

# CAPITAL AREA REGIONAL PUBLIC HEALTH NETWORK

(Capital Region Community Prevention Coalition)

## SUBSTANCE MISUSE PREVENTION WORKPLAN FOR SFY 2015

The following workplan was derived from the *Capital Area Regional Network 2012-2015 Strategic Plan* for substance misuse prevention (<http://www.dhhs.nh.gov/dcbcs/bdas/documents/e-capitalarearn3yrpln2012.pdf>) and from the region's proposal to serve as the region's public health network in the area of substance misuse prevention. The *Capital Region (Region 8)* serves 24 towns including the City of Concord and the greater Concord communities. See <http://www.dhhs.nh.gov/dcbcs/bdas/documents/townlist.pdf> for a map of the region.

To contact the Substance Misuse Prevention (SMP) Coordinator in your region, please see the list of contacts at: <http://www.dhhs.nh.gov/dcbcs/bdas/documents/rphncontactlist.pdf>

### GOALS AND OBJECTIVES

The following goals and objectives below are excerpted directly from the regional strategic plan developed by the Capital Area Regional Network in 2012.

<b>GOAL 1</b> Decrease alcohol use among middle and high school aged youth in the Capital Region by 2015.	
<b>Objectives</b>	
<b>1a:</b>	<u>Social norms favorable to use</u> To decrease the discrepancy that exists between perceptions of peer use and actual use of alcohol among middle and high school aged youth in the Capital Region.
<b>1b:</b>	<u>Low parental monitoring and communication</u> To increase the number of middle and high school aged youth who talked with at least one of their parents or guardians about the dangers of tobacco, alcohol, or drug use in the Capital Region.
<b>1c:</b>	<u>Low parental monitoring and communication</u> To increase the number of middle and high school aged youth who report that their parents or other adults in their family have clear rules and standards for their behavior in the Capital Region.
<b>1d:</b>	<u>Easy access and availability</u> To decrease number of middle and high school aged youth who think it would be very easy to access alcohol in the Capital Region.
<b>1e:</b>	<u>Low community readiness and lack of capacity to address substance use concerns</u> To increase implementation of data-driven, research-based prevention strategies targeting middle and high school aged youth in the Capital Region.
<b>1f:</b>	<u>Low community readiness and lack of social capital</u> To increase the number of active local coalitions and cross-sector members that address substance use in the Capital Region.

<b>GOAL 2</b> Decrease marijuana use among middle and high school aged youth in the Capital Region by 2015.	
<b>Objectives</b>	
<b>2a:</b>	<u>Low perception of risk</u> To increase the percentage of middle and high school aged youth who think people are at risk of harming themselves (physically or in other ways) if they smoke marijuana regularly in the Capital Region.
<b>2b:</b>	<u>Social norms favorable to use</u> To decrease the discrepancy that exists between perceptions of peer use and actual use of marijuana among middle and high school aged youth in the Capital Region.

<b>GOAL 2</b> Decrease marijuana use among middle and high school aged youth in the Capital Region by 2015.	
<b>2c:</b>	<u>Low community readiness and lack of capacity to address substance use concerns</u> To increase implementation of data-driven, research-based prevention strategies targeting middle and high school aged youth in the Capital Region.
<b>2d:</b>	<u>Low community readiness and lack of social capital</u> To increase the number of active local coalitions and cross-sector members that address substance use in the Capital Region.

<b>GOAL 3</b> Decrease non-medical prescription drug use among middle and high school aged youth in the Capital Region by 2015.	
<b>Objectives</b>	
<b>3a:</b>	<u>Easy access and availability</u> To decrease the percentage of middle and high school aged youth who think it would be very easy for them to get a prescription drug without a doctor's prescription if they wanted to in the Capital Region.
<b>3b:</b>	<u>Low community readiness and lack of capacity to address substance use concerns</u> To increase implementation of data-driven, research-based prevention strategies targeting middle and high school aged youth in the Capital Region.
<b>3c:</b>	<u>Low community readiness and lack of social capital</u> To increase the number of active local coalitions and cross-sector members that address substance use in the Capital Region.

### **CAPITAL REGION STRATEGIES FOR SFY 2015**

This region will be implementing the following strategies to meet the goals and objectives.

1. Life of an Athlete
2. Youth Leadership/Empowerment
3. Media Campaign/Social Marketing/PSAs (Partnership for Drug Free NH Statewide Campaign)
4. Media Campaign/Social Marketing/PSAs (Red Ribbon Week)
5. Rx Drug Drop Boxes/Take-Back Events
6. Regional Network System Facilitation
7. Student Assistance (Project SUCCESS)
8. All Stars
9. Guiding Good Choices
10. Suicide Prevention

The following tables describe each strategy in relation to the following terms:

- *Levels of Engagement in Regional Prevention Efforts*
- *Functional Stages for Strategic Prevention Efforts*
- *Six Sector Model*
- *Measurement Tools*

Please refer to the **Definitions** section for further details on the terms listed above.

## STRATEGY: Life of an Athlete (LoA)

**GOAL(S) ADDRESSED:** 1, 2

**OBJECTIVE(S) ADDRESSED:** 1a, 2b

### ANTICIPATED OUTCOME(S):

**Short-Term:** Increased implementation of programs, policies, practices; Increased collaborative activity

**Intermediate:** Decreased difference between perception of peer substance use and actual use of alcohol; Decreased difference between perception of peer substance use and actual use of marijuana

**Long-Term:** Decreased past 30-day alcohol use among youth; Decreased past 30-day marijuana use among youth

**MEASUREMENT INSTRUMENT(S):** P-WITS, PARTNER Tool Survey, Network Stakeholder Survey, YRBS

**SECTOR(S) IMPACTED:** Education

**ENGAGEMENT LEVEL:** Fostering, Leading

**FUNCTIONAL STAGE:** Assessment, Capacity-Building, Implementation

<i>Planned Activities</i>	<i>Type of Activity (P-WITS Category)</i>	<i>Target or Milestone</i>	<i>Responsible Staff/Partner</i>	<i>Timeframe</i>
Recruit 4 additional high schools in Capital Region to implement LoA through outreach with existing contacts and one-on-one meetings with athletic directors and/or school principals by October 1, 2014.	Working toward policy or practice adoption or improvement	8-10 schools participating by October 1, 2014	Capital Region Community Prevention Coalition (CRCPC) Coordinator  Life of an Athlete (LoA) Coordinator  NHIAA  School Districts  CRCPC Network	July –October 2014
Partner with New Hampshire Interscholastic Athletic Association (NHIAA) to conduct regional trainings for coaches, leadership trainings for youth, parent orientations, and presentations to school administrators and school boards by January 2015.	Training	4 regional trainings conducted by January 2015		January 2015
Following initial trainings, work with participating schools to assess readiness for implementation of the various components of LoA.	Data collection, assessment, evaluation or reporting activities	4 schools partnering with Capital Region Prevention Coalition (CRCPC) during implementation		October 2014
Implement changes to student athlete/co-curricular policies in participating high schools to match model practices by end of SFY 2015.	Working toward policy or practice adoption or improvement	3-5 schools by June 2015		June 2015
Partner with participating schools on Youth Leadership activities (to be determined) and coincide with broader Youth Leadership activities as described in workplan.	Working toward policy or practice adoption or improvement	3-5 schools (ongoing)		Ongoing/ June 2015

## STRATEGY: Youth Leadership/Empowerment (YLI)

**GOAL(S) ADDRESSED:** 1, 2

**OBJECTIVE(S) ADDRESSED:** 1a, 1d, 2a, 2b

### ANTICIPATED OUTCOME(S):

**Short-Term:** Increased implementation of program, policies, practices; Increased collaborative activity

**Intermediate:** Decreased difference between perception of peer substance use and actual use of alcohol; Decreased difference between perception of peer substance use and actual use of marijuana; Increased perception of risk of harm of marijuana; Decreased ease of access to alcohol

**Long-Term:** Decreased past 30-day alcohol use among youth; Decreased past 30-day marijuana use among youth

**MEASUREMENT INSTRUMENT(S):** P-WITS, YRBS, PARTNER Tool Survey

**SECTOR(S) IMPACTED:** Education

**ENGAGEMENT LEVEL:** Fostering, Leading

**FUNCTIONAL STAGE:** Assessment, Capacity-Building, Planning, Implementation, Evaluation

Planned Activities	Type of Activity (P-WITS Category)	Target or Milestone	Responsible Staff/Partner	Timeframe
Assess readiness and interest in participation in Youth Prevention Councils by end of September 2014.	Data collection, assessment, evaluation or reporting activities	4 -6 participating schools	CRCPC Coordinator  CRCPC Network Granite United Way, Community Impact Committee High Schools Adult Advisors Youth	September 2014
Identify interested adults to serve as stipend advisors by end of September 2014.	Working toward policy or practice adoption or improvement	Advisors recruited for 4-6 participating schools		September 2014
Provide Youth Leadership and Adult Mentor Trainings with schools ready to implement by October 2014.	Training	Series of bi-monthly trainings		Ongoing
Begin implementation of YLI in at least two new high schools by November 2014.	Working toward policy or practice adoption or improvement	Introduced by November 2015 to two additional high schools (4-6 total)		November 2014
Meet with individual school groups on a monthly basis.	Working toward policy or practice adoption or improvement	10 participating students at each site		June 2015
Meet with Regional Prevention Youth Council on a bi-monthly basis.	Working toward policy or practice adoption or improvement	Complete one site visit per month		June 2015
Provide assistance with workplan development beginning in November 2015. <ul style="list-style-type: none"> <li>Youth to identify problem, goals.</li> <li>Ensure alignment to regional goals and objectives.</li> </ul>	Develop/monitor local action plan	Complete projects as identified by youth leaders in workplans		School Year
Conduct trainings bi-monthly beginning in November 2014.	Trainings	Conduct one training bi-monthly		November 2014- June 2015 (bi-monthly)
Evaluate initiatives implemented by youth on a monthly basis.	Data collection, assessment, evaluation or reporting activities	Monthly tracking		June 2014

## STRATEGY: Media Campaign/Social Marketing/PSAs – Partnership for a Drug Free NH Statewide Campaign (PDFNH)

### ANTICIPATED OUTCOME(S):

**Short-term:** Increased collaborative activity; Increased diversity of partner contributions

**Intermediate:** Increased exposure to prevention messages

**Long-term:** Increased awareness of substance misuse among parents and caregivers

### MEASUREMENT INSTRUMENT(S): PDFNH Fidelity Tool

**SECTOR(S) IMPACTED:** Business, Education, Health, Safety, Government, Community & Family Supports

**ENGAGEMENT LEVEL:** Fostering, Supporting

**FUNCTIONAL STAGE:** Capacity-Building

<i>Planned Activities</i>	<i>Type of Activity (P-WITS Category)</i>	<i>Target or Milestone</i>	<i>Responsible Staff/Partner</i>	<i>Timeframe</i>
Participate in message development and testing	Developing/Testing Messages	Attend one meeting per month (per PDFNH schedule)	CRCPC Coordinator  Director, Public Health Services & Prevention	Ongoing
Recruit Champions	Member/Partner/Sector Recruitment	Five Champions	CRCPC Coordinator  Director, Public Health Services & Prevention	Ongoing
Disseminate PDFNH marketing materials, print	Print Material/Media Dissemination	2-3 media channels	CRCPC Coordinator  Director, Public Health Services & Prevention	Ongoing
Disseminate PDFNH marketing materials/PSAs non-print	Non-print material/Media/PSA Dissemination	2-3 media channels	CRCPC Coordinator  Director, Public Health Services & Prevention	Ongoing

## STRATEGY: Media Campaign/Social Marketing/PSAs – Red Ribbon Week

**GOAL(S) ADDRESSED:** 1, 2, 3

**OBJECTIVE(S) ADDRESSED:** 1e, 2c, 3b

**ANTICIPATED OUTCOME(S):**

**Short-Term:** Increased collaborative activity; Increased number of people reached by programs, policies, practices

**Intermediate:** Increased community readiness; Increased exposure to prevention messages

**Long-Term:** Decreased past 30-day alcohol use among youth; Decreased past 30-day marijuana use among youth, Decreased past 30-day prescription drug misuse among youth

**MEASUREMENT INSTRUMENT(S):** P-WITS, Network Stakeholder Survey, YRBS, PARTNER Tool Survey

**SECTOR(S) IMPACTED:** Education

**ENGAGEMENT LEVEL:** Fostering, Supporting

**FUNCTIONAL STAGE:** Capacity-Building, Planning, Implementation

<i>Planned Activities</i>	<i>Type of Activity (P-WITS Category)</i>	<i>Target or Milestone</i>	<i>Responsible Staff/Partner</i>	<i>Timeframe</i>
Recruit network members to participate in Red Ribbon Week activities.	Member/Partner/Sector Recruitment	3-5 schools will participate by November 2014	CRCPC Coordinator	Fall 2014
Distribute materials for Red Ribbon Week to network members.	Print Material/Media Dissemination	Materials distributed by mid-October 2014	CRCPC Coordinator	Fall 2014
Provide technical assistance as requested to network members in the planning and implementation of Red Ribbon Week activities.	Technical Assistance (TA)	Track TA provided during Fall 2014	CRCPC Coordinator	Fall 2014

## STRATEGY: Rx Drug Drop Boxes/Take-Back Events

**GOAL(S) ADDRESSED:** 3

**OBJECTIVE(S) ADDRESSED:** 3a

### ANTICIPATED OUTCOME(S):

**Short-Term:** Increased number of people reached by programs, policies, practices; Increased implementation of programs, policies, practices; Increased collaborative activity; Increased community sector representation in activities

**Intermediate:** Decreased ease of access to prescription drugs; Increased exposure to prevention messages

**Long-Term:** Decreased past 30-day prescription drug misuse

**MEASUREMENT INSTRUMENT(S):** P-WITS, PARTNER Tool Survey, YRBS

**SECTOR(S) IMPACTED:** Safety

**ENGAGEMENT LEVEL:** Fostering, Leading, Participating

**FUNCTIONAL STAGE:** Capacity-Building, Implementation

<i>Planned Activities</i>	<i>Type of Activity (P-WITS Category)</i>	<i>Target or Milestone</i>	<i>Responsible Staff/Partner</i>	<i>Timeframe</i>
Recruit 3-5 police departments as host sites for drop boxes. Place drop box at police station. <ul style="list-style-type: none"> <li>Station drop box in a location that is accessible to the public.</li> <li>Establish and ensure drop box is under constant video surveillance.</li> <li>Secure drop box to a wall or floor to prohibit removal of box or retrieval of contents from box without a key.</li> <li>Indicate on drop box items which may or may not be disposed of.</li> <li>Chief Law enforcement officer and a law enforcement officer designated are to maintain drop box key and the disposal of contents collected.</li> <li>Destroy collected pharmaceutical drugs at an approved solid waste disposal site.</li> <li>Document disposal by including date and location of drop box, disposal site, names of officers. Hold documentation of disposal for a minimum of five years.</li> </ul>	Working toward policy or practice adoption or improvement	Implement drop boxes in 3-5 communities by January 2015.	CRCPC Coordinator  Director, Public Health Services & Prevention  Granite United Way Marketing Department  Police Departments  Expert Committee	January 2015
Conduct marketing campaign to publicize drop boxes by end of Quarter 4.	Working toward policy or practice adoption or improvement	Publicize results in at least three local news organizations	DEA	June 2015
Request and obtain written authorization from the Drug Enforcement Administration (DEA) to participate in take-back collection events.	Working toward policy or practice adoption or improvement	Receive written authorization by October 2014 and April 2015		October 2014 and April 2015
Recruit police departments to participate in events at least one to two months prior to events.	Working toward policy or practice adoption or improvement	Increase participation to 10 or more participating departments at each event		September 2014 and March 2015

## STRATEGY: Rx Drug Drop Boxes/Take-Back Events (cont.)

<i>Planned Activities</i>	<i>Type of Activity (P-WITS Category)</i>	<i>Target or Milestone</i>	<i>Responsible Staff/Partner</i>	<i>Timeframe</i>
Send written notification of participate in drug take-back event to Attorney General.	Working toward policy or practice adoption or improvement	Notification sent September 2013 and March 2014	Police Departments Expert Committee DEA	September 2013 and March 2014
Publicize events one month prior to the events.	Working toward policy or practice adoption or improvement	Publicize event in at least five local news organizations		September 2013 and March 2014
Hold Take Back Events <ul style="list-style-type: none"> <li>• Have at least two law enforcement officers present and responsible for providing supervision during the event.</li> <li>• Partner with law enforcement to collect controlled and non-controlled pharmaceutical drugs and over-the-counter drugs from households and residences.</li> <li>• Collect syringes using a separate disposal container.</li> <li>• At conclusion of event, law enforcement officers should remove collection boxes.</li> <li>• Destroy collected pharmaceutical drugs at an approved solid waste disposal site.</li> <li>• Document disposal by including date and location of drop box, disposal site, names of officers.</li> <li>• Hold documentation of disposal for a minimum of five years.</li> </ul>	Working toward policy or practice adoption or improvement	Collect over 700 pounds at each event within Capital Area Region		October 2014 and April 2015
Send out press releases after conclusion of events.	Working toward policy or practice adoption or improvement	Publicize results in at least three local news organizations		November 2014 and May 2015



## STRATEGY: Regional Network System Facilitation

**GOAL(S) ADDRESSED:** 1, 2, 3

**OBJECTIVE(S) ADDRESSED:** 1f, 2d, 3c

### ANTICIPATED OUTCOME(S):

**Short-Term:** Increased collaborative activity; Leveraged resources/funding

**Intermediate:** Increased community readiness

**Long-Term:** Decreased past 30-day alcohol use in youth; Decreased past 30-day marijuana use in youth; Decreased past 30-day prescription misuse in youth

**MEASUREMENT INSTRUMENT(S):** P-WITS, PARTNER Tool Survey, YRBS

**SECTOR(S) IMPACTED:** Business, Health, Safety, Government

**ENGAGEMENT LEVEL:** Fostering, Supporting

**FUNCTIONAL STAGE:** Capacity-Building

<i>Planned Activities</i>	<i>Type of Activity (P-WITS Category)</i>	<i>Target or Milestone</i>	<i>Responsible Staff/Partner</i>	<i>Timeframe</i>
Coordinate regional activities throughout Capital Area Region	Regional activity coordination	Increased number of activities within Region by 15%	Director, Public Health Services & Prevention  CRCPC Coordinator  CRCPC Network  Granite United Way  Public Health Advisory Council (PHAC)	June 2015
Provide technical assistance upon request	Regional technical assistance	Provide assistance for at least one organization		
Provide training upon request	Regional training	Provide training for at least three organizations/schools		
Recruit key partner, stakeholders and sector members throughout Capital Area Region	Regional Member /Partner/Sector Recruitment	Increased membership by 25% by June 2015		
Form and coordinate work groups for strategies as necessary	Regional Content-Specific Advisory Team Coordination	5+ members in each work group		
Coordinate and facilitate monthly regional meetings	Regional Work Group Meeting Facilitation /Coordination	Increase attendance on average by 25% by 2015		
Conduct regional appreciative inquiry interviews as necessary	Regional Appreciative Inquiry Interviewing	Complete 10 interviews by June 2015		
Organize and facilitate forums and speaking opportunities through Capital Area Region as needed	Forums/ Roundtables/ Speakers	1+ speaking opportunities by June 2015		
Partner with Granite United Way to hold 4 business lunch and learns addressing substance misuse	Forums/Roundtables/Speakers	4+ lunch & learn presentations to a minimum of 50 total participants		
Partner with the Public Health Advisory Council (PHAC) and Concord Hospital to provide education for primary care physicians regarding substance misuse among youth and young adults	Forums/Roundtables/Speakers	1+ learning opportunities reaching 15-20 physicians		
Provide assistance and resources towards substance misuse prevention policy as needed	Working toward policy or practice adoption or improvement	2+ partner organizations providing testimony through New Futures		
Develop necessary resources to further goals and strategies	Resource development	2+ handouts for Capital Area Region		
Collect, assess, evaluate and report activities within Capital Area Region as necessary	Regional data collection, assessment, evaluation, or reporting activities	Increased trust and integrated collaboration by 25%		

## STRATEGY: Student Assistance – Project SUCCESS

**GOAL(S) ADDRESSED:** 1, 2, 3

**OBJECTIVE(S) ADDRESSED:** 1e, 2c, 3b

### ANTICIPATED OUTCOME(S):

**Short-Term:** Leveraged resources/funding; Increased implementation of programs, policies, practices; Increased collaborative activity

**Intermediate:** Increased community readiness

**Long-Term:** Decreased past 30-day alcohol use among youth; Decreased past 30-day marijuana use among youth; Decreased past 30-day prescription drug misuse among youth

**MEASUREMENT INSTRUMENT(S):** P-WITS, PARTNER Tool Survey, Network Stakeholder Survey

**SECTOR(S) IMPACTED:** Education, Community & Family Supports

**ENGAGEMENT LEVEL:** Fostering, Participating, Supporting

**FUNCTIONAL STAGE:** Capacity-Building, Implementation

<i>Planned Activities</i>	<i>Type of Activity (P-WITS Category)</i>	<i>Target or Milestone</i>	<i>Responsible Staff/Partner</i>	<i>Timeframe</i>
Assist Second Start in the implementation of environmental and community-based activity components of Project SUCCESS, including youth leadership & social marketing.	Activity Coordination	Partner with Second Start on two environmental or community-based activities.	Director, Public Health Services & Prevention	June 2015
Assist community organizations interested in implementing Project SUCCESS with grant writing or other technical assistance.	Resource Development Technical Assistance	Quarterly assessment of available resources		Quarterly
Partner with Second Start or other community organization to recruit additional schools to participate in Project SUCCESS.	Working toward policy or practice, adoption or improvement	Outreach to 1-2 schools by June 2015		June 2015

STRATEGY: All Stars				
GOAL(S) ADDRESSED: 1, 2, 3			OBJECTIVE(S) ADDRESSED: 1e, 2c, 3b	
ANTICIPATED OUTCOME(S): <i>Short-Term: Leveraged resources/funding; Increased implementation of programs, policies, practices; Increased collaborative activity</i> <i>Intermediate: Increased community readiness</i> <i>Long-Term: Decreased past 30-day alcohol use among youth; Decreased past 30-day marijuana use among youth; Decreased past 30-day prescription drug misuse among youth</i>				
MEASUREMENT INSTRUMENT(S): P-WITS, PARTNER Tool Survey, Network Stakeholder Survey				
SECTOR(S) IMPACTED: Community & Family Supports				
ENGAGEMENT LEVEL: Fostering, Participating, Supporting			FUNCTIONAL STAGE: Capacity-Building	
Planned Activities	Type of Activity (P-WITS Category)	Target or Milestone	Responsible Staff/Partner	Timeframe
Work with selected community partners to build resources to implement All Stars.	Working toward policy or practice, adoption or improvement	Meet with two potential agencies to discuss the adoption of All Stars within their organizations.	Director, Public Health Services & Prevention	June 2015
Identify potential funding sources or other resources for the implementation of All Stars.	Resource Development	Quarterly assessment		Quarterly
Provide technical assistance to agencies interested in implementing All Stars.	Technical Assistance (TA)	Track TA provided		As requested

## STRATEGY: Guiding Good Choices

**GOAL(S) ADDRESSED:** 1, 2, 3

**OBJECTIVE(S) ADDRESSED:** 1e, 2c, 3b

**ANTICIPATED OUTCOME(S):**

**Short-Term:** Leveraged resources/funding; Increased implementation of programs, policies, practices; Increased collaborative activity

**Intermediate:** Increased community readiness

**Long-Term:** Decreased past 30-day alcohol use among youth; Decreased past 30-day marijuana use among youth; Decreased past 30-day prescription drug misuse among youth

**MEASUREMENT INSTRUMENT(S):** P-WITS, PARTNER Tool Survey, Network Stakeholder Survey

**SECTOR(S) IMPACTED:** Community & Family Supports

**ENGAGEMENT LEVEL:** Fostering, Participating, Supporting

**FUNCTIONAL STAGE:** Capacity-Building

<i>Planned Activities</i>	<i>Type of Activity (P-WITS Category)</i>	<i>Target or Milestone</i>	<i>Responsible Staff/Partner</i>	<i>Timeframe</i>
Work with selected community partners to build resources to implement Guiding Good Choices.	Working toward policy or practice, adoption or improvement	Meet with 2 potential agencies to discuss the adoption of All Stars within their organizations.	Director, Public Health Services & Prevention	June 2015
Identify potential funding sources or other resources for the implementation of Guiding Good Choices.	Resource Development	Quarterly assessment		Quarterly
Provide TA to agencies interested in implementing Guiding Good Choices.	Technical Assistance (TA)	Track TA provided		As requested

## STRATEGY: Suicide Prevention

**GOAL(S) ADDRESSED:** 1, 2

**OBJECTIVE(S) ADDRESSED:** 1e, 1f, 2c, 2d

### ANTICIPATED OUTCOME(S):

**Short-Term:** Leveraged resources/funding; Increased collaborative activity; Increased implementation of programs, policies, practices, Increased community sector representation in activities; Increased diversity of partner contributions

**Intermediate:** Increased community readiness; Increased exposure to prevention messages

**Long-Term:** Decreased past 30-day alcohol use among youth; Decreased past 30-day marijuana use among youth; Decreased past 30-day prescription drug misuse among youth

**MEASUREMENT INSTRUMENT(S):** P-WITS, PARTNER Tool Survey, Network Stakeholder Survey, YRBS

**SECTOR(S) IMPACTED:** Health, Safety, Community & Family Supports

**ENGAGEMENT LEVEL:** Fostering, Leading, Participating

**FUNCTIONAL STAGE:** Assessment, Capacity-Building, Planning, Implementation

<i>Planned Activities</i>	<i>Type of Activity (P-WITS Category)</i>	<i>Target or Milestone</i>	<i>Responsible Staff/Partner</i>	<i>Timeframe</i>
Conduct quarterly meetings to develop and monitor implementation and sustainability of project	Partner/Stakeholder Engagement Technical Assistance (TA)	Four meetings held per year	Project Coordinator	Quarterly
Identify needs, gaps & high populations in the region	Resource Development Technical Assistance	Assessment completed	Project Coordinator Implementation Team	Ongoing
Promote integration and collaboration among behavioral health, substance misuse and primary care providers in addressing risk in identified populations	Partner/Stakeholder Engagement State System/Sector Education Activity Coordination Working Toward Policy or Practice Adoption or Improvement	Outreach in Quarters 1-3 to 3-5 providers	Project Coordinator Implementation Team	Quarters 1-3
Engage in workgroups, trainings, and meetings as requested.	Training Activity Coordination Partner/Stakeholder Engagement	Track attendance	Project Coordinator	Ongoing
Coordinate trainings and recruit participants for CONNECT Prevention and Postvention Training of Trainers & CALM trainings.	Training and Technical assistance Activity Coordination Partner/Stakeholder Engagement	Host four trainings Recruit 8-30 participants per training	Project Coordinator	Quarters 2-4
Oversee broad dissemination of suicide prevention information in Capital Region.	Print and Non-Print Material Media/PSA dissemination	Region-wide dissemination of information	Project Coordinator	Ongoing

## DEFINITIONS

Prevention efforts typically progress through different stages, with different levels of engagement by a spectrum of stakeholders. In order to understand the context of the network's role in strategies presented in the workplan, a framework for a range of engagement levels, functional stage, sector involvement and measurement instruments are described as follows:

***Levels of Engagement in Regional Prevention Efforts*** Below is a general explanation of the varied levels of engagement at which a substance misuse coordinator and/or its network may be involved.

- *Fostering:* The network is seeding the formative stages of an initiative, but does not anticipate any significant, long-term role.
- *Leading:* The network leads the strategy, driving activities, determining deadlines, facilitating communications, and carrying the responsibility of deliverables.
- *Participating:* The network plays a participatory role, taking the lead from other stakeholders regarding the network's role and responsibilities.
- *Supporting:* The network is aware of the initiative and is prepared to respond supportively when requested.

***Functional Stages (ACPIE) for Strategic Prevention Efforts*** The following federally recommended evidence-based components of strategic prevention efforts help to articulate the stage of a strategy or the function an activity serves.

- *Assessment:* An initial or on-going formative stage of an initiative in which information is being gathered and studied to inform planning, including comparing local data to regional or state aggregates
- *Capacity-Building:* An early and on-going developmental stage of building the readiness of partners, stakeholders, and the community to prepare for new or enhanced strategies or activities
- *Planning:* The developmental stage of an initiative wherein strategies are considered and selected, commitments are finalized, resources are acquired, and other preparatory activities such as training take place
- *Implementation:* An initiative is underway, with staff, volunteers, and/or other resources being used to implement planned activities
- *Evaluation:* The practice of collecting data relative to implementation activities and outcomes of implementation, analyzing data to reach conclusions about the activity, communicating achieved goals to community stakeholder, and the utilization of analyzed data to celebrate achievements, design improvements, and/or make changes to strategy or resource allocation

**Six Sector Model** The state’s design of its substance misuse prevention efforts is grounded in a community engagement model that benefits from the participation of six core community sectors who are both impacted by substance misuse and who can play a valuable role in community-based prevention efforts.

SECTOR	SECTOR REPRESENTATIVES	ROLE
<b>BUSINESS</b>	Employers, Human Resource Professionals, Business Associations, and others who have experienced the impact of substance misuse on the businesses and economy of the community	Sponsoring community messages or initiatives, assessing the impact of alcohol and other drug misuse in the workplace, helping weave best practices into their worksite, such as prevention education and model workplace policies
<b>EDUCATION</b>	School Administrators, Faculty, Staff, Coaches, Parent-Teacher Association members, Students, and other associated with schools at any level, such as early childhood education; elementary, middle, and high schools; and post-secondary programs such as technical institutes, apprentice programs, colleges, and universities	Reviewing and improving alcohol and drug policies, expanding alcohol and drug prevention education to more grade levels, including parents meaningfully in prevention education and awareness, and promoting alcohol and drug-free choices clearly and consistently in all aspects of school or campus life
<b>HEALTH</b>	Health and Medical Staff, professionals in community health centers, mental health centers, hospitals, substance abuse treatment, private practice, specialty clinics such as SIC and other members of the health and medical community	Help educate youth, parents, young adults and adults regarding the risks involved in alcohol and other drug misuse; serving on community panel to build awareness; and adopting best practices such as early screening and identification of potential patient alcohol and drug misuse
<b>SAFETY</b>	Professionals in various aspects of safety, from probation and parole, courts, corrections, law enforcement, and emergency response among others	Helping to enforce and promote the enforcement of alcohol and other drug laws, including social host laws and underage drinking. Help educate the community about the real harm and risks being caused by alcohol and other drug misuse in local communities. Help reduce access to prescription drugs by collecting unused medications either during the special events or by providing permanent drop-off locations
<b>GOVERNMENT</b>	Local and county governing boards, elected officials, municipal programs, and other local, regional and state governing bodies	Reviewing and improving municipal or other ordinances that can help reduce access to alcohol or other drugs in the community. Help secure sustainable resources to support local prevention efforts, and serve as leaders in community education activities
<b>COMMUNITY &amp; FAMILY SUPPORTS</b>	Individuals and organizations who provide support services to communities and families, including housing and homeless programs, transportation providers, family resource centers, employment services, language and cultural supports, local 12-step programs, faith-based communities and services, volunteer organizations and other supports	Expanding prevention services, helping individuals and families get connected to resources to learn about, prevent and treat substance misuse; helping to advocate for expanded services and resourcing; and serving as community leaders in community education activities

**Measurement Tools** The instruments below will be used to measure the region's progress towards reaching its goals and objectives.

TOOLS		
Tool	Description	What the Tool Measures
P-WITS	A performance management database system for the NH Bureau of Drug and Alcohol Services	<ul style="list-style-type: none"> <li>• Extent of activities</li> <li>• Outcome of strategies</li> </ul>
PARTNER Tool Survey	A web-based social network analysis tool sent to organizations which have worked with the regional networks.	The extent of the growth of the network and the partnership development within each existing network and the joint public health network. (Includes collaboration, trust, resource contributions)
Network Stakeholder Survey	A web-based survey sent to all community stakeholders who have had contact with the regional network.	<ul style="list-style-type: none"> <li>• Community participation in substance use prevention</li> <li>• Increase in knowledge of: <ul style="list-style-type: none"> <li>- alcohol and other drug misuse</li> <li>- effective strategies to prevent or deter misuse</li> </ul> </li> <li>• Readiness to adopt or change policies or practices to prevention</li> <li>• Adoption of new policies or practices</li> <li>• Challenges and successes related to community involvement</li> <li>• Perception of changes in risk factors in the community (access, perception of risk, perception of wrongness, community norms)</li> </ul>
Youth Risk Behavior Survey (YRBS)	A national school-based survey conducted by the Centers for Disease Control	Substance use risk factors and behaviors among high school aged youth
PDFNH Fidelity Tool	A web-based tracking tool administered to coordinators to identify the activities completed for PDFNH's statewide media strategy.	The extent to which the implementation activities of the statewide media campaign are carried out in the regions.