

GREATER MANCHESTER REGION CONTINUUM OF CARE



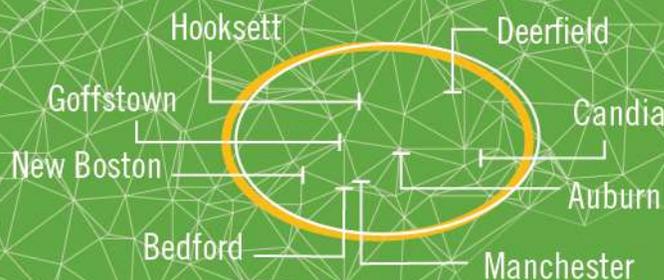
The Greater Manchester Region includes the Communities of: Auburn, Bedford, Candia, Deerfield, Goffstown, Hooksett, Manchester and New Boston

BLUEPRINT PROJECT

This document represents the vision for the Greater Manchester Region on what constitutes a comprehensive approach to environmental strategies, prevention, intervention, treatment, and recovery from substance use disorders for our region. It reflects the most recent Continuum of Care data for the region to be addressed for Phase II of this project when we will identify a comprehensive strategy of recommendations for action.

9/30/2015

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Greater Manchester Region Continuum of Care

A VISION FOR THE REGION

The vision statement for the Greater Manchester Region was developed, refined and approved for submission as a result of the Blueprint Project which began on May 13th and concluded on September 22nd, 2015. After collecting data from the launch event, focus groups, several workgroups along with a region-wide community forum, the following vision statement was developed:

The Vision of the Greater Manchester Region is to have a comprehensive, integrated, accessible, and responsive Substance Use Disorder Continuum of Care that promotes the healthiest communities.

Next Steps

The education and learning process was **Phase I** of the Substance Misuse Disorder Continuum of Care Blueprint Project. Focused on addressing the challenges we face as a region to gather current data and as much community input as possible for this process given the heightened awareness raised with the current heroin epidemic.

Makin' It Happen for Resilient Youth, as the lead Substance Misuse Prevention agency for the Greater Manchester Public Health Network in partnership with the Manchester Health Department will be leading the effort to continue the development of the Continuum of Care Project.

Fall of 2015 – **PHASE II**

Continuum of Care team - Continued development of our regional team to include the hiring of a Continuum of Care Facilitator. **This effort will also** include a more in-depth analysis of gaps as well as assets in our region and the specific identification of “**Recommendations for Action**” (for more details ‘see’ Blueprint project highlight section this document) to be implemented with community partners within the Greater Manchester Region.

Collaborative efforts are ongoing and are rooted in utilizing a public health approach in order to effectively address the growing numbers of preventable deaths, compromised community safety due to related crime, loss of productivity and immense costs to individuals, families, local communities and the State of NH caused by substance use disorders.

As has been the history of the Greater Manchester Public Health Region, we will collaborate, coordinate, network and continue to approach this challenge with data-driven evidence-based strategies, programs practices and policies.

For additional information please review the Continuum of Care section on the Makin' It Happen website:

www.makingithappen.org or www.mih4u.org

email: info@mih4u.org



Makin' It Happen, proudly partnering with the Manchester Health Department and our regional continuum partners to support the idea that:

Behavioral Health is Essential, PREVENTION WORKS, treatment is effective, PEOPLE RECOVER

Acknowledgements

The following individuals were members of the **Greater Manchester Substance Misuse Disorder Continuum of Care Project Team** and deserve special recognition for their additional time and devotion to this initiative and the community they serve.

- **Mary Forsythe-Taber**, CPS, Executive Director for the Makin' It Happen Coalition for Resilient Youth (MIH), Substance Misuse Prevention Coordinator for the Greater Manchester Regional Public Health Network
- **Maria Gagnon**, MSW, Senior Vice President at Child and Family Services
- **Stephanie Allain Savard**, LICSW, MSW, Chief Operating Officer of Families in Transition
- **Cheryle Pacapelli**, Director of Recovery, Policy & Advocacy at New Futures
- **Rik Cornell**, MSW, ACSW, LICSW, Vice President of Community Relations at the Mental Health Center of Greater Manchester
- **Tim Soucy**, MPH, REHS, Public Health Director at the City of Manchester Health Department
- **Cyndi MacKenzie**, GPC, CPS, Development Consultant

Please stay connected to the Continuum of Care Project on the

Makin It Happen website at: www.makingithappen.org www.mih4u.org

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BLUEPRINT PROJECT – Phase I Highlights

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BLUEPRINT PROJECT – Phase I Highlights

Statement of Need

Greater Manchester Project Meeting: May 13, 2015

The goals of this event were:

- To introduce the components of a robust, effective and well -coordinated continuum of care in the Greater Manchester Region.
- To generate ideas for how to best coordinate services across the continuum in the Greater Manchester Region.
- Create a vision for the continuum in the Greater Manchester Region.

More than 120 concerned individuals attended this meeting, including City of Manchester Mayor Ted Gastas and Governor’s Commission on Alcohol Drug Abuse Prevention, Intervention and Treatment Chairman Tym Rourke. Mayor Gastas welcomed participants with the following data from the American Medical Response in Manchester:

January 1, 2015 through May 8, 2015
Heroin-related Overdoses: 231
Deaths: 32

*Chairman Rourke discussed the need for **Prevention** efforts state-wide and **Immediate Treatment** for those currently suffering with substance use disorders. Tym encouraged all in attendance to reach out to their state legislators to educate them on the many needs and challenges service providers and those in recovery were facing in the Greater Manchester Region.*

Experts from Public Health, Prevention, Intervention, Treatment, Recovery and Mental Health then informed the audience on the status of current services in the Greater Manchester Region. We heard about a lack of early or direct-service prevention, adequate intervention or treatment, and resources for a fully comprehensive recovery support system.

Those in attendance then were presented with three different, yet related breakout sessions. Results from those breakout sessions are summarized below and were used to inform the remaining process of creating this document.

Are there particular services in this area that you feel are working in a collaborative way as described as the comprehensive approach to the continuum of care that is our goal?

- ✓ Greater Manchester Clergy Association- Interfaith pastoral counseling and recovery supports
- ✓ Homeless Outreach Center
- ✓ Student Assistant Programs (SAP) in the Manchester School District
- ✓ School Resource Officer's (SRO) in Manchester Middle Schools
- ✓ Granite Pathways- dual diagnosis, working with housing and peer supports
- ✓ New Horizons- continuum of services
- ✓ Farnum Center has walk-in evaluation hours where people can get treatment immediately
- ✓ FASTER groups
- ✓ NAMI- trainings and education
- ✓ Substance Use Disorder Collaborative- 30+ organizations including Mental Health(MH) , medical and full continuum
- ✓ Bedford SAP does early intervention and identification
- ✓ Bedford schools have SRO and court diversion program
- ✓ Hooksett has court diversion program
- ✓ Goffstown has court diversion program
- ✓ Manchester MH Court
- ✓ Mental Health Center has social workers co-locating with physicians' offices
- ✓ Veterans Administration in Manchester
- ✓ Veterans Center in Hooksett
- ✓ (Boston area police departments hire Mental Health Center staff to ride along and answer calls to triage- was mentioned as a model to possibly replicate)

“The meeting was a positive experience and it needs to happen more often where we can all be in the same room working together on this topic and need.”

Attendee Comment

As you heard the explanation of prevention, intervention, treatment and recovery discussed today, were there areas in your line of work that you feel are gaps in services in this region?

- Parity for treatment of addiction – insurance company*
- Crisis intervention- help when people show up at ER- Recovery Coach to help navigate systems*
- Faith based services*
- Protocols- coming together*
- SBIRT (Screening, Brief Intervention and Referral to Treatment) - referral?*
- Educate providers-More MAT (Medically Assisted Treatment) providers at Primary Care*
- Access to treatment- not always a bed*
- Education for family and providers*
- Community Education – prevention, treatment, recovery*
- Comprehensive prevention from nursery school on*
- Education for doctors post-surgical pain management- screening by surgery*
- Patient education about addictive medication*
- Drug disposal- take back programs*
- Training and education for nurses about addiction*
- Acute services- address addiction*
- Primary care- what’s “the ask” to get patients to accept help?*
- Pain control*
- Early education- teens (have something to do)*
- Peer-based recovery services*
- Recovery Housing- safe, affordable housing*
- Needle exchange*
- American Medical Response data and information*
- What are we doing with kids when parent overdoses?*
- Primary care doctors lack compassion- treat people with dignity and respect*

"There is nothing really getting kids in elementary level learning about the various issues in the community that affect them that can lead to drugs and alcohol abuse when they become aware of peer pressures, abuse, neglect and addiction."

Attendee comment

Without regard to funding, what would be your vision/action steps for a robust, effective Continuum of Care for the Greater Manchester Region?

- ❖ *Inpatient services for teens*
- ❖ *Art exhibit to educate/move to action*
- ❖ *Mental Health providers in primary care settings*
- ❖ *Increased prevention in elementary and middle schools*
- ❖ *Move inspired recovery on the road*
- ❖ *Smooth transition across continuum of care*
- ❖ *One point of entry- resource center- one place*
- ❖ *Positive education on the issue- no stigma*
- ❖ *Multi-Systemic Therapy- diversity of students to reach out and educate*
- ❖ *Early Intervention*
- ❖ *Parent Intervention/Education*
- ❖ *Education on genetics/biology/health*
- ❖ *Increased Public Service Announcements- what do you do? How do you get help?*
- ❖ *Recovery Community- People using their voice to children experimenting*
- ❖ *Medical Protocol*
- ❖ *Mobile assessments in moment of Narcan like behavioral -health assessment in the hospital*

- ❖ *Stigma busting*
- ❖ *Reality based education/awareness prevention to 8th graders*
- ❖ *Education on modalities*
- ❖ *Client-centered for a system*
- ❖ *Spiritual level of support*
- ❖ *Zero criminal consequence for reporting to help a friend*
- ❖ *Whole person approach*

- ❖ *Needle Exchange/clean works*
- ❖ *School/College credit to participate in sharing voice*
- ❖ *Go to treatment centers/corrections to access people in recovery*
- ❖ *Use our voice with state budgets*

“I wish I had the opportunity to attend each of the breakout sessions”

Attendee comment

Focus Groups: June 12, June 19, June 29, July 21, and August 19, 2015

Four focus groups were conducted to hear from the community what is working, needs improvement, and suggested solutions for challenges along the Greater Manchester Continuum of Care. Themes of those groups are below:

What is working	Needs Improvement	Suggested Solutions
<ul style="list-style-type: none"> • Evidence-based programming where it exists • Student Assistant Programs • SBIRT pilot at SNHU • Juvenile Diversion Programs • Drug court programs for adults • St. Matthew in Goffstown offers transportation in Goffstown • After school programming at YMCA, Recreation programs • Health curricula inclusive of substance use risks, including heroin and prescription misuse • Life of an Athlete Program • CONNECT suicide prevention program • Non-punitive high school drug policies • AA and NA • MOORE Center • The Increase in people who have insurance has changed the landscape • Child & Health Services- SBIRT for years now • Inspired Recovery HOPE- Recovery Center Makin' It Happen- Suicide Prevention work 	<ul style="list-style-type: none"> • Access to treatment • Insurance barriers to quality treatment • More quality clinical services across the lifespan • Recovery supports for all-case management included • Transportation in outlying areas to get to Manchester and Concord for treatment • Long waiting lists for mental health and substance use disorder treatment • Youth involvement in activities and positive places after school • DCYF vouchers are not organized • Stigma of addiction and mental health • SAP's are mostly in high schools, needed in middle schools and elementary • Treatment needs far exceed capacity 	<ul style="list-style-type: none"> • Education – prenatal and up! • Middle school level after school activities • Leadership at higher educational institutions for recovery services • Programming focused on disengaged youth (18 - 24+) • Increased awareness of existing programs • Coordinated messaging • Service providers need to be more accessible • Effective programming for young Veterans • Spend funding in Prevention – throughout the lifespan • Recovery support services – we need mobile/community based recovery support services • Asset mapping with the Search Institute • Law changes to reduce charge for heroin so more addicts can get treatment
What is working	Needs Improvement	Suggested Solutions
<ul style="list-style-type: none"> • Reformers Unanimous (Concord St) • NA- specific to individual needs 	<ul style="list-style-type: none"> • Dual-diagnosis with a disability is reason for 	<ul style="list-style-type: none"> • Use the ACE study to educate PCP's on adverse effects

<ul style="list-style-type: none"> • AA/Al-anon • Manchester Community Health • FASTER has been active for years in Manchester • Boys and Girls Club has anti-bullying curricular and Substance Abuse curricular • Teen Institute • Girls Inc. • YWCA- leadership • Office of Youth Services • Families In Transition- nurturing families program • Child and Family Services- home visiting and courses for families • Community Health Center- Subutex being prescribed during pregnancy, through Elliot hospital • Utox testing is going on at Elliot Hospital on all pregnant patients • NAS baby mom's do get pre-natal care (65% follow through with plans) • DCYF does home visits when referral after delivery of NAS baby (clinician in Manchester) • JPPO's in Manchester do early intervention and know the family system • Elliot Hospital still asks about Domestic Abuse and SUD • FARNUM- Manchester • SERENITY- transitional living programs • SMART in jail 	<p>insurance denial for SUD treatment</p> <ul style="list-style-type: none"> • “We build our system in silos because funding works in silos” • Treatment: not enough, not the continuum, not the right kind! • Our media...In MA commercials, social media-posts on who is in recovery daily “stop the silence” • Schools who work with parents- talk about resources, send home information with report cards or other information • Groups within schools CASAR- Children of Adult Sub Abusing (MA programming) some occurring in Concord now • PCP involvement is low • Limited DCYF clinicians • Access and capacity of Suboxone treatment providers • Addicts feel treated with stigma at ED's • Homeless services in NH (difficulties with rules of staying outside during day when trying to stay sober) Why not provide training and life skills at homeless shelters? • Services at Hillsborough County Corrections- IOP, treatment, meds for depression 	<ul style="list-style-type: none"> • Create a protocol for the continuum of care- for other chronic diseases we have protocol, but none for SUD • Need more stories on people in successful recovery in the media • News could report on what services are available • Early Prevention • Education to the public • Stronger recovery system- where do we hand them off to after treatment? • A different system for pre-treatment: LADC, MLADC for assessments at locations (crisis teams) • Navigator for the treatment system • Somebody “on it! Ex: Peer support, ACT team for SUD • Expanded Treatment- immediate, diverse, including medication management Recovery Supports that are for life, not just the moment • Destigmatize with groups of children of adults who are abusing • Drug Court in the region • Neighborhood informational /counseling meetings
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What is working	Needs Improvement	Suggested Solutions
<ul style="list-style-type: none"> • FIT- transportation, child care provided...very holistic approach • Medication Assisted Treatment now in Manchester • Heroin Anonymous- at Terrell House • Narcan is saving lives • Managed Care Organizations are identifying high risk patients then assigning case managers to patients as appropriate • Early assessment at Manchester Behavioral Health and CFS and FIT across all programs, including parenting programs • Social workers in PCP offices are becoming the norm more • State-wide Drug-Free NH campaign, treatment works, recovery is possible • Neighborhood Health Improvement Strategy is long range but great process • Union Leader has had editorials on disease aspect of issue • Family Willows Program • Methadone Clinic tests for Hep C and offers information about treatment • ATTC forums • Manchester PD Forum • Social Media on heroin • CMC offering free mental health first aid training • HEAL • Anti-bullying laws are in place- how effective are they? 	<ul style="list-style-type: none"> • Lack of non-medical detox and subsequent referral to treatment deters addicts from detoxing • Mothers do not want to risk losing their children if admitting they have a problem or going into treatment will trigger DCYF removing their children • Hep C literature is not enough- addicts need the ability to speak to a provider who can discuss treatment options- if available, more addicts would get tested • Women need a place to get clean where they can bring their children- access and awareness of programs is limited • Access to employment for felons in recovery • SBIRT needs to happen at ED's • Treatment locator is difficult to navigate • Wait-lists too long for treatment • No 24-hour intake, limited access in off-hour times • Employee assistance programs- need recovery coaches • State union workers send their employees out of state- what does that say? 	<ul style="list-style-type: none"> • Treatment for the current heroin crisis- individual options (Laconia model "Stand Up Laconia") • Provide programs inside the jail to help the people that are interested in Treatment • Make Narcan free so addicts can access it • Programs like "Save a citizen law" (OD response), and MA Section 35 (Involuntary Admission), and the MA Department of Public Health has beds and you are never turned away. • Program like Boston Medical Center: "Room 5" will keep people at hospital until admission into treatment and they actually help you find the treatment More education for providers around people's barriers to treatment • Services for kids to talk about home life (mental illness/addiction), • Teach copings skills to kids at an earlier age- life skills • Public Service announcements about where to find resources • More services for the homeless demographic

<ul style="list-style-type: none"> • Donna Marston- Sunday's in Manchester • Susan Paris- computer internet group- the Addicts Mom- TAM 	<ul style="list-style-type: none"> • President of NH Medical Society has been writing a blog (Dover)...can we tap into that? 	<ul style="list-style-type: none"> • Recognize this as a disease!
What is working	Needs Improvement	Suggested Solutions
<ul style="list-style-type: none"> • Latino Parent Group at Manchester Recovery Center- starting July 27th • Dave Fine- college recovery program • Nurses recovery program every Thursday at Manchester Community Recovery Center • Health Risk Screening by MCO's • SAMHSA site • Peer Mental Health- NAMI- Road to Recovery • Teen Challenge • ICYPAA group in Manchester • Job Corps- new program in Manchester free skills training/education for individuals up to 25 years old. Must be sober for a set # of days/months • MCHC – free HIV/HEP tests + receive gift cart to Shaw's or Irving – incentives are good motivators to encourage people to seek help • MMH - has a 'In-Shape" program – free positive health offering • NH Medicaid covers gym memberships • CFS – drop-in center for homeless youth – free resources + education + counseling to get back on track • Hannaford's offers specific medication @ discount rate – they have a chart and free 	<ul style="list-style-type: none"> • No Narcan distribution, no needle exchange, no harm reduction • Knowledge deficit in the medical community is huge! • Case management lacking • Treatment is hard to find- very disjointed • DETOX options are needed – public needs to understand this and why they are important • Teens and adolescents in need of detox but will not accept psychiatric treatment, which is how it seems to be done now, mainly because of lack of services within NH. (Stigma) • Pregnancy is a barrier for women that are in the middle of an addiction- more work to be done- why can't they be prescribed Suboxone? • Addicts have to lie to get into treatment – this needs to change – asking for help should be a good thing in NH not a shameful thing • We tell people how to get off NH insurance, how to enroll in MA Health and become a resident there to get help. 	<ul style="list-style-type: none"> • Language training-CLAS- no use of labeling • Public forums with people in recovery speaking "lived experience"...how they access treatment, etc. • Peer Emergency Room Program • Expand Rx Drug Monitoring Program- connect with neighboring states • Affordable Recovery Housing • Public forums – education sessions • Language training- especially recovery • Real information about what it really is like to be an addict and what really is needed to support recovery

<p>nutrition counseling/shopping guidelines to eat healthy</p>		
What is working	Needs Improvement	Suggested Solutions
<ul style="list-style-type: none"> • Walk-in clinic @ CVS – get ‘nurse time’ • Manchester HOPE Recovery center – lots of resources and support offered • FIT – free health care for homeless families • DOT regularly drug tests everyone • SAP team at high school level. <i>Note: SAP received laughs from the group when effectiveness was talked about</i> 	<ul style="list-style-type: none"> • Nurse training requires one 12 step meeting for nursing degree • DHHS doesn’t require drug test of staff...should • “Nurses are the forerunners for opioid addiction” • SAP/project success is used as a punishment therefore voluntary mtgs. Are viewed as stigmatic 	