour, indicating a decrease in binge drinking.</p>
Cecil	<p>Since calendar year 2015, a total of 1,442 servers have been trained in Responsible Beverage Service Training.</p> <p>In the General Assembly Session of 2018, Cecil County passed legislation to support their policy initiative to increase and enhance the requirement of RBS in retail establishments.</p> <p>Cecil County was able to increase the number of compliance checks, stay ALERT checks, and establish combo checks to allow for compliance over-service observation. They also increased the participation of law enforcement partners in the implementation of over-service checks</p> <p>During FY' 20, Cecil County's Coalition has met and exceeded their goals. As of December 31, 2019, almost two full rounds of Compliance Checks (174) were conducted yielding nine failures to check a 21 year-old for identification (Stay Alert Checks) and only one compliance failure (establishment selling to a minor) which occurred in July of 2019. Since July of 2019, there have been no sales to minors. Since October of 2019, there have been no failures to check for identification. Calls for service to licensed establishments for the Cecil County Sheriff's Office have decreased by 76, from 432 in FY' 20 Q1 to 356 in FY' 20 Q2 (17.6 %). The Over-Service compliance team conducted twice the number of checks expected. All checks resulted in zero individuals observed intoxicated.</p>
Frederick	<p>Frederick County has been able to collaborate with the Frederick County Liquor Board (FCLB) to implement the new responsible beverage service training (RBS). They have worked diligently for</p>

	<p>several years to be a true partner with FCLB in efforts to reduce alcohol service to underage patrons and intoxicated patrons. Additionally, they have expanded the reach of RBS to Frederick Community College, Frederick County Public Schools, and Hood College as a result of their work to engage and partner with those agencies.</p> <p>Frederick County has also established relationships with Mount St. Mary's University, SOS Safe Ride. They have developed sample alcohol service policies for merchants which are now required by FCLB. Additionally, they have helped establish FCLB's requirement for more RBS-training staff and written in-hour alcohol policies, and assured continuations of LE compliance checks.</p>
Garrett	<p>During FY' 20, there was a combined effort by the State Police, DNR police, and Uno's staff at one of the county's largest events, the Deep Creek Dunk. They patrolled the pedestrian crosswalk, patrolled the grounds, checked bags and backpacks at entry, and used ID scanners at the bar.</p> <p>Several groups receiving a Special C alcohol license have called to request TIPS training for members of their organizations. This is encouraging and shows that they recognize the importance of having more TIPS-trained staff at events.</p> <p>The introduction of Responsible Beverage Service (RBS) best practices to non-profit groups serving alcohol at fundraising events was successful. RBS encourages adults to model behavior that can change community norms about alcohol consumption. The coalition considered this as a strategy to change the contributing factors that lead to binge drinking among young adults and the resulting health and safety consequences.</p> <p>There was also consistent attendance and participation of community members in the coalition meetings. During the course of the grant, volunteer members accepted leadership roles of the Action Teams and also provided environmental scans at community events.</p> <p>The media campaign was also successful as measured by the response of focus group participants and by the recorded positive change in individual behaviors that were highlighted throughout the campaign.</p>
St. Mary's	<p>During FY' 18, the coalition was able to partner with a student intern from St. Mary's College of Maryland to bring a drug awareness program to all incoming freshman to the college. Additionally, they were also able to collaborate with St. Mary's College of Maryland in forming their Alcohol Task Force. They were able to implement education compliance checks through the RRForum and training for law enforcement and retailers in collaboration with National Liquor Law Enforcement Agency (NLLEA). Furthermore, the coalition was able to develop and launch their media campaign that was shown through various media outlets including but not limited to local bus panel wraps, movie theatre advertisements, print, and online media platforms.</p> <p>Through the compliance checks with an educational component strategy, the county found that there was a 5% reduction among youths ages 18-20 purchasing alcohol from retail establishments. There was also a 5% decrease among 18-25-year olds in the past 30-day binge drinking. The Alcohol beverage board (ABB) has created and instilled an environment of training and education into the alcohol retailers. In FY21 there was increased community awareness of issues related to underage and binge drinking. The county also learned alternatives to community outreach and education during the pandemic.</p>
Worcester	<p>WCHD developed a new mass marketing campaign to raise awareness of the dangers of binge drinking among high-risk populations in the community. As a result of the Binge Drinking Social Marketing Campaign there was a decrease in reported binge drinking among young adults by 10% in 2020. There was also a decrease in reported binge drinking among high school students in the past 30 days by 10%, a decrease in young adults reporting that they drove under the influence by 5% as well as a decrease in DUI arrests.</p>

	<p>Additionally, there were more than 900 compliance checks by WCSO and OCPD during the past five years which helped in decreasing the rate of underage drinking among youth in Worcester County by 29% from 44.9% in 2013 to 32% in 2016 (YRBS). Additionally, the trend of compliance check failures has decreased by 70%, from 30 failures in FY 18 to 9 failures in FY20 and 8 failures in FY21</p>
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## Discussion

### Changes in priorities due to MSPF2 implementation:

In 2017, MSPF2 strategy implementation began in all jurisdictions except Annapolis, which started the project late. This allowed for almost three years of strategy implementation for most jurisdictions in Maryland. Data indicated a downward trend in past month alcohol use among youth ages 12-20 for MSPF2 jurisdictions. However, there are multiple other initiatives in the State addressing underage and binge drinking, making it difficult to attribute changes in priorities solely to MSPF2 implementation.

### Outcome Evaluation Questions:

**1. What was the effect of MSPF2 on service capacity and other infrastructure objectives?**

Service capacity was greatly enhanced because of the MSPF2 initiative. Jurisdictions that participated in MSPF2 received intensive technical assistance and gained valuable skills in using data and working towards local policy change. Additionally, jurisdictions were able to continually utilize or hire local evaluators to assist in data collection and data analysis.

**2. Did the MSPF2 project achieve its intended goals?**

The greatest success of the MSPF2 initiative was enhancing the State’s prevention capacity. There was also policy implementation in two jurisdictions. Success of the goals related to the priorities varied. There was a reduction in past month’s use among 12-25 year-olds, but the reduction cannot exclusively be attributed to MSPF2.

**3. What program/contextual factors were associated with outcomes?\***

Contextual factors that influenced outcomes included the strength of partnerships with other community organizations. This was extremely evident in the jurisdictions that made the most progress in implementing a policy change. Additionally, the strength of the leadership team was a key factor especially having consistent prevention staff with low turnover.

**4. What individual factors were associated with outcomes?\***

Individual factors associated with outcomes include the ability to collect local data, evaluate the outputs and impact of strategies, understand the importance of community organizing for implementing a policy change, and understanding of the SPF model.

**5. How durable were the effects?**

At this point, the durability of the effects of SPF is difficult to assess since the project just concluded. The impact on successfully having local legislation passed in Cecil and Anne Arundel County allows those jurisdictions to sustain their efforts on retail access by requiring and enhancing responsible beverage service training. Jurisdictions have identified strategies and activities to continue by leveraging other prevention resources.

## Lessons Learned

Upon reviewing Maryland's experience with implementing SPF, we identified the following lessons learned regarding the elements of the project.

- There is a benefit to following a structured and comprehensive planning model such as the Strategic Prevention Framework.
- MSPF2 coordinators that possess strong public health knowledge and had experience in true community engagement contributed to successful implementation of the steps of the SPF. Successful coordinators impacted strategy implementation in the community.
- Identifying and partnering with community stakeholders for implementation of strategies contributed to the success of strategy implementation. Strong stakeholders included the county liquor board and local law enforcement agencies.
- The acceptance of the SPF varied among the jurisdictions. Successful jurisdictions embraced the model from inception and followed the SPF steps effectively.
- The jurisdictions that followed the evaluation plan were able to put this skill into to action through collecting local data, developing surveys, and devising measurement tools. This aided in the success of meeting or revising strategies.
- The project has strengthened skills related to identification of campaigns, but it was found to be more effective with the collaboration of a health communications organization.
- Several challenges to the attainment of the MSPF2 project's goals and the sustainability of the program in the long term have been recognized and compiled by the BHRT team. These challenges are indicators of issues that need to be addressed, as the State continues to utilize the SPF process in other prevention projects.
  - Changes in the State infrastructure (reporting, location, team and process) hindered jurisdiction communication and funding that resulted in the delay of technical assistance delivery and jurisdictions strategy progression.
  - There is a need to increase State-level capacity and partnership building to enhance the State prevention infrastructure and sustain State-level changes. Additionally, advocating for prevention is needed to increase awareness of this issue and its associated funding opportunities.
  - Local level staff turnover impeded the advancement of activities. Departmental and staff changes impacted the progress of activities because of the need to consistently retrain staff.
  - There is a lack of mobilization statewide to the local jurisdictions for support of underage and binge drinking.

- Challenges of implementing policy included political climate, data limitations, enforcement resources, and prioritizing activities with competing projects. Future success is dependent on understanding how the policy strategy is part of the comprehensive strategic plan and evaluating the effectiveness and impact of the selected strategies.

## Conclusions

The evaluation data collected for Maryland's SPF-PFS indicate that during the project period, the State was able to fulfill the requirements of the grant through 1) following the five-step planning model at the community level, 2) enhancing Maryland's prevention framework through intensive technical assistance and trainings at the community levels, 3) implementing environmental strategies that addressed local contributing factors in the MSPF2 communities, and 4) contributing to the reduction in alcohol consumption and binge drinking among youth and young adults, in conjunction with other State and local initiatives.

## Appendix

### Appendix A. Maryland Prevention Workforce Assessment

Q1 How do you identify?

- Male (1)
- Female (2)
- Transgender (3)
- Other (4)
- Prefer not to answer (5)

Q2 What is your race?

- Black or African American (1)
- American Indian or Alaskan Native (2)
- Asian (3)
- Native Hawaiian or Other Pacific Islander (4)
- White (5)
- Multi-racial (6)
- Prefer not to answer (7)

Q3 What is your ethnicity?

- Latino/Hispanic (1)
- Non-Latino/Non-Hispanic (2)
- Prefer not to answer (3)

Q4 What is your age?

- 18-29 years old (1)
- 30-49 years old (2)
- 50-64 years old (3)
- 65 years old or older (4)
- Prefer not to answer (5)



Q5 How often do you serve the following demographic groups?

	Never (1)	Seldom (2)	Occasionally (3)	Frequently (4)	Almost Always (5)
African American/Black (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asian (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Latino/Hispanic (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Native American (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
White/Caucasian (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
LGBTQ (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rural Communities (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Urban Communities (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Suburban Communities (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Military families or veterans (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other non-English speaking population (please specify) (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other: (please specify) (12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q6 What is the highest level degree you have received?

- Less than high school diploma (1)
- High school diploma or equivalent (e.g. GED) (2)
- Some college but no degree (3)
- Associate degree (4)
- Bachelors degree (5)
- Master's degree (6)
- Doctorate degree (7)

Q7 What was your field of study?

- Social Work (1)
- Counseling (2)
- Public Health (3)
- Psychology (4)
- Education (5)
- Business (6)
- Law/Criminal Justice (7)
- Sociology (8)
- Anthropology (9)
- Behavioral Science (10)
- Medical (11)
- Communications (12)
- Biological Sciences (13)
- Other (please specify) (14) \_\_\_\_\_

Q8 Are you a Certified Prevention Specialist?

- Yes (1)
- No (2)

Q9 What other certifications do you currently hold? (Check all that apply)

- Registered Addiction Specialist (1)
- Certified Advanced Alcohol and Drug Counselor (2)
- Certified Alcohol and Drug Counselor (3)
- Certified Clinical Supervisor (4)
- Certified Prevention Consultant (5)
- Certified Criminal Justice Professional (6)
- Certified Substance Abuse Prevention Consultant (7)
- Licensed Social Worker (8)
- None (9)
- Other (please specify) (10) \_\_\_\_\_

Q10 Which best describes your primary role in the prevention field?

- Prevention Coalition Coordinator (1)
- Prevention Coalition Staff (2)
- Prevention Coalition Member/Volunteer (3)
- Community-level program manager or staff (4)
- School-based prevention provider (5)
- Evaluator (6)
- Youth recreational service provider (7)
- State-level prevention staff (8)
- State-level TA provider (9)
- Regional-level prevention resource (10)
- Other (please specify) (11) \_\_\_\_\_

Q55 What region do you currently assist?

▼ Southern (Calvert, Charles, St. Mary's, Anne Arundel, Prince George's) (1) ... Western (Garrett, Allegany, Washington, Frederick) (4)

Q42 What are your sources of prevention funding? (Select all that apply)

- Opioid Operational Command Center (1)
- Substance Abuse Block Grant (2)
- Partnership for Success (MSPF2) (3)
- Strategic Prevention Framework (SPF-Rx) (4)
- Opioid Misuse Prevention Program (OMPP) (5)
- Centers for Disease Control and Prevention (CDC) (6)
- Other (please specify) (7) \_\_\_\_\_

Q11 How long have you been doing prevention work?

	Less than 1 year (1)	1-3 years (2)	4-6 years (3)	7-10 years (4)	10-20 years (5)	More than 20 years (6)
In the prevention field (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At your current organization/agency/department (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In your current position (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q12 Which of the following answers best describes your employment status in the prevention field?

- Employed, Full time (1)
- Employed, Part-time (2)
- Volunteer (3)
- Retired (4)

Q13 Have you completed workshops or training in prevention in the last 12 months?

- Yes (1)
- No (2)

Q15 About how many Continuing Education Units (CEU's) have you completed in the past 12 months?

- 1 to 4 hours (1)
- 5 to 10 hours (2)
- 11-15 hours (3)
- 16 hours or more (4)

Q16 What methods would work best for you to enhance your substance abuse prevention competencies? (select only your top THREE methods)

- Having an in-house mentor (1)
- Having a mentor from another agency (2)
- Having more direct guidance from grant monitors (3)
- Attending in-service trainings (4)
- Having access to webinars/online training (5)
- Having my employer monitor my development (6)
- Having financial support for attending continuing education programs (7)
- Having financial support to attend national conferences or training (8)
- Being responsible for monitoring my own development (9)
- Other, please specify (10) \_\_\_\_\_

Q17 In the past 12 months, what type of professional development activities have you completed?

	Training/ Workshop with Continuing Education Units (CEUs) (1)	Training/ Workshop without CEUs (2)	Course with college credit (3)	Informal Activity (4)
Sustainability and fund development (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gambling Prevention (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Suicide Prevention (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health first aid (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Data collection and analysis (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strategic Prevention Framework (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communications (information dissemination) (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assessing Risk and Protective Factors (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cultural competence and responsiveness (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Capacity building (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Program evaluation (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality assurance and program fidelity (12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marketing and social media campaigns (13)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community-based coalition building (14)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Promoting environmental change (15)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Advocacy/ creating policy change (16)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adhering to legal/ professional/ethical principles (17)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Current issues of addiction (18)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Current issues of mental, emotional, and behavioral health (19)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Compliance and enforcement strategies (20)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other: (21)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q18 Please rank the following in terms of how you spend your time (1= you spend the majority of your time doing this; 5= you spend the least amount of time doing this):

\_\_\_\_\_ Direct services (e.g. education and early intervention activities involving youth, parents, families, educators, etc.) (1)

\_\_\_\_\_ Indirect services (e.g. environmental strategies, coalition work, capacity building, awareness activities) (2)

\_\_\_\_\_ Management (e.g. organization & coordination of activities to achieve objectives) (3)

\_\_\_\_\_ Administration (e.g. day-to-day management of an office/organization including finance and personnel) (4)

\_\_\_\_\_ Support services (e.g. non-prevention-related activities such as transportation, and office support) (5)

Q19 Beyond substance use prevention, do you provide prevention services targeted at any other health or behavioral issues?

	Yes (1)	No (2)
Physical Health (1)	<input type="radio"/>	<input type="radio"/>
Mental Health (2)	<input type="radio"/>	<input type="radio"/>
Violence (3)	<input type="radio"/>	<input type="radio"/>
Suicide (4)	<input type="radio"/>	<input type="radio"/>
Child Abuse (5)	<input type="radio"/>	<input type="radio"/>
HIV/AIDS (6)	<input type="radio"/>	<input type="radio"/>
Juvenile Justice (7)	<input type="radio"/>	<input type="radio"/>
Domestic Violence (8)	<input type="radio"/>	<input type="radio"/>
Crime (9)	<input type="radio"/>	<input type="radio"/>
Other (please specify) (10)	<input type="radio"/>	<input type="radio"/>

Q20 On a scale 1-4, with one being low knowledge and 4 being high knowledge, please rate your knowledge in the following core prevention competencies:

	1 (1)	2 (2)	3 (3)	4 (4)
Alcohol, Tobacco and Other Drugs and Their Impact on the Body (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prevention Theory and Practice (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Evidence-based Prevention Interventions in Behavioral Health (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Current Behavioral Health Trends and Research (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Theories of Change (e.g. Social Learning Theory, Youth Development Theory, etc.) (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ethical Practice and Professional Responsibility in Prevention (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health Disparities and Health Equity (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q21 Of the core competencies above, which do you feel you need more training or would like more training on?

▼ Alcohol, Tobacco and Other Drugs and Their Impact on the Body (1) ... Health Disparities and Health Equity (8)



Q22 On a scale of 1-4, with one being low skill and 4 being high skill, please rate your skills in the following areas:

	1 (1)	2 (2)	3 (3)	4 (4)
Interpersonal Communication (e.g. public speaking, communicating with partners, etc.) (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Written Communication (e.g. press releases, fact sheets, newsletters, use of media, etc.) (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Resolving and Mediating Conflict (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Grant writing, management and reporting (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Meeting planning (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Training Techniques and Adult Learning Strategies (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Understanding data and research (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q23 Of the skills areas above, which do you feel you need more training or would like more training on?

▼ Interpersonal Communication (e.g. public speaking, communicating with partners, etc.) (1) ...  
Understanding data and research (7)

Q24 On a scale of 1-4, with one being low skill and 4 being high skill, please rate your skills in the following ASSESSMENT areas:

	1 (1)	2 (2)	3 (3)	4 (4)
Collecting qualitative data (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Collecting quantitative data (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Analyzing data (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assessing community readiness (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assessing community resources (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q25 Of the skill areas above, which do you feel you need more training or would like more training on?

▼ Collecting qualitative data (1) ... Assessing community resources (5)

Q26 On a scale of 1-4, with one being low skill and 4 being high skill, please rate your skills in the following CAPACITY BUILDING areas:

	1 (1)	2 (2)	3 (3)	4 (4)
Building community readiness (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Building community resources (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Building organizational capacity (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recruiting, managing and retaining volunteer and partners (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Identifying and engaging key stakeholder (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Engaging/ mobilizing the community (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Building collaborations (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q27 Of the skill areas above, which do you feel you need more training or would like more training on?

▼ Building community readiness (1) ... Building collaborations (7)

Q28 On a scale of 1-4, with one being low skill and 4 being high skill, please rate your skills in the following PLANNING areas:

	1 (1)	2 (2)	3 (3)	4 (4)
Determine priority problems based on comprehensive community assessment (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Risk and protective factor prioritization based on comprehensive community assessment (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Develop a prevention plan based on research and theory that addresses community needs and desired outcomes (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Matching evidence-based interventions to identified risk factors (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Identifying the components of effective prevention planning (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Facilitate a stakeholder planning process (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adapting evidence-based interventions (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q29 Of the skill areas above, which do you feel you need more training or would like more training on?

▼ Determine priority problems based on comprehensive community assessment (1) ... Adapting evidence-based interventions (7)

Q30 On a scale of 1-4, with one being low skill and 4 being high skill, please rate your skill in the following IMPLEMENTATION areas:

	1 (1)	2 (2)	3 (3)	4 (4)
Coordinating prevention stakeholders in prevention activities (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide prevention education and skill development programs that contain accurate, relevant, and timely content (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maintain program fidelity when implementing evidence-based practices. (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using social marketing strategies (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using social media as a prevention tool (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q31 Of the skill areas above, which do you feel you need more training or would like more training on?

▼ Coordinating prevention stakeholders in prevention activities (1) ... Using social media as a prevention tool (5)

Q43 On a scale of 1-4, with one being low skill and 4 being high skill, please rate your skills in the following EVALUATION areas:

	1 (1)	2 (2)	3 (3)	4 (4)
Identifying appropriate evaluation methods (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developing logic models as a planning and evaluation tool (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Collect evaluation documentation for process and outcome measures (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Analyzing and interpreting evaluation data (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Evaluate activities and identify opportunities to improve outcomes. (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Utilize evaluation to enhance sustainability of prevention activities. (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sharing evaluation results with stakeholders and the community (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q44 Of the skill areas above, which do you feel you need more training or would like more training on?

▼ Identifying appropriate evaluation methods (1) ... Sharing evaluation results with stakeholders and the community (7)

Q45 On a scale of 1-4, with one being low skill and 4 being high skill, please rate your skills in the following SUSTAINABILITY areas:

	1 (1)	2 (2)	3 (3)	4 (4)
Developing community ownership (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Planning for outcome sustainability (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developing strategic alliances with other service providers (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Managing inter-agency and organizational dynamics (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using data to identify programs to sustain (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q47 Of the skill areas above, which do you feel you need more training or would like more training on?

▼ Developing community ownership (1) ... Using data to identify programs to sustain (5)

Q46 On a scale of 1-4, with one being low skill and 4 being high skill, please rate your skills in the following CULTURAL COMPETENCE areas:

	1 (1)	2 (2)	3 (3)	4 (4)
Assessing diversity and inequities (racial, ethnic, gender, LGBTQ, socio-economic, etc.) in your service area (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employing strategies for cultural responsiveness (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using strategies for cultural inclusion (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Working with diverse populations (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Linguistically competent prevention strategies (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q48 Of the skill areas above, which do you feel you need more training or would like more training on?

▼ Assessing diversity and inequities (racial, ethnic, gender, LGBTQ, socio-economic, etc.) in your service area (1) ... Linguistically competent prevention strategies (5)



Q52 How CONFIDENT do you feel:

	Not at all (1)	Somewhat (2)	Fairly (3)	Very (4)
About your understanding of ethical practice and professional responsibility? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Advocating for prevention? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assessing available resources and resource gaps? (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Collaborating on intervention development? (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Collaborating on policy development? (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Collecting evaluation documentation? (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coordinating implementation of interventions? (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coordinating implementation of prevention activities? (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Creating and sustaining community-based coalitions? (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Defining problems in your work? (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Defining the population to be served? (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Defining a focus population? (12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Determining coalition and community readiness for interventions? (13)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Determining coalition and community readiness for prevention? (14)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Determining prevention priorities? (15)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developing a prevention plan? (16)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developing a vision for the coalition/community? (17)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developing and demonstrating relationship-building skills? (18)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Identifying appropriate evaluation strategies? (19)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reporting on evaluation measurements of outcomes in your work? (20)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using internal communications? (21)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Working on project management? (22)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q53 In your work how IMPORTANT is:

	Not at all (1)	Somewhat (2)	Fairly (3)	Very (4)
Basic prevention knowledge (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Collaborative intervention development (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Collaborative planning (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Collaborative policy development (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Collecting evaluation documentation (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community mobilization and coalition development (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coordinating implementation of interventions (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coordinating implementation of prevention activities (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Creating and sustaining community-based coalitions (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Data gathering (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Implementing a strategic planning process (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Understanding ethical practice and professional responsibility (12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Advocating for prevention (13)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assessment of available resources and resource gaps (14)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q54 In your work how OFTEN do you:

	Not at all (1)	Not that often (2)	Often (3)	Very (4)
Determine prevention priorities (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Develop a prevention plan (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Develop a vision for the coalition/community (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Need to identify appropriate evaluation strategies (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Report evaluation measurements of outcomes (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Select prevention strategies to meet identified needs (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Share assessment results (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use community mobilization and coalition development (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use basic prevention knowledge (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use collaborative planning (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use data gathering (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use internal communications (12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Determine prevention priorities (13)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q34 What was your main reason for choosing prevention as a field of work?

- Desire to help others and make an impact (1)
- Opportunity to work with youth (2)
- Passion/interest for prevention or specific topics (3)
- Personal/family experiences (4)
- Professional development (5)
- Job opportunity (6)
- Related to previous position (7)
- Related to current position (8)
- Related to volunteer work (9)
- No choice and have regrets (10)
- Funding direction (11)
- Other (please specify) (12) \_\_\_\_\_

Q35 How likely is that you will be voluntarily leaving your job within the next 3 years?

- Very unlikely (1)
- Unlikely (2)
- Likely (3)
- Very Likely (4)

Q36 Please provide an explanation for why you plan to leave the substance the substance use prevention field

- Retirement (1)
- Salary concerns (2)
- Lack of job stability (3)
- Non-supportive working environment (4)
- Frustration; not enough resources to do my job well (5)
- Hard to see outcomes of this work (6)
- Personal reasons (family , etc.) (7)
- Substance abuse prevention is not my degree field and I would like to find something in my degree field (8)
- NA (9)
- Don't know (10)
- Other (please specify) (11) \_\_\_\_\_

Q37 How much do you anticipate each of the following factors will influence your decision to leave your job in the next 3 years?

- Retirement (1)
- Lack of career advancement opportunities (2)
- Salary/compensation (3)
- Personal/family reasons (4)
- I am not challenged by my work (5)
- I do not enjoy a main aspect of my work (6)
- Work environment (7)
- I feel overwhelmed at work (8)
- Commute to and from work (9)
- Other (please specify) (10) \_\_\_\_\_

Q38 Will you be looking for another job in the prevention field?

- Yes (1)
- No (2)

Q39 What are you most satisfied with in your current position?

- Salary (1)
- Benefits (2)
- Variety and flexibility of work (3)
- Other prevention colleagues in my agency (4)
- Other colleagues in the prevention field and related areas (5)
- Opportunities for career advancement within my agency (6)
- Personal commitment to substance abuse prevention (7)
- Match between the profession and my skills (8)
- Match between the profession and my interest (9)
- Use of evidence-based programs (10)
- Use of process and outcome evaluation (11)
- Working with youth (12)
- Working with community leaders (13)
- Other (please specify) (14) \_\_\_\_\_

Q60 What are you least satisfied about in your current position?

- Salary (1)
- Benefits (2)
- Variety and flexibility of work (3)
- Other prevention colleagues in my agency (4)
- Other colleagues in the prevention field and related areas (5)
- Opportunities for career advancement within my agency (6)
- Personal commitment to substance abuse prevention (7)
- Match between the profession and my skills (8)
- match between the profession and my interest (9)
- Use of evidence-based programs (10)
- Use of process and outcome evaluation (11)
- Working with youth (12)
- Working with community leaders (13)
- Other (please specify) (14)

Q40 How much do you earn in your prevention job?

- Less than \$10,000 (1)
- \$10,000 - \$19,999 (2)
- \$20,000 - \$29,999 (3)
- \$30,000 - \$39,999 (4)
- \$40,000 - \$49,999 (5)
- \$50,000 - \$59,999 (6)
- \$60,000 - \$69,999 (7)
- \$70,000 - \$79,999 (8)
- \$80,000 - \$89,999 (9)
- \$90,000 - \$99,999 (10)
- \$100,000 or more (11)

Q41 Have you ever experienced burn out because of your job?

- No (1)
- Yes, rarely (2)
- Yes, sometimes (3)
- Yes, often (4)