

**NH STRATEGIC PREVENTION FRAMEWORK STATE INCENTIVE GRANT**

**STRATEGIC PLAN**

**Cover Sheet**

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Date

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# EXECUTIVE SUMMARY

ONE Voice for Southeastern NH is a regional coalition initiated through funding from the NH Department of Health and Human Services' Strategic Prevention Framework (SPF) to reduce morbidity, mortality, and other negative outcomes related to alcohol abuse among 12 to 34 year olds. The United Way of the Greater Seacoast (UWGS) provides financial management for the project, sub-contracts with vendors, and employs coalition staff to support the project, in addition to providing in-kind staff and office support and additional funding to support the work and outcomes of the coalition. ONE Voice serves 20 towns in the seacoast region of New Hampshire that includes Portsmouth, a social, geographical, and urban hub for the area, as well as Durham, home to the University of New Hampshire (UNH)'s main campus. For the purposes of planning and implementation, the twenty towns were divided into four sub-regions based on current partnerships, school districts, risk and protective factors, and other community characteristics (*See Appendix A: Regional Data Book* ).

The SPF project is an initiative of the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) to promote community-level infrastructure for the support of assessment-based, community-led planning and evidence-based strategies and outcomes. The five core elements of SPF are assessment, capacity-building, planning, implementation and evaluation.

ONE Voice was tasked by the NH SPF to begin assessment and capacity building by conducting One-On-One interviews across the region and across multiple community domains such as business professionals, law enforcement, youth, parents, and alcohol retailers. Through this process, the coalition developed a membership body as well as an oversight board to provide leadership for the coalition's operations. In addition to One-On-One interviews, the coalition

conducted sector-based focus groups and information panels to engage community leaders and to begin to build capacity and relationships for data-sharing and planning efforts. In addition, the NH SPF tasked the coalition with conducting Community Readiness Interviews (CRIs) to gauge current capacity to aid in the determination of the changeability of risk, protective, and contributing factors affecting rates and patterns of alcohol abuse in the target age group.

An assessment of current indicators and existing data sources was also conducted, which included arrest data for 12-34 year olds for alcohol and other drugs; high school safety reports for alcohol/other drug suspensions and expulsions; alcohol retailer density; environmental scans of retail establishments; retailer violations of liquor laws; Youth Risk Behavior Survey (YRBS) and other youth survey responses; and UNH campus alcohol/drug violations and services.

Continued assessment planned to coincide with the implementation phase of the project includes but is not limited to social norms surveys of youth and young adults, social norms surveys of parents, and surveys of workplaces and employers in the region.

Following the tenets of Community-Based Participatory Research (CBPR), ONE Voice and its evaluation team from the Community Health Institute (CHI) categorized local, regional and state and national comparison data by the six risk factors put forth by the SPF: Retail Access; Social Access; Perception of Risk; Law Enforcement; Social Norms; and Alcohol Pricing and Promotion. Coalition members and community representatives living and/or working in the region attended a three-hour work session to consider assessment outcomes and to rank the six domains for the level of risk or protection evident based on the data provided.

Once members indicated the level of risk or protection for each domain, they were provided with Community Readiness scores based on 35 interviews across the region. The planning members considered readiness scores and risk and protective factor ratings to score the

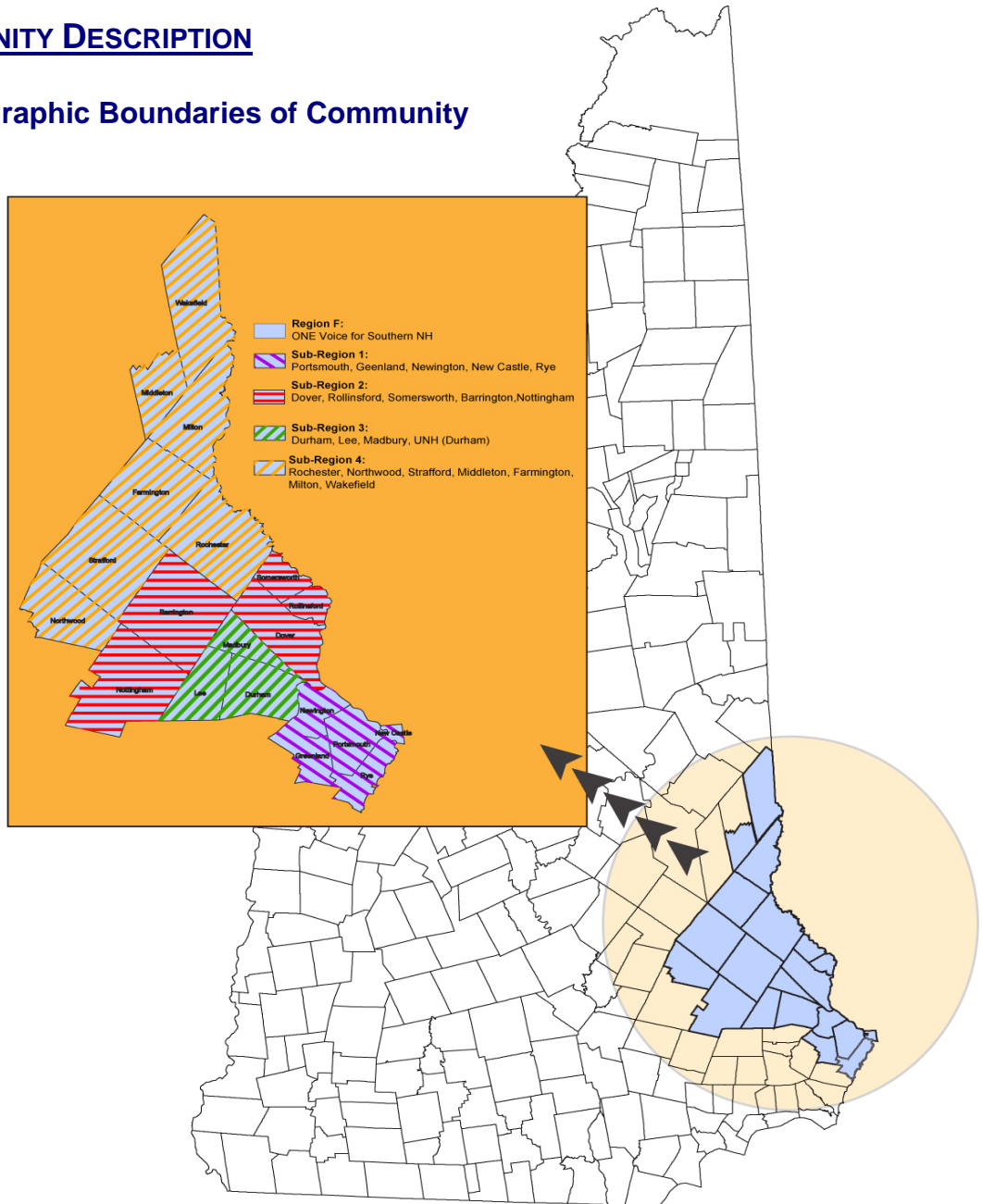
changeability of each risk factor. An in-depth dialogue among partners at the sub-regional level was initiated, and coalition and community members selected proposed strategies that were directly linked to their priority risk areas and that were a conceptual fit for their community and its current capacity. A funding strategy that considered current capacity and needs at the sub-regional level was developed with input from the full coalition and was adopted by the oversight board and is summarized in the chart below:

Sub-Region	Readiness Score	Priority Areas	Rank	Strategies Selected to Date		
<b>FSRPORT1 (F1)</b>	3.35	<b>Enforcement</b>	-3 (parents)	<ul style="list-style-type: none"> <li>▪ Communities Mobilizing for Change on Alcohol (CMCA)</li> <li>▪ Social Norms/ Social Marketing Campaign</li> </ul>		
		<b>Social Access</b>	-3			
		<b>Social Norms</b>	-3			
		<b>Perception of Risk</b>	-3			
<b>FSRDOV2 (F2)</b>	4.77	<b>Social Access</b>	-3	<ul style="list-style-type: none"> <li>▪ Education and Enforcement of social host laws (especially town surrounding Dover)</li> <li>▪ Social Norms Social Marketing Campaign</li> <li>▪ CMCA (Dover)</li> </ul>		
				<b>Perception of Risk</b>	-2	<ul style="list-style-type: none"> <li>▪ CMCA (Barrington, Nottingham, Rollinsford, Somersworth)</li> </ul>
<b>FSRDUR3 (F3)</b>	4.90	<b>Enforcement</b>	+3 (Law)	<ul style="list-style-type: none"> <li>▪ Compliance checks (Remind/Reward)</li> <li>▪ Party Patrols/Saturation patrols</li> </ul>		
		<b>Retail Access</b>	-2 <sup>(18+)</sup> +2 <sup>(12-17)</sup>	<ul style="list-style-type: none"> <li>▪ Responsible Beverage Service Training</li> <li>▪ Social Host Liability (Education and Enforcement)</li> </ul>		
				<b>Social Access</b>	-3 <sup>(18+)</sup> -2 <sup>(12-17)</sup>	<ul style="list-style-type: none"> <li>▪ Social Norms/Social Marketing Campaign</li> </ul>
		<b>Perception of Risk</b>	-3 <sup>(18+)</sup> -2 <sup>(12-17)</sup>			
<b>FSRROCH4 (F4)</b>	3.22	<b>Perception of Risk</b>	-3	<ul style="list-style-type: none"> <li>▪ Social Norms/Social Marketing Campaign</li> <li>• CMCA (Coe-Brown/Northwood)</li> </ul>		
		<b>Social Norms</b>				
		<b>Social Access</b>	-3	<ul style="list-style-type: none"> <li>▪ Party Patrols</li> <li>▪ Tip line (Wakefield and surrounding towns)</li> </ul>		
<b>Region-Wide</b>	4.06	<b>Social Access</b>		<ul style="list-style-type: none"> <li>• Region-Wide Media Campaign</li> </ul>		
		<b>Perception of Risk</b>		<ul style="list-style-type: none"> <li>• Training and technical assistance for social norms campaign</li> </ul>		
		<b>Social Norms</b>				

# ASSESSMENT

## A. COMMUNITY DESCRIPTION

### a. Geographic Boundaries of Community



The region includes the Greater Seacoast region of Barrington, Dover, Durham, Farmington, Greenland, Lee, Madbury, Middleton, Milton, New Castle, Newington, Northwood, Nottingham, Portsmouth, Rochester, Rollinsford, Rye, Somersworth, Strafford, and Wakefield. The area includes the northern tier of the Seacoast along the Maine border.

## **b. Socio-Economic Issues Relevant to Community**

As with many regions in New Hampshire, socio-economic stratification is a significant issue in the area. From the highly educated professionals working for UNH and for organizations doing business with UNH as well as the high-end neighborhoods of Rye, to the blue collar areas in and around Rochester, there is a significant economic disparity within communities. In several interviews, residents of the area talked about towns reconstituting themselves in the past 20 years from rural, insular enclaves to bedroom communities for urban areas, including greater Boston. These and other changes may impact youth and adults whose families have lived in the area for generations, particularly those who are low income.

## **c. Characteristics of Community**

The 20 towns of the Greater Seacoast of New Hampshire are home to the University of New Hampshire (UNH), to the second home hamlets in Rye and other seaside towns, the lake homes of Wakefield and Northwood, the culturally and historically rich Portsmouth, and the largely rural areas of Milton and Middleton.

During the data gathering for the SPF assessment phase, the state recommended that regions cluster communities within sub-regions to be able to make comparisons and to gain insight through a narrower focus. These sub-regions were developed based on existing partnerships, school district regions, and other considerations. These clusters may change during the implementation phase of the SPF model, but the groupings were used by community members to prioritize risk and protective factors during the planning phase. *Note: The sub-region titles that are used throughout this document reflect a naming strategy that include the SPF*

region, the largest town in the sub region, and a numeric code for the sub-region (for example, “FSRPORT1” for the sub-region that includes Portsmouth)

Sub-Region	Towns (20)
<b>FSRPORT1</b>	Greenland, New Castle, Newington, Portsmouth, Rye (5)
<b>FSRDOV2</b>	Barrington, Dover, Nottingham, Rollinsford, Somersworth (5)
<b>FSRDUR3</b>	Durham, Lee, Madbury (3)
<b>FSRROCH4</b>	Farmington, Middleton, Milton, Northwood, Rochester, Strafford, Wakefield (7)

#### d. Target Population

The target population the coalition will be focusing on includes middle and high school aged youth and their parents, college students, alcohol retailers, and young adults living and working in the area. The population is universal and targets the state-defined age category of 12 to 34 year olds.

The sub-regions vary somewhat in their targets for programming, although all will be inclusive of the full age range of 12 to 34 year olds. Specifically, FSRPORT1 and FSRDUR3 will emphasize the 18 to 34 year old age group in addition to high school aged youth, while the entire region will be inclusive of middle school youth (including 10 and 11 year olds) and their parents as changing perceptions at younger ages will influence decision-making at later stages of development.

The following chart provides context for the percentage of the target population living in each sub-region compared to the region as a whole.

Town	10-17 yrs	18-21 yrs	22-34 yrs	TOTAL (10-34 yrs)	Sub-region population as % of region	% Below Poverty Level**
Greenland	365	96	434	895		3.60%
New Castle	88	28	73	189		0.00%

Newington	90	23	81	194		5.00%
Portsmouth	1,575	615	4,882	7,072		6.40%
Rye	560	126	476	1,162		1.60%
<b>FSRPORT1 SUBTOTAL</b>	<b>2,678</b>	<b>888</b>	<b>5,946</b>	<b>9,512</b>	<b>17.00%</b>	<b>3.32%</b>
Barrington	982	266	1,100	2,348		3.60%
Dover	2,486	1,405	6,228	10,119		4.80%
Nottingham	495	99	486	1,080		0.90%
Rollinsford	285	105	468	858		2.60%
Somersworth	1,331	542	2,207	4,080		6.30%
<b>FSRDOV2 SUBTOTAL</b>	<b>5,579</b>	<b>2,417</b>	<b>10,489</b>	<b>18,485</b>	<b>29.83%</b>	<b>3.64%</b>
Durham	782	5,928	1,923	8,633		2.80%
Lee	669	176	587	1,432		4.30%
Madbury	238	58	213	509		3.90%
<b>FSRDUR 3 SUBTOTAL</b>	<b>1,689</b>	<b>6,162</b>	<b>2,723</b>	<b>10,574</b>	<b>25.33%</b>	<b>3.67%</b>
Farmington	784	548	870	2,202		6.30%
Middleton	207	72	186	465		4.50%
Milton	507	153	578	1,238		6.10%
Northwood	491	159	557	1,207		1.50%
Rochester	3,239	1,281	4,932	9,452		6.3%
Strafford	589	114	449	1,152		1.00%
Wakefield	541	135	546	1,222		5.10%
<b>FSRROCH4 SUBTOTAL</b>	<b>6,358</b>	<b>2,462</b>	<b>8,118</b>	<b>16,938</b>	<b>27.84%</b>	<b>4.40%</b>
<b>REGION F TOTALS</b>	<b>16,304</b>	<b>11,929</b>	<b>27,276</b>	<b>55,509</b>	<b>100.00%</b>	

\* Population and poverty rates derived from the Census 2000 (factfinder.census.gov)

\*\*The sub-regional averages are not weighted for population.

## **B. COMMUNITY HISTORY**

### **a. Description of the ONE Voice Coalition**

ONE Voice for Southeastern NH was developed through capacity building at the outset of the SPF project in the region, beginning with the hiring of the coordinator by United Way of the Greater Seacoast (UWGS) in July of 2007. The coalition membership grew from the One-On-One discussions, data requests during the assessment phase, focus groups that brought different stakeholders to the table, and through regular coalition meetings apprising members of the SPF process, of the federal funds committed to the region, and of the need to work together to set priorities and select strategies.

## VISION AND MISSION

***ONE Voice Vision:*** The coalition is committed to creating a collaborative proactive environment that supports and sustains the 20 eastern New Hampshire communities' health and vitality through enhancing alcohol, tobacco and other drug prevention, intervention, treatment and recovery resources.

***One Voice Mission:*** The coalition envisions an alliance of communities that are well equipped to overcome and diminish substance abuse. Through our joint efforts; communities will be engaged in partnerships to use resources efficiently and implement programs that are scientifically proven to be successful.

### **b. History of the Coalition**

The twenty towns in the ONE Voice catchment area have a history as varied as the towns are numerous. Portsmouth often gains the most attention in the region because of its long history as a center of commerce, having been a major port for hundreds of years. Portsmouth is home to many historical and cultural sites, including the Isle of Shoals, Strawberry Banke, the Naval Shipyard, and the Portsmouth Black Heritage Trail. As a result of its rich heritage, Portsmouth is an upscale community with a high density of restaurants and bars in the downtown area. A unique feature of this business community is its solidarity. Without any directive, the downtown restaurants and bars established an informal network to be able to ban problem patrons. Before the self-initiated network, the bars would ask drunken, belligerent patrons to leave their establishment, unwittingly passing on the problem to the next bar on the block. They have recently even begun to send joint letters to problem patrons banning them for a longer term. This willingness to join forces to address the problems associated with binge drinking will be a benefit to the work of ONE Voice.

Although other towns in the region may not be in the limelight as much as Portsmouth, all have unique issues and histories. Dover is a city along the Spaulding Turnpike that recently passed a tax cap that is impacting the level of services and resources available for health and safety initiatives. Dover is also the birthplace of Dover Youth 2 Youth, one of the most successful youth-driven prevention programs in New England. The group has been successful in passing local ordinances, sponsoring state laws, facilitating mass media campaigns, and has gained national recognition for their alcohol and drug prevention efforts for many years.

Rochester is a city that has significant rates of poverty and high risk behavior, with a recognized pattern of youth from the largest city in the region traveling to the less populated and thus less monitored towns of Wakefield and Milton for partying. The Rochester School District has joined forces with city and social service organizations to build community and increase prevention efforts. This partnership culminated in a successful application for federal Drug-Free Communities funding from the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA).

ONE Voice's role in the region since July 2007 has been to learn about and bring together the many activities and providers in the area to invite them to participate in a "super" coalition of efforts that, through coordination and shared resources, will harness success for underserved areas and will support evaluation and evidence-based strategies. Already ONE Voice has played an integral role in Rochester's new Drug Free funding and prompted a server training that was followed by a 100% compliance rate for retailers in the Durham area (UNH) for the first time in at least 13 years.

### **c. History of Community Organizing for Health**

The region has a strong history of organizing for health promotion, particularly through the needs assessments and funding strategies of the United Way of the Greater Seacoast, in addition to the work noted with Portsmouth taverns, Dover Youth 2 Youth, the Rochester Drug-Free Coalition, the work of Seacoast Mental Health, and the Community Diversion Program that serves a broad catchment area in the region.

Dover is home to the McConnell Center and the Community Campus, resides in city of Portsmouth. Both are facilities that co-locate social services and coordinated approaches to health promotion, risk prevention, and family support.

In addition, the Durham area had launched the Oyster River Coalition for Health Youth (ORCHY) in 2000 through State Incentive Grant (SIG) funds. Although the coalition disbanded after a funding lapse, the partners are eager to continue coordination of efforts to enhance prevention in Durham, Lee and Madbury, particularly among school-aged populations.

The Durham Police Department and UNH have had tremendous success in significant effort and policy to reduce the harm associated with underage drinking and young adult binge drinking with the campus population. The Durham PD has established an aggressive, effective, and comprehensive approach to alcohol abuse through referrals directed to the UNH Dean of Students. The Durham PD sends letters home to parents of underage students in violation of alcohol laws, and referrals are made to UNH Health Services, who provide comprehensive education, screening, counseling, and other health services related to binge drinking and alcohol abuse. The Durham PD is also vigilant in tracking data to highlight “problem” locations in off-campus housing, retailer education and compliance checks, undercover patrols, and heightened enforcement during high-risk weekends and events.

Other communities such as Northwood and Wakefield are new to coordinated prevention efforts and are enthusiastic about the support and resources provided by ONE Voice.

## **C. COMMUNITY NEEDS**

### **a. Process Used to Interpret Information and Make Decisions**

The process used to interpret information and make decisions was thoughtful, deliberate, and followed the SPF-prescribed model of engaging community members, leaders, and providers. ONE Voice's evaluator, the Community Health Institute (CHI), reviewed existing data sources and solicited local consequence data from police departments and schools. CHI also reviewed the outcomes of SPF directed One-On-One discussions, focus groups and Community Readiness Interviews. In addition, salient information on alcohol pricing, placement and promotion was extracted from environmental scans of bars and restaurants in the area. These scans were conducted by coalition and other community members with a representative sample of licensed liquor establishments. There was an intentional over sampling of retailers with recent liquor law violations.

CHI then sorted all data and information and organized them within the six risk and protective factors determined by the NH SPF project: Retail Access, Social Access, Social Norms, Enforcement, Perception of Risk, and Alcohol Pricing and Promotion. For example, responses from the Youth Risk Behavior Survey (YRBS) administration at area schools in the spring of 2007 relative to Perception of Risk were grouped with focus group highlights also indicating that Perception of Risk was a factor in alcohol abuse rates in the area. (*See Appendix A: Regional Data Book*)

ONE Voice held a meeting of its full membership and oversight board on June 27, 2008, to review the databook and work through prioritization tools provided by the NH SPF team. Participants were first asked to divide into small groups according to the sub-regions in which they worked and/or lived. They were then asked to read and discuss the assessment information for each risk factor and answer a series of probative questions about how, when, where and to what extent each factor was contributing to underage and/or high-risk alcohol consumption in their communities based on the assessment information compiled to date.

Finally, ONE Voice members were asked to rank each of the six risk and protective factors according to their level of contribution to the issue in their sub-region. Rankings were made on a seven-point scale, from “-3” indicating a high-risk factor to “+3” indicating a high-protective factor.

<b>RISK FACTOR RANKING SCALE</b>						
<b>High Risk</b>	<b>Moderate Risk</b>	<b>Low Risk</b>	<b>Neutral</b>	<b>Low Protective</b>	<b>Moderate Protective</b>	<b>High Protective</b>
-3	-2	-1	0	+1	+2	+3

<b>RANKING OF RISK AND PROTECTIVE FACTORS</b>				
	<b>FSRPORT1</b>	<b>FSRDOV2</b>	<b>FSRDUR3</b>	<b>FSRROCH4</b>
<b>Retail Access</b>	-2	+1	-2(18+) +2(12-17)	-2
<b>Social Access</b>	-3	-3	-3 (18+) -2 (12-17)	-3
<b>Enforcement</b>	-3(parents)	0	-3	-2
<b>Perception of Risk</b>	-3	-3	-3 (18+) -2 (12-17)	-3
<b>Social Norms</b>	-3	-2	-3	-3
<b>Alcohol Pricing/ Promotion</b>	-3 (promotion) 0 (pricing)	-2	Insufficient data	-1

**b. Prioritized Risk/Protective Factors**

The ONE Voice membership met again on July 18, 2008, to review the outcomes of the June 27<sup>th</sup> planning session and to prioritize the factors. The factors were then prioritized based on the assessment data reviewed in the first planning session and based on probative questions provided by the state to help coalition members consider the who, what, where, when and why of the factors. This process ensured that priorities were based on contributing factors understood and discussed by community membership themselves.

These risk factors were selected to narrow the focus of prevention efforts to those factors that were both highly important to the community and highly changeable. ONE Voice members grouped by sub-region engaged in discussions that encouraged them to defend their selections. Community Readiness scores for each sub-region were provided as context in their decision-making. (See Appendix B-3: Risk/Protective Factor Assessments.)

<b>Sub-Region</b>	<b>Priority Areas</b>	<b>Rank</b>
<b>FSRPORT1</b>	<b>Enforcement</b>	-3 (parents)
	<b>Social Access</b>	-3
	<b>Perception of Risk</b>	-3
	<b>Social Norms</b>	-3
<b>FSRDOV2</b>	<b>Social Access</b>	-3
	<b>Perception of Risk</b>	-2
<b>FSRDUR3</b>	<b>Enforcement</b>	+3 (Law)
	<b>Retail Access</b>	-2 <sup>(18+)</sup> +2 <sup>(12-17)</sup>
	<b>Social Access</b>	-3 <sup>(18+)</sup> -2 <sup>(12-17)</sup>
	<b>Perception of Risk</b>	-3 <sup>(18+)</sup> -2 <sup>(12-17)</sup>
<b>FSRROCH4</b>	<b>Perception of Risk</b>	--
	<b>Social Norms</b>	-3
	<b>Social Access</b>	-3

### **c. Assessment Gaps**

Assessment information on social norms among parents, youth and young adults was a noted gap, in addition to one sub-region lacking any data from a local Youth Risk Behavior Survey (YRBS) administration. Many attempts to gather or access data from young adults through Chambers of Commerce, technical colleges, and large employers were unsuccessful. These organizations reported that they are asked for this type of access from their constituents regularly, and that opening the door to one means opening it to too many other requests.

#### *i. Information Source*

Regarding the limited YRBS data in the region, the ONE Voice coordinator has already engaged school superintendents and principals in conversations about the importance of local data to prevention efforts in the region, and seven of eight high schools (88%) have confirmed that their schools will participate in the current 2008-2009 school year, compared with only two of eight (25%) schools who participated in the 2006-2007 school year.

Regarding social norms data, the social norms surveys provided by the state in late May will be used by partner agencies between November 2008 and January 2009 for baseline data on parent, youth, and young adult norms.

#### *ii. Collection Procedure*

All ONE Voice sub-recipients will be required to administer the above assessment tools with the populations with which they are implementing programs and strategies. With partners such as the HUB Family Resource Center, responses may have to be grouped by “universal”, “selected” or “indicated” populations to address the issue of sampling from a specific population, such as young adults referred to parent education classes from the Division of Children, Youth and Families (DCYF).

*iii. Timeline*

Young adult and social norms surveys will be administered by sub-recipients between November 2008 and January 2009.

*iv. Persons Responsible*

ONE Voice coalition coordinator, Melissa Silvey, evaluators Lisa Muré and Rachel Kohn of CHI, and sub-recipient staff are responsible for facilitation, administration, analysis and use of these surveys.

**D. Problem Statement(s)**

The catchment area has unique factors, including a large university campus, a major hub for cultural activities, and isolated rural communities that exacerbate the level and severity of underage and young adult binge drinking. The cultural variation among the sub-regions is pronounced. The northern tier of the region suffers from a much lower educational attainment rate, higher teen birth rates, increased crime, less allocation of school funding and a lack of transportation to services that are generally 20-30 miles out of reach from their own communities.

The sub-regions have unique features and were grouped by school districts, natural networks of transportation and community access as well as culturally. The Portsmouth sub-region is comprised of four towns and one city. It is unique to the region in that it would be rare for community members to travel north of Portsmouth to access shopping, cultural activities, or community events. To that end, Portsmouth is segmented from the rest of Rockingham County, as the centralized services for the county are 25 miles away.

**FSRPORT1:** Portsmouth is home to 92 establishments with liquor licenses. It is the highest per capita in the state. Although it is home to just over 21,000 people, it has 100,000 people on a daily basis working or engaging in recreation in Portsmouth. Many of the alcohol infractions are from people living outside of Portsmouth. A coalition was initiated in 2007 through the DFC Mentor grant from Makin' It Happen and the Partnership for Healthy Youth. It did not continue after the coordinator left and had difficulty engaging community members in sustaining it as the coalition's catchment area was 19 towns and cities, and resources were not matched for the goals of the project.

**FSRDOV2:** The Dover sub-region was more difficult to determine. Dover is a hub to several small towns, and including the town of Nottingham into the region was purely based on the population of Dover High School. Dover has long had a tradition as an old mill town. In the 1980's it was not even safe for the police to patrol the downtown area without a minimum of two police cars, as they would be assaulted by belligerent bar patrons. It was home to many biker bars and was considered an unsafe area by many residents. That has all changed for the better and Dover has seen through economic development, police/community partnerships and new, upwardly mobile residents a renewed renaissance. However, it continues to have a large population of college-aged residents who have no real investment in the community. They also have a local convenience store that will deliver *anything*, with the purchase of any food item from the deli that is one dollar or more. These delivery drivers are often no more than 18 years old and are able to deliver cases of beer/alcopops. Dover has also lost its Drug-Free Communities grant, and once had a thriving coalition, Dover Coalition for Youth. They were defunded in 2006. The City of Somersworth is unique in that we had very little participation in the assessment process, yet in focus groups we continued to hear of the prevalence of substance

abuse among it youth and adults. A renewed effort is initiated within this strategic plan. This sub-region has the highest population among the other sub-regions. Somersworth is studying the implementation of a tax cap, and Dover has already implemented one and that has had impact on this strategic plan. The municipality is scared to enter in to contracts for fear the City Council will de-fund the position once the funding goes away, or will make cuts based on short-term approaches.

**FSRDUR3:** The Durham sub-region is home to the largest university in the state. It has long been proactive in combating underage drinking, as is the University of New Hampshire (UNH) Police and Health Services. Moreover, the University has instituted a universal prevention initiative that includes videos sent to all freshman accepted and their families as a requirement to watch as part of their entrance into the University. Even with the effective prevention efforts engaged by the greater Durham community, we still read headlines of “Two students sent to the hospital for alcohol poisoning after a frat party” (Fosters, October 7, 2008). Some students still perceive UNH as a great party school after it is continually rated within the Princeton Top 10 Party Schools. So, perception is set even prior to entrance into UNH by potential students, even though the reality is that alcohol arrests are down from previous years and is attributed to vigilant and creative initiatives from the University and Durham Police Department. Students still go to outlying areas to off-campus housing in Lee and Dover. Lee is a rural community with a small police department. There was a lack of resources that is committed to combating underage drinking, however, they have partnered with three other communities and applied for EUDL funds.

**FSRROCH4:** The Rochester sub-region is far reaching in geography, more so than any other sub-region. As previously mentioned, it has the lowest educational attainment and the

highest poverty rate within the region. Additionally, this sub-region is home to four high schools, with varying cultures and attitudes towards underage drinking. Moreover, the sub-region is home to an exponential increase in summer residents because of its lakes. This in turn becomes a stress on law enforcement resources during the summer months with increased underage drinking, summer homes being used to facilitate underage drinking parties, and a lack of training for the law enforcement community to combat the influx. The northern part of the sub-region is also sparsely populated, which means less resources dedicated to compliance checks, party patrols and saturation patrols. It is also where the youth from Rochester go to drink in order to not be harassed by law enforcement, as they believe they will be in Rochester.

This sub-region has long been the least resource rich among prevention contracts and services and yet, had a grassroots coalition meeting for the last two years with no funding, but a lot of heart and dedication. That has subsequently changed, and they have been awarded a DFC grant. However, their focus in year one is solely Rochester, and the SPF coordinator has been active in persuading the coalition into increasing their presences to Farmington, Milton, Middleton and Wakefield. This is preliminary as they just received notification and have yet to hire a coalition coordinator.

Northwood and Strafford were coupled with the Rochester sub-region because they were too small to couple as one sub-region and had minimal assessment involvement. Northwood is somewhat disconnected to the sub-region as it generally identifies itself as a rural community closer to Concord. This has been challenging as they don't feel part of the natural network of many of the communities, but yet they lie within Rockingham County.

Wakefield has been discovered to have a unique need. It is geographically large, has four villages that comprise the greater Wakefield area, lies within Carroll County, but utilizes many

resources and attends school in Strafford County. It is a twenty-five minute drive to Rochester. It has one of the lowest property taxes in the state and thereby generates few resources that are dedicated to prevention activities. Their recreation director is also the truant officer for the town.

- *What should be occurring?*

All communities in the catchment area should have the resources and capacity to implement evidence-based strategies targeting local level risk factors to prevent and reduce harm associated with underage drinking and young adults binge drinking. All twenty communities should have access to treatment for both adolescents and adults services as well as coordinated prevention efforts in their schools.

- *What is occurring?*

Youth and families are negatively impacted by alcohol abuse. School and relationship problems, unwanted sexual activity, and other drug use were noted by focus groups as examples of the harmful impact of the behavior. In particular, parents incarcerated at the Strafford County House of Correction's self-contained treatment program shared compelling stories about early alcohol and drug use and how it led to significant family dysfunction and a cycle of unmet needs passed down to their own children.

- *Who is affected and to what degree?*

Youth and young adults are affected, including those living in communities surrounding the University of New Hampshire. The more economically depressed communities also indicated a high level of alcohol abuse among young adults who do not attend college, as their prospects for a stable future are compromised by low paying jobs

and high housing, heating and transportation costs. Assessment information supported that both ends of the socio-economic strata are affected by the issue.

- *What could happen if the problem isn't addressed?*

If the problem isn't addressed, communities will continue to lose lives, futures, and economic vitality, and the safety of residents will continue to be compromised.

# CAPACITY

## **A. PROFILE OF COMMUNITY RESOURCES**

### **a. Planning Team and Process**

ONE Voice used existing partnerships and those developed through One-On-One discussions and CRIs to recruit coalition members and interested stakeholders. These individuals and organizations are informed on a regular basis of the on-going efforts of the coalition and have played an integral role in the assessment, capacity building and implementation phases of the project. The membership meets monthly and has assisted with data gathering, networking, and planning. In addition to the coalition membership, ONE Voice recruited a leadership team, its Oversight Board (OB), to oversee the operations and procedures of the coalition. The OB has provided vision, clout, and validity to the coalition and to the SPF process.

### **b. Community Resources to Address Targeted Substance Abuse Issues**

Many stakeholders brought to the table during the assessment phase of this project have offered actual and in-kind resources to support the work of the coalition. Specific examples include an oversight board member offering the use of his restaurant for coalition meetings, the use of the McConnell Center in Dover for meetings and trainings, the use of the Rochester and Durham Police Department's training rooms, the United Way of the Greater Seacoast waiving overhead fees and providing office space and support as well as a portion of their funds to contribute to strategy implementation, and the contribution of time and expertise by those working on related issues in the community including Dover Youth to Youth, the Community Diversion Program, the HUB Family Resource Center, Avis Goodwin and Families First Health Centers as well as UNH Health Services, local law enforcement and school staff.

### **c. How Will Plan Enhance the Community's Prevention Infrastructure**

#### *i. Coordinated efforts*

ONE Voice has positioned itself, through its membership, to be the hub for alcohol and other drug initiatives in the region. With the legitimacy that the United Way brought at the inception of the coalition, through the energy and skills of the coordinator, and through the significant buy-in that has been established through the assessment, capacity and planning stages of SPF, members came together. This coordinated body together selected strategies, identified key lead agencies, contributed shared resources, and has endorsed this plan and its goals and objectives.

#### *ii. Organizational structures*

The coalition operates through two major constructs: a membership that represents sectors, providers and stakeholders in the region, and an Oversight Board that governs funding allocations and process assurances. This organizational structure enhances prevention capacity because it moves decision-making to the community level and ensures that staff and membership follow appropriate processes for planning and implementing evidence-based strategies.

#### *iii. Planning*

SPF has improved planning in the area by basing decision for priorities and strategies directly on assessment data while engaging the full membership in all stages of planning.

#### *iv. Data systems*

The plan improves upon data systems by ensuring that strategies will be evaluated using common tools, that data relevant to the priorities will be collected and reviewed regularly, and that a majority of schools will allow the administration of the YRBS. The state web-based data management system will also be used by sub-recipients of this plan to store and provide feedback on process outcomes relative to the SPF process.

#### *v. Workforce development*

Workforce development will be enhanced through the coalition's support of sub-recipients becoming Certified Prevention Specialists. Coordinated trainings in the region and information sharing about New Hampshire and New England training and professional development opportunities will support participation in the NH Training Institute, the New England School of Addiction's Prevention School, and other opportunities. Community, youth, and provider trainings will be an annual objective in the region-wide plan.

*vi. Evidence-based practices*

The plan improves upon prevention efforts by requiring all sub-regions to implement evidence-based practices within all risk factor domains. Coalition dialogue has been clear that over time, programs currently operating in the area will need to invest in formalization and evaluation to establish their evidence of effectiveness.

*vii. Cultural competence*

Cultural competence has been insured through rich focus group discussion and recruitment that brought all walks of life to the assessment, most notably the men and women at the Strafford County House of Corrections and a group of low-income mothers. The plan will continue to expand cultural competence through an annual regional training and the review of the plan by the Minority Health Coalition for strategies to ensure sub-recipients are implementing strategies in a culturally appropriate way.

*viii. Evaluation and Monitoring*

Evaluation and Monitoring will be enhanced and expanded in the region by providing current stakeholders with a specific two-fold process by means of KIT Solutions and the Community Health Institute (CHI). KIT Solutions will maintain capacity and process information, including contact information, for those participating in the One-On-One discussions and Community Readiness Interviews. KIT will also store data on meetings, attendance, and prevention activity levels. CHI will supplement this system with the evaluation

plan outlined in the Evaluation section of this document. Evaluation and monitoring will also be achieved through the efforts of the State Evaluator, the Minority Health Coalition, and the National Cross-Site Evaluation.

*ix. Sustainability*

Sustainability will be enhanced through the activity that has already brought new funds to the project. Specifically, through data-driven processes and outcomes, funders will be more likely to invest in approaches that address multiple communities that are evidence-based and that leverage existing relationships and resources. In addition, the evaluation plan will build sustainability by showing coalition members, potential partners and funders real-time outcomes (KIT), intermediate change, and eventually population level change in behavior and perception.

**B. PROFILE OF ONE-ON-ONES**

**a. Summary Tables of One-On-Ones**

One-On-One interviews were held throughout the region with a wide cross-section of demographics and community sectors. A strength of ONE Voice's work that was highlighted in the One-On-interviews is the investment in sustainability by having a coalition developed and led by a rich leadership rather than a sole staff member. A summary table of the One-On-One interviews conducted in the ONE Voice region by sub-region and by sector can be seen in *Appendix B-1: Summary of One-On-Ones*.

**C. PROFILE OF OVERSIGHT BOARD**

**a. Membership and Roles**

The Oversight Board (OB) provides guidance and governance to the strategic planning process and to funding allocations. The OB of ONE Voice is a group of esteemed stakeholders, including an administrator, a police chief, a retired school superintendent, Health and Safety

executive director, a representative from UNH’s Health Services, a retired school nurse, a business owner and liquor licensee, and a funder.

<b>Oversight Board Member</b>	<b>Agency/ Organization</b>	<b>Sector Represented</b>
Chief David Dubois	Rochester Police Department	Law Enforcement
Betsey Andrews Parker, Chair	Northern Strafford County Health and Safety Council	CSO
Debbie Clark	State of NH/Nurse	Health
Shaw Joyce	Retired	Business
Kathleen Grace Bishop, Vice Chair	UNH Health Services	Higher Ed
Dr. Jerry Daley	Retired	Education
Traci Cameron	Farmington High School	Education
Dave Cohen	United Way of the Greater Seacoast	Funder/Fiscal Sponsor

**D. PROFILE OF MEMBERSHIP**

**a. Membership and Structure**

The membership of ONE Voice is primarily providers and other community and municipal organizations including schools, police departments, UNH, business people, corrections and court staff, parents, and other community members. The membership meets bi-monthly or more often when necessary. As the membership developed, it was tasked with significant, highly detailed work in prioritizing assessment information and risk factors and selecting evidence-based strategies. Moving forward, the membership will become even more cohesive and integral to the coalition’s efforts by sharing training information, lessons learned, successes and challenges, resources, ideas, and momentum. *(See Appendix H: Membership List)*

# PLANNING

## **A. CRITERIA & RATIONALE FOR REGIONAL PRIORITIES**

### **a. Summation of Regional Decision-Making Based on Data**

Members of ONE Voice followed the model for community planning prescribed by the SPF project, with tools and resources provided and endorsed by the NH SPF team. On June 26, 2008, the coalition membership that had been developed during the assessment and capacity building stages of the SPF process were invited to the Portsmouth Sheraton to review the assessment information collected to date and to make meaning of the information at the sub-regional level. (*See Appendix A: Regional Data Book.*) During this planning session, coalition members in sub-region groupings ranked each of the six risk factors provided by the NH SPF team for their level of influence on the problem of underage drinking and young adult binge drinking. The groups were asked to rely on the assessment information in their ranking.

ONE Voice coalition members were reconvened on July 18, 2008, to be presented with the results of the Community Readiness Interviews and scores at the regional and sub-regional level. With that context, members reviewed rankings from the previous planning session and then prioritized each risk factor through the use of NH SPF tools to assess importance and changeability.

These prioritized risk factors then became the driving force for the selection of evidence-based strategies that were a conceptual and practical fit for sub-regions based on their current capacity, readiness, and stakeholders. The chart below provides a summary of this work:

Sub-Region	Readiness Score	Priority Areas	Rank	Strategies Selected to Date
<b>FSRPORT1 (F1)</b>	3.35	<b>Enforcement</b>	-3 (parents)	<ul style="list-style-type: none"> <li>▪ Communities Mobilizing for Change on Alcohol (CMCA)</li> </ul>
		<b>Social Access</b>	-3	
		<b>Social Norms</b>	-3	<ul style="list-style-type: none"> <li>▪ Social Norms/ Social Marketing Campaign</li> </ul>
		<b>Perception of Risk</b>	-3	
<b>FSRDOV2 (F2)</b>	4.77	<b>Social Access</b>	-3	<ul style="list-style-type: none"> <li>▪ Education and Enforcement of social host laws (especially town surrounding Dover)</li> <li>▪ Social Norms Social Marketing Campaign</li> <li>▪ CMCA (Dover)</li> </ul>
				<b>Perception of Risk</b>
		<b>Enforcement</b>	+3 (Law)	<ul style="list-style-type: none"> <li>▪ Compliance checks (Remind/Reward)</li> <li>▪ Party Patrols/Saturation patrols</li> </ul>
<b>FSRDUR3 (F3)</b>	4.90	<b>Retail Access</b>	-2 <sup>(18+)</sup> +2 <sup>(12-17)</sup>	<ul style="list-style-type: none"> <li>▪ Responsible Beverage Service Training</li> <li>▪ Social Host Liability (Education and Enforcement)</li> </ul>
				<b>Social Access</b>
		<b>Perception of Risk</b>	-3 <sup>(18+)</sup> -2 <sup>(12-17)</sup>	
<b>FSRROCH4 (F4)</b>	3.22	<b>Perception of Risk</b>	-3	<ul style="list-style-type: none"> <li>▪ Social Norms/Social Marketing Campaign</li> <li>• CMCA (Coe-Brown/Northwood)</li> </ul>
		<b>Social Norms</b>		
		<b>Social Access</b>	-3	<ul style="list-style-type: none"> <li>▪ Party Patrols</li> <li>▪ Tip line (Wakefield and surrounding towns)</li> </ul>
<b>Region-Wide</b>	4.06	<b>Social Access</b> <b>Perception of Risk</b> <b>Social Norms</b>		<ul style="list-style-type: none"> <li>• Region-Wide Media Campaign</li> <li>• Training and technical assistance for social norms campaign</li> </ul>

**b. Community’s Readiness to Address Identified Issue(s) and Strategies**

*i. How has the community’s readiness been assessed?*

With a 20-town catchment area, readiness was difficult to assess through Community Readiness Interviews. However, interviews did validate the following perceptions: 1) that Dover is the most ready due to the long-standing Dover Youth 2 Youth prevention group; 2) that substantial capacity and readiness exists in Durham due to the long-standing, positive

relationships between the Durham Police Department and UNH, including the Greek system, and between the PD and area retailers and landlords; 3) that Oyster River had been primed by earlier coalition efforts to be ready for additional support and resources to continue or resuscitate their prevention work; 4) that despite limited resources, Wakefield is a community eager to do more to keep their youth safe; 5) that Rochester had successfully brought together a community to apply for federal prevention funds; and 6) that towns outside of the four major hubs of each sub-region are lacking in awareness and effort to address the problem.

Readiness to address the goal of developing and improving access to comprehensive substance abuse prevention strategies that support the continuum of care was assessed through thirty (30) Community Readiness Interviews (CRIs) that represented a cross-section of key informants throughout the region. A total of 34 CRIs were conducted on behalf of ONE Voice. The interview templates were provided by the NH SPF team and were scored and tallied according to NH SPF protocols, including having two independent readers score each interview. The majority of interviews were conducted by interns trained by CHI according to protocols established at the Tri-Ethnic Center.

Below is a chart providing the Community Readiness score summaries by domain and sub-region. (*See Appendix B-2: Community Readiness Interview Summary.*)

<b>REGION F COMMUNITY READINESS SCORES</b>								
<b>SUB-REGION</b>	<b>N=</b>	<b>Existing Efforts</b>	<b>Knowledge of Efforts</b>	<b>Leadership</b>	<b>Community Climate</b>	<b>Knowledge of Issue</b>	<b>Resources For Px</b>	<b>Readiness Score</b>
<b>FSRPORT1</b>	<i>6</i>	3.67	3.25	3.42	2.83	3.50	3.42	<b>3.35</b>
<b>FSRDOV2</b>	<i>11</i>	6.55	4.14	4.66	4.23	4.00	5.02	<b>4.77</b>
<b>FSRDUR3</b>	<i>6</i>	7.33	4.75	4.63	3.75	3.79	5.17	<b>4.90</b>
<b>FSRROCH4</b>	<i>11</i>	3.95	2.91	3.23	2.77	3.09	3.34	<b>3.22</b>
<b>Region-Wide</b>	<b>34</b>	<b>5.38</b>	<b>3.76</b>	<b>3.98</b>	<b>3.40</b>	<b>3.60</b>	<b>4.24</b>	<b>4.06</b>

## **B. IDENTIFICATION & SELECTION OF EVIDENCE-BASED STRATEGIES**

### **a. Describe Selection of Evidence-Based Strategies**

Evidence-based strategies were selected through a thoughtful, two-tiered process. First, coalition members were invited to a meeting at the Rochester Police Department, the third of three planning sessions that included the two earlier sessions ranking and then prioritizing risk factors. This third session included a review of planning work to date and a primer on the pros and cons of environmental and program strategies to provide context to their decision-making. Community Readiness scores were also reviewed and discussed as context for strategy selection. Because the community strategy selection planning session had low attendance for some of the sub-regions, the ONE Voice coordinator scheduled follow-up meetings with each sub-regional team in September to review, clarify, and make changes to the larger group's selection work. This second tier of planning was necessary to ensure buy-in at the local level, that all coalition members had a more adequate opportunity to participate in the selection process, and to more fully review potential barriers, resources, partnerships, lead organizations, and specific budget amounts. These sub-regional meetings provided the most in depth discussions regarding what strategies were both a conceptual and practical fit for the communities. *(See Appendix B-4: Strategy Selection Summary)*

Sub-regional meetings were held on:

<b>Date</b>	<b>Sub-Region</b>	<b>Location</b>
August 19, 2008	FSRDUR3	Oyster River High School
September 4, 2008	FSRDOV2	McConnell Center
September 18, 2008	FSRPORT1	United Way of Greater Seacoast
September 19, 2008	FSRROCH4	Rochester Police Department

## **b. Logic Model Narrative and Chart**

### *i. Narrative*

The logic model narrative presents the overall theory of change for the region. Logic models that supplement this narrative appear in *Appendix D* and provide sub-regional detail for communities preparing to implement strategies relative to their areas.

#### **1. Problem Statement(s) (Refer to *Assessment – Section D*, above)**

The catchment area has unique factors, including a large university campus, a major hub for cultural activities, and isolated rural communities that exacerbate the level and severity of underage and young adult binge drinking.

#### **2. Goal**

ONE Voice's goal is to coordinate efforts, strengthen and expand upon existing resources and activity, to build capacity, and to support evidence-based strategies to prevent and reduce underage drinking and young adult binge drinking and its harmful outcomes in the region.

#### **3. Targeted Risk/Protective Factor**

ONE Voice's membership prioritized the following risk and protective factors influencing underage drinking and young adult binge drinking in the region: Retail Access, prioritized by two of the four sub-regions; Social Access, prioritized by all four of the sub-regions; Enforcement, prioritized by two of the four sub-regions; Perception of Risk, prioritized by all four of the sub-regions, and Social Norms, prioritized by two of the four sub-regions. Therefore, most ubiquitous to the region were Perception of Risk and Social Access, while Alcohol Pricing and Promotion was not prioritized through importance and changeability ratings.

#### 4. Focused Population

With the gap in assessment information at the regional and sub-regional level relative to young adult behaviors and perceptions, the target population in FSRROCH4 and FSRDOV2 is primarily 12 to 17 year olds, yet FSRPORT1 and FSRDUR3 will focus on both school-aged and young adults because of the predominance of young adult binge drinking related to the UNH campus and the Portsmouth nightlife. With the gathering of young adult data in the coming months, this plan may be revised if information is forthcoming to target young adults more directly in the other two sub-regions as well. That being said, all sub-regions will target the full age range defined by the NH SPF team, but emphasis will be given to the young adults in Durham and Portsmouth sub-regions based on focus group discussions key informant interviews.

#### 5. Evidence-based Strategies

The use of evidence-based strategies is a key foundation to the SPF process, and ONE Voice members were provided an overview of the importance of evidence-based strategies. When considering how to address the problem of 12-34 year olds' alcohol abuse at the community level, coalition members were provided a wide range of both environmental and program strategies to meet the conceptual and practical needs of their areas. The following evidence-based strategies have been selected by the ONE Voice membership for one or more of the sub-regions:

Domain	Strategies Selected*	FSRPORT1	FSRDOV2	FSRDUR3	FSRROCH4	ONE Voice Region-wide
<b>Enforcement</b>	Responsible beverage server training			✓		
	Party Patrols/Saturation Patrols/			✓	✓	
	Social Host Liability Enforcement		✓			
	Compliance Checks/Remind and Reward			✓		
	Tip Line				✓	

<b>Education</b>	Social Host Liability Education		✓			
	Media campaign (re parent awareness and prevention strategies)					✓
<b>Media/Communication</b>	Social Norms/Social Marketing Campaign	✓	✓	✓	✓	✓
	Media campaign (re parent awareness and prevention strategies)					✓
<b>Coalition Development</b>	Communities Mobilizing for Change on Alcohol (CMCA)	✓	✓		✓	✓
	Resource sharing					✓
	Coordinated training and technical assistance					✓
	Coalition development and member recruitment and engagement					✓

6. Rationale for Selected Prevention Strateg(ies)

a. *Conceptual and Practical Fit*

The following chart provides responses about conceptual and practical fit.

<b>ASSESSMENT AND RATIONALE OF SELECTED STRATEGIES</b>								
<b>STRATEGY:</b>	<i>CMCA</i>	<i>Social Norms/ Social Marketing</i>	<i>Responsible Server Training</i>	<i>Party Patrols/ Saturation Patrol</i>	<i>Tip Line</i>	<i>Compliance Checks (Remind/ Reward)</i>	<i>Social Host Education and Enforcement</i>	<i>Media campaign</i>
<b><i>Conceptual Fit</i></b>								
<ul style="list-style-type: none"> <li>Demonstrates evidence of effectiveness with the target population.</li> </ul>	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

**ASSESSMENT AND RATIONALE OF SELECTED STRATEGIES**

<b>STRATEGY:</b>	<i>CMCA</i>	<i>Social Norms/ Social Marketing</i>	<i>Responsible Server Training</i>	<i>Party Patrols/ Saturation Patrol</i>	<i>Tip Line</i>	<i>Compliance Checks (Remind/ Reward)</i>	<i>Social Host Education and Enforcement</i>	<i>Media campaign</i>
<ul style="list-style-type: none"> <li>Specifically addresses the community's priority risk factors and underlying conditions</li> </ul>	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
<ul style="list-style-type: none"> <li>Offers multiple opportunities for prevention</li> </ul>	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
<ul style="list-style-type: none"> <li>Drives positive outcomes in reducing (✓):                             <ul style="list-style-type: none"> <li>✓ Underage drinking (UA)</li> <li>✓ Binge drinking among young adults (BD)</li> </ul> </li> </ul>	UA/BD	UA/BD	UA/BD	UA/BD	UA	UA	UA	UA/BD
<b><i>Practical Fit</i></b>								
<ul style="list-style-type: none"> <li>Your community has the necessary staff and funding</li> </ul>	Yes with SPF	Yes with SPF	Yes	Yes with SPF	Yes	Yes	Yes with SPF	Yes with SPF
<ul style="list-style-type: none"> <li>Your coalition has the necessary community contacts (police, leaders, etc.)</li> </ul>	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
<ul style="list-style-type: none"> <li>The community has shown the appropriate stage of readiness for this strategy.</li> </ul>	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
<ul style="list-style-type: none"> <li>The strategy reflects your community's culture</li> </ul>	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
<ul style="list-style-type: none"> <li>The strategy is sustainable</li> </ul>	Yes with significant effort	Yes	Yes	Yes	Yes	Yes	Yes	Yes with significant effort

*b. Demonstration of Effectiveness*

All strategies selected by the sub-regions have been demonstrated to be effective through the endorsements provided on the matrix selection chart.

*c. Comprehensive Approach to Addressing Risk/Protective Factors*

Each risk factor to be addressed was developed with representation from community members and leaders in each sub-region. The approaches are comprehensive in that they supplement current efforts, address specific risk factors prioritized based on local and regional assessment information, and will be coordinated across the 20 communities through the support of the ONE Voice coordinator. The strategies are comprehensive in that they cut across education, communications, enforcement, and community engagement. All sub-regions have had at least one environmental strategy to ensure that prevention messages reach a large percentage of the population.

*d. Community Readiness Level*

The region's plan is comprehensive in addressing each risk factor in that it combines both environmental, individual, family, and community level strategies.

The readiness of this region, apart from the scored interviews with key stakeholders presented on pages 27 & 28 of this plan, is self-evident in the membership brought together for this shared mission. From police chiefs and university staff to business owners, superintendents, mayors and parents, the membership body is truly ONE Voice in southeastern NH ready to address to the problems of alcohol abuse in their communities.

*e. Sustainability*

ONE Voice has worked tirelessly in building partnerships and involved key stakeholders in the development of this plan to ensure long-term sustainability. Leveraging of existing

resources and talents has already begun, with the Durham Police Department offering to train other towns in the region in party and saturation patrols as well as to invite retailers from other towns to attend their annual server trainings. Their unique approach to compliance checks using incentive/disincentive techniques promoted by SAMHSA (e.g. Remind and Reward letters to retailers acknowledging business that did not sell to minors) will be replicated throughout the region. Also, the Portsmouth Police Department has been motivated by the work of ONE Voice and offered to support and even house a coalition coordinator position, a significant step toward long-term sustainability. Also, the award-winning Dover Youth 2 Youth that has made headlines in its efforts to keep the community's focus on keeping youth safe and alcohol-free. By leveraging their success to assist in the training and technical assistance of school-based groups developing and implementing social norms and social marketing campaigns further supports sustainability. All partners have provided staffing, space, materials, expertise, connections, community knowledge, and many other resources to build the strategic plan and will continue to provide them to sustain SPF strategies over time. In addition, the training, coordination and evaluation facilitated by ONE Voice and its community partners will provide knowledge, networking, and data to ensure the long-term success and sustainability of the efforts outlined herein.

## 7. Objectives

The following objectives will be met through the strategies and activities at the regional and sub-regional level:

- Establish and maintain effective coalition membership at the sub-regional and regional level;
- Produce and disseminate media materials to counter social norms that increase the likelihood that a youth will choose to drink alcohol or that a young adult will engage in binge drinking;
- Provide financial and other support for added law enforcement patrols;

- Provide technical support and training for the development of youth empowerment groups in all school districts in the region;
- Provide training and curriculum materials to complement youth empowerment with Project Success for schools willing and able to sponsor its implementation;
- Facilitate regional and/or sub-regional train-the-trainer workshops on media literacy for long-term implementation of media literacy within school systems;
- Develop and disseminate communication strategies to educate the public about liabilities associated with hosting underage drinking parties;
- Provide local and/or regional trainings for servers and business owners that educate them on responsible server tips, compliance and liability;
- Provide materials and resources necessary to encourage business owners in FSRDUR3 to conduct internal compliance checks on a regular basis;
- Provide adequate and appropriate trainings and technical assistance for the region to support the SPF activities;
- Implement a comprehensive evaluation plan to gauge the effectiveness of SPF strategies;
- Maintain and expand communication, networking, and data collection and archiving for the region.

## 8. Short-Term Outcomes Expected

- All sub-regions have an active membership that represents the diversity of the community as well as a majority of SAMHSA's twelve sectors;
- Culturally competent media materials and other Public Service Announcements (PSAs) to target social norms, social liability, parent monitoring/enforcement, and the harm associated with underage drinking and young adult binge drinking are broadcasted and/or disseminated regularly throughout the region;
- A communication strategy that includes media outlets, the world wide web, homes, schools, community leaders, neighborhoods, housing facilities, retailers, and other community members and is fully operational in all communities;
- Local police departments engaged in extra patrols to thwart underage alcohol parties;
- Alcohol retailers including servers, sellers, and business owners receiving annual education on responsible server tips, compliance and liability;
- Interested alcohol retailers are provided with materials and support to facilitate internal compliance checks;
- All school districts are provided with the training and technical support necessary to launch youth empowerment groups to conduct social norms campaigns and related activities;

- Project Success is fully operational in schools willing to co-sponsor the program and is engaging youth in education, advocacy, and media messaging;
- A majority of schools in the region have participated in a train-the-trainer program to carry out media literacy work in their schools with youth and parents;
- Coalition members across the region have been adequately and appropriately trained and assisted in their implementation of SPF strategies;
- A comprehensive evaluation plan gauged the effectiveness of SPF strategies and its results were disseminated to the coalition, the community-at-large, funders and key stakeholders;
- Extensive communication, networking, and data collection has been achieved and archived for the region.

## 9. Intermediate Outcomes Expected

- Increased participation in prevention activities by community members and leadership;
- Increased knowledge and awareness of the harm and consequences associated with underage drinking and young adult binge drinking;
- Fewer underage alcohol parties;
- Increased healthy decision-making capacity and increased knowledge of healthy alternatives;
- Decreased perception that underage drinking and young adult binge drinking is an accepted norm;
- Decreased irresponsible serving and selling of alcohol by retailers and their employees;
- Increased youth engagement in advocacy and media work;
- Increased coalition membership, participation, and resources;
- Increased information-sharing, data collection and analysis, and networking relative to the prevention of underage drinking and young adult binge drinking.

### *ii. Logic Model Chart*

Logic model charts are provided by sub-region (4) in addition to a logic model for supporting strategies that will be implemented across the entire region. (*See Appendix D: Logic Models*)

# IMPLEMENTATION

## A. IMPLEMENTATION PLAN

### a. Coalition's Planned Activities for Year 1 and Year 2 Implementation

ONE Voice will implement the strategies selected primarily through Memoranda of Understanding (MOU's) with community partners, including several police departments, a local recreation department, Dover Youth 2 Youth, the HUB Family Resource Center, and schools and after-school programs. The larger "super" coalition of ONE Voice will oversee implementation fidelity, evaluation and reporting requirements, and continuation of the larger coalition memberships and networking in addition to supporting the infrastructure of the plan through coordinated trainings, technical assistance sub-contracts, cultural competency assurances, and group purchasing and development of media messages that will complement social norms messages developed by and marketed through school-based youth teams.

ONE Voice will sub-contract and monitor the following strategies through the partnerships outlined below:

Sub-Region	Priority Areas	Strategies Selected to Date	Lead Organization/ Group
FSRPORT1	Enforcement	<ul style="list-style-type: none"> <li>▪ CMCA</li> <li>▪ Social Norms/ Social Marketing Campaign</li> </ul>	TBD
	Social Access		
	Social Norms		
	Perception of Risk		
FSRDOV2	Social Access	<ul style="list-style-type: none"> <li>▪ Education and Enforcement of social host laws (especially town surrounding Dover)</li> <li>▪ Social Norms Social Marketing Campaign</li> </ul>	Area schools/Dover Youth 2 Youth
	Perception of Risk	<ul style="list-style-type: none"> <li>▪ CMCA</li> </ul>	Schools/TBD
FSRDUR3	Enforcement	<ul style="list-style-type: none"> <li>▪ Compliance checks (Remind/Reward)</li> <li>▪ Party Patrols/Saturation patrols</li> </ul>	Durham Police Department (lead); surrounding town police departments
	Retail Access	<ul style="list-style-type: none"> <li>▪ Responsible Beverage Service Training</li> </ul>	
	Social Access	<ul style="list-style-type: none"> <li>▪ Social Norms/Social Marketing Campaign</li> </ul>	Area schools/Dover Youth 2 Youth
	Perception of Risk		
FSRROCH4	Perception of Risk	<ul style="list-style-type: none"> <li>▪ Party Patrols</li> </ul>	Area police departments

Sub-Region	Priority Areas	Strategies Selected to Date	Lead Organization/ Group
		<ul style="list-style-type: none"> <li>▪ CMCA</li> </ul>	TBD
	Social Norms	<ul style="list-style-type: none"> <li>▪ Social Norms/Social Marketing Campaign</li> </ul>	All schools
	Social Access	<ul style="list-style-type: none"> <li>▪ Tip-line</li> </ul>	TBD (Rochester PD pending)
Region-Wide	Social Access Perception of Risk Social Norms	<ul style="list-style-type: none"> <li>• Region-Wide Media Campaign</li> <li>• Training and technical assistance for social norms campaigns</li> </ul>	ONE Voice

The selected strategies are discussed in brief below:

1. **Communities Mobilizing for Change on Alcohol (CMCA):** This strategy addresses two of seven Community Anti-Drug Coalitions of America (CADCA) strategies – Modifying policies and providing information. The CMCA Model Program is an environmental prevention strategy utilizing community organizing to reduce youth access to alcohol by changing policies. CMCA is on the National Registry of Evidence-based Programs and Practices (NREPP). Outcomes from original CMCA Study found fewer establishments selling to underage people, a 24% decrease with “on sale” outlets (bars, restaurants) and a 8% decrease with “off sale” outlets (liquor stores, gas stations). More establishments were found to be checking age identification, with a 17% increase for “on sale” outlets and a 15% increase among “off sale” outlets. Changes in social access included a 17% decrease in 18- to 20-yr-olds providing alcohol to youth. Changes in drinking behavior included a 25% decrease in youth who tried to purchase alcohol, a 7% decrease in youth who drank alcohol in the past 30 days, and a 4% decrease in drinking occasions in the past month. Policy change and physical design change are both activities strongly promoted within the CMCA model and will meet those and the full retinue of

CADCA core strategies. This comprehensiveness was the driving force in the sub-regions' selection of this model.

FSRPORT1, the greater Portsmouth sub-region recognized early on that it needed to build cohesion and community in order to effect change. The development of a coalition through the CMCA model is an appropriate first-step for this sub-region's stage of readiness. A significant partner in this strategy is the Portsmouth Police Department who has offered to house a position to coordinate the CMCA and to contribute funds and office support for the effort. This coordinator will also work with Portsmouth High School on the social norms campaign strategy selected for the high school population.

FSRDOV2 also selected CMCA because of its recognition that despite the significant successes of Dover Youth 2 Youth and the tireless work of the Dover Police Department in getting a local Social Host ordinance passed that was stronger and more effective than the state's, the communities recognized that to build and grow the work accomplished to date, more partners and leaders were needed. In addition, Dover lost its Drug-Free Communities funding from SAMHSA and is seeking to reapply with a coalition that includes the entire sub-region. This direction is an exciting and important one for Dover and its surrounding communities. The physical and logistical home of CMCA coordination for the area has yet to be determined.

- 2. Social Norms/Social Marketing Campaign:** Social norms campaigns were shown to be effective campus strategies for reducing excessive alcohol use when implemented correctly. The Education Development Center conducted a five-year study through a

grant funded by NIAAA. The first articles were released in 2005<sup>1</sup>. All four sub-regions selected social norms campaign efforts to counter the significant influence social norms have on both underage drinking and young adult binge drinking. The social norms approach uses local data to challenge misperceptions and to promote healthy behaviors and choices.

3. **Responsible Server Training:** Responsible server training was studied for evidence of effectiveness by Howard-Pitney et al (2007) in a research design published in the American Journal of Public Health. The responsible alcohol-service training program was evaluated for its impact on changing beliefs, knowledge, and behavior in 97 servers and 43 managers and on changing establishment policies that encourage safer drinking environments. The training program had a significant impact on changing the beliefs and knowledge of both servers and managers. Observation four to six weeks after training showed there was a tendency toward more establishment policies compared with controls.<sup>2</sup> This activity meets CADCA's established prevention standards by providing information to and enhancing skills of those serving or selling alcohol and will be implemented formally in FSRDUR3.
  
4. **Party Patrols/Saturation Patrols:** Enforcing underage drinking laws by reducing social availability through enhanced enforcement efforts including party patrols and enforcement saturation during high risk events and seasons (e.g. Superbowl, New Year's Eve) have been endorsed by the U.S. Department of Justice's Office Juvenile Justice and Delinquency Prevention (OJJDP).<sup>3</sup> In addition, with cultural competency

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<sup>1</sup> [http://www.uhs.umich.edu/wellness/aod/UMAODPP\\_report\\_9.06.pdf](http://www.uhs.umich.edu/wellness/aod/UMAODPP_report_9.06.pdf)

<sup>2</sup> American Journal of Public Health, Vol. 81, Issue 2 197-199 ([www.ajph.org/cgi/content/abstract/81/2/197](http://www.ajph.org/cgi/content/abstract/81/2/197))

<sup>3</sup> <http://www.udetc.org/documents/strategies.pdf>

playing a significant role in our planning, party patrols and saturation patrols have been effective in the Durham area to reduce underage drinking, and this effectiveness as a deterrence was articulated by college-aged youth during a focus group held at UNH. The Durham police are well trained and experienced in this strategy and have offered to provide leadership and training throughout the region through the efforts of ONE Voice. This strategy will be implemented in FSRDUR3 and FSRROCH4.

5. **Anonymous Tip Line:** Although not formally an evidence-based strategy, an anonymous tip-line to report upcoming underage drinking parties to thwart them and prevent harmful outcomes has been shown anecdotally to have affected community norms and underage drinking in the Pemi-Baker area. Their tip line, Project Monitor, was selected by SAMHSA for the Service to Science award as a promising practice, and a literature review was done to support the original premise of the strategy. This strategy was also highlighted in the New Futures' State Strategy to Reduce Underage Drinking. FSRROCH4 selected this strategy because of its challenges in thwarting underage drinking parties in remote locations, particularly in the Wakefield area, and its desire to promote community "enforcement" through an anonymous tip line. This strategy reduces barriers to community enforcement and communication by providing the ability for individuals to share information in an effort to keep youth safe without concern for retaliation.
  
6. **Compliance Checks:** The region has several pockets of high activity related to compliance checks, particularly in the areas in and around UNH. Already through the capacity building work of ONE Voice, the Durham Police Department was prompted to schedule and hold a retailer training followed by a compliance check at the

beginning of UNH's fall semester, with a 100% success rate – their first in 13 years. This successful strategy, and the leadership of the Durham Police Department, will be leveraged to promote and facilitate increased compliance checks in sub-regions ranking retail access has a high risk factor. In addition, focus group and key informant interviews with law enforcement indicated that when compliance checks are done regularly, retail access is kept very low, but when checks become more intermittent, problems and access increase. Compliance checks have been endorsed by OJJDP as effective in raising community awareness and building support for reducing sales to minors.<sup>4</sup> It adheres to the CADCA strategy of reducing access. Through Durham's model, "Remind and Reward," that involves sending letters to retailers reminding them of the consequences and implications of selling to minors and publicly recognizing and rewarding retailers who pass compliance checks. This enhancement of the compliance check strategy further supports CADCA's strategy of changing consequences and building incentives.

- 7. Media Campaign:** A region-wide media campaign was selected by membership as an important strategy because of its ability to reach the broadest cross-section of the population with a common message. In a 2006 study of 1,382 parents and 812 youth in Ohio, the evaluation of a mass media campaign (Parents Who Host Lose the Most) found that 82% of parents had a good or excellent awareness of their state's underage drinking laws and 85% indicated the media campaign information was helpful to their family. The study also found that 57% of parents and 56% of teen had read or heard a media message about the dangers of underage drinking, with approximately 1/3 able to recall the message or slogan. A third of parents had heard the media message that

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<sup>4</sup> <http://www.udetc.org/aps/ComplianceChkDB.htm>

was the target of the study. The study was endorsed by the Drug-Free Action Alliance.<sup>5</sup> Media campaigns are also endorsed by the U.S. Surgeon General as an effective public health strategy to reduce underage drinking.<sup>6</sup> This strategy meets CADCA's criteria of building awareness and educating communities.

Memoranda of Understanding (MOU) will be developed with lead agencies or organizations to implement the above strategies at the sub-regional level, and ONE Voice will continue its convening, leadership, and implementation of region-wide work while also overseeing the deliverables established in each sub-contract/MOU. ONE Voice will continue to insure that all SPF-funded work meets the NH SPF requirements for evaluation and data tracking.

It is important to note that in the planning phases, with UNH representatives at the membership table, it was evident that UNH was already implementing a comprehensive set of strategies to address underage and binge drinking among college students and that supplemental activities were not advisable given the significant gaps in services and efforts in other communities in the region. UNH has representation on the Oversight Board and the membership body for ONE Voice and provides significant support and expertise to the region's work.

#### **b. Required Inputs/Resources to Conduct Strategies**

One Voice region-wide and sub-regional strategies will require targeted inputs and resources in order to successfully implement each selected strategy. A detailed list of inputs and resources by selected strategy can be seen in *Appendix E: Inputs and Resources*.

#### **c. Timeline Specific to Coalition's Project**

A timeline specific to the coalition's projects for Year One and Year Two is attached as *Appendix F: Timeline*.

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<sup>5</sup> <http://cspinet.org/booze/040726STOPAA.htm>

<sup>6</sup> <http://www.surgeongeneral.gov/topics/underagedrinking/programs.html>

## **B. BUDGET**

### **a. How Funds in Sub-Contracted Line Will Be Used to Carryout Plan**

#### *i. Narrative*

*The budget narrative attached provides detail from sub-regional planning teams that worked collaboratively to provide rationale for funding requests. (See Appendix G: Budgets and Budget Narratives.)*

#### *ii. Implementation Budget*

In the section below, detail is provided on each sub-region's proposed expenditures, including region-wide initiatives, and a total for the region as a whole. The total implementation amount is: \$232,000.

#### *iii. Budget for Sub-Regions*

As mentioned earlier, ONE Voice's implementation budget will be dispersed primarily through sub-contracts to schools, police departments, and community-based organizations. After setting aside the costs for coalition coordination and evaluation, the Oversight Board reviewed requests for funding based on the SPF planning work to date, taking in to consideration current capacity, resources to be leveraged, readiness, strategies selected, need, and membership involvement in the planning stages. The Oversight Board voted to approve sub-regional amounts on October 9, 2008, and they will reconvene to approve sub-contracts once the NH SPF team has approved the implementation plan. A portion of implementation funds was directed to efforts that would be region-wide, including a media campaign and shared trainings and technical assistance in social norms campaigns. Resources for the local level YRBS, policy change and advocacy, and other efforts common across the region will be derived from coalition coordinator's role and from matching contributions, particularly those committed by the United Way of the Greater Seacoast.

## b. In-kind and Leveraged Funds

The chart below summarizes the funds and in-kind resources leveraged to date.

Leveraged funds include \$25,338.64 from the United Way of the Greater Seacoast and \$14,000 from the Portsmouth Police Department. In addition, the ONE Voice Coordinator helped secure federal Drug-Free Community funds in the amount of \$125,000 from the SAMHSA for a drug-free coalition in Rochester and NH Department of Education funds in the amount of \$225,000 for after-school programming in the Farmington area. In-kind contributions of time and expertise from ONE Voice coalition members have been estimated at one meeting per month for 12 months for 20 people x \$25/hr x 3 to account for mileage and meeting space.

Source	Detail	Amount to Date
United Way of the Greater Seacoast	Funds to support SPF	\$25,000
Rochester Drug Free Coalition	Coalition will support SPF initiatives in Rochester; ONE Voice helped craft grant proposal	\$125,000
Farmington High School after school program	After school programming will support social norms work; ONE Voice assisted with grant proposal (10% estimated in-kind to support SPF objectives)	\$22,500
Portsmouth Police Department	Funds to support CMCA coalition coordinator	\$14,000
Durham Police Department	Training and technical assistance estimate	\$5000
ONE Voice membership	Estimated 12 months x 20 members x 3 hrs/mo x \$25/hr	\$18,000
<b>TOTAL:</b>		<b>\$209,500</b>

iv. Budget Summary for Sub-contracts per Strategy

**Budget Summary for Sub-contracts per Strategy:**

<b>Strategy/Sub-contracts or Providers</b>	<b>Strategy Funds Requested</b>	<b>In-Kind, Leveraged, or Other Funds</b>	<b>Total</b>
<b>CMCA</b>	\$77,500	\$14,000 Portsmouth PD (pending) \$125,000DFC \$18,000 ONE members	\$234,500
<b>Social Norms/ Social Marketing</b>	\$54,500	\$22,500	\$77,000
<b>Responsible Server Training</b>	\$2,000	Unknown	\$2,000
<b>Party Patrols/ Saturation Patrol</b>	\$25,000	\$2500	\$27,500
<b>Tip Line</b>	\$1,000	Unknown	\$1,000
<b>Compliance Checks (Remind/Reward)</b>	--	\$2500	\$2,500
<b>Social Host Education and Enforcement</b>	--	Unknown	--
<b>Media campaign</b>	\$72,000	\$25,000 estimated	\$97,000
<b>Totals</b>	\$232,000		\$441,500

# EVALUATION

## A. COMMUNITY LEVEL MONITORING AND EVALUATION PLAN

### a. Evaluation of Activities and Outcomes of Plan

The ONE Voice evaluation strategy will be implemented in concert with the state-wide evaluators to develop local-level evaluation tools and methods that are directly responsive to the identified risk factor being addressed. The evaluation team will continue to collect data from existing sources in the region including School Safety Reports, arrest data from local police departments, county level BRFSS, and hospital discharge data to monitor consequences of alcohol abuse among 12 to 34 year olds. For the evaluation of prevention strategies, the following activities will serve as the foundation for evaluation activities that will be expanded and enhanced through the State SPF Evaluator’s responsibilities and directives. It is important to note that all evaluation activities involving individual responses will ask zip code, gender, economic level, race/ethnicity, and other recommended information to be able to report on successes by sub-region and to determine cultural disparities in effectiveness or reach of the prevention efforts.

EVALUATION ACTIVITY	SOURCE
<b>Monitoring Existing Data Sources (Consequence Data)</b>	<ul style="list-style-type: none"> <li>▪ Police department arrest data for 12 – 34 year old’s alcohol and other drug violations (annually)</li> <li>▪ School Safety Reports collected annually by the NH Department of Education for suspensions and expulsions related to alcohol or other drug violations</li> <li>▪ Health WRQS annual hospital discharges for alcohol and drug related diagnostic codes</li> <li>▪ Annual reviews of liquor law violations by licensees/retailers in the region</li> <li>▪ Annual compilation of compliance checks conducted and pass/failure rates</li> </ul>
<b>Evaluating Process Measures (Kit Solutions)</b>	<ul style="list-style-type: none"> <li>▪ One-On-One representation</li> </ul>

	<ul style="list-style-type: none"> <li>▪ Community Readiness Interviews</li> <li>▪ Coalition membership and meetings</li> <li>▪ Trainings and technical assistance provided</li> <li>▪ Quantity and scope of surveys administered</li> <li>▪ Other process measures required by the NH SPF</li> </ul>
<b>Evaluating Consumption Patterns</b>	<ul style="list-style-type: none"> <li>▪ Biannual Youth Risk Behavior Surveys in the region’s middle and high schools</li> <li>▪ Annual Behavioral Risk Factor Surveillance System (BRFSS national telephone survey)</li> </ul>
<b>Evaluating Strategy Effectiveness</b>	<ul style="list-style-type: none"> <li>▪ All environmental strategies will be evaluated based on the following: 1) an annual community and stakeholder survey that solicits information about community norms, media messaging, cultural diversity/issues, perceptions of risk (including risk of health and legal or school consequences), perceptions of disapproval, and parent/community monitoring. All risk and protective factors selected by any one of the sub-regions will have a corresponding question bank for the annual community survey; and 2) a common question bank relative to environmental strategies being implemented added to NOMs (pending), and annual community/stakeholder surveys (e.g. all evaluation tools may ask about # of media messages heard/read, whether media messages had an impact on behavior, awareness of Social Host Liability Laws, etc).</li> <li>▪ The National Outcome Measure (NOM) survey will be administered to a random sample of 12 to 34 year olds in the region every six months to measure the effectiveness of strategies selected at the population level</li> <li>▪ Norms surveys for parents, young adults and youth will be administered at the beginning of the implementation phase to establish a baseline and annually thereafter. A representative sample will be compared to a sample of youth directly involved in the social norms campaigns (messaging, dissemination, etc)</li> <li>▪ Party patrols will be tracked by police departments for # conducted and outcomes achieved</li> <li>▪ Call volume and police response will be tracked for tip line</li> </ul>
<b>Evaluating Coalition Maturation And Efficacy</b>	<ul style="list-style-type: none"> <li>▪ An annual survey of coalition members and oversight board members will be conducted to evaluate coalition maturation (e.g. sector representation, level of involvement in coalition, perception of coalition efficacy, challenges and successes). An annual focus group may be held to gather qualitative data on strengths, challenges, threats and opportunities facing the coalition.</li> <li>▪ KIT solutions will be monitored at least annually to establish and track trends in coalition maturation and efficacy. The</li> </ul>

	<p>monitoring will involve selection of indicators tracked by the KIT system that correspond to coalition development.</p> <ul style="list-style-type: none"> <li>▪ The State Evaluator for SPF will provide a social network analysis to gauge increases or decreases in networking in the region relative to health promotion and risk prevention.</li> </ul>

All evaluation outcomes will be reviewed by the full ONE Voice membership and Oversight Board and will be communicated to the NH SPF team and other funders and stakeholders at least annually. Comprehensive evaluation reports based on the above sources and activities will be published annually.

ONE Voice and its local evaluators will meet with Chris Smith of the NH SPF team before November 21, 2008, to weave state evaluation requirements, evaluation tools, and recommendations into the evaluation plan.

**B. NH SPF SIG STATE EVALUATION**

**a. Agreement to Participate**

ONE Voice agrees to participate in the NH SPF SIG State Evaluation and collaborate in the use of evaluation tools and methods developed by the state evaluator.

**C. NATIONAL SPF SIG CROSS-SITE EVALUATION**

**a. Agreement to Participate**

ONE Voice agrees to participate in the National Cross-site Evaluation for this project and has already participated in a recommended training.

# CULTURAL COMPETENCY

## A. CULTURAL COMPETENCY

### a. **Strategy To Ensure Planned Activities and Processes are Culturally Competent**

#### i. *Steps and Procedures Implemented and Planned*

ONE Voice will meet with BDB Health Promotions within the state-defined timeframe to review efforts to date during the assessment, capacity building and planning stages of SPF. ONE Voice will rely on BDB Health Promotions to guide the coalition in recommended cultural competency activities in addition to the steps and procedures that are outlined below.

#### ii. *How Will Cultural Competency be Assessed?*

ONE Voice will ensure its plan is implemented in a culturally competent manner through the following activities:

- Implementation of the cultural competence self-assessment tools annually, with results shared with coalition membership to ensure and/or improve culturally effective processes and protocols;
- Through above self-assessment activities and feedback loops with coalition members, identify and address barriers to cultural competency within the scope of ONE Voice's work;
- Ensure access to training and technical assistance to coalition members through NH SPF opportunities, including cultural competency trainings for local coalitions through the State Cultural Competency contractor (BDB Health Promotions);
- Establish a coalition sub-committee to review media messages and communications for the project for cultural effectiveness with the support of the State Cultural Competency contractor (BDB Health Promotions);
- Review evaluation outcomes to determine if cultural barriers were present in the implementation of strategies, with technical support provided by BDB Health Promotions.

Examples of monitoring of cultural competence in which the coalition or a sub-committee thereof will participate in are presented below:

- *Review of the population/s being targeted by a strategy.* E.g., Is this the population in my community that needs to be targeted? How effective will the program be if the study did not include the populations that we want to work with?

- *Consideration of age, gender, sexual orientation, religion, national origin, socioeconomic status, geographic location being targeted, as well as their technological access, alcohol use, preferred method of communication, role models, and so forth.*
  
- *Review of media messages and communications:*
  - Should the message be communicated in written, oral or pictorial form? Should it be on the radio, television, internet, at local stores, in front of schools, newspapers, billboards, flyers, etc.
  
  - If the message is a visual one, how are individuals and groups portrayed in the materials?
  
  - If the message is written, is the language at the right academic reading level?
  
  - Does the message need to be translated into a different language (foreign language for example) or a different format (written, audio, Braille, large print, etc.)?
  
  - Are translations available? Who did the translations? Were the translations tested in the target population and found effective? Do you have the resources to get necessary translations?

# SUSTAINABILITY

## A. SUSTAINABILITY

### a. **Ensuring Efforts are Sustained After Project Ends**

ONE Voice will ensure sustainability through the development and support of sub-regional coalitions who individually may not include all twelve sectors required by SAMHSA for effective coalition work, but who will, over the course of their development, expand their membership, representation, reach, visibility, and effectiveness. Currently, key stakeholders who will leverage significant clout and thus sustainability, include such organizations as the Dover, Rochester, Wakefield, Durham, and Portsmouth Police Departments; UNH Health Services; Casey Family Services; the UWGS; Strafford County House of Corrections, the region's Juvenile Justice Probation and Parole Officers, and the regional NH Bureau of Liquor Enforcement. With such strength in numbers and credibility, sustainability will be achieved. In addition to continuing to lead collaboration within the region, the ONE Voice coordinator will continue to leverage new and existing funding streams and strategies to support the viability of the larger coalition, such as the Drug-Free Communities funding just awarded to Rochester. The current budget also outlines several financial and in-kind contributions leveraged to date that will increase over time and be tracked by the coalition. Evaluation will also serve to sustain the strategies selected by providing detailed information about the outcomes achieved to share with potential funders and grantors. In addition, a long-term sustainability plan will be developed by June 2009 that will incorporate potential changes in NH Block Grant and Governor's Commission funds.

# APPENDIX

<b>A. <u>Regional Data Book</u></b> .....	<b>A</b>
<b>B. <u>Summary Tables for Results of:</u></b> .....	<b>B</b>
a. One-On-Ones .....	B_1
b. Community Readiness Interviews .....	B_2
c. Risk/Protective Factor Assessments .....	B_3
d. Strategy Selection .....	B_4
e. Regional Prioritization Workbook.....	B_5
<b>C. <u>Request for Exception: Approval of Strategy as Evidence-Based</u></b> .....	<b>N/A</b>
<b>D. <u>Logic Model</u></b> .....	<b>D</b>
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<b>E. <u>Input/Resources</u></b> .....	<b>E</b>
<b>F. <u>Timeline</u></b> .....	<b>F</b>
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<b>G. <u>Budgets and Budget Narratives</u></b> .....	<b>G</b>
a. Narrative (Year One) .....	G_1
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c. Sub-Region (if necessary, per budget year) .....	G_3
d. Sub-contracts per strategy (per budget year) .....	G_4
<b>H. <u>ONE Voice Membership List</u></b> .....	<b>H</b>