



Semi-Annual Report 2016

*Recent Accomplishments and
Plan to Address Youth Substance Abuse*

HOPE

BOAC Planning Retreat Report
June 3, 2016, 9:00 am-3:00 pm
Broome County Health Department

INTRODUCTION

In December of 2014, Broome County Executive Debra Preston requested a specific planning structure be formalized to enhance the work being done to address the growing opioid abuse crisis in the county. The Broome Opioid Abuse Council (BOAC) was formed and a workplan established within the structure of four subcommittees; community education, treatment and prevention, law enforcement, and education of medical professionals. BOAC core and committee membership includes a multidisciplinary team of professionals and leaders from multiple agencies and organizations in the community with expertise to identify critical priorities for improving services and to assist in the development and implementation of a unified plan. The goals of BOAC are to improve local policy and practice and ensure systems of care are in place to reduce fatal and non-fatal opioid overdoses and prevent abuse.

BOAC began meeting in January 2015. The work of the Council was shaped by an examination of local data, an exploration of evidence-based practices, and consultation with individuals with specific expertise in various program areas and with family members who graciously shared their personal experiences. By year-end 2015, BOAC accomplished a great deal of the goals it had established for the year, which are articulated in the 2015 annual report.

MISSION STATEMENT

The Broome Opioid Abuse Council (BOAC) focuses on identifying barriers and developing solutions to the issues resulting from the increase of drug abuse in our community including the rise of prescription drug and heroin abuse. This Council will work as a coalition together with community agencies to ensure we are increasing community collaboration in an effort to reduce youth and resulting adult substance use and the impact on the community. BOAC will focus on: community education; outreach and prevention; law enforcement response; substance abuse treatment; and educating medical professionals. BOAC seeks to: target factors existing in our community that place our youth at risk for substance abuse; reduce risk factors and enhance protective factors; increase community collaboration and awareness; and create a healthier, safer community.

REPORT

Since so many of the goals have been reached, it was time for the Council to convene to evaluate its progress and develop new goals. This report summarizes the information gathered at the Broome Opioid Abuse Council Planning Retreat held at the Broome County Health Department on June 3, 2016. The purpose of the retreat was to bring together the multidisciplinary collaborative of professionals and community representatives to clarify the workplan for BOAC. A total of 25 individuals attended the retreat. Karel Kurst-Swanger, PhD facilitated the retreat.

Those in attendance were:

Jill Alford-Hammitt	Manager	Lourdes Substance Abuse Prevention
Robin Alpaugh	Executive Director	United Way of Broome County
Jackie Arnold	School Social Worker	Chenango Valley School District
John Barry	Executive Director	Southern Tier AIDS Program
John Bernardo	Deputy County Executive	BC Executive Office
Sean Britton	Deputy Public Health Director	BC Health Department
Diane Brown	Executive Director	Community Foundation of SCNY
Allen Buyck	Superintendent	Broome-Tioga BOCES
Carole Cassidy	Assistant County Attorney	BOAC Coordinator
Jack Collins	Captain	Binghamton Police Department
Katie Cusano	Behavioral Health Administrator	BC Mental Health
Arthur Johnson	Commissioner	BC Mental Health/Social Services
Nancy Johnson	Director of Housing	YWCA
Kip Kettle	Counselor	United Health Services Hospitals
Karel Kurst-Swanger	Professor	SUNY Oswego
Lee Livermore	Public Education Coordinator	Upstate/ NY Poison Center
Stacey Martin	School Social Worker	Deposit School District
Thomas Morellino	Academic Detailer	BC Health Dept.
Kate Newcomb	Captain	BC Office of the Sheriff
Dennis O'Keefe	Director	BC Information Technology
Debra Preston	County Executive	BC Executive Office
Theresa Rajner	Principal	Deposit High School
Dr. Christopher Ryan	Medical Director	Broome County Health Department
Raymond Serowik	Emergency Medical Services Coordinator	BC Office of Emergency Services
Susan Wheeler	Community Representative	
Alan Wilmarth	Director of Behavioral Health & Chemical Dependency Services	United Health Services Hospitals

Additional BOAC members include:

David Harder	Sheriff	Broome County Sheriff's Office
Jerry Marinich	Director	Broome County Emergency Services
Kimberly Newell	Coordinator	Binghamton Adult Treatment Court
Lorraine Wilmot	Director	Broome County Probation Department

Committee	Team Leaders	Members
Community Education Committee	<i>Jill Alford-Hammitt, Manager, Lourdes Substance Abuse Prevention</i>	<i>John Barry (Executive Director, STAP) Scott Beattie (Windsor Schools Assistant Superintendent) Theresa Rajner (Deposit High School Principal) JoAnn Sexton (Whitney Point Schools Director of Curriculum) Alan Wilmarth (Director of Behavioral Health and Chemical Dependency, UHS)</i>
Education of Medical Professionals Committee	<i>Dr. Christopher Ryan, Broome County Medical Director Raymond Serowik, Broome County Emergency Medical Services Coordinator</i>	<i>Sean Britton (Director of Public Health, BC Health Department) Kevin Hastings (Osteopathic Pain Management Services) Tom Morellino (Public Health Consultant, BC Health Department) Michelle Newkirk (President, Pharmacist's Association) Dr. Peter Ronan (UHS)</i>
Law Enforcement Committee	<i>Captain Kathleen Newcomb, Broome County Sheriff's Office</i>	<i>Scott Baker (BC Legislature) Carole Cassidy (BC Attorney's Office) Jack Collins (Binghamton Police Department) Patrick Garey (Endicott Police Department) James Hawley (HIDTA) Deputy Robert Stapleton (BC Sheriff's Office)</i>
Treatment and Prevention Committee	<i>Katie Cusano, Behavioral Health Administrator</i>	<i>Jill Alford-Hammitt (Lourdes Hospital) John Barry (STAP) Marlena Dropp (BC Mental Health Department) Alecia Furney (United Health Care) Nancy Johnson (YWCA) Kip Kettle (UHS) Carole Kuklis (BC Mental Health) Brian Mooney (OASAS) Andrea Nagle (United Health Care) Michele Napolitano (Fairview Recovery Services) Kate Newcomb (BC Sheriff's Department) Colleen O'Neil (BC Mental Health Department) Carmela Pirich (Addiction Center of Broome County) Alan Wilmarth (Director of Behavioral Health and Chemical Dependency, UHS)</i>

ACCOMPLISHMENTS IN 2016

Retreat participants identified some of BOAC's accomplishments in 2016. These accomplishments served as the foundation for the identification of future goals

The Community Education committee continues to provide excellent educational programs to schools and communities reaching over 2,000 people. The programs have been exceptionally well attended and have begun a dialogue amongst students, parents, school officials and the community at large. The communication and collaboration with the schools has been excellent thus far. It has involved all sectors of the community and has engaged other counties.

- Surveillance system in place to better survey and target issues as they arise. Broome is participating in the “Presumed Opioid Overdose Death Database” with ten other counties in New York.
- BOAC website improved to include a detailed list of resources in Broome, relevant current events and information.
- BOAC brochure created and distributed at community awareness events.
- Over 400 officers trained on the use of Narcan as well as many community members. Narcan is being deployed regularly, saving lives.
- Good Samaritan cards were developed, distributed and available on the BOAC website.
- Over \$2 million has been generated system-wide to improve access to services: including the family navigator/peer advocate program, intensive case manager, while waiting for treatment, Bridge program, etc. for programs in Broome County.
- Parent card created and distributed - questions to ask physicians regarding prescriptions of opioids.
- The Opioid Prescription Reduction by Academic Detailing (OPRAD) project was funded by the Community Foundation for South Central New York. The project consultant has met with 25 medical providers to date and the education has been very well received so far. BOAC’s handout “Opioid Prescribing Best Practices” is shared with medical providers.
- System-wide changes in United Health Service Hospitals in prescribing practices for acute pain
- Broome County Sheriff’s Office continues to maintain an unwanted prescription drug drop off site 24/7. In April, the Sheriffs’ Office sponsored a community event and collected over 1,200 pounds of unwanted drugs in 4 hours.
- BOAC, Broome County Sheriff’s Office, Fairview Recovery Services and United Health Services Hospitals launched the Sheriff’s Assisted Recovery Initiative and as a result, 21-22 people were assisted to the Addictions Crisis Center since March 30, 2016.
- Lourdes held three six-week support groups for parents who have lost children to overdose deaths.
- BOAC’s new information and support group for parents and grandparents is scheduled to begin on June 6, 2016 and will meet once a week.
- Enhanced programs at New Horizons.
- Addiction Center of Broome County has increased its footprint by 35% (facility growth).
- Law enforcement attitudes have positively changed toward a guardian approach.
- BOAC is now collaborating with the Southern Tier Pharmacy Association.
- Some positive press coverage of various community initiatives has sparked interest in programs/services.
- Creation of BOAC Facebook page in May enhanced presence in the community.
- BOAC and the Community Foundation for South Central New York are sponsoring a free community training titled “Responding to the Opioid/Heroin Addiction Epidemic.” Andrew Kolodny, M.D., a well-known expert, will conduct the free training.

METHODOLOGY

The retreat was designed to elicit feedback in a guided fashion. The retreat began as process to evaluate progress to date. BOAC members were afforded the opportunity to discuss the most meaningful accomplishments thus far as noted above; including those that impacted them or their individual organizations and those that had the biggest impact on the broader community. This process also helped to uncover work left to be completed, that was then more fully discussed at a later stage of the planning retreat. Second, the Council divided into workgroups and worked to develop goals at the committee level and then each workgroup shared their goals with the entire group of retreat participants. Third, the full Council met to discuss future agenda

items not previously discussed by any of the workgroups or items which needed discussion by the full Council. The finalized workplan included the Treatment, Prevention and Harm Reduction workgroup's plan to address youth substance use in the community.

RESULTS

The following section summarizes the results of the planning retreat, beginning with the identified issues for follow-up for the full BOAC and a list of specific goals for each workgroup. The results of the retreat will serve as a road map for agenda items for BOAC and its workgroups for 2016/2017 as it refines and formalizes its action plan and committee assignments.

FUTURE AGENDA ITEMS FOR BOAC

Increase the visibility of BOAC (and its partners) in the community:

- Develop social media strategy
- Update the Health Committee of Broome County Legislature on BOAC progress
- BOAC website (continue building)
- Host legislative breakfast in September (invite all elected officials)
- Update 211-First Call for Help with programs and services

Develop ways to involve the business community:

- Connect with Broome County Chamber of Commerce (perhaps present at Eggs and Issues)
- Continue to provide presentations at community service clubs, such as Rotary, Sertoma, etc.
- Secure funding for drug drop off boxes

Reduce the stigma at all levels:

- Be sensitive to the language and imagery we are using
- Be aware that men aged 45-64 on pain meds are a target for services

Continue to develop supports and educational opportunities for parents and families.

- Continue/expand support groups and other services for parents and grandparents
- Develop a social media campaign to provide information/support/intervention for families

Promote Recovery is possible/explore programs/activities to support the recovery community

- Social activities for those in recovery
- Promote more sober events
- Expand recovery is possible groups to other communities lacking resources
- Get a survivor's story and champion for video or social media

Continue to improve access to treatment

- Explore Dual Recovery Review/Multidisciplinary Team
- Family Navigator, a new point of entry
- Discuss and consider additional points of entry.

- Look at availability of staff and resources to assist individuals seeking help at highest presentation time (evenings and weekends)
- Improvements still needed with insurance

AGENDA ITEMS FOR WORKGROUPS:

Workgroup: Treatment/Prevention

- System-wide development of protocols re: opiate prescribers
- Hold meetings re: potential capital project to Addictions Crisis Center transition house
- Continue prevention models such as, teen intervene, etc.
- Advocate to increase SAP and other EBP's in schools
- Focus training on sports medicine and physical therapists
- Recruit more recovering opiate addicts (long-term) to participate on BOAC
- Engage faith-based community-clergy - provide them with education so they understand how to counsel parishioners
- Begin a movement to ban TV commercials of pharmaceuticals such as: Lyrica, Lunesta, "Opioid constipation" drugs
- Service expansion for parents and grandparents
- Continue working on timely access to treatment: ongoing goal
- System transition, making process smoother as people transition from one level of care to the next.
- Expand Outpatient Detox
- Vivitrol expansion on-all...MAT-Suboxone, etc.
- More "housing first" programming
- Continue Harm Reduction Initiatives, such as needle exchange, Naloxone

Workgroup: Educate Medical Professionals:

- Develop "I'll do five" campaign for MAT physicians
- Provide education for athletic trainers/directors, increase awareness and education for their patients.
- Naloxone: Get data on Naloxone leading to recovery
- Develop a plan to combat compassion fatigue among providers
- Meet with both hospital systems (UHS, Lourdes) to discuss emergency department procedures involving opioid overdoses and connection to inpatient treatment services
- Continue exploring the unwanted prescription drop off boxes

Workgroup: Law Enforcement:

- Public Service Announcement for Sheriff's Assisted Recovery Initiative
- Continue sensitivity training with law enforcement officers
- Conduct training regarding Sheriff's Assisted Recovery Initiative
- Add to law enforcement committee: School Resource Officers and law enforcement officers from Endicott, Vestal and Johnson City.
- Schedule Alan Wilmarth (United Health Services Hospitals) to speak to law enforcement officers.

Workgroup: Community Education

- Provide training: social workers, counselors and teachers in schools

- Print additional wallet cards and provide at OPRAD detailing visits
- BOAC brochures available at schools
- Promise Zone-school partnership: social working-mental health clinic in school at Windsor
- Continue to provide presentations at community service clubs, such as Rotary, Sertoma, etc. and explore presentations via the Greater Binghamton Chamber of Commerce (Eggs and Issues)

YOUTH SUBSTANCE USE IN THE COMMUNITY

Under the leadership of Katie Cusano, the **Treatment, Prevention and Harm Reduction** workgroup wrote BOAC’s plan to address youth substance use in the community. It was submitted to the federal government in early spring of this year. It is made part of this report to memorialize the activities in the 12-Month Action plan outlined below.

Goal One: Increase community collaboration

Objective 1: Strengthen BOAC’s focus on youth substance abuse issues by maintaining and expanding the current coalition network by 10% in order to increase participation and effect change in community norms.

Strategy 1: Broaden partnerships with local youth serving organizations

Activity	Who is responsible?	By when?
Schedule Coordinator to present at BC Youth Bureau meeting to educate advisory board members on current youth substance use issues. Measured by: Scheduled presentation	Project Coordinator Youth Bureau Director	December 2016
Participate in Adolescent Addiction Task Force (AATF) meetings on a monthly basis. Measured by: Attendance	Project Coordinator Community Ed. WG Chair	Monthly 11/1/16 to 9/29/17
Participate in Children and Youth Services Council meetings on a monthly basis. Measured by: Attendance	Project Coordinator	Monthly 11/1/16 to 9/29/17
Develop relationships with three local collegiate institutions. Measured by: At least one meeting with personnel at each collegiate institution	Project Coordinator College staff Community Ed. WG	Within first 6 months of award
Collaboration with BC Promise Zone to increase youth focused activities to enhance protective factors in effort to prevent substance use. Measured by: Number of events where prevention packets are distributed	Project Coordinator Promise Zone Community Coordinator	Immediately upon receipt of award notification and hire
Continue and expand current collaborative prevention efforts with Lourdes Youth Services. Measured by: Number of events and meetings held	Project Coordinator Lourdes Substance Abuse Prevention Manager (PM)	Immediately upon receipt of award notification and hire

Strategy 2: Increase the number of school districts represented on the Community Education Workgroup of the BOAC.

Activity	Who is responsible?	By when?
Invitation packets will be sent out to all Superintendents of school districts in the county. Measured by: Number of active schools	Community Ed. WG Chair	December 2016
Follow up with phone calls/emails to school district administrative personnel to encourage attendance at workgroup meetings. Measured by: Number of follow-up calls/emails	Project Coordinator Project Specialist Community Ed. WG	January 2017
Participate in Community Education Workgroup Meetings on a monthly basis. Measured by: Attendance/Minutes	Project Coordinator	November 2016 - ongoing

Strategy 3: Enhance workgroups centered on youth substance abuse concerns

Activity	Who is responsible?	By when?
Evaluate community efforts targeting youth substance use treatment, prevention and harm reduction using PNA Survey Results to assess need and project future planning. Measured by: Relevance of work plan strategy	Chairperson of Treatment, Prevention, Harm Reduction Workgroup Project Coordinator	Monthly 11/1/16 to 9/29/17
Provide data regarding youth substance use to workgroup members to be used to educate the community. Measured by: Number of community presentations	Community Ed. WG Chair Project Coordinator	Monthly 11/1/16 to 9/29/17
Continue to focus on solutions to improve and increase services for youth in need of substance abuse treatment. Measured by: Number of agencies supporting development of services, tracked through meeting minutes.	Chair of the AATF Project Coordinator	Monthly 11/1/16 to 9/29/17
Hire a consultant to determine needed changes to reduce risk or enhance protection of the physical design of the environment of BC. Measured by: Consultants Final Report.	Project Coordinator BOAC Consultant	July 2017

Goal Two: Reduce youth substance use

Objective 1: Increase community awareness to decrease attitudes that are favorable to drug use by 2% and increase opportunities and community rewards for prosocial involvement by 4% during the school year 2016 – 2017.

Strategy 1: Offer and provide community awareness concerning drugs and consequences of use.

Activity	Who is responsible?	By when?
Disseminate information about prescription drug abuse and heroin; marijuana and binge drinking utilizing local media partner. Measured by: Number of PSA's, number of prevention information distributed	Project Coordinator Media Partner	January 2017 and quarterly ongoing
School districts will include information on youth substance use in school newsletters. Measured by: Number of newsletters distributed, number of names on mailing list	Project Coordinator Community Ed. WG School Staff	January 2017 and quarterly ongoing

Create fact sheets for families as well as utilize SAMHSA brochures on youth substance use and family engagement. Measured by: Number of fact sheets, brochures distributed	Project Specialist	January 2017 and ongoing
Organize Community Outreach Events -- Heroin Awareness Night. Measured by: Attendance, number of events, number of satisfaction surveys returned and % satisfied	Project Coordinator Project Specialist Community Volunteers Substance Abuse PM	January 2017 Summer 2017
Coordinate and administer the PNA Survey in participating school districts to garner risk and protective factors within the county. Measured by: Number of participating school districts, number of surveys returned	Project Coordinator Project Specialist School Personnel	November 2016
Develop a "Youth Coalition" in partnership with BC PZ and community youth groups to ensure a youth perspective on substance abuse prevention and elicit a stronger youth voice in community awareness efforts. Measured by: Number of youth willing to serve on this coalition.	Project Coordinator PZ Community Coordinator Faith-based partners	May 2017

Strategy 2: Offer and provide community naloxone training as a harm reduction technique to reduce potential overdose from prescription drugs.

Activity	Who is responsible?	By when?
Collaborate with Lourdes Youth Services and Southern Tier AIDS Program (STAP) to schedule trainings. Measured by: Number of events, attendance	Project Coordinator and Project Specialist	January 2017
Follow up with STAP on the number of replacement kits issued in the County. Measured by: Number of kits issued to County	Project Specialist STAP Staff	February 2017
Consult with medical providers regarding their policies on Naloxone administration and follow up. Measured by: Number of meetings	Project Coordinator STAP Staff	March 2017

Strategy 3: Collaborate with local partners to offer events that promote prevention education and community connectedness

Activity	Who is responsible?	By when?
Plan and implement numerous community outreach events to disseminate information about alcohol use and consequences. Measured by: Number of events, Attendance, number of prevention information flyers distributed at events	Community Ed. WG Chair Project Coordinator	January 2017
Implement "Social Norms Misperception Campaign" to alter youth perceptions regarding actual youth substance use. Measured by: Risk Factor: "Peer Individual Perceived Risk of Drug Use" will be lower on the 2018 PNA survey	Project Coordinator Project Specialist Community Education Workgroup	February 2017
Sponsor "Dasher Boards" that promote a healthy drug-free lifestyle at local Little League stadiums Measured by: Number of "Dasher Boards" displayed	Project Coordinator Project Specialist	June 2017

Strategy 4: Decrease impact of alcohol advertising to minors

Activity	Who is responsible?	By when?
Determine total amount of and ultimately reduce number of community billboards advertising alcohol. Measured by: Reduction in number of billboards	Project Coordinator Community Ed. WG Chair	May 2017
Connect with local sports complex management to address use of alcohol advertising as well as use regulation during sporting events. Measured by: Reduction in number of advertisements	Project Coordinator Community Ed. WG Chair	August 2017
Increase alcohol restriction signage on public property frequented by youth. Measured by: Increase in total number of signs.	Project Coordinator Youth Bureau Director	August 2017
Lobby County administration to pass legislation limiting marketing that exposes youth to alcohol advertising. Measured by: Legislation passed.	Project Coordinator Commissioner of Mental Health County Executive	September 2017
Recruit private business owners to voluntarily limit marketing that exposes youth to alcohol advertising. Measured by: Reduction in businesses advertising alcohol to youth.	Project Coordinator Business Owner	September 2017
Partner with Broome County Sheriff's Department and/or STOP DWI to do alcohol outlet compliance checks. Measured by: Number of compliance checks.	Project Coordinator Law Enforcement Committee Chair Community Ed. WG Chair	June 2017
Partner with Broome County Sheriff's Department to arrange "shoulder tap" surveillance at indicated locations. Measured by: Number of locations surveyed.	Project Coordinator Law Enforcement Youth	April 2017
Partner with school districts to implement sobriety checkpoints at prom and graduation events Measured by: Number of checkpoints.	Project Coordinator School Staff	June 2017
Promote the Underage Drinking Party Line Measured by: Number of calls	Project Coordinator Community Ed. WG Chair	July 2017

Strategy 5: Increase affordable access to existing recreational activities

Activity	Who is responsible?	By when?
Collaborate with and promote drug-free after prom parties with local school districts by providing information and incentives to youth participants. Measured by: Number of schools participating; number of incentives distributed.	Project Coordinator School Personnel	April 2017
Offer Family Fun Days during Spring Break for parents/youth as a drug-free healthy activity. Measured by: Number of families in attendance, packets distributed.	Project Coordinator Project Specialist Community Agencies	March 2017
Identify a local group of at-risk youth to attend annual STOP DWI Basketball Tournament/local collegiate athletic department activities such as basketball games. Measured by: Number of youth/tickets purchased	Project Coordinator Local College Athletic Directors STOP DWI Coordinator	November 2016

Objective 3: Decrease risk factor: Peer – Individual Perceived Risk of Drug Use by 2% targeting younger cohorts (grades 7 and 8) as related to Prescription Drug/Heroin Use.

Strategy 1: Collaborate with local partners to offer events that promote prevention education and reduce mortality rates

Activity	Who is responsible?	By when?
Plan and implement numerous community outreach events to disseminate information about prescription drug and heroin use and consequences as measured by number of events held and attendance at each. Measured by: Attendance, number of educational brochures distributed	Community Ed. WG Chair Project Coordinator	January 2017
Collaborate with BC PZ and LYS to strategize a prevention approach related to prescription drug and heroin use targeting Middle School students. Measured by: PZ and Education Committee will monitor progress and keep minutes of meetings	Project Coordinator PZ Community Program Director LYS SAP Manager	January 2017
Train school personnel (school nurses) in the administration of Naloxone. Measured by: Number of schools (13 districts total) trained and number of personnel trained from each school.	Project Coordinator Lourdes Youth Services STAP Staff	April 2017

Objective 4: Decrease risk factor: Peer – Individual Perceived Risk of Drug Use by 5% associated with youth marijuana use grades 7 through 12.

Strategy 1: Promote awareness and prevention education and increase protective factors to deter recreational use of marijuana.

Activity	Who is responsible?	By when?
Plan and implement numerous community outreach events to disseminate information about marijuana use and consequences as measured by number of events held and attendance at each. Measured by: Number of events, number of packets distributed, number of attendance	Community Ed. WG Chair Project Coordinator	January 2017
Educate community and school personnel about the connection between marijuana as a gateway to other drug use and implications on adolescent brain development. Measured by: Number of school personnel trained	Project Coordinator Lourdes Youth Services STAP Staff	April 2017

Objective 5: Increase family engagement to support parents’ role in drug awareness and prevention by increasing Protective Factor: “Family communication around drug use” by 3%.

Strategy 1: Foster development of Parent Café's in school districts

Activity	Who is responsible?	By when?
Collaborate with Promise Zone staff to implement Parent Cafés in each district to learn about substance use prevention and the importance of parent's talking to their kids about the dangers of drug use. Measured by: Number of parent cafes held, attendance at each.	Project Coordinator Promise Zone Community Coordinator Parent Mentors in each district	April 2017
Develop parent information flyers and or fact sheets about the Social Host Law to educate both Law Enforcement and parents. Measured by: Number of flyers and fact sheets distributed.	Project Coordinator Project Specialist	May 2017
Implement Parent Awareness Campaign to educate parents about the importance of initiating conversations with their kids about the dangers of substance use. Measured by: Number of parents receiving information.	Project Coordinator Project Specialist	September 2017

Strategy 2: Partner with local youth serving organizations offering parental support

Activity	Who is responsible?	By when?
Create and distribute Parent Wallet Cards focusing on Opioid awareness including fast facts and questions about prescribing practices for Prescription Narcotics. Measured by: Number of cards and fast facts distributed.	Community Ed. WG Chair Project Coordinator	December 2016
Offer workshops on how to encourage and promote parent engagement within the school and community environment. Measured by: Number of workshops, attendance at each.	Project Coordinator Promise Zone Community Coordinator	February 2017

Objective 6: Enhance school partnerships to promote collaboration in addressing youth substance use.

Strategy 1: Engage school districts in supporting efforts to foster healthy behaviors in youth

Activity	Who is responsible?	By when?
Offer a poster contest to all BC schools for grades 7 – 12 to participate in creating posters that depict the consequences of underage drinking including Binge Drinking that will be judged impartially and displayed at local events. Measured by: Number of entries.	Project Coordinator and Lourdes Youth Services	May 2017
Provide information about the referral process to Substance Abuse Prevention Counselors in the schools, ensuring ready access to students in need. Measured by: Number of students referred to SAP.	Project Coordinator and Lourdes Youth Services	December 2016
Assist schools in updating their Health Curriculum codes and policies regarding youth high-risk behaviors. Measured by: Number of schools participating in update.	Project Coordinator Health Department LYS SAP Manager	May 2017

Strategy 2: Involve school faculty and staff in community conversations

Activity	Who is responsible?	By when?
School-in-service to provide an overview of survey results for identified school personnel. Measured by: Number of in-service presentations and attendance.	Project Coordinator Project Specialist	April 2017
Present substance use information at Superintendents conference day. Measured by: Number of information packets distributed at each school.	Project Coordinator Project Specialist	March 2017
Partner with Promise Zone to identify at-risk youth for referral to Lourdes Youth Services' "Teen Intervene" SBIRT Curriculum. Measured by: Number of referrals to Teen Intervene.	Project Coordinator PZ Community Coordinator Lourdes Youth Services staff	January 2017

BOAC is dedicated to strengthening existing partnerships at the local level between traditional and non-traditional substance abuse prevention systems and activities. To implement the plan, BOAC will continue to utilize the Community Education and Treatment, Prevention & Harm Reduction workgroup's comprehensive prevention planning to identify specific short and long-term objectives for the community's prevention efforts. BOAC will select tested, culturally competent interventions shown to address the specific factors (at the youth, family and community levels). Specifically, by assessing the prevalence of risk, protection and outcomes within the community, BOAC will prioritize the specific risk and protective factors as targets for prevention action, and choose interventions supported by research to address each of these factors.

Once the 12-Month Plan is implemented, BOAC will monitor the interventions as per their performance in producing positive changes in the targeted risk and protective factors and youth behavior outcomes, and subsequently modify these interventions as needed. Data from the 12-Month Plan will be examined by CCSI Performance Management, the BOAC Coordinator and Lourdes Youth Services (LYS), to determine results on activity outputs and data trends. It will be determined if the results were as expected or not and findings and recommendations will be reported to BOAC.

BOAC will assess the effectiveness of the Plan, disseminate findings, and engage the community in moving the plan forward. By utilizing the 12-Month Action Plan, the Performance Report (PR) will monitor success by determining how the data helps to guide the decisions and prevention strategies in the community and how coalition goals and objectives address the identified risk and protective factors.

Understanding that the community is constantly changing, BOAC will administer a youth survey every two years within participating school districts, the first of which will be in the fall of 2016. Bach Harrison, L.L.C. compiles the data as well as provides previous years' data for comparison. The BOAC Coordinator along with Broome County's Performance Management Team will help to plot and interpret the data trends. BOAC's Coordinator will present the findings to the community as soon as the data becomes available.

The information that BOAC gathers from the 12-Month Plan including: the Prevention Needs Assessment Survey; Performance Report; various trainings and outreach event outcomes; increased dissemination of information; prevention education; etc. will be dispersed throughout the community in a variety of ways.

- First, each school district will receive specific data to distribute with the option of either adding this information to their website and/or publish some of the information in their monthly newsletters. We anticipate many schools will ask for data to be presented to their boards, administrators, teachers and PTA groups.
- Second, BOAC will present the results of the collected data from the objectives and strategies of the 12-Month Action Plan at its partnership meetings and invite the community and the media to attend.
- Third, BOAC will publish data results on the Broome County website as well as incorporate the data into its commercials, public service announcements and community outreach events.

By disseminating this information and alerting the public to the importance of these issues, community members will continue to join and support prevention efforts. Materials will be written at the appropriate grade level to ensure comprehension and inclusion within the community as well as being mindful of cultural competency by providing materials in other languages as needed, that represent the community being served. Additionally, presentations will be offered within the communities where the families reside. Interpreters will be accessible if needed through the County Mental Health Department as an in-kind service.

BOAC will distribute a newsletter on a quarterly basis and develop interactive social media sites to engage the community.

BOAC will continue working with Binghamton University, CCSI, Promise Zone and local school districts including administration of the PNA survey, BOAC has an existing capacity to both gather and analyze data related to community risk and protective factors. This practice of evaluating factors relevant to youth substance use will continuously inform BOAC's youth substance abuse prevention and awareness efforts. BOAC also intends to seek additional support from Binghamton University and look to hire a part-time, PhD level student as a Project Specialist to compile and analyze data.

In keeping with the goal of reducing youth substance use, each year the Performance Report will be used to modify the Action Plan to reflect the issues at hand in the community. The concerns will be identified through biannual administration of the PNA Survey as well as other previously identified data sets to assess the impact of the project's strategies on changing the culture and context of the community. After reviewing quarterly progress, strategies that demonstrate effectiveness will be continued into the following year, and those that are ineffective will be replaced by others that are identified by the Community Education Committee as they meet to plan future events.