

2017-2020 Governor’s Commission Plan
Prevention Task Force State Plan Recommendations

Data Observations	Supporting Data Sources
<p><i>Early Childhood:</i> “Research has demonstrated a strong graded (i.e., dose-response) relationship between ACEs and a variety of substance-related behaviors, including:</p> <ul style="list-style-type: none"> ● Early initiation of alcohol use. For states, tribes, and jurisdictions focusing on underage drinking, these results suggest the importance of addressing ACEs as one component of preventing underage drinking, as responses to underage drinking may not be effective unless they help youth recognize and cope with stressors of abuse, domestic violence and other adverse experiences (Dube et al, 2006) ● Problem drinking behavior into adulthood (Dube et al, 2002) ● Increased likelihood of early smoking initiation (Anda et al, 1999) ● Continued smoking, heavy smoking during adulthood (Ford et al, 2011) ● Prescription drug use (Anda et al, 2008) ● Lifetime illicit drug use, ever having a drug problem, and self-reported addiction (Dube et al, 2003)” 	<p>SAMHSA’s Center for the Application of Prevention Technologies “The Role of Adverse Childhood Experiences in Substance Abuse and Related Behavioral Health Problems” https://www.samhsa.gov/capt/sites/default/files/resources/aces-behavioral-health-problems.pdf</p>
<p><i>Early Childhood:</i> Children who experienced 3 or more ACEs were 2.1 times more likely to start drinking before age 15 instead of age 21 compared to children with no ACEs (Rothman et al., 2008).</p>	<p>Rothman et al., 2008</p>
<p><i>Early Childhood:</i> ACEs studies</p> <ul style="list-style-type: none"> ● Persons who had experienced four or more categories of childhood exposure to ACEs, compared to those who had experienced none, had 4- to 12-fold increased health risks for alcoholism, drug abuse, depression, and suicide 	<p>Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults Felitti, Vincent J et al. American Journal of Preventive Medicine , Volume 14 , Issue 4 , 245</p>

<p>attempt; a 2- to 4-fold increase in smoking, poor self-rated health, ≥ 50 sexual intercourse partners, and sexually transmitted disease; and a 1.4- to 1.6-fold increase in physical inactivity and severe obesity.</p>	<p>- 258</p>
<p><i>Early Childhood: RAND Study</i></p> <ul style="list-style-type: none"> ● 23 percent of NH children have experienced two or more adverse childhood experiences (ACEs) (See Vincent J. Felitti and Robert F. Anda, “The Relationship of Adverse Childhood Experiences to Adult Health, Well-Being, Social Function, and Healthcare,” in Ruth A. Lanius, Eric Vermetten, and Clare Pain, eds., <i>The Hidden Epidemic: The Impact of Early Life Trauma on Health and Disease</i>, Cambridge, United Kingdom: Cambridge University Press, 2010.) ● # of children in NH with key risk factors ● Current landscape re: programming ● Evidence of effectiveness re: programming ● Economic impact, return on investment ● 78,000 children 0-5 in NH, annual cohort of children is about 12,800 ● 12,000 children under age 6 in NH live in families with income below the federal poverty level and upward trajectory of child poverty. (<i>American Community Survey, US Census Bureau</i>) ● 21% of children under age 6 at moderate to high risk of developmental, behavioral, or social delays (<i>KIDS COUNT, Annie E. Casey Foundation</i>) ● Impact of economic disadvantages on future success, wellbeing. ● Current home visiting programs in NH funded by federal MIECHV program only reaches 250 families annually (US 	<p>Karoly, Lynn A.. Investing in the Early Years: The Costs and Benefits of Investing in Early Childhood in New Hampshire. Santa Monica, CA: RAND Corporation, 2017. http://www.rand.org/pubs/research_reports/RR1890.html.</p>

<p>DHHS, Home Visiting Program, January 2017).</p> <ul style="list-style-type: none"> • NH one of 8 states without state-funded preschool program (<i>The State of Preschool 2015: State Preschool Yearbook</i>) • Child care costs are high (<i>Child Care Aware, Parents and the High Cost of Child Care: 2015 Report, Arlington, VA., 2015</i>). • Quality of child care centers is not effectively measured...voluntary quality rating and improvement system (QRIS) in place, but providers are not meeting high rating tiers. (<i>BUILD Initiative</i>) • Infrastructure is lacking, though groundwork has started...i.e. SPARK NH. 	
<p><i>Early Childhood</i> “Abundant research in psychology, human development, and other fields has shown that events and circumstances early in peoples’ lives influence future decisions, life events, and life circumstances—or what is called the life course trajectory. People who use drugs typically begin doing so during adolescence or young adulthood, but the ground may be prepared for drug use much earlier, by circumstances and events that affect the child during the first several years of life and even before birth.” – <i>NIDA, 2016</i></p> <ul style="list-style-type: none"> • Intervening early in childhood can alter the life course trajectory in a positive direction (<i>Kellam et al., 2008; Kitzman et al., 2010</i>). • Intervening early in childhood can both increase protective factors and reduce risk factors (<i>August et al., 2003; Catalano et al., 2003</i>). • Intervening early in childhood can have positive long-term effects (<i>Degarmo et al., 2009; Shaw et al., 2006</i>). 	<p>National Institute on Drug Abuse (NIDA). (2016). Principles of Substance Abuse Prevention for Early Childhood: A Research Based Guide. Retrieved from: https://d14rmgtrwzf5a.cloudfront.net/sites/default/files/early_childhood_prevention_march_2016.pdf</p>

<ul style="list-style-type: none"> • Intervening in early childhood can have effects on a wide array of behaviors (<i>Beets et al., 2009; Hawkins et al., 2008; Snyder et al., 2010</i>), even behaviors not specifically targeted by the intervention (<i>Hawkins et al., 1999; Kellam et al., 2014; Lonczak et al., 2002</i>). • Early childhood interventions can positively affect children’s biological functioning (<i>Bruce et al., 2009; Fisher et al., 2007</i>). • Early childhood prevention interventions should target the proximal environments of the child (<i>Tolan et al., 2004; Webster-Stratton et al., 2008</i>). • Positively affecting a child’s behavior through early intervention can elicit positive behaviors in adult caregivers and in other children, improving the overall social environment (<i>Fisher & Stoolmiller, 2008; Shaw et al., 2009</i>). 	
<p><i>Early Childhood</i></p> <ul style="list-style-type: none"> • Lack of coordination in system • Lack of data that talks across systems • Lack of data analysis 	<p>Key Stakeholder Input Prevention Task Force Input</p>
<p><i>Children and Youth</i></p> <ul style="list-style-type: none"> • 29% NH HS Youth drink alcohol regularly (1+x/mo). • 16.8% NH HS Youth Binge Drink (5+drinks in a row/30days). • 10% onset use of alcohol before 13. • 22.2% NH HS Youth use Pot regularly (1+x/mo). • 9.2% NH HS Youth have tried Synthetic Pot (1+x/life). • 25% NH HS Youth have used tobacco products including Vaping, e-cigs, chew, cigarettes regularly. • 13.4% NH HS Youth have tried Rx drugs (1+x/life). • 2.4% NH HS Youth have tried Heroin 	<p>2015 Youth Risk Behavior Survey https://www.dhhs.nh.gov/dphs/hsdm/documents/high-school-summary-tables.pdf</p>

<p>(1+x/life).</p> <ul style="list-style-type: none"> ● 4.9% NH HS Youth have tried Coke (1+x/life). ● 4.5% NH HS Youth have tried Ecstasy(1+x/life). ● Lack of EBP in schools ● Lack of Treatment and Prevention Providers to refer to ● Lack of schools fully invested in SMP coalition work ● Lack of support to Staff in schools who are implementing EBP 	
<p><i>Young Adult:</i></p> <ul style="list-style-type: none"> ● Need to define Young Adult as Emerging and as Young Adult. ● Rich body of qualitative data, of which includes themes of perceived hopelessness and optimism, lack of coping mechanisms as understanding of risk and protective factors and gaps ● Stigma is creating barriers to communications and strains relationships. 	<p>The Voice of NH's Young Adults</p>
<p><i>Young Adult:</i></p> <ul style="list-style-type: none"> ● 30.1% 18-25 report using marijuana in the last 30 days and 31.5% said no risk in smoking marijuana. ● NH is in top 6 for past 30- day alcohol use for young adult population - statistically higher than Northeast. ● 45.8% for past 30 day binge drinking (Northeast 40.6 and US 37.8). ● 9.8% for non-medical use of pain reliever in NH, 7.8 in Northeast, 8.3 in US. 	<p>National Survey for Drug Use and Health, 2014</p>
<p><i>Young Adult:</i></p> <ul style="list-style-type: none"> ● 26% of overdose deaths in 2016 were ages 20-29 (101 deaths). ● The age group with the largest number of opioid related ED visits is 20-29 which represents 40% of all opioid 	<p>2016 Numbers are based on analysis as of 4 January 2017 Data Source: NH Medical Examiner's Office</p>

<p>related ED visits for 2016.</p> <ul style="list-style-type: none"> The age group with the largest number of EMS Narcan administration incidents is 21-30 which represents 33% of all EMS Narcan administration incidents for 2016. 992 administrations by EMS. 	
<p><i>Adults:</i> ***CENTER FOR EXCELLENCE TO ADD BRFSS DATA***</p>	<p>Behavioral Risk Factor Surveillance System (BRFSS)</p>
<p><i>Older Adults:</i> National data is demonstrating an alarming trend in substance misuse problems for individuals over the age of 60:</p> <ul style="list-style-type: none"> 2.5 million older adults have a diagnosis of an alcohol or drug problem. Six to eleven percent of elderly hospital admissions are a result of alcohol or drug complications or issues. 14 percent of emergency room admissions indicate the chief complaint as alcohol or drug related. 20 percent of psychiatric hospital admissions are the result of alcohol or drug issues. Nearly 50 percent of nursing home residents are admitted for alcohol related problems. Older adults are hospitalized as often for alcoholic related problems as for heart attacks. Widowers over the age of 75 have the highest rate of alcoholism in the US. Although persons 65 years of age and older comprise only 13 percent of the population they account for more than 1/3 of the total outpatient spending on prescription drugs. 	<p>National Council on Aging National Institute on Drug Abuse</p>
<p><i>Older Adults:</i> Older adults are at a higher risk of harm due to substance misuse than other age groups due</p>	<p>SAMHSA and National Council on Aging</p>

<p>to:</p> <ul style="list-style-type: none"> • Age-related changes in drug and alcohol metabolism. • Comorbid illnesses are higher for this age group. • Alcohol and/or drug interaction issues are higher for this age group (including OTC medications). • Cognitive decline is faster as a result of substance misuse. • Decrease in the ability to perform activities of daily living is higher for this age group as a result of substance misuse (bathing, dressing, eating, etc). 	
<p><i>Older Adults:</i> NH Related Data</p> <ul style="list-style-type: none"> • 18% of overdose deaths in 2016- individuals 55 plus. • 11% of ED Opioid Visits in 2016- individuals 55 plus. • 11% of EMS Narcan Administration- individuals 55 plus. • Data gaps including NH ED Admission, NH Hospital Admission, NH Nursing Facility Admission, PASSAR Data. 	<p>NH Drug Monitoring Initiative Other data sources to consider include Referral, Education, Assistance Program screening and referral data to illustrate the increase in psycho/social complexity of individuals being served.</p>
<p><i>Older Adults:</i></p> <ul style="list-style-type: none"> • Increase in the rate of Grandparents or Older Caregivers serving in the capacity of parenting minor children as the result of the opioid epidemic. <p><i>Older Adults:</i></p> <ul style="list-style-type: none"> • For every 1 child in foster care with relatives there are 20 children being raised by grandparents or other older relatives outside of the foster care system (NCOA). • The NH Caregiver Program has seen a rapid increase in grandparents as parents seeking services from the program for the past two years. • The REAP counselors are reporting a 	<p>NH Caregiver Program-BEAS DCYF Data National Council on Aging</p>

<p>larger percentage of their clients have been referred or self-refer because of social/emotional issues related to raising their grandchildren and/or other relatives children due to the parents substance misuse issues.</p> <ul style="list-style-type: none">• The SAP counselors are reporting a larger need for services and programs for grandparents and older relatives who are raising children because of substance misuse issues.• Homes of older adults contain potential “supply” of unused prescription drugs.	
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The Prevention Task Force strongly supports a public health approach to preventing substance misuse across all populations in New Hampshire. The Task Force recognizes and promotes the impact of a comprehensive state plan that addresses prevention within the individual, family, organizational, community/environmental, and policy domains.

The priority areas below were categorized to ensure that prevention occurs across the lifespan. It is important to note that some strategies extend across all ages, including SBIRT (Screening, Brief Intervention, Referral to Treatment), Messaging, and Reduction of social access to prescription drugs.

PRIORITY AREAS

PRIORITY AREA 1: Improve systems to support the efficiency and effectiveness of substance misuse prevention.			
RECOMMENDED STATE PLAN STRATEGIES	RECOMMENDED TASK FORCE STRATEGIES	OTHER TASK FORCE(S)	OTHER STAKEHOLDERS
<i>Build and sustain local, community-based coalitions.</i>	<p><i>Support the development and sustainability of community-based prevention coalitions.</i></p> <p><i>Identify funding opportunities.</i></p> <p><i>Promote seamless connections between community-based coalitions, DFCs, regional public health networks, schools and other community sectors.</i></p>		<p><i>Public Health Networks</i></p> <p><i>Drug Free Communities Coalitions (DFCs) and other community coalitions</i></p> <p><i>NH National Guard</i></p> <p><i>NH Department of Education – Office of Student Wellness (NH DOE-Office of Student Wellness)</i></p>
<i>Advocate for prevention-friendly laws and policies.</i>	<p><i>Share information with members regarding prevention-friendly legislation and policies.</i></p> <p><i>Support the implementation of prevention-friendly laws</i></p>		<p><i>New Futures</i></p> <p><i>Public Health Networks</i></p> <p><i>NH Charitable Foundation</i></p>

	<i>and policies.</i>		<i>NH Business and Industry Association</i>
<i>Implement SBIRT (Screening, Brief Intervention, Referral to Treatment) across all healthcare systems and providers for all ages.</i>	<i>Support and promote SBIRT.</i>	<i>Healthcare Task Force</i>	<i>Healthcare sector</i>
<i>Provide age and developmentally appropriate prevention messaging, public awareness and education for all ages.</i>	<p><i>Support the Partnership for a Drug Free NH and its efforts to raise public awareness and implement effective prevention messaging across the life span.</i></p> <p><i>Ensure youth, parents, and professionals are informed about media literacy, the smart use of media, and the impact of media on health and behaviors.</i></p>		<p><i>Partnership for a Drug Free NH</i></p> <p><i>Media Power Youth</i></p> <p><i>Public Health Networks</i></p> <p><i>DFCs and other community coalitions</i></p> <p><i>NH DOE-Office of Student Wellness</i></p> <p><i>Youth Councils</i></p> <p><i>Governor's Office</i></p> <p><i>Media partners</i></p>
<i>Expand the collection and evaluation of data to address risk factors across the life span that can inform prevention efforts. (Ages and Stages – Social Emotional, Watch Me Grow, Enforcement Data, DCYF, Middle School YRBS)</i>	<i>Promote the collection and evaluation of data to address risk factors across the life span that can inform prevention efforts.</i>	<p><i>Data & Evaluation Task Force</i></p> <p><i>Healthcare Task Force</i></p>	<p><i>Public Health Networks</i></p> <p><i>DFCs and other community coalitions</i></p> <p><i>NH DOE-Office of Student Wellness</i></p> <p><i>NH DHHS</i></p>

			<p><i>Regional Early Childhood Initiatives</i></p> <p><i>Schools</i> <i>Healthcare sector</i></p>
<p>Evaluate prevention initiatives.</p>	<p><i>Support the evaluation of prevention efforts, including the allocation of adequate resources for evaluation support.</i></p> <p><i>When evidence-based programs are being implemented, encourage use of “process evaluations” for fidelity checks.</i></p> <p><i>Communicate evaluation results to stakeholders.</i></p>	<p><i>Data & Evaluation TF</i></p>	<p><i>BDAS</i></p> <p><i>NH Charitable Foundation</i></p> <p><i>Center for Excellence</i></p> <p><i>Public Health Networks</i></p>
<p>Align prevention efforts with other statewide and regional plans and priorities, with a focus on shared outcomes. Examples: State Health Improvement Plan (SHIP), Community Health Improvement Plans (CHIPs), Integrated Delivery Networks (IDNs), etc.</p>	<p><i>Ensure coordination of prevention efforts by maintaining a diverse prevention task force membership that well represents the field of prevention in NH.</i></p> <p><i>Encourage alignment with existing efforts to prevent duplication and ensure responsible use of limited resources.</i></p> <p><i>Ensure collaboration, alignment, and coordination between NH DOE-Office of Student Wellness, Public Health Networks, coalitions,</i></p>		<p><i>NH DHHS</i></p> <p><i>Governor’s Office</i></p> <p><i>NH Charitable Foundation</i></p> <p><i>Public Health Networks</i></p> <p><i>DFCs and other community coalitions</i></p> <p><i>NH DOE-Office of Student Wellness</i></p>

	<i>public health/prevention system.</i>		
Develop Community Management Teams across NH school districts.	<p><i>Promote the development of Community Management Teams across NH school districts.</i></p> <p><i>Teams to include: school personnel, regional public health networks, community agencies, families, youth, elected officials, community coalitions, business community.</i></p> <p><i>Teams to conduct needs assessment, environmental scan, gap analysis of risk & protective factors for ages birth – 21.</i></p> <p><i>Teams to develop comprehensive work plan for district.</i></p>		<p><i>NH DOE-Office of Student Wellness</i></p> <p><i>Public Health Networks</i></p> <p><i>DFCs and other community coalitions</i></p> <p><i>Various community sectors</i></p>

PRIORITY AREA 2: Early Childhood (0-5 years)			
RECOMMENDED STATE PLAN STRATEGIES	RECOMMENDED TASK FORCE STRATEGIES	OTHER TASK FORCE(S)	OTHER STAKEHOLDERS
Increase data collection efforts regarding early childhood indicators, including Adverse Childhood Experiences	<i>Explore other Data sources DCYF, DOE Watch Me Grow, etc.</i>	<i>Data & Evaluation Task Force</i>	<p><i>NH DHHS, DCYF</i></p> <p><i>NH DOE-Office of Student Wellness</i></p> <p><i>SPARK NH</i></p>

<p><i>(ACEs) indicators.</i></p>			<p><i>Children’s Behavioral Health Collaborative</i></p> <p><i>NH Charitable Foundation</i></p> <p><i>Regional Early Childhood Initiatives</i></p>
<p>Screen all children <i>Including early identification, screening and referral for ACEs (as well as risk assessment for ACEs).</i></p>	<p><i>Review Ages & Stages “Watch Me Grow” - Social Emotional (ASQ-SE) tools and other screening tools</i></p> <p><i>Recommend use of a standard tool</i></p> <p><i>Support and promote referral system for young children and families at risk to appropriate services – Family Resource Centers, 211 NH, etc.</i></p>	<p><i>Healthcare Task Force</i></p>	<p><i>SPARK NH</i></p> <p><i>Children’s Behavioral Health Collaborative</i></p> <p><i>Regional Early Childhood Initiatives</i></p> <p><i>NH Charitable Foundation</i></p> <p><i>Granite United Way – 211 NH</i></p> <p><i>NH DOE-Office of Student Wellness</i></p> <p><i>Healthcare Sector</i></p>
<p>Increase awareness among various stakeholder groups regarding the connection between early childhood risk/protective factors and later substance misuse.</p>	<p><i>Increase awareness among prevention practitioners regarding relationship of ACEs, other childhood risk/protective factors and substance misuse.</i></p> <p><i>Increase awareness among public officials and business community of the importance, value and</i></p>		<p><i>Regional Early Childhood Initiatives</i></p> <p><i>Public Health Networks</i></p> <p><i>NH Charitable Foundation</i></p> <p><i>SPARK NH</i></p> <p><i>NH DOE-Office of Student Wellness</i></p>

	<p><i>return on investment of early childhood strategies.</i></p> <p><i>Support and promote SPARK NH's Bedrock Presentation and WMUR media strategy.</i></p> <p><i>Encourage collaboration between regional public health networks and early childhood initiatives.</i></p>		<p><i>Children's Behavioral Health Collaborative</i></p> <p><i>WMUR</i></p> <p><i>NH Business and Industry Association</i></p>
<p>Fund Home Visiting Programs.</p>	<p><i>Support and promote evidence-based home visiting models, including Healthy Families America, Nurse-Family Partnership, and Head Start/Early Head Start.</i></p> <p><i>Work with existing home visiting programs to ensure incorporation of trauma-informed care and education regarding ACEs and protective factor approaches.</i></p> <p><i>Research evidence-based home visiting programs for families at risk.</i></p>		<p><i>NH Charitable Foundation</i></p> <p><i>SPARK NH</i></p> <p><i>Children's Behavioral Health Collaborative</i></p> <p><i>Regional Early Childhood Initiatives</i></p> <p><i>NH DOE-Office of Student Wellness</i></p> <p><i>Head Start, Early Head Start</i></p>
<p>Advocate for high-quality, publicly funded early childhood educational programming.</p>	<p><i>Advocate for full-day kindergarten.</i></p> <p><i>Support the Quality Rating and Improvement System</i></p>		<p><i>SPARK NH</i></p> <p><i>New Futures</i></p> <p><i>NH DHHS, DCYF Child Development</i></p>

	<p><i>for child care, created by the Child Development Bureau at DCYF.</i></p>		<p><i>Bureau</i></p> <p><i>Public Health Networks</i></p> <p><i>Children's Behavioral Health Collaborative</i></p> <p><i>NH Charitable Foundation</i></p> <p><i>Regional Early Childhood Initiatives</i></p>
<p><i>Invest in evidence-based programs, policies, practices that reduce risk for ACEs (abuse, neglect, violence, household challenges, toxic stress, etc.).</i></p>	<p><i>Promote evidence-based programs, policies, practices addressing risk factors for ACEs.</i></p> <p><i>Support and promote the work of the domestic violence and sexual assault crisis centers with children and families.</i></p> <p><i>Support, promote and strengthen Family Resource Centers.</i></p> <p><i>Support and promote trauma informed training for early childhood providers.</i></p> <p><i>Support and promote Pyramid Model in child care, home visiting, and school settings.</i></p> <p><i>Support promising practices addressing</i></p>		<p><i>NH Charitable Foundation</i></p> <p><i>SPARK NH</i></p> <p><i>Children's Behavioral Health Collaborative</i></p> <p><i>Family Resource Centers</i></p> <p><i>NH Coalition Against Domestic and Sexual Violence</i></p> <p><i>ACERT (Manchester)</i></p> <p><i>Family Support NH</i></p> <p><i>NH DOE-Office of Student Wellness</i></p> <p><i>NH DHHS</i></p>

	<i>children who have been traumatized. (Such as ACERT – Manchester behavioral support coaching, support for parents with substance use disorder and parents in recovery.)</i>		
Identify evidence based programs to support children who are “secondary victims” of substance use disorder (i.e. children who have a loved one with a substance use disorder).	<i>Identify and promote evidence-based programs to support children who have a loved one with a substance use disorder.</i>	<i>Recovery Task Force Treatment Task Force</i>	<i>Al Anon Alateen Family Resource Centers Cynthia Day Center Project Launch NH Charitable Foundation SPARK NH Children’s Behavioral Health Collaborative NH DOE-Office of Student Wellness</i>
Identify and promote educational standards and training opportunities for early childhood workforce.	<i>Identify and promote training and coaching opportunities for early childhood workforce regarding behavioral health, trauma-informed care, social-emotional wellness, and protective factors. Promote early</i>		<i>Connecting schools with Family Resource Centers NH Charitable Foundation SPARK NH Children’s Behavioral Health</i>

	<i>childhood & family mental health credentialing.</i>		<i>Collaborative Pyramid Model State Leadership Team NH DOE-Office of Student Wellness</i>
Address risk & protective factors concerning health equity and social determinants of health that impact early childhood and substance misuse related outcomes.	<i>Research and promote the connection between healthy equity and social determinants of health and substance misuse related outcomes.</i>	<i>Data and Evaluation Task Force</i>	<i>NH Charitable Foundation SPARK NH Children's Behavioral Health Collaborative Asset Building Coalitions Granite United Way – 211 NH NH DHHS NH Health & Equity Partnership</i>

PRIORITY AREA 3: Children and Youth (6-17 years)			
RECOMMENDED STATE PLAN STRATEGIES	RECOMMENDED TASK FORCE STRATEGIES	OTHER TASK FORCE(S)	OTHER STAKEHOLDERS
Create a Multi-tiered System of Support for Behavior and Wellness (MTSS-B) to increase Evidence-Based Programs, Policies, Practices (EBP) with local school	<i>Advocate for a Prevention position at the Office of Student Wellness to help schools identify and deliver EBP. Advocate for school</i>		<i>NH DOE-Office of Student Wellness Public Health Networks DFCs and other community</i>

<p><i>districts.</i></p>	<p><i>districts to have assigned "Wellness Coordinators" in addition to Student Assistance Program (SAP) Counselors.</i></p> <p><i>Convene meetings in each public health network of the different "Wellness Coordinators" for each school district to promote EBPs.</i></p> <p><i>Convene meetings between schools and community stakeholders.</i></p> <p><i>Ensure collaboration, alignment, and coordination between NH DOE-Office of Student Wellness, Public Health Networks, coalitions, public health/prevention system.</i></p> <p><i>EBP Examples:</i></p> <p style="text-align: center;"><i><u>K-5</u></i></p> <ul style="list-style-type: none"> <i>• Good Behavior Game</i> <i>• Behavioral Health training/coaching</i> <i>• Social emotional curricula</i> <i>• School-based social worker</i> <i>• High fidelity wrap teams</i> 		<p><i>coalitions</i></p> <p><i>NH School Boards Association</i></p> <p><i>NH School Administrators Association</i></p> <p><i>Life of an Athlete, NHIAA</i></p>
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	<ul style="list-style-type: none"> • Workforce development • Family engagement <p><u>Middle School 6-8</u></p> <ul style="list-style-type: none"> • Project Success/Student Assistance Programs (SAPs), LADCs and Social Workers • Social emotional and prevention curricula • Project Alert • Tier II/III afterschool programs • Workforce development • SBIRT, Universal screeners • YRBS data collection • Family/community engagement • SRO's <p><u>High School 9-12</u></p> <ul style="list-style-type: none"> • Project Success/Student Assistance Programs (SAPs), LADCs and Social Workers • Social emotional and prevention curricula • Life of an Athlete • Indicated & selected programming for at-risk youth and 		
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	<ul style="list-style-type: none"> parents • Peer-to-Peer Supports • Workforce Development • SBIRT • Teen Court 		
Increase the reach of Court Diversion and Restorative Justice.	Advocate for uniformity in Court Diversion and Restorative Justice programs across the state.		<p>NH Juvenile Court Diversion Network</p> <p>NH DOE-Office of Student Wellness</p> <p>School Resource Officers (SROs)</p> <p>Police Chiefs Association</p>
Coordinate and strengthen the impact of Youth Leadership programs.	<p>Identify & align youth leadership prevention initiatives across the state.</p> <p>Identify gaps in representation in youth councils.</p>		<p>Life of an Athlete</p> <p>CADY, Inc.</p> <p>Dover Youth to Youth</p> <p>NH Youth Legislative Council</p> <p>Youth Leadership Through Adventure</p> <p>Teen Institute</p> <p>Raymond Coalition for Youth</p> <p>Governor's Office – Governor's Youth Advisory Council</p> <p>Youth MOVE</p>

			<i>Other Youth Groups</i>
<i>Implement SBIRT (Screening, Brief Intervention and Referral to Treatment).</i>	<i>Support and promote the use of SBIRT across a variety of settings such as pediatrics, primary care, schools, diversion.</i>	<i>Healthcare Task Force</i>	<i>Community Health Institute (CHI), Center for Excellence</i> <i>Healthcare Sector</i> <i>NH Medical Society</i> <i>NH Hospital Association</i> <i>NH DHHS</i> <i>NH Juvenile Court Diversion Network</i> <i>NH Charitable Foundation</i> <i>NH DOE-Office of Student Wellness</i>
<i>Review and update school ATOD policies.</i>	<i>Coordinate with Life of an Athlete, as they do regular Policy Review, and are promoting Restorative Practice.</i>		<i>Life of an Athlete, NHIAA</i> <i>NH School Administrators Association</i> <i>NH School Boards Association</i> <i>NH DOE-Office of Student Wellness</i> <i>Public Health Networks</i> <i>DFCs and other community coalitions</i>

			<p>SAPs</p> <p>Partnership for Success grantees</p> <p>NH DHHS</p>
<p>Support development of community-based coalitions.</p>	<p>Assist with sustaining DFC, and other coalitions as their funding streams expire.</p>		<p>DFCs and other community coalitions</p> <p>Public Health Networks</p> <p>NH DOE-Office of Student Wellness</p>
<p>Increase training and professional development for law enforcement engaged in prevention initiatives.</p>	<p>Increase engagement of law enforcement in prevention activities throughout the community.</p> <p>Support SRO trainings.</p> <p>Support Community Policing efforts.</p> <p>Increase Mental Health First Aid & SUD First Aid training opportunities for law enforcement.</p> <p>Support and promote restorative justice principles and trainings.</p>		<p>Public Health Networks</p> <p>DFCs and other community coalitions</p> <p>Police Chiefs Association</p> <p>NH DOE-Office of Student Wellness</p> <p>Law Enforcement sector</p> <p>NH Juvenile Court Diversion Network</p>
<p>Expand YRBS data collection efforts to include middle school grades 6-8.</p>	<p>Provide information and education concerning the value of this data for the field of prevention.</p>		<p>NH DOE-Office of Student Wellness</p> <p>NH DHHS</p>

	<i>Provide support to the Public Health Networks, community coalitions, and schools to implement survey.</i>		<i>Public Health Networks DFCs and other community coalitions NH School Administrators Association NH School Boards Association</i>
Support the implementation of Life of an Athlete in schools across NH.	<i>Promote the efforts of Life of an Athlete, including the sharing of information and outcomes with prevention stakeholders.</i>		<i>Life of an Athlete, NHIAA NH DOE-Office of Student Wellness Public Health Networks DFCs and other community coalitions</i>

PRIORITY AREA 4: Emerging and Young Adults (18-24)			
RECOMMENDED STATE PLAN STRATEGIES	RECOMMENDED TASK FORCE STRATEGIES	OTHER TASK FORCE(S)	OTHER STAKEHOLDERS
<i>Promote evidence-informed workplace prevention (including ATOD policies, Recovery Friendly workplaces, EAPs, and Resource).</i>	<i>Create toolkit for engaging businesses in prevention. Promote toolkit. Create Governor's Seal of Approval.</i>	<i>Recovery Task Force</i>	<i>NH Business and Industry Association Local Chambers of Commerce Unions Governor's Workforce</i>

			<p><i>Committee</i></p> <p><i>Governor’s Office</i></p> <p><i>Public Health Networks</i></p> <p><i>DFCs and other community coalitions</i></p> <p><i>Department of Labor</i></p>
<p><i>Reduce isolation & increase community connectedness among emerging adults.</i></p>	<p><i>Promote the development of young adult networks (Examples of strategies include: “Adulthood School,” and Recovery Friendly events at Young Professional networks).</i></p> <p><i>Reduce discrimination of those with SUD to decrease barriers of seeking help and reaching out and being supportive to peers.</i></p>		<p><i>Stay Work Play / local Young Professional Networks</i></p> <p><i>Young adult athletics’ teams</i></p> <p><i>NH Lodging and Restaurant Association</i></p> <p><i>Clubs</i></p> <p><i>Public Health Networks</i></p>
<p><i>Identify and promote evidence-based prevention interventions at academic institutions.</i></p>	<p><i>Create recommendations that align with the risk factors identified in the Young Adult Survey.</i></p> <p><i>Promote behavioral health and prevention curricula/ policies.</i></p>		<p><i>Colleges/ Universities/ Technical Institutes/ Trade Schools</i></p> <p><i>Public Health Networks</i></p> <p><i>NH College & University Council</i></p>

<p>Develop and disseminate prevention messaging.</p>	<p>Create developmentally appropriate messaging, such as Peer-to-Peer messaging and social norms campaigns.</p> <p>Promote Mental Health First Aid in non-traditional settings such as Bartenders and Hospitality Associations.</p> <p>Explore non-traditional settings for messaging (ex. gym, apartments, etc.).</p>	<p>Recovery Task Force</p>	<p>Partnership for a Drug Free NH</p> <p>Stay Work Play/ Young Professional Networks</p> <p>NH Lodging and Restaurant Association</p> <p>NH Bartenders Association</p> <p>NH Liquor Commission, Division of Enforcement & Licensing</p>
<p>Implement SBIRT (Screening, Brief Intervention and Referral to Treatment) in businesses and healthcare settings, along with academia (BASICS).</p>	<p>Support and promote the use of SBIRT across a variety of settings such as business, healthcare, and academia.</p>	<p>Healthcare Task Force</p>	<p>Community Health Institute (CHI), Center for Excellence</p> <p>Higher Education sector</p> <p>Healthcare Sector</p> <p>NH Medical Society</p> <p>NH Hospital Association</p> <p>NH College & University Council</p> <p>NH DHHS</p> <p>NH Charitable Foundation</p>

<p>Promote best practices on school to work transitions.</p>	<p>Promote best practices on school to work transitions, through programs such as RENEW.</p>		<p>NH DOE-Office of Student Wellness</p> <p>UNH Institute on Disability</p>
<p>Increase education and skill building among young adults, while connecting to community resources and supports.</p>	<p>Promote and support CONNECT trainings for young adult suicide prevention.</p> <p>Promote awareness of resources available to support young adults.</p>		<p>Public Health Networks</p> <p>NAMI</p> <p>College/ Universities</p> <p>Stay Work Play / local Young Professional Networks</p> <p>NH Business and Industry Association</p> <p>Youth Suicide Prevention Assembly (YSPA)</p> <p>Service Sector (employers, mechanics, etc.)</p> <p>Partnership for a Drug Free NH</p> <p>Hotline, Regional Access Points (RAPS)</p> <p>Granite United Way – 211 NH</p>
<p>Support training, education and dispensing of naloxone to prevent</p>	<p>Promote community events and other access points for training, education,</p>		<p>Public Health Networks</p> <p>DFCs and other</p>

overdoses.	<i>and dispensing of naloxone.</i>		<i>community coalitions</i> <i>DHHS</i>
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PRIORITY AREA 5: Adults (18-54)

RECOMMENDED STATE PLAN STRATEGIES	RECOMMENDED TASK FORCE STRATEGIES	OTHER TASK FORCE(S)	OTHER STAKEHOLDERS
<i>Implement SBIRT (Screening, Brief Intervention and Referral to Treatment) in healthcare practices that care for adults.</i>	<i>Support and promote the use of SBIRT across a variety of settings, including healthcare practices that care for adults.</i>	<i>Joint Military Task Force</i> <i>Healthcare Task Force</i>	<i>Primary Care</i> <i>Veterans Association</i> <i>Integrated Delivery Networks (IDNs)</i>
<i>Promote evidence-informed workplace prevention (including ATOD policies, Recovery Friendly workplaces, EAPs, and Resource).</i>	<i>Create toolkit for engaging businesses in prevention.</i> <i>Promote toolkit.</i> <i>Create Governor's Seal of Approval.</i>	<i>Recovery TF</i>	<i>Business Industry Association</i> <i>Local Chambers of Commerce</i> <i>Unions</i> <i>Governor's Workforce Committee</i> <i>Governor's Office</i> <i>Public Health Networks</i> <i>DFCs and other community coalitions</i> <i>Department of Labor</i>

<p>Ensure parents of those with substance use disorders are supported.</p>	<p>Assist with the development of promotional materials for parenting and grandparenting support groups for parents/grandparents of people with substance use disorders.</p> <p>Identify how to utilize Family Resource Centers to support parents and caregivers.</p>		<p>Granite Pathways, FASTER</p> <p>Al Anon</p> <p>Families Sharing without Shame</p> <p>NH Children's Trust Fund (Family Support NH)</p> <p>Student Assistance Programs</p>
<p>Support training, education and dispensing of naloxone to prevent overdoses.</p>	<p>Promote community events and other access points for training, education, and dispensing of naloxone.</p>		<p>Public Health Networks</p> <p>DFCs and other community coalitions</p> <p>NH DHHS</p>

<p>PRIORITY AREA 6: Older Adults (55+)</p>			
<p>RECOMMENDED STATE PLAN STRATEGIES</p>	<p>RECOMMENDED TASK FORCE STRATEGIES</p>	<p>OTHER TASK FORCE(S)</p>	<p>OTHER STAKEHOLDERS</p>
<p>Assess the impact of substance misuse among older adults in NH using a process similar to the young adult assessment.</p> <p>Assessment to include an assets and gaps analysis to explore how sectors can support substance misuse prevention among the</p>	<p>Convene stakeholders.</p> <p>Research opportunities and seek funding for assessment.</p> <p>Assist with/develop the assessment tools.</p>		<p>Servicelink</p> <p>Endowment for Health</p> <p>Bureau of Elderly and Adult Services</p> <p>NH DHHS</p>

<i>older adult population.</i>			
Reduce access to unused prescription drugs in homes of older adults <i>through prescription drug takeback events and targeted education.</i>	<i>Promote the importance of safe disposal and increase access to proper disposal methods for older adults.</i>	<i>Healthcare Task Force</i>	<i>Public Health Networks</i> <i>DFCs and other community coalitions</i> <i>Law Enforcement sector</i> <i>Drug Enforcement Administration (DEA)</i> <i>Visiting Nurses Associations</i>
Implement SBIRT (Screening, Brief Intervention and Referral to Treatment) <i>in healthcare practices that care for older adults.</i>	<i>Support and promote the use of SBIRT across a variety of settings, including healthcare practices that care for older adults.</i>	<i>Healthcare TF</i>	<i>Visiting Nurses Associations (VNAs)</i> <i>Nursing Homes</i> <i>Bureau of Elderly and Adult Services</i>
Increase the extent to which REAP (education and counseling) is fully implemented across all community health centers in the state.	<i>Examine existing REAP program implementation and evaluation results.</i> <i>Provide guidance to NH DHHS, BDAS to ensure that REAP has broader impact across the state.</i>		<i>NH DHHS</i> <i>REAP</i>
Provide support for older adults who are parenting a second time around.	<i>Investigate existing opportunities for support.</i> <i>Raise awareness of the</i>		<i>AARP</i> <i>Granite Pathways, FASTER</i>

	<i>need for additional support services (as needed).</i>		NH DHHS Servicelink
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ADDITIONAL RECOMMENDATIONS FOR OTHER TASK FORCES
<i>Provide education around medication management. - Healthcare Task Force, Opioid Task Force and IDNs.</i>
<i>Promote restorative justice principles across all sectors and task forces. – Recovery Task Force, Treatment Task Force, Law Enforcement Task Force?</i>

ADDITIONAL MEASURES	
MEASURES/DATASETS	DATA SOURCE
<i>Increase data collection efforts regarding Early Childhood indicators, including Adverse Childhood Experiences (ACEs) indicators.</i>	
<i>Assess the impact of substance misuse among older adults in NH using a process similar to the young adult assessment. The assessment should include an inventory of assets and gaps to explore how sectors can support substance misuse among the older adult population.</i>	
<i>Expand the collection of data concerning substance misuse risk and protective factors across the life span that can inform the plan. (Watch Me Grow, Enforcement Data, DCYF).</i>	

ADDITIONAL STAKEHOLDERS	
All additional stakeholders are listed in the above tables.	