



Greater Sullivan County Public Health Network

Misuse of Alcohol and Drugs – 2016-2019 Prevention Plan

Greater Sullivan County Public Health Network

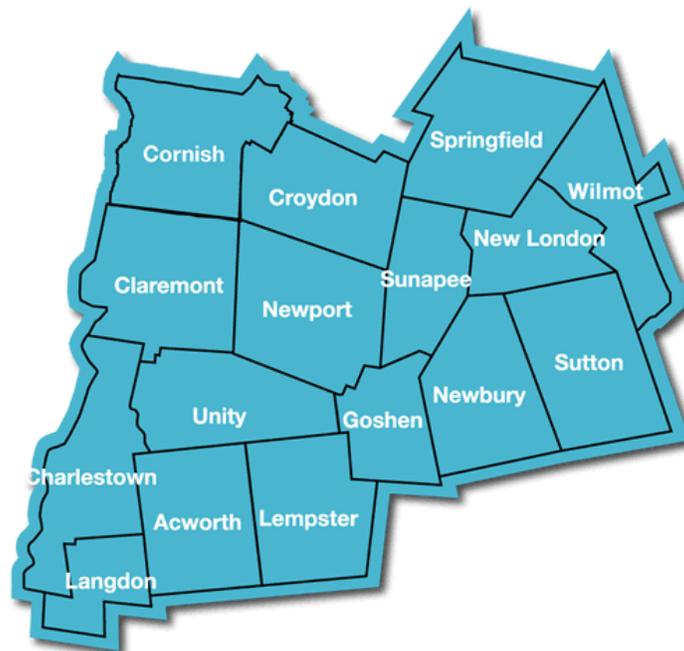




Table of Contents

I. Alcohol and Drug Problem in New Hampshire..... 1

II. State and Regional Infrastructure to Address Substance Misuse 2

 State Efforts 2

 New Hampshire’s Regional Public Health System 3

 Greater Sullivan County Public Health Network (GSCPHN) 3

III. Network Achievements and Community Assets..... 5

 Progress Made and Lessons Learned..... 5

 Challenges 5

IV. Regional Assets that support substance misuse prevention 7

V. Planning Process and Participants..... 8

VI. Greater Sullivan County Goals, Objectives and Strategies 9

 Network Goals and Objectives of the Greater Sullivan County Public Health Network (By 2019) 10

 Regional Network Strategies..... 11

 Substance Misuse Prevention Goals and Objectives of the Greater Sullivan County Public Health Region (by 2019) 13

 Effective Practice, Programs and Policies within the core sectors 16

 SAFETY AND LAW ENFORCEMENT 17

 HEALTH AND MEDICAL 18

 EDUCATION 20

 GOVERNMENT 21

 BUSINESS..... 22

 COMMUNITY AND FAMILY SUPPORTS 23

VII. Monitoring and Evaluation..... 24

VIII. Quality Assurance and Oversight 26

IX. Conclusion 27



I. Alcohol and Drug Problem in New Hampshire

According to the most recent National Survey on Drug Use and Health (2011 NSDUH), New Hampshire has some of the highest rates of alcohol use, marijuana use and non-medical use of pain relievers among youth, young adults, and adults. These high rates of misuse have a significant impact on the health, safety, and social and economic well being of New Hampshire residents, families and communities.

- New Hampshire ranks third in the nation for youth alcohol use (17.04% of 12 to 17 year olds reporting drinking in the past month), third in the nation for alcohol use among young adults (73.22% of 18 to 25 year olds reporting drinking in the past month), and sixth in the nation for alcohol use among adults (64.89% of those 26 and older reporting drinking in the past month).
- It ranks second highest for youth marijuana use (11.35% of 12 to 17 year olds reporting using marijuana in the past month), and fifth highest for marijuana use among young adults (27.03% of 18 to 25 year olds reporting using marijuana in the past month).
- The rates for past year non-medical use of pain relievers among 18 to 25 year olds was tenth highest in the nation (12.31%).
- In New Hampshire the percentage of 12 to 25 year olds reporting alcohol or drug use and not receiving treatment is higher than the national rate for both alcohol and illicit drug use.
- According to the NH DHHS, Bureau of Drug and Alcohol Services, the number of drug-related overdose deaths in New Hampshire increased 69% from 2013 to 2014. There were 326 total overdose deaths in 2014; the majority of deaths were attributable to opioids.
- Smoking rates are higher in those with low income, low education and pregnant teens. In WIC smoking rates are higher among white women, older teens, women in their 20s, those with less than a high school education, and those in Belknap, Sullivan and Merrimack counties.¹

This translates to a significant impact on health, safety, and social and economic well-being for New Hampshire residents. In 2012, alcohol and drug misuse cost NH more than \$1.84 billion in lost productivity and earnings, increased expenditures for healthcare, and public safety costs.²

In addition to these ill effects, substance misuse impacts and is influenced by poor mental health. It is critical to address co-occurring mental illness and Substance Use Disorder (SUD). Suicide among those aged 10 to 24 was the second leading cause of death for New Hampshire compared to the third leading cause nationally from 2007-2011.³ NH must create an accessible system for screening, assessment, treatment and recovery services and supports for adolescents and transition age youth with substance use disorders and/or co-occurring substance use and mental health disorders.

¹ Source: The Pediatric Nutrition Surveillance System (PedNSS), NH 2011

² Source: http://www.new-futures.org/sites/default/files/Summary%20Report_0.pdf

³ Source: <http://www.dhhs.nh.gov/dphs/suicide/documents/annual-report-2013.pdf>



II. State and Regional Infrastructure to Address Substance Misuse

State Efforts

The impacts of the misuse of substance abuse are vast, pervasive and affect every facet of life-straining state systems and budgets, as well as erode the well-being of individuals, families, and communities. In recognition of the scale and magnitude of the impacts from alcohol and drug misuse, the New Hampshire Governor's Commission on Alcohol and Drug Abuse Prevention, Intervention and Treatment was established by the state legislature in 2000.

The mission of the Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment, and Recovery is to significantly reduce alcohol and drug problems and their behavioral, health and social consequences for the citizens of New Hampshire by advising the Governor regarding the delivery of effective and coordinated alcohol and drug abuse prevention, treatment and recovery services throughout the state.⁴

In 2012, the Governor's Commission convened state-level partners in a planning process that resulted in a five-year plan for the state. The state plan -- Collective Action – Collective Impact (CA-CI): New Hampshire's Strategy for Reducing the Misuse of Alcohol and Other Drugs and Promoting Recovery -- was released in February 2013.⁵ 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 and professional development, data utilization and effective policy, and practice and programs. Commission, task force, and stakeholder activities are described for each strategy area (see Collective Action-Collective Impact, pages 35-43).

⁴ Source: <http://www.dhhs.nh.gov/dcbcs/bdas/commission.htm>

⁵ Source: COLLECTIVE ACTION ► COLLECTIVE IMPACT NH's Strategy for Reducing the Misuse of Alcohol and Other Drugs and Promoting Recovery 2013-2017



New Hampshire's Regional Public Health System

There are 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) that represents communities, organizations and sectors interested or involved in public health activities within the region. The role of the PHAC in each region is to assess needs, guide decision-making, and encourage shared resources and investments in positive health outcomes.

New Hampshire's Regional Public Health Networks provide the infrastructure for a regional substance misuse prevention network. The role of the prevention network is to conduct three core prevention functions: 1) alignment of regional prevention efforts with the goals of the state plan and the New Hampshire State Health Improvement Plan (SHIP); 2) building, maintaining and sustaining a regional network of professionals and community members who are concerned about substance misuse in the region; and 3) leveraging 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.

Greater Sullivan County Public Health Network (GSCPHN)

In 2007, with the help of a statewide Strategic Prevention Framework grant, the community came together on the public health issue of substance abuse, misuse and disorders to form Sullivan County Prevention Network, also known as Communities United Regional Network (CURN). Throughout the county little coordination existed among many potential community partners who struggled with scarce financial resources and high demand for services. Although aware of the problems, many individuals and agencies did not feel empowered to effect change. Community Readiness interviews, Appreciative Inquiry interviews and other one-on-one interviews (in 2008, 2010, 2011, 2013, and 2015), as well as school and law enforcement focus groups, indicated an increased willingness to address public health issues but less community willingness to focus specifically on substance abuse.

In 2010, CURN was awarded a five-year Drug-Free Communities grant. This \$500,000 grant was aimed at specific environmental strategies to reduce substance use in the community, including support for specific partners and programs and a broad social norms marketing campaign to improve the region's readiness level. This funding brought much-needed legitimacy to the region's efforts and helped increase collaboration and outreach. Drug Free Communities funding, with additional support from the New Hampshire Charitable Foundation, helped fund Youth Risk Behavior Surveys in 2011, 2013, and 2015 and a Middle School Youth Risk Behavior Survey in 2015.

With the implementation of the Communities That Care model in 2012, Sullivan County has seen a dramatic increase in its capacity and readiness (from a 2.7 to 3.5) to address substance abuse and misuse. Readiness is the degree to which a community is prepared to take action on an issue. While collaboration and outreach have improved as a result of this program, the county continues to face limitations in current capacity and resistance to seeing substance abuse as a



Greater Sullivan County Public Health Network

major component of overall wellness. Many individuals are aware of the problem of substance misuse in Sullivan County, they simply don't know what they can do to effect change. Both experience and qualitative data suggest that addressing addiction and substance abuse in Sullivan County must go hand-in-hand with addressing all aspects of public health.

With the conclusion of the Drug Free Communities Grant, CURN is going to phase out and the GSCPHN will be the face of all public health activities for Sullivan County. The GSCPHN strives to promote holistic well-being for our community based on improving the health of individuals, families and the community through disease prevention, health promotion and inter-organizational and community collaboration.

The substance misuse prevention program of the GSCPHN is guided and led by the Resource and Collaborative Council (RACC), which provides overall guidance and direction as well as giving feedback on the Strategic Plan and providing technical expertise as needed. It is a varied mix of individuals from different sectors such as government, education, community organizations, and hospitals. Going forward the GSCPHN aims to have more sectors and individuals represented and give it more structure in terms of regular meetings and more involvement in the implementation of our goals and strategies.



III. Network Achievements and Community Assets

Progress Made and Lessons Learned

Progress highlights include:

1. 2014 Stakeholder Survey indicated that 60% of respondents had often collaborated with other organizations on projects to address substance misuse. 70% said that they had “a lot” of knowledge about substance abuse in the community and that they had learned new information about the extent of substance abuse in the community in the past year.
2. The PARTNER survey recorded a three-fold increase in collaboration between our partners; they are not just working well with the county, but are increasingly reaching out to one another to collaborate and improve systems.
3. Over the past four years Sullivan County has seen a reduction in 30-day binge drinking (24% to 20.5%, YRBS 2009-13). Marijuana use in our region is down from 42.5% lifetime use in 2011 to 39.6% lifetime use in 2013.
4. In August 2010, the TRAILS (Transitional Re-entry and Inmate Life Skills) program opened at the County’s Community Corrections Center, an innovative approach to corrections that brings treatment and essential services to selected offenders to keep them out of jail after their release and has cut one-year recidivism among that population to 17%.
5. Valley Regional Hospital, one of two hospitals in the region, began implementing SBIRT (Screening, Brief Intervention and Referral to Treatment) protocols for young people (12-18) in its primary care practices in 2014 and plans to expand the program to emergency care and additional populations.
6. Permanent prescription drug take-back boxes are in place in Newport and Claremont, New London, Charlestown, and Sunapee.
7. We have collaborated on several successful grants, including a USDA grant addressing safe prescription drug storage and disposal and a demonstration grant to bring a Substance Abuse Professional to the Newport school system (SAU 43). These projects have also brought us additional partners and connections in the community.
8. This progress can also be seen on a one-on-one level with parents and families. Thanks to face-to-face outreach and an active media campaign, membership in the Facebook page has increased by more than 200% since 2009. Challenges

One of the largest unforeseen challenges was with the normalization influence of media and proponents toward marijuana use. As we have worked diligently to bring accurate messaging to youth about the dangers of marijuana use, the media and changes in state laws reinforced the mindset in many youth that marijuana is not only harm-free but also beneficial. We continue our work to shift the acceptance of marijuana use in particular for the youth. Key messaging is centered on the consideration that youth are subject to greatest potential impact on their future success. Our overarching goal is to reach families and youth where they are through sustainable embedded prevention and integration of substance abuse reduction as a component of health. We



Greater Sullivan County Public Health Network

will continue to connect with State and other resources and use the Communities That Care model that has been effective in this region. Through awareness of risks and costs of substance abuse, and by creating understanding that empowers community members and organizations to engage in the solutions, we will continue to build upon culture and climate change successes.

We also continue to face the ongoing stigma of substance abuse and mental illness. While we have seen an increase in awareness and engagement, conversations and even Facebook comments reflect that attitudes of hopelessness and futility remain when it comes to these issues. Community attitudes do not change overnight and we hope with more time and engagement, as well as visible examples of recovery and treatment, additional progress will be made.



IV. Regional Assets that support substance misuse prevention

Over the past three years, we have seen many assets develop, which has led to the creation of many Task Forces focusing their efforts on specific topics.

Business Outreach Task Force holds representation from many local area businesses and concentrates on increasing awareness to the dangers of drug and alcohol abuse on employer costs and policies designed to support the workers, not penalize them.

Family Support Task Force works to aid families in clear communication about the dangers of drug and alcohol abuse.

Gender Task Force, compiled of both male and females, examines the gender inequality of substance abuse and contributing factors, and designs solutions to address the issue.

Mental Health and Addiction Task Force focuses on increasing provider awareness of the dangers and strategies to prevent drug and alcohol abuse and referral sources for individuals who have found themselves addicted.

Opiate Task Force was formed to examine opiate use and misuse and examine and implement solutions to address the problem.

Education Task Force encourages collaboration from all five school districts represented in GSCPHN to examine educational policies, supports, and prevention efforts for the region.

Law Enforcement Task Force brings together police officers and enforcement team members from across the county to examine countywide policies and procedures concerning drug and alcohol abuse.

To further engage and mobilize sectors in making lasting change, each task force focused within its sector to reduce substance abuse through partnership and alignment with new and existing programming,

We also continued to strengthen our relationships with providers of **community based supports**, supporting an evidence-based pregnancy prevention program that also addresses alcohol and other drug use (SHINE, with Good Beginnings of Sullivan County) and partnering on a multi-sector initiative to focus on significant differences in gender throughout the county, including a disconcerting rise in binge drinking among high school girls.

For additional information please refer to the [NHCF BDAS SFY14-15 Report FINAL.doc](#).



V. Planning Process and Participants

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

To develop this plan, the Sullivan County region engaged in the following steps:

- Two formal meetings with the Resource and Collaboration Council (RACC) and other invited partners reviewed YRBS and information from stakeholder interviews to assess the community's current substance abuse problems. These stakeholders included individuals serving vulnerable populations such as corrections and homeless outreach. The RACC also identified specific individuals for outreach and recruitment. All sectors were contacted during this process.
- A work plan retreat with key partners narrowed down the findings of the RACC into a draft community work plan.
- The identified individuals were contacted and asked for input and/or to join prevention efforts.
- The work plan was shared with stakeholders and the RACC for review and discussion.
- We continue to revise the work plan as state and local circumstances change. For example, 'bath salts' have been a continuing concern in our community. We have increased our focus on these substances due to YRBS results and stakeholder concerns, especially information from local police. We will continue to adjust the work plan if these drugs increase in use among youth and adults.



VI. Greater Sullivan County Goals, Objectives and Strategies

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

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



Network Goals and Objectives of the Greater Sullivan County Public Health Network (By 2019)

Goal 1	Strengthen the capacity of the Greater Sullivan County Public Health Network to address Substance Misuse
Objectives:	
Increase all partner working relationships who report cooperative to coordinated level of activity as determined by the Partner Survey	
Increase sector representation in the network especially business, government, safety by 20%	
Increase the knowledge and skills of professionals in each sector; decrease in those that report none from 13.3% to 10%; and increase in those that report a lot from 26.67% to 30% Regional Network Stakeholder Survey.	
Increase cross-agency resourcing and related coordination for collaborative initiatives. (ADAPTED from CA-CI page 36)	
Goal 2	Increase public awareness relative to the harm and consequences of alcohol and drug misuse (ADAPTED from CA-CI page 38)
Objectives:	
Increase in production and dissemination of effective messages for a range of topics, public audiences and media channel regularly each year. (ADAPTED from CA-CI page 38)	
Increase in knowledge and skills of the public about the harm and consequences of substance misuse as measured by event surveys	
Goal 3	Promote the implementation of effective policies, practices and programs across and within the region (ADAPTED from CA-CI page 43)
Objectives:	
Increase in the implementation of effective policies, practices, and programs with sufficient on-going training and technical assistance (ADAPTED from CA-CI page 43)	
Increase in promotion of on-going data collection, analysis and reporting to support quality, sustained policies, practices and programs. (ADAPTED from CA-CI page 43)	



Regional Network Strategies

The table below demonstrates the commitments of the Greater Sullivan County Public Health Network over the next three years to meet the goals and objectives identified by the region to support the state plan and to create, maintain and sustain the regional prevention infrastructure. The strategies below focus primarily on leadership.

Strategy Area (s)	Activity	Regional Objectives Addressed by this strategy	Alignment to SHIP and CA-CI
Leadership	Leverage existing or emerging relationships to cultivate champions who have an understanding and knowledge of problems and solutions relative to alcohol and other drug misuse (Adapted from CA-CI page 35)	Increase the knowledge and skills of professionals in each sector-decrease in those that report none from 13.3% to 10% and increase in those that report a lot from 26.67% to 30% Regional Network Stakeholder Survey.	☒
Leadership	Meet or conduct an interview to personally invite people from the different sectors to participate accordingly.	Increase all partner working relationships who report cooperative to coordinated level of activity as determined by the Partner Survey Increase sector representation in the network especially business, government, safety by 20% Increase cross-agency resourcing and related coordination for collaborative initiatives. (ADAPTED from CA-CI page 36)	☒
Public Education	Engage stakeholder groups in the dissemination of public education messages and material (Adapted from CA-CI page 38)	Increase in production and dissemination of effective messages for a range of topics, public audiences and media channel regularly each year. (ADAPTED from CA-CI page 38) Increase in knowledge and skills of the public about the harm and consequences of substance misuse as measured by event surveys	☒
Effective Policy, Practice	Organize trainings and workshops to promote the use of evidence-based prevention	Increase in the implementation of effective policies, practices, and programs with sufficient on-going training and technical	☒



Greater Sullivan County Public Health Network

and Programs	practices and programs relevant to the different sectors Provide TA to core sectors as needed	assistance (ADAPTED from CA-CI page 43)	
Effective Policy, Practice and Programs	Engage the core sectors by promoting expanded data collection, analysis and dissemination (Adapted from CA-CI page 43)	Increase in promotion of on-going data collection, analysis and reporting to support quality, sustained policies, practices and programs. (ADAPTED from CA-CI page 43)	<input checked="" type="checkbox"/>



Substance Misuse Prevention Goals and Objectives of the Greater Sullivan County Public Health Region (by 2019)

Our population of focus for these Goals and Objectives is based in recognition of their heightened vulnerability as recommended by the Governor’s Commission.

Goal 1	Reduce the percentage of high school aged youth who report using alcohol in the past 30 days from 35.8% to 31.8%⁶
Objectives:	
Increase the percentage of high school aged youth perception of harm if they drink alcohol from 30.8% to 36%.	
Increase the percentage of students who during the past twelve months recall hearing, reading, or seeing a message about avoiding alcohol or other illegal drugs from 61.5% to 70.0%.	
Decrease the percentage of high school students who think it would be very easy for them to get alcohol if they wanted to from 36.5% to 30.0%.	
Decrease the community’s acceptance to the use of alcohol by youth from 37.5% to 25%.	
Increase the percentage of students who have talked with at least one of their parents or guardians about the dangers of tobacco, alcohol, or drug use during the past 12 months from 49.4% to 53%.	
Goal 2	Reduce the percentage of high school aged students who report smoking cigarettes on one or more of the past 30 days from 18.9% to 15%
Objectives:	
Decrease the percentage of students who think it would be very easy for them to get some cigarettes if they wanted to from 47.3% to 40%.	
Increase the percentage of high school aged youth perception of harm if they smoke cigarettes from 62.3% to 69%.	
Increase the percentage of students whose friends feel it is wrong or very wrong if the student smokes tobacco from 49.6% to 55.0%.	
Goal 3	Reduce the percentage of high school aged youth who report misusing prescription drugs in the past 30 days from 7.8% to 6.0%
Objectives:	

⁶ Source: New Hampshire Regional YRBS 2013



	Increase the percentage of high school aged youth perception of harm if they use prescription drugs from 61.9% to 64%.
	Increase the percentage of students who have talked with at least one of their parents or guardians about the dangers of tobacco, alcohol, or drug use during the past 12 months from 49.4% to 53%.
Goal 4	Reduce the percentage of high school aged youth who used marijuana once or more during the past 30 days from 23.4% to 22.0%.
Objectives:	
	Increase the high school aged youth perception of harm if they smoke marijuana from 20.1% to 25%.
	Decrease the percentage of youth who think it would be easy to get marijuana from 42.5% to 37.2%.
	Increase the percentage of students who during the past twelve months recall hearing, reading, or seeing a message about avoiding alcohol or other illegal drugs from 61.5% to 70.0%.
Goal 5	Reduce the percentage of adults who report smoking cigarettes from 21.1% to 15%⁷
Objectives:	
	Increase the adult perception of harm due to cigarette smoking.
	Decrease the community's acceptance to cigarette smoking.
Goal 6	Reduce the percentage of women who smoke during pregnancy
Objectives:	
	Increase awareness about the harmful effects of smoking for pregnant women and their babies.
	Increase data collection to establish a baseline and then target programs to provide appropriate resources for pregnant women who smoke.
Goal 7	Prevent and Reduce Substance Misuse among Middle School Youth
Objectives:	
	Present middle school survey data to the schools and promote data driven discussion on appropriate strategies to reduce substance misuse among this population.
Goal 8	Prevent and reduce Substance Misuse among Young Adults (18-25, college and non-college)

⁷ Source: <http://www.cdc.gov/CommunityHealth/profile/currentprofile/NH/Sullivan/13>



Greater Sullivan County Public Health Network

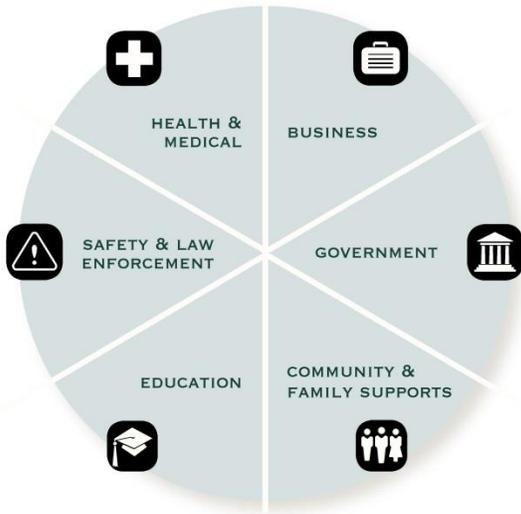
Objectives:

Increase understanding of the risk factors contributing to substance misuse among 18 to 25 year olds by conducting at least 4 young adult Focus Groups.

Promote relevant strategies to reduce substance misuse among young adults



Greater Sullivan County Public Health Network



Effective Practice, Programs and Policies within the core sectors

The state of New Hampshire and the Sullivan 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 Greater Sullivan County Public Health 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 Sullivan County region.



SAFETY AND LAW ENFORCEMENT				
LOCAL LAW ENFORCEMENT • DRUG TASK FORCES • JUDICIAL SYSTEMS • FIRST RESPONDERS • EMERGENCY MEDICAL TECHNICIANS • DRUG DIVERSION INVESTIGATORS • NATIONAL GUARD				
<i>CSAP Strategy</i>	<i>Strategy</i>	<i>Lead Organization(s)</i>	<i>Regional Substance Misuse Prevention Objectives Addressed by this Strategy</i>	<i>Alignment to SHIP and CA-CI</i>
Environmental	Increased law enforcement and surveillance for high school youth	Law enforcement providers such as local police departments	<p>Decrease the percentage of high school students who think it would be very easy for them to get alcohol if they wanted to from 36.5% to 30.0%</p> <p>Decrease the percentage of students who think it would be very easy for them to get some cigarettes if they wanted to from 47.3% to 40%</p> <p>Reduce access to prescription drugs for high school aged youth</p> <p>Decrease the percentage of youth who think it would be easy to get marijuana from 42.5% to 37.2%</p>	<input checked="" type="checkbox"/>
Community-based process	Communication/collaboration between partners to enhance the promotion of evidence based information regarding substance misuse specifically around access	Drug Task Force and local police departments, schools	All of the above	<input type="checkbox"/>



HEALTH AND MEDICAL ADDICTION TREATMENT • BEHAVIORAL HEALTH • EMERGENCY CARE • HEALTH EDUCATORS INSTITUTIONAL CARE • PEDIATRICS • PRESCRIBERS • PRIMARY CARE				
<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	Pharmacy reconciliation and partner engagement to increase prescription drug take-back effort.	Medical providers, local pharmacies	Reduce access to prescription drugs for high school aged youth	☒
Information dissemination	Provide information given at waiting rooms, kiosks, etc. about proper prescription drug disposal and location of take-back boxes.	Medical providers, local pharmacies	Reduce access to prescription drugs for high school aged youth	☒



Greater Sullivan County Public Health Network

<p>Education</p>	<p>Provide training and professional development to professionals relative to alcohol and other drug misuse, impacts, and effective responses.</p>	<p>GSCPHN, health educators, behavioral health</p>	<p>Increase the percentage of high school aged youth perception of harm if they drink alcohol from 30.8% to 36%</p> <p>Increase the percentage of high school aged youth perception of harm if they smoke cigarettes from 62.3% to 69%</p> <p>Increase the percentage of high school aged youth perception of harm if they use prescription drugs from 61.9% to 64%</p> <p>Increase the high school aged youth perception of harm if they smoke marijuana from 20.1% to 25%</p> <p>Increase the awareness about the harmful effects of smoking for mothers and their baby</p> <p>Increase the adult perception of harm due to cigarette smoking</p>	<p style="text-align: center;">☒</p>
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EDUCATION				
SCHOOL SAFETY OFFICERS • CAMPUS HEALTH SERVICES • SCHOOL NURSES • CAMPUS POLICE • STUDENT ASSISTANCE COUNSELORS • COLLEGE COUNSELING DEPARTMENTS • COACHES & CO-CURRICULAR ADVISORS • TEACHING STAFF & ADMINISTRATION				
<i>CSAP Prevention Category</i>	<i>Activity</i>	<i>Lead Organization</i>	<i>Regional Goals and Objectives Addressed by this Strategy</i>	<i>Alignment to SHIP and CA-CI</i>
Education and Environmental	Promote the expansion of evidence-based education of school-aged youth in alcohol and other drug risks and consequences	GPHSC, schools	<p>Increase the percentage of students who during the past twelve months recall hearing, reading, or seeing a message about avoiding alcohol or other illegal drugs from 61.5% to 70.0%</p> <p>Increase the percentage of students who have talked with at least one of their parents or guardians about the dangers of tobacco, alcohol, or drug use during the past 12 months from 49.4% to 53%</p> <p>Increase the percentage of students whose friends feel it is wrong or very wrong if the student smokes tobacco from 49.6% to 55.0%</p>	<input checked="" type="checkbox"/>
Environmental	Promote youth activities in school to offset the needs for substance misuse, such as the program Life of an Athlete	Schools, Life of an Athlete Program	Goals 1 through 4	<input type="checkbox"/>



Greater Sullivan County Public Health Network

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	Educate local leaders and elected officials about the impact of alcohol and other drug use on health and medical care	Sullivan County/GSCP HN	<p>Decrease the community's acceptance to the use of alcohol by the youth from 37.5% to 25%</p> <p>Decrease the community's acceptance to the use of cigarettes by the youth</p> <p>Decrease the community's acceptance to the use of marijuana by the youth</p> <p>Increase the perception of harm due to cigarette smoking in adults</p>	☒
Environmental	Support local alcohol and drug-free ordinances	Sullivan County	<p>Decrease the percentage of high school students who think it would be very easy for them to get alcohol if they wanted to from 36.5% to 30.0%</p> <p>Decrease the percentage of students who think it would be very easy for them to get some cigarettes if they wanted to from 47.3% to 40%</p> <p>Reduce access to prescription drugs for high school aged youth</p> <p>Decrease the percentage of youth who think it would be easy to get marijuana from 42.5% to 37.2%</p> <p>Decrease the community's acceptance to cigarette smoking</p>	☒



BUSINESS BUSINESS OWNERS AND OPERATORS • EMPLOYEE ASSISTANCE PROGRAMS • HEALTH EDUCATORS • HUMAN RESOURCE DEPARTMENTS • RISK MANAGEMENT • SAFETY COMPLIANCE OFFICERS • SENIOR MANAGEMENT				
<i>CSAP Prevention Category</i>	<i>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>
Information Dissemination	Provide workplace prevention education programs	GSCPHN, local businesses, Business Task Force	Increase the adult perception of harm due to cigarette smoking Decrease the community's acceptance to cigarette smoking	<input checked="" type="checkbox"/>
Environmental	Develop and/or promote and adopt best practice workplace alcohol and drug policies	GSCPHN, local businesses, Business Task Force	Increase the adult perception of harm due to cigarette smoking Decrease the community's acceptance to cigarette smoking	<input checked="" type="checkbox"/>



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>
Community-based process	Research and implement programming to prevent and reduce alcohol and other drug misuse in the community with specific attention to the vulnerable groups such as pregnant women, youth	GSCPHN, Community-based organizations	Goals 1 to 6	☒
Education and Environment	Increase training, technical assistance and professional development to develop and expand knowledge and skills relative to addressing alcohol and drug misuse	GSCPHN in partnership with local community and family supports	Goals 1 to 6	☒



VII. Monitoring and Evaluation

Monitoring and evaluation are fundamental to understanding the progress the Sullivan County 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)



Greater Sullivan County Public Health Network

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

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

Other data collection

Additional local data available for monitoring and evaluation-

- Media-newspapers, radio, television,
- Appreciative Inquiry Interviews
- Focus Groups
- Local community health surveys from hospitals in our region



VIII. Quality Assurance and Oversight

"Every system is perfectly designed to get the results it gets."

- Paul Batalden, M.D.

GSCPHN and its leadership are committed to working together as a team with its various partners and stakeholders to maintain oversight and produce a system of quality and accountability. We plan to include measurement and evaluation throughout the implementation of this Plan. This is not only helpful for the funders and partners but is also critical for us to know whether the changes we are proposing are actually making an improvement. Therefore we hope to integrate process and short-term measures in our work-plan and the beauty of this is if something is not working the way we proposed or hoped for we have an opportunity early on to stop, think, and tweak it through small cycles of change before going too far ahead and falling short of the expectations.



IX. Conclusion

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

The best practices identified in this plan have been carefully chosen to match data driven results to community readiness within Sullivan County. We solicit feedback from our partners at all stages of our work, sharing barriers and successes. As we continue to gather data from different stakeholders and sources, we will use this information to guide and adjust the Plan as needed.

We have been actively engaged with the community since our inception in 2007. At every stage of our community planning and implementation process, we have appeared on local media, spread the word through social media and advertising, held public forums on specific topics like adolescent development and opiate abuse, and engaged our partners as ambassadors to spread both good and bad news about substance abuse in Sullivan County.

We organized a Success Summit in May 2015 and plan to repeat this celebration on an annual or biannual basis. Our strong relationships with local media partners including newspapers and radio help get the word out about the progress we have made and challenges we face. Sharing successes is a vital component of making our partnerships effective, as youth in particular need feedback and reinforcement to keep them engaged.

While, like much of New Hampshire, Sullivan County is primarily white and non- Latino, our community has a tremendous diversity of class and economic backgrounds and educational levels. Therefore our communication plan has always been multifaceted and designed for multiple literacy levels depending on the audience.

Our partners are also vital to spreading the message. We leverage the intimate connections our partners have in the community, especially with more isolated and vulnerable residents. Incorporating our partners and sector representatives as ambassadors is a vital part of spreading the word and making sure every message is customized and resonates with its audience.

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