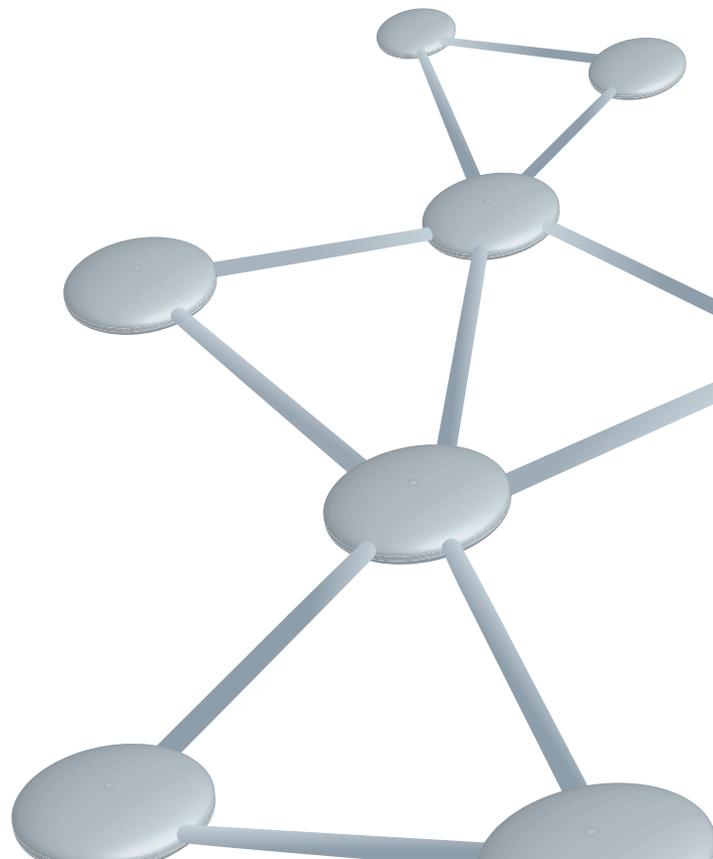


Monadnock *Regional Network*

Community-Based, Data-Driven Response
to Substance Misuse & Disorders

STRATEGIC PLAN FOR PREVENTION 2012-2015

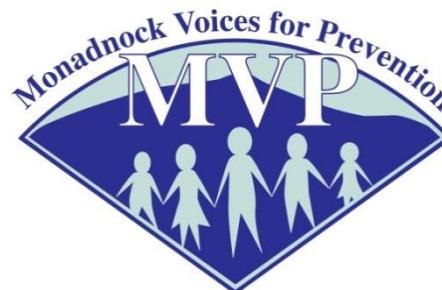


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Monadnock Media Collaboration

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Monadnock Shopper
Monadnock Radio Group
The Keene Sentinel

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Executive Summary

Substance misuse and disorders have a serious impact on the quality and function of the lives of individuals, the strength of family support systems and community organization and attachment. Devastating consequences of alcohol and other drug misuse range from increased violence in homes and unsafe or unwanted sexual activity to car crashes and life-threatening overdoses. Substance misuse and disorders are strongly associated with mental health and can prevent individuals from reaching a state of personal wellness or “whole” health. In comparison to national figures, New Hampshire’s (NH) substance abuse rates are statistically higher for a number of population groups. The costs of substance use are not limited to the impact on individuals, families and communities; the economic cost of substance misuse and disorders places the issue as the second most costly to local governments after elementary and secondary education. Given the magnitude of individual, family, community, governmental and societal costs of substance abuse, the most poignant aspect of its devastating effects is that they are 100% preventable.

Prevention is defined as: *A proactive process that empowers individuals and systems to meet the challenges of life events and transitions by creating and reinforcing conditions that promote healthy behaviors and lifestyles.*¹ Historically substance use prevention efforts consisted of educational and one-time events that had limited impact on preventing substance misuse and disorders. As the field has evolved, it has adopted a public health approach to substance use prevention. Effective substance use prevention efforts must be comprehensive; in that, they must include multiple types of prevention efforts. Prevention must target all levels of society; influencing personal behaviors, family systems and the environments in which individuals live, study, work and play. Data-driven and community-based prevention is most effective.

The state of NH launched its progressive Regional Network System for alcohol and drug abuse prevention across the state in 2007. The Monadnock Regional Network was one of the ten regional networks created. The Monadnock Regional Network is a network of concerned citizens that aims to deliver comprehensive, multi-level, data-driven, community-based prevention to the Monadnock Region.

Through recent planning activities that promoted a broad and in-depth level of community engagement in the process, the Monadnock Regional Network has developed this three-year strategic plan for the prevention of substance misuse and disorders across the lifespan in the Monadnock Region. The Region successfully engaged hundreds in this truly community-based process.

Prescription drug misuse and binge drinking across the lifespan were identified as the priority substance use issues that will be addressed by this strategic plan. The Monadnock Regional Network has determined the following goals for 2015.

GOAL 1	Decrease misuse or abuse of prescription drugs among youth, young adults and adults in the Monadnock Region by 2015.
GOAL 2	Decrease binge drinking among youth, young adults and adults in the Monadnock Region by 2015.

¹ Substance Abuse and Mental Health Services and the Center for Substance Abuse Prevention

The strategies chosen to address Monadnock's goals reflect a comprehensive, multi-level and community-based approach to prevention. They are environmental in nature; thus will change the physical, social and cultural landscape in the Monadnock Region, leading to reduced substance use. The chosen strategies include multiple sectors in the implementation process, reinforcing the team effort that is so prevalent in the Monadnock Region. The chosen strategies listed below reflect both a conceptual and practical fit in the Monadnock Region. The relationship between problems, resources, activities and expected outcomes is logical and demonstrates theoretical evidence that the implementation of this plan will yield the expected outcomes.

- **Community Mobilization through Appreciative Inquiry Frame (AIF)**
- **Communities That Care**
- **Social Norms and Media/Social Marketing Campaign**
- **Enhance Enforcement**
- **Ensure Safe Storage and Disposal of Prescription Drugs**
- **Life of an Athlete**
- **Screening, Brief Intervention, and Referral to Treatment (SBIRT)**
- **Parental Monitoring**
 - **Triple P Parenting**
 - **Supporting School Success**
 - **Guiding Good Choices**
 - **Staying Connected to Your Teen**
- **Programs for Youth**
 - **All Stars Junior-Core-Boosters**
 - **Good Behavior Game**
 - **Healthy Alternative for Little Ones**
 - **New England Poison Control Curriculum**
- **Programs for Older Adults**
 - **Get Connected**
- **Support Prescription Monitoring Program Regionally**
- **Incentives**

The total cost to implement this plan is \$1,498,477 for three years. Funding in the amount of \$521,600 currently exists to support this plan. The total amount of funds still needed is \$976,877. The implementation of strategies and resulting work plan will be dependent on the amount of funding acquired to support the strategies listed in this plan. The Monadnock Regional Network is committed to evaluating the process of implementing this plan and the intermediate and long-term expected outcomes. Evaluations will be used for continuous quality improvement and to measure the expected change in individuals, families and communities that will ultimately lead to the increased prevention of substance misuse and disorders.

I. Introduction

Alcohol and Other Drug Misuse in New Hampshire

The Problem

Alcohol and other drug misuse pose one of the greatest risks to individual and community health and safety. Substance misuse has both short and long-term health and safety consequences, including cognitive impairment that affects driving and learning, delays to adolescent brain development and social skill development, suicide risk, unwanted sexual activity, violence, injury, family and relationship problems, academic failure, low workplace productivity, acute intoxication, crime, addiction, and other outcomes, many of which are associated with significant personal and societal costs.

According to the National Survey on Drug Use and Health (NSDUH), in 2010 an estimated 22.6 million Americans aged 12 or older used illicit drugs in the past month and over 131 million people reported being current drinkers of alcohol. Among this population, 23.1 million people aged 12 or older in the U.S. met diagnostic criteria for an illicit drug or alcohol use problem.²

In comparison to national figures, New Hampshire's (NH) substance abuse rates are statistically higher for a number of population groups. Reported use of alcohol and marijuana in the past 30 days is higher for many age groups in NH. Among youth aged 12-17 and young adults aged 18-25, NH's rates of binge drinking are significantly higher than the U.S.³ In addition, NH's 12 to 17 year-olds are one-and-one-half times more likely than 12 to 17 year-olds nationwide to smoke marijuana.⁴ This amounts to one in four NH high school aged children who engage in regular binge drinking and regular marijuana smoking.⁵ The rate of young adult drinking (18 to 25 year olds) in NH is the highest in the country.⁶ Young adults in NH have higher rates of use of illicit drugs other than marijuana and higher rates of non-medical use of painkillers compared to peers nationally.⁷

The devastating consequences of alcohol and other drug misuse range from increased violence and unsafe or unwanted sexual activity to car crashes and life-threatening overdoses. In 2011, the number of drug-related deaths in NH totaled 200, a first since these data have been collected and reported. The number of deaths represents an increase of over 300% since the year 2000. Drug deaths caused by prescribed medications almost doubled from 49 to 83 between 2008 and 2009 and eighty-two percent of drug-related deaths in 2011 were related to prescription drug abuse.⁸ Additionally, between 2001 and 2006, the percentage of car crashes related to alcohol ranged between 35% and 45%.⁹

Alcohol and other drug misuse pose economic burdens as well. The costs associated with alcohol and other drug misuse in the U.S. topped \$400 million in 2005, with 95.6% of costs incurred related to alcohol and drug problems, such as hospital stays, emergency response, and criminal activity. Local governments in 2005 spent almost 16% of

² Substance Abuse and Mental Health Services Administration (SAMHSA) and the Center for Substance Abuse Prevention (CSAP)

³ U.S. DHHS. (2010) *Results from the 2009 National Survey on Drug Use and Health: Volume I. Summary of National Findings*. p 3. Retrieved from: <http://oas.samhsa.gov/NSDUH/2k9NSDUH/2k9ResultsP.pdf>

⁴ Ibid. p 2.

⁵ NH DOE. (2011) *NH Youth Risk Behavior Survey Results* pp 76, 91. Retrieved from:

http://www.education.nh.gov/instruction/school_health/documents/2011nhyrbsdetailtables.pdf

⁶ Ibid. p 76.

⁷ Ibid. pp 85-120.

⁸ Dr. Thomas Andrew, NH Medical Examiner's Office.

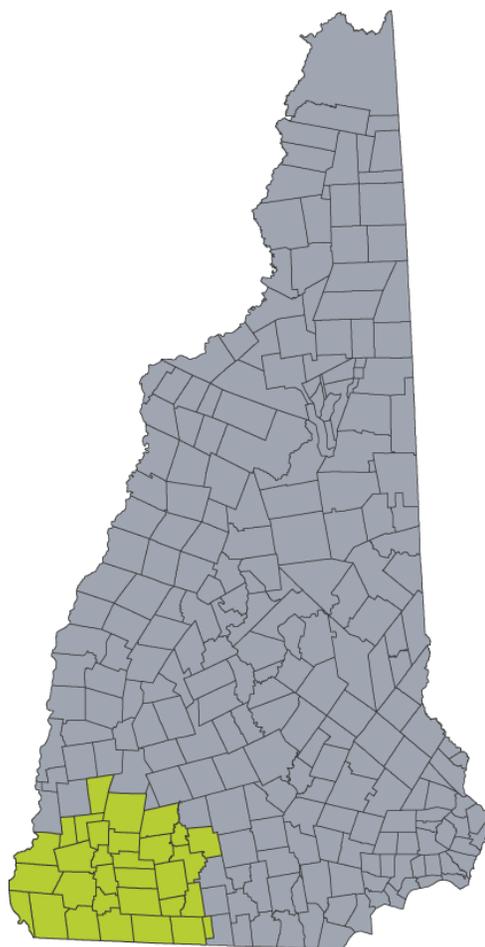
⁹ National Highway Traffic Safety Administration. *Fatality Analysis Reporting System (FARS)*. Retrieved from: <http://www.nhtsa.gov/FARS>

their budgets on dealing with substance abuse and addiction, compared to 13.3% in 1998. This amount places the issue as the second most costly to local governments after elementary and secondary education. In spite of the staggering costs associated with alcohol and other drug misuse consequences, in 2005, only 1.9% of substance abuse funds across the U.S. were committed to prevention and treatment, 0.4% to research, 1.4% to taxation and regulation, and 0.7% to interdiction.¹⁰ For every \$100 spent on alcohol and other drug misuse problems, states spent an average of \$2.38 on prevention and treatment, while NH ranked last in the nation, spending just 22 cents of every \$100 of substance abuse expenditures on prevention and treatment of alcohol and drug abuse and addiction.¹¹

Prevention

Given the magnitude of individual, family, community, governmental and societal costs of substance abuse, the most poignant aspect of its devastating effects is that they are 100% preventable. But their preventability does not make the issue simple to address. The awareness and engagement of multiple stakeholders and sectors within communities is a first step toward changing the norms and other contributing factors that influence a person's decision to misuse drugs or abuse alcohol. To that end, in 2007 the state of NH launched its Regional Network System for alcohol and drug abuse prevention across the state. The system identified and funded ten geographically determined regions to engage communities in an evidence-based approach to prevention. Each region has a fiscal sponsor, a community or county-based organization with a complementary mission to improve health outcomes which employs a full-time coordinator, establishes formal communication within the region, convenes leaders and key stakeholders, engages the general public, and supports the community in determining the assets that community organizations and individuals can contribute to substance abuse prevention efforts. The Monadnock Regional Network was one of the ten regions created. The Monadnock Regional Network is a network of community partners, concerned citizens that aims to deliver comprehensive, multi-level, data-driven, community-based prevention to the Monadnock Region.

Monadnock Regional Network



¹⁰ The National Center on Addiction and Substance Abuse at Columbia University. (May 2009). *Shoveling Up II: The Impact of Substance Abuse on Federal, State, and Local Budgets*. p 4. Retrieved from: <http://www.casacolumbia.org/articlefiles/380-ShovelingUpII.pdf>

¹¹ Ibid. p 116.

II. The Monadnock Regional Network

Regional Demographics

The Monadnock Region is located in Southwestern NH and is defined by the State of NH’s Department of Health & Human Services, Bureau of Drug and Alcohol Services as having 32 communities in “Region G.” The Monadnock Region includes towns on both sides of Mount Monadnock and in two counties (Cheshire and Hillsborough). Of the 32 towns, 11 are within Hillsborough County and 21 are within Cheshire County.

Antrim	Greenville	Mason	Stoddard
Bennington	Hancock	Nelson	Sullivan
Chesterfield	Harrisville	New Ipswich	Surry
Dublin	Hinsdale	Peterborough	Swanzy
Fitzwilliam	Jaffrey	Richmond	Temple
Francestown	Keene	Rindge	Troy
Gilsum	Marlborough	Roxbury	Westmoreland
Greenfield	Marlow	Sharon	Winchester

The Monadnock Region recognizes that an investment in community readiness will yield enhanced capacity and that readiness and capacity will result in more effective and sustainable programs. This strategic plan, as developed by citizens of the Monadnock Region, is a reflection of the key learning that investment in programs alone simply cannot yield or produce the results wanted or needed.

The Planning Team considered the following demographic factors in the development of this plan:

Socio-Economic Status and Race/Ethnicity

The Region overall is below average in income, education, and college graduates when compared to the State of NH.¹² Rural in nature, the Monadnock Region has watched its population change, with the current Census data showing a migration out of the area among individuals aged 18-45. The fastest growing population is senior citizens. The 2010 Census identified the population as 94.7% White, 1.05% Black or African American, 0.34% American Indian and Alaskan Native, 1.67% Asian. As a region the average of eligible free and reduced participants is 36.46%, or 10.78 percentage points higher than the state average. The town with the lowest participation rate is Chesterfield at 11.21% and the highest is Winchester at 65.85%.

Monadnock Region School District Participation in Reduced Rate/Free Lunch Program for 2010-2011

District Name	% Eligible Participation
Chesterfield	11.21%
Contoocook Valley	26.33%
Harrisville	25.64%
Hinsdale	46.01%
Jaffrey-Rindge Cooperative	33.99%
Keene	28.63%
Marlborough	34.97%
Marlow	33.33%
Mason	15.73%
Monadnock Regional	36.46%
Nelson	39.13%
Mascenic Regional	34.04%
Stoddard	12.20%
Surry Village Charter School	25.35%
Westmoreland	14.81%
Winchester	65.85%

Source: NH Department of Education

¹² U.S. Census Bureau. (2009).

Existing Substance Abuse Prevention Efforts

The Monadnock Region through the early effort of the Monadnock Action Network for Youth and utilization of Teen Assessment Project (TAP) surveys early in 2000, pioneered collaborative community efforts to address substance abuse. The Region had coalitions in different areas that supported, and in many cases, continue to support prevention. However with the loss of resources, much of the capacity for organizations to provide programs and for coalitions to survive has been decimated. The Region has lost all but one student assistance counselor and all Project Success Programs. Monadnock Family Services has eliminated its prevention section, Family Strengths and UNH Cooperative Extension have merged or eliminated divisions that work with youth and families, and many partners in general have to prioritize other behaviors of concern. Of significance is the fact that many businesses, government, schools, health and safety partners have worked to sustain a reduced level of service and new partners have emerged in this process (such as the media collaboration).

Drug Free Community (DFC)-funded initiatives and community-supported strategies continue for specific communities. These efforts include:

All Stars Junior & Core - Youth Education/Resiliency (Grades 3-8)	<i>3 Communities</i>
D.A.R.E.	<i>3 Communities</i>
Media Power Youth - Promising Practice	<i>3 Communities</i>
Project Venture-Experiential Education for Youth/Service Learning (Grades K-12)	<i>2 Communities</i>
Social Norms Campaigns	<i>2 Communities</i>
PEERsuasion (<i>no longer connected to Regional Network</i>)	<i>1 Community</i>
Alcohol Awareness/Red Ribbon/Town Hall	<i>DFC Areas Only</i>
Guiding Good Choices - Parent Education (Grades 4-7)	<i>DFC Sites</i>
Earn It	<i>Keene Area</i>
Compliance Checks	<i>Keene Only</i>
Sticker Shock Campaigns	<i>Keene Only</i>
Race Against Drugs/Stay On Track	<i>Winchester Only</i>
SHOC	<i>Hinsdale</i>

SASY	NA/AA/ALATEEN
Acting Out	Awareness Speakers
DRC Coalitions	Health Education in Schools
Tobacco Education/Cessation	Girl Scouts/Scenario
Party Patrols	Big Brothers Big Sisters
Drug Free Activities (After Prom)	Buyers Beware Campaigns
Prescription Drug Permanent Disposal Locations	City Of Keene - Websites for Parents/Teens
Media Campaigns - DFC Supported (Minimal)	Prescription Take-Back Days
Mentoring Programs - Summer only through Swampbats	

Substance abuse prevention efforts that are no longer happening:

- Club Canon
- Project SUCCESS
- Good Choices
- Life Skills
- Empowered Prevention Youth Group (EPYC)
- Rope-College Orientation Program
- Monadnock Action Network For Youth (MANY)
- Creating Positive Change
- Drug Free Activities (skate park event, arts etc.)

Programs/curricula available that are not utilized:

- Behavior Kernels
- Success In School
- Staying Connected To Your Teen
- Strengthening Families
- Life Skills
- New England Poison Control Inhalant Curriculum

Community History Relative to Public Health and Substance Use Prevention

Community leaders describe the Region as progressive and community-minded, pointing to social programs that are at least partially supported with local resources and regional partnering that has led to addressing local need for decades. The Region has developed a Public Health Network that works with the Regional Network. Cheshire Medical provides space for the Public Health coordinator and serves as fiscal sponsor for the Coalition for Tobacco Free Communities, Healthy Eating Active Lifestyle and Vision 20/20 Initiatives. The Council for a Healthier Community brings together dozens of health and social service providers to discuss and address healthcare needs around the region. In the past, Phoenix House and Monadnock Family Services have provided leadership in prevention and treatment initiatives, developing and implementing numerous programs. The court system has actively participated in alcohol, tobacco and other drug strategies around enforcement and the region is currently applying for a drug court grant. Area police departments and liquor enforcement have worked collaboratively in the past to address compliance, underage drinking parties, and server training. Afterschool programs link together through the Community Connections for Afterschool Regional Network (CCAN). In early 2000, the Monadnock Action Network for Youth (MANY) set the groundwork for the current focus and successes of prevention efforts by bringing attention to youth health issues, the need for a focused effort to address them, and developed the framework for community networking around the health issues.

When the initial State Incentive Grant (SIG) was introduced in 2007, it served as a catalyst for numerous citizens, advocates, and providers to once again join forces. However, for the first time they focused specifically on alcohol. The Regional Network, through the Strategic Prevention Framework State Incentive Grant (SPF-SIG) and existing community efforts, has enhanced the understanding of community needs and a prevention infrastructure in the Region. It is important to know that much of the Region's work has taken place during a national recession when state funding for alcohol and drug programs in NH was slashed.

Alcohol abuse by adolescents and binge drinking by young adults, are just two of the many problems individuals and communities face daily. Although a broad-spectrum view of demographics represents the towns as similar, early SPF-SIG assessment results indicated that there were significant differences between knowledge and awareness about the extent of alcohol abuse and use within the Monadnock Region. The Evaluator of the SPF-SIG, Dr. Lori Thornton, noted in her final report that:

"Community Readiness data collected by the Regional Network has determined that most respondents had some knowledge of prevention activities and know they exist (Vague Awareness). A more in-depth exploration of the key informants' answers indicated that a few programs were widely known, but most programs are not common knowledge. Additionally, respondents believe local leadership would support additional efforts; however, the need for more services was questioned because they were not aware of any documented problems beyond newspaper reports. One of the outcomes of the SPF-SIG process was the creation of a Regional Network that has become the base for future development plans. Well-informed and long-term community members identified multiple benefits after SPF-SIG. There is now a regional voice for prevention that can drive action rather than following funding. In addition, there is a hope that the SPF-SIG process will be a model structure for other health sectors in the region. It is likely that the region would not have weathered the recent state financial crisis with as many prevention initiatives funded from other sources without the data available and the regionalization now in place."

The 2012 strategic planning process is a testament to the commitment of communities and the Region to continue to expand substance abuse prevention efforts. Five years ago 120 people participated in the planning. Over 350 people have participated in strategic planning. With many organizations desiring to expand partnerships and a region that can respond creatively and collaboratively to health issues, the Monadnock Region leaders and community members will be able to continue to build/rebuild capacity and readiness for continued substance abuse prevention efforts. Having a focused, directed plan that addresses the determined goals will assist the Region in the next three years.

III. Community-Based Strategic Planning Process

In 2011, each of the ten regions in NH that comprise the New Hampshire Regional Network System were called upon to identify and address priority substance use issues and develop a three-year, community-based, data-driven strategic plan. The process the Regional Networks used to conduct strategic planning is based on two evidence-based approaches: the Strategic Prevention Framework (SPF) approach sponsored by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) and Communities Mobilizing for Change on Alcohol (CMCA), an evidence-based community development model included on SAMHSA's National Registry of Evidence-Based Programs and Practices (NREPP). The process was also guided by the overarching theories of Appreciative Inquiry, Community-Based Participatory Research and NH's five-sector model¹⁴ for community engagement, which requires convening and eliciting the knowledge and interest of the people from business, education, law enforcement/safety, health and government sectors who live and work in the Monadnock Region and whose lives and professions are affected by this issue.

Engaging the Community

Starting in October 2011, Monadnock Voices for Prevention convened a group of eight representing all sectors to form a Data Information Group (DIG). This group worked on a weekly basis through February to organize all data, review and determine gaps, collect additional information, learn how to utilize the Appreciative Inquiry and Partner Tool to help determine data-driven priority statements. In February these statements were shared with an additional group called the Resource Information Group (RIG) that formed to facilitate root cause analysis. Jointly, these two groups dedicated over 40 hours to this process.

At the same time, Keene State College students along with the coordinator collected information regarding the senior citizens, preschool population, business sector, prescription drugs, and afterschool programs (identified as gaps) and reached out to community groups to begin root cause analysis. The Leadership Team remained involved throughout providing guidance for the process and a final review of the plan. Two of three Drug Free Communities (DFC) coalition coordinators, and one non-DFC coordinator, along with the Public Health Network participated in the DIG or RIG. All coalitions in the Region participated in the root cause analysis. Based on the focus group data, the RIG developed problem statements with assistance from the Leadership Team and DIG. These problem statements were then prioritized by over 300 people who participated in planning sessions facilitated by a consultant. Ultimately, over 80 people attended the final selection of strategy sessions, and another 15 participated via email responses. The RIG and Leadership Team, along with stakeholders that expressed interest and the consultant have reviewed the plan prior to submission and after submission to the NH Center for Excellence.

¹⁴ See Appendix A



Monadnock Regional Network: Strategic Plan for Prevention 2012-2015
Community-Based, Data-Driven Response to Substance Misuse & Disorders

Monadnock Region Community Engagement in Strategic Planning

Groups Involved	Strategic Planning Steps	Sectors Represented	Number of Participants*
Data Information Group (Convened 11 Times)	1: Assessment 2: Develop Problem Statements 3: Root Cause Analysis	 Coalition	10
Resource Information Group (Convened 6 Times)	3: Root Cause Analysis 4: Select Strategies 5: Craft Strategic Plan	 Coalition	5
Service Providers (Convened 2 Times)	2: Develop Problem Statements 3: Root Cause Analysis 4: Select Strategies 5: Craft Strategic Plan	 Coalition	14
Business Sector (Convened 2 Times)	3: Root Cause Analysis 4: Select Strategies 5: Craft Strategic Plan	 Coalition	9
Leadership Team (Convened 9 Times)	2: Develop Problem Statements 3: Root Cause Analysis 4: Select Strategies 5: Craft Strategic Plan	 Coalition	8
Regional Network Membership (Convened 3 Times)	2: Develop Problem Statements 3: Root Cause Analysis 4: Select Strategies 5: Craft Strategic Plan	 Media, Coalition	34
Parents (Convened 2 Times)	2: Develop Problem Statements 3: Root Cause Analysis 4: Select Strategies	Parents	18
Young Adults/College Students (Convened 5 Times)	2: Develop Problem Statements 3: Root Cause Analysis 4: Select Strategies	Young Adults	70
Senior Citizens (Convened 5 Times)	2: Develop Problem Statements 3: Root Cause Analysis 4: Select Strategies	Seniors	26
Law Enforcement (Convened 3 Times)	2: Develop Problem Statements 3: Root Cause Analysis 4: Select Strategies 5: Craft Strategic Plan	 Coalition	23
Community-Based (Convened 9 Times)	2: Develop Problem Statements 3: Root Cause Analysis 4: Select Strategies 5: Craft Strategic Plan	 Coalition	36

Sectors

- Health & Medical Law Enforcement & Safety Education
- Business Government Cultural or Faith Based
- Community Supports *A person may have served on more than 1 group.

Strategic Planning Steps

- 1: Gather and interpret assessment data
- 2: Develop problem statements
- 3: Conduct root cause analysis
- 4: Design & select strategies
- 5: Craft regional strategic plans

Groups Involved	Strategic Planning Steps	Sectors Represented	Number of Participants*
Strategic Planning (Convened 2 Times)	2: Develop Problem Statements 3: Root Cause Analysis 4: Select Strategies	H L E G C Coalition	82
Healthcare/Community Coalitions (Convened 5 Times)	2: Develop Problem Statements 3: Root Cause Analysis 4: Select Strategies 5: Craft Strategic Plan	H L E B G Youth	79
School Counselors/Afterschool (Convened 2 times)	2: Develop Problem Statements 3: Root Cause Analysis 4: Select Strategies 5: Craft Strategic Plan	E 	44

Sectors

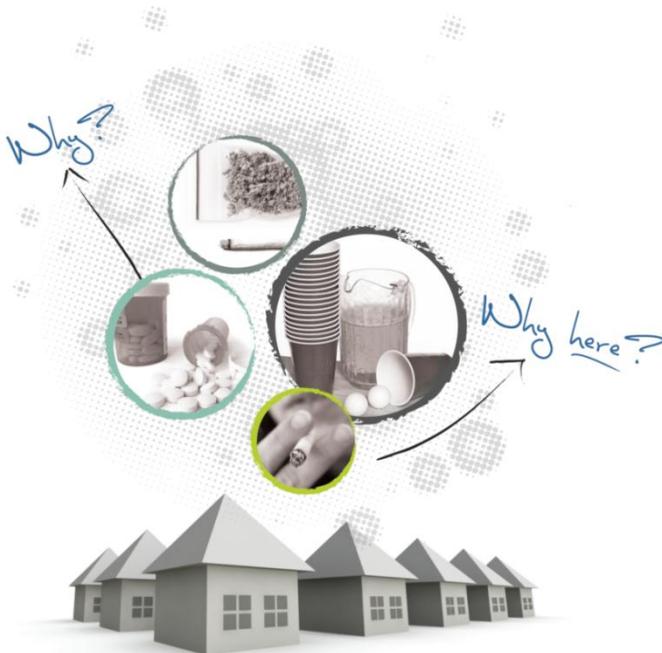
- H** Health & Medical **L** Law Enforcement & Safety **E** Education
- B** Business **G** Government **C** Cultural or Faith Based
- S** Community Supports *A person may have served on more than 1 group.

Strategic Planning Steps

- 1:** Gather and interpret assessment data
- 2:** Develop problem statements
- 3:** Conduct root cause analysis
- 4:** Design & select strategies
- 5:** Craft regional strategic plans

Planning Steps

Partners and citizens guided the communities through five critical steps to understanding the prevalence and root causes of alcohol and drug abuse, the resources available to address the problem, and the strategies that will have the greatest likelihood of effecting positive change. These five steps are outlined below.¹⁵



Strategic Planning Steps	
1	Gather and Interpret Assessment Data
2	Develop Problem Statements
3	Conduct Root Cause Analysis
4	Design and Select Strategies
5	Craft Regional Strategic Plans

To start, communities in the region intensively studied the epidemiological and community data in order to understand the extent of the problem and determine possible solutions. Throughout the planning, the questions of “Why?” and “Why here?” were central.

¹⁵ See Appendix B

Why is there a substance use problem? Why is there a problem here in our community? What resources and assets currently exist in our community that impact or have the potential to impact substance use? What are the barriers to prevention in our community and how can we overcome those barriers? Why would particular strategies work or not work in our community? Through this line of questioning, the Regional Network was able to identify factors that contribute to substance use and determine how to address these factors given local conditions.

This community-based process resulted in a three-year strategic plan for our communities. The strategic plan will help communicate to all stakeholders the agreed upon priorities, goals and objectives of the network of partners. Additionally, the three-year strategic plan records the process the network undertook to determine its action plan, those organizations and individuals who have committed to action, and the measures that will determine the efficacy of the plan, providing a road map by which our communities will hold each other accountable, track progress, make necessary adjustments, and celebrate our accomplishments.

Finally, it is important to underscore that changing the conversation about alcohol and other drug misuse in communities takes time. Positioning the needed resources and will for action takes even longer. This three-year plan will direct the region towards collective action, which will result in a collective impact on community norms and population level health indicators.

Identifying Problems

Although efforts could potentially focus on a variety of substances being used in the community, the Network realized the need to narrow down its focus to the substances that were a priority to address. This was done by investigating which substance use reductions are important to the community, which contributing factors are changeable, what the community is ready to address, and the relevant resources that exist to address substance misuse and disorders. Planning participants began this process by reviewing substance use assessment data from the Monadnock Region Community Data Profile.¹⁶ This Profile presents comparisons of use and related risk factors for different substances in the Monadnock Region compared to the other regions in NH as well as to the whole state.

The following prioritization table below reflects a process that was used in the Monadnock Region through the Strategic Prevention Framework and is used at times by other groups to determine what is going to have the most impact and what is "changeable" (i.e. Vision 20/20). This tool involved over 300 stakeholders determining what of the five previously identified problem areas were most important. Prior to this activity, the community partners and the Leadership Team had determined that it would be best to focus on a few areas with the intent that all five problem areas would be addressed at some point or might be managed by other resources in the region. From the prioritization process prescription medication was determined to be the number one issue of concern which people felt they could impact and where was readiness for change. Binge drinking was second, with over-the-counter drugs, Marijuana and Tobacco following. Although concern was expressed about heroin and synthetic drugs, the region ultimately did not have enough data to support strategies and objectives related to these issues. The Region recognizes there is capacity to address tobacco through the Cheshire Coalition for Tobacco Free Communities and two of the Drug Free Community Grants. Although it is not a priority named in this plan, the Region will be further assessing how tobacco and the two other priority areas can be addressed and will be reviewing the root cause analysis to explore how other resources may utilize this information in planning and implementation.

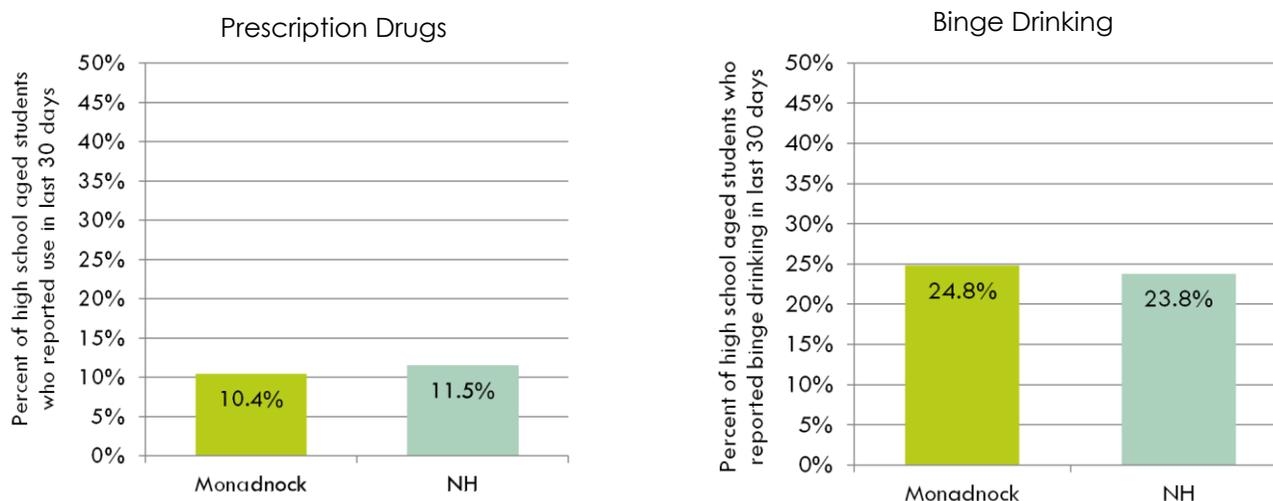
¹⁶ NH Center for Excellence. (2011). *Community Data Profile: Monadnock Region*. Retrieved from: http://www.nhcenterforexcellence.org/pdfs/dataprofiles/Monadnock_Region_complete.pdf

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High Importance - High Changeability		High Importance - Low Changeability	
130	Prescription	102	OTC
95	Binge Drinking	99	Marijuana
48	Marijuana	50	Binge Drinking
34	Tobacco	35	Prescription Drugs
30	OTC	25	Tobacco
Low Importance - High Changeability		Low Importance - Low Changeability	
89	Tobacco	38	Marijuana
15	Marijuana	11	Tobacco
3	Binge Drinking	6	OTC
2	OTC		
1	Prescription		

The rates of past 30-day binge drinking and misuse or abuse of prescription drugs among high school aged youth found in the Region are consistent with rates reported for youth statewide.

Past 30-Day Use by Substance



Additional Data that Helped Drive the Planning Process

The Monadnock Regional Network used a variety of data sources to assess substance use in the region. Local sources of data were used when available. State and national data was used as comparisons or in lieu of local data.

- 19.4% of high school students surveyed throughout NH and 22.3% of high school students surveyed in the Monadnock Region reported using prescription drugs such as OxyContin®, Percocet®, Vicodin®, Adderall®, Ritalin®, or Xanax® without a doctor’s prescription in their lifetime.¹⁷
- Among high school students, 5.5% reported they had used Oxycontin and 9.5% had used Vicodin during the same period. Both are powerful pain killers. In the same study, 7.2 % of the 12th graders reported using sedatives during the previous year.¹⁸
- 4% of high school age youth in the Monadnock Region have used over-the-counter drugs to get high in the last 30 days.¹⁹

¹⁷ 2011 New Hampshire Youth Risk Behavior Survey (YRBS)

¹⁸ Monitoring the Future

¹⁹ 2011 New Hampshire Youth Risk Behavior Survey (YRBS)

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- 25% of high school age students in the Monadnock Region say they can easily get “other drugs”.²⁰
- Prescription and over-the-counter medications, contribute to more than twice the rate of poisonings from consumer products.²¹
- 78,000 children under age 5 are treated each year for unintentional medication poisoning. Over 80% were because an unsupervised child found and consumed medicines.²²
- Among children, ED visits for medication poisonings (excluding abuse and recreational drug use) are twice as common as poisonings from other household products (such as cleaning solutions and personal care products).²³
- Monitoring the Future studies show that young people are less concerned about the dangers of using prescription drugs outside of a medical regimen, because they are widely used for legitimate purposes.²⁴
- The Monadnock Regions Young Adult survey showed that:²⁵
 - 51% of 18-25 year olds have used prescription drugs without a doctor’s order
 - 36% have used over-the-counter drugs to get high
 - 80% of young adults say it is easy to very easy for people under 21 to get alcohol
 - 63% of young people believe young people their age drink 5 or more drinks at a party
 - 99% believed young people their age partied with alcohol at least one night per week
 - 64% reported they drank five or fewer times in the last 30 days
- Older adults make up only 13% of the population, but fill one-third of all prescriptions. A large percentage of older adults take multiple prescription medicines as well as over-the-counter medications and dietary supplements. Changes in metabolism with age and drug interactions make this population susceptible to medicine misuse, dependence, and addiction.²⁶
- Diversion and theft of prescription medicine is at very high levels, and older adults may be particularly at risk.²⁷

Regarding perception of risk:²⁸

- 73% of youth believe it is unlikely that anyone would get caught if they gave alcohol to someone under 21
- 82% believe that no one would report a party that people under 21 were drinking at
- 76% think it is unlikely that someone under 21 would get arrested if they drank alcohol
- 88% of young adults believed parents can have a strong influence on their child’s decision to drink

According to parent opinion surveys:²⁹

- 73% believe a consistent curfew is important
- 96% believe parents have a strong influence on their child’s decision to drink and 88% of young adults believed parents can have a strong influence on their child’s decision to drink
- 75% believe there is too much alcohol advertising in their community
- 83% believe that alcohol advertising influences a young person’s decision to drink
- Less than 8% believe it is ok for people under 21 to drink even if they don’t drive or get drunk
- 17% agree that underage drinking is part of growing up

²⁰ Ibid.

²¹ New England Poison Control

²² Malloy, E. H., Boheme, S., & Winter, J. *Medication Disposal: What’s the Problem? Impacts on Human and Environmental Health*. Retrieved from: www.iisacp.org/unwantedmeds

²³ Ibid.

²⁴ Source: Monitoring the Future

²⁵ Young Adult Community Survey. (2009).

²⁶ National Institute on Drug Abuse. (2006). *Trends in prescription drug abuse. Research Report Series. Prescription Drugs: Abuse and Addiction*. Retrieved from: <http://www.drugabuse.gov/ResearchReports/Prescription/prescription5.html#Older>

²⁷ U.S. Drug Enforcement Administration (2006). *Pharmaceutical Drugs*. Retrieved from <http://www.usdoj.gov/dea/concern/18862/pharm.htm>

²⁸ Young Adult Community Survey. (2009).

²⁹ Parent Survey: Ninety-two Parents responded in 2009, 71% Female, 64% Married living in same household

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- 83% believe that it is easy for underage people to get alcohol
- 49% of responders did not drink at all
- 13% of responders drank 5 or more at one time (binge drinking)
- 92% had clear rules in their house about alcohol and drug use
- 24% know adults who host parties where underage people drink
- 13% believe their child drinks once per month or more
- 83% of parents say it is easy for young people to get alcohol

American Athletic Institute Surveys:³⁰

- In a survey of 215 high school athletic directors nationwide by the American Athletic Institute, 59% reported having personally encountered intoxicated student-athletes. They considered alcohol use to be a bigger problem among their players than the use of other drugs.
- American Athletic Institute has studied the impact of alcohol on condition in elite athletes. Impact has shown significant projections in lost physiological condition that correlates to as much as 14 days of lost training effect for each heavy or binge drinking episode (more than 3 drinks in this case).
- According to research done by the University of Michigan in 2011, young athletes who play team sports may be less likely to smoke but more likely to drink alcohol and binge drink than non-athletes. (Binge drinking is defined as having 5 or more drinks in a row.)

National Collegiate Athletic Association

Sport	Men Alcohol	Women Alcohol	Sport	Men Alcohol	Women Alcohol
Baseball	83.4		Ice Hockey	92.8	87.2
Softball		85.3	Field Hockey		88.2
Basketball	74.1	71.5	Lacrosse	89.4	93.4
Football	76.2		Rifle	75.0	
Tennis	79.1	83.9	Skiing	95.6	91.3
Track and Field	68.8	71.3	Soccer	83.9	86.9
Fencing	86.6	80.0	Swimming	84.7	88.1
Golf	82.8	83.7	Water Polo	91.9	
Gymnastics	83.0	77.5	Wrestling	85.4	

General Findings about Alcohol

- Overall, 83.1 percent of the respondents indicated drinking alcohol within the last 12 months. This was a 5.6 percentage point increase since 2005.
- Over half of student-athletes who indicated that they used alcohol in the past year, said they began using alcohol before the age of 18.
- The majority of those reporting alcohol usage report drinking alcohol less than two days per week.
- Approximately 49 percent of those reporting alcohol usage report drinking five or more drinks in one sitting.
- Slightly over 54 percent of the respondents indicated drinking during both their competitive and off seasons.

³⁰ American Athletic Institute. Retrieved from: <http://www.ncaapublications.com/p-4266-research-substance-use-national-study-of-substance-use-trends-among-ncaa-college-student-athletes.aspx>

- The majority of the respondents indicated obtaining alcohol from a friend, family member or teammate team penalties for positive drug tests would be fair and appropriate.”

General Findings about Prescription Medication Use

- Within the last 12 months, 4.3 percent of the respondents indicated use of Adderall or Ritalin with a prescription, while 6.4 percent have indicated usage without a prescription.
- Approximately 13.2 percent of the respondents indicated use of Vicodin, Oxycontin or Percocet with a prescription in the last 12 months, while 4.9 percent reported using these drugs without a prescription.
- Approximately 12 percent of the respondents indicated use of asthma medications with a prescription, while one percent indicated usage of these drugs without a prescription in the last 12 months.



IV. Goals & Objectives



Strong goals and objectives are specific, measurable, attainable, realistic, and time-specific (SMART). Utilizing SMART goals and objectives serve as a basis from which to develop strategies and activities that will ultimately lead to their intended impact.

Goal statements typically articulate the long-term impact that a community wants to see, such as a reduction in the percentage of young adults who abuse prescription drugs to get high.

Objective statements address the risk factors related to the goal and how a community might reach that goal, such as increasing the awareness of young adults regarding the danger and harm related to prescription drug abuse. A potential activity to increase this awareness may be to create and disseminate a series of radio and social media advertisements aimed at young adults about the risk of harm of prescription drug abuse. Clear and articulate goals and objectives allow communities to develop a road map which identifies appropriate and effective activities to create the intended change.

The Data Information Group assisted with developing five problem statements based on data, demographics, and assets in the Monadnock Region. In the next step community members were convened and asked why these particular substance abuse issues exist through a root cause analysis.

The Strategic Planning Team in the Monadnock Region identified two substance use goals to focus on as a result of root cause analysis, demographics, assets, capacity and readiness of the region. Based on these problems, two SMART goals were identified. The goals are listed below, while their relevant outcome measurements can be found in the *Evaluation Plan* section of the Plan.

GOAL 1	Decrease misuse or abuse of prescription drugs among youth, young adults and adults in the Monadnock Region by 2015.
GOAL 2	Decrease binge drinking among youth, young adults and adults in the Monadnock Region by 2015.

After translating community problems into actionable goals, the Network identified specific factors leading to the substance use problems. A series of root cause analyses were conducted to accomplish this. In this step, groups of community members were convened and asked *why* particular substance use issues exist and grow in the Region.

The root cause analyses were used to identify the various factors that lie along the pathway to substance abuse in the community. These factors were examined and particular factors were chosen as areas to focus prevention efforts. These targeted factors along the pathway to substance use, describe how each goal will be reached, and are called objectives. These objectives and the Region's two goals they are related to are described in the following table. The indicators of change, tools and metrics to measure the extent to which each of the goals and objectives are being achieved are described in the *Evaluation Plan* section.

GOAL 1

Decrease misuse or abuse of prescription drugs among youth, young adults and adults in the Monadnock Region by 2015.

Objectives

- 1a:** To increase the community readiness, capacity and ownership to prevent prescription drug abuse across agencies and communities in the Monadnock Region.

- 1b:** To increase the connections and relationships across the five core sectors in relation to prescription drug misuse and abuse.

- 1c:** To increase the perception of risk of using prescription drugs without a doctor's prescription among the age groups from 12 year olds to seniors in the Monadnock Region.

- 1d:** To decrease social and retail diversion of prescription drugs for illicit use in the Monadnock Region.

- 1e:** To increase delivery of environmental strategies, curriculum, educational, advocacy, screening, referral and evaluation programs or services that address prescription drug abuse in the Monadnock Region.

GOAL 2

Decrease binge drinking among youth, young adults and adults in the Monadnock Region by 2015.

Objectives

- 2a:** To increase the community readiness, capacity and ownership to prevent binge drinking among youth, young adults and adults across agencies and communities in the Monadnock Region.

- 2b:** To increase the connections and relationships across the five core sectors in relation to binge drinking throughout the Monadnock Region.

- 2c:** To increase the perception of risk of binge drinking among youth, young adults and adults in the Monadnock Region.

- 2d:** To increase collaboration in implementing enforcement strategies across the five sectors and across local, county, and state agencies to address binge drinking among youth, young adults, and adults

- 2e:** To increase delivery of environmental strategies, curriculum, education, advocacy, screening, referral, evaluation mentoring, recovery coaching programs or services, that address binge drinking and its associated risks (forced sexual activity, suicide, depression, sick days, loss of wages, fetal spectrum disorders and/or poisonings associated with binge drinking) in the Monadnock Region.

V. Selected Strategies

The Monadnock Regional Network has determined the following strategies are the best fit conceptually and practically in the region based on the root cause analysis, resources and assets inventory and results of strategic planning prioritization activities.

Strategy Fact Sheets are included in Appendix C and will provide the reader with more information about strategy-specific activities and corresponding Center for Substance Abuse Prevention (CSAP) prevention categories and risk and protective factors addressed by each strategy as well as evidence of effectiveness.³¹



- **Community Mobilization through Appreciative Inquiry Frame (AIF)**
- **Communities That Care**
- **Social Norms and Media/Social Marketing Campaign**
- **Enhance Enforcement**
- **Ensure Safe Storage and Disposal of Prescription Drugs**
- **Life of an Athlete**
- **Screening, Brief Intervention, and Referral to Treatment (SBIRT)**
- **Parental Monitoring**
 - **Triple P Parenting**
 - **Supporting School Success**
 - **Guiding Good Choices**
 - **Staying Connected to Your Teen**
- **Programs for Youth**
 - **All Stars Junior-Core-Boosters**
 - **Good Behavior Game**
 - **Healthy Alternative for Little Ones**
 - **New England Poison Control Curriculum**
- **Programs for Older Adults**
 - **Get Connected**
- **Support Prescription Monitoring Program Regionally**
- **Incentives**

Additionally, the Network will continue the broader community engagement strategies of assessment, building community readiness, and networking and outreach to expand the scope and reach of the strategic plan.

Each strategy is outlined in brief. The outline includes a program description and why the strategy is a good fit for the Monadnock Region. How these strategies align with the Network's goals and objectives are discussed in the following section.

³¹ See Appendix C

Community Mobilization through the Appreciative Inquiry Frame (See page 1 of Appendix C)

Program Description

Health is best promoted by local groups focusing on positive practices that already exist in the community and mining these ideas through an Appreciative Inquiry process. When the best practices are identified in the community and are then applied to resolution of problems identified by the Regional Coordinator, a community improves its own health. The NH-based SEOW “intervention” develops a community level practice of exploration, identification, and strategy development, including active participation in a community effort, a sense of value within the community, a sense of trust, and additional or improved lines of communication including social networking for community health.

Local Conditions Addressed by this Strategy

There is a lack of community and core sector readiness and capacity; a lack of communication; and a lack of a consistent plan around which to coordinate action to address the prevention of prescription medication abuse.

Fit and Feasibility

Keene State College has been working collaboratively with Monadnock Voices for Prevention on data collection processes. They have a professor willing to contract for a stipend to facilitate a team of 10 students from Keene State to lead communities across the region in this process that will take them through a discovery, focus, strategizing and action plan. Through a grant fellow from Keene State this initiative is being implemented in three communities in the summer of 2012. Hinsdale Community Coalition and Monadnock Alcohol and Drug Abuse Coalition have just started to utilize this method. With the four groups engaged in this process we will reach approximately 17 communities if time allows in the first year. Franklin Pierce University has expressed interest in participating as well as they have a doctoral program that involves Appreciative Inquiry.

The region has tremendous resources for the training and analysis through State Epidemiologist (Jeff Metzger has already trained six people in the region to facilitate.) This project will be a critical part of mobilizing people around the two goal statements and building community level ownership for strategies and action to address these issues. Once trained, we will have the ability to expand this strategy to other coalitions, community groups and networks. The goal is to reach all 32 communities in the region, mobilize a small group within those communities and have them experience the process, and move into action. Ultimately, the region hopes that the original group expands their knowledge and works with other groups in the community with assistance from area college students. The State of NH already owns the system to do analysis of the findings. The development of Community of Practice, or knowledge acquisition groups from within the community is encouraged by the SEOW.

Activities

Activities that the Monadnock Regional Network will engage in to mobilize community members through the Appreciative Inquiry Frame (AIF) will include:

- Build, train, activate and align leadership capacity in a minimum of 5 new communities and across 5 sectors (SPF Model/5 Core Sector Model).
 - Engage two area colleges, universities, or coalitions in facilitating Appreciative Inquiry
 - Community level mobilization and ownership
 - Collect and use data for development of action plans
-

Communities That Care³² (See page 2 of Appendix C)

Program Description

“Communities That Care (CTC) is a coalition-based community prevention operating system that uses a public health approach to prevent youth problem behaviors including underage drinking, tobacco use, violence, delinquency, school dropout and substance abuse.”

Local Conditions Addressed by this Strategy

There is a lack of readiness and capacity, coordination, and plan of action to address prevention of prescription medication abuse. There is a need to address parental monitoring, supervision, clear standards, consistent discipline; a need to address the lack of recognizable standards and consequences; a need to increase perception of risk; and to address attitudes towards use: family and peers. There is limited capacity for coordination of local data collection and evaluation, lack of integration of service to address mental health/co-occurring disorders, lack of services for early prevention. Lack of communication and consistent plan of action, lack of community and sector readiness, capacity and involvement. Additionally, there is a lack of communication.

Fit and Feasibility

Communities That Care has guided the Monadnock Region since the inception of the Strategic Prevention Framework State Incentive Grant (SPF-SIG) project. The Region will modify its starting place in the model given the two different goals as one (binge drinking) has more capacity than the other, and the opposite one (prescription drugs) has greater readiness. Because the Monadnock Region has not focused specifically on binge drinking and prescription drugs, it can benefit from Communities That Care as a guidance framework. With the Region already developing plans on a more integrated healthcare system and leadership for overall community health and preparing for the Public Health Network and Regional Network merger, the fact that the Communities That Care uses a public health approach to prevent substance abuse will be practical and will assist the Region in continuing to move forward.

The evaluation tools may be helpful in the Communities That Care curriculum, but may need to be modified to address a broader age group. As this plan is focused on addressing risk and protective factors, the social development strategy used in the model will assist the Region in focusing on strengthening protective factors that make up the basis for much of the plan. Many of the activities developed during the strategic planning sessions, such as training, a summit, data, capacity building/expansion, enhanced coordination, policies will continue to develop through guidance from the Communities That Care Model. Because Communities That Care engages all community members who have a stake in healthy futures for young people, the Region will be expanding this concept and applying it to healthy futures for all citizens of the Monadnock Region. This strategy and the activities developed as priorities for action will benefit from having a model that allows exploration and expansion based on community challenges and strengths. This may also provide for more opportunities for the area coalitions to align work plans. Clear, measurable outcomes are tracked over time to show progress and ensure accountability. Monadnock Voices for Prevention and many of the coalition coordinators/community members are familiar with the Communities That Care Model. By its very design, it models how the Monadnock Region works together and will be a natural fit for the Region. In fact, many may not even realize it is a structured, proven model.

Proposed Modifications

This program is presented with youth as a target population. However, protective factors and the social development model can and should be applied to all populations. Hawkins and Catalano's research shows that five basic factors

³² *Communities That Care*. Retrieved from: http://www.sdr.org/ctcresource/CTC_Fact_Sheet.pdf

promote positive social development: opportunities for developmentally appropriate involvement, skills, recognition for effort, improvement and achievement, strong social bonds, and clear, consistent standards for behavior. These basic factors have no age limit. All citizens need opportunities to be actively involved, positive peers, the skills to participate and succeed in social, and community settings, and recognition for their efforts, improvements, and accomplishments. The theory behind this model for healthy beliefs and attitudes, strong social bonds, connections with family and community, and clear standards for behavior promote positive development for young and old alike. These same behaviors are the foundation for the parenting program Guiding Good Choices, which has demonstrated a significant impact on parents in the Monadnock Region already. We have not yet determined what modifications we may have to make to assessment or tools within the model. However, the core theory and fundamentals of the process for using this model for community change will not be modified.

Activities

Activities that the Monadnock Regional Network will engage in to implement CTC will include:

- Strengthen capacity of coalitions where they exist and nurture development of new coalitions.
- Establish a speakers' bureau and hold workshops/conferences that provide training and educational opportunities.
- Plan and implement an annual summit to enhance and transfer learning, build and strengthen networks across the region, sustain ambition for community level prevention
- Collect and use data for development of action plans that will provide targeted education, media and disposal strategies.
- Review and implement new policy where appropriate in schools or communities.
- Align leadership and enhance communication across 5 sectors.
- Establish the existing vision and a realistic plan that is embraced and used across all sectors and communities.
- Engage, educate, train and align the five sectors to embed consistent policies and messages.
- Identify existing educational, advocacy, referral, financial, curriculum and evaluation resources.
- Expand collaboration and support for area resources and coalitions that already exist in the region for delivery of environmental strategies, educational, training, advocacy, screening, referral and evaluation resources.
- Build capacity of direct service providers to collect data and evaluate fidelity of implemented programs.
- Implement Youth Risk Behavior and a to-be-determined middle school survey.

Social Norms and Media/Social Marketing Campaigns³³



Social Norms Campaign (See pages 3-4 of Appendix C)

Program Description

“The social norms approach uses a variety of methods to correct negative misperceptions (usually overestimations of use), and to identify, model, and promote the healthy, protective behaviors that are the actual norm in a given population. When properly conducted, it is an evidence-based, data-driven process, and a very cost-effective method of achieving large-scale positive results.”

³³ National Social Norms Institute, University of Virginia. *Social Norms Campaign*. Retrieved from: <http://www.socialnorms.org/FAQ/FAQ.php>



Media/Social Marketing Campaign^{34,35} (See page 5 of Appendix C)

Program Description

Using mass media to increase public concern about use and change normative perceptions.

Local Conditions Addressed by this Strategy

- Family and peer attitudes towards use, low perception of risk, lack of coordinated plans, messages and activities.
- Family and peer attitudes towards use, community norms, lack of perception of physical and legal risks.

Fit and Feasibility

During the SPF-SIG, a media collaboration was formed to support the Regional Networks' substance abuse prevention efforts. This somewhat revolutionary coalition formed two years ago involves three media outlets that serve Monadnock Voices for Prevention's (MVP) territory of service; roughly the Monadnock region. Working as a non-competitive team, the MVP Media Group has the ability to provide a complete messaging package to MVP's audience. The common goal for these normally competitive media sources is to reach virtually 100% of MVP's desired audience through print, broadcast and online at the lowest possible advertising rates and also offer the maximum, equitable in-kind messaging.

The MVP Media Collaboration is committed to offer Monadnock Voices the lowest non-profit advertising rates in the region as well as more than generous in-kind contributions unique to each media outlet's parameters. In so doing, the partners of the group have committed to a non-compete platform wherein all media buys placed by Monadnock Voices with the group specifically, will be equally distributed in both performance and revenue.

The three distinct point persons in the group are Michael Breshears, The Keene Sentinel; Susan Wells, Monadnock Radio Group and Mitchell Shakour, Monadnock Shopper News. Team leader for the MVP Media Collaboration is Michael Breshears. This group has an unprecedented non-compete agreement and 100% match with the Regional Network. All partner coalitions of MVP also receive reduced rates, or if utilizing all 3 vendors the same 100% match. They have consistently designed, implemented, provided leadership in their organizations resulting in a triple amount of coverage to the issue of substance abuse as was tracked during the SPF-SIG. The Keene Sentinel was the recipient of the Partnership for a Drug Free NH/America media award for their work. They have produced tabloids, sponsored all take back events and more.

Cheshire TV has staff and partners appear on a regular talk show. The Monadnock Region has done very extensive community readiness work through MVP and Keene State data collection. The Keene State marketing department and students through the Academic Excellence Conference have provided information, and have even sent a team to be trained as advocates to develop better messages.

This Region is currently in the stage of "vague awareness", with people aware of efforts happening, but are not sure what they are and why they are needed. A media campaign and proper design of messaging through a marketing consultant will be critical to the Region's two focused goals to move the needle on readiness to pre-planning and more, particularly with the business sector. Additionally, the Region was able to successfully implement a parent social norms campaign in one community that ultimately mobilized the community to apply for a Drug Free Communities (DFC) grant and the group that was formed through the campaign is now a coalition. The Region will

³⁴ NECAPT. (2012). *Marijuana Webinar Series, Strategies/Interventions for Reducing Marijuana Use*. Retrieved from: http://www.nhcenterforexcellence.org/pdfs/Marijuana_Strategies_Interventions.pdf

³⁵ NECAPT. (2012). *Non-Medical Use of Prescription Drugs (NMUPD) Webinar Series - Strategies/Interventions for Reducing NMUPD Use*. Retrieved from: http://www.nhcenterforexcellence.org/pdfs/Strategies_NMUPD.pdf

be implementing social norms campaigns through the Life of an Athlete initiative. When all of this is combined it is important to have the materials and resources that can support these campaigns. MVP and others have not been as active in social media as desired, and they will expand into this arena with proper guidance. The strategic planning process very specifically acknowledged the need for embedding messages in the community and sectors, and making them universal and consistent. It also highlighted the need for a centralized website for all resources related to substance abuse in the Region.

Activities

Activities that the Monadnock Regional Network will engage in to implement Media/Social Marketing and Social Norms Campaigns will include:

- Work with a Marketing Company and the Monadnock Region Media Collaboration to develop the campaign
- Develop information packages and tool kits, webinars and consumer materials, a web database with information and resources
- Engage youth in message development
- Build capacity to include binge drinking prevention messages as part of wellness and embed in sectors
- Leverage Accountable Care Organization policies and structure for messaging

Enhance Enforcement

Program Description

The Monadnock Region is expanding the definition of enforcement to school and workplace policies as well as the development of a regional law enforcement/safety task force. Enforcement in schools will begin to take place through implementation of Life of an Athlete and new codes of conduct that schools are developing. More information needs to be collected in regards to workplace policies and ultimately this will impact any strategy that involves the business sector and how they can enhance Employee Assistance Programs, workplace policy and ultimately enforcing the policy. Policy change and enforcement are proven environmental practices. Both the Life of an Athlete and EAP efforts focus on restorative justice as well as health and wellness.

A cooperative effort between the DEA and local law enforcement agencies actually began in 1970, before the establishment of the DEA, with a pilot task force created in New York City by the former BNDD. This first task force was comprised of investigators from major state and local regional agencies, primarily the New York City Police Department and the New York State, along with BNDD personnel. Due to the complexity of drug problems in the region and the varied levels of drug trafficking, the New York City metropolitan area was ideal for federal, state, and local initiatives.

This became a model for the development of task forces across the country which continues to this day. The establishment of a local task force in the Monadnock Region will provide a more cohesive presence in sparsely populated areas where investigative talents and detailed knowledge of the jurisdiction leads to highly effective drug law enforcement investigations. There is a need for cooperation and coordination of drug enforcement efforts with local counterparts can be addressed through the task force and ultimately reduce duplication and expenses. This cooperation provides advantages to all participating agencies because they are able to draw on the expertise of state of local law enforcement; can share resources with state and local officers, thereby increasing the investigative possibilities available to all, can better coordinate compliance checks and party patrols, and have more capacity to be able to strengthen relationships with local coalitions to implement environmental strategies such as sticker shock and operation storefront.

Local Conditions

There is a need to address low enforcement, low numbers of Employee Assistance Programs and workplace health initiatives; a lack of parental monitoring, a lack of supervision, a lack of clear standards and consistent discipline.

Fit and Feasibility

Law enforcement has been a critical partner throughout the Region for implementation of prescription drug-and alcohol-related strategies. Keene State Safety was one of the first groups to engage with the Regional Network and has had steady involvement and has the liaison to the school. With the recent loss of Enforcement of Underage Drinking Laws (EUDL) funds they have asked the Regional Network to assist in building a collaborative task force. In past years the region's law enforcement operated this way, sharing resources. They are looking for enhanced relationships with coalitions, and innovative partnerships to address the problems of binge drinking and prescription drugs. They have been very committed to prescription take-backs, compliance checks, shoulder tap and sticker shock operations. The Monadnock Region has been without a full-time member of Liquor Enforcement for almost five years. The focus will be on strengthening partnerships and building on our readiness and assets we already have with the prescription take back box and envelope concepts. There is energy, commitment and a demand for expansion of the boxes that currently exceeds our financial capacity, however the police and coalitions are committed to working with each other to have permanent boxes in their locations. Readiness and assets exist, but financial resources are lacking.

With the implementation of Life of an Athlete Codes of Conduct schools are positioning for new policies and even discussing drug testing. This will provide new opportunities for enforcement within school environments. A challenge remains in the workplace. It is a hope that through the chamber and rotary we can continue to bring attention to the issue with a longer term goal of working with employers to explore their policies and how enforce policies. Employee Assistance Programs will be a target in 2014.

Activities that the Monadnock Regional Network will engage in to enhance enforcement will include:

- Form an alcohol enforcement task force.
- Support enforcement efforts to conduct Party Patrols, Compliance Checks, and Traffic Patrols.
- Promote parent/police consent form for house checks.
- Work with employers and schools on mandated education and intervention.
- Review and implement new policy through Life of an Athlete Code of Conduct, school policies and community ordinances.
- Integrate binge drinking education, as to legal and health consequences, and provide resources for driver education courses.
- Work with employers and schools on implementing educational, prevention and early intervention efforts related to prescription drug abuse and binge drinking.

Ensure Safe Storage and Disposal of Prescription Drugs



Permanent Prescription Drug Disposal Locations³⁶ (See page 6 of Appendix C)

Program Description

This program intends to establish permanent prescription drug drop box locations across the Monadnock Region. These sites will provide Monadnock Region residents with the ability to dispose of unwanted or expired

³⁶ Chapter Jus 1600, *Procedures for Pharmaceutical Drug Collection and Disposal Programs*, Interim Rules, November 17, 2011.

pharmaceutical drugs from households and residences in a safe, accessible, and convenient manner. This initiative will help to reduce access to addictive drugs by individuals, specifically children.



Prescription Drug Take-Back Events^{37,38} (See page 7 of Appendix C)

Program Description

This initiative intends to establish collection sites across Monadnock Region to partake in national one-day prescription drug collection events in which residents can safely dispose of unwanted or expired pharmaceutical drugs from households and residences in a safe, accessible, and convenient manner. This initiative will help to reduce access to addictive drugs by individuals, specifically children.

Local Conditions Addressed by this Strategy

Need to address: low perception of risk, improper disposal, confusing disposal guidelines, lack of leadership/coordination, ease of social and retail access.

Fit and Feasibility

The Monadnock Region has been a leader in addressing prescription drug abuse. With minimal resources we have facilitated in an extremely collaborative manner with all five sectors involved in one aspect or another the implementation of a webinar series for doctors, editorials and media campaign, permanent take back box, participation in all Drug Enforcement Agency and medicine Chest Challenge one-day take-backs, an envelope disposal system for home bound clients for non-controlled substances, an extensive data collection process to determine gaps and develop actions facilitated by Keene State and more. The Region has two police departments committed to immediate installation of permanent boxes, four awaiting assistance with funding resources for implementation and more willing to do this if the opportunity presents itself. The Region is ready, willing, has developed some resources, has tremendous support from county commissioners and has a knowledgeable group ready to educate and manage disposal (including waste facility managers). Realtors identified this issue for sellers and would like recommendations to share with sellers. The Regional Network, Greater Monadnock Medical Reserve Corps, Public Health Network, Cheshire Medical/Dartmouth Hitchcock, Vision 20/20, County of Cheshire, Hinsdale and Monadnock Alcohol & Drug Abuse Coalitions, Keene State College, two ambulance/EMT and two fire departments are all committed to continuing the efforts to address storage and disposal. Further involvement is anticipated from senior and housing authorities, nursing homes, colleges and communities in the future as we have seen involvement go from one community to fourteen in just one year.

Activities

Activities that the Monadnock Regional Network will engage in to ensure the safe storage and disposal of prescription drugs will include:

- Build, train, activate, align the five sectors
- Organize and sustain the continuation of the take back envelopes.
- Expand permanent drop boxes and take back locations.
- Develop plans for safe keeping of medications within the home and dorms.
- Work with area realtors to educate their sellers as to protecting their medications.
- Support prescribers in disseminating information about proper storage and safety.



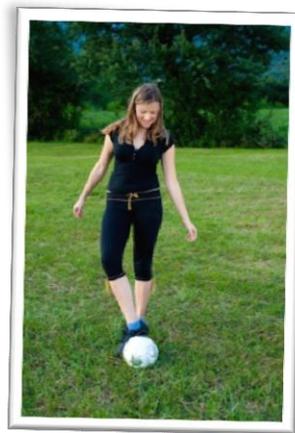
³⁷ Ibid.

³⁸ Drug Enforcement Administration (DEA) Office of Diversion Control - http://www.deadiversion.usdoj.gov/drug_disposal/takeback

Life of an Athlete (LOA)^{39,40} (See page 8 of Appendix C)

Program Description

The American Athletic Institute's Life of an Athlete prevention/intervention series is a five-step high school program designed to confront chemical health issues and impact the problems that face today's student-athlete.^{39,41} Life of an Athlete has a foundation in addressing social norms through developing youth and adult leaders to address behaviors of concern and a media campaign. Additionally, the development of Codes of Conduct include specific policy and consequences related to alcohol and other drug use. Community, coach and parent chemical health education are all integrated in this strategy. Both social norms campaigns and policy development are proven effective environmental strategies.



Local Conditions Addressed by this Strategy

Need to address: Family and peer attitudes towards use, low perception of risk, lack of coordinated plans, messages and activities. Need to address parental monitoring, supervision, clear standards, and consistent discipline. Need to address the lack of recognizable standards and consequences. Need to increase the perception of risk, and address attitudes towards use: family and peers. There is limited capacity for coordination of local data collection and evaluation, lack of integration of service to address mental health/co-occurring disorders, lack of services for early prevention.

Fit and Feasibility

Through area coalitions and the Swampbats New England Collegiate Baseball League the Monadnock Region has been building the foundation to address athletes and sports. During an Office of Juvenile Justice and Delinquency Prevention (OJJDP) conference regional network members were able to see how Life of an Athlete was being implemented as part of prevention strategies and the power and impact it had in policy, social norming and youth leadership. Afterwards, a plan initiated within the Monadnock Region has extended to a partnership amongst the Regions statewide to share this resource for training, and if funding is received, a statewide training website. A Keene State intern has and will continue to lead this project.

The region currently has 4 High Schools, two middle schools, 2 service providers, and two recreation departments engaged in Life of an Athlete implementation. Approximately 73% of the Monadnock Region's middle and high school students participate in sports at some point during the school year. Current policies for athletes and fans regarding alcohol and prescription drug use have been identified as needing revision. The athletic directors and administrators of schools in the Region have embraced Life of an Athlete and have already engaged school boards in understanding the program. The Region has strong support from the Swampbats for engaging coaches and the community in this program. It will reach a target population that we struggle to address and at the same time has built a different relationship with the schools regarding policy revision.

Life of an Athlete is timely, needed and although not evidence-based has shown the power of being implemented statewide in New York, and as a prevention strategy in Oklahoma, New Mexico, Wisconsin and California. John

³⁹ American Athletic Institute. (2006). Retrieved from: <http://www.americanathleticinstitute.org/highschool/life-of-athlete.html>

⁴⁰ Life of An Athlete American Athletic Institute "What's Life of an Athlete All About?". Retrieved from: <http://www.altoona.k12.wi.us/schools/high/LOA.pdf>

Underwood the developer of Life of an Athlete and trainer for NH, is a consultant to Pacific Institute of Research and Evaluation and Underage Drinking Enforcement Training Center, and a master trainer for the State of New York Public High School Athletic Association drug prevention programs. He also works as a Human Performance Consultant to U.S. Navy Seals and Air Force. Mr. Underwood has presented at the Office of Juvenile Justice and Delinquency Prevention (OJJDP) for the last seven years as well as at the Department of Education conferences. Mr. Underwood also works with groups such as the NCAA, ECAC, NHL, NFL, NBA, International and U.S. Olympic Committee and Sport Canada.

Screening, Brief Intervention, & Referral to Treatment (SBIRT)^{42,43} (See pages 9-10 of Appendix C)

Program Description

“SBIRT is a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for persons with substance use disorders, as well as those who are at risk of developing these disorders. Primary care centers, hospital emergency rooms, trauma centers, and other community settings provide opportunities for early intervention with at-risk substance users before more severe consequences occur.

- Screening quickly assesses the severity of substance use and identifies the appropriate level of treatment.
- Brief intervention focuses on increasing insight and awareness regarding substance use and motivation toward behavioral change.
- Referral to treatment provides those identified as needing more extensive treatment with access to specialty care.”

Local Conditions Addressed by this Strategy

Need to support parental monitoring, supervision, clear standards, consistent discipline, lack of recognizable standards and consequences, need to increase perception of risk, and address attitudes towards use: family & peers. There is limited capacity for coordination of local data collection and evaluation, lack of integration of service to address mental health/co-occurring disorders, lack of services for early prevention.

Fit and Feasibility

The SBIRT Model will build additional capacity for identification of people in need of brief intervention or referral for treatment. Partners of the Monadnock Voices Regional Network, Phoenix House, Monadnock Family Services, and Cheshire Medical are committed to participating in this initiative and training others in the five sectors: medical, law enforcement, business, faith-based and educational field. This intervention is particularly useful in established medical and employment settings with minimal additional training and expense. The Region is currently interested in the medical and school environment for implementation. Training a team of trainers for the Region will allow for continuous and gradual expansion into all five sectors. This strategy is critical to phases in the Triple P parenting framework and in prescription drug monitoring.

Activities

Activities that the Monadnock Regional Network will engage in to implement SBIRT will include:

- Identify opportunities to integrate SBIRT and/or other screening into the five sectors.
- Assess and strengthen existing resources and capacity.
- Offer train the trainer.

⁴² SAMHSA. <http://www.samhsa.gov/prevention/sbirt>

⁴³ Screening, Brief Intervention and Referral to Treatment (SBIRT) in Behavioral Healthcare, SBIRT White Paper. April 1, 2011. p 4. <http://www.samhsa.gov/prevention/sbirt/SBIRTwhitepaper.pdf>

Parental Monitoring

Program Description

According to a meta-analysis by Hansen (2010), prevention programs that include some family involvement performed better in reducing substance use in general than those programs that either ignored the family or focused exclusively on the family. In general, in order to be effective, family interventions must:

- Be theory-based (addressing those risk and protective factors related to the family) (Spoth, Redmond, & Shin, 2001)
- Be developmentally appropriate and well-timed (particularly during the transition from early to mid-adolescence) (Spoth, Redmond, & Shin, 2001)
- Offer workshops to improve parent and adolescent skills, offering sessions where parents and youth work both together and separately (as cited in Brounstein, Zweig, and Gardner, 1998)
- Utilize interactive techniques in skill development (as cited in Komro & Toomey, 2002)
- Ensure that families are fully engaged (Spoth, Redmond, & Shin, 2001).^{44,45}

Community organizations in the Monadnock Region will have an option to be involved in one or more of the parenting programs described below.

Local Conditions Addressed by this Strategy

There is a need to address parental monitoring, supervision, clear standards, consistent discipline, lack of recognizable standards and consequences, need to increase perception of risk, and address attitudes towards use: family and peers. There is limited capacity for coordination of local data collection and evaluation, lack of integration of service to address mental health/co-occurring disorders, lack of services for early prevention.

Fit and Feasibility

Guiding Good Choices (GGC) has been used in the region since the Strategic Prevention Framework State Incentive Grant. As one of the initial Evidence-Based Interventions (EBI's) selected in the region to reach parents, it has been successfully implemented in 13 different locations, including low income housing, afterschool programs, and grade 5 in several different schools. The program has been facilitated for 7 different communities in the region and the Drug Free Communities (DFC) coalitions in three communities are committed to supporting this effort. At the same time this was implemented, the Region began to assess other ways to reach parents. It was determined that utilizing Success in School for parents of 3rd-5th graders, Guiding Good Choices (GGC) in 5th-8th grade and Staying Connected with Your Teen in 9th-12th grade will provide more comprehensive and consistent skill development and support for parents as they utilize the same theoretical foundation as Guiding Good Choices.

The Region has also identified a need to engage parents of younger age groups and those who might not be ready for a parent education program and thus selected the Triple P with the intent that Supporting Success in School, Guiding Good Choices, and Staying Connected to Your Teen will be integrated with phase three. Triple P is a framework that will support the Region's intent to engage all parents and will "fit" with the media campaign, information dissemination and direct services that are available. At phase one, the Region will utilize the media-based parent information campaign. The Region will work to provide parents interested in information about parenting and promoting their child's development. This is very feasible as the community readiness shows "vague awareness" and a need for information. Media is part of the strategic plan so this is a perfect framework. Phase two involves

⁴⁴ NECAPT. (2012). *Marijuana Webinar Series, Strategies/Interventions for Reducing Marijuana Use*. Retrieved from: http://www.nhcenterforexcellence.org/pdfs/Marijuana_Strategies_Interventions.pdf

⁴⁵ NECAPT. (2012). *Non-Medical Use of Prescription Drugs (NMUPD) Webinar Series - Strategies/Interventions for Reducing NMUPD Use*. Retrieved from: http://www.nhcenterforexcellence.org/pdfs/Strategies_NMUPD.pdf

information and advice for a specific parenting concern. Parents with specific concerns about their child's development or behavior can receive specific advice on how to solve common child developmental issues. The Monadnock Region is fortunate to have Antioch University providing parent cognitive behavioral support services. Although this is used by Department of Children, Youth, and their Families (DCYF) it is underutilized. Antioch provides this service for \$5 if a family can afford it (otherwise sliding or free). Conversations have been occurring and this strategy could be cost effective to address during Phase two. Phases 1, 2, 4, 5 and specialized training for parents of maltreated youth across the birth to 12th grade is a gap in service in the Monadnock Region.

With the loss of the Mental Health Center Parent Outreach Program, UNH Extension Services Youth & Family Services and Family Strength it is the intent that implementing all of Triple P utilizing current strategies and programs and resources with the framework will achieve a desired outcome of reduction in substance abuse. All are evidence-based interventions that have been effective in addressing the family domain. The Triple P strategy includes a Phase 4-focus on parents wanting intensive training in positive parenting, a natural next step after the Success, in GGC and Staying Connected Series. The Region found that parents request additional sessions beyond the current five in GGC. Continued support in phases four and five will allow for more intensive training in positive parenting skills, ability to address a broader range of target behaviors, settings and children.

As Triple P includes individual, group or self-directed (with or without telephone assistance) options it becomes more culturally competent for our region. Level five for parents of children with concurrent child behavior problems and family dysfunction (mental health issues) and parents at risk of maltreating their children and Stepping Stones at level four for parents of children with a disability not only allows us to be meeting the needs of parents in a culturally competent manner, but also allows for expansion into target audiences such as parents that are incarcerated, or families that have stress, depression, or suicidal issues present. This strategy is critical to address our goals and desired outcomes and specifically addresses some of the co-occurring mental health/substance abuse, alcohol use during pregnancy, and/or violence issues we see in our data.



Option 1: Triple P Parenting⁴⁶ (See page 11 of Appendix C)

Program Description

The Triple P-Positive Parenting Program is a series of parenting and family support strategies which consists of five intervention levels organized by increasing intensity to meet each family's specific needs. "The program may be used with families from many cultural groups and is designed to prevent social, emotional, behavioral, and developmental problems in children by enhancing their parents' knowledge, skills, and confidence."



Option 2: Supporting School Success⁴⁷ (See page 12 of Appendix C)

Program Description

Supporting School Success is a series of five, two-hour workshops designed to help parents support their children during the first four years of school from kindergarten to third grade. Parents learn how to support their child's academic achievement, improve communication at home, and reduce misbehavior.

⁴⁶ NREPP. *Triple P Parenting*. Retrieved from: <http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=1>

⁴⁷ Channing-Bete. *Supporting School SUCCESS*. Retrieved from: <http://www.channing-bete.com/prevention-programs/supporting-school-success/supporting-school-success.html>



Option 3: Guiding Good Choices⁴⁸ (See page 13 of Appendix C)

Program Description

“Guiding Good Choices (GGC) is a five-session curriculum that provides parents of children with the knowledge and skills needed to guide their children through early adolescence. It seeks to strengthen and clarify family expectations for behavior, enhance the conditions that promote bonding within the family, and teach skills that allow children to resist drug use successfully.”



Option 4: Staying Connected to Your Teen⁴⁹ (See page 14 of Appendix C)

Program Description

“Staying Connected with Your Teen (SCT) is a universal substance abuse and problem behavior preventive intervention for families with early adolescent children that includes parenting, youth, and family components.”

Programs for Youth



All Stars Junior-Core-Boosters⁵⁰ (See page 15 of Appendix C)

Program Description

“All Stars is a multi-year school-based program for middle school students (11 to 14 years old) designed to prevent and delay the onset of high-risk behaviors such as drug use, violence, and premature sexual activity.” The All Stars Junior curriculum, geared specifically for fourth and fifth grade children, prepares students to participate in the All Stars program during middle school. Two versions of this program are available, school and afterschool/community. The school version integrates a language arts, science and math curriculum into the classroom. The afterschool/community version focuses on character education.”

Local Conditions Addressed by this Strategy

There is a need to support parental monitoring, supervision, clear standards, consistent discipline, lack of recognizable standards and consequences, need to increase perception of risk, and address attitudes towards use: family and peers. There is limited capacity for coordination of local data collection and evaluation, lack of integration of service to address mental health/co-occurring disorders and lack of services for early prevention.

Fit and Feasibility

The Monadnock Region implemented All Stars in four locations during the SPF-SIG. These four locations have kept at least one program going per year since funding ended. Other sites, particularly afterschool locations have expressed interest in having this program expanded to their locations. This strategy also compliments the parent work that is occurring (in fact All Stars emerged as a strategy from parents and youth participating in Guiding Good Choices). This program is modern, the Region has a certified trainer, it can be integrated with school and community environments, the Region own curricula that can be shared, and there is commitment to sustaining this in existing locations that could also be expanded upon.

Additionally, the services provided by Tanglewood Research (fidelity checks, evaluation) are cost effective and will be necessary without a local evaluator to provide this service. Expansion of the program will address our priority of reaching a broader age group and the strategy addresses school, community, individual domains and personal use,

⁴⁸ NREPP. *Guiding Good Choices*. Retrieved from: <http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=111>

⁴⁹ OJJDP. *Staying Connected to Your Teen*. Retrieved from: <http://www.ojjdp.gov/mpg/Staying%20Connected%20with%20Your%20Teen-MPGProgramDetail-716.aspx>

⁵⁰ NREPP. *All Stars*. Retrieved from: <http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=28>

social norms, responsible attitudes, healthy behaviors and relationships. The Region has found the program to be culturally competent for the age groups identified and that it works in a variety of settings and with diverse economic and gender populations.



Good Behavior Game⁵¹ (See page 16 of Appendix C)

Program Description

“Good Behavior Game (GBG) is a classroom-based behavior management strategy for elementary schools that teachers use along with a school's standard instructional curricula. GBG uses a classroom-wide game format with teams and rewards to socialize children to the role of student and reduce aggressive, disruptive classroom behavior.”

Local Conditions Addressed by this Strategy

There is a need to address parental monitoring, supervision, clear standards, consistent discipline, lack of recognizable standards and consequences, need to increase perception of risk, and address attitudes towards use: family and peers. There is limited capacity for coordination of local data collection and evaluation, lack of integration of service to address mental health/co-occurring disorders and lack of services for early prevention.

Fit and Feasibility

The Good Behavior Game was specifically identified by elementary teachers as a prevention curriculum they would like to have for their classrooms. They are willing to attend the training and encourage their administrators and other teachers to participate as well. This targets a very susceptible group of children ages 6-8 in the First and Second grades. Motivated teachers will more likely ensure the program's success. This also is another piece of addressing the lifespan. With HALO at preschool, Good Behavior 1-2, All Stars through 3-12, NEPC 7-college we will accomplish reaching students at all stages of their development with positive health behavior messages. The Good Behavior Game also has the interest of statewide teacher training organizations and counseling organizations. So there is potential for strong partnerships for sustainability. Because of the nature of the program, it is easily integrated with the classroom day-something teachers request in the current academic environment.



Healthy Alternative for Little Ones⁵² (See page 17 of Appendix C)

Program Description

“Healthy Alternatives for Little Ones (HALO) is a 12-unit holistic health and substance abuse prevention curriculum for children in child care settings. HALO is designed to address risk and protective factors for substance abuse and other health behaviors by providing children with information on healthy choices.”

Local Conditions Addressed by this Strategy

There is a need to address parental monitoring, supervision, clear standards, consistent discipline, lack of recognizable standards and consequences, need to increase perception of risk, and address attitudes towards use: family and peers. There is limited capacity for coordination of local data collection and evaluation, lack of integration of service to address mental health/co-occurring disorders, lack of services for early prevention.

Fit and Feasibility

The Monadnock Region has identified the need for prevention services across the lifespan yet has limited exposure in the youngest segment of the population--ages three to six. Through the strategic planning process one long-term childcare provider⁵³ has committed to leading this new effort to include HALO in their childcare curriculum.

⁵¹ NREPP. *Good Behavior Game*. Retrieved From: <http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=201>

⁵² NREPP. *HALO*. Retrieved from: <http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=175>

⁵³ See Supporting Documents

Therefore, the Region proposes to begin with one site and invite representatives from other childcare centers to visit and observe the process that have been involved with the Regional Network and other prevention efforts.

Combining this approach with small financial incentives for start-up, we will add the three additional sites that have the capacity to provide the HALO program as well as introduce three more sites within three years. It is anticipated that many of the Headstart programs will be interested in this program and the number of sites may exceed the initial request. Given that this is a new strategy for the Monadnock Region we need time to build a foundation for implementation across the region by having a small number demonstrate the program to ensure it meets the needs of the region and is culturally competent.

As identified through the strategic planning process the Monadnock Region is interested in addressing the lifespan for both binge drinking and prescription abuse as part of a comprehensive prevention effort. One currently underserved population is preschoolers. The addition of the HALO program will allow for the Region to work with preschoolers and their parents and provide better prevention programming prior to age of onset of use. The Region does not currently have a curriculum or evidence-based initiative for this population. With the success of some of the regional prevention evidence-based programs there is a willingness to explore new opportunities, need for age-appropriate curricula and desire and projected future support/resources to work with younger populations. The design of HALO allows for integration into the "classroom" experience and thusly should be very cost effective in the long term. The description of the curriculum has been reviewed and early learning providers believe it will be appropriate for their settings and preschoolers. If this program is successful, the Region's goal would be to introduce this program, curriculum and training to all preschool settings in the Region.



New England Poison Control Curriculum (NEPC)

Program Description

The Region plans to implement the Maine Medical Center's New England Poison Control (NEPC) Prevention Curriculum for Prescription Abuse for both middle and high school students in their health classes throughout the year in interested schools. We will do this by purchasing "kits" available by NEPC and training and working with volunteers within the Greater Monadnock Medical Reserve Corps (GMMRC) Service, to implement the program. The GMMRC has partnered with us on our Take Back events at sites to assist us in taking back unused medication and are devoted to reducing the risks associated with the misuse of prescription and over the counter medication.

The Monadnock Regional Network collaborates with all school principals and supervisory units in the Monadnock Region with all schools citing more disciplinary issues in relation to prescription drugs. One of the target schools for this project is in the process of changing policy as prescription and over the counter drug abuse has become the number one issue they now have to enforce. However, this school, and the others in the area do not have trained personnel, nor curriculum to specifically educate students. The Region's relationship with the schools has been enhanced each time they can bring them capacity and the tools that support healthy environments and improve the academic environment. As the trend for prescription drug abuse has increased, the Region has not had the financial resources to implement a curriculum specific to prescription drugs. The Region has the capacity, training/curriculum resources exist, data demonstrates the need, but we do not have the resources to purchase the materials and train the Medical Reserve Corps. Once the kits are purchased, they will forever be owned by the MVP Coalition and partners will be able to utilize them in future years. The community has identified this as a need, therefore they will not let these resources go to waste. This will remain a valuable tool in our tool box as part of a more comprehensive plan to address the prescription drug problem in the Region.

Local Conditions Addressed by this Strategy

Need to support parental monitoring, supervision, clear standards, consistent discipline, lack of recognizable standards and consequences, need to increase perception of risk, and address attitudes towards use: family & peers. There is limited capacity for coordination of local data collection and evaluation, lack of integration of service to address mental health/co-occurring disorders, lack of services for early prevention.

Fit and Feasibility

The Monadnock region has relied heavily on the New England Poison Control Center (NEPC) for vital information about specific substances as well as for regional data. Funding from New Hampshire is being reduced even as the need is shown to be increasing as cited in the *Call to Action: Responding to NH's Prescription Drug Abuse Epidemic*.⁵⁴ With the reduction in service from NEPC it is necessary for the Monadnock Region to increase its local resources to meet the documented need for information, education. Training trainers and otherwise increasing the local capacity to identify drugs and the remediation for drug abuse is necessary to address the growing problem, particularly of alcohol abuse (bingeing) and prescription drug ingestion, whether intentional or accidental. Four sites are ready to begin training and committed to spreading the information not only for more training but to solicit additional trainees and trainers.

This program also offers an opportunity to engage the medical/safety sector in alcohol and other drug prevention coalitions. The Monadnock Medical Reserve Corps through the Public Health Network is willing to be trained in the curriculum as are students from Keene State College. This will provide a substantial workforce for delivery of the educational programs. Schools have identified a need for education (particularly as it relates to prescription drugs), but require support from outside the school so that the burden of providing this education does not fall on the teachers. The Region has been in contact with NEPC for over a year in an effort to move this project forward and in partnership with Monadnock Voices for Prevention (MVP), NEPC and the Public Health Networks (PHN) have applied for three grants for this project (however, none were funded). The New England Poison Control has a curriculum, but funding will be required to reproduce this material and purchase additional sets. The New England Poison Control indicated that this will increase capacity they do not have and this allows for continued merging of PHN and MVP efforts.

Activities

Activities that the Monadnock Regional Network will engage in to implement the New England Poison Control Curriculum will include:

- Expand current programming to newly interested sites through train the trainer
- Expand network of trained facilitators
- Support evaluation and sustainability
- Support implementation and include safety education on prescription drug resources
- Support additional curriculum development for parents, and senior citizens
- Integrate the curriculum with school, community and college awareness education activities

⁵⁴ NH Center for Excellence (2011) *Call to Action: Responding to New Hampshire's Prescription Drug Abuse Epidemic*. Retrieved from http://www.nhcenterforexcellence.org/pdfs/Rx/Call_to_Action_complete.pdf.

Programs for Older Adults



Get Connected⁵⁵ (See page 18 of Appendix C)

Program Description

“Get Connected: Linking Older Adults with Medication, Alcohol and Mental Health Resources was developed by the National Council On Aging, the Substance Abuse and Mental Health Services Administration (SAMHSA) and the U.S. Administration on Aging (AoA). It is designed to enable service providers to undertake health promotion, advance prevention messages and education, and provide screening and referral for mental health problems and the misuse of alcohol and medications. The kit includes a coordinator's guide and program support materials such as education curricula, fact sheets, handouts, forms, and resources.”

Local Conditions Addressed by This Strategy

Data collected through Keene State College suggests that seniors have limited knowledge as to the dangers of mixing substances, have a low perception of risk of harm from using alcohol or prescription drugs, have a high rate of misuse locally and within the state, self-medicate because of untreated mental health issues, do not know what questions to ask their doctors or to be a health advocate, and may not realize all the resources available.

Fit and Feasibility

The Monadnock Region has great concern for its senior citizens and has organizations such as Pilot Health, Service Link, Home Healthcare and Southwestern Community services that provide services to this population throughout the Monadnock Region. The Get Connected curriculum is free and readily available, but used inconsistently across the Region. With capacity available through the aforementioned organizations and the Public Health Network, the Region can train staff to be trainers of facilitators/staff and can collaborate with other groups listed in the Action Plan as collaborating organizations. At this time the Monadnock Region does not have a concerted effort aimed at educating seniors around alcohol, medications, mental health and related resources. Implementation meets the needs of the area in two ways: First, the training tool for staff can be utilized by facilitators from each of these organizations to train others. Second, these groups have an existing relationship with the senior population, and once properly trained have the opportunity to share the information with their existing clientele, making this a valuable tool if we provide the proper training to facilitators and make the curriculum available.

To date this curriculum has been used to educate staff. The Region is not aware of any implementation of training with staff or implementation of the educational portion with actual senior populations. This curriculum will address both the alcohol consumption and medication concerns of a population that has not been reached. Data collected through Keene State College suggests that seniors have limited knowledge as to the dangers of mixing substances, have a low perception of risk of harm from using alcohol or prescription drugs, having a high rate of misuse locally and within the state, self-medicating because of untreated mental health issues, do not know what questions to ask their doctors or to be a health advocate, and possibly not realizing all the resources available. This strategy will have the potential to be linked with SBIRT and will allow the Region to better support the health of our senior population.

⁵⁵ National Council on Aging. *Get Connected*. Retrieved from: <http://www.ncoa.org/improve-health/center-for-healthy-aging/content-library/SMA03-3824.pdf>

Plan for Implementation

Pilot Health and Home Health Care have utilized this curriculum in an informal way and not as part of regional substance abuse prevention. The Region would like to train staff and work with Pilot Health and Home Health Care on a formal action plan with the organizations listed in the *Action Plan*; these organizations have the capacity to implement this strategy with the senior populations they work with.

Regional Network Activities

- Expand current programming to newly interested sites through train-the-trainer
- Expand network of trained facilitators
- Support evaluation and sustainability
- Support implementation and include safety education on prescription drug resources.

Support Prescription Monitoring Program Regionally (See page 19 of Appendix C)

Program Description

New Hampshire recently passed legislation to establish a Prescription Monitoring Program (PMP) statewide. PMPs typically collect data from pharmacies on controlled substance prescriptions and can be an important tool to reduce availability of prescription drugs through reducing prescription drug diversion (e.g., prescription fraud, forgeries, doctor shopping, inappropriate/illegal prescription practices by some physicians).

Local Conditions Addressed by this Strategy

Need to address low perception of risk, improper disposal, confusing disposal guidelines, lack of leadership/coordination, ease of social and retail access.

Fit and Feasibility

The Monadnock Region has been a leader in addressing prescription drug abuse. With minimal resources the Region has facilitated in an extremely collaborative manner with all five sectors involved in one aspect or another the implementation of a webinar series for doctors, editorials and media campaign, permanent take back box, participation in all Drug Enforcement Agency and Medicine Chest Challenge one-day take-backs, an envelope disposal system for home bound clients for non-controlled substances, an extensive data collection process to determine gaps and develop actions facilitated by Keene State and more. The Region has trained over 27 advocates and participated actively in legislation related to prescription drugs, and has a working relationship with pharmacists and hospitals in the area, as well as with the Region's legislators. Active support for the implementation of this strategy. The Region will begin to map area pharmacies to plan for implementation of prescription monitoring and will align with the state's *Call to Action* plans as they emerge on this issue. The Regional Network will establish a shared database of prescription providers.

Incentives

Program Description

It has been clearly demonstrated by attendance at events and training during the SPF and Strategic Planning processes that incentives increase participation. Even token amounts, such as five dollars in gas cards, increase participation whether in surveys, activities or parenting education as evidenced by participation in Guiding Good Choices and a return rate of 60% on surveys. In addition, the provision of childcare and gas cards, allows the Region to reach the disadvantaged community members who would otherwise not be able to attend (Headstart parents attended focus groups and strategic planning because of food, childcare and gas cards being available). Food is both

a reward for volunteerism, participation and an acknowledgement that the volunteer's time is valued (Seniors in particular appreciated having a "social" meal and have since engaged in multiple steps of the planning process and implementation).

Fit and Feasibility

For the workplace, the Region struggles to engage participants as they see no "benefit". A minimal acknowledgement for their time could reap long-term benefits in participation, behavior change and community norm change. Incentives will be utilized for parent education programs, seniors, engaging economically disadvantaged and recognition/reward for participation in programs focused on individual and family change.

Local Conditions Addressed by this Strategy

There is a need to address parental monitoring, supervision, and promotion of clear standards/consistent discipline. There is a lack of recognizable standards and consequences. There is a need to increase perception of risk and address attitudes toward use by both family and peers. There is limited capacity for coordination of local data collection and evaluation, lack of integration of service to address mental health/co-occurring disorders. There is a lack of services for early and senior citizen alcohol prevention.

Activities

Activities that the Monadnock Regional Network will engage in to utilize incentives will include:

- Determine and provide incentives for workers/workplace participation.
- Provide transportation, childcare and food incentives.

VI. Strategy Alignment to Goals & Objectives

The Monadnock Regional Network has determined the strategies that will best meet their substance use prevention goals and objectives. Multiple goals and objectives can be efficiently targeted by a chosen strategy. The first table shows the goals, while the next table lists all the chosen strategies with an indication of the number of goals and objectives they target. The description of each objective can be found earlier in the plan on page 15.

GOAL 1	Decrease misuse or abuse of prescription drugs among youth, young adults and adults in the Monadnock Region by 2015.
GOAL 2	Decrease binge drinking among youth, young adults and adults in the Monadnock Region by 2015.

Goal and Objectives Targeted by Each Strategy

Objectives	Goal 1					Goal 2				
	a	b	c	d	e	a	b	c	d	e
Community Mobilization through Appreciative Inquiry	x	x				x	x			x
Communities That Care	x	x			x	x	x			
Social Norms and Media/Social Marketing Campaign			x					x		
Enhance Enforcement				x					x	
Ensure Safe Storage and Disposal of Prescription Drugs				x						
Life of an Athlete			x		x			x		x
Screening, Brief Intervention, & Referral to Treatment (SBIRT)					x					
Parental Monitoring					x					x
All Stars Junior-Core-Boosters					x					x
Good Behavior Game					x					x
Healthy Alternative for Little Ones (HALO)					x					x
New England Poison Control Curriculum (NEPC)					x					
Get Connected			x					x		
Support Prescription Monitoring Program Regionally				x						

VII. Action Plan

Aligning existing community resources and assets with selected strategies helps outline the Region's *Action Plan* for implementation. This *Action Plan* outlined in the following tables includes the sectors that will implement each strategy, the domain in which the strategy will be implemented in, the lead organization that will implement the strategy, their level of commitment, the location where the strategy will be implemented, the service population that will be the recipients of the strategy, the Institute of Medicine (IOM) Prevention Category that the strategy falls under, and target dates for each strategy.

- **Sector**

Each community sector has a role in substance abuse prevention. The core community sectors identified in this plan include the state's five core sectors -- Health & Medical, Business, Government, Law Enforcement & Safety, and Education -- as well as Cultural- or Faith-Based Groups and other Community Supports.

- **Domain**

Selected strategies are implemented in one or more of the five global prevention domains: community, school, family, peer and individual. A plan that includes strategies in multiple domains will effect change at multiple levels.

- **Lead Organization and Level of Commitment**

Community organizations have been identified at various levels of commitment from leadership to collaboration to having been identified as having the capacity and readiness to fully implement a strategy.

- **Location**

Each strategy will either be implemented in specific sub-regions within the region or the entire region, or as part of a statewide strategy.

- **Service Population**

The service population is the group of people who receive the intervention. Strategies will provide prevention services to multiple populations.

- **Target Dates**

Some strategies are currently being implemented and will be sustained throughout the next three years, while others will be implemented when additional funding becomes available.

- **Institute of Medicine Prevention Categories**

Universal: Activities targeted to the general public or a whole population group that has not been identified on the basis of individual risk. Universal prevention strategies address the entire population (national, local community, school, and neighborhood) with messages and programs aimed at preventing or delaying the abuse of alcohol, tobacco, and other drugs.

Universal Direct: Interventions directly serve an identifiable group of participants but who have not been identified on the basis of individual risk (e.g., school curriculum, after-school program, parenting class). This also could include interventions involving interpersonal and ongoing/repeated contact (e.g., coalitions).



INSTITUTE OF MEDICINE
OF THE NATIONAL ACADEMIES

Universal Indirect: Interventions support population-based programs and environmental strategies (e.g., establishing alcohol and other drug policies, modifying alcohol and other drug advertising practices). This also could include interventions involving programs and policies implemented by coalitions.

Selective: Activities targeted to individuals or a subgroup of a population whose risk of developing a disorder is significantly higher than average. Selective prevention strategies target subsets of the total population that are deemed to be at risk for substance abuse by virtue of their membership in a particular population segment—for example, children of adult alcoholics, dropouts, or students who are failing academically.

Indicated: Activities targeted to individuals, identified as having minimal but detectable signs or symptoms foreshadowing disorder or having biological markers indicating predisposition for disorder but not yet meeting diagnostic levels. Indicated prevention strategies are designed to prevent the onset of substance abuse in individuals who do not meet *Diagnostic and Statistical Manual of Mental Disorders 4th edition* (DSM-IV) criteria for addiction, but who are showing early danger signs, such as falling grades and consumption of alcohol and other gateway drugs.

Monadnock Region Action Plan

Sector	Domain	Strategy	Groups Committing to Involvement	Location	Service Population	IOM	Start Date	End Date
H L E B G C S Coalitions, Regional Network	C	Community Mobilization through Appreciative Inquiry	Monadnock Voices for Prevention	1	Region-wide	Community	UD	MAY 2010
			Hinsdale Community Coalition	1				
			Monadnock Alcohol & Drug Abuse Coalition	1				
			Keene State College	1				
H L E B G C S Media, Parents, Youth, Coalitions, Regional Network	C	Communities That Care	Monadnock Voices for Prevention	1	Region-wide	Community	UD	MAY 2010
			MADAC/HCC	3				
H L E B G C S Media, Parents, Youth, Coalitions, Regional Network	C S P	Social Norms and Media/Social Marketing Campaign	Monadnock Voices for Prevention	1	Region-wide	Community	UD	JUL 2009
			Media Collaboration	1				
			Monadnock Alcohol & Drug Abuse Coalition	2				
			Hinsdale Community Coalition	2				

SECTORS	DOMAINS	LEVELS OF COMMITMENT	INSITUTE OF MEDICINE PREVENTION CATEGORIES (IOM)
H Health & Medical L Law Enforcement & Safety E Education G Government B Business C Cultural- or Faith-Based S Community Supports	C Community S School F Family P Peer I Individual	1: Committed to implementing this strategy as lead 2: Committed to implementing this strategy as part of a collaborative effort 3: Identified as having capacity to implement this strategy but has not committed to implementation	U Universal UD Universal Direct UI Universal Indirect S Selective I Indicated

Sector	Domain	Strategy	Groups Committing to Involvement	Location	Service Population	IOM	Start Date	End Date
E Afterschool	F I P	Good Behavior Game	PAXIS Institute	1	Region-wide	Elementary Students, People with Disabilities, Disadvantaged People	UD	AUG 2012
			Hinsdale School	1				
			Fitzwilliam & Gilsum Elementary Schools	1				
			Great Brook	2				
E	F I	Healthy Alternative for Little Ones (HALO)	Grapevine	1	Region-wide	Disadvantaged People, Parents/Families, Preschool Students, Community	UD	AUG 2012
			Monadnock Voices for Prevention	2				
			Headstart Keene	3				
			Winchester Learning Center	3				
E H Afterschool	S	New England Poison Control Curriculum	Public Health Network Medical Reserve Corps	1	Region-wide	Community	UD	AUG 2012
			Troy, Gilsum, Hinsdale	2				
			Harrisville/Marlborough Afterschool	2				
			Jaffrey, Rindge, Great Brook, Keene, Chesterfield	3				

SECTORS	DOMAINS	LEVELS OF COMMITMENT	INSITUTE OF MEDICINE PREVENTION CATEGORIES (IOM)
H Health & Medical	C Community	1: Committed to implementing this strategy as lead	U Universal
L Law Enforcement & Safety	S School	2: Committed to implementing this strategy as part of a collaborative effort	UD Universal Direct
E Education	F Family	3: Identified as having capacity to implement this strategy but has not committed to implementation	UI Universal Indirect
G Government	P Peer		S Selective
B Business	I Individual		I Indicated
C Cultural- or Faith-Based			
S Community Supports			

Sector	Domain	Strategy	Groups Committing to Involvement	Location	Service Population	IOM	Start Date	End Date
E H L	C P I	Get Connected	Public Health Network Medical Reserve Corps	3	Region-wide	Older Adults, People with Mental Health Problems, People with Disabilities	AUG 2012	
			Home Health Care Services	2				
			Southwestern Community Services	3				
			Pilot Health	3				
H G	C	Support Prescription Monitoring Program Regionally	Monadnock Voices for Prevention	1	Region-wide Statewide	Community		
			Keene State College	2				

SECTORS	DOMAINS	LEVELS OF COMMITMENT	INSITUTE OF MEDICINE PREVENTION CATEGORIES (IOM)
H Health & Medical L Law Enforcement & Safety E Education G Government B Business C Cultural- or Faith-Based S Community Supports	C Community S School F Family P Peer I Individual	1: Committed to implementing this strategy as lead 2: Committed to implementing this strategy as part of a collaborative effort 3: Identified as having capacity to implement this strategy but has not committed to implementation	U Universal UD Universal Direct UI Universal Indirect S Selective I Indicated

VIII. Logic Model

In order for the Monadnock Regional Network to reach the substance use prevention goals that they identified, they chose strategies relevant to objectives that, when implemented, would ultimately lead to a reduction in the identified substance use problems in the Region— namely, misuse of prescription drugs and binge drinking. The particular strategies have been carefully chosen as ones that the community expects to produce the positive outcomes in the reduction of substance abuse misuse and disorder.

The theory of change showing the relationship between problems, resources, activities and outcomes is depicted in the logic model below. The logic model is being used to demonstrate to the community and other stakeholders the way in which the Region will achieve its identified goals. It answers the question, “What are the short-, intermediate- and long-term changes that should be seen as a result of the strategies implemented?”

Starting from the left side, the logic model is read as “if-then” statements. In the Monadnock Regional Network, the logic model starts with the inputs that are being supplied to support their prevention strategies. The logic follows that if these inputs are available to the Region, then the identified strategies to reach the goals will be implemented. If the strategies are implemented, then the desired outputs will be realized over time.



OUTPUTS

- Evidence-based, research-based and innovative strategies are implemented with fidelity to the *Action Plan*
- The five core sectors in the Region are engaged in implementation of strategies
- A diverse group of people are being served by strategies in the Region

If the outputs are achieved, then the Region should see evidence of changes happening in the short term



SHORT-TERM OUTCOMES

- Increased awareness knowledge and skills among Regional Network membership, across the 5 core sectors and community prevention participants as they relate to Regional Network priority risk and protective factors.
- Increased collaborative implementation of strategies to address binge drinking in the region across the 5 core sectors.
- Increased overall trust among prevention partners in the region.
- Increased community readiness and capacity to address prevention of prescription drug misuse and binge drinking.
- Increase in guidelines and methods for proper disposal of prescription drugs.
- Increased community readiness, capacity and ownership to prevent binge drinking among youth, young adults and adults across agencies and communities.
- Increase in permanent unused prescription drug disposal sites
- Development of new substance use prevention policies for schools and workplaces

If these short-term outcomes occur, they will then lead to the following intermediate outcomes:



INTERMEDIATE OUTCOMES

- Increased perception of risk of using prescription drugs without a doctor's prescription among youth, young adults and adults
- Decreased social and retail diversion of prescription drugs for illicit use.
- Increased the perception of risk of binge drinking among youth, young adults and adults.
- Increased collaboration in implementing enforcement strategies across the five sectors and across local, county, and state agencies to address binge drinking among youth, young adults, and adults.

Finally, if the intermediate outcomes occur, they will lead to the following long-term outcomes which are essentially the substance use prevention goals of the Monadnock Regional Network.



LONG-TERM OUTCOMES

- Decreased misuse or abuse of prescription drugs among youth by 2015.
- Decreased misuse or abuse of prescription drugs among young adults by 2015.
- Decreased misuse or abuse of prescription drugs among adults by 2015.
- Decreased binge drinking among youth by 2015.
- Decreased binge drinking among young adults in the by 2015.
- Decreased binge drinking among adults by 2015.

Thus, by implementing the chosen strategies for the duration of the strategic plan, a series of changes are expected to occur, whereby the substance use prevention goals for the Region will be met.

The logic model will also be used as a roadmap to keep the Region's prevention partners informed of the outcomes. Data will be collected and analyzed to measure each of the outcomes described. Data will be reviewed to determine if the strategies are, in fact, leading to the desired outcomes. If the data show that the outcomes (or milestones) are not being reached, the Region will assess why and make an alternate plan to better reach outcomes.



Logic Model: Monadnock Regional Network

Inputs	Strategies	Outputs	Short-Term Outcomes	Intermediate Outcomes	Long-Term Outcomes
AOD Services	Community Mobilization through Appreciative Inquiry	Evidence-based, research-based and innovative strategies are implemented with fidelity to the <i>Action Plan</i> .	Increased awareness knowledge and skills among Regional Network membership, across the five core sectors and community prevention participants as they relate to Regional Network priority risk and protective factors.	Increased perception of risk of using prescription drugs without a doctor's prescription among youth, young adults and adults.	Decreased misuse or abuse of prescription drugs among youth by 2015.
Community Inputs	Communities That Care	The five core sectors in the region are engaged in implementation of strategies.	Increased collaboration in implementing enforcement strategies across the five sectors and across local, county, and state agencies to address binge drinking among youth, young adults, and adults.	Decreased social and retail diversion of prescription drugs for illicit use.	Decreased misuse or abuse of prescription drugs among young adults by 2015.
Regional Network Inputs	Social Norms and Media/Social Marketing Campaign	A diverse group of people are being served by strategies in the Region.	Increased overall trust among prevention partners in the Region.	Increased the perception of risk of binge drinking among youth, young adults and adults.	Decreased misuse or abuse of prescription drugs among adults by 2015.
State Inputs	Enhance Enforcement		Increased community readiness and capacity to address prevention of prescription drug misuse and binge drinking.	Increased implementation of environmental strategies, curriculum, educational, advocacy, screening, referral and evaluation programs or services that address prescription drug abuse and binge drinking and associated risks among youth, young adults and adults.	Decreased binge drinking among youth by 2015.
Federal Inputs	Ensure Safe Storage and Disposal of Prescription Drugs		Increase in guidelines and methods for proper disposal of prescription drugs.		Decreased binge drinking among young adults in the by 2015.
Additional State Inputs	Life of an Athlete		Increase in community readiness, capacity and ownership to prevent binge drinking among youth, young adults and adults across agencies and communities.		Decreased binge drinking among adults by 2015.
New Hampshire Charitable Foundation Funding	SBIRT		Increase in permanent unused prescription drug disposal sites.		
Center for Excellence quality improvement toward best practices, programs, and policies provided via TA and Learning Collaboratives	Parental Monitoring -Triple P Parenting -Supporting School Success -Guiding Good Choices -Staying Connected to your Teen		Development of new substance use prevention policies for schools and workplaces.		
Regional Network Evaluator	Programs for Youth -All Stars Junior-Core-Boosters -Good Behavior Game -Healthy Alternative for Little Ones -Get Connected				
Governor's Commission Prevention Task Force	New England Poison Control Curriculum				
State Epi Outcome Workgroup (SEOW)	Support Prescription Monitoring Program Regionally				
State level partnerships invested in regional system	Incentives				
Certification training and process					
NH Training Institute					

IX. Evaluation Plan

In order to measure whether the anticipated outcomes of strategies described in the logic model are met and to what extent, the Monadnock Regional Network developed an evaluation plan. The evaluation plan answers the question, “What measures—such as tests, surveys or external data collection methods—are needed to assess progress and how often will the data be collected?”

The evaluation plan describes the outcomes that will be measured and methods that will be employed to gather data for each measure. As the Region implements strategies with each of its partner organizations, additional detail will be added to the evaluation plan, describing more specific tools and methods.

In some cases, indicators for outcomes to be measured do not currently have baseline data available in order to calculate a percentage change in outcome measurement. As implementation of strategies commences, the evaluation plan will be refined to determine specific targeted outcome measurements.

Outcome to Measure	Data to be Collected	Measurement Tool	Timing of Administration
Process Outcomes			
Number and types of strategies implemented	Strategy names, description of strategy.	NH State Performance Management System	Ongoing
Strategies implemented with fidelity to implementation plan	Fidelity measurement	TBD	TBD
Number and percent of 5 core sectors represented in programs, meetings, activities	Names and sectors of people attending programs, meetings, activities	NH State Performance Management System	Ongoing
Number and type of people served by strategies	Names and sectors of people participating in programs and other strategies	NH State Performance Management System	Ongoing
Short-Term Outcomes			
Increased Coalition member satisfaction and trust	Extent coalition members feel that they are valued members and the work of the coalition is effectively meeting goals and objectives	PARTNER Tool Network Survey to be developed by Center for Excellence	TBD
Increased awareness, knowledge, skills related to priority risk factors among Regional Network membership, across the 5 core sectors and community prevention participants	Extent of awareness of substance use, knowledge of issue and data, skill to address risk factors	Surveys (including Network Survey and Core Measure Survey) to be developed by Center for Excellence	TBD
Increased collaborative activity in the region across 5 core sectors to address misuse of prescription drugs and binge drinking	Extent to which members and organizations communicate and work with each other	PARTNER Tool	Annual
Increased community readiness and capacity to address misuse of prescription drugs and binge drinking	Level that community members and organizations are ready to address prevention of prescription drug misuse and binge drinking	Tri-Ethnic Community Readiness, Appreciative Inquiry and the PARTNER Tool	TBD Surveys Annual Partner Tool

Monadnock Regional Network: Strategic Plan for Prevention 2012-2015
Community-Based, Data-Driven Response to Substance Misuse & Disorders

Outcome to Measure	Data to be Collected	Measurement Tool	Timing of Administration
Short-Term Outcomes (continued)			
Increase in guidelines and methods for proper disposal of prescription drugs	Number of guidelines and methods implemented for proper disposal of prescription drugs	Surveys (including Network Survey and Core Measure Survey) to be developed by Center for Excellence	TBD
Increase in permanent unused prescription drug disposal sites	Number of sites Weight of collection	Surveys (including Network Survey and Core Measure Survey) to be developed by Center for Excellence	TBD
Development of new substance use prevention policies for schools and workplaces	Number of school/work sites that change policies	School-based data, Chamber of Commerce data collection	Ongoing
Intermediate Outcomes			
Increased perception of risk of harm of prescription drug misuse among high school students <i>(Baseline of 59.6% in 2011 to an increase in 2013 to 61.3% in 2015)</i>	Number of high school aged youth who report that people who use prescription drugs without a doctor's prescription put themselves at great risk of harm.	YRBS	2013, 2015
Increased perception of risk of harm of prescription drug misuse among young adults <i>(Baseline and amount of decrease to be determined)</i>	Number of young adults who report that people who use prescription drugs without a doctor's prescription put themselves at great risk of harm.	Surveys (including Network Survey and Core Measure Survey) to be developed by Center for Excellence, Keene State College Survey	TBD
Increased perception of risk of harm of prescription drug misuse among adults <i>(Baseline and amount of decrease to be determined)</i>	Number of adults who report that people who use prescription drugs without a doctor's prescription put themselves at great risk of harm.	Surveys (including Network Survey and Core Measure Survey) to be developed by Center for Excellence	TBD
Decreased social and retail diversion of prescription drugs <i>(Baseline and amount of decrease to be determined)</i>	Number of high school aged youth who report it is very easy to get prescription drugs without a prescription if they wanted to. Number of registered pharmacists in the Prescription Monitoring Program (Board of Pharmacy) Number of pharmacy robberies (law enforcement data) Number of disciplinary actions at schools and colleges for misuse of prescription drugs	YRBS Pharmacy Board Law Enforcement Data School & College Data Surveys (including Network Survey and Core Measure Survey) to be developed by Center for Excellence, Law enforcement, school data, disposal program data	TBD

Monadnock Regional Network: Strategic Plan for Prevention 2012-2015
Community-Based, Data-Driven Response to Substance Misuse & Disorders

Outcome to Measure	Data to be Collected	Measurement Tool	Timing of Administration
Intermediate Outcomes (continued)			
<p>Increased implementation of environmental strategies, curriculum, education, advocacy, screening, referral and evaluation programs or services that address:</p> <p>1) prescription drug misuse</p> <p>2) binge drinking & associated risks among youth, young adults and adults</p>	<p>Number of environmental strategies, curriculum, education, advocacy, screening, referral and evaluation programs or services that address prescription drug misuse or binge drinking</p> <p>Number of people participating in programs that address prescription drug misuse or binge drinking</p>	<p>NH state performance management system</p> <p>Network Survey to be developed by Center for Excellence</p>	Ongoing and TBD
<p>Increased perception of risk of harm of binge drinking among youth</p> <p><i>(Baseline of 35.6% in 2011 to an increase in 2013 to 37.2% in 2015)</i></p>	<p>Number of high school aged youth who report that people who drink 5 or more drinks in a row every weekend put themselves at great risk of harm.</p>	YRBS	2013, 2015
<p>Increased perception of risk of harm of binge drinking among young adults</p> <p><i>(Baseline and amount of decrease to be determined)</i></p>	<p>Number of young adults who report that people who drink 5 or more drinks in a row every weekend put themselves at great risk of harm.</p>	<p>Surveys (including Network Survey and Core Measure Survey) to be developed by Center for Excellence, Keene State College Survey</p>	TBD
<p>Increased perception of risk of great harm of binge drinking among adults</p> <p><i>(Baseline and amount of decrease to be determined)</i></p>	<p>Number of adults who report that people who drink 5 or more drinks in a row every weekend put themselves at great risk of harm.</p>	<p>Surveys (including Network Survey and Core Measure Survey) to be developed by Center for Excellence</p>	TBD
<p>Increased increase collaboration in implementing enforcement strategies across the five sectors and across local, county, and state agencies to address binge drinking among youth, young adults, and adults</p>	<p>1. An increase in sector organizations represented at quarterly task force meetings</p> <p>2. Increased participation/communication around enforcement strategies with all sectors with the Regional Network or an area coalition</p> <p>3. An increase in implementation of enforcement strategies that involve the sectors</p>	<p>Network Survey to be developed by Center for Excellence</p> <p>PARTNER Tool</p>	TBD
Long-Term Outcomes			
<p>Decreased misuse of prescription drugs among high school aged youth</p> <p><i>(Baseline of 10.4% in 2011 to 9.4% in 2015)</i></p>	<p>Number of high school aged youth who report they used prescription drugs without a doctor's prescription in the past 30 days</p>	YRBS	2015
<p>Decreased misuse of prescription drugs among young adults in region</p> <p><i>(Baseline and amount of decrease to be determined)</i></p>	<p>Number of young adults who report they used prescription drugs without a doctor's prescription in the past 30 days</p>	<p>Network Survey & Core Measure Survey) to be developed by Center for Excellence, Keene State College Survey</p>	TBD

Monadnock Regional Network: Strategic Plan for Prevention 2012-2015
Community-Based, Data-Driven Response to Substance Misuse & Disorders

Outcome to Measure	Data to be Collected	Measurement Tool	Timing of Administration
Long-Term Outcomes (continued)			
Decreased misuse of prescription drugs among adults in region <i>(Baseline and amount of decrease to be determined)</i>	Number of adults who report they used prescription drugs without a doctor's prescription in the past 30 days	Surveys (including Network survey and Core Measure Survey) to be developed by Center for Excellence	TBD
Decreased binge drinking among high school aged youth <i>(Baseline of 24.8% in 2011 to 23.3% in 2015)</i>	Number of high school aged youth who report they had 5 or more drinks in a row in the past 30 days	YRBS	2015
Decreased binge drinking among young adults <i>(Baseline and amount of decrease to be determined)</i>	Number of young adults who report they had 5 or more drinks in a row in the past 30 days	Network Survey and Core Measure Survey) to be developed by Center for Excellence, Keene State College Survey	TBD
Decreased binge drinking among adults <i>(Baseline and amount of decrease to be determined)</i>	Number of adults who report they had 5 or more drinks in a row in the past 30 days	Surveys (including Network survey and Core Measure Survey) to be developed by Center for Excellence	TBD

X. Strengths & Challenges

The process was presented as an opportunity to develop a plan for the Monadnock Regional Network. The utilization of a community-based process for planning had great capacity and readiness building facets. Under-engaged populations emerged to participate and the region was able to go through a process to streamline and focus efforts. Many appreciated the opportunity to contribute, plan and gain understanding. The fact that this was accomplished in such a short time speaks to the energy and interest in substance abuse prevention. Also, we were able to gather information for underserved groups because of the planning. Engaging the business community in embracing substance abuse as an issue that impacts the workplace remains a challenge. This was our most difficult sector to involve and their role within the strategic plan is minimal because of the stage of readiness. All other sectors engaged and for the first time we had representation from all schools across the region, newly identified providers and strategies that involved more collaboration have emerged.

The need to attach a budget or funding to the strategies was a challenge and provides an opportunity for how to approach future planning and budgeting initiatives. The recent funding climate and the resulting loss of resources and capacity for direct service has made sector partners wary and reluctant to commit to participation in strategies without an indicator from funders as to their priorities and their commitment or intentions. Without clarity on scope of services, administrative requirements, or the details on what one was committing to, providers and business partners were reluctant, unwilling or unable to offer commitments or budgets or even estimates – even for the sake of planning. There are simply too many unknowns for partners to be comfortable and confident about what comes next and the realities of funding and resource allocation. We recognize that it may be difficult for funders to likewise commit to or indicate priorities without knowing the financial magnitude of the commitment. Herein lays the dilemma or question to resolve for the future.

Although the process has given the Region a focus for the next three years, the timeline for some partners did not match up with their planning (for example the DFCs) and thus plans were not integrated for the next year and a half as much as they could have been. Resources may not be used as effectively and as efficiently as they could have been.

All acknowledge and appreciate that the partnership between New Hampshire Charitable Foundation and the NH Bureau of Drug and Alcohol Services allowed for this opportunity. The pace with which decisions were made and guidance developed and distributed did provide challenges at the local level and continues too. It remains unclear who will be accountable for the leadership and management of the plan. Because this is a regional level plan, ownership of specific strategies can be embedded locally, but the question remains as to what the role of NHCF, BDAS, CFEX, Regional Network, Coalitions, Leadership Team, Regional Staff and sectors is in the plan. We recognize that we ultimately want the region to "own" the plan, but this requires on-going monitoring, development of capacity and readiness, mobilizing, nurturing and accountability.



We could not have completed the plans without the data profiles provided by the CFEX and their on-going facilitation to provide some level of guidance to keep the process moving. The Region ultimately did not request technical assistance from the CFEX. The guidance and examples received during Learning Collaboratives was limited in impact. Of value in this community process is flexibility, however, flexibility cannot be defined through confusing guidance, training and too many "ways" to complete requirements (examples were so varied that it was difficult to determine best practice guidance).

Additionally, many of the forms created for entry of the process required additional technical assistance and were not compatible with capturing information in an easy to follow format without phone calls and additional support. It seemed that the capacity to respond to requests was limited and that the CFEX was in a position where they could not answer questions related to processes even though they were providing the "guidance documents." This impacted the work of the DIG and RIG groups by slowing down their work and at times creating confusion of roles and responsibilities-particularly for the RIG. This caused some members of the RIG to disengage as they were not clear on their purpose and could not commit time with so many unknowns. The turn-around time for guidance was slower than what the regional level needed to actually implement the process with fidelity and maximum effectiveness, and the skills sets of the CFEX staff did not always seem to "fit" with the needs at the regional level.

It seemed, as the process progressed, that questions were being raised that had not been anticipated and that responses or guidelines were being created in real-time. This is not a complaint, simply an observation. The hope is that the experience of this planning cycle will be incorporated as learning into future initiatives. The Monadnock Region plan is a reflection of some of these unknowns and it will require further discussion and planning to develop an accurate budget.

XI. Financial Plan

The table below depicts a three-year budget with the amount of existing funding that currently exists in the Monadnock Regional Network, and the amount of funding needed to fully implement the proposed strategies in the Region.

- ✓ The total cost to implement this plan is **\$1,498,477**.
- ✓ Funding in the amount of **\$521,600** currently exists to support this plan.
- ✓ The total amount of funds still needed is **\$976,877**.

Strategy	Existing Funds	Needed Funds	Total
Community Mobilization through Appreciative Inquiry	-	\$42,000	\$42,000
Communities that Care	\$185,000	\$154,800	\$339,800
Social Norms and Media/Social Norms Marketing Campaign	\$64,800	\$132,800	\$197,600
Enhance Enforcement	\$12,000	\$64,000	\$76,000
Ensure Safe Storage and Disposal of Prescription Drugs	\$16,400	\$56,000	\$72,400
Life of An Athlete	\$147,000	\$48,000	\$195,000
SASY/SBIRT	\$3000	\$175,500	\$178,500
Parental Monitoring	\$87,000	\$90,399	\$177,399
All Stars Junior-Core-Booster	\$6400	\$20,798	\$27,198
Good Behavior Game	-	\$103,250	\$103,250
Healthy Alternative for Little Ones	-	\$26,780	\$26,780
New England Poison Control	-	\$7800	\$7800
Get Connected	-	\$5000	\$5000
Support Prescription Monitoring Program Regionally	-	\$3750	\$3750
Incentives	-	\$10,000	\$10,000
Administrative Support	-	\$36,000	\$36,000
Total	\$521,600	\$976,877	\$1,498,477

XII. Conclusion & Next Steps

As the Monadnock Regional Network celebrates the accomplishment of engaging the communities in the region in the development of a data-driven, community-based strategic plan, much work will be needed to ensure the strategies outlined will be implemented timely and with fidelity to reach the three-year goals and objectives.

The Monadnock Region's *Strategic Plan for Prevention* reflects the realities, ambitions, character and history of the region and its communities. It is designed to strengthen what is working and to build on this within communities and across the region. It reflects the reality of a fiscal climate where the only sustainable course is one that builds community and cross-sector awareness, ownership and capacity for effective action. The priorities and strategies chosen will get the communities and region moving ways that create traction, deliver results and build the capacity for effective actions and collective impact beyond this three-year plan.

As has been described, the choice of goals was the result of careful analysis and deliberation across the Region. The final selection was made on a determination of (1) highest need (a large and/or growing area of abuse) and (2) high likelihood of positively affecting the use and abuse of the substance.

The sequence of strategies as outlined in the plan is intentional and reflects the Region's priorities. It starts with a focus on engaging the community and its sectors, building and expanding coalitions, and producing or providing access to programs, tools and information that can be used in communities, homes, businesses and organizations across the region.

The Region recognizes that an investment in community readiness will yield improved capacity, which will ultimately produce more effective and sustainable programs. The Region's citizen/sector planners concluded that a focus on programs alone could not produce the necessary results. This is a reasonable expectation given the high level of social capital that is part of the Region's character and history.

The Region also knows that engagement with multiple stakeholders, ages and sectors is a critical factor in building awareness and changing the norms and other contributing factors that influence a person's decision to misuse drugs or abuse alcohol.

The Monadnock Regional Network is one that can respond creatively and collaboratively to health issues. With many organizations already wanting to expand partnerships, the Region's sector leaders and community members are ready to build the readiness, capacity and programs necessary for continued substance abuse prevention efforts.

Several of the strategies outlined have already begun or will be implemented within several months after the publication of this plan, whereas others will require the acquisition of funding before they will start.

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In addition, the Regional Network will:

- Focus our efforts as needed to acquire additional funding
- Continue to conduct Appreciative Inquiry interviews annually to positively engage the community in prevention and to continue to build off of existing community assets in the future
- Recruit, educate, mobilize for action and sustain the network membership including the five core sectors

The Monadnock Regional Network will bring together the functional groups previously described; the Resource Information Group (RIG), Data Information Group (DIG), and Operational Efficiency & Sustainability Group (OESG). The RIG will complete an annual resource and capacity inventory covering the five core sectors. The DIG will report annually on data that drives regional priorities. The OESG will conduct annual monitoring evaluation activities in support of reaching the goals and objectives outlined in this plan.

The Network will undergo another round of strategic planning in 2014 to build on the results, momentum and lessons from this current plan.



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Appendices

Appendix A	Evidence-Based Models Employed During Regional Strategic Planning
Appendix B	Strategic Planning Process: Flow Chart
Appendix C	Strategy Fact Sheets

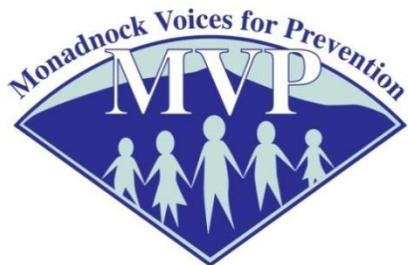
Supporting Documents

1	1960-2010 U.S. Census Data: Prepared by the NH Office of Energy and Planning (OEP)
2	Prioritization Summary of Community Readiness in the Monadnock Region
3	Summary 2009 & 2011 YRBS
4	Correlation Table
5	Checklist of Factors for Inclusion in Successful Prevention Models
6	Data Review Summary
7	Assets/Capacity
8	Region G Community Census 2010



Supporting documents with additional information specific to Monadnock Region’s strategic planning process can be accessed on the NH Center for Excellence’s website: www.nhcenterforexcellence.org

For additional information about the Monadnock Regional Network visit their website: www.monadnockvoices.org



Appendix A

Evidence-Based Models Employed During Regional Strategic Planning

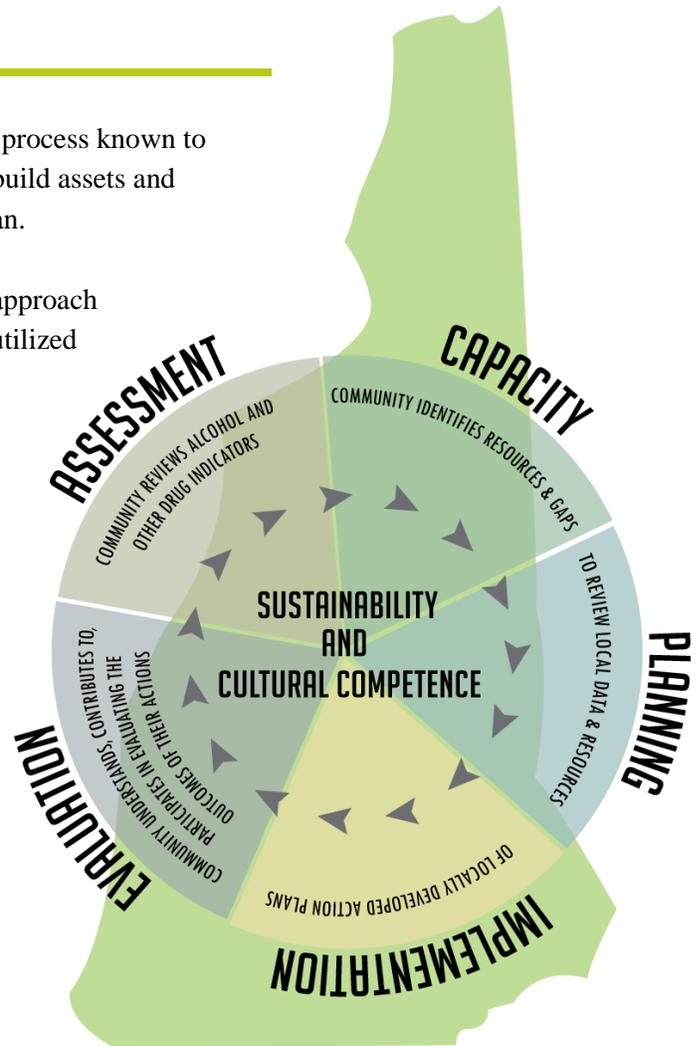
Strategic Prevention Framework

The Strategic Prevention Framework (SPF) uses a five-step process known to promote youth development, reduce risk-taking behaviors, build assets and resilience, and prevent problem behaviors across the life span.

The SPF is built on a community-based risk and resiliency approach to prevention and a series of guiding principles that can be utilized at the community level to build capacity for substance abuse prevention, and in so doing, promote resilience and decrease risk factors in individuals, families, and communities.

 SAMHSA Strategic Prevention Framework (above)
<http://www.samhsa.gov/prevention/spf.aspx>

SAMHSA SPF Components (right)
<http://www.samhsa.gov/prevention/spfcomponents.aspx>



Appreciative Inquiry

“Appreciative Inquiry is about the co-evolutionary search for the best in people, their organizations, and the relevant world around them. In its broadest focus, it involves systematic discovery of what gives “life” to a living system when it is most alive, most effective, and most constructively capable in economic, ecological, and human terms. AI involves, in a central way, the art and practice of asking questions that strengthen a system’s capacity to apprehend, anticipate, and heighten positive potential.”

 <http://appreciativeinquiry.case.edu/intro/whatisai.cfm>

Communities Mobilizing for Change on Alcohol

“CMCA is a community organizing effort designed to change policies and practices of major community institutions.”

 <http://www.epi.umn.edu/alcohol/cmca/index.shtm>

Community-Based Participatory Research

“Community-based participatory research is a *‘collaborative approach to research that equitably involves all partners in the research process and recognizes the unique strengths that each brings. CBPR begins with a research topic of importance to the community, has the aim of combining knowledge with action and achieving social change to improve health outcomes and eliminate health disparities’*”.

- WK Kellogg Foundation Community Health Scholars Program



<http://depts.washington.edu/ccph/commbas.html>

Workgroup Development

Regional Networks recruited representatives from these sectors above and other community sectors such as faith-based organizations and volunteer groups in service to the region’s three-year strategic plan. Network members serve on one of three workgroups and/or the region’s leadership team. The workgroups are the *Data Information Group (DIG)*, the *Resource Information Group (RIG)*, and the *Operational Efficiency & Sustainability Group (OESG)*. These workgroups are tasked with implementing the various steps of the SPF.

PARTNER Tool

PARTNER is a web-based social network analysis tool designed to measure and monitor collaboration among people and organizations. PARTNER allows regions to demonstrate to stakeholders, partners, evaluators, and funders changes in collaborative activity over time and progress among levels of partner organization participation, such as how members are connected, how resources are leveraged and exchanged, levels of trust, and linkage of outcomes to the process of collaboration.

The Five-Sector Model

As noted in the introduction, the New Hampshire Bureau of Drug and Alcohol Services is supporting communities in their awareness of and action to prevent and reduce alcohol and drug abuse through a system of ten regional networks. These networks are comprised primarily of representation from five core sectors that have established ties to and within communities. These core sectors are institutions in virtually every community that serve community members on a daily basis. The core sectors are business, education, law enforcement, health and government. Ancillary sectors within communities that provide supporting roles to these core functions include faith- and community-based organizations that further community well-being and social conscientiousness.



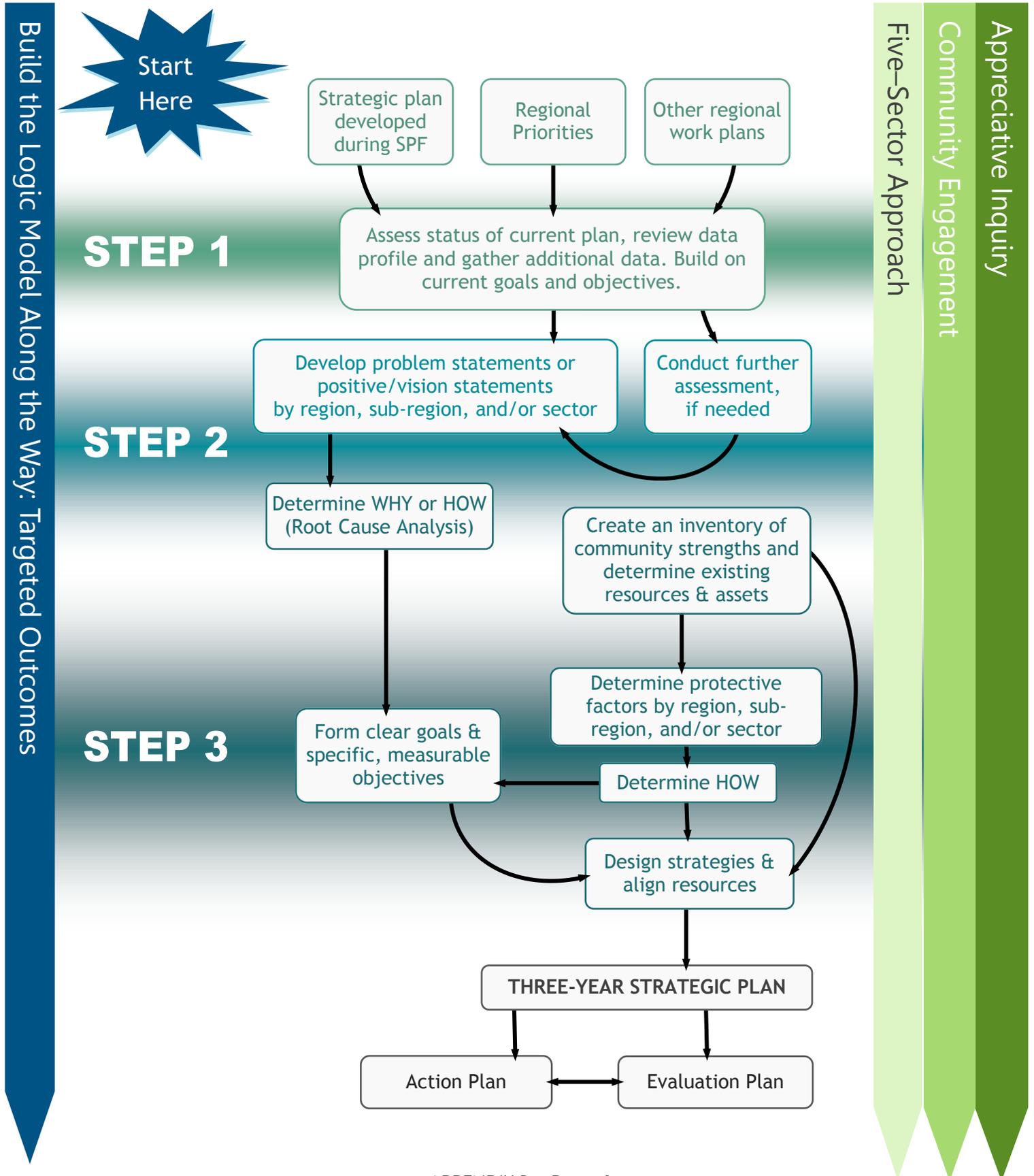
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Additionally, these five core sectors represent sustained essential services within communities that are highly impacted by substance use. Representatives of these sectors have been recruited to form the nucleus of each network’s key work groups. The five core sectors are presented below with examples of engagement pathways considered by regional prevention coordinators.

Core Sector	Focus Populations	Sample Representation
Business	Employers Employees	Chambers of Commerce Risk Management Coordinators of Employers Employee Assistance Programs
Education	Children and Youth Young Adults Parents Other Adults	School Administrators/Guidance Staff Health Services Departments of Colleges/Universities College/Campus Housing Early Childhood Centers
Law Enforcement & Safety	General Public	Police Departments EMTs/Fire Departments Probation/Parole officers Court Liaisons
Health & Medical	General Public Children and Families Older Adults Dual Diagnosed	Mental Health Counselors Primary Care nurses/Physicians Hospital Community Benefits Coordinators Care Coordinators/Medical Home Coordinators
Government & Community	General Public Vulnerable Populations	Town, County Administrators Town Welfare Coordinators Aldermen/Selectmen Health Services Administrators Housing Authorities

Appendix B

Strategic Planning Process for the Regional Network System



Appendix C

Community Mobilization through the Appreciative Inquiry Frame (AIF)

Health is best promoted by local groups focusing on positive practices that already exist in the community and mining these ideas through an Appreciative Inquiry process. When the best practices are identified in the community and is then applied to resolution of problems identification by the Regional Coordinator, a community improves its own health. The NH-based SEOW “intervention” develops a community level practice of exploration, identification, and strategy development, thereby developing an asset including active participation in a community effort, a sense of value within the community, a sense of trust built, and additional or improved lines of communication; social networking for community health.

Target Population: Community members

Type of Strategy: Research-based. Based on the theory of Action Science.

General Activities:

Activities	CSAP Prevention Categories
Recruit voluntary community level participation from as many sectors as possible, including a diverse representation of SES	Community-Based Process
Train group facilitator and animator to identify critical aspects of responses (optimum group size is 6 to 10 to ensure participation by all members)	Community-Based Process
Script an agenda that allows members to stay on task, allowing the group to complete a cycle -critical question asked, responses shared, memos written and diagrammed, exploration of community-based solutions, discovery made, solution applied to pre-determined problem	Community-Based Process
Distribute evaluation	Community-Based Process
NH SEOW conducts additional diagramming and grounded theory development by	Community-Based Process
Feed findings back to community participants with additional question for another AIF.	Community-Based Process

Risk and Protective Factors Addressed by this Strategy:

Domain	Protective Factors
Community	Existing community assets

Communities That Care (CTC)¹

“CTC is a coalition-based community prevention operating system that uses a public health approach to prevent youth problem behaviors including underage drinking, tobacco use, violence, delinquency, school dropout and substance abuse.”

Target Population: Children of any age in the community

Type of Strategy: Research-based. This theory is based on coalition-building and systems change theory.

General Activities:

Activities	CSAP Prevention Categories
Get Started—assess community readiness to undertake collaborative prevention efforts.	Community-Based Process
Get Organized—get a commitment to the CTC process from community leaders and forming a diverse and representative prevention coalition.	Community-Based Process
Develop a Profile—use epidemiologic data to assess prevention needs.	Community-Based Process
Create a Plan—choosing tested and effective prevention policies, practices, and programs based on assessment data.	Community-Based Process
Implement and Evaluate—implement the new strategies with fidelity, in a manner congruent with the programs’ theory, content, and methods of delivery, and evaluate progress over time.	Community-Based Process

Risk and Protective Factors Addressed by this Strategy: The risk factors addressed by this strategy depend on the results of the assessment.

Evaluation Outcomes to Date: “Results from a 7-state experimental trial involving 24 communities show that within 4 years of adopting the CTC system, community coalitions can reduce the incidence of delinquent behaviors and of alcohol, tobacco, and smokeless tobacco use as well as the prevalence of alcohol use, binge drinking, smokeless tobacco use, and delinquent behavior among young people community wide by the spring of grade 8.”

¹ Communities That Care. Retrieved from: http://www.sdr.org/ctcresource/CTC_Fact_Sheet.pdf

Social Norms Campaign¹

“The social norms campaign uses a variety of methods to correct negative misperceptions (usually overestimations of use), and to identify, model, and promote the healthy, protective behaviors that are the actual norm in a given population. When properly conducted, it is an evidence-based, data-driven process, and a very cost-effective method of achieving large-scale positive results.”

Target Population: Any defined community of people

Type of Strategy: Research-based. Based on the theory of promoting the attitudinal and behavioral solutions and assets that are the actual norms in a given population to produce behavior change.

General Activities:

Activities	CSAP Prevention Categories
Initial Planning Stage: Define the issue, establish measurable goals and outcomes, research the issues of data collection and analysis, inform stakeholders about the social norms approach, assess staff and funding.	Community-Based Process
Data Collection Stage: Use relevant data-gathering methodologies to collect data about the target population. The essential measures are: Typical behaviors and attitudes; perceptions of peers' typical behaviors and attitudes; protective behaviors; negative consequences; and exposure to social norms messages. Analyze data to identify protective, healthy behaviors already prevalent in the target population.	Community-Based Process
Strategy Development Stage: Conduct market research to determine what media channels are currently used, which are credible, where information is accessed, etc. Select various media to be used for message delivery and develop a marketing plan that addresses the basics of implementation: what, when, where, how many, who, and cost. Develop prototype messages that are simple, positive, truthful and consistent. Develop sample media to deliver the normative messages. Refine and revise based on pilot test results.	Community-Based Process
Implementation Stage: Implement a marketing campaign that delivers the message frequently and consistently during the project. Assess the extent to which each normative message actually reaches, is reacted to and recalled by the target population. Monitoring of the project: project documentation, ongoing market research. Outreach and press relations.	Information Dissemination
Evaluation Stage: Collect and analyze outcome data to assess effectiveness and impact. Key questions: Has there been any change in perception? Has there been any change in attitudes and/or behaviors? Has there been a reduction in negative consequences?	Community-Based Process

¹ National Social Norms Institute at the University of Virginia. Retrieved from: <http://www.socialnorms.org/FAQ/FAQ.php>

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Risk and Protective Factors Addressed by this Strategy: This strategy may address various risk and protective factors depending on the needs of the community.

Domain	Risk Factors
Individual	Misperception of norms
Peer	Misperception of norms
Family	Misperception of norms
School	Misperception of norms
Community	Misperception of norms

Evaluation Outcomes to Date: Several higher education institutions that persistently communicated accurate norms have experienced reductions of up to 20% in high-risk drinking over a relatively short period of time.

Media/Social Marketing Campaign^{1,2}

Using mass media to increase public concern about use and change normative perceptions.

Target Population: Region-specific

Type of Strategy: Research-based strategy based on commercial marketing.

General Activities:

Activities	CSAP Prevention Categories
Develop messaging	Community-Based Process
Distribute messaging (targeted, high dose, used in combination with other interventions)	Information Dissemination

Risk and Protective Factors Addressed by this Strategy:

Domain	Risk Factors
Community	Perception of risk, Community norms

Evaluation Outcomes to Date:

Alcohol: SAMHSA, OJJDP and the Northeast CAPT support the appropriate use of mass media campaigns.

Marijuana: “Mass media campaigns have shown some efficacy in reducing marijuana use among high sensation seekers, although the message must be carefully targeted and the media campaign must have high levels of reach and frequency (Palmgreen et al., 2001). Media campaigns around marijuana use should not be used in isolation, but combined with other strategies (particularly school-based reinforcement of message) (Slater et al., 2006).”

Non-Medical Use of Prescription Drugs: One study examining the effects of a statewide educational media campaign in Utah targeting prescription drugs was conducted between 2008 and 2009. Results found low reach of the campaign, with only 48% of those surveyed who recalled seeing the campaign ads. Of those who recalled the campaign, 52% said that the media messages made them less likely to share medications, 51% reported that they were less likely to use PD not prescribed for them, and 29% reported a change in their understanding of prescription pain medication (PPM) dangers changed over the last year. There were no changes in reported beliefs regarding medical sharing or the burden of PPM misuse in the community. Among the fraction of respondents who were aware of the drug disposal issue, there was a significant increase in reported behaviors regarding disposal of PPM from pre to post-test, although only 18% reported they disposed of leftover medications as a result of the media messages. The number of respondents who were familiar with how to dispose of PPM remained unchanged (43%) (Johnson, Porucznik, Anderson, & Rolfs, 2011).

¹ Northeast Center for the Application of Prevention Technologies. (2012) *Non-Medical Use of Marijuana Webinar Series- Strategies/ Interventions for Reducing Marijuana Use*. Retrieved from: http://www.nhcenterforexcellence.org/pdfs/Marijuana_Strategies_Interventions.pdf

² Northeast Center for the Application of Prevention Technologies. (2012) *Non-Medical Use of Prescription Drugs (NMUPD) Webinar Series- Strategies/ Interventions for Reducing NMUPD Use*. Retrieved from: http://www.nhcenterforexcellence.org/pdfs/Strategies_NMUPD.pdf

Permanent Prescription Drug Disposal Locations¹

This program intends to establish permanent prescription drug drop box locations across New Hampshire. These sites will provide NH residents with the ability to dispose of unwanted or expired pharmaceutical drugs from households and residences in a safe, accessible, and convenient manner. This initiative will help to reduce access to addictive drugs by individuals, specifically children.

Target Population: NH residents holding unwanted or expired pharmaceutical drugs

Type of Strategy: Permanent Prescription Drug Drop Box

General Activities:

Activities	CSAP Prevention Categories
Request and obtain written authorization from the Drug Enforcement Administration (DEA) to place a permanent prescription drug drop box at a site	Community-Based Process
Place drop box at a police station	Community-Based Process
Station drop box in a location that is accessible to the public	Community-Based Process
Establish and ensure that drop box is under constant video surveillance	Community-Based Process
Secure drop box to a wall or floor to prohibit removal of box or retrieval of contents from box without a key	Community-Based Process
Indicate on drop box items which may or may not be disposed of	Community-Based Process
Chief law enforcement officer and a law enforcement officer designated by the chief law enforcement officer of an agency are to maintain drop box key and the disposal of contents collected	Community-Based Process
Destroy collected pharmaceutical drugs at an approved solid waste disposal facility	Community-Based Process
Document disposal by including date and location of drop box, weight of collected pharmaceuticals, date and location of disposal site, name(s) of involved law enforcement officers	Community-Based Process
Hold documentation of disposal for a minimum of 5 years	Community-Based Process

Risk and Protective Factors Addressed by this Strategy:

Domain	Risk Factors
Community	Social access, community norms

Evaluation Outcomes to Date: As a result of this initiative, at least 12 sites (Seabrook, Windham, Sandown, Keene, Moultonborough, Lee, Newington, Salem, North Hampton, Derry, Pelham, Manchester) across New Hampshire have been established.

¹ Chapter Jus 1600, *Procedures for Pharmaceutical Drug Collection and Disposal Programs*, Interim Rules, November 17, 2011.

Life of an Athlete^{1,2}

“The American Athletic Institute’s Life of an Athlete prevention/intervention series is a five step high school program designed to confront chemical health issues and impact the problems that face today’s student-athlete.”

Target Population: Male and female adolescent athletes, coaches, parents, athletic directors and communities

Type of Strategy: Theory-based. This strategy is based on the socio-ecological model of prevention.

General Activities:

Activities	CSAP Prevention Categories
Pre-Season Meetings for Entry Level Athletes and Parents	Information Dissemination
Athletic Codes of Conduct Conditions for Involvement	Information Dissemination
Coaching Effectiveness Training	Environmental
Developing Leadership to Confront Behaviors of Concern	Education
Stakeholder Unity	Education

Risk and Protective Factors Addressed by this Strategy:

Domain	Risk Factors	Protective Factors
Individual	Personal vulnerability to use drugs	Improved knowledge and understanding of athlete lifestyle, training effect and goal and social cohesion, accurate knowledge of the effect of social drug use and performance, improved perception of personal achievement and self- efficacy, through greater normative understanding and personal and collective responsibility
School	Drug use norms	Team Vigilance, Individual responsibility, Collective responsibility, Team leadership, Coaching Vigilance, Parent Vigilance, Stakeholder Knowledge Understanding Agreement, Fan responsibility, Universal Code enforcement
Community	Availability of drugs to athletes, enforcement of all laws pertaining to underage use	Debunk any perceptions that use is acceptable, Get community involved in after contest activities, Create community tone of healthy athletes with character, Community wide support of Code

Evaluation Outcomes to Date:

“In Lakeville, MN, where Life of an Athlete was implemented, some notable outcomes were documented:

- Chemical Health Advisory Committee established
- Co-Curricular Task Force established
- Mandated Pure Performance presentations to all Coaches / Activity Leaders
- Mandated Pure Performance presentations to all Middle School students
- Mandated Pure Performance presentations to all athletes and activities and parents/guardians
- Curriculum task force established to create awareness of problem
- Public Service Television show "Pure Performance the Key to my Success Aired"
- Social Host Ordinance passes unanimously

¹ American Athletic Institute. (2006) Retrieved from: <http://www.americanathleticinstitute.org/highschool/life-of-athlete.html>

² Underwood, John. American Athletic Institute. *What’s Life of an Athlete All About?* Retrieved from: <http://www.altoona.k12.wi.us/schools/high/LOA.pdf>

Screening, Brief Intervention & Referral to Treatment (SBIRT)^{1,2}

“SBIRT is a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for persons with substance use disorders, as well as those who are at risk of developing these disorders. Primary care centers, hospital emergency rooms, trauma centers, and other community settings provide opportunities for early intervention with at-risk substance users before more severe consequences occur.

- Screening quickly assesses the severity of substance use and identifies the appropriate level of treatment.
- Brief intervention focuses on increasing insight and awareness regarding substance use and motivation toward behavioral change.
- Referral to treatment provides those identified as needing more extensive treatment with access to specialty care.”

Target Population: The non-dependent substance-user

Type of Strategy: Research-based. SBIRT is a screening and brief intervention strategy based on motivational interviewing.

General Activities:

Activities	CSAP Prevention Categories
Planning for implementation and training providers to implement SBIRT	Community-Based Process
Screening	Problem Identification and Referral
Brief Intervention	Education
Brief Treatment	Education
Referral to specialty treatment	Problem Identification and Referral

Risk Factors Addressed by this Strategy:

Domain	Risk Factors
Individual	Prior use of substances

¹ SAMHSA. SBIRT. Retrieved from: <http://www.samhsa.gov/prevention/sbirt>

² Screening, Brief Intervention and Referral to Treatment (SBIRT) in Behavioral Healthcare, SBIRT White Paper. April 1, 2011. p 4. Retrieved from: <http://www.samhsa.gov/prevention/sbirt/SBIRTwhitepaper.pdf>

Monadnock Regional Network: Strategic Plan for Prevention 2012-2015
Community-Based, Data-Driven Response to Substance Misuse & Disorders

Evaluation Outcomes to Date:

	Screening	Brief Intervention ¹	Brief Treatment ²	Referral to Treatment	Evidence for Effectiveness of SBIRT
Alcohol Misuse/Abuse	✓	✓	✓	✓	Comprehensive SBIRT effective (Category B classification, USPSTF)
Illicit Drug Misuse/Abuse	✓	*	*	✓	Growing but inconsistent evidence
Tobacco Use	✓	✓	✓	✓	Effective brief approach consistent with SBIRT (USPSTF; 2008 U.S. Public Health Service (PHS) Clinical Practice Guideline)
Depression	✓	—	✓	✓	No evidence to date for depression
Trauma/Anxiety Disorders	✓	*	—	✓	No evidence to date for trauma/anxiety disorders

Key: ✓ Evidence for Effectiveness/Utility of Component
 * Component Demonstrated to Show Promising Results
 — Not Demonstrated and/or Not Utilized

Triple P—Positive Parenting¹

The Triple P--Positive Parenting Program is a series of parenting and family support strategies which consists of five intervention levels organized by increasing intensity to meet each family's specific needs. "The program may be used with families from many cultural groups and is designed to prevent social, emotional, behavioral, and developmental problems in children by enhancing their parents' knowledge, skills, and confidence."

Target Population: Children (birth to age 12), adolescents (13-16), and parents/caregivers

Type of Strategy: Evidence-Based from the National Registry of Evidence-based Programs and Practices (NREPP). The program is based on social learning theory and draws on cognitive, developmental, and public health theories.

General Activities:

Activities	CSAP Prevention Categories
Train direct service providers	Community-Based Process
Provide intervention based on the family specific need	Education

Risk and Protective Factors Addressed by this Strategy:

Domain	Risk Factors	Protective Factors
Individual	Negative and disruptive child behaviors, negative parenting practices	Positive parenting practices

Evaluation Outcomes to Date: Since 1977, more than 40,000 service providers around the world have received professional training in Triple P. Significant positive outcomes were observed with children of families who received the intervention compared to the control group for negative and disruptive child behaviors, negative parenting practices, and positive parenting practices.

¹ NREPP. *Triple P Parenting*. Retrieved from: <http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=1>

Supporting School Success¹

Supporting School Success is a series of five 2-hour workshops designed to help parents support their children during the first four years of school from kindergarten to third grade. Parents learn how to support their child's academic achievement, improve communication at home, and reduce misbehavior.

Target Population: Parents/caregivers and kindergarten to third grade children

Type of Strategy: Based on the theoretical framework of the Seattle Social Development Project (SSDP)

General Activities:

Activities	CSAP Prevention Categories
Train workshop facilitators (teachers, parent educators)	Community-Based Process
Provide parents with two workshop sessions focused on core skills	Education
Provide parents with three workshop sessions specific to area of need (math, reading, problem solving, etc.)	Education
Hold "Kids' Kamp", a program for children which provides activities that reinforce the program's content while parents participate in workshop sessions	Education

Risk and Protective Factors Addressed by this Strategy:

Domain	Risk Factors
Individual	Communication issues, misbehavior
Family	Communication issues

Evaluation Outcomes to Date: According to twenty years of research, parents who talk to their children about school on a daily basis show higher standardized test scores and lower levels of misbehavior in school. The Seattle Social Development Project, a research study based on the Supporting School Success program "showed better achievement-test scores, higher grades, more commitment and attachment to school, and less misbehavior in school than control-group students -- with these results being sustained up to six years after the program ended."

¹Channing-Bete. *Supporting School Success*. Retrieved from: <http://www.channing-bete.com/prevention-programs/supporting-school-success/supporting-school-success.html>

Guiding Good Choices^{1,2}

“Guiding Good Choices (GGC) is a five-session curriculum that provides parents of children with the knowledge and skills needed to guide their children through early adolescence. It seeks to strengthen and clarify family expectations for behavior, enhance the conditions that promote bonding within the family, and teach skills that allow children to resist drug use successfully.”

Target Population: Parents/caregivers and children in grades 4 through 8 (9 to 14 years old)

Type of Strategy: Evidence-Based from the National Registry of Evidence-Based Programs and Practices (NREPP).

General Activities:

Activities	CSAP Prevention Categories
Train workshop facilitators (e.g. teachers, parent educators)	Community-Based Process
Hold five, 2-hour workshop sessions	Education

Risk and Protective Factors Addressed by this Strategy:

Domain	Risk Factors
Individual	Substance use and other antisocial behavior
Family	Weak family bonds, family conflict

Evaluation Outcomes to Date: Since 1987, this curriculum has been delivered to an estimated 302,000 families from all 50 states as well as several countries around the world. Statistically significant positive outcomes were found in the categories of substance use, parenting behaviors and family interactions, delinquency, and symptoms of depression.

¹ NREPP. *Guiding Good Choices*. Retrieved from: <http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=111>

² Channing-Bete. *Guiding Good Choices*. Retrieved from: <http://www.channing-bete.com/prevention-programs/guiding-good-choices/guiding-good-choices.html>

Staying Connected with Your Teen¹

“Staying Connected with Your Teen (SCT) is a universal substance abuse and problem behavior preventive intervention for families with early adolescent children that includes parenting, youth, and family components.”

Target Population: Parents of teens aged 12-17

Type of Strategy: Research-based. OJJDP Model Program. “The program is grounded in the Social Development Model (SDM), which is based on social control theory, social learning theory, and differential association theory. SDM posits that children are socialized through four key processes: 1) perceived opportunities for involvement in activities and interactions with others, 2) the degree of involvement and interaction, 3) skills to participate in such involvement and interaction, and 4) perceived reinforcement from their involvement and interactions.”

General Activities:

Activities	CSAP Prevention Categories
Staff are trained in the format that will be used	Community-Based Process
Self-administered Format:	
Parents complete video and workbook in 10 weeks; including a checklist of 62 family activities	Education
A family consultant calls the family each week to record completed activities and to provide motivation and support.	Education
Parent and Adolescent Group Format:	
Parents and adolescents attend 7, 2-2 ½ hour sessions; the first 30-40 minutes they view the video together and then they separate to practice the skills. Families practice skills together at home.	Education
Group leaders phone the families each week to remind them of the upcoming session	Education

Risk and Protective Factors Addressed by this Strategy:

Domain	Risk Factors	Protective Factors
Individual (adolescents)	Perception of risk, favorable attitudes towards use, delinquent behavior, violent behavior	
Family		Family Cohesion

Evaluation Outcomes to Date: The study cited used an experimental design. The outcomes were measured between the end of the program and 24 months after the program ended. The analysis determined that statistically significant effects of the interventions were detected on three of the outcomes assessed at the 24-month follow-up period: favorable attitudes about substance use; initiation of substance use or sex; and violent behavior.

¹ OJJDP Model Programs. *Staying Connected*. <http://www.ojjdp.gov/mpg/Staying%20Connected%20with%20Your%20Teen-MPGProgramDetail-716.aspx>

All Stars Junior^{1,2}

“All Stars is a multiyear school-based program for middle school students (11 to 14 years old) designed to prevent and delay the onset of high-risk behaviors such as drug use, violence, and premature sexual activity.”¹ The All Stars Junior curriculum, geared specifically for fourth and fifth grade children, prepares students to participate in the All Stars program during middle school. Two versions of this program are available, school and after-school/community. The school version integrates a language arts, science and math curriculum into the classroom. The after-school and community version focuses on character education.

Target Population: Fourth and fifth grade children (9 through 11 years old)

Type of Strategy: Evidence-based from the National Registry of Evidence-Based Programs and Practices (NREPP).

General Activities:

Activities	CSAP Prevention Categories
JUNIOR SCHOOL	
Train classroom teachers and guidance counselors	Community-Based Process
For 4th Grade: Provide nine 30-minute science, math, & language arts activities	Education
For Fifth Grade: Provide twenty-two science and math activities and nine language art activities	Education
For Both Grades: Provide weekly 15-minute team meetings focused on behavior management activities (for entire school year)	Education
JUNIOR COMMUNITY	
Train group leaders and/or outside specialists	Community-Based Process
Provide fifteen 30-minute activities focused on the development of six positive character traits	Education
Provide parents with take home sheets	Information Dissemination

Risk and Protective Factors Addressed by this Strategy:

Domain	Risk Factors
Individual	Violence, fighting, lying, drug use, premature sexual behavior, undeveloped character traits (being caring, forgiving, helpful, honest, respectful and responsible)

Evaluation Outcomes to Date: The All Stars program has been implemented at approximately 1,750 sites and has involved more than 1 million students. Participant pre and post scores for personal commitment, lifestyle incongruence, school bonding, and normative beliefs increased compared to those involved with an alternate program. Lower levels of use were reported for cigarette, alcohol, and inhalant use when delivered by a teacher compared to students who did not receive the program.

¹ NREPP. *All Stars*. Retrieved from: <http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=28>

² All Stars. Retrieved from: <http://www.allstarsprevention.com/programs/junior/juniorMain.asp>

Good Behavior Game¹

“Good Behavior Game (GBG) is a classroom-based behavior management strategy for elementary school that teachers use along with a school's standard instructional curricula. GBG uses a classroom-wide game format with teams and rewards to socialize children to the role of student and reduce aggressive, disruptive classroom behavior.”

Target Population: Elementary school-aged children. This strategy has been studied with children in first and second grade. It targets girls and boys and all students presenting aggressive/disruptive behaviors as well as shy/isolated behaviors.

Type of Strategy: Evidence-based from the National Registry of Evidence-Based Programs and Practices (NREPP). The strategy is based on behavior theory. The rewards-system reinforces appropriate group behavior.

General Activities:

Activities	CSAP Prevention Categories
Train classroom teachers and their supervisor/coach	Community-Based Process
Teachers observe student behavior for a period of 10 weeks to determine teams	Community-Based Process
Teachers slowly integrate the game into classroom (10 min/week for 3 weeks), the game gradually increases in length and frequency (is played every day) and is then used as appropriate.	Education
In year 2, Second grade teachers integrate the game into classrooms for consistency.	Education

Risk Factors Addressed by this Strategy:

Domain	Risk Factors
Individual	Disruptive classroom behavior, violent and criminal behavior, antisocial behavior

Evaluation Outcomes to Date: A 14-year randomized control study followed individuals who participated in the GBG as youth. Statistically significant positive outcomes were found in five areas; drug abuse and dependence disorders, alcohol abuse and dependence disorders, regular cigarette smoking, antisocial personality disorder, and violent and criminal behavior.

¹ NREPP. *Good Behavior Game*. Retrieved from: <http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=201>

Healthy Alternatives for Little Ones (HALO)^{1,2}

“Healthy Alternatives for Little Ones (HALO) is a 12-unit holistic health and substance abuse prevention curriculum for children in child care settings. HALO is designed to address risk and protective factors for substance abuse and other health behaviors by providing children with information on healthy choices.”

Target Population: Children (3-6 years old) and parents/caregivers

Type of Strategy: Evidence-based from the National Registry of Evidence-Based Programs and Practices (NREPP).

General Activities:

Activities	CSAP Prevention Categories
Train child care providers and teachers	Community-Based Process
Provide twelve 30-45 minute, weekly lessons	Education
Provide parents with letter after each weekly lesson that explains the current lesson discussion and gives them tips for reinforcing the HALO unit messages at home	Education

Risk and Protective Factors Addressed by this Strategy:

Domain	Risk Factors	Protective Factors
Individual	Low perception of risk, inability to problem solve, low self-discipline and communication skills	Awareness of healthy and harmful choices, communication skills, self-discipline, ability to problem solve
Family		Family cohesion

Evaluation Outcomes to Date: Since 1990, the program has been used in more than 500 child care sites, reaching 16,821 children. Significant positive outcomes pertaining to knowledge about the harmful effects of ATOD on internal organs increased for both intervention and control groups with higher post scores for the intervention group.¹

¹ NREPP. HALO. Retrieved from: <http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=175>

² HALO. Retrieved from: <http://haloforkids.org/learn-new>

Get Connected¹

“Get Connected: Linking Older Adults with Medication, Alcohol and Mental Health Resources was developed by NCOA, the Substance Abuse and Mental Health Services Administration (SAMHSA) and the US Administration on Aging (AoA). It is designed to enable service providers to undertake health promotion, advance prevention messages and education, and provide screening and referral for mental health problems and the misuse of alcohol and medications. The kit includes a coordinator's guide and program support materials such as education curricula, fact sheets, handouts, forms, and resources.”

Target Population: Seniors

Type of Strategy: Research-based.

General Activities:

Activities	CSAP Prevention Categories
Step 1: Assess Organizational Strengths and Challenges	Community-Based Process
Step 2: Identify Resources	Community-Based Process
Step 3: Educate Staff	Community-Based Process
Step 4: Educate Older Adults	Education
Step 5: Plan Future Developments	Community-Based Process

Risk and Protective Factors Addressed by this Strategy:

Domain	Risk Factors
Individual	Transitions, mental health diagnosis
Community	Lack of organizational knowledge about substance use among seniors

¹ National Council on Aging. *Get Connected*. Retrieved from: <http://www.ncoa.org/improve-health/center-for-healthy-aging/content-library/SMA03-3824.pdf>

Prescription Monitoring Program¹

“New Hampshire recently passed legislation to establish a Prescription Monitoring Program (PMP) statewide. PMPs typically collect data from pharmacies on dispenses controlled substance prescriptions and can be an important tool to reduce availability of prescription drugs (PD) through reducing PD diversion (e.g., prescription fraud, forgeries, doctor-shopping, inappropriate/illegal prescription practices by some physicians).”

Target Population: Pharmacies and healthcare providers

Type of Strategy: Innovative. Currently 44 states have enacted Prescription Drug Monitoring Programs (PMP), although only 35 states have operational PMPs (Paulozzi, Weisler, et al., 2011).

General Activities:

Activities	CSAP Prevention Categories
Implement program according to NH state law	Environmental

Risk and Protective Factors Addressed by this Strategy:

Domain	Risk Factors
Community	Retail and social access to prescription drugs, prescription drug diversion

Evaluation Outcomes to Date: A report summarizing the outcomes of states PMPs found that states without PMP were more likely to experience higher rates of PD diversion (PMP Center of Excellence at Brandeis University, 2011). For example, since 2004 oxycodone distribution in Kentucky, a state with an active PMP, rose at a much lower rate compared to two states (Florida and Tennessee) which did not have PMPs during that time. Additionally, a national evaluation comparing states with and without PMPs found that states with proactive PMP had less availability of prescription pain relievers and stimulants compared to states without proactive PMP (availability measured by slower growth per capita in these classes of PD) (PMP Center of Excellence at Brandeis University, 2011). Data from 6 different state reports demonstrated that physicians found that being provided data from their state’s PMP was useful and that a proportion of physicians reporting changing their prescribing practices based on the information provided (Baehren et al., 2010; PMP Center of Excellence at Brandeis University, 2011).

However, an observational US study between the years of 1999-2005 examined differences between the 19 states with operational PMP and those that did not. There were no differences between rates of drug overdose mortality, opioid overdose mortality or opioid consumption by PMP status. However, the study found that mortality rates and consumption patterns were significantly lower among the 3 states (CA, NY, TX) that required the use of special prescribing forms (Paulozzi, Kilbourne, & Desai, 2011). While PMP hold promise, additional data is needed to determine whether these programs lead to actual changes in consumptions or consequences of prescription drug use.

¹ Northeast Center for the Application of Prevention Technologies. (2012) *Non-Medical Use of Prescription Drugs (NMUPD) Webinar Series-Strategies/ Interventions for Reducing NMUPD Use*. Retrieved from: http://www.nhcenterforexcellence.org/pdfs/Strategies_NMUPD.pdf