

REGIONAL NETWORK FOR SUBSTANCE MISUSE PREVENTION

ALL Together

the Upper Valley Substance Misuse Prevention Partnership



Who We Are

ALL Together (AT), the Upper Valley substance misuse prevention partnership, is a multi-organization collaboration to support the development of healthy, safe, and resilient communities that take action to reduce the impact of alcohol and drug misuse.

New Hampshire's Regional Network System for the prevention and reduction of substance misuse is a coordinated system made up of regional substance misuse coordinators and networks of community stakeholders who lead, plan, support, monitor, and carry out prevention efforts in their region's communities. These networks serve their communities' needs in addressing the occurrence of substance misuse and its negative impacts. The networks also embrace the responsibility and opportunity to influence choices and behaviors that promote healthy lives, safe neighborhoods, and thriving economies.

The system was developed in order to create a collaborative, diversely resourced, community-based, data-driven infrastructure to affect population-level change.

Six Sector Model: The state's design of its substance misuse prevention efforts is grounded in a community engagement model that benefits from the participation of six core community sectors who are both impacted by substance misuse and who can play a valuable role in community-based and sector-specific prevention efforts. The sectors are identified as: Business, Education, Health, Safety, Government and Community Based Supports.

Provision of Technical Assistance: The Regional Networks provide assistance to the individuals and organizations in each of the sectors to increase their capacity to implement evidence-based practices, programs and policies for the purpose of preventing substance misuse. Assistance is provided in the areas of disseminating data and research, training in various aspects of implementation, resource development, and data collection and utilization.

Theory of Change

The system for the prevention of substance misuse is based on a theory of change which states that provision of inputs leads to system level changes, which lead to sector level changes, which lead to desired population level changes.



*The provision of inputs at the state level leads to Regional Network **SYSTEM LEVEL** changes.*

*Regional Network system level changes lead to **SECTOR LEVEL** changes.*

*Sector level changes lead to desired **POPULATION LEVEL** changes.*

How We Measure Change and Impact

The tools used as part of the evaluation to measure the expected changes include:

- Appendix A. A biennial survey designed by the Centers for Disease Control called the Youth Risk Behavior Surveillance Survey (YRBS) which is administered in schools to collect perception and health behavior data from high school aged youth. Findings reflect data collected in spring 2013 and before.
- Appendix B. Circle Up! Community Forum Post-Its identifying strengths and concerns related to youth substance use in the Hanover/Norwich community. Findings reflect data collected in November 2013.
- Appendix C. Attendance counts by sector for Circle Up! Hanover/Norwich Parent Group, Lebanon Parent Group, Indian River School Steering Committee, the Primary Care Prescription Drug Task Force, the Primary Care Screening, Brief Intervention and Referral to Treatment Team, and the Regional SMP Leadership Team.
- Appendix D. Social Media/ Media Measures. Search of the Valley News articles for terms: Alcohol, Substance Use, Substance Abuse, and Suicide Prevention. ALL Together Facebook page usage. Circle Up! Newsletter subscribers, opens, and clicks through Mail chimp.
- Appendix E. Circle Up! Parent Mini Survey. Google form sent via emails and Facebook posts to Hanover High School parents. Findings reflect data collected in Summer 2014.
- Appendix F. Suicide and Mental Health Indicators. Connect Suicide Prevention and Youth Risk Behavioral Survey Measures.
- Appendix G. Screening, Brief Intervention and Referral to Treatment screening percentage of all visits and number of positive CRAFFT scores by month.
- Appendix H. Feedback and analysis of the Coaching for Captains program pre and post test from the 2012-2013 school year. Completed with assistance from the Center for Excellence in 2014.
- Appendix I. A biennial web-based survey that utilizes social network analysis methods, the PARTNER Tool Survey (Program to Analyze, Record, and Track Networks to Enhance Relationships). It is administered to key partner organizations across the Regional Public Health Network in order to measure the extent of working relationships, collaboration and trust. Findings reflect data collected in late spring 2014.

- Appendix J. Visual diagram of the risk and protective factors that influence youth substance misuse. Events not planned by the Upper Valley SMP Network that increased awareness and/or knowledge. Sector engagement and attendance is described.
- Appendix K. Medication Drop Box Collection Weights for Hanover, Lebanon, with Enfield and Canaan weights (coming soon).
- Appendix L. Northern New England Perinatal Quality Improvement Network (NNEPQIN) Survey completed in partnership with Dartmouth Hitchcock OB/Gyn Department. Findings reflect data collected in January 2014.
- Appendix M, Stakeholder Meeting on Opioids. The first on environmental trends varied by sector. Findings reflect data collected in June 2014.
- Appendix N. A biennial web-based survey called the Regional Network System Stakeholder Survey. It is administered to community sector stakeholders for substance misuse prevention in order to measure the change in awareness, knowledge and skills of individuals who contribute to substance misuse prevention work in the region. Findings reflect data collected in spring 2014.
- Appendix P. List of Public Health Council of the Upper Valley Members as on May 2015.
- Appendix Q. List of Substance Misuse Prevention Leadership Team contacts. An average of 11 attendees come to monthly meetings.

Not Attached:

- A performance management system managed by the New Hampshire Bureau of Drug and Alcohol Services to collect process and strategy implementation data.
- Appreciative Inquiry notes from interviews with community members since 2013.
- Connect Suicide Prevention pre and post test results. Participants who attend a 4+ hour training are given a pre and a post test. Participants who attend a training less than 4 hours are given only a post test.

Substance Misuse and Our Community

The Lower Grafton County Strategic Plan for 2012-2015 focused on increasing perception of risk and reducing social access to reduce substance use and age of onset with a focus on the transition years. Many of the towns in the Lower Grafton County Region were described as creating an ideal environment for young people, but the geographic diversity limited the ability to generalize about the experience of the communities. As described in the 2012-2015 strategic plan, “From the professionals working for Dartmouth College... to the blue-collar workers in Enfield, Canaan, there is a significant economic disparity between the Lower Grafton communities. The presence of college communities in traditionally rural areas has contributed to notable cultural divides – both educationally and economically. Apart from the immediate area around Hanover, most of the towns in the service area have median household incomes significantly lower than the state average. Rural environments can be excellent for youth development, but they also present a unique polarization of risk and protective factors that can both threaten and isolate local youth. While there are inherent benefits to geographically isolated communities, they can provide challenges to positive youth development as well. Among other factors, increased working hours of commuting parents, the transient, unstable nature of tourist-based seasonal economies, and the isolation of insular factors can compromise the health and well-being of residents. One of the biggest challenges this Region faces is that its demographics, culture, diversity, and socio-economic lifestyles are very different.”

According to the Lower Grafton County Strategic Plan for 2012-2015, the data as well as community feedback indicated that substance use among youth and young adults was a priority to address. The plan focused on the following outcomes: 1) delaying the age that youth first use alcohol and marijuana, 2) decreasing use of alcohol, marijuana and non-medical prescriptions drug use among high school aged youth and 3) decreasing binge drinking among young adults in the local university- referring to Plymouth State University. The Lower Grafton County included what is now known as the Upper Valley Region as well as many other towns. In 2013 the Lower Grafton County Region divided and the twelve towns of Canaan, Dorchester, Enfield, Grafton, Grantham, Hanover, Lebanon, Lyme, Orange, Orford, Piermont, and Plainfield formed into the Upper Valley Public Health Region. The newly formed Upper Valley Region decided to maintain the first two goals since the Youth Risk Behavioral Survey data for the regional high schools supported the continued focus (see Appendix A, Pages1-4). The strategies were updated to include only the following interventions:

1. Regional Network System Facilitation
2. Life of an Athlete

3. Media Campaign/Social Marketing/PSAs (Regional or Local)
4. Media Campaign/Social Marketing/PSAs (Partnership for a Drug Free NH Statewide Campaign)
5. Rx Drug Drop Boxes/Take-Back Events
6. Suicide/Mental Health Interventions
7. Screening, Brief Intervention & Referral to Treatment (SBIRT) Initiatives

Our Strategies to Prevent Substance Misuse

The newly formed Upper Valley Regional SMP Network prioritized seven strategies. Some received more time and effort than others, but since 2013 all were pursued in some capacity.

1. Regional Network System Facilitation:

Many of the connections made to build the regional network began with a one-on-one meeting with the SMP Coordinator and a community member/organization. Many of the discussions centered on substance misuse concerns. Often individuals described isolation or a feeling of defeat as they were not aware of other efforts to combat substance misuse in the region. Building connections and sharing struggles opened the door for identifying solutions. Below two Regional Network System Facilitation initiatives “Parent Involvement” and “Bringing People Together” are described in narrative form.

2. Life of an Athlete

In the Upper Valley Region only 3 out of the 4 school districts are eligible to participate in Life of an Athlete, however all of them are participating in some capacity. All three district high schools have completed a Youth training and a Champions/Coaches training since 2014. Each of the three schools has had their co-curricular student policy reviewed by Life of an Athlete staff and made at least 50% of the recommended policy changes although how this translates to actual practice changes at these early stages is less clear. The schools have requested very little technical assistance from the Regional SMP Network, but each has received a mini grant through the Community Health Improvement and Benefits Department at Dartmouth-Hitchcock. Hanover Athletic Director used their mini grant to purchase long sleeve t-shirts that said Life of a Marauder, Mascoma Valley’s football coach purchased free weights and gym equipment for early morning practices, and Lebanon High School’s Athletic Director organized a 3 day presentation by Craig Hillier in 3 locations across New Hampshire .

3. Media Campaign/Social Marketing/PSAs (Regional or Local)

In support of the work that was being done by parents in the Hanover/Norwich community, the SMP Coordinator created two 3 minute parent videos. These videos are shared online and have regularly aired on CATV, our local public station, as commercials. They encourage parents to use each other as resources. More recently one of the Regional SMP Leadership Team members has a connection to a local radio station therefore we have begun to use short radio clips to our advantage. The current radio media efforts focus on the

TwinStateSafeMeds medication drop box campaign. This encourages folks to drop off medications on the 3rd Saturday of the month. We have also recorded and ran an advertisement for the F.A.S.T.E.R. parent support group in Canaan following Susan McKeown's guest visit to our SMP Leadership Team meeting.

4. Media Campaign/Social Marketing/PSAs (Partnership for a Drug Free NH Statewide Campaign)

We regularly send a representative to the PFDNH bi-monthly meetings although we have not widely used the messages in our region. We have encouraged liking their Facebook page through our Facebook network and highlighted their website resources many times on our Twitter account. Our Regional SMP Network has focused a large part of public discussions on social norming that "not every child is using". The awareness raising focus of the Check the Stats campaign can at times feel in direct conflict with our normative messaging. It is for this reason that outside of providing brochures at events and following on social media, we have not been actively engaged in the PFDNH campaign. We have also been less persistent in recruiting Champions from our region.

5. Rx Drug Drop Boxes/Take-Back Events

The Regional SMP Network and the Dartmouth-Hitchcock Community Health Improvement and Benefits Department has had a role in acquiring all four current medication drop boxes for the Upper Valley regional police departments. We have also established a website called TwinStateSafeMeds.org. Online the New Hampshire and Vermont medication drop box locations can be found and as of May 17, 2015 there have been 731 website views since the site launched. More details about our Prescription Drug initiatives can be found in the section titled, "Our Work in Sector Engagement and Mobilization".

6. Suicide/Mental Health Interventions

Our emergency services mental health provider, West Central Behavioral Health, has been providing Mental Health First Aid training to community members for many years and more recently began to offer Youth Mental Health First Aid training to youth 16 and up. The Dartmouth-Hitchcock Community Health Improvement and Benefits department provides funds to West Central so that they can offer training more frequently and the Regional Public Health Advisory Council advertises upcoming trainings to all the members to encourage participation. A Lebanon parent applied to the Jack and Dorothy Byrne foundation to provide three Youth Mental Health First Aid trainings at Lebanon High School for the next two years. The Lebanon High School Student Assistance Provider has taken the lead on reaching out to other school districts to encourage a regional approach to Youth Mental Health First Aid. We supplemented these efforts by getting four individuals trained as Connect Suicide Prevention trainers and one trained as a Connect Suicide Postvention trainer. We measure

impact through knowledge and belief training pre and post tests and attendee counts. We also provided technical assistance to the Suicide Awareness Walk led by regional schools that had 200 attendees in 2014. We recently began to partner with the Geisel School of Medicine Mood Disorder Department on their new Out of Darkness Walk. Below the adoption of the Connect Suicide Prevention Training is discussed in more detail.

7. Screening, Brief Intervention & Referral to Treatment (SBIRT) Initiatives

In July 2014, Dartmouth-Hitchcock's Pediatrics Department applied and was awarded a spot in the Screening, Brief Intervention & Referral to Treatment (SBIRT) Learning Collaborative through the New Hampshire Charitable Foundation. There were two physician leaders that opened doors for the SBIRT adoption at Dartmouth-Hitchcock Pediatrics in Lebanon, NH. After about six months of Learning Collaborative work, one of the physician champions decided to make the SBIRT adoption process a Lean Six Sigma Green Belt Project. Lean Six Sigma is a method used throughout Dartmouth-Hitchcock. The creation of the Primary Care SBIRT Green Belt project gave the health care staff access to a Value Institute Black Belt coach and focused the spread of SBIRT to outpatient family medicine. The Regional SMP Coordinator, a Lean Six Sigma Green Belt, joined the Primary Care SBIRT Green Belt Team as the Project Manager and will continue to assist until the completion of the project which is expected in Summer 2015. More recently through the work of the Community Health Improvement and Benefits Director Dartmouth-Hitchcock Manchester, Bedford, and Plymouth was awarded for the next round of the New Hampshire Charitable Foundation Learning Collaborative. Below the adoption of SBIRT is discussed in more detail.

Regional Network System Facilitation: Parent Involvement

"Great job keeping the ball rolling! Don't stop! It is definitely worth it!" –Written by a Hanover/Norwich community member on the feedback form at the November 2014 Circle Up! Community Forum

In September 2013, three mothers approached Hanover High School's Student Assistance Counselor (SAC) to express their concern that their children perceived that "Hanover High School's Administration is turning a blind eye to substance use on and off campus." The SAC listened patiently in the first meeting and invited them to bring more friends who shared similar concerns to the next meeting. The SAC also invited the Community Health Improvement and Benefits Department Director at Dartmouth-Hitchcock to facilitate the next meeting. The discussion grew until the parents named their group Circle Up! and created a Facebook group page. Aita Romain, the Regional Substance Misuse Prevention coordinator joined to assist with organizing the first Circle

Up! Community Forum in November 2013. Seventy community members attended the first Circle Up! Community Forum. During the forum, participants were asked to share community strengths or concerns related to youth substance misuse. These ideas were written on Post-Its and subsequently grouped by 8 themes: Police, Safety and Law, Parent Community, School, Health Care and Services, After School, Media/Community Norms/Social Networking, Other, and Unknown (See Appendix B). By the end of the evening, 306 Post-Its were collected with comments such as:

- Concern: Access to frat parties
- Team captains who are known users
- I wish physicians would always screen for substance use
- Assumption that high-risk use is necessary part of growth
- Strength: Many parents are concerned and are open to dialogue
- Need more adults, parents, and coaches who support enforcement of code of conduct

The Circle Up! group met 11 times between November 2013 and May 2014 to turn the 306 identified strengths and concerns into 6 measureable goals for reducing youth substance use (see Appendix C, Page 5, Figure 1). To accomplish the measureable goals, thirty-five community recommendations were suggested by Circle Up! for the community to work on. During the months of planning, the Circle Up email listserve grew from 75 subscribers to 120, forty parents joined the Circle Up! Facebook page, and there were twenty-two individual posts to the Circle Up! Facebook page (see Appendix D, Page 8, Figure 2).

Circle Up! started taking action on the 35 recommendations before they were presented at the second Circle Up! Community Forum in May 2014. Following a discussion between Mike Jackson, Hanover High School Athletic Director, and three Circle Up! Parents, eight Hanover High School spring sports teams reviewed the Code of Conduct in a formal way instead of just sending it home in the mail at the beginning of the year. One Circle Up! parent remarked “FYI, Mike Jackson did a terrific job last night having us all sign the code of conduct as a baseball team - all the kids, all the parents, all the coaches as a team. It was really good.” Other efforts over the six months were 5 distributed parent newsletters, 2 parent short information videos airing on CATV and shared online, tabling at 2 Hanover High School open houses, and distributing a mini parent survey (see Appendix E, Pages 9-12).

Circle Up! also inspired similar efforts and grassroots organizing in Lebanon. Lebanon parents familiar with the Circle Up! Community Forums and newsletters wanted to start something similar and reached out to the Lebanon High School Student Assistance Provider. The group is still being developed and meetings have already begun, but the new regional Drug Free Communities Coalition will probably optimize these efforts (see Appendix C, Page 5, Figure 2).

Regional Network System Facilitation: Bringing People Together

“Meeting people is the best to develop relationships so that later on when you call them about a client they are not anonymous to you and you aren’t anonymous to them. “--Appreciative Inquiry response by Laura Byrne, Executive Director of the HIV/Hepatitis C Virus Resource Center in response to question: How would you characterize the relationships that formed when doing collaborative work?

As a new region there was a need to focus on building the network structure and partnerships. This meant bringing people together to discuss resources, increase knowledge, and encourage engagement. The Regional SMP Network coordinated community members to organize forums in Hanover and Canaan. As mentioned above the Circle Up! Hanover/Norwich parent group organized their first forum and had 70 community member attendees. All six sectors (Health/Medical, Education, Business, Government, Safety and Law Enforcement, Community/Family Supports) were in attendance. Before the second Circle Up! community forum, the Regional SMP Coordinator and Hanover’s Student Assistance Counselor organized a Youth Risk Behavioral Survey presentation to 55 community members including Hanover High School Students. The second Circle Up! Community forum held in May 2014 attracted 41 community members mostly from the Health/Medical, Education, and Community/Family Support sectors. At the second forum, Dr. Megan Call explained the development of the adolescent brain and the decision to use substances and the risk of use in that context. The third Circle Up! community forum was held in November 2014 and 56 community members attended. During this forum, Circle Up! members felt that bringing in other youth risky behaviors was appropriate for the expanded interests in the community. Fictional scenarios meant to create a discussion about substance misuse concerns, mental health issues, the risk of relationship violence, and the pressure to succeed were used as facilitation tools. These were later borrowed by Second Growth for a community presentation in Thetford, Vermont. The fourth community forum organized for April 2015 was a screening of the movie, the Anonymous People. The screening turned out many new faces with quite a few from the local recovery community. Unfortunately due to technical difficulties, the movie was never shown to the 30 attendees although a brief introduction into the Regional SMP Network was provided. We had to reschedule for later in the month. A local restaurant business owner and member of the local recovery community offered to provide a discount on the rescheduled event food. At the rescheduled event, only 10 people attended although a great discussion followed about beginning partnerships in support of the Care Across the Continuum work planned.

In Mascoma Valley the forums began with a Youth Risk Behavioral Survey presentation organized by the Mascoma Valley High School SPEAK student club, Mascoma Valley Prevention Network, the Regional SMP Coordinator, and Mascoma Valley High School staff and administrators including the principal. At the previous

YRBS presentation in 2012, there were 35 attendees including organizers and at the March 2014 presentation there was a similar attendee count. Following the Youth Risk Behavioral Survey presentation, the Indian River School Steering Committee was created at the Mascoma Valley Middle School to engage the community and parents. The IRS Steering Committee was an organizing group of Indian River School staff and administrators, Mascoma Valley Prevention Network, and the Parent Teacher Organization facilitated by the Regional SMP Coordinator. The IRS Steering Committee decided to organize two Parent Information Nights during the 2014-2015 school year (see Appendix C, Page 6, Figure 3). The topics decided in advance were child development and safety. The Fall event on child development had 20 attendees. The Spring event on safety had to be rescheduled and struggled with finding an appropriate speaker. To accommodate, the forum was redesigned to discuss the new standardized testing process and the school social climate. Following the presentation a parent wrote on the Enfield listserve "I would like to send a public thank you to the IRS team who presented "What's happening at the IRS" last night. The meeting was very well presented, informative, and positive! Many professionals were available to answer questions and I am thankful for the caring team that I met for the first time last night at IRS. I am impressed with the direction IRS is headed and all the resources available to parents and students. I look forward to future information nights. Thank you for your dedication!"

Suicide/Mental Health Interventions: Connect Suicide Prevention Training

"Hi Aita, Thanks for the follow up and the good referrals. After the training, I went directly home to speak to my daughter. I was able to get her willingly in to see someone at West Central on Wednesday. They took her in on an emergency basis, so I was able to get her in that afternoon. From there, we were advised to see a pediatrician (which we didn't have yet since moving here in August). Thursday morning I called DHMC and was made an appointment for yesterday afternoon. Because there is a month or so wait list at WC, we will be meeting with [redacted name] who is the Pediatric Behavioral Health Clinician at DHMC until my daughter can see someone at WC again. I am pleased at the progress we have made in only a few days time. Thanks again and thanks for leading her and I to find the path to her well being." Email from a mother who attended a two hour Connect Suicide Prevention training and met with Aita Romain immediately following to discuss her daughter who had expressed warning signs for suicide including writing a plan in her diary.

In the summer of 2013, there were three youth suicides in Hartford, Vermont directly adjacent to Lebanon, NH. The town as well as the entire New Hampshire and Vermont Upper Valley was shaken and searching for resources to support the community, families, and schools. This seemed to mirror the upward trend in suicide and mental health risk indicators on the 2013 Youth Risk Behavioral Survey (see Appendix F, Pages 13-14, Figures 2-5). At the time there were ten identified Connect Suicide Prevention trainers who were mostly school

district employees and their schedules prevented them from providing much training outside school systems. Discussions with school staff made clear that within Mascoma Valley, Hanover, and Lebanon districts, the Connect Suicide Prevention training was accessible to teachers and administrators, however the training had not spread into the broader community. In April 2014, Ann Duckless from NAMI NH contacted Aita Romain, the Regional SMP Coordinator to send four people to a Connect Suicide Prevention train-the-trainer training in Laconia. Connect Suicide Prevention training is a designated national best practice program. Invited to attend the Connect training was Lisa MacDonald, a Community Health Partnership Coordinator at Dartmouth-Hitchcock, Dan Cornell, Program Coordinator for the Junction Teen Center at Listen, Kara Toms, the Coordinator for Coaching for Captains a program of Second Growth, and Aita Romain. To reduce participation barriers for the invited community members, the Community Health Improvement and Benefits Department at Dartmouth-Hitchcock paid for their travel cost and food for the three day training. The addition of new trainers has proven to broaden the reach. Since May 2014, there have been nine Connect Suicide Prevention trainings sponsored by the Regional SMP Network. NAMI NH provided a two hour abridged set of Connect Suicide Prevention Gatekeeper training slides that can be used for populations that may not be able to commit to 4-7 hours of training. This has proven integral in reaching the 95 individuals that have completed Connect Suicide Prevention training as of May 2015 (see Appendix F, Page 13, Figure 1). All attendees complete an assessment immediately following the completion of Connect Suicide Prevention training. Individuals who attend a training 4 hours or longer also complete a pretest. NAMI NH provides the analyzed results of the pre and post test which continue to show an improvement in knowledge for those who attend the training offered in the Upper Valley.

Screening, Brief Intervention & Referral to Treatment (SBIRT) Initiatives: Dartmouth-Hitchcock

“Patient felt that the iPad format of the screener was easy enough to figure out. She felt the screener was good. She also feels that her Mascoma neighborhood has learned a lot from the hospital regarding substance abuse and the messages that she has received are intertwined.” –Notes from a Patient Voices interview with a youth patient from Dartmouth-Hitchcock Pediatrics after an annual well child visit at which she was asked to complete a DartScreen and asked about the substance misuse messaging in her community.

In July 2014, Dartmouth-Hitchcock’s Pediatrics Department applied and was awarded a spot in the Screening, Brief Intervention & Referral to Treatment (SBIRT) Learning Collaborative through the New Hampshire Charitable Foundation. There were two physician leaders that opened doors for the SBIRT adoption at Dartmouth-Hitchcock Pediatrics in Lebanon, NH. Following the initial adoption of SBIRT in outpatient pediatrics there was a slight momentum loss due to busy schedules and technical barriers. After about six months of Learning Collaborative work, one of the physician champions decided to make the SBIRT adoption process a

Lean Six Sigma Green Belt Project. Lean Six Sigma is a method used throughout Dartmouth-Hitchcock. The creation of the Primary Care SBIRT Green Belt project gave the health care staff access to a Value Institute Black Belt coach and focused the spread of SBIRT to outpatient family medicine. This changed the ownership of the SBIRT adoption into an internal process and broke down many barriers as more diverse staff Green Belt team started working together. The goals of the Green Belt project was to get 80% of 13-22 year old patients screened during annual visits, complete a Brief Intervention for 90% of those who screen positive for the CRAFFT, and offer a referral to 60% of patients who screen positive on the CRAFFT (Appendix G, Page 15, Figures 1-2). The Regional SMP Coordinator, a Lean Six Sigma Green Belt, joined the Primary Care SBIRT Green Belt Team as the Project Manager and will continue to assist until the completion of the project which is expected in Summer 2015. More recently through the work of the Community Health Improvement and Benefits Director Dartmouth-Hitchcock Manchester, Bedford, and Plymouth was awarded for the next round of the New Hampshire Charitable Foundation Learning Collaborative.

The SBIRT evaluation process has also benefited from having a Geisel School of Medicine medical student do follow up interviews called Patient Voices interviews with the patients that complete the DartScreen. During these interviews youth patients are asked how they feel about the electronic DartScreen that is used as a questionnaire and how they think messages from the community fit into what they are learning from their health care providers. This has increased the qualitative information about the SBIRT adoption and informed next steps during the Green Belt process.

Our Work in System Development

“Although we are one Upper Valley, our towns and organizations have a variety of needs. But at the end of the day, I want the community members in the Upper Valley to feel happier, healthier, and more unified.”-Quote from Aita Romain, Upper Valley Regional Substance Misuse Prevention Coordinator, on Page 23 in the Lebanon Times Holiday 2014 edition

The Upper Valley Regional Substance Misuse Prevention Network was initially called the Upper Valley Substance Misuse Prevention Partnership but more recently with the addition of a Drug Free Communities Grant, it was renamed ALL Together. Changing the name to ALL Together allows it to be more accessible to non-providers and community coalition development. Now that a friendlier name has been selected, a logo has been designed (see cover page), the Facebook and Twitter accounts are being more closely monitored, and a website is set to launch in June 2015 (see Appendix D, Page 8, Figure 1).

In 2013 when the Regional Substance Misuse Prevention Coordinator, Aita Romain, was hired the first goal was to build trust between the Leadership Team members/organizations and the SMP Coordinator. In an effort to demonstrate that she was a knowledgeable ally who could respond in a timely manner, the SMP Coordinator offered technical assistance on previously established projects and programs. One such program was Coaching for Captains. This long established youth focused prevention program designed and implemented by Second Growth was struggling to understand its true impact on youth knowledge, attitudes, and behavior. They already used a pre and post evaluation, therefore the focus was on question design and data analysis. By analyzing earlier versions of the pre and post test, the SMP Coordinator with the assistance of the Center for Excellence was able to identify questions that seemed to be decreasing the value of the evaluation process and suggested revisions to bring in more evidence based evaluation tools (see Appendix H). Offering specific technical assistance to fill gaps in community need aided in establishing the SMP Coordinator and Network as a foundational member/organization in community partnerships. The Substance Misuse Prevention Partner Survey Diagram shows the Regional SMP Network was successful in becoming a hub for many organizations working on substance misuse concerns (see Appendix I, Page 29).

Once the Regional SMP Network had become a hub and a better known resource by individuals and organizations, the focus shifted to capitalizing on timing and purpose to bring about partnerships that the SMP Network would encourage, but had no long-term primary role facilitating. Examples of actions focused on sustainable partnerships include regular email updates sharing upcoming events and announcements, choosing projects and programs to feature during the SMP Leadership Team meetings such as Life of an Athlete and

Youth Mental Health First Aid, and recommending speakers such as Daisy Goodman and Jennifer Cusato for the 11th Annual Dartmouth Symposium of Substance Use organized by the Dartmouth Center on Addiction Recovery and Education (DCARE).

An effort that epitomizes the SMP Network as a partnership facilitator is the initiative that came about in response to concerns that large Hanover High School events tend to fall on the same weekend as large Dartmouth College events. This creates a safety concern because of the strain on local police resources. Since 2012 the Hanover High School Student Assistance Counselor, Chris Seibel, has organized and brought together Dartmouth College Safety and Security, Hanover Police Department, local Diversion programs, Lyme Academy, Hanover Middle School, and community partners at a monthly meeting called the Community Substance Abuse Advisory Committee (CSAAC). These meetings are to discuss trends among student behavior, resolve past issues and plan for future concerns. The SMP Coordinator was invited to attend to be a liaison from the SMP Network as well as to provide expertise in the field of substance misuse prevention. During the November 2013 CSAAC meeting, the chaos of the October 2013 Dartmouth College Homecoming was discussed. The Hanover Police reported that the weekend produced 28 violations/arrests from Thursday October 10th to Sunday October 13th and at least 9 of the individuals involved were 23 years old or younger. The weekend was a special event where there was clearly an increase in alcohol and other drug use due to the intensification of the norm favorable toward use, which is a known risk factor for youth substance use (see Appendix J, Page 1). We understood that this was exacerbated because Hanover youth have a low perception of risk of enforcement. According to the 2013 Vermont YRBS, only 18% of Hanover High School students think it is likely that underage parties are at risk of being broken up by police in contrast to the Vermont average of 25%.

The November 2013 meeting was a reflection on past issues, but at the October 2014 CSAAC meeting when it was discussed that the Hanover High School and Dartmouth College were sharing an upcoming homecoming weekend a partnership was proposed by the SMP Coordinator. Following the CSAAC meeting the SMP Coordinator drafted an email to the Norwich Police Department, Hanover Police Department, and Dartmouth Safety and Security proposing a 4 step two week plan to be completed before the shared homecoming weekend. The clearly designed plan was 1. Write a safety notification about the upcoming weekend to the community signed by local law enforcement- Hanover Police Department, Dartmouth College Safety and Security, and Norwich Police Department. 2. Distribute the notification to the Hanover High School staff, students, and parents via contacting the Hanover High School Principal Weekly newsletter, the Circle Up! Parent Group, posting on Facebook and other websites, and contacting student leaders. 3. Distribute the notification to Dartmouth College staff and students via email communications, the D, Facebook and other websites, and

contacting student leaders. 4. Inform local news media that the notification is circulating. A bulleted list of evidence based goals were also described in the proposal letter citing that there is a percent of the youth population that will be deterred from consuming alcohol because they believe the risks outweigh the benefits, that naturally occurring increases in patrolling and enforcement could be perceived by youth as an increased risk of negative consequences if it is paired with appropriate messaging, and the collaboration of multiple agencies to communicate a message of safety reinforces positive community norms that discourage underage alcohol use. Through emails and brief phone calls, the SMP Coordinator confirmed the message wording and gained support from all local police departments and an open letter to the community was disseminated broadly.

That year, despite the fact that both the Dartmouth and Hanover High School shared the same 2014 homecoming weekend, there were only 13 arrests from Thursday October 16th to Sunday October 19th and 8 of the individuals involved were 23 years old or younger. This coincided with an increase in police patrol on duty which increases the likelihood that the change in behavior was real and not perceived. However this appears to only be the beginning. At the May 2015 CSAAC meeting there was a discussion that the upcoming informal Dartmouth reunion weekend, Green Key, will fall on the same weekend as Hanover High School Prom. The Hanover Police Department's new Chief and the head of Dartmouth Safety and Security mentioned that they had already begun partnering on messaging about this upcoming high risk weekend and coordinating their increase in patrols. These are the type of partnerships that the Regional SMP Network will begin to encourage and support.

Our Work in Sector Engagement and Mobilization

“I feel very grateful to have the DHMC team supporting us in our efforts to reduce harms related to drinking. The time and energy that the DHMC staff are dedicating to Hanover High School is immense, and I suspect it will have substantial pay off- both in the short and long term!” –Email from the Hanover High School Student Assistance Counselor following the Hanover YRBS Presentation in April 2014.

The Regional Substance Misuse Prevention Leadership Team has grown and changed since 2013 (see Appendix C, Page 7, Figure 6). One of the most dramatic efforts that affected Leadership Team recruitment and the diversity of sector engagement was the recently received Drug Free Communities (DFC) Grant which covers the 12 Upper Valley New Hampshire towns, but also includes Hartford and Norwich, Vermont. The Public Health Advisory Council (PHAC) lead, the Director for Community Health Improvement and Benefits at Dartmouth-Hitchcock and the Regional SMP Leadership Team worked together to complete and apply for the DFC grant. The Drug Free Communities Coordinator, Angie Leduc, was hired in January 2015 to increase community member engagement. We merged the Regional SMP Leadership Team with the DFC Regional Coalition and continue to meet regularly although meetings tend to run a half hour longer. More recently with the push to acknowledge and support efforts across the Care Continuum, we have begun to attract more traditional treatment and recovery providers onto our email listserve as well as to our meetings. Some of the largest sector diversity we accomplished was through co-sponsoring events designed to build awareness of substance misuse issues (see Appendix J, Figure 2). In the past at these events we have handed out promotional items such as reusable shopping bags with our logo, flash drives with our logo, the Consumer’s Guide to Substance Use Treatment Booklet designed in collaboration with Mt. Ascutney Hospital, brochures from the NH Department of Health & Human Services Bureau of Drug and Alcohol Services Alcohol, Tobacco and Other Drug Clearinghouse and information received from NAMI NH.

Prescription Drug Misuse

“I think, actually in terms of substance abuse, I am very close to the problem because we see so many patients that come to us for opioid, heroin, and narcotic addiction. They generally come to us as patients that are acutely ill with a surgical problem. For example, they come in for accidents such as bicycle and car accidents that happen because of their use so I see it all the time. Addiction to those substances is very difficult... I hope to see an honest appraisal by some of the surgeons about how many opioids they are prescribing.” - Appreciative Inquiry response by Peter Bendix, a surgery resident at Dartmouth-Hitchcock Medical Center, in response to

question: What future vision do you have for your community relative to substance use prevention and health promotion?

As a strategy our work on prescription drug misuse has done the most to expand our partnerships outside our usual Education and Community/Family Supports. The work began with the Bridges to Prevention Network which provided financial assistance to Hanover and Lebanon to purchase their police department medication drop boxes. Soon after both boxes were installed, the Lakes Region SMP Coordinator, Traci Fowler, shared her list of New Hampshire medication drop boxes with the Upper Valley Region SMP Coordinator. Once the information was checked for accuracy, the Upper Valley Region SMP Coordinator shared the list with Dartmouth-Hitchcock's Communications and Marketing Department, who designed postcards and fliers for distribution across New Hampshire and Vermont. These fliers trickled out the SMP office, but never received the large push required for a successful awareness campaign. Our opportunity to draw attention to these permanent medication drop boxes improved once we received a USDA grant through partnering with the Upper Valley Lake Sunapee Regional Planning Commission and the Sullivan County SMP Network. It was at this time that we began to consider a more sustainable mapping option like the now established TwinStateSafeMeds.org website. The newly hired Upper Valley Drug Free Communities Coordinator took lead on the design of the website, the TwinStateSafeMeds Facebook page, and the over 1,000 publicity materials that were eventually distributed at the Hanover Home and Life Show in March 2015. The Dartmouth-Hitchcock Community Health Improvement and Benefits Department purchased the Enfield medication drop box and Enfield received the required video cameras free of charge. With the USDA grant money we also purchased a medication drop box and camera equipment for Canaan. We are now working toward establishing regular communications with the local police stations to get reports on the medication pounds collected and to possibly install an additional monitoring/counting system (See Appendix K, Page 16, Figures 1-2). An additional opportunity for further collaboration between police departments is beginning now that the DEA will not be organizing regular take back days.

Another sector that was involved in prescription drug misuse strategies was Health/Medical. In February 2014, the SMP Coordinator met with the Internal and Family Medicine Medical Director at Dartmouth-Hitchcock to discuss the community work being done in the region. The Medical Director viewed the data describing prescribing variations of OB/GYNs (see Appendix L, Pages 17-19) and got very excited about partnering to improve pain medication prescribing in Primary Care. A monthly Prescription Drug Task Force meeting was established to discuss policy and practice issues (see Appendix C, Page 7, Figure 5). From these meetings, the Regional SMP coordinator created a biweekly newsletter informing providers of resources and best practices

which was distributed to 68 providers for six electronic issues. The meetings became more difficult to schedule when there was a shift in leadership and it was agreed that the focus in Dartmouth-Hitchcock Primary Care was shifting to adopting Screening, Brief Intervention, and Referral to Treatment (SBIRT) and that the Prescription Drug Task Force would discontinue until there was more readiness and capacity for action. During this time, the Drug Free Communities Coordinator for Sullivan County wanted to record the presentation of the Dartmouth Pain Clinic Director, Dr. Gil Fanciullo. Since the Upper Valley Region SMP Coordinator had the skills and knowledge of video editing, she created the one hour Dartmouth Pain Clinic information video with the help of CATV in White River Junction, VT. This video has aired on CATV and has been viewed online over 30 times. It is a shared resource used by health care providers and community members whenever possible.

We held a Stakeholder Meeting on Opioid Misuse in June 2014. We did a brief survey before coming to the table to discuss working together across Health Care, Treatment, Law Enforcement and Community Supports (Appendix M, Page 20, Figures 1-2). It was clear from the responses to the survey and the subsequent discussion that there was little readiness to partner on these efforts, so no meeting ideas were pursued.

Changes and Outcomes We Have Seen

Due to the fact that we are a new region, a lot of the collected data in 2013/2014 such as the PARTNER Survey, the Youth Risk Behavioral Survey, and the Stakeholder Survey were considered baseline measures. We will not have outcome data points until Fall 2015 when we will get the 2015 Stakeholder and YRBS Survey results. Until then we will have to rely on process measures many of which have already been mentioned in relation to the work that we have done.

We are hopeful that all the event and training attendees and visibility efforts have translated into behavioral changes. We know that self-reported community knowledge has improved according to the 2014 Stakeholder Survey. The percent of community stakeholders responding that they had a lot of knowledge about substance misuse increased from 22% to 35% (see Appendix N, Pages 21-23). Also, the analyzed Connect Suicide Prevention training data from the pre and post tests continually show knowledge improvements after training completion.

In addition our capacity has grown with the addition of the USDA one year grant funding and the Drug Free Communities five year grant funding. We have also had a threefold increase in the amount of medication drop boxes in the region since 2013 with a reported 475 lbs of medications collected by the end of 2014 excluding the reporting of one active medication drop box (See Appendix K, Page 16, Figure 1). We eagerly await the data collection planned for this year to understand how the work has impacted substance misuse.

What We Are Doing Next

As a region we have a wealth of resources and engaged providers, institutions, and community members. Our biggest challenge is using our fiscal and human resources in a way that maximizes outcomes. As the Drug Free Communities Coalition works through the assessment phase of the Strategic Prevention Framework, the Regional SMP Network expects to benefit from the data collected on their community survey and pinpoint areas for improvement. We also have an intern doing interviews with community stakeholders to clarify the ideal future goals of the Care Across the Continuum work and another doing an Environmental Scan of alcohol retail shops as a first step to engaging businesses. In the meantime, the SMP Leadership Team is in the process of using the data collected since 2013 to identify strategies for our three year strategic plan. A number of gaps have already been identified including any past targeted work addressing marijuana use. According to the

respondents of the 2014 Stakeholder Survey, 31% believed that the community is more accepting of people of any age smoking marijuana than they were a year ago (see Appendix N, Page 21, Figure 3). This as well as the knowledge that at least one of our regional high schools report higher than average rates of driving and riding in a car with an individual after using marijuana makes this an area of high need going forward (Appendix A, Page 2, Figure 11-12).

Even without the current completion of the three year strategic plan, there are already plenty of projects that we have begun planning that we expect to continue into the next years including:

- A regional Project Success training in the area targeted toward adoption for the Lebanon District, but with invitations to all schools.
- The adoption of the Middle School Youth Risk Behavioral Survey or similar instrument at the Mascoma Valley Middle School with the possibility of broader engagement.
- The piloting of AlcoholEdu at Mascoma Valley High School for 9th graders in the 2015-2016 school year. The initial AlcoholEdu pilot at Lebanon High School resulted in them deciding not to continue with that programs implementation.
- Continue distributing Operation Parent Handbooks, Consumer Guides to Substance Use Treatment, and publicity advertising the existence of TwinStateSafeMeds.org.
- The continued support of the Annual Suicide Awareness Walk with an increased emphasis on Dartmouth College and Dartmouth-Hitchcock involvement in Suicide Prevention partnerships.
- Completing the design of the new ALL Together website and going live! Coming in June 2015.

We feel these past couple years have been spent investing in the data required for problem identification and starting with the planned and unplanned small wins that have built up momentum. Now with our diverse collected measures and a growing list of partners we are ready for more complicated work targeted at larger environmental and system changes. Our Regional SMP Network will be take the lead on changing policy and practice and our Drug Free Communities Coalition will spread the message that everyone has a role in substance misuse prevention.