

# 2016 CITY OF MANCHESTER: RESPONSE TO THE OPIOID CRISIS

HONORABLE  
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MAYOR







2016 City of Manchester: Response to the Opioid Crisis

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# City of Manchester: Response to the Opioid Crisis AT A GLANCE 2016

## Enforcement

 625 drug arrests  
 3900+ grams of drugs seized  
 \$151,000 seized  
 9 guns seized





## Monitoring & Surveillance

 785 suspected overdoses & 90 suspected deaths  
 100+ NAS births reported  
 353 Hep C tests & 466 HIV tests conducted  
 570+ needles collected


## Investment

 \$326,000+ donated  
 Aldermanic support







## Prevention

 930+ lbs. drugs destroyed  
 6,000+ students received MFD presentation  
 4,000+ resource cards distributed  
 570+ community presentation attendees

## Intervention

 976 Safe Stations visits  
 350+ Naloxone kits distributed  
 392 211 helpline calls  
 770 respite clients  
 2,500+ referred to Student Assistance Program

## Treatment

 1,625 WRAP clients  
 25 new Vivitrol clients  
 Family Willows expansion funded  
 650+ Mobile Crisis Response team services  
 Drug Court implemented & SATCO approved  
 63 bed Farnum expansion

## Recovery

 1,200+ Hope for NH members  
 \$3 million+ received by FIT to include Recovery Housing  
 19,000+ Hope for NH visits

## Integration

 220+ Opioid Conference attendees  
 \$3.8 million 1115 Waiver funds received  
 770+ Behavioral Emergency Response Team consults  
 SUD Continuum of Care Development Plan submitted

# 2016 City of Manchester: Response to the Opioid Crisis

## INVESTMENT IN MANCHESTER

- Support from the Board of Mayor and Aldermen and Aldermanic Special Committee on Alcohol, Drugs and Other Youth Services
- Granite United Way partners invested in solutions (**\$326,250** donated)

## HEALTH PROMOTION & PREVENTION

- Manchester Fire Department Opioid Crisis presentation to all Middle and High School students (**6,000+** students)
- Manchester Middle and High School effort funded by Manchester Rotary Club to Embed Anti-Drug Education into Everyday Learning (**\$10,000**)
- Continued implementation of youth resiliency programming through Community Schools Project (**1,000+** elementary students participated in 2015-16 school year)
- Reducing stigma through community education media campaigns
- Evidence based and research informed Mental Health, Suicide and SUD prevention trainings (**120+** attendees)
- Community prevention presentations (**300+** attendees)
- Community resource cards (**4,000+** distributed)
- Drug Take Back days and Drop Boxes (**930+** lbs. of drugs destroyed)
- DEA 360 training by Partnership for Drug-Free Kids (**150** attendees)

## INTERVENTION

- Student Assistance Program in Middle and High Schools (**2,521+** students referred)
- Community Naloxone (Narcan) distribution (**350+** kits distributed)
- Implementation of Safe Stations program (**976** visits) and Helping Hands Outreach emergency respite (**360** clients, additional **410** clients utilized respite of Amber's Place)
- Office of Youth Services SUD education at Manchester School of Technology (**80+** students)
- 211 NH Helpline received **392** calls from the Manchester area

## TREATMENT

- Families in Transition received funding to expand Family Willows Substance Use Treatment Center, doubling capacity (**205** women served this year, **400** next year)
- Manchester Community Health Center increased Medication Assisted Treatment availability
- Mental Health Center of Greater Manchester (MHCGM) opened a Vivitrol Clinic (**25** people, **125+** services)
- MHCGM implemented the first Mobile Crisis Response team (**225+** people, **650+** services)
- MHCGM contracted with Farnum to assist in running a Suboxone Clinic
- Serenity Place opened Outpatient Services Center including WRAP Around program funded by City of Manchester (**1,625** clients, **545** from Safe Station)
- Serenity Place implemented an Ambulatory Withdrawal Management program (**93** clients served in just December 2016)

# 2016 City of Manchester: Response to the Opioid Crisis

## TREATMENT CONTINUED

- Farnum Center expanded (**63** additional beds)
- Hillsborough County North Drug Court implemented
- Hillsborough County Department of Corrections Substance Abuse Treatment Community for Offenders (SATCO) program approved and funded

## RECOVERY

- Hope for NH Recovery Community Center opened (**19,000+** visits, **1,200** members)
- Families in Transition received over **\$3** million to redevelop the second and third floor of the Manchester Recovery and Treatment Center to include recovery housing apartments for single women and mothers and children

## ENFORCEMENT

- Drug Arrests in 2016 totaling **625**, including Operation Granite Hammer (**94** arrests, **3,900+** grams of drugs seized, **\$151,000** seized, **9** guns seized)
- Manchester selected for National DEA 360 initiative

## SUBSTANCE USE DISORDER & BEHAVIORAL HEALTH INTEGRATION

- SUD Continuum of Care initiative staffed and Development Plan submitted
- SUD Resource Guide created (**500+** distributed in print, **89** online page hits Oct-Dec)
- Network4Health 1115 Waiver project design and capacity building funding received (**\$3.8** million)
- CMC held 2nd Annual Summit on Treating Opiate Dependent Patients (**220+** attendees)
- Screening, Brief Intervention and Referral to Treatment (SBIRT) implemented through Dartmouth Hitchcock, Manchester Community Health Center, Healthcare for the Homeless and Elliot Behavioral Health
- Increased collaboration among healthcare providers on Prescription Drug Monitoring Program
- Elliot Health Systems implemented Behavioral Emergency Response Team (**774** consults on patients in the general hospital)

## MONITORING & SURVEILLANCE

- American Medical Response reported **785** suspected overdoses and **90** suspected fatalities
- Tracked Neonatal Abstinence Syndrome (NAS) births in two Manchester hospitals (**100+** babies born with NAS in 2016)
- Hepatitis C became reportable in 2016
- Manchester Health Department conducted **353** Hep C tests & **466** HIV tests
- Needle Pickup (**570** needles removed from City and properly disposed of)

# OVERVIEW

In 2016, the City of Manchester faced an unprecedented public health crisis. Manchester Fire Department and American Medical Response reported 785 suspected overdose calls for service, 566 patients were treated with Naloxone and 90 were suspected fatalities related to opioids. Per the December 2016 NH Drug Monitoring Initiative report, 2016 saw 2,793 incidents involving Naloxone and 382 drug related deaths. Looking at these numbers tells us that the City of Manchester alone accounted for about 25% of the Naloxone administration as well as 25% of the suspected opioid related deaths for the state of NH while only accounting for about 8% of the population of the state.

The City of Manchester acted to combat this public health crisis and has brought together providers across healthcare, health promotion, prevention, intervention, treatment and recovery. Through these strong partnerships, a broad approach to solutions has made a significant impact in lowering the projected drug deaths in 2016 in New Hampshire's largest city.

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Example MTA bus poster

## INVESTMENT IN MANCHESTER

### THE BOARD OF MAYOR AND ALDERMAN AND ALDERMANIC SPECIAL COMMITTEE ON ALCOHOL, DRUGS AND OTHER YOUTH SERVICES

- Endorsed the project at 293 Wilson Street to create Manchester Recovery and Treatment Services Center
- Funding for Serenity Place WRAP program which served over 1,600 clients in 2016
- Support of the Manchester Rotary Grant to the school district to fund prevention resources for classroom teachers
- Support of the SATCO program through Hillsborough County Department of Corrections
- Funding support for Amber's Place respite in partnership with Granite United Way which served over 400 clients
- Support for Hillsborough County North Drug Court implementation

### GRANITE UNITED WAY

In 2016, over \$326,250 was invested directly into the City of Manchester's response to the opioid crisis through donations collected by Granite United Way to support funding for the following:

- Hope for NH Recovery/Amber's Place
- Helping Hands Outreach Safe Station respite
- Information and referral
- Manchester Drug Court
- Media Literacy and Peer Education
- Video to promote prevention with youth voice
- Expansion of drug take-back boxes
- Reinforcing and expanding middle school efforts
- Leader in Me program at Beech and Gossler schools

Special thanks to the Reilly Family (\$100K to *Safe Station and Prevention Strategies*), the City of Manchester (\$100K), Anthem Foundation (\$75K to *Safe Station and Prevention Strategies*), Catholic Medical Center (\$25K), McLane/Middleton Law (\$1K), Habit OPCO/Acadia Healthcare (\$15K), the Timson Family (\$250), and anonymous donor (\$10K) for their generous contributions to these important efforts.

## HEALTH PROMOTION & PREVENTION

### MANCHESTER FIRE DEPARTMENT IN SCHOOL PRESENTATIONS

All Manchester Public High School and Middle Schools offered an opioid abuse presentation to students by EMS Training Officer, Chris Hickey, during the 2015-16 school year. **(6,000+ students)**

### EMBEDDING ANTI-DRUG EDUCATION INTO EVERYDAY LEARNING

Manchester Public Schools received **\$10,000** through Manchester Rotary Club to allow the district to work with educators to build integrated resources and activities that can be built into the teacher's lesson plan to help make the learning more relevant and lasting, particularly over the course of a student's secondary career.

### YOUTH RESILIENCY BUILDING PROGRAMS IN MANCHESTER PUBLIC SCHOOLS

#### Life of an Athlete

Manchester Central, Manchester Memorial and Manchester West all participate in the Life of an Athlete program as well as the Derryfield and Trinity Schools. The mission of Life of an Athlete is to promote healthy lifestyles for student-



athletes with emphasis on proper nutrition, rest, and substance-free living. More about the NHIAA Life of an Athlete program can be found here: <http://www.loanh.org/>

### **Manchester Community Schools (MCS)**

Facilitated by the City of Manchester Health Department, in strong collaboration with the School District and many community agencies, MCS aims to transform two local elementary schools – Beech Street and Gossler Park – into neighborhood hubs that provide better access for residents to resources/programming and connectivity to their community. Two key initiatives of this approach include:

#### ***Integration of Mental/Behavioral Health Services in an Educational Setting***

In School Year 2015-1016, **48 children** were successfully connected with the Mental Health Center of Greater Manchester for services, the MHC-GM provided **staff consultations for 59 cases**.

With consultation support from the New Hampshire Center for Effective Behavioral Interventions and Supports at SERESC, the MCS is working to create a multi-tiered system of supports for mental/behavioral health services in a school setting. This system includes youth leadership development at its core with individual mentoring and intensive counseling services for students before they are in crisis to assist them in developing coping and self-regulation skills. The Manchester Community Health Center/Child Health Services is the primary partner in these efforts through the co-location of a Social Worker and Mental Health Counselor in the schools, which is funded by the Granite United Way. As of January 2017, **18 students** are working with the Mental Health Counselor and **39 students** are receiving mentoring support from the Social Worker.

The MCS is organizing professional development opportunities for administrators and teaching staff to learn more about trauma and its impact of student achievement. In addition, self-care and stress reduction workshops and classes are being organized for teaching staff and students/families, such as mindfulness-based stress reduction, and yoga and other fitness programming provided by the Granite YMCA. These offerings are funded by the Granite United Way and a National Prevention Partnership Award from the U.S. Office of the Assistant Secretary for Health. During the School District's Professional Development Day on November 8, 2016, over **100 teachers** and administrators from Beech Street, Gossler Park, Parker Varney, Bakersville, and Wilson Elementary Schools participated in a learning session about Trauma-Sensitive Classrooms. Additionally, approximately **30 teachers** at Gossler Park Elementary School are participating in monthly mindfulness-based stress reduction workshops, and Classroom Grades 2-5 (**approximately 275 students**) are learning about mindfulness practices.

#### ***Youth Leadership Development through Social-Emotional Learning***

Funded by the Granite United Way, Beech Street and Gossler Park Elementary Schools are implementing social-emotional learning programs along with traditional curricula to assist students in developing the life skills that they need to lead healthy, productive lives. Gossler Park Elementary School is utilizing The Leader in Me program, which is based on Stephen Covey's 7 Habits of Highly Effective People (<http://www.theleaderinme.org/>). Beech Street Elementary School is utilizing Dovetail Learning's Toolbox, which centers on life skills development of 12 tools (<https://dovetaillearning.org/>). **Approximately 1,030 students** total at Beech Street and Gossler Park Elementary Schools are participating in these social-emotional learning programs.

### **COMMUNITY SUBSTANCE MISUSE PREVENTION EFFORTS**

Makin' It Happen Coalition for Resilient Youth, Inc, (MIH) in partnership with the Manchester Health Department (MHD) continue to develop the state designed Regional Public Health Network. This network includes Substance Misuse Prevention and other health promotions initiatives. Through this system, a full time dedicated Substance Misuse Prevention Coordinator has been working with community partners to ensure prevention efforts remain steady.

**Reducing stigma through an informed community:**

MIH partnered with Manchester Public Radio on a series of podcasts under the EmpowerU! initiative. The series includes current substance misuse trends, resources for families, addiction crisis and Safe Stations information, prevention at home and how to access help. Additionally, MIH worked with Manchester Transit Authority (MTA) on the “Route Out Stigma” media campaign which includes posters and resource cards on all MTA city buses. An example of the MTA bus posters is included on page 1 of this report.

**Coordinating evidence based and research informed trainings:**

MIH coordinated Mental Health, Suicide Prevention and Substance Misuse Prevention based trainings provided throughout 2016 including Signs of Suicide T3 training to imbedded trainers in NH (**30+ attendees**), Mental Health First Aid Training (**50+ attendees**) and CONNECT Youth Leadership Suicide Prevention train the trainer program (**35+ students and advisors** who have since presented to additional students and staff as trainers)

**Coordinating and/or supporting opportunities for dialogue and information/resource sharing:**

MIH continues to partner with Manchester School District to provide resource materials and prevention presentations. Additionally, MIH has worked to assist our neighboring communities through prevention presentations in Auburn, Bedford, Hooksett, Candia (**300+ attendees**). MIH launched a Substance Use Disorder resource directory in 2016 to better connect community members with resources and providers to one another (**500+ directories** distributed) The guide is also available online at [www.communitycompassgmr.org](http://www.communitycompassgmr.org) and over **4,000+ resource cards** have been distributed to promote the online guide as well as highlight community resources available.

**Supporting school, police and youth serving organization efforts:**

MIH has a staff of Certified Prevention Specialists serving the community as a resource in prevention planning and implementation. MIH supports the school district with prevention programming, resource materials and partnership in grant opportunities as well as funding for clinical supervision of the Student Assistance Professionals (SAP). Additionally, MIH offers support for the Youth Risk Behavior Survey including advocating for continued use of this important data collection tool and helping to disseminate results to youth serving partners for use in program and grant development. MIH offers annual support for drug take back days including distribution of advertising materials to all 8 Greater Manchester Police Departments.

**National DEA Drug Take Back Days** – 3-year Manchester results:

2016	<b>707.4</b> lbs. total	(Two events: 241.1 lbs. & 466.3 lbs.)
2015	<b>851.5</b> lbs. total	(Two events: 666.5 lbs. & 185 lbs.)
2014	<b>372.6</b> lbs. total	(Two events: 235.1 lbs. & 137.5 lbs.)

Additionally, Manchester Police Department had a permanent drop box installed in 2016, available 24/7. **223.76 lbs.** of drugs were collected and destroyed in 2016 through the permanent drop box contributing to lower numbers at take back events, but higher number of drugs collected and destroyed overall.

MIH partners with national Mental Health and Substance Misuse Prevention initiatives. In 2016 this included the Change Direction campaign rollout as well as the DEA 360 initiative. The DEA program will be in full swing in 2017 but was able to launch some initiatives in 2016 including a train-the-trainer by Partnership for Drug-free Kids (**150 attendees**) and a dance program at Green Acres school and Parker Varney school (**60 students**). More information about DEA 360 can be found in the Enforcement section of this document.

# INTERVENTION

## STUDENT ASSISTANCE PROGRAM IN MANCHESTER PUBLIC SCHOOLS

The Student Assistance Program is designed to provide confidential services for students whose personal concerns may be affecting their performance at school or home. Students are encouraged to use the program for help with educational, family, emotional, alcohol or other drug abuse, eating disorders or any problem they are faced with. Manchester Public Schools currently have full time SAPs at all high schools and two SAPs covering the Middle Schools (2.5 days per school). In 2016 the district worked with partners to apply for additional funding to restore the needed SAP positions to fully cover all middle schools and the district was notified of this award in September 2016.

During the 2015-16 school year **1,086** high school students and **1,435** middle school students were referred to SAPs. Of those who were referred 524 high school students and 435 middle school students met the target population for the program. Meaning the student was using alcohol or drugs, a child of addiction, both a child of addiction and an alcohol/drug user, or in recovery.

In addition to one-on-one counseling, the SAPs also offer a variety of groups to students. Types of groups offered include: Choices (Freshman Transition), Challenge (Junior/Senior H.S. AOD), Challenge II/ Reunion, Children of Addiction (COA), Family Issues, Divorce/Grief, Empowerment (M.S.), Communications (M.S.), Relationship Issues (Co-Dependency), Anger/Stress Management, Crisis Intervention, Life of An Athlete

## NALOXONE COMMUNITY DISTRIBUTION

The City of Manchester utilized community partners working with high risk clients and family members as the methodology to distribute Naloxone in the community to those who may be most vulnerable. The Manchester Health Department worked with **9 community partners** in 2015-16 and distributed over **350 doses** of Naloxone to those partner agencies. Additionally, Naloxone is available to every school nurse in all Manchester public middle and high schools.

## SAFE STATION PROGRAM

The Safe Station initiative began on May 4, 2016 and opened a new access point for community members to be directed to treatment. All Manchester Fire Departments began providing a service to those suffering from Substance Use Disorder. Anyone, at any time, can walk into any Manchester Fire Department and ask for help finding treatment. The program has taken the efforts of the full community to respond to the immense need for access to treatment services. Thanks to partners at AMR, Amber's Place, Hope for NH Recovery, Serenity Place and Helping Hands Outreach this program has been immensely successful. In 2016, the Fire Department had **976 visits** from those seeking help (approximately 80% are unduplicated). From August to November in 2016 Manchester saw 51 fewer suspected overdoses than 2015. The expectation was that there would be a significant increase in overdoses in 2016 from 2015. The potency, strength and variety of drugs seen on the streets in the region continues to increase and there have been continued reports of a growing number of people seeking out fentanyl and fentanyl derivatives which increases their likelihood of overdosing on the initial usage. These factors contribute to the significance of seeing a reduction in suspected overdoses this year as well as the fact that more people are seeking help through Safe Station than are overdosing. This program has created an access point that was clearly a need in the community and is being heavily utilized. Overnight respite was also set up in connection to the Safe Station program. Respite was first run through Amber's Place which served **410** clients in 2016 (not all came through Safe Station). Helping Hands Outreach began running respite for Safe Station in September and details on the program are listed below.

Safe Station visits in 2016:	976 (342 from Manchester)
Unique participants	739
Total Suspected Overdoses/Calls for Service in 2016:	785
Total Naloxone Administered in 2016:	2003.7 mg
o Patients treated with Naloxone:	566
o Average Naloxone Given for Revival:	3.54 mg/pt
Total suspected fatalities related to Opioids:	90 (1:8 is fatal)

### HELPING HANDS OUTREACH MINISTRIES, INC. EVENING RESPITE

Beginning September 7th, 2016, Helping Hands Outreach assumed the lead role in running overnight respite for the Safe Stations program with new funding support from the state of NH and community partners. September 7<sup>th</sup>-December 31<sup>st</sup> the respite served **360 clients** (285 unduplicated, 75 repeat). Since that time 57% of participants have been placed into treatment centers or other service structure within 5.25 days of arriving at respite, 32 are currently in respite. There have been approximately 75 repeat clients which is positive in the fact that the individual is making an attempt at recovery rather than being active and potentially overdosing on the street. Moreover, the program has served **4,492 meals** (breakfast & dinner) while reducing overall program costs.

### OFFICE OF YOUTH SERVICES

The Office of Youth Services (OYS) is a member of the Board of Alderman Special Committee on Alcohol, Drugs and Other Youth Services, the Substance Abuse Collaborative, and a community partner with the DEA 360 initiative. OYS also provides Court Diversion Counseling and Evaluation for Manchester Police Department and Manchester District Court. In 2016, OYS added an additional staff position with the new role of Substance Use Disorder Coordinator. This position provides intake, assessment, and referral for city youth between the ages of 11-20. Referrals are taken from parents, courts, schools, and law enforcement officers. Youth themselves can request an evaluation. Appropriate treatment recommendations are made based upon the assessment. SUD prevention/education programs are done in the schools as well as the community as part of outreach. In 2016, OYS provided Drug and Alcohol education and support to the Manchester School Department (**80 students** at Manchester School of Technology).

### 211 HELPLINE

Granite United Way 211 New Hampshire helpline reported that there were **392** drug-related calls from the Manchester area in 2016. 211 New Hampshire is an information and referral helpline connecting New Hampshire citizens to the health and human services available to them.

## TREATMENT

### FAMILIES IN TRANSITION (FIT)

In 2016, nearly **700 individuals** were provided safe, affordable housing through FIT.

Family Willows Substance Use Treatment Center is offered to any woman struggling with substance misuse and trauma, not just women living in FIT housing. The program serves anyone who identifies as a woman – including single, pregnant and parenting. Using gender-specific, trauma-informed care, this program helps women develop coping skills for addiction and trauma histories and to rebuild a sense of control and empowerment. With this specialty program, FIT is able to fill a key gap in services for females while also reducing the public health implications of substance misuse. In 2016, the Family Willows Substance Use Treatment Center provided **205 women with treatment** and **39 children with free child care** as their mother's accessed treatment.

Families in Transition has been able to expand programming by providing more comprehensive services to women and children during the addiction and mental health crisis by implementing the following in 2016:

- Hired five people to be on a newly created 24 hour per day, seven day a week team to increase the amount of services provided in housing units to help with the decrease of substance misuse and as well as increase trauma informed care to all families.
- Received an “Open Doors” grant through DHHS/TANF to provide wrap around services to parenting and pregnant women who are living in FIT’s transitional housing (18-24 months) who are struggling with addiction. The team consists of a Child and Family Therapist, as well as Certified Recovery Support Worker and FIT is in the process of hiring two therapists to provide in-home services while trying to bridge the gap between prevention, treatment and recovery.
- Received funding to expand and move its Family Willows Substance Use Treatment Center from its existing location on South Beech Street to Wilson Street. To date, FIT has hired three new staff and are in the process of hiring three more. The expansion of this treatment programming will enable Family Willows to double capacity, serving 400 women in 2017.
- Trained 24 FIT staff in the administration of Narcan, as well as 10 family members whose loved ones were accessing treatment through the Family Willows.

### MANCHESTER COMMUNITY HEALTH CENTER (MCHC)

MCHC currently provides a Medication Assistance Treatment (MAT) program for up to **30 clients** (increasing to 60 clients) of the health center who are struggling with opioid misuse issues through a team approach model. Team members include Behavioral Health providers, Primary Care Physicians, a Psychiatric nurse practitioner, a dedicated MAT nurse, case managers and medical assistant staff. This multi-dimensional team helps ensure that patients are provided with accessible, individualized, collaborative and comprehensive care. MCHC has two primary care physicians with the requisite buprenorphine waiver and certification and who utilize the state’s Prescription Drug Monitoring Program (PDMP) data base to mitigate prescription drug diversion or harmful interactions. To date MCHC has given out approximately **80+ naloxone kits** to patients and/or family members.

### THE MENTAL HEALTH CENTER OF GREATER MANCHESTER (MHCGM)

- In July 2016 opened a Vivitrol Clinic through Bedford Counseling Associates Program. Provided help to over **25 people with over 125 services**. This endeavor is supported by Burlington Labs and sample medication for initial injection from Alchermes
- Implemented the first Mobile Crisis Response Team (MCRT) in September 2016. Have seen over **225 people** and provided over **650 services**
- Contracted with Farnum Center to assist in running a Suboxone Clinic
- Collaborated with the Rockingham County Department of Corrections to coordinate continuation of Vivitrol for inmates being released and for MHCGM to be a community provider when appropriate
- Increased turnaround times for drug testing, through relationship with Burlington Labs

#### ***Through intensive Emergency Room consultations:***

##### ***MHCGM evaluates/serves many people in the EDs who have substance misuse disorders and endeavor to:***

- Connect/refer clients to providers in the community
- Make a face-to-face connection with a Hope for NH Recovery peer support coach in the ED, or if not possible (at EHS) arrange an appointment
- Provide written resource information when indicated refer for stabilization in ES – and when possible with (soon to be licensed) MLADC
- Target Interim Services toward management of the co-occurring concerns to maximize outcomes

- Consider appropriateness of inpatient/CC admission especially when the person is in need and is at a point in their life when this may be the opportunity for change
- Work with MCRT to accomplish for those in need what “stationary” ES program is not able to because MCRT can intervene in the community – and intervention at the right moment where the client is can make all the difference.
- Have a LADAC who holds a readiness for change group twice weekly on Cypress Center Unit
- Have recovery coaches come on to the Cypress Center Unit as well

***Through the MCRT Program:***

- Having the prescribers routinely use the NH Drug monitoring program website
- Show a diligence about not prescribing benzodiazepine and other addictive medications unless absolutely necessary to help prevent substance misuse troubles. Developed a brochure regarding the appropriate use of benzodiazepines
- In FY 2016, MHCGM conducted/facilitated **11** trainings totaling **51.5** hours for staff and members of the community
- Offer support/referral to/involvement with Hope for NH Recovery Recovery Coaches. Formal contract with HOPE to provide services to our co-occurring disorders team (CTT)

***Other Initiatives:***

- Continue working with partners to work out some expedited admission to Serenity or Farnum from Cypress Center once people are detoxed to alleviate the problem of relapse between programs
- MHCGM staff are on the Substance Abuse Collaborative
- Working with partners to investigate possibility of more formal training with the staff of the Safe Station program re: Mental Health First Aid issues as well as Trauma Stewardship

**SERENITY PLACE**

Serenity Place experienced significant growth in 2016 in order to address the community need for increased access to affordable and appropriate treatment options in Greater Manchester. The most notable area of growth was the opening of the Outpatient Services Center in February 2016 at 351 Chestnut Street, the Former Manchester Police Department. This allowed for the full implementation of the WRAP Around Program, which received its start-up funding from the City of Manchester. The Outpatient Services Center houses all outpatient services including individual and group counseling, family counseling, the Intensive Outpatient Program (IOP), and The Impaired Driver Care Management Program (IDCMP). The administrative offices moved from the 101 Manchester Street location to 351 Chestnut in order to reconfigure and renovate the space for the 28-day program and Lin’s Place – the women’s transitional living program (TLP). Significant facility improves were also made at Tirrell House – the Men’s TLP. These renovations were necessary for Serenity Place to obtain the required Healthcare Facilities License required by the State of New Hampshire to offer residential programming.

Other programmatic expansion included:

- Becoming the Regional Access Point (RAP) for the Greater Manchester Area funded by the Governor’s Commission;
- Receiving the contract to be the treatment provider for the newly formed Hillsborough County North Drug Court;
- Implementing the Ambulatory Withdrawal Management program in December; and,
- Receiving additional contracts with Probation and Parole to provide MRT groups and Peer Support to their clients.

One of the prevalent accomplishments of 2016 was partnering with the Manchester Fire Department and Helping Hands to revise the Safe Stations program. As of September 7, 2016, we have successfully placed over 55% of the clients coming into Safe Stations into treatment programs. All individuals presenting at a fire department seeking assistance come to Serenity Place where they receive an assessment to determine appropriate level of care, are assigned a case

manager, and receive outpatient treatment – either ambulatory withdrawal management or IOP – while a plan is developed for their next Steps. Clients will also have their medical, legal, family, and housing needs addressed with their case manager. Clients are in the day program at Serenity From 9:00 AM – 3:30 PM. If an individual has no option for Safe Housing, he/she can spend the night at the Safe Stations Respite operated by Helping Hands. The length of stay varies. In 2016 almost **1,000** clients made their way through Safe Stations with more than **500** of them receiving services at Serenity Place.

Serenity Place served **2,281** clients in 2016 approximately (52% of these individuals report Manchester as their residence or last known address)

#### **Breakdown by program:**

WRAP- **1,625**

28 Day High Intensity Treatment - **114**

Impaired Driver Care Management Program - **344**

Transitional Living- Tirrell House and Lin's Place – **94**

Intensive Outpatient Program (IOP) – **104**

Additionally, started the Ambulatory Withdrawal Management program in December 2016 and served **93** clients in one month.

#### **CHILD AND FAMILY SERVICES**

January 2015 – July 2015 – **120** individuals received counseling for substance abuse attending a total of **998** sessions.

Diagnosis in order of prevalence:

- **37** individuals had a diagnosis of Opioid Dependence
- **35** individuals had a diagnosis of Cannabis Dependence or Abuse
- **15** individuals had a diagnosis of Alcohol Dependence or Abuse
- **3** individuals had a diagnosis of Cocaine Dependence
- **1** individual had a diagnosis of Hallucinogen Dependence
- **29** individuals did not have a diagnosis recorded in their record

The CFS Runaway and Homeless Youth Resource Center Staff (**8** staff in total) completed training on how to administer Naloxone and the Manchester Health Department provided kits to keep on hand at the Center in order to quickly and effectively address any overdoses that may occur in the Center.

The CFS Runaway and Homeless Youth Resource Center Staff have brought 3 youth on 4 separate occasions to the Safe Stations Program when youth were seeking treatment for Opioid addiction and no rehab or detox bed was immediately available.

#### **FARNUM CENTER**

Total clients served in 2016: **2,861** (between facilities)

- 2016 expansion in Manchester including:
  - Implemented Partial Hospitalization Program in Manchester
  - Opened new women's low intensity treatment in Manchester
  - Received funding to open a transitional living program for women, expected 2017
- Increased capacity by **63** additional beds serving Manchester residents and freeing up beds in Manchester
  - Opened Ray House in Franklin (serving **21** women)
  - Renovated Webster House and became licensed (**42** bed facility for men)
  - Opened new IOP in Franklin
- Farnum Manchester and Farnum North: Over **\$1,300,000** provided in free and subsidized services provided annually, up 46% from FY15 and 60% from FY14

- Received a renewal of CARF Accreditation in April of 2016 for an additional 3 years, speaking to the high standard of care
- Approximately **58%** of clients served in 2016 had children under the age of 18
- **46%** of uninsured or under-insured clients were gainfully employed at the time of admission to outpatient/inpatient
- Treatment improving overall life satisfaction- **98%** of clients surveyed in 2016 reported an increase in life satisfaction across 12 domains post-treatment

### HILLSBOROUGH COUNTY NORTH DRUG COURT

In 2016, the state legislature approved funding for the institution of drug courts at the Superior Court level. Hillsborough County North Superior Court where Manchester felony cases are prosecuted consequently began a drug court program in November of 2016.

The drug court system is essentially an intensive probation program for participants who are deemed to need addiction services and highly likely to reoffend if not provided with treatment. The participants are required to report to court weekly, attend daily counseling and submit to several random drug tests weekly. Nationally, these programs have shown to be effective in assisting in recovery as well as reducing participant recidivism.

An officer from Manchester Police Department has been assigned to the Hillsborough County North Drug Court team as a law enforcement liaison. As a part of the team, this officer was involved in the development of policies and practices for the program prior to its implementation. The drug court team, including Manchester Fire Chief Goonan, oversees the supervision of the participants throughout the program which lasts approximately 18 months. Ultimately, the program will have between 75-100 participants.

### HILLSBOROUGH DEPARTMENT OF CORRECTIONS – SATCO PROGRAM

In 2016 the DOC had 16 overdoses resulting in 1 death. The DOC administered naloxone to five different inmates (two dosages each, 2 mg).

The new Substance Abuse Treatment Community for Offenders (SATCO) program was approved and funded in 2016. When implemented, SATCO will offer treatment during short term incarceration and passage into the community. SATCO will also offer to bridge the transition between confinement and the community through intense in-house treatment coupled with a pre-release reentry program. SATCO envisions Licensed Alcohol and Drug Clinicians (LADC's) to assess and treat inmates, facilitate group involvement, formulate individual treatment plans and collaborate with community resources; a Job Development Specialist to facilitate resume writing, employment skills, work release, community services and, ultimately, employment; and a Case Manager as the liaison between the inmates, corrections and outside services for proper placement and reintegration. SATCO is modeled after existing programs in other counties with favorable results.

## RECOVERY

### RECOVERY COMMUNITY CENTER

Hope for NH Recovery opened a new permanent location at the corner of Valley and Wilson in the former Hoitt's Furniture Building. Renovations are complete and the fully operational community center is 9,100+ square feet including a large open reception area with a Café, a computer lab, art room, Yoga and meditation space, a family room, and 2 large meeting spaces. Core organizational staff are also accommodated in the new space.

In 2016, the Manchester Center had **19,666** visits from over **1,200** members. Hope for NH Recovery's Manchester location sees on average 50 visitors per day. These visitors come to HOPE for a wide array of over 60 meetings and groups per week. There is a diverse schedule of meetings offering over 30 different meetings and groups. These include



traditional 12 step recovery meetings, family groups, Life Skills, Nutrition, and writing skills workshops. We also offer meditation sessions like Dharma Punx, Mindfulness, Reiki and Yoga.

Visitors also come in to meet with HOPE's recovery coaches. Recovery coaches meet with members one on one to discuss how they are meeting their recovery goals, for help getting any benefits they need such as healthcare coverage, and how their overall recovery is going. Recovery coaches help to remove barriers to recovery members may be facing. They also have valuable shared experience in recovery, helping members understand that they are not alone, and that recovery is possible. In 2016, there were a total of **766** hours of coaching documented.

Recovery coaches also conduct phone calls for Hope's Telephone Recovery Support (TRS) offering. The Manchester center has made over 5,400 TRS calls since opening. Of these calls, the staff connect with 26% of the people they reach out to. Of the 26%, 90% are maintaining their sobriety. This is remarkable as typical treatment programs have a success rate of 5-10%.

2016 is also the year that HOPE went live with our HOPE ED program. Hope has helped over **150** members from the community in emergency department settings. This program brings recovery coaches to hospital emergency departments, and other departments in the hospitals, to meet with community members in crisis that also face the disease of Substance Use Disorder (SUD). Coaches meet with the hospitals patient and talk to the individual about what recovery is, and how the person can connect with HOPE's recovery supports. The coach also meets with the person's family members to explain SUD, and what their loved one is experiencing. Coaches also provide Narcan training to the individual and their family. This program is live at CMC and Dartmouth Hitchcock Hospital. HOPE is finalizing service agreements with Concord and Franklin hospitals, with the vision of recovery coaches always being available in the hospital setting. The program went live in Manchester two months ago and coaches have seen **37** people in Manchester Hospital ED's during that time.

2017 will be the year Hope for NH Recovery begins expanding on its offerings to help the workforce begin a cultural change in regards to SUD. With a new Director of Recovery Development now in place, Hope's Workplace Initiative will begin gaining further ground. The Workplace Initiative offers recovery supports to employer's workforces and their families. Hope currently has **4** major employers in the Manchester area engaged in this program, and that number is expected to increase exponentially throughout the upcoming year.

## RECOVERY HOUSING

Families in Transition (FIT) is redeveloping the second floor of the Manchester Recovery and Treatment Center to expand its individual and group therapy for low-income women dealing with substance use disorders as well as to provide recovery housing units. The new center will double the existing number of women that the Family Willows Substance Use Treatment Center currently serves, resulting in reduced wait times for those seeking services, while still providing the same high level of evidence-based and gender specific care.

Additionally, 11 one-bedroom recovery housing apartments for mothers and children will be developed on the same floor while 11-bedroom, double occupancy, recovery communal living units for single women will be developed on the third floor.

Recognizing that the lack of a stable and substance free living environment can be a serious obstacle to sustained recovery, this project will provide recovery housing to help women sustain a healthy lifestyle. The recovery housing will be staffed 24/7 to reduce the possibility of relapse and provide around the clock support for those transitioning into substance-free living.

# ENFORCEMENT

## MANCHESTER POLICE

The Manchester Police Department currently employs a variety of strategies to address the opioid crisis within the city. In addition to enforcement efforts such as Operation Granite Hammer, the department is also involved in educational programs such as DEA 360 and recovery support programs such as the Hillsborough County North Superior Drug Court program. Below are further details regarding MPD's efforts.

### Operation Granite Hammer

In late 2015 and early 2016, the Manchester Police Department collaborated with the NH State Police and the DEA to conduct a series of combined enforcement operations. These operations were named "Operation Granite Hammer". Initially Operation Granite Hammer consisted of 9 days of enforcement over a several month span and was funded using money allocated by the City of Manchester. Operation Granite Hammer was extremely successful, resulting in the following seizure/arrest numbers:

<b>Arrests:</b>	94
<b>Heroin Seized:</b>	777.1 grams (1.71 pounds)
<b>Cocaine Seized:</b>	2205.8 grams (4.86 pounds)
<b>Crack Seized:</b>	3.2 grams
<b>Crystal Methamphetamine Seized:</b>	144.5 grams
<b>Marijuana Seized:</b>	833 grams (1.83 pounds)
<b>Rifles Seized:</b>	4
<b>Pistols Seized:</b>	5
<b>Vehicles Seized:</b>	2
<b>Currency Seized:</b>	\$151,802

Based on the success of Operation Granite Hammer, legislation was introduced to provide state wide grant funding to conduct similar operations throughout the state. This legislation was dubbed "Operation Granite Hammer" as well. In July of 2016, Governor Hassan signed the Operation Granite Hammer bill into law which provided \$1.5 million dollars of available grant money for enforcement operations. This grant was entitled the "Opioid Abuse Reduction Initiative Grant". The Manchester Police Department applied for and was awarded \$395,058 in funding through this grant. This grant funding is being used for the following enforcement efforts:

The MPD continues to work in a collaborative effort with NHSP and DEA to conduct multiple enforcement operations within the city. Activities include surveillance of problem addresses, buy/busts and warrant service of drug trafficking suspects from earlier investigations.

### Overdose Death Investigations

Detectives from the Special Enforcement Division and Investigative Division work together to investigate all overdose deaths. Detectives are called in to respond to the scene of the death to initiate a full investigation. Utilizing any evidence recovered, detectives work to identify the source of supply of the drugs that caused the death. These investigations allow us to directly target those whom we know to be selling opiates which have resulted in deaths.

### Targeted Street Enforcement Operations

Utilizing a combination of SED, Community Policing and Patrol officers, operations are conducted to target reported problem addresses that may not be currently under investigation due to manpower issues. These operations utilize intelligence gathered from a variety of sources and address problem houses in a more expedient manner than a full covert drug investigation.

### **Undercover Covert Operations**

The Special Enforcement Division will utilize funds to expand investigations of subjects dealing opioids illegally within the city.

The strategies listed above are in addition to the daily drug interdiction efforts conducted by officers as well as the investigations conducted by the Special Enforcement Division.

### **The City-County National Task Force on the Opioid Epidemic**

In March of 2016, Manchester Police Chief Nick Willard was named by the National League of Cities (NLC) and the National Association of Counties (NACo) as the law enforcement representative for the newly formed City-County National Task Force on the Opioid Epidemic.

This national task force was formed to explore how cities and counties collaborate to address the opioid epidemic and how local leaders can help to build upon these collaborations and scale them nationally, in order to improve outcomes in local communities across America that have been impacted by the epidemic. The Task Force will aim to increase awareness of the opioid epidemic, elevate proven solutions, provide policy recommendations to local, state and federal governments, and disseminate guidance and solutions to city and county officials.

### **DEA 360**

In 2016, the City of Manchester was selected by the Drug Enforcement agency to become one of the first cities in the country to launch their DEA 360 program. The program is a drug education and awareness program that uses a three-fold approach to fight the opioid problem.

- (1) Coordinated Law Enforcement actions against drug cartels and heroin traffickers in specific communities;
- (2) Diversion Control enforcement actions against DEA registrants operating outside the law and long-term engagement with pharmaceutical drug manufacturers, wholesalers, pharmacies, and practitioners; and
- (3) Community Outreach through local partnerships that empower communities to take back affected neighborhoods after enforcement actions and prevent the same problems from cropping up again. For details on the current and 2017 Community Outreach efforts please see details listed under the Health Promotions and Prevention section.

MPD and DEA will be partnering with the school department to institute the program in the up-coming year.

## **SUBSTANCE USE DISORDER & BEHAVIORAL HEALTH INTEGRATION**

### **SUBSTANCE USE DISORDER CONTINUUM OF CARE (CoC)**

Makin' It Happen Coalition for Resilient Youth, Inc. (MIH) in partnership with the Manchester Health Department (MHD) are actively implementing the rollout of the state Public Health Network – Substance Use Disorder Continuum of Care initiative for the Greater Manchester region. This initiative has provided one full time CoC Facilitator dedicated to developing this work. Led by the vision statement developed by our community partners in the summer of 2015, below is a snapshot of the work completed in 2016:

*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 health of our communities.*

- SUD Continuum of Care facilitator hired February 2016
- Substance Use Disorder asset and gaps assessment completed
- Draft recommendations for action written, vetted by stakeholders, and prioritized for immediate next steps
- From the identified assets, a Substance Use Disorder resource guide was created and distributed to community stakeholders and providers. The guide is available both in print and online [www.communitycompassgmr.org](http://www.communitycompassgmr.org) (500+ guides distributed in print, 89 online page hits Oct-Dec)
- Resource cards and rack cards were distributed throughout the year to better inform the community of available prevention, intervention, treatment and recovery options available (4,000+ resource cards distributed in 2016)
- The Greater Manchester Substance Abuse Collaborative group meets monthly, bringing together providers across the continuum of care from behavioral health, prevention, intervention, treatment and recovery. The collaborative met 12 times in 2016 and added additional professional development to regular meetings including training in Narcan Administration, Insurance Parity, Veterans Culture and a Legislative Update.
- To better meet the goals of the recommendations for action, the Collaborative established workgroups for Prevention, Treatment and Recovery. These workgroups began tackling projects such as PSA's to match school needs, surveying recovery housing capacity and proactively addressing the rollout of Screening, Brief Intervention and Referral to Treatment (SBIRT).
- CoC Facilitator co-chairing the Expansion of Intensive SUD Treatment Options workgroup for the 1115 Waiver
- CoC Facilitator in collaboration with Manchester Fire Department assisting in the development of youth protocol for the Safe Stations program

## NETWORK4HEALTH

Network4Health (N4H) is a 43-partner integrated delivery network (IDN) established, as part of NH's 1115 Transformation Waiver. N4H serves 18 communities surrounding Greater Manchester, Derry and Salem. The region has a total population of more than 320,000. The target population to be served is estimated to be about 45,000.

Catholic Medical Center serves as the lead agency. The N4H Partnership Team is the oversight body for the IDN and is composed of representatives of the CMC leadership team and one representative of each of the 43 partner organizations. The N4H Steering Committee is composed of 12 representative leaders from the partner organizations and is responsible for guiding the day-to-day work of the network. The Steering Committee is the primary governing body for N4H and is directly accountable to the Partnership Team.

The overarching goals for this waiver are:

- Integrating physical and behavioral health to better address the full range of beneficiaries' needs;
- Expanding provider capacity to address behavioral health needs in appropriate settings; and
- Reducing gaps in care during transitions through improved care continue coordination or individuals with behavioral health issues.

DSRIP funding will enable the state to make performance based funding to regionally-based Integrated Delivery Networks (IDN's) that furnish Medicaid services.

Over 5 years, the waiver may provide up to **\$150,000,000** in support of the objectives established in the agreement with the Federal government. Funding is based on achievements of established process and performance metrics. Funding is NOT guaranteed as targeted metrics must be met.

In 2016 Network4Health was established, a steering committee was organized, 16 focus groups were completed, a community needs assessment was put together, project plans were submitted and approved.

All regions must implement two Statewide Projects including:

- Behavioral Health Workforce Capacity Development and,
- Health Information Technology (HIT) Infrastructure to Support Integration

All regions must implement Core Competency Project:

- Integrated Healthcare

Projects selected in Greater Manchester IDN:

- Care Transition Teams
- Expansion of Intensive SUD Treatment Options
- Integrated Treatment for Co-Occurring Disorders

## CATHOLIC MEDICAL CENTER

- Endocarditis (infected heart valve) patients in hospital due to Injection drug use 2016 = **62**
- Agreement for use of Recovery Coaches in the ED and Inpatient areas for increased awareness of community resources (received some grant funding from Foundations for Healthy Communities)
- CMC has developed resources for the care and treatment of persons admitted with a SUD for providers to access information on how to best treat patients with SUD
- Roots for Recovery including Medication Assisted Treatment (MAT) and incentives for clients to remaining substance free during pregnancy
- MAT rolled out in Moms Place pregnancy care center and in pain clinic
- Healthcare for Homeless (HCH) providing physicals for those entering treatment
- HCH outreach to vulnerable populations, education and Screening, Brief Intervention and Referral to Treatment (SBIRT) services
- Integration of the HCH program to include Substance use services, behavioral health and medical services LADAC, LMHC, LICSW, Psychiatric APRN, Family Practice APRN, Internal medicine APRN, Family Practice MD and Internal medicine MD
- November 2016, held 2<sup>nd</sup> Annual Summit on Treating Opiate Dependent Patients – **220** attendees - for providers and health care workers to improve knowledge, care and awareness of community resources
- Developed a guideline for the ethical allocation of “heart valves and surgery resources” to patients with refractory SUD
- Dr. Goodman has been utilized as a spokesperson/medical expert by the state in several legislative/political forums
  - Governor’s designee to the Opioid Prescribing Rules Committee
  - Multiple times Testified in Concord on HB 1423
  - Worked with Governor’s Advisor on Addiction and Behavioral Health, James Vara and Attorney General Foster to develop Opioid Response strategy
  - Worked closely Hope for NH Recovery to bring them into CMC
  - Educated Hospital Staff on the opioid crisis
  - New Futures Blog post <http://new-futures.org/blog/drgoodman>

**Healthcare for the Homeless** program data:

<b>Total patients w/ Substance Use Disorder (SUD) dx</b>	<b>713</b>
% patients with SUD = 713/1628	<b>44%</b>
<b>Total Patients receiving SBIRT</b>	<b>670</b>
% receiving SBIRT = 670/1628	<b>41%</b>
<b>Total patients with Opioid Use Disorder (OUD)</b>	<b>172</b>
% patients with OUD = 172/1628	<b>11%</b>
% of SUD patients with OUD = 172/713	<b>24%</b>
<b># NARCAN kits distributed</b>	<b>27</b>

Total # referred to HCH from Serenity/WRAP & other sources for pre-treatment entry physical exams (since Sept. x 4 months) **192** (48 per month)

Total # referred to HCH from WRAP for CIWA/COWS withdrawal evaluation, episodic visit and comfort medications (since Sept. x 4 months) **120** (30 per month)

### DARTMOUTH HITCHCOCK

- Continued SBIRT program. One of the initial groups to use the tool. Additionally use two other screening tools on all adolescents
- Continued work with CMC MOM's place caring for addicted moms and their infants when born. A model program that's now getting national attention.
- Implemented work flows for use of the Prescription Drug Monitoring Program (PDMP) including designing forms for use in Electronic Medical Record (**115** physicians and **78** ARNP's or PA's registered with the PDMP)
- Working to establish an internal suboxone program, hopefully to include ARNP's after January 1.
- Provider education with in person lectures and on line education (**4** sessions held)
- Convened a city wide medical meeting with CMC, Elliot and DH physician leaders to create work flows to decrease the volume of new prescriptions as well as a more coordinated approach to weaning chronic users in a controlled manner so they don't seek alternatives

### ELLIOT HEALTH SYSTEM

- On average, treat **53** overdoses/month overall and 40% (or 21pts/month) are due to opiate/heroin
- SBIRT has been implemented for patients with alcohol misuse disorder. That is 4.2 RN FTEs (1 RN 24/7) and 1.0 LICSW/LADAC FTE completely devoted to patients with substance use disorder in the general hospital
- Last fiscal year, the Elliot committed 6 FTEs to support patients with behavioral health concerns on medical floors to ensure that they are holistically cared for. This includes a 24/7 specialty behavioral health RN resource and a 40/week LICSW/LADAC who sees all patients with substance use disorder to attempt to motivate them to a different stage of change and engage in treatment, as well as individual psychotherapy. They are referred to as the Behavioral Emergency Response Team (BERT). During the last calendar year- specifically 1/28/2016-12-31/2016, the BERT completed a total of **774 consults** on patients in the general hospital. This includes advocacy and a specialized behavior plans to ensure the most therapeutic and evidence based approach to the patient's disease process, and individual case management (with our hospital social work team) to connect those to treatment who were motivated to change. Also completed more than **200 consults** for Subutex (led by psychiatrist team), to either detox patients humanely from opiates or begin their medication assisted therapy to continue upon discharge to the community. No longer "medically manage" opiate detox, but instead use Subutex, which is a much more humane and comfortable detoxification for patients who are suffering from the disease of addiction. Have also worked with Homeland Security, on a case by case basis, to psychologically stabilize and comfortably detox human trafficking victims on the inpatient psychiatric unit.

## MONITORING & SURVEILLANCE

### TRACKING SUSPECTED OVERDOSES & FATALITIES

American Medical Response **2016** summary:

**Suspected Overdoses:** 785

**Suspected Fatalities:** 90

**2015**

Suspected ODs: **729**

**2014**

Suspected ODs: **391**

## TRACKING NEONATAL ABSTINENCE SYNDROME (NAS) BIRTHS

Catholic Medical Center reported **46** NAS births as of December 22, 2016. The numbers at CMC have tripled in the past few years and NAS births now account for 6% of all births at CMC. Mom's place at CMC works in partnership with Dartmouth Hitchcock to address the issue of addiction during pregnancy and NAS births.

Elliot Health Systems cared for **54** babies in the NICU for NAS in FY16 (July 1, 2015 through June 30<sup>th</sup> 2016) and in FY17: **40** babies cared for in the NICU for NAS. Elliot also has NAS babies who are on the Maternity unit with their mom until the mom is discharged. Once mom is discharged, they are moved to Pediatrics for the remainder of their observation time (typically 4 day total) in which they are discharged home from there. Important work going on in all of Women's and Children's around how best to care for mothers with substance use disorder and babies who are withdrawing.

## HEPATITIS C AND HIV

In November 2016, the New Hampshire Department of Health and Human Services (NH DHHS) updated the communicable disease-related administrative rules, HeP-301. Under the new rule change, NH became the last state in the nation to mandate reporting of Hepatitis C virus (HCV) infections to the health department. Hepatitis B and C and HIV are among the numerous health threats facing people who misuse opioids, particularly those who inject these drugs. The Manchester Health Department offers Hepatitis C and HIV testing. In 2016 the department conducted **353** tests for Hepatitis C and **466** tests for HIV.

## NEEDLE PICKUP

If not properly disposed of, needles can be very dangerous. The most commonly transmitted diseases from needles are Hepatitis B and C and HIV. The Manchester Health Department, Manchester Fire Department and AMR have responded to the community need and public health concern of discarded needles throughout the city. In 2016, Manchester Fire and AMR removed 220 needles from the city and Manchester Health Department removed 350. A total of **570** needles were picked up and properly disposed of to ensure the safety of Manchester's citizens.

## IDENTIFIED GAPS AND 2017 PLANS

Identified gaps include:

- Workforce development – difficulty filling open positions with qualified applicants
- Developmentally appropriate treatment and recovery support services for youth and young adults
- Language barriers and culturally competent care
- Funding for systems implementation and needed bricks and mortar to expand current services
- Permanent supportive housing
- Barriers to care including stigma, cost, insurance and long waits for care
- Safe and affordable sober living and recovery housing in the community
- Need for more specialized SUD treatment for specific populations including women and co-occurring
- Collaborative care across the Continuum of SUD
- Risks and problems associated with transitioning from one level of care to another

Ongoing and Upcoming work in 2017 includes:

- Increased collaboration in tracking and sharing data across organizations
- Manchester Fire Department and SUD Continuum of Care Facilitator working with community partners to establish protocol for minors accessing Safe Station program and examine the dearth of treatment for youth and young adults

- Network4Health project plans due June 30<sup>th</sup> and implementation begins July 2017
- Continuing to expand utilization of the PDMP and educate prescribers on safe practices
- Increased collaboration across organizations to best serve clients and to aid in care transitions
- Implementation of screening tool by PCPs (e.g. SBIRT)
- Continued expansion of MAT and treatment for cooccurring disorders
- The Manchester Recovery and Treatment Center is bringing a collaborative approach between three agencies and a planned health care center (provider TBD) to ensure a smooth process for a person in recovery to get the support they need throughout the continuum of care
- Expansion of Recovery Housing for women both single and parenting
- Increasing gender specific, co-occurring and enhanced services to break the barriers to treatment for women including transportation and child care
- Continued prevention programming for students and community members including DEA 360 and EmpowerU!
- Continued and improved monitoring and surveillance

## THANK YOU FOR YOUR CONTRIBUTIONS

Thank you to all who contributed data and narrative to this report. It has taken the full community to respond to this crisis and our partner agencies have stepped up, worked together, and made strides towards solutions. Tracking data and sharing across agencies has been a critical need in our community to get a full picture of the crisis and of the response resulting in less duplication and a direct impact on the number of overdose deaths and well as increase in number of people seeking treatment and finding a path to recovery.

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Dr. Steve Paris

Jon DeLena

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Peter Janelle

Jon Donovan, Shannon Hebert

Stephanie Bergeron

AMR

Catholic Medical Center

Child and Family Services

Dartmouth Hitchcock

DEA

Elliot Hospital

Families in Transition

Farnum Center

Granite United Way

Helping Hands Outreach

Hillsborough County Corrections

Hope for NH Recovery

Makin' It Happen

Manchester Community Health Center

Manchester Fire Department

Manchester Health Department

Manchester Police Department

Manchester Public Schools

Mental Health Center of Greater Manchester

Network4Health

Office of Youth Services

Serenity Place