



PREVENTION TASK FORCE

Governor's Commission on Alcohol and Drug Abuse, Prevention, Intervention, Treatment & Recovery

Task Force Chair: Traci R. Fowler, MSW, CPS tfowler@lrpnh.org

March 4, 2016

Attended: Traci Fowler, Betsy Houde, Abby Shockley, Valerie Morgan, Marissa Carlson, Susan McKeown, Celeste Clark, Katie Kachavos, Tim Lena, Kate Frey

Today's meeting is focused on identifying Prevention Task Force goals and priority populations for the upcoming year. We reviewed the state's priority populations as defined by the state plan, *Collective Action, Collective Impact*.

Youth 12-17
Young Adults 18-25
Pregnant/Parenting Women --
Military and their Families
ReEntry from Correctional
Co-Occurring Mental Health/Substance Use

Where do we want to focus our efforts?

To that end, we have asked Jill Burke (BDAS) and Elaine DeMello (NAMI NH) to present on the preliminary findings of the Young Adult Assessment that was conducted via the Public Health Networks in Fall 2015.

Focus Group Results:

Jill and Elaine updated the group about the results of the Fall 2015 Young Adult Focus Groups.

BDAS received another round of PFS grant for 2015-2020... An additional grant focuses on 12-17 and 18-25. Great success with youth grant implementing Project Success placing substance misuse counselors in schools -- groups, support, individual sessions and referrals to community resources, and so forth. 25 middle and high schools are part of this effort. Also Franklin Pierce and Keene State College are part of initiative around how ATOD impacts campus and community life.

YRBS is great for HS aged-youth data, but we have very limited data for 18-25 age range. The goal of the Focus Groups was to capture college, non-college, young adults working, etc. NSDUH gives some information, but not nearly enough to help further our NH plan.

Mixed methodology was used. From October to December, Regional Prevention Coordinators conducted 65 focus groups through regional networks, recovery homes, etc., looked at risk and protective factors. BDAS also did an online survey using Facebook platform promoting it with postcards and posters, QR Codes. They had 4335 responses of 18- to 30-year-olds. Feedback addresses prevalence, risk factors and social norms.

They learned that there are huge regional differences in protective factors. For example, North County young adults surveyed feel that they will never have what their parents have. Will have to work 3-4 jobs and will never be able to own a house. Can't afford college. Many others feel that they will never be able to afford a house and will need 2 jobs to pay off college debt. Financial stability is a major concern.

Individuals in recovery have a sense of hopefulness for their future.

Young adults commented that they had prevention education in HS but didn't listen. Too dry, too many statistics, delivered by middle aged people not relatable. They want to hear from peers, people in recovery, real people, loved ones of those who have died, long term life goals. They want public messaging to NOT be stats anymore but real stories. Instagram, FB, etc... NOT the PSA's that are currently out there.

Based on this, BDAS is looking at public messaging campaign geared toward 18-25. Jill wants to develop regional youth leadership teams that are leading prevention efforts for substance misuse and mental health/suicide prevention. NAMI's train the trainer CONNECT program is a natural resource and model to link with to meet BDAS's goals.

Goals of the upcoming project include working with Chambers of Commerce, industry leaders, colleges. Need to reach non-working people, as there's a high number of individuals who aren't working and aren't looking for work. Another surprising statistic is that the ease of access to prescription drugs is really high, getting through family, friends and through someone they've met on the street.

BDAS/NAMI Collaboration: NAMI's SAMHSA grant on suicide prevention is targeting 18- to 24-year-olds. This age has access to drugs, firearms, etc. It's estimated that of all overdoses, about 20% are intentional suicides according to Medical Examiner.

Moving forward, young adults may be an area where the Task Force could focus some effort, however, a clear action step was not identified at this time. The full results of the Focus Groups will be presented to the Commission this summer. We will wait to have the large discussion with the Commission and other Task Forces.

Recommendations for Goals/Priority Populations:

- 1) Model School Policy/Top 5: (Work Group: Mary, Tim)
 - a. Leave UPDATING of original Model School Policy on our agenda going forward. Much going on in schools with Project Success, Safe Schools/Healthy Students and Life of an Athlete. We would like the "old" version to be updated as a companion to the "new" Top 5 version. Traci will outreach to CFEX.
 - b. Broaden reach and assess how it is being used:
 - i. Collect data on who has used it? Has it been helpful? Impact?
 - ii. Linkage with Life of An Athlete Code of Conduct
 - iii. CAN WE DO A SURVEY MONKEY to see what the utilization has been?
 - iv. What policies have changed as a result? What T/A do they need in order to move it forward?
 - c. Work with Jill/PFS to help them with MODEL SCHOOL POLICIES for Higher Education
- 2) Revisit Safe Messaging: (Work Group: Traci, Elaine)
 - a. Northeast CAPT sent us a draft – we reviewed and had some concerns, but next steps were not taken.
 - b. We presented on Safe Messaging at the PDFNH's Media Forum (see PPT slides and handouts)
 - c. Do we want to offer recommendations re: programming since so many schools are jumping on board with "speakers" – some may cause more harm than good.

- 3) Outreach to ATC's (Work Group: Traci, Tim, Celeste, Betsy)
 - a. Need to address educational materials that will be available within the dispensaries in the four towns -- Merrimack, Dover, Plymouth and Lebanon. It was suggested that individual meetings happen with each targeted community to discuss materials.
 - b. Common ground is around child safety, safe storage.

- 4) Focus on Early Childhood: (Work Group?)
 - a. Make recommendation for this population to be included in next iteration of State Plan
 - b. ACEs, Mental Health and trauma data relative to substance misuse disorder -- need a better picture of those data points across the life span and the relationship b/w them. Can we ask Commission to have a data/evaluation task force related to the work of the state plan?
 - c. Can we have DCYF (or others?) present to us about what they see on the impact of substance use on children whose parents use. Celeste is having a community presentation in April and DCYF will be presenting to talk about the impact. We've asked Celeste to let us know how it goes.
 - d. Can we conduct an inventory of early childhood prevention programs in NH?

Other Business

Insurance Dept. presented at last Commission meeting. They rarely receive calls for complaints -- only 16 for the last 5 years. Part of the issue is that people don't realize that they can call. Consumer Services contact info is: (800) 852-3416 and www.nh.gov/insurance

New Futures is working with UNH law to develop a consumer toolkit around parity and consumer rights. They will do a training around parity in collaboration with the Provider's Association. Val recommended Patrick Kennedy's book about his own issues on parity.

Abby recommended a book called A Mother's Reckoning written by a mother from a Columbine shooter all about stigma, media reporting, etc. "A good read"

NH Suicide Prevention Conference
November 4th-- save the date

See you next time!

Next meeting: **Friday, April 1, 2016, 9:30am – 11:30am**
at **Division of Enforcement and Licensing, 57 Regional Drive, Concord.**