

Capital Area Continuum of Care Development Plan **DRAFT 2**

Executive Summary

In May 2015, a group of Substance Use Disorder (SUD) treatment providers in Concord, including those from Concord Hospital and Riverbend Community Mental Health, Inc., came together to develop a collective approach to addressing the SUD needs of the Capital Area's population. This group has been meeting monthly since then to share best practices and create collaborative processes. It has expanded to include SUD providers along the continuum of prevention, intervention, treatment, and recovery and is currently serving as the "workgroup" for the Capital Area region of the State's Continuum of Care (CoC) project. It also provides input and support to Region 2 (Capital Area) of the State's Section 1115 Waiver Demonstration Project (1115 Project) ensuring that there is cohesion between the two projects. In addition to this workgroup, information for this report relied on recent Capital Area plans including:

- *Capital Area Community Health Improvement Plan 2015-2020*, Capital Area Public Health Network.
- *Capital Area Misuse of Alcohol and Drugs Prevention Plan 2016-2019*, Capital Area Public Health Network.
- *Capital Region Community Health Needs Assessment: A Collaborative Partnership to Identify Community Health Needs*, Facilitated by Concord Hospital, 2015.

This group embraces the Capital Area Public Health Network's (CAPHN) vision of a continuum of care to address substance use disorders that is comprehensive, integrated, and well-coordinated to meet the full spectrum of needs of individuals, families, and communities in the Capital Area. The continuum of care will incorporate a strengths-based, whole-person, whole-community approach focused on increasing resiliency through environmental strategies, prevention, intervention, treatment, and recovery supports and services. We will work together to increase the understanding that substance use disorders are chronic conditions that can be successfully prevented, treated, and managed through a recovery-oriented system of care and that this disease is not a moral failing.

Introduction

Geographic description of region

The Capital area region of New Hampshire is home to 130,067 residents and spans 880.99 square miles. The area is comprised primarily of Merrimack County municipalities (1 city, 17 towns), but also includes four towns from Hillsborough County, and one town each from Rockingham County and Sullivan County. Merrimack County's seat is Concord, the state capital. In total, the area consists of the following twenty-four municipalities: Allenstown, Andover, Boscawen, Bow, Bradford, Canterbury, Chichester, Concord, Deering, Dunbarton, Epsom, Henniker, Hillsboro, Hopkinton, Loudon, Northwood, Pembroke, Pittsfield, Salisbury, Warner, Washington, Webster, Weare, and Windsor.

Demographics of region

Selected Demographics in Merrimack County and NH. Source: US Census Bureau, NH DHHS.

| | Merrimack County | NH |
|---|----------------------|-------|
| <i>Race & Ethnicity (2014)</i> | | |
| White alone (a) | 95.0% | 94.0% |
| Black or African American alone (a) | 1.4% | 1.5% |
| American Indian and Alaskan Native alone (a) | 0.3% | 0.3% |
| Asian alone (a) | 1.9% | 2.5% |
| Native Hawaiian and Other Pacific Islander alone (a) | Z | Z |
| Two or More Races | 1.4% | 1.6% |
| Hispanic or Latino (b) | 1.9% | 3.3% |
| White alone, not Hispanic or Latino | 93.4% | 91.3% |
| <i>Foreign Born & Language (2009-2013)</i> | | |
| Foreign born persons | 3.9% | 5.4% |
| Language other than English spoken at home, age 5+ | 5.2% | 8.0% |
| <i>Refugee Resettlement (2008-2014)</i> | | |
| Number of refugees resettled | 1,348 (Capital Area) | 3,317 |

According to the CAPHN's *Capital Area Community Health Improvement Plan 2015-2020*, the median age in the area is 43 and the population over age 65 (13.14%) is similar to the state as a whole (14.18%). From 2000-2010, the Capital Area also saw a 7.5% increase in the percent of population over the age of 85 to a current rate of 1.52%. During the same timeframe, the Capital Area saw a -5.8% decrease in the school age population.

While much of the data collected for CAPHN's plan pointed to overall positive health outcomes in the area, especially when compared to state and national figures, there are several communities within the region that face significant socioeconomic barriers to good health. Many residents face unequal access or limited access to high-quality jobs, education and safe environments based on the community or neighborhood in which they live. These health inequities can lead to higher rates of injury, disease, and mortality.

This range of inequity can be seen in the following statistics: The median household income for the Capital Area (\$69,398) is slightly higher than NH (\$66,283) and ranges from a low of \$52,592 in Concord to a high of \$97,028 in Bow. The percent of individuals at or below the poverty level ranges from 1.7% in Weare to 18.3% in Pittsfield.

Overall goals for continuum of care development:

- To assess the current capacity of substance misuse services, where they are delivered, and their accessibility
- To develop awareness among individuals, families, and communities as to:
 - a) What services are currently available in their community;
 - b) Where they are located; and
 - c) How to access these services; or
 - d) If the community does not provide a service, where to learn about programs and services outside their community.
- To use that information to work toward the establishment of a robust, comprehensive, and accessible substance misuse continuum of care

Connection between the continuum of care development and the regional public health network

The CAPHN Director of Public Health Services and Prevention is a member of the Capital Area SUD CoC Workgroup, described above, and the Region 2 1115 Project. The CAPHN Substance Misuse Prevention Coordinator (SMP) will be joining the Capital Area SUD CoC Workgroup at their next meeting in July and thereafter to further the coordination of work between the two entities. The SUD CoC Facilitator will meet weekly with SMP and CAPHN Director to review progress, collaboration, and actions.

Partners

Partners include the 18 members of the SUD CoC workgroup and the 39 members of the Region 2 IDN for the 1115 Project. These combined members span all municipalities of the region and all direct and ancillary services along the continuum of SUD needs. Coordination of goals, objectives, and outputs as well as communication between these two groups is achieved through a Capital area's Project Management consultant working closely with the Continuum of Care Facilitator.

ACPIE Model

The ACPIE (Assessment, Capacity, Planning, Implementation, Evaluation) is a planning model that encourages data-driven decision making to identify concerns, determine capacity to address those concerns, develop a plan to enhance the ability to address concerns, implement the plan, and evaluate results. The planning model is circular and will be used to inform adaptations based on results from implementing each component, and from the inclusion of new data, information, and input from new stakeholders.

Brief description of engagement and planning processes to date (meetings, partnerships, etc.)

The CoC Facilitator has begun the process of identifying regional and community partners and engaging them in the CoC workgroup monthly. The next few months will be concentrated on

1. Maximizing assets by determining who they are, what they provide, and where barriers may exist.
2. Promoting Awareness and Connectivity. CoC and SMP are currently working on a Regional Resource Guide for professionals in all sectors of healthcare, schools, business, emergency service providers, prevention agencies, and others to improve the system integration of care.
3. Develop capacity to fill gaps and build a robust Continuum of Care that supports the "No Wrong Door" approach to recovery.

The Region 2 IDN for the 1115 Project, with Capital Region Health Care (Concord Hospital, Riverbend Community Mental Health, Inc., and Concord Regional VNA) as the administrative lead, will leverage DSRIP funding to build on steps it is already taking to address the opioid crisis. Riverbend has been actively expanding its SUD/COD services. Its CHOICES: Addiction Recovery Services program began medically assisted therapy (MAT) and an outpatient detox program in January 2016. Ten Riverbend clinicians are being supervised to become Master's

level licensed drug and alcohol counselors (MLDAC); four of these will be qualified to serve adolescents. With DHHS funding received earlier this year, Riverbend is:

- Expanding the numbers of adults 18+ that it serves through its current Intensive Outpatient Services (IOP) from 100-200.
- Adding a CLIA, State, and OSHA compliant laboratory.
- Expanding the number of adults 18+ that it serves through its current Medication Assisted Therapy (MAT) program from 30-200
- Expanding IOP and MAT services to adolescents 12+ years of age: 100 IOP, 30 MAT.
- Adding a partial hospitalization program for 50 adults and 50 youth 12+ years of age

Concord Hospital's Substance Use Services is an adult outpatient department with services provided by Licensed Alcohol and Drug Counselors for individuals seeking help for substance use and related disorders. Offering an intensive outpatient program (Fresh Start), Gender Based Continuing Care Support Groups, Individual Counseling, Inpatient Hospital Consultations, Court Evaluations, DWI Evaluations and DWI Aftercare groups.

HOPE for NH Recovery and others are expanding Recovery Community Centers across the state and training Peer Support Coaches to help sustain people in long-term recovery. We can't hope for long-term change in the lives of those with SUD without stable recovery and community supports. When Region 2 IDN discovered it could not select Peers as an SUD focused community projects, it decided to include Peers extensively throughout all its other projects.

The IDN convened meeting in November with Peer representatives from the IDN and the community including HOPE for NH Recovery, NH Children's Behavioral Collaborative Youth M.O.V.E. NH, Granite State Pathways, New Futures, NAMI, and organizations that already successfully work with Peers at their sites. This group reviewed the overall projects and made recommendations for Peer usage throughout them.

The IDN is contracting with HOPE for NH Recovery to provide HOPE ED, an initiative to connect opiate overdose and high risk for opiate overdose patients, as well as those that present with addiction issues in Emergency Departments and hospitals with Peer to Peer Recovery Support Coaches. The Coaches will be on call every day 24/7. Coaches will interact with family members with the patient's permission. Coaches can help to redirect an upset family member's anger from the individual to their disease. Coaches will work with the patient and family after discharge to connect them with valuable resources to process the sentinel event and/or to help them return to previous treatment modalities.

CRHC chose Medicated Assisted Treatment (MAT) as one of its projects and will train, incentivize, and mentor two primary care physicians at each of nine locations in the region. These same primary care locations will receive an embedded FTE behaviorist from Riverbend. The Family Health Center in Concord already has an MAT physician as well as a Behaviorist on site. This model is working and there is a high demand for services. The MAT physician at the Family Health Center in Concord will chair the MAT workgroup and provide ongoing mentoring for newly trained physicians.

In addition, CRHC is going to use DSRIP funding to implement a Neonatal Abstinence Syndrome (NAS) prevention program. The Northern New England Perinatal Quality Improvement Network's (NNEPQIN) surveyed its membership about NAS in the winter of 2015-2016. Respondents from 19 birthing hospitals in NH reported that they believe the problem to be effecting 10-20% of their population. Concord Hospital reported that they cared for a total of 43 babies in 2015 who tested positive for any opioid (methadone, buprenorphine, other). At Dartmouth Hitchcock Medical Center in Lebanon, the number of women whose charts were coded for either buprenorphine or methadone at the time of delivery has risen over the past three years from 4.5% in 2013 and 5,5% in 2014 to 6.5% 2015 = 6.5%. Because women in treatment probably underrepresent the total number of effected women, and because Dartmouth Hitchcock, as a tertiary care center, may not reflect the experience of all hospitals in the state, we estimate that 5 to 10% of all pregnancies are impacted by substance misuse. The NAS prevention program will include a traveling MAT physician, peer support, and warm linkages to parenting and other support programs.

Assessment

State-level determination of need

The NH Department of Health and Human Services/Bureaus 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.

Regional level determination of need

The region has identified substance misuse as a priority health issue in its Community Health Improvement Plan (CHIP). The region's vision statement for continuum of care development is as follows: A continuum of care to address substance use disorders that is comprehensive, integrated, and well-coordinated to meet the full spectrum of needs of individuals, families, and communities in the Capital Area. The continuum of care will incorporate a strengths-based, whole-person, whole-community approach focused on increasing resiliency through environmental strategies, prevention, intervention, treatment, and recovery supports and services. We will work together to increase the understanding that substance use disorders are chronic conditions that can be successfully prevented, treated, and managed through a recovery-oriented system of care.

The region's statement for CoC development was formulated in the following way: It was approved early on by the Public Health Advisory Council (PHAC) in February of 2015 as the result of several initial meetings held by CAPHN that included a roundtable and PHAC education sessions on the CoC project. There were a series of sessions for PHAC members to increase understanding of the CoC including a webinar, PowerPoint presentation, and a forum. During

the roundtable, input was received from about 40-50 attendees to approve the key components of a robust CoC system.

Capacity

The region completed an “assets and gaps scan” to identify resources, gaps, and barriers that can help or hinder the achievement of the region’s statement for continuum of care development presented 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 CoC Facilitator oversaw and facilitated the assets and gaps scan process and identified stakeholders through recommendations of the existing SUD CoC Workgroup and the CAPHN. Methodologies used included interviews, focus groups, and surveys. Barriers included reaching all of the area municipalities. The capacity scan process will be enhanced by an emphasis on outreach and education in the non-Concord regions of the Capital Area by the to be hired CoC Facilitator. The development of a regional Integrated Development Network (IDN) for the 1115 project has expanded capacity and members of the IDN are working closely with the CoC project.

UPDATED Results of the asset scan (to be updated again this quarter):

Substance misuse services available in our region by component (prevention, early identification and intervention, treatment and recovery support services, primary health care, behavioral healthcare and other providers) include:

| PROVIDER | AREAS SERVED | POPULATION SERVED | SERVICES OFFERED | SERVICE SETTING | COC COMPONENT |
|--|--------------|--|--|------------------------------|---------------|
| Capital Area Public Health Network - Substance Misuse Prevention Network | CAPHN Area | CAPHN Area | Recruitment of key community stakeholders and sectors, technical assistance to area schools and emerging community coalitions, resource development and advocacy | Community Based Organization | Prevention |
| 1/4/17 Granite Pathways (RAPS) – Olivia Dupell – Contact: 931-3700 Kim Haney 931-3707 | Statewide | CAPHN Area and Statewide (except Manchester area and Monadnock Region) | Key Activities: Referral, Screenings, Insurance enrollment, access to Primary Care Providers, LDAC/MLDAC - | State | Prevention |

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| Youth Councils (Leadership/Em powerment) | Bow, Pembroke, Kearsarge, Concord, Pittsfield | High School Youth | Key activities included: Participation in Trainings (New Futures Advocacy Training, NH Teen Institute Summer Leadership Program, Media Power Youth Training, Dover Youth to Youth Training), Sticker Shock Campaigns, Social Media Posts, Outreach Events (open houses, advisories, pep rally), Spartan Safety Box, Peer Mentoring, Red Ribbon Week, School Climate Activities | High Schools | Prevention |
| Permanent Prescription Take Back Boxes | Allenstown, Bow, Concord, Henniker, Hillsboro, Northwood, Pembroke, Pittsfield | Residents of Allenstown, Bow, Concord, Henniker, Hillsboro, Northwood, Pembroke, Pittsfield | No cost and anonymous disposal of unused/unwanted prescription drugs | Police Department | Prevention |
| Life of an Athlete | John Stark School District, Concord, Pittsfield, Pembroke, Bishop Brady, Bow, Hopkinton | High School Youth | The program is centered on ensuring strong Athletic Codes of Conduct, while Student Leadership, Engaging Coaches, Stakeholder Unity and Pre-Season Meeting support the enforcement of athletic codes | High Schools | Prevention |
| Local Prevention Coalitions | Pittsfield, Bow | Residents of Pittsfield and Bow | Various local substance misuse prevention activities focused on promoting protective factors and reducing community risk factors | Community Based Organization | Prevention |
| Concord Hospital Family Health Center | Concord Hospital Service Area | Local Providers | Scope of Pain - Opioid Prescriber Education/Training | Hospital | Prevention |
| Riverbend Community Mental Health Center | Capital Area and Statewide | Public and professionals | Substance Use Disorder First Aid curriculum development | Community Mental Health Center | Prevention |

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| City of Concord Police Department | Concord | Residents of Concord | Community Resource Unit/Officer: The Community Resource Unit organizes, establishes, maintains, expands, and promotes coordinated crime prevention and community related programs within the City of Concord. This includes an on-going outreach to groups, neighborhoods, businesses, schools, and other members of the public and private sectors. Their efforts result in pro-active crime awareness and crime prevention programs while developing and strengthening a healthy rapport with the community. | Police Department | Prevention |
| Concord High School | Concord | Concord High School students | Safe Schools Program | High School | Prevention |
| Second Start | Hopkinton M/HS, Pittsfield M/HS, Concord HS, Rundlett MS, Merrimack Valley MS, Merrimack Valley HS | Adolescents (High School and Middle School) | Student Assistance Program - Prevention Education Series, Universal prevention strategies | Schools | Prevention |
| Tri-Town EMS | Allenstown /Pembroke | Community | Overdose Service Calls/Fire safety, Other? | Community Based Provider | Prevention/Early Intervention/Referral |
| Concord Hospital Family Health Center | Capital Area | Adolescents and Adults | Screening Brief Intervention and Referral to Treatment with one clinical team-- will be expanding to the whole clinic soon | Hospital | Early Intervention |

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| Second Start | Hopkinton M/HS, Pittsfield M/HS, Concord HS, Rundlett MS, Merrimack Valley MS, Merrimack Valley HS | Adolescents (High School and Middle School) | Student Assistance Program - Brief Individual and crisis counseling, group counseling | Middle and High Schools | Early Intervention |
| Circuit Court District Division – Concord | Capital Area | Juvenile Offenders | Drug Court | Court | Early Intervention |
| Merrimack County Diversion Center | Merrimack County | Adult Offenders | Court Diversion | Court | Early Intervention |
| Circuit Court District Division – Concord | Capital Area | Medium to high-risk adult defendants diagnosed with a Bipolar Disorder, Schizophrenia, Major Depression or other mental illness, intellectual disability along with substance abuse. | Mental Health Court | Court | Early Intervention |
| Capital Area Public Health Network | Capital Area | People with SUD, families and friends of those with SUD, Providers serving people with SUD and families of those with SUD | Naloxone distribution community events and provider trainings | Community-Based Organization | Early Intervention |
| A Better Pathway | Concord | All Adults | Evaluation, Individual Outpatient Counseling, Group Outpatient Counseling | Treatment Facility | Treatment |
| Bicentennial Square Counseling Services | Concord | All Adults | Evaluation, Individual Outpatient Counseling, Group Outpatient Counseling | Treatment Facility | Treatment |

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| Changing Point Counseling, LLC | Concord | All Adults, Young Adults Specialty, Gender-Specific Women Specialty | Evaluation, Individual Outpatient Counseling, Group Outpatient Counseling | Treatment Facility | Treatment |
| Child and Family Services | Concord | All Adults, Adolescents/Children, Young Adults Specialty | Evaluation, Individual Outpatient Counseling, Group Outpatient Counseling, Intensive Outpatient Programs | Treatment Facility | Treatment |
| Chrysalis Recovery Center, LLC | Concord | All Adults, Young Adults Specialty, Adolescents/Children, Military and Veterans Specialty, Homeless Specialty | Evaluation, Individual Outpatient Counseling, Group Outpatient Counseling, Intensive Outpatient Programs | Treatment Facility | Treatment |
| Concord Hospital, Substance Use Services | Concord | All Adults | Evaluation, Individual Outpatient Counseling, Group Outpatient Counseling, Intensive Outpatient Programs | Treatment Facility | Treatment |
| Concord Metro Treatment Center | Concord | All Adults | Withdrawal Management, Medication Assisted Treatment (Buprenorphine, Methadone) | Treatment Facility | Treatment |
| Elsa Johnson, LCMHC, MLADC | Concord | All Adults, Young Adults Specialty, Adolescents/Children, Military and Veterans Specialty | Evaluation, Individual Outpatient Counseling, Group Outpatient Counseling | Treatment Facility | Treatment |
| LADC & SAP Services, LLC | Concord | All Adults | Evaluation, Individual Outpatient Counseling | Treatment Facility | Treatment |
| Riverbend Community Mental Health Center | Concord | All Adults | Evaluation, Individual Outpatient Counseling, Group Outpatient Counseling, Intensive Outpatient Programs | Treatment Facility | Treatment |
| ROAD to a Better Life | Concord | All Adults, Young Adults Specialty | Withdrawal Management (Buprenorphine), Evaluation, Individual Outpatient Counseling, Group Outpatient Counseling, Intensive Outpatient Programs | Treatment Facility | Treatment |

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| RTT Associates, LLC | Concord | All Adults | Evaluation, Individual Outpatient Counseling, Group Outpatient Counseling | Treatment Facility | Treatment |
| Self-empowerment-NH LLC | Concord | All Adults | Evaluation, Individual Outpatient Counseling, Group Outpatient Counseling | Treatment Facility | Treatment |
| SKY Counseling Services, LLC | Concord | All Adults | Evaluation, Individual Outpatient Counseling, Group Outpatient Counseling, Intensive Outpatient Programs | Treatment Facility | Treatment |
| Warren Street Family Counseling Associates, Inc. | Concord | All Adults | Evaluation, Individual Outpatient Counseling | Treatment Facility | Treatment |
| Eberhart Counseling, LLC | Contoocook | All Adults, Adolescents/Children, Young Adults Specialty | Evaluation, Individual Outpatient Counseling, Group Outpatient Counseling | Treatment Facility | Treatment |
| EqWise Counseling Services | Hopkinton | All Adults | Evaluation, Individual Outpatient Counseling | Treatment Facility | Treatment |
| Chrysalis Recovery Center, LLC | Northwood | All Adults, Young Adults Specialty, Adolescents/Children, Military and Veterans | Evaluation, Individual Outpatient Counseling, Group Outpatient Counseling, Intensive Outpatient Programs | Treatment Facility | Treatment |
| Growing Harmony Services, LLC | Pittsfield | All Adults, Adolescents/Children | Evaluation, Group Outpatient Counseling | Treatment Facility | Treatment |
| 1/4/17 New England Recovery and Wellness | Capital Region | Adults 18 and older | PHP: Partial Hospitalization, Individual Outpatient Counseling, | Treatment Facility | Treatment |
| 1/4/17 Riverbend Choices for Adolescents | Statewide | Adolescents 14 to 18 | Intensive Outpatient Program, Family Counseling, Individual Counseling, MAT | Treatment Facility | Treatment |
| New Futures | Statewide - Capital Area | Anyone interested in becoming a Recovery Coach in the Capital Area | Certified Recovery Coach Training (CCAR) | Community Based Organization | Recovery |
| HOPE for NH Recovery | Statewide - Concord - Capital Area | Anyone in recovery in the Capital Area | Recovery Community Center in development, recovery community coalition | Community Based Organization | Recovery |

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| Granite Pathways | Statewide/Concord Area | Recovery Professionals | Trainings | Community Based Organization | Recovery |
| A Better Pathway | Concord | All Adults | Recovery Support Services (Recovery Mentoring/Relapse Prevention Management) | Treatment Facility | Recovery |
| Chrysalis Recovery Center, LLC | Concord | All Adults, Young Adults Specialty, Adolescents/Children, Military and Veterans Specialty, Homeless Specialty | Recovery Support Services (Anger Management, Recovery Mentoring and Relapse Prevention Management, Peer Recovery Coaching, Care Coordination, Other Recovery Support Services) | Treatment Facility | Recovery |
| Concord Hospital, Substance Use Services | Concord | All Adults | Recovery Support Services (Recovery Mentoring and Relapse Prevention Management) | Treatment Facility | Recovery |
| Elsa Johnson, LCMHC, MLADC | Concord | All Adults, Young Adults Specialty, Adolescents/Children, Military and Veterans Specialty | Recovery Support Services (Anger Management) | Treatment Facility | Recovery |
| SKY Counseling Services, LLC | Concord | All Adults | Recovery Support Services (Recovery Mentoring/Relapse Prevention Management, Peer Recovery Coaching) | Treatment Facility | Recovery |
| Chrysalis Recovery Center, LLC | Northwood | All Adults, Young Adults Specialty, Adolescents/Children, Military and Veterans Specialty | Recovery Support Services (Anger Management, Recovery Mentoring and Relapse Prevention Management, Peer Recovery Coaching, Care Coordination, Other Recovery Support Services) | Treatment Facility | Recovery |
| RTT Associates, LLC | Concord | All Adults | Recovery Support Services (Peer Recovery Coaching) | Treatment Facility | Recovery |
| Families Sharing Without Shame | Concord | All Adults | Recovery Support Services (Parent Support Groups) | Community Based Organization | Recovery |

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| Child and Family Services | Concord | Parents of children with SUD | Recovery Support Services (Parent Support Groups) | Community Based Organization | Recovery |
| Homestead Inn Sober House | Boscawen | Men in recovery | 12-step based sober living facility for men. | Recovery Facility | Recovery |
| 1/4/16 New England Recovery and Wellness- RAW | Capital Region | Adults 18+ Males and Females | 12- step recovery platform, Alpha, SMART Program | PHP: Partial hospitalization/IOP Sober Living Housing (Live Free) | Recovery |
| 1/5/17 Donna Marston - CRSW | Capital Region and Statewide | Young Adults and children – Families | Group Sessions with Family members of children w/SUD (Thursday eves/Sundays at Farnum Center) | Group Support Services | Support and Recovery Resources. Referred to Audrey Clairmont for Choices Adolescent Presenter and referral. |

Our region’s impression of how well the current system of providers appears to be connecting and coordinating their work is that more effort is needed to educate all providers about all available resources so we can better manage referrals and transitions. Providers also tend to exist in isolation from each other and from other phases of the continuum.

Results of the gaps scan

The following raw data was developed during a focus group “brainstorming” session and one on one interviews conducted by Katy Shea. The CoC Workgroup plans to edit and update these in the next quarter.

| CATEGORY | SYSTEM | DESCRIPTION: Summarize concern and/or information. |
|--------------|-------------------------|--|
| Gap, Barrier | Enforcement | The Concord PD would like to replicate the Laconia Prevention, Enforcement and Treatment officer model but does not have the necessary resources. |
| Barrier | Enforcement, Prevention | The Concord PD is missing 20% of workforce. This takes away from the time the Community Resource Officer can spend doing community-based services. |
| Barrier | Family Support | It has been difficult to get Families Sharing Without Shame groups going in locations other than Concord. |
| Barrier | Recovery | Need to find additional funding for the STARS (recovery support) program. |
| GAP | Recovery | There are a limited number of trained Recovery Coaches in the Capital Area. |
| Gap | Recovery | There is a lack of sober living facilities. |
| Gap | Treatment | More resources are needed to stabilize individuals prior to receiving treatment. |
| Gap | Treatment | There is a lack of specialty treatment services (especially services for |

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| | | adolescents). |
| Gap | Treatment | There is a gap in the array of services available in the region including inpatient, residential, partial hospitalization, housing, detox, refugee services and services for individuals with co-occurring disorders. |
| Barrier | Treatment | There is currently a wait time to receive treatment, particularly residential treatment |
| Barrier | Treatment, Ancillary Recovery Support Services | Clients need better access to transportation and childcare services to access and maintain treatment. |
| GAP | Treatment, Behavioral Healthcare | There is very limited to no access to treatment in the community of Pittsfield. |
| Gap | Prevention | There is a lack of prevention initiatives focused on the young adult population. |
| Gap | Treatment | There is a lack of adolescent treatment services. |
| Collaboration | Recovery | HOPE for NH Recovery wants to collaborate more with DCYF families. |
| Collaboration | Prevention, Treatment and Recovery | The CoC services are currently not well coordinated across the continuum. |
| Barrier, Communication | Enforcement | Sometimes the Fire Department and Hospital can't share medical information with police, which can lead to communication difficulties. |
| Collaboration | Full CoC | The Concord PD works in silos. The officers on the ground are not connected to other work that's happening to address SUD. |
| Communication | Full CoC | There is a misconception that all treatment needs to be inpatient. |
| Barrier | Primary Care/SUD Treatment Integration | Workflow can be challenging in settings where SUD treatment and primary care are integrated. There is some role confusion due to the infancy of Concord Hospital/Family Care center/Riverbend program. |
| Communication | Primary Care/SUD Treatment Integration, Treatment, Recovery | Patients and families do not understand the system in which integrated services are provided. |
| Communication | Treatment, Primary Care/SUD Treatment Integration | There needs to be a common language among all staff assisting someone with an SUD including those who are by default involved in the care. |
| Barrier | Primary Care/SUD Treatment Integration, Treatment, Recovery | A value-based system is needed rather than one that focuses on cost-savings. |
| Collaboration | Prevention | A lack of funding for prevention makes it difficult to sustain a prevention coalition. |

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| Gap | Primary Care/SUD Treatment Integration, Treatment, Recovery | Treatment providers need the benefit of Recovery Coaches at no cost to system. |
| Barrier | Primary Care/SUD Treatment Integration, Treatment, Recovery | 42 CFR -Confidentiality laws are a barrier to practicing integrated care. |
| Barrier | Treatment | Prescriptions for Medication Assisted Treatment are not always covered by insurance. |
| Barrier | Treatment | Parity laws are not enforced. |
| Collaboration | Enforcement, Recovery | The PD would like to have a system to make referrals to "certified" Recovery Coaches. |
| Gap | Enforcement, Treatment | Police officers don't know how to assist individuals who are seeking treatment. The PD does not have a protocol for assisting individuals seeking treatment. There is a need for a road map/protocol. |
| Collaboration | Prevention, Early Intervention | There is an opportunity to better integrate and coordinate prevention and family support education. If parents of ES and MS children knew more about the progression of addiction, they may be able to better identify problems earlier. |
| GAP | Recovery | There is no formalized system to mobilize trained Recovery Coaches to be available to individuals after an overdose in coordination with the ER or post-assessment and pre-treatment/during waiting period. |
| Barrier | Recovery | It is difficult for previously incarcerated individuals in recovery to access recovery support services (housing, employment, etc.) upon leaving jail/prison due to policies related to eligibility for those services. |
| Communication | Primary Care/SUD Treatment Integration, Treatment, Recovery | Having a shared EMR is positive, but there is a need to figure out how to share info without breaking confidentiality laws. |
| Barrier | Recovery | There is no statewide database of individuals trained as Recovery Coaches. |
| Barrier | Treatment | Insurance carrier approval is a barrier. |
| Communication | Primary Care/SUD Treatment Integration | We need to create a "culture of engagement" where primary care providers are willing to engage in integrated SUD services. |
| Gap, Communication Collaboration | Primary Care/SUD Treatment Integration | More cross training is needed for staff treating someone with SUD in settings where SUD treatment and primary care are integrated. |
| Gap | Primary Care/SUD Treatment Integration, | Training for primary care providers should include SBIRT, addiction, SCOPE training. |

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| | Treatment, Recovery | |
| Barrier | Enforcement | "Repeat Offenders" are burdening the emergency response system and contributing to "burnout" among first responders. |
| Gap | Recovery | Populations that are underserved include the previously incarcerated; younger people who don't have parental support, people at the poverty level that don't know what resources are available and how to access them. |

The SUD CoC workgroup convened to review this data and listed these as our region's high-level priorities for continuum of care development and access to continuum of care services.

Prevention

- Outlying Areas – Need to coordinate more effectively as a region

Early Identification and Intervention

- Training – Need SBIRT for law enforcement, primary care providers, and high schools
- Assessments – Coordinated use of instruments for initial assessments for level of care
- Stabilizing individuals pre-treatment – Need more resources

Treatment

- Coordination – Providers need to know about all resources available and work together to manage care including transitions
- Workforce Development – Training, addressing availability issues

Recovery Supports

- Working with ancillary services in a coordinated fashion
- Recovery Coaches – Database of availability, more expansive training, more coaches

The following underserved communities/areas were identified by the SUD CoC workgroup as needing increased access to continuum of care services: Reentry, refugees, and adolescents. A survey has gone out to the Region 2 IDN for the 1115 Project as well as the SUD CoC workgroup with specific questions about the high needs populations. Data from that survey will inform and expand this response.

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 statement 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.

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. A detailed timeline, identification of responsible partners/parties for implementing action, mechanisms and procedures to track progress toward anticipated outcomes, and proposed processes to enhance the implementation process will be detailed in the October 28 CoC Development Plan.

Evaluation (and Monitoring)

Using information from the Planning and Implementation sections, the region will include in its October 28 CoC Development Plan the process for monitoring and evaluation that compares anticipated outcomes from proposed actions with actual outcomes, and to recommend adaptations to the plan. These processes will be ongoing based on the inclusion of additional stakeholders, and new information/data as it become available.

Conclusion

With a new and energized CoC Facilitator, the work of this region is moving forward in concert with the Region 2 1115 Project.