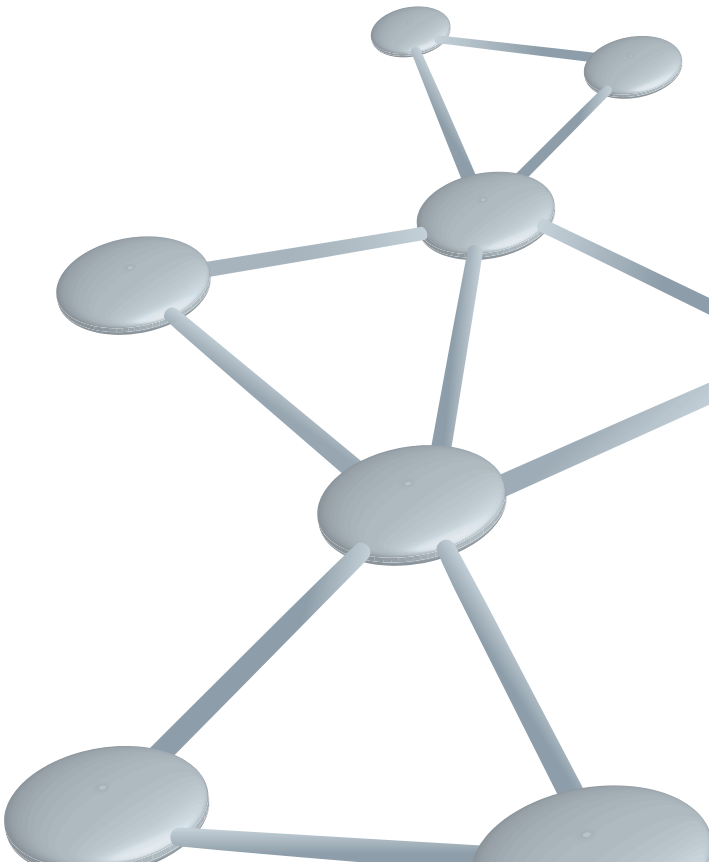
Capital Area *Regional Network*

Community-Based, Data-Driven Response
to Substance Misuse & Disorders

STRATEGIC PLAN FOR PREVENTION

2012-2015



Acknowledgements

The publication of the Capital Area Regional Network's *Strategic Plan for Prevention* to address substance misuse and disorders is a result of a coordinated effort by many local community leaders and organizations as well as key funders and technical assistance providers.

Capital Area Regional Network Coordinator

Shannon Bresaw *Capital Region Community Prevention Coalition (CRCPC)*

Key Strategic Planning Partners

Granite United Way
Child and Family Services
Concord Substance Abuse Coalition
Hillsborough Office of Youth Services
Kearsarge Health Coalition
New Futures
Second Start
Pittsfield Youth Workshop (PYW)
Capital Area Regional Network Leadership Team
Concord Area Youth
Franklin Mayor's Drug Task Force
Hillsborough Community Action Team (CAT)
Kearsarge Regional School District
Pembroke Academy
Pittsfield Drug and Alcohol Coalition (PDAC)

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Executive Summary

Substance misuse and disorders have a serious impact on the quality and function of the lives of individuals, the strength of family support systems and community organization and attachment. Devastating consequences of alcohol and other drug misuse range from increased violence in homes and unsafe or unwanted sexual activity to car crashes and life-threatening overdoses. Substance misuse and disorders are strongly associated with mental health and can prevent individuals from reaching a state of personal wellness or "whole" health. In comparison to national figures, New Hampshire's substance abuse rates are statistically higher for a number of population groups. The costs of substance use are not limited to the impact on individuals, families and communities; the economic cost of substance misuse and disorders places the issue as the second most costly to local governments after elementary and secondary education. 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.

Prevention is defined as: *A proactive process that empowers individuals and systems to meet the challenges of life events and transitions by creating and reinforcing conditions that promote healthy behaviors and lifestyles.*[1] Historically, substance use prevention efforts consisted of educational and one-time events that had limited impact on preventing substance misuse and disorders. As the field has evolved, it has adopted a public health approach to substance use prevention. Effective substance use prevention efforts must be comprehensive; in that, they must include multiple types of prevention efforts. Prevention must target all levels of society; influencing personal behaviors, family systems and the environments in which individuals live, study, work and play. Data-driven and community-based prevention is most effective.

The state of New Hampshire launched its progressive Regional Network System for alcohol and drug abuse prevention across the state in 2007. The Capital Area Regional Network was one of ten regional networks created. The Capital Area Regional Network is a network of concerned citizens that aims to deliver comprehensive, multi-level, data-driven, community-based prevention to the Capital Area.

Through recent planning activities that promoted a broad and in-depth level of community engagement in the process, the Capital Area Network has developed this three-year strategic plan for the prevention of substance misuse and disorders for the youth in the region. Although, the Capital Area Regional Network membership has always included a diverse cross-section of committed individuals from across the region, the planning process allowed new partnerships to emerge. These new partnerships contributed to a more in-depth understanding of substance use and how to address it in the area.

[1] Substance Abuse and Mental Health Services (SAMHSA) and the Center for Substance Abuse Prevention (CSAP)

Alcohol, marijuana and non-medical use of prescription drugs among youth were identified as the priority substance use issues that will be addressed by this strategic plan. The Capital Area Regional Network has determined the following goals for 2015.

GOAL 1	Decrease alcohol use among middle and high school aged youth in the Capital Area Region by 2015.
GOAL 2	Decrease marijuana use among middle and high school aged youth in the Capital Area Region by 2015.
GOAL 3	Decrease non-medical prescription drug use among middle and high school aged youth in the Capital Area Region by 2015.

The strategies chosen to address the Capital Area Region's goals reflect a comprehensive, multi-level and community-based approach to prevention. The strategies chosen are research-based. The chosen strategies are interconnected and will be implemented using a tiered approach based on each community's readiness, resources and assets. The strategies are environmental in nature; thus will change the physical, social and cultural landscape in the region, leading to reduced substance use. The chosen strategies listed below reflect both a conceptual and practical fit in the Capital Area Region. The relationship between problems, resources, activities and expected outcomes is logical and demonstrates theoretical evidence that the implementation of this plan will yield the expected outcomes.

SELECTED STRATEGIES

- **Life of an Athlete**
- **All Stars (Junior Community)**
- **Guiding Good Choices**
- **Prescription Drug Take-Back Events**
- **Permanent Prescription Drug Disposal Locations**
- **Social Norms Campaign**
- **Mass Media/Social Marketing Campaign**
- **Project SUCCESS**
- **Youth Leadership Institute (YLI)**
- **Community Organizing**

The total cost to implement this plan is $1,526,910. Funding in the amount of $487,500 currently exists to support this plan. The total amount of funds still needed is $1,039,410; $248,260 in year one, $393,920 in year two and $397,230 in year three. The implementation of strategies and resulting work plan will be dependent on the amount of funding acquired to support the strategies listed in this plan. The Capital Area Regional Network is committed to evaluating the process of implementing this plan and the intermediate and long-term expected outcomes. Evaluations will be used for continuous quality improvement and to measure the expected change in individuals, families and communities that will ultimately lead to the increased prevention of substance misuse and disorders.

I. Introduction

Alcohol and Other Drug Misuse in New Hampshire

The Problem

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.[2]

In comparison to national figures, New Hampshire's (NH) 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.[3] 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.[4] This amounts to one in four NH high school aged children who engage in regular binge drinking and regular marijuana smoking.[5] The rate of young adult drinking (18 to 25 year olds) in NH is the highest in the country.[6] 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.[7]

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 eighty-two percent of drug-related deaths in 2011 were related to prescription drug abuse.[8] Additionally, between 2001 and 2006, the percentage of car crashes related to alcohol ranged between 35% and 45%.[9]

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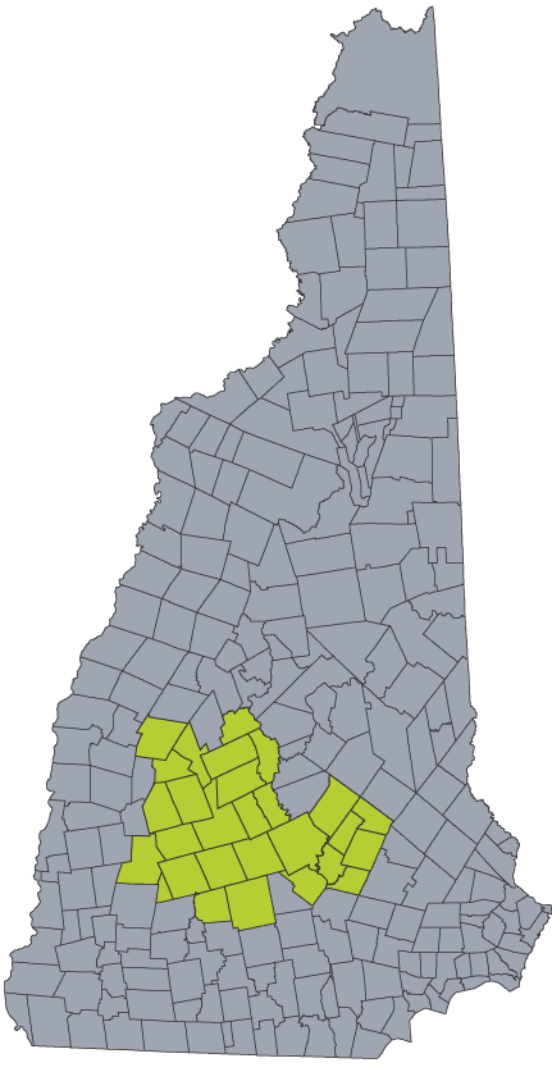
[2] SAMHSA. (2011). *Results from the 2010 National Survey on Drug Use and Health: Summary of National Findings.* pp 1-6. Retrieved from: http://www.samhsa.gov/data/NSDUH/2k10NSDUH/2k10Results.pdf
[3] SAMHSA. (2010). *Results from the 2009 National Survey on Drug Use and Health: Volume I. Summary of National Findings.* p 3. Retrieved from: http://oas.samhsa.gov/NSDUH/2k9NSDUH/2k9ResultsP.pdf
[4] Ibid. p 2.
[5] 2011 NH Youth Risk Behavior Survey
[6] NH DOE. (2011). *NH Youth Risk Behavior Survey Results.* pp 76, 91. Retrieved from: http://www.education.nh.gov/instruction/school_health/documents/2011nhyrbsdetailtables.pdf
[7] Ibid. pp 85-120.
[8] Dr. Thomas Andrew, NH Medical Examiner's Office.
[9] National Highway Traffic Safety Administration. *Fatality Analysis Reporting System (FARS)*. Retrieved from: http://www.nhtsa.gov/FARS

Alcohol and other drug misuse pose economic burdens as well. The costs associated with alcohol and other drug misuse in the U.S. topped $400 million in 2005, with 95.6% of costs incurred related to alcohol and drug problems, such as hospital stays, emergency response, and criminal activity. Local governments in 2005 spent almost 16% of their budgets on dealing with substance abuse and addiction, compared to 13.3% in 1998. This amount places the issue as the second most costly to local governments after elementary and secondary education. In spite of the staggering costs associated with alcohol and other drug misuse consequences, in 2005, only 1.9% of substance abuse funds across the U.S. were committed to prevention and treatment, 0.4% to research, 1.4% to taxation and regulation, and 0.7% to interdiction.[10] For every $100 spent on alcohol and other drug misuse problems, states spent an average of $2.38 on prevention and treatment, while New Hampshire ranked last in the nation, spending just 22 cents of every $100 of substance abuse expenditures on prevention and treatment of alcohol and drug abuse and addiction.[11]

Prevention

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 New Hampshire 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 Capital Area Regional Network was one of the ten regions created.

Capital Area Regional Network



[10] The National Center on Addiction and Substance Abuse at Columbia University. (May 2009). *Shoveling Up II: The Impact of Substance Abuse on Federal, State, and Local Budgets*. p 4. Retrieved from: http://www.casacolumbia.org/articlefiles/380-ShovelingUpII.pdf
[11] Ibid. p 116.

II. The Capital Area Regional Network

Background and History

The Capital Area Regional Network, known as the Capital Region Community Prevention Coalition (CRCPC), is comprised of individuals and organizations from 28 towns and cities in the greater Merrimack County region of NH.

Allenstown	Henniker	Springfield
Andover	Hill	Sutton
Boscawen	Hillsborough	Warner
Bow	Hopkinton	Washington
Bradford	Loudon	Weare
Chichester	New London	Webster
Concord	Newbury	Wilmot
Deering	Pembroke	Windsor
Epsom	Pittsfield	
Franklin	Salisbury	

The mission of the CRCPC is to reduce substance abuse among youth and young adults by mobilizing community members to implement evidence-based prevention strategies designed to improve public health and well-being in the Capital Region. The CRCPC was formed in 2007 through a contract between Granite United Way[12] and the New Hampshire Bureau of Drug and Alcohol Services (BDAS) and was one of ten regional networks formed across the state through the Strategic Prevention Framework State Incentive Grant (SPF SIG).

During this time, the CRCPC followed a five-step process known as ACPIE (Assessment, Capacity Building, Planning, Implementation, and Evaluation), through which strategies were identified to address environmental risk factors impacting alcohol use among youth and young adults in the Region. Over $400,000 was awarded to organizations and local coalitions to implement these strategies across the Capital Area Region. The CRCPC has since expanded its priorities from addressing only alcohol issues, to also focusing on marijuana use and non-medical use of prescription drugs among middle and high school aged youth in the Region.

The CRCPC understands the importance of community organizing and coalition building as a process designed to increase social capital in the community, thereby increasing participation and the Region's capacity to implement and evaluate evidence-based strategies, with the ultimate goal of creating a healthier environment for its citizens. The Capital Area Region is currently home to four active, local, community-based substance abuse prevention coalitions:

- **Concord Substance Abuse Coalition**[13]
- **Franklin Mayor's Drug Task Force**[14]
- **Hillsborough Community Action Team (CAT)**
- **Pittsfield Drug and Alcohol Coalition (PDAC)**

[12] Formerly known as United Way of Merrimack County
[13] Drug Free Communities Support Program recipient from 2001-2011, Drug Free Communities Mentoring Grant recipient from 2010-2011
[14] Current Drug Free Communities Support Program recipient

There are other coalitions in the Region, including the Kearsarge Health Coalition (KHC) and the Bow Alcohol and Drug Coalition (BADCo), however these groups are no longer as active as they once were. There are also several sub-regions that have never had an established prevention coalition, including the Pembroke Academy region (Pembroke, Allenstown, Epsom, Chichester), John Stark region (Henniker, Weare), and the Merrimack Valley region (Penacook, Andover, Boscawen, Loudon, Salisbury, Webster). The CRCPC intends to partner with community stakeholders and residents to develop these in the near future.

Culture and Demographics

The Capital Area Region residents have diverse cultures and therefore a wide range of experiences relative to substance use behaviors and prevention. According to the Community Anti-Drug Coalitions of America (CADCA), "Culture has an impact on how a person thinks, believes and acts,"[15] and therefore affects a person's perceptions of substance use disorders and their related problems. The CRCPC has worked to ensure that these diverse perceptions and beliefs are well represented throughout the strategic planning process so that the community is willing to support the Region's prevention strategies in the years to come.

It is important to consider the race and ethnicity of a population, as these often affect the design of prevention and early intervention activities which are dependent on their cultural contexts. The most recent U.S. Census identifies the predominant race of residents in the Capital Area Region as white or Caucasian (92.8%), followed by Asian (2.28%) and African American (1.86%). The majority of residents in the region are English-speaking, however approximately 5.4% of Merrimack County residents speak a language at home other than English.

The Capital Area Region is home to a growing number of refugee families. According to the NH Office of Energy and Planning, over 800 refugees have resettled in Concord, Franklin, Boscawen and Warner between 2002 and 2009 and several of these families have been engaged in prevention efforts supported by the Network over the past year, including youth leadership initiatives.

Another key cultural consideration in the Capital Area Region is socio-economic status. There is a wide range of median income for a family of four across the Region, ranging from $53,734 in Franklin to $112,200 in New London. Community members consistently reflect on the concept of the "haves and the have-nots" in each of the Capital Area Region communities. A common indicator of socio-economic levels within a community is the percentage of children receiving Free and Reduced Lunch (FRL) based on federal poverty guidelines.[17]

Free and Reduced Lunch Program Eligibility (2010-2011)[16]

High Eligibility Rates	
Franklin	58.93%
Hill	46.20%
Pittsfield	40.16%
Hillsboro-Deering	36.70%
State Average	
New Hampshire	**25.68%**
Low Eligibility Rates	
Bow	4.59%
Hopkinton	7.10%

Important when considering substance use and related conditions within a particular geography are the demographics of the resident population. The following table represents age range estimations of the population in the Capital Area Regional Network based on the 2010 U.S. Census.

[15] *Cultural Competence Primer*, Community Anti-Drug Coalitions of America: 2009. p 12.
[16] NH Department of Education. Attendance and Enrollment Reports. Retrieved from: http://www.education.nh.gov/data/attendance.htm
[17] Families must apply for FRL; therefore, rates below may under-represent poverty levels of families with school-aged children.

Capital Area Region Population by Age and Gender

Age	Total #	Total %	Total # Male	Total % Male	Total # Female	Total % Female
Under 5 years	7,161	5.23%	3,666	2.68%	3,495	2.55%
5 to 9 years	8,097	5.91%	4,134	3.02%	3,963	2.89%
10 to 14 years	8,903	6.50%	4,759	3.48%	4,144	3.03%
15 to 19 years	9,970	7.28%	5,038	3.68%	4,932	3.60%
20 to 24 years	7,942	5.80%	4,101	2.99%	3,841	2.80%
25 to 29 years	7,688	5.61%	3,990	2.91%	3,698	2.70%
30 to 34 years	7,472	5.46%	3,734	2.73%	3,738	2.73%
35 to 39 years	8,726	6.37%	4,335	3.17%	4,391	3.21%
40 to 44 years	9,985	7.29%	5,038	3.68%	4,947	3.61%
45 to 49 years	11,779	8.60%	5,781	4.22%	5,998	4.38%
50 to 54 years	11,888	8.68%	5,869	4.29%	6,019	4.40%
55 to 59 years	10,289	7.51%	5,110	3.73%	5,179	3.78%
60 to 64 years	8,355	6.10%	4,176	3.05%	4,179	3.05%
65 to 69 years	5,712	4.17%	2,748	2.01%	2,964	2.16%
70 to 74 years	3,926	2.87%	1,853	1.35%	2,073	1.51%
75 to 79 years	3,315	2.42%	1,458	1.06%	1,857	1.36%
80 to 84 years	2,705	1.98%	1,048	0.77%	1,657	1.21%
85 years and Over	3,022	2.21%	914	0.67%	2,108	1.54%

Source: 2010 U.S. Census

Consideration of population density is particularly important when determining the cost-benefit of environmental prevention strategies. The City of Concord is the population hub of the Capital Area Region, with 42,695 residents, followed by the Town of Weare, with 8,785 residents, and the City of Franklin, with 8,477 residents. However, as identified in the Appreciative Inquiry interviews and in past research, even residents of Concord and some larger towns comment on the "small-town" or "close-knit" feel of the communities.

Number of Towns – 28

Number of Counties – 3

Largest Population

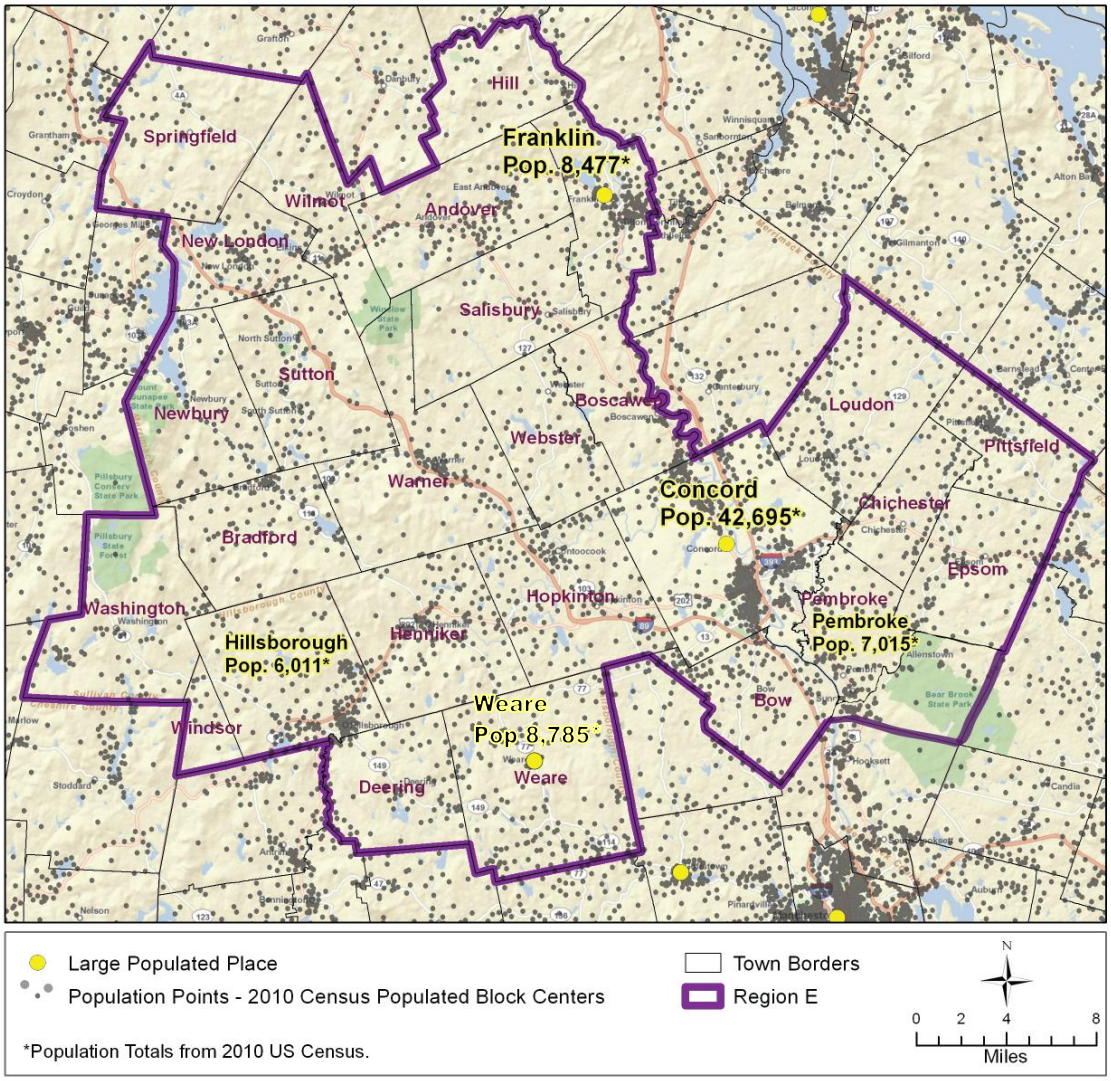
1. Concord – 42,695
2. Weare – 8,785
3. Franklin – 8,477

Smallest Population

Windsor – 224

Total Population
136,935

Population Centers within the Capital Area Regional Network



The culture of the Capital Area Region communities, as it relates to substance use has a clear impact on youth behaviors, as demonstrated by focus groups, key informant interviews, and other regional data. Young people believe their peers are using substances at much higher rates than actual reported use, specifically for alcohol and marijuana use. The messages young people receive from the media, parents, schools, law enforcement, and other groups are often inconsistent. The current public debate about medical marijuana and legalization efforts contribute to youth perceptions of substance use in our society, according to many community members. It also has an impact on perception of risk of these substances, particularly marijuana.

Another theme that consistently comes up in focus groups and key informant interviews concerning the culture of youth in the Capital Area Region is that there are two identifiable groups of young people who use substances. Youth in the region who seem to be "high functioning" tend to abuse substances to alleviate stress related to the pressure to succeed in school, sports, and other aspects of their lives. Young people identified as "low functioning" who use substances are often self-medicating due to undiagnosed mental health issues or other individual and familial risk factors. It is important to tailor prevention strategies to meet the diverse needs and risk factors of each of these groups of young people.

There is also, of course, the largest percentage of Capital Area Region youth who do not misuse substances. Community members and key stakeholders of the community consistently identified the importance of reaching younger youth in the Capital Area Region, before the age of first use. As we know from research by the National Institute on Alcohol Abuse and Alcoholism (2006), youth who begin using alcohol before the age of 15 are four times more likely to develop alcohol dependence than those who begin drinking at the legal age of 21. Youth who first smoke marijuana under the age of 14 are more than five times as likely to abuse drugs as adults, than those who first use marijuana at age 18 according to the National Household Survey on Drug Abuse (2002).

It cannot be overstated that the greatest assets of the Capital Area Region are its citizens, especially its youth. Volunteers play a very important role within the community and there is great strength when caring citizens come together to address public health challenges. The CRCPC hopes to capitalize on these and numerous other assets in the region, by implementing the following research-based, comprehensive community-wide strategic plan over the next three years.

III. Community-Based Strategic Planning Process

In 2011, each of ten regions in New Hampshire that comprise the New Hampshire Regional Network System were called upon to identify and address priority substance use issues and develop a three-year community-based, data-driven strategic plan. The process the Regional Networks used to conduct strategic planning is based on two evidence-based approaches: the Strategic Prevention Framework (SPF) approach sponsored by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) and Communities Mobilizing for Change on Alcohol (CMCA), an evidence-based community development model included on SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP). The process was also guided by the overarching theories of Appreciative Inquiry, Community-Based Participatory Research and New Hampshire's five-sector model for community engagement, which requires convening and eliciting the knowledge and interest of the people from business, education, law enforcement and safety, health and medical, and government sectors. Cultural- or faith-based groups and other organizations that support communities, "community supports," were also involved in this planning process. Ultimately, this plan was developed by those who live and work in the Capital Area Region and whose lives and professions are affected by the issue.

Engaging the Community

Through the assessment of existing prevention efforts, the Regional Network harnessed existing capacity to assist in the Region's strategic plan development. The Leadership Team and Data Information Group (DIG) participated in the review of the available data and the development of problem statements for the Region. The Resource Information Group (RIG) participated in problem statement development, root cause analysis and the crafting of the plan. Geographic and sector-based focus group participants as well as individuals, through one-on-one interviews, contributed to the root cause analysis and selection of strategies.

Capital Area Region Community Engagement in Strategic Planning

Groups Involved	Strategic Planning Steps Participated In	Sectors Represented	Number of Participants*
Leadership Team	1: Assessment 2: Develop Problem Statements	H L B G S Non-Profit, Coalition	8
Data Information Group (DIG)	1: Assessment 2: Develop Problem Statements	H L E S G C Media, Non-Profit, Coalition	8

Sectors

H Health & Medical
L Law Enforcement & Safety
E Education
B Business
G Government
C Cultural or Faith Based
S Community Supports

**A person may have served on more than 1 group.*

Strategic Planning Steps

1: Gather and interpret assessment data
2: Develop problem statements
3: Conduct root cause analysis
4: Design & select strategies
5: Craft regional strategic plans

Groups Involved	Strategic Planning Steps Participated In	Sectors Represented	Number of Participants*
Resource Information Group (RIG)	2: Develop Problem Statements 3: Root Cause Analysis 5: Craft Strategic Plan	H L E G S Consultant, Coalition	*5*
Strategic Planning Team	3: Root Cause Analysis 4: Select Strategies 5: Craft Strategic Plan	H L E B G S Youth-Serving	10
Geographic-Based Focus Groups	3: Root Cause Analysis 4: Select Strategies	H L E B G C Consultant, Parent, Youth	*57*
Sector-Based Focus Groups	3: Root Cause Analysis 4: Select Strategies	E Higher Education, Youth	27
One-on-Ones	3: Root Cause Analysis 4: Select Strategies	H E G S Non-Profit, Coalition	10

Sectors

H Health & Medical
L Law Enforcement & Safety
E Education
B Business
G Government
C Cultural or Faith Based
S Community Supports

**A person may have served on more than 1 group.*

Strategic Planning Steps

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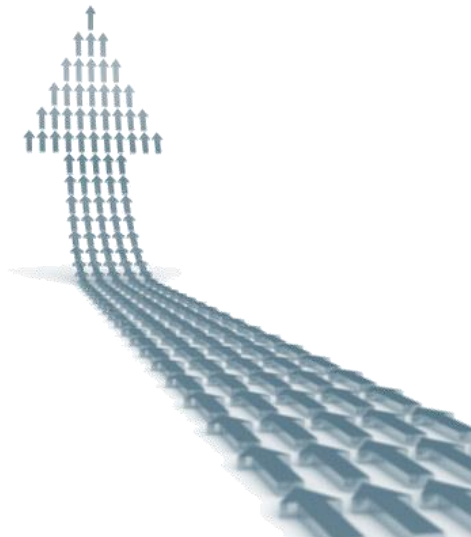


Planning Steps

The Capital Area Region planning team guided the communities through five critical steps to understanding the prevalence and root causes of alcohol and drug abuse, the resources available to address the problem, and the strategies that will have the greatest likelihood of effecting positive change. These five steps are outlined below.[18]

Strategic Planning Steps	
1	Gather and Interpret Assessment Data
2	Develop Problem Statements
3	Conduct Root Cause Analysis
4	Design and Select Strategies
5	Craft Regional Strategic Plans

To start, communities in the region intensively studied the epidemiological and community data in order to understand the extent of the problem and determine possible solutions. The questions of "Why?" and "Why here?" were central throughout the planning process.

Why is there a substance use problem? Why is there a problem here in our community? What resources and assets currently exist in our community that impact or have the potential to impact substance use? What are the barriers to prevention in our community and how can we overcome those barriers? Why would particular strategies work or not work in our community? Through this line of questioning, the Regional Network was able to identify factors that contribute to substance use and determine how to address these factors given local conditions.

This community-based process resulted in a three-year strategic plan for the Capital Area Region communities. The strategic plan will help communicate to all stakeholders the agreed upon priorities, goals and objectives of the network of members. Additionally, the three-year strategic plan records the process the network undertook to determine its action plan, those organizations and individuals who have committed to action, and the measures that will determine the efficacy of the plan, providing a road map by which community stakeholders will hold each other accountable, track progress, make necessary adjustments, and celebrate accomplishments.

Finally, it is important to underscore that changing the conversation about alcohol and other drug misuse in communities takes time. Marshaling the needed resources and will for action takes even longer. This three-year plan will direct the region towards coordinated and cooperative action, which will result in a collective impact on community norms and population level health indicators.

[18] See Appendix B

Identifying Problems

Although efforts could potentially focus on a variety of substances being used in the community, the Region realized the need to narrow down its focus to the substances that were a priority to address. This was done by investigating which substance use reductions are most important to the community, which contributing factors are changeable, what the community is ready to address, and the relevant resources that exist to impact substance misuse and disorders. Planning participants began this process by reviewing substance use assessment data from the Capital Area Region's *Community Data Profile*.[19] This Profile presents comparisons of use and related risk factors for different substances in the Capital Area Region compared to the other regions in New Hampshire as well as to the whole state.

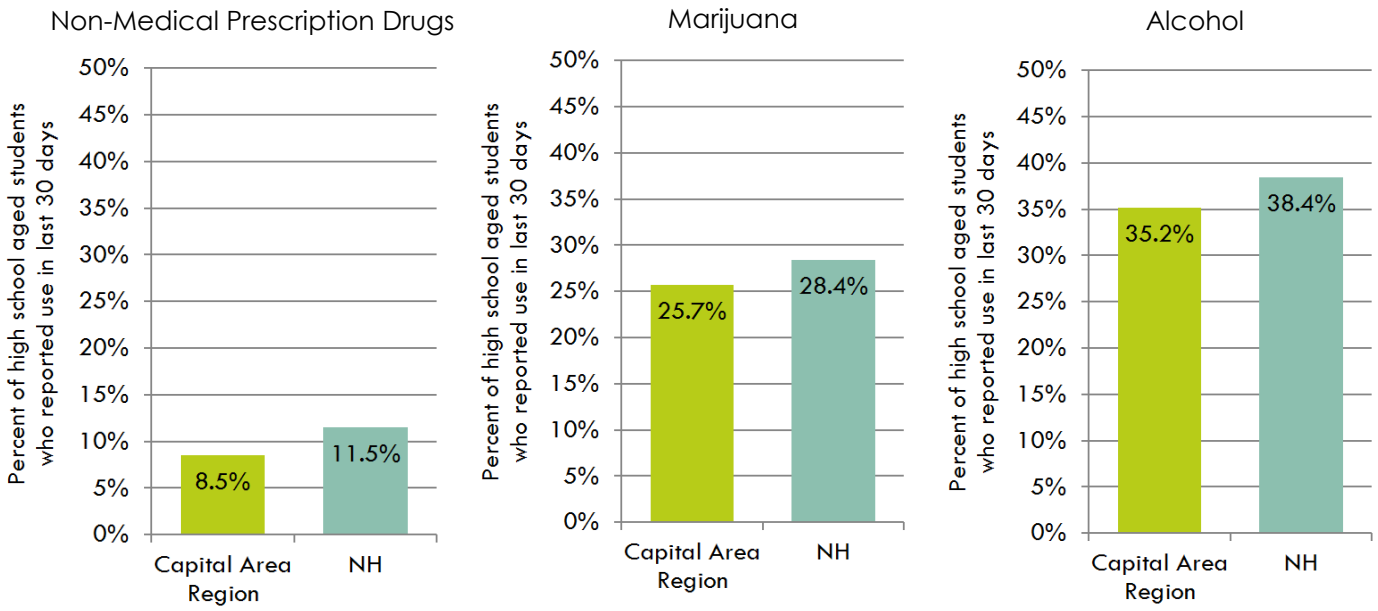
After doing a careful analysis of the data presented in the *Community Data Profile,* it was clear, based on reported past 30-day substance use among high school students and other measures, that the primary areas of concern were alcohol and marijuana use. While tobacco was the next area of concern based on consumption data alone, prescription drugs were identified as a priority due to the increase in misuse among high school students from 2009 – 2011 and the strong potential for harm if not addressed proactively. The Capital Area Region's Data Information Group (DIG) put forth these recommendations to the Leadership Team, which made the final decision regarding the problems to be addressed by the Network over the next three years.

The rates of past 30-day alcohol use (35.2%) among high school students in the Capital Region are similar to the rates reported statewide in New Hampshire (38.4%). The same holds true for the non-medical use of prescription drugs and past 30-day marijuana use. The rate of past 30-day non-medical prescription drug use is 8.5% in the Capital Area compared to 11.5% statewide. In 2011, 25.7% of high school aged youth sampled in the Capital Area reported past 30-day marijuana use, compared to the rate of 28.4% reported by all youth sampled in NH.

[19] NH Center for Excellence. (2011). *Community Data Profile: Capital Area Region*. Retrieved from: http://www.nhcenterforexcellence.org/pdfs/dataprofiles/Capital_Area_Region_complete.pdf

Past 30-Day Use by Substance

Source: 2011 YRBS



IV. Goals & Objectives

Strong goals and objectives are specific, measurable, attainable, realistic, and time-specific (SMART). Utilizing SMART goals and objectives serve as a basis from which to develop strategies and activities that will ultimately lead to their intended impact. Goal statements typically articulate the long-term impact that a community wants to see, such as a reduction in the percentage of young adults who abuse prescription drugs to get high. Objective statements address the risk factors related to the goal and how a community might reach that goal, such as increasing the awareness of young adults regarding the danger and harm related to prescription drug abuse. A potential activity to increase this awareness may be to create and disseminate a series of radio and social media advertisements aimed at young adults about the risk of harm of prescription drug abuse. Clear and articulate goals and objectives allow communities to develop a road map which identifies appropriate and effective activities to create the intended change.

The Strategic Planning Team in the Capital Area Region identified three substance use problems of this Region on which to focus. Based on these problems, three SMART goals were identified as follows:

GOAL 1	Decrease alcohol use among middle and high school aged youth in the Capital Area Region by 2015.
GOAL 2	Decrease marijuana use among middle and high school aged youth in the Capital Area Region by 2015.
GOAL 3	Decrease non-medical prescription drug use among middle and high school aged youth in the Capital Area Region by 2015.

After translating community problems into actionable goals, the Network identified specific factors leading to the substance use problems. A series of root cause analyses were conducted to accomplish this. In this step, groups of community members were convened and asked *why* particular substance use issues exist and grow in the Region.

The root cause analyses were used to identify the various factors that lie along the pathway to substance abuse in the community. These factors were examined and particular factors were chosen as areas in which to focus prevention efforts. These targeted factors along the pathway to substance use, describe how each goal will be reached, and are called objectives. These objectives and the Region's three goals they are related to are described in the following table. The indicators of change, tools and metrics to measure the extent to which each of the goals and objectives are being achieved are described in the *Evaluation Plan* section.

GOAL 1	Decrease alcohol use among middle and high school aged youth in the Capital Area Region by 2015.
Objectives	
1a:	*Social norms favorable to use* 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 Area Region.
1b:	*Low parental monitoring and communication* 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 Area Region.
1c:	*Low parental monitoring and communication* 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 Area Region.
1d:	*Easy access and availability* To decrease number of middle and high school aged youth who think it would be very easy to access alcohol in the Capital Area Region.
1e:	*Low community readiness and lack of capacity to address substance use concerns* To increase implementation of data-driven, research-based prevention strategies targeting middle and high school aged youth in the Capital Area Region.
1f:	*Low community readiness and lack of social capital* To increase the number of active local coalitions and cross-sector members that address substance use in the Capital Area Region.

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

GOAL 3	Decrease non-medical prescription drug use among middle and high school aged youth in the Capital Area Region by 2015.
Objectives	
3a:	*Easy access and availability* 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 Area Region.
3b:	*Low community readiness and lack of capacity to address substance use concerns* To increase implementation of data-driven, research-based prevention strategies targeting middle and high school aged youth in the Capital Area Region.
3c:	*Low community readiness and lack of social capital* To increase the number of active local coalitions and cross-sector members that address substance use in the Capital Area Region.

V. Selected Strategies

The Capital Area Regional Network has determined the following strategies are the best fit conceptually and practically in the region based on the root cause analysis, resources and assets inventory and results of strategic planning prioritization activities.

Strategy Fact Sheets are included in Appendix C and will provide the reader with more information about strategy-specific activities and corresponding Center for Substance Abuse Prevention (CSAP) prevention categories and risk and protective factors addressed by each strategy and evidence of effectiveness.[20]

- **Life of an Athlete**
- **All Stars (Junior Community)**
- **Guiding Good Choices**
- **Prescription Drug Take-Back Events**
- **Permanent Prescription Drug Disposal Locations**
- **Social Norms Campaign**
- **Mass Media/Social Marketing Campaign**
- **Project SUCCESS**
- **Youth Leadership Program - Youth Leadership Institute (YLI) Model**
- **Community Organizing**

Additionally, the Network will continue the broader community engagement strategies of assessment, building community readiness, and networking and outreach to expand the scope and reach of the strategic plan. Each strategy is outlined in brief. The outline includes a program description and why the strategy is a good fit for the Capital Area Region. How these strategies align with the Region's goals and objectives are discussed in the following section.

Life of an Athlete[21] (See page 1 of Appendix C)

Program Description

"The American Athletic Institute's Life of an Athlete prevention/intervention series is a five-step high school program designed to confront chemical health issues and impact the problems that face today's student-athlete."

Local Conditions Addressed by this Strategy

- Youth believe more of their peers are using alcohol than actually are. (Misperception of peer use).

[20] See Appendix C
[21] American Athletic Institute. *Life of an Athlete.* Retrieved from: http://www.americanathleticinstitute.org/highschool/life-of-athlete.html

- Youth receive inconsistent messages regarding alcohol from various sectors of the community (media vs. their parents vs. their peers vs. school vs. law enforcement).
- Inconsistent messaging to youth. Medical marijuana and legalization debate increase perception of marijuana use as social norm.
- Peer pressure and misperceptions of use – use is seen as norm even though it is not.

Fit and Feasibility

The Capital Region Community Prevention Coalition (CRCPC) has selected the research-based strategy, "Life of an Athlete" to implement throughout all ten public high schools in the Capital Area Region over the next three years. This strategy was selected due to a variety of factors, including a strong fit with key risk factors and a high potential for success based on existing relationships and assets present in the community. "Life of an Athlete" addresses drug use norms favorable to use that exist among the culture of athletics at the high school level. This is a key risk factor that was identified in the Capital Area Region, specifically related to alcohol and marijuana use. In the Capital Area Region, according to key stakeholder interviews and focus group data, as well as PRIDE survey data in the Concord region, middle and high school youth have misperceptions concerning levels of substance use among their peers. Youth believe that their peers are using substances at much higher rates than actual reported use.

"Life of an Athlete" follows a five-step process based on the socio-ecological model of prevention that specifically addresses drug use norms among and concerning school athletes. The program aims to debunk perceptions that use is acceptable through enforcement and community support of athletic codes that set no-use policies for student athletes. Parents, coaches, school board members and faculty, the general public and the youth themselves are all essential contributors to the success of this strategy. In the Capital Area Region, school officials and youth report that athletes are considered at particularly high-risk of using alcohol and marijuana. Oftentimes, the community perceives athletes as high-functioning over-achievers. While this is often true, school counselors report it is these youth who are often using substances to self-medicate to deal with the stress and anxiety that comes with the pressure to succeed. Athletes are also currently receiving inconsistent messages when they are not penalized or receive few negative consequences for violating existing school policies. This was a theme that was echoed in several areas of the region. While schools may have policies in place, students report that the enforcement or commitment to such policies often varies from coach to coach. "Life of an Athlete" will help address these concerns by reaching all stakeholders with a consistent message through trainings, codes of conduct, and policies that support a strong culture of non-use by athletes and their peers throughout the Capital Area Region.

"Life of an Athlete" also addresses the impact of substance use on athletes specifically. In the Capital Area Region, high school students report low perception of risk regarding most substances, most notably marijuana. "Life of an Athlete" will assist athletes in understanding the consequences of their use on athletic training and performance. According to prevention professionals in the Capital Area Region, youth are less likely to use substances when they understand how such use can impact what matters to them; in this case, athletics.

"Life of an Athlete" is also a practical fit within the Capital Area Region. At several area high schools, athletics are an integral part of the school culture. Athletes are among the largest sub-group of the school population. "Life of an Athlete" can also be implemented to encompass all co-curricular

activities, not just athletics. Therefore, by implementing this strategy, the CRCPC will be reaching a large percentage of its high school target population.

The initial step of the implementation process will involve a thorough assessment of existing school athletic and co-curricular policies. The CRCPC feels confident in its existing relationships and ability to work with schools to gain their participation in this strategy region-wide. In the past several years, the CRCPC has worked with each public high school on one or more initiatives, including the administration of the Youth Risk Behavior Survey (YRBS) in all ten high schools between 2009 and 2011. This shows willingness on the part of these schools to better understand and address the issues of substance use and risky behaviors in the region. By working on this type of strategy region-wide, schools are able to capitalize on "strength in numbers" and gain broader support from the community for these efforts.

Many of the resources needed to implement "Life of an Athlete" will be provided in-kind by the schools, the CRCPC, and local coalitions. Additional resources required will include funding for region-wide coordination, school-level trainings, and organizing efforts. These costs will be minimal compared to the anticipated benefits of implementation.

"Life of an Athlete" has been implemented in schools and communities throughout the country. Due to the success of the program in New York, the curriculum became mandated by the New York Public High School Athletic Association, resulting in the training of more than 700 school districts and 585,000 athletes statewide. The basis for the success of the program lies within the theory of the socio-ecological and environmental models of prevention.

All Stars (Junior Community)[22] (See page 2 of Appendix C)

Program Description

"All Stars is a multiyear school-based program for middle school students (11 to 14 years old) designed to prevent and delay the onset of high-risk behaviors such as drug use, violence, and premature sexual activity." The All Stars Junior curriculum, geared specifically for fourth and fifth grade children, prepares students to participate in the All Stars program during middle school. Two versions of this program are available, school and afterschool/ community. The school version integrates a language arts, science and math curriculum into the classroom. The afterschool and community version focuses on character education."

Local Conditions Addressed by this Strategy

- Youth believe more of their peers are using alcohol than actually are. (Misperception of peer use).
- Youth receive inconsistent messages regarding alcohol from various sectors of the community (media vs. their parents vs. their peers vs. school vs. law enforcement).
- Inconsistent messaging to youth. Medical marijuana and legalization debate increase perception of marijuana use as social norm.
- Peer pressure and misperceptions of use – use is seen as norm even though it is not.

Fit and Feasibility

The All Stars (Junior Community) program has been selected by the CRCPC to be implemented in the sub-region of Pittsfield in Years 1-3. In addition, the program will be replicated in two or more additional sub-regions in Years 2 and 3 (based on readiness, availability of funds, etc.). The All Stars program will be implemented in the community

[22] NREPP. *All Stars*. Retrieved from: http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=28

setting at Pittsfield Youth Workshop (PYW), in collaboration with the Pittsfield Drug and Alcohol Coalition (PDAC). This program was selected because it addresses social norms favorable to use, a priority risk factor identified in the Capital Area Region. More specifically, the outcomes identified in the evaluation of the All Stars program show an increase in conventional norms—not using substances—among participants. That is, at the end of the program, participants were more likely to understand that using substance is actually not the norm. Building positive norms of non-use is a key component of this strategy.

The All Stars program also focuses on increasing positive parental attentiveness, such as positive communication and parental monitoring, other priority protective factors identified in the Capital Area Region. This is accomplished through the involvement of parents or guardians in home assignments. This involvement will increase opportunities for communication concerning substance use and parental expectations, which is a key objective of the CRCPC.

The All Stars program is a practical fit for the sub-region of Pittsfield due to its high level of readiness to address substance use, as well as the culture of the community. The PDAC has already implemented the All Stars program with a time-limited Title IV grant received in 2011. Therefore, the PDAC has access to a trained facilitator. In addition, the PYW will provide a significant amount of in-kind services, as well as access to potential participants in its popular afterschool drop-in center. With access to funding for staff time, materials, and incentives required for the program, the Pittsfield sub-region will be able to implement this strategy on a quarterly basis in Years 1-3. It should be noted that this strategy has also been determined by the Substance Abuse and Mental Health Services Administration (SAMHSA) in its 2008 cost-benefit analysis to have the greatest cost-benefits returns of its class of prevention programs: $34 in benefit for every $1 spent. The CRCPC will use this information to access additional resources and support for this strategy across the region.

The PDAC and PYW will assist the CRCPC in identifying additional sub-regions to replicate this strategy within the Capital Area Region in Years 2 and 3. This resource-sharing and collaboration will be key to the success of this program as it is implemented across the region in the future. According to information garnered from the Appreciative Inquiry interview process, the most successful community change efforts have been when one community has learned from another and has built their programs on the successes of another. This philosophy is built into all aspects of the CRCPC's Strategic Plan.

Guiding Good Choices[23] (See page 3 of Appendix C)

Program Description

"Guiding Good Choices (GGC) is a five-session curriculum that provides parents of children with the knowledge and skills needed to guide their children through early adolescence. It seeks to strengthen and clarify family expectations for behavior, enhance the conditions that promote bonding within the family, and teach skills that allow children to resist drug use successfully."

Local Conditions Addressed by this Strategy

- Youth receive inconsistent messages regarding alcohol from various sectors of the community (media vs. their parents vs. their peers vs. school vs. law enforcement).
- Parents are unsure about how to communicate with their children and are unaware or in denial about their children's use.
- Lack of consequences. Inconsistent messages.

[23] NREPP. *Guiding Good Choices.* Retrieved from: http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=111

Fit and Feasibility

The Capital Region Community Prevention Coalition (CRCPC) has selected the Guiding Good Choices strategy to be implemented in the Hillsboro-Deering sub-region in Years 1-3 and in at least two additional sub-regions in Years 2-3. Guiding Good Choices was selected because it addresses parenting behaviors and family interactions, with outcomes including an increase in communication of clear rules about substance use behaviors and consequences. In the Capital Area Region, while 80.7% of high school youth report that their parents have clear rules and standards for their behavior, only 48.7% report that they 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.[24] In addition, focus group data suggests that there is a lack of consequences by parents regarding substance use behaviors among youth, specifically regarding alcohol. Focus group data also indicates that parents are unsure of how to communicate with their children and are unaware or in denial about their children's use. The Guiding Good Choices program was also selected specifically to target parents of middle school youth ages 9-14, as the CRCPC works to impact youth before the age of first use.

Guiding Good Choices is a natural fit within the Hillsboro-Deering sub-region in Years 1-3 and in additional sub-regions in Years 2 and 3. The Hillsborough Office of Youth Services has a staff member who has been trained to implement this program and will be able to do so, with the full support and collaboration of the Hillsborough Community Action Team (CAT) and the CRCPC once funding becomes available. There are a number of active churches in the Hillsboro-Deering sub-region who have expressed an interest in hosting parenting programs. This program will be a natural fit and will offer an opportunity for the faith sector to become actively engaged in prevention efforts in the Region.

As with the other strategies being implemented in the Capital Area Region, the CRCPC intends to replicate this program in subsequent years across the region, as readiness increases in other sub-regions and resources become available.

A cost-benefit analysis by the Substance Abuse and Mental Health Services Administration (SAMHSA) in 2008 determined that this strategy realizes a $5.85 benefit for every dollar invested. The CRCPC will use this information to access additional resources and support for this strategy across the Region.

Prescription Drug Take-Back Events[25,26] (See page 4 of Appendix C)

Program Description

This initiative intends to establish collection sites across New Hampshire to partake in national one-day prescription drug collection events in which residents can safely dispose of unwanted or expired pharmaceutical drugs from households and residences in a safe, accessible, and convenient manner. This initiative will help to reduce access to addictive drugs by individuals, specifically children.

Local Conditions Addressed by this Strategy

- Prescription drug disposal process is confusing or takes too much work.

[24] 2011 New Hampshire Youth Risk Behavior Survey
[25] Chapter Jus 1600, *Procedures for Pharmaceutical Drug Collection and Disposal Programs*, Interim Rules, November 17, 2011
[26] Drug Enforcement Administration (DEA) Office of Diversion Control. Retrieved from: http://www.deadiversion.usdoj.gov/drug_disposal/takeback

Fit and Feasibility

Prescription drug take-back events have been selected by the Capital Region Community Prevention Coalition (CRCPC) as a strategy to address the access and availability of prescription drugs without a doctor's prescription among middle and high school youth. This strategy is an environmental strategy with theoretical support for effectiveness, yet currently insufficient evidence. However, success can be seen in the sheer volume of unused prescription drugs that have been safely collected at take-back events over the past couple of years in NH. Removing unused prescription drugs from the community prevents the possibility of misuse by youth in the Region.

This strategy will directly address the belief by community members in the Capital Area Region that the disposal process is confusing and takes too much effort. Therefore, medications are often either thrown away in the trash or remain in unlocked medicine cabinets, offering easy access for young people. By offering regular opportunities for residents to come forward and safely dispose of their unused, unwanted medications, barriers to proper disposal are lessened to a great degree. By combining prescription drug take-back events with the establishment of permanent prescription drug disposal locations and social marketing campaigns, the CRCPC will normalize, simplify and demystify the process so community members are more inclined to properly dispose of their medications.

This strategy will be implemented across the entire Capital Area Region. Several law enforcement departments in the Capital Area Region have already participated in one or more take-back events in the recent past. Eleven police departments in the Region participated in the most recent take-back event in April 2012, resulting in nearly 1000 pounds of prescription drugs removed from the community. Efforts will be made to recruit the remaining police departments in the region in future take-back events.

The CRCPC, in partnership with the police departments in the Region, will be able to implement this strategy at a minimal cost. Most of the police departments, as well as the Drug Enforcement Agency (DEA), will be able to provide their resources in-kind. The CRCPC will work with its media partners to provide low or no-cost advertising for the events. The barriers that might present themselves are in communities with part-time police departments who are unable to organize take-back events due to staffing limitations. The Region will address this barrier by offering take-back events in nearby towns or partnering with the Sheriff's department to provide coverage if possible.

Permanent Prescription Drug Disposal Locations[27] (See page 5 of Appendix C)

Program Description

This program intends to establish permanent prescription drug drop box locations across New Hampshire. These sites will provide NH residents with the ability to dispose of unwanted or expired pharmaceutical drugs from households and residences in a safe, accessible, and convenient manner. This initiative will help to reduce access to addictive drugs by individuals, specifically children.

Local Conditions Addressed by this Strategy

- Prescription drug disposal process is confusing or takes too much work.

[27] Chapter Jus 1600, *Procedures for Pharmaceutical Drug Collection and Disposal Programs*, Interim Rules, November 17, 2011.

Fit and Feasibility

The Capital Region Community Prevention Coalition (CRCPC) has selected Permanent Prescription Drug Disposal Locations as a strategy to address the easy access and availability of prescription drugs without a doctor's prescription among middle and high school youth. This strategy has theoretical support for effectiveness, but there is currently insufficient evidence that exists to support a direct effect on prescription drug misuse. However, by removing unused, unwanted, and expired prescription drugs from the community, the opportunity for those medications to be misused by middle and high school youth will be removed.

This strategy is a good fit in the Region because community members have expressed confusion regarding the disposal process. Focus groups suggest that they are unsure how to properly dispose of their unused medications and/or the process seems to take too much effort. By implementing and publicizing Permanent Prescription Drug Disposal Locations, the Region will be make the disposal process easier for residents and will offer a safe, effective method of disposal that will keep the medications out of the hands of youth.

There are currently two police departments in the Capital Area Region, Franklin and Pittsfield, who have implemented Permanent Prescription Drug Drop Boxes in their communities. The Region will work with these agencies and the local coalitions in those communities to better understand the process and how they were successful before reaching out to the other law enforcement agencies across the region. The Region understands that the cost for purchasing and installing these boxes is fairly affordable. However, not every community will have the capacity or interest in moving forward with this strategy. The CRCPC anticipates having at least one permanent drop box available in each of the 10 sub-regions by the end of Year 3.

Social Norms Campaign [28] (See pages 6-7 of Appendix C)

Program Description

"The social norms approach uses a variety of methods to correct negative misperceptions (usually overestimations of use), and to identify, model, and promote the healthy, protective behaviors that are the actual norm in a given population. When properly conducted, it is an evidence-based, data-driven process, and a very cost-effective method of achieving large-scale positive results."

Local Conditions Addressed by this Strategy

- Youth believe more of their peers are using alcohol than actually are. (Misperception of peer use).
- Inconsistent messaging to youth. Medical marijuana and legalization debate increase perception of marijuana use as social norm.
- Peer pressure and misperceptions of use – use is seen as norm even though it is not.
- Use is normalized in the media.

Fit and Feasibility

The Capital Region Community Prevention Coalition (CRCPC) has selected the Social Norms Approach to address the misperceptions that exist among middle and high school youth regarding peer use. Youth in the Capital Area Region believe that their peers are using alcohol and marijuana at much higher rates than actual reported rates. Data from the 2007 PRIDE survey in Concord show that 23% of middle and 78% of high school youth believe that their

[28] National Social Norms Institute at the University of Virginia. Retrieved from: http://www.socialnorms.org/FAQ/FAQ.php

peers regularly use alcohol, whereas only 5% of middle and 32% of high school youth report actual use in the past 30 days. Data from the same survey also show that 14% of middle and 68% of high school youth believe that their peers regularly use marijuana, whereas only 2% of middle and 22% of high school youth report actual past-30 day use. While this data is nearly five years old and is only available for Concord, it is supported by numerous current focus group and key informant interview data among youth and adults and is echoed throughout the region. Obtaining accurate, up-to-date data regarding actual use and perceptions of peer use in all middle and high schools across the region will be among the first steps in implementing the Social Norms Approach.

In addition to addressing misperceptions and overestimations of substance use, the Social Norms Approach will also address the inconsistent messages targeted towards youth regarding alcohol and marijuana, another one of the Region's identified contributing factors. These inconsistencies contribute to the perception of norms favorable to use. The goal of the Social Norms Campaign at both the middle and high school levels across the Region will be to correct those negative misperceptions and "to identify, model, and promote the healthy, protective behaviors that are the actual norm in a given population."[29]

This strategy is not only a conceptual fit for the Region, as explained above, but also a practical fit in the Region. The CRCPC intends to combine this strategy with the Youth Leadership Institute (YLI) strategy to ensure youth involvement and leadership throughout all aspects of this approach. The Region anticipates most of the message delivery of this campaign will take place in the school setting, however those specifics will be determined as the CRCPC follows the evidence-based, data-driven process of this approach. While the CRCPC will need to access resources to coordinate these campaigns across the region, the Region hopes to primarily access low-cost social media outlets for message delivery.

Mass Media/Social Marketing Campaign[30,31] (See page 8 of Appendix C)

Program Description

"Using mass media to increase public concern about use and change normative perceptions."

Local Conditions Addressed by this Strategy

- Parents are unsure about how to communicate with their children and are unaware or in denial about their children's use.
- Lack of consequences. Inconsistent messages.
- Alcohol is being provided (knowingly and sometimes unknowingly) to underage youth by those over 21, including older friends, siblings, and parents.
- Youth do not perceive marijuana as harmful. Unaware of the dangers. Perceived as least risky substance: "I don't do drugs. I just smoke pot."
- Prescription drug disposal process is confusing or takes too much work.
- Doctors are over-prescribing medications.

[29] Ibid.
[30] NECAPT. (2012). *Marijuana Webinar Series, Strategies/Interventions for Reducing Marijuana Use.* Retrieved from: http://www.nhcenterforexcellence.org/pdfs/Marijuana_Strategies_Interventions.pdf
[31] NECAPT. (2012). *Non-Medical Use of Prescription Drugs (NMUPD) Webinar Series - Strategies/Interventions for Reducing NMUPD Use.* Retrieved from: http://www.nhcenterforexcellence.org/pdfs/Strategies_NMUPD.pdf

Fit and Feasibility

The Capital Region Community Prevention Coalition (CRCPC) has identified Social Marketing Campaigns as a strategy to address several risk factors in the Region, including community norms, low parental monitoring and communication, easy access and availability, and low perception of risk. The primary media strategy to address community norms will be using the Social Norms approach combined with Social Marketing. Additional Social Marketing Campaigns will be implemented to address the remaining risk and contributing factors. The CRCPC will follow current recommendations regarding the effectiveness of such campaigns by ensuring the message is carefully targeted and that those messages are delivered with frequency and reach. In addition, this strategy will not be used in isolation; rather, it will be used to reinforce consistent messaging espoused throughout the strategies implemented across the Region.

Community members in the Capital Area Region repeatedly identified the need for consistent messaging to be delivered to youth and parents through popular forms of social media, including Facebook, Twitter, and text messaging. These methods, along with word of mouth, were identified as the most popular ways that people, especially youth, in the Capital Area Region receive information. Therefore, any social marketing campaign will need to incorporate those methods of message delivery. By focusing on free and low-cost methods, we will also ensure that this strategy is more sustainable. While there will be costs associated with the coordination of this strategy, as well as the creation of materials and messaging, it is anticipated that the CRCPC can use many existing resources to implement this strategy. The CRCPC has experience implementing Social Marketing Campaigns and several coalition members have received training to do so. Training materials are readily available and are based on principles of commercial advertising in the public health arena.

Project SUCCESS[32] (See page 9 of Appendix C)

Program Description

A multi-component, comprehensive school/community student assistance prevention program.

Local Conditions Addressed by this Strategy

- Youth believe more of their peers are using alcohol than actually are. (Misperception of peer use).
- Parents are unsure about how to communicate with their children and are unaware or in denial about their children's use.
- Lack of consequences. Inconsistent messages.
- Youth do not perceive marijuana as harmful. Unaware of the dangers. Perceived as least risky substance: "I don't do drugs. I just smoke pot."
- Inconsistent messaging to youth. Medical marijuana and legalization debate increase perception of marijuana use as social norm.
- Peer pressure and misperceptions of use – use is seen as norm even though it is not.
- Use is normalized in the media.

[32] NREPP. *Project SUCCESS.* Retrieved from: http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=71

Fit and Feasibility

The Capital Region Community Prevention Coalition (CRCPC) has selected Project SUCCESS as a key strategy to address social norms favorable to use, low parental monitoring and communication, and low perception of risk of substance use among middle and high school youth in the Region. Project SUCCESS is a multi-component, comprehensive program that takes place in a school setting, but impacts individual, peer, family, school, and community domains. This program reaches universal, selected, and indicated populations.

Project SUCCESS has been implemented in the Capital Area Region for several years by Second Start, in collaboration with local school districts. This program has been very well received in the schools and communities within the Capital Area Region because of its comprehensiveness and ability to reach the most at-risk middle and high school aged youth, as well as the broader student population. The Prevention Education Series and school-wide activities reach a universal audience, while the time-limited groups and individual counseling sessions reach youth identified as highest risk or those who are already using substances. In addition, Second Start staff members who implement Project SUCCESS are actively involved in the activities of the CRCPC and local coalitions in the community. This involvement includes participation in coalition meetings, subcommittees, workgroups, and region-wide strategies such as Social Marketing Campaigns, assessment activities, and trainings. The dedication of Second Start staff to the regional mission, make it possible to truly integrate prevention activities across school, family, peer, and community domains.

Project SUCCESS logically connects to the risk factors identified above. In addition, Project SUCCESS is a practical fit due to the culture of the region and the history of this program within the Capital Area Region. In the past, Project SUCCESS has been implemented in eight out of ten sub-regions by Second Start and other organizations. In addition, three school districts are currently putting some of their own funding towards this important program. Due to this commitment on their part and their high level of readiness, the Region intends to begin implementation in Year 1 in Pittsfield, Merrimack Valley, and Hopkinton high schools. In subsequent years, as school districts across the Region become willing (as a result of youth and community member advocacy efforts) to put funding towards this strategy, the CRCPC will allocate additional funding to support this strategy in those districts. The Region hopes to implement Project SUCCESS in at least two additional communities in years two and three.

Through community focus groups and key informant interviews, the CRCPC consistently heard about the importance of school-based services, not because substance use prevention is the sole responsibility of schools, but because that is where the Region can most easily reach its target populations in one place. This is analogous to school participation in the Youth Risk Behavior Survey (YRBS). The survey is implemented in the school because it is where the largest population of youth can be reached, not because substance use is a "school problem." In addition, community members in the Capital Area Region believe in the importance of comprehensive prevention programs that offer direct services and environmental strategies. This program is the most comprehensive one selected, and it is the intention to see this implemented across the entire Capital Area Region in the future as additional resources are acquired to do so.

Youth Leadership Program- Youth Leadership Institute (YLI) Model [33] (See pages 10-11 of Appendix C)

Program Description

"The Youth Leadership Institute's community-based programs foster meaningful partnerships between youth and adults to create positive social change. Working on the ground in urban, suburban, and rural communities, YLI's community-based programs address the issues affecting youth in their communities."

Local Conditions Addressed by this Strategy

- Youth believe more of their peers are using alcohol than actually are. (Misperception of peer use).
- Youth receive inconsistent messages regarding alcohol from various sectors of the community (media vs. their parents vs. their peers vs. school vs. law enforcement).
- Alcohol is being provided (knowingly and sometimes unknowingly) to underage youth by those over 21, including older friends, siblings, and parents.
- Youth do not perceive marijuana as harmful. Unaware of the dangers. Perceived as least risky substance: "I don't do drugs. I just smoke pot."
- Inconsistent messaging to youth. Medical marijuana and legalization debate increase perception of marijuana use as social norm.
- Peer pressure and misperceptions of use – use is seen as norm even though it is not.
- Use is normalized in the media.

Fit and Feasibility

The Youth Leadership Institute (YLI) model was selected because according to Appreciative Inquiry interview data collected by the Capital Region Community Prevention Coalition (CRCPC), youth are seen as the greatest asset in the region. Community members interviewed felt that youth should be engaged at all levels of any community change process and that efforts should be youth-driven when possible. The CRCPC intends to model its YLI strategy after what has been implemented in the North Country of New Hampshire due to the successes achieved in that region.

The YLI is research-based and modeled after the community organizing strategy, Communities Mobilizing for Change on Alcohol (CMCA), and is based on current youth development theory and practices. This strategy addresses several risk factors identified as priorities in the Capital Area Region, including low perception of risk, social norms favorable to use, and easy access and availability. The CRCPC intends to establish Youth Councils in each of the ten public high schools across the region over the next three years. These Youth Councils, and their adult advisors, will be trained by Sean O'Brien, Executive Director of ADAPT and coordinator of the Youth Councils established using the YLI model in the North Country. These trainings will also be facilitated by youth members of the North Country Youth Councils. After the initial trainings in Year 1, Capital Area Region youth and adult advisors will be responsible for training additional schools and Youth Councils in subsequent years.

[33] Youth Leadership Institute. Retrieved from: http://www.yli.org

This strategy is not only a conceptual fit in the Capital Area Region, based on the alignment of YLI outcomes with our risk and contributing factors, but it is also a practical fit given the culture and readiness of our communities. There are several existing youth groups in the Capital Area Region that will be part of this initiative and will be ready for the Year 1 trainings immediately. In those parts of the Region where readiness is low, steps will be taken to engage schools and other youth-serving organizations to identify youth to be part of the Youth Councils. Youth leaders are highly valued in the Region and will play an integral role in the implementation of the CRCPC's Strategic Plan over the next three years.

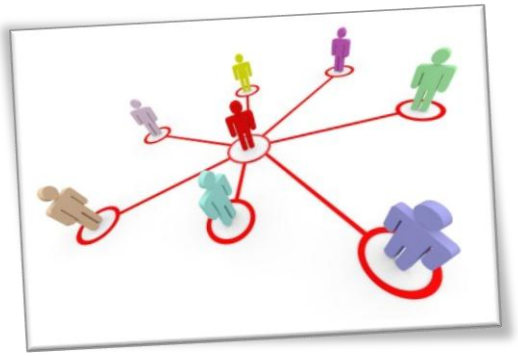
Upon receiving training in the YLI method, youth leaders and adult advisors, will begin meeting on a weekly basis in each of the ten high schools across the region. Region-wide meetings will take place monthly and will be held in a central location or throughout the Region on a rotating basis. Action plans will be created by the Youth Councils and will address the environmental prevention needs in the community that align with the Region's identified priorities.

The Youth Councils will determine the actions they will take by following a 9-step Action Planning cycle:

1. Convening the group at the beginning of the school year.
2. Identifying problems in the community that could be addressed.
3. Choosing the problem to work on.
4. Doing the necessary research on the problem.
5. Coming up with a goal that will solve the problem.
6. Coming up with the actions to take that will help them reach their goal.
7. Developing the Action Plan.
8. Implementing the Action Plan.
9. Evaluating the project and using the lessons learned for the next project.

This strategy will also be a good fit for the Region based on efforts to support youth leaders throughout the history of the CRCPC. Through the Strategic Prevention Framework, the CRCPC implemented other youth development strategies to establish youth leadership across the Region. While there were varying levels of success, there was not a high level of region-wide momentum created as anticipated. Many youth were successfully trained and several went on to engage in local coalition activities in various sub-regions. However, the CRCPC wishes to do more than focus on trainings and instead focus on follow-up and ongoing efforts, using a model that will create lasting change. The CRCPC will offer stipends to adult advisors, as well as support regional coordination of this strategy to offer the best chance for success in the Region. This strategy will further enhance efforts to increase regional collaboration as well.

Community Organizing



The Capital Region Community Prevention Coalition (CRCPC) has selected Community Organizing as its strategy to increase the readiness and capacity of its communities to work together to implement research-based prevention strategies to achieve positive outcomes related to substance use among youth and young adults. More specifically, the steps of this strategy (assess the community, create core leadership groups, develop plans of action, build mass bases of support, implement action plan, maintain institutional

change, evaluate changes)[34,35] will be implemented to achieve the objectives outlined in the Strategic Plan under Goals 1 through 3. Using Community Organizing methods, the CRCPC intends to collect assessment data (including YRBS at middle and high schools in 2013 and 2015), increase the number of active local coalitions to one per sub-region, and establish core leadership workgroups arranged by sector (Business, Education, Enforcement/Safety, Health, Government).

The CRCPC intends to organize sector-specific workgroups based on the fact that existing data suggests a need to involve key sectors more closely in the work of the coalition. The sector-based workgroups will be organized in addition (and as a complement) to the Data Information Group (DIG), Resource Information Group (RIG) and Operational Efficiency and Sustainability Group (OESG). The CRCPC has had a challenging time engaging some of these sectors to sit on the DIG and RIG. Community stakeholders felt that these sectors should be engaged in other direct prevention services and also come together on a regular basis as sectors to assess how they can positively impact prevention outcomes in the region. For example, the DIG may include one member of each of the 5 sectors from across the region. However, the Business Sector workgroup would include several members from across the region that have the same interest in prevention (the impact on business). The Business Sector workgroup may choose to work together to offer "lunch and learn" workshops concerning substance abuse prevention to their employees, as an example. Group members representing each of the sector workgroups will be asked to sit on the DIG, RIG and OESG in the future as needed. The CRCPC will use its resources to embed incentives into the process so there is a stronger willingness of community members to serve on these workgroups.

The CRCPC also plans to offer stipends in each of the sub-regions to pay for a community organizer to establish or strengthen prevention efforts at the local level. While this stipend will be minimal, it will offer enough incentive for an individual in each region to help organize local efforts. In addition, the Youth Councils established through the Youth Leadership Institute (YLI) will enhance local efforts in each sub-region.

Focus group data in the Capital Area Region clearly shows an interest on the part of community stakeholders in enhancing local efforts, but also regional collaboration. Community members want to be more closely connected and want to learn from the successes achieved in other parts of the Region. Data collected from the PARTNER Tool in 2011 also suggests that there is a need for better coordinated and more closely integrated efforts. This survey shows a low percentage (26%) of connections present in the Network in relation to the total number of possible connections in the entire Network. In addition, the survey showed only a mid-range (46%) level of trust among respondents. This survey also shows that coalition members do not identify all of the possible ways that they could truly contribute to the prevention efforts in the Region. Through community organizing methods, the CRCPC hopes to change this in the future.

[34] University of Minnesota, Alcohol Epidemiology Program. Retrieved from: http://www.epi.umn.edu/alcohol/cmca/index.shtm.
[35] NREPP. *Coalition-Building and Communities Mobilizing for Change on Alcohol (CMCA) Model for Community Organizing*. Retrieved from: http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=117

VI. Strategy Alignment to Goals & Objectives

The Capital Area Regional Network has determined the strategies that will best meet their substance use prevention goals and objectives. Multiple goals and objectives can be efficiently targeted by a strategy. The following tables show the various strategies that have been chosen and the goals and objectives they target. Objectives relevant to each goal are listed on pages 21-21.

GOAL 1	Decrease alcohol use among middle and high school aged youth in the Capital Area Region by 2015.
GOAL 2	Decrease marijuana use among middle and high school aged youth in the Capital Area Region by 2015.
GOAL 3	Decrease non-medical prescription drug use among middle and high school aged youth in the Capital Area Region by 2015.

Goals and Objectives Targeted by Each Strategy

	Goal 1 (Alcohol)						Goal 2 (Marijuana)				Goal 3 (Rx Drugs)		
Objectives	a	b	c	d	e	f	a	b	c	d	a	b	c
Life of an Athlete	x							x					
All Stars (Junior Community)	x							x					
Guiding Good Choices	x	x	x										
Prescription Drug Take-Back Events											x		
Permanent Prescription Drug Disposal Locations											x		
Social Norms Campaign	x							x					
Mass Media/Social Marketing Campaign		x	x	x			x				x		
Project SUCCESS	x	x	x				x	x					
Youth Leadership Program – Youth Leadership Institute (YLI) Model	x			x			x	x					
Community Organizing					x	x			x	x		x	x

VII. Action Plan

Aligning existing community resources and assets with selected strategies helps outline the Region's A*ction Plan* for implementation. This action plan outlined in the following table includes the sector that will implement each strategy, the domain in which the strategy will be implemented in, the lead organization that will implement the strategy, their level of commitment, the location where the strategy will be implemented, the service population that will be the recipients of the strategy, the Institute of Medicine (IOM) Prevention Category that the strategy falls under, and target dates for each strategy.

- **Sector**

  Each community sector has a role in substance abuse prevention. The core community sectors identified in this plan include the state's five core sectors -- Health & Medical, Business, Government, Law Enforcement & Safety, and Education -- as well as Cultural- or Faith-Based Groups and other Community Supports.

- **Domain**

  Selected strategies are implemented in one or more of five global prevention domains: community, school, family, peer and individual. A plan that includes strategies in multiple domains will effect change at multiple levels.

- **Lead Organization and Level of Commitment**

  Community organizations have been identified at various levels of commitment from leadership to collaboration to having been identified as having the capacity and readiness to fully implement a strategy.

- **Location**

  Each strategy will either be implemented in specific sub-regions within the region or the entire region, or as part of a statewide strategy.

- **Service Population**

  The service population is the group of people who receive the intervention. Strategies will provide prevention services to multiple populations.

- **Target Dates**

  Some strategies are currently being implemented and will be sustained throughout the next three years, while others will be implemented when additional funding becomes available.

- **Institute of Medicine Prevention Categories**

  INSTITUTE OF MEDICINE
  OF THE NATIONAL ACADEMIES

  Universal: Activities targeted to the general public or a whole population group that has not been identified on the basis of individual risk. Universal prevention strategies address the entire population (national, local community, school, and neighborhood) with messages and programs aimed at preventing or delaying the abuse of alcohol, tobacco, and other drugs.

  Universal Direct: Interventions directly serve an identifiable group of participants but who have not been identified on the basis of individual risk (e.g., school curriculum, after-school program, parenting class). This also could include interventions involving interpersonal and ongoing/repeated contact (e.g., coalitions).

Universal Indirect: Interventions support population-based programs and environmental strategies (e.g., establishing alcohol and other drug policies, modifying alcohol and other drug advertising practices). This also could include interventions involving programs and policies implemented by coalitions.

Selective: Activities targeted to individuals or a subgroup of a population whose risk of developing a disorder is significantly higher than average. Selective prevention strategies target subsets of the total population that are deemed to be at risk for substance abuse by virtue of their membership in a particular population segment-for example, children of adult alcoholics, dropouts, or students who are failing academically.

Indicated: Activities targeted to individuals, identified as having minimal but detectable signs or symptoms foreshadowing disorder or having biological markers indicating predisposition for disorder but not yet meeting diagnostic levels. Indicated prevention strategies are designed to prevent the onset of substance abuse in individuals who do not meet *Diagnostic and Statistical Manual of Mental Disorders 4th edition* (DSM-IV) criteria for addiction, but who are showing early danger signs, such as falling grades and consumption of alcohol and other gateway drugs.

Capital Area Region Action Plan

Sector	Domain	Strategy	Lead Organization by Level of Commitment		Location	Service Population	IOM	Start Date	End Date
E S Coalition	C F S P I	**Life of an Athlete**	Capital Region Community Prevention Coalition (CRCPC)	1	Region-wide	High School Students, Parents/Families, Teachers, Administrators, Counselors	UI	Sep 1, 2012	Aug 31, 2015
			10 public high schools in the Capital Region	3					
S Youth-Serving Organization	C P F	**All Stars (Junior Community)**	Pittsfield Drug and Alcohol Coalition (PDAC), Pittsfield Youth Workshop (PYW)	1	Sub-region[36]	COSAs/Children of Substance Abusers, Delinquent/Violent Youth, Homeless or Runaway Youth, Middle/Junior High School Students, Parents/Families, Youth/Minors	UD	Sep 1, 2012	Aug 31, 2015
			Capital Region Community Prevention Coalition (CRCPC)	2					
G C S Youth-Serving Organization	F I	**Guiding Good Choices**	Hillsborough Office of Youth Services, Hillsborough Community Action Team (CAT)	1	Sub-region[37]	Middle/Junior High School Students, Parents/Families	UD	Sep 1, 2012	Aug 31, 2015
			Capital Region Community Prevention Coalition (CRCPC)	2					
			Churches in the Hillsboro-Deering Region	3					

SECTORS	DOMAINS	LEVELS OF COMMITMENT	INSITITUTE OF MEDICINE PREVENTION CATEGORIES (IOM)
H Health & Medical	C Community	**1:** Committed to implementing this strategy as lead	**U** Universal
L Law Enforcement & Safety	S School	**2:** Committed to implementing this strategy as part of a collaborative effort	**UD** Universal Direct
E Education	F Family	**3:** Identified as having capacity to implement this strategy but has not committed to implementation	**UI** Universal Indirect
G Government	P Peer		**S** Selective
B Business	I Individual		**I** Indicated
C Cultural- or Faith-Based			
S Community Supports			

[36] In a sub-region: Years 1-3: Pittsfield Strategy to be replicated in additional sub-regions in Years 2 and 3. Sub-regions to be determined.
[37] In a sub-region: Years 1-3: Hillsboro-Deering, Strategy to be replicated in additional sub-regions in Years 2 and 3. Sub-regions to be determined.

Sector	Domain	Strategy	Lead Organization by Level of Commitment		Location	Service Population	IOM	Start Date	End Date
L S Media, Coalition	C	**Prescription Drug Take-Back Events**	Capital Region Community Prevention Coalition (CRCPC)	1	Region-wide	General Population	UI	Sep 1, 2012	Aug 31, 2015
			Local coalitions, Police Departments, and Media partners throughout the Capital Area Region	3					
L S Coalition	C	**Permanent Prescription Drug Disposal Locations**	Capital Region Community Prevention Coalition (CRCPC)	1	Region-wide	General Population	UI	Sep 1, 2012	Aug 31, 2015
			Franklin Mayor's Drug Task Force	2					
			Police Departments throughout the Capital Area Region	3					
E S Media, Coalition	C S	**Social Norms Campaign**	Capital Region Community Prevention Coalition (CRCPC)	1	Region-wide	High School Students, Middle/Junior High School Students	UI	Sep 1, 2012	Aug 31, 2015
			Middle & High Schools in the Capital Area Region, Youth Councils (established through YLI)	3					
S Media, Coalition	C F S P I	**Social Marketing Campaign**	Capital Region Community Prevention Coalition (CRCPC)	1	Region-wide	General Population, High School Students, Middle/Junior High School Students, Parents/Families	UI	Sep 1, 2012	Aug 31, 2015
			Media Organizations and Youth Councils across the Capital Area Region	3					

SECTORS

- H Health & Medical
- L Law Enforcement & Safety
- E Education
- G Government
- B Business
- C Cultural- or Faith-Based
- S Community Supports

DOMAINS

- C Community
- S School
- F Family
- P Peer
- I Individual

LEVELS OF COMMITMENT

1: Committed to implementing this strategy as lead
2: Committed to implementing this strategy as part of a collaborative effort
3: Identified as having capacity to implement this strategy but has not committed to implementation

INSITITUTE OF MEDICINE PREVENTION CATEGORIES (IOM)

- **U** Universal
- **UD** Universal Direct
- **UI** Universal Indirect
- **S** Selective
- **I** Indicated

Sector	Domain	Strategy	Lead Organization by Level of Commitment		Location	Service Population	IOM	Start Date	End Date
E S Youth-Serving Organization	C S F P I	**Project SUCCESS**	Second Start	1	Sub-region[38]	COSAs/Children of Substance Abusers, Delinquent or Violent Youth, Economically Disadvantaged Youth & Adults, General Population, Middle & High School Students, Homeless or Runaway Youth, Parents & Families, People Using Substances, People with Disabilities, Physically and Emotionally Abused People, Pregnant Females , Women of Childbearing Age, School Dropouts, Teachers & Administrators, Counselors, Minors, Gays & Lesbians	S	Sep 1, 2012	Aug 31, 2015
			Capital Region Community Prevention Coalition, School Districts (Pittsfield, Merrimack Valley, Hopkinton)	2					

SECTORS	DOMAINS	LEVELS OF COMMITMENT	INSTITUTE OF MEDICINE PREVENTION CATEGORIES (IOM)
H Health & Medical	C Community	**1:** Committed to implementing this strategy as lead	**U** Universal
L Law Enforcement & Safety	S School	**2:** Committed to implementing this strategy as part of a collaborative effort	**UD** Universal Direct
E Education	F Family	**3:** Identified as having capacity to implement this strategy but has not committed to implementation	**UI** Universal Indirect
G Government	P Peer		**S** Selective
B Business	I Individual		**I** Indicated
C Cultural- or Faith-Based			
S Community Supports			

[38] In a sub-region: Years 1-3: Pittsfield (with fidelity); Merrimack Valley (with modifications); Hopkinton (with modifications); Years 2-3: Other sub-regions to be determined based on need, readiness, and school's willingness to commit funding to strategy

Sector	Domain	Strategy	Lead Organization by Level of Commitment		Location	Service Population	IOM	Start Date	End Date
E S Youth, Coalition	C S P I	**Youth Leadership Program - Youth Leadership Institute (YLI) Model**	Capital Region Community Prevention Coalition (CRCPC), ADAPT	1	Region-wide	Business/Industry, Civic Groups/Coalitions, Government/Elected Officials, General Population, Middle and High School Students, Parents/ Families, Prevention/ Treatment Professionals, Teachers/ Administrators/ Counselors, Youth/ Minors	UI	Sep 1, 2012	Aug 31, 2015
			10 public high schools in the Region	3					
H L E G B C S Media, Coalition	C	**Community Organizing**	Capital Region Community Prevention Coalition (CRCPC)	1	Region-wide	Business & Industry, Civic Groups & Coalitions, Government & Elected Officials, General Population, Health Professionals, Middle & High School Students, Parents & Families, Prevention/ Treatment Professionals, Teachers, Administrators, Counselors, Minors	UI	Sep 1, 2012	Aug 31, 2015

SECTORS

- H Health & Medical
- L Law Enforcement & Safety
- E Education
- G Government
- B Business
- C Cultural- or Faith-Based
- S Community Supports

DOMAINS

- C Community
- S School
- F Family
- P Peer
- I Individual

LEVELS OF COMMITMENT

1: Committed to implementing this strategy as lead
2: Committed to implementing this strategy as part of a collaborative effort
3: Identified as having capacity to implement this strategy but has not committed to implementation

INSITITUTE OF MEDICINE PREVENTION CATEGORIES (IOM)

- **U** Universal
- **UD** Universal Direct
- **UI** Universal Indirect
- **S** Selective
- **I** Indicated

VIII. Logic Model

In order for the Capital Area Regional Network to reach the substance use prevention goals that they identified, they chose strategies relevant to objectives that, when implemented, would ultimately lead to a reduction in the identified substance use problems in the Region— namely, alcohol, marijuana and non-medical prescription drug use. The particular strategies have been carefully chosen as ones that the community expects to produce the positive outcomes in the reduction of substance abuse misuse and disorder.

The theory of change showing the relationship between problems, resources, activities and outcomes is depicted in the logic model below. The logic model is being used to demonstrate to the community and other stakeholders the way in which the Region will achieve its identified goals. It answers the question, "What are the short-, intermediate- and long-term changes that should be seen as a result of the strategies implemented?"

Starting from the left side, the logic model is read as "if-then" statements. In the Capital Area Regional Network, the logic model starts with the inputs that are being supplied to support their prevention strategies. The logic follows that if these inputs are available to the Region, then the identified strategies to reach the goals will be implemented. If the strategies are implemented, then the desired outputs will be realized over time.

OUTPUTS

- Evidence-based, research-based and innovative strategies are implemented with fidelity to the *Action Plan*
- The five core sectors in the Region are engaged in implementation of strategies
- A diverse group of people are being served by strategies in the Region

If the outputs are achieved, then the Region should see evidence of changes happening in the short term.

SHORT-TERM OUTCOMES

- Increased awareness, knowledge and skills among Regional Network membership, across the 5 core sectors and community prevention participants as they relate to Regional Network priority risk and protective factors.
- Increased collaborative activity around substance use prevention activities in the region across the 5 core sectors.
- Increased overall trust among prevention partners in the Region.
- Increased community readiness and capacity to address alcohol, marijuana and prescription drug use.
- Increased implementation of data-driven, research-based prevention strategies among middle and high school aged youth.
- Increased number of and cross-sector membership in active local coalitions in the Capital Area Region that address substance use.

If these short-term outcomes occur, they will then lead to the following intermediate outcomes:

INTERMEDIATE OUTCOMES

- Decreased discrepancy between perceptions of peer use and actual use of alcohol among middle and high school aged youth.
- Increased 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.
- Increased 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.
- Decreased access to alcohol among middle and high school aged youth.
- Increased implementation of data-driven, research-based prevention strategies among middle and high school aged youth.
- Increased number of active local coalitions and cross-sector membership that address substance use.
- Increased perception of risk of regular marijuana use among middle and high school aged youth.
- Decreased discrepancy between perceptions of peer use and actual use of marijuana among middle and high school aged youth.
- Decreased access to prescription drugs among middle and high school aged youth.

Finally, if the intermediate outcomes occur, they will lead to the following long-term outcomes which are essentially the substance use prevention goals of the Capital Area Regional Network.

LONG-TERM OUTCOMES

- Decreased alcohol use among middle school aged youth by 2015.
- Decreased alcohol use among high school aged youth by 2015.
- Decreased marijuana use among middle school aged youth by 2015.
- Decreased marijuana use among high school aged youth by 2015.
- Decreased use of non-medical prescription drugs among middle school aged youth by 2015.
- Decreased use of non-medical prescription drugs among high school aged youth by 2015.

Thus, by implementing the chosen strategies for the duration of the strategic plan, a series of changes are expected to occur, whereby the substance use prevention goals for the Region will be met.

The logic model will also be used as a roadmap to keep the Region's prevention partners informed of the outcomes. Data will be collected and analyzed to measure each of the outcomes described. Data will be reviewed to determine if the strategies are, in fact, leading to the desired outcomes. If the data show that the outcomes (or milestones) are not being reached, the Region will assess the reasons and make an alternate plan to better reach its outcomes.

Logic Model: Capital Area Regional Network

Inputs	Strategies	Outputs	Short-Term Outcomes	Intermediate Outcomes	Long-Term Outcomes
AOD Services	Life of an Athlete	Evidence-based, research-based and innovative strategies are implemented with fidelity to the *Action Plan*.	Increased awareness, knowledge and skills among Regional Network membership, across the 5 core sectors & community prevention participants as they relate to Regional Network priority risk and protective factors.	Decreased discrepancy that exists between perceptions of peer use and actual use of alcohol among middle and high school aged youth.	Decreased alcohol use among middle school aged youth by 2015.
Community Inputs	All Stars (Junior Community)	The five core sectors in the Region are engaged in implementation of strategies.	Increased collaborative activity around substance use prevention activities in the Region across the 5 core sectors.	Increased 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.	Decreased alcohol use among high school aged youth by 2015.
Regional Network Inputs	Guiding Good Choices	A diverse group of people are being served by strategies in the Region.	Increased overall trust among prevention partners in the Region.	Increased 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.	Decreased marijuana use among middle school aged youth by 2015.
State Inputs	Prescription Drug Take-Back Events		Increased community readiness and capacity to address alcohol, marijuana and prescription drug use.	Decreased access to alcohol among middle and high school aged youth.	Decreased marijuana use among high school aged youth by 2015.
Federal Inputs	Permanent Prescription Drug Disposal Locations		Increased implementation of data-driven, research-based prevention strategies targeting middle and high school aged youth.	Increased implementation of data-driven, research-based prevention strategies among middle and high school aged youth.	Decreased use of prescription drugs without a doctor's prescription among middle school aged youth by 2015.
Additional State Inputs	Social Norms Campaign		Increased number of and cross-sector membership in active local coalitions in the Capital Area Region that address substance use.	Increased number of active local coalitions & cross-sector membership that address substance use.	Decreased use of prescription drugs without a doctor's prescription among high school aged youth by 2015.
New Hampshire Charitable Foundation Funding	Mass Media/Social Marketing Campaign			Increased perception of risk of regular marijuana use among middle and high school aged youth.	
Center for Excellence quality improvement toward best practices, programs, and policies provided via technical assistance and Learning Collaboratives	Project SUCCESS			Decreased discrepancy between perceptions of peer use and actual use of marijuana among middle and high school aged youth.	
Regional Network Evaluator	Youth Leadership Institute (YLI)			Decreased access to prescription drugs among middle and high school aged youth.	
Governor's Commission Prevention Task Force	Community Organizing				
State Epi Outcome Workgroup (SEOW)					
State level partnerships invested in regional system					
Certification training and process					
NH Training Institute					

IX. Evaluation Plan

In order to measure whether the anticipated outcomes of strategies described in the logic model are met and to what extent, the Capital Area Regional Network developed an evaluation plan. The evaluation plan answers the question, "What measures—such as tests, surveys or external data collection methods—are needed to assess progress and how often will the data be collected?"

The evaluation plan describes the outcomes that will be measured and methods that will be employed to gather data for each measure. As the Region implements strategies with each of its partner organizations, additional detail will be added to the evaluation plan, describing more specific tools and methods.

In some cases, indicators for outcomes to be measured do not currently have baseline data available in order to calculate a percentage change in outcome measurement. As implementation of strategies commences, the evaluation plan will be refined to determine specific targeted outcome measurements.

Outcome to Measure	Data to be Collected	Measurement Tool	Timing of Administration
Process Outcomes			
Number and types of strategies implemented	Strategy names, description of strategy.	NH State Prevention Performance Management System	Ongoing
Strategies implemented with fidelity to *Action Plan*	Fidelity measurement	TBD	TBD
Number and percent of 5 core sectors represented in programs, meetings, activities	Names and sectors of people attending programs, meetings, activities	NH State Prevention Performance Management System	Ongoing
Number and type of people served by strategies	Names and sectors of people participating in programs and other strategies	NH State Prevention Performance Management System	Ongoing
Short-Term Outcomes			
Increased coalition member satisfaction and trust	Extent coalition members feel that they are valued members and the work of the coalition is effectively meeting goals and objectives	Network Survey to be developed by Center for Excellence	TBD
Increased awareness, knowledge, skills related to priority risk factors among Regional Network membership, across the 5 core sectors and community prevention participants	Extent of awareness of substance use, knowledge of issue and data, skill to address risk factors	Surveys (including Network Survey and Core Measure Survey) to be developed by Center for Excellence	TBD
Increased collaborative activity in the region across 5 core sectors	Extent to which members and organizations communicate and work with each other	PARTNER Tool	Annual
Increased overall trust among prevention partners in the Region	How much trust and interest in collaboration prevention partners have for each other	PARTNER Tool Network Survey to be developed by Center for Excellence	TBD

Outcome to Measure	Data to be Collected	Measurement Tool	Timing of Administration
Short-Term Outcomes *(continued)*			
Increased community readiness and capacity to address substance use prevention	Level that community members and organizations are ready to address substance use prevention	Community Readiness Survey	TBD
Intermediate Outcomes			
Decreased discrepancy exists between perceptions of peer use and actual use of alcohol among middle and high school aged youth in the Capital Area Region *(Gap between perception of peer use and actual use to be determined)*	Number of middle and high school aged youth who report that their peers use alcohol. Number of middle and high school aged youth who report that they drank alcohol in the past 30 days	High School YRBS Middle School YRBS PRIDE Survey in middle and high schools Community Survey	2013, 2015 TBD
Increased middle and high school aged youth in the Capital Area Region who talk with at least one of their parents or guardians about the dangers of tobacco, alcohol, or drug use *(Middle school baseline and target percentages to be determined)* *(High school baseline of 48.7% in 2011 to an increase in 2013 to 50.9% in 2015)*	Number of middle and high school aged youth who report that in the past 12 months they have talked with at least one of their parents or guardians about the dangers of tobacco, alcohol, or drug use	High School YRBS Middle School YRBS	2013, 2015
Increased percentage of middle and high school aged youth in the Capital Area Region who report that their parents or other adults in their family have clear rules and standards for their behavior (*Middle school baseline and target percentages to be determined*) (*High school baseline of 80.7% in 2011 to an increase in 2013 to 82.4% in 2015*)	Number of middle and high school aged youth who report they agree that parents or other adults in their family have clear rules and standards for their behavior	High School YRBS Middle School YRBS	2013, 2015
Decreased access to alcohol among middle and high school aged youth in the Capital Area Region (*Middle school baseline and target percentages to be determined*) (*High school baseline of 40.3% to a decrease in 2013 to 38.1% in 2015*)	Number of middle and high school aged youth who report that it would be very easy to get alcohol if they wanted to.	High School YRBS Middle School YRBS	2013, 2015

Outcome to Measure	Data to be Collected	Measurement Tool	Timing of Administration
Intermediate Outcomes *(continued)*			
Increased implementation of data-driven, research-based prevention strategies among middle and high school aged youth	Number of data-driven, research-based prevention strategies implemented that target middle and high school aged youth	NH State Prevention Performance management system Community Readiness Interview Tool	Ongoing
Increased percentage of middle and high school aged youth in the Capital Area Region who think people are at risk of harming themselves if they use marijuana regularly (*Middle school baseline and target percentages to be determined*) (*High school baseline of 31.8% to an increase in 2013 to 33.9% in 2015*)	Number of middle and high school aged youth who report that they perceive there is great risk of harm of smoking marijuana regularly	High School YRBS Middle School YRBS	2013, 2015
Decreased discrepancy exists between perceptions of peer use and actual use of marijuana among middle and high school aged youth in the Capital Area Region *(Gap between perception of peer use and actual use to be determined)*	Number of middle and high school aged youth who report that their friends smoke marijuana Number of middle and high school aged youth who report that they used marijuana in the past 30 days	High School YRBS Middle School YRBS PRIDE Survey in middle and high school Surveys (including Network Survey and Core Measure Survey) to be developed by Center for Excellence	2013, 2015
Significantly decreased access to non-medical prescription drug use among middle and high school aged youth in the Capital Area Region *(Middle school baseline and target percentages to be determined)* *(High school baseline of 15.89% in 2011 to 14.3% in 2015)*	Number of middle and high school aged youth who report that it would be very easy if they wanted to get a prescription drug without a doctor's prescription	High School YRBS Middle School YRBS	2013, 2015
Increased number of and cross-sector membership in active local coalitions in the Capital Area Region that address substance use by 2015 *(Baseline of 4 coalitions in 2012 to 10 coalitions in 2015)*	Number of coalitions and member background	NH state prevention performance management system Coalition rosters, workplans and meeting minutes	Ongoing

Outcome to Measure	Data to be Collected	Measurement Tool	Timing of Administration
Long-Term Outcomes			
Decreased alcohol use among middle and high school aged youth in the Capital Area Region by 2015 *(Middle school baseline and target percentages to be determined by the 2013 YRBS)* *(High school baseline of 35.2% to 33.1% in 2015)*	Number of middle and high school aged youth who report they had at least one drink of alcohol in the past 30 days	High School YRBS Middle School YRBS	2015
Decreased marijuana use among middle and high school aged youth in the Capital Area Region by 2015 (*Middle school baseline and target percentages to be determined by the 2013 YRBS*) (*High school baseline of 25.7% in 2011 to 23.9% in 2015*)	Number middle and high school aged youth who report they used marijuana in the past 30 days	High School YRBS Middle School YRBS	2015
Decreased use of non-medical prescription drugs among middle and high school aged youth in the Capital Area Region by 2015 (*Middle school baseline and target percentages to be determined by the 2013 YRBS*) (*High school baseline of 8.5% to 7.3% in 2015*)	Number of middle and high school aged youth who report they have taken a prescription drug without a doctor's prescription in the past 30 days	High School YRBS Middle School YRBS	2015

X. Strengths & Challenges

The Capital Area Regional Network experienced many successes and challenges in its efforts to engage the community in strategic planning over the past year. There have been numerous lessons learned that will help to inform planning efforts moving forward. The major theme that has emerged during this time is that true strength exists when caring citizens come together as a community. The people in the Capital Area Region are its strongest assets.

The most notable challenges experienced during the strategic planning process in the Capital Area Region were the changes in leadership and staffing, as well as the loss of several prevention programs across the Region due to the ending of some grant programs and funding cuts at the state and local levels. These factors caused a decrease in participation by several key stakeholders across the Region.

Despite these challenges, the planning team was able to engage well over 100 individuals throughout the region in the strategic planning process. These individuals participated in a variety of ways, from sitting on the Data Information Group (DIG) and analyzing assessment data to prioritizing problem statements on the Leadership Team, to attending a focus group and engaging in a root cause analysis, to selecting and prioritizing strategies or providing input and expertise in a variety of other ways. Most of those who were part of the strategic planning activities were new to the coalition, though there were enough "veterans" to provide the necessary historical perspective and context to guide the process.

Some of the greatest successes of this process included the community focus groups that were held across the region. Community members engaged in the Community Anti-Drug Coalitions of America (CADCA)-endorsed "But Why?" root cause analysis with this assistance of a trained facilitator. This process provided participants the opportunity to discuss and prioritize key risk and contributing factors that impact the substance use problems currently facing Capital Region communities. Participants reported feeling energized after those forums and committed to being part of the solution moving forward.

If any aspect of the strategic planning process could be redone, the planning team would likely try to ascertain additional feedback from the five core sectors of the community (Government, Health, Safety/Enforcement, Education, and Business) by holding additional sector-based focus groups. The planning team would also ensure that coalition members were well informed about every aspect of the planning process despite fluctuations in coalition leadership. The Capital Area Regional Network is committed to addressing these factors moving forward and looks forward to implementing this strategic plan over the next three years.

XI. Financial Plan

The graphs below depict the amount of existing funding that currently exists in the Capital Area Region and the source of that funding, and the amount of funding needed to fully implement the strategy in the region and the proposed source of funding.

- The total cost to implement this plan is **$1,526,910** over three years.
- Funding in the amount of **$487,500** currently exists to support this plan.
- The total amount of funds still needed is **$1,039,410.**

Total Three-Year Budget

Strategy	Existing Funds	Needed Funds	Total
Life of an Athlete	-	$13,000	$13,000
All Stars (Junior Community)	-	$72,360	$72,360
Guiding Good Choices	-	$60,000	$60,000
Prescription Drug Take-Back Events	-	$6,000	$6,000
Permanent Prescription Drug Disposal Locations	-	$16,000	$16,000
Social Norms Campaign	-	$30,000	$30,000
Social Marketing Campaign	-	$75,000	$75,000
Project SUCCESS	$262,500	$450,300	$712,800
Youth Leadership Institute (YLI)	-	$91,750	$91,750
Community Organizing	$225,000	$225,000	$450,000
Total	**$487,500**	**1,039,410**	**$1,526,910**

Financial Plan Justification

Total Existing Funding: $487,500	**Total Needed Funding: $1,039,410**	**Total Cost: $1,526,910**
Year 1: $162,500	Year 1: $248,260	Year 1: $410,760
Year 2: $162,500	Year 2: $393,920	Year 2: $556,420
Year 3: $162,500	Year 3: $397,230	Year 3: $559,730

The Capital Region Community Prevention Coalition (CRCPC) Strategic Plan includes some existing strategies, but several new strategies that the region feels will be most effective in addressing the identified substance use problems in the region. For example, Project Success is a key strategy currently being implemented in the Capital Region in a small number of schools. However, there are currently not enough resources to implement this program to reach the number of students and community members to achieve the desired results. In addition, the program is only being implemented to some degree in four school districts in the Region. The CRCPC feels that the Foundation resources are uniquely suited to fund this strategy because of the potential to leverage local dollars through advocacy efforts on the part of the

Network. The CRCPC hopes to see this strategy funded because of its comprehensiveness and potential to impact not only the highest risk youth in the Region, but the entire school populations, as well as the general population. Foundation resources will only be requested for those school districts that are willing to make a substantial investment in the program themselves.

Additional new proposed strategies include Life of an Athlete, Guiding Good Choices, Social Norms Campaign, Permanent Prescription Drug Disposal Locations, and the Youth Leadership Institute (YLI). Strategies that have been implemented in the past to some degree, but need additional resources to implement successfully in the future include All Stars, Social Marketing Campaign, Prescription Drug Take-Back Events, and Community Organizing Efforts. Foundation resources will provide the CRCPC the opportunity to leverage additional sources of local, state, and federal funding to achieve the goals and objectives outlined in the Strategic Plan.

The entire *Strategic Plan for Prevention* was written to be comprehensive in nature, implementing a variety of strategies covering each IOM category and taking community readiness into consideration. Therefore, the financial plan reflects an increase in costs from year to year to account for additional programs being implemented as communities develop further capacity and readiness.

The CRCPC plans to reach out to a number of potential funders to acquire the necessary funds to fully implement its plan. Potential funders and in-kind supporters identified include organizations from the key sectors of our local communities (school districts, police departments, businesses, civic organizations, churches, etc.), as well as Granite United Way, and other local, regional, statewide, and federal funders. CRCPC staff members have been successful in writing Drug Free Communities Support Program grants over the past several years and will work with local coalitions in the region to submit requests each year. Additionally, staff and Leadership Team members will work to develop relationships with key funders and legislators so that they are aware of the needs in the region, as well as the plan that has been carefully designed to address those needs.

XII. Conclusion & Next Steps

As the Capital Area Regional Network celebrates the accomplishment of engaging the communities in the region in the development of a data-driven community-based strategic plan, much work will be needed to ensure the strategies outlined will be implemented timely and with fidelity to reach the three-year goals and objectives.

Several of the strategies outlined have already begun or will be implemented within several months after the publication of this plan, whereas others will require the acquisition of funding before they will start.

The Regional Network will:

- Focus its efforts as needed to acquire additional funding
- Continue to conduct Appreciative Inquiry interviews annually to positively engage the community in prevention and to continue to build off of existing community assets in the future
- Recruit, educate, mobilize for action and sustain the network membership including the five core sectors

The Capital Area Regional Network will bring together the functional groups previously described; the Resource Information Group (RIG), Data Information Group (DIG), and Operational Efficiency & Sustainability Group (OESG). The RIG will complete an annual resource and capacity inventory covering the five core sectors. The DIG will report annually on data that drives regional priorities. The OESG will conduct annual monitoring evaluation activities in support of reaching the goals and objectives outlined in this plan.

The Network will undergo another round of strategic planning in 2014 to build on the results, momentum and lessons gained from this current plan.

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Appendices

Appendix A	Evidence-Based Models Employed During Regional Strategic Planning
Appendix B	Strategic Planning Process: Flow Chart
Appendix C	Strategy Fact Sheets

For additional information about the Capital Area Regional Network visit their website: www.capitalprevention.org

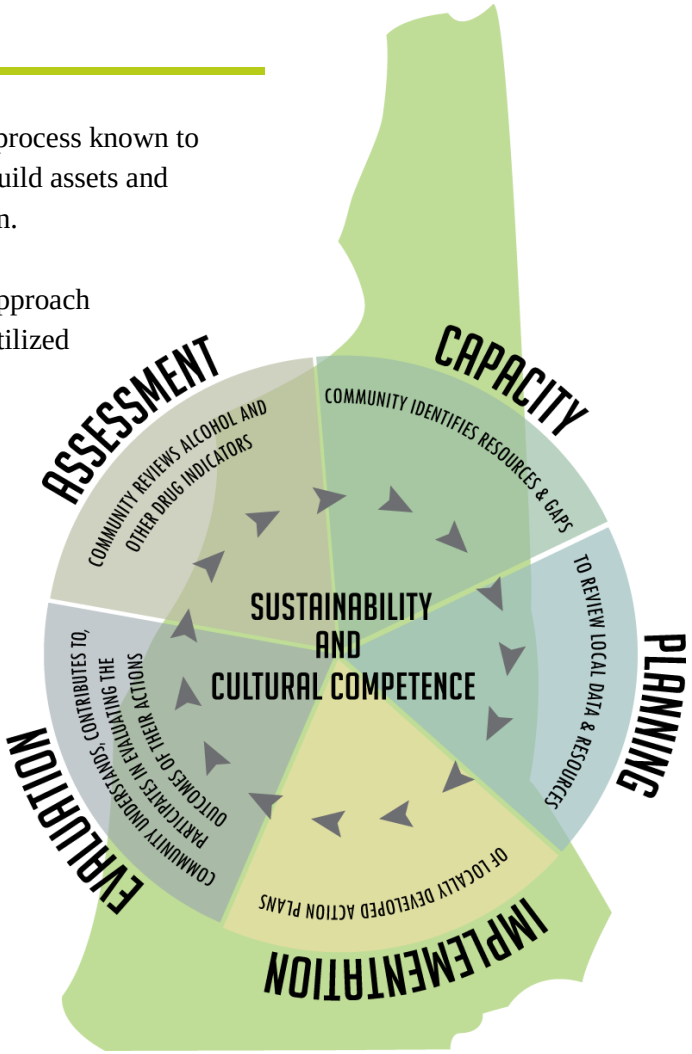
Appendix A

Evidence-Based Models Employed During Regional Strategic Planning

Strategic Prevention Framework

The Strategic Prevention Framework (SPF) uses a five-step process known to promote youth development, reduce risk-taking behaviors, build assets and resilience, and prevent problem behaviors across the life span.

The SPF is built on a community-based risk and resiliency approach to prevention and a series of guiding principles that can be utilized at the community level to build capacity for substance abuse prevention, and in so doing, promote resilience and decrease risk factors in individuals, families, and communities.



SAMHSA Strategic Prevention Framework *(above)*
http://www.samhsa.gov/prevention/spf.aspx

SAMHSA SPF Components *(right)*
http://www.samhsa.gov/prevention/spfcomponents.aspx

Appreciative Inquiry

"Appreciative Inquiry is about the co-evolutionary search for the best in people, their organizations, and the relevant world around them. In its broadest focus, it involves systematic discovery of what gives "life" to a living system when it is most alive, most effective, and most constructively capable in economic, ecological, and human terms. AI involves, in a central way, the art and practice of asking questions that strengthen a system's capacity to apprehend, anticipate, and heighten positive potential."

http://appreciativeinquiry.case.edu/intro/whatisai.cfm

Communities Mobilizing for Change on Alcohol

"CMCA is a community organizing effort designed to change policies and practices of major community institutions."

http://www.epi.umn.edu/alcohol/cmca/index.shtm

Community-Based Participatory Research

"Community-based participatory research is a *'collaborative approach to research that equitably involves all partners in the research process and recognizes the unique strengths that each brings. CBPR begins with a research topic of importance to the community, has the aim of combining knowledge with action and achieving social change to improve health outcomes and eliminate health disparities'".*

- WK Kellogg Foundation Community Health Scholars Program

http://depts.washington.edu/ccph/commbas.html

Workgroup Development

Regional Networks recruited representatives from these sectors above and other community sectors such as faith-based organizations and volunteer groups in service to the region's three-year strategic plan. Network members serve on one of three workgroups and/or the region's leadership team. The workgroups are the *Data Information Group (DIG)*, the *Resource Information Group (RIG)*, and the *Operational Efficiency & Sustainability Group (OESG).* These workgroups are tasked with implementing the various steps of the SPF.

PARTNER Tool

PARTNER is a web-based social network analysis tool designed to measure and monitor collaboration among people and organizations. PARTNER allows regions to demonstrate to stakeholders, partners, evaluators, and funders changes in collaborative activity over time and progress among levels of partner organization participation, such as how members are connected, how resources are leveraged and exchanged, levels of trust, and linkage of outcomes to the process of collaboration.

The Five-Sector Model

As noted in the introduction, the New Hampshire Bureau of Drug and Alcohol Services is supporting communities in their awareness of and action to prevent and reduce alcohol and drug abuse through a system of ten regional networks. These networks are comprised primarily of representation from five core sectors that have established ties to and within communities. These core sectors are institutions in virtually every community that serve community members on a daily basis. The core sectors are business, education, law enforcement, health and government. Ancillary sectors within communities that provide supporting roles to these core functions include faith- and community-based organizations that further community well-being and social conscientiousness.

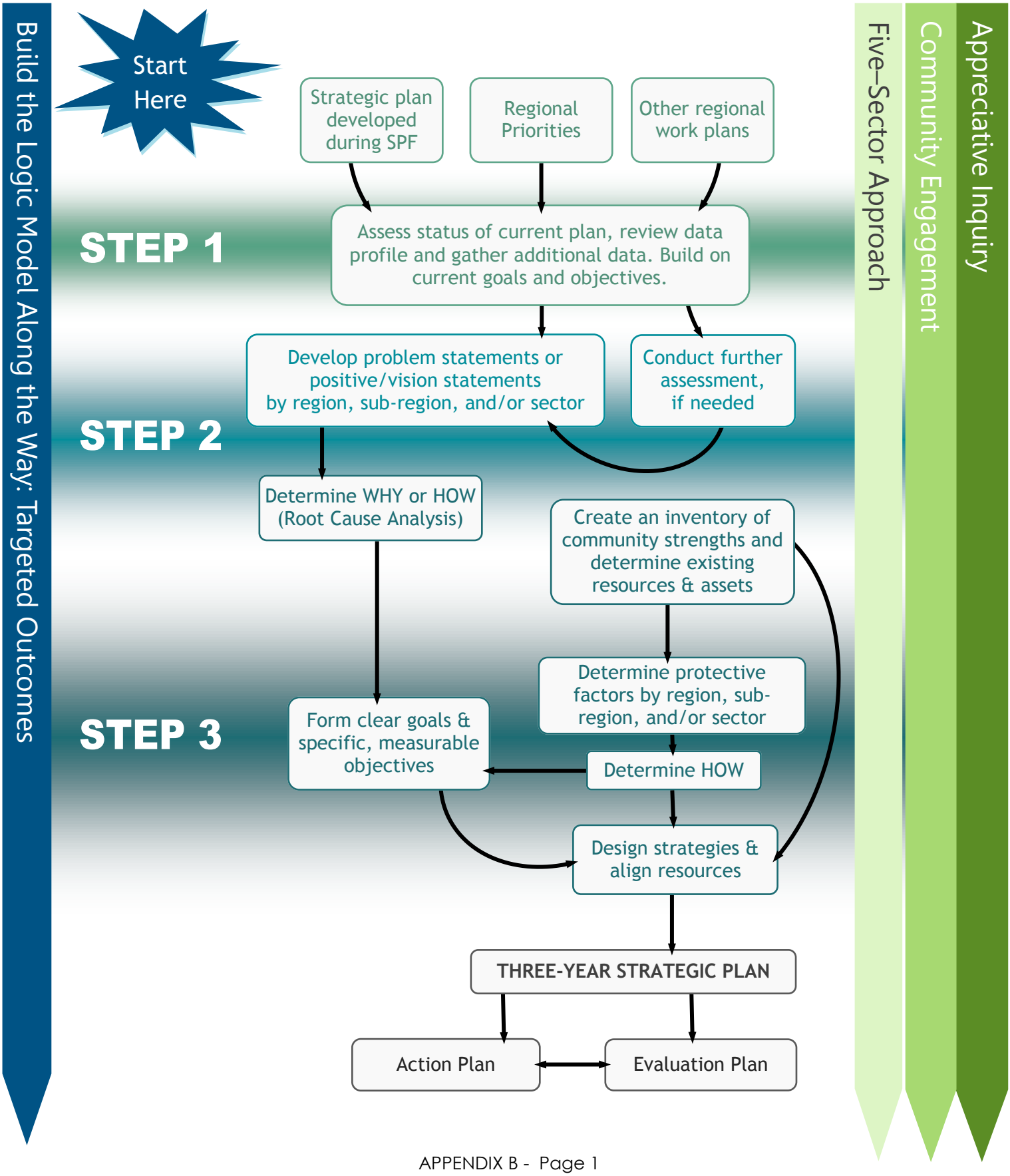
BUSINESS	EDUCATION	LAW ENFORCEMENT & SAFETY	HEALTH & MEDICAL	GOVERNMENT

Additionally, these five core sectors represent sustained essential services within communities that are highly impacted by substance use. Representatives of these sectors have been recruited to form the nucleus of each network's key work groups. The five core sectors are presented below with examples of engagement pathways considered by regional prevention coordinators.

Core Sector	Focus Populations	Sample Representation
Business	Employers Employees	Chambers of Commerce Risk Management Coordinators of Employers Employee Assistance Programs
Education	Children and Youth Young Adults Parents Other Adults	School Administrators/Guidance Staff Health Services Departments of Colleges/Universities College/Campus Housing Early Childhood Centers
Law Enforcement & Safety	General Public	Police Departments EMTs/Fire Departments Probation/Parole officers Court Liaisons
Health & Medical	General Public Children and Families Older Adults Dual Diagnosed	Mental Health Counselors Primary Care nurses/Physicians Hospital Community Benefits Coordinators Care Coordinators/Medical Home Coordinators
Government & Community	General Public Vulnerable Populations	Town, County Administrators Town Welfare Coordinators Aldermen/Selectmen Health Services Administrators Housing Authorities

Appendix B

Strategic Planning Process for the Regional Network System



Appendix C

Life of an Athlete[1]

"The American Athletic Institute's Life of an Athlete prevention/intervention series is a five-step high school program designed to confront chemical health issues and impact the problems that face today's student-athlete."

Target Population: Male and female adolescent athletes, coaches, parents, athletic directors and communities

Type of Strategy: Theory-based. This strategy is based on the socio-ecological model of prevention.

General Activities:

Activities	CSAP Prevention Categories
Pre-Season Meetings for Entry Level Athletes and Parents	Information Dissemination
Athletic Codes of Conduct Conditions for Involvement	Information Dissemination
Coaching Effectiveness Training	Environmental
Developing Leadership to Confront Behaviors of Concern	Education
Stakeholder Unity	Education

Risk and Protective Factors Addressed by this Strategy:

Domain	Risk Factors	Protective Factors
Individual	Personal vulnerability to use drugs	Improved knowledge and understanding of athlete lifestyle, training effect and goal and social cohesion, accurate knowledge of the effect of social drug use and performance, improved perception of personal achievement and self- efficacy, through greater normative understanding and personal and collective responsibility
School	Drug use norms	Team Vigilance, Individual responsibility, Collective responsibility, Team leadership, Coaching Vigilance, Parent Vigilance, Stakeholder Knowledge Understanding Agreement, Fan responsibility, Universal Code enforcement
Community	Availability of drugs to athletes, enforcement of all laws pertaining to underage use	Debunk any perceptions that use is acceptable, Get community involved in after contest activities, Create community tone of healthy athletes with character, Community wide support of Code

Evaluation Outcomes to Date:

"In Lakeville, MN, where Life of an Athlete was implemented, some notable outcomes were documented:

- Chemical Health Advisory Committee established
- Co-Curricular Task Force established
- Mandated Pure Performance presentations to all Coaches / Activity Leaders
- Mandated Pure Performance presentations to all Middle School students
- Mandated Pure Performance presentations to all athletes and activities and parents/guardians
- Curriculum task force established to create awareness of problem
- Public Service Television show "Pure Performance the Key to my Success Aired"
- Social Host Ordinance passes unanimously"

[1] NREPP. *Life of an Athlete*. Retrieved from: http://www.americanathleticinstitute.org/highschool/life-of-athlete.html

All Stars (Junior Community)[1,2]

"All Stars is a multiyear school-based program for middle school students (11 to 14 years old) designed to prevent and delay the onset of high-risk behaviors such as drug use, violence, and premature sexual activity." The All Stars Junior curriculum, geared specifically for 4th and 5th grade children, prepares students to participate in the All Stars program during middle school. Two versions of this program are available, school and after-school/community. The school version integrates a language arts, science and math curriculum into the classroom. The after-school and community version focuses on character education.[2]

Target Population: 4th and 5th grade children (9 through 11 years old)

Type of Strategy: Evidence-based from the National Registry of Evidence-Based Programs and Practices (NREPP).

General Activities:

Activities	CSAP Prevention Categories
JUNIOR SCHOOL	
Train classroom teachers and guidance counselors	Community-Based Process
For Fourth Grade: Provide nine 30-minute science, math, and language arts activities	Education
For Fifth Grade: Provide twenty-two science and math activities and nine language art activities	Education
For Both Grades: Provide weekly 15-minute team meetings focused on behavior management activities (for entire school year)	Education
JUNIOR COMMUNITY	
Train group leaders and/or outside specialists	Community-Based Process
Provide fifteen 30-minute activities focused on the development of six positive character traits	Education
Provide parents with take home sheets	Information Dissemination

Risk and Protective Factors Addressed by this Strategy:

Domain	Risk Factors
Individual	Violence, fighting, lying, drug use, premature sexual behavior, undeveloped character traits (being caring, forgiving, helpful, honest, respectful and responsible)

Evaluation Outcomes to Date: The All Stars program has been implemented at approximately 1,750 sites and has involved more than 1 million students. Participant pre and post scores for personal commitment, lifestyle incongruence, school bonding, and normative beliefs increased compared to those involved with an alternate program. Lower levels of use were reported for cigarette, alcohol, and inhalant use when delivered by a teacher compared to students who did not receive the program.

[1] NREPP. *All Stars (Junior Community)*. Retrieved from: http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=28
[2] All Stars. Retrieved from: http://www.allstarsprevention.com/programs/junior/juniorMain.asp

Guiding Good Choices[1,2]

"Guiding Good Choices (GGC) is a five-session curriculum that provides parents of children with the knowledge and skills needed to guide their children through early adolescence. It seeks to strengthen and clarify family expectations for behavior, enhance the conditions that promote bonding within the family, and teach skills that allow children to resist drug use successfully."

Target Population: Parents/caregivers and children in grades 4 through 8 (9 to 14 years old)

Type of Strategy: Evidence-based from the National Registry of Evidence-Based Programs and Practices (NREPP).

General Activities:

Activities	CSAP Prevention Categories
Train workshop facilitators (e.g. teachers, parent educators)	Community-Based Process
Hold five, 2-hour workshop sessions	Education

Risk and Protective Factors Addressed by this Strategy:

Domain	Risk Factors
Individual	Substance use and other antisocial behavior
Family	Weak family bonds, family conflict

Evaluation Outcomes to Date: Since 1987, this curriculum has been delivered to an estimated 302,000 families from all 50 states as well as several countries around the world. Statistically significant positive outcomes were found in the categories of substance use, parenting behaviors and family interactions, delinquency, and symptoms of depression.

[1] NREPP. *Guiding Good Choices.* Retrieved from: http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=111
[2] Guiding Good Choices. Retrieved from: http://www.channing-bete.com/prevention-programs/guiding-good-choices/guiding-good-choices.html

Prescription Drug Take-Back Event[1,2]

This initiative intends to establish collection sites across New Hampshire to partake in national one-day prescription drug collection events in which residents can safely dispose of unwanted or expired pharmaceutical drugs from households and residences in a safe, accessible, and convenient manner. This initiative will help to reduce access to addictive drugs by individuals, specifically children.

Target Population: NH residents holding unwanted or expired pharmaceutical drugs

Type of Strategy: Prescription Drug Take-Back Event

General Activities:

Activities	CSAP Prevention Categories
Request and obtain written authorization from the Drug Enforcement Administration (DEA) to participate in a take back collection event	Community-Based Process
Send written notification of participation in drug take-back event to Attorney General	Community-Based Process
Have at least two law enforcement officers present and responsible for providing supervision during the event	Community-Based Process
Collect controlled and non-controlled pharmaceutical drugs, and over-the-counter drugs from households and residences	Community-Based Process
Collect syringes using a separate disposal container	Community-Based Process
At conclusion of event, law enforcement officers should remove collection boxes	Community-Based Process
Destroy collected pharmaceutical drugs at an approved solid waste disposal facility	Community-Based Process
Document disposal by including date and location of drop box, weight of collected pharmaceuticals, date and location of disposal site, name(s) of involved law enforcement officers	Community-Based Process
Hold documentation of disposal for a minimum of 5 years	Community-Based Process

Risk and Protective Factors Addressed by this Strategy:

Domain	Risk Factors
Community	Social access, community norms

Evaluation Outcomes to Date: Since the inception of this initiative on September 2010, three additional one-day take back events have been held collecting a total of 1.5 million pounds (774 tons) of unwanted or expired medications nationally. In New Hampshire, 14, 003 pounds have been collected thus far.

[1] Chapter Jus 1600, *Procedures for Pharmaceutical Drug Collection and Disposal Programs*, Interim Rules, November 17, 2011
[2] Drug Enforcement Administration (DEA) Office of Diversion Control. Retrieved from:http://www.deadiversion.usdoj.gov/drug_disposal/takeback

Permanent Prescription Drug Disposal Locations[1]

This program intends to establish permanent prescription drug drop box locations across New Hampshire. These sites will provide NH residents with the ability to dispose of unwanted or expired pharmaceutical drugs from households and residences in a safe, accessible, and convenient manner. This initiative will help to reduce access to addictive drugs by individuals, specifically children.

Target Population: NH residents holding unwanted or expired pharmaceutical drugs

Type of Strategy: Permanent Prescription Drug Drop Box

General Activities:

Activities	CSAP Prevention Categories
Request and obtain written authorization from the Drug Enforcement Administration (DEA) to place a permanent prescription drug drop box at a site	Community-Based Process
Place drop box at a police station	Community-Based Process
Station drop box in a location that is accessible to the public	Community-Based Process
Establish and ensure that drop box is under constant video surveillance	Community-Based Process
Secure drop box to a wall or floor to prohibit removal of box or retrieval of contents from box without a key	Community-Based Process
Indicate on drop box items which may or may not be disposed of	Community-Based Process
Chief law enforcement officer and a law enforcement officer designated by the chief law enforcement officer of an agency are to maintain drop box key and the disposal of contents collected	Community-Based Process
Destroy collected pharmaceutical drugs at an approved solid waste disposal facility	Community-Based Process
Document disposal by including date and location of drop box, weight of collected pharmaceuticals, date and location of disposal site, name(s) of involved law enforcement officers	Community-Based Process
Hold documentation of disposal for a minimum of 5 years	Community-Based Process

Risk and Protective Factors Addressed by this Strategy:

Domain	Risk Factors
Community	Social access, community norms

Evaluation Outcomes to Date: As a result of this initiative, at least twelve sites (Seabrook, Windham, Sandown, Keene, Moultonborough, Lee, Newington, Salem, North Hampton, Derry, Pelham, Manchester) across New Hampshire have been established.

[1] Chapter Jus 1600, *Procedures for Pharmaceutical Drug Collection and Disposal Programs*, Interim Rules, November 17, 2011.

Social Norms Campaign[1]

"The social norms campaign uses a variety of methods to correct negative misperceptions (usually overestimations of use), and to identify, model, and promote the healthy, protective behaviors that are the actual norm in a given population. When properly conducted, it is an evidence-based, data-driven process, and a very cost-effective method of achieving large-scale positive results."

Target Population: Any defined community of people

Type of Strategy: Research-based. Based on the theory of promoting the attitudinal and behavioral solutions and assets that are the actual norms in a given population to produce behavior change.

General Activities:

Activities	CSAP Prevention Categories
Initial Planning Stage: Define the issue, establish measurable goals and outcomes, research the issues of data collection and analysis, inform stakeholders about the social norms approach, assess staff and funding.	Community-Based Process
Data Collection Stage: Use relevant data-gathering methodologies to collect data about the target population. The essential measures are: Typical behaviors and attitudes; perceptions of peers' typical behaviors and attitudes; protective behaviors; negative consequences; and exposure to social norms messages. Analyze data to identify protective, healthy behaviors already prevalent in the target population.	Community-Based Process
Strategy Development Stage: Conduct market research to determine what media channels are currently used, which are credible, where information is accessed, etc. Select various media to be used for message delivery and develop a marketing plan that addresses the basics of implementation: what, when, where, how many, who, and cost. Develop prototype messages that are simple, positive, truthful and consistent. Develop sample media to deliver the normative messages. Refine and revise based on pilot test results.	Community-Based Process
Implementation Stage: Implement a marketing campaign that delivers the message frequently and consistently during the project. Assess the extent to which each normative message actually reaches, is reacted to and recalled by the target population. Monitoring of the project: project documentation, ongoing market research. Outreach and press relations.	Information Dissemination
Evaluation Stage: Collect and analyze outcome data to assess effectiveness and impact. Key questions: Has there been any change in perception? Has there been any change in attitudes and/or behaviors? Has there been a reduction in negative consequences?	Community-Based Process

[1] National Social Norms Institute at the University of Virginia. Retrieved from: http://www.socialnorms.org/FAQ/FAQ.php

Risk and Protective Factors Addressed by this Strategy: **This strategy may address various risk and protective factors depending on the needs of the community.**

Domain	Risk Factors
Individual	Misperception of norms
Peer	Misperception of norms
Family	Misperception of norms
School	Misperception of norms
Community	Misperception of norms

Evaluation Outcomes to Date: **Several higher education institutions that persistently communicated accurate norms have experienced reductions of up to 20% in high-risk drinking over a relatively short period of time.**

Mass Media/Social Marketing Campaign[1,2]

Using mass media to increase public concern about use and change normative perceptions.

Target Population: Region-specific

Type of Strategy: Research-based strategy based on commercial marketing.

General Activities:

Activities	CSAP Prevention Categories
Develop messaging	Community-Based Process
Distribute messaging (targeted, high dose, used in combination with other interventions)	Information Dissemination

Risk and Protective Factors Addressed by this Strategy:

Domain	Risk Factors
Community	Perception of risk, Community norms

Evaluation Outcomes to Date:

Alcohol: SAMHSA, OJJDP and the Northeast CAPT support the appropriate use of mass media campaigns.

Marijuana: "Mass media campaigns have shown some efficacy in reducing marijuana use among high sensation seekers, although the message must be carefully targeted and the media campaign must have high levels of reach and frequency (Palmgreen et al., 2001). Media campaigns around marijuana use should not be used in isolation, but combined with other strategies (particularly school-based reinforcement of message) (Slater et al., 2006)."

Non-Medical Use of Prescription Drugs: One study examining the effects of a statewide educational media campaign in Utah targeting prescription drugs was conducted between 2008 and 2009. Results found low reach of the campaign, with only 48% of those surveyed who recalled seeing the campaign ads. Of those who recalled the campaign, 52% said that the media messages made them less likely to share medications, 51% reported that they were less likely to use PD not prescribed for them, and 29% reported a change in their understanding of prescription pain medication (PPM) dangers changed over the last year. There were no changes in reported beliefs regarding medical sharing or the burden of PPM misuse in the community. Among the fraction of respondents who were aware of the drug disposal issue, there was a significant increase in reported behaviors regarding disposal of PPM from pre to post-test, although only 18% reported they disposed of leftover medications as a result of the media messages. The number of respondents who were familiar with how to dispose of PPM remained unchanged (43%) (Johnson, Porucznik, Anderson, & Rolfs, 2011).

[1] NECAPT. (2012). *Marijuana Webinar Series, Strategies/Interventions for Reducing Marijuana Use.* Retrieved from: http://www.nhcenterforexcellence.org/pdfs/Marijuana_Strategies_Interventions.pdf
[2] NECAPT. (2012). *Non-Medical Use of Prescription Drugs (NMUPD) Webinar Series - Strategies/Interventions for Reducing NMUPD Use.* Retrieved from: http://www.nhcenterforexcellence.org/pdfs/Strategies_NMUPD.pdf

Project SUCCESS[1]

A multi-component, comprehensive school/community student assistance prevention program.

Target Population: Students 12-18 years of age

Type of Strategy: Evidence-based from the National Registry of Evidence-Based Programs & Practices (NREPP).

General Activities:

Activities	CSAP Prevention Categories
Train Project SUCCESS counselors (local staff trained by the developers)	Community-Based Process
The Prevention Education Series (PES), 8 sessions	Education
School-wide activities and promotional materials (regularly)	Information Dissemination
A parent program that includes informational meetings, parent education, and the formation of a parent advisory committee.	Education
Time-limited individual counseling for youth	Problem Identification and Referral
Time-limited group counseling for youth	Education

Risk and Protective Factors Addressed by this Strategy:

Domain	Risk Factors	Protective Factors
Individual	Lack of self-control, violence, depression, low perception of risk, misperceptions about the prevalence and acceptability of substance use, lack of knowledge of and misperception of consequences of substance use, inability to identify and resist pressures to use substances	Self-esteem
Peer	High number of friends using ATOD	Positive peer relationships, peer nondrug activities
Family		Family protection
School		School non-drug activities

Evaluation Outcomes to Date: In several experimental design studies, those receiving the intervention have shown statistically significant reductions in the use of alcohol, cigarettes, marijuana and other illicit drugs compared to those not involved in the program. A range of statistically significant findings in alternate schools and/or "regular" schools include: participation in peer and school nondrug activities, decreases in ATOD-related problem behaviors, increases in caring about their families, increases in the amount of help Project SUCCESS students said they expected to receive from the police, when needed decreased number of friends who of who smoked cigarettes and confidence that their parents would try to stop them if they were to start smoking.

[1] NREPP. *Project SUCCESS*. Retrieved from: http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=71

Youth Leadership Institute[1]

"The Youth Leadership Institute's community-based programs foster meaningful partnerships between youth and adults to create positive social change. Working on the ground in urban, suburban, and rural communities, YLI's community-based programs address the issues affecting youth in their communities."

Target Population: Youth

Type of Strategy: Research-based. This strategy is modeled after Communities Mobilizing for Change on Alcohol (CMCA); a community-organizing method that draws on a range of traditions in organizing efforts to deal with the social and health consequences of alcohol consumption and is grounded in current youth development theory and practices.

General Activities:

Activities	CSAP Prevention Categories
Get your group together	Community-Based Process
Identify problems in your community	Community-Based Process
Choose the problem you want to work on	Community-Based Process
Do research on the problem	Community-Based Process
Come up with a goal that will solve your problem	Community-Based Process
Come up with the actions you will take to help you reach your goal	Community-Based Process
Develop your action plan	Community-Based Process
Take Action	Environmental
Evaluate the project and use lessons for next project	Community-Based Process

Risk and Protective Factors Addressed by this Strategy:

Domain	Risk Factors	Protective Factors
Individual	Lack of adult role models, lack of commitment to school, social isolation, perception of risk	Opportunities to develop personal leadership skills, opportunities to design, plan and implement community service initiatives, opportunities to bond with adults who share a positive social outlook and clear behavior standards, self-confidence, social and peer leadership skills, sense of community responsibility and ownership
Peer	Lack of peer support network, peer attitudes towards use	Opportunities to bond with peers who share a positive social outlook and clear behavior standards
Community	Retail and social access to alcohol, alcohol advertising and promotion, social norms	Alcohol advertising restrictions, alcohol restrictions at community events

[1] Youth Leadership Institute. Retrieved from: http://www.yli.org

Evaluation Outcomes to Date:

In the North Country Region, perception of wrongness of alcohol use, which has been strongly tied to the youth use rate, has decreased region-wide by 9.1% from 2009-2011, and Prevention Youth Council efforts (using the YLI Model) at increasing awareness of risk associated with use has been given much of the credit. Schools with strongly developed Prevention Youth Councils showed a decrease of 3.5% in last 30-day alcohol use from 2009-2011, and a combined rate 4.6% below the regional average. Meanwhile, schools with no Prevention Youth Councils or less developed Councils showed an increase of 7.5% in last 30-day use from 2009-2011, a combined rate 5.9% above the regional average.

The two Grafton County high school Prevention Youth Councils that specifically targeted last 30-day marijuana use as part of their action planning efforts showed a decrease of 3.7% in last 30-day marijuana use from 2009-2011, while the two Grafton County high schools without Prevention Youth Councils showed an increase of 8.8% in last 30-day marijuana use.