



# **CAPITAL AREA PUBLIC HEALTH NETWORK**

Misuse of Alcohol and Drugs –  
Prevention Plan 2016-2019

## **Contact:**

Address: 46 S. Main St., Concord, NH 03301 Phone: 603-224-2595

Website: [www.capitalareaphn.org](http://www.capitalareaphn.org) Email: [info@capitalareaphn.org](mailto:info@capitalareaphn.org)



**CAPITAL AREA**  
**Public Health Network**  
*an initiative of Granite United Way*

# CAPITAL AREA PUBLIC HEALTH NETWORK

## Misuse of Alcohol and Drugs – Prevention Plan 2016-2019

### I. THE CAPITAL AREA PUBLIC HEALTH NETWORK

The Capital Area Public Health Network is one of 13 Regional Public Health Networks (RPHN) in the state of New Hampshire. The function of the RPHN is to deliver public health services within the region. Each region has a Public Health Advisory Council (PHAC) which represents communities, organizations and sectors interested or involved in public health activities within the region. The role of the PHAC in each region is to assess needs, guide decision-making, and encourage shared resources and investments in positive health outcomes.

New Hampshire's Regional Public Health Networks (RPHN) provide the infrastructure for a regional substance misuse prevention network. The role of the prevention network is to conduct three core prevention functions: 1) Align regional prevention efforts with the goals of the state plan, [\*Collective Action – Collective Impact \(CA-CI\): New Hampshire's Strategy for Reducing the Misuse of Alcohol and Other Drugs and Promoting Recovery\*](#), and the New Hampshire State Health Improvement Plan (SHIP), 2) Build, maintain and sustain a regional network of professionals and community members who are concerned about substance misuse in the region, and 3) Leverage resources and providing technical assistance to promote best practices within six core sectors (Safety and Law Enforcement, Health & Medical, Education, Government, Business, and Community and Family Supports) in the community.

The Capital Area Public Health Network, along with the other thirteen Regional Public Health Networks, work in concert with other state agencies to address the goals and objectives outlined in the state plan, CA-CI, which was released in February 2013. During the planning process, the New Hampshire Governor's Commission on Alcohol and Drug Abuse (the Commission) established two over-arching goals for the state: 1) To reduce the number of residents misusing alcohol and other drugs and 2) To increase the number of residents with a substance use disorder accessing treatment and recovery support services. Within the first goal, the reduction of alcohol abuse, marijuana use and non-medical use of pain relievers and prescription drugs were specific areas identified for prevention efforts. The Commission has also identified the use of heroin and synthetic drugs as priority areas for prevention efforts since its state plan was released.

The Commission's substance misuse goals are broad and provide an opportunity within which public health regions and local communities may determine more specific goals and objectives that align with factors that contribute to the problem of substance misuse identified by those living and working in the community. The Commission also identified goals and objectives within strategy areas: leadership, financial resourcing, public education training & professional development, data utilization and effective policy, practice & programs. Commission, task force and stakeholder activities are described for each strategy area. (See *Collective Action-Collective Impact*, pages 35-43)

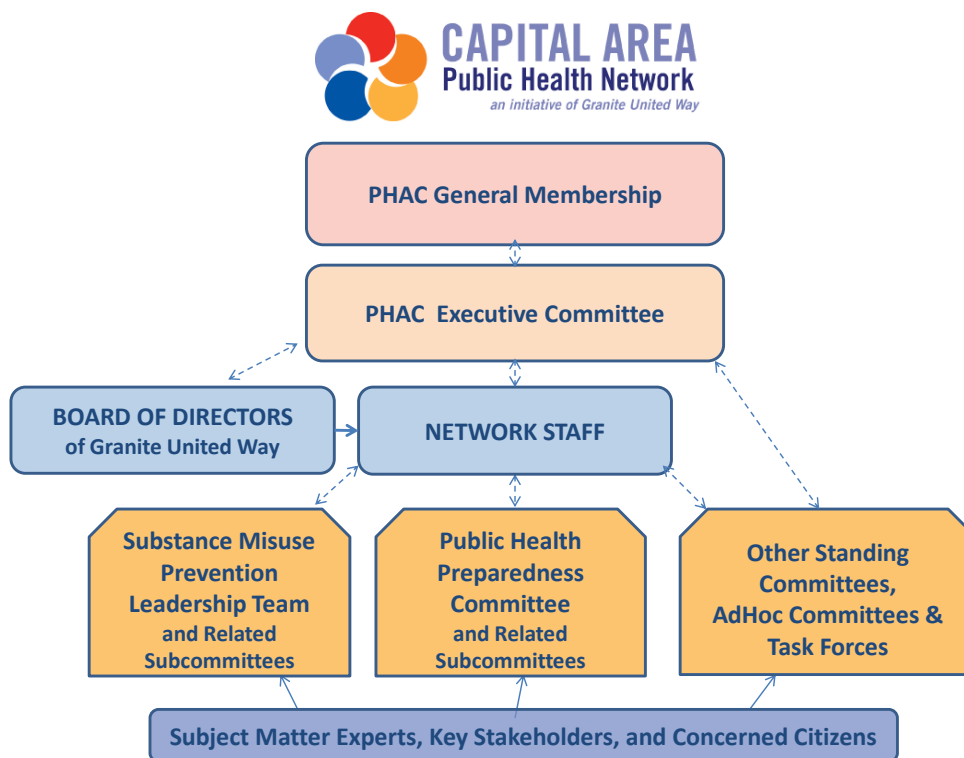
Granite United Way currently serves as the host agency for the Capital Area Public Health Network (CAPHN). Granite United Way's commitment to advancing the common good in communities

throughout New Hampshire draws power from the social determinants of health model, with an understanding that factors related to clinical care, healthy behaviors, community safety, economic stability and educational achievement are clear predictors of how long we live and how well we live. Granite United Way, through CAPHN and previously through the Capital Region Community Prevention Coalition (CRCPC) and Concord Substance Abuse Coalition (CSAC), has been providing support for substance misuse prevention in the region since 1999.

The mission of CAPHN is to promote, protect, and improve the health and well-being of communities within the Capital Area of New Hampshire through the proactive, coordinated, and comprehensive delivery of essential public health services. The Capital Area region consists of the following municipalities: Allenstown, Andover, Boscaawen, Bow, Bradford, Canterbury, Chichester, Concord, Deering, Dunbarton, Epsom, Henniker, Hillsboro, Hopkinton, Loudon, Northwood, Pembroke, Pittsfield, Salisbury, Warner, Washington, Webster, Weare, and Windsor.

The Organizational Chart in Figure 1 below identifies the structure of the Capital Area Public Health Network. The Network is comprised of a Public Health Advisory Council (PHAC), with a broad General Membership body that meets at least annually and a PHAC Executive Committee (EC) that meets monthly. In addition, CAPHN has a Substance Misuse Prevention Leadership Team, a Public Health Emergency Preparedness Committee, as well as a standing Suicide Prevention Committee and an adhoc Community Health Improvement Plan (CHIP) Subcommittee.

**Figure 1. CAPHN Organizational Chart.**



The purpose of the PHAC is to perform the following functions:

1. Identify and prioritize regional community and public health needs.
2. Encourage the development and coordination of appropriate community and public health services and programs.
3. Encourage, promote, and support community engagement on public health issues.
4. Advise the Capital Area Public Health Network members on all major policy matters concerning the nature, scope, and extent of community and public health concerns and responses.

The PHAC EC membership includes community leaders from key sectors of the community. A large number of EC members have significant experience in the field of substance use disorders. Current members include:

***Public Health Advisory Council (PHAC) Executive Committee (2015-2016)***

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>• City of Concord</li> <li>• Community Action Program Belknap-Merrimack Counties, Inc.</li> <li>• Concord Region VNA</li> <li>• County of Merrimack</li> <li>• Granite United Way</li> <li>• Greater Concord Safe Communities Coalition</li> </ul> | <ul style="list-style-type: none"> <li>• Hopkinton School District</li> <li>• New Futures</li> <li>• Pittsfield School District</li> <li>• Resident of Andover</li> <li>• Riverbend Community Mental Health</li> <li>• Town of Allenstown</li> <li>• Town of Boscawen</li> <li>• Town of Bow</li> </ul> |
|---|---|

CAPHN has a Substance Misuse Prevention (SMP) Leadership Team that responds to health concerns regarding the misuse of drugs and alcohol by following a strategic process, which includes the following steps: assessment, capacity building, planning, implementation, evaluation, cultural competence, and sustainability. CAPHN works with key stakeholders in the community to identify the root causes of substance misuse and links those risk factors to evidence-based prevention strategies. The broad SMP Network includes representatives from PHAC member organizations, as well the six key community sectors, including: education, government, businesses, health, safety and community supports. These members receive information and are involved with strategies at varying levels of effort. The SMP Leadership Team meets monthly and consists of the most active members of the SMP Network. These member organizations are listed below.

***Substance Misuse Prevention (SMP) Network Leadership Team (2015-2016)***

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>• Bow School District</li> <li>• Capital Area Suicide Prevention Resource Team</li> <li>• Concord Hospital’s Center for Health Promotion</li> <li>• Concord Hospital’s Family Health Center</li> <li>• Concord Police Department</li> </ul> | <ul style="list-style-type: none"> <li>• Concord Regional VNA</li> <li>• Hopkinton School District</li> <li>• Kearsarge Regional School District</li> <li>• New Futures</li> <li>• NHTI</li> <li>• Pembroke Academy</li> <li>• Pittsfield School District</li> <li>• Second Start</li> </ul> |
|--|--|

## II. NETWORK ACHIEVEMENTS AND COMMUNITY ASSETS

### PROGRESS MADE AND LESSONS LEARNED




During our strategic planning process in 2011-2012, the SMP Leadership Team prioritized three substances on which to focus prevention efforts: alcohol, marijuana and non-medical use of prescription drugs. We identified high school and middle school aged youth as the target population for our efforts, though the majority of our regional data to support this focus came from the Youth Risk Behavior Survey (YRBS), which focuses on the behaviors and perceptions of high school students. We did obtain a considerable amount of input from stakeholders during focus groups, appreciative inquiry interviews, and other community forums regarding the need to focus on younger, middle school aged youth. We had hoped to work with middle schools to administer the Youth Risk Behavior Survey for that age group, however we found that the costs associated with administration were cost prohibitive for most schools.

We have worked diligently in the Capital Area to obtain 100% participation in the administration of the full school-wide community YRBS. In 2007, we had participation from only four out of 10 public schools. By 2013, all 10 public high schools were participating in the YRBS. From 2011-2013, we were able to track decreases in past-30 day use among high school aged youth for all substances. In 2013, the geographic makeup of our region changed and therefore, we will not be able to make similar comparisons regarding regional data using the 2015 YRBS. Assuming the geography of our region stays the same and we are able to obtain adequate participation in the YRBS to obtain a regional sample, we will be able to track trends in an ongoing manner moving forward.

In 2011, the rates of past 30-day alcohol use (35.2%) among high school students in the Capital Area were 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 was 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. While Capital Area substance use rates tend to fall at or below the statewide averages, it should be noted that according to the National Survey on Drug Use and Health (NSDUH), NH consistently ranks among the top ten states in the nation regarding youth and young adult misuse of alcohol, prescription drugs and marijuana.

From 2011 to 2013, as shown below in Table 2, we saw slight decreases in past 30-day use of alcohol, marijuana, and prescription drugs (without a doctor's prescription) among Capital Area high school youth.

**Table 1. Capital Area, Past 30-Day Use 2011-2013 (YRBS 2011, YRBS 2013).**

| Past 30-Day Use | Alcohol   | Marijuana  | Rx Misuse   |
|-----------------|---|--|---|
| 2011            | 35.2%   | 25.7%  | 8.5%  |
|                 |  |  |  |
| 2013            | 32.0%   | 21.7%  | 7.2%  |

We have seen numerous changes and many other positive outcomes in the region over the last two years as a result of our work to impact long-term health relative to youth substance misuse. While discussion regarding successes of the Network can be found throughout this document, key highlights of the changes and outcomes are identified in Table 3 below.

**Table 2. Capital Area Outcomes at a Glance, 2012-2015.**

| Strategy  | Baseline (2012)  | Change (2015)  |
|---|--|--|
| <b>Youth Leadership / Empowerment</b>                 | <p><u>Zero</u> active youth councils</p> <p><u>Zero</u> adult advisors</p>                           | <p><u>3</u> active youth councils in place in Bow, Pembroke and Kearsarge schools engaging over <u>45</u> youth annually as members and <u>4</u> adult advisors, with two new Youth Councils coming on board in Concord and Pittsfield the next school year for a total of <u>5</u> active youth councils in place.</p> <p>Activities conducted in 2014-2015 school year have reached over <u>2500</u> middle and high school students and approximately <u>500</u> community members through direct prevention activities.</p> <p>Key activities included:</p> <ul style="list-style-type: none"> <li>• New Futures Advocacy Training</li> <li>• NH Teen Institute Summer Leadership Program</li> <li>• Media Power Youth Training</li> <li>• Dover Youth to Youth Training</li> <li>• Sticker Shock Campaigns in partnership with area Grocery Stores &amp; NH Liquor Stores to thank adults for not supplying alcohol to minors.</li> <li>• Social Media Posts</li> <li>• Outreach Events (open houses, advisories, pep rally)</li> <li>• Spartan Safety Box</li> <li>• Peer Mentoring</li> <li>• Red Ribbon Week</li> <li>• School Climate Activities</li> </ul> |
| <b>Prescription Drug Take-Back Events</b>             | <p><u>6</u> Participating Police Departments, <u>352 lbs</u> of Rx drugs collected at one event.</p> | <p><u>10</u> Participating Police Departments and over <u>2400 lbs</u> of Rx drugs collected at most recent take-back event.</p>   |
| <b>Permanent Prescription Drug Disposal Locations</b> | <p><u>1</u> Permanent Box, located in Pittsfield (old ballot box converted for this purpose)</p>     | <p><u>8</u> Permanent Boxes, located in Allenstown, Bow, Concord, Henniker, Hillsboro, Northwood, Pembroke, Pittsfield.</p>  |
| <b>Life of an</b>                                     | <p><u>Zero</u> schools participating in</p>  | <p><u>6</u> Capital Area schools implementing Life of an Athlete (John Stark, Concord, Pittsfield, Pembroke, Bishop Brady, Bow),</p>   |

| Strategy                                    | Baseline (2012)  | Change (2015)   |
|---|--|---|
| <b>Athlete</b>                              | program  | reaching over <b>2000</b> student athletes. Over <b>80</b> youth trained in youth leadership program. School athletic policies reviewed in <b>3</b> districts.  |
| <b>Media/Social Marketing Campaign</b>      | No social marketing plan in place targeted at parents.   | “Check the Stats” Campaign spearheaded by the Partnership for a Drug Free NH and supported by the Regional Networks in place to raise awareness among parents concerning the NH stats on youth substance misuse. Campaign materials shared with key stakeholders in community on a consistent basis through network meetings, email communications, and social media posts.   |
| <b>Suicide Prevention</b>                   | No regional suicide prevention efforts in place in Capital Area.                                 | Creation of the Capital Area Suicide Prevention Resource Team (CASPR). Implemented over <b>5</b> CONNECT trainings in suicide prevention and postvention, including Train the Trainer models. Over <b>100</b> community “gatekeepers” have received training and <b>16</b> individuals have been trained as trainers.   |
| <b>Project Success</b>                      | Limited access of students to Student Assistance Program services in the region.                 | Increased access for youth to the Student Assistance Program services through Project Success program, reaching teachers, administrators, students and parents in the following <b>6</b> Capital Area schools: Hopkinton Middle/High School, Pittsfield Middle/High School, Concord High School, Rundlett Middle School, Merrimack Valley Middle School, Merrimack Valley High School. Project Success implemented by Second Start.   |
| <b>Regional Network System Facilitation</b> | Network with limited capacity based on staffing changes, loss of funding for prevention partners | <ul style="list-style-type: none"> <li>• Ongoing recruitment of key community stakeholders and sectors</li> <li>• Development of Public Health Advisory Council (PHAC)</li> <li>• Ongoing technical assistance provided to area schools and emerging community coalitions</li> <li>• Emerging focus on Continuum of Care work</li> <li>• Leveraged resources through relationship with G UW</li> <li>• Increase in # of coordinated &amp; collaborative activities</li> </ul> |
| <b>Resource Development</b>                 | <b>\$0</b> additional funding outside of BDAS/NHCF funds   | Received over <b>\$34,000</b> towards Youth Council strategy within previous three years.<br><br>Commitment of <b>\$30,000</b> to fund CHIP plan (including SMP strategies) by G UW for 2015.   |
| <b>Advocacy</b>                             | Involvement and coordination with New Futures regarding  | Using funding and resources from the NH Charitable Foundation, Network staff testified at the State House <b>5</b> times during the 2015 session, addressing the state budget cuts,   |

| Strategy | Baseline (2012)  | Change (2015)  |
|----------|--|--|
|          | advocacy efforts.<br><br>Limited involvement from staff on direct advocacy work. | marijuana decriminalization, and alcohol related bills. Staff members have also attended over <u>8</u> advocacy related events, including legislative breakfasts, trainings, and a summit with elected officials. Additionally, GUW, through the leadership of key administrative level staff, has increased its advocacy work concerning substance use disorders and other health concerns. |

**REGIONAL ASSETS THAT SUPPORT SUBSTANCE MISUSE PREVENTION**

***Community Knowledge & Experience***

Stakeholders within the region bring a significant level of knowledge and experience to the work of the Capital Area Public Health Network. As identified above, the Capital Area PHAC EC and the SMP Leadership Team include representation from the key organizations serving our 24 communities. Many of our members have been part of the SMP Network since its inception in 2007. We are fortunate to have a combination of seasoned prevention professionals and energetic newcomers to the field. In addition, we are able to leverage our existing relationships to recruit and engage new members on a regular basis. Nearly 50% of our members surveyed in 2014 through the Key Stakeholder Survey report that they have “a lot” of knowledge about substance misuse in the community.

***Sector Engagement & Mobilization***

When the three-year strategic plan was developed in 2012, the Network was just beginning to implement the 6-sector approach as a framework for prevention efforts. Due to the provider-heavy nature of the Capital Area, there has been a historical emphasis on the community supports and services sector. Schools have also taken the lead on key strategies related to substance misuse prevention. The Network had experienced a high level of success engaging the law enforcement community, probably due to some longstanding leadership positions within the network previously held by key law enforcement officials in the region, as well as our focus on enforcement activities during the Strategic Prevention Framework initiative from 2007-2010. Our ability to influence strategies and policy change within the health care, government, and business sectors has increased substantially over the past two years due to the recruitment of PHAC Executive Committee members, along with our relationship with the emergency services sector through the public health network’s preparedness activities. We expect our connection with the government sector, particularly among elected officials, to grow as our advocacy work increases.

While our Network has focused on recruiting and involving individuals and organizations across the sectors, there has been less emphasis on embedding strategies within the sectors themselves. Ideally, as we move forward, this plan will allow sectors themselves to take the lead in implementing systems level changes within their own organizations and in alignment with other similar organizations in the region.

***Relationship with Granite United Way***

Granite United Way (GUW), formally United Way of Merrimack County, has held the contract with NH DHHS for the regional prevention network since its formation in 2007. Prior to that, the United Way acted as fiscal sponsor for the Concord Substance Abuse Coalition since 1999, overseeing other



substance misuse prevention state contracts and Federal Drug Free Communities and Drug Free Communities Mentoring grants. Significant resources have been leveraged by G UW towards the SMP Network’s three-year strategic plan, including staffing, rent, supplies, and equipment. The role of G UW has evolved from that of a “fiscal agent” of the SMP Network to its current role as the host agency, with substantial “ownership” of the issues related to substance misuse prevention.

G UW has a Community Impact Committee (CIC), comprised of numerous business, health and human service organization leaders, for the Merrimack County region that makes funding decisions for all G UW dollars raised in this region. They recently voted to dedicate \$30,000 towards the implementation of the Capital Area Community Health Improvement Plan (CHIP), including the Misuse of Alcohol and Drugs - Prevention Plan 2016-2019. The CIC also has a representative on the PHAC EC and several members on the various subcommittees of CAPHN, including the Community Health Improvement Plan (CHIP) Subcommittee.

#### ***Development of the Capital Area Public Health Advisory Council (PHAC)***

The SMP Network has benefited from the formation of the Public Health Advisory Council in the Capital Area. While the SMP Network maintains a Leadership Team that meets on a regular basis, the members of the PHAC EC regularly discuss the impact of substance misuse on our community’s health. Members of the PHAC EC regularly attend (or send representatives to attend) the subcommittees related to the SMP Network. We anticipate that these connections will continue to strengthen our efforts to engage key sectors of the community, particularly among health and safety-related organizations. By engaging these members in the PHAC, we will be able to harness their knowledge and expertise in the field of substance misuse prevention for the benefit of our region and overall strategic plan.

### **III. REGIONAL PLAN DEVELOPMENT**

#### **PROCESS AND PARTICIPANTS**

The Capital Area Public Health Network, its Public Health Advisory Council, Substance Misuse Prevention (SMP) Leadership Team and numerous other stakeholder groups and individuals contributed to the development of the Misuse of Alcohol and Drugs - Prevention Plan 2016-2019. Over 100 stakeholders were engaged through a combination of community meetings and events, listening sessions, stakeholder interviews, surveys, and focus groups. Ongoing outreach efforts during 2015 have allowed for input from individuals and organizations from key community sectors who are not regular committee members, in addition to members who have served in a long-term capacity. Therefore, input has been received from stakeholders and residents with diverse backgrounds, as well as various levels of understanding, history, and involvement with the network. The following organizations provided valuable input to inform this prevention plan:

#### **Organizations Providing Input to Inform Prevention Plan**

- Associated Grocers
- Bow School District
- Capital Area Heroin Concerns Workgroup
- Capital Area Suicide Prevention Resource Team (CASPR T)
- Capital Area Wellness Coalition
- City of Concord, Police & Fire Departments

- Community Action Program Belknap-Merrimack Counties, Inc.
- Concord Homeless Resource Center
- Concord Hospital
- Concord Hospital's Center for Health Promotion
- Concord Hospital's Family Health Center
- Concord Regional VNA
- Concord School District
- County of Merrimack
- Granite United Way
- Granite United Way's Merrimack County Community Impact Committee (CIC)
- Henniker Police Department
- Hopkinton School District
- Kearsarge Regional School District
- New Futures
- NHTI, Concord's Community College
- Northeast Delta Dental
- Pembroke Academy
- Phoenix House
- Pittsfield School District
- Pittsfield Youth Workshop
- Riverbend Community Mental Health Center
- Second Start
- Town of Allenstown, Health Officer
- Town of Boscawen, Board of Selectman
- Town of Bow, Emergency Management
- Town of Henniker, Police Department

The organizations and stakeholders involved in planning used many data sources to determine the most pressing issues facing our region. Sources of data used to inform this plan include:

**Sources of Data Used to Inform Prevention Plan**

- 2015 Capital Region Community Health Needs Assessment
- Appreciative Inquiry Interviews
- Behavioral Risk Factor Surveillance System (BRFSS)
- Capital Area Data Presentation by the NH Center for Public Policy Studies
- Community Forums/Events/Meetings
- Community Intelligence/Input from Sectors
- Focus Groups
- Granite United Way Listening Sessions
- Key Informant Interviews
- Key Stakeholder Survey
- Law Enforcement data
- National Survey on Drug Use and Health (NSDUH)
- NH Center for Excellence
- NH Health WISDOM
- NH Medical Examiner's Office
- NH's Trauma and EMS Information System (TEMSIS)
- PARTNER Survey
- Peer Reviewed Journal Articles and other best practice resources
- P-WITS

- Substance Abuse and Mental Health Services Administration (SAMHSA)
- Youth Risk Behavior Survey (YRBS)

## IV. CAPITAL AREA GOALS, OBJECTIVES AND STRATEGIES

The Capital Area Public Health Network established goals and objectives that will strengthen the ability of the network to build and sustain the leadership, capacity, knowledge, coordination and collaboration necessary to promote effective practices, programs and policies and to address substance misuse within six core community sectors.

The Capital Area Public Health Network is working to achieve the following over-arching goals and objectives:

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

To meet the goals and objectives outlined above, the regional network will oversee best practices on three levels:

- Level I. The adoption of stakeholder activities recommended by and aligned with *Collective Action-Collective Impact (CA-CI)* (pages 35-43)
- Level II. The implementation of community organizing best practices to create, maintain and sustain the regional network infrastructure for prevention
- Level III. The implementation of best practices by the six core sectors to reduce or prevent use

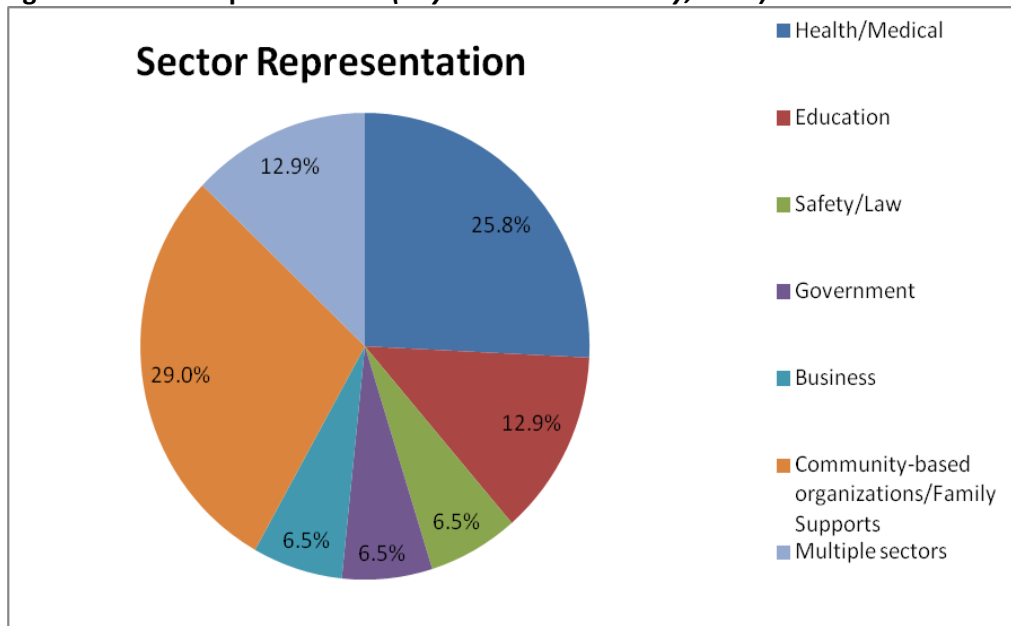
### REGIONAL NETWORK GOALS AND OBJECTIVES

#### CAPACITY BUILDING IN THE CAPITAL AREA

The Key Stakeholder Survey is administered to community sector stakeholders for substance misuse prevention in order to measure the change in awareness, knowledge and skills of individuals who contribute to substance misuse prevention work in the region. The results from our most recent survey in 2014 assisted our Network in developing capacity building goals, objectives and strategies for this prevention plan to ensure we are meeting the needs of our stakeholders across the 6 key sectors of the community.

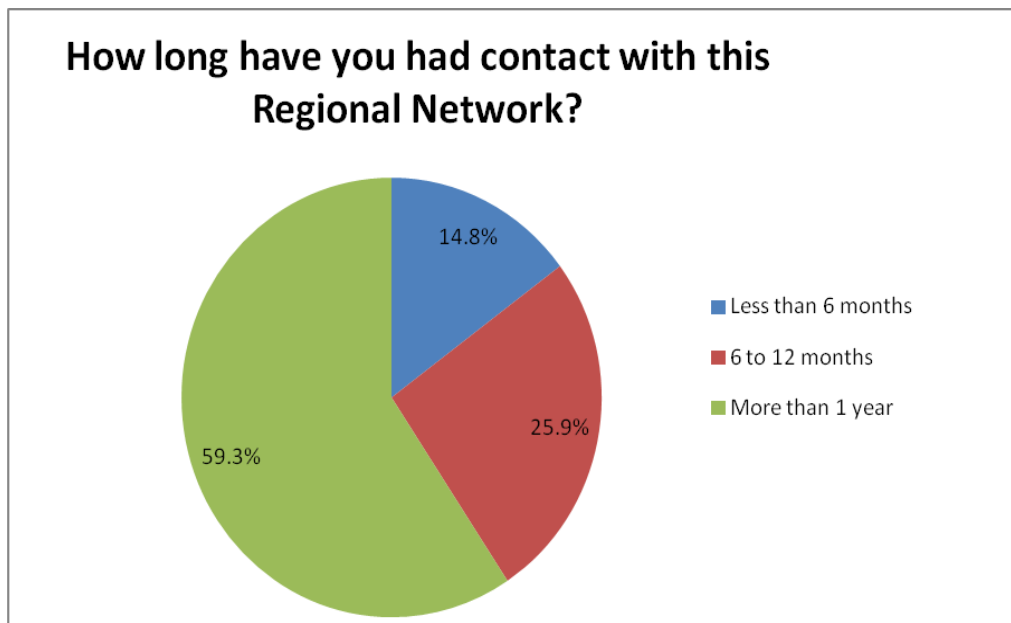
According to the Key Stakeholder Survey, administered in 2014, our network is represented mostly by Community-based organizations (29%), followed by the Health/Medical sector (25.8%), the Education (12.9%) and Multiple sectors (12.9%) categories, and lastly the Business (6.5%), Government (6.5%), and Safety/Law sectors (*see Table 4 below*). We expect the involvement from the Law Enforcement community to increase in the near future as we implement permanent prescription drug take-back boxes throughout the region. While the percentage of those involved from the Business community seems low, it represents an increase from past representation in this category.

**Figure 2. Sector Representation (Key Stakeholder Survey, 2014).**



As shown in Figure 3, it is clear that the majority of our membership has been in place for over a year. The membership has fluctuated substantially over the years depending on funding, activities, community readiness and concern. There is a solid group of stakeholders that have been in place since 2007 (and before through the Concord Substance Abuse Coalition).

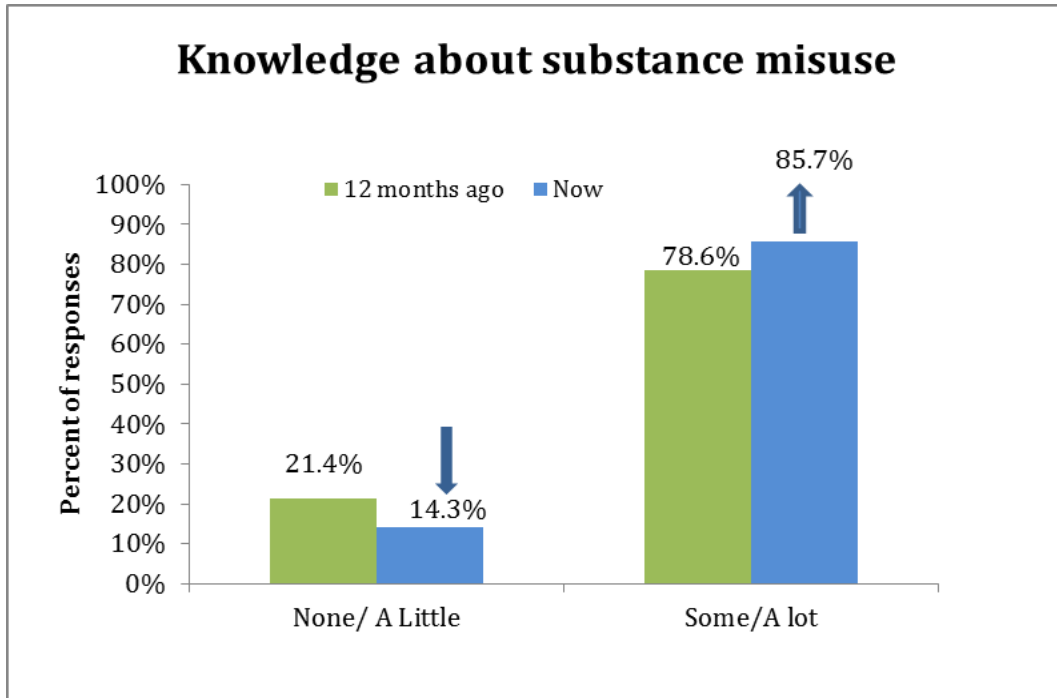
**Figure 3. Length of Contact with Regional Network (Key Stakeholder Survey, 2014).**



Therefore, as demonstrated in Figure 4, there was a fairly high level of knowledge within the region in the year prior to the administration of this survey in 2014. We can see that knowledge about substance misuse is increasing in the Capital Area, but there is a lot of room for growth through sector engagement

and the implementation of evidence based strategies to impact the root causes of substance misuse in our communities.

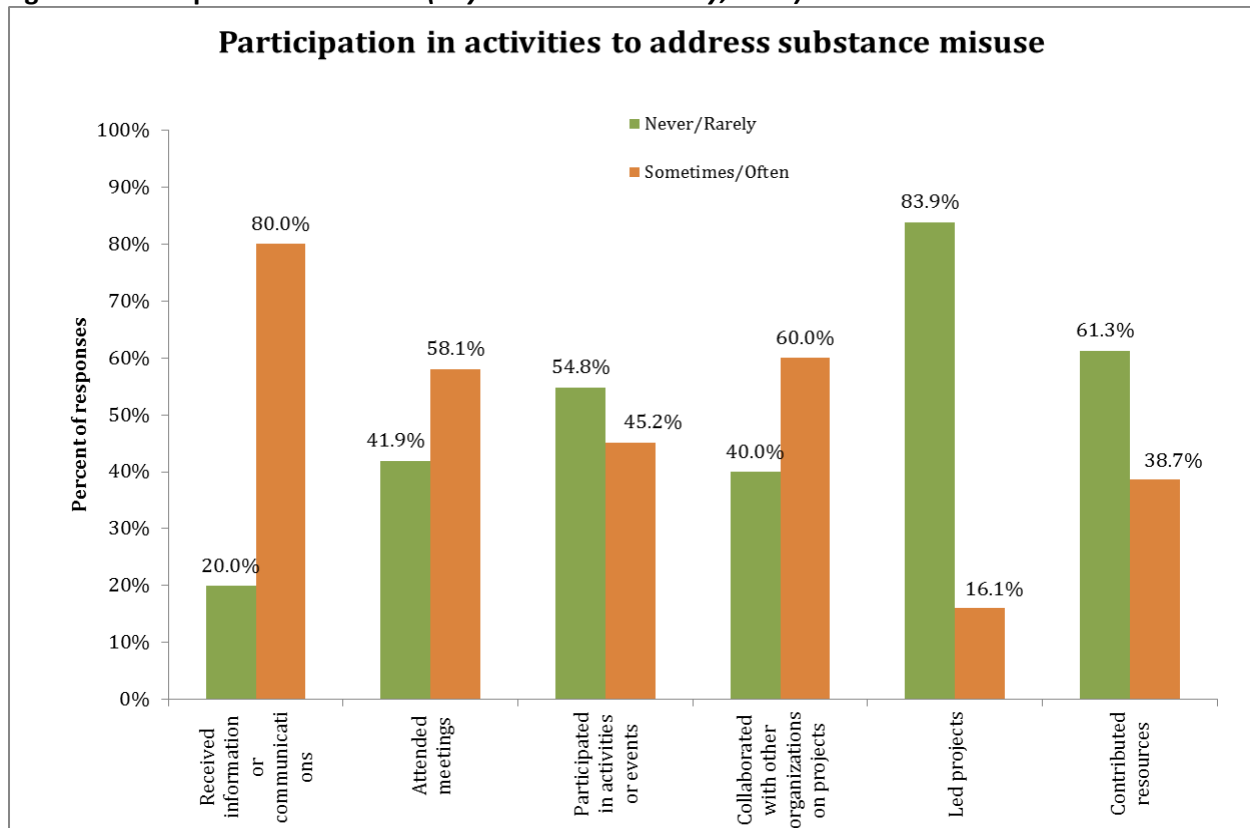
**Figure 4. Knowledge about Substance Misuse in the Community (Key Stakeholder Survey, 2014).**



According to the Key Stakeholder Survey, over 82% of members surveyed feel like they learned something new within the previous 12 months. This includes such things as learning about the extent of substance misuse in the community or learning how to implement a new policy, program, or practice. While 17.9% reported that they learned “nothing new” within the same time frame, this can likely be attributed to a high baseline in knowledge. Still, there should be a focus for the Network moving forward to offer higher levels of training to those who have been involved for several years.

Key activities that Network members reported engaging in are shown in Figure 5. Eighty percent (80%) of members report receiving information sometimes/often. Additionally, members report attending meetings (58%), participating in events (45%), and collaborating on projects (60%) sometimes/often. Two areas for improvement include increasing the number of members who lead projects sometimes/often and those who contribute resources sometimes/often.

Figure 5. Participation in Activities (Key Stakeholder Survey, 2014).



Taking this data into consideration, the following table outlines our regional network goals, objectives and strategies for the next three years.

|   |   |
|---|---|
| <b>GOAL 1</b>   | <b>STRENGTHEN THE CAPACITY AND READINESS OF KEY STAKEHOLDERS AND COMMUNITIES TO ADDRESS SUBSTANCE MISUSE IN THE CAPITAL AREA BY 2019.</b> |
| Objectives:   |   |
| <b><i>1.1 Leadership &amp; sector representation</i></b>  |   |
| As measured by the Key Stakeholder Survey and entries into P-WITS...  |   |
| <ul style="list-style-type: none"> <li>● <b>Increase leadership opportunities within the region to address substance misuse.</b></li> </ul> <p><i>(From 1 regional leadership training offered per year in 2015 to 4 leadership training opportunities offered per year in 2019.)</i></p> <ul style="list-style-type: none"> <li>● <b>Increase sector representation within the SMP Network and SMP Leadership Team.</b></li> </ul> |   |

*(From 2 members from each sector in 2015, to 5 members from each sector in 2017, to 10 members from each sector in 2019.)*

### **1.2 Network relationships, collaboration & trust**

As measured by the PARTNER survey...

- **Increase the number and strength of network relationships.**

*(From 15 active members in 2015, to 30 active members in 2017, to 60 active members in 2019.)*

- **Increase reported levels of collaboration across the region.**

*(From 21% Coordinated and 13% Integrated activities in 2014, to 26% Coordinated and 18% Integrated activities in 2016, to 31% Coordinated and 23% Integrated activities in 2019.)*

- **Increase reported levels of trust across the region.**

*(From 56.4% in 2014, to 65% in 2016, to 75% in 2018.)*

### **1.3 Financial resourcing**

As measured by entries in P-Wits...

- **Increase adequate, sustained financial resourcing of alcohol and drug prevention, intervention, treatment and recovery supports in the region.**

*(From \$12,000 leveraged in 2015, to \$17,000 in 2017, to \$25,000 in 2019.)*

### **1.4 Awareness & education**

As measured by the Key Stakeholder Survey...

- **Increase community stakeholder knowledge and skills regarding the extent of substance misuse in the community.**

*(From 61% reporting an increase in knowledge about the extent of substance misuse in the community in 2014, to 70% in 2016, to 75% in 2018.)*

- **Increase key stakeholder knowledge and skills regarding effective substance misuse prevention strategies.**

*(From 39% reporting an increase in knowledge about what communities can do to reduce substance misuse in 2014, to 44% in 2016, to 50% in 2018.)*

*(From 21% reporting an increase in knowledge about what their organization can do to reduce substance misuse in 2014, to 25% in 2016, to 31% in 2018.)*



- **Increase key stakeholder knowledge and skills regarding the root causes of substance misuse, including an understanding of health equity and the social determinants of health.**

*(Baseline and targets to be determined.)*

### **1.5 Training & professional development**

As measured by entries in P-Wits...

- **Increase the availability of training and professional development resources for key stakeholders and sectors to develop and expand knowledge and skills relative to addressing alcohol and other drug misuse.**

*(Baseline and targets to be determined.)*

### **1.6 Advocacy**

As measured by Key Stakeholder Survey and entries in P-Wits...

- **Increase capacity of key stakeholders, sector representatives, network and community members to take action to influence policies and laws related to substance misuse.**

*(Baseline and targets to be determined.)*

## **GOAL 2**

## **PROMOTE THE IMPLEMENTATION OF EFFECTIVE POLICIES, PRACTICES AND PROGRAMS ACROSS AND WITHIN THE CAPITAL AREA BY 2019.**

Objectives:

### **2.1 Effective policy, practice, & programs**

As measured by the PARTNER Survey, Key Stakeholder Survey, and entries in P-Wits...

- **Increase use of research and ongoing data collection, analysis and reporting to prioritize, support and sustain policies, practices and programs for implementation.**

*(Baseline to be determined.)*

- **Increase community stakeholder knowledge of how to implement new or expanded policies, practices and programs.**

*(From 21% reporting an increase in knowledge about how to initiate a program, practice, or policy change in a community sector in 2014, to 25% in 2016, to 31% in 2018.)*

- **Increase knowledge of research-based prevention practices among elected officials, policymakers, leaders within the six core sectors and other community leaders.**

- **Support implementation of effective policy, practice, and programs with sufficient, on-going training and technical assistance.**

*(From 7% reporting having been trained in a program, practice, or policy change in 2014, to 15% in 2016, to 20% in 2018.)*

## REGIONAL NETWORK STRATEGIES

The table below demonstrates the commitments of the Capital Area Public Health Network over the next three years to meet the goals and objectives identified by the region to support the state plan and to create, maintain and sustain the regional prevention infrastructure. The strategies below focus primarily on information dissemination, the facilitation of community-based process and environmental prevention strategies.

| Strategy Area (s)  | Activity   | Regional Objectives Addressed by this strategy | Alignment to SHIP and CA-CI |
|--|--|--|-----------------------------|
| <b><i>Leadership &amp; sector representation</i></b>           | <ul style="list-style-type: none"> <li>• 1:1 Meetings</li> <li>• Appreciative Inquiry (AI) Interviews</li> <li>• Leadership Trainings</li> <li>• Presentations</li> </ul>  | 1.1  | ☒                           |
| <b><i>Network relationships, collaboration &amp; trust</i></b> | <ul style="list-style-type: none"> <li>• 1:1 Meetings</li> <li>• Appreciative Inquiry (AI) interviews</li> <li>• Network meetings, subcommittee meetings and events</li> <li>• Outreach</li> <li>• Representation by Network members in other community efforts</li> </ul> | 1.2  | ☒                           |
| <b><i>Financial resourcing</i></b>                             | <ul style="list-style-type: none"> <li>• Resource Development</li> <li>• Grant Research</li> <li>• Grant Writing</li> <li>• Sustainability Planning</li> </ul>   | 1.3  | ☒                           |
| <b><i>Awareness &amp; education</i></b>                        | <ul style="list-style-type: none"> <li>• Presentations</li> <li>• Data &amp; Prevention Skills Training</li> </ul>   | 1.4  | ☒                           |

| Strategy Area (s)                                 | Activity  | Regional Objectives Addressed by this strategy | Alignment to SHIP and CA-CI |
|---|---|--|-----------------------------|
|   | <ul style="list-style-type: none"> <li>• Social Marketing Campaign</li> <li>• Marketing/ Communication/ Social Media</li> <li>• “Health in All Policies”</li> <li>• Continuum of Care Workgroup</li> <li>• Working Bridges</li> </ul>                   |  |                             |
| <b>Training &amp; professional development</b>    | <ul style="list-style-type: none"> <li>• Promote Trainings</li> <li>• Continuing Education</li> </ul>   | 1.5  | ☒                           |
| <b>Advocacy</b>                                   | <ul style="list-style-type: none"> <li>• Advocacy Trainings</li> <li>• Information Dissemination</li> <li>• Legislative Breakfasts</li> </ul>   | 1.6  | ☒                           |
| <b>Effective policy, practice, &amp; programs</b> | <ul style="list-style-type: none"> <li>• Information Dissemination</li> <li>• Strategy-specific Trainings</li> <li>• Sector- and strategy-specific technical Assistance</li> <li>• Presentations</li> <li>• Assessment</li> <li>• Evaluation</li> </ul> | 2.1  | ☒                           |

Regional work plans are created annually based on the above activities. Annual work plans are derived from the three-year strategic plan and are designed to serve as a roadmap for the regional network for a one year period. Annual work plans include detailed annual activities, the responsible party for each activity, targets and milestones, and timeline for completion. The Capital Area Public Health Network annual substance misuse prevention work plan can be accessed at: [capitalareaphn.org/initiatives/substance-misuse-prevention](http://capitalareaphn.org/initiatives/substance-misuse-prevention).

## SUBSTANCE MISUSE PREVENTION GOALS AND OBJECTIVES

### ALCOHOL AND OTHER DRUG PROBLEMS IN THE CAPITAL AREA

Since 2012, the Capital Area Public Health Network (CAPHN) has focused its youth and young adult prevention efforts on the following priority substances:



Non-Medical  
Prescription  
Drugs



Marijuana

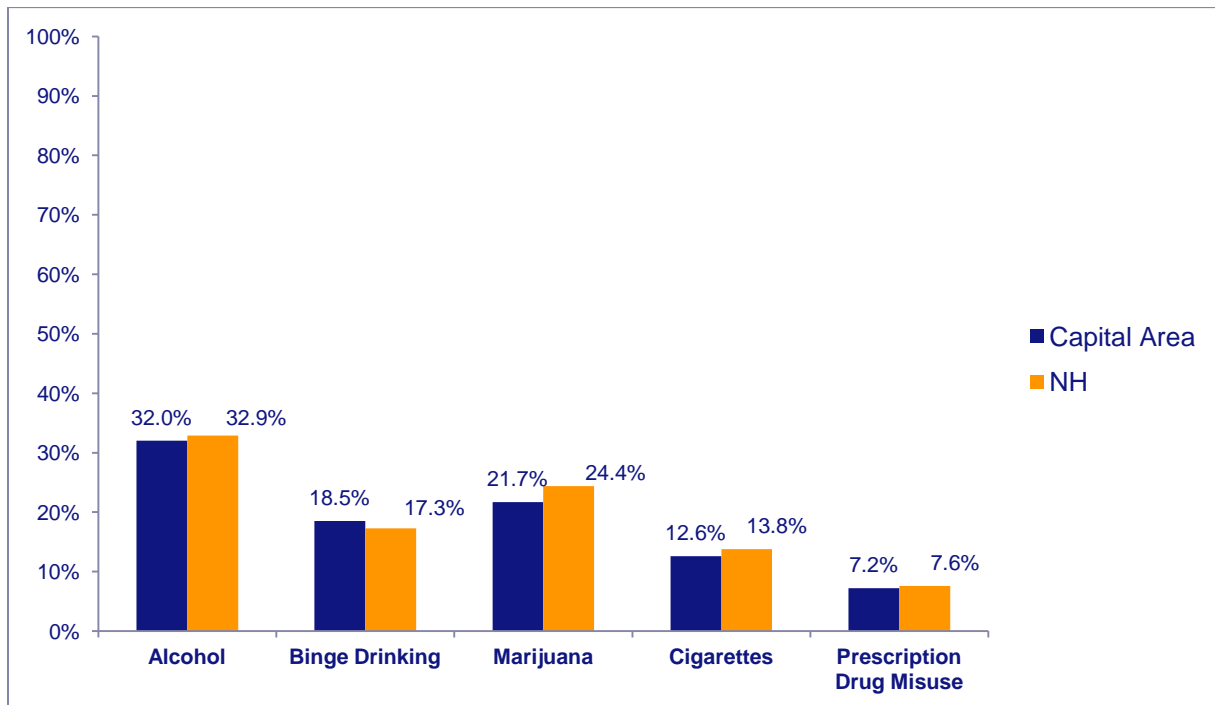


Alcohol

These substances have historically been prioritized based on Youth Risk Behavior Survey (YRBS) data that shows prevalence rates of concern for the high school aged population in the region. Additional sources of data, as listed on pages 9- 10, including interviews with school personnel, youth-serving organizations, and youth themselves, reaffirms the inclusion of these substances as key community concerns. Table 8 below identifies past-30 day use rates for alcohol, binge drinking, cigarettes, and non-medical use of prescription drugs. Past 30-day use provides the best estimate of regular use.

Based on consumption alone, alcohol and marijuana are clear priorities. While use of cigarettes ranks higher than prescription drug misuse, regional stakeholders have expressed a desire to maintain a focus on prescription drugs due to the connection to the overall opioid epidemic we currently face in our region and state. As Figure 6 shows, rates of past 30-day use for these substances are very close to the state averages. However, according to the National Survey on Drug Use and Health (NSDUH) and the Youth Risk Behavior Survey (YRBS), NH consistently ranks in the top states for rates of alcohol use and abuse, marijuana use, and non-medical use of prescription drugs among youth and young adults.

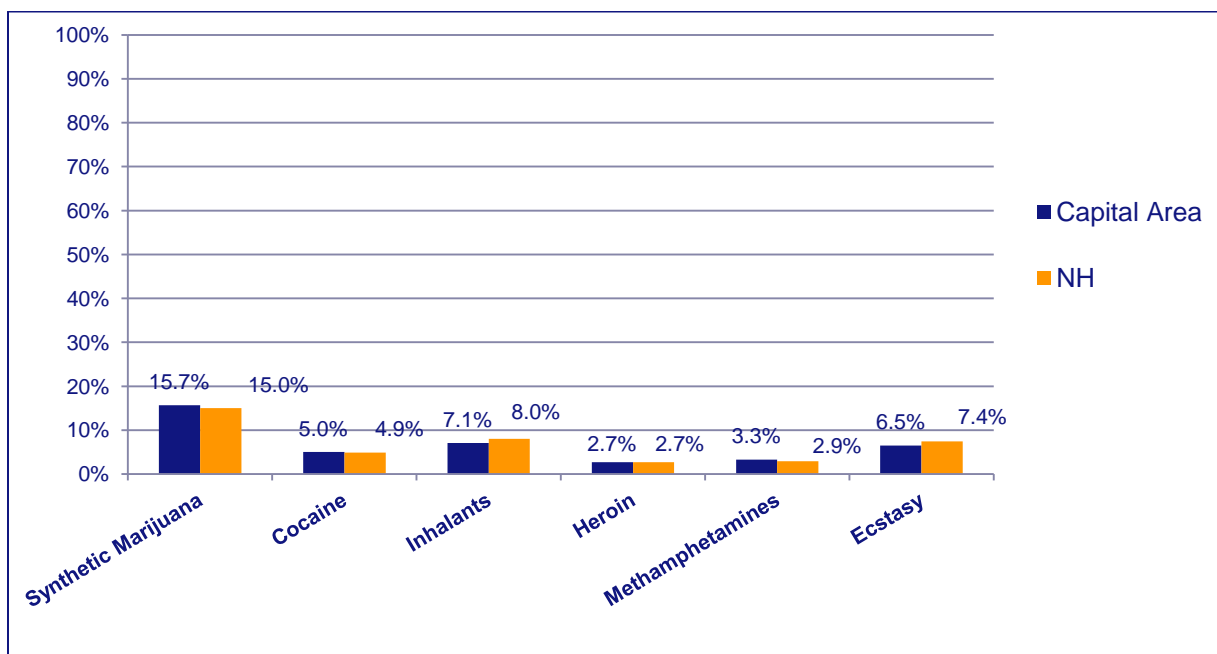
**Figure 6. Past 30-Day Use by Substance among High School Aged Youth (YRBS, 2013).**



While Capital Area stakeholders clearly recognize the need to address alcohol, marijuana, and prescription drugs, they also understand the need for flexibility in being able to develop goals and objectives to address emerging substance misuse concerns. Figure 7 below illustrates usage rates among high school aged youth in the Capital Area and NH for other illicit drugs. While consumption rates appear low for these substances, there are other factors that influence their inclusion as priorities. The short-term consequences related to use of these substances, particularly heroin, can be very severe and can include overdose and death. While only 2.7% of youth report lifetime use of heroin, with a Capital Area high school population of 6,352, which translates to 171 youth.

Law enforcement officials in the Capital Area have also expressed deep concern that meth (methamphetamine) is making its way into our communities. There have been a few recent high-profile arrests in the region regarding the sale and distribution of meth. Due to these concerns, Capital Area stakeholders determined the need to be vigilant in addressing all substances that emerge as significant threats to our communities over the next three years.

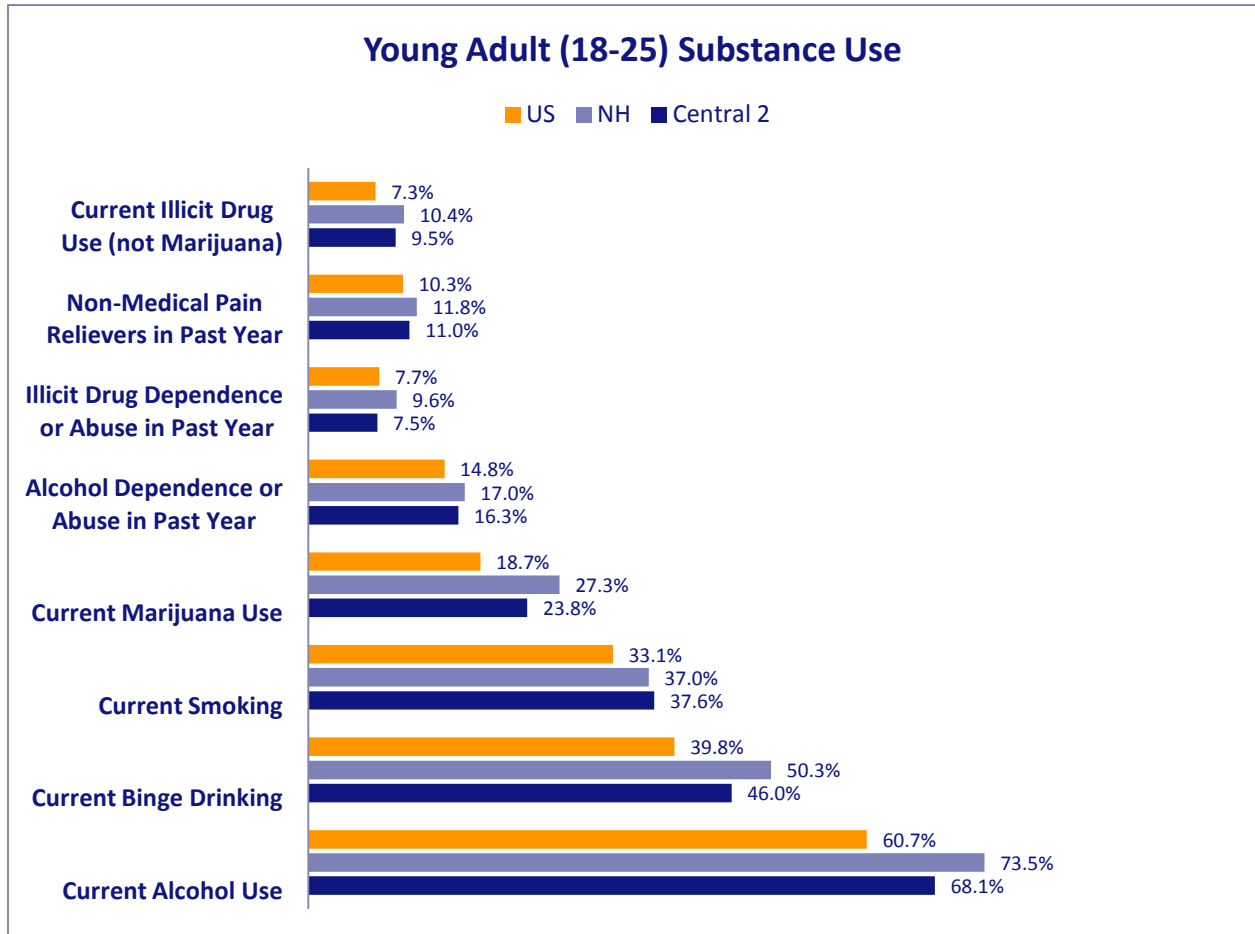
**Figure 7. Other Illicit Drugs. Lifetime Use by Substance among High School Aged Youth (YRBS, 2013).**



While CAPHN has focused much of its effort on middle and high school youth populations, it is clear that use rates among the young adult population (18-25) are among the highest in the nation. Figure 8 below shows that NH rates of use and dependence far exceed US rates in most cases. The National Survey on Drug Use and Health (NSDUH) collects information from youth and adults and includes national, state, and substate rates. The substate rates include three years of aggregated data to obtain the measurement. The substate regions for NH are based on County lines and include Central 1 (Belknap and Strafford), Central 2 (Merrimack and Sullivan), Northern (Carroll, Coos, Grafton), Southern 1 (Rockingham), and Southern 2 (Cheshire and Hillsborough). While none of these substate regions provide an exact representation of the Capital Area, the Central 2 region, which encompasses

Merrimack County, provides the closest. In most substance use related data, the Capital Area tends to fare slightly better than state averages. The Central 2 substate data seems to follow this pattern as well.

**Figure 8. Young Adult Substance Use: US – NH – Central 2 (SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2010, 2011, and 2012).**



A significant emerging area of concern for the State of NH and the Capital Area relates to the high number of opioid/opiate overdoses that have been steadily increasing since 2013. According to the NH Medical Examiner’s office, there were 326 drug-related overdose deaths in the state in 2014. In the Capital Area, we experienced 29 overdose deaths in the same year. The average age of those who died by an overdose in the Capital Area was 40 years old (see Figures 9a and 9b). Opioids/opiates were present in 93% of overdose deaths and 41% of the deaths occurred in Concord. Eighty-six percent of these deaths were ruled accidental deaths, 10% were suicide deaths, and 4% were undetermined.

Figures 9a and 9b. Drug-related overdose deaths in Capital Area (NH Medical Examiner's Office, 2014).

Table 9a.

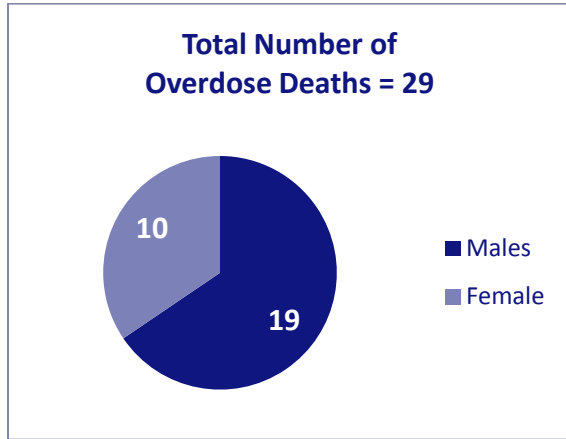
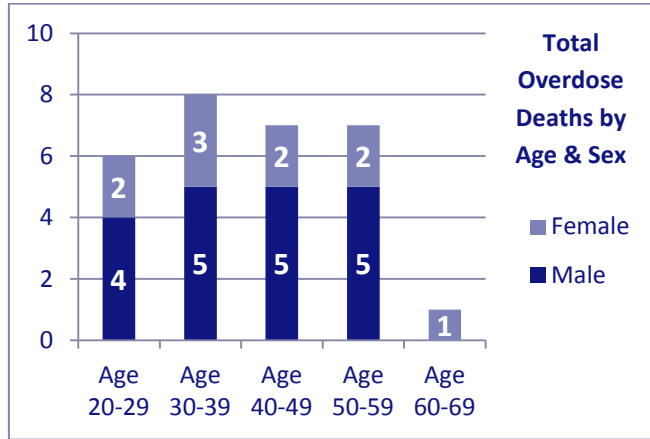
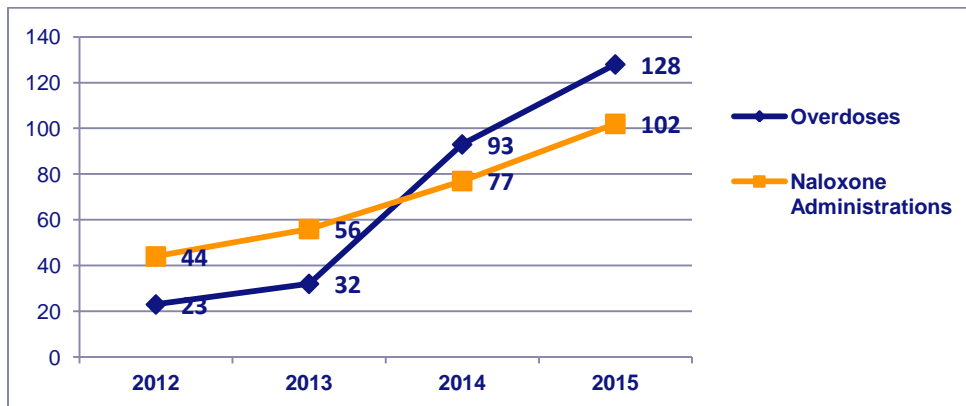


Table 9b.



Since 2012, we have seen a significant increase in the number of overdoses (non-fatal and fatal) in our State's Capital City of Concord. Figure 10 below shows the increases we have seen in overdoses and in Naloxone administrations. According to the National Institutes of Health, Naloxone is an injection used to reverse the life threatening effects of opioid/opiate overdoses. Due to these concerns gripping our state, CAPHN worked with partners early on in the crisis to determine ways that we could intervene to prevent these tragedies from occurring in our communities. Upon conducting a root cause analysis of the heroin concerns in May of 2014, it was determined that we needed to remain vigilant regarding the prevention of prescription drug misuse, since that is where many of these problems originated. Since that time, we have determined that there is also a need to increase access to and education regarding the use of Naloxone. There is also an increasingly crucial role for an emerging body of work on developing resilient, recovery-oriented systems of care across our state to fully meet the needs of individuals concerning prevention, intervention, treatment, and recovery services.

Figure 10. Overdoses (non-fatal and fatal) and Naloxone Administrations in Concord for 12 month periods ending July 31<sup>st</sup> of each year (NH Trauma Emergency Medical Services Information System - TEMSIS, 2012-2015).

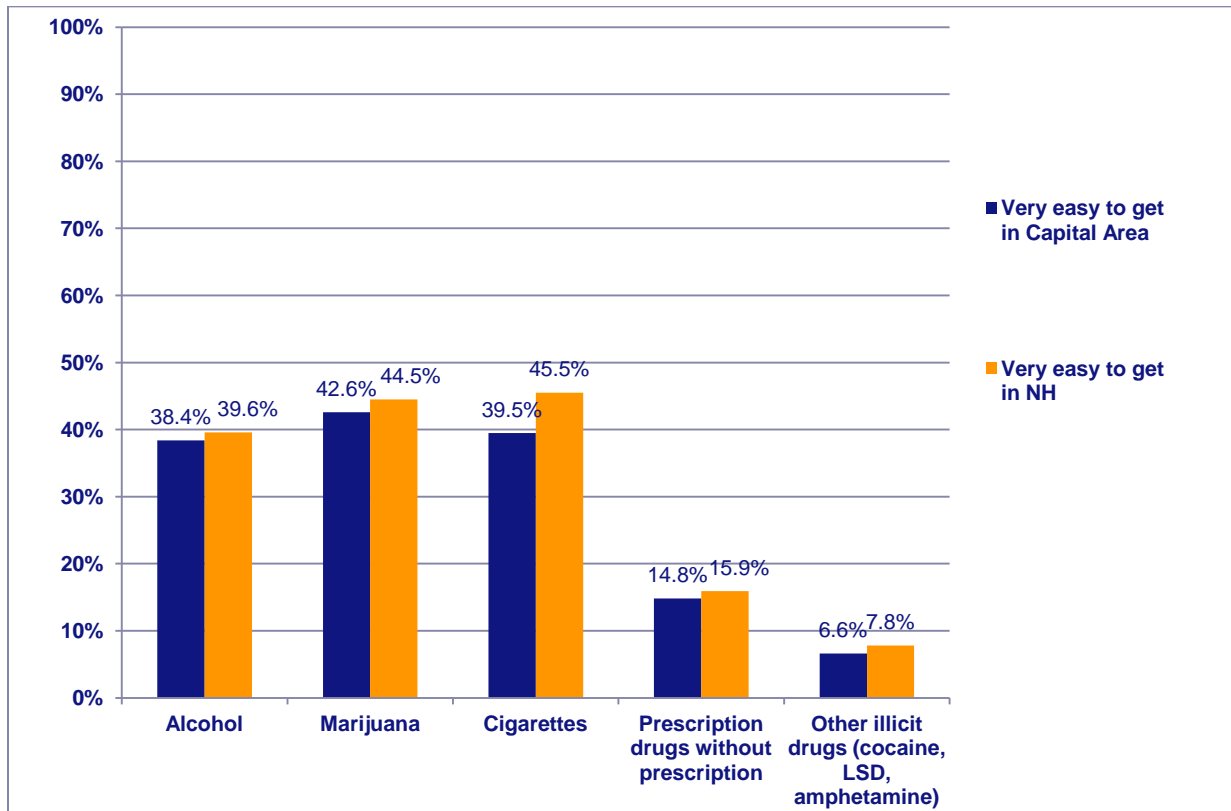


**RISK FACTORS:**

The Capital Area Substance Misuse Prevention (SMP) Leadership Team and other stakeholders have identified key risk factors that contribute to youth and young adult substance misuse in the region. Since the development of the regional prevention network, there have been improvements in some of the risk factors related to substance use, particularly concerning alcohol. However, these factors continue to impact use among our youth and young adults. The Substance Abuse and Mental Health Services Administration (SAMHSA), the National Institute of Health (NIH), and numerous studies show a clear connection between the following risk factors and misuse of substances, including easy access, low perception of risk, low perception of peer and parental disapproval, and low parental monitoring and communication.

While the Capital Area fares better than NH in terms of ease of access to substances, our community members are consistently shocked at how easy it is for our high school aged youth to gain access, particularly to alcohol and marijuana. In fact, Capital Area youth report that it is actually easier to access marijuana (42.6%) now compared to alcohol (38.4%) (see Figure 11).

**Figure 11. Ease of Access among High School Aged Youth (YRBS, 2013).**

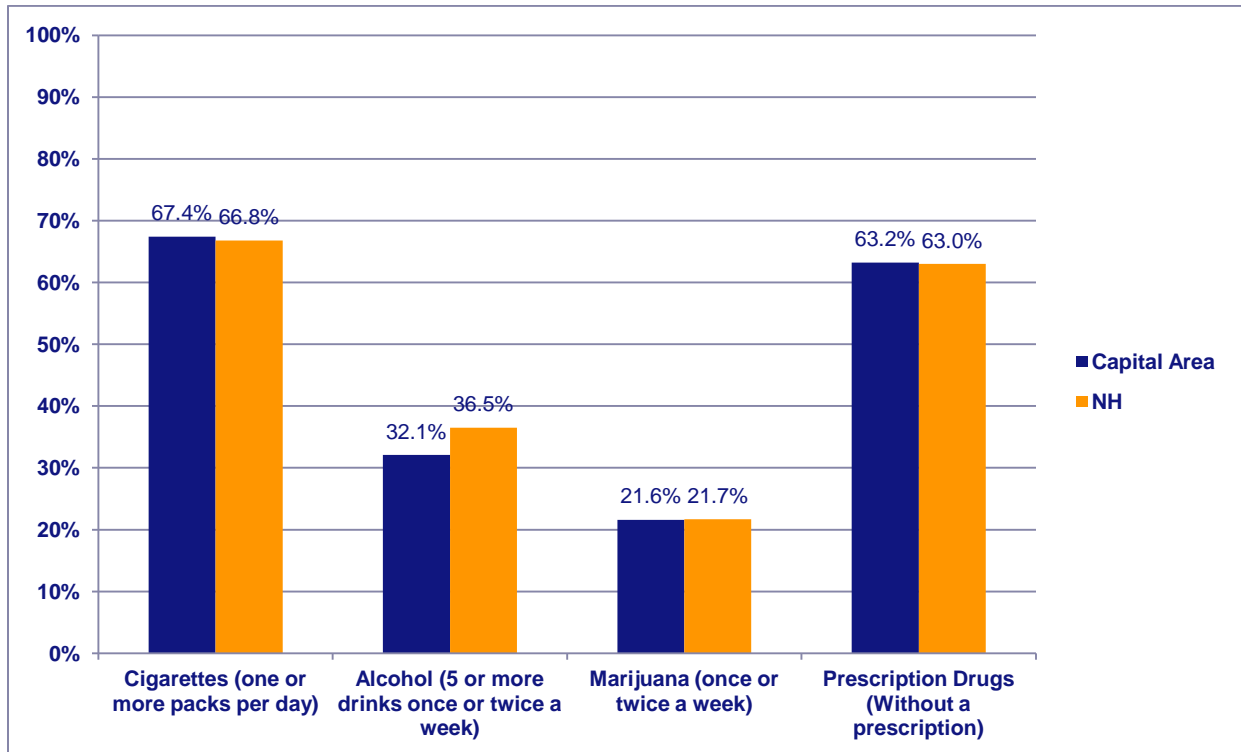


We know that when youth perceive high risk, they are less likely to engage in the behavior that poses that risk. In the Capital Area, as in NH, students perceive the greatest risk among cigarettes, followed by



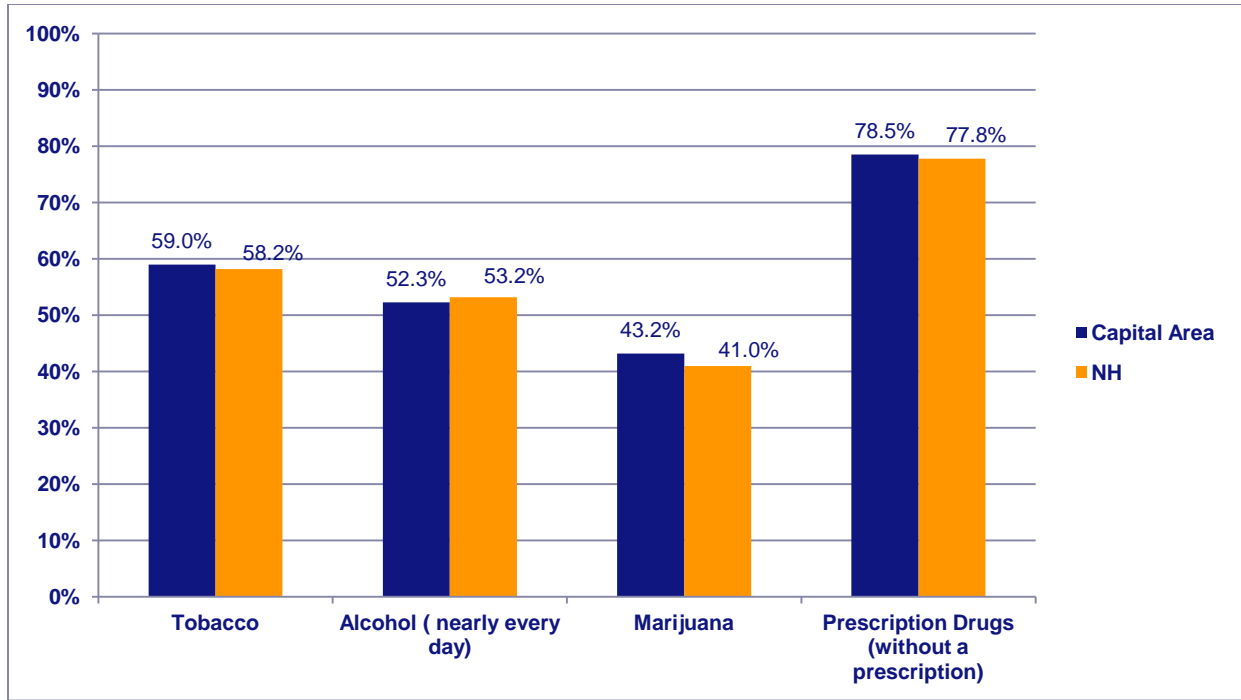
prescription drugs (without a doctor’s prescription), alcohol and marijuana. Perception of risk for marijuana use is particularly low, with only about 1 out of 5 Capital Area youth reporting “great risk.”

**Figure 12. Perception of “Great Risk” Among High School Aged Youth (YRBS, 2013).**

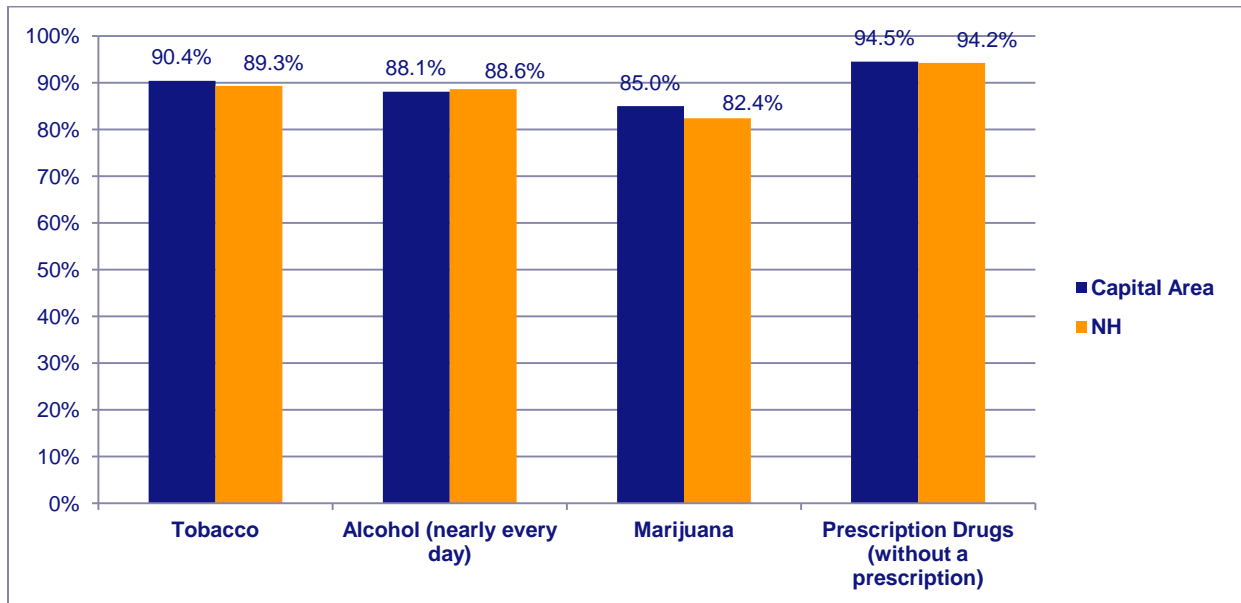


Another factor that is an important determinant for substance misuse is perception of peer and parental disapproval. When youth perceive their peers or parents disapprove, they are less likely to engage in the behavior. As demonstrated by Figures 13 and 14 below, youth in the Capital Area naturally perceive higher rates of disapproval among parents versus their peers. Rates in the Capital Area are consistent with NH state averages for these indicators. Capital Area students perceive that their peers would most strongly disapprove of the misuse of prescription drugs, followed by tobacco, alcohol, and marijuana use. They perceive that their parents would follow that same pattern of disapproval, though the variation among substances is not as strong.

**Figure 13. Perception of Peer Disapproval among High School Aged Youth - “Wrong or Very Wrong” (YRBS, 2013).**



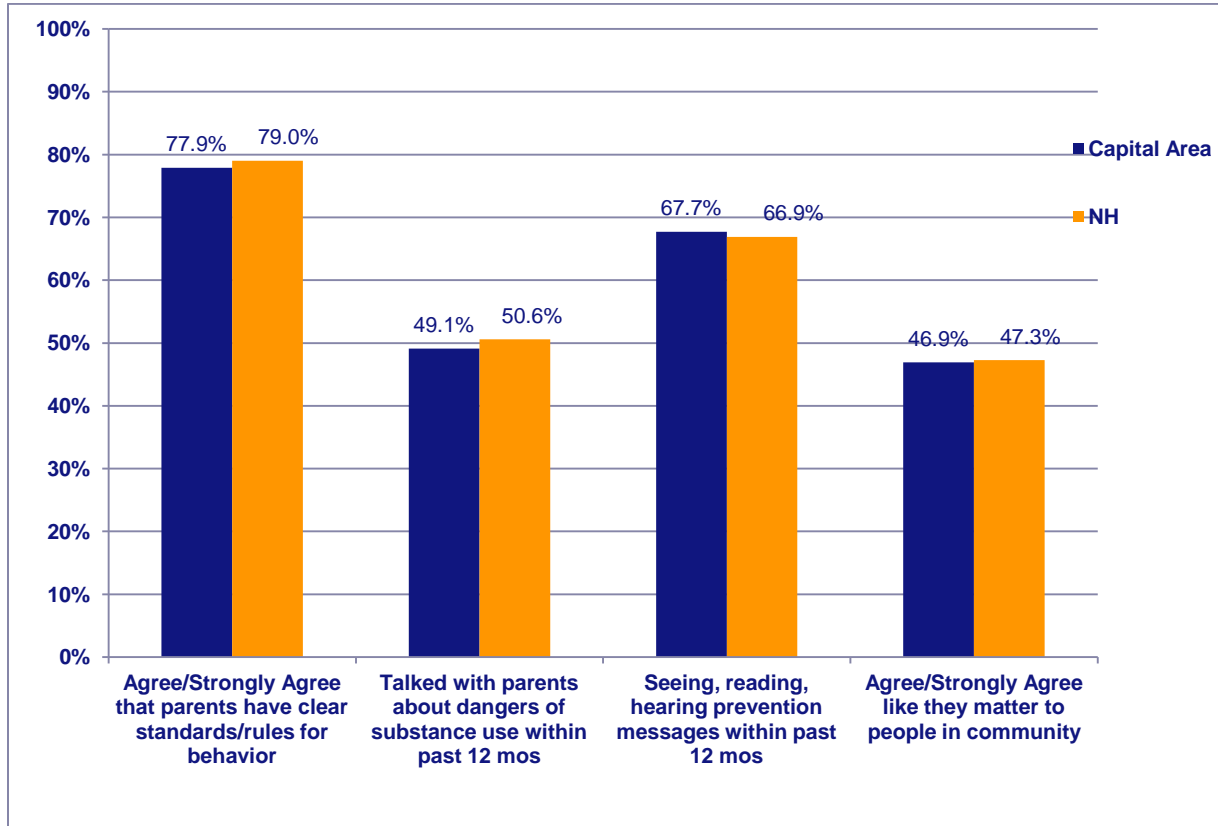
**Figure 14. Perception of Parental Disapproval -“Wrong or Very Wrong” (YRBS, 2013).**



Research has shown that strong, established boundaries can be a protective factor against substance use among youth. Figure 15 below identifies risk factors related to parental boundaries, standards for behavior and communication, as well as prevention messaging and community connectedness. Less than half (49.1%) of Capital Area youth report that they talked with their parents in the past year

concerning the dangers of substance abuse. Fewer even (46.9%) report that they feel like they matter to people in their community.

**Figure 15. Other Risk Factors (YRBS, 2013).**



In addition to the risk factors identified above, Capital Area stakeholders have identified additional risk factors that impact our priority goals for this prevention plan. Those risk factors include: self-medicating behavior, social determinants of health, access to services, lack of knowledge, and readiness/capacity to address emerging substances of concern. These risk factors were determined based on community intelligence, focus groups, key stakeholder interviews and other secondary data sources.

For example, according to the World Health Organization (WHO) and other leading public health entities and scholarly articles, social determinants of health; such things as education, employment, income, family and social support, and community safety all play a crucial role in impacting health outcomes. We know that the risk for substance misuse varies among youth and young adults in our communities, depending on where you live, the schools you attend, and your family’s level of income. According to a model known as the Health Impact Pyramid, developed by Thomas Friedan, interventions that address

the socioeconomic determinants of health require less individual effort and have the greatest population impact.<sup>1</sup>

Contributing factors were also identified within each risk factor to provide additional detail concerning how these risk factors manifest themselves in the Capital Area. These contributing factors were used to develop research-based strategies that will directly impact our short, intermediate and long-term goals and objectives. The following table outlines our priority area goals, objectives and strategies for the next three years.

|   |  |
|---|--|
| <b>GOAL 1</b>   | <p><b>PREVENT AND REDUCE SUBSTANCE MISUSE (INCLUDING ALCOHOL, MARIJUANA, PRESCRIPTION DRUGS) AMONG YOUTH AND YOUNG ADULTS (12-34) IN THE CAPITAL AREA BY 2019.</b></p> <p><i>(PAST 30-DAY USE ALCOHOL: High school baseline of 32.0% in 2013 to a decrease in 2015 and 2017 to 24.0% in 2019. Young adult [18-25] baseline [for Central 2 region of NH and Past 30-Day Binge Use] of 46.0% in 2010-2012 to a decrease in 2015 and 2017 to 38.0% in 2019.)</i></p> <p><i>(PAST 30-DAY USE MARIJUANA: High school baseline of 21.7% in 2013 to a decrease in 2015 and 2017 to 16.0% in 2019. Young adult [18-25] baseline [for Central 2 region of NH] of 23.8% in 2010-2012 to a decrease in 2015 and 2017 to 17.0% in 2019.)</i></p> <p><i>(PAST 30-DAY MISUSE RX DRUGS: High school baseline of 7.2% in 2013 to a decrease in 2015 and 2017 to 4.2% in 2019. Young adult [18-25] baseline [for Central 2 region of NH and past year use] of 11.0% in 2010-2012 to a decrease in 2015 and 2017 to 8.0% in 2019.)</i></p> |
| <b>Objectives:</b>  |  |
| <i>As measured by the Youth Risk Behavior Survey (YRBS)...</i>  |  |
| <b>1.1 Access &amp; Availability</b>  |  |
| <ul style="list-style-type: none"><li>• <b>Decrease access to alcohol (among underage population), marijuana and prescription drugs (without a doctor’s prescription) among youth and young adults.</b></li></ul> |  |
| <i>(ALCOHOL: High school baseline of 38.4% in 2013 to a decrease in 2015 and 2017 to 30.0% in 2019.)</i>  |  |

<sup>1</sup> Friedan, T. R. 2010. A framework for public health action: The health impact pyramid. American Journal of Public Health 100(4):590-595.

*(MARIJUANA: High school baseline of 42.6% in 2013 to a decrease in 2015 and 2017 to 35.0% in 2019.)*

*(RX DRUGS: High school baseline of 14.8% in 2013 to a decrease in 2015 and 2017 to 10.0% in 2019.)*

*As measured by the Youth Risk Behavior Survey (YRBS)...*

### **1.2 Parental Monitoring & Communication**

- **Increase the percentage of youth and young adults (12-20) who report talking with at least one of their parents or guardians about the dangers of tobacco, alcohol, or other drug use.**

*(High school baseline of 49.1% in 2013 to an increase in 2015 and 2017 to 55.0% in 2019.)*

- **Increase the percentage of youth and young adults (12-20) who report that their parents or other adults in their family have clear rules and standards for their behavior.**

*(High school baseline of 77.9% in 2013 to an increase in 2015 and 2017 to 84.0% in 2019.)*

*As measured by the Youth Risk Behavior Survey (YRBS) and the National Survey on Drug Use and Health (NSDUH)...*

### **1.3 Perception of Risk**

- **Increase the percentage of youth and young adults (12-34) who think people are at great risk of harming themselves (physically or in other ways) if they....**
  - **have five or more drinks of alcohol (beer, wine, or liquor) once or twice a week;**
  - **use marijuana once or twice a week;**
  - **take a prescription drug without a doctor's prescription.**

*(ALCOHOL: High school baseline of 32.1% in 2013 to an increase in 2015 and 2017 to 40.0% in 2019. Young Adult [18-25] baseline [for Central 2 region of NH] of 27.6% in 2010-2012 to an increase in 2015 and 2017 to 35.0% in 2019.)*

*(MARIJUANA: High school baseline of 21.6% to an increase in 2015 and 2017 to 30.0% in 2019. Young Adult [18-25] baseline [for Central 2 region of NH] of 10.0% in 2010-2012 to an increase in 2015 and 2017 to 15.0% in 2019.)*

*(RX DRUGS: High school baseline of 63.2% in 2013 to an increase in 2015 and 2017 to 70.0% in 2019. No Young Adult [18-25] baseline.)*

*As measured by focus groups, key informant interviews, and Key Stakeholder Survey...*

### **1.4 Self-Medicating Behavior (Unmet Need for Mental Health Care)**

- **Decrease the percentage of youth and young adults (12-34) who misuse substances for the purposes of "self-medicating."**

*(Baseline and targets to be determined.)*

*As measured by a social vulnerability index and compilation of data sets creating a socioeconomic ranking from the NH Center for Public Policy Studies...*

### **1.5 Social Determinants of Health**

- **Increase health equity by creating social and physical environments that promote good health for all across the Capital Area.**

*(Baseline and targets to be determined based on NH Center for Public Policy Studies' Socioeconomic Ranking.)*

*As measured by the Youth Risk Behavior Survey (YRBS), Key Stakeholder Survey, focus groups, and key informant interviews...*

### **1.6 Social Norms**

- **Decrease the discrepancy that exists between perceptions of peer use and actual use of substances among youth and young adults (12-24).**

*(Baseline and targets for gap between perception of peer use and actual use to be determined.)*

- **Increase the perception of peer, parental, and community disapproval for substance misuse among youth and young adults (12-34).**

*(PEER PERCEPTION ALCOHOL: High school baseline of 57.3% in 2013 to an increase in 2015 and 2017 to 65.0% in 2019. PARENT PERCEPTION ALCOHOL: High school baseline of 88.1% in 2013 to an increase in 2015 and 2017 to 92.0% in 2019.)*

*(PEER PERCEPTION MARIJUANA: High school baseline of 43.2% in 2013 to an increase in 2015 and 2017 to 48.0% in 2019. PARENT PERCEPTION MARIJUANA: High school baseline of 85.0% in 2013 to an increase in 2015 and 2017 to 90.0% in 2019.)*

*(PEER PERCEPTION RX DRUGS: High school baseline of 78.5% in 2013 to an increase in 2015 and 2017 to 85.0% in 2019. PARENT PERCEPTION RX DRUGS: High school baseline of 94.5% in 2013 to an increase in 2015 and 2017 to 97.0% in 2019.)*

*As measured by the Key Stakeholder Survey...*

### **1.7 Access to Services**

- **Increase community knowledge of and access to resources available to address substance misuse across the continuum of care (prevention, intervention, treatment, recovery) among all populations.**

*(Baseline and targets to be determined.)*

## GOAL 2

### DECREASE THE NUMBER OF DRUG-RELATED OVERDOSE DEATHS IN THE CAPITAL AREA AMONG ALL AGE GROUPS BY 2019.

*Baseline of 29 deaths in the Capital Area in 2014 to a decrease each year to zero drug-related overdose deaths in 2019.*

Objectives:

*As measured by the Key Stakeholder Survey...*

#### **2.1 Access to Services**

- Increase community knowledge of and access to resources available to address substance misuse across the continuum of care (prevention, intervention, treatment, recovery) among all populations.

*(Baseline and targets to be determined.)*

#### **2.2 Access and Availability**

- Increase access to and education regarding the use of Naloxone by healthcare providers and community members.

*(Baseline and targets to be determined.)*

#### **2.3 Lack of Knowledge**

- Increase knowledge among community members regarding Good Samaritan law.

*(Baseline and targets to be determined.)*

## GOAL 3

### PROMPTLY RESPOND TO AND PREVENT HARMS ASSOCIATED WITH EMERGING DRUG THREATS IN THE CAPITAL AREA.

*(Baseline and targets to be determined.)*

Objectives:

#### **3.1 Assessment**

- Increase data collection and monitoring efforts among key stakeholders and sectors to identify and track emerging issues of concern related to substance misuse.

*(Baseline and targets to be determined.)*

#### **3.2 Capacity Building**

- **Increase the capacity of key stakeholders and sectors to identify, proactively address, and respond to emerging issues of concern related to substance misuse.**

*(Baseline and targets to be determined.)*

### **3.3 Planning & Implementation**

- **As emerging issues arise, follow the Strategic Prevention Framework to develop and implement appropriate, research-based strategies to address concerns.**

*(Baseline and targets to be determined.)*





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

The state of New Hampshire and the Capital Area utilize a six-sector model for state and community prevention that serves as the foundation for building readiness, promoting best practices, and leveraging resources in a comprehensive and collective manner. The six sectors represent community institutions that are present in most towns and cities. The six sectors are impacted by and have the ability to positively impact substance misuse. The six core sectors are: Safety and Law Enforcement; Health & Medical, Education, Government, Business, and Community and Family Supports.

The tables below demonstrate the anticipated commitments that will be made by each sector in the Capital Area Public Health Network over the next three years to meet the goals and objectives identified by the region to prevent and reduce substance misuse.

The strategies chosen address the various categories of prevention, as defined by the Substance Abuse and Mental Health Services Administration’s Center for Substance Abuse Prevention (CSAP). A comprehensive plan is essential to impact the substance misuse goals and objectives identified by the region.

# Safety and Law Enforcement

LOCAL LAW ENFORCEMENT • DRUG TASK FORCES • JUDICIAL SYSTEMS • FIRST RESPONDERS • EMERGENCY MEDICAL TECHNICIANS • DRUG DIVERSION INVESTIGATORS • NATIONAL GUARD • POLICE STANDARDS AND TRAINING • PROBATION AND PAROLE

| <i>CSAP Strategy</i>                     | <i>Strategy</i>  | <i>Lead Organization(s)</i>   | <i>Regional Substance Misuse Prevention Objectives Addressed by this Strategy</i> | <i>Alignment to SHIP and CA-CI</i>  |
|--|--|---|---|-------------------------------------|
| Community-Based Process<br>Environmental | <p><b>Strategy 1: Systems change, advocacy, policy &amp; planning</b></p> <ul style="list-style-type: none"> <li>Consider impacts on misuse of drugs and alcohol when making policy decisions.</li> <li>Advocate for laws and policies that support a full continuum of services to address the misuse of drugs and alcohol.</li> <li>Develop comprehensive policies and procedures to encourage healthy environments and behaviors.</li> <li>Follow the Strategic Prevention Framework as a planning process (assessment, capacity-building, planning, implementation, evaluation, cultural competency, sustainability).</li> </ul> | Local Law Enforcement<br>First Responders<br>Emergency Management Directors<br>DEA<br>CAPHN | 1.1-1.6<br>3.1-3.3  | <input checked="" type="checkbox"/> |
| Information Dissemination<br>Education   | <p><b>Strategy 2: Awareness &amp; education</b></p> <ul style="list-style-type: none"> <li>Develop social marketing campaigns that provide simple, consistent messaging to be used across all key community sectors to increase perception of risk of substance misuse</li> </ul>  | Local Law Enforcement<br>First Responders<br>Emergency                                      | 1.1-1.7<br>2.1-2.3  | <input checked="" type="checkbox"/> |

|  |   |  |                               |                                     |
|--|---|--|-------------------------------|-------------------------------------|
|  | <p>and improve social norms in the community.</p> <ul style="list-style-type: none"> <li>• Develop and implement resource materials for community sectors to be able to effectively prevent and respond to substance misuse concerns.</li> <li>• Provide education and training to key stakeholders regarding the use of Naloxone and laws and policies, such as the Good Samaritan law.</li> </ul>   | <p>Management Directors<br/>DEA<br/>CAPHN</p>  | 3.1-3.1                       |                                     |
| <p>Information Dissemination</p> <p>Education</p> <p>Problem Identification</p> <p>Community-Based Process</p> | <p><b>Strategy 3: Direct evidence-based/research-informed programming.</b></p> <ul style="list-style-type: none"> <li>• Develop and implement Substance Use Disorder first aid training and curriculum.</li> <li>• Support Community-/Problem-Oriented Policing to address complex community concerns, including the misuse of drugs and alcohol, with a focus on connecting residents to available services and supports when possible.</li> </ul> | <p>Local Law Enforcement</p> <p>First Responders</p> <p>Emergency Management Directors</p> <p>DEA</p> <p>CAPHN</p> | <p>1.1-1.7</p> <p>2.1-2.3</p> | <input checked="" type="checkbox"/> |
| <p>Environmental</p> <p>Information Dissemination</p> <p>Education</p>   | <p><b>Strategy 4: Environmental change</b></p> <ul style="list-style-type: none"> <li>• Promote and support local “Take-Back” events and permanent boxes to encourage safe and regular disposal of unused prescription medications.</li> </ul>  | <p>Local Law Enforcement</p> <p>First Responders</p> <p>Emergency Management Directors</p> <p>DEA</p> <p>CAPHN</p> | <p>1.1</p> <p>2.1</p>         | <input checked="" type="checkbox"/> |

# Health & Medical

ADDICTION TREATMENT • BEHAVIORAL HEALTH • EMERGENCY CARE • HEALTH EDUCATORS INSTITUTIONAL CARE • PEDIATRICS • PRESCRIBERS • PRIMARY CARE

| <b>CSAP Strategy</b>                         | <b>Strategy</b>  | <b>Lead Organization(s)</b>   | <b>Regional Goals and Objectives Addressed by this Strategy</b> | <b>Alignment to SHIP and CA-CI</b>         |
|--|--|---|---|--|
| Community-Based Process<br><br>Environmental | <p><b>Strategy 1: Systems change, advocacy, policy &amp; planning</b></p> <ul style="list-style-type: none"> <li>• Consider impacts on misuse of drugs and alcohol when making policy decisions.</li> <li>• Advocate for laws and policies that support a full continuum of services to address the misuse of drugs and alcohol.</li> <li>• Develop comprehensive policies and procedures to encourage healthy environments and behaviors.</li> <li>• Integrate primary care, mental health care, and substance misuse prevention, treatment, and recovery supports; including integrated data collection, training, and services.</li> <li>• Follow the Strategic Prevention Framework as a planning process (assessment, capacity-building, planning, implementation, evaluation, cultural competency, sustainability).</li> </ul> | <p>Concord Hospital</p> <p>Concord Hospital Center for Health Promotion</p> <p>Concord Hospital Family Health Center</p> <p>Concord Regional Visiting Nurse Association (CRVNA)</p> <p>Riverbend</p> <p>CAPHN</p> | <p>1.1-1.6</p> <p>3.1-3.3</p>                                   | <p><input checked="" type="checkbox"/></p> |

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|--|--|---|--|----------|
| <p>Information Dissemination</p> <p>Education</p>  | <p><b>Strategy 2: Awareness &amp; education</b></p> <ul style="list-style-type: none"> <li>• Develop social marketing campaigns that provide simple, consistent messaging to be used across all key community sectors to increase perception of risk of substance misuse and improve social norms in the community.</li> <li>• Implement responsible opioid prescribing workshops.</li> <li>• Increase provider use of the Prescription Drug Monitoring Program (PDMP) to identify and prevent problems related to prescription drug misuse.</li> <li>• Develop and implement resource materials for community sectors to be able to effectively prevent and respond to substance misuse concerns.</li> <li>• Provide education and training to key stakeholders regarding the use of Naloxone and laws and policies, such as the Good Samaritan law.</li> </ul> | <p>Concord Hospital</p> <p>Concord Hospital Center for Health Promotion</p> <p>Concord Hospital Family Health Center</p> <p>Concord Regional Visiting Nurse Association (CRVNA)</p> <p>Riverbend</p> <p>CAPHN</p> | <p>1.1-1.7</p> <p>2.1-2.3</p> <p>3.1-3.1</p> | <p>☒</p> |
| <p>Information Dissemination</p> <p>Education</p> <p>Problem Identification</p> <p>Community-Based Process</p> | <p><b>Strategy 3: Direct evidence-based/research-informed programming.</b></p> <ul style="list-style-type: none"> <li>• Develop and implement Substance Use Disorder first aid training and curriculum.</li> <li>• Support Community-/Problem-Oriented Policing to address complex community concerns, including the misuse of drugs and alcohol, with a focus on connecting residents to available services and supports when possible.</li> <li>• Support the implementation of evidence-based Screening, Brief Intervention, and Referral to Treatment (SBIRT) in a wide range of health care settings, including primary care</li> </ul>   | <p>Concord Hospital</p> <p>Concord Hospital Center for Health Promotion</p> <p>Concord Hospital Family Health Center</p> <p>Concord Regional Visiting Nurse Association (CRVNA)</p>                               | <p>1.1-1.7</p> <p>2.1-2.3</p>                | <p>☒</p> |

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|  | and emergency or urgent care.  | Riverbend<br>CAPHN   |                       |          |
| Environmental<br>Information<br>Dissemination<br>Education | <p><b>Strategy 4: Environmental change</b></p> <ul style="list-style-type: none"> <li>Promote and support local “Take-Back” events and permanent boxes to encourage safe and regular disposal of unused prescription medications.</li> </ul> | <p>Concord Hospital</p> <p>Concord Hospital<br/>Center for Health<br/>Promotion</p> <p>Concord Hospital<br/>Family Health Center</p> <p>Concord Regional<br/>Visiting Nurse<br/>Association (CRVNA)</p> <p>Riverbend</p> | <p>1.1</p> <p>2.1</p> | <p>☒</p> |

# Education

SCHOOL SAFETY OFFICERS • CAMPUS HEALTH SERVICES • SCHOOL NURSES • CAMPUS POLICE • STUDENT ASSISTANCE COUNSELORS • COLLEGE COUNSELING DEPARTMENTS • COACHES & CO-CURRICULAR ADVISORS • TEACHING STAFF & ADMINISTRATION

| <b>CSAP Prevention Category</b>              | <b>Strategy</b>  | <b>Lead Organization(s)</b>   | <b>Regional Goals and Objectives Addressed by this Strategy</b> | <b>Alignment to SHIP and CA-CI</b>  |
|--|--|---|---|-------------------------------------|
| Community-Based Process<br><br>Environmental | <p><b>Strategy 1: Systems change, advocacy, policy &amp; planning</b></p> <ul style="list-style-type: none"> <li>• Consider impacts on misuse of drugs and alcohol when making policy decisions.</li> <li>• Advocate for laws and policies that support a full continuum of services to address the misuse of drugs and alcohol.</li> <li>• Develop comprehensive policies and procedures to encourage healthy environments and behaviors.</li> <li>• Integrate primary care, mental health care, and substance misuse prevention, treatment, and recovery supports; including integrated data collection, training, and services.</li> <li>• Support youth advocates through the Capital Area Youth Councils.</li> <li>• Follow the Strategic Prevention Framework as a planning process (assessment, capacity-building, planning, implementation, evaluation, cultural competency, sustainability).</li> </ul> | Local school districts<br><br>Second Start<br><br>Local colleges and universities<br><br>Youth Councils<br><br>NHIAA<br><br>CAPHN | 1.1-1.6<br><br>3.1-3.3  | <input checked="" type="checkbox"/> |

|   |  |  |  |          |
|---|--|--|--|----------|
| <p>Information Dissemination</p> <p>Education</p>   | <p><b>Strategy 2: Awareness &amp; education</b></p> <ul style="list-style-type: none"> <li>• Develop social marketing campaigns that provide simple, consistent messaging to be used across all key community sectors to increase perception of risk of substance misuse and improve social norms in the community.</li> <li>• Develop and implement resource materials for community sectors to be able to effectively prevent and respond to substance misuse concerns.</li> </ul> | <p>Local school districts</p> <p>Second Start</p> <p>Local colleges and universities</p> <p>Youth Advisors</p> <p>CAPHN</p>              | <p>1.1-1.7</p> <p>2.1-2.3</p> <p>3.1-3.1</p> | <p>☒</p> |
| <p>Information Dissemination</p> <p>Education</p> <p>Alternatives</p> <p>Problem Identification</p> <p>Community-Based Process</p> <p>Environmental</p> | <p><b>Strategy 3: Direct evidence-based/research-informed programming.</b></p> <ul style="list-style-type: none"> <li>• Develop and implement Substance Use Disorder first aid training and curriculum.</li> <li>• Implement and expand Project Success/Student Assistance Programs in area middle and high schools.</li> <li>• Implement and evaluate “Life of an Athlete” in area high schools.</li> </ul>   | <p>Local school districts</p> <p>Second Start</p> <p>Local colleges and universities</p> <p>Youth Advisors</p> <p>NHIAA</p> <p>CAPHN</p> | <p>1.1-1.7</p> <p>2.1-2.3</p>                | <p>☒</p> |



# Government

COUNTY OFFICIALS • FEDERAL GOVERNMENT • MUNICIPAL GOVERNMENT • LOCAL GOVERNING BOARDS • STATE REPRESENTATIVES • OTHER ELECTED OFFICIALS  
 • CITY AND TOWN OFFICERS

| <b>CSAP Prevention Strategy</b>              | <b>Strategy</b>  | <b>Lead Organization(s)</b>   | <b>Regional Goals and Objectives Addressed by this Strategy</b> | <b>Alignment to SHIP and CA-CI</b>  |
|--|--|---|---|-------------------------------------|
| Community-Based Process<br><br>Environmental | <p><b>Strategy 1: Systems change, advocacy, policy &amp; planning</b></p> <ul style="list-style-type: none"> <li>• Consider impacts on misuse of drugs and alcohol when making policy decisions.</li> <li>• Advocate for and implement laws and policies that support a full continuum of services to address the misuse of drugs and alcohol.</li> <li>• Develop comprehensive policies and procedures to encourage healthy environments and behaviors.</li> <li>• Integrate primary care, mental health care, and substance misuse prevention, treatment, and recovery supports; including integrated data collection, training, and services.</li> <li>• Follow the Strategic Prevention Framework as a planning process (assessment, capacity-building, planning, implementation, evaluation, cultural competency, sustainability).</li> </ul> | Local municipalities<br><br>State, County, Federal government<br><br>Elected officials<br><br>CAPHN | 1.1-1.6<br><br>3.1-3.3  | <input checked="" type="checkbox"/> |

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|--|--|--|--|----------|
| <p>Information Dissemination</p> <p>Education</p>  | <p><b>Strategy 2: Awareness &amp; education</b></p> <ul style="list-style-type: none"> <li>• Develop social marketing campaigns that provide simple, consistent messaging to be used across all key community sectors to increase perception of risk of substance misuse and improve social norms in the community.</li> <li>• Implement responsible opioid prescribing workshops.</li> <li>• Increase provider use of the Prescription Drug Monitoring Program (PDMP) to identify and prevent problems related to prescription drug misuse.</li> <li>• Develop and implement resource materials for community sectors to be able to effectively prevent and respond to substance misuse concerns.</li> <li>• Provide education and training to key community stakeholders regarding the use of Naloxone and laws and policies, such as the Good Samaritan law.</li> </ul> | <p>Local municipalities</p> <p>State, County, Federal government</p> <p>Elected officials</p> <p>CAPHN</p> | <p>1.1-1.7</p> <p>2.1-2.3</p> <p>3.1-3.1</p> | <p>☒</p> |
| <p>Information Dissemination</p> <p>Education</p> <p>Alternatives</p> <p>Problem Identification</p> <p>Community-Based Process</p> | <p><b>Strategy 3: Direct evidence-based/research-informed programming.</b></p> <ul style="list-style-type: none"> <li>• Develop and implement Substance Use Disorder first aid training and curriculum.</li> <li>• Support Community-/Problem-Oriented Policing to address complex community concerns, including the misuse of drugs and alcohol, with a focus on connecting residents to available services and supports when possible.</li> </ul>  | <p>Local municipalities</p> <p>State, County, Federal government</p> <p>Elected officials</p> <p>CAPHN</p> | <p>1.1-1.7</p> <p>2.1-2.3</p>                | <p>☒</p> |

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| Environmental  |  |  |                       |          |
| Environmental<br>Information<br>Dissemination<br>Education | <p><b>Strategy 4: Environmental change</b></p> <ul style="list-style-type: none"> <li>Promote and support local “Take-Back” events and permanent boxes to encourage safe and regular disposal of unused prescription medications.</li> </ul> | <p>Local municipalities</p> <p>State, County, Federal government</p> <p>Elected officials</p> <p>CAPHN</p> | <p>1.1</p> <p>2.1</p> | <p>☒</p> |

# Business

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

| <i>CSAP Prevention Category</i>              | <i>Strategy</i>  | <i>Lead Organization(s)</i>   | <i>Regional Goals and Objectives Addressed by this Strategy</i> | <i>Alignment to SHIP and CA-CI</i>  |
|--|--|---|---|-------------------------------------|
| Community-Based Process<br><br>Environmental | <p><b>Strategy 1: Systems change, advocacy, policy &amp; planning</b></p> <ul style="list-style-type: none"> <li>• Consider impacts on misuse of drugs and alcohol when making policy decisions.</li> <li>• Advocate for and implement laws and policies that support a full continuum of services to address the misuse of drugs and alcohol.</li> <li>• Develop comprehensive policies and procedures to encourage healthy environments and behaviors.</li> <li>• Integrate primary care, mental health care, and substance misuse prevention, treatment, and recovery supports; including integrated data collection, training, and services.</li> <li>• Follow the Strategic Prevention Framework as a planning process (assessment, capacity-building, planning, implementation, evaluation, cultural competency, sustainability).</li> </ul> | Local businesses<br><br>Local chambers of commerce<br><br>Local rotary clubs<br><br>CAPHN | 1.1-1.6<br><br>3.1-3.3  | <input checked="" type="checkbox"/> |
| Information Dissemination<br><br>Education   | <p><b>Strategy 2: Awareness &amp; education</b></p> <ul style="list-style-type: none"> <li>• Develop social marketing campaigns that provide simple, consistent messaging to be used across all key community sectors to increase perception of risk of substance misuse and improve social norms in the</li> </ul>  | Local businesses<br><br>Local chambers of commerce  | 1.1-1.7<br><br>2.1-2.3  | <input checked="" type="checkbox"/> |

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|   | <p>community.</p> <ul style="list-style-type: none"> <li>• Develop and implement resource materials for community sectors to be able to effectively prevent and respond to substance misuse concerns.</li> <li>• Provide education and training to key community stakeholders regarding the use of Naloxone and laws and policies, such as the Good Samaritan law.</li> </ul> | <p>Local rotary clubs</p> <p>CAPHN</p>   | <p>3.1-3.1</p>                |          |
| <p>Information Dissemination</p> <p>Education</p> <p>Alternatives</p> <p>Problem Identification</p> <p>Community-Based Process</p> <p>Environmental</p> | <p><b>Strategy 3: Direct evidence-based/research-informed programming.</b></p> <ul style="list-style-type: none"> <li>• Develop and implement Substance Use Disorder first aid training and curriculum.</li> </ul>  | <p>Local businesses</p> <p>Local chambers of commerce</p> <p>Local rotary clubs</p> <p>CAPHN</p> | <p>1.1-1.7</p> <p>2.1-2.3</p> | <p>☒</p> |
| <p>Environmental</p> <p>Information Dissemination</p> <p>Education</p>  | <p><b>Strategy 4: Environmental change</b></p> <ul style="list-style-type: none"> <li>• Promote and support local “Take-Back” events and permanent boxes to encourage safe and regular disposal of unused prescription medications.</li> </ul>  | <p>Local businesses</p> <p>Local chambers of commerce</p> <p>Local rotary clubs</p> <p>CAPHN</p> | <p>1.1</p> <p>2.1</p>         | <p>☒</p> |

# Community and Family Supports

VOLUNTEER ORGANIZATIONS • COMMUNITY PROGRAMS • RECOVERY SUPPORTS • YOUTH-SERVING ORGANIZATIONS • FAITH-BASED ORGANIZATIONS  
 SENIOR/ELDER SERVICES • FAMILY RESOURCE CENTERS

| <i>CSAP Prevention Category</i>              | <i>Strategy</i>  | <i>Lead Organization(s)</i>  | <i>Regional Goals and Objectives Addressed by this Strategy</i> | <i>Alignment to SHIP and CA-CI</i>         |
|--|--|--|---|--|
| Community-Based Process<br><br>Environmental | <p><b>Strategy 1: Systems change, advocacy, policy &amp; planning</b></p> <ul style="list-style-type: none"> <li>• Consider impacts on misuse of drugs and alcohol when making policy decisions.</li> <li>• Advocate for and implement laws and policies that support a full continuum of services to address the misuse of drugs and alcohol.</li> <li>• Develop comprehensive policies and procedures to encourage healthy environments and behaviors.</li> <li>• Integrate primary care, mental health care, and substance misuse prevention, treatment, and recovery supports; including integrated data collection, training, and services.</li> <li>• Support youth advocates through the Capital Area Youth Councils.</li> <li>• Follow the Strategic Prevention Framework as a planning process (assessment, capacity-building, planning, implementation, evaluation, cultural competency, sustainability).</li> </ul> | <p>Local health and human service organizations</p> <p>Parent organizations</p> <p>Youth-serving organizations</p> <p>Faith-based organizations</p> <p>CAPHN</p> | <p>1.1-1.6</p> <p>3.1-3.3</p>                                   | <p><input checked="" type="checkbox"/></p> |

|  |   |  |  |          |
|--|---|--|--|----------|
| <p>Information Dissemination</p> <p>Education</p>  | <p><b>Strategy 2: Awareness &amp; education</b></p> <ul style="list-style-type: none"> <li>• Develop social marketing campaigns that provide simple, consistent messaging to be used across all key community sectors to increase perception of risk of substance misuse and improve social norms in the community.</li> <li>• Develop and implement resource materials for community sectors to be able to effectively prevent and respond to substance misuse concerns.</li> <li>• Provide education and training to key community stakeholders regarding the use of Naloxone and laws and policies, such as the Good Samaritan law.</li> </ul> | <p>Local health and human service organizations</p> <p>Parent organizations</p> <p>Youth-serving organizations</p> <p>Faith-based organizations</p> <p>CAPHN</p> | <p>1.1-1.7</p> <p>2.1-2.3</p> <p>3.1-3.1</p> | <p>☒</p> |
| <p>Information Dissemination</p> <p>Education</p> <p>Alternatives</p> <p>Problem Identification</p> <p>Community-Based Process</p> | <p><b>Strategy 3: Direct evidence-based/research-informed programming.</b></p> <ul style="list-style-type: none"> <li>• Develop and implement Substance Use Disorder first aid training and curriculum.</li> <li>• Support Community-/Problem-Oriented Policing to address complex community concerns, including the misuse of drugs and alcohol, with a focus on connecting residents to available services and supports when possible.</li> </ul>   | <p>Local health and human service organizations</p> <p>Parent organizations</p> <p>Youth-serving organizations</p> <p>Faith-based organizations</p> <p>CAPHN</p> | <p>1.1-1.7</p> <p>2.1-2.3</p>                | <p>☒</p> |
| <p>Environmental Information</p>   | <p><b>Strategy 4: Environmental change</b></p> <ul style="list-style-type: none"> <li>• Promote and support local “Take-Back” events and permanent</li> </ul>   | <p>Local health and human service</p>  | <p>1.1</p>                                   | <p>☒</p> |

|                                    |   |   |            |  |
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| <p>Dissemination<br/>Education</p> | <p>boxes to encourage safe and regular disposal of unused prescription medications.</p> | <p>organizations<br/>Parent organizations<br/>Youth-serving organizations<br/>Faith-based organizations<br/>CAPHN</p> | <p>2.1</p> |  |
|------------------------------------|---|---|------------|--|



## V. Monitoring and Evaluation

Monitoring and evaluation are fundamental to understanding the progress the Capital Area is making towards reaching its goals and objectives. The table below describes the tools that are available and will be used to measure the progress and outcomes related to the implementation of systems-level strategies that align to the *Collective Action-Collective Impact* plan and support the regional network.

| Tool  | Description of Tool and Measurement   |
|---|---|
| PWITS   | PWITS is a database that is used to monitor and track the process of all regional network activities.   |
| PARTNER Survey<br><a href="https://nh.same-page.com/studio/v7/files/index.cfm?FID=55377&amp;PID=398576#">https://nh.same-page.com/studio/v7/files/index.cfm?FID=55377&amp;PID=398576#</a>                             | PARTNER is an evidence-based, web-based survey tool used to measure collaboration, trust, and partner contributions within networks.  |
| Regional Network Stakeholder Survey (RNSS)<br><a href="https://nh.same-page.com/studio/v7/files/index.cfm?FID=65389&amp;PID=398577#">https://nh.same-page.com/studio/v7/files/index.cfm?FID=65389&amp;PID=398577#</a> | <p>The RNSS is a survey developed to measure the impact of the regional network on the members. This survey is administered to regional partners on an annual basis. The RNSS measures the following:</p> <ul style="list-style-type: none"> <li>• The community participation in substance use prevention</li> <li>• Increase in knowledge of alcohol and other drug misuse</li> <li>• Increase in knowledge of effective strategies to prevent or deter misuse</li> <li>• Readiness to adopt or change policies or practices to prevent</li> <li>• Adoption of new policies or practices</li> <li>• Challenges and successes related to community involvement</li> <li>• Perception of changes in risk factors in the community (access, perception of risk, perception of wrongness, community norms)</li> </ul> |

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

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

## OTHER DATA COLLECTION

In coordination with the NH Center for Excellence, CAPHN will finalize a comprehensive evaluation plan to serve as a guide for conducting the evaluation of project activities. The plan will be designed to engage stakeholders, encourage participation throughout the evaluation process, and will, at minimum include the elements described above. CAPHN will ensure its evaluation plan measures short, intermediate and long-term outcomes. Generally, short-term outcomes, which mainly include process and monitoring outcomes accompanying the annual action plan, will be measured through tracking forms and community input which will be entered into P-WITS. To help us track intermediate outcomes associated with our logic models, each root cause and local condition tie into a specific data point that we intend to improve biennially. These data points include various measures from the YRBS, including: ease of access, perception of risk, and perception of wrongness. These outcomes will also be measured through the Key Stakeholder Survey, focus groups, and key informant interviews. Long-term measures, such as past 30-day use and other consumption measures will be captured through the YRBS, NSDUH, BRFSS and other local statistics from the police department, medical examiner’s office, and hospital.

Additional outcomes that will be tracked include the percentage of increase of evidence-based programs, policies, and practices adopted by sector, increases in the amount of funds and resources leveraged in the implementation of prevention strategies, the number and increase in diversity of Center for Substance Abuse Prevention (CSAP) categories implemented across Institute of Medicine

(IOM) classifications. The number of persons served by IOM classification, the number of key products produced and milestones reached, and the short, intermediate, and long-term outcomes. These outcomes will be shared with the SMP Leadership Team/Expert Committee and Public Health Advisory Council (PHAC) on a regular basis.

## QUALITY ASSURANCE AND OVERSIGHT

CAPHN is committed to evaluating our efforts and strategies to ensure fidelity and quality assurance. We will consistently share our progress towards meeting stated objectives throughout the timeframe of this plan with our Leadership Team and PHAC, as well as our Network members. We will make certain that our methods of evaluation adhere to high standards of cultural competency.

The network will be integrally involved in all aspects of the evaluation plan, including data collection, analyzing, monitoring, and quality improvement. We recognize that the evaluation plan must do more than document the process and outcome related measures, but that it must also contribute practical information that can be readily communicated to Network members, key stakeholders, and residents as appropriate. This process can strengthen the Network by identifying opportunities for improvement, which can contribute to long-term sustainability of effective strategies, policies and actions. The evaluation activities will encourage all stakeholders to participate in the process in order to assure the reliability of information from multiple perspectives and broad representation. By addressing the process components of the Network's efforts, the evaluation activities will yield useful information for modification or improvement of the action plan throughout the course of the project. Activities that are deemed ineffective will be adjusted or discontinued to ensure that Network funds are utilized in the most effective manner possible.

## VI. Conclusion

The Capital Area Public Health Network and its Substance Misuse Prevention Network, through the Public Health Advisory Council and the Substance Misuse Prevention Leadership Team, look forward to supporting the research-based strategies outlined within this prevention plan. Significant effort has been made by Network members and staff to ensure the goals, objectives, and strategies outlined above are based on the unique needs of the Capital Area, with an understanding of the existing capacity and readiness within the region.

It is understood that the complex issues we face in the Capital Area and across New Hampshire as they relate to public health and substance misuse can only be solved by working together. It is not the responsibility of one individual, one organization, or one sector of the community. We must harness the power of collaboration and community to achieve the best possible outcomes for our residents. As Dr. Montero, former NH DPHS Director, states in the 2013-2020 State Health Improvement Plan (SHIP), "To maximize the positive impact on the population's health, to improve it, the public health system must work in effective partnerships."<sup>2</sup> By engaging in a collective impact process using the Network as the vehicle for community change, we will create healthy environments so that we "make the healthy choice the easy choice" for Capital Area youth and young adults.

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<sup>2</sup> NH State Health Improvement Plan 2013-2020, p. III. <http://www.dhhs.nh.gov/dphs/documents/nhship2013-2020.pdf>.