

New Hampshire's Bureau of Drug and Alcohol Services Substance Misuse Prevention (SMP) Coordinator's Manual



Promoting Prevention and Recovery

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Regional Public Health Networks

There are thirteen Regional Public Health Networks (RPHNs) in New Hampshire involving broad public health interests, local health departments and health officers, health care providers, social service agencies, schools, fire, police, emergency medical services, media and advocacy groups, behavioral health, and leaders in the business, government, and faith communities, working together to address complex public health issues.

The New Hampshire Department of Health and Human Services (NHDHHS) provides funding to each RPHN for work related to substance misuse prevention, continuum of care development, public health emergency preparedness and public health advisory councils (PHAC).

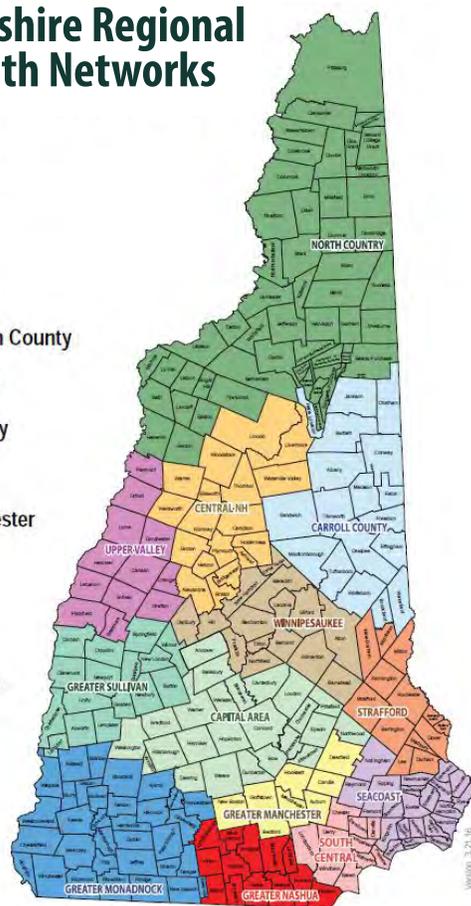
The organization of the public health structure within each network varies depending on the capacity of the host agency, staff skills, partners and regional assets and needs. It is expected that the Substance Misuse Prevention (SMP) Coordinator work closely with the PHAC and other RPHN staff in the capacity noted below

In regards to prevention, the NHDHHS' Bureau of Drug and Alcohol Services (BDAS) provides funding to the RPHN for one FTE to address substance misuse prevention. Each region has a SMP Coordinator. Some examples of how the SMP Coordinator works within the broader RPHN are listed below:

- Convene, attend and participate in regular team meetings with the Continuum of Care Facilitator
- Collaborate with the Continuum of Care Facilitator on projects relevant to primary prevention
- Attend meetings of the Public Health Advisory Council (PHAC)
- Present information about prevention-specific research, data and/or strategies to the PHAC
- Ensure there is representation from the PHAC on the Substance Misuse Prevention Leadership Team

New Hampshire Regional Public Health Networks

- North Country
- Upper Valley
- Central NH
- Carroll County
- Greater Sullivan County
- Winnepesaukee
- Strafford County
- Capital Area
- Greater Manchester
- Seacoast
- Greater Monadnock
- Greater Nashua
- South Central



THESE REGIONS ARE USED FOR PUBLIC HEALTH PLANNING AND THE DELIVERY OF SELECT PUBLIC HEALTH SERVICES.
<https://www.dhhs.nh.gov/dcbcs/bdas/graphics/rphnmap.jpg>



Substance Misuse Prevention Funders

The NH DHHS' BDAS oversees and manages the SMP portion of the RPHN contracts. The SMP contract deliverables are outlined in Exhibit A of the RPHN contract. Prevention Coordinators should be provided/request a copy of Exhibit A from the agency that hosts the RPHN contract.

In 2011, the NHCF made a ten-year, \$12 million dollar commitment to work with the BDAS to reduce youth substance misuse in New Hampshire (NH). The NH Charitable Foundation (NHCF) made funds available to the RPHNs and their partners, to continue work relative to substance use disorders (SUD) prevention services.

In partnership with NHDHHS, the NHCF co-funded the NH Center for Excellence to support evaluation and technical assistance across the continuum.

Substance Misuse Prevention Community of Practice

A Community of Practice (CoP) refers to a group of people who share a concern or a passion for something they do and interacts regularly to learn how to do it better (Wenger 2006). A CoP is a group that is created with the goal of gaining knowledge and sharing information and experiences related to a specific topic.

The BDAS, NHCF and the NH Center for Excellence will coordinate ongoing opportunities for communication and learning through a Substance Misuse Prevention Community of Practice to support the skills, knowledge and abilities to successfully complete all contract deliverables. The SMP CoP page can be found here on the NH Center for Excellence website: <http://nhcenterforexcellence.org/join-a-community/>

The objectives of the Substance Misuse Prevention CoP are to foster opportunities for SMP Coordinators to:

- Learn approaches and best practices to community-based, population-level substance misuse prevention in NH
- Connect with others doing similar work
- Share successes and challenges
- Support each other through collective brainstorming and problem-solving discussion
- Align activities (region to region, and region to state)

The CoP structure to support the objectives includes:

- BDAS/NHCF Monthly Update Calls
- Monthly Educational Webinars via Webex
- SMP State Prevention Meetings
- SMP Coordinator's Huddle
- SMP Coordinators CoP Page, Calendar and Discussion Forum – Website: <http://nhcenterforexcellence.org/resources/community-of-practice-resources/substance-misuse-prevention-community-of-practice/> (Password protected website with resources related to SMP Coordinator work, including contract deliverables, reports, presentations, recorded webinars, meeting minutes.)
- TA Provided by the Center for Excellence
- TA Requests can be made here: <http://nhcenterforexcellence.org/>

A full calendar of deliverables and related CoP meetings can be found here: http://1viuw040k2mx3a7mwz1lwva5.wpengine.netdna-cdn.com/wp-content/uploads/2017/07/20170710-Prevention_Overview_SF18-timeline-1.pdf



Role of the Regional Substance Misuse Prevention Coordinator

The prevention coordinator in each RPHN is tasked with assuring that their RPHN has adequate prevention resources to protect and improve the health of the public. The following are some examples of the roles and activities of the SMP Coordinator.

ROLE: To engage the six core sectors in prevention.

The six core community sectors are business, community supports, education, government, health/medical and law enforcement/safety. Each sector is impacted by substance use and has the potential to address substance misuse through the adoption and implementation of prevention initiatives specific to setting.

Below are examples of activities that a SMP coordinator may carry out in order to engage the six core community sectors in prevention:

- Attend a Chamber of Commerce meeting to raise awareness of the role businesses can have in prevention.
- Present regional Youth Risk Behavior Survey data to health care providers during a lunch-and-learn to help providers understand regional substance misuse prevalence, and how they can play a role in prevention efforts.
- Introduce school administration to The Top 5 Actions Schools can Take to Prevent and Reduce Youth Alcohol, Tobacco and Other Drug Use toolkit (http://1viuw040k2mx3a7mwz1lwva5.wpengine.netdna-cdn.com/wp-content/uploads/2016/06/top5.10_7_Final-1.pdf) and offer to provide technical assistance to implement the suggested recommendations.



ROLE: To raise awareness and provide community-level information with the long-term aim of changing social and cultural norms.

Information dissemination provides awareness and knowledge of the nature and extent of alcohol, tobacco and drug use, abuse and addiction and their effects on individuals, families and communities. It also provides knowledge and awareness of available prevention programs and services. Information dissemination is characterized by one-way communication from the source to the audience, with limited contact between the two.

The following are examples of activities that a SMP coordinator may carry out to raise awareness and provide community-level information:

- Reserve a table at a health fair, parent information night or other community event. This is a great opportunity to share resources, answer questions and let attendees know how to become involved.
- Collaborate with a school or community coalition to host a forum for parents or another target group. Offer to present information about substance misuse prevention at an existing meeting or gathering. This is a good way to disseminate information that is designed for specific audiences.
- Create and disseminate newsletters, distribute issue briefs, publish articles in local papers to provide information about current and emerging issues.
- Keep a contact list or multiple contact lists and share prevention resources regularly.
- Respond to emerging/urgent needs by gathering and disseminating timely information from reliable sources; cite sources to ensure creditability and reliability).

ROLE: To build a community's capacity to address substance misuse.

The following are examples of activities that a SMP coordinator may carry out to build a community's capacity to address substance misuse:

- Assist with local coalition development by facilitating the application of the Strategic Prevention Framework.
- Provide school administration or a school board member with technical assistance and support to determine which prevention curriculum to use in their schools.

ROLE: To access new and leverage existing funds.

The following are examples of activities that a SMP coordinator may carry out to access new and leverage existing funds:

- Research grant opportunities specific to the community's needs.
- Provide key regional stakeholders with information about grant opportunities and requests for proposals.



- Assist with or take the lead on writing grant proposals that will benefit a community/communities/populations within your RPHN.
- Facilitate a process in which existing human and monetary resources are identified and utilized in communities in your region.

ROLE: To compile, share and use data and research for decision-making.

The following are examples of activities that a SMP coordinator may carry out to compile, share and use data and research for decision-making:

- Partner with schools and/or community stakeholders to present Youth Risk Behavior Survey results at community meetings or other meetings/events where the core sectors can be reached.
- Promote evidence-informed and best practices.
- Share the RPHN's SMP annual report with stakeholders and post to your RPHN website.
- Assist individuals involved in the development of an innovative program with a NH Service to Science [application](#) process.
- Encourage and assist with the evaluation of local programs and initiatives in the RPHN.

ROLE: To fulfill the grant administration requirements associated with the SMP portion of the RPHN contract.

The following are examples of activities that a SMP coordinator may carry out to fulfill the grant administration requirements associated with the SMP portion of the RPHN contract:

- Develop required reports such as strategic plans, work plans, logic models and annual reports.
- Track and record regional process measures on a monthly basis.
- Write the SMP portion of state grants.
- Read and respond to contract-related and emails from stakeholders on a regular basis.

Professional Skills of the SMP Coordinator

New Hampshire's regional SMP coordinators are required to become Certified Prevention Specialists (CPS) within one year of being hired. The prevention certification is designed to recognize and ensure that substance misuse prevention practitioners meet competency standards established by the International Certification and Reciprocity Consortium (IC&RC) and the NH Prevention Certification Board. Information about the Prevention Certification Board of NH and the CPS manual application can be found here: <http://nhpreventcert.org/>

An effective Substance Misuse Prevention Coordinator can have many skills. However, the following skills listed aid coordinators in the role described above.

FACILITATION SKILLS: Coordinators must be skilled meeting facilitators. Facilitation skills are essential to running productive Leadership Team and Network meetings. Coordinators may also be asked by community members to facilitate various sub-committees and other regional meetings relevant to substance misuse prevention.

Tools:

The Community Toolbox: The University of Kansas offers a section on Developing Facilitation Skills: <http://ctb.ku.edu/en/table-of-contents/leadership/group-facilitation/facilitation-skills/main>

CDC: This Facilitation Tip Sheets offers quick tips for facilitators: https://www.cdc.gov/phcommunities/docs/plan_facilitation_tip_sheet.doc

NH Listens: The UNH Carsey School of Public Policy offers ongoing training opportunities to become a NH Listens facilitator. This training track will offer the participant skills that can be used beyond the NH Listens sessions. For more information: <https://carsey.unh.edu/nhlistens/facilitators>

NETWORKING SKILLS: SMP Coordinators engage in networking to promote, expand and improve substance misuse prevention efforts in their RPHN. Networking is a socioeconomic business activity by which businesspeople and entrepreneurs meet to form business relationships and to recognize, create, or act upon business opportunities,[1] share information and seek potential partners for ventures. In the second half of the twentieth century, the concept of networking was promoted to help businesspeople to build their social capital. "Networking" has become an accepted term and concept in American society. In the 2000s, "networking" has expanded beyond its roots as a business practice to the point that parents meeting to share child-rearing tips to scientists meeting research colleagues are described as engaging in "networking". Adopted from Wikipedia on June 6, 2017.¹

Tools:

Boston University School of Public Health: Use the link to access a PowerPoint presentation on Networking: Skills and Perspectives: for Success: http://www.bu.edu/sph/files/2011/07/networking_workshop_-_powerpoint.pdf

University of Minnesota: Find a variety of resources to help you become a better networker: <http://www.sph.umn.edu/careers/tipsheets/networking/>

¹Accessed at: https://en.wikipedia.org/wiki/Business_networking



PUBLIC SPEAKING SKILLS: As the prevention experts in the state, SMP Coordinators are often asked to speak at community events or serve on panels. Good public speaking skills are necessary to stay on message and to drive community engagement in substance misuse prevention.

Tools:

University of Arizona: Use these five tips from the Mel & Enid Zuckerman College of Public Health at the University of Arizona to increase your ability to educate and inform the people with whom you work: <http://mphdegree.arizona.edu/resources/articles/5-ways-public-health-professionals-can-improve-their-communication-skills/>

COMMUNITY ORGANIZING SKILLS: Community organizing is at the heart of the SMP Coordinator position and coordinators often find themselves in the role of assisting with the development of local coalitions.

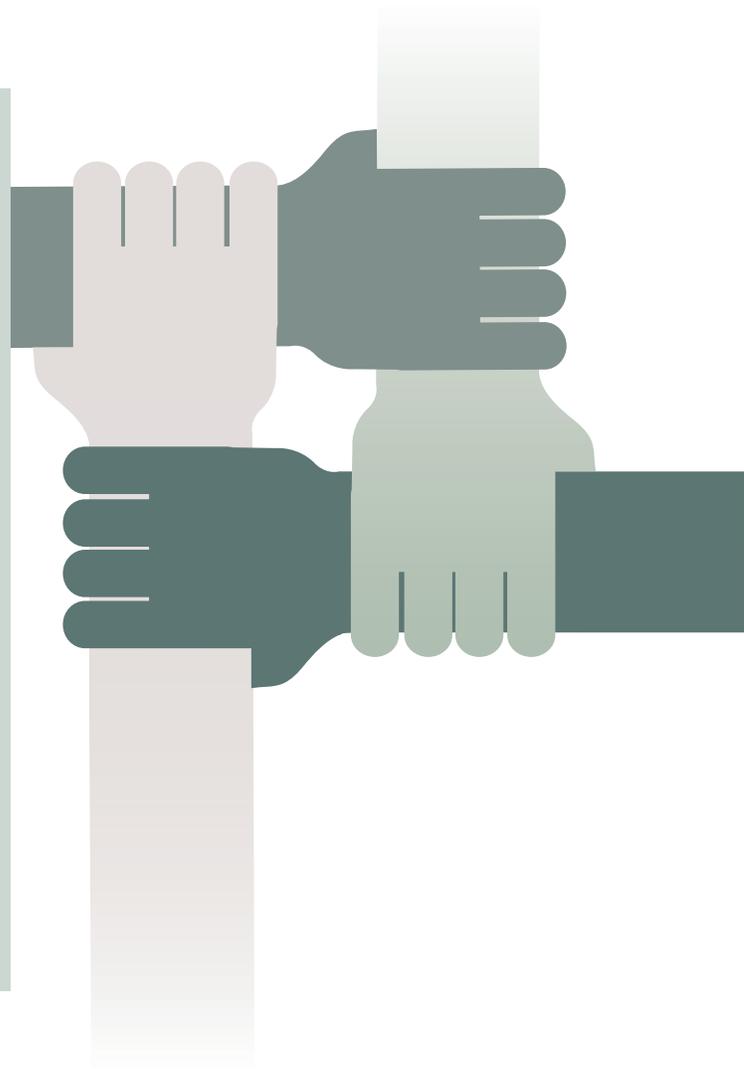
Tools:

CADCA: Find Capacity Primer: Building Membership, Structure and Leadership here: <http://www.cadca.org/resources/capacity-primer-building-membership-structure-and-leadership>

THE TEN RULES OF COMMUNITY ORGANIZING

1. Nobody’s going to come to the meeting unless they’ve got a reason to come to the meeting.
2. Nobody’s going to come to a meeting unless they know about it.
3. If an organization doesn’t grow, it will die.
4. Anyone can be a leader.
5. The most important victory is the group itself.
6. Sometimes winning is losing.
7. Sometimes winning is winning.
8. If you’re not fighting for what you want, you don’t want enough.
9. Celebrate!
10. Have fun!

(Source: <https://comm-org.wisc.edu/papers97/beckwith.htm#whatisco>)



Technical Assistance:

So, what is technical assistance (TA)? A collaborative, relationship-based model of assistance and support designed to:

- Identify and select solutions to address problems, needs or goals
- Adopt or adapt knowledge to practice
- Effectively implement solutions customized to meet the needs of clients²

The SMP Coordinator is in a unique position in the prevention field. Rather than provide prevention services, the coordinator provides TA to the six core sectors and others working in the prevention field to foster the adoption of, increase in enhancement of and improvement of prevention programs, practices and policies.

Tools:

Northeast Center for Applied Prevention Technologies (CAPT): In 2014, the Northeast CAPT developed a webinar entitled: Providing Effective Technical Assistance (TA) to Six Sectors of Community. Please reference the PowerPoint for ideas on how to be an effective TA provider. <http://1viuw040k2mx3a7mwz1lwva5.wpengine.netdna-cdn.com/wp-content/uploads/2017/06/NH-TA-Webinar-slides-1.pdf>

Northeast Center for Applied Prevention Technologies (CAPT): Template for developing a TA Plan: http://1viuw040k2mx3a7mwz1lwva5.wpengine.netdna-cdn.com/wp-content/uploads/2017/06/Creating-a-TA-Plan_0.pdf

Leadership Teams

Each SMP Network is expected to develop and/or convene a SMP committee of content experts or a “Leadership Team” on a regular basis. The following provides some broad guidance for SMP Committee/Leadership Team development, with the understanding that each region will have different needs based on geography, priorities, and readiness. The SMP committee/Leadership Team is intended to serve as a content-specific group of individuals that works in coordination with the Public Health Advisory Council (PHAC), the Emergency Preparedness Coordinator and other community health improvement priority workgroups.

General Role of the Leadership Team

- To ensure SMP regional priorities and programs are data-driven, evidence-based, and culturally appropriate to achieve outcomes
- To assist with building regional capacity to address substance misuse
- To advance the field of prevention in New Hampshire

² The Minnesota Center for Professional Development. (2013). Core Competencies for Effective Training. Retrieved from http://mncpd.org/docs/RBPD%20Web%20Site%20Sep%202009/Core_Competerencies_for_Effective_Technical_Assistance.pdf



General Responsibilities of the Leadership Team

- Guide the implementation of the three-year strategic plan and one-year work plan
- Contribute to the development of the regional SMP network by supporting community mobilizing efforts
- Elect a chairperson or other team member to serve as the liaison to the regional PHAC
- Attend at least 75% of SMP Leadership Team meetings annually

Leadership Team Structure

Number of members: The number of members can vary, but it is recommended that the team consist of at least six members; one representing each of the core sectors: business, education, health, safety, government, and family & community supports, including those in positions such as student assistance counselors, DFC coalition leaders, etc. The team should also represent a diverse cross-section of the region – including representation from the largest municipalities as well as smaller towns and rural communities, and from diverse cultural groups within the region. For decision-making purposes, the ideal number of SMP Leadership Team members is about eight to ten. Groups of ten or more may be fitting for some regions but typically require more management and structure than smaller groups.



Positions: Most teams will elect a chairperson. Responsibilities of the chairperson can vary. Sometimes the chairperson may lead meetings while in other structures, the chairperson reviews agendas and/or acts as the spokesperson for the network. The chairperson, or another team member, should serve on the Public Health Advisory Council (PHAC) and act as a liaison between the SMP Leadership Team and the PHAC. The role of the SMP Coordinator within the SMP Leadership Team is to ensure the team is well educated in the basic tenets of prevention and to support their ability to serve as the change agent for the RPHN.

Number of meetings: Meeting schedules for SMP Leadership Teams vary. Some meet bimonthly and others meet quarterly. The best meeting schedule for your team can be determined by the maturity of the group, the willingness of members to meet, travel distances and the need for meetings. It is important to be respectful of everyone's time and to strike a balance between how many meetings are necessary to get the job done and what is feasible. It is wise to utilize opportunities for electronic communications when in-person meetings are not necessary. However, electronic communications should be limited and well organized.

Decision-making Procedures: It is not necessary for the SMP Leadership Team to have by-laws and documented decision-making procedures. However, the extent to which a formal structure is necessary will depend on the nature and dynamics of the group. Some groups prefer to operate casually while others prefer to function according to an agreed upon set of rules. Good facilitation skills are an effective way to conduct productive SMP Leadership Team meetings in which consensus can be reached when making decisions.

Related Subcommittees: SMP coordinators have convened workgroups based on the functional stages of the Strategic Prevention Framework (SPF): Assessment, Capacity-Building, Planning, Implementation, Evaluation, Cultural Competence and Sustainability. Although BDAS is not requiring any specific workgroups be formed, they do fully endorse the creation of workgroups on an "as-needed" basis to focus on either long-term needs such as data collection and evaluation or sustainability, or shorter-term needs like rolling out a specific strategy such as Life of an Athlete or regional Model School Policy work.

Please see <http://1viuw040k2mx3a7mwz1lwva5.wengine.netdna-cdn.com/wp-content/uploads/2017/07/Leadership-Team-Development-Tools.pdf> for additional Leadership Team guidance and development tools.

Prevention Science and the Application of the Strategic Prevention Framework

The NH DHHS/BDAS endorses a public health approach to substance misuse prevention. SMP Coordinators are expected to have a deep knowledge of and strong ability to apply the SPF to address concerns related to substance misuse. It is important to remember that prevention science is complicated. It is critical that all SMP Coordinators are well-versed in the following broad concepts when planning and implementing policies, practices and programs to address substance misuse prevention.

A Public Health Approach to Addressing Substance Misuse

Who: The social ecological model is a great way to visualize the multiple levels in which substance misuse can be addressed. It is important to identify needs and address substance misuse at all levels of the social ecological model.



What: Risk and Protective Factors

“Many factors influence a person’s chance of developing a mental and/or substance use disorder. Effective prevention focuses on reducing those risk factors, and strengthening protective factors, that are most closely related to the problem being addressed.

[Applying the Strategic Prevention Framework \(SPF\)](#) helps prevention professionals identify factors having the greatest impact on their target population.”



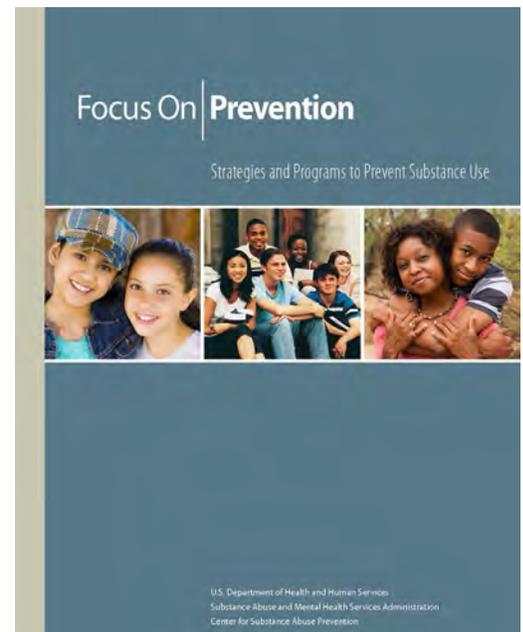
“**Risk factors** are characteristics at the biological, psychological, family, community, or cultural level that precede and are associated with a higher likelihood of negative outcomes.”

“**Protective factors** are characteristics associated with a lower likelihood of negative outcomes or that reduce a risk factor’s impact. Protective factors may be seen as positive countering events.”

Source: <https://www.samhsa.gov/capt/practicing-effective-prevention/prevention-behavioral-health/risk-protective-factors>

How: It is critical that any approach to addressing substance misuse is comprehensive and includes a mix of strategies that impact the various levels of the social ecological model. An excellent guide to comprehensive prevention is the CSAP strategies: **Information dissemination, Providing education, Alternative activities, Community-based processes, Environmental approaches and Problem identification and referral.** For more information on the six CSAP strategies: Focus on Prevention page #13 <https://store.samhsa.gov/shin/content/SMA10-4120/SMA10-4120.pdf>

BDAS has provided each coordinator with a copy of Focus on Prevention, and it can also be accessed at: <http://store.samhsa.gov/shin/content/SMA10-4120/SMA10-4120.pdf>. This publication supplements this manual and all SMP Coordinators are strongly encouraged to read and use this supplemental information as a guide to their daily work.



Evidence-Informed Approaches

In conjunction with the emphasis on understanding prevention science and application of the SPF, the NHDHHS/BDAS has provided guidance for the field to assist with choosing evidence-informed approaches to prevention. Please read and reference the guidance provided when providing TA to the communities in your RPHN.

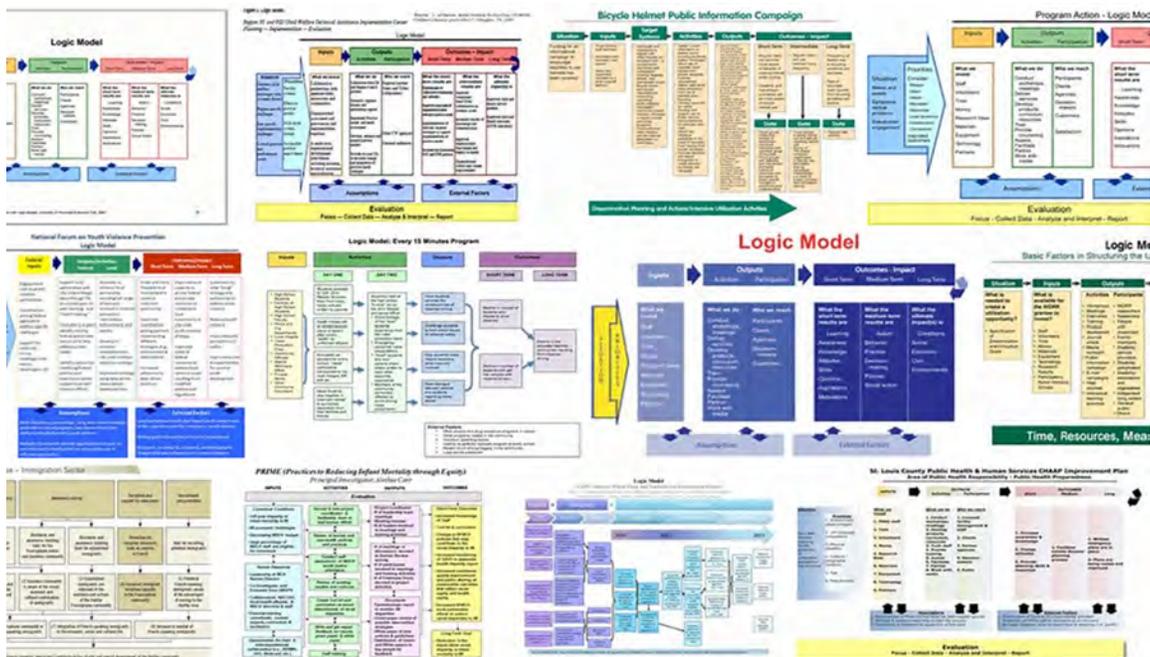
For detailed guidance related to researching evidence-based strategies see: <https://www.dhhs.nh.gov/dcbcs/bdas/documents/evidenceinformedpx.pdf>

Logic Models

Logic models can be useful tools in the planning, implementation and evaluation phases of many public health projects. A logic model can be described in many ways:

- A simplified diagram depicting the interrelationships among goals, objectives, and activities
- A systems model that shows the logical relationships among the resources that are invested, the activities that take place, and the benefits or changes that result
- A picture that shows the sequence of events thought to bring about benefits or change over time, based on evidence and theory

It is important to remember that logic models can take on many forms.





The purpose of the logic model for New Hampshire SMP Coordinators is threefold:

1. SMP Logic models will help coordinators focus their work on the risk factors identified as most pressing across the state.
2. SMP Logic models will help the NHDHHS/BDAS better understand to what extent the work of the SMP Coordinators is targeted towards addressing the risk factors identified as most pressing across the state.
3. SMP Logic models will guide the measurement of short-term outcomes; those outcomes that occur within about a year and will provide each region with data to help understand the impact of the prevention activities they are implementing.

Each region will use the SMP Logic Model template that can be found on the SMP Community of Practice page: <http://nhcenterforexcellence.org/resources/community-of-practice-resources/substance-misuse-prevention-community-of-practice/>

The SMP Logic Model Template includes a problem statement, risk factor addressed strategies and activities, outputs and short-, intermediate, and long-term outcomes as depicted in the table that follows.

SMP Logic Model - July 1, 2017 – June 30, 2018

| Problem Statement | Risk Factor | Strategies & Activities | Outputs | Short-term Outcomes | Intermediate Outcomes | Long-term Outcomes |
|--|--|---|---|--|--|--|
| <p>The problem statement should align with one or more of the goals in the regional three-year strategic plan.</p> <p>Include the substance and population of concern.</p> | <p>All SMP Logic Models must be based on one of the following list of risk factors.</p> <p>The risk factor addressed should align with the objectives in the regional three-year strategic plan.</p> <ul style="list-style-type: none"> • Age of onset of use • Parental monitoring • Parental communication about substance misuse • Parental rules and expectations are clear • Perception of peer or parent disapproval • Perception of harm • Access to substances • Exposure to prevention messages | <p>Include here the strategies and activities that will be implemented to address the risk factor.</p> <p>These strategies and activities should align with the regional three-year strategic plan.</p> | <p>Outputs relate directly to activities. They describe what happened and to what extent.</p> | <p>These outcomes should be measurable in one year</p> <p>Include how each outcome will be measured.</p> | <p>These outcomes directly tie to the risk factor being addressed.</p> <p>Include how each outcome will be measured.</p> | <p>These outcomes are the desired behavior change (regional strategic plan goals).</p> <p>Include how each outcome will be measured.</p> |

Annual Workplan

The purpose of the workplan is to document the strategies and activities that the SMP Coordinator will focus on over the course of the year. Workplans are developed based on the regional three-year strategic plan. Workplans allow the SMP Coordinator to identify a realistic scope of work for the course of a year. It also guides the work of the SMP Coordinator so that activities are intentional and relate back to the regional three-year strategic plan.

The workplan template (see Section 1 Example) is broken down into two sections; one section for capacity building and the other for strategies that directly impact substance misuse. The template begins with the goals and objectives and strategies from the regional three-year strategic plan. The template provides space to lay out the activities that will be completed for each strategy. Each activity should include the sector addressed, the CSAP Prevention Strategy and the risk or protective factor addressed.

Section 1: Goals and Objectives for Building Capacity in the Region

| | |
|--------------------|--|
| Goal | |
| Objective | |
| Objective | |
| Strategic Approach | |
| Strategy 1: | |
| Strategy 2: | |

| Strategy 1: | | | |
|-------------|------------------|--------------------------|-------------------------------------|
| Activities | Sector Addressed | CSAP Prevention Strategy | Risk or Protective Factor Addressed |
| | | | |

Section 2: Goals and Objectives for Substance Misuse Prevention in the Region

| | |
|--------------------|--|
| Goal | |
| Objective | |
| Objective | |
| Strategic Approach | |
| Strategy 1: | |
| Strategy 2: | |

| Strategy 1: | | | |
|-------------|------------------|--------------------------|-------------------------------------|
| Activities | Sector Addressed | CSAP Prevention Strategy | Risk or Protective Factor Addressed |
| | | | |

The SMP Workplan template can be found on the SMP Community of Practice page: <http://nhcenterforexcellence.org/resources/community-of-practice-resources/substance-misuse-prevention-community-of-practice/> The template includes instructions and definitions.

Annual Report

The purpose of the annual report is to summarize the work of the Substance Misuse Prevention Coordinator and the gains in the region each year. The report is required by all Regional Public Health Networks and includes a mix of narrative and presentation of quantitative and qualitative data.

The Annual Report Template can be found on the SMP Community of Practice page: <http://nhcenterforexcellence.org/resources/community-of-practice-resources/substance-misuse-prevention-community-of-practice/> The template includes instructions.



Strategic Planning

Each RPHN has a three-year strategic plan which is current through June 2019. It is expected that the regional strategic plans are dynamic and evolving and are being revised and updated on a regular basis before they are replaced by a new plan. The timeframe of the regional strategic plan is in line with the Community Health Improvement Plans in each RPHN. Therefore, each RPHN will undergo a strategic planning process for community health and substance misuse prevention at the same time.

Federal Reporting Requirements

The NHDHHS BDAS receives federal funding to support prevention in New Hampshire and is, therefore, required to report on measures determined by the federal government in order to continue funding. It is important for SMP Coordinators to understand these requirements, as they are the basis for the design of the monthly reporting requirements and the PWITS database. More about federal reporting requirements can be found here: <https://www.dhhs.nh.gov/dcbcs/bdas/documents/bg-px-noms.pdf>

PWITS

All coordinators are required to enter data into the statewide data system on a monthly basis so that the NHDHHS/BDAS has the necessary information to submit to the federal government. Monthly data entry also provides important information that is used for contract management purposes. The NHDHHS/BDAS often uses PWITS reports to demonstrate the reach of prevention initiatives across the state. For data entry guidance, please reference these documents:

Policy Manual: <http://1viuw040k2mx3a7mwz1lwva5.wpengine.netdna-cdn.com/wp-content/uploads/2017/02/PWITS-Policy-Guide-2016-v1.pdf>

Users Guide: http://1viuw040k2mx3a7mwz1lwva5.wpengine.netdna-cdn.com/wp-content/uploads/2017/02/RPHN-Users-Guide-August_2014.pdf