

Continuum of Care Development Plan

CENTRAL PUBLIC HEALTH REGION

12/16/2016

CADY (Communities for Alcohol- and Drug-Free Youth)

Community Action Program Belknap-Merrimack Counties

Genesis Behavioral Health

Mid-State Health Center

Newfound Area Nursing Association (NANA)

Pemi-Baker Community Health

Speare Memorial Hospital



Central Region Continuum of Care Development Plan

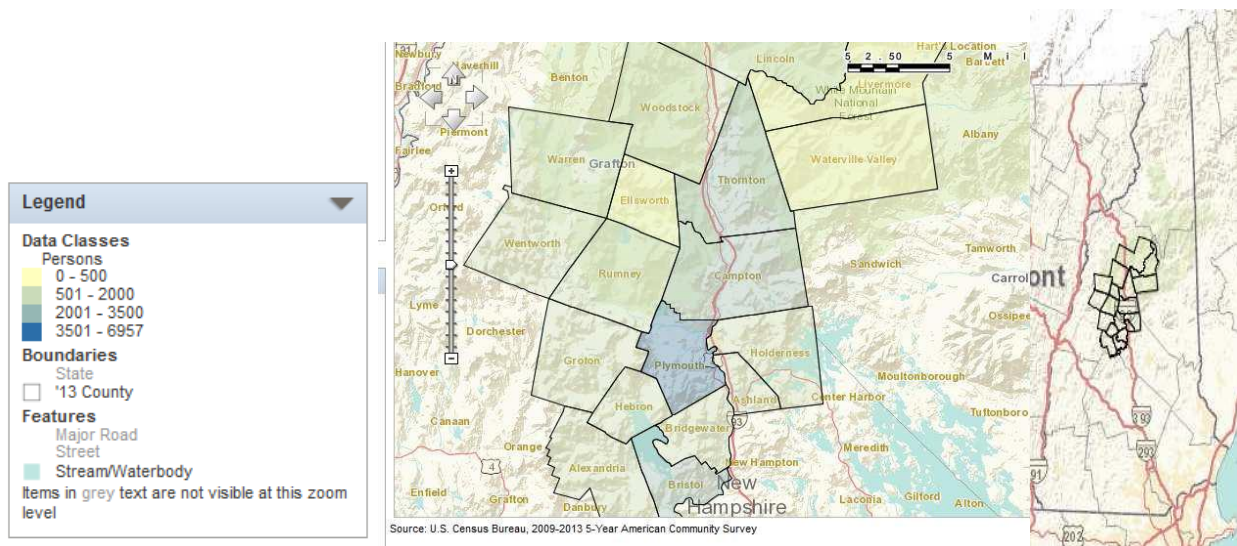
I. Introduction

Community Profile

The Central Region Public Health Network (CRPHN) is one of thirteen regional public health networks across the state of NH. The collective vision of the CRPHN is to transform public health in our community to an integrated system capable of seamless collaborations among all healthcare providers and public safety personnel with constructive engagement of patients, families, and communities. Through this integrated system, all people will have equitable access to timely, comprehensive, cost-effective, high-quality, compassionate care.

We are responsible for the health of our citizens. The importance of healthy living and safety in our homes and communities are values that we all share. We look forward to working with the entire community to better understand the health problems confronting our citizens and to implement strategies to respond to the public health needs of our community.

CRPHN is comprised of three regions including the following 18 municipalities: Alexandria, Ashland, Bridgewater, Bristol, Campton, Ellsworth, Groton, Hebron, Holderness, Lincoln, Livermore, Plymouth, Rumney, Thornton, Warren, Waterville Valley, Wentworth and Woodstock. CNHHP serves approximately 30,000 people living in these 18 communities.



The Central Region has significant economic disparities within our service area spanning the professionals working for Plymouth State University and wealthy second-home owners on Newfound and Squam Lakes to two major ski areas, Loon Mountain and Waterville Valley. As a contrast the Central Region is home to year-round blue-collar workers in Bristol and the greater Plymouth region (which serves as a hub for many social service agencies), Speare Memorial Hospital and community providers, Mid-State Health Center and Genesis Behavioral Health. The presence of a college community in a traditionally rural area has contributed to cultural divides—both educationally and economically. The towns in the Central region, with the exception of Hebron, Holderness, and Waterville Valley all have median household incomes that are significantly below the statewide average.

Growing Population: The population of the Central NH Public Health Region has been growing (15.0% increase between the 2000 and 2010 US Census) at a rate faster than the population growth in New Hampshire overall (6.5% increase). Most of this population increase has occurred among residents who are 50 years of age or older, while the total number of residents under 50 has declined slightly.

Alexandria	1,613
Ashland	2,076
Bridgewater	1,083
Bristol	3,054
Campton	3,333
Ellsworth	83
Groton	593
Hebron	602
Holderness	2,108
Lincoln	1,662
Plymouth	6,990
Rumney	1,480
Thornton	2,490
Warren	904

Waterville Valley	247
Wentworth	911
Woodstock	1,374
Total population	30,603

Older Population: Residents of the Central NH Public Health Region are slightly older on average with 15.2% of the population age 65 years or older compared to the State of New Hampshire with 14.2% of the population 65 or older.

People Living in Poverty: The percentage of individuals in the Central NH Public Health Region living with incomes at or below 200% of the federal poverty level (32.7%) is notably higher than the rate for New Hampshire overall (22.0%). It is also important to note that the percentage of children (ages 0-17) living in poverty across the Central NH Public Health Region (13.8%) is also notably higher than in New Hampshire overall (10.9%).

Overall Goals for Continuum of Care Development:

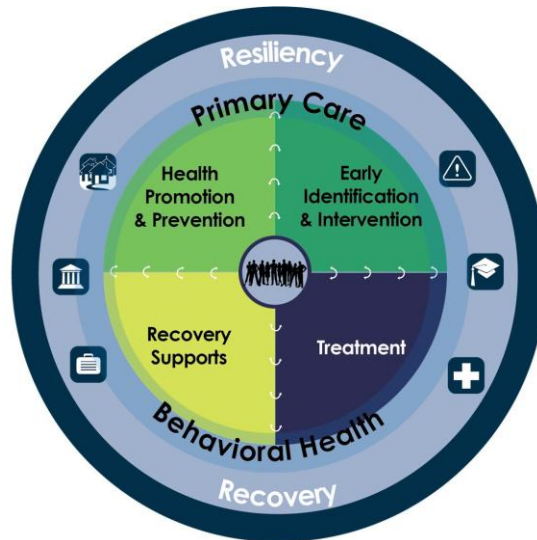
The vision for a comprehensive continuum of care in the Central Region embraces coordination and collaboration amongst prevention, intervention, treatment, and recovery services and supports. The region will enhance the effectiveness of this infrastructure by implementing a resiliency and recovery oriented system of care that connects these components in a manner that links behavioral health and primary care by remaining person-centered, self-directed, and supportive of individual pathways to recovery.

Within this system, prevention, intervention, treatment and recovery components will deliver purposeful and integrated services. Regional prevention partners will have identified roles in providing messaging and education to the community, as well as building connections with other community supports. Prevention efforts to increase community awareness of substance misuse as a medical condition, the effectiveness of treatment and recovery, and the community’s role in the support of people in recovery will aid in adopting behavioral health as a primary care concern. The quality and effectiveness of this system of care will be enhanced through educating families, communities, and providers on signs and symptoms of dependency and how to access available resources regardless of the stage at which they seek care. Intervention, treatment and recovery systems and services will work to expand workforce opportunities and financial resources, as well as promote effective policies, practices and programs.

Regional experts from each component of the continuum of care will convene to create a pilot model for a resiliency and recovery oriented system of care, which will act as a platform to

share information, develop integration and referral processes, and ultimately address barriers to accessing services and supports. Working together, we will reduce the number of Central Region residents misusing alcohol and other drugs, while working to increase the number of individuals receiving treatment and recovery support services that integrate primary and behavioral health. The CRPHN accomplished the following 2015-2016 goals and are eager to move forward with 2016-2017 goals and objectives as outlined by the state and our region:

- *Assessment of the current capacity of substance misuse services, where they are delivered, and their accessibility and submission of the Development Plan for 2016-2017 implementation.* Results of the substance misuse gap analysis indicated a lack of services including: availability of licensed drug and alcohol counselors (positions are going unfilled for several months), treatment options, and funding for prevention strategies. Wait time data is not comprehensive for all services; however, for an individual in need of treatment services, any delay can lead to serious outcomes. Our local drug and alcohol counseling center, Horizons, reports wait times between one and three weeks. Our goal is to work towards a system that would provide same-day services for individuals in crisis.
- *To implement development plan to guide the establishment of a robust, comprehensive, and accessible substance misuse continuum of care.* In order to address the gaps in provider capacity, the current reimbursement system must change so we may attract and retain high-quality clinical staff to our rural location. To improve access we must have more qualified clinical staff in satellite offices and/or offer expanded hours of operation as needed. By expanding availability of and access to clinical providers, we will be able to expand access to treatment. Unfortunately, the current low rates of public and private pay reimbursement have led to this serious shortage of providers. Legislative action is needed to address this situation.
- *The following diagram illustrates the continuum of care relationship to the Central Regional Public Health Network*



The Substance Use Disorders Continuum of Care Leadership Team (SUDLT) is a working group of the Central Region Public Health Advisory Council. The SUDLT acts as a think tank and action team convened to execute the deliverables outlined in the Continuum of Care work plan and reports directly to the Central Region PHAC. All activities are coordinated by our Continuum of Care Facilitator, Debra Naro.

Continuum of Care implementation occurs through multiple channels, all which converge to meet the shared goal of providing a comprehensive approach to preventing, treating, and recovering from substance use disorders. Our ultimate aim is the implementation of systems of care which emphasizes whole-person and whole-community driven approaches to ensure access to needed substance use disorder services at any entry way and a smooth transition between services.

1. To-date the Central Region SUDLT has completed a community asset and gap assessment and contributed to the development of the Central Region Community Health Improvement Plan (CHIP) and the Continuum of Care Development Plan.
2. The SUDLD represents multiple sectors and is a highly qualified subject-matter expert group providing insights, information, and action so we may collectively build a robust continuum of care that will increase access to services and improve outcomes for individuals struggling with substance use disorders.
3. There are 35 members of the leadership team with each member representing, through experience or affiliation, various stakeholder groups who are key players in this systems' change process. A complete listing of the Central Region SUDLD members is outlined below.

The Central NH Substance Use Disorders Continuum of Care Leadership Team Members with Affiliation:

Dr. Andrea Berry, Mid-State Health Center, Medication-Assisted Treatment Provider

Elizabeth Brochu, C.P.S., Substance Misuse Prevention Coordinator

Michael Bullek, NH Board of Pharmacy, Vice-President, Rite Aid Pharmacy, Pharmacist

Annette Carboneau, NAMI, Director of Adult & Family Programs

Christopher Caulder, Woodstock resident/Holderness School Student

Rev. Marcus Corey, Loon Mountain Ministry

Leslie Dion, PHAC; CADY Board; TTCC E.D.; Bristol Rotary

Nancy Dorner, Retired High School Guidance Counselor, Suicide Prevention Consultant

Michael Doyle, Social Worker, Bridge House Homeless Shelter

Jessica Dutille, PHAC; Pemi Youth Center Executive Director; Plymouth State University Adjunct

Nancy Dyer, LDAC, Plymouth State University Counseling Center, Retired

Laura Garnier Dykstra, PhD, Plymouth State University Department of Criminal Justice

Teri Gabbeitt, PHAC; Thornton School Board

Allison O'Neil, Genesis Behavioral Health Director of Adult Services

Shelly Golden, Grafton County Mental Health Court Coordinator

Matt Howe, Plymouth House Program Director

Kris Hering, Spere Memorial Hospital, Chief Nursing Officer

Lisa Lovett, Community Member

Janice Maves, Recovery Coach; Local Business Owner; Parent of Child with SUD

Connie McCoy, RN, Plymouth Pediatrics

Dr. John Messenger, Local Business Owner; Parent of Loss

Susan Messenger, Advocate; Parent of Loss

Detective Aimee Moller, PHAC; Plymouth Police Department

Deb Naro, Continuum of Care Facilitator

Shelly Philbrick, Newfound Regional High School Guidance Counselor

Jen Schmidt, Genesis Behavioral Health, Therapist

Rene Schwartz, PHAC; Long-Term Recovery

Greg Smola, The Plymouth House; Long-Term Recovery

Jane Sparks, Long-Term Recovery

Kristina Stalnaker, Nurse Practitioner / Speare Orthopaedic Medicine

Jennifer Stone, Grafton County Drug Court Coordinator

Shelly Warbin, F.A.S.T.E.R. Coordinator

Wendy Williams, Mid-State Health Center / Advancement Coordinator

Susan Wnuk, PHAC; Tri-County CAP

Eight SUD LT meetings were convened during the time period of January 2016 through December, 2016 with team members participating in subject-matter expert educational presentations beginning with the Prime For Life Science of Addiction presentation to other topics including Recovery Center designs; Prescription Drug Monitoring Program; FASTER Parent support groups; Regional Access Points Services; Medication Assisted Treatment, and local treatment availability.

Several initiatives were held involving SUDLT members and the public at large including the following:

- Implementation of an Opiate/Heroin Media and Outreach Campaign by CADY (funded by Speare Memorial Hospital).

- Prescription Drug Safety Banner spotlighted at Mid-State Health Center in October and Speare Memorial Hospital Entrance November thru December, 2016.
 - Weekly messaging on safe storage and disposal through traditional print and social media outlets.
 - Prescription Drug Take-Back Event held with 7 local police departments (10.22.2016)
 - Red Ribbon Week activities with three local schools focused on prescription drug safety.
- Local Coalition Support
 - CADY attends the Lin-Wood Coalition for Healthy Communities monthly meetings and has reached out to Recovery Community several times to involve in PHAC and SUDLT team.
 - Supporting the development of a grassroots coalition, Stand Up Newfound (SUN). This coalition is actively engaged in a continuum of care work plan to address the following concerns:
 - 2013 YRBS indicated that Newfound area youth were twice the state-wide average in lifetime heroin use
 - Overdose deaths
 - Crime in the Newfound region surged with drug-related crime including two armed robberies of local pharmacies in a 6-month period
 - SUD LT worked with SUN on several initiatives:
 - Community assessment and Asset/Gap analysis
 - Sponsoring of “The Opiate Effect” film on 2/27 followed by a panel discussion
 - Installation of a permanent medication return box at Bristol PD to prevent Rx drug diversion. CADY paid 50% of the costs of installation (\$350).
 - Teach Our Children Well: The Truth About Drugs “High & Seek” Mock Teenage Bedroom (Prevention and Intervention).
 - CADY representative participates in monthly Steering Committee meetings and coalition meetings.
 - Naloxone Distribution event in February, 2017.
- Naloxone

- Hosted a Lunch-n-Learn featuring Eric Spoffard in November, 2015—79 in attendance
Eric is a 5 time recipient of Naloxone administration. He is now in long-term recovery and is an advocate and founder of 5 treatment centers for men.
 - 4 Naloxone Kit Distribution events to date with one event in each region: Lincoln-Woodstock; Pemi-Baker; and Newfound
 - Media exposure on Naloxone (Purpose and function)
 - Naloxone Conference Call with the state indicated a need for ongoing distribution events. As a result, three distribution events will be scheduled for February-March, 2017 in collaboration with Bridge House Homeless Shelter; Stand Up Newfound; with outreach in the planning stages to conduct an event with PSU as well.
- Increased Youth Awareness
 - CADY partnered with the PSU TIGER Program (Theatre Integrating Guidance, Education, and Responsibility) to develop a unique educational experience for high school students. The collaboration is called HOPE (Heroin and Opiate Prevention Education) with “Alex’s Story” serving as the first project under this new initiative. Alex’s Story is the compelling true life account of a NH teen whose drug use progressed from marijuana experimentation at the age of 13 to heroin addiction at 17. The primary goals of HOPE are the prevention of substance misuse by empowering students with fact-based information. Because of Alex’s young age, this peer-to-peer model is especially relatable and relevant to teens. The interactive format is designed to promote smart decision making and healthy behaviors. Another powerful outcome of Alex’s Story is that several youth in crisis have asked for help following the presentation and were connected to treatment services.
- Parent Education and Support
 - FASTER (Families Advocating Substance, Treatment, Education & Recovery)
 - CADY worked with statewide coordinator, Susan McKeown to launch a local, regional chapter.
 - CADY is coordinating marketing and outreach to increase awareness on this new parent support group occurring bi-weekly at the Whole Village Family Resource Center in Plymouth

- CADY co-sponsored a community-wide event at the Flying Monkey on April 7th with Plymouth Rotary called “Teach Our Children Well: The Truth About Drugs.” This event included:
 - “Alex’s Story” was performed for parents and an expert panel educated parents on warning signs; treatment options; and statewide resources. Tym Rourke served as facilitator.
 - 250 people attended the event with several people following up with the CRPHN to access services.

- Professional Development—trainings offered or materials made available to members of the PHAC and SUDLT:
 - Addiction Training w/Lindy Keller (8.24.2016)
 - Parity Training (10.5.2016)
 - NH Behavioral Health Conference (10.27-10.28)
 - Northern New England Society of Addiction Medicine Conference (11.11-11.12)
 - NH Educator’s Summit: The Impact of Opiate Use on Student Learning (11.16)

- Recovery—ongoing communications with members of the Recovery Community via SUDLT meetings and one-one-one meetings to keep apprised of state-wide initiatives, funding opportunities, and to lend support when requested:
 - Coordinated meeting with Doreen Shockley of Harbor Homes to meet with interested stakeholders on standards for Recovery Center Funding.
 - Recovery Coach Training sponsored by Plymouth Area Recovery Connections (PARC) held 10-17 through 10-14-2016
 - 30 individuals were trained
 - Congresswoman Annie Kuster stopped by to speak with trainees
 - CoC Facilitator Deb Naro has met with Susan Messinger, lead organizer of PARC several times to lend support in development and accessing reimbursements from the Community Health Services Network (IDN).
 - Recovery Community of Practice Webinar (10.24)
 - PARC is applying for non-profit status—anticipated date of incorporation March, 2017.
 - PARC is moving operation to a larger building on 66 Langdon Street in Plymouth. This will allow for co-operation of a Recovery Center and Sober House.

- Education of the Community at Large

- 16th Regional Annual Prevention Summit had a continuum of care focus this year and the event occurred on May, 2016
- 200 people were in attendance from every core sector of the community
- Senator Kelly Ayotte spoke on the CARA (Comprehensive and Addiction Recovery Act)
- Congresswoman Kuster gave remarks on her engagement with Continuum of Care initiatives
- Senator Shaheen sent a video message
- Eric Adams presented on the Laconia Police Department's Prevention, Enforcement, and Treatment Program (PET).
- All participants received a flier on the New Hampshire Addiction Crisis Line and were requested to post these in their communities.
- One hour following the summit an attendee came to the CADY office with a parent of a 23 year old addicted to Heroin asking for assistance. Within two weeks of the release of this new statewide resource, CADY made 6 successful referrals to the crisis line.

The ACPIE (Assessment, Capacity, Planning, Implementation, Evaluation) is a strategic planning model with a framework designed to promote data-driven decision making to identify concerns, capacity building to address those concerns, development of a strategic plan to address identified priorities, a work plan to implement goals, and evaluation of outcomes. The planning model also includes sustainability and cultural competency and informs needed adaptations to achieve stated goals. The process is ongoing and is characterized by a dynamic process that is responsive to new data, information and threats, and input from stakeholders and the community.

II. Assessment

The NH Department of Health and Human Services/Bureau of Drug and Alcohol Services (DHHS/BDAS) has determined that the best way to prevent and/or decrease the damage that substance misuse causes to individuals, families, and communities is to develop a robust, effective and well-coordinated continuum of care in each region of that state, and to address barriers to awareness and access to services. The regional continuum of care will include health promotion, prevention, early identification and intervention, treatment, recovery supports and coordination with primary health and behavioral health care.

The Central Region Public Health Network identified substance misuse as a priority health issues in its Community Health Improvement Plan (CHIP) and began targeted continuum of care development in January 2015. Debra Naro, Continuum of Care Facilitator presented a PPT presentation provided by the Center for Excellence to the PHAC and the SUD LT. The purpose of the presentation was to introduce the concept of the model and components of a robust, effective, and well-coordinated continuum of care. We emphasized that all community sectors needed to be actively engaged in the development process to achieve successful outcomes. The first step was to develop a vision statement: share information on the vision and goals. Recruitment of SUD LT members was accomplished by one-on-one interviews between Deb Naro and prospective SUDLT members. BDAS deliverables were shared along with the guidance document to give each prospective member a realistic overview of expectations along with a timeline for completion. Our recruitment process was highly successful with our SUD LT exceeding the size of the PHAC. Attendance at each meeting was high with an average of 20 of the 30 team members in attendance at each meeting and event.

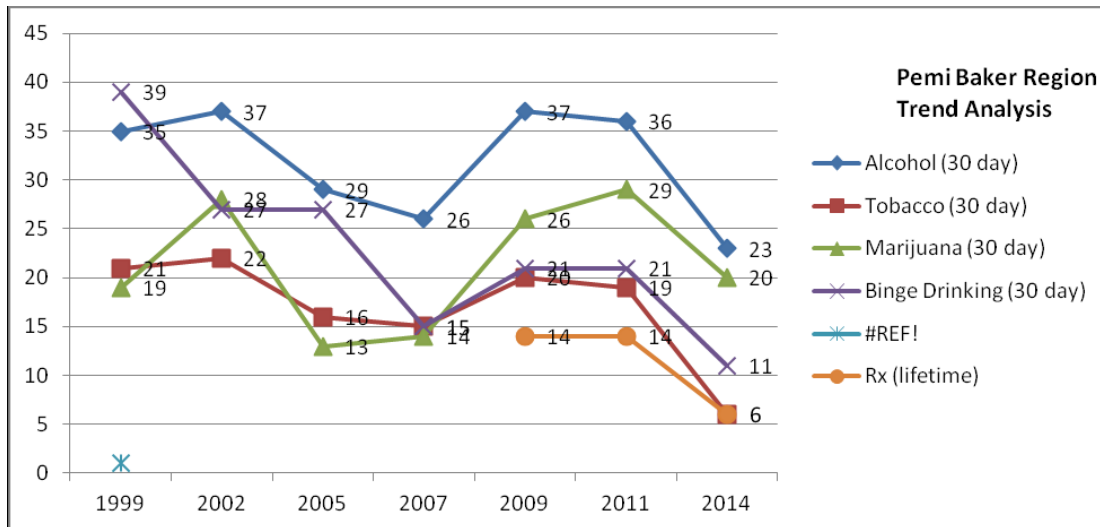
The vision statement for the CRPHN Continuum of Care is:

“We envision a community that supports the physical, mental, and social well being of all individuals, families, and communities of the Central NH region, free from the negative effects of alcohol and other drugs.”

CRPHN CHIP Goals for Addressing Substance Misuse and Addiction through Prevention, Treatment and Recovery:

Substance misuse is one of the most prevalent and problematic public health issues that poses a wide range of safety and health risks, impacting physical, social and emotional well-being. Substance misuse, involving alcohol, illicit drugs, misuse of prescription drugs, or combinations of all of these behaviors, is associated with a complex range of negative consequences for health and wellbeing of individuals, families and communities. In addition to contributing to both acute and chronic disease and injury, substance abuse is associated with destructive social conditions, including family dysfunction, lower prosperity, domestic violence and crime. Alcohol remains the most prevalent substance misused in the United States and in New Hampshire. Underage drinking, binge drinking, regular heavy drinking and drinking during pregnancy are some forms of alcohol misuse that pose highest risk. Marijuana is the illicit drug most likely to be used by teens and young adults. A majority of people being admitted to treatment programs in NH cite marijuana as a primary or secondary reason for seeking

treatment. Marijuana use has a wide range of effects, particularly on cardiopulmonary and mental health, and is also known to be a contributing factor leading to the use of other drugs. The chart below displays trends in current substance misuse (reported use in the past 30 days) among high school aged youth in the Pemi- Baker Region, which show a significant decline in use rates in recent years (Data Source: Teen Assessment Project (TAP) Survey, 1999-2014).



Despite the gains noted among youth substance misuse on the previous chart, the misuse of prescription drugs, particularly prescription pain relievers, has significantly increased in the state and nation as a risk to individual health and can be a contributing factor leading to misuse of other drugs including heroin and a cause of unintentional overdose and mortality.

Goals, Objectives and Strategic Approach

The following goals and objectives are outlined in more detail in the Central Region Substance Misuse Strategic Plan. The following represents the six goals set by the network for the 2016-2019 timeframe:

Goal 1: Decrease the percentage of high-school aged youth who report using alcohol in the past 30 days from 38.9% to 34% by 2019

- Objective 1 Increase perception of peer disapproval of alcohol use from 46.1% to 51.9%
- Objective 2 Increase the perception among high-school aged youth that their parents think it is wrong or very wrong for youth to drink alcohol regularly from 78% to 86%.
- Objective 3 Decrease the perception among high-school aged youth that it is easy or very easy to access alcohol from 46% to 39%.

Goal 2: Decrease the percentage of high-school aged youth who report using marijuana in the past 30 days from 28% to 24% by 2019.

- Objective 1 Increase the percent of high school aged youth who report that guardians have clear rules and standards for their behavior from 77% to 80%
- Objective 2 Decrease the perception among high school aged youth that it is easy or very easy to access marijuana from 57% to 44%.
- Objective 3 Increase the perception among high school aged youth that individuals who use marijuana regularly put themselves at great risk of harm from 18.5% to 22%.

Goal 3: Decrease the percentage of high school aged youth who report misusing prescription drugs in the past 30 days from 12% to 8% by 2019

- Objective 1 Increase the perception among high school aged youth that individuals who misuse prescription drugs put themselves at great risk of harm from 69% to 71%.
- Objective 2 Decrease the perception among high school aged youth that it is easy or very easy to access prescription drugs from 22% to 15%
- Objective 3 Increase the perception among high school aged youth that their friends think it is wrong or very wrong for youth to misuse prescription drugs from 72.5% to 80%.

Goal 4: Decrease the percentage who report bingeing on alcohol in the past 30 days:

- High school aged youth: from 22.7% (2013) to 18% (2019)
 - Young adult college students: from 53% (2015) to 49% (2019)
 - Adults: from 20.7% (2014) to 18% (2019)
- Objective 1 Increase the perception among high school aged youth that it is easy or very easy to access alcohol from 46.3% to 39%.
 - Objective 2 Increase the perception among high school aged youth that individuals who binge drink put themselves at great risk of harm from 30% to 40%.
 - Objective 3 Increase the perception among college students that individuals who binge drink put themselves at great risk of harm.
 - Objective 4 Increase the perception among adults that individuals who binge drink alcohol put themselves at great risk of harm.

Goal 5: Decrease the number of opioid-related deaths in Grafton County from 17 (2014) to less than 10 by 2019.

- Objective 1 Decrease the number of Opioid-related ER visits in Grafton County from 28 (2014) to less than 24
- Objective 2 Decrease the percentage of high school aged youth who report using heroin one or more times during their life from 5.8% to 3%.

Goal 6: Increase local capacity to address substance misuse and addiction across the region

- Objective 1 Increase the number of operational local community coalitions supporting a full continuum of care (Prevention, Intervention, Treatment, and Recovery) by one by 2019.
- Objective 2 Complete an assessment of gaps in services and limitations on access across the substance misuse “continuum of care prevention, intervention, treatment and recovery supports and services by May 2016.
- Objective 3 Develop a regional strategic plan to address identified gaps in services across the continuum of care, including expanded treatment options and peer-based recovery supports by September 2016.

STRATEGIC APPROACH

STRATEGY 1: Leadership – cultivate expanded leadership, particularly among state lawmakers and policy makers, to improve understanding of the impact of alcohol and other drug abuse in the state; to improve understanding of effective policies, programs and practices to address misuse; and to develop champions for such efforts.

STRATEGY 2: Financial resourcing – advocate for and support adequate, sustained financial resourcing of alcohol and drug abuse prevention, intervention, treatment and recovery supports.

STRATEGY 3: Public education – increase public awareness relative to the harm and consequences of alcohol and drug misuse, treatment and recovery support services available, and that recovery is achievable.

STRATEGY 4: Training and professional development – support training availability and access relative to alcohol and other drug topics for a wide range of professionals and practitioners within different community sectors.

STRATEGY 5: Collaboration – Foster partnerships among key community sectors including alignment of efforts with the financial stability partnership.

STRATEGY 6: Technical assistance – Provide technical assistance to support and enhance efforts of existing local coalitions, to develop local coalitions in additional communities, and to expand treatment services and recovery supports for youth and adults.

STRATEGY 7: Data utilization – continue to collect and share data about the impact of alcohol and drug misuse on individuals, families, communities and community sectors, and about successful efforts to reduce misuse and promote recovery.

STRATEGY 8: Effective policy, practice and programs – promote the implementation of effective policies, practices and programs across and within community sectors and systems and through a combination of direct programming, early intervention and environmental change activities.

Additional Regional Opportunities for Collaboration

Regional assets and opportunities beyond the CRPHN for supporting SUD goals include:

- The Central NH Region has had three local coalitions that are each working at the community-level to bring stakeholders together to develop a change in local contributing factors, including perception of risk, perception of peer and parent disapproval, and access to substances.
 - 1) CADY (Communities for Alcohol- and Drug-Free Youth)
 - 2) Lin-Wood Coalition for a Healthy Community (LWCHC)
 - 3) Stand Up Newfound Coalition

Both CADY the LWCHC are well established entities with very active membership, including youth leadership and positive youth development programs, strong relationships, and stellar outcomes in their respective communities.

In the last year, a newly emerging grassroots coalition, Stand Up Newfound (S.U.N.), is forming in response to community concern over the opioid epidemic. Along with Staff Sgt. Rick Frost of the NH National Guard Counterdrug Task Force CADY is working closely with this coalition to mentor development and facilitate success.

- The Plymouth Police Department and Bristol Police Department in collaboration with CADY and Speare Memorial Hospital hosts medication drop boxes in these two regions.
- There are high levels of readiness and partnerships to address SUD issues as evidenced by the extensive collaborations and underwriting of CADY initiatives and local youth programs by community partners over many years to include the annual CADY Regional Prevention Summit which routinely draws up to 200 participants.

III. Capacity

In order to assess the existing assets in the Central Region, both quantitative and qualitative methods were used to determine the quantity, type, and range of services currently available to residents in the Central Region. Sources used to create a list of existing services include the current substance misuse prevention plan for the Central Region and the NH Treatment Locator

database. Between January-June of 2016, six one-on-one interviews were conducted by Deb Naro with key stakeholders representing different components of the continuum of care in the central region. Five focus groups were conducted with the juvenile diversion advisory council; two meetings with the SUDLT; the Stand Up Newfound Coalition; the CADY Board of Directors; and young adults in the region. Meeting minutes, meeting evaluations, community surveys, and information from the young adult assessments informed the data compilation process. Over 100 regional assets were compiled along with 60 gaps and barriers to services.

The Central Region completed assets and gaps scans to identify resources, gaps and barriers to facilitate goals outlined in the Assessment section of this plan. The assets and gaps scan will be an ongoing process based on the identification, engagement and input of additional stakeholders, and the integration of new information/data as it becomes available.

The Continuum of Care Facilitator provided oversight for the GAP analysis and used several methods to gather the data:

- Focus groups with the following were conducted:
 - Continuum of Care Leadership Team
 - Central Region PHAC
 - Restorative Justice Advisory Council
 - Young Adults
- One on One Interviews with key stakeholders and content experts
- Observations and survey feedback from multiple community events

The Central Region is fortunate to have a highly engaged and supportive community at each sector. Partnerships and collaborations were established 9 years ago through the Central NH Health Partnership which serves as the executive PHAC. The ongoing dialogue and relationships of this partnership have facilitated a smooth implementation process of the Continuum of Care priorities around substance use disorders.

The role of the continuum of care facilitator has been to convene the stakeholders and provide oversight of the process including facilitation of meetings; data gathering and analysis; building of strategic relationships; community mobilization; ensuring inclusion of all stakeholders in all three sub-regions; coordination of events and educational opportunities for PHAC and SUDLT

members; providing quarterly updates to the PHAC and Executive PHAC; and oversight of contract deliverables.

Process barriers encountered were related to balancing the tight schedules of our members to ensure full participation of PHAC and SUD LT members in educational forums. This was addressed by setting a calendar of events with adequate notice with the intent of involving the majority of individuals to keep them highly engaged and committed to the process. Events were videotaped and links were email to those that were not in attendance. Minutes were also taken and emailed one week post meetings to keep everyone in the communication loop.

Moving forward it has been noted by the CRPHAC that higher-level engagement of the schools is needed to enhance communications and gain responsiveness to data collection requests. With this ongoing engagement we will gain deeper knowledge of the needs of the education sector.

ASSET SCAN RESULTS

The following substance misuse services are available in the Central region and are identified by component (prevention, early identification and intervention, treatment and recovery support services, primary health care, behavioral healthcare and other providers):

Service provider	Area(s) served	Service setting	Services offered	CoC component
Community Coalitions	Pemi-Baker; Newfound; Lincoln- Woodstock	Community	Education, awareness, provide resources, community engagement	Prevention
Life of an Athlete	Newfound Regional High School; Lin-Wood High School	School	Promotions of healthy behaviors in high-school youth	Prevention
Student Assistance Programs	NRHS; PRHS; LWHS	School	Prevention, early identification, community outreach	Prevention
Speare Memorial	Entire region	Hospital	Acute Care	Primary Health

Hospital		ED/inpatient Hospital outpatient		Care
Horizons Counseling Services	Pemi-Baker and Newfound Regions	Clinic	Evaluation; individual outpatient counseling; group outpatient counseling; Intensive outpatient programs; outpatient recovery support services.	Treatment
Mid-State Health Center	Entire region	Community Health Center	Medication assisted treatment (suboxone); outpatient counseling	Primary Care and SUD Treatment
R.O.A.D.	Entire region	Outpatient	Medication assisted treatment (suboxone)	Treatment
The Plymouth House	Entire region	Residential	Residential Recovery	Recovery
Riverbend Community Mental Health	Merrimack County	Clinic	Individual outpatient therapy	Treatment
Genesis Behavioral Health	Pemi-Baker; Newfound Regions	Clinic	Individual outpatient therapy	Treatment
White Mountain Healthcare	Lincoln-Woodstock Region	Clinic	Individual outpatient therapy	Treatment
Farnum North: Webster Place	Lakes Region	Residential	Residential recovery	Recovery
Riverbank House	Lakes region	Residential	Residential recovery	Recovery

Langdon Street Sober House for Men	Local resource / Plymouth	Residential	Sober living	Recovery

Examples of current system of providers connecting and coordinating their work can be seen in the *OneHealth* collaboration between Mid-State Health Center and Genesis Behavioral Health’s (GBH). Through OneHealth GBH has developed a patient-centered behavioral health home that improves health outcomes for persons with serious mental health diagnoses by integrating primary healthcare provided by Mid-State Health Center and behavioral health care at the patient’s main access point – the community mental health center. This program is just one example of successful integration in our region.

Gaps – services that are needed but not currently available include:

Recovery services:

Recovery services are a critical component of the care continuum and essential for an individual’s long-term health and wellness. Until the fall of 2016, the Central Region had only one recovery center, The Plymouth House. This facility provides exemplary services, however it can be cost prohibitive and residential fees exceed thousand of dollars a month. (They are not insurance eligible and a treatment component is not included.) Most of the clients of the Plymouth House come from out of state.

In the fall of 2016, Plymouth Area Recovery Connections (PARC) opened a part-time recovery center in the basement of Main Street Dental in Plymouth. The PARC operation quickly expanded and plans are underway incorporate with a 501©3 status and to move to a permanent location at 66 Langdon Street in Plymouth. As of January 1, 2017 a recovery center; sober house; and FASTER parent support groups will be co-located and operational.

Our region still lacks a community recovery center in the sub-regions of Newfound and Lincoln-Woodstock. Community recovery centers provide recovery support services through multiple pathways. It may include face-to-face advising and phone consultations, life skills education that address employment, healthy eating and mentoring, as well as art therapy and other enrichment that enhance the recovery journey. Recovery centers require a physical location that is run, in part, by individuals in recovery. There are groups in these two sub-regions who are laying the groundwork for future projects. The Bridge Project in the Lincoln-Woodstock

region has raised \$90,000 in collaboration between the Lin-Wood Rotary Club and local business and faith-based communities.

Additionally, two members of the SUDLT have attended trainings to be Certified Recovery Support Workers (CRSW) however our region still suffers from a severe shortage of qualified providers.

Student Assistance Program (SAP):

Student assistance program personnel are responsible for providing substance misuse prevention, early identification and community outreach in our schools.

Of the three high- schools in our region, only one reported having a formal assigned student assistance professional on staff. One other school hires a LDAC two days a week and cannot keep that position filled. Advertising for several months has turned up empty. Lack of resources has been cited as a major deterrent for full-time SAP adoption. Further assessment is required to understand if the SAP is being implemented with fidelity.

Families:

Parents describe a serious inability to access affordable SUD care – even more so if their child has significant mental health issues. Until recently there were no family support systems available. With the help of Susan McKeown we have established a F.A.S.T.E.R. program in Plymouth. Facilitators need to be found for the Newfound and Lin-Wood Regions. A grief support group for Parents of Loss has also been identified as a gap.

SUD Providers

The Central Region has a severe shortage of MLDAC's, LDAC's and CRSW's. We need to increase available treatment services. This has been identified as one of our most critical gaps.

Wait Lists:

Individuals transitioning from the emergency department to treatment often experience delays due to long wait lists which can result in relapse and overdose deaths.

Funding for Prevention and Intervention Services:

In 2009, funding was eliminated statewide for direct-service prevention and juvenile diversion programs. Several school-based programs were lost and sustainable funding remains an ongoing problem for local providers with programs operating from year-to-year with the ongoing threat of closures. According to the National Center on Substance Abuse and Addiction, 9 out of 10 individuals who struggle with addiction began drinking, smoking, and using other drugs before they turned 18 years of age. It is imperative that we keep a focus on youth substance misuse prevention if we are to block entry to the addiction pipeline. ONDCP

Director Michael Botticelli was recently quoted (July 21, 2016) as saying, “Addiction doesn’t start with prescription drug abuse or heroin use. It starts with alcohol, tobacco and/or marijuana.” If we want to end the epidemic NH is experiencing, then we must put resources on the ground for prevention.

Barriers – *practices, policies, or procedures, or lack thereof, that hinder continuum development or access to the services in the continuum*

Insurance

Insurance delays for approval of suboxone treatment can result in relapse as individuals are unable to manage their addiction-related symptoms without adequate medical supervision and treatment.

Lack of Education Incentives

Given the demand for substance misuse related services and the lack of certified and licensed counselors the state should consider increasing training opportunities. Scholarships for MLADC and LADC tuition is needed. We need innovative strategies to meet the demand.

Reimbursement for agencies that provide clinical supervision has been suggested. Other incentives need to be examined as well.

Prescription Drug Access

Easy access to prescription drugs and other harmful substances is a risk factor for diversion.

Safe prescribing practices will reduce access to and potential misuse of prescription medication. While the National Center for Disease Control has provided recommended guidelines for safe prescribing practices there has been no mandating of safe prescribing protocols for healthcare providers. This includes primary care, specialty care, and dental services.

SBIRT (Screening, Brief Intervention and Referral to Treatment) :

SBIRT is an evidenced-based practice that provides early identification of at-risk patients as well as individuals with an active substance use disorder.

Mid-State Health Center is providing SBIRT for both adults and youth. This is a great start. However, this effective practice should be implemented with all local primary care providers.

CADY through the NH Juvenile Diversion Network has instituted SBIRT with all youth referrals.

Emergency Department (ED) transitions:

In an optimal and high-functioning Continuum of Care system, healthcare would have a standardized, reliable system that would not only provide the individual with access to the

appropriate care (referral, treatment, recovery), but would provide additional support to emergency department personnel who often lack time, resources and training to navigate substance misuse services in acute care settings.

In order to ensure the “No Wrong Door” approach is utilized by those on the front lines of care, it would be advisable to conduct a knowledge assessment of ED staff and to provide semi-annual substance misuse training, including referral processes.

Elderly Population:

Lack of identification and interventions for elders through community services, including home visiting agencies that provide clinical, social and other home services is a need. Review with Pemi Baker Community Health and Newfound Area Nursing Association (NANA) indicates they do not provide SBIRT or other screening tools to determine alcohol and/or substance misuse or abuse needs.

Central Region High-Level Priorities

1) Prevention

- a) Funding for youth prevention programming in schools and community.
- b) Parent Education

2) Early Identification and Intervention

- a) Sustainable funding for juvenile court diversion.
- b) This is a resource utilized by schools and law enforcement. Lacking sustainable funding these vital services are in jeopardy of elimination.

3) Treatment

- a) Increase the number of SUD treatment providers
- b) Increase reimbursement funding levels

4) Recovery

- a) Trainings to increase number of certified recovery support workers and peer recovery coaches
- b) Recovery Centers for all three sub-regions

IV. Planning

The region will use information from the Capacity section to propose strategies and actions, or report on actions already taken to maximize assets, address identified gaps, barriers, or concerns, to work toward achieving the region's continuum of care vision identified in the Assessment section. The planning process will be ongoing based on the identification, engagement and input of additional stakeholders, and the integration of new information/data as it becomes available.

The Central Region's goals for developing the following Continuum of Care Components:

- *Prevention services*
 - The three year strategic prevention plan will inform CoC Prevention goals.
 - Additional assessment and involvement of school personnel on the PHAC and SUDLT.
 - CADY has made application for several grants including the federal STOP Act to leverage funding to strategic plan implementation.

- *Early Identification and Intervention services*
 - Provide local training for local primary care providers on SBIRT and encourage adoption of this evidence-based practice.
 - Establish a sustainability team for juvenile court diversion to retain local programming over the long term.

- *Treatment services*
 - The NH 1115 waiver will increase provider capacity for individuals in need of treatment for substance abuse and mental health disorders.

- *Recovery supports*
 - The Bridge Project in the Lincoln-Woodstock Region is a community-based group that is committed to creating a recovery center. The group is comprised of Rotarians and Business representatives and Faith-based communities; they have made significant progress in fundraising and organizing leadership. A site has been secured, however there is still work to be done. Specifically, the group

needs qualified staffing and sustainable funding in order to provide an array of recovery support services. It is our hope to be included in the second iteration of funding through Harbor Homes in 2017, as well as technical, training and other supports. While the group believes it is at a stage of “readiness” they need to develop policies and procedures and strategic plans to be considered for the next round of funding.

- The Pemi-Baker and Newfound regions will be provided technical assistance and organizational support by Harbor Homes and Hope for NH Recovery to explore potential organizations to host local recovery centers.
- *Coordination with primary and behavioral health care*
 - Coordination between primary and behavioral health services is a critical component of a seamless continuum of care that allows patients to access appropriate care and desired outcomes. This work will begin as part of our larger IDN work under the NH 1115 waiver. Specifically, there will be an assessment of services including high-level data that speaks to regional demographics and provider capacity as well as systems level data that will quantify referral patterns. Based on this data a project plan will be drafted by the end of October 2016.
 - This systems’ work will require a multi-stakeholder approach including representatives from the health care and social service agencies (provider, administrator) as well as patients and/or family members. Potential barriers will primarily be time related. However, given that the 1115 waiver includes performance-based reimbursements, healthcare agencies will have additional incentives to participate in systems improvement projects.

V. Implementation

Using information from the Planning section, the region will implement proposed actions in the Planning sections through shared responsibility with regional stakeholders. Whenever possible, plan implementation will be enhanced by the inclusion of new stakeholders and adapted based on new information and data as it becomes available.

Specifics on the implementation phase will be more thoroughly developed as we look at the larger continuum for our IDN. The IDN process has expanded our region to include providers and social services from the Winnepesaukee Region and Lakes Region, but will also include individuals who suffer from co-occurring disorders. While the 1115 waiver is focused on the

Medicaid populations – the Central Region feels confident that the improvements made to enhance the continuum will benefit all.

Our current, high-level implementation plan follows the 1115 timeline/work plan:

Assessment phase (August-September 2016) – utilizing existing regional SUD gap analysis and relevant mental health data to inform project plan development (September – October 2016)

Once the project plan for our IDN is approved we will begin the work of transforming healthcare and the SUD delivery system with a focus on the integration of behavioral health, primary healthcare and substance use disorder services.

Workgroups were formed in September, 2016 to include the domains of Health Information Technology; Community Re-entry Program for Justice-Involved Adults and Youth with Substance Use Disorders or Significant Behavioral Health Issues; Expansion of Peer Support Access, Capacity and Utilization; Intensive Out Patient Services; Enhanced Care Coordination for High-Need Populations.

The Community Health Services Network board meets monthly to oversee the implementation of DSRIP planning and implementation. The Continuum of Care Facilitator is a member of the board and attends all meetings including the network meetings with affiliate groups.

V. Evaluation (and Monitoring)

Evaluation is a critical component for all initiatives focused on improving the continuum of care. Baseline measurements as well as ongoing process and outcomes-based measurements will be integral to the Continuum of Care and our work with the 1115 waiver.

Potential process measures include:

- compliance with proposed policies and processes
- qualitative feedback on implementation
- Patient satisfaction with the care coordination process

Potential outcomes measures may include the following:

- Number of ED admissions in the previous year
- % of patients who complete treatment protocols
- # days/month with waiting time >48 hours
- % of time provider receives referral notes within specified time period
- # of providers added to the system

- # of recovery centers established
- # of recovery coaches trained
- # of referrals for recovery coaches by demographics (gender, age, days in recovery, enrolled in MAT)
- Track where referrals for recovery coaches are originating
- % of appointments attended by clients
- # of days client is considered active with recovery coaches
- # of days without alcohol or other drug use by the client
- List of providers and services accessed or contacted to support any household members
- % of clients with full-time or part-time employment
- Track client involvement with criminal justice, corrections and/or child welfare systems.
- Regular collection of client self-reported level of internalized self-stigma.
- Amount of funding brought into the region for prevention, intervention, treatment and recovery
- Number of students enrolled in prevention programming
- Performance metrics on IDN goals

Continuous feedback loops among provider and social service agencies as well as project managers will help to quickly identify what is working and what adjustments are needed.

Frequency and modality of communication will depend on specific projects – to be determined with 1115 project plan. Short term, rapid cycle improvement could include monthly evaluation of meetings and goals with report submissions; long-term continuous improvement monitoring may only require quarterly reviews.

The role of the CoC facilitator is primarily project [gap analysis] oversight, this includes: organizing and facilitating effective meetings; ensuring project deliverables are met in a timely manner; and supporting ongoing collaboration between stakeholders and partners, including high IDN involvement.

Our PHAC and IDN have a wide array of experience and expertise in providing clinical services. We do however anticipate a need for evaluation TA and provider training on safe prescribing practices.

VI. Conclusion

It is not possible for a single organization or individual to achieve the large scale impact necessary to improve the overall health of the Central New Hampshire Region as outlined by

this Plan. The success of this endeavor hinges on the ability of the community to embrace a shared vision and common agenda and to leverage our existing resources and expertise to ensure a collective impact approach to community health improvement. Collective Impact occurs when organizations from different sectors agree to solve specific health and social problems using a common agenda, aligning their efforts, and using common measures of success. This plan is a dynamic document that is subject to ongoing examination and revision.

The Five Conditions of Collective Impact are:

Common Agenda: All participants have a shared vision for change including a common understanding of the problem and a joint approach to solving it through agreed upon actions.

Shared Measurement: Collecting data and measuring results consistently across all participants ensures efforts remain aligned and participants hold each other accountable.

Mutually Reinforcing Activities: Participant activities must be differentiated while still being coordinated through a mutually reinforcing plan of action.

Continuous Communication: Consistent and open communication is needed across the many players to build trust, assure mutual objectives, and create common motivation.

Backbone Support: Creating and managing collective impact requires a separate organization(s) with staff and a specific set of skills to serve as the backbone for the entire initiative and coordinate participating organizations and agencies.

The process to date for developing the Central NH Public Health Region Continuum of Care Development Plan has encompassed the five components of the collective impact model to ensure an inclusive and effective plan. This process has engaged a wide array of stakeholders including the community at large to: determine priority areas of concern; support the development of a common vision for substance use disorders; identify multi-sector, cross-cutting strategies; conduct outreach to existing and new communication channels for dissemination of information; and develop a shared focus on measurable outcomes for monitoring progress and facilitating accountability.

The Central New Hampshire Public Health Advisory Council challenges everyone to find a way to utilize our collective strengths to support the implementation of this Continuum of Care Development Plan. We must all share in the responsibility of caring for our community's health and well-being. The future growth and vitality of the Central New Hampshire Region depends on it.