Greater Manchester Regional Network
Community-Based, Data-Driven Response to Substance Misuse & Disorders

STRATEGIC PLAN FOR PREVENTION 2012-2015
Acknowledgements

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

To the past, current and new Makin’ It Happen, Greater Manchester Regional Network partners that came together over the course of the last several months to collaborate on the development of this three-year strategic plan we extend our thanks and gratitude – your dedication and commitment of time and energy throughout this process has been a shining example of what is possible. We are looking forward to the future together!

Greater Manchester Regional Network Coordinator
Mary Forsythe-Taber  Makin’ It Happen

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We extend our gratitude to the New Hampshire Charitable Foundation for providing financial support and guidance for the community-driven strategic planning process.

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Greater Manchester Regional Network: Strategic Plan for Prevention 2012-2015
Community-Based, Data-Driven Response to Substance Misuse & Disorders

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Executive Summary

Substance misuse and disorders have a serious impact on the quality and function of the lives of individuals, the strength of family support systems and community organization and attachment. Devastating consequences of alcohol and other drug misuse range from increased violence in homes and unsafe or unwanted sexual activity to car crashes and life-threatening overdoses. Substance misuse and disorders are strongly associated with mental health and can prevent individuals from reaching a state of personal wellness or “whole” health. In comparison to national figures, New Hampshire’s substance abuse rates are statistically higher for a number of population groups. The costs of substance use are not limited to the impact on individuals, families and communities; the economic cost of substance misuse and disorders places the issue as the second most costly to local governments after elementary and secondary education. Given the magnitude of individual, family, community, governmental and societal costs of substance abuse, the most poignant aspect of its devastating effects is that they are 100% preventable.

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

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

The Greater Manchester Regional Network (the Region) serves the City of Manchester, the most populated city in the state, as well as nine surrounding communities. Through recent planning activities that promoted a broad and in-depth level of community engagement in the process, the Greater Manchester Regional Network has developed this three-year strategic plan for the prevention of substance misuse and disorders for youth and young adults in the Manchester Region.

The Region adopted a new name, Makin’ It Happen, Greater Manchester Regional Network (MIH) in 2011 and has reinvented itself by joining old and new partners to achieve one mission during the past year. Moving forward, the Region must remain nimble and open to change that ushers in the possibilities and allows for continued community driven dialog.

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\(^1\) Substance Abuse and Mental Health Services (SAMHSA) and the Center for Substance Abuse Prevention (CSAP)
The Region utilized the effective development model to create the core strategic plan. This plan is based on the Whole Health Model which includes physical and mental well-being. The Whole health Model encompasses substance abuse prevention and includes three “homes”: 1) Neighborhood home – one’s living environment inside and out, 2) Educational home - including a positive, safe and nurturing before, during and after school environment, and 3) Medical home - one’s physical health, including dental, healthy living/exercise and mental wellness. Positive energy, and thus a movement towards collective impact, is bringing the Region closer to achieving healthy living and substance use prevention in action for all residents.

Prescription drugs, alcohol, and marijuana among youth and binge drinking among high school juniors and seniors and young adults were identified as the priority substance use issues and populations that will be addressed by this strategic plan. The Greater Manchester Regional Network has determined the following goals for 2015:

<table>
<thead>
<tr>
<th>GOAL 1</th>
<th>Decrease non-medical prescription drug use among high school aged youth and adults in the Greater Manchester Region by 2015.</th>
</tr>
</thead>
<tbody>
<tr>
<td>GOAL 2</td>
<td>Decrease alcohol use among high school aged youth and adults in the Greater Manchester Region by 2015.</td>
</tr>
<tr>
<td>GOAL 3</td>
<td>Decrease binge drinking among 11th-12th grade high school aged youth and young adults aged 18-25 years old in the Greater Manchester Region by 2015.</td>
</tr>
<tr>
<td>GOAL 4</td>
<td>Decrease marijuana use among high school aged youth in the Greater Manchester Region by 2015.</td>
</tr>
</tbody>
</table>

In selecting the strategies below to address the goals, there was a heavy focus on implementation in year one; but there is a 3-year vision that includes the Whole Health Model and the Strategy of Three.

- Media Power Youth: Elementary & Middle School Curricula Training
- Buyers Beware
- Screening and Brief Intervention and Treatment (SBIRT) and Brief Alcohol Screening and Intervention for College Students (BASICS)
- Teen Institute Summer Leadership Program (for high school students)
- Teen Institute Training for Youth: Leaders in Prevention (for middle school students)
- William S. Green Program Manchester Youth Leadership Program
- Center for Alcohol Marketing and Youth (CAMY) Consulting from Dr. David Jernigan
- Youth to Youth (Y2Y), Dover Youth Empowerment Model
- DrinkStory.com
- Permanent Prescription Drug Disposal Locations
- Life of an Athlete
- Change Prescriber Practices - Trainings for Providers

**Strategy of Three**

- Three F’s
  - Fluid - Focused - Forward
- Three Homes
  - Neighborhood - School - Medical
- Three Threads
  - Local – Regional - State
The total cost to implement this plan is $438,785.00 per year. Funding in the amount of $31,255 currently exists to support this plan. The total amount of funds still needed is $407,530.00. The implementation of strategies and resulting work plan will be dependent on the amount of funding acquired to support the strategies listed in this plan. The Greater Manchester Regional Network is committed to evaluating the process of implementing this plan and the intermediate and long-term expected outcomes. Evaluations will be used for continuous quality improvement and to measure the expected change in individuals, families and communities that will ultimately lead to the increased prevention of substance misuse and disorders.

During year one, the Region will continue to stabilize all prevention efforts, build capacity and positive relationships and enhance collaboration. The Region will continue the model of effective development, to help refine and identify goals for years two and three and beyond for this dynamic and uniquely diverse region.

- Alternative Activities for High-Risk Youth
- Strengthening Families Program, Celebrating Families!, Strengthening Families Program for Parents & Youth 10-14
- Making Change
- Operation: Military Kids (OMK)
- Project SUCCESS
- Refugee and Immigrant Women Support Program
- Suicide Prevention Initiative
- Media/Social Marketing Campaign - Regional PSA Messaging
- Saturday Teen Night Program
- Communities Mobilizing for Change on Alcohol (CMCA) at Crispin’s House
- Capacity for Regional Network Makin’ It Happen (MIH) YouthNet Coordinator
- Capacity for Regional Network, Makin’ It Happen (MIH)
- Capacity Building for Mental Health Providers to Increase Access for Diverse Populations
- Capacity Building for Quantitative Data Collection
- Data Collection: Youth Risk Behavior Survey (YRBS)
I. Introduction

Alcohol and Other Drug Misuse in New Hampshire

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

According to the National Survey on Drug Use and Health (NSDUH), in 2010 an estimated 22.6 million Americans aged 12 or older used illicit drugs in the past month and over 131 million people reported being current drinkers of alcohol. Among this population, 23.1 million people aged 12 or older in the U.S. met diagnostic criteria for an illicit drug or alcohol use problem.²

In comparison to national figures, New Hampshire’s (NH) substance abuse rates are statistically higher for a number of population groups. Reported use of alcohol and marijuana in the past 30 days is higher for many age groups in NH. Among youth aged 12-17 and young adults aged 18-25, NH’s rates of binge drinking are significantly higher than the U.S.³ In addition, NH’s 12 to 17 year-olds are one-and-one-half times more likely than 12 to 17 year-olds nationwide to smoke marijuana.⁴ This amounts one in four NH high school aged children who engage in regular binge drinking and regular marijuana smoking.⁵ The rate of young adult drinking (18 to 25 year olds) in NH is the highest in the country.⁶ Young adults in NH have higher rates of use of illicit drugs other than marijuana and higher rates of non-medical use of painkillers compared to peers nationally.⁷

The devastating consequences of alcohol and other drug misuse range from increased violence and unsafe or unwanted sexual activity to car crashes and life-threatening overdoses. In 2011, the number of drug-related deaths in NH hit 200, a first since these data have been collected and reported. The number of deaths represents an increase of over 300% since the year 2000. Drug deaths caused by prescribed medications almost doubled from 49 to 83 between 2008 and 2009 and eighty-two percent of drug-related deaths in 2011 were related to prescription drug abuse.⁸ Additionally, between 2001 and 2006, the percentage of car crashes related to alcohol ranged between 35% and 45%.⁹

Alcohol and other drug misuse pose economic burdens as well. The costs associated with alcohol and other drug misuse in the U.S. topped $400 million in 2005, with 95.6% of costs incurred related to alcohol and drug problems, such as hospital stays, emergency response, and criminal activity. Local governments in 2005 spent almost 16% of

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⁴ Ibid. p 2.
⁶ Ibid. p 76.
⁷ Ibid, pp 85-120.
⁸ Dr. Thomas Andrew, NH Medical Examiner’s Office.
their budgets on dealing with substance abuse and addiction, compared to 13.3% in 1998. This amount places the issue as the second most costly to local governments after elementary and secondary education. In spite of the staggering costs associated with alcohol and other drug misuse consequences, in 2005, only 1.9% of substance abuse funds across the U.S. were committed to prevention and treatment, 0.4% to research, 1.4% to taxation and regulation, and 0.7% to interdiction. For every $100 spent on alcohol and other drug misuse problems, states spent an average of $2.38 on prevention and treatment, while New Hampshire ranked last in the nation, spending just 22 cents of every $100 of substance abuse expenditures on prevention and treatment of alcohol and drug abuse and addiction.

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

Regional Demographics

The Greater Manchester Region includes:

<table>
<thead>
<tr>
<th>Allenstown</th>
<th>Dunbarton</th>
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<tbody>
<tr>
<td>Auburn</td>
<td>Goffstown</td>
</tr>
<tr>
<td>Bedford</td>
<td>Hooksett</td>
</tr>
<tr>
<td>Candia</td>
<td>Manchester</td>
</tr>
<tr>
<td>Deerfield</td>
<td>New Boston</td>
</tr>
</tbody>
</table>

Over the past several years the economic and cultural diversity of the region has shifted significantly. Fueled by the influx of new community members through the Refugee Resettlement project, the severe cuts in federal and state funding, and the large number of military families embedded in a portion of the region – first affected by deployment, and now dealing with returning from service – the Greater Manchester Region must work to shift the strategic approach to substance use prevention to support the diversity, economic and cultural needs of an evolving Region.

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

Greater Manchester Region Population by Age and Gender

<table>
<thead>
<tr>
<th>Age</th>
<th>Total #</th>
<th>Total %</th>
<th>Total # Male</th>
<th>Total % Male</th>
<th>Total # Female</th>
<th>Total % Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 5 years</td>
<td>11,373</td>
<td>6.07%</td>
<td>5,771</td>
<td>3.08%</td>
<td>5,602</td>
<td>2.99%</td>
</tr>
<tr>
<td>5 to 9 years</td>
<td>11,576</td>
<td>6.18%</td>
<td>5,900</td>
<td>3.15%</td>
<td>5,676</td>
<td>3.03%</td>
</tr>
<tr>
<td>10 to 14 years</td>
<td>11,935</td>
<td>6.37%</td>
<td>6,078</td>
<td>3.24%</td>
<td>5,857</td>
<td>3.13%</td>
</tr>
<tr>
<td>15 to 19 years</td>
<td>12,671</td>
<td>6.76%</td>
<td>6,501</td>
<td>3.47%</td>
<td>6,170</td>
<td>3.29%</td>
</tr>
<tr>
<td>20 to 24 years</td>
<td>12,854</td>
<td>6.86%</td>
<td>6,306</td>
<td>3.36%</td>
<td>6,548</td>
<td>3.49%</td>
</tr>
<tr>
<td>25 to 29 years</td>
<td>13,018</td>
<td>6.95%</td>
<td>6,439</td>
<td>3.44%</td>
<td>6,579</td>
<td>3.51%</td>
</tr>
<tr>
<td>30 to 34 years</td>
<td>12,166</td>
<td>6.49%</td>
<td>6,130</td>
<td>3.27%</td>
<td>6,036</td>
<td>3.22%</td>
</tr>
<tr>
<td>35 to 39 years</td>
<td>12,428</td>
<td>6.63%</td>
<td>6,302</td>
<td>3.36%</td>
<td>6,126</td>
<td>3.27%</td>
</tr>
<tr>
<td>40 to 44 years</td>
<td>13,950</td>
<td>7.44%</td>
<td>6,956</td>
<td>3.71%</td>
<td>6,994</td>
<td>3.73%</td>
</tr>
<tr>
<td>45 to 49 years</td>
<td>15,550</td>
<td>8.30%</td>
<td>7,860</td>
<td>4.19%</td>
<td>7,690</td>
<td>4.10%</td>
</tr>
<tr>
<td>50 to 54 years</td>
<td>14,937</td>
<td>7.97%</td>
<td>7,480</td>
<td>3.99%</td>
<td>7,457</td>
<td>3.98%</td>
</tr>
<tr>
<td>55 to 59 years</td>
<td>12,578</td>
<td>6.71%</td>
<td>6,236</td>
<td>3.33%</td>
<td>6,342</td>
<td>3.38%</td>
</tr>
<tr>
<td>60 to 64 years</td>
<td>10,248</td>
<td>5.47%</td>
<td>5,038</td>
<td>2.69%</td>
<td>5,210</td>
<td>2.78%</td>
</tr>
<tr>
<td>65 to 69 years</td>
<td>6,637</td>
<td>3.54%</td>
<td>3,201</td>
<td>1.71%</td>
<td>3,436</td>
<td>1.83%</td>
</tr>
<tr>
<td>70 to 74 years</td>
<td>4,754</td>
<td>2.54%</td>
<td>2,143</td>
<td>1.14%</td>
<td>2,611</td>
<td>1.39%</td>
</tr>
<tr>
<td>75 to 79 years</td>
<td>3,908</td>
<td>2.09%</td>
<td>1,619</td>
<td>0.86%</td>
<td>2,289</td>
<td>1.22%</td>
</tr>
<tr>
<td>80 to 84 years</td>
<td>3,278</td>
<td>1.75%</td>
<td>1,268</td>
<td>0.68%</td>
<td>2,010</td>
<td>1.07%</td>
</tr>
<tr>
<td>85 years and Over</td>
<td>3,552</td>
<td>1.90%</td>
<td>1,083</td>
<td>0.58%</td>
<td>2,469</td>
<td>1.32%</td>
</tr>
</tbody>
</table>

Source: 2010 U.S. Census
The contributing factor most frequently identified as contributing to substance use is that 70% of the population live in poverty and are inadequately insured. Single parent households represent 37% of the homes in the Greater Manchester Region, and the teen pregnancy rate is double the rate of the State of New Hampshire. Truancy at the elementary school has now surpassed the rates of the high school in Manchester for 2011, which is certainly a trend that cannot continue. The other extremely alarming statistic in this region is that on average there are reports of 900 runaway youth within the Greater Manchester Region daily.

In addition, race and ethnicity of the population often affect the design of prevention and early intervention activities depending on their cultural contexts. The most recent U.S. Census identifies the predominant race of residents as white or Caucasian (79.2%), followed by African American (5.04%) and Asian (3.36%).

Age, race/ethnicity, and population density were all considered in the development of this regional strategic plan in response to substance misuse and disorders.

Consideration of population density is particularly important when determining the cost-benefit of environmental prevention strategies. The Greater Manchester Region is home to the City of Manchester, the most populated city in the state with an estimated population of 109,565.
Existing Prevention Efforts

The Makin’ It Happen Coalition for Resilient Youth has a long and rich history of bringing prevention-based initiatives and funding to the Manchester area. Throughout the past fourteen plus years, the coalition has transformed itself several times, and now in 2012, is embarking on another transformation. In response to the needs and the input of the community partners, the prevention efforts will shift focus towards a Whole Heath Model approach, which will coordinate with the Greater Manchester Health Services and the Greater Manchester Public Health Network. In 2011, Makin’ It Happen Coalition for Resilient Youth adopted a new name: Makin’ It Happen, Greater Manchester Regional Network (MIH), in order to reflect the new mission:

To create a coordinated community response among individuals, organizations, businesses and communities to promote behaviors that measurably improve the overall health and well-being of our youth, with a focus on alcohol, tobacco and other drug prevention.

This name adoption also supports our commitment to ensuring that MIH initiatives and support reaches all 10 core communities in the designate region as defined by the New Hampshire Bureau of Alcohol and Drug Services, (BDAS) Regional Network System.

Timeline 2010-2012

Makin’ It Happen (MIH), Greater Manchester Regional Network

2010: MIH shifted from an independent 501c3 in 2010 into a fiscal agent partnership with Easter Seals, NH. This move supported the requirements of BDAS guidelines for the Statewide Regional Network System contracts. In the fall, work began with the purpose of securing a Leadership Team and developing the relationship with a new fiscal partner.

2011: The new year brought a leadership change – a new Regional Network Coordinator was hired. This was followed shortly by the loss of issued funding to several of the regional prevention partners, compounding the regional uncertainty about what MIH was, and what they could contribute to the Region.

2012: Many original partners have shown renewed interest, they have joined new partners and together participated in the development of the strategic plan.

Although an ongoing process, the time devoted to recruiting and developing community partner relationships, and building a strong leadership team was essential to moving forward. The current leadership team members represent the five core sectors of the community and are strong advocates for substance abuse prevention. Because traditionally resources have been dedicated primarily to the City of Manchester School District, major capacity gaps still remain in communities such as, Bedford, New Boston, Dunbarton, Allenstown, Deerfield, Auburn, and Candia. Capacity to serve these densely populated and highly diverse communities, along with developing capacity in smaller communities, has been challenging and remains a goal of MIH.
Whole Health: The Healthy Manchester Leadership Council is a group of leaders involved in health initiatives within the Greater Manchester Area. Recently, MIH has been invited to join this initiative as a partner in the development and rollout of a "whole health" model. This model is based on three core homes:

1) Neighborhood home: Your home, neighborhood, your immediate community. The place you call ‘home’, the place you relax, enjoy family, play and perhaps work.

2) Educational home: Before school programming that keeps your family safe and secure and helps to get them ready for learning, during – welcoming and engaging learning environment that instills a sense of self and encourages learning and after school environments that enrich, nurture and are safe.

3) Medical home with the child (the family unit) being the center. Physical, (including dental health), and mental wellness.

This model fulfills MIH’s desire to approach substance use disorders and prevention as an important component to the Whole Health Model. A core goal of Healthy Manchester Leadership Council is to increase comprehensive education at the elementary level, working with families to expand outreach to existing community resources and utilization of those resources.

A primary leader in all health initiatives is the City of Manchester Health Department, which houses the Greater Manchester Regional Public Health Network. The City of Manchester Health Department has played a vital role in establishing the collaboration of key community partners for Greater Manchester’s Whole Health Model. With this partnership, the full spectrum of substance use disorders is strongly represented.
III. Community-Based Strategic Planning Process

In 2011, each of ten regions in New Hampshire that comprise the NH Regional Network System were called upon to identify and address priority substance use issues and develop a three-year community-based, data-driven strategic plan. The process the Regional Networks used to conduct strategic planning is based on two evidence-based approaches: the Strategic Prevention Framework (SPF) approach sponsored by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) and Communities Mobilizing for Change on Alcohol, an evidence-based community development model included on SAMHSA’s National Registry of Evidence-Based Programs and Practices (NREPP). The process was also guided by the overarching theories of Appreciative Inquiry, Community-Based Participatory Research and NH’s five-sector model\(^\text{12}\) for community engagement, which requires convening and eliciting the knowledge and interest of the people from business, education, law enforcement and safety, health and medical, and government. Cultural- or faith-based groups and other organizations that support communities, “community supports,” were also involved in this planning process. Ultimately, this plan was developed by those who live and work in the Greater Manchester Region and whose lives and professions are affected by the issue.

**Engaging the Community**

Through the assessment of existing prevention efforts, the regional network harnessed existing capacity to assist in the region’s strategic plan development. The following table shows the Greater Manchester Regional Network engaged the Data Information Group (DIG) in assessment, problem statement development and root cause analysis while the Resource Information Group (RIG) worked on root cause analysis and selecting strategies. The Leadership Team supported the assessment process, and focus groups and community forums engaged other community members in strategic planning.

**Greater Manchester Region Community Engagement in Strategic Planning**

<table>
<thead>
<tr>
<th>Groups Involved</th>
<th>Strategic Planning Steps Participated In</th>
<th>Sectors Represented</th>
<th>Number of Participants*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data Information Group (DIG)</td>
<td>1: Assessment 2: Develop Problem Statements 3: Root Cause Analysis</td>
<td>H E</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td></td>
<td>B G</td>
<td></td>
</tr>
<tr>
<td>Resource Information Group (RIG)</td>
<td>3: Root Cause Analysis 4: Select Strategies</td>
<td>H L E</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td></td>
<td>B G</td>
<td></td>
</tr>
</tbody>
</table>

*Sectors*

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

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

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\(^{12}\) See Appendix A
Greater Manchester Regional Network: Strategic Plan for Prevention 2012-2015
Community-Based, Data-Driven Response to Substance Misuse & Disorders

<table>
<thead>
<tr>
<th>Groups Involved</th>
<th>Strategic Planning Steps Participated In</th>
<th>Sectors Represented</th>
<th>Number of Participants*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultant</td>
<td>1: Assessment</td>
<td>H E</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>2: Develop Problem Statements</td>
<td>G C</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3: Root Cause Analysis</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>4: Select Strategies</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>5: Craft Strategic Plan</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leadership Team</td>
<td>1: Assessment</td>
<td>H L E</td>
<td>8</td>
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<tr>
<td></td>
<td></td>
<td>B G</td>
<td></td>
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<tr>
<td>Focus Groups</td>
<td>2: Develop Problem Statements</td>
<td>L E</td>
<td>20</td>
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<tr>
<td></td>
<td>3: Root Cause Analysis</td>
<td>C</td>
<td></td>
</tr>
<tr>
<td>Community Forum</td>
<td>3: Root Cause Analysis</td>
<td>H L E</td>
<td>25</td>
</tr>
<tr>
<td></td>
<td>4: Select Strategies</td>
<td>B G</td>
<td></td>
</tr>
</tbody>
</table>

Sectors

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

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

Planning Steps

The Greater Manchester Region planning team guided the communities through five critical steps to understanding the prevalence and root causes of alcohol and drug abuse, the resources available to address the problem, and the strategies that will have the greatest likelihood of effecting positive change. These five steps are outlined below.13

<table>
<thead>
<tr>
<th>Strategic Planning Steps</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gather and Interpret Assessment Data</td>
</tr>
<tr>
<td>2 Develop Problem Statements</td>
</tr>
<tr>
<td>3 Conduct Root Cause Analysis</td>
</tr>
<tr>
<td>4 Design and Select Strategies</td>
</tr>
<tr>
<td>5 Craft Regional Strategic Plans</td>
</tr>
</tbody>
</table>

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13 See Appendix B
To start, communities in the region intensively studied the epidemiological and community data in order to understand the extent of the problem and determine possible solutions. Throughout the planning, the questions of “Why?” and “Why here?” were central.

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

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

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

### Identifying Problems

Although efforts could potentially focus on a variety of substances being used in the community, the Region realized the need to narrow down its focus to the substances that were a priority to address. This was done by investigating which substance use reductions are important to the community, which contributing factors are changeable, what the community is ready to address, and the relevant resources that exist to address substance misuse and disorders. Planning participants began this process by reviewing substance use assessment data from the Greater Manchester’s Region’s *Community Data Profile*.  

This Profile presents comparisons of use and related risk factors for different substances in the Greater Manchester Region compared to the other regions in New Hampshire as well as to the whole state.

Community focus group discussions and interviews provided additional depth to this reported use data. The data as well as community feedback indicated that different substances would be addressed among different age groups. Among youth; alcohol, binge drinking, marijuana and non-medical prescription drug use were identified as priorities. Among young adults binge drinking was a priority, and among all adults, alcohol, binge drinking and non-medical prescription drug use.

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Past 30-Day Use by Substance

Non-Medical Prescription Drugs

- Percentage of high school aged youth who reported use in last 30 days:
  - Greater Manchester Region: 9.2%
  - NH: 11.5%

Alcohol & Binge Drinking

- Percentage of high school aged youth who reported use in last 30 days:
  - Alcohol: Greater Manchester Region: 34.8%, NH: 38.4%
  - Binge Drinking: Greater Manchester Region: 21.4%, NH: 23.8%

Marijuana

- Percentage of high school aged youth who reported use in last 30 days:
  - Greater Manchester Region: 25.3%
  - NH: 28.4%

Source: 2011 YRBS
IV. Goals & Objectives

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

The Strategic Planning Team in the Greater Manchester Region identified four substance use problems on which to focus. Based on these problems, four SMART goals were identified:

<table>
<thead>
<tr>
<th>GOAL 1</th>
<th>Decrease non-medical prescription drug use among high school aged youth and adults in the Greater Manchester Region by 2015.</th>
</tr>
</thead>
<tbody>
<tr>
<td>GOAL 2</td>
<td>Decrease alcohol use among high school aged youth and adults in the Greater Manchester Region by 2015.</td>
</tr>
<tr>
<td>GOAL 3</td>
<td>Decrease binge drinking among 11th-12th grade high school aged youth and young adults aged 18-25 years old in the Greater Manchester Region by 2015.</td>
</tr>
<tr>
<td>GOAL 4</td>
<td>Decrease marijuana use among high school aged youth in the Greater Manchester Region by 2015.</td>
</tr>
</tbody>
</table>

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

The root cause analyses were used to identify the various factors that lie along the pathway to substance abuse in the community. These factors were examined and particular factors were chosen as areas to focus prevention efforts. These targeted factors along the pathway to substance use, describe how each goal will be reached, and are called objectives. These objectives and the Region’s four goals they are related to are described in the following table. The indicators of change, tools and metrics to measure the extent to which each of the goals and objectives are being achieved are described in the Evaluation Plan section.
<table>
<thead>
<tr>
<th>GOAL 1</th>
<th>Decrease non-medical prescription drug use among high school aged youth and adults in the Greater Manchester Region by 2015.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Objectives</td>
<td></td>
</tr>
<tr>
<td><strong>1a:</strong></td>
<td>To increase the perception of risk of harm of non-medical prescription drugs in the Greater Manchester Region.</td>
</tr>
<tr>
<td><strong>1b:</strong></td>
<td>To decrease access to prescription drugs for non-medical use among high school aged youth and adults in the Greater Manchester Region.</td>
</tr>
<tr>
<td><strong>1c:</strong></td>
<td>To increase the collaboration of resources and services among multiple systems and providers of health to address Whole Health in the Greater Manchester Region.</td>
</tr>
<tr>
<td><strong>1d:</strong></td>
<td>To increase awareness of mental health as a part of holistic wellbeing in the Greater Manchester Region.</td>
</tr>
<tr>
<td><strong>1e:</strong></td>
<td>To build and expand upon the capacity of the Greater Manchester Region to sustain long-term prevention efforts.</td>
</tr>
<tr>
<td><strong>1f:</strong></td>
<td>To integrate and share data among prevention services and resource providers throughout the Greater Manchester Region.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>GOAL 2</th>
<th>Decrease alcohol use among high school aged youth and adults in the Greater Manchester Region by 2015.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Objectives</td>
<td></td>
</tr>
<tr>
<td><strong>2a:</strong></td>
<td>To decrease social access to alcohol among high school aged youth in the Greater Manchester Region.</td>
</tr>
<tr>
<td><strong>2b:</strong></td>
<td>To increase enforcement capacity to address underage drinking in the Greater Manchester Region.</td>
</tr>
<tr>
<td><strong>2c:</strong></td>
<td>To increase the collaboration of resources and services among multiple systems and providers of health to address Whole Health in the Greater Manchester Region.</td>
</tr>
<tr>
<td><strong>2d:</strong></td>
<td>To increase awareness of mental health as a part of holistic wellbeing in the Greater Manchester Region.</td>
</tr>
<tr>
<td><strong>2e:</strong></td>
<td>To build and expand upon the capacity of the Greater Manchester Region to sustain long-term prevention efforts.</td>
</tr>
</tbody>
</table>
### GOAL 3

**Decrease binge drinking among 11th-12th grade high school aged youth and young adults aged 18-25 years old in the Greater Manchester Region by 2015.**

#### Objectives

| 3a: | To decrease social access to alcohol among high school aged youth in the Greater Manchester Region. |
| 3b: | To decrease retail access to alcohol among high school aged youth in the Greater Manchester Region. |
| 3c: | To increase capacity of law enforcement to address underage drinking in the Greater Manchester Region. |
| 3d: | To increase the collaboration of resources and services among multiple systems and providers of health to address Whole Health in the Greater Manchester Region. |
| 3e: | To increase awareness of mental health as a part of holistic wellbeing in the Greater Manchester Region. |
| 3f: | To build and expand upon the capacity of in the Greater Manchester Region to sustain long-term prevention efforts. |

### GOAL 4

**Decrease marijuana use among high school aged youth in the Greater Manchester Region by 2015.**

#### Objectives

| 4a: | To increase the perception of risk of harm of marijuana use among high school aged youth in the Greater Manchester Region. |
| 4b: | To decrease social access to marijuana use among high school aged youth in the Greater Manchester Region. |
| 4c: | To increase the collaboration of resources and services among multiple systems and providers of health to address Whole Health in the Greater Manchester Region. |
| 4d: | To increase awareness of mental health as a part of holistic wellbeing in the Greater Manchester Region. |
| 4e: | To build and expand upon the capacity of in the Greater Manchester Region to sustain long-term prevention efforts. |
V. Selected Strategies

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

*Strategy Fact Sheets* are included in Appendix C and will provide the reader with more information about strategy-specific activities and corresponding Center for Substance Abuse Prevention (CSAP) prevention categories and risk and protective factors addressed by each strategy as well as evidence of effectiveness.¹⁵

- Media Power Youth: Elementary & Middle School Curricula Training
- Buyers Beware
- Screening and Brief Intervention and Treatment (SBIRT) and Brief Alcohol Screening and Intervention for College Students (BASICS)
- Teen Institute Summer Leadership Program *(for high school students)*
- Teen Institute Training for Youth: Leaders in Prevention *(for middle school students)*
- William S. Green Program Manchester Youth Leadership Program
- Center for Alcohol Marketing and Youth (CAMY) Consulting from Dr. David Jernigan
- Youth to Youth (Y2Y), Dover Youth Empowerment Model
- DrinkStory.com
- Permanent Prescription Drug Disposal Locations
- Life of an Athlete
- Change Prescriber Practices - Trainings for Providers
- Alternative Activities for High-Risk Youth
- Strengthening Families Program, Celebrating Families!, Strengthening Families Program for Parents & Youth 10-14
- Making Change
- Operation: Military Kids (OMK)
- Project SUCCESS
- Refugee and Immigrant Women Support Program
- Suicide Prevention Initiative
- Media/Social Marketing Campaign - Regional PSA Messaging
- Saturday Teen Night Program
- Communities Mobilizing for Change on Alcohol (CMCA) at Crispin’s House
- Capacity for Regional Network Makin’ It Happen (MIH) YouthNet Coordinator
- Capacity for Regional Network, Makin’ It Happen (MIH)
- Capacity Building for Mental Health Providers to Increase Access for Diverse Populations
- Capacity Building for Quantitative Data Collection
- Data Collection: Youth Risk Behavior Survey (YRBS)

¹⁵ See Appendix C
Additionally, the network will continue the broader community engagement strategies of assessment, building community readiness, and networking and outreach to expand the scope and reach of the strategic plan. Each strategy is outlined in brief. The outline includes a program description and why the strategy is a good fit for the Greater Manchester Region. How these strategies align with the region’s goals and objectives are discussed in the following section.

**Media Power Youth: Elementary & Middle School Curricula Training**\(^{16}\)

*(See page 1 of Appendix C)*

**Program Description**

Training for teachers is provided by Media Power Youth. Staff are required to meet the evaluation standards and is recommended for all educators using the curriculum. A Teacher’s Guide, with 12 lesson plans and all support materials on accompanying DVD with downloadable student handout masters is provided. The curriculum engages students in fun, media-rich lessons through which they develop vital critical thinking and decision-making skills to recognize and resist media’s influence on violence, bullying, alcohol & tobacco use and nutrition. Students are empowered to create healthy media messages for positive health behaviors to strengthen their understanding of media’s influence as well as their own sense of self. The curriculum is evidence-based and meets health and media literacy curriculum standards with an approach that teachers embrace and parents support.

**Local Conditions Addressed by this Strategy**

- Perceived lack of consequences
- Media culture distorts social norms for tobacco, alcohol, prescription drugs and violence
- Training teachers ensure sustainability and invested engagement

**Fit and Feasibility**

This curricular was piloted in the Manchester District during the research stages. Year one implementation will be done with fidelity as a sustainable train-the-trainer model in Manchester with plans to expand this in other parts of the Region in years two and three.

**Buyers Beware**\(^{17}\)

*(See page 2 of Appendix C)*

**Program Description**

Buyers Beware is a New Hampshire-based media campaign that was created to address the purchasing of and provision of alcohol to minors by people of legal age.

**Local Conditions Addressed by this Strategy**

- Low perceived risk for furnishing alcohol to minors.

**Fit and Feasibility**

The Region plans to implement Buyers Beware region-wide, along with the rest of the state. The Region will continue to conduct sticker shock with their youth groups, as well as purchase billboards which educate on the laws of furnishing to minors given the data they have on how youth in the Region get their alcohol.

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\(^{16}\) Media Power Youth. Retrieved from: [http://www.mediapoweryouth.org](http://www.mediapoweryouth.org)

\(^{17}\) Gagnon, Greg. Division of Liquor Enforcement. Personal Communication.
Screening Brief Intervention & Referral to Treatment (SBIRT) and Brief Alcohol Screening and Intervention for College Students (BASICS)

Screening and Brief Intervention and Treatment (SBIRT)\(^{18}\) (See pages 3-4 of Appendix C)

Program Description

“SBIRT is a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for persons with substance use disorders, as well as those who are at risk of developing these disorders. Primary care centers, hospital emergency rooms, trauma centers, and other community settings provide opportunities for early intervention with at-risk substance users before more severe consequences occur.

- Screening quickly assesses the severity of substance use and identifies the appropriate level of treatment.
- Brief intervention focuses on increasing insight and awareness regarding substance use and motivation toward behavioral change.
- Referral to treatment provides those identified as needing more extensive treatment with access to specialty care.”

Brief Alcohol Screening and Intervention for College Students (BASICS)\(^{19}\) (See page 5 of Appendix C)

Program Description

Brief Alcohol Screening and Intervention for College Students (BASICS) is a prevention program for college students who drink alcohol heavily and have experienced or are at risk for alcohol-related problems.

Local Conditions Addressed by this Strategy

- Alcohol, tobacco and other drugs, including marijuana are easily accessible to youth in the Greater Manchester Area and leads to risky behaviors.

Fit and Feasibility

This will be implemented at Child Health Services where providers and social workers will complete the BASICS or SBIRT screenings with each adolescent that comes into their clinic on a daily basis. Appropriate referrals will be made.

Teen Institute Summer Leadership Program\(^{20}\) (for high school students) (See pages 6-7 of Appendix C)

Program Description

The NH Teen Institute brings high school students together from across the state for a week of experiential activities designed to help them explore their values, relationships and coping strategies, and connect with their own inner strength while connecting with other young people. For 26 years, NH teens report that the Summer Leadership Program has changed their lives in dramatic ways. Through our supportive environment and proven approaches, students learn to take positive, healthy risks to help them gain self-awareness, learn critical life skills, and acquire important insight and knowledge. During the general education sessions, all participants gain basic knowledge about violence prevention, diversity, building self-esteem, alcohol, tobacco and other drug use, connecting with one’s community, and coping with grief and loss.

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Local Conditions Addressed by this Strategy

- Highly diverse population lacking cultural awareness
- High percentage of students perceive regular marijuana use as low-risk
- No perceived risks associated with the misuse of prescription drugs

Fit and Feasibility

The NH Teen Institute would implement a Greater Manchester Region-specific Summer Leadership Program for 30 high school students. This could also take place during a school vacation or if time does not permit, the summer of 2013. The Greater Manchester Region-specific Summer Leadership Program will continue to build capacity to involve 50 students in year two and 70 in year three. These students will be asked to make a commitment to work with the membership coalitions to support their individual action plans.

Teen Institute Training for Youth: Leaders in Prevention

(See pages 6-7 of Appendix C)

Program Description

The Leaders in Prevention program brings together a team of eight middle school students and two advisors for a weekend of activities and action planning with numerous other teams from across NH. Schools identify students—from all walks of life and levels of skill—with leadership potential, that are capable of working as part of a team, and willing to bring new skills back to their community.

Local Conditions Addressed by this Strategy

- Highly diverse population lacking cultural awareness
- High percentage of students perceive regular marijuana use as low-risk
- No perceived risks associated with the misuse of prescription drugs

Fit and Feasibility

The NH Teen Institute will conduct a Greater Manchester Region-specific Leaders in Prevention program for six teams in year one, eight in year two and ten in year three.

William S. Green Program Manchester Youth Leadership Program

(See page 8 of Appendix C)

Program Description

“William S. Green was a long time president of the Manchester-based law firm, Sheehan, Phinney, Bass & Green, PA and a great supporter of leadership programs. The memorial fund set up in his name is this program’s main funding for this program. The William S. Green Manchester Youth Leadership Program provides high school sophomores with a year-long opportunity to develop and enhance their leadership skills. Participants study leadership in various settings, interact with civic and business leaders, and have the opportunity to practice new acquired skills.”

Local Conditions Addressed by this Strategy

- There are many youth leadership groups currently doing amazing work in the Manchester Region. Some groups are disconnected from one another requiring a more collaborative approach to eliminate duplication.

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Fit and Feasibility

Currently, the Greater Manchester Region receives funding from New Hampshire Charitable Foundation, William S. Green Foundation for $5,000 to implement a youth program. It is not adequate funding to truly implement this program, which the foundation acknowledges. We would like to have time to investigate collaborative relationships in our region where this program could be integrated into other existing youth programs to better meet the outcomes of this program. This will take time. During that time, we need additional funding to get this program to a place that actually accomplishes its goals and we can feel comfortable advocating for its continuation. We have had beginning discussions, but nothing formal has been discussed and the details need to be worked out. In year one, we would like to work on the transition of this program. In years two and three, we hope to have found the program a new home where $5,000 is all it would take to make this effective.

Center for Alcohol Marketing and Youth (CAMY) Consulting from Dr. David Jernigan

Program Description

David Jernigan is the director of the Center on Alcohol Marketing and Youth (CAMY) and an associate professor in the Department of Health, Behavior and Society at the Johns Hopkins Bloomberg School of Public Health. He has worked as an advisor to the World Health Organization (WHO) and the World Bank on alcohol issues.


He has also authored numerous peer-reviewed articles and has trained thousands of public health advocates in media advocacy and alcohol-problems prevention.

Dr. Jernigan will come to Manchester two times during year one to offer training to the region on advocacy/media messaging and policy issues regarding all alcohol. He will also be available for technical assistance via phone during the legislative session. This is important to the region for local initiatives as well as statewide initiatives.

Local Conditions Addressed by this Strategy

- Drugs are regularly available due to the location of the highway and the City of Manchester being large
- New Hampshire is a control state
- Internal possession laws vary
- Low perceived risk for furnishing alcohol

Fit and Feasibility

The Manchester Region feels this is a sustainable strategy due to this being a train-the-trainer model. These are also long-term changes we will be learning around policy and advocacy that are environmental strategies which will position us for all root causes, not just alcohol.

Youth to Youth (Y2Y), Dover Youth Empowerment Model (See page 9 of Appendix C)

Program Description

This is a model to mobilize youth; building the skills and capacity of participating youth to take action, be involved in environmental change, and be part of the solution to substance use problems.
Local Conditions Addressed by this Strategy

- Low perceived risk for furnishing alcohol
- Low percentage of parents talking with kids about alcohol, tobacco and other drug use
- Drugs are regularly available due to the location of the highway and the City of Manchester being large
- New Hampshire is a control state
- High percentage of students perceive regular marijuana use as low-risk

Fit and Feasibility

The Region’s Youth Coordinator will work with all the youth groups in the Region to train the Dover Y2Y Model so that PSAs can be produced around the Region with local cable companies and radio stations to address the root causes that are contributing to high rates of use in the Region.

DrinkStory.com (See page 10 of Appendix C)

Program Description

DrinkStory.com is a website where college aged young adults, can blog about the use and trends related to alcohol use.

Local Conditions Addressed by this Strategy

- Young adults in NH have very few resources available to them yet binge drinking and pharmaceutical drug abuse/misuse is at alarming rates for this population.

Fit and Feasibility

The Manchester Regional Network and the Nashua Regional Network partnered on this initiative and would like to revitalize it with professional assistance from a marketing firm who can enhance the site to be more inviting and user-friendly to this risk-taking age of youth.

Permanent Prescription Drug Disposal Locations (See page 11 of Appendix C)

Program Description

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

Local Conditions Addressed by this Strategy

The general population in the Greater Manchester Region has not been trained on how to properly dispose of their unused and/or unwanted pharmaceutical medication, which creates increased access of available medications to youth and other drug seeking individuals.

Fit and Feasibility

The Region will work with two police departments to establish permanent drop boxes in strategic locations in the Region so that all citizens have access to proper disposal methods so the Region can reduce access to unused and unwanted medications. The Region also has had dialogue with the Manchester Police Department who does not

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want a box at their facilities due to external threats to the department. They will, however, assist the Region in reaching out to the outlining towns for implementation there which will dilute the risk.

The Greater Manchester Region will then be able to move forward and begin to solicit social service organizations to sponsor boxes, knowing that they will still have the expenses of labels, signage, disposal, video cameras, and other costs related to this initiative. Should the Region be unsuccessful with raising funds within the community, we know the full price without disposal costs is $1,300 each based on what other regions have been able to do. The Region plans to implement this in two communities during year one, and in one community the second and third years. This strategy is part of the Call to Action: Responding to New Hampshire’s Prescription Drug Abuse Epidemic by the Governor’s Commission on Alcohol and Other Drug Abuse Prevention, Intervention and is being nationally evaluated for effectiveness. The Region has been participating in all Drug Enforcement Agency take-back events with substantial success. This will ensure that residents are not hoarding medications from one event to the other, which is quite unsafe.

**Life of an Athlete** (See page 12 of Appendix C)

**Program Description**

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

**Local Conditions Addressed by this Strategy**

- High percentage of students perceive regular marijuana use as low-risk
- No perceived risks associated with the misuse of prescription drugs

**Fit and Feasibility**

The Region’s school districts are unaware of this program at this point in time, although we would like to implement this program once we raise awareness. The plan is to introduce this to the athletic directors and administrators during year one and then to implement this program in years two and three.

**Change Prescriber Practices – Trainings for Providers**

Improving prescribing practices of healthcare providers, particularly for opioids, has been proposed as a method for reducing availability of prescription drugs for misuse. Physician training strategies include:

- Academic detailing
- Training to recognize the cardinal features of patients trying to obtain prescription drugs for non-medical purposes
- Adapting prescribing drug writing habits to more safely provide appropriate interventions
- Providing Screening, Brief Intervention & Referral to Treatment (SBIRT) training to new physicians/trainees (Manchikanti, 2007; Twombly & Holtz, 2008).

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While many articles identify physician training as a potential effective strategy for reducing non-medical use of prescription drugs, few empirical studies have examined the effects of these training interventions. Guidelines for appropriate clinical management of chronic non-cancer pain with opioids have been available for longer than a decade, however, more recent evidence-based guidelines have been created (Chou et al., 2009; Paulozzi, Weisler, & Patkar, 2011).

Additionally, different assessment tools have been used to assess:
- Abuse potential among patients being considered for long-term opioid therapy
- Degree of misuse/abuse among patients taking opioids for some length of time
- Current abuse/dependence of prescription opioids

A few of these assessment tools have been adapted for use with adolescents (Passik, Kirsh, & Casper, 2008).

**Local Condition(s) Addressed by this Strategy**
- Availability of excess medication

**Fit and Feasibility**

The Monadnock Regional Network has created modules to educate physicians on the proper prescribing practices for medication. The Region would like to educate the physicians and dentists in the Region through a statewide marketing campaign and to offer them Medical CEUs for this training. The Region hopes to reduce excess medication being available, which was identified as a root cause to the prescription drug epidemic in this Region and statewide in the Call to Action.

The Region does not know what the cost of this will be as they do not know how the New Hampshire Charitable Foundation plans to implement this strategy. It is their understanding that these modules are now available by link access but that the medical CEUs are still being negotiated and a format for registration and access to the link has not been established. The Region is extremely interested in promoting this and encouraging the use of this by offering incentives and additional materials.

**Alternative Activities for High-Risk Youth**

Alternative activities provide for the participation of target populations in activities that exclude substance abuse. The assumption is that constructive and healthy activities offset the attraction to or otherwise meet the needs usually filled by alcohol, tobacco, and other drugs and would therefore minimize or remove the need to use these substances. Alternative activities may include free social/recreational events, community drop-in centers, community drop-in center activities, community services, youth/adult leadership functions.

**Local Conditions Addressed by this Strategy**
- Integrated health/substance abuse/mental health for at-risk youth is needed in the Greater Manchester Region
- Poverty
- Cost of living high
- Broken homes- single parent homes, generational history of depression exist in the Region
Fit and Feasibility
Makin’ It Happen has Manchester Adolescent Workers who work for the Department of Children Youth and their Families (DCYF) on the Leadership Team who will identify high-risk youth in need of alternative healthy outlets. The resources needed are simply funding for half of the scholarship. The YMCA and/or YWCA will donate 50%. The Transportation Authority in Manchester will partner with us as they have offered in the past to get the high risk youth to this location, as they do with transporting youth in the City who are in need of assistance. Department of Children, Youth and their Families workers see high-risk youth who lack the resources for alternative activities in Manchester. These youth need role models and hope that their lives will improve. We see this as another way to encourage “whole health” in our community- it is not just about mental health and reducing substance abuse, but also about physical health as well.

Strengthening Families Program, Celebrating Families!, Strengthening Families Program for Parents & Youth 10-14

**Strengthening Families Program**

(See page 13 of Appendix C)

**Program Description**
The Strengthening Families Program (SFP) is a family skills training program designed to increase resilience and reduce risk factors for behavioral, emotional, academic, and social problems in children 3-16 years old. The program includes education in parenting skills, children’s life skills and family life skills.

**Celebrating Families!**

(See page 14 of Appendix C)

**Program Description**
“Celebrating Families! (CF!) is a parenting skills training program designed for families in which one or both parents are in early stages of recovery from substance addiction and in which there is a high risk for domestic violence and/or child abuse. The CF! program uses a cognitive behavioral theory (CBT) model to achieve three primary goals:
- Break the cycle of substance abuse and dependency within families,
- Decrease substance use and reduce substance use relapse, and
- Facilitate successful family reunification.”

**Strengthening Families Program for Parents & Youth 10-14**

(See page 15 of Appendix C)

**Program Description**
“The Strengthening Families Program: For Parents and Youth 10-14 (SFP 10-14) is a family skills training intervention designed to enhance school success and reduce youth substance use and aggression among 10- to 14-year-olds.”

Local Conditions Addressed by this Strategy
- Alcohol, tobacco and drugs are easily accessible to youth in the Greater Manchester area in part due to lack of parental involvement and disconnected youth
- Youth in the Greater Manchester Region present with serious depression and hopelessness due to significant stress, peer pressure, home environment, reluctance to get help

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Greater Manchester Regional Network: Strategic Plan for Prevention 2012-2015
Community-Based, Data-Driven Response to Substance Misuse & Disorders

- Economic problems, lack of high educational attainment after high school
- Youth engage in binge drinking because of ease of access and parental modeling of behavior
- Youth and young adults in the Greater Manchester Region engage in binge drinking due to lack of involvement in after school programs and depression

**Fit and Feasibility**
In 2010, with support from the Robert Wood Johnson Foundation and many other local funders, Families in Transition opened The Family Place, an innovative program that specifically responds to the complex needs of homeless children and their families suffering from co-occurring substance use and trauma/mental illness disorders. By providing homeless children and their families with proven interventions that are trauma-informed, strengths-based and family-focused, The Family Place not only fills a key gap in services for vulnerable families, but even more importantly, is highly successful in strengthening distressed family systems and minimizing the incidence of intergenerational hardship. Since opening in July of 2010, the Family Place has provided 140 children and their parents with a comprehensive set of family based services designed not only to improve the mental health, physical health and academic outcomes of homeless children, but also to help parents to develop skills they need to create strong and supportive relationships with their children. Families in Transition proposes to build on the high quality programming provided at The Family Place by incorporating additional interventions that will address a number of root causes outlined in the Makin’ It Happen Strategic Plan.

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**Making Change**[^32] (See page 16 of Appendix C)

**Program Description**
Making Change is a substance abuse support group which uses a structured format to address some of the most critical issues of early recovery for young people. Engaging young substance abusers and their friends in a challenging, but “user-friendly” dialogue about choices, Making Change uses a flexible, but consistent script to speak with young people in various stages of change.

**Local Conditions Addressed by this Strategy**
- There is a lack of peer support programming in the Greater Manchester Region for youth who are engaging in risk taking behaviors that involve illegal substances.

**Fit and Feasibility**
Currently, there are four locations where Making Change is being implemented. We want to continue to support this as there is no other peer support program in our region for youth who have engaged in unhealthy behaviors. The groups who are supporting this (50% of meeting expenses) want to continue to partner with MIH on this program. We are asking for funding to support the Clinical Supervisor for a meeting once a month with the facilitators and the 50% of the meeting costs not supported by the community partners.

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**Operation: Military Kids (OMK)**[^33] (See page 17 of Appendix C)

**Program Description**
“Operation: Military Kids is the U.S. Army's collaborative effort with America's communities to support children and youth impacted by deployment. Regardless of whether families are experiencing deployment for the first time,

the second time or another in a series of multiple deployments, OMK’s goal is to connect military children and youth with local resources in order to achieve a sense of community support and enhance their wellbeing.”

**Local Conditions Addressed by this Strategy**
- The Greater Manchester Region has the highest rates of veterans in the State of NH. The program would be an asset and a resource for these families. The stress of returning veterans is a root cause of increased substance abuse, mental health and unemployment.

**Fit and Feasibility**
The Region has been asked by the UNH Cooperative Extension to apply once again for the Operation: Military Kids funding, but at a reduced rate this year. This Region is tasked with informing the nine other Regional Networks of the opportunities available for their military families. The Region would also like to be able to not only inform our residents, but actually implement programs in the Greater Manchester Region.

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**Project SUCCESS** (See page 18 of Appendix C)

**Program Description**
A multi-component, comprehensive school/community student assistance prevention program

**Local Conditions Addressed by this Strategy**
- Low perceived risk for furnishing alcohol
- No perceived risks associated with the misuse of prescription drugs
- High percentage of students perceive regular marijuana use as low-risk
- Broken homes- single parent homes, generational history of depression
- Integrated health/substance abuse/mental health for at-risk youth is needed in the Greater Manchester Region

**Fit and Feasibility**
There was a great deal of discussion about this strategy during our strategic planning process but when it came to submitting proposals, none came in due to a lack of capacity at the schools. They all said they were interested, but could not pull it together in time. Therefore, the Leadership Team chose to put in $5,000 to work with the schools on Universal Strategies which would be part of Project SUCCESS during year one and educate them on what Project SUCCESS would do for their existing youth groups and future youth groups at their SAUs. Years two and three will look very different for us, we hope, and will involve training and supplies for full implementation of this program. Makin’ It Happen has traditionally been focused on the Manchester School District.

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**Refugee and Immigrant Women Support Program**

**Program Description**
Support groups and peer support programs have been researched to identify best-practice standards.

**Local Conditions Addressed by this Strategy**
- There is a strong concern about youth in the Greater Manchester Region who are presenting with serious depression and hopelessness yet are unable to get services or diagnosed adequately for various reasons.

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Language and literacy barriers make it extremely difficult to access needed care; the pervasive stigma associated with mental illness and substance abuse is a barrier to accessing treatment. Within the Greater Manchester Region, there is a lack of continuity in prevention services around the Whole Health Model.

**Fit and Feasibility**
This strategy has not been researched as thoroughly, so during year one, the Region would like to devote time for additional research and to create a comprehensive plan. Implementation would begin in years two and three. Twenty-thousand dollars is the “asking price” for this strategy but it is unclear how or why that amount was determined.

**Suicide Prevention Initiative**

**Program Description**
These trainings provide training for prevention, intervention and post-intervention.

**Local Conditions Addressed by this Strategy**
- Current statistics show that on average 900 students are homeless on a daily basis
- Lack of access to mental health treatment
- Broken homes-single parent homes, generational history of depression

**Fit and Feasibility**
This Region has a very active Suicide Prevention Initiative where many public health partners have collaborated to address the high rates of suicide in the Greater Manchester Region. The Region received Title IV funding to put on trainings and need to keep the momentum going to support this initiative.

**Media/Social Marketing Campaign: Regional PSA Messaging**

* (Marketing the PSAs of Dover Youth to Youth) (See page 19 of Appendix C)

**Program Description**
Using mass media to increase public concern about use and change normative perceptions

**Local Conditions Addressed by this Strategy:**
- Low perceived risk for furnishing alcohol
- Low percentage of parents talking with kids about alcohol, tobacco and other drugs use
- No perceived risks associated with the misuse of prescription drugs
- Drugs are regularly available due to the location of the highway and the City of Manchester being large
- NH is a control state

**Fit and Feasibility**
It is the intent of the Regional Network to promote and market the PSAs done by the YouthNet group using the Dover Youth to Youth program. This will be done with a local marketing firm, yet to be determined.

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36 NECAPT. (2012). *Non-Medical Use of Prescription Drugs (NMUPD) Webinar Series - Strategies/Interventions for Reducing NMUPD.*
Saturday Teen Night Program

Program Description
The Manchester Weed & Seed (W&S) Strategy’s current Saturday Teen Night Program (Teen Night) works with underserved youth to increase their perceptions and personal investment in the concepts of individual self-worth and value, resulting in a decreased initiation of risky behaviors. This program provides healthy meals, opportunities for physical activity, and ongoing connections with youth workers to provide a positive social environment that fosters healthy relationships and a safe haven from risky behaviors, such as underage drinking.

Local Conditions Addressed by this Strategy
- Pro-social activities are lacking in one of the poorest, highest risk neighborhoods in the City of Manchester

Fit and Feasibility
W&S plans to modify the program by opening a site on the west side of Manchester, an area that has been historically underserved. Teen Night has been in place on the eastside of the city for eight years. The Saturday Teen Night Program addresses all priorities – access to alcohol, tobacco, and other drugs; youth depression and hopelessness; the lack of continuity in prevention services within the Whole Health Model; and the high rate of youth binge drinking.

Outcome results were not available at the time of strategic plan submission, however data has been collected (currently in the evaluation process), with the use of pre and post tests for the 2011/2012 school year.

In order to open a second location for Teen Night, additional youth workers will need to be hired and an appropriate facility will need to be identified. United Way has committed to funding the cost of rent for the new west-side facility.

Communities Mobilizing for Change on Alcohol (CMCA) at Crispin's House
(Goffstown, Dunbarton, New Boston) (See page 20 of Appendix C)

Program Description
Communities Mobilizing for Change on Alcohol (CMCA) is a community-organizing program that employs a range of social-organizing techniques to address legal, institutional, social, and health issues related to underage drinking. The program involves community members in seeking and achieving changes in local public policies and the practices of community institutions that can affect youths’ access to alcohol.

Local Conditions Addressed by this Strategy
- Currently there are few formalized “coalitions” in the Greater Manchester Region to implement environmental or indicated prevention strategies due to a lack of capacity and funding. One emerging coalition – determined to build from its original roots is the Crispin’s House Coalition.

Fit and Feasibility
Crispin’s House Coalition is in need of a strategic plan and guidance in structuring itself to obtain funding opportunities such as Drug Free Communities in the future. They will need consulting on the appropriate sectors, work plans, partnerships and the realities of Drug Free Communities funding such as reporting, capacity to implement and attend the Communities Anti-Drug Coalitions of America (CADCA) Academy and all grant requirements. This group is extremely active in the Region and is determined to get a coalition started and hire a coordinator for a small stipend with the kick off to start things. They are going to follow the CMCA model with support from the Regional Network.
Capacity for Regional Network: Makin’ It Happen (MIH) YouthNet Coordinator

Program Description
The Manchester Regional Network, Makin’ It Happen, is fortunate enough to have many existing youth groups in our region of varying stages of readiness and abilities. However, they are not connected in any way to learn from one another or to share challenges and successes.

Local Conditions Addressed by this Strategy
- Need to integrate youth initiatives
- Work with diverse population
- Low perceived risk for furnishing alcohol
- Low percentage of parents talking with kids about alcohol, tobacco and other drugs use
- No perceived risks associated with the misuse of prescription drugs
- High percentage of students perceive regular marijuana use as low-risk
- Integrated Health/substance abuse/mental health for at-risk youth

Fit and Feasibility
One goal in the Region is to have a full-time coordinator for all youth efforts described above, and to offer consistent trainings to youth around media messages, social networking and social marketing. Eventually, the Region would like advocacy to be part of what their youth groups can do. With the Dover Youth to Youth Program, youth will be trained to cause behavioral changes in the way adults think about furnishing alcohol and parenting decisions about when and how they talk to their children about alcohol, tobacco and other drugs. These youth will also be involved in the Teen Institute Initiatives and will be leaders in their individual groups to help the group work together in support of its goals. Volunteer advisors to these groups lack the time and resources needed to reach out in the community to offer collaboration. Makin’ It Happen would like to facilitate this and be a resource to these youth groups so that peer-to-peer youth will be empowered to create change in the Region.

Capacity for Regional Network, Makin’ It Happen (MIH)
The Regional Network has in its strategic plan many strategies that will need to be implemented and overseen by them due to a lack of any existing coalitions and due to a lack of capacity of the Leadership Team along with the current ambivalence of the long-term relationship with their fiscal agent.

The programs needing assistance from the Regional Network are the coordination of the Youth Risk Behavior Survey (YRBS), Buyers Beware, marketing campaigns, PSAs, prescription education for physicians, work with CAMY, permanent prescription drug disposal locations, Life of an Athlete recruitment, Project SUCCESS buy-in, Operation: Military Kids, William S. Green grant, suicide prevention initiative, expanding services beyond Manchester, data collection collaboration, overseeing a YouthNet Coordinator for some of these youth initiatives, and Making Change. This is in addition to the BDAS requirements of the position funded through them.
Therefore, the Region is asking for funding to support an AmeriCorps VISTA position and four interns throughout the year (one per semester and one in the summer) to assist on these projects. The Region is deeply concerned about the sustainability and infrastructure of MIH as a Regional Network.

The Region is also asking for $10,000 for meeting materials, food and travel expenses to help fund the numerous smaller components necessary to accomplish goals listed above, especially considering our current funding from BDAS only covers the salary of the Regional Network Coordinator.

**Capacity Building for Mental Health Providers to Increase Access for Diverse Populations**

The Greater Manchester Regional Network will build capacity with the mental health centers and hospitals to increase access to mental health services for the diverse populations in the Region, including installing kiosks with multi-lingual information that discusses the cultural differences between cultures that are barriers to this population receiving services. Capacity building with providers to increase access; reach the diverse populations and cultures; install kiosks at hospitals for multi-cultural dissemination of information.

**Capacity Building for Quantitative Data Collection**

The Greater Manchester Region is currently collecting data in a very fragmented manor. Systems are working in silos regarding data collection and there is no consistent universal intake forms being used to capture demographics data on which programs are being utilized and by whom. There is currently no measure of what programs are actually in the community. This position will be shared by the Regional Network and Public Health Network to gather data, establish consistent tools, get agencies to adopt these universal tools and collaborate region-wide. The Greater Manchester Region will need one full-time employee in year one, but once protocols are established, this position can be scaled back if the goals are met. The Regional Network is currently not structured with its fiscal agent to take on new employees, so the Public Health Network has agreed to fund this data position with the understanding that the role is to be shared with initiatives coming out of this funding source and is related to substance abuse prevention. The $70,000 includes benefits.

**Data Collection: Youth Risk Behavior Survey (YRBS)**

The Greater Manchester Regional Network would like to continue to collect Youth Risk Behavior Survey (YRBS) actually include middle schools so data on the age of onset can be collected and the appropriate age of prevention strategies needed in the field can be full realized. The Region feels data collection is integral to the process of prevention, and is necessary for continued evaluation, planning and assessment around the needs of the Region.

The Region absolutely needs to continue to collect and analyze this data to determine current trends, as well as continue to support schools in the Region carry out this valuable collection. The Region asking for $6,000 for high school YRBS and $6,000 for middle school YRBS.
The Greater Manchester Regional Network has determined the strategies that will best meet their substance use prevention goals and objectives. Multiple goals and objectives can be efficiently targeted by a strategy. The following tables show the various strategies that have been chosen and the goals and objectives they target. The description of each objective can be found earlier in the plan on pages 12-13.

### Goals and Objectives Targeted by Each Strategy

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Goal 1 (Rx Drugs)</th>
<th>Goal 2 (Alcohol)</th>
<th>Goal 3 (Binge Drinking)</th>
<th>Goal 4 (Marijuana)</th>
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<tr>
<td>Media Power Youth: Elementary &amp; Middle School Curricula Training</td>
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<td>Teen Institute Summer Leadership Program (for high school students)</td>
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<td>Objectives</td>
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VII. Action Plan

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

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

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

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

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

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

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

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

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

  **Universal Indirect**: Interventions support population-based programs and environmental strategies (e.g., establishing alcohol and other drug policies, modifying alcohol and other drug advertising practices). This also could include interventions involving programs and policies implemented by coalitions.
Selective: Activities targeted to individuals or a subgroup of a population whose risk of developing a disorder is significantly higher than average. Selective prevention strategies target subsets of the total population that are deemed to be at risk for substance abuse by virtue of their membership in a particular population segment—for example, children of adult alcoholics, dropouts, or students who are failing academically.

Indicated: Activities targeted to individuals, identified as having minimal but detectable signs or symptoms foreshadowing disorder or having biological markers indicating predisposition for disorder but not yet meeting diagnostic levels. Indicated prevention strategies are designed to prevent the onset of substance abuse in individuals who do not meet the Diagnostic and Statistical Manual of Mental Disorders 4th edition (DSM-IV) criteria for addiction, but who are showing early danger signs, such as falling grades and consumption of alcohol and other gateway drugs.
<table>
<thead>
<tr>
<th>Sector</th>
<th>Domain</th>
<th>Strategy</th>
<th>Lead Organization by Level of Commitment</th>
<th>Location</th>
<th>Service Population</th>
<th>IOM</th>
<th>Start Date</th>
<th>End Date</th>
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<td>Media Power Youth: Elementary &amp; Middle School Curricula Training</td>
<td>Media Power Youth</td>
<td>Sub-Regional, (Eventually the entire region after 3 years: Manchester School Yr 1, Goffstown Yr 2, Bedford Yr 3.)</td>
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<td>Aug 31, 2012</td>
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<td>Buyers Beware</td>
<td>Greater Manchester Regional Network with all coalitions and partners in the region</td>
<td>Region-wide, Statewide</td>
<td>General Population, Parents &amp; Families, High School Students</td>
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**SECTORS**
- H: Health & Medical
- L: Law Enforcement & Safety
- E: Education
- G: Government
- B: Business
- C: Cultural- or Faith-Based
- S: Community Supports

**DOMAINS**
- C: Community
- S: School
- F: Family
- P: Peer
- I: Individual

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

**INSITITUTE OF MEDICINE PREVENTION CATEGORIES (IOM)**
- U: Universal
- UD: Universal Direct
- UI: Universal Indirect
- S: Selective
- I: Indicated
<table>
<thead>
<tr>
<th>Sector</th>
<th>Domain</th>
<th>Strategy</th>
<th>Lead Organization by Level of Commitment</th>
<th>Location</th>
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<tr>
<td>E</td>
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<td>Teen Institute Training for Youth: Leaders in Prevention (for middle school students)</td>
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</tbody>
</table>

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### DOMAINS
- **C** Community
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- **S** Selective
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<tr>
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<th>IOM</th>
<th>Start Date</th>
<th>End Date</th>
</tr>
</thead>
<tbody>
<tr>
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<td>P</td>
<td>Youth to Youth (Y2Y), Dover Youth Empowerment Model</td>
<td>Greater Manchester Regional Network</td>
<td>Region-wide</td>
<td>Civic Groups/Coalitions, General Population, Middle, High School Students, Youth, Law Enforcement/Military</td>
<td>UI</td>
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<td>Aug 31, 2015</td>
</tr>
<tr>
<td>Mesh Marketing firm in Nashua, Regional Network</td>
<td>P I</td>
<td>DrinkStory.com</td>
<td>Greater Manchester Regional Network, Greater Nashua Regional Network</td>
<td>Statewide (Joint effort btn Greater Nashua, and Greater Manchester)</td>
<td>College Students</td>
<td>UI</td>
<td>Sep 1, 2012</td>
<td>Aug 31, 2015</td>
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<tr>
<td>Regional Network, Coaches, Admin, Athletes</td>
<td>S P I</td>
<td>Life of an Athlete</td>
<td>Greater Manchester Regional Network with Coalitions, partners, school districts</td>
<td>Region-wide, Statewide</td>
<td>Health Professionals, High School Students, Parents and Families, Teachers/Admin</td>
<td>UD</td>
<td>Sep 1, 2012</td>
<td>Aug 31, 2015</td>
</tr>
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</table>

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**SECTORS**
- Health & Medical (H)
- Law Enforcement & Safety (L)
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- Business (B)
- Cultural- or Faith-Based (C)
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<tr>
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<td>Change Prescriber Practices – Trainings for Providers</td>
<td>Greater Manchester Regional Network with the existing coalitions and partners in the region</td>
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<tr>
<td>S</td>
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<td>Sub-Regional (Manchester)</td>
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<td>H E</td>
<td>P</td>
<td>Making Change</td>
<td>Greater Manchester Regional Network</td>
<td>Region-wide</td>
<td>Middle School Students, People using Substances, Youth</td>
<td>I</td>
<td>Sep 1, 2012</td>
<td>Aug 31, 2015</td>
</tr>
</tbody>
</table>

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<tr>
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<tr>
<td></td>
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<td></td>
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<td>1, 2</td>
<td>Middle, High School Students, Parents and Families, Other</td>
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<td>Project SUCCESS</td>
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<td>UI</td>
<td>Sep 1, 2012</td>
<td>Aug 31, 2015</td>
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<td>Crispin’s House (Goffstown),</td>
<td></td>
<td>Civic Groups/Coalitions, High School Students, Teachers/Admin.</td>
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<td></td>
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<td>S</td>
<td>Sep 1, 2013</td>
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<td>I</td>
<td>Program</td>
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<td>Refugee and immigrant women</td>
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<td>H</td>
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<td>Region-wide</td>
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<td></td>
<td>G</td>
<td></td>
<td>Manchester Public Health Dept.</td>
<td>2</td>
<td>People with Mental Health Problems</td>
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<td></td>
<td>C</td>
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<td>Greater Manchester Regional Network</td>
<td>1, 2</td>
<td>Region-wide</td>
<td>UI</td>
<td>Sep 1, 2012</td>
<td>Aug 31, 2015</td>
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<tr>
<td></td>
<td></td>
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<td>YouthNet-all youth groups</td>
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<tbody>
<tr>
<td><strong>H</strong></td>
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<td><strong>S</strong></td>
<td>Saturday Teen Night Program</td>
<td>Public Health Network, Weed and Seed</td>
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<td>UD</td>
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<td><strong>E</strong></td>
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<td>Communities Mobilizing for Change on Alcohol (CMCA) at Crispin’s House</td>
<td>Litchfield School District</td>
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<td>Sub-Regional, (Goffstown, Dunbarton, New Boston)</td>
<td>Civic Groups/ Coalitions</td>
<td>UI</td>
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<tr>
<td><strong>C</strong></td>
<td><strong>F</strong></td>
<td><strong>P</strong></td>
<td>Capacity for Regional Network: Makin’ It Happen (MIH) YouthNet Coordinator</td>
<td>Greater Manchester Regional Network</td>
<td>1, 2</td>
<td>Region-wide</td>
<td>General Population, Parents and Families, High School Students, Prevention/Treatment Professionals, Teachers/Admin.</td>
<td>UD</td>
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<td><strong>H</strong></td>
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<td>Capacity for Regional Network: Makin’ It Happen (MIH)</td>
<td>Greater Manchester Regional Network</td>
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</thead>
<tbody>
<tr>
<td>H</td>
<td>C</td>
<td>Capacity Building for Mental Health Providers to Increase Access for Diverse Populations</td>
<td>Greater Manchester Regional Network</td>
<td>Region-wide</td>
<td>People with Mental Health Problems</td>
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VIII. Logic Model

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

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

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

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

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

**SHORT-TERM OUTCOMES**
- Increased awareness/knowledge and skills among Regional Network membership, across the 5 core sectors and community prevention participants as they relate to Regional Network priority risk and protective factors.
  - Increased collaborative activity around substance use prevention activities in the Region across the five core sectors.
  - Increased overall trust among prevention partners in the Region.
  - Increased community readiness and capacity to address substance use and mental health
  - Increased awareness/knowledge of legal and medical consequences of furnishing alcohol to minors among parents, siblings and young adults
  - Increased parent conversations with their children about substance use
  - Increased knowledge and skills among law enforcement to address parties at homes
  - Increased knowledge of prevalence and risks of mental health issues among community members
If these short-term outcomes occur, they will then lead to the following intermediate outcomes:

**INTERMEDIATE OUTCOMES**

- Increased perception of risk of harm of non-medical prescription drugs in the Greater Manchester Region
- Decreased access to prescription drugs for non-medical use among high school aged youth and adults in the Greater Manchester Region
- Decreased social access to alcohol among high school aged youth in the Greater Manchester Region
- Increased enforcement capacity to address underage drinking in the Greater Manchester Region
- Decreased retail access to alcohol among high school aged youth in the Greater Manchester Region
- Increased perception of risk of harm of marijuana use among high school aged youth in the Greater Manchester Region
- Decreased social access to marijuana use among high school aged youth in the Greater Manchester Region
- Increased collaboration of resources and services among multiple systems and providers of health to address Whole Health in the Greater Manchester Region
- Increased awareness of mental health as a part of holistic well-being in the Greater Manchester Region
- Increased capacity of the Greater Manchester Regional Network to sustain long-term prevention efforts
- Data among prevention services and resource providers are integrated and shared throughout the Greater Manchester Region
Finally, if the intermediate outcomes occur, they will lead to the following long-term outcomes which are essentially the substance use prevention goals of the Greater Manchester Regional Network.

### LONG-TERM OUTCOMES

- Decreased non-medical prescription drug use among high school aged youth and adults in the Greater Manchester Region by 2015
- Decreased alcohol use among high school aged youth & adults in the Greater Manchester Region by 2015
- Decreased binge drinking among 11th-12th grade high school aged youth and young adults aged 18-25 years old in the Greater Manchester Region by 2015
- Decreased marijuana use among high school aged youth in the Greater Manchester Region by 2015

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

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

**Inputs**
- AOD Services
- Community Inputs
- Regional Network Inputs
- State Inputs
- Federal Inputs

**Additional State Inputs**
- New Hampshire Charitable Foundation Funding
- Center for Excellence quality improvement toward best practices, programs, and policies provided via TA and Learning Collaboratives
- Regional Network Evaluation
- Governor’s Commission Prevention Task Force
- State Epi Outcome Workgroup (SEOW)
- State level partnerships invested in regional system
- Certification training and process
- NH Training Institute

**Strategies**
- Media Power Youth: Elementary & Middle School Curricula Training
- Buyers Beware
- SBIRT and BASICS
- Teen Institute Summer Leadership Program (for high school students)
- Teen Institute Training for Youth: Leaders in Prevention (for middle school students)
- William S. Green Program
- Manchester Youth Leadership Program
- Center for Alcohol Marketing and Youth (CAMY) Consulting from Dr. David Jernigan
- Youth to Youth, Dover Youth Empowerment Model
- DrinkStory.com
- Permanent Prescription Drug Disposal Locations
- Life of an Athlete
- Change Prescriber Practices - Trainings for Providers
- Alternative Activities for High-Risk Youth
- Strengthening Families, Celebrating Families,
  Strengthening Families for Parents and Youth 10-14
- Making Change
- Operation: Military Kids
- Project SUCCESS
- Refugee and Immigrant Women Support Program
- Suicide Prevention Initiative
- Media/Social Marketing Campaign - Regional PSA Messaging
- Saturday Teen Night Program
- Communities Mobilizing for Change on Alcohol (CMCA) at Crispin’s House
- Capacity for Regional Network: Makin’ It Happen (MII) YouthNet Coordinator
- Capacity for Regional Network: Makin’ It Happen
- Capacity Building for Mental Health Providers to Increase Access for Diverse Populations
- Capacity Building for Quantitative Data Collection
- Data Collection: YRBS

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

**Short-Term Outcomes**
- Increased awareness/ knowledge and skills among RN membership, across the 5 core sectors & community prevention participants as they relate to Regional Network priority risk and protective factors.
- Increased collaborative activity around substance use prevention activities in the region across the 5 core sectors.
- Increased overall trust among prevention partners in the region.
- Increased community readiness & capacity to address substance use and mental health.
- Increased awareness/ knowledge of legal and medical consequences of furnishing alcohol to minors among parents, siblings and young adults.
- Increased parent conversations with their children about substance use.
- Increased knowledge and skills among law enforcement to address parties at homes.
- Increased knowledge of prevalence and risks of mental health issues among community members.
- Increased knowledge of prevalence and risks of mental health issues among community members.
- Increased internship positions to support coalition.
- Increased middle school YRBS data collection.

**Intermediate Outcomes**
- Increased perception of risk of harm of non-medical prescription drugs in the Greater Manchester Region.
- Decreased access to prescription drugs for non-medical use among high school aged youth and adults in the Greater Manchester Region.
- Decreased social access to alcohol among high school aged youth in the Greater Manchester Region.
- Increased enforcement capacity to address underage drinking in the Greater Manchester Region.
- Decreased retail access to alcohol among high school aged youth in the Greater Manchester Region.
- Increased perception of risk of harm of marijuana use among high school aged youth in the Greater Manchester Region.
- Decreased social access to marijuana use among high school aged youth in the Greater Manchester Region.
- Increased collaboration of resources and services among multiple systems and providers of health to address Whole Health in the Greater Manchester Region.
- Increased awareness of mental health as a part of holistic well-being in the Greater Manchester Region.
- Increased capacity of the Greater Manchester Regional Network to sustain long-term prevention efforts.
- Data integrated and shared among prevention services and resource providers throughout the Greater Manchester Region.

**Long-Term Outcomes**
- Decreased non-medical prescription drug use among high school aged youth and adults in the Greater Manchester Region by 2015.
- Decreased alcohol use among high school aged youth and adults in the Greater Manchester Region by 2015.
- Decreased binge drinking among 11th - 12th grade high school aged youth and young adults 18-25 year olds in the Greater Manchester Region by 2015.
- Decreased marijuana use among high school aged youth in the Greater Manchester Region by 2015.
IX. Evaluation Plan

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

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

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

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<th>Data to be Collected</th>
<th>Measurement Tool</th>
<th>Timing of Administration</th>
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<tbody>
<tr>
<td><strong>Process Outcomes</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number and types of strategies implemented</td>
<td>Strategy names, description of strategy</td>
<td>NH State Prevention Performance Management System</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Strategies implemented with fidelity to implementation plan</td>
<td>Fidelity measurement</td>
<td>TBD</td>
<td>TBD</td>
</tr>
<tr>
<td>Number and percent of 5 core sectors represented in programs, meetings, activities</td>
<td>Names and sectors of people attending programs, meetings, activities</td>
<td>NH State Prevention Performance Management System</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Number and type of people served by strategies</td>
<td>Names and sectors of people participating in programs and other strategies</td>
<td>NH State Prevention Performance Management System</td>
<td>Ongoing</td>
</tr>
<tr>
<td><strong>Short-Term Outcomes</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Increased Coalition member satisfaction and trust</td>
<td>Extent coalition members feel that they are valued members and the work of the coalition is effectively meeting goals and objectives</td>
<td>Network Survey to be developed by Center for Excellence</td>
<td>TBD</td>
</tr>
<tr>
<td>Increased awareness, knowledge, skills related to priority risk factors among RN membership, across the 5 core sectors and community prevention participants</td>
<td>Extent of awareness of substance use, knowledge of issue and data, skill to address risk factors</td>
<td>Surveys (including Network Survey and Core Measure Survey) to be developed by Center for Excellence</td>
<td>TBD</td>
</tr>
<tr>
<td>Increased collaborative activity in the Region across 5 core sectors</td>
<td>Extent to which members and organizations communicate and work with each other</td>
<td>PARTNER Tool</td>
<td>Annual</td>
</tr>
<tr>
<td>Increased overall trust among prevention partners in the Region</td>
<td>How much trust and interest in collaboration prevention partners have for each other</td>
<td>Network Survey to be developed by Center for Excellence</td>
<td>TBD</td>
</tr>
<tr>
<td>Outcome to Measure</td>
<td>Data to Be Collected</td>
<td>Measurement Tool</td>
<td>Timing of Administration</td>
</tr>
<tr>
<td>--------------------</td>
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</tr>
<tr>
<td><strong>Short-Term Outcomes (continued)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Increased community readiness and capacity to address substance use and mental health</td>
<td>Level that community members and organizations are ready to address substance use prevention and mental health</td>
<td>Community Readiness Survey</td>
<td>TBD</td>
</tr>
<tr>
<td>Increased awareness/knowledge of legal and medical consequences of furnishing alcohol to minors among parents, older siblings and young adults</td>
<td>Level of awareness and knowledge about consequences of furnishing alcohol to minors among parents, older siblings and young adults</td>
<td>Surveys (including Network Survey and Core Measure Survey) to be developed by Center for Excellence</td>
<td>TBD</td>
</tr>
<tr>
<td>Increased parent conversations with their children about the risks of substance use</td>
<td>Number of high school aged youth who report they have talked to at least one of their parents/guardians about the dangers of tobacco, alcohol, or drug use during the past 12 months.</td>
<td>YRBS</td>
<td>2013</td>
</tr>
<tr>
<td>Increased knowledge and skills among law enforcement to address parties at homes</td>
<td>Number of participants in training who report an increase in skills &amp; knowledge to address parties at homes</td>
<td>Law Enforcement Sector training post survey</td>
<td>TBD</td>
</tr>
<tr>
<td>Increased knowledge of prevalence and risks of mental health issues among community members</td>
<td>Number of community members in the Region who report an increase in knowledge about how widespread mental illness is in the community and the associated risks</td>
<td>Surveys (including Network Survey and Core Measure Survey) to be developed by Center for Excellence</td>
<td>TBD</td>
</tr>
<tr>
<td>Increased internship positions to support coalition</td>
<td>Number of internship positions and interns hired</td>
<td>Network Survey to be developed by Center for Excellence</td>
<td>TBD</td>
</tr>
<tr>
<td>Increased middle school YRBS data collection</td>
<td>Number of middle schools that implement YRBS</td>
<td>Network Survey to be developed by Center for Excellence</td>
<td>TBD</td>
</tr>
<tr>
<td>Service and resource providers agree to share data with each other</td>
<td>Number of service &amp; resource providers who agree to share their data with each other</td>
<td>Network Survey to be developed by Center for Excellence</td>
<td>TBD</td>
</tr>
<tr>
<td><strong>Intermediate Outcomes</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Increased perception of risk of harm of non-medical prescription drugs in the Greater Manchester Region by 2015. (Youth baseline of 61.1% in 2011 to an increase in 2013 to 62.3% in 2015) (Adult baseline and change to be determined)</td>
<td>Number of high school aged youth who report they perceive great risk of harm of using non-medical prescription drugs</td>
<td>YRBS</td>
<td>2013, 2015</td>
</tr>
<tr>
<td></td>
<td>Number of adults who report risk of harm of using non-medical prescription drugs</td>
<td>Network Survey to be developed by Center for Excellence</td>
<td></td>
</tr>
<tr>
<td>Outcome to Measure</td>
<td>Data to be Collected</td>
<td>Measurement Tool</td>
<td>Timing of Administration</td>
</tr>
<tr>
<td>----------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------</td>
<td>--------------------------</td>
</tr>
<tr>
<td>Decreased access to prescription drugs for non-medical use among high school aged youth and adults in the Greater Manchester Region by 2015.</td>
<td>Number of high school aged youth who report that it would be very easy to get non-medical prescription drugs if they wanted to</td>
<td>YRBS, Network Survey to be developed by Center for Excellence</td>
<td>2013, 2015</td>
</tr>
<tr>
<td>(Baseline of 19.2% in 2011 to a decrease in 2013 to 18.2% in 2015)</td>
<td>Number of adults who report that it would be very easy to get non-medical prescription drugs if they wanted to</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Adult baseline and change to be determined)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Decreased social access to alcohol among high school aged youth in the Greater Manchester Region by 2015.</td>
<td>Number of high school aged youth who report getting alcohol by somebody giving it to them</td>
<td>YRBS</td>
<td>2013, 2015</td>
</tr>
<tr>
<td>(Baseline of 31.4% in 2011 to a decrease in 2013 to 30.2% in 2015)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Increased law enforcement capacity to address underage drinking in the Greater Manchester Region by 2015.</td>
<td>Number of law enforcers who report they have been better able to enforce underage drinking laws</td>
<td>Surveys (including Network Survey and Core Measure Survey) to be developed by Center for Excellence</td>
<td>TBD</td>
</tr>
<tr>
<td>Decreased retail access to alcohol among high school aged youth in the Greater Manchester Region by 2015.</td>
<td>Number of high school aged youth who report getting alcohol by buying it or giving someone money to buy it</td>
<td>YRBS</td>
<td>2013, 2015</td>
</tr>
<tr>
<td>(Baseline and change to be determined)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Increased perception of risk of harm of marijuana use among high school aged youth in the Greater Manchester Region by 2015.</td>
<td>Number of high school aged youth who report they perceive great risk of harm of using marijuana</td>
<td>YRBS</td>
<td>2013, 2015</td>
</tr>
<tr>
<td>(Baseline of 35.5% in 2011 to an increase in 2013 to 36.7% in 2015)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Decreased social access to marijuana use among high school aged youth in the Greater Manchester Region by 2015.</td>
<td>Number of high school aged youth who report that it would be very easy to get marijuana if they wanted to</td>
<td>YRBS</td>
<td>2013, 2015</td>
</tr>
<tr>
<td>(Baseline of 46.1% in 2011 to a decrease in 2013 to 44.8% in 2015)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Increased collaboration of resources and services among multiple systems and providers of health to address Whole Health in the Greater Manchester Region by 2015.</td>
<td>Number of health service providers, agencies and organizations in the Region who report they are collaborating with each other in their delivery of resources and services</td>
<td>Surveys (including Network Survey and Core Measure Survey) to be developed by Center for Excellence</td>
<td>TBD</td>
</tr>
<tr>
<td>Increased awareness of mental health as a part of holistic wellbeing in the Greater Manchester Region by 2015.</td>
<td>Number of community members who report they think mental health is an important component of overall health</td>
<td>Surveys (including Network Survey and Core Measure Survey) to be developed by Center for Excellence</td>
<td>TBD</td>
</tr>
<tr>
<td>Outcome to Measure</td>
<td>Data to be Collected</td>
<td>Measurement Tool</td>
<td>Timing of Administration</td>
</tr>
<tr>
<td>--------------------</td>
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<td>-----------------</td>
<td>--------------------------</td>
</tr>
<tr>
<td><strong>Intermediate Outcomes (continued)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Increased capacity of the Greater Manchester Regional Network to sustain long-term prevention efforts by 2015.</td>
<td>Number of areas of prevention related tasks that have adequate resources, staffing, data and infrastructure components to operate efficiently and sustainably</td>
<td>Surveys (including Network Survey and Core Measure Survey) to be developed by Center for Excellence</td>
<td>TBD</td>
</tr>
<tr>
<td>Data among prevention services and resource providers integrated and shared throughout the Greater Manchester Region by 2015.</td>
<td>Number of prevention service and resource providers who report that they are able to access relevant data from each other</td>
<td>Surveys (including Network Survey and Core Measure Survey) to be developed by Center for Excellence</td>
<td>TBD</td>
</tr>
<tr>
<td><strong>Long-Term Outcomes</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Decreased non-medical prescription drug use among high school aged youth and adults in the Greater Manchester Region by 2015.</td>
<td>Number of high school aged youth who report they used prescription drugs for non-medical use in the past 30 days Number of adults who report they recently used non-medical prescription drugs</td>
<td>YRBS Surveys (including Network Survey and Core Measure Survey) to be developed by Center for Excellence</td>
<td>2015</td>
</tr>
<tr>
<td>Decreased alcohol use among high school aged youth and adults in the Greater Manchester Region by 2015</td>
<td>Number of high school aged youth who report they used alcohol in the past 30 days Number of adults who report they regularly use alcohol</td>
<td>YRBS Surveys (including Network survey and Core Measure Survey) to be developed by Center for Excellence</td>
<td>2015</td>
</tr>
<tr>
<td>Decreased binge drinking among 11th-12th grade high school aged youth and young adults 18-25 year olds in the Greater Manchester Region by 2015</td>
<td>Number of 11th and 12th grade youth who report they drank 5 or more drinks in a row in the past 30 days Number of 18-25 year olds who report they recently drank 5 or more drinks in a row</td>
<td>YRBS Surveys (including Network Survey and Core Measure Survey) to be developed by Center for Excellence</td>
<td>2015</td>
</tr>
<tr>
<td>Decreased marijuana use among high school aged youth in the Greater Manchester Region by 2015.</td>
<td>Number of high school aged youth who report they used marijuana in the past 30 days</td>
<td>YRBS</td>
<td>2015</td>
</tr>
</tbody>
</table>
X. Strengths & Challenges

The Makin’ It Happen, Greater Manchester Regional Network (MIH) has an established reputation in the community as a collaborative partner around substance use prevention. The Region has many statewide resources that are physically located within its boundaries that have the ability to develop sustainable solutions to the many health challenges the Region faces. While the community is quite diverse, that factor allows the Region to be creative and think outside the box. Past efforts were focused in the City of Manchester with broad strokes to the feeder towns which allows the Network to reach out to the other communities where they are not total strangers to those who need their services. Credibility is gained by MIH running programs and initiatives such as the William S. Green Manchester Youth Leadership Program, and coordinating initiatives such as the Suicide Prevention Initiative (SPI) and Making Change. However, it also presents a resource challenge to fund a position to meet the goals of the grant. The Appreciative Inquiry process brought the community’s voice to the Region by encouraging interest from sectors and members not previously involved. Additionally, it brought depth to the research and knowledge about our mission to an expanded audience and will continue to do so. The budget cuts by the Bureau of Drug and Alcohol Services (BDAS) in prevention and treatment caused all agencies and partners to collaborate in a more effective way and to transition in a way that was not imagined. With the New Hampshire Charitable Foundation (NHCF) funding this strategic planning process, the Region has had the opportunity to regroup and include a greater array of topics to the mission other than underage drinking.

Due to the concentrated efforts of past resources, there are many levels of readiness and involvement in the Region, which poses a challenge for the implementation and capacity building efforts. One size does not fit all. Many community partners were skeptical of the strategic planning process and wanted to know about ultimate funding possibilities. Agencies were upset and confused by the transition of MIH to a new fiscal agent and new system. Maintaining a constant effort to market and promote the comprehensive approach around prevention will be key. In the past, MIH had done several, robust, and often one-time events that the community has expected which are no longer possible due to priority setting by the current leadership and conditions of the non-profit status. With current limited resources and the structure of MIH, this is unavoidable. Moving towards a Whole Health Model will require a shift in thinking and diligence and most importantly time. Identifying neutral commonality without silos across the continuum of care with less funding has been and will continue to be challenging. That said, moving to a Whole Health Model has opened up the dialogue, brought non-traditional partners, such as the Manchester Transit Authority, to the table and has opened up the possibilities. The true challenge will be to stay focused and thoughtful as we move into uncharted, but healthy waters!
XI. Financial Plan

The table below depicts a one-year budget with the amount of existing funding that currently exists in the Greater Manchester Regional Network, and the amount of funding needed to fully implement the proposed strategies in the Region.

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Existing Funds</th>
<th>Needed Funds</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Media Power Youth: Elementary &amp; Middle School Curricula Training</td>
<td>$0</td>
<td>$5,250</td>
<td>$5,250</td>
</tr>
<tr>
<td>Buyers Beware</td>
<td>$0</td>
<td>$10,000</td>
<td>$10,000</td>
</tr>
<tr>
<td>Screening and Brief Intervention and Treatment (SBIRT) and Brief Alcohol Screening and Intervention for College Students (BASICS)</td>
<td>$0</td>
<td>$36,000</td>
<td>$36,000</td>
</tr>
<tr>
<td>Teen Institute: Summer Leadership Program (for high school students) and Training for Youth: Leaders in Prevention (for middle school students)</td>
<td>$0</td>
<td>$39,600</td>
<td>$39,600</td>
</tr>
<tr>
<td>William S. Green Program Manchester Youth Leadership Program</td>
<td>$5,000</td>
<td>$5,000</td>
<td>$10,000</td>
</tr>
<tr>
<td>Center for Alcohol Marketing and Youth (CAMY) Consulting from Dr. David Jernigan</td>
<td>$0</td>
<td>$10,000</td>
<td>$10,000</td>
</tr>
<tr>
<td>Youth to Youth (Y2Y), Dover Youth Empowerment Model</td>
<td>$0</td>
<td>$1,200</td>
<td>$1,200</td>
</tr>
<tr>
<td>DrinkStory.com</td>
<td>$900</td>
<td>$10,000</td>
<td>$10,900</td>
</tr>
<tr>
<td>Permanent Prescription Drug Disposal Locations</td>
<td>$0</td>
<td>$2,600</td>
<td>$2,600</td>
</tr>
<tr>
<td>Life of an Athlete (new initiative to be introduced in yr 1/discovery phase, no funds)</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Change Prescriber Practices - Trainings for Providers</td>
<td>$3,000</td>
<td>$3,000</td>
<td>$6,000</td>
</tr>
<tr>
<td>Alternative Activities for High-Risk Youth</td>
<td>$1,500</td>
<td>$1,500</td>
<td>$3,000</td>
</tr>
<tr>
<td>Strengthening Families Program, Celebrating Families!, Strengthening Families Program for Parents &amp; Youth 10-14</td>
<td>$0</td>
<td>$16,300</td>
<td>$16,300</td>
</tr>
<tr>
<td>Making Change</td>
<td>$780</td>
<td>$2,580</td>
<td>$3,360</td>
</tr>
<tr>
<td>Operation: Military Kids (OMK)</td>
<td>$10,000</td>
<td>$10,000</td>
<td>$20,000</td>
</tr>
<tr>
<td>Project SUCCESS (reset, discovery yr 1)</td>
<td>$4,500</td>
<td>$5,000</td>
<td>$9,500</td>
</tr>
<tr>
<td>Refugee and Immigrant Women Support Program at discovery phase/no funds</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Suicide Prevention Initiative</td>
<td>$575</td>
<td>$16,500</td>
<td>$17,075</td>
</tr>
<tr>
<td>Media/Social Marketing Campaign - Regional PSA Messaging</td>
<td>$0</td>
<td>$25,000</td>
<td>$25,000</td>
</tr>
<tr>
<td>Saturday Teen Night Program</td>
<td>$0</td>
<td>$31,000</td>
<td>$31,000</td>
</tr>
<tr>
<td>Communities Mobilizing for Change on Alcohol (CMCA) at Crispin’ House</td>
<td>$0</td>
<td>$5,000</td>
<td>$5,000</td>
</tr>
<tr>
<td>Capacity for Regional Network: Makin’ It Happen (MIH) YouthNet Coordinator</td>
<td>$0</td>
<td>$50,000</td>
<td>$50,000</td>
</tr>
<tr>
<td>Capacity for Regional Network: Makin’ It Happen (MIH)</td>
<td>$5,000</td>
<td>$10,000</td>
<td>$15,000</td>
</tr>
<tr>
<td>Capacity Building for Mental Health Providers to Increase Access for Diverse populations</td>
<td>$0</td>
<td>$10,000</td>
<td>$10,000</td>
</tr>
<tr>
<td>Interns/AmeriCorps for Admin/Program Supports and Development Consultant</td>
<td>$0</td>
<td>$20,000</td>
<td>$20,000</td>
</tr>
<tr>
<td>Capacity Building for Quantitative Data Collection</td>
<td>$0</td>
<td>$70,000</td>
<td>$70,000</td>
</tr>
<tr>
<td>Data Collection: Youth Risk Behavior Survey (YRBS)</td>
<td>$0</td>
<td>$12,000</td>
<td>$12,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$31,255</strong></td>
<td><strong>$407,530</strong></td>
<td><strong>$438,785</strong></td>
</tr>
</tbody>
</table>

- The total cost to implement this plan is **$438,785** per year.
- Funding in the amount of **$31,255** currently exists to support this plan.
- The total amount of funds still needed is **$407,530**.
Financial Plan Justification

**Media Power Youth: Elementary & Middle School Curricula Training**
- Education to teachers: 15 teachers from grades 4-6
- Year One: Manchester only as Media Power Youth is already established
- Years Two and Three: Plans to expand to other areas

**Buyers Beware**
- The Region will implement sticker shock and purchase billboards to educate the public on the penalties of furnishing alcohol to minors.
- Program has been in NH for many years and is supported by the State and NH Liquor Commission in collaboration with BDAS.
- The funding requested is to fund each group and the purchase of billboards. This effort will be region-wide, working with existing youth groups under the Region’s YouthNet program.

**Screening Brief Intervention & Referral to Treatment (SBIRT) and Brief Alcohol Screening and Intervention for College Students (BASICS)**
- Previously funded by MIH; lost BDAS funding

**Teen Institute: Summer Leadership Program (for high school students) and Training for Youth: Leaders in Prevention (for middle school students)**
- Year One: Five students from five schools
- Year Two: 60 students
- Year Three: 90 students

**William S. Green Program Manchester Youth Leadership Program**
- Year One: Integrate William S. Green Program into the community through increased participation
- Years Two and Three: Unknown
- Currently this program is for Manchester High School students only, but the goal is to expand region-wide.

**Center for Alcohol Marketing and Youth (CAMY) Consulting from Dr. David Jernigan**
- Training designed for adult stakeholders to mentor and lead youth in media message advocacy for media change.
- Year One: CAMY with technical assistance; media
- Years Two and Three: Possibly Mass School of Pharmacy (Manchester Campus); educate youth about the risks of non-medical prescription drug use
- CAMY is $1,500 per day; travel and technical assistance is extra.

**Youth to Youth, Dover Youth Empowerment Model**
- Purchase two, $600 manuals to be utilized by the MIH YouthNet Coordinator to work with the many youth groups in the Region to develop PSAs, video messaging campaigns, and other related activities.

**DrinkStory.com**
- The Greater Nashua Regional Network has also included $10,000 in their strategic plan to support this initiative.
- Further discussions needed to work out details
- The Region would like to use a local marketing firm to assist with this project.
Permanent Prescription Drug Disposal Locations
- Year One: 2 disposal locations at $1,300 each (Goffstown and Bedford Police Departments)
- Years Two and Three: 1 disposal location
- Strategy is dependent on rulemaking.
- Will ask social service agencies to contribute as another source of funding as the cost of stickers, signage, video cameras, and the box itself will add up quickly.

Life of an Athlete
- New to the Greater Manchester Region
- Year One: The Regional Network Coordinator will build awareness and capacity for this program
- Years Two and Three: The goal to implement this strategy as there is evidence of positive outcomes but is not on a registry.

Change Prescriber Practices – Trainings for Providers
- The modules have been developed by the Monadnock Region and are available by link.
- In progress: Certification for physicians and dissemination mechanisms.
- A region-wide initiative with all physician offices, hospitals and pharmacists available to promote.

Alternative Activities for High-Risk Youth
- $1,500 match by YMCA/YWCA.
- Rides provided by Transit Authority.
- Youth will be identified by Community Outreach Workers.

Strengthening Families Program, Celebrating Families!, Strengthening Families Program for Parents & Youth 10-14
- Twenty-four people served per year
- Nine employees will be trained at Families in Transition
- Six groups of evidence-based practices

Making Change
- $1800 for Clinical Supervision, $780 from the Regional Network for meeting expenses, and $780 from community partners for meeting expenses.
- The Region would like to maintain this program and support the peer-to-peer groups for youth.

Operation: Military Kids (OMK)
- Originally awarded grant for $20,000
- Budget reductions left the Region with only $10,000 to still get information out statewide.
- With full funding, the Region can better disseminate information about available resources and increase implementation as this area has especially high rates of unemployed veterans.

Project SUCCESS
- Year One: Offer funds for universal strategies
- Years Two and Three: Implementation
- Need to build greater capacity; Goffstown identified as a potential partner, however, need to discuss with other districts.

Refugee and Immigrant Women Support Program
- Year one: Discovery work to develop an initiative to offer support groups
- Year(s) two and three: Roll out first phase of a Peer to peer model
  - Addressing language and literacy barriers
  - Identify sustainability elements to continue developing and maintaining program
Suicide Prevention Initiative

- Per Year: Two \textit{T3 NAMI} trainings; One community event

\textbf{Media/Social Marketing Campaign - Regional PSA Messaging}

- To promote all local youth PSAs involved in YouthNet.
- Local marketing firm to be hired to help implement.

\textbf{Saturday Teen Night Program}

- $31,000 in funding for the West Side expansion of this program from the East Side in Manchester.
- Granite United Way is going to pay the rent at the new location through the Weed & Seed Program.

\textbf{Communities Mobilizing for Change on Alcohol (CMCA) at Crispin’s}

- Funding for the Goffstown Coalition to conduct strategic planning, to decide if they have capacity to apply for and implement a Drug Free Communities grant

\textbf{Capacity for Regional Network: Makin' It Happen (MIH) YouthNet Coordinator}

- Funding for Full-time employee to work with youth around media messaging, alcohol, tobacco and other drug use, mental health stigma, and to coordinate youth groups on regional initiatives.

\textbf{Capacity for Regional Network: Makin' It Happen (MIH)}

- Funding for staff and materials to work with CMC and mental health centers
- Funding for travel, meeting expenses, etc., to expand the capacity of the Regional Network into the outlining towns that have been underserved.

\textbf{Capacity Building for Mental Health Providers to Increase Access for Diverse populations}

- Build capacity with the mental health centers and hospitals to increase access to mental health services for the diverse population
- Install kiosks with multi-lingual information addressing cultural differences and barriers to targeted population to receive services

\textbf{Interns/Americorps for Administrative/Program Supports and Development Consultant}

- Four interns at $2,500 per quarter
- Americorps VISTA: $6,000
- Development Consultant: $4,000 for seeking grant and other development opportunities.

\textbf{Capacity Building for Quantitative Data Collection}

- Public Health Spec II: Shared with Regional Network.
- Capacity building around quantitative data collection for an integrated Whole Health Model.
- Housed by the Public Health Network but shared duties and supervision with the Regional Network for standardized intake processes and collection practices in order to obtained data needed to understand who is actually accessing services in the Greater Manchester Region.

\textbf{Data Collection: Youth Risk Behavior Survey (YRBS)}

- Continued collection of YRBS data as it is imperative to the Region and its partners.
- Expand data collection to include middle schools. This data gatherings is imperative to our Region, for all agencies involved.
XII. Conclusions & Next Steps

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

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

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

The Greater Manchester Regional Network will bring together the functional groups previously described; the Resource Information Group (RIG), Data Information Group (DIG), and Operational Efficiency & Sustainability Group (OESG). The RIG will complete an annual resource and capacity inventory covering the five core sectors. The DIG will report annually on data that drives regional priorities. The OESG will conduct annual monitoring evaluation activities in support of reaching the goals and objectives outlined in this plan. The work of these functional groups is ongoing and there is an understanding this strategic plan is a “work in progress.” Already with the submission of this plan for 2012-2015, additional strategies such as “Prime for Life” have been identified for implementation in years two and three.

In conclusion, the Greater Manchester Region is prioritizing the goal of reaching a truly “Whole Health Model” where data is collected in the Region on a consistent, systematic way to inform prevention, intervention, treatment and recovery programming. This will be accomplished by building capacity with established and new partners who understand the goal is not about “what’s in it for me or my agency” but “how can we make the Greater Manchester Region the healthiest community in NH.”

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


Andrew, Thomas, M.D. NH Medical Examiner’s Office. (2011) Personal communication.


Substance Abuse and Mental Health Services Administration. Screening, Brief Intervention, and Referral to Treatment (SBIRT). Retrieved from: http://www.samhsa.gov/prevention/sbirt

Appendices

<table>
<thead>
<tr>
<th>Appendix A</th>
<th>Evidence-Based Models Employed During Regional Strategic Planning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appendix B</td>
<td>Strategic Planning Process: Flow Chart</td>
</tr>
<tr>
<td>Appendix C</td>
<td>Strategy Fact Sheets</td>
</tr>
</tbody>
</table>

Supporting Documents

1. Makin’ It Happen Year One Work Plan
2. City of Manchester Blueprint for Violence Prevention
3. Greater Manchester Community Needs Assessment 2009

Supporting documents with additional information specific to the Greater Manchester Region’s strategic planning process can be accessed on the NH Center for Excellence’s website: [www.nhcenterforexcellence.org](http://www.nhcenterforexcellence.org)

For additional information about the Greater Manchester Regional Network visit their website: [www.mih4u.org](http://www.mih4u.org)
Appendix A

Evidence-Based Models Employed During Regional Strategic Planning

**Strategic Prevention Framework**

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

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


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

**Appreciative Inquiry**

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

[Image: http://appreciativeinquiry.case.edu/intro/whatisai.cfm]

**Communities Mobilizing for Change on Alcohol**

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

Community-Based Participatory Research

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

- WK Kellogg Foundation Community Health Scholars Program

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

Workgroup Development

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

PARTNER Tool

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

The Five-Sector Model

As noted in the introduction, the New Hampshire Bureau of Drug and Alcohol Services is supporting communities in their awareness of and action to prevent and reduce alcohol and drug abuse through a system of ten regional networks. These networks are comprised primarily of representation from five core sectors that have established ties to and within communities. These core sectors are institutions in virtually every community that serve community members on a daily basis. The core sectors are business, education, law enforcement, health and government. Ancillary sectors within communities that provide supporting roles to these core functions include faith- and community-based organizations that further community well-being and social conscientiousness.
Additionally, these five core sectors represent sustained essential services within communities that are highly impacted by substance use. Representatives of these sectors have been recruited to form the nucleus of each network’s key work groups. The five core sectors are presented below with examples of engagement pathways considered by regional prevention coordinators.

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

Strategic Planning Process for the Regional Network System

**STEP 1**
- Assess status of current plan, review data profile and gather additional data. Build on current goals and objectives.
- Develop problem statements or positive/vision statements by region, sub-region, and/or sector.
- Conduct further assessment, if needed.

**STEP 2**
- Determine WHY or HOW (Root Cause Analysis)
- Create an inventory of community strengths and determine existing resources & assets.
- Determine protective factors by region, sub-region, and/or sector.
- Design strategies & align resources.

**STEP 3**
- Form clear goals & specific, measurable objectives.
- Determine HOW.

**THREE-YEAR STRATEGIC PLAN**

- Action Plan
- Evaluation Plan
Appendix C

Media Power Youth: Elementary & Middle School Curricula Training

Training for teachers is provided by Media Power Youth staff is required to meet the evaluation standards and recommended for all educators using the curriculum. A Teacher’s Guide, with 12 lesson plans and all support materials on accompanying DVD with downloadable student handout masters is provided. The curriculum engages students in fun, media-rich lessons through which they develop vital critical thinking and decision-making skills to recognize and resist media’s influence on violence, bullying, alcohol & tobacco use and nutrition. Students are empowered to create healthy media messages for positive health behaviors to strengthen their understanding of media’s influence as well as their own sense of self. The curriculum is evidence-based and meets health and media literacy curriculum standards with an approach that teachers embrace and parents support.

Target Population: Youth (Grade 5)

Type of Strategy: Research-based. Based on a susceptibility-reduction strategy, informed by the Health Belief Model and the Habits of Thought Model.

General Activities:

<table>
<thead>
<tr>
<th>Activities</th>
<th>CSAP Prevention Categories</th>
</tr>
</thead>
<tbody>
<tr>
<td>Train teachers to teach curriculum</td>
<td>Community-Based Process</td>
</tr>
<tr>
<td>Implement curriculum (12 lessons)</td>
<td>Education</td>
</tr>
</tbody>
</table>

Risk and Protective Factors Addressed by this Strategy:

<table>
<thead>
<tr>
<th>Domain</th>
<th>Risk Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>Perceived lack of consequences, belief that underage drinking or prescription drugs are not harmful</td>
</tr>
<tr>
<td>Community</td>
<td>Media culture distorts social norms for tobacco, alcohol, prescription drugs and violence</td>
</tr>
</tbody>
</table>

Evaluation Outcomes to Date: Based on an evaluation conducted by Children’s Hospital Boston, Harvard Medical School and Harvard School of Public Health, students’ receiving the curriculum significantly increased their understanding of advertising influences and techniques, believe that they can understand and resist media messages in order to make their own healthy choices, reported enjoying the classes, finding them interesting and learning from them.

Buyers Beware

Buyers Beware is a New Hampshire-based media campaign that was created to address the purchasing of and provision of alcohol to minors by people of legal age.

**Target Population:** Anyone who is of legal age to purchase alcohol; specifically targeted towards people who have or have considered purchasing alcohol for minors

**Type of Strategy:** Research-based social marketing campaign

**General Activities:**

<table>
<thead>
<tr>
<th>Activities</th>
<th>CSAP Prevention Categories</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participate in Sticker Shock activities</td>
<td>Information Dissemination</td>
</tr>
<tr>
<td>Disseminate Buyers Beware printed materials</td>
<td>Information Dissemination</td>
</tr>
<tr>
<td>Disseminate Buyers Beware PSA’s</td>
<td>Information Dissemination</td>
</tr>
</tbody>
</table>

**Risk and Protective Factors Addressed by this Strategy:**

<table>
<thead>
<tr>
<th>Domain</th>
<th>Risk Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community</td>
<td>Social and retail access to alcohol</td>
</tr>
</tbody>
</table>

**Evaluation Outcomes to Date:** SAMHSA, OJJDP and the Northeast CAPT support the appropriate use of mass social marketing/media campaigns.

---

Screening, Brief Intervention & Referral Treatment (SBIRT)\textsuperscript{1,2}

“SBIRT is a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for persons with substance use disorders, as well as those who are at risk of developing these disorders. Primary care centers, hospital emergency rooms, trauma centers, and other community settings provide opportunities for early intervention with at-risk substance users before more severe consequences occur.

- Screening quickly assesses the severity of substance use and identifies the appropriate level of treatment.
- Brief intervention focuses on increasing insight and awareness regarding substance use and motivation toward behavioral change.
- Referral to treatment provides those identified as needing more extensive treatment with access to specialty care.”

**Target Population:** The non-dependent substance-user

**Type of Strategy:** Research-based. SBIRT is a screening and brief intervention strategy based on motivational interviewing.

**General Activities:**

<table>
<thead>
<tr>
<th>Activities</th>
<th>CSAP Prevention Categories</th>
</tr>
</thead>
<tbody>
<tr>
<td>Planning for implementation and training providers to implement SBIRT</td>
<td>Community-Based Process</td>
</tr>
<tr>
<td>Screening</td>
<td>Problem Identification and Referral</td>
</tr>
<tr>
<td>Brief Intervention</td>
<td>Education</td>
</tr>
<tr>
<td>Brief Treatment</td>
<td>Education</td>
</tr>
<tr>
<td>Referral to specialty treatment</td>
<td>Problem Identification and Referral</td>
</tr>
</tbody>
</table>

**Risk Factors Addressed by this Strategy:**

<table>
<thead>
<tr>
<th>Domain</th>
<th>Risk Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>Prior use of substances</td>
</tr>
</tbody>
</table>

\textsuperscript{1} Substance Abuse and Mental Health Services Administration. SBIRT. Retrieved from: [http://www.samhsa.gov/prevention/sbirt](http://www.samhsa.gov/prevention/sbirt)

**Evaluation Outcomes to Date:**

<table>
<thead>
<tr>
<th></th>
<th>Screening</th>
<th>Brief Intervention</th>
<th>Brief Treatment</th>
<th>Referral to Treatment</th>
<th>Evidence for Effectiveness of SBIRT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Alcohol Misuse/Abuse</strong></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>Comprehensive SBIRT effective (Category B classification, USPSTF)</td>
</tr>
<tr>
<td><strong>Illicit Drug Misuse/Abuse</strong></td>
<td>✓</td>
<td>*</td>
<td>*</td>
<td>✓</td>
<td>Growing but inconsistent evidence</td>
</tr>
<tr>
<td><strong>Tobacco Use</strong></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>Effective brief approach consistent with SBIRT (USPSTF; 2008 U.S. Public Health Service (PHS) Clinical Practice Guideline)</td>
</tr>
<tr>
<td><strong>Depression</strong></td>
<td>✓</td>
<td>—</td>
<td>✓</td>
<td>✓</td>
<td>No evidence to date for depression</td>
</tr>
<tr>
<td><strong>Trauma/Anxiety Disorders</strong></td>
<td>✓</td>
<td>*</td>
<td>—</td>
<td>✓</td>
<td>No evidence to date for trauma/anxiety disorders</td>
</tr>
</tbody>
</table>

**Key:**
- ✓ Evidence for Effectiveness/Utility of Component
- * Component Demonstrated to Show Promising Results
- — Not Demonstrated and/or Not Utilized
Brief Alcohol Screening and Intervention for College Students (BASICS)¹

Brief Alcohol Screening and Intervention for College Students (BASICS) is a prevention program for college students who drink alcohol heavily and have experienced or are at risk for alcohol-related problems.

**Target Population:** College students who drink heavily - may be tailored for use with young adults in settings other than colleges and for health issues other than binge drinking

**Type of Strategy:** Evidence-based from the National Registry of Evidence-Based Programs and Practices (NREPP). This strategy is based on the harm-reduction model and based on the principles of motivational interviewing.

**General Activities:**

<table>
<thead>
<tr>
<th>Activities</th>
<th>CSAP Prevention Categories</th>
</tr>
</thead>
<tbody>
<tr>
<td>Train personnel in motivational interviewing techniques</td>
<td>Community-Based Process</td>
</tr>
<tr>
<td>Conduct first, one-hour interview</td>
<td>Problem ID and Referral</td>
</tr>
<tr>
<td>Assess through online survey</td>
<td>Problem ID and Referral</td>
</tr>
<tr>
<td>Conduct second, one-hour interview</td>
<td>Problem ID and Referral</td>
</tr>
</tbody>
</table>

**Risk and Protective Factors Addressed by this Strategy:**

<table>
<thead>
<tr>
<th>Domain</th>
<th>Risk Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>Previous substance use (heavy drinking)</td>
</tr>
</tbody>
</table>

**Evaluation Outcomes to Date:** BASICS participants showed a statistically significant decrease in the frequency of alcohol use between baseline and follow-up. One study followed participants for six weeks and another experimental study followed participants for four years. According to the four-year study, the intervention has the greatest impact up to one year after baseline. Each of these studies showed statistically significant reductions in the quantity of alcohol use and a third study of fraternity members showed a reduced number of drinks per week among participants. In addition, the participants in the four-year study reported fewer negative consequences of high-risk drinking at one-year follow-up than their counterparts who did not revive the intervention.

NH Teen Institute Training For Youth: Leaders in Prevention

“NH Teen Institute is the only statewide youth empowerment and prevention organization in NH offering year-round leadership skills training, substance abuse prevention education, and support for New Hampshire teens, preteens, and adult advisors who are working together to make a difference in their lives and communities.”

**Target Population:** Middle School and High School Youth  
**Type of Strategy:** Training Services

**General Activities:**

<table>
<thead>
<tr>
<th>Trainings</th>
<th>CSAP Prevention Categories</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Peer Leadership Trainings:</strong> Designed for schools with existing or new peer outreach groups or school climate focused clubs, our one-day or weekend retreats help students and advisors build and reinforce their leadership skills. Our training format uses a team approach to build awareness and skill development, while focusing on communication, problem identification, referral, and action planning. Skill building exercises and teambuilding activities help students understand the power and pitfalls of group process and development.</td>
<td>Community-Based Process or Alternatives</td>
</tr>
<tr>
<td><strong>Summer Leadership Program:</strong> Teen Institute bring high school students together from across the state for a week of experiential activities designed to help them explore their values, relationships and coping strategies, and connect with their own inner strength while connecting with other young people. For 26 years, New Hampshire teens report that Summer Program has changed their lives in dramatic ways. Through our supportive environment and proven approaches, students learn to take positive, healthy risks to help them gain self-awareness, learn critical life skills, and acquire important insight and knowledge. During the general education sessions, all participants gain basic knowledge about violence prevention, diversity, building self-esteem, alcohol, tobacco and other drug use, connecting with one's community, and coping with grief and loss.</td>
<td>Community-Based Process or Alternatives</td>
</tr>
<tr>
<td><strong>Leaders in Prevention:</strong> The Leaders In Prevention program brings together a team of eight middle school students and two advisors for a weekend of activities and action planning with numerous other teams from across New Hampshire. Schools identify students—from all walks of life and levels of skill — with leadership potential, that are capable of working as part of a team, and willing to bring new skills back to their community.</td>
<td>Community-Based Process or Alternatives</td>
</tr>
<tr>
<td><strong>Thriving in Middle School:</strong> It is important for young teens/preteens to hear clear and consistent messages about the importance of making healthy choices, talking with trusted adults when issues arise, and finding their inner leader. The Thriving in Middle School program can help you get the conversation started!</td>
<td>Community-Based Process or Alternatives</td>
</tr>
<tr>
<td><strong>Custom Workshops:</strong> NH Teen Institute is available to help you design the best array of workshops for your group. From 60-minute sessions to a full day of training, our facilitators are specially trained to deliver important information to middle and high school students in an energetic, engaging manner. We also offer specially designed workshops for proactive college student groups looking to make a difference with on their campus and with their peers!</td>
<td>Community-Based Process or Alternatives</td>
</tr>
</tbody>
</table>

---

### Risk and Protective Factors Addressed by this Strategy:

<table>
<thead>
<tr>
<th>Domain</th>
<th>Risk Factors</th>
<th>Protective Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>Personal attitudes favorable towards use, perception of risk, intention to use, misconceptions about alcohol, tobacco and other drug use, resistance skills for dealing with peers and media pressure to engage in alcohol, tobacco and other drug use</td>
<td>Pro-social behavior, goal-setting</td>
</tr>
<tr>
<td>Peer</td>
<td>Associating with peers who use</td>
<td></td>
</tr>
</tbody>
</table>

### Evaluation Outcomes to Date:

The Teen Institute is currently working with the New Hampshire Center for Excellence in application of NH Service to Science endorsement of the Summer Leadership Program. Initial results of a six-month follow-up survey indicate positive, lasting outcomes for participants.
William S. Green Program Manchester Youth Leadership Program

“William S. Green was a long time president of the Manchester-based law firm, Sheehan, Phinney, Bass & Green, PA and a great supporter of leadership programs. The memorial fund set up in his name is this program’s main funding for this program. The William S. Green Manchester Youth Leadership Program provides high school sophomores with a yearlong opportunity to develop and enhance their leadership skills. Participants study leadership in various setting, interact with civic and business leaders, and the opportunity to practice new acquired skills.”

**Target Population:** High School Sophomores who attend Manchester Schools

**Type of Strategy:** Innovative/Grassroots

**General Activities:**

<table>
<thead>
<tr>
<th>Activities</th>
<th>CSAP Prevention Categories</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kickoff event in June of freshman year (including evening orientation session)</td>
<td>Education</td>
</tr>
<tr>
<td>Two-day leadership retreat in September</td>
<td>Education</td>
</tr>
<tr>
<td>Monthly one-day sessions from 7:30AM – 2:30PM</td>
<td>Education</td>
</tr>
</tbody>
</table>

**Risk and Protective Factors Addressed by this Strategy:**

<table>
<thead>
<tr>
<th>Domain</th>
<th>Protective Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>Leadership skills</td>
</tr>
</tbody>
</table>
Youth to Youth (Y2Y), Dover Youth Empowerment Model\textsuperscript{1,2}

This is a model to mobilize youth; building the skills and capacity of participating youth to take action, be involved in environmental change, and be part of the solution to substance use problems.

**Target Population:** 6\textsuperscript{th}-12\textsuperscript{th} grade students

**Type of Strategy:** Innovative, grassroots strategy based on Youth Empowerment model of Knowledge > Skills > Action.

**General Activities:**

<table>
<thead>
<tr>
<th>Activities</th>
<th>CSAP Prevention Categories</th>
</tr>
</thead>
<tbody>
<tr>
<td>Media productions, particularly creating radio ads</td>
<td>Information Dissemination</td>
</tr>
<tr>
<td>Presentations at schools, conferences and other locations</td>
<td>Information Dissemination</td>
</tr>
<tr>
<td>Community and School Awareness Programs</td>
<td>Information Dissemination</td>
</tr>
<tr>
<td>Enforcement initiatives such as compliance checks</td>
<td>Environmental</td>
</tr>
<tr>
<td>Legislative efforts at the local or state level</td>
<td>Environmental</td>
</tr>
</tbody>
</table>

**Risk and Protective Factors addressed by this strategy:**

<table>
<thead>
<tr>
<th>Domain</th>
<th>Risk Factors</th>
<th>Protective Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>Personal attitudes favorable towards use</td>
<td>Sense of purpose</td>
</tr>
<tr>
<td>Peer</td>
<td>Associating with peers who use</td>
<td>Positive peer influences</td>
</tr>
<tr>
<td>Community</td>
<td>A community that values youth, youth as resources in the community, service to the community for more than 1hr/week</td>
<td></td>
</tr>
</tbody>
</table>

**Evaluation Outcomes to Date:** Formal evaluation tools have been developed are pre-post individual results as well as process and fidelity measures will be evaluated. Expected outcomes include that "over the course of their participation, participants acquire a strong command of the issues while being systematically trained in public speaking techniques, media & message development, working with the press, activism event organizing, leadership, and the legislative process.

\textsuperscript{1} Dover Youth to Youth (Y2Y). Retrieved from: [http://www.doveryouth.com/index2.shtml](http://www.doveryouth.com/index2.shtml)

DrinkStory.com

DrinkStory.com is a website where college aged young adults can blog about the use and trends related to alcohol use.

**Target Population:** College-aged young adults

**Type of Strategy:** Research-based – social marketing campaign

**General Activities:**

<table>
<thead>
<tr>
<th>Activities</th>
<th>CSAP Prevention Categories</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop protocols for managing the site</td>
<td>Community-Based Process</td>
</tr>
<tr>
<td>Create a system for site promotion through interns/classes</td>
<td>Information Dissemination</td>
</tr>
<tr>
<td>Create a cell phone app and develop toolkits for promotion of site</td>
<td>Community-Based Process</td>
</tr>
<tr>
<td>Distribute promotional information to college campuses</td>
<td>Information Dissemination</td>
</tr>
<tr>
<td>Implement a system to track hits and automatically generate evaluative reports</td>
<td>Community-Based Process</td>
</tr>
</tbody>
</table>

**Risk and Protective Factors Addressed by this Strategy:**

<table>
<thead>
<tr>
<th>Domain</th>
<th>Risk Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>Perception of risk</td>
</tr>
<tr>
<td>Community</td>
<td>Social norms (binge drinking is seen as a “rite of passage”)</td>
</tr>
</tbody>
</table>

**Evaluation Outcomes to Date:** SAMHSA, OJJDP and the Northeast CAPT support the appropriate use of social marketing/mass media campaigns.
Permanent Prescription Drug Disposal Locations

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

**Target Population:** NH residents holding unwanted or expired pharmaceutical drugs

**Type of Strategy:** Permanent Prescription Drug Drop Box

### General Activities:

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

### Risk and Protective Factors Addressed by this Strategy:

<table>
<thead>
<tr>
<th>Domain</th>
<th>Risk Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community</td>
<td>Social access, community norms</td>
</tr>
</tbody>
</table>

**Evaluation Outcomes to Date:** As a result of this initiative, at least 12 sites (Seabrook, Windham, Sandown, Keene, Moultonborough, Lee, Newington, Salem, North Hampton, Derry, Pelham, Manchester) across New Hampshire have been established.

---

1 Chapter Jus 1600, Procedures for Pharmaceutical Drug Collection and Disposal Programs, Interim Rules, November 17, 2011.
Life of an Athlete

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

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

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

**General Activities:**

<table>
<thead>
<tr>
<th>Activities</th>
<th>CSAP Prevention Categories</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Season Meetings for Entry Level Athletes and Parents</td>
<td>Information Dissemination</td>
</tr>
<tr>
<td>Athletic Codes of Conduct Conditions for Involvement</td>
<td>Information Dissemination</td>
</tr>
<tr>
<td>Coaching Effectiveness Training</td>
<td>Environmental</td>
</tr>
<tr>
<td>Developing Leadership to Confront Behaviors of Concern</td>
<td>Education</td>
</tr>
<tr>
<td>Stakeholder Unity</td>
<td>Education</td>
</tr>
</tbody>
</table>

**Risk and Protective Factors Addressed by this Strategy:**

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

**Evaluation Outcomes to Date:**

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

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


Strengthening Families Program

The Strengthening Families Program (SFP) is a family skills training program designed to increase resilience and reduce risk factors for behavioral, emotional, academic, and social problems in children 3-16 years old. The program includes education in parenting skills, children’s life skills and family life skills.

**Target Population:** Families, children 3-16 years old and their parents

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

**General Activities:**

<table>
<thead>
<tr>
<th>Activities</th>
<th>CSAP Prevention Categories</th>
</tr>
</thead>
<tbody>
<tr>
<td>Train facilitator.</td>
<td>Community-Based Process</td>
</tr>
<tr>
<td>Conduct 14 weekly, 2-hour sessions with parent and children</td>
<td>Education</td>
</tr>
</tbody>
</table>

**Risk and Protective Factors Addressed by this Strategy:**

<table>
<thead>
<tr>
<th>Domain</th>
<th>Risk Factors</th>
<th>Protective Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>Lack of understanding of the consequences of substance use</td>
<td>Effective communication skills, understanding feelings, social and problem-solving skills, ability to resist peer pressure, compliance with parental rules</td>
</tr>
<tr>
<td>Family</td>
<td>Ineffective/lack of parental monitoring</td>
<td>Family cohesion</td>
</tr>
</tbody>
</table>

**Evaluation Outcomes to Date:** Two studies cited on NREPP, one using an experimental design and the second using post-program retrospective survey methodology, demonstrate outcomes related to children’s internalizing and externalizing behaviors including conduct disorder symptoms, oppositional defiance symptoms, behavior problems, overt aggression, covert aggression, concentration problems, criminal behavior, social skills, alcohol and drug use, and depression. Each study demonstrated statistically significant outcomes for parental monitoring and has shown to be effective for families that have experienced substance use issues within the past five years. Results of the second study cited also indicate that the SFP positively impacts family cohesion.

---

Celebrating Families!¹

“Celebrating Families! (CF!) is a parenting skills training program designed for families in which one or both parents are in early stages of recovery from substance addiction and in which there is a high risk for domestic violence and/or child abuse. The CF! program uses a cognitive behavioral theory (CBT) model to achieve three primary goals:

- Break the cycle of substance abuse and dependency within families,
- Decrease substance use and reduce substance use relapse, and
- Facilitate successful family reunification.”

**Target Population:** Families, children 4-17 years old and their parents

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

**General Activities:**

<table>
<thead>
<tr>
<th>Activities</th>
<th>CSAP Prevention Categories</th>
</tr>
</thead>
<tbody>
<tr>
<td>Train facilitator</td>
<td>Community-Based Process</td>
</tr>
<tr>
<td>Conduct 90 minute sessions for families for 16 weeks</td>
<td>Education</td>
</tr>
</tbody>
</table>

**Risk and Protective Factors Addressed by this Strategy:**

<table>
<thead>
<tr>
<th>Domain</th>
<th>Risk Factors</th>
<th>Protective Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>Mental health diagnosis</td>
<td></td>
</tr>
<tr>
<td>Family</td>
<td>Low parental monitoring</td>
<td>Family cohesion</td>
</tr>
</tbody>
</table>

**Evaluation Outcomes to Date:** NREPP cites one study using a pre-post program survey to measure changes in participants. The results of the study demonstrate statistically significant improvements in parenting skills and family cohesion and reduced parental substance use and depressive symptoms. There were few significant improvements in children’s behavior following participation in the program. Family reunification occurred faster for CF! participants than for those following a traditional case management plan.

Strengthening Families Program for Parents & Youth 10-14

“The Strengthening Families Program: For Parents and Youth 10-14 (SFP 10-14) is a family skills training intervention designed to enhance school success and reduce youth substance use and aggression among 10- to 14-year-olds.”

Target Population: Families, children 10-14 years old and their parents

Type of Strategy: Evidence-based from the National Registry of Evidence-Based Programs and Practices (NREPP). It is theoretically based on several etiological and intervention models including the biopsychosocial vulnerability, resiliency, and family process models.

General Activities:

<table>
<thead>
<tr>
<th>Activities</th>
<th>CSAP Prevention Categories</th>
</tr>
</thead>
<tbody>
<tr>
<td>Train facilitator</td>
<td>Community-Based Process</td>
</tr>
<tr>
<td>Conduct seven 2-hour sessions and four optional booster sessions in which parents and youth meet separately for instruction during the first hour and together for family activities during the second hour</td>
<td>Education</td>
</tr>
</tbody>
</table>

Risk and Protective Factors Addressed by this Strategy:

<table>
<thead>
<tr>
<th>Domain</th>
<th>Risk Factors</th>
<th>Protective Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peer</td>
<td>Peer influences</td>
<td></td>
</tr>
<tr>
<td>Family</td>
<td>Ineffective/lack of parental monitoring</td>
<td>Family cohesion</td>
</tr>
<tr>
<td>School</td>
<td>Low educational attainment</td>
<td></td>
</tr>
</tbody>
</table>

Evaluation Outcomes to Date: One study using an experimental design measured outcomes four-years and six after sixth-graders participated in the SFP 10-14 program. Statistically significant results reported at follow-up include; less substance use and better academic performance related to lower substance use. “Data were analyzed for age of alcohol use onset at each of seven data collection points ending at the 12th grade. Using the estimated costs of the intervention, number of cases of alcohol use disorders prevented by the intervention, cost per case of alcohol use disorders prevented by the intervention, and average benefit realized by preventing one case of an alcohol use disorder, researchers estimated the SFP 10-14 benefit-cost ratio to be 9.60 (i.e., $9.60 saved for every dollar invested) and the net benefit for each participating family to be $5,923.”

---

Making Change1

Making Change is a substance abuse support group which uses a structured format to address some of the most critical issues of early recovery for young people. Engaging young substance abusers and their friends in a challenging, but “user-friendly” dialogue about choices, Making Change uses a flexible, but consistent script to speak with young people in various stages of change.

**Target Population:** young people ages 14-21 who are considering or committed to recovery.

**Type of Strategy:** Innovative/Grassroots. Making Change is an “indicated” type of substance abuse prevention that helps to create a sense of safety, purpose, belonging, and hope among young people gathered in a community setting. The approach includes:

- using informal, non-threatening language that opens the door for young people to truthfully tell their own stories about substance use.
- exploring with clients the potential impact of substance related choices before they are made.
- engaging and motivating clients in developing life goals and action plans.
- presenting the facts about specific risk factors for addiction in a teaching without preaching style.
- identifying traps and triggers for relapse and the corresponding sources of safety and support for recovery.

**General Activities:**

<table>
<thead>
<tr>
<th>Activities</th>
<th>CSAP Prevention Categories</th>
</tr>
</thead>
<tbody>
<tr>
<td>Train facilitators</td>
<td>Community-Based Process</td>
</tr>
<tr>
<td>Hold sixty-minute, open-ended weekly group that delivers information, motivation, and peer support.</td>
<td></td>
</tr>
</tbody>
</table>

**Risk and Protective Factors Addressed by this Strategy:**

<table>
<thead>
<tr>
<th>Domain</th>
<th>Risk Factors</th>
<th>Protective Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>Previous substance use</td>
<td>Goal setting</td>
</tr>
<tr>
<td>Peer</td>
<td></td>
<td>Peer support</td>
</tr>
</tbody>
</table>

**Evaluation Outcomes to Date:** An eighteen-month pilot evaluation study revealed preliminary findings. Primary findings indicated that the longer youth attend Making Change, the greater rates of abstinence and the greater decreases in substance use disorder-related problems. Other emotional and behavior problems showed no significant changes as a result of participating in Making Change. Although not statistically significant, youth who had been attending Making Change longer (four months or more) consistently rated themselves as having greater levels of motivation not to use alcohol and other drugs compared with youth who had been attending Making Change for three months or less. Additionally, in recent focus groups, Making Change participants reported abstinence form substance use as a result of attending Making Change group sessions. Making Change is currently working with the New Hampshire Center for Excellence in application of NH Service to Science endorsement as evidence-based.

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Operation: Military Kids (OMK)¹

“Operation: Military Kids is the U.S. Army’s collaborative effort with America’s communities to support children and youth impacted by deployment. Regardless of whether Families are experiencing deployment for the first time, the second time or another in a series of multiple deployments, OMK’s goal is to connect military children and youth with local resources in order to achieve a sense of community support and enhance their well-being.”

Target Population: Children whose parents are deployed

General Activities:

<table>
<thead>
<tr>
<th>Activities</th>
<th>CSAP Prevention Categories</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provides access to youth programs and support services where military</td>
<td>Alternatives</td>
</tr>
<tr>
<td>children live</td>
<td></td>
</tr>
<tr>
<td>Organize special events</td>
<td>Alternatives</td>
</tr>
<tr>
<td>Provide transportation to military kids to sporting events other</td>
<td>Alternatives</td>
</tr>
<tr>
<td>extracurricular activities</td>
<td></td>
</tr>
<tr>
<td>Participate in the Hero Pack initiative</td>
<td>Alternatives</td>
</tr>
</tbody>
</table>

Risk and Protective Factors Addressed by this Strategy:

<table>
<thead>
<tr>
<th>Domain</th>
<th>Risk Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>Employment of a parent</td>
</tr>
</tbody>
</table>

Recent Evaluation Outcomes: In 2011, over 103,000 youth participated in experiences conducted by State OMK Teams in 49 states and the District of Columbia. 945 Community members representing over 43 national, state and local organizations worked together utilizing core OMK program elements.

Project SUCCESS

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

**Target Population:** Students 12-18 years of age

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

**General Activities:**

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

**Risk and Protective Factors Addressed by this Strategy:**

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

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

Media/Social Marketing Campaign – Regional PSA Messaging\(^1,2\)

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

**Target Population:** Region-specific

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

**General Activities:**

<table>
<thead>
<tr>
<th>Activities</th>
<th>CSAP Prevention Categories</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop messaging</td>
<td>Community-Based Process</td>
</tr>
<tr>
<td>Distribute messaging (targeted, high dose, used in combination with other interventions)</td>
<td>Information Dissemination</td>
</tr>
</tbody>
</table>

**Risk and Protective Factors Addressed by this Strategy:**

<table>
<thead>
<tr>
<th>Domain</th>
<th>Risk Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community</td>
<td>Perception of risk, Community norms</td>
</tr>
</tbody>
</table>

**Evaluation Outcomes to Date:**

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

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

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

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Communities Mobilizing for Change on Alcohol at Crispin’s House\textsuperscript{1,2}

CMCA is a community-organizing program that employs a range of social-organizing techniques to address legal, institutional, social, and health issues related to underage drinking. The program involves community members in seeking and achieving changes in local public policies and the practices of community institutions that can affect youths' access to alcohol.

**Target Population:** Youth 13 to 20 years of age

**Type of Strategy:** Evidence-based from the National Registry of Evidence-Based Programs and Practices (NREPP). CMCA community-organizing methods draw on a range of traditions in organizing efforts to deal with the social and health consequences of alcohol consumption.

**General Activities:**

<table>
<thead>
<tr>
<th>Activities</th>
<th>CSAP Prevention Categories</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hire a qualified community organizer</td>
<td>Community-Based Process</td>
</tr>
<tr>
<td>Form a local strategy team</td>
<td>Community-Based Process</td>
</tr>
<tr>
<td>Develop a specific organizing strategy</td>
<td>Community-Based Process</td>
</tr>
<tr>
<td>Select alcohol policy and enforcement targets</td>
<td>Environmental</td>
</tr>
<tr>
<td>Mobilize citizens of the community to push for those targets</td>
<td>Community-Based Process</td>
</tr>
</tbody>
</table>

**Risk and Protective Factors Addressed by this Strategy:**

<table>
<thead>
<tr>
<th>Domain</th>
<th>Risk Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community</td>
<td>Retail Access, Social Access, Community Norms Favorable Towards Use</td>
</tr>
</tbody>
</table>

**Evaluation Outcomes to Date:** A 15-community, randomized trial (experimental design study) demonstrated a statistically significant reduction in DUI arrests among 18-20 year olds, a decrease in retail access to alcohol among youth 13-20 years old, a reduction in the provision of alcohol to other teens by 18-20 year olds and a decrease in the amount and frequency of alcohol consumption by 18-20 year olds.
