

# GREATER MANCHESTER SUBSTANCE MISUSE CONTINUUM OF CARE

## SUMMARY OF GAPS & BARRIERS

SNAPSHOT IN TIME: APRIL 15, 2016

ALL COMPENENTS (PREVENTION, INTERVENTION, TREATMENT & RECOVERY)				
Consistent and attainable certification standards	Language barriers	Workforce Development	Community members with lived experience to inform planning	Funding for systems implementation
Stigma	Comprehensive, accessible, up to date, information & resource directory	Developmentally appropriate practices for youth	Youth voice to inform planning	Outlying towns underserved
Transportation	Cultural Competence	Perinatal addiction services (Services for pregnant women & infants born addicted)	Housing	Communication between grassroots, to state & federal levels
Consistent use of evidence-based or research informed practices	Consistent & shared data	Childcare	Assessment of all implemented programming	Varying levels of Communication & Partnership
Glaring lack of SUD services for youth	Increased understanding of roles across disciplines	Coordination of efforts across components & disciplines	Legislative process slowing response	Lack of avenues to advocate for changes in what insurance will cover
Fear across community	Silos of Substance abuse OR Mental Health	Community wide education reinforcing that people get well		

PREVENTION				
Integrated and connected prevention at all grade levels	Mentoring from young age	Staffing of SAPs, Health and Guidance	Workforce Development and training	Unhealthy prescribing practices
Comprehensive health curriculum k-12	Family systems and family stabilization work	Strong schools	Sophisticated cartel continuing to flood drug market	Staffing/programming to address truancy
Sharing data across organizations and communities	Increased environmental prevention			

INTERVENTION				
SAPs in very few schools	Lack of places to refer after use of SBIRT	Trauma informed interventions	Additional staffing to address truancy	Lack of staff to help people navigate the system of care & insurance
Education of resources (where to refer) to all points of intervention	Increase in average amount of Narcan administered per patient	Lay person Narcan training allows people to administer only 2mg		

TREATMENT				
Licensing process for LDAC & MLDAC	Insurance/Cost of care	Intensive Inpatient Treatment	Good discharge planning	Link to treatment needs to be imbedded in Hospitals
Age appropriate treatment for youth	Medical clearance required for detox admission	Paperwork (having birth certificate, ss card, ID, insurance)	Access to detox – even when not medically necessary (can't detox on the street)	Inpatient rehab program where you are allowed to make mistakes (relapsing disease)
Nowhere to send children	More intensive outpatient programs	Medicaid lapses when people become incarcerated	Age appropriate, low barrier detox for youth	Housing
No drug court in county	Friends and family component lacking	Trauma informed care, staff that are skilled in co-occurring disorders	More medication assisted treatment options	Need space for expanding current treatment programs

RECOVERY				
Community wide education reinforcing that people get well	Recovery for families	Recovery coaches not credentialed to work within healthcare system	Good discharge planning	Developmentally appropriate recovery programs for youth
Supportive and affordable housing	Permanent housing without unrealistic expectations	Education and protocol for first responders on how to treat someone in recovery who refuses pain medications	Need space for expanding current recovery programs	Support for those transitioning from incarceration and their families

OTHER PUBLIC HEALTH ISSUES REALTED TO SUD				
Needle pick up	Needle exchange	Support for secondary trauma of first responders	Overtaxed school systems being asked to add additional health related programming without additional staffing	Increase in attempts and deaths by suicide of first responders
Lack of available ICU beds in Hospitals	Bed delays in Emergency rooms	DCYF connection to SUD cases		

**OTHER INFORMATION**

It is important to note that many of our assets in the region also had glaring gaps in services or barriers to service. For example, treatment facilities may exist but there are not enough spaces to accommodate the current need. Nearly every asset listed could also directly correspond to an identified gap. Conversely, we also have many talented and passionate organizations and people working hard in the substance use disorder field and offering many of the services listed as gaps. These services continue to be listed as such due to lack of available resources or identified barriers. While we are a region that may appear to be rich in assets and resources, we are not able to meet the substance use disorder needs of the region at this time. We are encouraged to identify many current and potential partners to help fortify these gaps as we move forward.