

GREATER MANCHESTER

# Substance Use Disorder Continuum of Care Development Plan

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Greater Manchester Region

12/14/2016



## I. Overview

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

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

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

## II. Guidelines for Developing the Regional Continuum of Care Plan

*The plan will use the ACPIE (Assessment, Capacity, Planning, Implementation, and Evaluation) model from the Strategic Planning Framework to frame activities and progress. This will help assure that the development of each component of the plan is linked to the preceding components, and will also help capture, align and assign information from discussions concerning desired adaptations.*

*The plan should propose actions that move the region toward achieving a comprehensive and accessible continuum of care which can be adapted based on emerging opportunities at the regional or state level, and/or the resources and expertise new partners may bring to the process.*

## III. Important Due Dates

***Asset and Gaps Assessment Due: April 15, 2016***

***DRAFT Development Plan Due: July 15, 2016***

***Updated Development Plan Due: December 2, 2016***

# Greater Manchester Regional Substance Use Disorder Continuum of Care Development Plan

## Executive Summary

Through community and stakeholder input the Substance Use Disorder Continuum of Care workgroup has begun the process of moving our region forward towards our shared vision.

***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.***

To this end, we have held community events, focus groups and key informant interviews to assess our community readiness, current assets and gaps in service, develop recommendations for action and established workgroups in Prevention, Treatment and Recovery that have begun work in priority focus areas.

## I. Introduction

### Our Region

The Greater Manchester Public Health Region is comprised of the City of Manchester and the surrounding towns of Auburn, Bedford, Candia, Deerfield, Goffstown, Hooksett and New Boston. The region has a population of 181,666 people<sup>1</sup>, which is approximately 14% of the total New Hampshire state population. The population of the Greater Manchester Public Health Region is more racially and ethnically diverse compared to the State of New Hampshire with 9.9% of the population comprised of races other than White/Caucasian (compared to 6% for NH overall) and 5.6% of the population with Hispanic or Latino ethnicity (compared to 2.9% for NH overall).<sup>2</sup> Over 80 languages are spoken as first languages throughout the Manchester School District. The percentage of individuals in the Greater Manchester Public Health Region living with incomes at or below 200% of the federal poverty level (24.5%) is similar to the rate for New Hampshire overall (22.0%).<sup>3</sup> However, it is important to note that there is wide variation in household income levels across the region with median values ranging from \$55,306 in Manchester to \$123,423 in Bedford. It is also important to note that the percentage of children (ages 0-17) living in poverty (100% FPL) across the Greater Manchester Public Health Region (14.3%) is notably higher than in New Hampshire overall (11.1%).<sup>33</sup>

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<sup>1</sup> Data source: U.S. Census Bureau American Community Survey 2010-14, 5-year estimates

<sup>2</sup> Data Source: US Census Bureau, American Community Survey. 2009-13

<sup>3</sup> Data Source: US Census Bureau, Decennial Census. 2000-2010

## **The Issue**

Substance misuse is one of the most prevalent and problematic public health issues that poses a wide range of safety and health risks, impacting physical, social and emotional well-being. Substance misuse, involving tobacco, alcohol, illicit drugs, misuse of prescription drugs, or combinations of all of these behaviors, is associated with a complex range of negative consequences for health and wellbeing of individuals, families and communities. In addition to contributing to both acute and chronic disease and injury, substance abuse is associated with destructive social conditions, including family dysfunction, lower prosperity, domestic violence and crime.

Alcohol remains the most prevalent substance misused in the United States and in New Hampshire. Underage drinking, binge drinking, regular heavy drinking and drinking during pregnancy are some forms of alcohol misuse that pose highest risk. Tobacco related diseases kill more people than alcohol, Acquired Immune Deficiency Syndrome (AIDS), car crashes, illegal drugs, murders and suicides combined. In New Hampshire, more than 1,764 deaths are attributable to tobacco use each year, which includes 556 lung cancer and 490 respiratory deaths each year. Marijuana is the illicit drug most likely to be used by teens and young adults. A majority of people being admitted to treatment programs in NH cite marijuana as a primary or secondary reason for seeking treatment. Marijuana use has a wide range of effects, particularly on cardiopulmonary and mental health, and is also known to be a contributing factor leading to the use of other drugs.

The 2015 Youth Risk Behavior survey reports that 12.3% of Greater Manchester students tried alcohol before age 13 as compared to 10.8% in NH overall. This is particularly concerning because underage drinking is a risk factor for heavy drinking later in life, which can lead to other medical problems. Youth who start drinking before age 15 are almost 5 times more likely to develop alcohol dependence or abuse later in life than those who begin drinking at or after age 21.<sup>4</sup> Compared to 2.4% in NH overall, 3.2% of Greater Manchester region students reported ever having used heroin. The opiate epidemic across the country has hit New Hampshire hard and Manchester, as the largest city in the state, is at the epicenter.

In 2015, the NH Department of Justice's Office of the Chief Medical Examiner reported that the city of Manchester accounted for nearly a quarter of the fatal drug overdoses reported across New Hampshire while representing only 8% of the State's total population. These rates do not appear to be slowing in 2016, in fact, between January and November the Manchester Fire Department has estimated that they have responded to over 700 suspected overdose calls with more than 80 ending in fatality.

## **What do we do?**

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<sup>4</sup> Data source: <http://www.samhsa.gov/underage-drinking-topic>

The Greater Manchester Regional Substance Use Disorder Continuum of Care initiative is led by the Makin' It Happen Coalition for Resilient Youth, Incorporated (MIH). Through a long-standing partnership with the Manchester Health Department (MHD) MIH strives to ensure the uniqueness of the regional communities along with the diversity of the residents as we develop and rollout substance use disorder continuum of care strategies. Every effort is made to include representatives from all six core community sectors (Business, Health, Education, Government, Safety/Law Enforcement, and Community/Family) within the regional network.

During 2015 and 2016 partners from the Greater Manchester Public Health Network engaged in the CoC planning process. The purpose of this process was to engage community partners:

- To assess the current capacity of substance misuse services, where they are delivered, and their accessibility
- To use that information to work toward the establishment of a robust, comprehensive, and accessible substance use disorder continuum of care

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

This process began in May 2015 with the identification of subject matter experts in each component of the continuum of care who then formed a CoC Blueprint Project Team. A kickoff community event attracted over one hundred stakeholders across the region and was followed-up with focus groups, the hiring of a CoC facilitator, an SUD asset and gaps assessment and draft recommendations for action which were then vetted by stakeholders and prioritized for immediate next steps. The following sections walk through the process of assessment, capacity, planning and evaluation for our region. This document is periodically updated as the work continues to progress over time.

## II. Assessment

This section provides an overview of the needs and challenges that exist in the state and the region relative to building a comprehensive and coordinated substance misuse continua of care in each region of the state. The determination of need will be an ongoing process based on the identification, engagement and input of additional stakeholders, and the integration of new information/data as it becomes available.

The NH Department of Health and Human Services/Bureau of Drug and Alcohol Services (DHHS/BDAS) has determined that the best way to prevent and/or decrease the damage that substance misuse causes to individuals, families, and communities is to develop a robust, effective and well-coordinated

continuum of care in each region of the state, and to address barriers to awareness and access to services. The regional continuum of care will include health promotion, prevention, early identification and intervention, treatment, recovery supports and coordination with primary health and behavioral health care.

The Greater Manchester Region has identified substance misuse as a priority health issue in its Regional Community Health Improvement Plan (RCHIP) and Substance Misuse Prevention Strategy. 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 health of our communities.***

The education and learning process was Phase I of the Substance Use 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 opioid/opiate epidemic. Phase I included a launch event, focus groups, workgroup meetings and a region-wide community forum.

The continuum of care Facilitator was hired at the end of February 2016 and began moving the vision forward through continued assessment and planning with stakeholders. Overall the Greater Manchester Public Health region had existing well established partnerships across the continuum that supported this work with enthusiasm.

Many community needs assessments and work plans have been recently developed in our region including the Regional Community Health Improvement Plan, 2016-2019 Substance Misuse Prevention and Other Health Promotions –Prevention Plan, the continued implementation of the Neighborhood Health Improvement Strategy and the ongoing work of the Weed and Seed project. As the CoC assets and gaps assessment was being completed the 1115 Transformation Waiver was approved at the state level. The Greater Manchester Public Health Network understands that it is vital for the CoC plan to align closely with these ongoing efforts to make the best impact for our communities.

### III. Capacity

The region will complete an assets and gaps scan to identify resources, gaps and barriers that can help or hinder the achievement of the region's statement for continuum of care development presented in the Assessment section of this plan. The assets and gaps scan will be an ongoing process based on the

identification, engagement and input of additional stakeholders, and the integration of new information/data as it becomes available.

To assess the existing assets in the Greater Manchester Region, both quantitative and qualitative methods were used to determine the quantity, type and range of services currently available to residents. Sources used to create a list of existing services include the current Substance Misuse Prevention Plan for Greater Manchester, the NH Treatment Locator database, the Granite United Way 211 database, the Manchester Neighborhood Health Improvement Strategy, the Redbrick Guide and other community resource guides and websites. Between March-April of 2016, eighteen interviews were conducted with key stakeholders representing different components of the continuum of care services in the region (Table 1).

Table 1. *CoC Facilitator Interviewees for assessing regional SUD assets and gaps.*

<b>Subject Matter Experts identified during the Blueprint Project (Name, Organization)</b>	<b>CoC Component Represented</b>
<ul style="list-style-type: none"> <li>• Mary Forsythe-Taber, Makin It Happen</li> <li>• Maria Gagnon, Child &amp; Family Services</li> <li>• Stephanie Savard, Families in Transition</li> <li>• Holly Cekala, Hope for NH Recovery</li> <li>• Tim Soucy, Manchester Health Department</li> <li>• Rik Cornell, Mental Health Center of Greater Manchester</li> </ul>	Prevention Intervention Treatment Recovery Primary Care Behavioral Health
<b>Additional stakeholders interviewed</b>	<b>CoC Component Represented</b>
<ul style="list-style-type: none"> <li>• Chief Willard &amp; Assistant Chief Capano, Manchester Police Department</li> <li>• Chief Browne, Goffstown Police Department</li> <li>• Chief Bryfonski, Bedford Police Department</li> <li>• Chris Hickey, Manchester Fire Department</li> <li>• Christopher Stawasz &amp; Rocco Caprarello, American Medical Response (AMR)</li> <li>• Meghan Shea, Families in Transition (FIT)</li> <li>• Marianne Savarese, Healthcare for the Homeless</li> <li>• Georgelyn Wizner, Catholic Medical Center (CMC)</li> <li>• Jon Donovan, Manchester Office of Youth Services</li> </ul>	Enforcement/Prevention/Intervention  Enforcement/Prevention/Intervention  Enforcement/Prevention/Intervention Prevention/Intervention Prevention/Intervention  Treatment Prevention/Intervention/Treatment/Recovery  Primary Care/Behavioral Health  Prevention/Intervention/Treatment

<ul style="list-style-type: none"> <li>• David Ryan, Assistant Superintendent, Manchester Public Schools</li> <li>• Erin Kelly, Child and Family Services</li> <li>• Melissa Crews, Hope for NH Recovery</li> </ul>	Prevention/Intervention  Intervention/Treatment/Recovery  Recovery
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The Greater Manchester Public Health Regional Network’s strength is rooted in the many community-based workgroups that meet regularly to discuss substance misuse and healthy living. In addition to informational interviews with key stakeholders, information for assessment was also gathered through group meetings and discussions including the Greater Manchester Emergency Group, Substance Misuse Collaborative and the Board of Mayor and Alderman’s Special Committee on Alcohol, Other Drugs and Youth Services and the Region 4 IDN Leadership Team (Table 2).

Table 2. Description of workgroups attended by CoC for assessment purposes.

Group Name	Purpose	Membership
<b>Substance Misuse Collaborative</b>	Meets monthly bringing together prevention, intervention, treatment and recovery provider agencies to share experiences, resources and discuss opportunities to address substance misuse throughout the region.	Facilitated by the CoC from Makin It Happen and attended by representatives from Manchester Health Dept, Hope for NH Recovery, Mental Health Center of Greater Manchester, New Horizons for NH, Easter Seals/Farnum Center, NH Providers Association, DHHS, Habit OPCO, Serenity Place, Elliot Health Systems, Catholic Medical Center, Faster NH, Manchester Community Health Center, Families in Transition, Office of Youth Services, Veterans Affairs, CC Health, Southern New Hampshire University, Child and Family Services, Live Free Structured Living, New Futures, Manchester School Department, DCYF, IDN Region 4
<b>Greater Manchester Emergency Group</b>	The purpose of this group is to go over plans of action for upcoming events, notifications for upcoming large training opportunities that can be passed from “Chief to Chief”, updates on significant medical concerns	Facilitated by Christopher Hickey of Manchester Fire Department and includes leadership from the Manchester Fire Department, Manchester Police Department, American Medical Response, Goffstown Fire Department, Bedford Fire Department, Manchester Health Department, Hooksett Fire Department,



	in the region, first responder safety and awareness and also to bring in outside agencies to discuss topics relevant to all that can be brought back to individual organizations and departments.	Catholic Medical Center, Elliot Hospital and Makin It Happen.
<b>Special Committee on Alcohol, Other Drugs and Youth Services</b>	The Board of Mayor and Aldermen (BMA) is the legislative body of the City of Manchester. As the governing body, the BMA sets law and policies for the City. The board includes nine standing committees and special committees.	Aldermen Barry, Ludwig, O’Neil, Shaw Pappas and Long  Additional attendance by: David Ryan – Manchester School Department, Tim Soucy – Manchester Health Department, Chief Goonan – Manchester Fire Department, Jon Donovan – Office of Youth Services, Chris Stawasz – American Medical Response, Chris Hickey – Manchester Fire Department
<b>IDN Region 4 Leadership Team</b>	Integrated delivery Network team for Region 4 working on the 1115 Transformation Waiver with Catholic Medical Center as the lead agency.	AMR, Granite Pathways/FedCap, International Institute of New England, Life Coping Inc., New Horizons for NH, Derry Friendship Center, Community Crossroads, Ascentria Care Alliance, Bhutanese Community of NH, NH Catholic Charities, Catholic Medical Center, Center for Life Management, Child and Family Services, Crotched Mountain Community Care, Dartmouth-Hitchcock Manchester, Easter Seals, Elliot Health System, Makin It Happen, Families in Transition, Goodwill Industries of Northern New England, Granite State Independent Living, Granite United Way, Greater Derry Community Health Services, Inc. (CHS), Hillsborough County, HOPE for NH Recovery, Manchester Health Department, Manchester Community Health Center, Manchester Housing and Redevelopment

		Authority, Manchester School District, The Mental Health Center of Greater Manchester, The Moore Center, NAMI New Hampshire, NH Legal Assistance, On the Road to Wellness, Parkland Medical Center, Rockingham County Rehabilitation and Nursing Center, Serenity Place, ServiceLink Aging and Disability Resource Center of Rockingham County, Southern New Hampshire Services, St. Joseph Community Services, Inc.
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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. Specific populations identified as underserved included youth and young adults, households for whom English is a second language and people living in poverty. The complete list of existing services and gaps in service is included in *Appendix A* and a brief summary is included in Tables 4 & 5.

Table 4: *Summary of SUD COC Assets. Snapshot in time: April 15, 2016*

PREVENTION				
School districts	Be Bold Coalition (Bedford)	Child Health Services	Salvation Army	Senior Services
Parks and Recreation	Crispin's House (Goffstown)	Makin' It Happen	MPAL	NH JAG
Health Department	YMCA	New Horizons for NH	Manchester Community Health Center	City Year

Police Department	Boys & Girls Club	Harbor Homes	Office of Youth Services	Media Power Youth
Fire Department	YWCA	Up Reach	Life of an Athlete (through NHIAA)	Granite United Way
Partnership for Drug Free NH	NAMI	Child & Family Services	Teen Institute	TAP Program

### INTERVENTION

Office of Youth Services	Child Health Services	Police Department	Fire/EMS	SAP Program in schools
Elliot Hospital	Hillsborough County Department of Corrections	VA Hospital	Catholic Medical Center	Sununu Youth Services Center
Dartmouth Hitchcock	AMR	NH Catholic Charities	Reformers Unanimous	Healthcare for the Homeless
Families in Transition	Child & Family Services			

### TREATMENT

Serenity Place	Healthcare for the Homeless	VA Hospital	Child & Family Services	Keystone Hall
Farnum Center	Independent LDACs & SUD Counseling Services	Elliot Hospital	Catholic Medical Center	OPCO Habit
Families in Transition	Westbridge	Dartmouth Hitchcock	Manchester Metro Treatment Center	Phoenix House
NH Catholic Charities	New Horizons for NH	MHC-GM Community Support Services	MHC-GM The Cypress Center	MHC-GM Bedford Counseling
MHC-GM North End Counseling				

RECOVERY				
Hope for NH	Liberty House	Teen Challenge	Families Sharing Without Shame	Live Free Recovery Consultant
Recover Together	Salvation Army	Alcoholics Anonymous	Narcotics Anonymous	Southern NH Services
Helping Hands Outreach Center	Healthcare for the Homeless	Families in Transition	Child & Family Services	Serenity Place

OTHER RESOURCES (FUNDING, ADVOCACY, POTENTIAL PARTNERS, ETC.)				
NAMI	FedCap	NH BDAS	American Foundation for Suicide Prevention	NH Charitable Foundation
New Futures	NH Providers Association	Center for Excellence	Governor's Commission on Alcohol and Drug Abuse	Foundations for Healthy Communities
Massachusetts College of Pharmacy and Health Sciences	Chamber of Commerce	Manchester Transit Authority		

FAMILY SUPPORTS				
FASTER	Nar-Anon	Ala-non	GRASP	Ala-teen
Children's Behavioral Health Collaborative	Child & Family Services	Serenity Place		

Table 5. *Summary of SUD COC Gaps & Barriers. Snapshot in time: April 15, 2016*

ALL COMPENENTS (PREVENTION, INTERVENTION, TREATMENT & RECOVERY, PRIMARY CARE & BEHAVIORAL HEALTH)				
Consistent and attainable	Language barriers	Workforce Development	Community members with lived	Funding for systems implementation

certification standards			experience to inform planning	
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		

<b>PREVENTION</b>				
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			
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## 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		

Additionally, the CoC Facilitator connected with two UNH MBA Candidates who were working with Elliot Health System to assess needs and assets of substance use disorder treatment in June 2016. We were fortunate to make a connection with this work being done as part of a thesis level project and this helped to additionally inform the capacity of our regions treatment providers. Assessment results show that treatment is hindered by problems of capacity, integration and access, but at different degrees for each program type (*Table 6*). The research from these students suggests that access is the primary issue, integration is secondary and capacity is tertiary. A detailed spreadsheet of treatment services in the region is included in *Appendix B* in addition to the brief summary of findings listed in the table below.

Table 6. *Analysis of results from UNH MBA project on treatment capacity.*

<b>Capacity</b>
Residential treatment and WM are critical capacity shortfalls in the state. With approximately 274 and 33, respectively, SUD patients have very limited opportunities for inpatient detox programs. Due

to compounding access problems for Medicaid patients, our recommendation focused entirely on outpatient WM and PHP as a temporary solution to overcome the existing gap.

**Integration**

The prevalence of MAT, outpatient, and IOP, and increasing PHP capacity, allow for potentially beneficial cross-facility and program integration. For example, a patient in need of MAT with IOP could pursue the former at a facility that can accommodate his/her and his/her insurance, and then receive IOP elsewhere if the first facility can't provide it. Recover Together is an example of a facility that offers MAT programs, but encourages patients to augment treatment with OP or IOP at another facility. Improved integration could facilitate those cross-facility/program partnerships.

**Access**

For the SUD patient population most in need of treatment, Medicaid and NH Healthy Families present numerous challenges. Suboxone-prescribing physicians face lengthy documentation requirements, such as prohibitions on increasing dosage without an approved treatment plan and issuing Suboxone with existing opioid and/or benzodiazepine prescriptions. In addition to MAT, Medicaid or uninsured patients face critical access problems for residential, WM, and IOP programs. While peer recovery and shelter services are increasing, Medicaid, state-insured, and the uninsured require increased access to those treatment programs.

**Barriers and Follow-up**

A compressed timeline, limited staff and limited resources were all contributing barriers to the assets and gaps assessment process. These barriers are particularly challenging because of the complexity of our region and the magnitude and degree of need. In Greater Manchester, this process was completed in approximately four weeks by the CoC Facilitator, however much work on the continuum had been completed prior to the CoC hire and was able to be built on and refined to compile the assets and gaps mapping. Another barrier to the assessment is subjective interpretations of the data. For example, when looking at the treatment capacity put together by UNH MBA candidates the services are pooled that are actually segregated by sex, insurance, and location so context is very important when considering the data presented.

We will continue to bring in additional stakeholders, attend informational meetings, workgroups and one-on-one meetings. As we move forward as members of the Region 4 IDN we will be able to gain additional information about how well our current systems are working together and better clarify shortfalls.

## IV. Planning

The region will use information from the Capacity section to propose strategies and actions, or report on actions already taken, to maximize assets, address identified gaps, barriers, or concerns, to work toward achieving the region's continuum of care statement identified in the Assessment section. The planning



process will be ongoing based on the identification, engagement and input of additional stakeholders, and the integration of new information/data as it becomes available.

The Continuum of Care Facilitator used the assets and gaps to produce a brief double-sided handout and PowerPoint presentation to help engage community stakeholder groups in the process. This presentation was brought to the Greater Manchester Emergency Group, Aldermanic Special Committee on Alcohol, Other Drugs and Youth Services and the Substance Misuse Collaborative, as well as to individual meetings with other stakeholders not represented in the group meetings or who were identified as having additional input. The assets and gaps were presented and then discussed to clarify questions or concerns but also to listen - to hear if we had captured everything, if anything was missing and to begin to identify community priorities for action.

The identified gaps and additional qualitative data gathered from the presentations were used to inform the process of drafting Recommendations for Action (*Table 7*) for our region. On June 14th, the Substance Misuse Collaborative meeting was extended for a three-hour planning session. Additional stakeholders were also invited to this session including first responders and IDN Region 4 Executive Director. Our region's vision statement opened the meeting as the focal point and our overarching goal. The draft Recommendations for Action were presented and again it was reiterated that all actions should be moving us towards our shared vision to have a comprehensive, integrated, accessible, and responsive Substance Use Disorder Continuum of Care that promotes the health of our communities. The purpose of this planning session was to gain additional review and make adjustments to first draft recommendations for action and to begin to prioritize and develop action plans for top priorities. The group was asked:

- Did we hear your concerns?
- Do these recommendations address the gaps and barriers you see day to day for your clients/yourself?
- What is missing? What is unclear?

The Manchester Neighborhood Health Improvement Strategy (NHIS) acts as one of the guiding documents for the Regional Public Health Network (RPHN). For this reason, the following recommendations have been categorized in line with the NHIS and work under the three overarching goals of the RPHN which are to Prevent Toxic Stress & Adverse Childhood Experiences, Attain Health Equity, and Achieve Environmental Justice. The recommendations are categorized by Educational Achievement, Economic Wellbeing, Supportive Living Environments, Access to Appropriate Care, Social Connectedness and Neighborhood Safety, and Healthy Behaviors. The following recommendations are specific to substance use and the disease of addiction. Overall, we seek to prevent initiation, build resiliency, strengthen systems of care and support recovery. We felt it important to align these recommendations with the primary objectives of our region's priorities to attain better health outcomes. The more coordinated our effort, the greater our impact. For this reason, we are also including page numbers for where these recommendations align with the Substance Misuse Prevention Strategic Plan (SMP-SP), the Regional Community Health Improvement Plan (RCHIP) and, at the state level, the Collective Action, Collective Impact (CA-CI) Strategy. We have also established a close partnership with the Leadership Team for the Integrated Delivery Network of Region 4 and will continue

to best align the Continuum of Care planning with that of the 1115 Transformation Waiver planning for our region.

Table 7. *Draft Recommendations for Action (Note: These recommendations are expected to be used as a guiding document and can and should continue to evolve over time)*

<b>DRAFT Recommendations for Action</b> EDUCATIONAL ACHIEVEMENT (NHIS Page 47)
<p style="color: #2c5e8c; margin: 0;"><b>EXPAND PREVENTION, EDUCATION AND AWARENESS PROGRAMS IN SCHOOLS AND OTHER COMMUNITY SETTINGS</b></p> <p>In 2011, the majority (74%) of treatment admissions ages 18 to 30 reported that they initiated drug use at the age of 17 or younger,<sup>1</sup> demonstrating a critical need for prevention initiatives and health education aimed at children and youth. Research also tells us that Adverse Childhood Experiences (ACE) are a significant risk factor for substance use disorder. Each ACE increases the likeliness of early initiation of illicit drug use by 2 to 4 fold<sup>2</sup> pointing to the importance of Early Child Development, Family Supports, access to Mental/Behavioral Health services and positive adult role models.</p>

<b>DRAFT Recommendations for Action</b> ECONOMIC WELLBEING (NHIS Page 48)
<p style="color: #2c5e8c; margin: 0;"><b>REDUCE BARRIERS TO IMPROVING EMPLOYABILITY AND FINANCIAL LITERACY OF PERSONS IN TREATMENT, RECOVERY, AND EXPERIENCING REENTRY AFTER INCARCERATION</b></p> <p>Steady employment is an important component in long-term recovery. Often people in recovery find it difficult to reenter the workforce due to criminal records linked to their prior addiction.<sup>8</sup> We know that finding a sense of purpose is a key component in a person’s pathway to recovery. Economic independence boosts confidence and access to life skills education including financial literacy are vital to those in recovery especially for those who may never have had this modeled for them in their lifetime.</p>
<p style="color: #2c5e8c; margin: 0;"><b>INCREASE WORKSITE WELLNESS PROGRAMS AND POLICIES TO NORMALIZE CONNECTIONS TO MENTAL/BEHAVIORAL HEALTH SERVICES AND ADDICTION AND RECOVERY RESOURCES</b></p> <p>Substance Use Disorder and Behavioral Health issues have an effect on the workplace including decreased production, increased absenteeism, increased injury/accident rates, higher health insurance costs and increased turnover. Family members dealing with someone else’s drug use may experience the same negative work related problems.<sup>7</sup> Employers can be a part of the solution by implementing Employee Assistance Programs (EAP), offering health benefits including comprehensive coverage of SUD, and implementing workplace education and wellness programs. Numerous studies have supported the business case for the purchase of EAPs and other workplace services.<sup>6</sup></p>

<b>DRAFT Recommendations for Action</b> SUPPORTIVE LIVING ENVIRONMENTS (NHIS Page 49 & 50)
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### INCREASE CAPACITY OF AVAILABLE SUPPORTIVE HOUSING

Lack of a stable, alcohol and drug free living environment can be a serious obstacle to sustained abstinence. Destructive living environments can derail recovery for even highly motivated individuals.<sup>10</sup> Recovery housing provides a safe and supportive environment and greatly increases a person's ability to maintain their pathway to a healthy life. There is a regional need for additional supportive housing with realistic expectations for youth, young adults, adults and families.

### INCREASE ACCESS TO AFFORDABLE AND RELIABLE PUBLIC TRANSPORTATION SYSTEMS THAT HELP RESIDENTS CONNECT TO THE SERVICES THAT THEY NEED

Access to mental/behavioral health and substance use disorder treatment is key to getting well. Expanded capacity of these services is critical to support the growing population of residents in need, however, expanded capacity alone does not grant access. Transportation has been identified as a barrier to service in our region for residents to connect with recovery communities, attend 12-step meetings and make it to appointments for treatment.

## DRAFT Recommendations for Action

### ACCESS TO APPROPRIATE CARE (NHIS Page 51 & 52)

#### INCREASE FORMAL REFERRAL AND COMMUNICATION ARRANGEMENTS BETWEEN ORGANIZATIONS

No one person or organization can solve the disease of addiction alone. Communities make the greatest impact when they work together effectively. Formal referral and communication arrangements would facilitate an increase in shared data, better care transitions, reduced duplication of services where unnecessary and best utilize expertise across the continuum through partnership.

#### EXPAND PROFESSIONAL DEVELOPMENT, EDUCATION AND TRAINING OPPORTUNITIES FOR THE SUBSTANCE USE DISORDER RELATED WORKFORCE

Our current workforce has reported gaps in training and education and in some cases, are feeling underprepared to combat addiction in the height of the opioid epidemic. Identified training needs include cultural competency, co-occurring disorders, trauma informed care, safe prescribing practices and treating pain of those in recovery.

#### INCREASE CAPACITY OF AGE AND DEVELOPMENTALLY APPROPRIATE SUBSTANCE USE DISORDER SERVICES FOR CHILDREN, ADOLESCENTS AND YOUNG ADULTS ACROSS ALL COMPONENTS OF THE CONTINUUM OF CARE

Young people's brains are still developing, in fact, research tells us that the prefrontal cortex (responsible for emotional control, impulsivity and judgement) is not fully developed until the mid-20s. This means that children, youth and young adults need different services than adults with similar diagnoses. A developmental perspective is vital to successful outcomes. Services include screenings, interventions, detox, residential treatment, recovery supports, shelters, housing and transportation for youth with Substance Use Disorder (SUD), as well as, perinatal services and services for children of parents with SUD. Having the right services in place for youth is a crucial issue because substance

addiction is a progressive disease that gets worse over time. The earlier you intervene in the process, the better the chance for a successful recovery.

#### CREATE OR UTILIZE EXISTING CENTRAL SOURCE OF REAL-TIME INFORMATION ON AVAILABLE TREATMENT BEDS AND OUTPATIENT SERVICES

Individuals and service providers alike are having difficulty with finding programs with availability. While increased capacity is also a need, reports of services being available but often taking time and effort to locate tells us that real-time information on availability of services would increase timely access to care.

#### INCREASE IMPLEMENTATION OF EVIDENCE-BASED PRACTICES ACROSS ALL COMPONENTS OF THE CONTINUUM OF CARE

Research has shown the effectiveness of many prevention, intervention, treatment and recovery models. However, there is a significant research to practice gap, meaning that many of these thoroughly vetted practices are not being implemented throughout the community. Our region sees it as a priority to close this gap and begin bringing evidence-based practices into our day to day work in schools, hospitals, treatment programs, city departments and wherever we are serving residents in an effort to make the most effective impact and reduce Substance Use Disorder morbidity and mortality.

#### CREATE OR INCREASE CAPACITY OF EXISTING SUBSTANCE USE DISORDER RELATED DIVERSION AND SUPPORTIVE REENTRY PROGRAMS THROUGHOUT THE COUNTY AND STATE CRIMINAL JUSTICE SYSTEMS

Drug Diversion Programs are typically for non-violent offenders with substance use disorder who are charged with drug-related offenses. Such programs seek to reduce drug abuse and improve public safety. The programs provide eligible candidates the opportunity to receive comprehensive substance abuse treatment services in lieu of being prosecuted through the traditional court process. Drug Courts have shown that graduates rates of re-offense are significantly reduced as is drug use.<sup>11</sup>

#### INCREASE EXISTING CAPACITY OF DETOX, RESIDENTIAL AND MEDICATION ASSISTED TREATMENT OPTIONS

All of the state's Detox, Residential and Medication Assisted Treatment programs are reporting waitlists with the current opioid epidemic. Providers are reporting a need for timely access to the appropriate type of treatment after assessment or intervention. Hospitals are at capacity in the region and new access points for referral such as Safe Stations and Amber's Place are being inundated with residents in need of help. Increased access points and people reaching out and wanting to get well is a positive, but without timely access to needed care the risks of relapse and overdose rises.

### **DRAFT Recommendations for Action**

#### **SOCIAL CONNECTEDNESS AND NEIGHBORHOOD SAFETY (NHIS Page 53)**

#### INCREASE COMMUNICATION BETWEEN LOCAL, STATE AND FEDERAL INITIATIVES/LEGISLATION AND GRASSROOTS/COMMUNITY EFFORTS

Mental/Behavioral Health and Substance Misuse are community issues. Everyone has a role in combatting the toll that addiction takes on our families and our neighborhoods. Everyone can be a part of the solution. Grassroots efforts have repeatedly been proven effective agents of change. Through advocacy, lobbying for legislation, fundraising, education, sharing their personal stories and countless other actions, community members have improved their cities, towns, states and our country. Supporting community and grassroots efforts is an essential piece of the response to identified gaps and barriers. Therefore, it is vital that residents be well informed around ongoing initiatives and how to play a part and that local, state and federal entities understand the landscape of community efforts and their goals to best support their needs. This includes recognition of the importance and value of youth voices, the voices of those with lived experience, and voices from diverse populations representative of the region all of which should be at the decision-making tables as our communities plan for program and policy implementation.

#### EXPAND REGIONAL FOCUS TO BEST ADDRESS NEEDS OF EACH TOWN

Our region is home to a diverse group of communities ranging broadly in population size and socioeconomic disparity. For this reason, one size does not fit all. There may be programs or policies that can be expanded to serve all our communities in some cases and in others the needs may differ and we will prioritize finding the appropriate fit. The City of Manchester certainly has the largest need, and is also the epicenter of the majority of service provider and therefore is a major focus of the work, but we must not lose sight of our outlying towns and their need. Substance Use Disorder effects people from all walks of life and all backgrounds and each of our towns are impacted.

#### EXPAND COMMUNITY EDUCATION OPPORTUNITIES TO REDUCE FEAR AND STIGMA AND OFFER OPPORTUNITIES TO RECOGNIZE WARNING SIGNS OF ADDICTION, OVERDOSE AND MENTAL HEALTH CRISES AND HOW TO RESPOND

Examples include:

Mental Health First Aid is an international evidence based program proven to be effective in increasing knowledge of signs, symptoms and risk factors of mental illnesses and addictions. Participants also learn to identify multiple types of professional and self-help resources for individuals with a mental illness or addiction, increase their confidence in and likelihood to help an individual in distress and show increased mental wellness themselves. Studies also show that the program reduces the social distance created by negative attitudes and perceptions of individuals with mental illnesses.<sup>9</sup>

Providing naloxone kits to laypersons reduces overdose deaths, is safe, and is cost-effective. U.S. and international health organizations recommend providing naloxone kits to laypersons who might witness an opioid overdose; to patients in substance use treatment programs; to persons leaving prison and jail; and as a component of responsible opioid prescribing.<sup>5</sup>

#### ENHANCE MENTAL/BEHAVIORAL HEALTH CAPACITY WITHIN CITY OF MANCHESTER DEPARTMENTS TO DRIVE VISIBILITY, COMMITMENT, COLLABORATION AND ACCOUNTABILITY ACROSS THE CITY AND REGION

Residents are being served through many programs of City of Manchester Departments including Health, Police, Youth Services and others. Community members are being engaged in solutions. They

are learning, they are being trained and empowered to be leaders. City Departments can lead the way to normalizing behavioral and mental health as a part of overall health thereby increasing understanding and awareness of the disease of addiction, reducing stigma, developing outreach strategies and encouraging residents to seek services.

#### INCREASE SUPPORT SERVICES AVAILABLE FOR FAMILY AND FRIENDS OF THOSE SUFFERING WITH THE DISEASE OF ADDICTION

Addiction is a family and community disease that can take an enormous toll on those surrounding the person or persons suffering from the disease of addiction. Many people suffer alongside their loved one for many years and through many periods of use and sobriety. Education, counseling and support groups have been proven to be effective in significantly reducing the stress of family and friends and in turn having a positive impact on both their physical and mental health.

#### INCREASE SUPPORT SERVICES FOR FIRST RESPONDERS AND THOSE IMPACTED BY EXPOSURE TO REPETITIVE TRAUMA SPECIFICALLY DURING THE CURRENT OPIOID CRISIS

Maintaining mental wellness is critical to our first responder's ability to act in difficult situations. Not surprisingly, repeated exposure to trauma takes a toll on overall health and is only exacerbated by working long hours and lack of sleep. Our first responders are there in emergency situations to risk their lives to save others. We need to recognize the immense stress of these jobs and put in place programs to best support their physical and mental wellbeing.

### DRAFT Recommendations for Action

HEALTHY BEHAVIORS (NHIS Page 54 & 55)

#### INCREASE CONSISTENT AND THOROUGH DATA COLLECTION AND SHARING ACROSS ORGANIZATIONS AND DISCIPLINES INCLUDING CULTURAL COMPETENCY AND SPECIFIC POPULATION NEEDS

Many programs and organizations are tracking outcomes and tracking them well. We have access to good data that can help inform our practices and best utilize our strengths. However, this data is not always consistent across programs and is not always widely shared across organizations. Establishing a dashboard of indicators of what would be ideal to track across programs and formal arrangements for sharing this data could influence potential systems change, care coordination and help identify gaps and barriers to services.

#### INCREASE COORDINATION OF AVAILABLE FUNDING WITH PRIORITY PROGRAMMING/SERVICE IMPLEMENTATION

Currently we have organizations throughout our region competing for funding to accomplish shared goals. Working together with partners towards a common goal increases our ability to make the greatest impact on our communities. Additionally, we know that our impact is amplified if we work in partnership to identify priority needs and leverage resources to address them in concert.

After review and discussion of the draft recommendations the group used a multi-voting system to determine obvious priorities. Based on priorities, three small workgroups were formed and began action planning. The group determined that the establishment of workgroups was essential to continue this

process. The full Collaborative meets monthly and the three newly formed workgroups meet as often as needed. Workgroups are focused in Prevention, Treatment and Recovery. Workgroup meetings began in September.

Identified stakeholders that were not able to attend the Planning Session were asked to review proposed recommendations for action to prioritize and select strategies to achieve desired outcomes.

Additionally, the IDN community project planning process needs overlapped with the CoC needs and it was decided that more information should be collected from a client/consumer perspective. The CoC assets and gaps assessment was more heavily focused on a provider perspective. Over the summer our IDN chose to name itself Network4Health and will be referred to as such throughout this document.

Alongside our Network4Health Executive Director, Peter Janelle, the CoC planned focus groups across the region to ask the following questions and gain a deeper understanding of community needs and perception around access, integration, care transitions and capacity:

- Have you, or someone you know, (or from what you may have learned from the media or talking with people), had difficulty obtaining/accessing health care? What were some of the reasons? (Examples: no insurance, no ability to pay copay or deductible, provider not available, long waits etc.)
- Have you, or someone you know, (or from what you may have learned from the media or talking with people), had an experience with receiving “integrated” care (behavioral health assessment and or care with primary care)? What was that like? (Examples: Screened for anxiety, depression or use of substances at annual physical.)
- Have you, or someone you know, (or from what you may have learned from the media or talking with people), had the experience of transferring from one level of health care to another? What was that like? What worked and didn’t work? (Examples: discharge from hospital to home care, discharge from a detoxification program to residential treatment program.)
- Have you, or someone you know, (or from what you may have learned from the media or talking with people), had any issues obtaining healthcare, including behavioral health care, because of a lack of availability of programs or providers? Please describe. (Examples: Provider not available. Long wait to see a provider. Service needed has no openings.)

These four questions address capacity, care transitions, workforce and access – all key pieces of both the CoC and the IDN development. A summary of the focus group results is provided in Table 8.

Table 8. 2016 Network4Health Focus Group Summary

<b>Background:</b>
In preparing Network4Health’s Project Plan submission, our partnership must provide an “Assessment of gaps in care” as part of our IDN Service Area Community Needs Assessment (Q.2. d.). In addition,

the process of “Community Engagement and Stakeholder Input” must be outlined. N4H has elected to conduct focus groups throughout our region to elicit constituent input and inform our work to describe gaps in care.

**Method:**

Utilizing N4H partners, a series of focus groups were scheduled beginning July 12, 2016 and concluding September 13, 2016. Efforts were made to hold focus groups across the region and with a variety of stakeholders. The focus groups followed an organized format that included a brief introduction of our integrated delivery network’s background and purpose. All groups began with an emphasis on the voluntary nature of participation as well as the promise of anonymity of all participants. A set of four questions was used to stimulate discussion. In each of the focus groups (with one exception), one individual facilitated the discussion and another served as the note keeper. Peter Janelle, N4H Executive Director, facilitated all sessions with the exception of one that was facilitated by Jenny O’Higgins of Makin Happen, N4H partner and one co-facilitated by Kris McCracken of Manchester Community Health Center. Ms. O’Higgins served as note keeper for several of the focus groups while volunteers from hosting organizations maintained notes in the remaining groups.

**Focus Groups:**

16 focus groups were held with a total number of 170 participants (range in group size from 6 to 23). The groups were held at the following locations:

- 1269 Café Manchester- faith based, volunteer run, serving meals to the homeless and poor
- Angie’s Shelter for Women- a program of New Horizons for NH
- Bhutanese Community of NH
- Catholic Medical Center Patient Family Advisory Council
- Dartmouth Hitchcock Clinic Manchester Patient Family Advisory Council
- Elliot Hospital Patient Family Advisory Council
- Families in Transition Family Willows Intensive Out-patient Program
- Farnum Center Residential Treatment Center (Men)
- Farnum Center Residential Treatment Center (Women)
- Manchester Boys & Girls Club Teen Center
- Manchester Community Health Center (held in Spanish)
- National Alliance on Mental Illness- Derry affiliate
- National Alliance on Mental Illness- Manchester affiliate
- On the Road to Wellness- Derry peer support center
- On the Road to Wellness- Manchester peer support center
- Upper Room- Derry family resource center

**Results:**



Several themes about the participant experience obtaining health care were repeated among many of the focus groups. Those most often noted:

**Long waits for care.** - This was mentioned in 100% of the focus groups. Waits for specialty care, especially behavioral health care, were most often noted. These included long waits for admission appointments for mental health care (unless emergent); appointments with mental health care prescribers; behavioral health in-patient- “You have to do something dangerous or commit a crime in order to get into the State hospital” .; substance misuse disorder treatment; getting enrolled in health plans; housing; referrals for health and social services following incarceration, domestic violence shelters among others. One participant connected the experience of long waits for care to the high use of emergency rooms. One reported the daughter of a friend dying while waiting for intensive substance misuse treatment following detox. One stated, “What if I die waiting to get in?” It is important to note that access to primary care did not seem to take as long except in the case of having no insurance or insurance with limited participating providers.

**Care Transition Risks and Problems-** This was mentioned in 100% of the focus groups and has a direct correlation and experience described above relative to long waits for care. Transitions mentioned included: discharge from acute care hospital to home, rehab or nursing home care; discharge from a mental health in-patient stay; waits between different levels of substance misuse treatment (detox, IOP, residential, etc.); transitioning from the youth treatment providers to adult treatment providers; transitioning from homelessness to some form of housing. Participants reported communication problems between providers during transitions (confusion and issues with referrals and electronic medical records not talking to each other). Issues with medication access during transitions were mentioned several times. Some participants reported examples of successful care transitions (discharge home with vna support; discharge to rehab) however these examples were shared much less frequently than those with unsatisfactory outcomes.

**Stigma associated with behavioral health illness.** In all but one focus group, the issue of people being stigmatized and treated differently when they have or reveal that they have a behavioral health illness. Of all the reported experiences in obtaining health and human services, this topic generated the strongest and most emotional response of any discussed. Participants reported reluctance to reveal these issues to health care providers in fear of being treated differently. Several described providers whose perceived demeanor changed upon learning of a psychiatric diagnosis or substance misuse issues. “I definitely felt discriminated against by my PCP because of my addiction.” Some participants reported that once substance misuse was identified, every report of injury or illness was viewed as “drug seeking”. Some individuals described positive experiences with their primary care providers especially in practices that seem more integrated and with a greater behavioral health presence.

**Costs associated with health insurance including premiums, co-pays, deductibles and Medicaid Spenddowns.** These were reported as barriers to care in 14 of the 16 focus groups. One participant described that following an inpatient admission for an acute medical problem, she received a \$3,000 bill from the hospital for her responsibility beyond her insurance coverage. She said, “When I opened that bill, I sat down and cried. I wondered if it was worth getting the care. I didn’t know how we would afford it on our fixed incomes.” It was noted that private insurance came at a high cost with high deductibles and Medicaid came with limited access and lapse in coverage without address or incarceration etc.

**Experience with Integrated Care.** In 11 of the 16 focus groups, participants reported having an experience of being screened for behavioral health issues at the time of appointments with primary care providers. Some described timely response from the PCP. However, many claimed that although they completed a written screening, no follow up explanation or exploration occurred. In 4 focus groups, the lack of coordinated care was described. “Behavioral health lives in its own corner. We should be combining mind, body and spirit in healthcare approach.” “The problem is that health care is provided in a scattered approach...have to go to multiple facilities.” There were some reports of positive experiences with integrated care from patients of clinic settings.

**Lack of providers.** This issue was raised in 9 of 16 focus groups and often following reports of long waits for care. Most felt the problems were most acute with specialty providers especially those offering behavioral health care. In 7 of 16 groups, participants reported that they had providers who were not on a health insurance plan that they enrolled. Turnover of behavioral health providers was reported in 3 groups. Provider turnover was mentioned in 3 of the groups.

Other issues identified (number of focus groups that it was mentioned)”: lack of oral health benefit (4); cultural and language access barriers (3); confusing insurance rules and restrictive administrative requirements (3); transportation (3); and, access issues for Vets (2).

*Submitted by Network4Health Executive Director, Peter Janelle on September 21, 2016*

### **Importance of connections between CoC and Network4Health:**

The Substance Use Disorder Continuum of Care shares many of the same goals as Network4Health, including integration of behavioral and physical health, access to care, workforce development, capacity and care transitions. However, the CoC is more focused on substance use disorder work, but it is impossible to separate that from the larger picture to meet the community needs. Network4Health is a valuable opportunity to bring partners together and put dollars behind the planning and implementation needed for real change to occur on a large level. The CoC has been able to help with the Network4Health work as strong partnerships have formed through the Blueprint Project and the Substance Misuse Collaborative group. These existing and ongoing partnerships across organizations have strengthened the work of our IDN. The asset and gaps mapping and the recommendations for action

planning session held by the collaborative helped to inform the project selection of the IDN in connection with the Community Needs Assessment. The IDN and CoC working closely together will help each project to bolster the other. In the Greater Manchester region, the CoC Facilitator has been working closely with Network4Health. Our CoC attends full member meetings of the IDN, sat on the data workgroup established to help put together the community needs assessment for the region, attended many of the focus groups aimed at collecting a patient/consumer perspective and regularly communicates with the Executive Director of our IDN. Our CoC also served as a co-chair for one of the three community project planning groups for the Expansion of SUD services and is anticipated to continue in this capacity moving forward with that specific project. The IDN is closely related to the CoC work and compliments the priorities selected from our recommendations for action.

## I. Implementation

Using information from the Planning section, the region will implement proposed actions in the Planning sections through shared responsibility with regional stakeholders. Whenever possible, plan implementation should be enhanced by the inclusion of new stakeholders and adapted based on new information and data as it becomes available.

The strategic planning process asks us to take a step back, pull back the reins a bit and really take a broad and deeper look at the issue at hand and potential long term solutions. While we know this process is important and can help to shift our approach to be potentially more systemic and create impact at a larger population level, we also recognize that we are in the midst of a crisis. For this reason, there is heightened community and even national political awareness around addiction and the impact on communities and our nation. Even during the planning process much is being implemented simultaneously and some of these actions directly impact planning and need to be taken into consideration.

For example, the Safe Station initiative in Manchester 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. This initiative has also been expanded to Auburn and Hooksett. There is a similar program in Bedford and Goffstown as well where the Police Departments have established an MOU with Hope for NH Recovery and Phoenix House. The CoC Facilitator has continued to partner with the Manchester Health Department, Fire Department and Serenity Place to work through ongoing challenges of this program and provide support wherever possible. The program has taken the efforts of the full community to respond to the immense need for access to treatment services. Currently the CoC Facilitator is helping by pulling together stakeholders for a conversation and planning session around establishing protocol for youth and young adults accessing the program.

Another ongoing effort to combat the crisis has been the wide distribution of Naloxone. The City of Manchester Health Department utilized our community partners who deal with high risk clients and family members as our way to distribute Naloxone in the community. The Manchester Health Department worked with 9 community partners in 2016 and distributed over 250 doses of Naloxone to those partner agencies. Additionally, Naloxone is available to every school nurse in all Manchester public middle and high schools.

Following completion of the assets and gaps assessment the Greater Manchester region used identified assets to create a Substance Use Disorder (SUD) resource directory available both in print and online. The SUD resource directory can be found by visiting [www.communitycompassgmr.org](http://www.communitycompassgmr.org). This guide was identified as a need during the planning process and is an effective way to help providers and consumers easily see the services currently available across the continuum in the Greater Manchester region. The roll out of the directory was wide spread across our region. We updated our website, included the guide on our resource cards and produced rack cards and other promotional materials specifically for the guide. We did a mailing to our partners as well as utilizing email and giving brief presentations at many community meetings including Weed and Seed steering committee, Alderman Special Committee on Alcohol, Other Drugs and Youth Services, CoC Blueprint Leadership Team, Community Advisory Board, and the Greater Manchester Association of Service Agencies.

As discussed in the planning section of this document, we have moved our CoC Development plan forward through the establishment of workgroups under the Substance Misuse Collaborative. Utilizing the assets and gaps report, we identified recommendations for action in June and formed workgroups that began meeting in July for Prevention, Treatment and Recovery. The Prevention workgroup is currently focused on an information campaign for youth and parents aligned with the new addictions curriculum being rolled out in Manchester Public Schools. The treatment workgroup is currently focused on education for PCP offices on SBIRT implementation and where to refer. The Recovery workgroup is currently focused on Supportive Housing and getting a clearer picture of the current landscape in Greater Manchester. The Collaborative has also identified specific topics for which they need more information and the CoC Facilitator has worked to bring that information to the group. We have extended the Collaborative meeting several times to allow for presentations Insurance Parity, Veteran's Culture and Train the Trainer for Narcan administration.

Greater Manchester recognizes that most of our resources are in the city and Manchester is also the epicenter of the addiction epidemic in the state, for this reason we have primarily focused our efforts in the city. However, we have supported our other communities in different capacities. We have also begun to form satellite Public Health Advisory Councils in our outlying communities. An initial meeting with stakeholders has been held in Bedford and is planned in Goffstown. This meeting gave us an opportunity to explain the Regional Public Health Network system across the state, discuss what has been done and current/ongoing work and to hear from our communities about potential needs and ways we could better support efforts. We also focused on increased communication going forward. Many of the stakeholders at the Bedford meeting expressed interest in the Substance Misuse Collaborative meetings and we anticipate other communities may also want to join in those efforts to network with providers and stay informed on the quickly changing landscape.

Makin' It Happen continues to record podcasts as another way to reach the community with education on various topics around substance use and behavioral health. Most recently the CoC Facilitator has recorded podcasts on the Safe Station initiative with Manchester Fire Training Coordinator, Chris Hickey and a podcast on the Opioid Crisis from a Law Enforcement Perspective with the Bedford Chief of Police, John Bryfonski. The next podcast we are planning will be a panel of treatment professionals discussing what treatment really means, the assessment process and how to access treatment for yourself or a loved one. These podcasts are meant to increase awareness of and access to information and resources.

The Regional Public Health Network team will continue to implement, support and adjust programs as needs arise in the community. The Collaborative group will continue to act as the group steering the implementation of the Development Plan and moving the recommendations for action forward for our region. These efforts will be impacted by several factors including the Network4Health progress, and other state initiatives such as SBIRT, and expansion of medication assisted treatment. We continually assess what organizations are doing work in our region and missing from the Collaborative. Most recently we have invited renewed participation from WestBridge, Veteran's Affairs, Phoenix House and Granite Recovery Centers.

## II. Evaluation (and Monitoring)

Using information from the Planning and Implementation sections, the region will describe the process for monitoring and evaluation processes that compares anticipated outcomes from proposed actions with actual outcomes, and to recommend adaptations to the plan. These processes will be an ongoing process based on the inclusion of additional stakeholder, and new information/data as it become available.

A formal evaluation plan is not currently in place for this work as we are still progressing through the recommendations for action. In the future, we hope to work with the Center for Excellence team to assist us in developing/identifying best evaluation methods for our proposed work. We also plan to look closely at the evaluation metrics of the 1115 Waiver to best align our evaluation methods with those of our partners across our region.

As we continue to implement proposed actions from the development plan, our efforts will be monitored for success and revisited regularly so that we can adjust to strengthen our approach.

Proposed outcome measures include:

- Increased communication between providers
- Increased collaboration between providers
- Increased access to available services
- Increased knowledge of available services (provider perspective and consumer perspective)
- Increased stakeholder participation in CoC Development work

Proposed methods of measurement of these goals:

- Additional regional focus groups utilizing previous data collection from assessment/capacity as our baseline
- Additional stakeholder interviews and/or online survey utilizing previous data collection from assessment/capacity as our baseline
- Continued monitoring of number of clients accessing services through our stakeholder programs
- Continued monitoring of suspected overdose responses by first responders

**Brief Evaluation of Safe Station initiative:** As of November 30, 2016, the Fire Department had 821 visits from those seeking help. Seeing over 800 people in just six months has been taxing on the program in several ways and the community has come together to adjust programming and support this critical need. The efforts to ensure the program's success have paid off. From August to November in 2016 we saw 51 fewer suspected overdoses in Manchester from our 2015 numbers. 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 our region continues to increase and we have continued to get 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.

### III. Conclusion

Understanding the enormous impact addiction has on our communities, families and individuals, our region will continue to move forward on our work to develop a comprehensive, integrated, accessible, and responsive Substance Use Disorder Continuum of Care that promotes the health of our communities.

The region will continue to work to increase communication and collaboration among providers, educate the community on available services, increase access to services and identify new partners through the process.

The Development Plan will be an ongoing process based on the inclusion of additional stakeholder, and new information/data as it becomes available. This document will continue to be revised as work progresses.

### IV. Appendix A

GREATER MANCHESTER REGION CoC Component Assets				
PROVIDER	AREAS SERVED	SERVICE SETTING	SERVICES OFFERED	CoC COMPONENT
(ABC Health)	(Anytown, Big City, Whole Village, Hamleton, etc)	Community Health Center	SBIRT. Substance misuse and mental health counseling.	Early identification and intervention.
<p><b>Capacity Inventory Information</b>  <i>This data is currently sorted by Area Served (A-Z).</i></p> <p><i>The assets listed below include varying levels of involvement directly in SUD work and varying levels of partnership with CoC/SMP/PHAC work. We thought it important to work on identifying potential partners for future planning and agencies and programs that could potentially be leveraged to come together as part of the solution, therefore we included some organizations that are not currently partners or are not directly doing SUD work at this time.</i></p>				
Auburn Fire Department	Auburn	Public Safety	Life and Property protection	Intervention
Auburn Parks and Recreation	Auburn	Local Government	Active programs at area parks for youth along with special senior field trips.	Prevention
Auburn Police Department	Auburn	Law Enforcement	Drug Take Back Day participants and permanent drop box 24/7/365	Prevention/Intervention
Auburn School District - SAU 15	Auburn	Educational Institution	K-8. One guidance counselor working with homeless and at risk youth.	Prevention/Intervention
Bedford Fire Department	Bedford	Public Safety	The Department provides fire suppression, Advanced Life Support EMS response, and technical rescue.	Intervention
Be BOLD Coalition	Bedford	Community Prevention Service	Newly formed grassroots Substance Abuse Prevention Coalition	Prevention
Bedford Parks and Recreation	Bedford	Local Government	Town pool, Recreation and field locations throughout town with active toddler, youth and senior programs	Prevention
Bedford Police Department	Bedford	Law Enforcement	Drug Take Back Day participants and permanent drop box 24/7/365. Active partnership with Manchester Police, DEA and State Police. Taking a role in Prevention through community education.	Prevention/Intervention



<b>GREATER MANCHESTER REGION COC Component Assets</b>				
<b>PROVIDER</b>	<b>AREAS SERVED</b>	<b>SERVICE SETTING</b>	<b>SERVICES OFFERED</b>	<b>COC COMPONENT</b>
(ABC Health)	(Anytown, Big City, Whole Village, Hamleton, etc)	Community Health Center	SBIRT. Substance misuse and mental health counseling.	Early identification and intervention.
Bedford School District - SAU 25	Bedford	Educational Institution	Staff members dedicated to at risk youth. LDAC at Middle School level. In 2016-17 will have LDAC at High School Level.	Prevention/Intervention
Candia Fire Department	Candia	Public Safety	Volunteer Fire Department	Intervention
Candia Parks and Recreation	Candia	Local Government	Athletic field, playground, skateboard and basketball court	Prevention
Candia Police Department	Candia	Law Enforcement	Drug Take Back Day participants	Prevention/Intervention
Candia School District - SAU 15	Candia	Educational Institution	K-8. Guidance counselors handle normal caseload and additionally at risk youth. Also have a homeless liaison.	Prevention/Intervention
Deerfield Fire Department	Deerfield	Public Safety	The Deerfield Volunteer Fire Department is dedicated to providing fire protection and suppression for the residents of the town of Deerfield.	Intervention
Deerfield Parks and Recreation	Deerfield	Local Government	Several youth after school and summer programs. Winter and summer camps at parks and rec fields pre-school-seniors.	Prevention
Deerfield Police Department	Deerfield	Law Enforcement	Drug Take Back Day participants	Prevention/Intervention
Deerfield School District - SAU 53	Deerfield	Educational Institution	K-8. Guidance counselors handle normal caseload and additionally at risk youth. Also have a homeless liaison.	Prevention/Intervention



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<b>PROVIDER</b>	<b>AREAS SERVED</b>	<b>SERVICE SETTING</b>	<b>SERVICES OFFERED</b>	<b>COC COMPONENT</b>
(ABC Health)	(Anytown, Big City, Whole Village, Hamleton, etc)	Community Health Center	SBIRT. Substance misuse and mental health counseling.	Early identification and intervention.
Goffstown Fire Department	Goffstown	Public Safety	Providing emergency response, education, communication and interaction with the community of Goffstown.	Intervention
Crispin's House Coalition for Youth	Goffstown	Community Coalition	Substance misuse and suicide prevention coalition	Prevention
Goffstown Parks and Recreation	Goffstown	Local Government	Several recreational and park areas with many programs for youth and the community	Prevention
YMCA-Allard Center	Goffstown	Community Support Center	After school, day and summer programs for youth	Prevention
Goffstown Police Department	Goffstown	Law Enforcement	School Resource Officer, strong relationship with schools, drug take back day participants and permanent drop box 24/7/365	Prevention/Intervention
Goffstown School District	Goffstown	Educational Institution	Within guidance department two staff members that handle all at risk students and are also the advisors of all after school programs. Have an established peer to peer prevention program.	Prevention/Intervention
The Mental Health Center of Greater Manchester - Bedford Counseling Associates	Greater Manchester	Mental Health Center	Counseling for adults & seniors to address personal, family and relationship problems, life changes, stress, anxiety, child and teen behavior issues, depression, and substance abuse.	Behavioral Health/Treatment

<b>GREATER MANCHESTER REGION COC Component Assets</b>				
<b>PROVIDER</b>	<b>AREAS SERVED</b>	<b>SERVICE SETTING</b>	<b>SERVICES OFFERED</b>	<b>COC COMPONENT</b>
(ABC Health)	(Anytown, Big City, Whole Village, Hamleton, etc)	Community Health Center	SBIRT. Substance misuse and mental health counseling.	Early identification and intervention.
The Mental Health Center of Greater Manchester - North End Counseling	Greater Manchester	Mental Health Center	Specialized skill building services for anger management and other extreme feelings, avoiding stressful situations and crises. Emergency response services 24/7 to emotional or psychiatric crises & suicide prevention	Behavioral Health/Treatment
The Mental Health Center of Greater Manchester - The Cypress Center	Greater Manchester	Mental Health Center	16 Bed short term inpatient crisis stabilization program	Behavioral Health/Treatment
The Mental Health Center of Greater Manchester-Community Support Services -1555 Elm St.	Greater Manchester	Community Health Center	Community support services - a full range of recovery oriented services including outreach, case management, counseling, medication management, job placement and residential support for individuals with severe and persistent mental illness.	Behavioral Health/Treatment/Recovery
Chamber of Commerce	Greater Manchester	Business Community	The Greater Manchester Chamber of Commerce is a regional organization serving the city of Manchester and the surrounding communities of Auburn, Bedford, Candia, Derry, Goffstown, Hooksett, Litchfield, Londonderry, and Merrimack.	Other
Greater Manchester Clergy Association	Greater Manchester	Faith Based Organizations	Interfaith pastoral counseling and recovery supports	Other
Child Health Services	Greater Manchester	Community Health Center	Providing health services for at-risk youth from low-income families	Prevention/Intervention

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<b>PROVIDER</b>	<b>AREAS SERVED</b>	<b>SERVICE SETTING</b>	<b>SERVICES OFFERED</b>	<b>COC COMPONENT</b>
(ABC Health)	(Anytown, Big City, Whole Village, Hamleton, etc)	Community Health Center	SBIRT. Substance misuse and mental health counseling.	Early identification and intervention.
Harbor Homes Veterans FIRST	Greater Manchester	Homeless and transitional services	Veterans' Transitional and Permanent Supportive Housing, Homeless Veterans' Reintegration Program	Prevention/Intervention
Makin It Happen for Resilient Youth, Inc.	Greater Manchester	Regional Prevention Services	Regional Substance Misuse Disorder Network	Prevention/Intervention
New Horizons for NH (Angie's Shelter)	Greater Manchester	Homeless shelter	For adult women NOT fleeing domestic or sexual violence.	Prevention/Intervention
New Horizons for NH Homeless shelter	Greater Manchester	Homeless shelter	New Horizons provides primary medical care, addiction counseling, mental healthcare, dental care, eye care and specialty care as well as mental health services.	Prevention/Intervention
Up Reach	Greater Manchester	Non-profit	Up Reach offers year round therapeutic riding and driving sessions, as well as equine assisted learning programming. Equine facilitated Mental Health, Court diversion	Prevention/Intervention
YWCA NH	Greater Manchester	Community Center	Advocacy and support services for domestic violence, sexual assault and substance use disorders	Prevention/Intervention
Children's Behavioral Health Collaborative	Greater Manchester	Community Health Center	Parent support groups for parents of children, teens, and young adults substance abusing, in treatment,	Prevention/Intervention/Recovery

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<b>PROVIDER</b>	<b>AREAS SERVED</b>	<b>SERVICE SETTING</b>	<b>SERVICES OFFERED</b>	<b>COC COMPONENT</b>
(ABC Health)	(Anytown, Big City, Whole Village, Hamleton, etc)	Community Health Center	SBIRT. Substance misuse and mental health counseling.	Early identification and intervention.
			homeless, incarcerated or in recovery.	
Child and Family Services	Greater Manchester	Non-Profit	Adolescent, children, young adults, adults, pregnant or parenting women, homeless individuals; parenting programs, assessment, care coordination, individual and group outpatient counseling, recovery support services, transitional living program (18-21 yo) Teen Center-Counseling, drug/alcohol use, suicide depression. GRASP Program-Grief Recovery After Substance Abuse Passing	Prevention/Intervention/Treatment/Recovery
Families in Transition/Family Willows IOP	Greater Manchester	Housing and support services	Serving adults, women, homeless individuals, pregnant or parenting women. Intensive Out-patient program for substance abuse, Affordable housing, emergency shelter, Permanent supportive housing, transitional housing	Prevention/Intervention/Treatment/Recovery
Helping Hands Outreach Center	Greater Manchester	Sober living support home	24/7 Alcohol/Drug Related Recovery Transitional Housing, sober living home offered to men aged 18 and up.	Recovery

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<b>PROVIDER</b>	<b>AREAS SERVED</b>	<b>SERVICE SETTING</b>	<b>SERVICES OFFERED</b>	<b>COC COMPONENT</b>
(ABC Health)	(Anytown, Big City, Whole Village, Hamleton, etc)	Community Health Center	SBIRT. Substance misuse and mental health counseling.	Early identification and intervention.
NAR-ANON, Cocaine Anonymous	Greater Manchester	Manchester meeting site	Peer support for friends and family of addicts	Recovery
Manchester Metro Treatment Center	Greater Manchester	Treatment center	Methadone assisted treatment	Treatment
OPCO Habit	Greater Manchester	Treatment center	Methadone assisted Treatment/Evaluation, Group Outpatient counseling	Treatment
Farnum Center	Greater Manchester	SUD residential and IOP center	Medical detox, residential, Intensive outpatient	Treatment/Recovery
Serenity Place	Greater Manchester	SUD transitional and IOP services	Social detox-short term and long term, Intensive out-patient for adult men-Open walk-in, Lin's place transitional living for women, substance abuse counseling services, Tirrell House -transitional living for men, wrap services	Treatment/Recovery
Healthcare for the Homeless - Manchester	Greater Manchester (part of Nationwide HCH program)	Clinics in local shelters as well as street outreach nurse	Clinic services include primary medical care, mental health care, addiction counseling, nurse case management, health education, social services, and assistance with entitlements such as Food stamps, Medicaid and Disability applications. In addition, dental care and eye care is available on a limited basis.	Prevention, Intervention Treatment and Recovery

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<b>PROVIDER</b>	<b>AREAS SERVED</b>	<b>SERVICE SETTING</b>	<b>SERVICES OFFERED</b>	<b>COC COMPONENT</b>
(ABC Health)	(Anytown, Big City, Whole Village, Hamleton, etc)	Community Health Center	SBIRT. Substance misuse and mental health counseling.	Early identification and intervention.
Catholic Medical Center	Greater Manchester and surrounding towns	Area Hospital	330 Bed not for profit hospital. Behavioral health outpatient services, Mobile healthcare for homeless, West Side Neighborhood Health Center-serves as medical home for refugee population.	Prevention/Intervention/Treatment
Dartmouth Hitchcock	Greater Manchester and surrounding towns	Community Health Clinics	6 Clinic locations in the Greater Manchester Region, 4 in Manchester and 2 in Bedford. DHC participates in SBIRT program	Prevention/Intervention/Treatment
Elliot Hospital	Greater Manchester and surrounding towns	Area Hospital	296 Bed hospital -providing comprehensive healthcare services. Pathways unit is a 12 bed inpatient psychiatric unit providing 18-64 year olds acute mental health care. They also provide outpatient behavioral healthcare for ages 2-65. Elliot has two locations in Manchester as well as one in Hookset and Bedford. Elliot primary physicians conduct mental health screenings for youth in their offices.	Prevention/Intervention/Treatment
Liberty House	Greater Manchester location	Homeless and transitional services for American Veterans	Substance-free housing for veterans transitioning from homelessness. Employment and housing assistance, food pantry and clothing closet.	Prevention/Intervention
Hillsborough County Department of Corrections	Hillsborough County	Correctional Facility	Potential to become a treatment program for inmates. Potential to	Intervention

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(ABC Health)	(Anytown, Big City, Whole Village, Hamleton, etc)	Community Health Center	SBIRT. Substance misuse and mental health counseling.	Early identification and intervention.
			work together on transitioning people from incarceration.	
Hooksett Fire Department	Hooksett	Public Safety	Emergency medical response, technical rescue, fire suppression	Intervention
Hooksett Parks and Recreation	Hooksett	Local Government	Active programs for youth at local park	Prevention
Hooksett Police Department	Hooksett	Law Enforcement	Drug Take Back participants and permanent drop box 24/7/365	Prevention/Intervention
Hooksett School District	Hooksett	Educational Institution	Guidance department handles at risk students. Expressed interest in SAPs and Project Success.	Prevention/Intervention
Granite State Area Narcotics Anonymous	Local Manchester Chapter	Local 24-hour help-line	Peer support for friends and family of addicts	Recovery
WestBridge	Locations in Manchester, NH and Florida	Residential and Outpatient Center	Residential Dual Diagnosis Treatment Residential program (men only), dual diagnosis outpatient services (males and females). Treating post traumatic, mood, thought and anxiety disorders when combined with substance use disorders.	Treatment/Recovery

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<b>PROVIDER</b>	<b>AREAS SERVED</b>	<b>SERVICE SETTING</b>	<b>SERVICES OFFERED</b>	<b>COC COMPONENT</b>
(ABC Health)	(Anytown, Big City, Whole Village, Hamleton, etc)	Community Health Center	SBIRT. Substance misuse and mental health counseling.	Early identification and intervention.
Senior Services	Manchester	Local Government	Programing and education in health and wellness and recreational activities. Goal is to enrich the general well- being and quality of life to Manchester's more mature population while preventing social isolation.	Health Promotion/Prevention
AMR	Manchester & Candia	Public Safety	Emergency Medical Response in Manchester and Candia 24/7	Intervention
Manchester Fire Department	Manchester	Public Safety	School presentation for middle and high school about dangers of heroin. EMS officer. Collecting good data.	Prevention/Intervention
Manchester Transit Authority	Manchester	Bus Transportation Service	Transportation to locations across Manchester. Partner with many agencies across the city to best serve residents.	Other
Massachusetts College of Pharmacy and Health Sciences	Manchester	Educational Institution	MCPHS University prepares students for successful careers in healthcare through excellence in teaching, scholarship, research, professional service, and community engagement.	Other
Boys and Girls Club of Manchester	Manchester	Community Youth Programs	Union St. location has before school program grades 1-5 after school programs grade 1-6 and teen center grades 7-12, summer programs/ Jewett school after school program grades R-5/Highland school after school program Grades R-5.	Prevention



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(ABC Health)	(Anytown, Big City, Whole Village, Hamleton, etc)	Community Health Center	SBIRT. Substance misuse and mental health counseling.	Early identification and intervention.
Manchester Parks and Recreation	Manchester	Local Government	Over 2000 acres of green space with multiple recreation areas with programs for any age.	Prevention
Manchester Police Athletic League(MPAL)	Manchester	Community Prevention Service	After school, summer, athletic and recreational activities for at-risk youth	Prevention
Project Launch (Manchester Community Health Center)	Manchester	Community Health Center	(Linking Actions for Unmet Needs in Children's Health) is a collaboration between MCHC and other local agencies with a goal of helping children to reach social, emotional, behavioral, physical, and cognitive milestones. Provides early childhood services, such as, parent skills training, home visits, and developmental screenings. For ages 0-8.	Prevention
Weed and Seed Strategy (Manchester Health Department)	Manchester	Community Prevention Service	A strategy that 'weeds out' crime, drug abuse, and gang activity, while 'seeding in' community involvement, neighborhood revitalization, and prevention efforts. Community events, teen nights, etc.	Prevention
YMCA of Manchester	Manchester	Community Program	Several before and after school programs, childcare, summer day camps, swim lessons, sports programs, enrichment programs	Prevention

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(ABC Health)	(Anytown, Big City, Whole Village, Hamleton, etc)	Community Health Center	SBIRT. Substance misuse and mental health counseling.	Early identification and intervention.
Community Schools Project (Manchester Health Department)	Manchester	Community Prevention Service	Goal is to address community safety by increasing neighborhood social connectedness by transforming schools into safe havens where families and community members can access needed supports.	Prevention/Intervention
Manchester Community Health Center	Manchester	Community Health Center	High-quality, comprehensive, and family-oriented primary health care and support services. Using SBIRT and LDAC on staff.	Prevention/Intervention
Manchester Health Department	Manchester	Local Government	The Manchester Health Dept. oversees all the city services that work to improve the health of individuals, families, and the community through disease prevention, health promotion and protection from environmental threats. Fiscal agent for the DHHS SMP and CoC grants. Neighborhood Improvement Plan, Weed and Seed, Blueprint for Violence Prevention, Narcan rollout.	Prevention/Intervention
Manchester Police Department	Manchester	Law Enforcement	Mirror project, Predictive policing, very involved in SUD work, drug take back day participants and drop box 24/7/365, CMIT and CIT training, EAP and Peer to Peer Support, School Resource Officers	Prevention/Intervention

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<b>PROVIDER</b>	<b>AREAS SERVED</b>	<b>SERVICE SETTING</b>	<b>SERVICES OFFERED</b>	<b>COC COMPONENT</b>
(ABC Health)	(Anytown, Big City, Whole Village, Hamleton, etc)	Community Health Center	SBIRT. Substance misuse and mental health counseling.	Early identification and intervention.
Manchester School District	Manchester	Educational Institution	SAP in high schools and two for all four middle schools. Limited peer to peer prevention and limited health curriculum.	Prevention/Intervention
Office of Youth Services	Manchester	Local Government	Alcohol court referral program, anger management, crisis intervention & referral, fire safe intervention, restitution, substance abuse evaluation, Y.E.S-Youth Educational Shoplifting program.	Prevention/Intervention
TAP (Truancy Alternative Program) YMCA	Manchester	Alternative Program	The YMCA offers a safe structured alternative for staying home once suspended or expelled from school.	Prevention/Intervention
Salvation Army	Manchester	Community Support Center	Kid's Café, Senior Center, Dance and Drama classes, Women's Group, Narcotic Anonymous, Music lessons, Bible study and Church services, Teen night	Prevention/Recovery
NH JAG (Jobs for America's Grads)	Manchester	Educational Service	Programs help students focusing on staying in school-teaches them skills for entering the work force Grades 9-12- In school programs located in Manchester West and Memorial. Out of school program at NH Community Technical School	Prevention/Intervention
City Year	Manchester Chapter	Non-Profit	AmeriCorps volunteers provide hands on support for students in 8 of Manchester's elementary schools.	Prevention

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(ABC Health)	(Anytown, Big City, Whole Village, Hamleton, etc)	Community Health Center	SBIRT. Substance misuse and mental health counseling.	Early identification and intervention.
			Their goal is to build strengths to decrease school dropout rates.	
Teen Challenge	Manchester chapter	Recovery Service Program & Residential Recovery Center	A Christian residential drug recovery program that is part of a network of 10 Teen Challenge centers across New England and New Jersey. Faith-based recovery program for 18+ year old males	Recovery
VA Hospital	National	Healthcare	Provides medication, psychotherapy, substance abuse, recovery, housing, and supportive employment services.	Intervention/Treatment/Recovery
DEA	National	Federal Government/Law Enforcement	Drug Take Back, Partners with local and state police, Drug Enforcement - The mission of the Drug Enforcement Administration (DEA) is to enforce the controlled substances laws and regulations of the United States. Many special projects with local police.	Prevention/Intervention

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<b>PROVIDER</b>	<b>AREAS SERVED</b>	<b>SERVICE SETTING</b>	<b>SERVICES OFFERED</b>	<b>COC COMPONENT</b>
(ABC Health)	(Anytown, Big City, Whole Village, Hamleton, etc)	Community Health Center	SBIRT. Substance misuse and mental health counseling.	Early identification and intervention.
Job Corps	National - Manchester location	Non-Profit	New Hampshire Job Corps center is a residential career technical training center provided at no cost to eligible 16-24 year olds. Job Corps provides academic education, training in the most in-demand fields in the state, industry-recognized certifications, and all the tools and support needed to become employable, independent and successful.	Prevention/Intervention
Alcohol Anonymous	National - New England Chapter	Call center to locate local meeting sites	Peer support to stay sober and help others achieve sobriety. Greater Manchester has numerous meeting sites	Recovery
Alateen	National - NH Chapter	Call center to locate local meeting sites	Peer support for teens ages 12-19 who have a relationship with an alcoholic	Recovery
Al-Anon	National -NH Chapter	Call center to locate local meeting sites	Peer support for friends and family who have a relationship with an alcoholic	Recovery
New Boston Fire Department	New Boston	Public Safety	Volunteer Fire Department	Intervention
New Boston Parks and Recreation	New Boston	Local Government	Several well-planned activities at local facilities and 4-H center for Adults, Children, Families and Seniors	Prevention
New Boston Police Department	New Boston	Law Enforcement	Drug Take Back Day participants	Prevention/Intervention
New Boston School District	New Boston	Educational Institution	Limited services for at risk youth.	Prevention/Intervention

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<b>PROVIDER</b>	<b>AREAS SERVED</b>	<b>SERVICE SETTING</b>	<b>SERVICES OFFERED</b>	<b>COC COMPONENT</b>
(ABC Health)	(Anytown, Big City, Whole Village, Hamleton, etc)	Community Health Center	SBIRT. Substance misuse and mental health counseling.	Early identification and intervention.
Live Free Recovery Consultants	Rockingham, Strafford and Hillsborough Counties	Support Services	Family Recovery Services and Recovery Support Services	Recovery
Southern NH Services(SNHS)	Southern NH	Community support service	Provides low income assistance for child development, workforce development, Health, food and nutrition programs, Energy programs, community and multi-cultural programs. They provide housing and homelessness programs.	Prevention, Intervention and Recovery
New Futures	Statewide	Non-profit	Nonpartisan, nonprofit organization that advocates, educates and collaborates to prevent and reduce alcohol and other drug problems in New Hampshire	Advocacy
American Foundation for Suicide Prevention	Statewide	Non-Profit	Education, Advocacy, Research for suicide prevention	Behavioral Health/Prevention
The Governor's Commission on Alcohol and Drug Abuse Prevention, Intervention and Treatment	Statewide	Government	Created by the New Hampshire Legislature in 2000 to advise the Governor regarding the delivery of effective and coordinated alcohol and drug abuse prevention, intervention and treatment services throughout New Hampshire.	Coordination of Prevention, Treatment and Recovery

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(ABC Health)	(Anytown, Big City, Whole Village, Hamleton, etc)	Community Health Center	SBIRT. Substance misuse and mental health counseling.	Early identification and intervention.
Foundations for Healthy Communities	Statewide	Non-profit	Non-profit organization that engages in innovative partnerships to improve health and health care in New Hampshire. Our work addresses quality of care, access to care and community prevention.	Healthcare
NH Catholic Charities	Statewide	Health and counseling services	Provides individual, marital, family, and couples' counseling, helping people with personal difficulties including: depression, stress, family conflicts, relationship problems, anxiety, substance abuse, life adjustment issues, grief and loss.	Intervention
Sununu Youth Services Center	Statewide	Secure Institutional Setting	Secure residential unit where youth participate in a prescribed behavioral program. The average length of stay prior to initial release from SYSC is 8-12 months.	Intervention
NH Providers Association	Statewide	Non-profit	Represents its members in advancing substance use prevention, treatment and recovery through public policy, leadership, professional development, and quality member services.	Membership represents All Components

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(ABC Health)	(Anytown, Big City, Whole Village, Hamleton, etc)	Community Health Center	SBIRT. Substance misuse and mental health counseling.	Early identification and intervention.
Granite United Way	Statewide	Non-Profit	Community Impact Committee volunteers in this region have targeted investments in the areas of literacy, financial stability and mental health & the prevention of substance misuse. (also manage 211 hotline)	Prevention
Life of an Athlete	Statewide	Non-profit	Education for students about healthy living choices including abstaining from alcohol and other drugs	Prevention
Media Power Youth	Statewide	educational support training center	Safe media education for schools and community to curb substance abuse, violence, and other at-risk behavior by youth.	Prevention
National Alliance Mental Illness NH	Statewide	Non-Profit	Provide information, education and support to all families and communities affected by mental illness.	Prevention
Partnership for a Drug Free NH	Statewide		Their mission is to create and promote consistent statewide messages about the problems and solutions of substance misuse in New Hampshire through engagement of partners, members and champions. (Also manage drug free NH website)	Prevention



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<b>PROVIDER</b>	<b>AREAS SERVED</b>	<b>SERVICE SETTING</b>	<b>SERVICES OFFERED</b>	<b>COC COMPONENT</b>
(ABC Health)	(Anytown, Big City, Whole Village, Hamleton, etc)	Community Health Center	SBIRT. Substance misuse and mental health counseling.	Early identification and intervention.
Fed Cap	Statewide	Non-Profit	Each year, Fedcap offers an array of services through its four practice areas Education, Workforce Development, Occupational Health, and Economic Development— helping more than 80,000 individuals graduate from high school, obtain vocational certification or a college degree, become work ready, obtain meaningful employment and achieve economic well-being.	Prevention/Employment/Behavioral Health
HOPE for NH Recovery Center	Statewide	Recovery service program	support program that offers advocacy, education, and improve the public perception about those in recovery from substance use disorders. They provide recovery support services, recovery coaching, and community based trainings.	Recovery
Recover Together	Statewide	Treatment center	Group therapy and Suboxone maintenance	Recovery
NH Charitable Foundation	Statewide	Community Foundation	Investing charitable assets, connecting donors with effective organizations, ideas and people, Leading and Collaborating on important public issues	Stakeholder Support

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(ABC Health)	(Anytown, Big City, Whole Village, Hamleton, etc)	Community Health Center	SBIRT. Substance misuse and mental health counseling.	Early identification and intervention.
Center for Excellence	Statewide	Public-Private Partnership	A resource that provides technical assistance, disseminates data and information, and promotes knowledge transfer in support of communities, practitioners, policymakers, and other stakeholders working to address alcohol and other drug misuse and related consequences throughout New Hampshire. (also manage <a href="http://nhtreatment.org/">http://nhtreatment.org/</a> )	Technical Assistance/Community and Stakeholder Support
Phoenix House	Statewide	nonprofit substance abuse treatment agency	Residents of the state receive a variety of services including social detoxification, residential and outpatient treatment for adults and adolescents, and aftercare services.	Treatment
Keystone Hall	Statewide	Outpatient and residential service	Outpatient and residential substance use disorder treatment. Keystone' 52 bed Cynthia Day Family center offers pregnant and post-partum mothers and children residential SUD treatment on-site	Treatment

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(ABC Health)	(Anytown, Big City, Whole Village, Hamleton, etc)	Community Health Center	SBIRT. Substance misuse and mental health counseling.	Early identification and intervention.
NH BDAS	Statewide	Government	State Agency working to significantly reduce alcohol and other drug misuse and its social, health, and behavioral consequences for the citizens of New Hampshire through public policy and resource development, education, and supporting initiatives that ensure the delivery of effective and coordinated prevention intervention and treatment services.	Other
Teen Institute	Statewide	Non-profit	Life-changing, experiential camps and workshops empowering a new generation of school and community leaders across New Hampshire and New England.	Prevention
Families Sharing Without Shame	Statewide-Manchester group	peer support group	Recovery Support Services (Parent Support Groups). Parents who have or have lost a family member to addiction.	Prevention/Intervention/Recovery
FASTER (Families Advocating for Substance Education and Treatment)	Statewide-Manchester Meeting Group	Community support group	Supportive peer to peer group that provides supports for family members living through the addiction of a loved one.	Prevention/Intervention/Recovery

Greater Manchester Region CoC System Needs			
CATEGORY OF INFORMATION: o Gap o Barrier o Communication o Collaboration o Other information (please describe)	COMPONENT OR SYSTEM	DESCRIPTION: Summarize concern and/or information.	ADDITIONAL DESCRIPTIVE INFORMATION FROM STAKEHOLDERS
<b>Gap Assessment Information</b> <i>This data is currently sorted by Component or System (A-Z).</i>		<i>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. We view this as a living document that is helpful to use as a baseline to move forward into Strategic Planning and we plan to present this to the community as a snapshot in time that can be revisited periodically.</i>	
BARRIER	All Components	Funding for systems implementation	Implementing evidence based or research informed practices across the continuum could be made possible with increased funding.



<b>Greater Manchester Region CoC System Needs</b>			
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COMMUNICATION	All Components	Varying levels of communication and partnership	Moving forward it is important that each agency clearly understand the role of the other providers to best refer to appropriate resources. We are also seeing many different efforts to address the opioid epidemic but they are not coordinated to make the greatest impact without duplication.
GAP	All Components	Assessment of all implemented programming	Some efforts are being implemented on a whim because the response is fueled by fear and they are not researched and not assessed.
GAP	All Components	Consistent use of evidence based or research informed practices wherever possible	Registry of evidenced based practices across the Continuum of Care. Internationally, nationally and statewide it would be an asset to know what is working well elsewhere that we could leverage.

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GAP	All Components	Consistent, thorough and shared data	Creation of dashboard of indicators that we should be tracking in each component and increased sharing of data to inform work.
COMMUNICATION	All Components	Varying levels of silos across disciplines	Some agencies are working really well together and others are not at the table, are combative or agencies are fighting for the same funding or to offer the same services. There is plenty of work for everyone and we can accomplish more if we are on the same team.
BARRIER	All Components	Transportation	Examples include difficulty with getting to methadone clinic each day or difficulty getting to a preventative program for youth. Public Transportation throughout Manchester is in place but limited on nights and weekends and other communities within the region do not have as much accessibility.

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BARRIER	All Components	Developmentally appropriate practices for youth across components	Children and Young Adults have different developmental needs than adults and need age appropriate programming. It only takes a short time for youth to identify with lifetime users.
GAP	All Components	No youth shelter available	
GAP	All Components	Glaring lack of SUD services for youth	
GAP	All Components	Perinatal addiction services	Services for pregnant mothers and infants being born addicted.
COMMUNICATION	All Components	Comprehensive, accessible, up to date information & resource directory	One place to go for information - too much to sift through and navigate.
GAP	All Components	Outlying towns underserved	Majority of services are in Manchester.
BARRIER	All Components	Language of SUD being used in our communities	How we talk about substance misuse needs to be consistent and supportive.

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BARRIER	All Components	Stigma	Stigma is very alive in our communities. Many people are still feeling afraid to talk about SUD, admit there is an issue, seek treatment, etc. There are varying levels of a "pull yourself up by your bootstraps" mentality throughout the region and stigma of a "junkie".
GAP	All Components	Consistent and attainable certification standards	Need to establish consistent, attainable certification standards across the Continuum of Care. Does not seem to be consistent now in becoming certified to be a Prevention Specialist, LDAC, Recovery Coach.



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GAP/COMMUNICATION	All Components	Community wide education reinforcing that people get well	Community wide education about recovery - reinforcing that people get better. This message is needed across the board but also specifically for those who are deep in the response to the opioid crisis and seeing a lot of traumatic events and relapse, they are getting hardened to this crisis and lacking in empathy.
GAP/COMMUNICATION	All Components	Increased understanding of roles across disciplines	Education of the parameters of each area of expertise (example people being let out of hospitals after just being revived, but hospitals can't keep them) police, hospital, emt, treatment providers all need to understand what each other can do legally and systems wise.

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GAP	All Components	Youth voice to inform planning	Youth Voice - Involving youth in the planning and conversation around implementation of any type of youth programing.
GAP	All Components	Community members with lived experience voice to inform planning	Talking to community members in all components who have lived experience to inform the work (for example - don't plan recovery without talking to people in recovery).
COMMUNICATION	All Components	Communication between grassroots efforts and the state and federal initiatives	Gap in communication between those on the ground working on grassroots efforts and the state initiatives. Need to inform community about how CoC, SMP and other initiatives can help them get the outcomes they are looking for. Feeling of government taking too long and those on the ground just forging ahead to save lives.

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GAP	All Components	Coordinating programming and funding	Such as suicide prevention and substance abuse prevention. Mental health and substance abuse should be connected not separate programming and separate pools of funding. Substance Abuse OR Mental Health - put in silos in a lot of ways - in healthcare, funding, diagnosis, insurance billing, trainings.
GAP	All Components	Workforce Development & Training	Not enough highly skilled applicants for open positions. Major shortage of clinicians. Police in multiple communities also understaffed.
GAP	All Components	Culturally Competent Care	
BARRIER	All Components	Language barrier	Lack of bilingual staff and translated resources.

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COMMUNICATION	All Components	Community members are fearful	One stakeholder's description went so far as to include "It's like the zombie apocalypse out there. You are afraid you'll just start seeing people dropping on the streets." Do not want people to define where they live by this epidemic, want them to take pride in their community to be a part of the solution.
BARRIER	All Components	Legislative process slowing response	
GAP	All Components	Coordination of efforts across components & disciplines	
OTHER INFORMATION	Healthcare	Bed delays in Emergency rooms	
OTHER INFORMATION	Healthcare	Lack of available ICU beds in Hospitals	
OTHER INFORMATION	Intervention	Increase in average amount of Narcan administered per patient	

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GAP	Intervention/Treatment	Trauma Informed interventions and treatment	Intervention/Treatment providers need to know how to work with people around trauma (childhood trauma, sex work, homelessness) - all forms of trauma need to be addressed in treatment to get well so this coping mechanism isn't used again.
GAP	Prevention	Comprehensive health curriculum in all schools	k-12 - not just students but for staff and parents, whole community approach
GAP	Prevention	Need to start prevention much younger	
GAP	Prevention	Mentoring from a very young age	Npal & Big Brothers/Big Sisters for example - these programs have long wait lists
GAP	Prevention	Strong schools across the board in all our communities	

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GAP	Prevention	Family systems work and Family stabilization	NHIP and Weed & Seed programs are doing this work in Manchester, other regional communities need this too and SUD planning needs to be connected to ongoing efforts.
GAP/COMMUNICATION	Prevention	Unhealthy prescribing practices	Prescription registration, federal guidelines, but still need communication/education for consumers and prescribers (only 5% of prescribers are using the registration system).
GAP	Prevention	Needle collection	Need across the board system of what to do when we find needles in parks, etc.

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GAP	Prevention	Integrated and connected prevention at all grade levels	Prevention needs to not just be for substance misuse but integrated into making healthy choices, sexual health, substances, mental health, violence, etc. Can't be a bunch of one and done presentations - needs continuity - and scare tactics don't work on teens.
GAP	Prevention	Prevention/Intervention related staffing in schools	SAPs, Health teachers, guidance counselors. SAPs in very few schools - need additional staff
GAP	Prevention	Services for children of substance misusing parents	
GAP	Prevention	Environmental based prevention	
GAP	Prevention	No Middle School health program in Manchester	
GAP	Prevention	DCYF connection to SUD cases	
OTHER INFORMATION	Prevention	Increase in attempts and deaths by suicide of first responders	
OTHER INFORMATION	Prevention	Overtaxed school systems being asked by community to add additional health	

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		related programming without additional staffing	
GAP	Prevention	Needle exchange	Not for prevention of SUD but prevention of HIV and Hep C
BARRIER/COMMUNICATION	Prevention	Sharing data across organizations and communities and understanding what data is available and how it can be used	For example, sharing the YRBS data widely and quickly with partners.
GAP/BARRIER	Prevention/Intervention	More staffing/programming to address truancy in Manchester	One person for the whole city and truancy is a large problem in Manchester
BARRIER	Prevention/Intervention	Reaching parents is a challenge, especially disengaged populations	
OTHER INFORMATION	Prevention/Intervention	Difficulty stopping a sophisticated drug cartel flooding market	



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GAP	Prevention/Treatment	Support for secondary trauma of first responders	Some organizations have more in place than others. Stress from responding to overdoses and seeing difficult situations of individuals and families, experiencing the huge impact on our communities first hand, trauma informed stress management education needed. Suicide Prevention education, Secondary trauma care/support.
GAP	Recovery	Age and developmentally appropriate recovery programs/support for youth and young adults	
GAP	Recovery	Housing for people in early recovery that is supportive and affordable	Homelessness increases risk of relapse. Ideally small many locations all over state
BARRIER	Recovery	Permanent support of housing	Without unrealistic expectations for youth

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GAP	Recovery	Recovery for families	When a family member suffers from addiction, the whole family suffers. Need treatment and recovery as well. Need additional support for families after a loss of a loved one.
BARRIER	Recovery	Recovery coaches not credentialed and can't work within healthcare systems for that reason	
GAP	Recovery	Good discharge planning	
GAP	Recovery	Need physical space for expanding current recovery programs	
GAP	Recovery	Education and protocol for first responders on how to treat someone in recovery who refuses pain medications	
GAP	Treatment	Intensive inpatient treatment	Ideally small (10 beds) all over the state.
BARRIER	Treatment	Licensing process for LDAC and MLADC is cumbersome	
GAP	Treatment	Age appropriate treatment for youth	
GAP	Treatment	Lack of places to refer or knowledge of where to refer after using SBIRT	Possibility that they just don't know about the resources.

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BARRIER	Treatment	Insurance	Lower income folks who may or may not be Medicaid eligible - private insurance offers limited care and high deductibles.
BARRIER	Treatment	Cost of care	
GAP	Treatment	Need a link to treatment imbedded in the ER/Hospitals	Feedback from first responders is if they leave the ER we have lost them. Need someone to encourage them to go straight into treatment after an overdose.
GAP	Treatment	Education of resources (where to refer) to all points of potential intervention. Need easy and fast access points to treatment.	Education for doctors and nurses about all resources and where they can refer (even better if they had someone in house with all this information that they could call on)
BARRIER	Treatment	Need to get medical clearance to go to program to detox	People end up going to the ER for clearance - especially if they are not connected to a primary care doc - it is even more difficult to get into detox for relapsing people.

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BARRIER	Treatment	Lack of people to help clients navigate the system	Systems of care and of insurance
BARRIER	Treatment	Paperwork	For example, homeless youth are not going to have id, birth cert, ss card, etc. Need to reduce barriers.
GAP	Treatment	Access to detox - even when not medically necessary	Can't detox on the street.
GAP	Treatment	Inpatient rehab where you are allowed to make mistakes	especially youth - recognize that it is a relapsing disease
GAP	Treatment	Nowhere to send children	Other than the state hospital for any mental health or substance abuse disorders.
GAP	Treatment	More intensive outpatient	
GAP	Treatment	Inpatient for youth	
GAP	Treatment	No treatment program in place for SUD at this time in Hillsborough county jail	This is in the works and would be an asset if approved.
BARRIER	Treatment	Medicaid lapses when people become incarcerated	
GAP	Treatment	Dual-diagnosis, co-occurring treatment	Need additional clinicians skilled in co-occurring disorders.

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COMMUNICATION	Treatment	Assessment by a SUD professional to determine right course of treatment	Talking about lack of beds is in some ways detrimental - not everyone needs a bed - everyone needs to be assessed by a professional to figure out the best course of treatment for that individual.
GAP	Treatment	Trauma informed care, staff that are skilled in co-occurring disorders	
GAP	Treatment	More medication assisted treatment options	
GAP	Treatment	Need physical space for expanding current treatment programs	
GAP	Treatment	Age appropriate and developmentally appropriate and low barrier detox for youth	
GAP	Treatment/Recovery	Supports for those transitioning from incarceration and their families	

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BARRIER	Treatment/Recovery	Childcare	For example, someone wants to get clean but afraid of losing child, might want to attend a meeting but does not have care for child during meeting times.
GAP	Treatment/Recovery	Friends and family component lacking	Programs for those who suffer alongside a loved one, sometimes for many years and through many relapses.
BARRIER	Treatment/Recovery	Good discharge planning	Especially young people need someone to teach them how to have stability - they may never have had this before or had it modeled for them.
BARRIER	Treatment/Recovery	Housing that supports full families	
GAP	Treatment/Recovery	No drug court in Hillsborough county	
GAP	Treatment/Recovery	Lack of avenues to advocate for changes in what insurance will cover	

## V. Appendix B

DRAFT

Treatment Capacity from UNH MBA Candidates Research							
PROVIDER	PHP	MAT	IOP	WM	OP	Res	SERVICES OFFERED
Manchester Metro Treatment Center		600			600		Methadone assisted treatment with once-a-week counseling
Phoenix House (statewide)	18		49	13	19	57	No locations in our Greater Manchester (MOU with Bedford and Goffstown Police Departments) Dublin: 44 residential; Keene: 18 residential (including WM, 5 PHP only), 18 outpatient (Including IOP), 30 Drug Court IOP.
OPCO Habit		543			543		Methadone and Suboxone treatment and evaluation, group outpatient counseling
Keystone Hall (statewide)			200			52	Outpatient and residential SUD treatment. 52 bed Cynthia Day Family Center offers pre/post-partum and children residential SUD treatment. Non-medical detox. High Street IOP (5 counsellors).
Mental Health Center of Greater Manchester		100			25	16	Cypress Center: 16 bed short-term inpatient crisis stabilization; 2 Wall Street: Vivitrol clinic (100 patients later in 2016).
Farnum Center	100	20	42	20	200	100	Only area WM clinic
Serenity Place	12		14		70	37	IOP: adult male only; Lin's Place residential, SUD counseling (female only); Tirrell House: transitional living for men
WestBridge		72	60		60	12	Dual diagnosis treatment and residential program (men only); dual diagnosis OP (males and females)
Child and Family Services					45		Group outpatient counseling
Families in Transition/Family Willows IOP			38		70		Transitional services, IOP and OP
Recover Together		450			450		Suboxone/subutex and group OP counseling
John Jacobs, MD		100					Suboxone prescribing physician
<b>Totals</b>	<b>130</b>	<b>1885</b>	<b>403</b>	<b>33</b>	<b>2082</b>	<b>274</b>	

