

Greater Monadnock Region Misuse of Alcohol and Drugs – 2016-2019 Prevention Plan

I. THE GREATER MONADNOCK REGIONAL SUBSTANCE MISUSE PREVENTION NETWORK

The Greater Monadnock Regional Public Health Network 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 Networks (RPHN) provide 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 providing 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 Greater Monadnock Region along with the other thirteen 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)

Monadnock Voices for Prevention (MVP) established in 2007 through the collaborative efforts of Creating Positive Change, Community and Schools Together (CAST), Hinsdale Community Coalition (formally Hinsdale Prevention Coalition) and Monadnock Alcohol and Drug Abuse Coalition (MADAC). MVP has three paid staff, a full-time prevention coordinator and a part-time program assistant and as of July 1, 2015, a facilitator for integrated systems of care.

The regional network has expanded to involve two Drug Free Community (DFC) coalitions, volunteers, schools, law enforcement, businesses, social service agencies, new coalitions, health care, civic groups, government and programs that for years have been working in their communities to address alcohol, tobacco and other drug (ATOD) use, misuse, and abuse. These groups partner collaboratively with the MVP Leadership Team (LT), staff, fiscal agent (County of Cheshire), Public Health Advisory Board (PHAC), and Executive Public Health Advisory Board (Executive PHAC) in the assessment, capacity building, planning, implementation and evaluation of a region wide system to support and enhance strategies to reduce substance misuse and build community resiliency.

MVP represents substance misuse prevention of the Greater Monadnock Region Public Health Network (GMRPHN), covering 33 communities in the southwest corner of the state. Membership may include, but is not limited to: All Children Cared for, Educated, Supported and Successful (ACCESS), Behavioral Health Task Force (BHSUTF), Communities and Schools Together (CAST), Cheshire Coalition for Tobacco Free Communities, Future of Prevention Workgroup (FOP), Monadnock Alcohol and Drug Abuse Coalition (MADAC), We've Got Your Back (WGYB), and representatives from education, business, safety, government, health, treatment, the recovery community and youth. In order to accomplish inclusive representation, MVP membership will consist of a balance of individuals, communities and coalitions in the region that represent a diverse cultural, social, and economic voice.

The MVP LT members are individuals with recognized knowledge of the communities in which they live, work, and/or socialize. The MVP LT consists of a minimum of 9 members and a maximum of 15 members representing the Greater Monadnock Region. The MVP LT makes every effort to maintain a balanced and broad representation.

In order to accomplish inclusive representation, MVP invites all individuals, communities, town governments, businesses, law enforcement, schools, health care, service providers and coalitions with an interest in addressing substance misuse to participate in the Greater Monadnock Regional Network and/or local coalitions. Our goal is to have a mix of people participating in substance misuse prevention efforts that will represent to the extent possible, a broad cross section of disciplines, professions and experiences and will include anyone with an interest in making a positive difference in the health of their community. These individuals and/or groups may be part of a larger statewide network as the purpose is to represent a diverse cultural, social, and economic voice in our substance misuse prevention efforts.

In addition to reporting to the LT, MVP reports to the Executive PHAC monthly and attends the quarterly PHAC meetings.

II. NETWORK ACHIEVEMENTS AND COMMUNITY ASSETS

PROGRESS MADE AND LESSONS LEARNED

The Monadnock Region began the planning process by reflecting on past successes and building from lessons learned. The Monadnock Region has seen many successes in the past few years. These successes have not come without hard work and determination. The region has dealt with tragedy, riots, and other hardships. However, through these hardships have come great things. The community has come to recognize the issues and work together to build a safer community for all. The community has fought together against “spice”, heroin, binge drinking, and prescription drugs. Parents and schools are joining the fight and working with prevention and intervention organizations to develop policies, procedures, and ordinances that will protect the youth of the community and the community as a whole. Following are some examples of how our community has made a difference in substance misuse in the last few years.

Partnerships:

Be the Change Behavioral Task Force:

MVP’s work has expanded to the Eastern part of the region. Prior to the expansion to the eastern part of the region has had no prevention efforts since 2011 so the expansion was significant and yielded a task force called Be the Change. Be the Change. This task force was developed as a result of MVP Coordinator contacting Monadnock Community Hospital. MVP became involved in the hospital’s community needs assessment implementation group. MVP volunteered to form a subcommittee focused solely on substance misuse and mental health.

The subcommittee, Be the Change, a behavioral health task force has developed a charter for the group. Members include prevention and treatment professionals, local recovery support groups, law enforcement, representatives from local school districts, and parents and community members. The subcommittee contributed to the development of a resource guide for support groups from eastern Monadnock Region. The Monadnock Ledger-Transcript newspaper published the guide and disseminated it throughout the region. The group has also been responsible for numerous community forums for awareness and education of the dangers and problems for the misuse of alcohol, tobacco and other drugs with specific topic content pertaining to heroin and synthetics. These forums have focused on the issues and featured Recovery speakers to share their experience and provide hope for a solution.

The community forums helped initiate the inception of, Families Advocating Substance Treatment, Education and Recovery (F.A.S.T.E.R.), a peer to peer support group for families and friends with a loved one suffering from dependency issues. . MVP coordinated with the National Alliance on Mental Illness New Hampshire, a grassroots non-profit organization dedicated to improving the lives of people affected by

mental illness, to train facilitators for the Monadnock Region. Currently there are F.A.S.T.E.R. groups available in Peterborough and Keene.

Healthy Monadnock 2020

MVP continues to build its partnership with Healthy Monadnock 2020 (HM2020). Founded and developed by Cheshire Medical Center/Dartmouth-Hitchcock Keene in 2007, HM2020 is a community engagement initiative, designed to foster and sustain a positive culture of health throughout the Monadnock Region. Healthy Monadnock 2020's action plan is guided by the Healthiest Community Advisory Board (HCAB), where MVP represents substance misuse prevention. HM2020 is recognized as part of the regional Executive Public Health Advisory Council. This demonstrates the region's willingness to align efforts for the development of the Community Health Improvement Plan (CHIP).

Partnership for Success II Grant

The Partnership for Success II Grant, a collaborative effort among MVP, Keene State College (KSC), Franklin Pierce University (FPU) and Cheshire County coordinates each of these organizations to construct and implement a strategic plan to reduce substance misuse on college campuses and in communities. MVP and the Media Collaborative have initiated a media messaging campaign that focuses on changing community perception of college norms and acknowledges the positive attributes of college students and their role in the community. MVP disseminated media messaging through the media collaborative and the Monadnock Ledger that informed young adults and adults of the risk of substance use through messages to include the Did You Know series, MVP Fast Facts, Spotlight on the Student, Street Talk and Healthy U advertising. MVP developed a media series called Street Talk that shared the opinion of community members on specific questions around alcohol, tobacco and other drugs as well as community leadership and responsibilities. MVP partnered with KSC to show The Hungry Heart and The Anonymous People, two educational documentary movies bring awareness to opioid addiction, the need for medication assisted treatment improvements and the Recovery movement sweeping the nation.

Future of Prevention

In 2013, MVP convened a group of community providers to discuss the future of prevention as related to substance abuse and its impact on organizations and consumers in the Monadnock Region. Common goals and actions were identified with the consensus that substance misuse and abuse impacts every human service agency in the region. In October 2014, the group renewed its commitment to address substance misuse prevention and developed a charter to formalize the commitment of the group. In 2015, the workgroup began developing an action plan which aligns with the Healthy Monadnock 2020 (HM2020) initiative.

Strategic Prevention Framework:

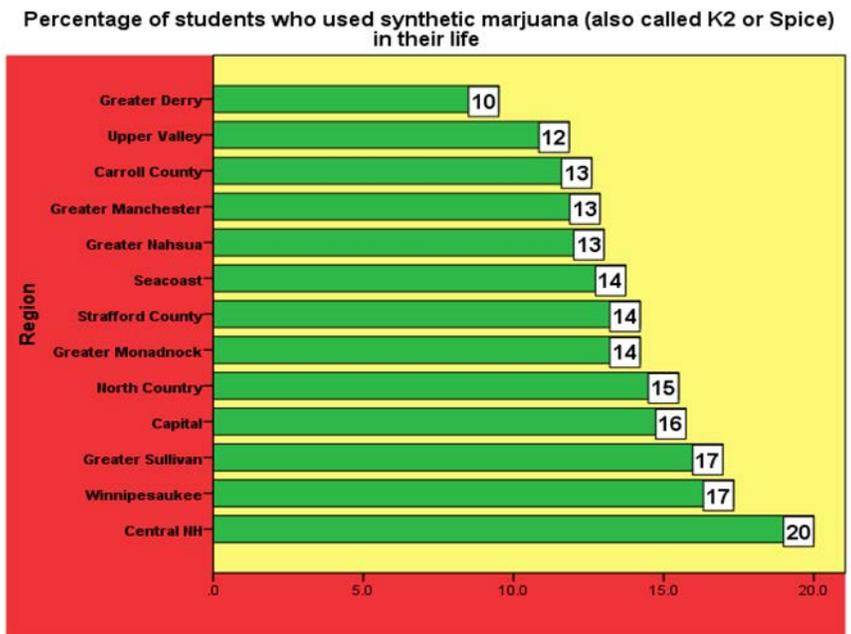
Community Needs Assessment

Monadnock Community Hospital (MCH) completed the Community Health Needs Assessment for their hospital service area. MVP offered assistance and support to hospital administration and as a result, is now a participating member of the MCH Community Health Needs Assessment Implementation Committee. This opportunity has broadened the impact and increased the capacity in the eastern Monadnock Region by providing information and data to assist the committee in decision-making. MVP assisted in establishing a subcommittee to specifically address substance misuse and mental health issues.

Environmental Strategies:

Local Policy Change:

In the spring of 2013, community leaders throughout the region had concern about the sale of synthetic drugs. MVP began partnering with community members to speak out about the dangers of synthetic drug use. These community forums helped to raise the awareness of the existing use and dangers of synthetics and heroin. MVP partnered with Monadnock Alcohol and Drug Abuse Coalition to promote a “Synthetic Free Zone” Campaign encouraging regional businesses and organizations to post signage that stated: “We



support a Synthetic Drug Free Work Zone“. In June, 2013 Keene City Council voted unanimously to support a ban on the sale of synthetics in Keene after hearing compelling testimony from residents and community leaders. MVP and other community coalitions provided technical support to the City of Keene for the city-wide ban on synthetics.

The partnership of MVP and emergency preparedness allows for the streamlined disbursement of warning materials for educators, nurses and medical staff throughout the Monadnock Region. The Synthetic Drug Free Zone campaign materials were shared through the GMRPHN and became a statewide strategy; proving the efficiency of the GMRPHN. The actions taken to address the synthetic drugs issue is a success story for our region.

Prescription drug misuse specifically opiates, such as Oxycontin® and Oxycodone®, is a national epidemic. We have seen a steady increase in prescription drug misuse in the Monadnock Region. MVP worked with community partners and law enforcement to install a permanent “Take Back” box at the Keene Police Department and the Hinsdale Police Department. These efforts have raised community awareness about

prescription drug misuse and its impact on the health and wellbeing of our residents. MVP continues efforts by exploring additional take back sites, possibly pharmacies, and providing training for best practices in prescribing for the health and medical sector.

In addition to the synthetics ban, MVP provided information and technical assistance with the Keene School District policy change. Policy change was a result of a Keene State College research project. In 2013, KSC Health Science students, decided to focus on substance use among Keene High School (KHS) students as their research project, which involved interviewing KHS students, parents and inmates of Cheshire County Department of Corrections, some of whom were KHS alumni. During the interview process, KSC students acknowledged the severity of the heroin and synthetic drug problem in our region. Keene School District took action and reviewed the substance use policies for the district and a task force was formed. MVP participated in the KHS Substance Abuse Task Force. The work of the task force was completed in summer of 2014 for implementation in the 2014-2015 school year.

Media

MVP has a successful partnership with the Media Collaborative, a unique collaborative consisting of two newspapers and a large radio group, formed in 2009 to coordinate media messaging throughout the Monadnock Region. The Media Collaborative has the ability to provide a complete messaging package to virtually 100% of the Monadnock Region's population. In addition to the Media Collaborative, MVP fosters a partnership with the Monadnock Ledger Transcript increasing the number even beyond the capacity of the Media Collaborative.

MVP uses the media to disseminate messaging to the region. MVP media dissemination includes publication of the Prescription Take Back events, community forums, prom and graduation safety advertising as well as National Prevention efforts such as Red Ribbon Week and National Alcohol Awareness Month.

Lessons Learned:

It has been a successful couple of years since the 2012-2015 strategic plan was written. However, there have been lessons learned along the way. First, MVP needs to evaluate the data available in the region. While writing the plan it became apparent that several gaps in data were present. Second, although MVP has been able to foster its relationships with regional organizations there is still a need for establishing a relationship with the business sector and strengthen its existing relationships with safety and government sectors. MVP reached out to local alcohol access points in the region; bars, restaurant and retail owners to engage them in prevention efforts, the hope is these establishments will partner with prevention to increase awareness and education on alcohol misuse. Lastly, the planning process is not a concrete set of activities but a broad idea of what the region could accomplish using the plan as guidance.

REGIONAL ASSETS THAT SUPPORT SUBSTANCE MISUSE PREVENTION

CFEX administered the Partner Survey, a social network analysis tool, in the Monadnock Region in fall of 2012. This data was reviewed by the network in spring of 2013. The results from the survey were positive, showing MVP had positive percentages for trust and overall collaboration.

MVP has increased community capacity in the Monadnock Region. MVP has taken a leadership role in the development of several chartered groups in both the eastern and western part of the region. MVP represents the voice for SMP by sitting on the advisory board for agencies from all components of the continuum of care. MVP has developed ongoing relationships with schools across the region with plans to bring prevention curriculum, recovery speakers and local expertise into several high schools next year. MVP will partner with local coalitions to offer regional parenting programs and continue the education of parents and families of our youth.

MVP works with the 6 core sectors directly and indirectly on many existing activities in the region. Each sector assists in the prevention of substance misuse. Although some programs are intervention, treatment, and recovery, the Monadnock Region recognizes the need for prevention in conjunction with every component of the continuum of care.

Safety and Law Enforcement: The Monadnock Region has an established court diversion program through the City of Keene Youth Services for towns in Cheshire County. The Juvenile Court Diversion Program founded in 1970 provides pre-court services to youth offenders. The Juvenile Court Diversion Program is a volunteer community board with representation from businesses, schools and social service agencies. The Juvenile Court Diversion Program provides an alternative to formal court proceedings for first time offenders. The goal of the Juvenile Court Diversion Program is to minimize a juvenile's involvement in the justice system and to encourage a sense of responsibility and accountability of juvenile offenders for the illegal acts they committed. Unfortunately there are no Hillsborough County diversion programs in the Monadnock Region. MVP partners with City of Keene Youth Services on prevention efforts such as Family Fun Night and local community compliance checks around the sale of alcohol, tobacco and other drugs. MVP participates in the Summer Youth Employment Program Orientation providing information on prevention of underage drinking, drug trends, and emerging issues.

In 2013, Cheshire County received a grant to implement the Cheshire County Drug Court, a specialty court program for non-violent offenders with substance use issues. This court combines community based treatment programs with strict court supervision and progressive incentives and sanctions. By linking offenders to treatment services, the program aims to address offenders' substance misuse and mental health issues that lead to criminal behavior, thereby reducing recidivism, and protecting public safety. This specialty court program is designed to promote compliance with treatment programs as an alternative to jail time.

In addition to the drug court, the Monadnock Region has a mental health court and alternative sentencing program that was established in 2001 as the first of its kind in the State of New Hampshire. The mental

health court and alternative sentencing program serves the local criminal justice system and the community by providing bail monitoring and disposition options, which are both community-based and treatment-oriented, for cases which involve individuals who are diagnosed with substance use and/or mental health disorders. The program offers community-based case management and strict monitoring of client compliance to improve outcomes related to individuals' clinical health and overall public safety. The alternative sentencing program and mental health court may also provide services as a pretrial monitoring program and/or diversion program for individuals accused of criminal activity and who otherwise meet eligibility criteria.

Offender Rehabilitation and Support Team (OREST) has continued to work towards improved outcomes for offenders with substance use and/or mental health disorders through the collective influence, shared resources, collaboration and creative problem-solving of its membership. The group continues to examine the issue of recidivism, seeking improved outcomes for the offender population they assist and striving to reduce recidivism rates in Cheshire County.

Other safety and law enforcement assets include KSC and FPU campus safety programs. Campus safety officers are committed to creating a safe environment for every member of the college community. MVP has begun working more closely with campus faculty and staff through recent grant awards.

Drop boxes are available in Keene and Hinsdale at this time. MVP is working with other towns, coalitions and pharmacies to increase the number of permanent boxes. MVP is a partner of The Twin State Safe Medicines Campaign collaborating with organizations in New Hampshire and Vermont to bring more disposal sites to communities.

Education: MVP has been increasing its capacity in the education sector establishing relationships with the schools, a challenge for many years. MVP has worked with School Administrative Unit (SAU) 93 as a member of All Children Educated Safely (ACES) 93 Advisory Board since 2013; however, the school district has undergone changes in administration and staffing posing a challenge to sustain prevention activities in the school. In 2014 MVP worked with SAU 29 to offer technical assistance and information in the development of a new alcohol and drug policy. MVP is a member of the Safe and Drug Free Schools Coalition facilitated by MADAC. MVP continues to work with school districts in the region to implement the YRBS. School districts are opening the door to offer prevention curriculum at middle school and high school levels. Student assistance counselors and student resource officers in several schools have partnered with MVP and MADAC to promote prevention messages during the school year. As previously stated 5 of 7 schools in the region have hosted community forums around alcohol, tobacco and other drugs with plans for other events in the future

Government and Business Sectors: MVP is working to build prevention awareness and collaboration in the government and business sector. Currently all towns and city officials support the prescription monitoring program and other state government policies and practices. The readiness in this sector is low, but MVP is working to establish relationships with key government officials advocating for drug free zoning laws to

monitor the establishment of alternative treatment centers. MVP has committed to bridging the community gap between the colleges and the community working towards the goal of one community working together to promote health and wellness. Recently MVP has added a representative from the business sector on the MVP LT. MVP will work with other initiatives such a Healthy Eating Active Living (HEAL) and The Tobacco Free Community Coalition to increase the number of businesses with both housing and workplace substance misuse policies and prevention programs.

Community and Family Supports: Community and family supports have the strongest sector representation in prevention. MVP supports and collaborates with all prevention coalitions, initiatives and agencies to include media work, policy technical assistance, prevention curriculum and trainings, and event collaboration The partnership list for MVP is broad and wide ranging from after school programs to drug court to Phoenix House and the medical reserve corps. MVP is the voice of prevention at the table for the following advisory boards: ACES 93, ACCESS, Monadnock Area Peer Support Agency (MPS), Phoenix House Community Advisory Board, Reality Check, Keene Serenity Center, Cheshire County Drug Court and HM2020. MVP assisted in establishing regional peer to peer support groups for families affected by substance misuse. MVP supports the recovery community by representing the Monadnock Region at the statewide Recovery Task Force, a subcommittee of the Governor’s Commission as well as HOPE for NH Recovery. In addition to MVP’s representation and collaboration with prevention coalitions, initiative and agencies, we have a lending library of educational materials. We offer community wide research and resources for data collection, referrals, and substance related information.

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 Greater Monadnock region engaged in the following steps:

1. MVP reviewed the 2012-2015 plan to determine if the goals were measurable and relevant to the prominent issues in the region.
2. The data was updated where more current data was available and additional data was added. In the research process staff found a significant gap in local data for the following age groups: youth 0-10, young adults 18-25, adults 26-65 and older adults 65+. In an attempt to fill the gap in the adult data, staff created and administered a parent survey. In addition to the parent survey, MVP used data from 2013 YRBS, 2012 BRFSS, 2009 Young Adult Survey, Cheshire County Department of Corrections case

management data, New Hampshire medical examiner's data, and 2014 KSC Pre-Test Survey. MVP contacted local nursing homes, assisted living facilities, and Northern New England Poison Control in an attempt to gather as much data as possible.

3. Following the research step, MVP staff presented the information to MVP LT and Executive PHAC. During this meeting, the two supervising bodies agreed the existing goals still have significant data to support MVP's continued work; however, the LT suggested that the goals be more measurable.
4. Using the suggestions of the Executive PHAC and the LT, MVP staff worked internally to align the existing MVP goals with the Collective Action Collective Impact and the State Health Improvement Plan (SHIP).

IV. GREATER MONADNOCK REGION GOALS, OBJECTIVES AND STRATEGIES

The Greater Monadnock 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 Greater Monadnock 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

BY 2019 MVP WILL:

GOAL 1	INCREASE REGIONAL CAPACITY TO PREVENT SUBSTANCE MISUSE ACROSS SECTORS IN THE MONANDOCK REGION BY ADVANCING THE LEVELS (A LOT, SOME) OF COMMUNITY ENGAGEMENT BY 10% IN EACH CATEGORY (AS SHOWN BY QUESTION 10 OF 2015 STAKEHOLDER SURVEY).
Objectives:	
Increase the participation in prevention efforts across all sectors by 10% from a baseline of 94 as shown by the stakeholder survey. (Stakeholder Survey 2015)	
Increase participation in stakeholder safety sector from 12 to 22 as shown by the Stakeholder Survey. (Stakeholder Survey 2015)	
Increase participation in stakeholder government sector from 11 to 16 as shown by the Stakeholder Survey. (Stakeholder Survey 2015)	
Increase participation in stakeholder business sector from 10 to 15 as shown by the Stakeholder Survey. (Stakeholder Survey 2015)	
Increase level (sometimes and often) of collaborative activity across sectors in the region from 73 to 85 stakeholders as shown by the stakeholder survey. (2015 Stakeholder Survey)	
Increase cross-agency resourcing and related coordination by 5% (sometimes and often) for collaborative initiatives as shown by stakeholder survey.(CA-CI pg.36) (Baseline: 2015 Stakeholder Survey)	
GOAL 2	ESTABLISH 3 NEW REGIONAL DATA SOURCES FOR SUBSTANCE MISUSE ACROSS THE LIFE SPAN
Objectives:	

	Establish one new regional data source for substance use in the pre/postnatal population
	Increase data sources for the 12-17 year old population by establishing a regular Middle School Assessment every 3 years.
	Establish one new regional data source for the 18-25 year old age group to include both college and non-college population
GOAL 3	INCREASE COMMUNITY COMMITMENT TO ADDRESS SUBSTANCE MISUSE AND RELATED ISSUES THROUGH SECTOR AND PUBLIC EDUCATION AS SHOWN BY 2 POINT CHANGE (MEAN OR MEDIAN) IN LEVEL OF COMMUNITY COMMITMENT (QUESTION 9 2015 STAKEHOLDER SURVEY)
Objectives:	
	Increase perception of the public about substance misuse issues as shown by increased participation in public events, social media hits (MVP Facebook and MVP website), responses to print media (baseline to be established) (Action step: Identify and implement one effective communication tool to inform parent population.)
	Increase the business sector perception of risk and responsibility to address substance misuse by 15 % as measured by the Partner Survey and Stakeholder Survey.
	Establish in 1 school district a consistent, comprehensive prevention curriculum and early intervention policies and procedures implemented from elementary through high school.
	Increase awareness of the recovery community and their value in addressing substance misuse issues resulting in 5 community partnerships with recovery community.

REGIONAL NETWORK STRATEGIES

The table below demonstrates the commitments of the Greater Monadnock Regional 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
Effective policy, practice and programs	Integrate primary care, mental healthcare and substance misuse) Prevention (CA-CI pg. 43	<p>1A. Increase the participation in prevention efforts across all sectors by 10% from a baseline of 94 as shown by the stakeholder survey. (Stakeholder Survey 2015)</p> <p>1E. Increase level (sometimes and often) of collaborative activity across sectors in the region from 73 to 85 stakeholders as shown by the stakeholder survey. (2015 Stakeholder Survey)</p> <p>1F. Increase cross-agency resourcing and related coordination by 5% (sometimes and often) for collaborative initiatives as shown by stakeholder survey.(CA-CI pg.36) (Baseline: 2015 Stakeholder Survey)</p> <p>3A. Increase perception of the public about substance misuse issues as shown by increased participation in public events, social media hits (MVP Facebook and MVP website), responses to print media (baseline to be established)</p> <p>(Action step: Identify and implement one effective communication tool to inform parent</p>	☒

		<p>population.)</p> <p>3D. Increase awareness of the recovery community and their value in addressing substance misuse issues resulting in 5 community partnerships with recovery community.</p>	
<p>Effective policy, practice and programs</p>	<p>Align substance misuse prevention efforts with Healthy Monadnock 2020 initiatives</p>	<p>1A. Increase the participation in prevention efforts across all sectors by 10% from a baseline of 94 as shown by the stakeholder survey. (Stakeholder Survey 2015)</p> <p>1E. Increase level (sometimes and often) of collaborative activity across sectors in the region from 73 to 85 stakeholders as shown by the stakeholder survey. (2015 Stakeholder Survey)</p> <p>1F. Increase cross-agency resourcing and related coordination by 5% (sometimes and often) for collaborative initiatives as shown by stakeholder survey.(CA-CI pg.36) (Baseline: 2015 Stakeholder Survey)</p> <p>3A. Increase perception of the public about substance misuse issues as shown by increased participation in public events, social media hits (MVP Facebook and MVP website), responses to</p>	<p>□</p>

		<p>print media (baseline to be established)</p> <p>(Action step: Identify and implement one effective communication tool to inform parent population.)</p> <p>3D. Increase awareness of the recovery community and their value in addressing substance misuse issues resulting in 5 community partnerships with recovery community.</p>	
Public Education	<p>Serve as prevention expert representative on regional advisory boards (Regional Coordinating Committee, MPS, Reality Check, Keene Serenity Center, ACES93, ACCESS, Drug Court Steering Committee, Phoenix House Community Advisory Board)</p>	<p>1A. Increase the participation in prevention efforts across all sectors by 10% from a baseline of 94 as shown by the stakeholder survey. (Stakeholder Survey 2015)</p> <p>1E. Increase level (sometimes and often) of collaborative activity across sectors in the region from 73 to 85 stakeholders as shown by the stakeholder survey. (2015 Stakeholder Survey)</p> <p>1F. Increase cross-agency resourcing and related coordination by 5% (sometimes and often) for collaborative initiatives as shown by stakeholder survey.(CA-CI pg.36) (Baseline: 2015 Stakeholder Survey)</p> <p>3A. Increase perception of the public about</p>	<p>□</p>

		<p>substance misuse issues as shown by increased participation in public events, social media hits (MVP Facebook and MVP website), responses to print media (baseline to be established)</p> <p>(Action step: Identify and implement one effective communication tool to inform parent population.)</p> <p>3C. Establish in 1 school district a consistent, comprehensive prevention curriculum and early intervention policies and procedures implemented from elementary through high school.</p> <p>3D. Increase awareness of the recovery community and their value in addressing substance misuse issues resulting in 5 community partnerships with recovery community.</p>	
Public Education	Provide targeted outreach to business sector (lunch and learns, one on one conversations, community forums, online education)	<p>1B. Increase participation in stakeholder safety sector from 12 to 22 as shown by the Stakeholder Survey. (Stakeholder Survey 2015)</p> <p>1D. Increase participation in stakeholder business sector from 10 to 15 as shown by the Stakeholder Survey. (Stakeholder Survey 2015)</p>	□

		<p>3B. Increase the business sector perception of risk and responsibility to address substance misuse by 15 % as measured by the Partner Survey and Stakeholder Survey.</p> <p>3D. Increase awareness of the recovery community and their value in addressing substance misuse issues resulting in 5 community partnerships with recovery community.</p>	
Data Utilization	Inventory existing data collection and create and administer additional measurement instruments as necessary	<p>2A. Establish one new regional data source for substance use in the pre/postnatal population</p> <p>2B. Increase data sources for the 12-17 year old population by establishing a regular Middle School Assessment every 3 years.</p> <p>2C. Establish one new regional data source for the 18-25 year old age group to include both college and non-college population</p>	<input type="checkbox"/>
Leadership	Cultivate champions among regional policymakers and lawmakers through on-going outreach, education and collaboration (CA-CI pg. 35)	<p>1A. Increase the participation in prevention efforts across all sectors by 10% from a baseline of 94 as shown by the stakeholder survey. (Stakeholder Survey 2015)</p> <p>1C. Increase participation in stakeholder government sector from 11 to 16 as shown by</p>	<input checked="" type="checkbox"/>

		the Stakeholder Survey. (Stakeholder Survey 2015)	
Financial Resourcing	Continue to see and secure federal, state and private funding for alcohol and drug services and systems reform (CA-CI pg. 37)	<p>1E. Increase level (sometimes and often) of collaborative activity across sectors in the region from 73 to 85 stakeholders as shown by the stakeholder survey in order to additional and diverse funding. (2015 Stakeholder Survey)</p> <p>1F. Increase cross-agency resourcing and related coordination by 5% (sometimes and often) for collaborative initiatives as shown by stakeholder survey in order to additional and diverse funding.(CA-CI pg.36) (Baseline: 2015 Stakeholder Survey)</p>	☒
Public Education	Continue to expand the capacity of the Partnership for Drug Free New Hampshire (PDFNH) through private and public contributions (CA-CI pg38)	<p>3A. Increase perception of the public about substance misuse issues as shown by increased participation in public events, social media hits (MVP Facebook and MVP website), responses to print media (baseline to be established)</p> <p>(Action step: Identify and implement one effective communication tool to inform parent population.)</p>	☒

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 Greater Monadnock Region annual work plan can be accessed at:

SUBSTANCE MISUSE PREVENTION GOALS AND OBJECTIVES

ALCOHOL AND OTHER DRUG PROBLEMS IN THE GREATER MONADNOCK REGION

During the 2012-2015 planning process, a prioritization of substances was used to determine the two substances of focus. This process involved over 300 stakeholders determining what the five identified problem areas are in the region and which could be most effectively impacted. The five identified were: over the counter drugs, tobacco, prescription drugs, binge drinking and marijuana. Prescription drugs were determined to be the number one issue of concern; binge drinking was second. Stakeholders agreed there was readiness for change in the region with greater likelihood for impact addressing these priorities.

Binge drinking is culturally acceptable; and, as a social norm, alcohol continues to permeate our communities with media advertising, alcohol retail availability, and parental acceptance. The data to support that the Monadnock Region has high rates of use for both priorities has been presented at community forums, learning sessions, and other community events. The regional data was used to determine the strategies and objectives related to these priorities, however, other substances such as tobacco, synthetics, heroin and opioids continue to be of great concern as the region monitors and responds to emerging drug threats. . T

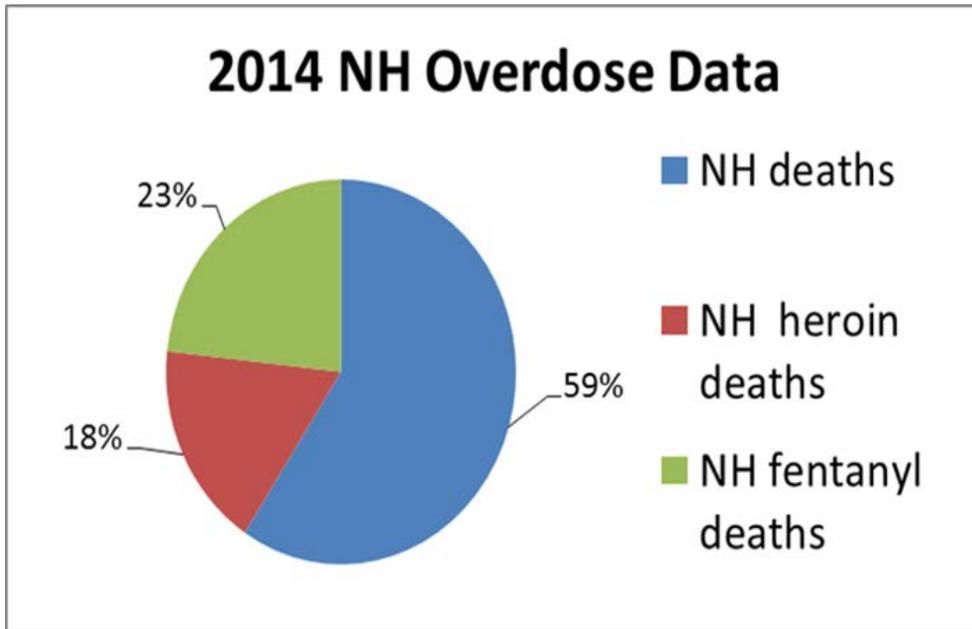
The data below supports the need to address prescription drug misuse and alcohol abuse in the region. These data and priorities are

2014 Department of Corrections Annual Report DRAFT	2014	(2013 Comparison)
<u>Total new cases (Case Management):</u>	351	320
<u>Percent of offenders presenting with:</u>		
Alcohol/Drug	89%	87%
<u>Primary Drug of Choice:</u>		
Heroin	53%	35%
Alcohol	19%	31%
Marijuana	12%	16%
Prescription Opiate	8%	8%
Cocaine	5%	4%
Synthetic	3%	4%
Other pills	1%	2%
<u>Completed Referrals at Release-Reentry:</u>		
Alcohol/Drug (Residential Level of Care):	183	182
Alcohol/Drug (Outpatient Level of Care):	80	107

reflected in the region’s substance misuse prevention goals and objective in Section V below.

Cheshire County Department of Corrections evaluated a sample of inmates in 2014. Of the 351 inmates evaluated, 89% presented with alcohol or drug issues. Of the 89% the primary

drug of choice was heroin at 53% and second was alcohol at 19%. (2014, Cheshire County DOC Case Management Services Annual Report)



In 2014, there were 326 overdose deaths in New Hampshire. Of those deaths, 13 were Cheshire County drug related deaths. (NH Medical Examiner’s Office) In a comparison of alcohol use in Cheshire County to the state and national data, we rate highest in regular use, binge drinking, and heavy use. (2012, BRFSS)

Adolescent Alcohol and Prescription Drug Use

According to The National Youth Risk Behavior Survey (YRBS), a national data set that measures alcohol, tobacco and other drug use as well as risky behaviors among high school students, the Monadnock Region has the highest rate for binge drinking among high school students in the state. Binge drinking is defined as having 4 or more drinks in a 2-hour period for women and 5 or more drinks in a 2-hour period for men. The data below highlights some of the regional results from the 2013 YRBS. Some data has been compared to statewide data to highlight the local issue.

- YRBS results show that 16.5% of New Hampshire high school students report using prescription drugs such as OxyContin[®], Percocet[®], Vicodin[®], Adderall[®], Ritalin[®], or Xanax[®] without a doctor's prescription in their lifetime. The Monadnock Region is higher in use than the state average at 18% of Monadnock Region high school students reporting using prescription drugs in their lifetime. While 18% of Monadnock Region high school student used prescription medication without a doctor's prescription during in their lifetime, 8% have used prescription medications within the last 30 days without a doctor's prescription. The YRBS data reports 16% of high school age students in the Monadnock Region think it would be very easy for them to get a prescription drug without a doctor's prescription if they wanted to. (2013 YRBS)
- The YRBS results show that 9.2% of Monadnock Region students and 7.3% of New Hampshire students who took the YRBS approve or strongly approve of someone their age having one or two drinks of alcohol nearly every day.
- YRBS results report 32.1% of Monadnock Region students and 34.1% of New Hampshire students who took the YRBS think people are at great risk of harming themselves if they have five or more drinks of alcohol once or twice a week.
- The YRBS result report 62% of Monadnock Region students and 62.9% of New Hampshire students who took the YRBS think people are at great risk of harming themselves if they take a prescription drug without a prescription.

Young Adult Alcohol and Prescription Drug Use

The demographics for each campus are very different. FPU is located in rural Rindge with a limited number of alcohol access points, while urban KSC is located in downtown Keene, which has more than 92 alcohol retailers, many in walking distance to the college campus. The colleges are not the only contributing factor. The Monadnock Region is located near interstate 91 and 89. It is well-known by law enforcement that much of the drug trafficking comes through the Monadnock Region by way of these interstate highways. In the spring of 2014 five hundred and eleven Keene State College Students and four hundred and fifty two Franklin Pierce University students participated in a pre-test survey. From this survey the following data was retrieved:

- The survey results show that 37.2% of Keene State College Students and 33.6% of Franklin Pierce Students have used a prescription medication without a doctor's prescription. The highest rate of use was with stimulants. 35.8% of survey participants have used a prescription stimulant without a doctor's order.

- Although use of prescription medication appears to be high, the students understand the risk of the behavior. Of those (FPU and KSC) who took the survey approximately half said using prescription medication without a doctor's prescription is high risk.
- Alcohol use is certainly the highest used substance among the Keene State College and Franklin Pierce University students with approximately 75% of students reporting past 30-day use. Of those reporting use half also report binge drinking as part of the past 30-day use.
- Of those surveyed, only 20% see high risk in binge drinking

Parent Survey Results

Monadnock Voices for Prevention (MVP) sent a parent survey to approximately 25 schools, after-school programs, and other organizations that work with parents in January 2015. Participating organizations were asked to administer the survey to their parent population. The following data reflects the parent perception of substance use.

- 62.5% believe a consistent curfew is important.
- 87.5% believe parents have a strong influence on their child's decision to drink.
- 88% of parents believed young adults can have a strong influence on their child's decision to drink.
- 62.5% believe there is too much alcohol advertising in their community.
- 50% believe that alcohol advertising influences a young person's decision to drink.
- 50% believe it is ok for people under 21 to drink if they don't drive drunk.
- 17% believe it is ok for people under 21 to drink if they don't get drunk.
- 17% agree that underage drinking is part of growing up.
- 67% believe that it is easy for underage people to get alcohol.
- 67% of responders do not drink at all.
- 16% of responders drink 5 or more at one time (binge drinking).
- 100% had clear rules in their house about alcohol and drug use.
- 33% know adults who host parties where underage people drink.
- 0% believe their child drinks once per month or more.

Northern New England Poison Control Statistics

- Approximately 21,039 New Hampshire residents of all ages contacted the poison control center with confirmed exposure to pharmaceuticals. Of those who confirmed exposure, 1,053 people were exposed through substance misuse of prescription and over-the-counter medications. (NNEPC Exposures to Pharmaceutical Substances 2012-2014)
- Approximately 6,806 individuals 6-20+ years old have used pharmaceuticals to attempt suicide (NNEPC Exposures to Pharmaceutical Substances 2012-2014)

GOAL 1	<p>DECREASE PRESCRIPTION DRUG MISUSE:</p> <p>1A. IN YOUNG ADULTS (18-25) FROM 35.4% TO 32.4% BY 2019 AS SHOWN BY COLLEGE PRETEST SURVEY.</p>
Objectives:	
Decrease social and retail access of prescription drugs for illicit use in the Monadnock Region as shown by a decrease of 5 percentage points in ease of access as reported by college students. (College Pre-Test Survey) (College ease of access 49.95%)	
GOAL 2	<p>DECREASE BINGE DRINKING:</p> <p>2A. IN YOUTH (12-17) FROM 22% TO 17% BY 2019 AS SHOWN BY 2015 YRBS.</p> <p>2B. IN YOUNG ADULTS (18-25) FROM 50.1% TO 47.1% BY 2019 AS SHOWN BY COLLEGE PRETEST SURVEY.</p>
Objectives:	
Increase the perception of harm of alcohol misuse in the middle school, high school, and college students by 5% as shown by TAP, YBRS, and College Pre-Test Survey. (Great Risk MS 59%, HS 33%, College 20.5%)	

GOAL 3

DECREASE THE NUMBER OF OPIOID (INCLUDING HEROIN) RELATED DEATHS FROM 14 TO LESS THAN 10

Objectives:

Increase coalition information outlets by 20% for families accessing intervention, treatment, and recovery support resources
(Baseline: to be determined)



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

The state of New Hampshire and the 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 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>Activity</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>
Problem Identification and Referral	Court Diversion	City of Keene Youth Services Phoenix Academy Hillsborough County	2A. Increase the perception of harm of alcohol misuse in the middle school, high school, and college students by 5% as shown by TAP, YBRS, and College Pre-Test Survey. (Great Risk MS 59%, HS 33%, College 20.5%)	☒
Problem Identification and Referral	Cheshire County Drug Court Cheshire County Alternative Sentencing Program & Mental Health court	Cheshire County Drug Court Coordinator Alternative Sentencing Coordinator and Mental Health Court Coordinator	1A. Decrease social and retail access of prescription drugs for illicit use in the Monadnock Region as shown by a decrease of 5 percentage points in ease of access as reported by college students. (College Pre-Test Survey) (College ease of access 49.95%)	☒

Community Based Process	Offender Rehabilitation and Support Team (OREST)	Cheshire County Department of Corrections	3A. Increase coalition information outlets by 20% for families accessing intervention, treatment, and recovery support resources (Baseline: to be determined)	☒
Education/Environmental	Maintain and increase School Resource Officers Increase collaboration between safety and education (CA-CI pg. 55)	All Monadnock Region high schools	2A. Increase the perception of harm of alcohol misuse in the middle school, high school, and college students by 5% as shown by TAP, YBRS, and College Pre-Test Survey. (Great Risk MS 59%, HS 33%, College 20.5%) 3A. Increase coalition information outlets by 20% for families accessing intervention, treatment, and recovery support resources (Baseline: to be determined)	
Environmental	Install permanent prescription drop boxes	All police departments	1A. Decrease social and retail access of prescription drugs for illicit use in the Monadnock Region as shown by a decrease of 5 percentage points in ease of access as reported by college students. (College Pre-Test Survey) (College ease of access 49.95%)	

Health & Medical

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

<i>CSAP Strategy</i>	<i>Activity</i>	<i>Lead Organization(s)</i>	<i>Regional Goals and Objectives Addressed by this Strategy</i>	<i>Alignment to SHIP and CA-CI</i>
Problem Identification and referral	Adopt Screening, Brief Intervention, Referral to Treatment (SBIRT)	Cheshire Medical Center Monadnock Community Hospital School nurses Guidance counselors Phoenix House/Phoenix Academy City of Keene Youth Services Law Enforcement	2A. Increase the perception of harm of alcohol misuse in the middle school, high school, and college students by 5% as shown by TAP, YBRS, and College Pre-Test Survey. (Great Risk MS 59%, HS 33%, College 20.5%) 3A. Increase coalition information outlets by 20% for families accessing intervention, treatment, and recovery support resources (Baseline: to be determined)	☒
Environmental	Participate in Prescription Drug Monitoring Drug Program (PDMP)	All prescribers / providers Pharmacies	1A. Decrease social and retail access of prescription drugs for illicit use in the Monadnock Region as shown by a decrease of 5 percentage points in ease of access as reported by college students. (College Pre-	☒

			Test Survey) (College ease of access 49.95%)	
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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>Activity</i>	<i>Lead Organization(s)</i>	<i>Regional Goals and Objectives Addressed by this Strategy</i>	<i>Alignment to SHIP and CA-CI</i>
Environmental	Maintain and increase Model Alcohol and Drug Policies	All schools MVP Drug free community coalitions Tobacco Free Community Coalition	2A. Increase the perception of harm of alcohol misuse in the middle school, high school, and college students by 5% as shown by TAP, YBRS, and College Pre-Test Survey. (Great Risk MS 59%, HS 33%, College 20.5%) 3A. Increase coalition information outlets by 20% for families accessing intervention, treatment, and recovery support resources (Baseline: to be determined)	☒

Education	Ensure effective alcohol and drug prevention education over multiple years and transitions	All schools MVP Drug free community coalitions Tobacco Free Community Coalition	2A. Increase the perception of harm of alcohol misuse in the middle school, high school, and college students by 5% as shown by TAP, YBRS, and College Pre-Test Survey. (Great Risk MS 59%, HS 33%, College 20.5%) 3A. Increase coalition information outlets by 20% for families accessing intervention, treatment, and recovery support resources (Baseline: to be determined)	☒
Environmental	Maintain and increase model athletic and extra-curricular policies	LOA MVP All schools	2A. Increase the perception of harm of alcohol misuse in the middle school, high school, and college students by 5% as shown by TAP, YBRS, and College Pre-Test Survey. (Great Risk MS 59%, HS 33%, College 20.5%) 3A. Increase coalition information outlets by 20% for families accessing intervention, treatment, and recovery support resources (Baseline: to be determined)	☒
Problem Identification and Referral	Maintain and increase Student Assistance Programs	All schools MVP Drug free community coalitions Tobacco Free Community Coalition	1A. Decrease social and retail access of prescription drugs for illicit use in the Monadnock Region as shown by a decrease of 5 percentage points in ease of access as reported by college students. (College Pre-Test Survey) (College ease of access 49.95%) 2A. Increase the perception of harm of alcohol misuse in the middle school, high school, and college students by 5% as shown by TAP, YBRS, and College Pre-Test Survey. (Great Risk MS 59%, HS 33%, College 20.5%) 3A. Increase coalition information outlets by 20% for	☒

			families accessing intervention, treatment, and recovery support resources (Baseline: to be determined)	
Education	Increase regular parent education	All schools MVP Drug free community coalitions Tobacco Free Community Coalition	2A. Increase the perception of harm of alcohol misuse in the middle school, high school, and college students by 5% as shown by TAP, YBRS, and College Pre-Test Survey. (Great Risk MS 59%, HS 33%, College 20.5%) 3A. Increase coalition information outlets by 20% for families accessing intervention, treatment, and recovery support resources (Baseline: to be determined)	☒

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>Activity</i>	<i>Lead Organization(s)</i>	<i>Regional Goals and Objectives Addressed by this Strategy</i>	<i>Alignment to SHIP and CA-CI</i>
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Environmental	Support PDMP and other state government policy and practice that requires legislative support	All town and city officials MVP Drug free community coalitions Tobacco Free Community Coalition Pharmacies Prescribers/providers	1A. Decrease social and retail access of prescription drugs for illicit use in the Monadnock Region as shown by a decrease of 5 percentage points in ease of access as reported by college students. (College Pre-Test Survey) (College ease of access 49.95%)	
<h2>Business</h2> <p>BUSINESS OWNERS AND OPERATORS • EMPLOYEE ASSISTANCE PROGRAMS • HEALTH EDUCATORS • HUMAN RESOURCE DEPARTMENTS • RISK MANAGEMENT • SAFETY COMPLIANCE OFFICERS • SENIOR MANAGEMENT</p>				
<i>CSAP Prevention Category</i>	<i>Activity</i>	<i>Lead Organization(s)</i>	<i>Regional Goals and Objectives Addressed by this Strategy</i>	<i>Alignment to SHIP and CA-CI</i>
Community Based Process	Collect and disseminate data on alcohol and drug impacts in work place	MVP Drug free community coalitions Tobacco free coalitions	3A. Increase coalition information outlets by 20% for families accessing intervention, treatment, and recovery support resources (Baseline: to be determined)	

Environmental	Increase the adoption of model workplace policies	MVP Drug free community coalitions Tobacco free coalitions	3A. Increase coalition information outlets by 20% for families accessing intervention, treatment, and recovery support resources (Baseline: to be determined)	
Environmental	Adopt work place prevention programs	MVP Drug free community coalitions Tobacco free coalitions	3A. Increase coalition information outlets by 20% for families accessing intervention, treatment, and recovery support resources (Baseline: to be determined)	
Education/Environmental	Develop and disseminate media messaging/marketing	The Keene Sentinel The Monadnock Radio Group The Monadnock Shopper The Monadnock Ledger Transcript MVP	1A. Decrease social and retail access of prescription drugs for illicit use in the Monadnock Region as shown by a decrease of 5 percentage points in ease of access as reported by college students. (College Pre-Test Survey) (College ease of access 49.95%) 2A. Increase the perception of harm of alcohol misuse in the middle school, high school, and college students by 5% as shown by TAP, YBRS, and College Pre-Test Survey. (Great Risk MS 59%, HS 33%, College 20.5%) 3A. Increase coalition information outlets by 20% for families accessing intervention, treatment, and recovery support resources (Baseline: to be determined)	

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>Activity</i>	<i>Lead Organization(s)</i>	<i>Regional Goals and Objectives Addressed by this Strategy</i>	<i>Alignment to SHIP and CA-CI</i>
Alternatives	Maintain and increase youth leadership programs	High Schools Monadnock Family Services	2A. Increase the perception of harm of alcohol misuse in the middle school, high school, and college students by 5% as shown by TAP, YBRS, and College Pre-Test Survey. (Great Risk MS 59%, HS 33%, College 20.5%)	☒
Environmental	Adopt Prescription Drug Take Back Programs	Keene Police Department Hinsdale Police Department MVP	1A. Decrease social and retail access of prescription drugs for illicit use in the Monadnock Region as shown by a decrease of 5 percentage points in ease of access as reported by college students. (College Pre-Test Survey) (College ease of access 49.95%)	☒
Community based process	Maintain and promote local community coalitions	MVP Monadnock Alcohol and Drug Abuse Coalition Healthy Monadnock 2020	3A. Increase coalition information outlets by 20% for families accessing intervention, treatment, and recovery support resources (Baseline: to be determined)	

		<p>Behavioral Health Substance Use Task Force Future of Prevention Workgroup</p> <p>Cheshire Coalition for Tobacco Free Communities All Children Cared for, Educated, Supported and Successful</p>		
Information Dissemination	Host Community Prevention Forums	<p>MVP</p> <p>Student Resource Officer</p> <p>Student Assistance Professional</p> <p>Drug Free Community Coalition Local community coalitions</p>	<p>1A. Decrease social and retail access of prescription drugs for illicit use in the Monadnock Region as shown by a decrease of 5 percentage points in ease of access as reported by college students. (College Pre-Test Survey) (College ease of access 49.95%)</p> <p>2A. Increase the perception of harm of alcohol misuse in the middle school, high school, and college students by 5% as shown by TAP, YBRS, and College Pre-Test Survey. (Great Risk MS 59%, HS 33%, College 20.5%)</p> <p>3A. Increase coalition information outlets by 20% for families accessing intervention, treatment, and recovery support resources (Baseline: to be determined)</p>	

V. Monitoring and Evaluation

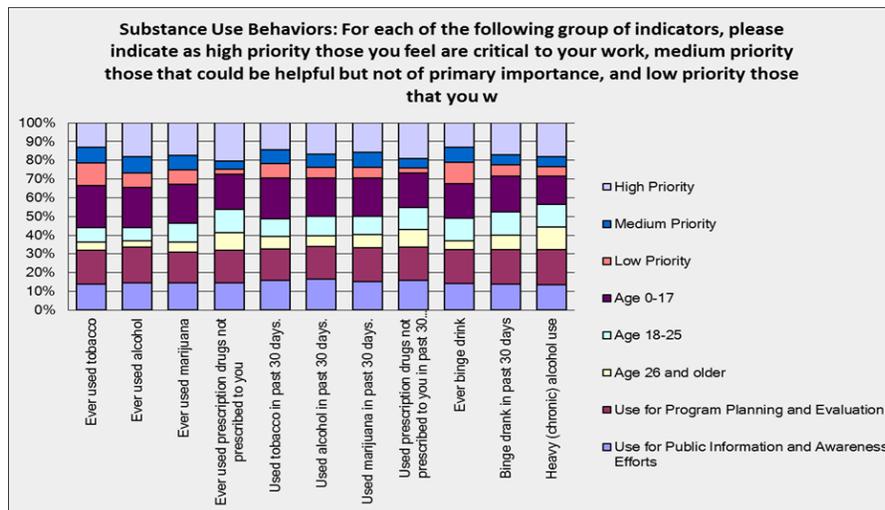
Monitoring and evaluation are fundamental to understanding the progress the region is making towards reaching its goals and objectives. The table below describes the tools that are available and will be used to measure the progress and outcomes related to the implementation of systems-level strategies 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 https://nh.same-page.com/studio/v7/files/index.cfm?FID=55377&PID=398576#	PARTNER is an evidence-based, web-based survey tool used to measure collaboration, trust, and partner contributions within networks.
Regional Network Stakeholder Survey (RNSS) https://nh.same-page.com/studio/v7/files/index.cfm?FID=65389&PID=398577#	<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"> • The community participation in substance use prevention • Increase in knowledge of alcohol and other drug misuse • Increase in knowledge of effective strategies to prevent or deter misuse • Readiness to adopt or change policies or practices to prevent • Adoption of new policies or practices • Challenges and successes related to community involvement • Perception of changes in risk factors in the community (access, perception of risk, perception of wrongness, community norms)

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.

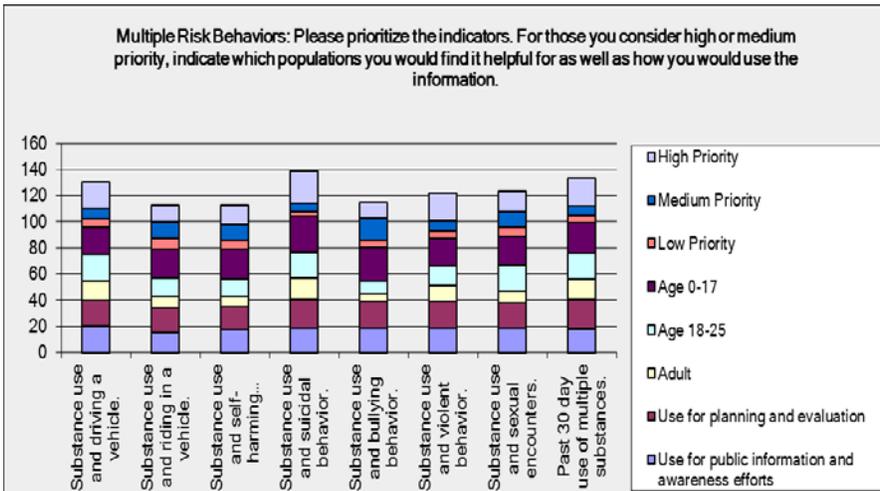
Tool	Definition of tool and measurement
Youth Risk Behavior Survey (YRBS) http://www.cdc.gov/HealthyYouth/yrbs/index.htm	The YRBS measures substance use risk factors and behaviors among high school youth locally, statewide and nationally. It is administered every other year.
National Survey on Drug Use and Health (NSDUH) https://nsduhweb.rti.org/respweb/homepage.cfm	The NSDUH measures substance use nationally and statewide among all ages.
Behavioral Risk Factor Surveillance System (BRFSS) http://www.cdc.gov/brfss/	The BRFSS measures substance use among adults in New Hampshire.
County Health Rankings http://www.countyhealthrankings.org/	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 fall of 2014, MVP contracted with Lauren Bressett, Consultant, to collect and prioritize indicators of substance use and mental health disorders in response to the request from the New Hampshire Bureau of Drug and Alcohol Services (BDAS) to provide input to the State Epidemiological Workgroup. Lauren

facilitated focused brainstorming at regularly scheduled meetings from September 16 - October 21, 2014 in Peterborough and Keene. Groups who participated were as follows: the MPS, BHTF, MADAC, Executive PHAC, the MVP LT, FOP, OREST, and the Police Chiefs' Association.



From the brainstorming sessions, 104 possible indicators were identified in addition to the 60 indicators already identified by the State Epidemiological Workgroup (SEOW). These indicators were then grouped into sixteen related categories

disseminated to MVP contacts in the region.

The Survey Monkey questionnaire identified indicators as high, medium, or low priority and ascertained the potential use of the indicators across age groups and potential use. The majority of the participation came from the Health and Medical Sector.

Please note, additional accessibility and treatment indicators did not rate as high because of measurement doubts. Community groups have interest in knowing about the use and effectiveness of treatment for both substance use and mental health disorders. A related gap identified was a lack of professionals (such as psychiatrists) who can prescribe appropriate medications. The feeling was that, while availability to treatment by Master Social Worker (MSW) and Licensed Alcohol and Drug Counselor (LADC) staff is increasing, there may not be enough access to medication assisted recovery or a monitoring system.

Transportation issues are a barrier for individuals who attempt to seek treatment by affecting accessibility and consistency of treatment and other services. While measures for these issues were identified, the ability to accurately gather and validate this data is difficult.

Only three enforcement related indicators made the medium priority list. These related to accidents, arrests, or college campus incidents involving substances. However, after discussions with the police chiefs, it was indicated that records do not indicate the actual circumstance but only the arresting crime. For example, a call to police or dispatch might be reported as a possible burglary while the actual scenario might end up being substance related. . MVP currently works with Cheshire County Department of Corrections to gather data about their inmate population. While this data is helpful, it does not reflect the entire incarcerated population.

Some indirect but related issues were mentioned. There was an opinion that a good number of children end up in systems due to parental substance misuse or mental health issues. Also mentioned was a concern about the amount of stress of non-using high school and college students due to the availability and amount of use of substances on campus.

Some areas for data tracking were identified after the survey was distributed and aren't reflected in prioritization. One was the number of family reunifications due to successful treatment of substance misuse. Another was the availability and use of alternatives to incarceration for co-occurring disorders.

QUALITY ASSURANCE AND OVERSIGHT

We recognize that this strategic plan requires on-going monitoring, development of capacity and readiness, mobilizing, nurturing and accountability. The following will describe how we will monitor implementation in the region to ensure high quality and effective prevention work.

P-Wits is a web based application designed to meet the growing need to capture prevention programs. Monthly reports are reviewed by the BDAS and the NHCF. MVP regional coordinator reports to the LT and the Executive PHAC monthly. As our fiscal agent, Cheshire County is responsible for the oversight of our contract and budgetary requirements.

The Tri Ethnic Community Readiness Model will be used to assess the level of readiness in the community.

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

VI. Conclusion

The Monadnock Region has a long and distinguished history of collaboration that transcends service systems, funding streams, and eligibility restrictions. This region has served as a laboratory for collaborative efforts and has set an example for the state and for the country of what is possible when artificial boundaries are set aside. The work of MVP benefits greatly from the collaborative nature of our community. The Monadnock Regional Public Health Network will move forward using this data-driven, community-based strategic plan, while striving to ensure the strategies outlined will be implemented timely and with fidelity to reach the three-year goals and objectives.

This strategic plan is designed to strengthen and build on existing strategies within communities and across the region to reflect 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 motivate the region to recognize the scope of the problem and focus on a solution. As a region, our aim is to 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 misuse) and (2) high likelihood of positively affecting the use, misuse, and abuse of the substance.

The strategies as outlined in the plan are intentional and reflect 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, families, businesses and organizations across the region.

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.

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.
- Recruit, educate, mobilize for action and sustain the network membership.

The region recognizes that an investment in community readiness will yield improved capacity, which will ultimately produce more effective and sustainable programs. The region concluded that a focus on individuals, families, and communities combining multiple strategies would produce the necessary results.

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

The GMRPHN 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 misuse prevention efforts.

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