

# South Central Misuse of Alcohol and Drugs – 2016-2019 Prevention Plan

## I. THE SOUTH CENTRAL REGIONAL SUBSTANCE MISUSE PREVENTION NETWORK

The South Central Regional Public Health Network (SCRPHN) is one of 13 Regional Public Health Networks (RPHN) in the state of New Hampshire. The function of the RPHN is to deliver public health services within the region. Each region has a Public Health Advisory Council (PHAC) which represents communities, organizations and sectors interested or involved in public health activities within the region. The role of the PHAC in each region is to assess needs, guide decision-making, and encourage shared resources and investments in positive health outcomes.

New Hampshire's Regional Public Health Network (RPHN) provides the infrastructure for a regional substance misuse prevention network. The role of the prevention network is to conduct three core prevention functions: 1) Align regional prevention efforts with the goals of the state plan and the New Hampshire State Health Improvement Plan (SHIP), 2) Build, maintain and sustain a regional network of professionals and community members who are concerned about substance misuse in the region, and 3) Leverage resources and provide technical assistance to promote best practices within six core sectors (Safety and Law Enforcement, Health & Medical, Education, Government, Business, and Community and Family Supports) in the community.

The South Central along with the other twelve Regional Public Health Networks, work in concert with other state agencies to address the goals and objectives outlined in the state plan, "Collective Action – Collective Impact (CA-CI): New Hampshire's Strategy for Reducing the Misuse of Alcohol and Other Drugs and Promoting Recovery", which was released in February 2013. During the planning process, the New Hampshire Governor's Commission on Alcohol and Drug Abuse established two over-arching goals for the state: 1) To reduce the number of residents misusing alcohol and other drugs and 2) To increase the number of residents with a substance use disorder accessing treatment and recovery support services. Within the first goal, the reduction of alcohol abuse, marijuana use and non-medical use of pain relievers and prescription drugs were specific areas identified for prevention efforts. The Commission has also identified the use of heroin and synthetic drugs as priority areas for prevention efforts since its state plan was released.

The Commission's substance misuse goals are broad and provide an opportunity within which public health regions and local communities may determine more specific goals and objectives that align with factors that contribute to the problem of substance misuse identified by those living and working in the community. The Commission also identified goals and objectives within strategy areas; leadership, financial resourcing, public education training & professional development, data utilization and effective policy, practice & programs. Commission, task force and stakeholder activities are described for each strategy area. (See Collective Action-Collective Impact, pages 35-43)

The South Central region consists of ten towns, with three of the largest towns in Rockingham County as reported in the 2010 census: Derry at 33,109, Salem at 28,766 and Londonderry at 24,129. In 2014 the Greater Derry Region (now known as the South Central Region) signed a memorandum of understanding (MOU) with the Seacoast Region to include three additional towns in the region; Kingston, Newton and Fremont. This created a thirteen town region that reflected the working relationships of the law enforcement and educational systems. The MOU expired in July of 2015 due to the impending transition of fiscal representation for the South Central Region. In early 2016 it was decided that the MOU would not be rewritten. This agreement was reached with the following parties: a coalition located in the Plaistow area with established collaborative relationships within both South Central and Seacoast communities; the South Central regional and fiscal representatives; and the Seacoast regional representatives. All parties felt that fostering a strong collaborative partnership of sharing between the two regions would serve as a viable and constructive plan moving forward and if any party felt an MOU was needed again in the future a thoughtful process was in place for its consideration. This South Central region is an eclectic mix of large and small towns with a wide range of socio-economic factors to consider but all share common goals when it comes to combatting substance misuse.

South Central Regional Public Health Network was formally known as Greater Derry Regional Public Health Network. This change was brought about in early 2016 after collaborative discussions with community members from towns comprising the public health network. These towns wanted to feel more included with the work and resources being utilized and believed community members would feel invested if the name referenced a larger area.

South Central went through a significant leadership and support system transition during 2015. In the spring of 2015 the Town of Derry, which held fiscal responsibility for the regional public health network, announced that it could not continue in this role beyond December 31, 2015. After this announcement was made, community agencies and individuals concerned that critical resources for Derry and the region could be in jeopardy came together to explore solutions towards identifying a new fiscal agent and partners that could serve in the needed RPHN leadership roles. As a result of this collaborative effort a proposal was submitted for

consideration to the state in the fall of 2015 identifying the Granite United Way as fiscal leader for the region as well as Center for Life Management (CLM), Greater Derry Community Health Services (CHS), Community Alliance for Teen Safety (CATS), and Parkland Medical Center as collaborative subcontractors supporting the substance misuse prevention, continuum of care coordination, emergency preparedness coordination, and public health advisory committee and community health improvement plan development efforts. Governor and Council approved the plan in December of 2015. There was a period of transition for the first half of 2016 during which the new subcontracted partners focused on: hiring their respective coordinators; establishing policies and procedures for the collaborative work; conducting outreach and assessment to identify priorities and connect with potential partners; and coordinating trainings in order to move forward to support the public health needs of the region.

Through December of 2015, under the fiscal management of the Town of Derry, the region then known as Greater Derry Regional Public Health Network (GDRPHN) was comprised of a Substance Misuse Prevention (SMP) Coordinator, a Community Prevention Collaborative (CPC) Regional Round Table (RRT) and a Substance Misuse Prevention (SMP) Task Force. The SMP Coordinator was a full time Certified Prevention Specialist who coordinated the work of the Greater Derry Public Health Network's strategic Plan. The Community Prevention Collaborative RRT was comprised of various agencies, community organizations and private citizens that dedicated their time, resources and expertise to carry out the work within the region. The CPC round table, led by the Substance Misuse Prevention (SMP) Coordinator, provided a venue for these groups to come together to discuss the needs of the region and to add their voice to implementation of the work of the GDRPHN. The SMP Task Force was comprised of individuals from local safety and law enforcement agencies, social service agencies, government, public health and community coalitions. These agencies, under the facilitation of the SMP Coordinator, met quarterly to assess the needs in each community, address policy, procedures and programming that can effectively make changes to the issues facing the communities in which they serve. By collaborating across town lines, this task force provided a format to share information and pool resources that enabled the region to make a stronger more unified stand against substance abuse.

A full time SMP for the newly named South Central Regional Public Health Network (SCRPHN) was hired in April of 2016. The work and progress realized through the efforts and guidance of the prior SMP provide a foundation and compass to direct efforts going forward. The new SMP brings a Master's in Public Health and Policy to support the public health needs of the region and will attain the Certified Prevention Specialist accreditation as required of the position. The SMP's work is supported by one of the SCRPHN's subcontracted partners, Community Alliance for Teen Safety. Outreach to the six core sectors is a priority during the first year after the transition in order to reconnect with partners and strengthen existing relationships, identify potential new partnerships and update the region as a whole with regard to the public health

priorities and engagement opportunities. Leadership Teams and Task Groups will reconvene and be reinvigorated with regional participation representative of the six core sectors. Opportunities will be provided for sector specific or community specific groups to meet regularly thus encouraging inclusivity and augmenting the larger collaborative efforts. Cross regional collaboration will contribute to problem solving and resource sharing. The roles of the Continuum of Care Coordinator (CoC) and the SMP Coordinator will be supportive of one another in addressing substance misuse as a public health priority for communities in the South Central region.

## II. NETWORK ACHIEVEMENTS AND COMMUNITY ASSETS

### PROGRESS MADE AND LESSONS LEARNED

The outreach efforts of the GDPHN SMP and Leadership Teams engaged many organizations to work together on substance misuse. Prevention is Everyone's Business has been the motto and it has worked. Collaboration was reported at its highest-the Region may not have many of the larger state agencies in its towns, but it has strong community willingness to support the existing resources. The Region has become more organized to address substance misuse in its communities and the rewards will prove beneficial in the long run. The lack of treatment for people in the state as well as the need for more efforts in prevention have become a common theme as the GDRPHN engaged in community conversations across this region. As the GDRPHN organized, these conversations became more widespread and served to inform both local and state leaders on behalf of those who need better resources.

The Regional Prevention Roundtable had the influence and capacity to support all of the region's communities in conducting nine public forums to discuss substance misuse. These forums raised awareness, educated community members and built capacity for the GDRPHN. Partners of this round table were instrumental in assisting the SMP with writing a grant that netted a Student Assistance Program for the Sanborn Regional School District for two years-a valuable asset for their students. The partners' input in evaluating the needs of the communities and acquiring data from multiple sources is the basis for their next three year strategic plan.

In its first year, the Greater Derry RPHN SMP Task Force put together a work plan based on feedback of the community's six sectors. From this plan, the SMP Task Force participated in and held several community/safety forums, developed and distributed over two thousand 'patrolmen cards' to raise awareness about local and state resources, held and participated in a legislative breakfast that educated local and state representatives, and collected over 354 pounds of prescription drugs at the last Take Back event-this does not account for the drugs collected at the four permanent drop boxes in Derry, Windham, Sandown and Salem police departments.

The SCRPHN has all six of its high schools participating in Life of an Athlete (LOA). Codes of conduct have been revised to include enforcement as well as the principles of restorative justice. Pre-season meetings are conducted for students, parents and coaches that cover the impact of alcohol and other drug use on performance and what the expectations are for involvement in the program. The program includes a youth leadership component that helps reinforce healthy lifestyle choices among their teammates and builds team unity. This program is very successful in this region and has gained popularity with not just athletes but the entire school communities. Some schools have taken the program to a whole school level where they are calling it for example, "Life of an-Owl" in the Timberlane District, or "Life of a Student" in the Sanborn District and are building school unity. One athlete stood up at the Rockingham County Heroin forum, after someone raised a question about what schools were doing to help, and stated, 'Life of an Athlete has made it cool to be alcohol and drug free at high school'. LOA is a program that is making an impact across this region and the state. The SCRPHN is supporting trainings and initiatives that are developed by this program.

Another statewide program, Partnership for Drug Free NH (PDFNH), has been a welcomed resource and tool to connect parents and organizations with a one-stop resource. The GDRPHN Leadership partnered with NH Parent Teachers Association to support the PDFNH by endorsing it and asking all their members to add it to their website as a tool for parents. The GDRPHN Leadership actively pursued all sectors to add this resource to their websites and had great success with schools and local treatment centers. Parkland Hospital advertised it on their Chief Executive Officer's blog that goes out to all their affiliates and employees.

Prior to January of 2016, the GDRPHN established a regional youth leadership group called Youth in Action. The premise of this group was to have an inclusive approach; allowing students and other student organizations to join in as they were available at the time of an initiative or project. This 'open door' concept allowed for broader involvement of students in prevention activities; spreading the wealth of training initiatives and prevention messages. Youth in Action became a nice vehicle for Life of an Athlete champions, allowing them to broaden their messaging and leadership skills. During 2014 and 2015, the GDRPHN provided support for existing groups such as Peer Outreach, Life of an Athlete champions, Leadership Youth Programs and a number of individual students conducting prevention messages, in order to build relationships and build awareness of the regional network. The Youth in Action will continue to build its capacity in the coming year as a new Student Assistance Counselor (SAP), hired by a grant obtained by the GDRPHN for the Sanborn Regional School District will be developing a new youth group supported by this model. The School District is considering sustaining the SAP's position after September of 2016, illustrating how regional support can lead to building capacity for communities. Regional messaging, advocating for their peers and providing healthy messaging for their communities will create a sense of contribution and that

their input matters. The Life of an Athlete and Youth in Action groups may continue to work together in the future creating a powerful mechanism to foster more prevention work.

The Continuum of Care Project (CoC) implemented during 2015 explored the Region's strengths and weaknesses within prevention, treatment and recovery and strengthened participation. The heroin crisis in the region brought many new voices to the table. Great relationships have been built with the recovery community and with families battling addiction. With the CoC project, input from these groups proved invaluable. The recovery community commented that this process provided strength for them in that their input was valued in the process.

The work of the GDRPHN benefited during its initial years from key treatment partners - Parkland Hospital, Center for Life Management and Hampstead Hospital provided endless support during this region's time of need. This region has limited treatment and resources but all came together to actively support the GDRPHN's efforts. The work in identifying resources and linking the continuum of care services moving forward will be a priority of the SCRPHN in 2016 and future years.

Even though the network has had many successes, there have been some shortfalls. The Youth Risk Behavior Survey (YRBS), a means to gather data related to healthy and at risk behavior with youth, is only implemented in two of the six schools in the region. Without this valuable information, it is difficult to evaluate where the limited resources should be used and if programs that are in place are working. Building relationships with the schools that are not implementing, discovering the resistance and effectively conveying the value of this data will be part of the work as the network moves forward with this plan.

Perspectives from the GDPHN through December of 2015 are important to note. In as much as sector engagement and mobilization were reported as success stories of the region, the network lagged behind in aligning with the state's public health structure goals. In early 2015, the Town of Derry decided to no longer be the fiscal for the public health network. Without this secure foundation, development of the Public Health Advisory Council (PHAC) and Community Health Improvement Plan (CHIP) was put on hold. As the GDRPHN looked forward to the selection of a new fiscal, the network with its capacity and strong stakeholders, continued with its work in the region and was preloaded to finish building its structure and to become a fully operational unit of the state's regional public health plan. Under new fiscal and subcontracted partner leadership in early 2016, the SCRPHN began development of its PHAC and initiated a process through which its first CHIP could be completed by the end of the fiscal year (June 30, 2016).

## REGIONAL ASSETS THAT SUPPORT SUBSTANCE MISUSE PREVENTION

The South Central Public Health Network has worked with all of the six core sectors directly or indirectly over the last two years, 2014 – 2015, and beginning in 2016, through its new collaborative partnership, plans to continue a robust and inclusive outreach with all sectors. The South Central Region is an area with limited larger resources however; many agencies, organizations and coalitions are working together and with the network across town lines sharing resources and data.

Within safety and law enforcement, there is a high level of capacity, commitment and readiness. Local police and first responders are working collaboratively with the SCPHN by sharing their time, resources and data to effectively make an impact on substance abuse in their communities. With this level of engagement, the strategies that are stated in the 2016-19 strategic plan will be attainable and make a difference in our communities. The Rockingham County Attorney has offered the time and support of the Rockingham County Attorney's Office to address the strategies of the SCRPHN that are within the capacity of their office. The network supports the region's law enforcement partners during the National Prescription Drug Take Back events.

The SCRPHN has full commitment of key medical, behavioral health and treatment providers in this region. Center for Life Management (CLM) was the first partner at the table when the network started in 2013. CLM has given time and resources for the implementation of the substance misuse and suicide prevention initiatives. CLM's capacity has grown over the years with dedicated substance misuse personnel, regional trainers in CONNECT, Signs of Suicide (SOS) and Counseling on Access to Lethal Means (CALM) and Mental Health First Aid prevention programs. CLM's staff is responsible for several region wide trainings, attendance as subject matter experts at the network's forums and attends all round table and task force meetings. Parkland Hospital is the foundation for healthcare in this region. In 2014, Parkland expanded their services by adding a Center for Emotional Wellness wing to their facility. With this new facility, the region benefits from a dedicated staff to treat mental health and co-occurring disorders. Parkland's administration has been a consistent resource for the SCRPHN. Parkland's physicians have attended planning sessions and have served as subject matter experts at community forums and COC events. In 2015, they joined forces with CLM to work with the network to evaluate the region's needs regarding substance abuse to help make a larger impact. CLM and Parkland are currently working to assemble a resource list for services with a goal of enhancing access to and help for those with substance use disorders (SUD) for the region. Hampstead Hospital is highly respected and one of the few treatment centers in this region, providing intense outpatient services along with a full safety net of wrap around services for those in recovery. Hampstead Hospital staff has been active at all levels of the

regional network and offer their expertise at all of the region's events. Integration of primary and behavioral health care in the region is currently underway. Since 2012 Greater Derry Community Health Services (CHS) and The Derry Medical Center (DMC) with a patient panel of over 40,000 men, women and children have been providing onsite behavioral health care and medication management services to patients enrolled in the practice. As its partner in the work, CHS provides comprehensive case management and resource identification to behavioral health patients as needed. To date more than 6,000 patient services have been provided.

The region's educational sector is an area that has been both exciting and challenging. The network continues to increase capacity by providing resources for and inviting the educational sector to the table. Both the Sanborn Regional and Windham school districts have participated in the YRBS and have benefitted from the YRBS data. Sanborn Regional High School participated in the 2011 and 2013 YRBS. Upon receipt of this data, the school turned it over to their community agencies that would provide the resources to address at risk behavior of their town's youth. With this data, the network, under the GDRPHN leadership, was able to secure a grant that provided a Student Assistance Counselor for the high school and middle school. Community agencies, police and mental health providers in the area were able to strengthen areas highlighted in the survey and effectively focus their resources. Windham High School participated in their first YRBS. The school used the same approach as Sanborn, by calling a community resource meeting to work collaboratively on the areas of need for the young people of their town. This meeting enhanced community spirit that benefitted the young people of Windham. The GDRPHN leadership was instrumental in coordinating both meetings. This community approach reinforced that the YRBS is about gathering data about the young people of the communities and not a report card of the schools. Other school districts have resistance towards the YRBS for varying reasons. In the next few years the SCRPHN will be working to address these concerns, inform about the benefits of data collection toward school improvements and garner their future participation. The Derry Cooperative School District has embraced the Second Step curriculum, a best practice program, for K-8 which will benefit students in its two middle and 5 elementary schools - the Kindergartens are located in each of the elementary schools. The Second Step program will be implemented beginning in the fall of 2016. The Derry School District has also embraced the Courage to Care curriculum which it offers to students in both middle schools and the NAMI suicide prevention programming for students. The Derry School District has annually conducted a survey of perceptions, attitudes, and behavior related to substance use of all middle school students since 2001. The survey results inform programming and guide efforts to provide support where needed. Sharing the outcomes of and experiences associated with implementing the Second Step program with other school districts will be incorporated into outreach efforts within the education sector.

In the next fiscal year, 2016, the SCRPHN will be looking to strengthen relationships with local governments and expand activity with local businesses. Enhancing policies and procedures for

both of these groups will be important strategies. Under the leadership of the GDRPHN an event to raise awareness of the substance misuse issue was held for local and state representatives. This event used subject matter experts from the continuum of care to provide an overview of what substance misuse and its collateral damage looks like from their disciplines. The local legislators have continued to use the network as a resource to educate themselves on the substance misuse issue in their catchment area. The area's local chamber of commerce groups have been a vehicle to reach out to the business community. Speaking engagements to educate and raise awareness will help build relationships and open doors for further more targeted discussions.

Community and family supports are limited in the area but are the 'boots on the ground' for prevention. The SCRPHN has one federal Drug Free Communities Support Program (DFC) grantee in the region; The Southern Rockingham Coalition for Healthy Youth (SoRock). SoRock's fiscal is SERESC in Bedford; they have given SoRock a new structure to enhance the work in the regions of the Timberlane and Sanborn School Districts. The SCRPHN has been assisting their new coordinator with connections in those towns and providing resources where necessary. Their strength is social media messaging and that strength has benefitted the region. The Community Alliance for Teen Safety (CATS), one of the oldest coalitions in our area, completed its 10-year DFC project in September of 2014. CATS focuses on issues that affect the health and safety of youth and families including driving safety, substance misuse and suicide prevention, bullying prevention and others. CATS has supported the regional network efforts over the years including, in the early 2000's, the NH SIG program and public health infrastructure development efforts through the Area Health and Safety Council, as well as the SPF/SIG in 2008-2010. The Upper Room, A Family Resource Center serving many communities in the region for many years provides a vast array of programs including parenting, anger management, and diversion programs in collaboration with local law enforcement and community agencies. The Upper Room is a very active member of the network and valuable asset in the region. In late 2015, the community of Salem developed a Stand Up Salem Coalition in response to sector concerns about the heroin crisis and substance misuse in their community. The coalition is making progress recruiting a diverse membership and applied in 2016 for the DFC funding. Their efforts will be supported by the SCRPHN. In the region, support groups have recently been established. Statewide agencies, not located in our region, have begun to work with the network to locate areas of need. Northern New England Poison Center, New Futures, NH Providers Association and Families Advocating for Substance Abuse Treatment, Education and Recovery (FASTER) are some of the statewide services that have been key resources for raising awareness and educating the South Central region. The recovery community has been a vocal and active participant in the region. Being the past and present consumers of the programs that the SCRPHN strives to improve, they have given endless feedback to improve methods for delivery of services and provide adequate resources.

### III. REGIONAL PLAN DEVELOPMENT

#### PROCESS AND PARTICIPANTS

The state of New Hampshire endorses and promotes the Strategic Prevention Framework (SPF) as the model for conducting evidence-based prevention planning and implementation throughout the state. The SPF is designed to engage community partners within a certain defined population in five continuous stages: Assessment, Capacity-Building, Planning, Implementation and Evaluation (ACPIE). Cultural competence and sustainability are always considered in every step to ensure relevant and effective prevention.

To develop this plan, the GDRPHN Leadership engaged in the following steps:

**Assessment:** The Greater Derry Regional Round Table (RRT) hosted many events over the last two years (2014-2015) providing opportunities for community members to voice their concerns over gaps in services and programs. Along with this insight from the communities, assessment of existing state and local data was reviewed, both quantitative and qualitative, through the Appreciative Inquiry process, focus groups and multiple public forums. This assessment process was the basis for selection of goals and strategies for the 2016-19 strategic plan.

**Capacity-Building:** The capacity of the Region was developed over the last two years (2014-2015) under the leadership of the GDRPHN - several public forums across the region were held. These forums brought education and awareness of the issues facing the region and with that a sense of readiness. The building of the RRT and the Task Force created a structure that developed plans for the region and ultimately established a platform for emerging leaders to carry their strategic planning forward.

**Planning:** Within the past year, a strategic planning committee was formed that included leaders from both the RRT and the SMP Task Force. With knowledge and input of the discussions from both of these larger groups over the past two years, these groups were effective in establishing goals for the new strategic plan for the network as well as the region.

**Implementation:** Using the existing local data, along with the Collective Action/Collective Impact (CA/CI) and the State Health Improvement Plan (SHIP), these groups were able to put a plan in place that aligned with the state and reflected the needs of the region.

**Evaluation:** Once the overall plan was drafted, sector representatives reviewed and evaluated both the network's system and regional goals. The strategies chosen to meet these goals were given a final review to see if they aligned with the CA/CI and the SHIP, sustained the regional network infrastructure for prevention and involved implementation of best practices by each sector to reduce or prevent use.

To note: During the first half of 2016 the Plan developed through guidance of GDPHN leadership was reviewed by the new SMP and collaborative partners. Context was added to provide insight into the transition with new regional fiscal and subcontracted partner leadership as well as progress updates on capacity building including development of the PHAC and CHIP.

Groups Involved	Sectors Represented	Number of Participants
GDPHN Regional Round Table	Law Enforcement, Health, Community Organizations, Education, Business	30
GDPHN SMP Task Force	Law Enforcement, Health, Community Organizations, Education, Government	20
GDPHN Strategic Planning Committee	Business, education, health and community	5

## IV. THE SOUTH CENTRAL REGIONAL NETWORK GOALS, OBJECTIVES AND STRATEGIES

The Regional Public Health Network established goals and objectives that will strengthen the ability of the network to build and sustain the leadership, capacity, knowledge, coordination and collaboration necessary to promote effective practices, programs and policies and to address substance misuse within six core community sectors.

The Regional Network is working to achieve the following over-arching goals and objectives:

- I. System-level goals and objectives that align with the goals and objectives of the state plan
- II. System-level goals and objectives necessary to create, maintain and sustain the regional network
- III. Goals and objectives indicating the substance use behaviors and risk or protective factors that the region is striving to impact through the implementation of best practices among the core sectors

To meet the goals and objectives outlined above, the regional network will oversee best practices on three levels:

- The adoption of stakeholder activities recommended by and aligned with *Collective Action-Collective Impact (CA-CI)* (pages 35-43)
- The implementation of community organizing best practices to create, maintain and sustain the regional network infrastructure for prevention
- The implementation of best practices by the six core sectors to reduce or prevent use

## REGIONAL NETWORK GOALS AND OBJECTIVES

<b>GOAL #1</b>	<b>STRENGTHEN THE CAPACITY OF THE SOUTH CENTRAL REGIONAL NETWORK TO ADDRESS SUBSTANCE MISUSE</b>
<b>Objectives:</b>	
a) Increase the number of sector representatives and service organizations by 5% annually that are engaged in substance misuse prevention (As measured by increased attendance at roundtable and task force meetings and PARTNER Survey)	
b) Increase level of participation among partner organizations or representatives to harness resources and knowledge and to foster sustained collaboration.	
<b>GOAL #2</b>	<b>PROMOTE THE IMPLEMENTATION OF EFFECTIVE POLICIES, PRACTICES, AND PROGRAMS ACROSS THE REGION. (Adapted from CA/C I p.43)</b>
<b>Objectives:</b>	
a) Increase sector implementation of proven and effective prevention policies, practices, and programs to support mental health and wellness from 1 per year to 2 per year. (As measured by Stakeholder Survey )	
b) Increase number of community sector organizations or representatives from 3 to 6 that have the necessary trainings and technical assistance to implement effective policy and practices.(as measured by Partner and Stakeholder Survey)	
c) Support implementation or effective policies, practices, and programs with sufficient on-going training and technical assistance. ADAPTED from CA/CI p.43 ( as measured by Stakeholder	

Survey)	
<b>GOAL #3</b>	<b>INCREASE DATA COLLECTION IN THE SOUTH CENTRAL REGION (ADAPTED FROM CA/CI PAGE 41)</b>
<b>Objectives:</b>	
a) Increase the participation in high school YRBS from one school to five schools in the South Central Region. (as measured by the number of high schools participating by 2019)	
b) Administer the middle school YRBS in at least 4 middle schools in the region. (as measured by the number of middle schools participating by 2019)	
c) Acquire regional data from local partner agencies annually. ( as measured by yearly SCRPHN summary reports )	
<b>GOAL #4</b>	<b>INCREASE TRAINING, TECHNICAL ASSISTANCE, AND PROFESSIONAL DEVELOPMENT RESOURCES IN ORDER TO EXPAND KNOWLEDGE AND SKILLS RELATIVE TO ADDRESSING ALCOHOL AND DRUG MISUSE.</b>
<b>Objectives:</b>	
a) Educate lawmakers, policy makers, and regional decision makers annually to increase their awareness of substance abuse disorders and impact on the community.( as measured by the Stakeholder Survey)	
b) Increase community capacity to address behavioral health and substance misuse. (as measured by the Stakeholder Survey)	
c) Increase the knowledge and skills of substance misuse prevention to regional network members	

and Public Health Advisory Council members. (as measured by PARTNER Survey)

GOAL #5

INCREASE PUBLIC AWARENESS RELATIVE TO THE HARM AND CONSEQUENCES OF ALCOHOL AND DRUG MISUSE, TREATMENT AND RECOVERY SUPPORT SERVICES AVAILABLE, AND THE SUCCESS OF RECOVERY (ADAPTED FROM CA-CI PAGE 38)

Objectives:

- a) Leverage resources for a coordinated, comprehensive public education strategy for the region.
- b) Produce and disseminate effective messages for a range of topics, public audiences and media channels each year. (ADAPTED from CA-CI page 38)

## REGIONAL NETWORK STRATEGIES

The table below demonstrates the commitments of the South Central Regional Public Health Network over the next three years to meet the goals and objectives identified by the region to support the state plan and to create, maintain and sustain the regional prevention infrastructure. The strategies below focus primarily on information dissemination, the facilitation of community-based process and environmental prevention strategies.

Strategy Area (s)	Activity	Regional Objectives Addressed by this strategy	Alignment to SHIP and CA-CI
<b>Leadership</b>	Outreach through Appreciative Inquiry Interviews, attendance at events where sector representatives are present	Increase the number of sector representatives and service organizations by 5% annually that are engaged in substance misuse prevention.	<input checked="" type="checkbox"/>
<b>Leadership</b>	Convene stakeholders and facilitate alignment to connect services	Increase the level of coordination between existing sector representatives and service organizations.	<input type="checkbox"/>
<b>Leadership</b>	Increase representation of the behavioral and health care community on formal local SMP councils or Task Force	<p>Increase public perception of harm and consequences of opioid misuse across all ages.</p> <p>Increase perception of risk of underage drinking among middle and high school aged youth and the community.</p> <p>Increase perception of risk of using marijuana among middle and high school age youth and people directly influencing them.</p> <p>Increase public safety and awareness of the risk of</p>	

		harm related to the non-prescribed use of medical marijuana and CIPs.	
<b>Leadership</b>	Business partners contribute to increased capacity to develop and secure resources supporting regional and state efforts to reduce substance abuse	<p>Increase coping skills to support mental wellness across all ages (risk factor: self-medication).</p> <p>Increase public perception of risk of harm and consequences of opioid misuse across all ages .</p> <p>Decrease ease of access to opioids from 19% to 10%.</p> <p>Increase perception of risk of using marijuana among middle and high school aged youth and the people directly influencing them (teachers, parents, community members).</p> <p>To decrease the discrepancy that exists between perceptions of peer use and actual use of marijuana among middle and high school aged youth in the SCRPHN.</p> <p>Decrease social access to alcohol for youth.</p> <p>To increase perception of risk of underage drinking among middle and high school aged youth and the community.</p> <p>Increase public safety and awareness of the risk of harm related to the non-prescribed use of medical marijuana and CIPs.</p>	

<b>Data Utilization</b>	Increase trust, demonstrate the importance of YRBS data for the community and region through the Appreciative Inquiry process	Increase the participation in high school YRBS from one school to five schools in the South Central Region.	☒
<b>Data Utilization</b>	Increase trust, demonstrate the importance of YRBS data for the community and region through the Appreciative Inquiry process	Administer the middle school YRBS in at least 4 middle schools in the region.	
<b>Effective Policy, Practice &amp; Programs</b>	Assess, identify, and plan specific trainings and provide TA that will address the networks goals	Increase number of community sector organizations from 3 to 6 that have the necessary trainings and technical assistance to implement effective policy and practices.	
<b>Effective Policy, Practice &amp; Programs</b>	Assess and build capacity within network to implement evidence based practice and programs that strengthen knowledge and training in mental wellness	Increase the implementation of prevention practices by the sectors aimed to support mental wellness.	
<b>Data Utilization</b>	Engage the network partners to assess the availability of existing regional data relevant to the networks goals.	Acquire regional data from local partner agencies annually.	
<b>Training and Professional Development</b>	Assess capacity and identify areas of need for providing professional development across the region	Increase Community capacity to address mental wellness and substance abuse	

<b>Public Education</b>	Hold sector specific events that engage subject matter experts in educating lawmakers, policy makers and regional decision makers	Educate lawmakers, policy makers and regional decision makers annually to increase their awareness of substance abuse disorders and the collateral damage	
<b>Training and Professional Development</b>	Promote/ conduct relevant regional trainings and workshops	Increase the knowledge and skills of the partners and stakeholders	
<b>Public Education</b>	Engage subject matter experts within each community to conduct education and safety forums.	Host community safety/information events that address topics relative to substance misuse in the community each year.	
<b>Information Dissemination</b>	Engage local sectors, including youth to work with local media and cable channels to produce health related PSAs and relevant healthy messages for public distribution	Produce and disseminate effective messages for a range of topics, public audiences and media channels each year. (ADAPTED from CA-CI page 38)	
<b>Public Education</b>	Meet with sector leaders to recruit champions to disseminate PDFNH information.	Continue to expand the capacity of the Partnership for a Drug Free NH(PDFNH) through public and private contributions (Adapted from CA-CI p 38	

Regional work plans are created annually based on the above commitments. Annual work plans are derived from the three-year strategic plan and are designed to serve as a roadmap for the regional network for a one year period. Annual work plans include detailed annual activities, the responsible party for each activity, targets and milestones, and timeline for completion. The South Central Regional Public Health Network annual work plans are available upon request.

#### ALCOHOL AND OTHER DRUG PROBLEMS IN SOUTH CENTRAL REGION

The 2012-2015 Greater Rockingham County Regional Network's strategic plan was focused on decreasing non-medical prescription drug use among high school aged youth and 18-25 year olds, decreasing the use of marijuana among high school aged youth and decreasing the use of alcohol among high school aged youth. There continues to be a concern, with a broader focus, around these same substances as we move into the next three year plan.

The 2015-2019 South Central Public Health Network's strategic plan is focused on the following three goals:

- Goal #1                    Decrease opioid use (prescription drugs and heroin) across the lifespan in the South Central Region
- Goal #2                    Decrease marijuana use among middle and high school aged youth in the South Central Region
- Goal #3                    Decrease underage drinking among middle and high school aged youth in the South Central Region

#### *Opioid Use in the South Central Region*

The NH Medical Examiner reports that Rockingham County has experienced a 55% increase in overdose deaths in 2014, 37% from Heroin with an alarming 611% increase in fentanyl deaths. Although this report came out in February of 2015 with several 2014 cases still pending, the alarming rates were being reported by first responders. In Rockingham County for 2015, the NH Medical Examiner reports 54 overdose deaths; 50 were accidental, 3 were determined suicides and 1 was listed as 'undetermined due to lack of evidence to support accidental or suicide.' The towns of Derry and Salem have been in the top 10 in NH for use of Narcan consistently from 2011-2015. (NH Information & Analysis Center, 31 March 2015) Nearly half of young people who used heroin reported starting with prescription opioids. (NIDA, 2014). Continuum of Care focus groups of people in recovery conducted in 2015 in the Greater Derry Region, highlighted that 100% of those in attendance recovering from heroin addiction used prescription pain pills first, 75% of those were from a legally obtained prescription.

From two years ago to today, the substance misuse trends are disturbing. The use of opioids/heroin has increased with tragic outcomes in this region and statewide as well. In the town of Derry alone, the Chief of Police reports that from January to July in 2014 they had 34 overdose cases in 2015, in that same time frame, they report 71 overdoses.

Rockingham County Attorney's Office reported that in 2014, their office received 1,829 felony cases\* from the 37 local police departments and other law enforcement agencies such as the State Police and the Sheriff's Department. In looking at the bulk of the crimes they prosecuted they found the following:

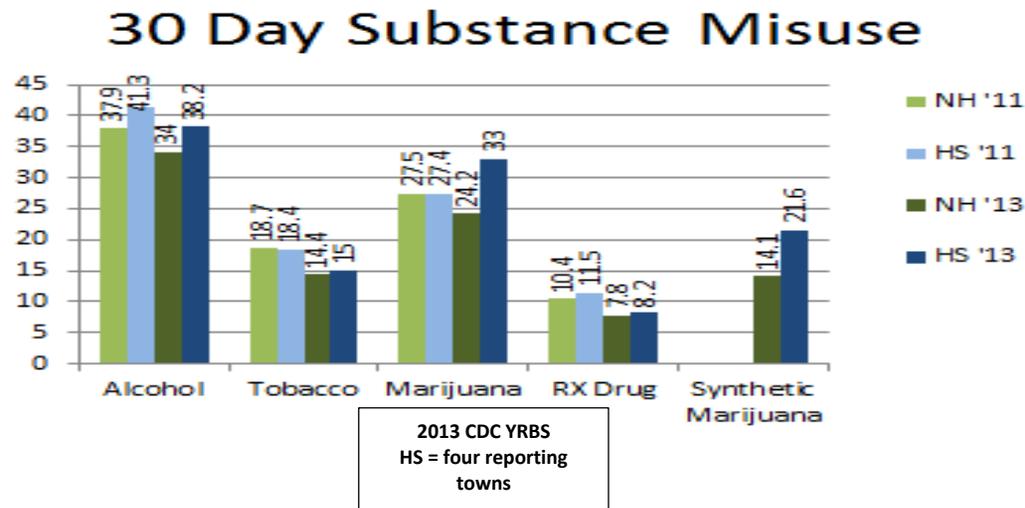
- **DRUG CHARGES: 444 CASES**
- **PHYSICAL ASSAULT CASES: 87**
- **SEXUAL ASSAULT CASES: 14**
- **THEFT CASES: 313**
- **BURGLARY CASES: 143**
- **ROBBERY CASES: 30**
- **CHILD SEXUAL ABUSE IMAGE CASES: 8**
- **HABITUAL OFFENDER CASES: 64**

\* not all cases cited – only major cases listed.

*“As you can see, drug cases take up most of our time. Additionally, most of the thefts, burglaries and robberies are motivated by drug addiction. Taking all of this into consideration, it is easy to conclude that drug related offenses make up just over 50% of our caseload. Imagine how much we could reduce crime and recidivism if we learned how to better cope with substance misuse disorders!!! This would mean safer towns, cities and communities.” Patricia Conway, Rockingham County Attorney*

**Substance Abuse among South Central Regional Youth**

The chart below highlights the significance of 30 day substance abuse among local youth in the South Central Region.



Marijuana use has increased and the perception of harm has decreased ( from four reporting towns in the 2013 YRBS—30 day use has increased 33% up from 27% and perception of harm has gone from 52% to 23%). Prevention groups are sending the message to those pushing for legalization that this is not the marijuana of yesterday—2-5% THC. Young people today are engaging in riskier behavior and experimenting with marijuana to the point of grinding and extracting the highest of levels of THC they can (13-95%-NIDA) with dangerous outcomes. Public awareness on these trends is vital along with increasing the perception of harm with the young population. The media and celebrity influence along with the passing of therapeutic cannabis presents confusing messaging for this population as well. Emerging trends in the use of synthetic drugs are always popping up and in this region from the four towns reporting from the 2013 YRBS has use at nearly 22%, higher than the state average of 14%. Local law enforcement and the

state legislature have helped manage the access to these drugs locally but access to online products is still problematic. The Greater Derry Regional Round Table discussed these current data trends and unanimously selected marijuana as a priority goal.

While opioid use has consumed media attention, alcohol is still the most commonly used, abused drug among youth in the United States, more than tobacco and illicit drugs. It is responsible for more than 4,300 annual deaths among underage youth (Center for Disease Control and Prevention, October 2014). Locally, the data collected from the 2013 CDC YRBS accounts for data of youth ages 14-18 from four towns. In 2013, 30 day use of alcohol is 4% points above state average and one of the most abused substance overall among youth surveyed in the region.

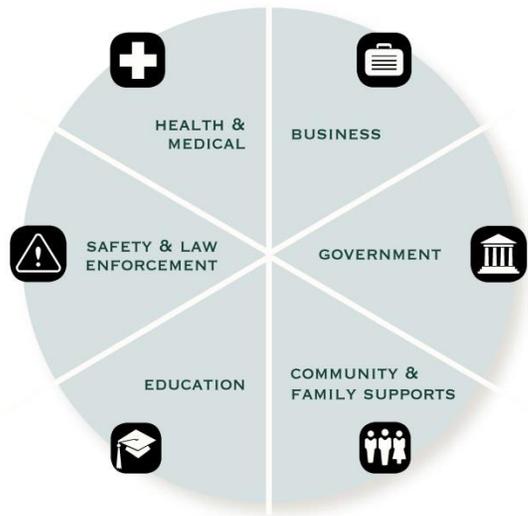
### SUBSTANCE MISUSE PREVENTION GOALS AND OBJECTIVES

<b>GOAL #1</b>	<b>DECREASE OPIOID USE (PRESCRIPTION DRUGS AND HEROIN) ACROSS THE LIFESPAN IN THE GREATER DERRY REGION (# OF OVERDOSE DEATHS IN ROCKINGHAM COUNTY HAVE INCREASED BY 55%)</b>
<b>Objectives:</b>	
a) Increase coping skills to support mental wellness across all ages to reduce the percentage of people who report using to self-medicate by 30% ( as measured by statewide YRBS)	
b) Increase public perception of risk of harm and consequences of opioid misuse across all ages from 60% to 70% (as measured by statewide YRBS and Stakeholder Survey)	
c) Decrease ease of access to opioids from 19% to 10% (as measured by statewide YRBS)	
d) Increase access to community resources and knowledge of educational materials.	

<b>GOAL #2</b>	<b>DECREASE MARIJUANA USE AMONG MIDDLE AND HIGH SCHOOL AGED YOUTH IN THE SOUTH CENTRAL REGION (30 DAY USE IS 28% AS REPORTED BY STATEWIDE YRBS)</b>
<b>Objectives:</b>	
a) To increase perception of harm of using marijuana among middle and high school aged youth and the people directly influencing them (teachers, parents, community members) from 54% to 75% ( as measured by statewide YRBS)	
b) Increase coping skills to support mental wellness across all ages to reduce the percentage of people who report using to self-medicate by 30% ( as measured by statewide YRBS)	
c) To decrease the discrepancy that exists between perceptions of peer use and actual use of marijuana among middle and high school aged youth in the Greater Derry Region. ( as measured by statewide YRBS)	
d) Increase public safety and awareness of the risk of harm related to the non-prescribed use of medical marijuana and Cannabis Infused Products (CIPs) (as measured by Stakeholder Survey)	
<b>GOAL#3</b>	<b>DECREASE UNDERAGE DRINKING AMONG MIDDLE AND HIGH SCHOOL AGED YOUTH IN THE SOUTH CENTRAL REGION BY 10% IN 2019(30 DAY USE IS 38% AS REPORTED BY STATEWIDE YRBS)</b>
<b>Objectives:</b>	
a) Increase coping skills to support mental wellness across all ages to reduce the percentage of people who report using to self-medicate by 30% ( as measured by yearly focus groups)	
b) Decrease ease of social access to alcohol for youth by 10% ( as measured by statewide YRBS )	

c) To increase perception of risk of underage drinking among middle and high school aged youth and the community( as measured by statewide YRBS)

d) Decrease number of students who report easy access to alcohol through friends and families and underage purchasing by 5%



## EFFECTIVE SUBSTANCE MISUSE PREVENTION PRACTICE, PROGRAMS AND POLICIES WITHIN THE CORE SECTORS

The state of New Hampshire and the South Central Region utilize a six-sector model for state and community prevention that serves as the foundation for building readiness, promoting best practices, and leveraging resources in a comprehensive and collective manner. The six sectors represent community institutions that are present in most towns and cities. The six sectors are impacted by and have the ability to positively impact substance misuse. The six core sectors are: Safety and Law Enforcement; Health & Medical, Education, Government, Business, and Community and Family Supports.

The tables below demonstrate the anticipated commitments that will be made by each sector in the South Central Regional Network over the next three years to meet the goals and objectives identified by the region to prevent and reduce substance misuse. The strategies chosen address the various categories of prevention, as defined by the Substance Abuse and Mental Health Services Administration’s Center for Substance Abuse Prevention (CSAP). A comprehensive plan is essential to impact the substance misuse goals and objectives identified by the region.

# Safety and Law Enforcement

LOCAL LAW ENFORCEMENT • DRUG TASK FORCES • JUDICIAL SYSTEMS • FIRST RESPONDERS • EMERGENCY MEDICAL TECHNICIANS • DRUG DIVERSION INVESTIGATORS • NATIONAL GUARD

<i>CSAP Strategy</i>	<i>Strategy</i>	<i>Lead Organization(s)</i>	<i>Regional Substance Misuse Prevention Objectives Addressed by this Strategy</i>	<i>Alignment to SHIP and CA-CI</i>
<b>Community-based process</b>	Law enforcement partners provide support as subject matter experts (SME) for forums and speaking engagements - targeted audiences: parents, educators, health care providers, business owners/employees, local government, and community and family support systems. Topics to include: safe disposal of prescription medicines, removing access to alcohol in the home, reinforcing need for strong compliance measures (businesses that sell alcohol),	Local Law Enforcement(LE), Diversion, EMTs, Judicial system, SCPHN	<p>Increase coping skills to support mental wellness across all ages (risk factor: self-medication)</p> <p>Increase public perception of risk of harm and consequences of opioid misuse across all ages</p> <p>Decrease ease of access to opioids from 19% to 10%</p> <p>Increase perception of risk of using marijuana among middle and high school aged youth and the people directly influencing them (teachers, parents, community members)</p> <p>Increase coping skills to support mental wellness among youth (risk factor: self-medication)</p> <p>Decrease the discrepancy that exists between perceptions of peer use and actual</p>	☒

	<p>providing local data (family/community impact of substance abuse - victims), social host laws/consequences, importance of involving law enforcement as partner.</p>		<p>use of marijuana among middle and high school aged youth in the South Central Region.</p> <p>Increase public safety and awareness of the risk of harm related to the non-prescribed use of medical marijuana and CIPs</p> <p>Decrease social access to alcohol for youth</p> <p>Increase perception of risk of underage drinking among middle and high school aged youth and the community</p>	
<p><b>Community Based Process</b></p>	<p>Increase representation on local SMP Task Force to inform members of emerging issues/trends; cultivate opportunities for cross sector engagement and outreach to targeted populations (family/community supports, businesses, health providers, government, education) to keep issues front and center; encourage problem identification; enhance sharing of</p>	<p>Local LE, Diversion, EMTs, Judicial system</p>	<p>Increase public perception of risk of harm and consequences of opioid misuse across all ages</p> <p>Decrease ease of access to opioids from 19% to 10%</p> <p>Increase perception of risk of using marijuana among middle and high school aged youth and the people directly influencing them (teachers, parents, community members)</p> <p>Decrease the discrepancy that exists between perceptions of peer use and actual use of marijuana among middle and high school aged youth</p>	<p>X</p>

	resources; develop relevant policies/practices; utilize media as an effective tool successful information dissemination, education, coalition building.		Increase public safety and awareness of the risk of harm related to the non-prescribed use of medical marijuana and CIPs  Decrease social access to alcohol for youth  Increase perception of risk of underage drinking among middle and high school aged youth and the community	
<b>Environmental</b>	Increase participation in DEA Take Back Events and usage of permanent drop boxes	Local LE, SCPHN	Decrease ease of access to opioids from 19% to 10%	☒
	Educate about the importance and effectiveness of School Resource Officers with the goal of sustaining presence in regional schools. (SROs)	All regional school districts, SCPHN	Increase coping skills to support mental wellness across all ages (risk factor: self-medication)  Increase public perception of risk of harm and consequences of opioid misuse across all ages  Decrease ease of access to opioids from 19% to 10%  Increase perception of risk of using marijuana among middle and high school aged youth and the people directly influencing them	

			<p>Increase coping skills to support mental wellness among youth (risk factor: self-medication)</p> <p>Decrease the discrepancy that exists between perceptions of peer use and actual use of marijuana among middle and high school aged youth</p> <p>Increase public safety and awareness of the risk of harm related to the non-prescribed use of medical marijuana and CIPs</p> <p>Decrease social access to alcohol for youth</p> <p>Increase perception of risk of underage drinking among middle and high school aged youth and the community</p>	
<b>Problem ID and Referral</b>	Supporting the implementation of court-mandated alcohol and other drug awareness and education programs (diversion)	Local LE, Diversion, Judicial, SCPHN	<p>Increase public perception of harm and consequences of opioid misuse across all ages</p> <p>Increase perception of risk of underage drinking among middle and high school aged youth and the community</p> <p>Increase perception of risk of using marijuana among middle and high school age youth and people directly influencing them.</p>	

# Health & Medical

ADDICTION TREATMENT • BEHAVIORAL HEALTH • EMERGENCY CARE • HEALTH EDUCATORS INSTITUTIONAL CARE • PEDIATRICS • PRESCRIBERS • PRIMARY CARE

<i>CSAP Strategy</i>	<i>Strategy</i>	<i>Lead Organization(s)</i>	<i>Regional Objectives Addressed by this Strategy</i>	<i>Alignment to SHIP and CA-CI</i>
<b>Environmental</b>	Utilize the state’s prescription drug monitoring program, once instituted, and/or electronic health records to monitor appropriate prescription use and to deter misuse, abuse and/or dependence (CA/CI p.49)	Hospitals, Behavioral Health, Pediatrics, Primary Care, Prescribers	Decrease ease of access to opioids from 19% to 10%	<input type="checkbox"/>
<b>Problem ID and Referral</b>	Implement or support the implementation of evidence-based screening, brief intervention and referral to treatment (SBIRT) in a wide range of appropriate health care settings, including	Hospitals, Pediatrics, primary care	<p>Increase public perception of harm and consequences of opioid misuse across all ages</p> <p>Increase perception of risk of underage drinking among middle and high school aged youth and the community</p> <p>Increase perception of risk of using marijuana among middle and high school age youth and</p>	X

	primary care and emergency or urgent care.		people directly influencing them.  Increase public safety and awareness of the risk of harm related to the non-prescribed use of medical marijuana and CIPs	
<b>Information Dissemination</b>	Provide subject matter experts (SME) and relevant resources for forums and speaking engagements for family/community groups, parents, law enforcement, government, education, businesses and other sectors of the community to inform about safe practices for medicine disposal, signs/symptoms of addiction/overdose in youth and adults, safe prescribing, tips/supports for healthy workplace programs.  Offer workshops/series at health care facilities on alcohol, opioid and other drug use, effects of	Hospitals, addiction treatment, BH	Increase public perception of harm and consequences of opioid misuse across all ages  Increase perception of risk of underage drinking among middle and high school aged youth and the community  Increase perception of risk of using marijuana among middle and high school age youth and people directly influencing them.  Increase public safety and awareness of the risk of harm related to the non-prescribed use of medical marijuana and CIPs	

	drugs/alcohol on brain development (youth) among other topics intended to inform targeted audiences.			
<b>Information Dissemination</b>	Support and disseminate PSAs and other communications developed to educate patients and the general public on the impacts of ATOD misuse (CA/CI p.47)	Hospitals, BH, EC, Health Educators, pediatrics, prescribers, primary care	<p>Increase public perception of harm and consequences of opioid misuse across all ages</p> <p>Increase perception of risk of underage drinking among middle and high school aged youth and the community</p> <p>Increase perception of risk of using marijuana among middle and high school age youth and people directly influencing them.</p> <p>Increase public safety and awareness of the risk of harm related to the non-prescribed use of medical marijuana and CIPs</p>	

# Education

SCHOOL SAFETY OFFICERS • CAMPUS HEALTH SERVICES • SCHOOL NURSES • CAMPUS POLICE • STUDENT ASSISTANCE COUNSELORS • COLLEGE COUNSELING DEPARTMENTS • COACHES & CO-CURRICULAR ADVISORS • TEACHING STAFF & ADMINISTRATION

<i>CSAP Prevention Category</i>	<i>Strategy</i>	<i>Lead Organization(s)</i>	<i>Regional Objectives Addressed by this Strategy</i>	<i>Alignment to SHIP and CA-CI</i>
<b>Education</b>	Promote the expansion of evidence-based education of school aged youth in alcohol and other drug risks and consequences, with specific attention to education that takes place over multiple years and at key transition periods(CA/CI p64)*SOS, LOA, etc.	All middle and high schools, SCRPHN	<p>Increase coping skills to support mental wellness across all ages (YOUTH) (SECOND STEP CURRICULUM) (Courage to Care)</p> <p>Increase perception of risk of opioid misuse across all ages (YOUTH)</p> <p>Increase perception of risk of underage drinking among middle and high school aged youth and the community</p> <p>Increase perception of risk of using marijuana among middle and high school age youth and people directly influencing them.</p>	☒

<b>Environmental</b>	Develop and/or promote and adopt best practice alcohol and drug policies for schools and colleges (p64) utilizing the “Alcohol and Other Drug Policy Recommendations for Schools” developed by the NH Governor’s Commission on Alcohol and Drug Abuse Prevention, Intervention and Treatment.	All schools, SCPHN	<p>Increase coping skills to support mental wellness across all ages (YOUTH)</p> <p>Increase perception of risk of opioid misuse across all ages (YOUTH)</p> <p>Increase perception of risk of underage drinking among middle and high school aged youth and the community</p> <p>Increase perception of risk of using marijuana among middle and high school age youth and people directly influencing them.</p>	X
<b>Problem ID and Referral</b>	Support the institution or expansion of evidence based Student Assistance Programs (SAPs) in middle/high schools	All middle and high schools, DFCs and SCPHN	<p>Increase perception of risk of opioid misuse across all ages (YOUTH)</p> <p>Increase perception of risk of underage drinking among middle and high school aged youth and the community</p> <p>Increase perception of risk of using marijuana among middle and high school age youth and people directly influencing them.</p>	X

<p><b>Community-based Process, Information Dissemination</b></p>	<p>Collect and disseminate data on alcohol and other drug misuse among school-aged and college populations (p.63)* YRBS</p>	<p>All school districts, SCPHN</p>	<p>Increase coping skills to support mental wellness across all ages (risk factor: self-medication)</p> <p>Increase public perception of risk of harm and consequences of opioid misuse across all ages</p> <p>Decrease ease of access to opioids from 19% to 10%</p> <p>Increase perception of risk of using marijuana among middle and high school aged youth and the people directly influencing them (teachers, parents, community members)</p> <p>Decrease the discrepancy that exists between perceptions of peer use and actual use of marijuana among middle and high school aged youth in the Greater Derry Region.</p> <p>Decrease social access to alcohol for youth</p> <p>Increase perception of risk of underage drinking among middle and high school aged youth and the community</p>	
<p><b>Information Dissemination</b></p>	<p>Support and disseminate public and community messaging and other materials developed to educate youth, young adults, and parents about the risks and impacts</p>	<p>All school districts, PTAs, SCPHN, DFCs</p>	<p>Increase coping skills to support mental wellness across all ages (risk factor: self-medication)</p> <p>Increase public perception of risk of harm and consequences of opioid misuse across all ages</p> <p>Decrease ease of access to opioids from 19% to 10%</p> <p>Increase perception of risk of using marijuana among middle and high school aged youth and the people directly influencing them (teachers, parents, community members)</p>	

	<p>of alcohol and other drug misuse (p.63) *promotion of PDFNH</p>		<p>Decrease the discrepancy that exists between perceptions of peer use and actual use of marijuana among middle and high school aged youth in the Greater Derry Region.</p> <p>Decrease access to alcohol for youth</p> <p>Increase perception of risk of underage drinking among middle and high school aged youth and the community</p> <p>Increase public safety and awareness of the risk of harm related to the non-prescribed use of medical marijuana and CIPs</p>	
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# Government

COUNTY OFFICIALS • FEDERAL GOVERNMENT • MUNICIPAL GOVERNMENT • LOCAL GOVERNING BOARDS • STATE REPRESENTATIVES • OTHER ELECTED OFFICIALS  
 • CITY AND TOWN OFFICERS

<i>CSAP Prevention Strategy</i>	<i>Strategy</i>	<i>Lead Organization(s)</i>	<i>Regional Objectives Addressed by this Strategy</i>	<i>Alignment to SHIP and CA-CI</i>
<b>Education</b>	Educate on community impact of substance abuse on local resources by conducting government sector specific forums	SCRPHN-local town officials, state legislators	<p>Increase public perception of risk of harm and consequences of opioid misuse across all ages from 60% to 70%</p> <p>Increase perception of harm of using marijuana among middle and high school aged youth and the people directly influencing them (teachers, parents, community members) from 54% to 75%</p> <p>Increase perception of risk of underage drinking among middle and high school aged youth and the community</p>	
<b>Environmental</b>	Support state gov't policy and practice that requires legislative support regarding prevention of	All town officials, SCPHN, DFCs, local and state legislators	<p>Increase public perception of risk of harm and consequences of opioid misuse across all ages from 60% to 70%</p> <p>Increase perception of harm of using marijuana among middle and high school aged youth and the people directly influencing them (teachers, parents, community members) from 54% to 75%</p>	

	substance misuse		Increase perception of risk of underage drinking among middle and high school aged youth and the community	
<b>Environmental</b>	Research policy and ordinances that may address the unique factors that exacerbate alcohol and other drug misuse in communities	Town officials, SCPHN, DFCs, local and state legislatures	<p>Increase public perception of risk of harm and consequences of opioid misuse across all ages from 60% to 70%</p> <p>Increase perception of harm of using marijuana among middle and high school aged youth and the people directly influencing them (teachers, parents, community members) from 54% to 75%</p> <p>Increase perception of risk of underage drinking among middle and high school aged youth and the community</p> <p>Decrease ease of social access to alcohol for youth by 10%</p> <p>Decrease ease of access to opioids from 19% to 10%</p> <p>Increase public safety and awareness of the risk of harm related to the non-prescribed use of medical marijuana and Cannabis Infused Products (CIPs)</p>	

# Business

BUSINESS OWNERS AND OPERATORS • EMPLOYEE ASSISTANCE PROGRAMS • HEALTH EDUCATORS • HUMAN RESOURCE DEPARTMENTS • RISK MANAGEMENT • SAFETY COMPLIANCE OFFICERS • SENIOR MANAGEMENT

<i>CSAP Prevention Category</i>	<i>Strategy</i>	<i>Lead Organization(s)</i>	<i>Regional Objectives Addressed by this Strategy</i>	<i>Alignment to SHIP and CA-CI</i>
<b>Information Dissemination</b>	Collect and disseminate data on the impact of alcohol and drug abuse in the work place, including profit loss, worker compensation costs, safety and risk management utilizing New Futures on-line resources for businesses; the “High Cost of Drug & Alcohol Abuse to the NH Economy” report – Brian Gottlab,	SCRPHN and partners	<p>Increase public perception of risk of harm and consequences of opioid misuse across all ages from 60% to 70%</p> <p>Increase perception of harm of using marijuana among middle and high school aged youth and the people directly influencing them (teachers, parents, community members) from 54% to 75%</p> <p>Increase perception of risk of underage drinking among middle and high school aged youth and the community</p> <p>Increase public safety and awareness of the risk of harm related to the non-prescribed use of medical marijuana and Cannabis Infused Products (CIPs)</p>	

	Polecon Research			
<b>Environmental</b>	Develop and/or promote and adopt best practice workplace alcohol and drug policies	SCRPHN, business	<p>Increase public perception of risk of harm and consequences of opioid misuse across all ages from 60% to 70%</p> <p>Increase perception of harm of using marijuana among middle and high school aged youth and the people directly influencing them (teachers, parents, community members) from 54% to 75%</p> <p>Increase perception of risk of underage drinking among middle and high school aged youth and the community</p> <p>Increase public safety and awareness of the risk of harm related to the non-prescribed use of medical marijuana and Cannabis Infused Products (CIPs)</p>	
<b>Education</b>	Provide workplace prevention education programs (p.73)*MHFA, ATOD education	SCRPHN, businesses, partners	<p>Increase public perception of risk of harm and consequences of opioid misuse across all ages</p> <p>Increase coping skills to support mental wellness across all ages (risk factor: self-medication)</p> <p>Decrease access to opioids from 19% to 10%</p> <p>Increase perception of risk of using marijuana among middle and high school aged youth and the people directly influencing them (teachers, parents, community members)</p> <p>Decrease social access to alcohol for youth</p>	

			<p>Increase perception of risk of underage drinking among middle and high school aged youth and the community</p> <p>Increase public safety and awareness of the risk of harm related to the non-prescribed use of medical marijuana and CIPs</p>	
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# Community and Family Supports

VOLUNTEER ORGANIZATIONS • COMMUNITY PROGRAMS • RECOVERY SUPPORTS • YOUTH-SERVING ORGANIZATIONS • FAITH-BASED ORGANIZATIONS  
 SENIOR/ELDER SERVICES • FAMILY RESOURCE CENTERS

<i>CSAP Prevention Category</i>	<i>Strategy</i>	<i>Lead Organization(s)</i>	<i>Regional Objectives Addressed by this Strategy</i>	<i>Alignment to SHIP and CA-CI</i>
Education	Increase youth leadership in preventing alcohol and other drug misuse	Life of an Athlete Programs in schools, other youth leadership groups	<p>Increase coping skills to support mental wellness across all ages (risk factor: self-medication)</p> <p>Increase public perception of risk of harm and consequences of opioid misuse across all ages</p> <p>Decrease ease of access to opioids from 19% to 10%</p> <p>Increase perception of risk of using marijuana among middle and high school aged youth and the people directly influencing them (teachers, parents, community members)</p> <p>Decrease the discrepancy that exists between perceptions of peer use and actual use of marijuana among middle and high</p>	

			<p>school aged youth in the Greater Derry Region.</p> <p>Decrease social access to alcohol for youth</p> <p>Increase perception of risk of underage drinking among middle and high school aged youth and the community</p> <p>Increase public safety and awareness of the risk of harm related to the non-prescribed use of medical marijuana and CIPs</p>	
Community Based Process	Support existing community and evidence based programs and initiatives adopted by partners, coalitions, and others committed to the reduction of substance misuse through technical assistance, data and resource collection/sharing	Partners SCPHN Recovery Community DFC	<p>Increase coping skills to support mental wellness across all ages (risk factor: self-medication)</p> <p>Increase public perception of risk of harm and consequences of opioid misuse across all ages</p> <p>Decrease ease of access to opioids from 19% to 10%</p> <p>Increase perception of risk of using marijuana among middle and high school aged youth and the people directly influencing them (teachers, parents, community members)</p> <p>Decrease the discrepancy that exists between perceptions of peer use and actual</p>	

			<p>use of marijuana among middle and high school aged youth in the South Central Region.</p> <p>Decrease social access to alcohol for youth</p> <p>Increase perception of risk of underage drinking among middle and high school aged youth and the community</p> <p>Increase public safety and awareness of the risk of harm related to the non-prescribed use of medical marijuana and CIPs</p>	
Information dissemination	Increase knowledge and skills of parents and guardians to effectively talk with their children about the risks associated with substance use and associated behaviors by providing age appropriate tools and resources such as	PDFNH, DFCs, PTAs  SCPHN	<p>Increase coping skills to support mental wellness across all ages (risk factor: self-medication)</p> <p>Increase public perception of risk of harm and consequences of opioid misuse across all ages</p> <p>Decrease ease of access to opioids from 19% to 10%</p> <p>Increase perception of risk of using marijuana among middle and high school aged youth and the people directly influencing them (teachers, parents, community members)</p>	

	<p>DrugFreeNH, Check the Stats campaign, and others via presentations at PTAs and other venues, print and social media, school bulletins, regional newsletters.</p>		<p>Decrease the discrepancy that exists between perceptions of peer use and actual use of marijuana among middle and high school aged youth in the Greater Derry Region.</p> <p>Decrease social access to alcohol for youth</p> <p>Increase perception of risk of underage drinking among middle and high school aged youth and the community</p> <p>Increase public safety and awareness of the risk of harm related to the non-prescribed use of medical marijuana and CIPs</p>	
	<p>Host or facilitate forums targeted to sectors (parents, business, faith, government, education) to inform about the problem, promote resources and encourage</p>	<p>DFC, PDFNH, SCPHN, LE,</p>	<p>Increase coping skills to support mental wellness across all ages (risk factor: self-medication)</p> <p>Increase public perception of risk of harm and consequences of opioid misuse across all ages</p> <p>Decrease ease of access to opioids from 19% to 10%</p> <p>Increase perception of risk of using marijuana among middle and high school aged youth and the people directly</p>	

	engagement.		<p>influencing them (teachers, parents, community members)</p> <p>Decrease the discrepancy that exists between perceptions of peer use and actual use of marijuana among middle and high school aged youth in the Greater Derry Region.</p> <p>Decrease social access to alcohol for youth</p> <p>Increase perception of risk of underage drinking among middle and high school aged youth and the community</p> <p>Increase public safety and awareness of the risk of harm related to the non-prescribed use of medical marijuana and CIPs</p>	
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## V. Monitoring and Evaluation

Monitoring and evaluation are fundamental to understanding the progress the South Central region is making towards reaching its goals and objectives. The table below describes the tools that are available and will be used to measure the progress and outcomes related to the implementation of systems-level strategies that align to the *Collective Action-Collective Impact* plan and support the regional network.

Tool	Description of Tool and Measurement
PWITS	PWITS is a database that is used to monitor and track the process of all regional network activities.
PARTNER Survey <a href="https://nh.same-page.com/studio/v7/files/index.cfm?FID=55377&amp;PID=398576#">https://nh.same-page.com/studio/v7/files/index.cfm?FID=55377&amp;PID=398576#</a>	PARTNER is an evidence-based, web-based survey tool used to measure collaboration, trust, and partner contributions within networks.
Regional Network Stakeholder Survey (RNSS) <a href="https://nh.same-page.com/studio/v7/files/index.cfm?FID=65389&amp;PID=398577#">https://nh.same-page.com/studio/v7/files/index.cfm?FID=65389&amp;PID=398577#</a>	<p>The RNSS is a survey developed to measure the impact of the regional network on the members. This survey is administered to regional partners on an annual basis. The RNSS measures the following:</p> <ul style="list-style-type: none"> <li>• The community participation in substance use prevention</li> <li>• Increase in knowledge of alcohol and other drug misuse</li> <li>• Increase in knowledge of effective strategies to prevent or deter misuse</li> <li>• Readiness to adopt or change policies or practices to prevent</li> <li>• Adoption of new policies or practices</li> <li>• Challenges and successes related to community involvement</li> <li>• Perception of changes in risk factors in the community (access, perception of risk, perception of wrongness, community norms)</li> </ul>

The table below describes the data that will be collected to measure the impact of the prevention policies, practices and programs implemented by the core sectors on substance misuse and related risk factors.

Tool	Definition of tool and measurement
Youth Risk Behavior Survey (YRBS) <a href="http://www.cdc.gov/HealthyYouth/yrbs/index.htm">http://www.cdc.gov/HealthyYouth/yrbs/index.htm</a>	The YRBS measures substance use risk factors and behaviors among high school youth locally, statewide and nationally. It is administered every other year.
National Survey on Drug Use and Health (NSDUH) <a href="https://nsduhweb.rti.org/respweb/homepage.cfm">https://nsduhweb.rti.org/respweb/homepage.cfm</a>	The NSDUH measures substance use nationally and statewide among all ages.
Behavioral Risk Factor Surveillance System (BRFSS) <a href="http://www.cdc.gov/brfss/">http://www.cdc.gov/brfss/</a>	The BRFSS measures substance use among adults in New Hampshire.
County Health Rankings <a href="http://www.countyhealthrankings.org/">http://www.countyhealthrankings.org/</a>	The annual <i>County Health Rankings</i> measure vital health factors, including high school graduation rates, obesity, smoking, unemployment, access to healthy foods, the quality of air and water, income, and teen births in nearly every county in America.

## OTHER DATA COLLECTION

In the next three years, the South Central Regional Network will work closely with the Center for Excellence to craft evaluation tools that will obtain data specific to the goals and strategies to fill in data gaps from the lack of YRBS data.

The work of the Continuum of Care project provided valuable insight regarding how the network can effectively deliver a proper continuum of services and where gaps may be. It is with these conversations that agencies have stepped forward offering current data that they collect and questioning how they can tailor this to the needs of the region. With a new sense of ownership in the work that this region is doing, data collection will be increasing with local organizations eager to help. Within the last few months, both hospitals, EMTs and local PDs have been assembling data that will give us a broader look at the issue and can ultimately provide a way to evaluate how to make a difference in the years to come. Stakeholder, PARTNER tool surveys will also continue to keep a pulse on the engagement of the network and gauge the level of education provided throughout the region.

## QUALITY ASSURANCE AND OVERSIGHT

The network recognizes that the strategies of this plan require continuous monitoring. The Town of Derry as fiscal agent of the Greater Derry Regional Public Health Network through December 2015 provided oversight of the contract work and budgetary requirements. The GDRPHN Regional Round Table met bi-monthly through December 2015 to review the network's work and to ensure that it was appropriate, tied to the work plan and effective in making a change in the communities. The Substance Misuse Task Force of the GDRPHN also provided guidance through December 2015 on the work to ensure that it was relevant to the ever changing problems in the communities and was tied to its goals and objectives. Moving forward in 2016 under new fiscal leadership with the Granite United Way and oversight from the unique subcontracted collaborative partner team of CLM, CHS, Parkland and CATS the SCRPHN will benefit from the foundation built under prior leadership and will reinvigorate guidance groups such as Round Tables, Task groups and others to monitor and shepherd all future efforts related to the Plan.

PWITS is a web based application designed to capture prevention programs effectiveness. The SMP is required to input data into this program monthly. Monthly reports provided by this report are reviewed by BDAS and the NHCF and offered as a resource for our leadership team.

Other monitoring and evaluation tools include state and local community surveys, Appreciative Inquiries, and regional available data.

## VI. Conclusion

The under the leadership of the GDRPHN a strong collaborative effort developed across town lines, agencies and services that contributed to the breakdown of silos that once hindered strong efforts for substance misuse prevention. In late 2015, the Greater Derry Regional Public Health Network developed a solid, community-based strategic plan that will ultimately benefit communities and be implemented with fidelity and energy by this renewed collaboration. The increased capacity will help attain the goals of this strategic plan. Key stakeholders are invested in raising awareness, strengthening relationships, developing resources and addressing the needs of the region that are reflected in this comprehensive strategic plan. Commitment in 2016 of the new SCRPHN leadership team will help sustain these efforts and provide guidance toward achieving the identified goals.

The goals of the plan were chosen based on careful evaluation by community groups, supported by local data, reflecting greatest need and ability to make a positive change. The strategies that will drive those goals will be delivered across the six core community sectors. To ensure that the strategies will be delivered with a broad stroke, the region will utilize the six CSAP categories for

primary prevention for efficient delivery (Information dissemination, community-based process, problem identification and referral, education, and environmental).

The South Central Regional Public Health Network and its partners will continue to build upon capacity by sustaining outreach and engagement efforts in order to make the largest impact in decreasing substance misuse in the region. In addition, the Regional Network will:

- Promote the implementation of effective, policies, practices and programs across the region that will ultimately set the stage for positive change.
- Increase data collection in the South Central Region to identify needs that will direct limited resources, identify trends and evaluate programs and strategies.
- Increase training, technical assistance and professional development resources and availability to develop and expand knowledge and skills relative to addressing alcohol and drug misuse. The capacity to make a collective change in the region will be enhanced by building upon the knowledge of substance misuse and mental health issues facing communities in this region.
- Increase public awareness relative to the harm and consequences of alcohol and drug misuse, treatment and recovery support services available, and the success of recovery. Raising public awareness through community/safety forums has had a significant impact on communities. The SCRPHN will be compiling a regional listing of treatment, recovery and support services that will provide a concise listing of resources for those in need.

Research shows that multi-sector, multi strategy approaches to substance abuse prevention that include the entire spectrum of Center for Substance Abuse Prevention Categories and are implemented by communities, do reduce alcohol and other drug use significantly. Based on the socio-ecological framework, the environmental prevention strategies, such as public information and policy development and enforcement, are most effective for impacting population-level change.

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