Continuum of Care Development Plan

Strafford County Regional Public Health Network

1/11/2017

I. Overview

The New Hampshire Department of Public Health Services/Bureau of Drug and Alcohol Services (DHHS/BDAS) is committed to creating a robust, effective and well-coordinated continuum of care to address substance use disorders in each region of the state. These continua will include health promotion, prevention, early identification and intervention, treatment, and recovery supports and will coordinate with services in primary and behavioral health.

To support this work, NH DHHS/BDAS has provided funding to all Regional Public Health Networks, including funds for regional Continuum of Care Facilitators. These Facilitators will communicate with and bring partners together to develop a Regional Continuum of Care Plan that uses information from the regional assets and gaps assessment to propose actions that maximize awareness of and access to current services, and actions that fill gaps in services.

Understanding that CoC development is a long-term project, this plan is expected to be a "living document" that can incorporate changes as they happen. As part of the "living document" concept, this plan will serve as the basis for ongoing engagement with the Center for Excellence and BDAS to enhance the plans as needed.

Strafford County Continuum of Care Development Plan

Executive Summary:

ONE Voice for Strafford County, a regional public health network program of Goodwin Community Health, is pleased to put forth a robust Continuum of Care development plan that is steeped in community based planning and development. ONE Voice for Strafford County is the branded umbrella for prevention and continuum of care (CoC) strategies and activities. Through 6 focus groups, data gathering with health partners to better understand the services offered and the review of financial, workforce and capacity barriers that prevent true integration of behavioral health, substance use disorder services integrated into primary care in Strafford County, we believe we have a comprehensive, goal driven plan to implement.

Assets and gaps within the Strafford County delivery system revealed common themes regardless of the services within the continuum. Primary prevention and health promotion has suffered losses of key stakeholders while their attention has been placed on intervening and responding to the opioid crisis NH finds itself in. Intervention services are minimal, since the funding cuts sustained by many programs in 2010. Moreover, the areas only residential treatment center is in the midst of becoming accredited, credentialing staff and a major construction project that will allow for the agency to deliver services in a building that is up to code.

The intensity of partners, including Godwin Community Health to develop key community based treatment options such as Intensive Outpatient programs and Medication Assisted Therapies in a medical setting can change daily- three key factors continue to rise to top at every level of assessment and planning: workforce shortage, including a lack of a credentialed, professional workforce; implementation of financial reforms due to the adoption of NH Health Protection Program and Standard Medicaid; a lack of systems development before healthcare reform took place, thereby, the financial considerations are reasonable however, no one has the back office support in billing to receive payments for services rendered in a timely fashion and lastly a lack of integration among all continuum systems.

Recovery supports has seen the greatest momentum within Strafford County. We have over 60 coaches trained, a model business plan that provides for sustainability under Goodwin's umbrella, and a rapid response in training community members and agencies in the use of naloxone. Substance misuse will continue to be in the forefront of ONE Voice, and facilitation of all aspects of the Continuum will prevail when resources begin to be dispersed to support some of the goals within this plan.

I. Introduction

Geographic description of region:

Towns Served:	
Dover	Lee
Madbury	Durham
Rollinsford	Somersworth
Strafford	Milton
Middleton	Farmington
New Durham	Barrington
Rochester	Strafford County

The Strafford County Public Health Network also known as ONE Voice for Strafford County includes thirteen cities and towns in the southeastern corner of NH. Greater Dover, Greater Durham and Greater Rochester all have unique public health needs and priorities. The norther tier of Strafford County boasts some of the lowest income and educational attainment levels in the State, while the greater Durham and Dover areas boast some of the highest income and educational attainment levels. The norther tier is home to many summer homes, and less representation in its tax base from year round residents. Many of the northern tier communities are defined as bedroom communities, commuting more than 20 minutes to their employment. The Dover and Durham regions are home to robust development over the past 20 years and UNH, the State's largest University also plays a role in the culture and access to alcohol among young adults.

Consideration of population density may also be particularly important when determining the costs and benefits of environmental prevention strategies. The Southeastern Region is home to the City of Dover, the most populated city in the Region at 29,987 residents. Rochester and Portsmouth are the next largest towns in the Region at 29,752 and 20,779 respectively.

Strafford County is situated in the greater Seacoast region of southern New Hampshire and borders southern Maine. Within the County's 368.8 square miles, there are thirteen municipalities with substantial demographic and socio-economic diversity[1]. Between 2000 and 2010, Strafford County saw a 9.6 percent increase in population compared to the state's increase of 6.5 percent

[1](United States Census Bureau, 2015)

during the same time period[2]. In 2014, Strafford County's population was estimated at 125,604 residents; a two percent increase from the 2010 Census population data[3].

Strafford County is home also to the University of New Hampshire, which has enrolled nearly 15,000 undergraduate and graduate students. The age distribution in Strafford County parallels that of the state.

Demographics of region: In 2013, children under age 5 made up 5.2 percent of the population, while persons under 18 years made up 19.7 percent[4]. The fastest growing segment of the population was persons 65 years and older accounting for 23.4 percent of the population[5].

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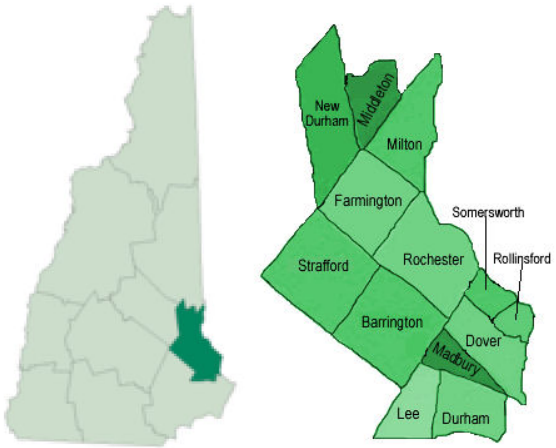
Strafford County is home also to the University of New Hampshire, which has enrolled nearly 15,000 undergraduate and graduate students. The age distribution in Strafford County parallels that of the state. In 2013, children under age 5 made up 5.2 percent of the population, while persons under 18 years made up 19.7 percent[8]. The fastest growing segment of the population was persons 65 years and older accounting for 23.4 percent of the population[9].



Approximately 105,000 individuals (9% of the population over 12 years of age) in New Hampshire meet the American Psychiatric Association

[2] (ibid)
[3](ibid)
[4](County Health Rankings and Roadmaps, 2015)
[5] (ibid)
[6] (ibid)
[7](ibid)
[8](County Health Rankings and Roadmaps, 2015)
[9] (ibid)

(APA) diagnostic criteria for substance use disorders (SUD). Approximately 5,000 people receive SUD services through contracts administered by the Department of Health and Human Services (DHHS) Bureau of Drug and Alcohol Services (BDAS). New Hampshire is consistently ranked highest in the nation for alcohol consumption among adults and young people per capita, and among the highest for illicit drug use, while access to treatment for resident's remains among the lowest in the U.S[9]

The consequences of substance misuse on our region are substantial, as is its toll on emotional, mental, physical, and economic wellbeing of individual residents. Of particular concern is the rate by which young adults across New Hampshire are dying as a result of overdosing on heroin and the prescription narcotic Fentanyl.

From 2010 to 2013, heroin use among NH residents surged dramatically and the number of heroin-related overdose deaths increased from 14 to 45 deaths. The total confirmed number of opioid overdoses resulting in death in 2014 is 326, of which 128 involved Fentanyl, a prescription opioid fifteen to twenty times more potent than heroin that is being used to 'cut' individual batches of heroin for sale. The medical examiner's office has reported more than 210 overdose deaths so far in 2015 as of late August 2015.[10]

In addition to public health impacts, the economic toll sustained in our state resulting from substance misuse and addiction is grave. In 2012, costs associated with substance misuse in NH for workplace productivity (impaired productivity and absenteeism) was $1.15 billion. The economic burden for healthcare services, including substance misuse treatment, medical care, and insurance administration totaled nearly $266 million.[11]

Costs associated with the criminal justice system, including police protection, corrections, cost to crime victims, and victim productivity loss reached $284 million[12].

In 2012, New Hampshire became the 49th in the nation to implement a Prescription Drug Monitoring Program aimed at tracking and reducing unnecessary prescriptions of addictive drugs. In 2014, New Hampshire still ranked third in the nation for prescriptions of long-acting opioid pain relievers. Now, in 2015, more prescribers are complying as a condition for license renewals, prescriptions are being systematically controlled. Looking at the

trends in neighboring states such as Vermont and Massachusetts, ours is poised to see even more of its residents turning to heroin as prescription opioids become scarce.

The opioid epidemic is seminal to the concerted effort now taking place in communities throughout the state. Organizations across multiple sectors, including law enforcement and health care, have engaged to identify how best to address this public health problem across the spectrum of care.

As communities across the state continue to grapple with the rising prevalence of substance misuse and addiction rates, Regional Public Health Networks, comprised of multi-sectoral organizations including health and medical, safety and law enforcement, education, business, and government domains, will employ collaborative and capacity-building efforts to leverage the resources necessary to increase access to and make available substance misuse prevention, intervention, treatment, and recovery support programs and services among youth and adults.

Strafford County's ethnic characteristics mirror the state, with 92.1 percent White alone, non-Hispanic or Latino living in the County[10]. The median income in Strafford County is $59,290 compared to the State's $64,064[11], and the percentage of people living below the Federal poverty level is 10.5 percent compared to the state's 8.7 percent[12]. The top five Census tracts reporting the greatest percent of the population living under the Federal poverty level are located in Rochester, with some areas reporting upwards of 3.4 percent of the population. Population density overall in Strafford County is 333.7 persons per square mile compared to 147.0 for state, with the highest population density recorded in Dover, at 2,336 persons per square mile[13].

Of the state's ten counties, Strafford County is ranked eighth (10 being worst) in both Health Behaviors and Health Outcomes measures[14]. Key Lifestyle Behaviors' indicators, such as the percentage of people using tobacco and alcohol, are

[10] (ibid)
[11] (ibid)
[12](United States Census Bureau, 2015)
[13](United States Census Bureau, 2015)
[14](County Health Rankings and Roadmaps, 2015)

overweight or obese, or are physically inactive affect negatively the overall Health Behaviors ranking[15].

The County Rankings and Roadmaps model asserts that certain Lifestyle Behaviors, such as **tobacco use, diet and exercise, and alcohol and drug use** accounts for 30 percent of Health Outcomes, such as length of life and quality of life[16]. Socioeconomic factors such as education level, employment status, and household income also affect health outcomes[17].

Through the Rankings model, multi-stakeholders understand better the external factors that influence behavior and affect health outcomes. This data can be used to help mobilize stakeholders to identify how best to improve health outcomes in their county[18].

Also Strafford county residents reported during the past 30 days, adults reported that the number of days their Mental Health was 3.7 days compared to the state's 3.3 days[19].

Strafford County's ethnic characteristics mirror the state, with 92.1 percent White alone, non-Hispanic or Latino living in the County[20]. The median income in Strafford County is $59,290 compared to the State's $64,064[21], and the percentage of people living below the Federal poverty level is 10.5 percent compared to the state's 8.7 percent[22]. The top five Census tracts reporting the greatest percent of the population living under the Federal poverty level are located in Rochester, with some areas reporting upwards of 3.4 percent of the population. Population density overall in Strafford County is 333.7 persons per square mile compared to 147.0 for state, with the highest population density recorded in Dover, at 2,336 persons per square mile[23].

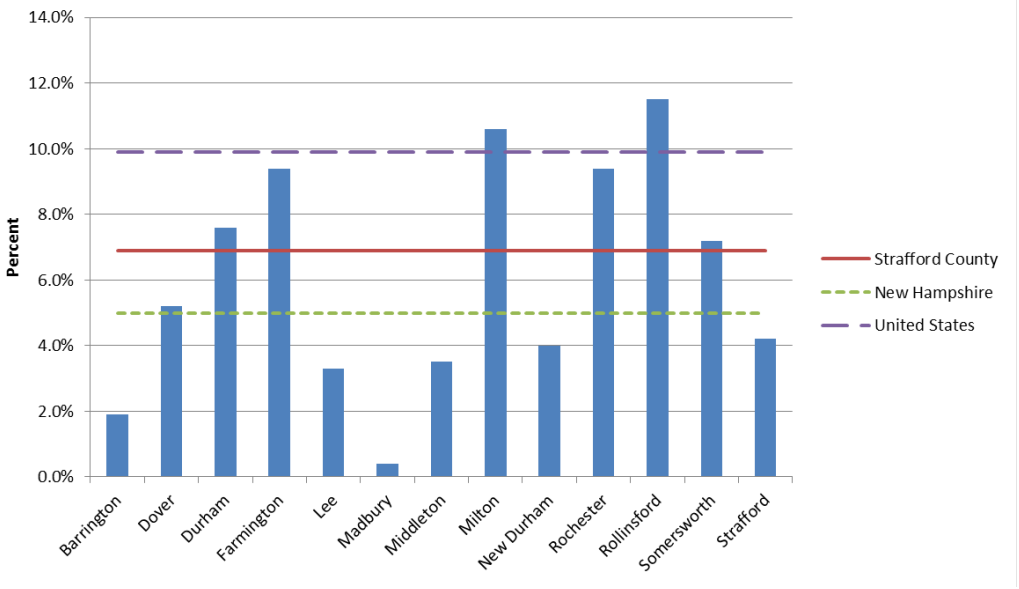
The burden of chronic disease in Strafford County is great. For example, 31% of adults are obese[24]. Obesity is a major risk factor to developing heart disease and stroke.[25]Strafford County ranks third out of 10 counties in the number of

[15] (ibid)
[16](County Health Rankings and Roadmaps, 2015)
[17] (ibid)
[18](County Health Rankings and Roadmaps, 2015)
[19](County Health Rankings and Roadmaps, 2015)
[20] (ibid)
[21] (ibid)
[22](United States Census Bureau, 2015)
[23](United States Census Bureau, 2015)
[24](County Health Rankings and Roadmaps, 2015)
[25](New Hampshire Depatment of Health and Human Services)

adults diagnosed with, and hospitalized for, coronary heart disease, 5.65 percent and 18.19 per 10,000 admissions respectively[26]. Just as alarming is the burden of stroke, which is significantly higher than the rest of the state in which 20.49 percent of hospital admissions were attributed to stroke. What's more, Strafford County ranks third of 10 counties for stroke mortality, with 204 deaths from 2009-2013[27] and has a higher rate, 301.3, of premature age-adjusted mortality among residents under the age of 75 compared to the state's rate of 280.8.

Strafford County ranks poorly also - eighth for self-reported quality of life and health status measures in which 14 percent of the County's adult population reported being in poor to fair health during the past 30 days compared to the state's 11 percent. Also during the past 30 days adults reported that the number of days their Mental Health was 3.7 days compared to the state's 3.3 days[28].

Percent of Families below the Poverty Line in the Towns of Strafford County Compared to Strafford County, New Hampshire, and the United States[29]:



The median household income is $58,538 with 11.2% of the population below the poverty level[30].

[26](NH Division of Public Health Services)

[27](NH Division of Public Health Services)

[28](County Health Rankings and Roadmaps, 2015)

[29] U.S. Census Bureau, 200550052005-2009 American Community Survey

[30] http://quickfacts.census.gov/qfd/states/33/33017.html

Goodwin Community Health, home to the Strafford County Public Health Network, ONE Voice for Strafford County, the Continuum of Care development work and SOS Recovery Community Organization, Nestled between two hospitals, Frisbie Memorial Hospital (FMH), located north in Rochester and Wentworth Douglass Hospital (WDH), located south in Dover, GCH is situated in between the two on what is known as the Medical Mile. Strafford County, our service area, has 125,604 residents or 9.5% of the state's total population.[31] However, 10.5% of our residents are living below poverty level compared with the overall state rate of 8.7%. By servicing out of state patients, Goodwin has to maintain billing and coding for two Medicaid programs and a host of commercial insurance companies. Percent of Families below the Poverty Line in the Towns of Strafford County Compared to Strafford County, New Hampshire, and the United States[32]:

Population by Age Group in the United States, New Hampshire, and Strafford County[33]

	United States	New Hampshire	Strafford County
Under 9 years	13.1%	11.2%	11.2%
10 to 19 years	13.8%	13.5%	14.5%
20 to 29 years	13.8%	12.0%	16.4%
30 to 39 years	13.0%	11.7%	11.9%
40 to 49 years	14.1%	16.0%	14.8%
50 to 59 years	13.6%	15.9%	14.1%
60 to 69 years	9.5%	10.6%	9.0%
70 to 79 years	5.4%	5.4%	4.8%
80 years and over	3.6%	3.8%	3.3%

The current designated community mental health center for Strafford County, Community Partners will not treat those with a primary diagnosis of substance use disorders. Southeastern NH Services, the designated treatment facility that is predominately state funded and accepts no insurance, but offers sliding fee

[31] http://quickfacts.census.gov/qfd/states/33/33017.html
[32] U.S. Census Bureau, 200550052005-2009 American Community Survey
[33] Source: U.S. Census Bureau, 2010 Census

scale will not accept clients with mental illness. So those seeking treatment for co-occurring disorders are trapped between two agencies that cannot serve the whole person.

Overall goals for continuum of care development:

1. To assess the current capacity of substance misuse services, where they are delivered, and their accessibility

2. To use that information to work toward the establishment of a robust, comprehensive, and accessible substance misuse continuum of care

Information in presentation, chart table, or diagram form of the connection continuum of care development has to regional public health network:
The Continuum of Care development plan has been percolating since 2014 we the stakeholders of the Public Health Advisory Council acknowledged that substance and mental health was its top priorities for the Community Health Improvement Plan (CHIP). Subsequently in the winter of 2015 we received additional resources to perform focus groups among 18-25 year olds in Strafford County. Appendix C-Focus Group Themes

Overview of partners engaged in the CoC development process through group or individual input (PHAC, groups, subject matter experts, and other stakeholders):

Engaging network members to prioritize public health issues was the regional first step in gaining an understanding of what the165 stakeholders we have come to call the PHAC network, came together for a period of a year and a half; they played a role in prioritizing the chip, prioritizing the substance misuse prevention plan for 2016-2019 and again for the development of the continuum of care.

Prioritization Tools and Resources:

In March 2014, the Community Health Institute (CHI) was contracted to provide a data report that Network members could review on a variety of health related issues. CHI sent two facilitators to Strafford County's second bi-annual Network meeting, in March 2014. Over the course of four hours members reviewed the data and prioritized three areas of importance: Substance Misuse Treatment and Recovery and Mental Health.

Work commenced in PHAC Network meetings and a variety of community engagement opportunities to refine and prioritize strategies and activities related to public health issues in Strafford County.

We started by engaging the services of the Community Health Institute (CHI) to develop a data report on all the areas of the State Health Improvement Plan (SHIP) and share Strafford County's rankings against the States data. What became apparent immediately is the stunning data regarding mental health and substance misuse rates in Strafford County.

Moreover, the PHAC reconvened 6 months later to develop assets and gaps for mental health and substance use. The assets and gaps workgroups had 41 stakeholders involved and represented the six sector model utilized by BDAS for community mobilizing. We also held four Prevention Treatment and Recovery Roundtables which meet quarterly, and they reviewed the work of the PHAC and added several assets, gaps, barriers and communication needs which were incorporated into the Assets and Gaps report submitted to BDAS in April. Lastly some subject specific workgroups assisted in assessment, capacity, planning and implementation of some of the CoC strategies: the Opioid Taskforce of Strafford County, the Harm Reduction Coalition of Strafford County, and the SOS Recovery Community Organization's Leadership Team. Our most recent meeting was held July 15th, and four focus groups were held at this meeting, and we utilized pieces of the Assets and Gaps submitted to DPHS and BDAS in April, to further confirm the systems changes needed to facilitate a comprehensive and integrated delivery system within primary care that addresses behavioral health and substance misuse and use disorder

Below is a preliminary list of organizations that were part of the CoC subject matter expert trainings, or were part of the assessment and planning portion of the Continuum.

Frisbie Memorial Hospital	Wentworth-Douglass Hospital	Community Partners Behavioral Health Services	Ready Strafford
Goodwin	Rochester	Rochester Police	Dover Coalition

Community Health	Housing Authority	Department	for Youth
Cornerstone VNA	Strafford Regional Planning	Rochester Child Care Center	Health & Safety Council of Strafford County
Community Action Partnership	McGregor Emergency Services	City of Dover Fire	Mayor's Office, Portsmouth
Strafford County School District's	ONE Voice	LifeWise Community Program	Foundation for Healthy Communities
The Homemakers	Hamel Substance Abuse	Triangle Club	Division of Health and Human Services
Circle of Hope	People Care	Tri-City Co-Op	Pinewood HealthCare
Southeastern NH services(treatment)	Strafford County Sheriff	Area Fire Departments	Municipalities

Appendix C: Key Informant or Focus Group Appendix.
Additionally, we sought to go even deeper in terms of assessing our medical and behavioral health partners and asked them to complete **Appendix A: Inventory of Services.** We received five assessments completed and they can be found in Appendix A of this report.

ACPIE:

The ACPIE (Assessment, Capacity, Planning, Implementation, and 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.

Using the Strategic Prevention Framework model of Assessment, Capacity, Planning, Implementation and Evaluation, this development report outlines work completed to date by stakeholders and addresses priorities and strategies to be implemented, only if capacity is woven through each project. We have heard clearly from partners that workforce and capacity issues are the biggest deterrent to integrated services.

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

In September 2014 through August 2015, five focus groups were conducted locally to ascertain among select populations in Strafford County their experience or perceptions about Substance Misuse (Refer to Call Out Box). Findings implicate environmental, emotional, and mental health factors as having the greatest influence on individual behavior, including family dynamics, lack of supports, genetics, and other stressors and conditions. There was consensus among participants within each focus group that more school-based education is needed with a focus on the negative impacts of substance misuse.

According to one participant from Dover Children's Home, "It would be nice to have a continuous progressive structure of education regarding the topic of alcohol and drug misuse throughout the entire levels of grades like they do for other subjects."

Substance Misuse Focus Groups

- ✓ Bonfire Sober House
- ✓ Therapeutic Community Program of Stafford County Corrections (Male)
- ✓ TC SCC (Female)
- ✓ Dover Children's Home
- ✓ Leadership Roundtable

Similar sentiments were shared among participants in the TC Strafford County Corrections male and female populations. Specifically, there was a perceived inadequacy of substance misuse education in schools; a need to begin educating youth about substance misuse earlier on in the lower grades was endorsed by most. Some participants suggested that substance misuse education should be taught to children as early as kindergarten.

Youth in Strafford County do seem to perceive harm from drinking and using drugs. Nearly 90 percent reported they are at risk if they take a prescription drug without a prescription, according to the Strafford County Youth Risk

Behavior Survey collected Spring 2015; ninety-four percent of Strafford County middle schoolers believe their peers disapprove of this same behavior. Almost none surveyed believe their parents condone drinking daily or using any drugs at all, and 84 percent believe their friends frown upon regular alcohol use.

Though our focus group participants noted comprehensive school-age drug and alcohol education as a primary concern, current regional data suggests that the message about harm associated with substance misuse is being heard and not heeded. Despite the perceived harm and social pressure to not misuse substances among middle-schoolers, the rate of substance misuse among high school students in Strafford County surpassed the State in all areas except using a prescription drug without a doctor's prescription.

Most focus group participants agreed that a person's home environment played a significant role in whether or not youth will misuse substances. Several participants acknowledged that children model after their parents' behavior. As stated by one participant from Dover Children's Home, "A lot of kiddos that are currently residents at this facility are here because of substance misuse by the parents in the home." Another participant added, "It becomes normal, and a familiar environment can make the child more vulnerable to substance misuse."

Other participants questioned whether external influences even play a role for some, suggesting that a person's genetic predisposition to substance misuse trumps all other factors. According to one participant, "Some kids in here (Bonfire) were brought up like #@!$; other kids were brought up well, and they're both heinous IV heroin users…."

Most participants indicated feelings of disconnectedness, social anxiety, and/or mismanaged stress as playing large roles in their need to misuse alcohol and drugs.

Previous regional planning documents used –

2016-2019 Substance Misuse Prevention Plan
2016-2019 Community Health Improvement Plan
2009-2015 High School Youth Risk Behavior Survey
2013-2015 Middle School Youth Risk Behavior Survey
Wentworth Douglass Hospital's 2013 Needs Assessment

2013 Frisbie Memorial Hospital Needs Assessment
2014 Community Action Partnership of Strafford County Community Needs Assessment
Goodwin Community Health UDS Data Measures
Young Adult Focus groups
Stakeholder Focus Groups held between 2015-2016

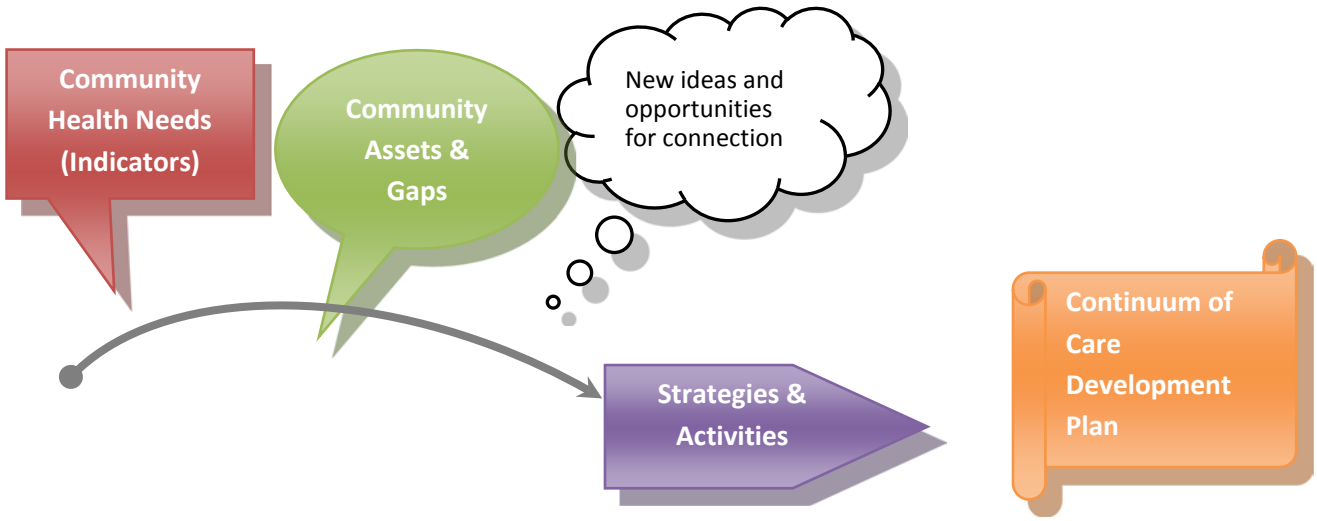
To understand better the demographic characteristics of Strafford County, economic, health, and educational data sets were retrieved from the following entities:

- U.S. Census Bureau
- Centers for Disease Control and Prevention (CDC)
- Behavioral Risk Factor Surveillance System (BRFSS)
- US County Health Rankings and Road Maps
- NH Department of Health and Human Services
- American Community Survey
- NH DHHS Web Reporting and Querying System (WRQS)
- NH Division of Public Health Services

Vision-The PHAC Network was responsible for the development of the CoC vision, and created the vision statement for our CoC in fall 2015.

We envision a continuum that strives for an integrative system where prevention, treatment and recovery resources are available, accessible and acceptable to all within Strafford County.

The process we used to gather data and develop planning and capacity for the CoC is illustrated below:



Mental Health-

Over the past several years, local foundations, hospitals, state officials, police, residents and public health networks, have recognized the high incidence of substance abuse and lack of treatment services and the high need for mental health care in the state of New Hampshire. In the 1980's NH took the bold steps to deinstitutionalize severe persistent mentally ill (SPMI). It proceeded to close State Mental Institutions and integrate clients with SPMI into a community based care setting such as housing voucher program rentals, group homes and Community Mental Health (CMH) managed properties. In the early 1990's,

National Association for the Mentally Ill ranked New Hampshire as a leading state in the country in the development of a community based mental health system with an "A" grade. By 2006, that ranking fell to near the bottom nationally with a grade of "D" due to the state's waning commitment. [34]

Over the years, the dismantling of the mental health system has had huge consequences in the state and impacted thousands of lives. Nearly half of the prisoners in jails and prisons are mentally ill, a fourfold increase from the previous year. Suicides have become the leading cause of death in jails in the top five in prisons. [35] Emergency Departments are congested with patients diagnosed with mental health or substance abuse issues, hindering staff's ability to provide care to care for traumas and other emergencies. A law suit was filed by individuals affected by the lack of access for mental health services and in December 2013, the state of NH reached a settlement.

Furthermore, behavioral health was included the two local hospitals' 2013 Community Needs Assessment Report. WDH noted behavioral health and substance abuse as the number one priority in their service area and Frisbie Memorial Hospital (FMH) recorded it as number three. WDH, located in the southern tier of the County hired GCH to implement a pilot integrated model in one of their physician practices and by April 21, 2014 they will be implementing this program throughout all of their fourteen primary care practices and contracting with Great Bay Mental Health Associates (GBMHA), a wholly owned subsidiary of GCH, to provide this service.

[34] New Hampshire Mental Health Sentinel Event Review January 2014

[35] US Department of Justice Office of Justice Programs Bureau of Justice Statistics, December 2012, NCI 239911 Mortality in Local Jails and State Prisons

Substance Misuse and Substance Use Disorder-

The New Hampshire Charitable Foundation (NHCF) has committed $10 M spanning 2012-2022 in substance misuse prevention funding largely based on the high rankings in NH. NH is generally ranked as 1st or 2nd in the nation as being the healthiest State. However, the following graph depicts the National Survey on Drug Use and Health (NSDUH) State rankings provided by the NH Center for Excellence in comparison to the US. As you will see, NH is far from health when measured on its drug use rates:

Indicator	Age Range	2010-2011		2010-2011		2011-2012		2011-2012	
		US	NE	%*	Ranking	US	NE	%	Ranking
Past month **alcohol use**	12-17	13.47	15.89	17.04	3rd	13.11	15.81	14.39	12th
	12-20	25.61	29.73	33.52	2nd	24.70	29.18	34.84	2nd
	18-25	61.03	66.64	73.22	3rd	60.45	65.84	73.62	2nd
	26+	54.99	60.12	64.89	6th	55.33	60.71	66.82	2nd
Past month **binge alcohol use**	12-17	7.63	8.96	9.87	4th	7.31	8.26	8.66	7th
	12-20	16.34	18.92	21.56	3rd	15.55	18.01	23.12	2nd
	18-25	40.15	43.94	49.32	6th	39.65	44.74	50.51	5th
	26+	21.77	23.27	21.70	31st	21.83	23.17	21.64	26th
Past month **marijuana use**	12-17	7.64	8.49	11.35	2nd	7.55	8.05	9.61	9th
	18-25	18.78	21.33	27.03	5th	18.89	21.34	26.37	5th
	26+	4.80	5.00	5.42	31st	5.05	5.40	5.41	18th
Past year **non-medical use of pain relievers**	12-17	6.09	5.18	6.11	27th	5.64	4.80	5.88	22nd
	18-25	10.43	10.22	12.31	10th	9.96	9.25	11.55	10th
	26+	3.37	3.04	3.16	37th	3.50	3.20	3.18	38th
Past year abusing **alcohol and not receiving treatment**	12-17	4.03	4.08	4.63	5th	3.46	3.70	3.90	8th
	18-25	14.46	15.13	15.91	17th	13.94	14.36	16.62	8th
	26+	5.36	5.61	5.25	32nd	5.36	5.46	5.28	32nd
Past year abusing **drugs and not receiving treatment**	12-17	4.34	4.22	6.00	2nd	3.97	3.80	4.74	5th
	18-25	7.05	7.33	8.29	6th	7.03	7.02	8.59	4th
	26+	1.34	1.33	1.11	47th	1.38	1.39	1.33	33rd

Selected BRFSS Risk Behaviors comparing Strafford County vs. NH[36]

		Strafford County	New Hampshire
Alcohol consumption	Had at least one drink in past 30 days	62.0%	64.3%
	Heavy drinkers (men- more than 2 drinks per day; women- more than 1 drink per day)	8.3%	6.4%
	Binge drinkers (5 or more drinks on 1 occasion)	16.5%	15.1%
Body Mass Index	Overweight	36.6%	37.6%
	Obese	29.7%	25.5%
Exercise	Participated in any physical activity in past month	80.5%	80.1%
Oral health	Adults aged 65+ who have had all natural teeth extracted	17.5%	21.1%
	Adults that have had any permanent teeth extracted	40.9%	41.7%
	Visited dentist or dental clinic in last year for any reason	70.9%	76.7%
Tobacco use	Current smoker	20.1%	16.9%
	Everyday	16.0%	12.4%
	Some days	4.2%	4.5%
	Former smoker	28.3%	30.7%
	Never smoked	51.6%	52.4%
Prescription Drug Abuse	Have ever taken prescription drugs to get high	6.8%	5.7%

[36] CDC BRFSS, 2010 accessed 04/01/2014

II. 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.

Other regional data

In summary, we have identified the following local shortages and barriers to substance misuse aversion, treatment, and recovery:

Themes throughout focus groups held with Strafford County

Coping skills	Access to mental health services	Number treatment beds	Funding for new or existing programs	Insurance restrictions or limitations	Follow-up or continuum of care
Sober living opportunities or halfway houses for women	Affordable sober living opportunities or halfway houses for men	Crisis intervention for opiate overdose survivors	Caregivers with access to Naloxone to help prevent overdose deaths	Inpatient treatment duration not long enough	Reducing the stigma related to substance abuse disorders

A description of how the region's statement for continuum of care development was formulated including:

During the fall 2015 Network meeting of PHAC members, the Continuum of Care vision was developed by a group of 40 members, and then later in the agenda the entire membership approved our Continuum of Care vision statement.

How stakeholders were educated as to the need for a regional continuum of care:

Several CoC education opportunities took place in in late 2015 through early 2016. We educated both Rotary's of Dover and Rochester; we trained over 100 nurses employed by Frisbie Memorial Hospital and Wentworth Douglass Hospital registered nurses on stigma and compassionate care for those suffering an SUD. Multiple educational opportunities were offered to stakeholders related to the CHIP, the SMP Plan, the CoC Assets and Gaps as well as the CoC Development plan.

Two PHAC meetings with over 80 in attendance each time were used as staging for the Continuum of Care concepts. Moreover, the Opioid Taskforce of Strafford County and the Prevention, Treatment and Recovery Roundtable are open to all, and held monthly and quarterly, respectively. These also provide learning opportunities for members and by members.

How stakeholders were identified and engaged in the process:

Stakeholders within Strafford County have long had a relationship with Goodwin Community Health as well as ONE Voice for Strafford County and the Strafford County Public Health Network. Our stakeholder list for electronic communication is over 1,000 members strong, and we capitalize on the use of our quarterly newsletter, which announces agendas, trainings and resource related to the Continuum, not just prevention, treatment or recovery.

We also attract a wide variety of stakeholders for our annual Summit which I always held in April. The Summit hosts a legislative and business themed breakfast and the day long summit has educational opportunities for those interested in prevention, health promotion, intervention, treatment and recovery supports.

One final recruitment and engagement tool is the use of our quarterly newsletter and uploads to our various webpages that support the PHN.

What role did the continuum of care facilitator play in the process?

The Continuum of Care manager was previously the Substance Misuse Prevention Coordinator, as well as the Director of the Public Health Network. Through the 8 years she has worked in Strafford County in some role related to the Continuum, she has amassed a large contact list, as well as developed key relationships throughout the six sectors. Moreover, she has worked closely with prevention, law enforcement, schools, higher education, medical and municipal/business partners to leverage funding resources and develop capacity. This in turn has solidified relationships that still collaborate and even integrate into the Continuum today.

In April, 2016, the CoC Facilitator handed over the role of Director and day to day management of all Public Health Network related programs and services to devote full attention to developing a system wide continuum that addresses workforce shortage, build capacity, and integration of SUD and Mental Health in primary care.

In October 2016, Melissa was elevated back to Director of Public Health and Continuum of Care Manager. Her role is backfilled 8 hrs. with John Burns, Associate Director of Strategic Partnerships, who is tasked with building resiliency and recovery oriented communities in Strafford County. His primary focus is overseeing SOS Recovery Community Organization, a program of Goodwin Community Health, tying the recovery supports in Strafford County back to the work of the PHAC and the CHIP, as well as develop new recovery supports to continue with

Were there any barriers to the process, and how were these addressed:

Regional stakeholders' conversations have been mainly focused on opioid issues, with a strong voice towards developing treatment and recover supports. This has left prevention and health promotion to a small but committed group in Strafford County and we are in the midst of developing a formal workgroup to put prevention back into the conversations of substance misuse and mental health.

III. Capacity

Information in this section of the plan should include:

Using **Appendix C** of the CoC Development Plan guidance documents, we convened the Prevention, Treatment and Recovery Roundtable in July 2016. The member's self-selected which group they wanted to be part of, with a theme from the Continuum and three-four topics from Appendix C pre-identified. Surprisingly, we had an excellent turnout for a summer meeting and also had five of the six sectors represented.

The following are themes from each breakout in terms of assessment, capacity, planning, implementation and evaluation. Sustainability and cultural competency is woven throughout the themes.

Prevention & Health Promotion

Early Identification and Intervention

Treatment,

Recovery Supports

Prevention and Health Promotion:

Topic: Capacity-Barriers for new programs	Topic: Workforce Development for Integration	Topic: How do we get prevention back on the map?	General Population Does not Understand Prevention
Workforce-LADC qualifications are too demanding and CPS credential is not an efficient	Invest prevention into community care teams	Hire strong preventionist for Regional SMP Coordinator	Education on first time use and age of onset

process			
Funding for trainings and staff time paid for trainings is a barrier	Bolster police and school relationships and communication	Stick to guidelines of getting credentialed in CPS within one year	Educate on perception of harm and increase perception across age spectrum
Difficulty building resiliency in youth	Confidentiality waiver or common release of information	Prevention woven throughout K-12th grade. Happening in some communities but not all	Decrease access to all substances
Public does not understand the basic tenets of prevention		Roadmap for community and parent involvement to be replicated throughout Strafford County	Environmental change needs to be incorporated through prevention plans
Difficulty quantifying		Prevention across all substances	
Prevention Coaches needed		Prevention needs its own roundtable(Leadership Team) as the PHAC has been the primary vehicle for prevention	
Prevention is no longer a movement such as treatment and recovery at the moment		Working with business to access parents as partners in prevention	
No immediate success to refer public and partners too		Key messaging and tested messages	

Early Identification/ Intervention

Topic: Referral Network	**Topic: Workforce Development**	**Topic: Financial Considerations**	**Topic Other: Moved away from intervention and**

			early identification programs
WDH Social work services	Compassion fatigue	Paid time for staff to get training and cost of training is reimbursed	No longer a funding model for earl identification or interventions
Frisbie ED and Hospital Owned Practices	Education about Continuum needs to continue	Assessment of skills of new personnel before putting training plan in place	Prevention, Treatment and Recovery are funded, no investment in diversion for youth or training for school personnel to identify quickly and make proper referral
Police/EMS	Workplace policies serving as barriers to accessing early identification and referral	Mandated training for medical providers & should be on par as to # of patients with SUD and BH considerations	
Clinicians using SBIRT	Policy vs Reality in crisis situation	Choose measurable, quality outcomes by providers and use incentives based on assessment and performance of Brief Intervention and Referral	
School Guidance	24 hr. Access to Early Intervention services		

Treatment- Residential and Community Based

Topic-System Development-Gaps in Services	**Topic-Capacity-Strengths of Treatment and**	**Topic-System Development-Resources**	**Topic-Workforce Development**

	What Works?		
No detoxification beds for opioids or other substances in region	Assessment for all in need of services	Reform MLADC & LADC requirements, such as Associates and Bachelor's allowed to bill in tiered system with credentials	Develop role of navigators/advocates who know the in's and outs of treatment access, both community based and residential as well as the vernacular of getting prior authorization
Residential beds in region are generally NHHPP/Medicaid	Navigating and billing for CRSW credential	Reciprocity, including candidates with graduate level online course work as primary education	Attracting and retaining recovery coaches, CRSW's and LADC's
No affordable options for residential treatment	Availability of core education/CEU's to bolster workforce	Xerox credentialing process needs to be streamlined	Attracting new workforce
Dually diagnosed treatment facilities non existent	Large need for supervising LADC's and MLADC's, cost is high, return is low	HIPAA, 42CFR Part II need to be educated, specifically medical offices, emergency departments, and police	Retention of existing one, including pay scale. Not optimal in Seacoast area with high cost of living and ability to commute to Maine and Massachusetts to earn more
No residential adolescent treatment within 1 hour drive		Advocacy must continue	
No crisis residential(Ambers Place) model			
More outreach and enrollment for			

NHHPP and Medicaid			

Recovery Supports- Sober Living, Peer to Peer and RCO's

Topic-System Development	Topic-Referral Network	Topic-Workforce Development	Topic- System Development Part II
Life Skills Trainings within RCO's	Treatment Locator awareness and encourage all providers to keep up to date	Clergy training to support recovery community organizations	Long Term Care Management
12 Step Recovery	State of NH Crisis hotline, where do they refer to and what about immediate need	Educate the masses that not just LADC's and LICSW's can be credentialed and bill for services	Long Term Treatment and Sober Living
Mindfulness and Meditation for recovering	Working with Wellsense and NH Healthy Families to stop the practice of dictating treatment and recovery options as well as commercial insurance companies difficult prior authorization protocols	Provide reimbursement for supervision, training and licensure requirements	Integration with BH and Primary Care
Crafting realistic wellness plan including understanding relapse	Educate probation, parole, emergency department staff, churches, family practitioners on recovery models and treatment models	Develop ability to pass education along to sectors when individuals in region attend national or state trainings to increase cross sharing and resiliency among workforce	Train employers on how to detect substance use in workplace and support employees seeking treatment and recovery
Gaps in supporting long term recovery	Assessments made easy for those	Lack of coordinated	Support parents in the workplace who

due to 28 day model with treatment	seeking recovery	scholarships for workforce development	have a loved one suffering with a SUD or BH issue, bring training to HR within companies
Affordable long term sober living that is inclusive of multiple pathways	Waive or reduce burden criminal record check and medical clearance requirement for residential treatment		Develop systems for those reintegrating from incarceration and support them through long term care management
Reduce community stigma and "not in my backyard" mentality	Develop, open and sustain Recovery Community Organizations		
Sober living for dually diagnosed	Increase number of LADC's and LICSW's in region		Develop Business friendly/Recovery Friendly opportunities

To take our assessment one step further we asked major primary care providers to complete the Appendix A, and received a variety or responses.

An overview of the assets and gaps assessments process, and methodologies used- Assets and Gaps were developed beginning in 2014 with a report from CHI on our most pressing public health issues facing Strafford County. When the PHAC convened, they were tasked with developing the top five issues from the data report provided. Substance Abuse and Mental Health took the top two spots for the Community Health Improvement Plan. The CHIP was developed over months of stakeholder meetings, and workgroups to develop key priorities in the area of SUD and BH. By late 2015 the CHIP was submitted with the blessing of over 165 stakeholders from all sectors in Strafford County.

Assets and gaps through the CHIP, CoC Educational opportunities, focus groups and quantitative data such as number of LADC's, number of treatment options available in the region, all lead to the same assets and gaps identified this month, in fact more gaps were identified than in the original submission, located in Appendix D.

Refer to Appendix A for more detail of services, insurance accepted and workforce capacity.

Which of the areas identified above are your region's high level priorities for continuum of care development and access to continuum of care services?
The northern tier of Strafford County with towns including Rochester, Milton, New Durham, Middleton, Farmington and Somersworth have some of the State's highest per capita per 10,000 of Naloxone administrations, and when we look at the Tri-City area of Dover, Somersworth and Rochester combined, it tallies one of the highest rates of overdoses and deaths related to opioids. Moreover, we have a greater Durham area that does not have readiness to acknowledge that there may be opioid issues within Madbury, Durham and Lee, or at UNH.
The greatest need lies within communities abutting the Tri-City area, and the cities of Rochester, Dover and Somersworth. Essentially all of Strafford County has data to show specific needs, and has community organizations scurrying to fill those needs, without necessarily going through an ACPIE model, which in term can diminish credibility of reputable prevention, treatment and recovery organizations all to meet tipping point in dealing with the influx of opioid related deaths and overdoses. ,

IV. Planning

Long time stakeholders have become resentful about planning processes over the course of the last few years, to put it in terms of a recovery stakeholder, quit planning and do something…
This is a theme felt throughout all of our sector stakeholders, so the region has begun to plan and implement with sustainable funding or infusions of large grants to support these endeavors. Moreover, we could receive millions of dollars tomorrow for this County, and not be able to replicate prevention, treatment and recovery to scale due to such critical workforce shortages.

Using the region's statement for continuum of care from the Assessment section, describe the region's goals for developing the **following large scale goals**:

- ✓ Selected and indicated prevention within the schools needs to be restored, and not just in middle and high school's throughout the region
- ✓ Address Adverse Childhood Experiences through coordination of training, and cooperation among childcare providers early intervention programs and schools to better identify trauma among early childhood and increase screenings and support for this population

- ✓ Ensure that prevention and health promotion has its own leadership workgroup to carry forward the goals, strategies and activities of the three year SMP plan
- ✓ Ensure alignment with prevention coalitions existing and support newly formed coalitions as developed within the region
- ✓ Develop billable and credible early identification processes through multiple sectors
- ✓ Reassess the need for Intervention services
- ✓ Continue to use a harm reduction framework to provide IV drug users with adequate needle exchanges and harm reduction information to thwart public health threats such as Hepatitis C, HIV, other skin and blood infections
- ✓ Work to develop more community-based treatment services that honors multiple pathways including medication assisted therapies, abstinence based therapy, and more intensive outpatient programs(IOP)
- ✓ Tie into the proposed Rapid Assessment Centers being developed through Granite Pathways
- ✓ Develop a network of Recovery Community Organizations within Strafford County and utilize existing recovery coaches and continues to build recovery capacity through potential partnerships with hospitals and mental health providers
- ✓ Develop framework for Recovery Coaches to gain credential of CRSW
- ✓ Expand provider(primary) education regarding opioid prescribing and the need for MAT providers
- ✓ Explore opportunities such as housing first models for those who cannot be housed in traditional HUD funded housing due to active addiction, criminal record, or the need for more intensive care management
- ✓ Reduce barriers to treatment and recovery including transportation, childcare and navigation of health insurance
- ✓ Coordination with primary and behavioral health care to reduce the instances where referrals are made and case notes and updates are never returned to the individuals medical home

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 should be enhanced by the inclusion of new stakeholders and adapted based on new information and data as it becomes available.

Implementation of the following strategies will support the goals identified in the Planning section:

- ✓ Increase referral network across the continuum, including updating existing resource guide for Strafford County
- ✓ Develop systems, such as the use of Community Care teams to address gaps, resources and services for high utilizers of emergency departments and provide care management for those who may not be high utilizers, but cross access multiple resources within Strafford County. This will most likely be carried out by IDN workgroups
- ✓ Develop workforce capacity by developing clearinghouse and technology to serve prevention, health promotion, , treatment and recovery supports within the region and lessen the need to travel to Concord and beyond
- ✓ Integration of primary care and substance misuse/behavioral health is already underway in our region, with Wentworth Douglass Hospital owned practices and Frisbie Memorial Hospital owned practices imbedding social workers with a variety of roles including assessment of BH and SUD. Goodwin is assuredly the most integrated provider in Strafford County and is able to train primary care practices on integration, identification and referral.
- ✓ Resources to support and retain workforce and provide adequate pay for services of SUD, BH and integration.
- ✓ Develop key common releases that allow for integration to happen and a medical home established for every individual with a BH diagnosis and/or Substance Use Disorder diagnosis.
- ✓ Continue to build up newsletters that reach a variety of sectors with useful information, access to training and information dissemination, highlight a best practice within the region quarterly.

Information in this section of the plan should include:

The timeline for implementing actions through PHAC workgroups, Prevention Leadership Workgroup, SOS Recovery Community Organization Advisory Board, Prevention, Treatment and Recovery Roundtable and Strafford County Opioid Taskforce, -

What	Who	By When	Outcome
Recovery Oriented Systems of Care training and planning for Network members and soon-to-be network members through quarterly roundtables and ongoing community education events	SOS Recovery Community Organization-John Burns ONE Voice for Strafford County-Alissa Cannon and Melissa Silvey Corinna Moskal-Goodwin Community Health and the SCPN	Quarterly- January, April, July Oct 2017	Coordinated and cohesiveness information sharing Defragmentation of existing services and highlighting new services for SUD and BH across the continuum
Educate on parity and systems of care existing resources	Melissa Silvey CoC Coordinator John Burns Assoc. Director of Strategic Partnerships New Futures	Completed w/ Roundtable Next presented to PHAC Network March 2017	Members and general public understand rights related to parity to serve their consumers, patients and general public
Increase awareness of and input into services available	Alissa Cannon- SMP Corinna Moskal-PHN Coordinator John Burns Assoc. Director of Strategic Partnerships New Futures Melissa Silvey CoC Coordinator	Ongoing- Reviewed quarterly	Resource Guide for Strafford County updated quarterly 2,000 copied distributed through June 2018
Opportunity to include community sectors (health, safety, government, education, business) in	Alissa Cannon- SMP Corinna Moskal-PHN Coordinator John Burns	Ongoing	Educate a minimum of 250 individuals from all sectors by June 2017 Utilize quarterly

planning to improve safety, health and well-being	Assoc. Director of Strategic Partnerships New Futures Melissa Silvey CoC Coordinator		newsletter that reached 900 people to educate and provide awareness on trainings. Chamber Network Opportunities Strafford County Prevention Board WDH & Frisbie Memorial Hospital Legislative and Business Networking events Medical Staff Training Regional Addiction Summit
Planning opportunities for targeted expansion of services that avoid duplication	Melissa Silvey CoC Coordinator John Burns Assoc. Director of Strategic Partnerships	Quarterly Ongoing	Assets and Gaps **quarterly** review Use IDN assessments as made available to navigate new offerings within region Quarterly roundtables
Increased number of access points to services	RAPS- Kaleigh Almon SOS Recovery Community Organization UNH Health Services Melissa Silvey CoC Coordinator John Burns Assoc. Director of Strategic	Ongoing Monthly Advisory Board Meetings for SOS Quarterly Px, Treatment and Recovery Roundtable meetings NH Crisis Hotline	More Coordination and Cooperation among service providers and organizations in Strafford County to increase access points Better follow up with clients/patients on wait list times, and offering telephone recovery support as

	Partnerships	Goodwin Community Health Community Based Treatment Program	a bridge
Opportunity to identify and leverage resources for common professional development needs	PHAC Advisory Board Px, Treatment and Recovery Roundtable Goodwin Community Health Director of Public Health- Melissa Silvey SOS RCO Advisory Board	Ongoing	Sustainability demonstrated for continuum of care Recovery Organization vibrant and 3 sites funded Additional treatment resources brought to hospital and private practice medical systems
Alignment of goals and missions for cooperative funding proposals	PHAC Advisory Board Goodwin Community Health Board CEO Janet Laatsch Dir. Public Health and Continuum of Care Manager Melissa Silvey	As opportunities are released federal, state, local and foundations	Braided funded that leads to institutionalized continuum of services within systems in Strafford County
Increase ability to link clients to additional resources	Dir. Public Health and Continuum of Care Manager Melissa Silvey RAPS- Kaleigh Almon Goodwin Triage SOS Recovery Coaches	Ongoing, daily	Referral and network system that is No Wrong Door for patients/clients within Strafford County

Identification of responsible partners/parties for implementing action- See above

This will be an ongoing and standing item for the addressed in the next Roundtable schedule for January 2017.

IDN #6 & final project plans:

The Strafford and eastern Rockingham County IDN Six developed the following vision:

Region 6 IDN envisions a system of care in the Greater Seacoast that enables people to achieve their highest potential and have a high quality of life. We believe that to accomplish this vision we need to address the region's behavioral health gaps and improve specific outcomes by creating an integrated healthcare delivery system that considers the whole person, engages patients as part of the care team, focuses on prevention and wellness and utilizes outcome data to improve care delivery. Integral to this vision is the understanding that we must address the social determinants of health to produce optimal wellness.

The following is a breakout of the projects/domains required by the DSRIP 1115 Waver and driven by a community based process including costs associated with each activity proposed:

Development of IDN Project Plan - Budgeted Amount: $100,000

Estimated costs associated with the development of IDN Region 6 Project Plans to include meetings with partner organizations, contracts with industry experts such as project management firms and legal counsel. This IDN plans to revise this budget amount in Q1-Q2 of 2017 when more information will be available for the development of the Project Plan.

Capacity Building for Direct Care or Service Provision Workforce: Recruitment and Hiring - Budgeted Amount: $275,000

Estimated costs to provide funding to IDN Region 6 partners to develop job descriptions, advertisements for new positions, organization of job fairs for hiring staff involved in the direct delivery of health care, mental health care, substance use disorder care and social services. This budget will also be used to fund sign-on bonuses for newly hired individuals when appropriate. This IDN plans to revise this budget amount in Q1-Q2 of 2017 when more information has been gathered regarding the specific gaps and needs of IDN Region 6 partner organizations.

Capacity Building for Direct Care or Service Provision Workforce: Retention - Budgeted Amount: $525,000

Estimated costs to provide funding to IDN Region 6 partners such as compensation adjustments, benefit adjustments, and new career ladder programs for positions which involve direct delivery of health care, mental health care, substance use disorder care and social services. This IDN plans to revise this budget amount in Q1-Q2 of 2017 when more information has been gathered regarding the specific gaps and needs of IDN Region 6 partner organizations.

Capacity Building for Direct Care or Service Provision Workforce: Training - Budgeted Amount: $305,000

Estimated costs to provide funding to IDN Region 6 partners to provide training to new and existing staff as well as create new training programs for positions which involve direct delivery of health care, mental health care, substance use disorder care and social services. This IDN plans to revise this budget amount in Q1-Q2 of 2017 when more information has been gathered regarding the specific gaps and needs of IDN Region 6 partner organizations.

Establishment of IDN Administrative/Management Infrastructure - Budgeted Amount $2,350,640

Estimated costs to fund and establish the administrative and management infrastructure for IDN Region 6. This budget includes funds for salaries and benefits for the hiring of an Executive Director, Director of Operations, Director of Population Health at 1 full time equivalent each for 4.5 years and Clinical Director at .50 full time equivalent for 4.5 years. Strafford County serving as Administrative Lead for IDN Region 6 will provide existing financial and IT infrastructure and this budget will provide funds for salary and benefits for the existing Finance Director, Finance Clerk, IT Director and IT Staff at .25 full time equivalent for four and one half years to compensate these individuals for the additional duties they will assume as a result of the operations of the IDN Region 6.

This budget also includes funding for the operation of the physical office for IDN Region 6 to include office supplies, postage, telephone, photocopy expense, travel and mileage, computers, printers, and office furniture.

Contracted professional services are also reflected within this budget to include such services as audit, legal counsel, website development tools, grant writing, training, and rental of meeting and conference room space required for the four and one half year period.

This IDN plans to revise this budget in Q1-Q2 of 2017 as the infrastructure develops and additional needs are determined.

Health Information Technology/Exchange - Budgeted Amount: $633,749

Estimated costs associated with the investment of Health Information Technology/Exchange infrastructure to include electronic health record systems, and the enabling of common treatment plans and care transition plans to be shared between providers across sites of service and health information exchange. This IDN

plans to revise this budget in Q1-2 of 2017 as the Statewide HIT project plan is developed.

Mechanisms and procedures to track progress toward anticipated outcomes-

The IDN is working with the state contracted assessor to review their plan submitted and must move forward with the needs assessment phase, between January 2017-June 2017. The CoC Manager will work with IDN staff to assist in identifying needs assessments already available such as area hospital assessments, Community Action Partnership assessments and other needs assessments for Strafford County. Additionally, we will continue to hold PHAC advisory board meetings where several are IDN Governance members.

Additionally, the Prevention, Treatment and Recovery Roundtable will revisit the priorities documented throughout this report and will develop appropriate timelines and metrics. We are trying to determine how best to cross reference the work of the IDN as they move past needs assessment into capacity building and align with CoC development work, a technical assistance request will be made to CfEx to discuss further.

A brief description of proposed processes to enhance the Implementation process One of the crowning achievements of the CoC work has been getting a long standing impasse with Southeastern NH Services and have now developed a key relationship between Goodwin and SENHS to better serve our patients and their clients.

This is also to be determined as the IDN work is developed over the summer, the PHAC Executive Board is reconfigured, a prevention workgroup is developed, and workgroups continue for Strafford County such as harm reduction coalition, Opioid Taskforce and the Prevention, Treatment and Recovery Roundtable. SOS Recovery Community Organization expects to open three Recovery Community Centers within the next year, and access to training, workforce and volunteer capacity will be critical for their sustainability.

VI. Evaluation (and Monitoring)

Using information from the Planning and Implementation sections, the region will describe the process for monitoring and evaluation processes that compares anticipated outcomes from proposed actions with actual outcomes, and to recommend adaptations to the plan. These processes will be an ongoing process

based on the inclusion of additional stakeholder, and new information/data as it become available.

- This is a **development plan,** and preliminary at best until the IDN's are operationalized, and the Continuum of Care, Substance Misuse Prevention Coordinator, and the Director of Public Health can develop outcome measures including both process and quantitative data. We would need to convene all stakeholders to develop key workplan products and assign tasks throughout the region.
- A description of the proposed methods to compare anticipated outcomes from proposed action with actual results, including:
-
    - An overview of the process-TBD
    - CoC Manager strongly encourages the work to be measured using separate PARTNER Tool, a newly refined stakeholder tool and key informant interviews
    - Identification of stakeholders to be included in the process and their roles-TBD
    - Role of the Continuum of Care Facilitator in the process-TBD
    - Anticipated barriers to the process and how they could be addressed-TBD in Planning and Capacity section
    - Anticipated technical assistance support needs-TBD

As mentioned above, integration among behavioral health, SUD and primary care has been tricky to date. Even more challenging is that our previous Public Health Director has taken a position with the IDN hosted by Strafford County and seems to be addressing a lot of what the CoC workplan and initiatives siloed, so we are meeting to get a better sense of how we can collaborate and where there is no collaboration. Essentially, the IDN has overshadowed the work done by the PHAC, the CoC and SOS, and only provides systems change to one population, Medicaid. The difference in the CoC position funded by BDAS is it is meant to serve all populations, no matter if they are insured or not, and develop systems to better deliver services. The most recent combined development plan from all the regions is helping us to redefine our workplan and revisit how providers, predominately primary care have no interest in having any specialty treatment on site or integrated in their practices. We will need to figure out a way to access the physicians next instead of the practice managers.

Brief description of how new information (example – IDN planning process) will be integrated into next draft of Regional CoC Development plan.

Janet Laatsch, CEO of Goodwin and I met with County Commissioner George Maglaras a few weeks ago to discuss the CoC work, the PHN work and how they

overlap and how they are different from the IDN work. We agreed to keep the lines of communication open.

VII. Conclusion

Points that you may want to include in a brief conclusion to the document: TBD after feedback from State BDAS Team and IDN/PHAC outcomes.

- The CoC work was a cornerstone to the data collected and used by the IDN team. While the projects on the peripheral align, implementation is far away and CoC work is being overshadowed by not defining that our role is to work with all citizens to improve SUD and BH outcomes for our region, not just Medicaid populations.

Shortage is critical on workforce and supervision.

- We continue to share partners and lose partners who cannot commit to both projects in a leadership capacity
- The Assets and gaps for this region changes and is never static, and therefore, we should be assessing at least once a year.
- Systems formation and implementation is being greatly impacted by licensing requirements and a lack of workforce that often commutes to Maine and Massachusetts. Goodwin has 17 openings right now, SOS has 3 openings and the PHN has just filled all vacancies. A critical need is allowing Associates Degree positions to be billable within the insurance and Managed Care Organizations for Medicaid and Expanded Medicaid. CRSW's are still out of reach for many who work full time but have all of the needed trainings but fall short on hours.

Major goals outlined in the Implementation and Planning Sections.

- More emphasis in developing regional infrastructure through SOS RCO, Hope on Haven Hill, Frisbie Memorial Hospital's Recovery Support Program, the Triangle Club, Wentworth Douglass Hospital and Goodwin Community Health.
- Emphasis on harm reduction strategies need to be rolled out to further prevent chronic diseases such as HPVC and HIV.
- Move some agencies to work together instead of working in a fragmented fashion with so many new systems being formed and working independently

Opportunities for systems change:

- Strafford County is poised to be one of the most integrated PHN's in the State. While we may not have a large pot of funding, we strive to bring opportunities and trainings to partners that continue to see services flourish and individuals lives changed. We are most excited to continue our tradition of the NH Addiction

Summit in April, and are ready to handle future funding to address our prevention, health promotion, intervention, treatment and recovery supports.