

# Northwest Corner Fund

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 **McCall Center**  
for Behavioral Health  
*prevention • recovery • community*

## Drug Prevention Program for the Northwest Corner

### The Opioid Crisis

Over the past two years, the opioid crisis has been well publicized through the media.

Drug overdose has become the leading cause of accidental death in the U.S., with 52,404 lethal drug overdoses in 2015, of which over 33,000 related to prescription pain relievers and heroin. The opioid crisis disproportionately affects rural communities, in part due to the lack of out-reach and treatment resources.

The Northwest Corner of Connecticut has not been immune. Admissions in the region for treatment of opioid abuse increased 110% over the last five years to 1,425 in 2016. Every town in Northwest Connecticut reported arrests for drug violations and over half the towns have reported opioid-related deaths. The ripple effect on the well being of families and communities is greater than statistics can report.

Addiction almost always takes root in adolescence. Research has shown that “the key risk” periods for drug abuse are during major transitions in children’s lives. When they advance from elementary school to middle school, they often experience new academic and social situations, such as learning to get along with a wider group of peers. It is at this stage - early adolescence - that children are likely to encounter drugs for the first time. When they enter high school, adolescents face additional social, emotional, and educational challenges. At the same time, they may be exposed to greater availability of drugs, drug abusers, and social activities involving drugs. These challenges can increase the risk that they will abuse alcohol, tobacco, and other substances” (NIDA. 2003, October 1, Preventing Drug Use among Children and Adolescents, In Brief. Retrieved from <https://www.drugabuse.gov/publications/preventing-drug-use-among-children-adolescents-in-brief>).

The 2015 CT School Health Survey reported that 12% of high school students had taken unauthorized prescription drugs to get high one or more times. Almost 30% of high school students have been offered, given, or sold illegal drugs on school property.

Government at both the federal and state levels have started to address the crisis through research and some funding but many programs have yet to be initiated. The private sector is also addressing the crisis through various initiatives ranging from education to lawsuits against drug companies.

Approaches involve prevention, intervention, treatment, and enforcement.

## Response in the Northwest Corner

Due to the well-documented research that addiction starts in adolescence, the Northwest Corner Fund (NWCF) of the Berkshire Taconic Community Foundation and the Foundation For Community Health (FCH) agreed to fund the first years of a five-year program to prevent substance abuse among youth in the Northwest Corner.

Studies show that research-based prevention programs can be cost-effective. Similar to earlier research, recent research shows that for each dollar invested in prevention, a savings of up to \$10 in treatment for alcohol or other substance abuse can be seen” (NIDA. 2003, October 1, Preventing Drug Use among Children and Adolescents, In Brief. Retrieved from <https://www.drugabuse.gov/publications/preventing-drug-use-among-children-adolescents-in-brief> ).

Research demonstrates a remarkably high correlation between age of first use and addiction in later life. The high correlation is attributable to changes to the adolescent brain caused by early first use of drugs associated with addiction (alcohol, marijuana, cocaine and prescription drugs). Adolescence is the at-risk period for development of a substance use disorder. In fact, the likelihood of meeting criteria for either a substance abuse or dependence disorder is significantly higher if use occurs in the early teenage years. For example, 15.2% of individuals who start drinking by age 14 eventually develop alcohol abuse or dependence (as compared with just 2.1% of those who wait until they are 21 or older)” (Substance Abuse and Mental Health Services Administration Results from the 2012 National Survey on Drug Use and Health: Summary of National Findings. Rockville, MD, USA: Substance Abuse and Mental Health Services Administration; 2013).

The primary goal of McCall’s prevention program is therefore to delay first use by changing community attitudes about substance abuse, especially among young students and their families.

It does this through a two-pronged approach including the implementation of (i) the Botvin Life Skills curriculum, <http://www.lifeskillstraining.com>, an evidence based program that has been used successfully nationwide, to help children and teens gain the confidence and skills needed to navigate difficult situations and (ii) a rigorous community outreach effort, using social media and a broad coalition of community members, including teachers, clergy, pharmacists, social workers and law enforcement, the Northwest Corner Prevention Network (NCPN).

The two aspects of the approach serve to reinforce each other and to provide children and adolescents with education and strong community support.

## The McCall Center for Behavioral Health

The McCall Center for Behavioral Health, based in Torrington, is a private, non-profit DMHAS monitored and DPH licensed mental health and substance use disorder treatment provider whose primary mission is to provide comprehensive substance use disorder treatment and outpatient mental health treatment in an integrated fashion so that those who suffer from these disorders might lead healthier and more productive lives.

The Executive Director of the McCall Center, Maria Coutant Skinner, is a licensed clinical social worker with more than 20 years of experience in prevention, particularly focused on child and adolescent behavior. McCall has a robust prevention department that works to educate youth, families and communities on healthy decisions.

## The Northwest Corner Prevention Network

The Northwest Corner Prevention Network (NCPN) is a coalition of teachers and administrators, business leaders, healthcare providers, town administrators, clergy, law enforcement, and non-profit and advocacy groups. It grew out of the Developmental Asset Survey completed by the Housatonic Youth Service Bureau (HYSB) in 2008. Meetings are held monthly in a different town throughout the Region I school district communities in an effort to understand the challenges each town faces and allow for easier access to meetings.

McCall provides strategy and organizational leadership to the NCPN to increase membership and organize community events, including drop boxes for prescription drugs, wellness fairs and outside speakers to raise awareness and educate students and their families about the risks and successful ways to cope with peer pressure, trauma and other related challenges that often lead to substance abuse.

NCPN also works closely with HYSB and provides sponsorship to their yearly run that helps raise funds for their organization.

The combined approach of prevention and community work helps to reduce substance abuse among youth and, over time, among adults by addressing the factors in a community that increase the risk of substance abuse and promoting the factors that minimize the risk of substance abuse. Coalition work impacts communities on a macro, broad based level by changing norms. This is done using the Strategic Prevention Framework, a research based model endorsed by SAMHSA. Strategies are specifically targeted to the assessed needs of a community. For example, as described below, the Botvin Life Skills program is being implemented in all six Region I middle schools providing hundreds of students with early prevention. Individual and family counseling is provided at no charge to Region I students and their families by HYSB, an NCPN member. Community wide programs such as media campaigns, speaker presentations, panel discussions, Red Ribbon week, Drug Take Back days and wellness fairs sponsored by NCPN reach each sector of a community. These efforts collectively increase community members' ability to resist drugs and alcohol and decrease the risk factors associated with addiction.

Attached is the Logic Model for the NCPN outlining expected outcome and strategy.

### **The Life Skills Education Program**

Botvin Life Skills Training (LST) is an evidence-based program that was developed by Dr. Gilbert Botvin, a leading prevention specialist and behavioral psychologist at Columbia. It is widely regarded as one of the gold-standard programs for its positive impact on children and adolescent behavior, and it has been endorsed by the U.S. Department of Education, the Center for Substance Abuse Prevention, the AMA, the NIH, Centers for Disease Control and Prevention, and others. It is also one of two programs selected by the state of Massachusetts for which it has provided funding for training teachers in prevention work.

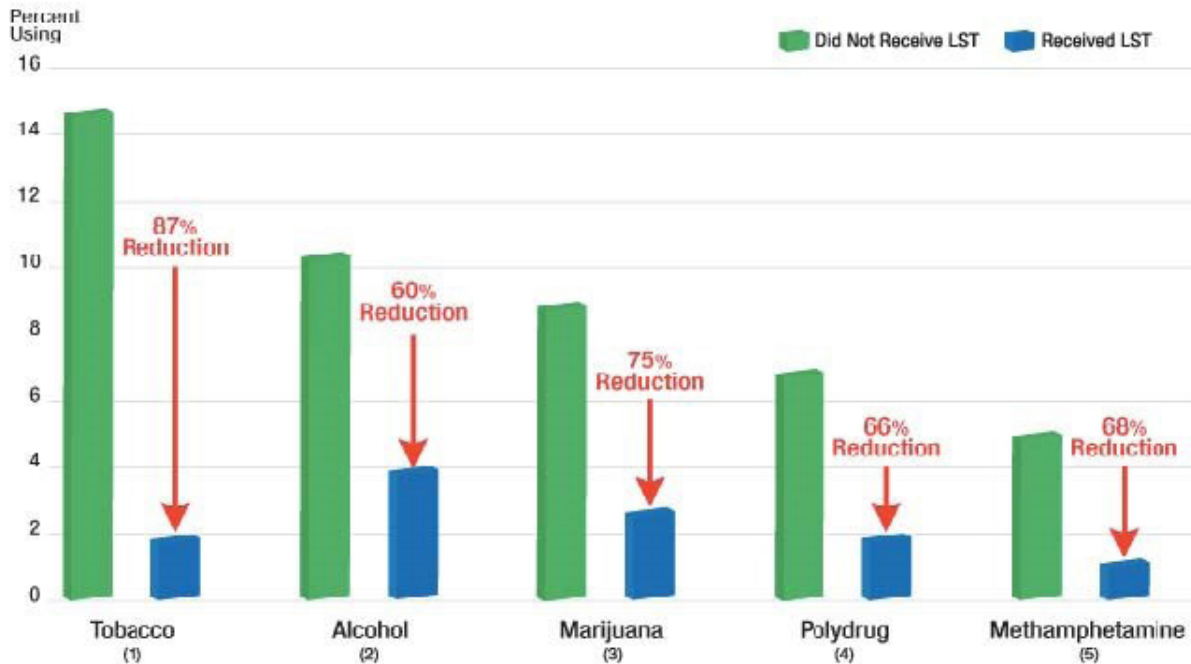
Its major components include Drug Resistance Skills, Personal Self-Management Skills and General Social Skills. The lessons are age appropriate for elementary, middle and high school students.

The Botvin program was accepted by the Region One school district almost immediately, which demonstrates the desire of the school system to have and promote this program.

To date, the Botvin Life Skills curriculum has been established in all six schools in Region One (Salisbury, Sharon, Kent, Canaan, Falls Village and Cornwall) and the Housatonic Valley Regional High School.

McCall compiles regular surveys of student attitudes and skills that are designed to evaluate student perceptions of risk and resistance to use of gateway drugs. The surveys measure progress across nine categories of knowledge, behavior and ability to cope with challenges and make healthy decisions to avoid substance abuse. Outcomes are expected to be consistent with the Botvin data shown below. The CEO of FCH monitors the program and reports on results to the FCH board and BTCF.

## Local and National Botvin LST Data



Sources: (1) Journal of Behavioral Medicine (1983), (2) Journal of Studies on Alcohol (1984), (3) Journal of Consulting and Clinical Psychology (1990), (4) Journal of the American Medical Association (1995), and (5) Archives of Pediatric & Adolescent Medicine (2005). Please contact us for more information on these and other studies.

## Program Administration

Botvin LST lessons are administered once a week for 15 weeks. Trained facilitators begin the program by administering a pre-test to see what the students know and explain the program to them. Students start day one off by determining what they would like the rules for the program to be. This interactive approach helps the students feel like they are a part of the program and begins teaching valuable lessons about determining what is important to them like confidentiality and respect. Each lesson is packed with interactive activities that allow the students to rehearse the behaviors/skills learned in each class so that they will feel confident using them in social situations.

The students receive 15 weeks of the level one curriculum in 6th grade. The following year the students receive the level two curriculum that is 10 to 12 booster sessions. The following year in 8th grade the students receive an additional 8 to 10 booster sessions. Each year the lessons build on the prior years' lessons and are developmentally appropriate for the age group.

All McCall Prevention employees have been certified in the facilitation of the Botvin LST program. In addition, NCPN has paid for a McCall Staff member (Shalyn Sheldon) to become a Certified Botvin LST Trainer; she is now able to train others to become certified Botvin LST facilitators. Through NCPN funding, Ms. Sheldon is offering a free Botvin LST Facilitator Training to employees of the Region One School District on October 10th, 2017. Training Region One School District personnel will ensure that the Botvin program is sustainable for many years to come.

## Opportunity for Early Intervention

If there are any concerns about a student that are observed by the Botvin facilitators, the facilitator is trained to notify the school counselor (in accordance with school policy) of the concerns. The school counselor in turn can refer the student to a HYSB counselor if the parents/guardians consent.

## Data Tracking

The pre and post surveys provide short term program data which helps give a snapshot of what the students learn each year. In the coming years we will be able to compare 3 years of data from students who participated in all three levels and measure changes made thus far. In the coming years, this data combined with the Developmental Asset Survey that is administered every other year, will give us an understanding of the long term effectiveness of the Botvin LST program.

## The Budget, Funding Need, and Sustainability

There is an annual cost of \$85,000 for the approach we have taken in the Northwest Corner. FCH and the NWCF funded the first two years of the program and are seeking to raise \$250,000 for the next three years. The attached budget is primarily for salaries of the McCall prevention specialists working with the coalition and Region One Schools.

The current grant is helping NCPN become a stronger coalition by increasing coalition membership, creating not only name recognition in the community, but also by being seen as a valuable resource. These factors will allow NCPN to be a strong competitor for federal and state grant funding in the future. NCPN is currently exploring the possibility of applying for the federal Drug Free Communities grant in the coming years. The ability for coalition members and educators to be trained in the Botvin curriculum will aid in sustaining progress achieved over the long term.