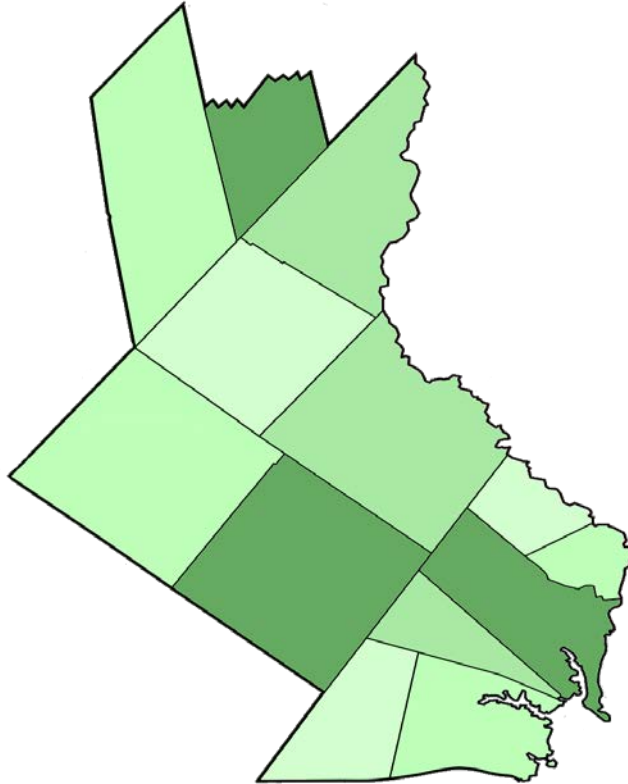




ONE VOICE

FOR STRAFFORD COUNTY

2016-2019 Plan for Substance Misuse Prevention



ONE Voice for Strafford
County Regional Network

Submitted by Melissa Silvey and Dean LeMire
January 19, 2016

I. BACKGROUND

ALCOHOL AND OTHER DRUG PROBLEMS IN NEW HAMPSHIRE

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

According to the National Survey on Drug Use and Health (NSDUH), in 2010 an estimated 22.6 million Americans aged 12 or older used illicit drugs in the past month and over 131 million people reported being current drinkers of alcohol. Among this population, 23.1 million people aged 12 or older in the U.S. met diagnostic criteria for an illicit drug or alcohol use problem.¹

In comparison to national figures, New Hampshire's substance abuse rates are statistically higher for a number of population groups. Reported use of alcohol and marijuana in the past 30 days is higher for many age groups in New Hampshire. Among youth aged 12-17 and young adults aged 18-25, New Hampshire's rates of binge drinking are significantly higher than the U.S.² In addition, New Hampshire's 12 to 17 year-olds are one-and-one-half times more likely than 12 to 17 year-olds nationwide to smoke marijuana.³ This amounts to one in four NH high school aged children who engage in regular binge drinking and regular marijuana smoking.⁴ The rate of young adult drinking (18 to 25 year olds) in NH is the highest in the country.⁵ Young adults in NH have higher rates of use of illicit drugs other than marijuana and higher rates of non-medical use of painkillers compared to peers nationally.⁶

The devastating consequences of alcohol and other drug misuse range from increased violence and unsafe or unwanted sexual activity to car crashes and life-threatening overdoses. In 2011, the number of drug-related deaths in New Hampshire totaled 200, a first since these data have been collected and reported. The number of deaths represents an increase of over 300% since the year 2000. Drug deaths caused by prescribed medications almost doubled from 49 to 83 between 2008 and 2009 and 82% of

¹ SAMHSA. (2011). *Results from the 2010 National Survey on Drug Use and Health: Summary of National Findings*. pp 1-6. Retrieved from: <http://www.samhsa.gov/data/NSDUH/2k10NSDUH/2k10Results.pdf>

² SAMHSA. (2010). *Results from the 2009 National Survey on Drug Use and Health: Volume I. Summary of National Findings*. p

3. Retrieved from: <http://oas.samhsa.gov/NSDUH/2k9NSDUH/2k9ResultsP.pdf>

³ Ibid. p 2.

⁴ NH DOE. (2011) *NH Youth Risk Behavior Survey Results* pp 76, 91. Retrieved from:

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

⁵ Ibid, p 76.

⁶ Ibid. pp 85-120.

drug-related deaths in 2011 were related to prescription drug abuse.⁷ Additionally, between 2001 and 2006, the percentage of car crashes related to alcohol ranged between 35% and 45%.⁸ ONE Voice for Strafford County, part of the Strafford County 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.

ONE Voice for Strafford County Regional Network 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: 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)

New Hampshire’s Regional Public Health Networks (RPHN) provides the infrastructure for a regional substance misuse prevention network. The role of the prevention network is to conduct three core prevention functions:

- 1) Align regional prevention efforts with the goals of the state plan and the New Hampshire State Health Improvement Plan (SHIP)
- 2) Build, maintain and sustain a regional network of professionals and community members who are concerned about substance misuse in the region, and
- 3) Leverage resources and 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.

⁷ Dr. Thomas Andrew, NH Medical Examiner’s Office.

⁸ National Highway Traffic Safety Administration. *Fatality Analysis Reporting System (FARS)*. Retrieved from: <http://www.nhtsa.gov/FARS>

ALCOHOL AND OTHER DRUG PROBLEMS IN STRAFFORD COUNTY REGION

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

The Strafford County Public Health Network also known as ONE Voice for Strafford County includes thirteen cities and towns in the southeastern corner of NH. Greater Dover, Greater Durham and Greater Rochester all have unique public health needs and priorities. The norther tier of Strafford County boasts some of the lowest income and educational attainment levels in the State, while the greater Durham and Dover areas boast some of the highest income and educational attainment levels. The norther tier is home to many summer homes, and less representation in its tax base from year round residents. Many of the northern tier communities are defined as bedroom communities, commuting more than 20 minutes to their employment. The Dover and Durham regions are home to robust development over the past 20 years and UNH, the State's largest University also plays a role in the culture and access to alcohol among young adults.

Consideration of population density may also be particularly important when determining the costs and benefits of environmental prevention strategies. The Southeastern Region is home to the City of Dover, the most populated city in the Region at 29,987 residents. Rochester and Portsmouth are the next largest towns in the Region at 29,752 and 20,779 respectively.

Approximately 105,000 individuals (9% of the population over 12 years of age) in New Hampshire meet the American Psychiatric Association (APA) diagnostic criteria for substance use disorders (SUD). Approximately 5,000 people receive SUD services through contracts administered by the Department of Health and Human Services (DHHS) Bureau of Drug and Alcohol Services (BDAS). New Hampshire is consistently ranked highest in the nation for alcohol consumption among adults and young people per capita, and among the highest for illicit drug use, while access to treatment for resident's remains among the lowest in the U.S.⁹

The consequences of substance misuse on our region are substantial, as is its toll on emotional, mental, physical, and economic wellbeing of individual residents¹. Of particular concern is the rate by which young adults across New Hampshire are dying as a result of overdosing on heroin and the prescription

⁹ NH DHHS, 2015

narcotic Fentanyl. From 2010 to 2013, heroin use among NH residents surged dramatically and the number of heroin-related overdose deaths increased from 14 to 45 deaths. The total confirmed number of opioid overdoses resulting in death in 2014 is 326, of which 128 involved Fentanyl, a prescription opioid fifteen to twenty times more potent than heroin that is being used to 'cut' individual batches of heroin for sale. The medical examiner's office has reported more than 210 overdose deaths so far in 2015 as of late August 2015.¹⁰

In addition to public health impacts, the economic toll sustained in our state resulting from substance misuse and addiction is grave. In 2012, costs associated with substance misuse in NH for workplace productivity (impaired productivity and absenteeism) was \$1.15 billion. The economic burden for healthcare services, including substance misuse treatment, medical care, and insurance administration totaled nearly \$266 million.¹¹

Costs associated with the criminal justice system, including police protection, corrections, cost to crime victims, and victim productivity loss reached \$284 million¹².

In 2012 New Hampshire became the 49th in the nation to implement a Prescription Drug Monitoring Program aimed at tracking and reducing unnecessary prescriptions of addictive drugs. In 2014, New Hampshire still ranked third in the nation for prescriptions of long-acting opioid pain relievers. Now, in 2015, more prescribers are complying as a condition for license renewals, prescriptions are being systematically controlled. Looking at the trends in neighboring states such as Vermont and Massachusetts, ours is poised to see even more of its residents turning to heroin as prescription opioids become scarce.

The opioid epidemic is seminal to the concerted effort now taking place in communities throughout the state. Organizations across multiple sectors, including law enforcement and health care, have engaged to identify how best to address this public health problem across the spectrum of care.

As communities across the state continue to grapple with the rising prevalence of substance misuse and addiction rates, Regional Public Health Networks, comprised of multi-sectoral organizations including health and medical, safety and law enforcement, education, business, and government domains, will employ collaborative and capacity-building efforts to leverage the resources necessary to increase access to and make available substance misuse prevention, intervention, treatment, and recovery support programs and services among youth and adults.

In September 2014 through August 2015, five focus groups were conducted locally to ascertain among select populations in Strafford County their experience or perceptions about Substance Misuse (Refer to Call Out Box).

Findings implicate environmental, emotional, and mental

¹⁰ NH DHHS, 2015

¹¹ New Futures 2014

¹² New Futures 2014

Substance Misuse Focus Groups

- ✓ Bonfire Sober House
- ✓ Therapeutic Community Program of Stafford County Corrections (Male)
- ✓ TC SCC (Female)
- ✓ Dover Children's Home
- ✓ Leadership Roundtable

health factors as having the greatest influence on individual behavior, including family dynamics, lack of supports, genetics, and other stressors and conditions.

There was consensus among participants within each focus group that more school-based education is needed with a focus on the negative impacts of substance misuse. According to one participant from Dover Children's Home, "It would be nice to have a continuous progressive structure of education regarding the topic of alcohol and drug misuse throughout the entire levels of grades like they do for other subjects." Similar sentiments were shared among participants in the TC Strafford County Corrections male and female populations. Specifically, there was a perceived inadequacy of substance misuse education in schools; a need to begin educating youth about substance misuse earlier on in the lower grades was endorsed by most. Some participants suggested that substance misuse education should be taught to children as early as kindergarten.

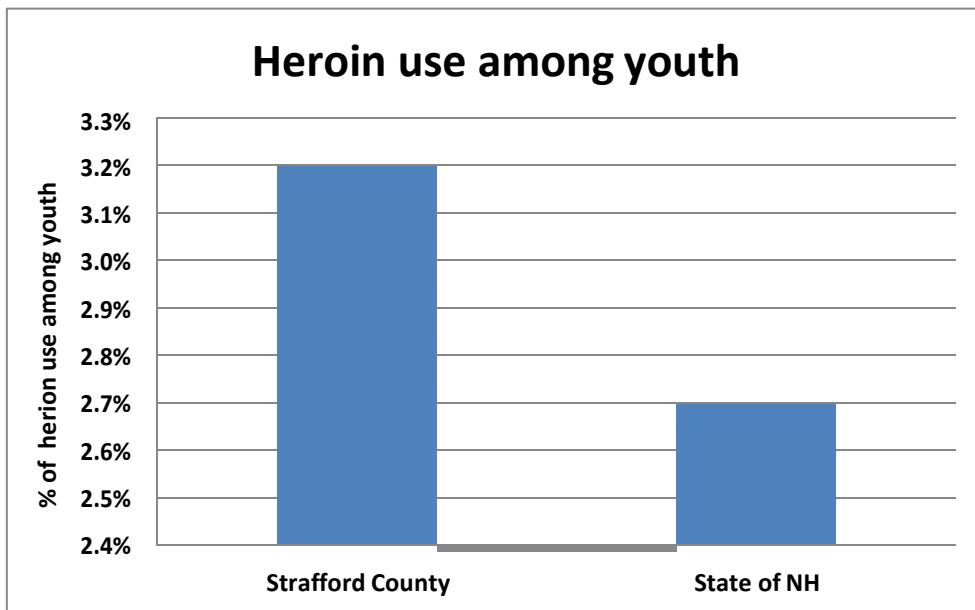
But today's youth in Strafford County do seem to perceive harm from drinking and using drugs. Nearly 90 percent reported they are at risk if they take a prescription drug without a prescription, according to the Strafford County Youth Risk Behavior Survey collected Spring 2015; ninety-four percent of Strafford County middle schoolers believe their peers disapprove of this same behavior. Almost none surveyed believe their parents condone drinking daily or using any drugs at all, and 84 percent believe their friends frown upon regular alcohol use.

Though our focus group participants noted comprehensive school-age drug and alcohol education as a primary concern, current regional data suggests that the message about harm associated with substance misuse is being heard and not heeded. Despite the perceived harm and social pressure to not misuse substances among middle-schoolers, the rate of substance misuse among high school students in Strafford County surpassed the State in all areas except using a prescription drug without a doctor's prescription.

Most focus group participants agreed that a person's home environment played a significant role in whether or not youth will misuse substances. Several participants acknowledged that children model after their parents' behavior. As stated by one participant from Dover Children's Home, "A lot of kiddos that are currently residents at this facility are here because of substance misuse by the parents in the home." Another participant added, "It becomes normal, and a familiar environment can make the child more vulnerable to substance misuse."

Other participants questioned whether external influences even play a role for some, suggesting that a person's genetic predisposition to substance misuse trumps all other factors. According to one participant, "Some kids in here (Bonfire) were brought up like sh**"; other kids were brought up well, and they're both heinous IV heroin users...."

Most participants indicated feelings of disconnectedness, social anxiety, and/or mismanaged stress as playing large roles in their need to misuse alcohol and drugs.



***48.4% of middle school students reported being bullied on school property**

***18.1% of middle school students reported self harm**

***27% of middle school students have felt sad or hopeless for two or more weeks within the past year**

Prevention remains a critical priority for Strafford County, and just as important will be this region’s response to an existing opiate crisis. The scope of the problem and its damages is huge; one indicator of the prevalence of opioid misuse is admissions data from treatment centers based on patients’ region of residence.

According to the New Hampshire Drug Monitoring Initiative, 64 Strafford County residents were admitted to treatment programs for opiate addictions between January and February of this year. Two Strafford County cities have consistently been ranked among the top ten in New Hampshire for emergency responder administration of Narcan since 2011. Strafford County accounted for 90 incidents involving Narcan by emergency medical responders between March and May of this year.¹³

There were 56 deaths by opioid overdose in Strafford County between 2009-2013. The following is a poll of only four Jurisdictions of 13 in Strafford County.

- **305** overdoses in Farmington, Dover, Somersworth and Rochester from Jan 1-Nov. 18
- Confirmed Deaths: **34** through 11/18
- Suspected OD Deaths but awaiting ME Confirmation: **7** through 11/18
- Repeat responses to same individuals meaning requiring more than one administration of Narcan or reported overdose: **40**
- Population of these jurisdictions is approximately 80,000 people.

¹³ NH Drug Monitoring Initiative, 2015

Strafford County’s only inpatient treatment program, Southeastern New Hampshire Services, recently cut its available number of beds per licensing and Medicaid requirements that are putting the agency’s future as an inpatient treatment program in jeopardy.

This year Southeastern reduced the beds in its 28-day treatment program from 14 to 10 to comply with space regulations. Other requirements needed to transition from State to Medicaid funding will cost an estimated \$500k and are due in 2016 with no proposed funding source or resolution to the issue.

“There were 324 overdoses last year, and there’s still a pile of autopsies to be done...”

“Five of my friends overdosed last year...”

“I’ve seen so many people come and go...” (Bonfire Recovery Services residents)

Many focus group participants agreed that as their addictions progressed, substance use took priority over all other valued parts of their lives. One participant shared, “We are people who are smart, have ideas...at one point, I was on a path to where I want[ed] to be, but drugs pushed me off my potential.” Another added, “Whatever you live to do...becomes secondary to your first love (drugs).”

Stigma associated with untreated SUD was a common theme heard among the substance use focus groups. Several participants agreed that the longer they lived in active addiction, the worse their behavior became, and the more marginalized, criminalized, and alone they felt within their families and communities. Increasing feelings of shame accompanied unsuccessful attempts to moderate or stop their substance use, according to some. Participants referred to a diminishing “window of willingness” during which they were emotionally capable of seeking or accepting help of any kind, and emphasized the need for treatment to be readily available when people with SUD “make the call.”

One of the Bonfire participants described a need in our region to have a person stationed in the emergency rooms who is there to offer support to the person recovering from the overdose experience. Other participants agreed with this idea and went on to further discuss how it would be beneficial to the person who is experiencing the overdose crisis.

“My insurance wouldn’t even cover a medical detox because essentially you can’t die from heroin withdrawal...”

“I called detox and they said we have no beds...”

“The grace period of someone’s willingness to getting clean can be very small, so having to call treatment centers for a week to try and get a bed is not encouraging people to get clean....” –Bonfire

OTHER REGIONAL DATA

In summary, we have identified the following local shortages and barriers to substance misuse aversion, treatment, and recovery:

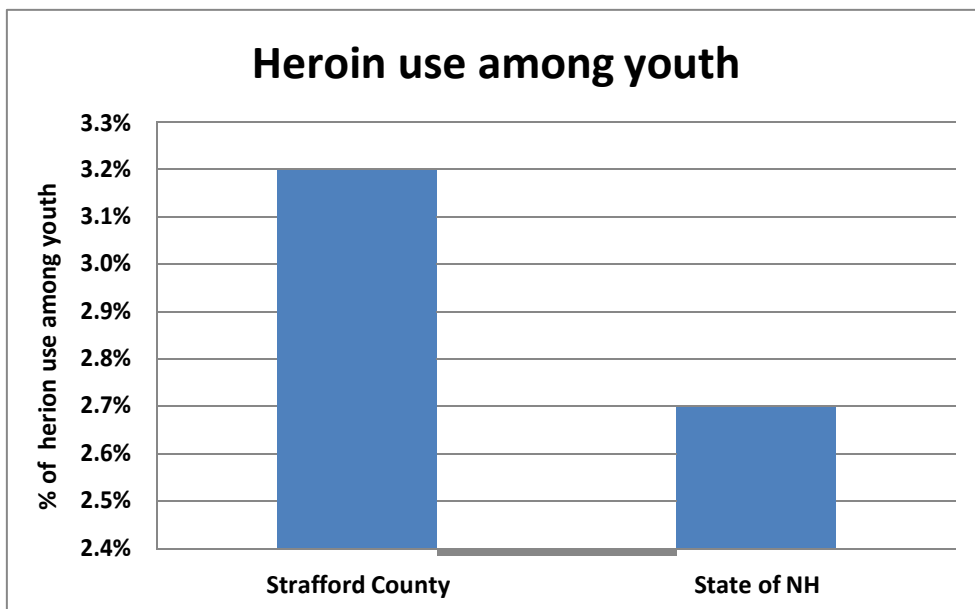
Themes throughout focus groups held with Strafford County

Coping skills	Access to mental health	Number	Funding for new or existing	Insurance restrictions	Follow-up or continuum of
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	services	treatment beds	programs	or limitations	care
Sober living opportunities or halfway houses for women	Affordable sober living opportunities or halfway houses for men	Crisis intervention for opiate overdose survivors	Caregivers with access to Narcan to help prevent overdose deaths	Inpatient treatment duration not long enough	Reducing the stigma related to substance abuse disorders

In Strafford County, the Youth Risk Behavior Survey (YRBS) indicates that there is a statistically significant increase in binge drinking and prescription drug misuse from 2011 to 2013 for high school students.¹⁴

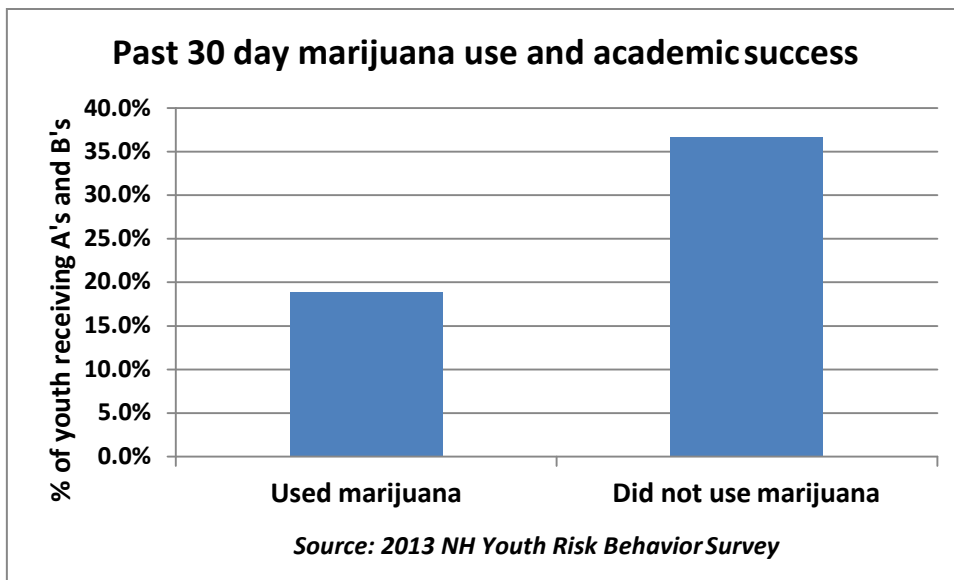
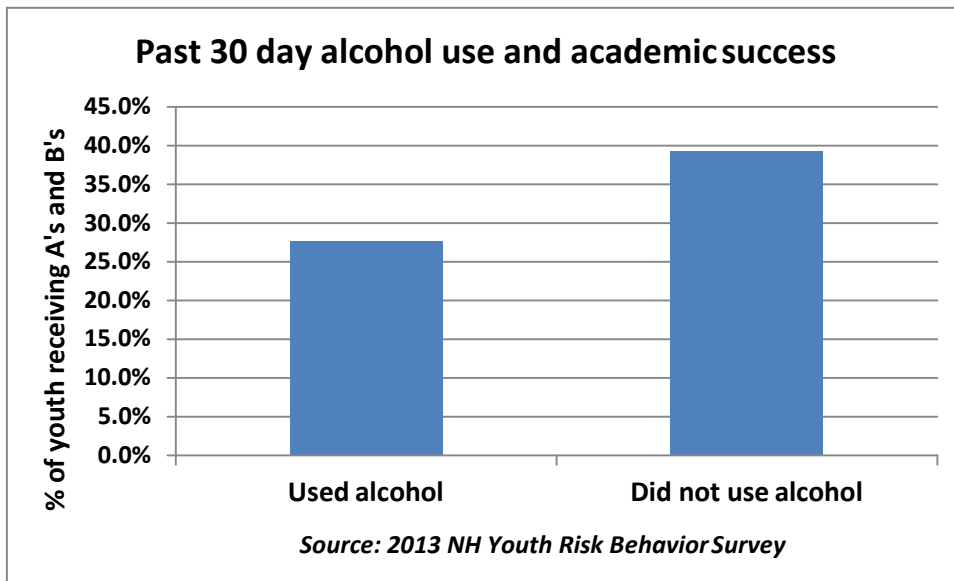
Furthermore, rates for these two indicators are statistically higher than the average in NH. Heroin usage among youth is higher in Strafford County at 3.2% than NH at 2.7%.



When youth perceive high risk, they are less likely to engage in the behavioral that poses that risk. In 2013 NH YRBS, 3.5% of youth who perceived great risk of harm used marijuana in the past 30 days, but 30% of the youth who indicated little or no risk of harm in using marijuana actually used it.¹⁵

¹⁴New Hampshire Youth Risk Behavior Surveillance Survey, 2013

There is a clear correlation between academic success and substance use. For students who drank alcohol or smoked marijuana in the past thirty days, only 27.7% received A's and B's compared to 39.3% who did not drink in the past thirty days and 18.9% compared to 36.7% received A's and B's if they didn't smoke marijuana.



Despite the need, there are no formal treatment programs for youth in Strafford County or surrounding communities. If a family is struggling with a youth drug or alcohol use, they would need to travel a minimum of 45 minutes each way to access an intensive outpatient program (IOP) or residential

¹⁵ New Hampshire Youth Risk Behavioral Surveillance Survey, 2013

treatment. Moreover, many adolescents are forced to leave the State to get the treatment they need; Maine and Massachusetts being the primary destinations.

Not only is there a high prevalence of substance misuse among youth in our area, but an even greater misuse and behaviors that lead to chronic diseases exists in the adult population. Based on the 2013 County Rankings, 17% of Strafford County residents reported excessive drinking while the national benchmark is currently at 7%. Strafford County ranks 8th out of the 10 counties in NH for the some of the worst health behaviors that affect quality of life and lead to chronic illnesses including alcoholism¹⁶. Below is data from the Behavioral Risk Factor Surveillance Survey (BRFSS) for 2013.

Table 1 Selected BRFSS Risk Behaviors comparing Strafford County vs. NH¹⁷		Strafford County	New Hampshire
Alcohol consumption	Had at least one drink in past 30 days	62.0%	64.3%
	Heavy drinkers (men- more than 2 drinks per day; women- more than 1 drink per day)	8.3%	6.4%
	Binge drinkers (5 or more drinks on 1 occasion)	16.5%	15.1%
	Adults that have had any permanent teeth extracted	40.9%	41.7%
	Visited dentist or dental clinic in last year for any reason	70.9%	76.7%
Tobacco use	Current smoker	20.1%	16.9%
	Everyday	16.0%	12.4%
	Some days	4.2%	4.5%
	Former smoker	28.3%	30.7%
	Never smoked	51.6%	52.4%
Prescription Drug Abuse	Have ever taken prescription drugs to get high	6.8%	5.7%

¹⁶ County Rankings, 2013, New Hampshire

¹⁷ CDC BRFSS, 2010 accessed 04/01/2014

II. NETWORK ACHIEVEMENTS AND COMMUNITY ASSETS/GAPS

PROGRESS MADE AND LESSONS LEARNED

Strafford County's school partnerships have always allowed for numerous data sets to be collected at the middle and high school level dating back to 2007. We have boasted a 100% participation rate at the high school level and an 80% participation rate for the middle School level data collection efforts. Moreover, as part of the previous strategic planning process beginning in 2012, stakeholders felt that in order to track age of onset more closely, middle school data collection was a priority and the YRBS Middle School survey was administered in 2013 and 2015, with results from 2015 still being analyzed.

The primary substances focused on by ONE Voice for Strafford County and its partners was alcohol, marijuana and prescription drug misuse. To address the prescription drug misuse problem, a taskforce was created to address a multi-faceted approach to prevent prescription drug misuse and the taskforce was comprised of five of the six sectors. The Opioid Taskforce of Strafford County was born in 2012, and initially was convened to focus on prescription drug misuse, however, we have since renamed and reshaped our mission to include **all opioids** including heroin.

Coordinated School Health Program: The CSHP seeks to address the most relevant health needs of Strafford County. As such, the intended outcome areas represent the largest threats to the health and safety of our community. The goal of this three year project is to implement a Coordinated School Health Program (CSHP), which is a systematic set of planned, school-based strategies, activities, and services designed to promote optimal student academic, physical, emotional, and social development. By addressing health-related issues, schools not only foster student's academic achievements, but also help to establish healthy behaviors that last a lifetime. To date, \$39,083 has been invested to implement CSHP in Strafford County.

Selected champion will spearhead efforts, coordinate key personnel, and network with other CSHP champions in Strafford County. The CSHP will be piloted in two school districts: Somersworth and Farmington. These two districts have been identified for their high level of projected community readiness. Somersworth especially has been identified as a community that is ready to try an innovative approach to health education. These two communities are smaller, making a pilot program more feasible to implement, manage, and evaluate. Lastly, these two communities have a high level of need. They lack the resources of some of the other communities in Strafford County.

A Coordinated School Health Program is a school health initiative that consists of eight key components to effectively address students' health, and thus improves their ability to learn. Each component makes a unique contribution while also complementing the others, ultimately creating a whole that is more than just the sum of its parts. CSHPs include the following eight components:ⁱⁱ

Family and community involvement in school health: Partnerships among schools, families, community groups, and individuals. Designed to maximize resources and expertise in addressing the healthy development of children, youth, and their families.

Comprehensive school health education: Classroom instruction that addresses the physical, mental, emotional, and social dimensions of health; promotes knowledge, attitudes, and skills; and is tailored to each age/developmental level. Designed to motivate and assist students in maintaining and improving their health and to reduce their risk behaviors.

Physical education: Planned, sequential instruction that promotes lifelong physical activity. Designed to develop basic movement skills, sports skills, and physical fitness as well as to enhance mental, social, and emotional abilities.

School health services: Preventive services, education, emergency care, referral, and management of acute and chronic health conditions. Designed to promote the health of students, identify and prevent health problems and injuries, and ensure appropriate care for students.

School nutrition services: Integration of nutritious, affordable, and appealing meals; nutrition education; and an environment that promotes healthy eating habits for all children. Designed to maximize each child's education and health potential for a lifetime.

Counseling, psychological, and social services: Activities that focus on cognitive, emotional, behavioral, and social needs of individuals, groups, and families. Designed to prevent and address problems, facilitate positive learning and healthy behavior, and enhance healthy development.

Healthy school environment: The physical, emotional, and social climate of the school. Designed to provide both a safe physical plant and a healthy and supportive environment that fosters learning.

Health promotion for school personnel: Assessment, education, and fitness activities for school faculty and staff. Designed to maintain and improve the health and well-being of school staff who serve as role models for the students.¹⁸

SBIRT & Adolescent SBIRT: A significant amount of staffing capacity has been dedicated to developing the infrastructure for Adult universal substance use screenings and now adolescent substance use screenings in a primary care setting. This labor of love started as a strategy on a list 3 years ago, and now the initiative has flourished to 5 cohort sites in NH who are implementing Adolescent SBIRT and 5 FQHC's that have been selected for State funding to build their respective SBIRT infrastructure. In just two short years of implementation, we have screened 2391 individuals 18 and older, and have launched our Adolescent SBIRT screenings as of April 1, 2015. More data will be revealed in coming months. SBIRT seeks to screen and then complete a behavioral intervention or motivational interview within a clinical visit that engages that patient to develop change talk and seek to become ready to make change towards addressing substance use.

¹⁸ Education Development Center (2001). *CSHP At a Glance*. Retrieved from <http://www2.edc.org/makinghealthacademic/cshp.asp>

Opioid Taskforce of Strafford County: This taskforce is a labor of love for ONE Voice for Strafford County. No initiative in the span of ONE Voice’s work has convened so many diverse and committed members who show up month after month, and strategize how we can impact the opioid issues in Strafford County as a collective. This past month, we hosted the NH Heroin Summit and a Legislative Breakfast, titled An Overdose of Truth and Hope for Solutions. What we did not count on was the overwhelming demand from across the State to attend the day long summit. Due to space limitations, it sold out in 48 hours of releasing the registration link. 265 stakeholders that spanned prevention, treatment and recovery, family members with loved ones suffering from opioid addiction, law enforcement and safety, community based supports and a variety of newly engaged stakeholders filled the Garrison Wing at Wentworth Douglass Hospital to listen to four keynote speakers and attend a variety of breakout sessions that hopefully will have an impact on the problem heroin and fentanyl is perpetuating in Strafford County and surrounding communities.



Regional Network Facilitation and Community Mobilization:

Highlights from the past two years are impossible to capture, but we have come together to implement a regional Recovery Day twice, developed a Regional Prevention, Treatment and Recovery Roundtable that meets quarterly, facilitated two large network meetings bi-annually in 2014 and 2015 that had over 160 stakeholders in attendance. We have presented to numerous partner and stakeholder groups on the prevalence of substance misuse in Strafford County and the solutions prevention affords communities and sectors with even the smallest of budgets.

Additionally, during this time, ten proposals have been submitted within this time period and five have been funded.

This includes:

State SBIRT Infrastructure grant totaling \$78,000

Adolescent SBIRT- \$75,000

Coordinated School Health through United Way of the Greater Seacoast- \$39,038

HRSA Behavioral Health grant with a focus on SBIRT in prenatal populations- \$250,000

NH Heroin Summit sponsorships and totaling \$4,800

Partnerships forged within the past two years:

Families Hoping and Coping & Circle of Hope Family Support groups

Bonfire Recovery

Heroin Anonymous, Alcoholics Anonymous and Narcotics Anonymous

Wentworth Douglass and Frisbie Memorial Hospital

Dover, Somersworth and Rochester's Drug Free Communities Coalitions and STOP Act partner

Safe Schools Healthy Students Rochester

The network was made up of many partnerships two years ago, but the cohesion presented by the new geographical makeup introduced in 2013 ended the long process of trying to align two very distinct areas into one region, and finding they did not have a lot in common. By having 7 communities- including the greater Portsmouth area removed from this region and reallocated to the Seacoast region, this presented an opportunity to move the region forward with its geography clearly represented. While the substance misuse prevention work in the region flourished, things were not so cohesive on the public health emergency preparedness side of the State grant. Lots of effort went into engaging new partners in Strafford County, and trying to manage long-term relationships that were disappointed with the merging of multiple programs into one contract.

One of the major changes that took place in the last two years was moving former longtime Regional Leadership Team members into the role of PHAC Executive Board members. This was important to solidify the PHAC Executive Board as an entity in Strafford County. We were very diligent in asking additional members to commit to the group who would bring resources, social capital and coordination to the PHAC in the area of substance misuse, mental health and obesity/nutrition. We now have five focus areas based on the priorities of the PHAC Network members and will focus our efforts in coming months to preparing two strategic plans, the Substance Misuse Prevention plan for FY 16-FY 19 and the Community Health Improvement Plan (CHIP), also for FY 16- FY19.

The greatest example of sector engagement and community mobilization within the past two years is the **Opioid Taskforce of Strafford County**. Through their planning and implementation, we have provided numerous trainings for medical and safety sectors, developed videos to address safe

prescribing practices using compassionate refusal skills and have held four summits that have engaged over 500 stakeholders. They have assisted in planning Recovery Day, developed hospital rounds education opportunities to address opioid misuse and clinical practices to employ, and it has garnered the most media attention within the past two years. This taskforce has submitted numerous letters to the editor, Facebook and other social media engagement, articles and interviews in print and radio guest spots. Additionally, a PSA campaign locale created titled “I Wish I’ve Known” seeks to engage those in recovery from opioid addiction, sharing their perspective that engages young teens about what they wish they had known before they picked up use of opioids.

Medical- Being housed at a medical facility continues to be an added advantage for engaging medical partners. We have multiple medical stakeholders who participate in a variety of PHAC and SMP workgroups. Our CEO has been instrumental in engaging the two hospitals on behalf of ONEVoice.

Law Enforcement- We have seen a large turnover in the past two years of command staff within our law enforcement agencies. We continue to primarily have representation from Dover, Farmington and Rochester, and occasional representation at Network meetings from other agencies.

Business- This continues to be an area we strive to improve in for engagement. We are part of two Chambers of Commerce and present to various Rotary groups semi-annually.

Government- This sector is primarily engaged at the biannual Network meetings and has representation on the PHAC. We are happy to have engaged the County on our PHAC and still reach out to City Council and Mayor’s on issues related to substance misuse.

Education- This continues to be the sector most engaged at Network meetings, PHAC workgroups and Coordinated School Health. They are represented on the PHAC Executive Board and on the Data Information Group as convened. Higher education continues to be a strong partner for ONE Voice for Strafford County. UNH has been a long standing partner of ONE Voice and all of the prevention work within the region.

Community Supports- This is the sector that has flourished with the ore recent work towards the Continuum of Care within the region, and through continued SMP PHAC Education on Recovery Oriented Systems of Care. It has prompted many new partnerships and led to a cohort from Strafford County getting certified as Recovery Coaches. There is movement in the region to develop a workgroup dedicated to developing recovery supports and a Recovery Center. Treatment Drug Court staff and area Intensive Outpatient Programs continue to round out our newly formed partnerships and have provided much needed emphasis on a continuum approach. Lastly a new partnership forged with Bonfire Recovery in Dover has catapulted the work of several workgroups. They are present invigorated and are truly connected on social media. They have been a great addition to our list of partners.

Outcomes Highlighted:

Strategy	Baseline	Change
Opioid Taskforce	Lack of awareness among prescribers and clinical staff about safe prescribing practices	Created produced and disseminated prescriber how to video that encouraged compassionate refusal and infused some SBIRT into the video. Downloaded 223 times from ONE Voice website
Regional Network Facilitation	Data was lacking to measure age of onset present in region	Developed and coordinated Middle School YRBS data collection in 6 schools and 5 schools respectively in 2013 and 2015 and leveraged four funding sources to cover the cost
Narcan Workgroup and Dissemination of Information to EMS	Took part in State taskforce to provide recommendations for Narcan Administration.	The Strafford County region has the highest per capita administration of Narcan in 2014. Many lives were saved as a result of this.
Development of the Prevention, Treatment and Recovery Roundtable	Minimal involvement from Treatment and Recovery stakeholders within the Regional Network System	To date 42 new stakeholders have come to the Roundtable and volunteers for workgroups to address solutions to the assets and gaps identified at the PHAC Network meetings under substance misuse prevention, treatment and recovery

The full 2 year Annual Report can be found [here](#).

REGIONAL ASSETS THAT SUPPORT SUBSTANCE MISUSE PREVENTION AND GAPS - MARCH 2015

Prevention, Treatment and Recovery

Existing Strategies/Actions	Strengths/Assets	Barriers/Challenges	Proposed Strategies/Activities	Stakeholders and Resources	
Substance Misuse: Prevention, Treatment and Recovery					
I. Increase the coordination of treatment and recovery of stakeholder organizations by 5% in three years.					
Youth education/prevention	MAT	DPC Funding	HLOC	#1 Workforce development- isence issues	SENHS
Parent education/prevention	AA/NA (12-Step)	Stop Act	Stigma	#2 Dual diagnosis treatment- inpatient youth and adult	Police
Drug taskforce	Bonfire	Drug Court	Media coverage	#3 Community resource center/recovery support center youth and adult (all resources in place FIC model)	Schools
PeopleCare - Farmington	Triangle Club	Community Benefits	Provider support/ancillary support		Medical providers
L.O.A	HOPE	Juvenile Justice	Outreach		Local businesses
Youth to Youth	JOP Alumni group	Private Insurance	Silo		Church
Community commissions	12-Step Yoga	Public Health	Crisis phone		Family
Rec. Department after school program	SENDHD	SAMSAA	Chronic absenteeism		Advocacy
Prescriber education	ROAD (JOP, MAT)	NH Charitable Fund	Tx facilities	DARE - All schools	Courts
Child sexual abuse/SASS	Cocheo counseling	S.V. prevention	Prison program/re-entry	Lunch and Learn	Hospital
ASAP	Merrimack Valley (M+D)	EAPs	RSS for women	Job assistance/adolescents	Funders
Teen/adult drug court	Outpatient Counseling	TANF	Childcare	Use media to discuss SUD	Bonfire
Mental health court	NHEP	Nonprofits	Transportation	F/U wellness	Politicians
Brief intervention	REAP	Bridging the Gap Rochester Community Coalition for Alcohol and Drug Dependence	Prevention services - early childhood education	Comm/committee/SUD	Lawyers
CPS probation/parole	Home visiting/DCYF		Access to treatment	Coordinated Care	Media
Head Start	REAP at Community Partners (older adults)	In shape= Healthy Choices/Changes	Single payer	Outreach board provider ED/PCP	Probation/parole
Primary Care			Family support		Drug industry
Care coordination			RSS for adolescents		MHI
EMS			Treatment for adolescents		New Future
CIT			Provider development for recovery and treatment		Pharmacies
			Domestic and sexual abuse		HOPE

III. REGIONAL PLAN DEVELOPMENT

PROCESS AND PARTICIPANTS

We engaged the services of CHI in spring 2014 to provide data reports so that PHAC Network members could prioritize the most pressing public health problems in the region. At that same time we held Regional leadership Team's quarterly and it consisted of many new people from a variety of sectors, but never quite achieved the cohesion that the former Regional Leadership Team did when we were not merged with Public Health. In **Appendix A**, we utilized the Regional Leadership Team in December 2014 to prioritize the data needs across the life span and by substance and perception. This was one of the first steps needed to ensure we were on the same priorities as our partners in focusing on data needs within the region.

A facilitator's guide was developed and can be accessed upon request. It was developed and used to assist with breakout groups in large Network meetings, and over 165 stakeholders from 60 organizations attended over the course of 18 months. Moreover, we held focus groups with the Opioid Taskforce, the Regional Leadership Team and five community-based programs. The table below demonstrates the agency/organization as well as the number of attendees and the major themes that came from the groups.

IV. ONE VOICE FOR STRAFFORD COUNTY GOALS, OBJECTIVES AND STRATEGIES

ONE Voice for Strafford County 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 ONE Voice for Strafford County Regional Public Health Network is working to achieve the following over-arching goals and objectives:

- System-level goals and objectives that align with the goals and objectives of the state plan
- System-level goals and objectives necessary to create, maintain and sustain the regional network
- 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, delay or prevent use.

REGIONAL NETWORK GOALS AND OBJECTIVES

GOAL 1	STRENGTHEN THE CAPACITY OF THE ONE VOICE FOR STRAFFORD COUNTY REGIONAL NETWORK TO ADDRESS SUBSTANCE MISUSE PREVENTION (REGIONAL STAKEHOLDER SURVEY 2015)
Objectives: Leadership & Leveraging Resources	
Increase ONE Voice for Strafford County’s Substance Misuse Prevention network membership by 10% for each sector as demonstrated in PHAC Quarterly reports.	
Increase the knowledge of the ONE Voice members by reducing the percentage of stakeholders who responded that they learned nothing new about alcohol and other drug misuse problems in the community from 7% to 4% by 2017.	
Increase cross-agency resourcing and related coordination for collaborative initiatives through demonstration of PARTNER Tool increase in Collaboration, Coordination and Integration.	
Demonstrate an increase in collaborative/braided funding to address substance misuse prevention, and the Continuum of Care. PWITS will demonstrate financial contributions and leveraged resources.	
GOAL 2	INCREASE PUBLIC AWARENESS RELATIVE TO THE HARM AND CONSEQUENCES OF ALCOHOL AND DRUG MISUSE, TREATMENT AND RECOVERY SUPPORT SERVICES AVAILABLE, AND THE SUCCESS OF RECOVERY
Objectives: Public Education	
Produce and disseminate effective messages for a range of topics, public audiences and media channel regularly each year.	
Disseminate 1000 resource guides for Treatment and Recovery Supports to Strafford County residents and organizational stakeholders by 2019	
Develop harm reduction strategies related to opioid use for multiple special populations including adolescent, parents, pre-natal, young adult and incorporate Needle Exchange program in Strafford County to reach those still using opioids by 2019.	

GOAL 3

PROMOTE THE IMPLEMENTATION OF EFFECTIVE POLICIES, PRACTICES AND PROGRAMS ACROSS AND WITHIN THE REGION

Objectives: Training & Professional Development and Data Utilization

Support implementation of effective policies, practices, and programs with sufficient on-going training and technical assistance.

Promote on-going data collection, analysis and reporting to support quality, sustained policies, practices and programs.

Develop comprehensive peer based volunteer supports to create speakers bureau within schools and communities by 2019

Seek resources to support workforce development among AOD professionals who seek licensing through low cost and no cost access to timely Trainings and supervision

SUBSTANCE MISUSE PREVENTION GOALS AND OBJECTIVES

GOAL 1	DECREASE THE PERCENTAGE OF HIGH SCHOOL AGED YOUTH WHO REPORT USING ALCOHOL IN THE PAST 30 DAYS FROM 31% TO 28% BY 2019 USING YRBS DATA
Objectives:	
Increase the percentage of students who agree or strongly agree their parents or other adults in their family have clear rules and standards for their behavior from 78% to 82% by 2019	
Increase percentage of students who suggest that their parents feel it is very wrong or wrong for the student to have one or two drinks of alcohol nearly every day from 86.6% to 90% by 2019	
Increase the percentage of students who think people are at great risk of harming themselves (physically or in other ways), if they have five or more drinks of alcohol once or twice a week from 35.5 to 39% by 2019	
GOAL 2	DECREASE THE PERCENTAGE OF MIDDLE SCHOOL AGED YOUTH WHO REPORT ANY ALCOHOL USE FROM 15% TO 12% BY 2019 USING MIDDLE SCHOOL YRBS DATA
Objectives:	
Increase the percentage of students who think people are at moderate or great risk of harming themselves (physically or in other ways), if they have one or two drinks of alcohol nearly every day from 73% to 76% by 2019.	
Increase the percentage of students who think people are at great risk of harming themselves (physically or in other ways), if they have one or two drinks of alcohol nearly every day from 34.3% to 38% by 2019.	
GOAL 3	REDUCE THE NUMBER OF OPIOID RELATED DEATHS IN STRAFFORD COUNTY ACROSS THE LIFE SPAN FROM 36 TO <10 BY 2019

Objectives:	
Decrease access and availability through a coordinated application for HIDTA designation among all law enforcement agencies in Strafford County by 2017.	
Educate Emergency Department and Hospital Stakeholders on current trends and data collection methods to ensure accurate data dissemination by 2017.	
Develop a harm reduction coalition that will sponsor and pass legislation to introduce needle exchanges throughout Strafford County by 2017.	
Implement year round Naloxone trainings for general public and coordinate the distribution of Narcan Kits with a target being 500 kits distributed by 2017.	
Decrease the number of high school age student who report heroin use from 3.2% to 1% by 2019 using YRBS data	
Goal 4	DECREASE THE PERCENTAGE OF MIDDLE SCHOOL AND HIGH SCHOOL AGED YOUTH WHO REPORT MISUSING PRESCRIPTION DRUGS IN THEIR LIFETIME FROM 4.1% TO 2% & 17.6% TO 14% RESPECTIVELY BY 2019
Objectives:	
Increase middle and high school aged youth students that perceive that individuals who misuse prescription drugs put themselves at great risk of harm from 62.5% to 65% for high school and 66.2% to 69% by 2019.	
Decrease the percentage of students who think it would be very easy for them to get a prescription drug without a doctor's prescription if they wanted to if they wanted to from 18.7% to 15% by 2019	
Increase the perception among high school aged youth that their friends think it is wrong or very wrong for youth to misuse	

<p>Information Dissemination</p>	<p>Community Forums, School Assemblies, ONE Voice Newsletter, Resource Guide, Social Media Messaging</p> <p>Data sharing, development of teen ACOA or similar mutual self-help facilitated group</p>	<p>Utilize speaker’s bureau within Network for speaker engagement opportunities within the region in schools, businesses, medical and community/family support.</p> <p>Continue to update and maintain the ONE Voice Resource Guide, available online and via requests to SMP Coordinator. Located within hospitals, libraries, schools and medical practices, as well as law enforcement throughout Strafford County. Minimum of 1000 will be distributed and or downloaded within 3 years</p> <p>Continue to disseminate Anyone, Anytime, NH, local campaign “If I’d Have Known”, Y2Y PSA development and dissemination, and outreach/resource cards for opioid harm reduction and support for all EMS, Police, Social Service agencies and medical practices within Strafford County.</p>	<p>X</p>
<p>Problem Identification and Referral</p>	<p>SBIRT, Resource Guide, Training of Medical Personnel in Region on Stigma and Addiction Network support of Caregiver Support Groups.</p>	<p>Screening all teens 12-17 at every medical visit</p> <p>Screen young adults 18-22 at every medical visit</p> <p>Close loop on appropriate referrals for those deemed using at harmful, hazardous and or dependence for treatment and recovery support</p> <p>Continue to present a destigmatization training to medical, law enforcement and community/family supports to address stigma related to addiction</p>	<p>X</p>

		Provide at least three Lunch and Learns for area businesses to discuss and provide information on how to identify and refer employees with SUD	
Community Based Process	Prevention, Treatment and Recovery Roundtable mtgs	ONE Voice facilitated Prevention Treatment and Recovery Roundtables will be quarterly and open to all interested in Continuum Workgroups established within the Prevention Treatment and Recovery Roundtable will document expanded service identified for Prevention, Recovery Community Centers and Adolescent Treatment Options	
	Opioid Taskforce	Craft tested messages, outreach on State Anyone Anytime campaign, develop Recovery Summit, produce PSA's related to consumption and consequence of Opioid Use, integrate resources cards and brochures in all medical practices within Strafford County, continue to work with Goodwin Community Health, Hope on Haven Hill and Bonfire Recovery to disseminate among high risk specialty populations.	X
	Harm Reduction Coalition	Develop and facilitate a harm reduction coalition aimed at preventing Hep C and HIV as well as promoting best practices in reducing harm among IV	

		opioid users throughout Strafford County	
Environmental Strategies	<p>HIDTA Application Coordinated and Submitted</p> <p>Youth Empowerment Program (Youth to Youth)</p> <p>Utilize harm reduction coalition to tackle needles in public locations being disposed of improperly</p>	<p>Work with local Strafford County law enforcement to develop High Intensity Drug Trafficking designation.</p> <p>Continue to work closely with Dover’s Youth to Youth as they expand into other regions and throughout the Granite State to mobilize youth in preventing substance abuse as well as work in identifying resources to sustain the program.</p> <p>Harm reduction is prevention. We will be publishing a white paper to present to the Governor’s Commission on Alcohol and Other Drug prevention, Treatment and Recovery to end the vast growth of Hep C and prevent an outbreak of HIV.</p>	X
Data Utilization	Continue to leverage funding to administer Middle School YRBS	Promote on-going data collection, analysis and reporting to support quality, sustained policies, practices and programs.	X

Workforce Development	Develop and continue to maintain a list of LADC's, CPS, CRSW and MLADC's who p-practice or wish to practice in Strafford County to promote a stronger workforce to address prevention.	<p>Establish clear "how to's" for those in the field or wanting to enter the field on licensing and regulations in NH for LADC, MLADC, CPS and CRSW. Link all to website.</p> <p>Develop small scholarship fund to enable more practitioners wanting to enter the field of prevention access to partial scholarships to ensure adequate training.</p> <p>Implement 2 prevention trainings for professionals within 3 years</p>	X
Leadership	Continue to cultivate high level stakeholders to work on behalf of ONE Voice for Strafford County in the area of SMP	<p>Increase the knowledge and skills of the Strafford County Public Health network members and Substance Misuse Prevention network members.</p> <p>Increase cross-agency resourcing and related coordination for collaborative initiatives. Increase Strafford County Substance Misuse Prevention network membership by 15% for each sector.</p>	X
Leveraging Resources	Identify where duplicative programs exist and try to align	Continue to apply for funding that is related to either the CHIP or SMP 3 year plan	X

	<p>better.</p> <p>Seek funding to promote more collaboration and integration among prevention partners within Strafford County</p>	<p>Leverage resources to support workgroups within Prevention, Treatment and Recovery Roundtable.</p>	
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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 ONE Voice for Strafford County Regional Network annual work plan can be accessed at: www.onevoicenh.org



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

The state of New Hampshire and the Strafford County 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 Strafford County 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>
Environmental	Coordinate 13 PD's and Sheriff's to submit HIDTA application to ONDCP	Rochester PD, Dover PD and Strafford County Sheriff's Department	- Decrease access and availability through a coordinated application for HIDTA designation among all law enforcement agencies in Strafford County by 2017.	☒
Education and Information Dissemination	Disseminate Anyone Anytime and If I'd Have Only Know campaigns to local PD's for dissemination in schools Continue to arm LE with Resource cards at opioid overdose and Prevention, Treatment and Recovery Resource Guide	Opioid Taskforce of Strafford County	- Increase middle and high school aged youth students that perceive that individuals who misuse prescription drugs put themselves at great risk of harm from 62.5% to 65% for high school and 66.2% to 69% by 2019.	☒
Community-based process	Increase collaboration between safety and law enforcement and other community partners (Adapted from CA-CI page 55)	Opioid Taskforce of Strafford County & ONE Voice	- Decrease the number of high school age student who report heroin use from 3.2% to 1% by 2019 using YRBS data	☒

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>
Community-based process and Education	Promote the integration of mental health and alcohol and other drug misuse prevention efforts, including professional development and service delivery	ONE VOICE FOR STRAFFORD COUNTY; and Medical members	<ul style="list-style-type: none"> - Increase cross-agency resourcing and related coordination for collaborative initiatives. - Support implementation with sufficient on-going training and technical assistance. 	X
Information Dissemination and Education	Promote data collection, analysis and reporting relative to substance misuse among youth and young adults.	ONE VOICE FOR STRAFFORD COUNTY; Medical members	<ul style="list-style-type: none"> - Decrease the number of high school age student who report heroin use from 3.2% to 1% by 2019 using YRBS data 	X
Identification and Referral	Implement universal SUD screening across 12-22 patients	Goodwin Community health and ONE Voice for Strafford County	<ul style="list-style-type: none"> - Support implementation of effective policies, practices, and programs with sufficient on-going training and technical assistance. - Promote on-going data collection, analysis and reporting to support quality, sustained policies, practices and programs. 	X

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>
Effective Policy, Practice and Programs	Support Student Assistance Providers and Safe Schools & Healthy Students in adopting and sustaining evidence-based policy, practice, and programs	Nute Middle/High School and Rochester MS, Spaulding ONE VOICE FOR STRAFFORD COUNTY	<ul style="list-style-type: none"> - Increase the perception among high school aged youth that their friends think it is wrong or very wrong for youth to misuse prescription drugs from 75.% to 80% by 2019. - Increase middle and high school aged youth students that perceive that individuals who misuse prescription drugs put themselves at great risk of harm from 62.5% to 65% for high school and 66.2% to 69% by 2019. 	X
Information Dissemination	Meet with School Leadership to disseminate Top 5 Prevention Document developed by Prevention Taskforce and	All school districts within Strafford County ONE voice for Strafford County	<ul style="list-style-type: none"> - Increase the percentage of students who think people are at moderate or great risk of harming themselves (physically or in other ways), if they have one or two drinks of alcohol nearly every day from 73% to 76% by 2019. - Increase percentage of students who suggest that their parents feel it is very wrong or wrong for the student to have one or two drinks of alcohol nearly every day from 86.6% to 90% by 2019 	

	Provide TA as needed			
Effective Policy, Practice, and Programs	Provide assistance in the adoption and sustaining of Coordinated School Health in two School Districts	SAU 61 and SAU 56 (Farmington and Somersworth), ONE VOICE FOR STRAFFORD COUNTY	<ul style="list-style-type: none"> - Increase middle and high school aged youth students that perceive that individuals who misuse prescription drugs put themselves at great risk of harm from 62.5% to 65% for high school and 66.2% to 69% by 2019. - Increase the percentage of students who think people are at great risk of harming themselves (physically or in other ways), if they have five or more drinks of alcohol once or twice a week from 35.5 to 39% by 2019 	X

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>
Community-based process and Education	Cultivate expanded local government leadership relative to understanding and addressing the impact of substance misuse.	ONE VOICE FOR STRAFFORD COUNTY; local municipalities	<ul style="list-style-type: none"> - Increase Strafford County's government stakeholders in understanding Substance Misuse Prevention network and increasing membership by 10% for government sector. 	X
Community-based process and Education	Continue legislative breakfast to educate on current drug trends	ONE Voice for strafford County Strafford County delegations Locals City Council and Mayors	<ul style="list-style-type: none"> - Increase ONE Voice for Strafford County's Substance Misuse Prevention network membership by 10% for each sector as demonstrated in PHAC Quarterly reports. - Increase the knowledge of the ONE Voice members by reducing the percentage of stakeholders who responded that they learned nothing new about alcohol and other drug misuse problems in the community from 7% to 4% by 2017. 	X

Business

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

<i>CSAP Prevention Category</i>	<i>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>
Education	Provide workplace education and training programs	ONE VOICE FOR STRAFFORD COUNTY; Chamber of Commerce	- Increase percentage of students who suggest that their parents feel it is very wrong or wrong for the student to have one or two drinks of alcohol nearly every day from 86.6% to 90% by 2019	X
Environmental	Develop and/or promote the adoption of best practice workplace alcohol and drug policies	ONE VOICE FOR STRAFFORD COUNTY; Chamber of Commerce & Mobile Drug Testing	- Increase the perception among adults that individuals who binge drink alcohol and misuse drugs put themselves at great risk of harm.	X

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>
Education and Environmental	Increase training, technical assistance and professional development to develop and expand knowledge and skills relative to addressing alcohol and drug misuse	ONE VOICE FOR STRAFFORD COUNTY Early Head Start Head Start Early Childhood providers	Develop infrastructure to assess willingness and participation of implementing childhood trauma using Adverse Childhood Experiences Survey (ACES)	X

Education	Support local positive development youth programs and youth trainings.	Build protective factors, reduce risk factors, and increase perception of risk of harm.	Train early childhood providers in the framework of ACES	
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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
Middle and High School 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

Tool	Definition of tool and measurement
Qualitative Interviews	Qualitative interviews and appreciative inquiries measure positive factors in the community and help to identify opportunities to make further change to reduce and prevent substance use. Qualitative interviews and appreciative inquiries are administered to community members, including students on a regular basis.
Medication Take Back Weights	Medication Take Back Weights are recorded regularly by police stations that offer Medication Drop Boxes across the Upper Valley.

QUALITY ASSURANCE AND OVERSIGHT

ONE Voice for Strafford County relies on regular monitoring and evaluation data to continuously assess implementation in an effort to ensure high quality and effective prevention work. Most of the short term outcomes are collected by the regional partners and aggregated for use

The partnership with regional middle and high schools provides access to Youth Risk Behavior Survey data and local police departments share medication drop box take back weights and the number of overdose and deaths related to opioid use.

Gaps in data are identified by the leadership team in Appendix A.

VI. Conclusion

We are excited to see a dedicated SMP Coordinator take over the ONE Voice for Strafford County Prevention work. The Continuum of Care work is exciting and the groundwork is being laid to ensure that the region is off to a good start with facilitation of system formation. We have implemented all five strategies that were prioritized in the three year strategic plan (2012-2015) and we are engaging new stakeholders in education, law enforcement, government, business, medical and community support to reduce youth and adult alcohol, and prescription drug misuse and decrease opioid related deaths. It is all about relationships. We truly believe the more connected, the more coordinated and the more integrated we are as organizations and individuals, the more impactful our response will be to our most pressing public health issue: substance misuse.

Appendix A: Data Priorities

PRIORITY INDICATORS - SEOW INPUT					
NAME OF REGION: Strafford County					
GENERAL INDICATOR DESCRIPTION	Age Ranges (also assume gender information for each)				
	Youth 0-14	Youth (15-17)	Young Adult (18-25)	Adult (26-64)	Older Adult (65+)
Perceptions and Norms					
Perception of Risk - tobacco	2	3	2	1	0
Perception of Risk - marijuana	3	3	3	2	1
Perception of Risk - alcohol	3	3	3	3	3
Perception of Risk - binge drinking	3	3	3	2	2
Perception of Risk - Rx meds (not prescribed to you)	3	3	3	3	3
Perception of Parental Disapproval - tobacco	3	3	0	0	0
Perception of Parental Disapproval - marijuana	3	3	0	0	0
Perception of Parental Disapproval - alcohol	3	3	0	0	0
Perception of Parental Disapproval - Rx meds	3	3	3	0	0
Perception of Peer Disapproval - tobacco	3	3	1	0	0
Perception of Peer Disapproval - marijuana	3	3	2	1	1
Perception of Peer Disapproval - alcohol	3	3	2	1	1
Perception of Peer Disapproval - Rx meds	3	3	2	1	1
Personal Disapproval - tobacco	2	2	2	1	1
Personal Disapproval - marijuana	3	3	3	2	1
Personal Disapproval - alcohol	3	3	2	1	1
Personal Disapproval - Rx meds	3	3	3	3	3
Perceptions of Parental Communication	3	3	1	0	0
Perceptions of Parental Rules	3	3	2	0	0
Perceptions of Parental Monitoring	3	3	1	0	0
Sense of School Connection	2	3	0	0	0
Sense of Community Connection	3	3	0	0	0
Perceptions of Community Support	0	0	0	0	0
Perceptions of Community Monitoring	0	0	0	0	0
Participation in pro-social activities	2	2	0	0	0
Ease of Access - alcohol, marijuana, Rx drugs	3	3	3	3	3
Behaviors					
Ever used tobacco	3	2	0	0	0
Ever used alcohol	3	2	0	0	0
Ever used marijuana	3	2	0	0	0
Ever used Rx meds (not prescribed to you)	3	2	1	1	1
Past 30 day use of tobacco	3	3	2	2	2
Past 30 day use of alcohol	3	3	2	1	1

Age of onset - alcohol use	3	2	0	0	0
Past 30 day binge drinking	3	3	2	1	1
Heavy (chronic) alcohol use	0	0	2	2	2
Past 30 day use of marijuana	3	3	2	2	2
Past 30 day use of Rx drugs (not prescribed to you)	3	3	2	2	2
Age of onset - tobacco use	3	2	0	0	0

APPENDIX B: Contacts

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